

## Democratic goods and statements on food and nutrition in municipal health council minutes

*Bens democráticos e manifestações sobre alimentação e nutrição em atas de conselho municipal de saúde*

*Bienes democráticos y manifestaciones sobre alimentación y nutrición en actas del Consejo Municipal de Salud*

 Mariana Santos Fadanni<sup>1</sup>,  Schaina Andriela Etgeton de Senna<sup>1</sup>,  Rubia Daniela Thieme<sup>1</sup>

Received: 11/02/2026 Accepted: 29/08/2026 Published: 13/10/2026

### Abstract:

**Objective:** to analyze the generation of the democratic goods of transparency and inclusion in the meeting minutes of a health council, as well as to identify and understand statements regarding food and nutrition recorded during discussions. **Methods:** a documentary analysis of the meeting minutes from the Piraquara/PR, Brazil, Municipal Health Council for the years 2023 and 2024. Content analysis was performed. The democratic goods considered were transparency and inclusion. **Results:** twenty-two minutes from ordinary meetings and four from extraordinary meetings were analyzed. Internal transparency proved adequate, with documents being read and made available to council members; however, external transparency showed weaknesses, such as two incomplete records and the initial unavailability of minutes on the council's online portal. Regarding inclusion, a lack of parity among segments was observed at the meetings; 50% of statements on food and nutrition were made by service users, 33.3% by observers, and 16.6% by government representatives, with no recorded statements from health workers or service providers. **Conclusion:** the generation of transparency was evident, whereas inclusion showed weaknesses. Statements regarding food and nutrition were sporadic, indicating that the topic does not yet occupy a structured place on the health council's agendas.

**Keywords:** Community participation; Health strategies; Democracy; Health governance; Nutrition policy.

### Resumo:

**Objetivo:** analisar a produção dos bens democráticos da transparência e inclusão em atas de reuniões de um conselho de saúde, bem como identificar e compreender as manifestações relacionadas à alimentação e à nutrição registradas no âmbito das discussões. **Método:** pesquisa de análise documental das atas de reuniões do Conselho Municipal de Saúde de Piraquara/PR, dos anos de 2023 e 2024. Foi realizada análise de conteúdo. Os bens democráticos considerados foram transparência e inclusão. **Resultados:** foram analisadas 22 atas de reuniões ordinárias e quatro de reuniões extraordinárias. A transparência interna mostrou-se adequada, com leitura e disponibilização dos documentos aos conselheiros; porém, a transparência externa apresentou fragilidades, como duas manifestações incompletas e indisponibilidade inicial de atas no portal online do conselho. Para a inclusão, observou-se ausência de paridade entre segmentos nas reuniões e 50% das manifestações sobre alimentação e nutrição realizadas por usuários, 33,3% feita por observadores e 16,6% feita por representantes do governo, sem registros de manifestações pelos trabalhadores ou prestadores de serviço. **Conclusão:** a produção de transparência mostrou-se presente, mas a de inclusão apresenta fragilidades. As manifestações de alimentação e nutrição se mostraram pontuais, indicando que o tema ainda não ocupa espaço estruturado nas pautas do conselho de saúde.

**Palavras-Chave:** Participação da comunidade; Estratégias de saúde; Democracia; Governança em saúde; Política nutricional.

### Resumen:

**Objetivo:** analizar la producción de los bienes democráticos de transparencia e inclusión en actas de reuniones de un Consejo de Salud, así como identificar y comprender las manifestaciones relacionadas con la alimentación y la nutrición registradas en el ámbito de las discusiones. **Método:** investigación de análisis documental de las actas de las reuniones del Consejo Municipal de Salud de Piraquara, Paraná, Brasil, correspondientes a los años 2023 y 2024. Se realizó un análisis de contenido. Los bienes democráticos considerados fueron la transparencia y la inclusión. **Resultados:** se analizaron 22 actas de reuniones ordinarias y cuatro de reuniones extraordinarias. La transparencia interna se mostró adecuada, con lectura y disponibilidad de los documentos para los consejeros; sin embargo, la transparencia externa presentó deficiencias, como dos manifestaciones incompletas y la indisponibilidad inicial de las actas en el portal en línea del consejo. En cuanto a la inclusión, se observó ausencia de paridad entre los segmentos en las reuniones y el 50 % de las manifestaciones sobre alimentación y nutrición fueron realizadas por usuarios, el 33,3 % por observadores y el 16,6 % por representantes del gobierno, sin registros de manifestaciones por parte de los trabajadores o prestadores de servicios. **Conclusión:** la producción de transparencia se mostró presente, pero la de inclusión presenta deficiencias. Las manifestaciones sobre alimentación y nutrición se mostraron puntuales, lo que indica que el tema aún no ocupa un espacio estructurado en las agendas del Consejo de Salud.

**Palabras clave:** Participación de la comunidad; Estrategias de salud; Democracia; Gobernanza; Política nutricional.

**Corresponding Author:** Mariana Santos Fadanni – marifadanni@gmail.com

## INTRODUCTION

**T**he Unified Health System (*Sistema Único de Saúde* - SUS) allows community participation in the management of public health policies, institutionalized through Health Councils, permanent and deliberative bodies, with a collegiate composition, including entities and movements representing users, entities representing health workers, government representation, and private service providers under agreement, whether for profit or nonprofit, thus configuring itself as a participatory institution. The councils act in the formulation of strategies, proposal, discussion, monitoring, evaluation, and oversight of the implementation of Health Policy, including economic and financial aspects, in the three spheres of government. Thus, in each municipality there must be a Municipal Health Council<sup>1</sup>.

The meetings of the Health Councils must be recorded in minutes, which must be officially made available within 30 days, to guarantee transparency<sup>2</sup>. Transparency in instances of social participation is directly linked to the ethical and conscious commitment of the councilors to the principles of good public governance. In addition to disseminating information, it represents the possibility for society to monitor management actions, understanding how public resources are being applied<sup>3,4</sup>.

A central principle of public governance is transparency, as established in Decree No. 9,203/2017, which establishes principles for public administration, including integrity, rendering of accounts, responsibility, and access to information, all of which are part of the term “accountability”, which in the context of health governance, represents the ethical commitment to account for and assume responsibility for management actions, allowing social monitoring of the application of public resources<sup>4,5</sup>.

Although focused on the federal level, its principles are applicable and inspire management practices in municipalities, especially with regard to strengthening social control. In this sense, municipal health councils are essential spaces to materialize transparency in the management of the SUS, by ensuring that information on planning, budget execution, and results of health policies is presented, debated, and monitored in a public and accessible way<sup>4</sup>.

Transparency is also one of the democratic goods proposed by Graham Smith as a framework for evaluating the democratic qualities and legitimacy of institutions. Transparency refers to guaranteeing access to information, both internally and externally to the institution. Added to this democratic good are inclusion, popular control, and reasoned judgment. Inclusion refers to the possibility of different groups effectively participating in the political decision-making process, considering at least two aspects of participation: presence, which concerns who participates, and voice, understood as the real capacity for expression. Popular control, in

turn, is the extent to which participants influence decision-making. Reasoned judgment concerns participants' understanding of the technical details of decisions within the institution<sup>6</sup>.

Strengthening the role of nutrition within social oversight aligns with the need to evaluate, in practice, how food and nutrition actions are implemented and monitored across the three levels of government<sup>7,8</sup>. Food and nutrition policies and programs can be linked to the goals proposed in Sustainable Development Goal (SDG) 2 (Zero Hunger and Sustainable Agriculture) and SDG 3 (Health and Well-being)<sup>8</sup>. To guide the organization and operationalization of these actions, the National Food and Nutrition Policy (*Política Nacional de Alimentação e Nutrição* - PNAN), established by Ordinance No. 2,715/2011 and a key guiding policy in this area, sets out guidelines covering the promotion of adequate and healthy dietary practices, the management of food and nutrition actions, and social participation and oversight<sup>9</sup>.

Technical-scientific knowledge regarding food and nutrition actions within the SUS helps explain how these actions are structured, how they align with public health policies, and how they are translated into the daily practices of health services. In this context, nutritional care within the Health Care Network (HCN) serves as a fundamental strategy for realizing the Human Right to Adequate Food and Nutrition (*Direito Humano à Alimentação e à Nutrição Adequadas* - DHANA), ensuring comprehensive care for individuals and communities<sup>10-12</sup>.

The DHANA is linked to the role of food as a social determinant of health and to the high prevalence of health issues associated with the dietary and nutritional profile of the Brazilian population. Currently, 61.4% of the Brazilian population is overweight, and 24.3% live with obesity<sup>13</sup>. Furthermore, more than half of the Brazilian population experiences some degree of food insecurity, underscoring the urgent need for food and nutrition surveillance strategies within the SUS<sup>14</sup>.

Thus, social participation in the SUS can be analyzed through the minutes of Health Council meetings, as these documents record the processes of discussion and deliberation, making it possible to verify the existence of access to information, diversity of voices, and genuine opportunities for participation. Furthermore, analyzing statements regarding food and nutrition helps to understand the prominence of these topics within social oversight mechanisms and their relevance to the formulation and monitoring of public health policies. Accordingly, the aim of this study is to analyze the generation of the democratic goods of transparency and inclusion in the minutes of a health council meeting, as well as to identify and understand the statements related to food and nutrition recorded during the discussions.

## METHODS

The study presents a documentary analysis of the minutes from the ordinary and extraordinary meetings of the Piraquara Municipal Health Council (COMUSP) held in 2023 and 2024.

The research setting is Piraquara, a municipality in the Curitiba Metropolitan Area, in the state of Paraná, Brazil, which is home to COMUSP, a body established by Law No. 070/1991<sup>15</sup>. It operates according to its internal regulations. Its responsibilities include social mobilization in defense of the SUS, the approval of budget proposals, the review of contracts and agreements, and the promotion of participation and social oversight through health education and coordination with other councils and entities. The council's ordinary and extraordinary meetings aim to facilitate the formulation, deliberation, oversight, and monitoring of the implementation of municipal health policy<sup>16</sup>.

According to the internal regulations, meetings must take place monthly, amounting to 24 gatherings over the two-year period under analysis<sup>16</sup>.

Documentary analysis consists of a set of procedures aimed at identifying, evaluating, and interpreting data. This process involves the critical and systematic reading of documents and requires an interpretive and reflective analysis of the material. Therefore, it is essential to consider the historical, political, and social context in which the document was produced, as well as the identity and interests of its authors<sup>17,18</sup>. In the case of Health Council meeting minutes, documentary analysis makes it possible to identify statements, debates, deliberations, and the generation of democratic goods.

Minutes are documents with legal value; they must provide a faithful summary of the events and decisions of assemblies, meetings, or sessions held by commissions, congregations, councils, or similar institutions, following the previously announced agenda or order of business<sup>19</sup>.

The search for and acquisition of the minutes took place between September 2024 and July 2025. The process was carried out in two complementary stages: the first involved consulting the Piraquara City Hall website, specifically the section dedicated to COMUSP<sup>20</sup>. This search entailed navigating chronologically through 2023 and 2024 to verify the individual publication of each monthly document. The second stage was prompted by the identification of gaps on the portal regarding the 4<sup>th</sup> and 10<sup>th</sup> ordinary meetings of 2023; these minutes were obtained by submitting an email request to COMUSP. Additional documents, identified as necessary for review and content analysis based on the minutes, were sought on the aforementioned municipal website, within the Council's dedicated page.

The analysis of the meeting minutes' content was conducted according to Minayo's guidelines, following the proposed stages for qualitative analysis: pre-analysis, material exploration, and treatment of the obtained results<sup>17</sup>. First, the pre-analysis stage was carried out; this involved an exploratory reading of the documents, specifically, a "floating reading" aimed at gaining a general overview of the material. The minutes were divided into sections: *Opening* (meeting details, identification of attendees, and reasons for absences), *Business/Announcements* (reports, notices, and communications), *Order of Business* (topics, dialogue, discussions, and decisions/resolutions), and *Closing*.

Next, the material was explored to identify statements related to food and nutrition, that is, recorded remarks on these topics made during the meetings and transcribed in the minutes. The selected content was organized by identifying the specific section of the minutes where each statement appeared. Subsequently, the statements were coded based on the number of the minutes in which they were identified, followed by the letter "O" for ordinary meetings or "E" for extraordinary meetings, the reference year, and the initial of the segment represented by the speaker; statements found in the same minutes and made by individuals from the same segment were assigned an alphabetical letter based on the order of their appearance in the document.

The source of the statements took into account both the collegiate membership and the observers. The collegiate composition of the councils is defined by Law 8.142/1990, while the number of council members is determined by each council's internal regulations. In Piraquara, the collegiate body consists of two government representatives (12.5%), two service providers (12.5%), four health workers (25%), and eight user representatives (50%), totaling 16 council members<sup>1,16</sup>.

Accordingly, council members from the government representative segment were assigned the initials SG; those from the service provider segment, SP; workers, ST; and the user segment, SU. Statements made by participants who were not part of the COMUSP collegiate body (observers) were assigned the initial O.

The democratic goods evaluated were internal and external transparency, and inclusion through presence and voice<sup>6</sup>. Internal transparency was assessed based on statements regarding food and nutrition by analyzing the availability of documents related to or cited in those statements for council members to access. External transparency was evaluated in two stages: first, by the public availability of the minutes and other documents under review; and second, by verifying the integrity of the transcriptions of statements on food and nutrition, specifically, whether the records captured the full content of the speeches without

abbreviations, generic terms, ellipses, or summaries that would compromise the understanding of what was said, and whether they could be fully interpreted based on reading the minutes.

Regarding the inclusion dimension, the presence of representatives from each segment at every meeting was evaluated to ensure compliance with COMUSP's internal regulations and to guarantee parity during meetings. Furthermore, the voice dimension was assessed based on statements concerning food and nutrition, by examining the absolute and relative frequency of statements made by each segment.

The issues raised were also classified according to the level of care within the HCN to which they related: Primary Health Care (PHC) or Specialized Care (whether outpatient or hospital-based)<sup>21</sup>. Municipal departments other than the Municipal Health Department were also considered when relevant to the issues raised, thereby allowing for an assessment of the intersectoral nature of these matters.

During the data processing and interpretation phase, the sections containing these issues underwent an in-depth analysis of the meanings expressed in the discourse and discussions recorded in the minutes, aiming to understand not only what was said but also the context and the meanings attributed by the council members.

This study did not require submission to a Research Ethics Committee, as it is a documentary study relying exclusively on publicly accessible information in the public domain, in accordance with national ethical guidelines that exempt such studies from this requirement. It should be noted that the public nature of these documents is guaranteed by current legislation and by Resolution No. 453/2012 of the National Health Council<sup>2</sup>.

## RESULTS

A total of 26 sets of minutes were identified: 22 regarding ordinary meetings and four regarding extraordinary meetings of COMUSP. Meetings took place monthly, except in January of both years, which was designated as a recess period.

External transparency regarding the availability of minutes was compromised for two sets of minutes, as public access was unavailable; however, they were obtained through direct contact with COMUSP via email. Internal transparency requirements were met, as it was verified that all documents cited in statements regarding food and nutrition were read and/or made available for the councilors to access. However, the reading of supplementary documents was not recorded in the minutes, nor were the documents attached to them; instead, a search on the COMUSP website was required. While this did not compromise external transparency, it hindered a full understanding of the statements made.

Regarding inclusion in terms of attendance, the opening section of every set of minutes listed the members present and provided justifications for any absences. However, the councilors were identified only by name, without specifying their segment, the entity they represented, or whether they were full members or alternates. To identify each councilor's segment, it was necessary to consult the decrees governing the appointment of COMUSP members. Observers were not identified in any of the minutes either.

Representatives from the user, worker, and government representatives were present at all meetings. Service providers were absent from eight meetings, partially compromising inclusivity regarding this segment's participation. Nine meetings involved the participation of more than 16 councilors, due to the presence of alternates, yet only two of these adhered to the number of councilors per segment established in the internal regulations. Regarding the number of members required to ensure parity across segments, as stipulated in COMUSP's internal regulations, it was observed that government representatives occupied their allotted seats in the highest number of meetings, whereas service providers occupied theirs in the fewest, as shown in Table 1.

Still regarding inclusion, and considering the "voice" dimension, ten sets of meeting minutes contained statements related to food and nutrition; two of these minutes included more than one statement, resulting in a total of 12 statements, as detailed in Chart 1.

Of the 12 statements identified, six (50%) were made by service users (as shown in Figure 1) and four (30%) by observers. No statements regarding food and nutrition were made by council members representing the workers' or service providers' segments. User representatives held eight seats at each meeting; although they did not occupy all of them in 15 of the meetings, they still constituted the segment with the highest attendance and, consequently, the one that spoke up most frequently on food and nutrition matters. They were followed by government representatives, a segment that participated with at least two representatives in 24 meetings.

**Table 1.** Meetings and number of Municipal Health Council members between 2023 and 2024, according to the internal regulations and by segment. Piraquara/PR, Brazil, 2025.

| Segment                    | Meetings with the number of council members in accordance with the internal regulations | Relative frequency (%) |
|----------------------------|-----------------------------------------------------------------------------------------|------------------------|
| Users                      | 11                                                                                      | 42.3                   |
| Government representatives | 24                                                                                      | 92.3                   |
| Healthcare workers         | 16                                                                                      | 61.5                   |
| Service providers          | 09                                                                                      | 34.6                   |
| All segments               | 02                                                                                      | 7.7                    |

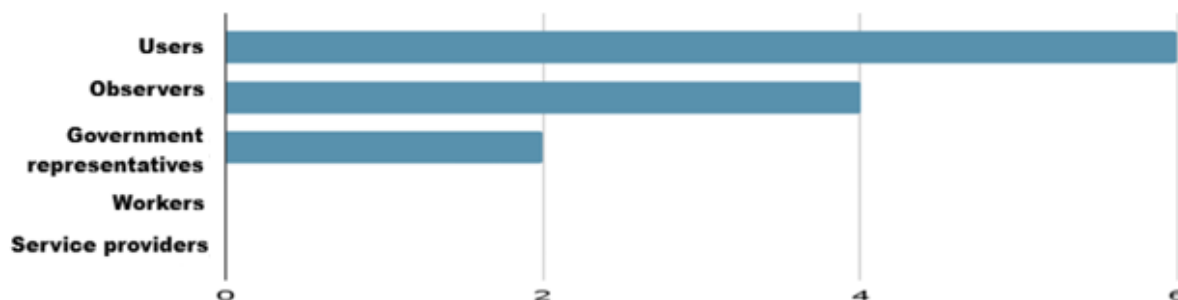
**Chart 1.** Statements regarding food and nutrition in the minutes of the Piraquara Municipal Health Council in 2023 and 2024. Piraquara, PR, Brazil, 2025.

| Identification | Section           | Manifestation                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1              | Order of Business | According to the Summary Report on Budget Execution, committed health expenditures by sphere in the first four-month period of 2023 totaled R\$ 29,065,180.66 (twenty-nine million, sixty-five thousand, one hundred and eighty reais and sixty-six centavos), distributed across the following sub-functions: [...] 2.065 – Promoting Food and Nutritional Surveillance Actions. (05023SG*)                              |
| 2              | Order of Business | [...] asks about the Family Warehouse and vulnerable families; [...] replies that the Family Warehouse is already underway. (08023SU)                                                                                                                                                                                                                                                                                     |
| 3              | Announcements     | [...] Reports that last week, upon visiting a facility, they found the crackers (those served to patients) to be soft and with an expiration date as early as November; they also noticed rats in the storage area, a smell of mildew, and mold on the walls, and further reports that their own health unit lacks paper towels and gloves. (10023SU)                                                                     |
| 4              | Order of Business | [...] inquires about the dietary formula supply, stating that their daughter uses it and that the brand currently being provided is ineffective, noting symptoms such as nausea and weight loss in the child. They ask why the municipality does not continue providing the previous brand. [...] explains that they cannot do so due to public procurement laws, which require adherence to specific protocols. (110230) |
| 5              | Order of Business | [...] Regarding the third point concerning the food kit, [the interviewee] states that other health facilities do not distribute crackers on blood collection days and that expired crackers should not have been sent there; [...] mentions that the crackers were soft; [...] notes that they should be stored elsewhere, while emphasizing that this is the only location providing crackers for patients. (12023SG)   |
| 6              | Order of Business | [...] question regarding how water samples are collected: [...] The Director of the Surveillance Department explains that there are 26 points where Sanepar requests sampling, as well as specific locations where outbreaks or cases of diarrhea have been reported; (01024SUa)                                                                                                                                          |
| 7              | Order of Business | [...] asks about the food expenditure: is it for the food distributed via basic food baskets through Social Services, or is it for staff-related food costs? The Director [...] of Primary Care explains that the food goes to health                                                                                                                                                                                     |

|    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                   | facilities, such as the CAPS, as well as providing snacks for Comusp. (01024Sub)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 8  | Order of Business | [...] asks about the daily allowances for civilians, labor outsourcing, and food allowances; [...] replies that the food allowance is for health sector employees; Councilor [...] states that she considers it outrageous for an employee who requires a medical leave of absence exceeding 15 days to lose their food allowance, precisely when they need the benefit most, given their vulnerable state of illness and the need to eat. President [...] notes that the matter is on the agenda to be brought before the Executive branch. (04024SU)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9  | Announcements     | Discusses campaigns to recruit women within the eligible age range for cervical and breast cancer screening, as well as the strengthening of the <i>Amamenta e Alimenta</i> Strategy (Breastfeeding Network). (01E240a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 10 | Announcements     | [...] announces the continuation of the partnership with the UFPR Multidisciplinary Family Health Residency Program and reports that the municipality nearly lost it but managed to retain it; the federal residency program here in Paraná is important, particularly in the fields of Nutrition and Pharmacy, which have seen significant advancement. (01E240b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 11 | Announcements     | [...] reports that a healthy eating initiative for diabetics and individuals with comorbidities was carried out at the Nanci Terezinha Basic Health Unit (UBS) and that it was really great, [...] (09024SU)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 12 | Order of Business | [...], a Nutritionist and Coordinator of the Child and Adolescent Nutrition and Health Division within Primary Care, begins the presentation and states that she has compiled all the protocols and Standard Operating Procedures (SOPs) regarding child health, nutrition (specifically regarding special diets), and care services within the Primary Care system of Piraquara. She explains that she intends to be brief, focusing only on the key points, and notes that she will leave all the documents with the Comusp Executive Secretariat for review and information; she also mentions that the protocols are available on the City Hall website under the health department section: <a href="https://www.piraquara.pr.gov.br/a-prefeitura/secretarias/saude">https://www.piraquara.pr.gov.br/a-prefeitura/secretarias/saude</a> . [...] She hands the physical documents to the assembly [...] and begins explaining each one: 1) Protocols for the dispensing of special diets in the Municipality of Piraquara, including criteria and service workflows, and the Manual for the Municipal Special Diet Program; 2) SOP for Special Diets; 3) SOP for Nutrition Referrals; [...] Following the presentation and the clarification of questions, the President calls for a vote by the assembly on the presented protocols; the aforementioned protocols and SOPs for the municipality of Piraquara, are unanimously approved. (110240) |

**Keys:** CAPS – Psychosocial Care Center; COMUSP – Piraquara Municipal Health Council; UFPR – Universidade Federal do Paraná; UBS – Basic Health Unit; POP – Standard Operating Procedure; PR – Paraná. \* The identification of statements follows this order: minutes number; meeting type (O: ordinary; E: extraordinary); reference year; and segment initial (SG: government representatives; SP: service providers; ST: workers; SU: users; O: observers).

**Figure 1.** Individuals responsible for addressing food and nutrition matters at Municipal Health Council meetings (2023 and 2024) representing the representative and observer segments. Piraquara, PR, Brazil, 2025.



Five (41.7%) statements were identified in meeting minutes from 2023, and seven (58.3%) in those from 2024. Regarding the section where the statements were identified, eight (66.7%) occurred during the "Order of Business" (agenda discussion). Of these, two (16.7%) referred to specific order of business items (1 and 12), while the other six (50%) consisted of comments made based on agenda items. The remaining four statements (33.3%) were found in the "Correspondence/Announcements" section, in the form of informational updates.

Two statements were incomplete: Statement 4 "...reports nausea in the child, weight loss..." which used the term "etc." and ellipses; and Statement 12 "...After the presentation and once questions were addressed..." which failed to describe the questions and answers, thereby compromising external transparency. The other ten statements appeared complete, containing all the information necessary for analysis and understanding.

Five statements cited other COMUSP documents. The following documents were retrieved and reviewed: the Summary Report on Budget Execution regarding health expenditures by sector for the first four-month period of 2023 (for Statement 1); the accountability report for the third four-month period of 2023 (for Statements 6 and 7); the accountability report for the first four-month period of 2024 (for Statement 8); and Opinion No. 7, a report by the social oversight committee regarding the Testing and Reception Center (for Statement 5).

An analysis of the content of these statements reveals that Statement 1 cites expenditures on food and nutrition surveillance activities. Statement 6 questions water potability testing in the municipality, while Statement 7 addresses food-related expenses, specifically snacks provided by the Municipal Health Secretariat (MHS). Statement 8 was made by a user representative regarding food vouchers for municipal civil servants. Statement 5 concerns the quality of food offered at a health service; also regarding food quality at a health

unit, Statement 3 refers to products nearing their expiration date, softened cookies, and storage inadequacies.

Five other statements related to the work processes of nutritionists within the municipality's PHC system. Statement 4 addresses the Municipal Diet Program, raising a user's question about the efficacy of the formula received and requesting clarification regarding a change in brands. Although submitted by an observer, the topic requires an explanation of the legal frameworks guiding the public procurement process. Statement 12 presents the municipal nutritionists' work process to the Council by outlining protocols related to nutritional care, including the protocol for the dispensing of special diets, which is directly linked to Statement 4.

Statement 9 advocates for the *Amamenta e Alimenta Brasil* (Breastfeed and Feed Brazil) Strategy and breastfeeding, reinforcing health promotion initiatives led primarily by nutritionists. Statement 11 commends a health education activity conducted by the nutrition team at a health facility. Statement 10 highlights the ongoing partnership with the UFPR Multiprofessional Residency Program, specifically acknowledging the contribution of the Nutrition department.

Statement 2 concerns the *Armazém da Família* (Family Warehouse); although not an initiative directly linked to the health sector, it is a policy that impacts social determinants of health, making it relevant for discussion within COMUSP. Furthermore, it was the only statement involving an intersectoral initiative, specifically with the Municipal Department of Social Assistance.

Regarding the level of health care, the content of the statements indicates that nine (1, 3, 4, 7, 8, 9, 10, 11, and 12) related to PHC, while one (5) related to specialized care. Statement 3, like Statement 5, relates to PHC but also concerns sanitary surveillance activities, which operate across the various levels of the SUS.

## DISCUSSION

COMUSP's efforts to ensure transparency yielded satisfactory results. Conversely, regarding the other democratic value assessed, inclusion, weaknesses were identified in both the representation of diverse segments and the expression of voices (analyzed based on statements regarding food and nutrition), given that one-third of these statements were made by observers. Furthermore, the statements on food and nutrition lacked depth regarding health-related issues, and only one addressed an item on the COMUSP agenda.

Council members recognize external transparency as a key factor influencing the lives of local residents<sup>22</sup>. However, the failure to make minutes and documents publicly available is not uncommon across various participatory bodies, including Health Councils<sup>3, 23-24</sup>. With the ongoing process of digitalization and the enactment of Law 12.527/2011, known as the Access to Information Law, it is expected that transparency will become more common practice within Health Councils<sup>25</sup>.

Currently, the effectiveness of transparency in health councils is intrinsically linked to the digital communication capabilities of the entities and collegiate bodies involved; online portals serve as the primary means of transparency for these councils. While there has been a significant increase in the number of health council online portals in recent years, and the internet has expanded the possibilities for information dissemination, significant disparities remain regarding the capacity to produce and circulate digital content<sup>3, 26-27</sup>. Digitalization also fosters internal transparency and is recognized as such by council members<sup>22</sup>. In Piraquara, the COMUSP online portal facilitates access to information and, if properly maintained, can ensure transparency. This was evident in the present study, as 24 of the 26 minutes evaluated were available online.

Ensuring external transparency goes beyond merely making documents available; it requires that these documents be complete and accurate, faithfully recording everything discussed and decided, without omissions or abridgments, so that the text itself is fully comprehensible without the need for further explanation or the retrieval of additional documents. One area where external transparency was compromised was the failure to identify the specific sector represented by each council member in the opening section of the minutes, necessitating a search through other documents.

The study's findings demonstrate that COMUSP seeks to realize transparency and accountability by making the majority of its meeting minutes available on an online portal. This aligns with a study<sup>5</sup> analyzing accountability in Brazilian state health councils, which identified document availability as a growing practice, despite persistent irregularities regarding the frequency of publication and portal updates. Nevertheless, that study highlights transparency as an indispensable foundation for holding managers accountable.

Data from Piraquara reveal that merely formal transparency does not guarantee the quality of information. The presence of incomplete records and the use of generic terms (such as "etc.") in the analyzed minutes support the argument that accountability is undermined when transparency is passive, limiting the exercise of social oversight due to a lack of clarity in decision-making processes.

Inclusion, viewed through the lens of attendance, was compromised when meetings failed to maintain equal representation across groups. While plenary quorums require only a simple majority, it is essential to note that one cannot guarantee deliberations reflect the common interest of all segments when only two meetings featured equal representation. Commitment to COMUSP is required from council members or, failing that, their respective alternates. It is necessary to understand why service users, despite constituting the largest representative segment on Health Councils, did not occupy their eight seats in 15 of the 26 meetings analyzed. This phenomenon may stem from a disconnect between representatives and their constituents; a lack of ties to the grassroots base undermines the legitimacy of representation and diminishes community interest in local discussions<sup>7,28</sup>.

"Voice" represents another way to assess inclusion; when evaluating input regarding food and nutrition, it was observed that eight of the 12 statements identified came from council members. However, the present study does not aim to judge whether this figure is high or low, given the other themes relevant to the SUS. Furthermore, the number of statements may be linked to the section where they appeared and their categorization, considering that only two were formal agenda items. It is possible that a greater number of agenda items concerning food and nutrition would have led to more statements on the subject, given that the deliberative process relies on discussion. Training council members may be an essential strategy for strengthening the autonomy of participatory bodies and ensuring that social demands, including those related to food and nutrition, are voiced and acted upon<sup>28-29</sup>.

Of the 12 statements, four arose from the presentation of the four-month accountability reports; specifically, Statement 7 addressed food-related expenses, citing the snacks provided at COMUSP meetings. Supplementary Law No. 141/2012 regulates SUS funding and stipulates, in Article 4, Item IV, that food-related costs do not qualify as expenses for public health actions and services. Therefore, the snacks provided at COMUSP meetings should not be funded by the SUS and, consequently, should not appear in the four-month accountability report. An exception applies to expenses related to therapeutic care and the treatment of nutritional deficiencies, such as the case addressed in Statement 4<sup>30</sup>.

Actions and programs operationalize foundational public policies, which provide guidelines for discussions, deliberations, and decision-making by council members regarding various aspects influencing the health-disease process, such as food and nutrition<sup>2,9</sup>. In this context, within the SUS, the PNAN aims to "improve the food, nutrition, and health conditions of the Brazilian population by promoting adequate and healthy dietary practices, conducting food and nutrition surveillance, and ensuring the prevention and comprehensive care of food-

and nutrition-related health issues.” The PNAN outlines nine guidelines; one of these concerns participation and social oversight, encouraging discussions on the policy and its actions within health councils, as well as the creation of municipal Intersectoral Food and Nutrition Commissions (*Comissões Intersectoriais de Alimentação e Nutrição* - CIAN) to enhance debate regarding the PNAN during Health Council meetings<sup>9</sup>.

It is evident that the PNAN was not used as a basis for any of the statements; it could only be linked to Statement 12, which outlines the work processes of nutritionists in the municipality, and Statement 4, which addresses special dietary needs. However, the municipality does not follow the recommendation to establish a CIAN, thereby limiting the council's potential to address complex issues. The existence of specific advisory committees is crucial for ensuring higher-quality, constructive discussions, allowing technical topics to occupy a structured place on deliberative order of business<sup>31</sup>.

Regarding both voice and presence, the importance of inclusion within COMUSP aligns with the global need to shift from viewing food as a commodity to viewing it as a common good. Food democracy serves as the governance force required to ensure that those concerned with the food system can participate equally in its management. The authors emphasize that the effectiveness of food democracy depends on maximizing the system's deliberative and knowledge-based qualities, underscoring that COMUSP's meeting minutes are not merely bureaucratic records but instruments of a democratic infrastructure that seeks to secure the fundamental right to food over market interests<sup>32</sup>.

The guideline on participation and social control also encourages intersectoral collaboration between the health council and other sectors. The Municipal Council for Food and Nutritional Security (*Conselho Municipal de Segurança Alimentar e Nutricional* - COMSEA) is active in the municipality of Piraquara and serves as another forum for social participation. Although intersectoral coordination is a shared commitment for both bodies, the deliberative nature of COMUSP gives this council a strategic role in fostering dialogue and seeking agreements. This integration is essential to ensure that civil society demands regarding the PNAN, and all policies related to food and nutrition, are formulated democratically, in a way that listens to and considers multiple voices<sup>9,33</sup>.

In this regard, it is essential to incorporate intersectoral coordination as a strategy to ensure Food and Nutritional Security (FNS) within the context of PHC<sup>8</sup>. Thus, expressions that go beyond the scope of the MHS can be relevant to guaranteeing comprehensive health care. A case in point is the content of Statement 2 regarding the *Armazém da Família* (Family Warehouse), a municipal FNS program in Curitiba designed to facilitate access to basic food

staples by balancing their costs. This FNS facility was opened in Piraquara four months after the expression was made<sup>34</sup>.

## CONCLUSION

The study made it possible to assess how the democratic goods of transparency and inclusion are generated within the Piraquara Municipal Health Council. Internal transparency was evident through the reading and provision of documents to council members, whereas external transparency showed limitations, particularly regarding the completeness of statements on food and nutrition recorded in the minutes. Nevertheless, the generation of external transparency through the availability of information on the council's online portal is a notable aspect. Regarding inclusion, weaknesses were observed in both segment parity and the distribution of voices. Low parity in meeting participation, especially among the user segment, compromises the democratic nature of deliberations and raises questions about structural and organizational barriers to social participation.

Statements concerning food and nutrition were sporadic and mostly superficial, lacking in-depth discussion; only two such items appeared on meeting agendas, indicating that the topic has yet to secure a structured place in the council's agenda. The implications of these findings for public health reveal that the limited prominence of food and nutrition within social oversight mechanisms compromises effective monitoring of the National Food and Nutrition Policy at the local level.

To address this gap, it is crucial to institutionalize technical advisory bodies, such as the Intersectoral Commission on Food and Nutrition, and to strengthen intersectoral coordination with the Municipal Council for Food and Nutritional Security. Such measures are essential to enhance the quality of technical debate and ensure that the Human Right to Adequate Food and Nutrition is addressed as a central determinant of the health-disease process.

This study addressed two of the four democratic goods proposed by Smith. Public oversight and reasoned judgment were not assessed, as the adopted methodology, based exclusively on a documentary analysis of health council minutes, did not allow for an adequate understanding of these aspects. Elements such as the actual influence of council members on decision-making processes, the monitoring of and holding accountable of administrators, as well as the quality of deliberative processes, critical reflection, and comprehension of the information discussed, go beyond the scope of the formal records contained in the minutes. Furthermore, the scarcity of studies addressing food and nutrition within health councils, as

well as the relationship between health councils and democratic goods, limited the depth of the study's analyses and discussions.

Further studies are needed regarding the generation of democratic goods and the role of food and nutrition in health councils. These studies should propose strategies to encourage the systematic inclusion of food and nutrition-related topics in council deliberations, given that these themes cut across multiple dimensions of the health-disease process, require intersectoral coordination, and directly impact the guarantee of the human right to adequate food and nutrition. Regularly incorporating these topics into meeting agendas contributes to higher-quality decisions, strengthens social oversight, and fosters the implementation of public policies aligned with the population's actual needs.

## REFERENCES

1. Brasil. Lei nº 8.142, de 28 de dezembro de 1990. Diário Oficial da União [Internet]. 1990 [cited in 12 Oct 2024]. Available from: [https://www.planalto.gov.br/ccivil\\_03/leis/l8142.htm](https://www.planalto.gov.br/ccivil_03/leis/l8142.htm)
2. Ministério da Saúde (BR). Resolução nº 453, de 10 de maio de 2012 [Internet]. 2012 [cited in 12 Oct 2024]. Available from: [https://bvsms.saude.gov.br/bvs/saudelegis/cns/2012/res0453\\_10\\_05\\_2012.html](https://bvsms.saude.gov.br/bvs/saudelegis/cns/2012/res0453_10_05_2012.html)
3. Traldi MC. Transparência das informações sobre as atividades dos Conselhos Municipais de Saúde. REFACS. [Internet]. 2023 [cited in 26 Oct 2025]; 11:e19. Available from: <https://seer.uftm.edu.br/revistaeletronica/index.php/refacs/article/view/6960>
4. Barros GMC, Barros CC. Há accountability e transparência nos conselhos estaduais de saúde do Brasil? Rev Direito Sanit [Internet]. 2021 [cited in 26 Oct 2025]; 21:e0026. Available from: <https://www.revistas.usp.br/rdisan/article/view/169958>
5. Brasil. Decreto nº 9.203, de 22 de novembro de 2017. Diário Oficial da União [Internet]. 2017 [cited in 5 Nov 2024]. Available from: [https://www.planalto.gov.br/ccivil\\_03/\\_ato2015-2018/2017/decreto/d9203.htm](https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2017/decreto/d9203.htm)
6. Smith G. Democratic innovations: designing institutions for citizen participation. Cambridge: Cambridge University Press; 2009.
7. Bortoli FR, Serapioni M, Kovalesski DF. Efeitos da participação social sobre as políticas de promoção da equidade em saúde. Phys [Internet]. 2025 [cited in 4 Aug 2026]; 35(2):e350218. Available from: <https://doi.org/10.1590/S0103-73312025350218pt>
8. Oliveira, FL, Gonçalves, MR, Machado, AD, Carvalho, AM. Alimentação e nutrição: interface das políticas públicas do Sistema Único de Saúde (SUS) e de Segurança Alimentar e Nutricional para a Agenda 2030. Interface (Botucatu) [Internet]. 2025 [cited in 5 Aug 2026]; 29:e240052. DOI: <https://doi.org/10.1590/interface.2400052>

- 9.** Ministério da Saúde [BR]. Política Nacional de Alimentação e Nutrição [Internet]. 1ed. Brasília: Ministério da Saúde; 2012 [cited in 05 Oct 2024]. Available from: <https://www.gov.br/saude/pt-br/composicao/saps/pnan>
- 10.** Ministério da Saúde [BR]. Matriz para organização dos cuidados em alimentação e nutrição na Atenção Primária à Saúde [Internet]. Brasília; 2021 [cited in 5 maio 2025]. Available from: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1370218>
- 11.** Leão M. O direito humano à alimentação adequada e o sistema nacional de segurança alimentar e nutricional [Internet]. Brasília: ABRANDH; 2013 [cited in 5 Nov 2025]. Available from: [https://www.mds.gov.br/webarquivos/publicacao/seguranca\\_alimentar/DHAA\\_SAN.pdf](https://www.mds.gov.br/webarquivos/publicacao/seguranca_alimentar/DHAA_SAN.pdf)
- 12.** Ministério da Saúde [BR]. Política Nacional de Promoção da Saúde [Internet]. Brasília: Secretaria de Atenção à Saúde; 2018 [cited in 6 Nov 2025]. Available from: <https://www.gov.br/sri/pt-br/backup-secretaria-de-governo/portalfederativo/arquivos-privados/noticias/midias/publicada-portaria-que-redefine-a-politica-nacional-de-promocao-de-saud>
- 13.** Ministério da Saúde [BR]. Vigitel Brasil 2023: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília; 2024.
- 14.** Rede Penssan. II Inquérito Nacional sobre Insegurança Alimentar no Contexto da Pandemia da COVID-19 no Brasil. São Paulo: Fundação Friedrich Ebert; 2022.
- 15.** Piraquara. Lei Ordinária 70/1991 [Internet]. Piraquara: Prefeitura Municipal; 1991 [cited in 12 Oct 2024]. Available from: [https://www.piraquara.pr.gov.br/portal/leis\\_decretos/80464/](https://www.piraquara.pr.gov.br/portal/leis_decretos/80464/)
- 16.** Piraquara. Regimento Interno do Conselho Municipal de Saúde de Piraquara (COMUSP) [Internet]. Piraquara: Prefeitura Municipal; 2013 [cited in 12 Oct 2024]. Available from: <https://www.piraquara.pr.gov.br/comusp-regimento-interno-7275>
- 17.** Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2008. 407p.
- 18.** Sá-Silva JR, Almeida CD, Guindani JF. Pesquisa documental: pistas teóricas e metodológicas. RBHCS [Internet]. 2009 [cited in 12 Oct 2024]; 1(1):15. Available from: <https://periodicos.furg.br/rbhcs/article/view/10351>
- 19.** Silva, L. O Que são atas e quais seus componentes? E-Diário Oficial [Internet]. 2018 [cited in 8 maio 2025]. Available from: <https://e-diariooficial.com/o-que-sao-atas/>
- 20.** Piraquara. Conselho Municipal de Saúde de Piraquara (COMUSP) [Internet]. Piraquara; 2024 [cited in 2 Aug 2026]. Available from:

<https://www.piraquara.pr.gov.br/portal/secretarias-paginas/232/conselho-municipal-de-saude-comusp/>

**21.** Ministério da Saúde [BR]. Portaria nº 4.279, de 30 de dezembro de 2010 [Internet].

Brasília; 2010 [cited in 6 Oct 2025]. Available from:

<https://portaldeboaspraticas.iff.fiocruz.br/biblioteca/portaria-no-4-279-de-30-de-dezembro-de-2010/>

**22.** Silva JF Da, Gomes BMA. Conselho Municipal de meio ambiente e bens democráticos: uma análise em Curitiba-PR. In: XV CODS - Colóquio Organizações, Desenvolvimento e Sustentabilidade; nov. 2024; Belém, Brasil. [cited in 20 Nov 2025]; 15(1). Available from:

<https://codsunama.org/ojs/index.php/br/article/view/78>

**23.** Silva GC. Análise dos bens democráticos no Conselho Municipal de Turismo de Alagoa Nova-Paraíba - Brasil. Ateliê do Turismo [Internet]. 2024 [cited in 6 Nov 2025]; 8(1):11-24.

Available from: <https://periodicos.ufms.br/index.php/adturismo/article/view/21816/14735>

**24.** Godoy KBS, Ferro LF. A presença dos bens democráticos no funcionamento dos conselhos comunitários de segurança do Estado do Paraná. Rev DELOS [Internet]. 2025 [cited in 21 Nov 2025]; 18(65):e4404. Available from:

<https://ojs.revistadelos.com/ojs/index.php/delos/article/view/4404>

**25.** Brasil. Lei nº 12.527, de 18 de novembro de 2011. Diário Oficial da União [Internet]. 2011 [cited in 6 Dec 2025]. Available from: [https://www.planalto.gov.br/ccivil\\_03/\\_ato2011-2014/2011/lei/l12527.htm](https://www.planalto.gov.br/ccivil_03/_ato2011-2014/2011/lei/l12527.htm)

**26.** Dias BC, Ouverney. Capacidade de comunicação das entidades do CNS nos meios digitais: há assimetrias expressivas entre os segmentos? Cien Saude Colet [Internet]. 2023 [cited in 14 Mar 2026]; 28(3):935-46. DOI: <https://doi.org/10.1590/1413-81232023283.02892022>

**27.** Kujawa H, Machado FV, Pinto RS, organizadores. Participação social em saúde e Covid-19: análises de contextos e a atuação dos Conselhos Estaduais de Saúde do Brasil. 1ed. Porto Alegre: Editora Rede Unida; 2024. 339p.

**28.** Gomes, JFF; Orfão NH. Desafios para a efetiva participação popular e controle social na gestão do SUS: revisão integrativa. Saúde Debate [Internet]. 2021 [cited in 20 Feb 2024]; 45(131):1175-91. DOI: <https://doi.org/10.1590/0103-1104202113118>

**29.** Monteiro VA, Moreira AAAP, Santos JAF, Leal MGBS, Silva ALS, Sousa SMS, et al. O papel do conselho de saúde do município de Altos - PI sob a ótica dos representantes das ONGs atuantes. Rev Foco [Internet]. 2024 [cited in 01 Mar 2024]; 17(3):e4644. DOI: <https://doi.org/10.54751/revistafoco.v17n3-083>

30. Brasil. Lei Complementar nº 141, de 13 de janeiro de 2012. Diário Oficial da União [Internet]. 2012 [cited in 13 Jan 2012]. Available from: [https://www.planalto.gov.br/ccivil\\_03/leis/lcp/lcp141.htm](https://www.planalto.gov.br/ccivil_03/leis/lcp/lcp141.htm)
31. Manzini F, Chaves LA, Boff VA, Sá DABOF, Lima MEO, Leite SN. Conselhos de saúde e Assistência Farmacêutica: desafios e perspectivas para o controle social no Brasil. Cien Saude Colet [Internet]. 2026 [cited in 26 July 2025]; 31(1):e14132025. DOI: <https://doi.org/10.1590/1413-81232026311.14132025>
32. Tonello S, Jani A. Using food democracy to overcome the commodification-driven tragedy of the EU's food system commons. Open Res Eur [Internet]. 2025 [cited in 3 Aug 2026]; 5:41. Available from: <https://open-research-europe.ec.europa.eu/articles/5-41/v1>
33. Piraquara. Decreto nº 10.185, de 14 de dezembro de 2021. Piraquara: Prefeitura Municipal [Internet]. 2021 [cited in 25 Nov 2025]. Available from: [https://www.piraquara.pr.gov.br/portal/leis\\_decretos/65106/](https://www.piraquara.pr.gov.br/portal/leis_decretos/65106/)
34. Curitiba. Curitiba expande programa Armazém da Família para Piraquara e Fazenda Rio Grande. Curitiba: Prefeitura Municipal [Internet]. 2023 [cited in 5 Feb 2026]. Available from: <https://www.curitiba.pr.gov.br/noticias/curitiba-expande-programa-armazem-da-familia-para-piraquara-e-fazenda-rio-grande/72080>

**Associated Publisher:** Rafael Gomes Ditterich

**Conflict of Interests:** the authors declared there are no conflict of interests

**Financing:** none

**Contributions:**

Concept – Fadanni MS, Thieme RD

Investigation – Fadanni MS, Thieme RD

Writing – first draft – Fadanni MS, Senna SAE, Thieme RD

Writing – revision and editing – Fadanni MS, Senna SAE, Thieme RD

**How to cite this article (Vancouver)**

Fadanni MS, Senna SAE, Thieme RD. Democratic goods and statements on food and nutrition in municipal health council minutes. Rev Fam Ciclos Vida Saúde Contexto Soc. [Internet]. 2026 [cited in *insert day, month and year of access*]; 14:e026024. DOI: <https://doi.org/10.18554/refacs.v14i00.8882>

**How to cite this article (ABNT)**

FADANNI, M. S.; SENNA, S. A. E. de; THIEME, R. D. Democratic goods and statements on food and nutrition in municipal health council minutes. **Revista Família, Ciclos de Vida e Saúde no Contexto Social**, Uberaba, MG, v. 14, e026024, 2026. DOI: <https://doi.org/10.18554/refacs.v14i00.8882>. Access in: *insert day, month and year of access*.

**How to cite this article (APA)**

Fadanni, M.S., Senna, S. A. E. de, Thieme, R. D. (2026). Democratic goods and statements on food and nutrition in municipal health council minutes. Rev. Fam., Ciclos Vida Saúde Contexto Soc., 14, e e026024. Retrieved in *insert day, month and year of access* from <https://doi.org/10.18554/refacs.v14i00.8882>



This is an open-access article distributed under the terms of the Creative Commons License