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# Saúde na Escola program in the Porto Alegre Municipality: analysis of the actions carried out in 2017

Programa Salud en la Escuela en la ciudad de Porto Alegre: análisis de acciones realizadas en 2017

Programa Saúde na Escola no Município de Porto Alegre: análise das ações realizadas em 2017

## ABSTRACT

**Objective:** To identify the coverage of the Health Program at the School in the Municipality of Porto Alegre in 2017. **Method:** Cross-sectional, retrospective study based on the online information system database of the Ministry of Health's basic assistance – E-SUS. The data collection was carried out in October 2018, through fiches of collective activities reported by the health units. Included were public schools agreed by the municipality. **Results:** 6,832 actions were carried out in 65 schools, resulting in a coverage of 21.95% of the program in the municipality. Of the twelve actions, only "signs of diseases of elimination" were not carried out. **Conclusion:** It was possible to present an overview of the actions carried out in 2017. It is important to highlight the importance of investments in the PSE to follow the actions, since the school is a favorable space for health education and construction of preventive actions, focusing on quality of life, especially in vulnerable territories.

**DESCRIPTORS:** Health; Medical education; Intersectoriality; Health promotion.

## RESUMEN

**Objetivo:** identificar la cobertura del programa de salud en la escuela en el municipio de Porto Alegre en 2017. **Método:** estudio transversal retrospectivo basado en la base de datos del sistema de información en línea de la asistencia básica del Ministerio de Salud – E-SUS. La recolección de datos se realizó en octubre de 2018, a través de fichas de actividades colectivas reportadas por las unidades de salud. Se incluyeron escuelas públicas acordadas por el municipio. **Resultados:** se llevaron a cabo 6,832 acciones en 65 escuelas, lo que resultó en una cobertura del 21,95% del programa en el municipio. De las doce acciones, solo no se realizaron "signos de enfermedades de eliminación". **Conclusión:** fue posible presentar una visión general de las acciones llevadas a cabo en 2017. Es importante resaltar la importancia de las inversiones en el PSE para seguir las acciones, ya que la escuela es un espacio favorable para la educación para la salud y la construcción de acciones preventivas. Centrándose en la calidad de vida, especialmente en territorios vulnerables.

**DESCRIPTORES:** Salud; Educación médica; Intersectorialidad; Promoción de la salud.

## RESUMO

**Objetivo:** Identificar a cobertura do Programa Saúde na Escola no Município de Porto Alegre em 2017. **MÉTODO:** Estudo transversal, retrospectivo a partir do banco de dados do sistema de informação online da assistência básica do Ministério da Saúde – E-SUS. A coleta de dados foi realizada em outubro de 2018, por meio de fichas de atividades coletivas reportadas pelas unidades de saúde. Incluíram-se escolas públicas pactuadas do município. **Resultados:** Foram realizadas 6.832 ações em 65 escolas pactuadas, resultando em uma cobertura de 21,95% do programa no município. Das doze ações, somente "sinais de agravos de doenças em eliminação" não foi realizado. **Conclusão:** Foi possível apresentar um panorama das ações realizadas em 2017. Destaca-se a importância de investimentos no PSE para seguimento das ações, visto que, a escola é um espaço favorável para a educação em saúde e construção de ações preventivas, com foco na qualidade de vida, principalmente em territórios vulneráveis.

**DESCRIPTORIOS:** Saúde; Educação médica; Intersectorialidade; Promoção da saúde.

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**INTRODUCTION**

The importance of children's health in society is in an increasing evolution as well as the health care of this population. <sup>(1)</sup> The school phase is seen as a critical period for determining healthy habits and health-related behaviors <sup>(4)</sup>, good levels of education are related to a healthier population. <sup>(5)</sup>

In order to expand health actions to the public school system, in 2007 the Ministry of Health (MH) and Ministry of Education (MEC) created an intersectoral policy called Programa Saúde na Escola, established by Presidential Decree No. 6,286 in order to strengthen health promotion actions in addressing vulnerabilities to achieve the integral development of students in the public education network. <sup>(6,7)</sup>

Initially, the program prioritized three components, namely: clinical and psychosocial assessment; health promotion and prevention and the training of managers, the actions being carried out only in schools in the municipalities that had 100% coverage of the Family Health Strategy (FHS). <sup>(2)</sup>

The program brought many health benefits at school, among them, identification of possible health problems, health education for schoolchildren, vaccination update, overweight prevention and eye evaluation <sup>(8)</sup>, however, there were some difficulties, such as the bureaucratization of the transfer of funds, the centralization in carrying out mandatory actions, neglecting the others, making the format inflexible to local demands. <sup>(9)</sup>

Therefore, in April 2017, Ordinance No. 1,055 restructured the rules and criteria for joining the program and expanding activities to 12 themes that must be developed in a two-year cycle in order to qualify and systematize the program. The new rules for the transfer of funds indica-

te that all schools agreed (100%) should be contemplated with actions by the PSE, as well as mandatory to carry out the action of "fighting the *Aedes Aegypti* mosquito" and one more action among the 12 thematic. <sup>(9,10)</sup>

Currently, 5,040 municipalities in Brazil are agreed to the PSE, with a total coverage of 86% and 40% of students. Rio Grande do Sul (RS) has 497 municipalities and 352 (70,8%) adhered to the PSE. <sup>(11)</sup> In Porto Alegre (POA), 296 public schools are agreed out of 356, with 180 priority schools, 140 health teams involved, resulting in 98.979 students. <sup>(11,12)</sup>

For the program to be operationalized, longitudinality of care in health territories is extremely important <sup>(13)</sup>, previous studies point out that the number of families, the situation of many students living in other territories and the scarcity of professionals are difficult to implement. <sup>(14)</sup> A study carried out in Rio de Janeiro suggested the planning of periodic local meetings between education and health professionals who are references for that territory in order to articulate an approach to promote the integral health of school-age children. <sup>(2)</sup>

Given this scenario, it is clear that the program is a challenge for managers, health professionals and educators. <sup>(14)</sup> in a review on school health in Latin America, he pointed out a concern to emphasize broad participation (professionals, parents, students and communities) in the various stages of projects and actions. <sup>(4)</sup>

In this sense, the objective of this study was to identify the coverage of the Health at School Program in the city of Porto Alegre in 2017, based on the publication of Ordinance No. 1.055. Such findings may support the situational analysis of the managers involved in the process in the city of Porto Alegre.

**METHOD**

This is a cross-sectional study with a quantitative, descriptive, retrospective approach, based on documentary search <sup>(15)</sup>, available to health managers in the on-line information system of basic assistance of the Ministry of Health - e-SUS Primary Care (E-SUS AB). The collection was carried out in October 2018, referring to the data from January to December 2017, using collective activity files by the National Registry of Health Establishments (Cadastro Nacional de Estabelecimentos de Saúde - CNES) of the units, filtered by actions performed, according to the instrument in Annex 3.

Schools agreed to the public network of the municipality of the eight district administrations, with records at the National Institute of Educational Studies and Research Anísio Teixeira (INEP) were included. Private schools, records of repeated collective activities, with more than one registered action or without any selected action, units that did not report data and themes that were not included in the program were excluded. For descriptive analysis, categorical data were presented by absolute and relative frequencies.

To calculate the coverage of the actions in the schools agreed in the municipality, the coverage indicator of the Guidance Document of the Health Program at the 2017/2018 cycle was used, being the calculation: No. of schools with PSE actions record/No. of schools agreements x 100. <sup>(11)</sup>

The research followed the criteria established by Resolution 466/2012 of the National Health Council, for research involving human beings. <sup>(16)</sup> The project was submitted to the Research Ethics Committee of the Centro Universitário Ritter dos Reis and to the co-participant institution, Municipal Health

Secretariat, being approved through the consubstantiated opinion n° 2.896.902; CAAE No. 94893918.8.8.0000.5309. Confidentiality and the data used have been carefully preserved.

## RESULTS

In the period from January to December 2017, 6,832 actions were carried out by the

99 health units (UBS), of the eight district administrations in the 65 schools agreed upon, resulting in a coverage of 21,95% of the program in the municipality.

The Partenon/Lomba do Pinheiro District Management (GD PLP), located on the east side of the municipality, carried out the largest number of actions in the program, with 1,423 activities in a territory with 44 schools/daycare centers and

16,810 students agreed. Also, representing the southern end of POA, the district management Restinga/Extremo-Sul (GD RES) was highlighted with 1,089 shares, as shown in table 1.

With regard to the topics covered, oral health assessment was the most frequent theme, totaling 2,321 actions in the eight managements, with emphasis on the GD PLP and the East / Northeast District Management (GD LENO) with 538 activities (23,1 %) and 445 (19,1%), respectively. 1,854 actions aimed at healthy eating and the prevention of childhood obesity were carried out, with GD PLP standing out again.

The theme "signs of disease aggravating diseases" had no action taken in the period evaluated. Regarding the actions to combat the *Aedes aegypti* mosquito, a mandatory theme for all units, 189 actions were carried out, highlighting the Glória Cruzeiro/Cristal Management (GD GCC), with 63 records (33,3%), as shown in table 2

## DISCUSSION

Of the twelve actions proposed by the new ordinance, only the theme "signs of aggravating diseases in elimination"

Table 1. Actions carried out by the Health at School Program according to district administrations, in the city of Porto Alegre

Gerência	População cadastrada <sup>1</sup>	Nº Unidades de Saúde	Taxa de Cobertura de ESF (%) <sup>2</sup>	Escolas e creches Pactuadas	Alunos pactuados <sup>2</sup>	Total de ações realizadas
PLP	182.427	21	68,10%	44	16.810	1423
RES	98.827	12	94%	26	7.929	1089
LENO	159.175	23	75,90%	38	15.832	1064
GCC	157.651	24	81%	46	13.493	992
NHNI	193.045	14	66,10%	36	9.979	695
SCS	201.074	17	48%	50	11.980	662
NEB	200.546	26	47%	34	16.982	543
CENTRO	292.196	3	14,20%	22	5.974	364
Total	1.484.941	140	60,2%	296	98.979	6.832

Caption: <sup>1</sup>Registered population: Refers to all users in the subscribed area.

<sup>2</sup> Source: Porto Alegre Municipality Management Report, 2018.

Central (CEN), Glória / Cruzeiro / Cristal (GCC), East / Northeast (LENO), North / Baltazar Axis (NEB), Northwest / Humaitá / Navegantes / Islands (NHNI), Parthenon / Lomba do Pinheiro (PLP), Restinga / Extreme-South (RES) and South / Center-South (SCS).

Table 2. Actions carried out on health issues by the District Administrations in the municipality of Porto Alegre from January to December 2017.

Temas	CEN	GCC	LENO	NEB	NHNI	PLP	RES	SCS	Total
Avaliação da Saúde Bucal	214	312	445	223	250	538	160	179	2321
Alimentação Saudável e Prevenção da Obesidade Infantil	77	315	206	165	182	437	350	122	1854
Prevenção do uso de álcool, craque e outras drogas	35	73	88	72	120	60	138	78	664
Saúde Ocular	6	47	68	41	32	67	228	41	530
Prevenção de Infecções Sexualmente Transmissíveis/AIDS	6	42	80	17	27	44	108	11	335
Práticas Corporais, Atividades Físicas e do Lazer	2	16	33	4	7	19	44	171	296
Promoção da Cultura da Paz, Cidadania e Direitos Humanos	8	57	39	4	28	50	17	9	212
Prevenção das Violências e dos Acidentes	-	57	42	4	28	50	17	9	207
Ações de Combate ao Mosquito <i>Aedes Aegypti</i>	1	63	46	7	6	7	27	32	189
Atualização da Situação Vacinal	6	10	17	6	15	78	0	9	141
Saúde Auditiva	1	-	-	-	-	14	-	1	16
Total de ações	364	992	1064	543	695	1423	1089	662	6832

Caption: Central (CEN), Glória / Cruzeiro / Cristal (GCC), East / Northeast (LENO), North / Baltazar Axis (NEB), Northwest / Humaitá / Navegantes / Islands (NHNI), Parthenon / Lomba do Pinheiro (PLP), Restinga / Extreme-South (RES) and South / Center-South (SCS). Note: the topic "Signs of Disease Aggravations in Elimination" was removed from the table because no action was taken in the period evaluated.

had no record in the period evaluated. It is noteworthy, however, that in 2017, 11 leprosy cases and 1,343 new cases of tuberculosis were reported in POA.<sup>(17)</sup> This situation underscores the importance of preventive and health promotion actions that can contribute to reducing hospitalization rates for preventable causes.<sup>(1)</sup>

The assessment of oral health was the most addressed topic, with 2,321 activities, the GD PLP obtained the largest number, totaling 538 actions. In this territory, of the 21 UBS, 18 have oral health teams and in the municipality the coverage is 76,42%.<sup>(12)</sup> A survey that sought to assess the impact of oral health teams in RS found that adolescent schoolchildren living in regions without ESF coverage have an average of 36% less teeth lost than young people in municipalities whose care model included oral health coverage<sup>(18)</sup>, being the PSE an opportunity to bring this service closer.

The second most frequent topic was healthy eating and preventing childhood obesity, mainly in GD PLP and GD GCC, with 437 and 315 actions, respectively. In the municipality alone, more than 5,000 children in the 2-10 year age group are overweight for their age and about 5,000 teenagers (10-19 years old) are overweight and obese.<sup>(19)</sup>

According to the National School Health Survey (Pesquisa Nacional de Saúde do Escolar - PENSE), RS presented the second highest percentage of 9th grade students who have tried cigarettes and alcohol.<sup>(20)</sup> In the present study, 664 actions to prevent the use of alcohol, crack and other drugs were carried out, 138 in the GD RES.

Actions aimed at preventing violence and accidents are paramount in schools, especially in order to combat school dropout.<sup>(8)</sup> In the evaluated period, 207 activities were carried out, mainly at GD GCC, which presented one of the highest dropout rates in elementary school in 2017, representing 2,19%.<sup>(21)</sup> Actions to promote the culture of peace are allied tools in the PSE, only 212 activities were carried out and in the same period, 2,231

cases of violence in the 0-18 age group were reported in POA.<sup>(12)</sup>

Regarding the prevention of sexually transmitted infections / AIDS, 335 actions were reported in the period evaluated. The state ranks 2nd in the ranking of HIV states, only in 2017, 1,325 cases were reported between 0 and 19 years old, with an increase in the rate in the group between 15 and 19 years old<sup>(22)</sup>, which may be related to the irregular use of condoms.<sup>(23)</sup>

## The strategic planning of actions according to the local reality would facilitate the organization of actions, aiming that all territories have their specificities.

Regarding the actions to combat the *Aedes Aegypti* mosquito, a priority and mandatory theme from the new ordinance, in which the recommendation is 100% of the coverage of the action<sup>(10)</sup>, only 189 actions were carried out, representing 11,4% coverage. In 2017, 1,428 suspected dengue cases were reported in the state, 22 of which were confirmed.<sup>(24)</sup> Dengue is considered one of the most frequent diseases in the country, representing a serious public

health problem.<sup>(25)</sup> In this sense, the school community has a fundamental role in the work of peer education and in the increase of information multipliers.<sup>(26,27)</sup>

Regarding the theme of updating the vaccination situation, 141 activities were carried out, it is recommended by the Ministry of Health that the action be a permanent agenda for school actions, and should be included in the Pedagogical Political Projects.<sup>(7)</sup> There are some limitations in this work due to the administrative nature of the e-SUS database. Errors in filling in collective activity forms are possible. Investment in educational actions is suggested to health professionals for the correct filling in order to generate complete information for monitoring the actions performed.

The results demonstrate that the PSE implemented in the municipality must be strengthened as intersectoral actions, with a view to contributing to the effectiveness of the program and an increase in the actions carried out, mainly in relation to the fight against the *Aedes Aegypti* mosquito, a priority and mandatory theme. The new ordinance poses a challenge to managers, given the low percentage of coverage (21,95%) of the program in the first year.<sup>(9,10)</sup>

## CONCLUSION

When analyzing the twelve proposed actions, it was perceived the challenge posed to health and education professionals, considering the range of factors involved and epidemiological challenges of each topic addressed.

The unique registration in e-SUS hinders the decision-making process at the municipal level, as well as in the distribution of thematic actions at school and in the monitoring of activities by units. The strategic planning of actions according to the local reality would facilitate the organization of actions, aiming that all territories have their specificities.

The school is a favorable space for health education and the construction of preventive actions, with a focus on quality of

life, especially in vulnerable territories. It is expected through this study, that scientific advances will be obtained, contributing to

the continuous and systematic monitoring of the actions carried out by the program and the rupture of the biomedical para-

digm of health care, which aims mainly at curative assistance to focus on prevention and promotion actions. ■

## REFERENCES

1. Araújo JP, Silva RMM, Collet N, Neves ET, Tos BRGO, Viera CS. História da saúde da criança: conquistas, políticas e perspectivas. *Rev. bras. Enferm.* 2014;67(6):1000-1007.
2. Fontenele RM, Sousa AI, Rasche AS, Souza MHN, Medeiros DC. Construção e validação participativa do modelo lógico do Programa Saúde na Escola. *Saúde debate.* 2017;41:167-179.
3. Araújo C, Toral N, Silva ACF, Velásquez-Melendez G, Dias AJR. Estado nutricional dos adolescentes e sua relação com variáveis sociodemográficas: Pesquisa Nacional de Saúde do Escolar (PeNSE), 2009. *Ciênc. saúde coletiva.* 2010;15(2):3077-3084.
4. Casemiro JP, Fonseca ABC, Secco FVM. Promover saúde na escola: reflexões a partir de uma revisão sobre saúde escolar na América Latina. *Ciênc. saúde coletiva.* 2014;19(3):829-840.
5. Brasil. Decreto nº 6.286, de 05 de dezembro de 2007. Institui o Programa Saúde na Escola - PSE, e dá outras providências. Presidência da República. Brasília, DF.
6. Brasil. Ministério da Saúde. Portaria Interministerial nº 1.413 de 10 de Julho de 2013. Brasília, DF, 2013.
7. Brasil. Ministério da Saúde, Ministério da Educação. Verificação da situação vacinal. Brasília, DF, 2018.
8. Santos FC, Frazão LD, Santos LC, Azevedo JPCS. Benefícios do programa saúde na escola (PSE) diante da promoção a saúde dos escolares da rede municipal de ensino. *Copresis.* 2017;51:e03276.
9. Brasil. Ministério da Educação; Ministério da Saúde. Documento Orientador: indicadores e padrões de avaliação - PSE Ciclo 2017/2018. Brasília, DF, 2017.
10. Brasil. Ministério da Educação; Ministério da Saúde. Portaria Interministerial nº 1.055 de 25 de abril de 2017. Redefine as regras e os critérios para adesão ao Programa Saúde na Escola - PSE por estados, Distrito Federal e municípios e dispõe sobre o respectivo incentivo financeiro para custeio de ações. Brasília, DF; 2017.
11. Brasil. Departamento da Atenção Básica- DAB. Painel de adesões: programa saúde na escola - 2017. Brasília, DF.
12. Prefeitura de Porto Alegre, Secretaria Municipal de Saúde. Relatório anual de gestão [recurso eletrônico]. Porto Alegre, RS. 2017.
13. Brasil. Ministério da Saúde. Portaria nº 2.436, de 21 de setembro de 2017: Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Brasília, DF: Ministério da Saúde, 2017.
14. Sousa MC, Esperidião MA, Medina MG. A intersetorialidade no Programa Saúde na Escola: avaliação do processo político-gerencial e das práticas de trabalho. *Ciênc. saúde coletiva.* 2017;22(6):1781-1790.
15. Gil, Antônio Carlos. Como elaborar projetos de pesquisa. 6. ed. São Paulo: Ed Atlas, 2017.
16. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução n. 466, de 12 de dezembro de 2012. Aprovam diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Brasília, Diário Oficial da União, 12 dez. 2012.
17. Prefeitura de Porto Alegre, Secretaria Municipal da Saúde. Boletim Epidemiológico 68 [recurso eletrônico]. Porto Alegre: Fevereiro, 2018.
18. Corrêa EH; Abegg C; Keller CR; Pascoal PM. Impacto das equipes de saúde bucal da Estratégia da Saúde da Família na saúde bucal de adolescentes do sul do Brasil. *Ciência & Saúde Coletiva.* 2016;21(5):1607-1616.
19. Brasil. Ministério da Saúde. Uso dos formulários e registros das informações no sistema de informações de vigilância alimentar e nutricional (SISVAN WEB) [homepage da internet]. Brasília: Ministério da Saúde.
20. Instituto Brasileiro de Geografia e Estatística. Pesquisa nacional de saúde escolar (PENSE) [recurso eletrônico]. Rio de Janeiro: Instituto Brasileiro de Geografia e Estatística; 2016.
21. Prefeitura de Porto Alegre. Porto Alegre em Análise: Sistema de gestão e análise de indicadores - Abandono escolar [homepage da internet]. Disponível em <[http://portoalegreemanalise.procempa.com.br/?analises=8\\_210\\_regiao](http://portoalegreemanalise.procempa.com.br/?analises=8_210_regiao)>.
22. Rio Grande do Sul. Secretaria de Estado da Saúde. Boletim Epidemiológico: HIV/AIDS [recurso eletrônico]. Porto Alegre: Secretaria de Estado da Saúde / Escola de Saúde Pública, 2018.
23. Lazarini FM, Melchior R, González AD, Matsuo T. Tendência da epidemia de casos de aids no Sul do Brasil no período de 1986 a 2008. *Rev. Saúde Pública.* 2012; 46(6):960-968.
24. Departamento de Informática do SUS (DATASUS) [homepage na internet]. Imunizações/Cobertura por ano segundo município. Disponível em: <<http://tabnet.datasus.gov.br/cgi/tabcgi.exe?pn=CNV/CPNIRS.def>>.
25. Prefeitura de Porto Alegre, Secretaria Municipal da Saúde. Informativo Epidemiológico Dengue, Chikungunya e Zika Vírus, Dezembro de 2017 *Semana Epidemiológica* 48 (26/11 a 02/12). Porto Alegre: Dezembro, 2017.
26. Krabbe EC, Machado AS, Dalenogare CS, Lourenço GS, Vieira RB, Carvalho TGML. Prevenção da dengue na escola: uma experiência de construção coletiva na luta contra a epidemia. *Revista Interdisciplinar de Ensino, Pesquisa e Extensão.* 2016;4:1.
27. Assis SS; Pimenta DN, Schall VT. Conhecimentos e práticas educativas sobre dengue: a perspectiva de professores e profissionais de saúde. *Ensaio Pesquisa em Educação em Ciências.* 2013;15(1)131-153.