

## HEALTH PROMOTION IN THE SCHOOL HEALTH PROGRAMME AND NURSING INCLUSION

### PROMOÇÃO DA SAÚDE NO PROGRAMA SAÚDE NA ESCOLA E A INSERÇÃO DA ENFERMAGEM

### PROMOCIÓN DE LA SALUD EN EL PROGRAMA DE SALUD EN LA ESCUELA E INSERCIÓN DE ENFERMERÍA

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## ABSTRACT

The present study analyses the School Health Programme (PSE) in a city of the state of Minas Gerais, identifying its organization, the performance of the nursing professionals and their contribution to health promotion. It is a qualitative case study using dialectic framework. The researchers conducted interviews with managers, monitors and nurses working in the programme. Results indicate that the PSE is undergoing a consolidation process. The programme faces challenges such as the tendency to consider the school solely responsible for the formation of habits, behaviours and values, for the construction of citizenship and for health care promotion. The integration between health and education services is a challenge to be overcome. The study revealed there is a new polarity among education assistants - a "new professional" in the school, community and health team - and nursing teams responsible for programme development. The role of the nurses is of the utmost importance in health education actions as they are able to answer to the health needs of the pupils. We conclude that technological innovations applied to the PSE activities are needed. Such practices should be able to reframe the school as a space for health promotion, considering its contribution to the construction of citizenship and changes of lifestyle determinants.

**Keywords:** Nursing; National Health Programs; School Health; Health Promotion.

## RESUMO

O presente trabalho analisa o Programa Saúde na Escola (PSE) em um município do estado de Minas Gerais, identificando sua organização, a atuação dos profissionais de enfermagem e sua inserção no campo da promoção da saúde. Trata-se de pesquisa qualitativa, na modalidade estudo de caso, baseado no referencial da dialética. Foram realizadas entrevistas com gestores, monitores e enfermeiros que atuam no programa. Os resultados indicam que o PSE encontra-se em processo de consolidação com ações que variam desde avaliação de risco e mudança de comportamento até aquelas que reforçam a escola como espaço potencial para a promoção da saúde. Os resultados indicam desafios como a transferência de responsabilidade para a escola na formação de hábitos, comportamentos e valores como se fosse esse o único ou o principal "lugar" no desenvolvimento da cidadania e no cuidado à saúde. A relação dos setores saúde e educação apresenta-se como um desafio a ser superado. Foi possível analisar uma polaridade entre os assistentes de educação – um "novo profissional" que integra a escola, comunidade e equipe de saúde – e os enfermeiros que compõem as equipes. Destaca-se o papel dos enfermeiros nas ações educativas em saúde com grande potencial de responder às condições de saúde escolar. Concluiu-se que é preciso avançar em inovações tecnológicas no âmbito das práticas do PSE que ressignifiquem a escola como cenário da promoção da saúde numa vertente que considere esse espaço no seu potencial de produção de cidadania e de mudança dos determinantes dos modos de viver.

**Palavras-chave:** Enfermagem; Programas Nacionais de Saúde; Saúde Escolar; Promoção da saúde.

## RESUMEN

El presente trabajo analiza el Programa de Salud Escolar en un municipio del Estado de Minas Gerais, la identificación de su organización, el papel de la enfermería y su lugar en el campo de promoción de la salud. Se trata de un estudio de caso cualitativo, basado en el marco de la dialéctica. Se llevaron a cabo entrevistas con los gerentes, supervisores y personal de enfermería. Los resultados indicaron que el programa estaba en proceso de consolidación con acciones que van desde la evaluación de riesgos y cambio de comportamiento reforzadas por la escuela como espacio potencial para promoción de la salud. Los resultados señalan retos como la transferencia de responsabilidad de la escuela en la formación de hábitos, comportamientos y valores, como si éste fuera el único o el "lugar" principal en el desarrollo de la ciudadanía y el cuidado de la salud. La relación entre los sectores de salud y educación es un reto. Se identificó polaridad entre los asistentes educativos y las enfermeras que conforman los equipos. Destacamos el papel de las enfermeras en las actividades educativas de salud con gran potencial para satisfacer las condiciones de salud en la escuela. Se concluye que hay que avanzar en innovación tecnológica en el ámbito de la práctica del PSE y volver a darle significado a la escuela como escenario de promoción de la salud en la producción de la ciudadanía y de transformaciones de los determinantes de modos de vida.

**Palabras clave:** Enfermería; Programas Nacionales de Salud; Salud Escolar; Promoción de la Salud.

## INTRODUCTION

The school is an excellent setting for the development of health promotion actions addressed to children and young people. Most children attend school and spend there much time engaged in several activities such as learning, playing, eating and socializing.<sup>1</sup> The education sector, given its reach and scope, is therefore an important means of access to health promotion actions; it plays a strategic role in the consolidation of intersectoral policies focussed on quality of life and the construction of a new culture of health.<sup>2,3</sup>

In line with such objectives, world conferences on health promotion advocate the school as a space for the development of health programs. The 1997 report *Promoting Health through Schools* guides various global initiatives.<sup>4</sup> In the Americas, the Health Promoting Schools Programme launched by the Pan American Health Organization (PAHO) aims at strengthening and increasing the collaboration between health and education sectors, as well as enlisting families and promoting actions in the school community.<sup>5,6</sup>

The Health Promoting Schools is a joint effort between education and health sectors and society; it demands commitment to achieve health goals through healthy lifestyle choices.<sup>7</sup> The participating schools aim at overcoming previous of school health models that focused on health inspection and the teaching of hygiene rules. They are committed instead to the establishment of an active and intersectoral relationship with other sectors of social policies, especially the health sector, aiming at improving quality of life for the present and future generations.<sup>8</sup>

Emulating such initiative, the Brazilian government created the School Health Programme (PSE) which proposes intersectoral collaboration between the Departments of Health and Education. It aims at providing comprehensive care to children and adolescents attending public institutions (preschool, elementary and secondary education, vocational and technological education and youth and adult education) in schools and/or basic health units, supported by Family Health Teams and school professionals<sup>6</sup>.

The importance of multidisciplinary teamwork in the PSE cannot be overstated: ophthalmologists, audiologists, psychologists, nurses, community health workers are implicated in the process according to each area's availability and specificity. Public investment is equally important for professionals to have the means for implementing health promotion activities, favouring the partnership between health services and the community.<sup>9</sup>

Health promotion actions require the engagement of an array of different specialties, among them nursing, that share common primary health care practices, such as recognising and dealing with risk factors and vulnerabilities in the school community; promoting and protecting health, in order to impact positively on quality of life, on learning conditions and hence on the construction of citizenship.<sup>3</sup>

According to the PSE, Family Health Teams (ESF) should conduct periodic and permanent visits to schools in their area to assess students' health and define strategies for the integration and ongoing coordination between policies and actions in education and health, with the participation of the school community.<sup>3,10</sup>

Lately various health care programs were launched in which, in addition to supporting health education activities, nurses participate in decision making and in promoting and protecting the health of the population.<sup>11</sup>

The leading role of nurses seems to be related to their engagement in the organization of programmes and initiatives. However, there is little evidence that technological innovation is being incorporated into the PSE nursing practice. Few studies analyse the country's new version of the PSE<sup>3,12</sup> and the ones that do so do not elaborate on the role of nursing professionals.

Given this context, the present study aimed at analysing the PSE, its organization, the professionals' performance and the role of nursing in health promotion.

## METHOD

This is a qualitative case study using dialectic framework. It is our opinion that this method allowed the researchers to apprehend the realities of a specific context preserving the holistic and meaningful characteristics of real life events.<sup>13</sup>

The study setting was a PSE experience in a large municipality in the state of Minas Gerais. It encompassed 169 elementary schools served by 147 basic health units covering the entire network of primary health care and basic education in the municipality. The PSE teams included a nurse and a nursing assistant from the Department of Health and an education assistant from the Department of Education. The latter, a mid-level professional, generally resides in the community where the school is located. There is a mobile team of health professionals responsible on average for six schools in a health district, whereas educators are assigned to a specific school.

Twenty-six professionals participated in the study, being fifteen nurses and eleven education assistants. Two managers in the education and health areas acted as key informants; a PSE coordinator in the municipality was also included in the study.

Data was collected through interviews and direct observation. Semi-structured questions about the organizational and political aspects of the programme were used in the interviews that lasted between 15 and 30 minutes. Observation was performed in one of the selected public schools and focused on a pilot project on zoonosis control strategy. Data recorded in the researcher's field diary included data on the study setting and context of activity, participants, dynamics and interaction between participants, as well as the technologies used. Empirical data were analysed using thematic content analysis<sup>14</sup>. The

interviews were transcribed and coded as follows: A1 to A11 stands for educational assistants, E1 to E15 for nurses, G1 or G2 for managers, and C1 for the PSE coordinator. Data from observations and interviews formed the *corpus* of the study.

The research was approved by the Ethics Committee of the UFMG (CAAE no. 0104.0.203.000-10) and by the Ethics Committee in Research of the municipality (Resolution no. 0554.0.203.410-11<sup>a</sup>).

## RESULTS AND DISCUSSION

The programme began in 2005 and serves children and adolescents attending public elementary schools. Currently, 169 schools participate in the project.

The education sector manager highlighted the importance of federal and municipal funding for the implementation of the PSE. The municipality in question was responsible for approximately 30% of the programme cost.

*The programmes are funded by the Department of Education through a school legal institution called "caixa escolar". All school activities are financed by the institution. [...] the PSE representative is also employed by the local Department of Education. So, the funding comes from the education sector that is entitled to 30% of the local budget (Interview G1).*

The PSE has three sections. The first one comprises clinical and psychosocial assessment that prioritizes epidemiological actions, such as anthropometric measurements; update of immunization schedule; early detection of hypertension (HTN); early detection of the area's often neglected and prevalent diseases like leprosy, tuberculosis and malaria, among others; ophthalmological evaluation; hearing screening and testing; nutritional, oral health and psychosocial assessments.<sup>15</sup>

The second section includes health promotion and prevention guided by the National Policy for the Promotion of Health (PNPS). Health promotion is a cross-sectional strategy which gives visibility to risk factors for public health; it aims at the creation of mechanisms to reduce vulnerabilities. In this sense, the implementation of actions is focussed on the following elements: food safety and healthy eating; promotion of physical activity; sexual health education; alcohol, tobacco and other drugs prevention; promotion of a culture of peace and violence prevention; and promotion of environmental health and sustainable development.<sup>15</sup>

The last sector deals with training for managers, education teams and health workers involved in the program. It requires the commitment of the three branches of government and must be a continuous and permanent concern<sup>15</sup>.

The study data demonstrate that in that municipality the PSE focuses on the first and second sections of the programme whereas most actions are concentrated on the first section.

*The School Health Programme requires annual assessment of all the students, i.e. it performs health evaluation of all the elementary pupils. It is one of the duties of the PSE representative, because every school has a PSE agent responsible for health promotion activities. So, each school, considering its peculiarities, carries out an activity on dengue fever, on healthy eating, on sports; there is always a PSE agent on a project because one of their duties is to promote health, in addition to the tests that are done at the health care unit (Interview-A1)*

*We do an assessment of the students, we make a clinical evaluation, and it is not a nursing consultation, no! It is a proper assessment on the child vaccination status, its nutritional status, its neurodevelopment! If we find something strange, we refer the child (Interview-E7).*

The analysis of the practices carried out indicates prevalence of anthropometric measurements, visual acuity tests and oral health assessment. These actions should be performed annually taking into account the programme objectives.

*We see the children, listen to them, observe their behaviour, their hygiene habits, their speech, even oral health, we look at everything and talk a lot to them because we only find out things talking. So that's it, it is the anthropometric measurements height, weight, blood pressure, heart beat, auscultation, everything. It is general assessment and (health) promotion (Interview-E1).*

*We make a health assessment to confirm that everything's okay. If not, they [the nurses] refer the child to a health unit (Interview-A9).*

Overall, the study participants said that actions were concentrated on risk assessment and control. Thus, evaluations were implemented first and took most of the researchers' time in meeting the programme objectives. It was also observed a predominance of activities that emphasize hygiene habits, such as bathing, tooth brushing and hand washing.

*We do workshops, for instance on lice, on personal hygiene, which was what children needed in another school. We do workshops, presentations, games, poster-making (Interview-A9).*

*If I'm going to do an activity on healthy eating, there is a play, there are games inside the classroom and we introduce the food pyramid to the children. At the end we give them fruit and talk about personal hygiene, which is also very important; before eating they wash their hands and then use alcohol [...] that is it (Interview-A6).*

Hygiene education activities should emphasise the adoption of healthy habits, the knowledge of one's own body and the responsibility for one's own health.<sup>16</sup> More important than lectures, the subject should be approached within family context, understanding that hygiene habits and health are culturally and socially defined.

The study findings confirm the school as the ideal space for health promotion activities since it allows the operationalization of actions that improve quality of life, autonomy and creativity, as evidenced by the pupils' engagement and proactivity.

*You see, I think it's pretty interesting. I'm not saying they change, you can see changes in attitude right away, but you realize that students are interested, wanting to participate, wanting different activities as in school. Some students say: "ah, we could do it again!" They are very much interested; you can see that they really want to learn about some subjects they do not freely address in the classroom or at home. So, it is a good opportunity to ask questions about taboo subjects, then, well, it is very positive experience (Interview-A7).*

The school is co-responsible for the formation of the human being, so it should enable the individual to build values, beliefs, concepts and ways of knowing and living life, as well as the meanings attributed to objects and situations, including health<sup>17</sup>. Health promotion in the school enables students to confront the possible determinants of health through the strengthening of the individual and social ability, considering people within the family group and the community.<sup>18</sup>

The managers shared the same view on the universal character of education. However, they recognized that legitimating the right to education is not enough; it is necessary to understand the social and family background of the students. In this sense, strengthening ties with the family in order to solve the problems that may arise and finding out why students are absent from school were the mechanisms employed.

*It is our work objective and one of our pillars. We first fought for everybody to have education access. Then we achieved universality, vacancies for everybody [...] now, we control attendance; therefore, you have to have a relationship with the family. There are many reasons why*

*students do not attend school. Sometimes mothers cannot wake up or cope with caring for the child, and then you have to have that relationship. So, education in the twentieth century should strengthen ties with the family (Interview-G1).*

Family participation is an important factor in the recovery of the child health and it enables the transformation of health habits.<sup>7</sup> In addition, dialogue between parents and school favours the establishment of a partnership capable of addressing more effectively health problems.

The study results, however, indicate some challenges to the programme. The first one refers to the role taken up by the school in the education of children and adolescents: the formation of habits, behaviours and values has been transferred to the school, as if it were the sole or main environment for the development of citizenship and health care.

*The pupils themselves, their parents; liked when the dentist came. Many children were referred, but the parents did not take them, then just that, you know, outside the school we cannot do much; if parents do not take them ... that's the problem (Interview-A2).*

*It will help, it will help a little, you know, to begin with the children have to be aware that they need to take care of themselves, you know, because we're at a stage where father and mother have no time to look after them. So now they are leaving it to the school; parents don't mind about them (Interview-A10).*

Regarding intersectoral partnerships, a key informant revealed that the local education department works alongside the regional department of health and education. However, the same participant states that, regionally, that depends on each school: "[...] this association between the regional department of education and the regional department of health is different in each area and depends largely on the context of each district"(Interview-G2).

The relationship between health and education sectors is a major challenge to the development of the programme. Intersectoral actions are the basis for its development and are dealt with in all regulations.<sup>19</sup> However, this notion seems to be worn-out when regional and local definitions and practices are analysed, revealing a certain loss when actions are decentralized since partnerships end up being established on an ad hoc basis, limited to the promotion of actions focusing on risk prevention and control.

*There is a central level that you have met; this central urban team coordinates the two departments, Health*

*and Education; and within the district, people from the school-family are responsible for monitoring each school. This association between education and health departments is different and depends on the context of each district (Interview-A1).*

*And we always have partnerships with the zoonosis control staff that work alongside the schools. We always participate on dengue control activities, on the health campaigns that usually happen in schools [...] (Interview-C1)*

*[...] the health unit that serves the students when they have a problem, when they are injured, when the school needs guidance on some subject for a project, so the health unit goes (Interview-C1).*

In some ways, the intersectoral challenge stems from the effort to propose innovative approaches to health promotion within the programme. This has been recognized by other authors and institutions, including the International Union for Health Promotion (IUHPE) and the Education for Health, who considered intersectoral actions as a challenge to be overcome and a priority on the agendas of education and health sectors.<sup>20</sup> The IUHPE makes also important considerations regarding the evidence that the traditional model of school health education characterized by the accumulation of information and knowledge is insufficient: as a behaviour change method, it is necessary to engage pupils as actors in this process.<sup>21</sup>

The observation of the PSE activities happened in a publicly funded school within a pilot project that used games. A school from each district of the municipality was selected based on epidemiological criteria. The strategies involved theatrical performance and dance; the theme discussed was the battle against dengue fever and other infectious diseases such as leptospirosis, leishmaniasis and schistosomiasis. Students were encouraged to participate and a prize was given at the end of the contest. The school also invests in community participation:

*We observed the chair arrangement for students to attend the play. They themselves set up the place. Some of them were very nervous and excited. One of them said "I'm doing this for my class" [...]. After the students' performance, the presenter asked a student about his involvement in the creation and development of the play. The students were also responsible for the costumes and the props. In general, the plot had to include the cycle of the disease, its risk factors, signs and symptoms, prevention and treatment (FIELD DIARY: OBSERVATION GAMES - 13/09/2012).*

The building up of a participatory and emancipatory perspective of school health overcame consultations and individual visits. The study findings were, however, insufficient to broaden the analysis. It offers instead an explanation on the definition of themes and demands of professionals and school officials.

There were no reports of actions suggested or requested by the students or their families, fact that highlights the difficulty of encouraging participatory health promotion activities. Nevertheless, there were signs of an attempt to build new ways of life through activities focusing on citizenship, diversity and respect for differences. The study subjects recognize the importance of health professionals in schools, especially nurses, closer to the children's environment, bringing together health services and school.

*[...] I really make that link; I answer the children, their mothers, teachers, school principals, which is what I'm doing right now. I think we are the focus, the main factor, because I think health promotion is the goal of nursing practice, which is our job (Interview-E2).*

Study data allowed us to recognize how the PNPS and the national programme facilitate the adoption of the EPS concepts in schools. It is important to highlight that the autonomy of municipalities and schools in the conduction of activities according to local needs is central to the operationalization of practices. Lefevre and Lefevre<sup>22</sup> claim that, although there is a pre-established model, with goals and standards, schools wanting to implement it should express their autonomy by creating their own strategies, discovering their needs and outlining an action plan according to their context. Local governments, for instance, have adapted the PSE to their specific needs through the establishment of a team to support the ESF and the schools.

Faria<sup>23</sup> affirms that in the development of their proposals, schools should be assisted by trained health promotion professionals, considering that the high incidence of hygiene-driven strategies put-up barriers to the implementation of actions that promote health and hinder their progress.

The creation of special teams working alongside ESF professionals indicates the municipality political commitment to the programme and, at the same time, reveals a major challenge with regard to the inclusion of nursing in the school and the strengthening of their link with the health unit.<sup>7</sup>

*The monitor is our reference; many parents come to the monitor and say: My child needs this and that, can we talk to the nurse? Then, if you are there, you talk to the parents and offer guidance. When you're not in, it's the monitor who talks with the health centre or with us, asking for help; the monitor is the arm of the PSE in the school (Interview-E13).*

The school “is a dynamic and unique social, economic and cultural context that requires flexibility and adaptation of the programme always aiming at the promotion of health”<sup>24</sup>. Thus, the actions in schools should be developed by professionals with experience in health promotion as an interdisciplinary subject.

The analysis of the findings shows the dualism in the performance of the PSE professional. On one hand, the education assistants stay in school and daily experience the programme activities. They are the school reference in health, either programming actions, or meeting different health needs:

*[...] they think we're nurses; that PSE means that if you're sick they have to look for so-and-so [...] and they want to be told what to do! Oh! It is not so, I'm not a nurse. And also for not knowing, mothers sometimes don't, or they don't want to see that you cannot give any medication, then they complain: Why are you calling? I'm at work! What are you there for?! (Interview-A11)*

On the other hand, there are nurses that, in the city studied, are part of specific teams for the development of the programme. Nurses triage children, take anthropometric measurements and offer education workshops. They show great concern with the results of the programme.

*I think it is also worth mentioning that the monitors, except when on call, stay an hour in the all-day school where they promote actions like hand washing, tooth brushing, personal hygiene and oral care; so they work with the children on a daily basis. In the second semester we will go deeper into this matter; it will get better, we're going to choose better themes, more suited to the target audience as X said, for us to start working; but to some extent health promotion is done (Interview-E2).*

The above statement seems to indicate that the definition of themes to be dealt with in education workshops is determined by monitors and nurses with little student participation. Thus, the educational process is teacher-centred, content-focused and reproduces in the PSE the same methodology used in formal educational programmes.

The PSE does not assign exclusivity to nurses in the development of health activities. However, this professional is the obvious choice to fulfil the role. This finding directs the discussions towards the specificity of nursing in the PSE and the local government investment in such professional.

*We nurses were trained to have a little knowledge of each area and we have the privilege of working directly with the public, we can go to people's homes; that is our*

*gateway, we are the first professional they talk to; hum... I think they feel more comfortable talking to a nurse [...] (Interview-E13).*

*You have to have scientific knowledge; we also have to identify the population group, to know what to approach and how to do it, right? Language is different; dynamics, what draws people's attention, why a teenager, for instance, does not pay attention when you talk. [...] (Interview-E6)*

*The nursing professional is able to approach an issue in a different way compared to other professionals; I think it is easier; they have a different point of view (Interview-E6).*

*We talk a lot about sexuality, nutrition with a different approach; the teacher often has no specific knowledge in this area, then we exchange knowledge which helps the student a great deal; to parents it is more complicated, sometimes they do not talk about it [...] (Interview-E8).*

*Sometimes we offer guidance right there, not only refer them. We raise awareness, and there is the bit we try to do together, which is an educational action, right? (Interview-E7)*

Data analysis indicates that nurses were chosen primarily because of their ability to adapt to different situations and of their role in health promotion, preventive care, treatment and recovery. Furthermore, the presence of school nurses and the promotion of health activities strengthen the relationship between health sector and school<sup>7</sup>, needed for tackling health conditions that affect children and adolescents.

Nevertheless, the PSE remains focused on the model of risk assessment and the nurse is an agent that helps to maintain this *status quo*; ineffective to minimize potential risks to the health of children and adolescents and to promote changes in attitudes and healthier lifestyles.

At the same time, the relationship between school nurses and the education assistant seems to replicate the ESFs division of labour between the nurse and the community health agent. It encourages the emergence of a new “professional” responsible for “simplified” actions of risk assessment. Those individuals help to fulfil the programme objectives through practices that reinforce biomedical and behavioural models of health promotion.

From this perspective, a hygiene-centred conception of health promotion exists alongside another one that focuses on healthy habits and lifestyles. Both concepts are important for improving people's quality of life; however, their ability to transform social determinants is limited.<sup>25</sup>

Thus, while recognizing the importance of the partnerships recommended by the PSE, technological innovations are

essential in order to re-frame the school as the space for health promotion *par excellence*, given the institution's potential for citizenship formation and change of social determinants.

It is necessary to overcome models guided by a normative logic, embodied in the institutions' standards, rules and regulations. In this context, the role of health and education professionals stands out in their ability to intervene day-by-day in the construction of a new way of thinking and health care practice in schools.

## FINAL CONSIDERATIONS

The study findings demonstrated that the school is a space for action on the social determinants of health, minding the principles of intersectionality, equality, social justice, individual and collective empowerment that support the concept of health promotion. However, they also revealed the challenge of building effective intersectoral partnerships in order to foster dialogue between fields of knowledge and the wholeness of individuals.

The fragmented structure of services and funding hinder the implementation of practices, since the budget division means that funding is done by sectors and not by public policies. The study concluded that intersectoral coordination is scarce which impairs a more comprehensive approach to health care.

The creation of school support teams demonstrated the commitment of the municipality to the proposed actions. However, the role of the nurse was not specified and the choice of a professional to conduct the programme was not properly discussed.

Even though actions were focused on health risks and hazards, the school was eager to promote good health practices amongst young people, targeting themes that could trigger reflections on the subject. The school presents vast possibilities for health promotion hitherto left unexplored. The study findings indicate the need for further studies on the relationship between health and education, and particularly on the role of nursing in this context.

The study reaffirms that health promotion needs to go beyond technical and normative concepts; information about diseases and how to control them are not enough: students' health depends on them being able to make healthy choices.

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