

School health program: possibilities and challenges from the perspective of the multiprofessional residence in health**Programa saúde na escola: possibilidades e desafios na perspectiva da residência multiprofissional em saúde****Programa salud en la escuela: posibilidades y desafíos en la perspectiva de la residencia multiprofesional en salud****Received: 02/10/2018****Approved: 23/03/2019****Published: 13/05/2019****Danielle Ferreira Mazetto¹****Aline Guarato da Cunha Bragato²****Fabiana Silva Alves Corrêa³****Luana Rodrigues de Oliveira Tosta⁴****Renata Gonçalves⁵****Beatriz Cardoso Lobato⁶**

This article is an experience report aiming to describe an intervention with adolescents in a public school linked to the School Health Programme, with a view to prevention and health promotion. Through Multidisciplinary Residence Program in a Matrix Health Unit, in the city of Uberaba, weekly meetings were held with two groups of teenagers of the ninth years of elementary school, in the period from May to December 2017. Didactic and recreational resources were used, exploring the spaces of the educational institution. Throughout the process, challenges faced by the resident team were highlighted. However, the experience has contributed to the training of residents in an integrated, interdisciplinary and intersectoral action, in line with the prerogatives of SUS.

Descriptors: School health services; Health promotion; Adolescent.

Trata-se de um relato de experiência com objetivo de descrever uma intervenção com adolescentes em uma escola pública vinculada ao Programa Saúde na Escola, na perspectiva de prevenção e promoção da saúde. Por intermédio da Residência Multiprofissional em uma Unidade Matricial de Saúde, do município de Uberaba, realizaram-se encontros semanais com duas turmas de adolescentes do nono ano, no período de maio de 2017 a dezembro de 2017. Foram utilizados recursos didáticos e lúdicos, explorando os espaços da instituição de ensino. Ao longo do processo, foram evidenciados desafios enfrentados pela equipe de residentes. Contudo, a experiência contribuiu para a formação das residentes na proposta de uma atuação integrada, interdisciplinar e intersectorial, em consonância com as prerrogativas do SUS.

Descritores: Serviços de saúde escolar; Promoção da saúde; Adolescente.

Se trata de un relato de experiencia con el objetivo de describir una intervención con adolescentes en una escuela pública vinculada al Programa Salud en la Escuela, en la perspectiva de prevención y promoción de la salud. Por intermedio de Residencia Multiprofesional en una Unidad Matricial de Salud, del municipio de Uberaba, MG, Brasil, se realizaron encuentros semanales con dos grupos de adolescentes del nono año, en el período de mayo de 2017 hasta diciembre de 2017. Fueron utilizados recursos didáticos y lúdicos, explorando los espacios de la institución de enseñanza. A lo largo del proceso, fueron evidenciados desafíos enfrentados por el equipo de residentes. Sin embargo, la experiencia contribuyó para la formación de las residentes en la propuesta de una actuación integrada, interdisciplinaria e intersectorial, en consonancia con las prerrogativas del SUS.

Descriptores: Servicios de salud escolar; Promoción de la salud; Adolescente.

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INTRODUCTION

The School Health Program (SHP) is a historic breakthrough of public policies with regard to health promotion to children and adolescents. Based on a study that surveyed ten decades of theoretical frameworks that have influenced school health programs in Brazil, first, there is the hygienist model, in which the state granted to the health sector full authority to define what should be done at school. The practices were ruled to change behaviors within an established standard and guided by moral rules, so that the concept of health was seen as the absence of disease and the individual blamed for his illness¹.

In order to overcome the hygienist model, specializations regarding the causes and effects of the diseases are expanded, the biomedical model arises as a healing practice that understood the learning and behavior issues as aspects linked to illness. This conception favored the school environment to be used as an outpatient clinic for the scholars, in order to avoid risks that could harm the learning process¹.

In order to overcome the limitations of the biomedical model, the story features the emergence of new practices that defended the perspective of health promotion, a differentiated movement, in which the subject becomes the protagonist of his health and his knowledge, so that health and education sectors come to be recognized as active partners in building actions and knowledge¹.

From the link between health and education, comes on December 5, 2007, by presidential decree, the School Health Program (SHP), which aims to work with actions of disease prevention, health promotion and recovery, to assist in student's full training².

The SHP has been implemented in Primary Health Care (PHC) by the Family Health Strategy (FHS), in order to achieve improvements in health policies. Its proposal seeks to structure prevention measures, within the family-centered model and based on multiprofessional activity to reach children and adolescents^{3,4}.

The SHP is divided into three components: the first is directed to the clinical work and assessment in health; the second covers the work of prevention and health promotion and deals with themes of childhood and adolescence, encouraging autonomy, students participation and culture of peace promotion, and the third component aims at continuing education of professionals, considering the school practice linked to health, building intersectorial actions⁵.

SHP actions seek to embrace the reality of the territory in which the schools operate that constitute spaces of socio-cultural practices and allow for the inclusion of actions to health promotion, whose role is essential in the training of students for the construction of citizenship and access to public policies⁵.

The school environment is considered to be conducive to the development of actions aimed at this audience, as it is a place that brings together children and adolescents in their differences and peculiarities, considering their life contexts, demands, interests and realities lived⁶⁻⁷. This program is one of the main public policies that include working with teenagers, whose north is the strengthening of the bond of schools with FHS⁸.

This report aims to describe an experience with adolescents in a public school linked to the School Health Program (SHP), in view of prevention and health promotion.

METHOD

This is an experience report, whose activities have been developed through the Multiprofessional Integrated Residence in Health and Professional Health Area (PRIMAPS), linked to the Federal University of Triângulo Mineiro (UFTM), with the field of action being a Centralized Health Unit (CHU), in the city of Uberaba/MG.

The multiprofessional team of PRIMAPS consisted of two nurses, two occupational therapists and a psychologist. The staff, during 2017, was linked to a CHU in the city of Uberaba. The SHP was conducted by PRIMAPS in order to implement health promotion and disease prevention actions together with education, based on the component II of SHP

policy. The activities were developed along a regular school in the territory of CHU coverage.

The experience was developed along with the 9th ninth years of elementary school. The choice of working with the ninth years of elementary school is justified by the understanding of both the school and residents that teenagers were in their final year of elementary school, which implied fears, curiosities, anxieties and questions regarding the plans for the future, responsibilities and adolescent changes.

The main themes were chosen by the adolescents. The strategies used in the thematic approach were: group dynamics, use of audiovisual resources (such as thematic triggers), theater, manual activities and conversation circle.

The places used for the development of the activities included the classrooms, the library, the patio and multimedia room. The actions were previously discussed and planned in supervision with the responsible tutor, seeking to generate multidisciplinary reflection that allowed a comprehensive and responsible care with the adolescents.

RESULTS

The adolescents who participated comprised two groups (A and B), composed of 29 and 27 students respectively, aged between 14-17 years. The actions lasted 50 minutes in each class, and there were 21 meetings. All of them were accompanied by a teacher from the school mentioned.

In the first SHP meeting, students have proposed various topics of their interests through activities conducted by The residents, such as bullying and prejudice, drugs, sexuality, teenage pregnancy, sexual violence, dreams and plans for the future, healthy living, sport, professions, politics, religion, alcoholism and school dropout.

Some adolescents brought facts of their lives, because they have suffered bullying at school and on the Internet, besides having been identified adolescents in the role of offenders.

As possibilities in the SHP, it was perceived the approximation of the

adolescents and the formation of the bond with the residents, who were able to listen to their demands and discuss them from important issues to human development, which correspond to the component II of the SHP. Another impact of the activities was the redefinition of bullying by the students, who were able to understand it as violence and not as a mere joke.

An important moment of reflection was during the theatrical presentation of bullying cases previously prepared by the residents, being played by the adolescents. Students from each class chose the scene and later organized themselves and acted. The proposal was to represent the story in a less violent and negative outlook for all the characters, which was welcomed by the teenagers through similar strategies in both groups, such as providing support to the friend who was a victim of bullying, words of support and encouragement, ask the help of the teacher, family and people from the victim's living that could offer a support network.

Then, the cases were discussed in a circle with the teacher, regarding the strategies proposed by them, which resulted in strengthening the collective consciousness, respect and tolerance of differences. In this way, spaces of knowledge exchange were built, where teenagers have become active in the issue construction and participation process and the activities proposed. Together with the teacher, one tried to organize activities that could explore other school spaces beyond the classroom, such as the library, courtyard and multimedia room.

The actions developed in SHP initially took place in the classroom, with desks arranged in a circle, with a view to promoting dialogue and group interaction. During the meetings, other school environments were inserted in carrying out the activities, so that the proposal was to meet the desire of students to occupy other spaces of the institution. It is understood that the changes sites were positive, since it was possible to meet their demands and observe their behavior in other environments, strengthening the bond between staff and students.

During the actions, it was noticeable the gradual increase of involvement of the teacher with the activities and their greater trust with the residents. She went on to strive so that all students could have the opportunity to attend the activities, highlighting in her speech the appreciation of the project and its importance to the training of young people.

Regarding the challenges faced, it was observed that the institutional participation of the school in the SHP activities merely give the space and allow the development of activities as there was no participation in the planning, execution and discussion of the activities developed. Nevertheless, it was observed that the teacher who accompanied the groups took the initiative to bring the issues discussed in SHP meetings to her classes, through writing texts, essays and relating the contents with the health ones, addressed in the activities.

It was noted that the school, in relation to axis I, which aims to prevent epidemiological hazards and social risks, proved to be participatory and responsive to the demands of the students. In some cases, the school sought the professionals requesting individual care and family support, asking for guidance in the conduct of cases, seeking alternatives for the assistance and coordinating with the network to ensure the protection rights of their students.

Although the SHP, led by PRIMAPS team, has advanced from the listening and identifying the demands of adolescents, some involvement difficulties of the FHS were found in building intersectoral actions. It was noted that the work of professionals was limited to the assessment of health, for the component I of the SHP. Thus, it was observed that the work of professionals is set up with a view to identify and assess the demands and biological needs of children and adolescents in schools.

The component I of the SHP proves important to the development of public policy. However, the program presents other proposals for health actions in its extent, so that the damage is obvious when strategies directed to the other components that the program aims to achieve are not shown. In

this sense, although the project is set in the context of health promotion, it was realized that the actions end up bearing guided performances in the biomedical model, where professionals pay more attention to the causes and risks of diseases.

Such a restriction may be justified by the overload of functions and lack of professionals in the team within the health facility. It was observed that the responsibility of conducting SHP ended up being the responsibility of the Community Health Agents (CHA), so that most other professional categories was limited to the exercise of an individualistic practice, based on traditional clinical care, which is inconsistent with what is established in the National Policy of Primary Healthcare, whose main requirement is a community and collective practice.

In addition, health professionals reported to the residents the difficulties encountered to approach the teenage audience, expressing stigmas and stereotypes with regard to addressing issues such as pregnancy, sexuality and alcohol and other drugs.

Through these reports, it was possible that the residents addressed this theme in the meetings of Continuing Education of the HBU team, making room for problematizations on health work with adolescents. Thus, the residents were able to observe that it is required from the professionals the realization of complex actions in health, as in the case of SHP, but are not offered training and structural conditions for better performance of the work.

DISCUSSION

Based on the observations of the meetings, the residents found that the focus of the managers is limited to quantitative opinions of the program, being undervalued the qualitative aspects of the relationship and ongoing actions to promote health.

In primary care daily work, it was noted that the BHU professionals respond to the expectations and goals set by the municipality itself, which ultimately limit the potential and effectiveness of SHP actions, in addition to

restricting the bond and scope of community through this public policy.

Developing activities involving health with young people can be a challenge, as it requires creativity and dynamism, so that they can interact, arising their interest. It was also observed that, even it is a wide range of program, it is not widespread and worked in vocational training.

Despite the challenges in the development of actions, the experience of health work in schools was very rich, since it made possible the contact with adolescents in their environment, what would not be possible with actions occurring only in the health unit. Thus, the SHP enabled the approximation of health professionals with adolescents, favoring the actions of health promotion. Public policies have emphasized the adolescent figure as the focus of health work, although there are weaknesses in offering conditions and framework for the development and improvement of such demand⁹.

The SHP is one of the programs that most offers possibilities of approximation with the adolescent audience, combining work in health and education. However, when pointing out the inherent contradictions in the health and education systems, "it is not feasible to exactly follow the SHP recommendations, bearing in mind the team work overload"⁹.

A study investigated the amplitude of the SHP in national territory⁸. The results on various criteria, such as action planning and training of professionals, indicated the lowest score for the southeast region⁸. Thus, there is a pressing need to SHP expansion, with regard to the discussion of this public policy and the creation of spaces to overcome health actions guided by the clinical, individual and curative approach⁸.

Such reflections converge with the experience reported here. A study points out that entering academic activities in the SHP, arguing that students referrals, made through this medium between academics and the health network, favored the integration of the team with the school⁹. But the work of academics should be complementary to the

work of the health team, because undergraduate and graduate students are still in process of formation and, therefore, it is not their responsibility to conduct alone programs of such complexity, as is the case of the SHP.

In SHP, it is reinforced the importance of a specific team to conduct the program activities in an ongoing basis, in its different components⁹. On the other hand, realize this ideal entails replacing the state logic that still does not prioritize investment in health and education - which is the biggest bet and the great differential of the SHP.

Thus, the richness and complexity of the proposal stand out in order to enable health actions in an integrated way to culture, daily life and school reality, seeking, first, to know the life conditions of children, adolescents and teachers, so that, in sequence, quality of life can be promoted in this context⁸.

Studies affirm the existence of the predominance of specific actions of the SHP focusing on behavior changes, of hygienists nature and identification of risk control^{10,11}, as well as the team faces difficulties for the realization of the SHP due to lack of human resources, time and function overloading¹¹⁻¹³. In this sense, when the health team does not get involved directly with the school and vice versa, there is a fragmentation of knowing and doing that compromise the quality of the process. Thus, teamwork is necessary, with planning in common and discussions on the actions¹¹.

For these reasons, it is stated that education activities together with the health ones should be complementary, in order to contribute to the knowledge and developing of effective strategies and not just to meet targets and generate statistics¹⁴.

Thus, it is necessary a common work plan among health, school and community, focusing on co-responsibility of everyone^{8,9}. The exchanges must foster reflection and the development of the autonomy of the subjects, so that there is meaning and interest in the care of their own health and the groups of which they are part¹³.

CONCLUSION

The activities conducted with the adolescents provided a significant and positive approach, leading to discussion and reflection on issues that interfere with their health condition, using an approach that goes beyond the biomedical view.

It is known that intersectoral work is facing challenges such as the prioritization of quantitative results by managers, insufficient number of professionals and subjective difficulties, such as the approach and discussion of certain themes with this age group. However, it is necessary a legitimate effort by all involved ones, since, it is in the development of activities of SHP components that an approach is possible, as well as the creation of bonds necessary for the development of health promotion of the adolescents.

The work presents as limitations its accomplishment with a single school and connected to a single HBU, being not possible to affirm that this reality is the same in others. However, according to the studies raised, similar criticisms were found. In turn, the livings presented here can justify the need for investigations in the area for a better understanding of the SHP reality.

The experience of the residence made possible the identification of the potential of SHP for the development of critical thinking and incentive to the autonomy and the exercise of rights and duties of children and adolescents that reflect on their health condition, as well as the importance of the multiprofessional and intersectoral practice, guided by the extended concept of health, to the collective and social work, immersed in the community.

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CONTRIBUTIONS

Danielle Ferreira Mazetto, Aline Guarato da Cunha Bragato, Fabiana Silva Alves Corrêa, Luana Rodrigues de Oliveira Tosta and Renata Gonçalves participated in the conception, design and writing of the study. **Beatriz Cardoso Lobato** contributed in the design and critical review of the study.

How to cite this article (Vancouver)

Mazetto DF, Bragato AGC, Corrêa FSA, Tosta LRO, Gonçalves R, Lobato BC. School health program: possibilities and challenges from the perspective of the multiprofessional residence in health. REFACS [Internet]. 2019 [cited in *insert day, month and year of access*]; 7(2):256-262. Available from: *insert access link*. DOI: *insert DOI link*.

How to cite this article (ABNT)

MAZETTO, D. F.; BRAGATO, A. G. C.; CORRÊA, F. S. A.; TOSTA, L. R. O.; GONÇALVES, R.; LOBATO B. C. School health program: possibilities and challenges from the perspective of the multiprofessional residence in health. REFACS, Uberaba, MG, v. 7, n. 2, p. 256-262, 2019. DOI: *insert DOI link*. Available from: *<insert access link>*. Access in: *insert day, month and year of access*.

How to cite this article (APA)

Mazetto, D.F., Bragato, A.G.C., Corrêa, F.S.A., Tosta, L.R.O., Gonçalves, R. & Lobato B.C (2019). School health program: possibilities and challenges from the perspective of the multiprofessional residence in health. REFACS, 7(2), 256-262. Retrieved in: *insert day, month and year of access* from *insert link access*. DOI: *insert DOI link*.