

Strengthening Collaborative Work in the School Health Program: Integrative Review

Fortalecimento do Trabalho Colaborativo no Programa Saúde na Escola: Revisão Integrativa

Fortalecimiento del Trabajo Colaborativo en el Programa Salud en la Escuela: Revisión Integrativa

RESUMO

Objetivo: Compreender a percepção de profissionais de saúde e educação sobre o trabalho colaborativo no Programa Saúde na Escola, identificando potencialidades, desafios e estratégias de melhoria. **Método:** Revisão integrativa de 23 estudos (13 qualitativos, 5 quantitativos ecológicos e 5 ensaios clínicos randomizados), sendo 15 brasileiros e 8 internacionais. **Resultados:** Profissionais reconhecem a importância da articulação intersetorial e identificam potencialidades como consolidação do relacionamento saúde-escola e acompanhamento de condições de saúde dos escolares. Enfrentam desafios incluindo planejamento centralizado, escassez de recursos, carência de capacitação e metodologias tradicionais. **Conclusão:** O fortalecimento do trabalho colaborativo requer envolvimento equivalente dos setores, capacitação continuada, descentralização do planejamento, inclusão ativa de pais e comunidade, e qualificação das metodologias educativas com abordagens participativas.

DESCRIPTORES: Programa Saúde na Escola; Profissionais da Saúde; Educadores; Saúde Coletiva.

ABSTRACT

Objective: To understand the perception of health and education professionals on collaborative work in the School Health Program, identifying potentialities, challenges and improvement strategies. **Method:** Integrative review of 23 studies (13 qualitative, 5 quantitative ecological and 5 randomized clinical trials), with 15 Brazilian and 8 international studies. **Results:** Professionals recognize the importance of intersectoral articulation and identify potentialities such as consolidation of the health-school relationship and monitoring of students' health conditions. They face challenges including centralized planning, scarcity of resources, lack of training and traditional methodologies. **Conclusion:** Strengthening collaborative work requires equivalent involvement of sectors, continuous training, decentralization of planning, active inclusion of parents and community, and qualification of educational methodologies with participatory approaches.

DESCRIPTORS: School Health Program; Health Professionals; Educators; Public Health.

RESUMEN

Objetivo: Comprender la percepción de profesionales de salud y educación sobre el trabajo colaborativo en el Programa Salud en la Escuela, identificando potencialidades, desafíos y estrategias de mejora. **Método:** Revisión integrativa de 23 estudios (13 cualitativos, 5 cuantitativos ecológicos y 5 ensayos clínicos aleatorizados), siendo 15 brasileños y 8 internacionales. **Resultados:** Los profesionales reconocen la importancia de la articulación intersectorial e identifican potencialidades como la consolidación de la relación salud-escola y el monitoreo de condiciones de salud de los escolares. Enfrentan desafíos incluyendo planificación centralizada, escasez de recursos, falta de capacitación y metodologías tradicionales. **Conclusión:** El fortalecimiento del trabajo colaborativo requiere participación equivalente de los sectores, capacitación continua, descentralización de la planificación, inclusión activa de padres y comunidad, y cualificación de las metodologías educativas con enfoques participativos.

DESCRIPTORES: Programa Salud en la Escuela; Profesionales de la Salud; Educadores; Salud Pública.

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INTRODUCTION

The comprehensive health of schoolchildren is a fundamental right and a shared responsibility between the health and education sectors, recognizing that schools offer a unique opportunity to promote health, prevent risks and diseases, and address the health needs of children and adolescents. The School Health Program (PSE) was established in Brazil through Decree No. 6,286, of December 5, 2007, under the auspices of the Ministries of Health and Education, as a public policy that proposes strengthening the link between schools and Basic Health Units (UBS), with the planning and execution of joint actions, establishing schools as a powerful setting for intersectoral work and the construction of learning that guides decisions and attitudes for a better quality of life^{1,2,3}.

Throughout its implementation, the PSE has expanded significantly nationwide, moving from voluntary participation by municipalities to a strategy present in most Brazilian schools and health units. The program is structured around 13 priority actions for health promotion and disease prevention, covering topics such as healthy eating, physical activity, oral health, visual health, drug use prevention, sexual and reproductive health education, and actions to assess the health conditions of schoolchildren¹. However, despite this scope and the recognition of its strategic importance, several studies show that the implementation of truly collaborative and intersectoral practices re-

mains a persistent challenge in Brazilian territories^{2,3,4}.

Intersectorality, defined as the coordination of actions carried out by the health and education systems with a view to providing comprehensive health care to students, is based on the understanding that complex health problems transcend the isolated capacities of a single sector, requiring the integration of different knowledge, resources, and responsibilities¹. The consolidation of this collaborative work between health and education professionals is critical to the program's effectiveness. Studies show that when professionals from both sectors work in an integrated manner, establishing communication channels, sharing responsibilities, and building collective knowledge, the reach and impact of actions are significantly enhanced^{3,4,5,6}.

Paradoxically, the literature identifies that the implementation of the PSE faces significant structural challenges that limit the full realization of its objectives. The lack of specific training in intersectoral work, the scarcity of human and material resources, centralized and vertical planning, and limitations in the social participation of parents and the community constitute important barriers^{2,3,4,8,10}. Additionally, the predominance of traditional educational methodologies based on lectures and campaigns, to the detriment of participatory and transformative approaches, compromises the effectiveness of actions to promote behavioral changes and empower schoolchildren^{1,2}. The Covid-19 pandemic has intensi-

fied these difficulties, leading to the suspension of face-to-face activities, school closures, and the breakdown of relationships between health and school^{2,3,4}.

International experiences with school health programs show that when there is adequate investment in professional training, implementation of participatory methodologies, active family involvement, and stable funding, more significant results are achieved in health promotion and behavioral changes among schoolchildren^{5,6,11,12,13}. These experiences offer valuable lessons for the Brazilian context and contribute to a deeper understanding of the mechanisms that enable truly collaborative work in school health programs.

A deeper understanding of the perceptions of health and education professionals about collaborative work in the PSE is essential to identify potentialities to be strengthened and challenges to be overcome. Qualitative studies exploring these perceptions reveal not only the obstacles faced by professionals in their daily lives, but also identify innovative strategies, successful experiences, and ideas for improvement formulated by the professionals themselves who work in the field^{1,2,3,4}. This information is fundamental to support more effective public policies that are appropriate to real territorial contexts.

However, there are still significant gaps in knowledge about how the perceptions of health and education professionals about collaborative work vary between different territorial contexts, what are the specific facilitating

and limiting factors in each local reality, and how these perceptions evolve over time in response to different intervention strategies. In addition, little is known about the concrete proposals for improvement formulated by professionals and how these could be operationalized with existing resources and structures, without the need for large-scale political or financial transformations.

Given this context, this study aims to understand the perception of health and education professionals regarding collaborative work in the School Health Program, analyzing their experiences, challenges faced, identified potentialities, and proposed ideas for improvement, based on an integrated review of national and international literature. The overall objective is to describe how health and education professionals perceive the effectiveness of collaborative work in the PSE, identifying the facilitators and barriers that permeate this intersectoral articulation and recognizing the viable strategies they propose to enhance integration between sectors. Therefore, it is intended that the findings of this research contribute to a deeper understanding of the dynamics of in-

tersectoral work in the PSE and support the formulation of practical and viable strategies to strengthen this articulation, in order to improve the health and quality of life of Brazilian schoolchildren.

METHOD

This is an integrative literature review that sought to identify studies that investigate the perception of health and education professionals about collaborative work in the School Health Program. The search for relevant articles was conducted in two main electronic databases: PubMed and SciElo.

In the PubMed database, the search strategy used the following Health Sciences Descriptors: "school-based" AND "health promotion." The search in SciElo used the Portuguese descriptors "Programa Saúde na Escola" (School Health Program), using the DeCS (Health Sciences Descriptors).

The initial identification of records resulted in a total of 4,099 articles, 3,278 from PubMed and 821 from SciElo.

During the screening phase, the "full text" filter was applied in

PubMed, resulting in a total of 2,571 articles. Next, the filter for articles published in the last five years was applied, leaving 780 articles (671 from PubMed and 109 from SciElo).

The eligibility stage considered studies with a methodological design, "clinical trials" in PubMed, and "Brazilian" studies in SciElo. Applying these criteria, 165 articles were selected (102 from PubMed and 63 from BVS).

After reading and evaluating eligibility, 142 articles were excluded because they were duplicates or did not fit the theme of this review. Thus, a total of 23 articles were included in the final analysis of this integrative review (8 from PubMed and 15 from SciElo).

RESULTS

The search resulted in 23 eligible articles. The distribution of studies according to methodological design was: 13 qualitative studies, 5 quantitative observational studies with secondary data, and 5 randomized controlled clinical trials.

Table 1: General and methodological characterization of the articles selected for the systematic review

Authors (year)	Type of study	Sample and participant profile	Study objective	Main conclusions
Assaife et al. (2024)	Qualitative case study	20 health professionals from the Family Health Strategy; Rio de Janeiro/RJ, Brazil	To analyze the implementation of the PSE, identifying actions developed, factors that influence professional practice, and strategies adopted by professionals in the face of limitations	The consolidation of the relationship between health and school was identified, but actions are concentrated on the biomedical model. Urban violence, pandemic, shortage of human resources, and lack of training are significant limitations
Baroni et al. (2022)	Qualitative case study	9 professionals (3 educational counselors, 1 PSE coordinator, 1 therapeutic companion, 1 psychologist, 2 nurses, 1 community health agent); Baixada Santista/SP, Brazil	To understand the perceptions of health and education professionals regarding PSE actions in peripheral areas	PSE actions focus on matrix support, referrals, vaccination verification, oral and eye health. There is a lack of continuing education, ignorance about PSE policy, and excessive workload

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Carmo et al. (2022)	Ecological epidemiological study with secondary data	Data from schools participating in the PSE throughout Brazil (2017-2021); national data from the Health Information System for Primary Care	To show the evolution of the percentage of schools participating in the PSE that carried out collective activities on the promotion of adequate and healthy eating and to verify differences according to participation in the Crescer Saudável (Growing Up Healthy) Program	There was an increase in the percentage of schools carrying out activities on healthy eating (2017-2019), a reduction in 2020 (pandemic), and a resumption in 2021. Municipalities with the Healthy Growth Program had higher percentages
Dallacosta et al. (2022)	Qualitative research	Health and education professionals involved in the PSE, Brazil	Understanding the potential and limitations of the PSE's intersectoral coordination for health promotion from a healthy eating perspective	Proximity between sectors and intersectoral planning are strengths. Weaknesses include intersectoral disarticulation, lack of training, and predominance of biomedical actions
Fernandes et al. (2022)	Editorial	Critical and Reflective Analysis of PSE	Discussing the monumental ambition of the PSE to promote health and intersectorality in schools	The PSE represents a monumental ambition to link health and education, requiring continuous investment in training, resources, and mechanisms for intersectoral coordination
Fernandes et al. (2022)	Narrative review	Review of the 15-year trajectory of PSE in Brazil; national data	Analyze the 15-year trajectory of PSE implementation in Brazil	In 15 years, the PSE has expanded significantly with increased municipal participation, but shared management still needs to be strengthened to ensure equal participation by all sectors
Fernandes et al. (2022)	Descriptive study	Data on arbovirus prevention in the PSE, Brazil	Analyze the challenges of health education in the PSE to prevent dengue, Zika, and chikungunya	Health education actions for arbovirus prevention face challenges related to traditional educational methodologies and the need for more participatory approaches
Golan et al. (2022)	Randomized controlled clinical trial with mixed methods	157 families with children aged 5-6 years, Israel	Evaluate the feasibility and effect of adding a concurrent parental component to a school wellness program using mobile technology	The program with a parental component was feasible and effective. Mobile technology facilitated parental engagement and improved outcomes in eating habits and physical activity.
Manta et al. (2022)	Ecological study with secondary data	Data from PSE records in 3 cycles (2014-2020); national data, Brazil	Analyze physical activity and exercise practices in the PSE by enrollment cycles (2014-2020)	There was an increase in the number of action records over the cycles, with the Northeast and Southeast regions accounting for the majority. There are inequalities in implementation between regions
Moreira et al. (2022)	Cross-sectional ecological study	Data from 102,328 schoolchildren; national data from the PSE, Brazil	Analyze the relationship between PSE implementation and aspects of students' oral health	Proper implementation of the PSE was positively associated with better oral health indicators among students
Norman et al. (2024)	Cluster-controlled randomized clinical trial	315 parents of preschool children; Sweden	Evaluate effects of universal school-based parental support for children's healthy diet and physical activity	Intervention produced positive effects on diet and physical activity when trained professionals implemented the program with parental participation
Nubani Hussein et al. (2022)	Cross-sectional study	580 teachers from 155 schools, Israel	Examine whether teacher training and engagement in health promotion mediated health behavior outcomes	Teacher training and engagement positively mediated students' health behavior outcomes
Oliveira et al. (2022)	Qualitative case study	Health and education professionals; Belo Horizonte/MG, Brazil	Analyze the integration of PSE actions among health and education professionals in Belo Horizonte	Planning is centralized and verticalized. Only PSE assistants receive regular training. There is a lack of joint and participatory planning
Pike et al. (2023)	Qualitative implementation study	Adolescent girls and program implementers; Cape Town, South Africa	Document lessons learned from the implementation of a sexual health education program for adolescent girls	Lessons include the need for: ongoing training of educators, stakeholder involvement, adaptation to the local context, and adequate monitoring mechanisms
Rumor et al. (2022)	Descriptive qualitative research	29 professionals (12 health professionals, 9 education professionals, 5 managers, 3 family members), Santa Catarina, Brazil	Understanding the potential and limitations of intersectoral coordination of the PSE for promoting child health	Potential includes health assessment and relationship building. Limitations include work overload, lack of resources, and insufficient training

Santos et al. (2025)	Ecological study	Data from 59,529 PSE schools; national data, Brazil	Analyze the spatial distribution of the PSE from the perspective of the principle of equity	Distribution of PSE shows inequities, with lower coverage in areas of greater social vulnerability, contrary to the principle of equity
Sekhar et al. (2021)	Randomized controlled clinical trial	13,809 adolescents from 14 secondary schools; Pennsylvania, United States	Evaluate the effectiveness of school screening to identify, assess, and reduce depression among adolescents	School screening for depression was effective when it included parental involvement and appropriate referral to mental health services
Silva et al. (2022)	Qualitative descriptive cross-sectional study	43 primary care nursing professionals, Brazil	To understand the nursing team's perception of patient safety in Primary Health Care	Nursing staff recognize the importance of patient safety but identify structural barriers and the need for training
Silva et al. (2025)	Qualitative case study	14 participants (3 health managers, 4 health professionals, 2 education managers, 2 teachers, 2 parents, 1 adolescent); Carandaí/ MG, Brazil	To understand how health, education, and school community stakeholders are involved in the PSE and to evaluate the effectiveness of intersectorality	Professionals recognize the objectives of the PSE and the concept of intersectorality, but participation is not equivalent. Continuous training, improvements in communication, and community participation are necessary
Teles et al. (2025)	Theoretical essay	Documents and Scientific Literature on PSE	Discuss opportunities and challenges of active mobility as a health-promoting physical activity in the Brazilian school context	Active mobility in the Brazilian school context faces challenges of infrastructure, safety, and culture, but represents an opportunity for health promotion
Wang et al. (2025)	Cluster-controlled randomized clinical trial	54 primary schools with 10,541 children and their families, China	To evaluate the effectiveness of a school-based mHealth health education program for salt reduction in China	The program was effective in reducing salt consumption in children and families when mHealth was used in conjunction with school-based actions
Wang et al. (2025)	Cluster-controlled randomized clinical trial - follow-up	1-year follow-up with 10,541 children and their families, China	Evaluate sustained effects of 1 year of mHealth and school-based intervention to reduce salt intake in schoolchildren and families	Effects of the intervention were maintained after 1 year, demonstrating sustainability when there is active family involvement
Wehner et al. (2022)	Qualitative study	21 adolescent peer mentors, Germany	Explore the role of peer mentors in school-based health promotion	Peer mentors play an important role in engaging students, promoting physical activity, and creating a supportive peer environment

Source: Research data, 2025.

DISCUSSION

The perception of health and education professionals regarding collaborative work in the School Health Program (PSE) reveals a complex scenario, marked simultaneously by significant advances in the consolidation of intersectoral coordination and by persistent challenges that demand attention. The recognition by the professionals involved of the program's objectives and the concept of intersectorality constitutes a fundamental potential¹. Those involved in the PSE understood the program's mission to contribute to the comprehensive education of schoolchildren through actions to promote health, prevent

risks and diseases, and address health needs, although the materialization of this coordination in everyday practices still has limitations.

The consolidation of the relationship between health and school represents an important potential identified by professionals. Even in contexts of social vulnerability marked by urban violence in the municipality of Rio de Janeiro, there was a significant presence of intersectoral dialogue and the incorporation of health actions into everyday school life². This relationship, characterized by trust, empathy, and solidarity, facilitated the exchange of information about the real needs of students and enabled the establishment of support networks to address complex cases. Collaborative

work is a positive experience, allowing professionals to learn about the reality of the other service and share knowledge and responsibilities³.

Actions to assess the health conditions of schoolchildren are an important facilitator of intersectoral work. Monitoring through anthropometric assessments, verification of vaccination status, oral health, and visual screening enabled the early identification of diseases and appropriate referral to the health care network⁴. These actions favor reconnection with children and adolescents who do not regularly attend basic health units, thus expanding healthcare coverage for this population¹. Schools, along with other social spaces, become relevant loci for health promotion actions, es-

pecially considering the progressive distancing of older children and adolescents from regular primary care follow-up.

International experiences reinforce the importance of coordination between professionals from different sectors for the success of school health programs. The training and engagement of teachers in health promotion positively mediated the behavioral health outcomes of students⁵. The use of peer mentors in physical activity promotion programs in schools has enhanced student engagement⁶. These experiences indicate that the active involvement of multiple actors, including teachers and students themselves, is an effective strategy for expanding the reach and sustainability of actions.

Additional funding proved to be an important driver for the qualified implementation of actions. Municipalities that received additional financial resources through the Crescer Saudável (Grow Healthy) Program had higher percentages of schools carrying out collective activities on the promotion of adequate and healthy eating⁷. There was a growing trend from 2017 to 2019, with a resumption in 2021 after the reduction imposed by the Covid-19 pandemic in 2020. This finding reinforces the need for stable financing mechanisms to sustain the qualified development of intersectoral actions and allow for long-term planning by the teams involved.

However, significant challenges remain and compromise the full implementation of collaborative work. Action planning was found to be predominantly centralized and verticalized in several contexts studied. In Belo Horizonte, it was found that decisions were made at the central level or by a single sector, to be applied to the others involved, without discussion and shared construction⁸. In a municipality in Minas Gerais, it

was identified that planning did not equally consider all subjects¹. This configuration generates a multisectoral network without joint operationalization of actions, possibly resulting in fragmented practices with less impact.

The composition of the PSE in the territories studied was predominantly from the health sector, creating an imbalance in power relations and responsibilities. Education was mainly represented by educational advisors, inserted in traditionally health-related spaces such as matrix support meetings in the peripheral territory of Baixada Santista³. This imbalance highlights remnants of the ministerial partnership with contradictions in the program's functioning, led by the health sector from the municipalities' adherence to the division of power, financing, and responsibilities for actions⁸. Over the 15 years of PSE implementation in Brazil, there have been advances in the structure and format of the program, with a significant increase in municipal participation, but shared management still needs to be strengthened to ensure equal participation by both sectors⁹.

The shortage of human and material resources was widely reported by professionals as a significant structural limitation. In the municipality of Rio de Janeiro, there were only three coordinators to coordinate 86 schools and 32 Basic Health Units, resulting in work overload and the impossibility of adequately monitoring all units². The overload of activities assigned to primary care teams, combined with a shortage of professionals, compromises the prioritization of actions in the school context⁴. Professionals reported poor working conditions, a lack of interdisciplinarity in the planning and execution of actions, and the inadequacy of educational materials provided by the federal government¹⁰.

The lack of training and continuing education represents a significant

barrier to the qualified implementation of the PSE. The absence of specific initial and ongoing training for intersectoral work contributes to a lack of knowledge about the program's policy and difficulty in developing the skills necessary for effective integration between sectors^{2,4,8}. In Belo Horizonte, it was found that only PSE assistants received regular training, while health professionals in UBS and education professionals in schools did not have access to systematic training⁸. This training gap results in less familiarity with the operationalization of intersectorality and limits the ability of professionals to act on the social determinants of health in an integrated manner.

International experiences show that adequate training of professionals is a key element for the success of school health programs. Wellness programs in schools that included a concurrent parental component, using mobile technology, were more viable and effective when the professionals involved received adequate training¹¹. Universal school-based parental support for healthy eating and physical activity among children produced positive effects when implemented by trained professionals¹². In South Africa, lessons learned from the implementation of a sexual health education program for adolescents included the fundamental need for ongoing training of educators and professionals involved¹³.

The methodologies used in educational actions were predominantly traditional in several contexts studied. There was a prevalence of lectures, campaigns, and delivery of educational materials, with low potential for student involvement and limited effectiveness in bringing about behavioral changes^{1,2}. This format results in low engagement among schoolchildren and reduced capacity to promote healthier choices. Overcoming these traditional practices requires

the combination of different strategies and the implementation of multiple accountability, with the active participation of the school community in defining priorities and establishing actions¹.

The monitoring and evaluation of PSE actions showed significant weaknesses in several contexts analyzed. The records are predominantly quantitative in nature, with no concern for the quality, adequacy, and impact of the activities carried out^{2,4,8}. The lack of feedback on results for all those involved makes it impossible to develop integrated actions that address the problems identified⁸. Monitoring systems have not been effective in constructing measurable and powerful indicators to facilitate integration between sectors, often limiting themselves to meeting numerical targets without qualitative evaluation of processes and results.

The pandemic period experienced during some of the studies analyzed considerably intensified the challenges faced by the PSE. The suspension of in-person activities, the closure of schools, the overload of health teams focused on treating COVID-19, and the breakdown of established relationships between health and school compromised the continuity of the program²⁻⁴. In 2020, there was the lowest percentage of collective actions carried out when compared to all years evaluated in the period from 2017 to 2021⁷. Although remote strategies were adopted in some contexts, the negative impact on the implementation of actions was significant. However, professionals reported that the PSE continued to assist in the active search for students, referrals to specialists, monitoring of Covid-19 cases, and protocols for returning to in-person activities, demonstrating resilience and adaptation in the face of adverse circumstances.

The physical activity and exercise actions recorded in the PSE in

three enrollment cycles (2014-2015, 2017-2018, and 2019-2020) showed an increase in the number of records over the period, with the Northeast and Southeast regions accounting for most of the actions¹⁴. Although the promotion of physical activity is one of the program's 13 priority actions, there are different nuances in implementation between regions and federal units, reflecting inequalities in the capacity to execute and prioritize this theme. The strengths of the PSE for promoting healthy eating were identified as the proximity between the health and education sectors and the possibility of intersectoral planning, but weaknesses include intersectoral disarticulation, lack of training, and the predominance of biomedical actions¹⁰.

Social participation in PSE actions proved to be incipient in several contexts studied, with low involvement of families and the school community in planning, discussing priorities, and proposing solutions. Parents and guardians only participate in awareness-raising actions on disease prevention and control, without playing a leading role in decision-making processes^{1,8}. This limitation contradicts the principles of health promotion, which advocate the empowerment of the population and encourage active participation in identifying and solving problems. International experiences reinforce the importance of family participation. An intervention based on mHealth (Mobile Health) and schools to reduce salt consumption in China showed sustained effects in a one-year follow-up when it actively involved students' families¹⁵. Depression screening programs in schools in the United States were more effective when parents participated in the process¹⁶.

Despite the limitations and challenges presented, the recognition of the program's importance by the professionals involved and the mutual

interest in strengthening intersectoral coordination are important facilitating elements for future advances. Professionals from both sectors recognize the PSE as a relevant and necessary strategy for promoting schoolchildren's health^{1,4}. Even in the face of adversities imposed by urban violence and the pandemic in Rio de Janeiro, the consolidation of the relationship between health and school indicates possible paths for the construction of truly integrated and transformative practices².

The effective integration of PSE actions requires overcoming multiple challenges identified in the perceptions of health and education professionals. It is necessary to equally involve all subjects in the planning, development, evaluation, and monitoring of the program, provide continuous training, promote improvements in communication and strengthen the link between sectors, and encourage active community participation¹. Strengthening the PSE as a public policy, with a view to implementing coordinated actions between health and education, is fundamental to improving the quality of life of schoolchildren and effectively addressing their social determinants⁴. Investment in mechanisms that favor intersectoral action in the territories and the scope of actions to promote the health of children and their families, in order to reduce social inequalities, remains imperative for strengthening the PSE as a strategy for promoting comprehensive health in the Brazilian school context.

CONCLUSION

This study sought to understand the perception of health and education professionals about collaborative work in the School Health Program, highlighting a panorama of significant advances intertwined with structural challenges that require strategic

interventions. Although professionals from both sectors recognize the vital importance of the program for promoting the comprehensive health of schoolchildren, effective intersectoral coordination remains a goal under construction in Brazilian territories. The findings show that collaborative work already produces concrete benefits, but its equitable generalization across territories remains compromised by scarce resources, lack of systematic training, centralized planning, and limited community participation.

To enhance collaborative work among professionals, fundamental strategies must be implemented: ensuring equal participation of the health and education sectors in all phases of the process; promoting continuous and systematic training in intersectoral work skills; decentralizing action planning with decision-making power transferred to the territories; actively including parents and guard-

ians as protagonists; improve educational methodologies with participatory and transformative approaches; strengthen stable financing mechanisms; and implement robust participatory monitoring and evaluation systems. These interventions must be based on a paradigm shift in power relations and an understanding of the complementarity between health and education knowledge.

The gap between the stated potential of the PSE and the concrete implementation of actions lies largely in the persistence of fragmented models, asymmetrical power relations, inadequate training of professionals, and insufficient resources. Transforming the PSE into a truly collaborative, intersectoral, and participatory experience is a complex challenge that requires genuine political commitment to equity and the adequate redistribution of power and resources.

Finally, health professionals can contribute directly to strengthening

the PSE through immediate practical actions: establishing monthly meetings with educators to discuss student cases and identify collective needs; developing joint action plans where health and education define shared responsibilities; creating learning groups among professionals to exchange experiences and reflect on practices; involving parents in periodic meetings that go beyond informative lectures, encouraging their participation in solving identified problems; recording and sharing health data with educators in an accessible way to guide school planning; and adapting educational methodologies to local realities, using interactive approaches with active student participation. These practices, which are feasible with existing human and financial resources, contribute to operationalizing intersectorality in everyday life, gradually expanding the impact of the PSE on the health and quality of life of schoolchildren.

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