THE HEALTH SCHOOL PROGRAMME: A HEALTH PROMOTION STRATEGY IN PRIMARY CARE IN BRAZIL

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Abstract

Introduction: the Health School Programme (HSP) should be understood as a permanent development process. In this context, the actions of a policy aimed at children and adolescents are paramount in the HSP. Objective: to identify and describe the actions developed by the Family Health Group in the HSP, from the National Programme for Improving Access and Quality of Primary Care (PIPCAQ). Methods: this cross-sectional research used secondary data collected from the 17,202 groups who joined PIPCAQ in 2012. Results: all regions showed significant results concerning the execution of school activities. The Northern region was the one that performed most school actions (80.5%), followed by the Northeast, Midwest, South and Southeast, respectively. However, some items, such as professional training in education and health work need to be strengthened. Conclusion: HSP in Brazil has mobilised significant actions, even though it has not happened in homogeneously in all Brazilian regions.

Keywords: health evaluation, health school programme, primary health care.

INTRODUCTION

In recent years in Brazil, numerous initiatives and evaluation experiences in primary care have been implemented to achieve improvements in health policies¹,². The National Programme for Improving Access and Quality of Primary Care (PIPCAQ) has, as its main objective, stimulating the expansion of access to, and improvements in, primary health care, in order to allow greater transparency and effectiveness of government actions aimed at primary healthcare.

The PIPCAQ evaluated different health promotions actions carried out in primary care by the Health School Programme (HSP). For the Health Ministry,³ the HSP is intended to provide a range of actions for prevention, promotion and attention in the health of children, adolescents and young students, from the basic level of public education, through to the communication between public schools and teams from the Family Health Strategy (FHS), and the realisation of actions directed at students⁴.

The HSP is now a major public policy for childhood and adolescence. Among its components are clinical, nutritional and healthy eating promotion, ophthalmologic evaluation, and continuing education actions in health, physical activity, the promotion of a prevention culture in the school context and the inclusion of health education topics in the school political pedagogical project⁴.

Health promotion in the school environment should be understood as a process in permanent development. In order to review and improve actions in the public management of health and professional work processes, and obtain more efficient preventive interventions, these ones have to be realised in places that present the national strategies and programmes in a public health context.

References

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The purpose of the study is therefore to identify and describe the actions developed in Brazil by the Family Health Teams (FHT) in the HSP.

METHODS

This is a cross-sectional study with a quantitative approach, carried out through secondary data provided by the Health Ministry, collected from 17,202 Family Health Teams (FHT) that joined the PIPCAQ in 2012 in Brazil.

The PIPCAQ aims to increase access to, and improve the quality of, primary health care, and is organised in four complementary and robust phases: (1) adherence and contracting; (2) development; (3) external evaluation, and (4) re-contracting. Data for this study were extracted from the third phase of PIPCAQ and it was conducted by teaching and/or research institutions contracted by the Health Ministry in the period June to October 2012.

The third phase, external evaluation, has been carried out by means of an instrument application that sought to determine the conditions of access to health services and the care quality of participating municipalities and primary care groups. The assessment tool comprised four information gathering modules. Module I asked about the infrastructure, materials, supplies, and medicine conditions of the basic health unit. Module II sought information about the group work process and about the organisation’s care of the user and the actions taken by HSP. Module III checked user satisfaction with, and perception of, the health service, and Module IV represented a set of complementary information to the other modules, answered online by local management.

The results of this study are from Module II, specifically issues relating to health actions carried out within a school. The instrument contained questions relating to the activities of HSP conducted by groups of the FHS and was answered only with ‘yes’ or ‘no’, as follows: (Quadro 1).

Quadro 1: Questions used in PIPCAQ for the evaluation of the HSP. Fortaleza, Ceará, Brazil, 2012.

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the group conduct activities in school?</td>
</tr>
<tr>
<td>What types of services are provided by the group?</td>
</tr>
<tr>
<td>Does the group record the activities?</td>
</tr>
<tr>
<td>Does the group enter information in the Planning, Budget and Finance Integrated System of the Education Ministry: ISEM/HSP?</td>
</tr>
<tr>
<td>Has it identified the number of students with the health needs survey?</td>
</tr>
<tr>
<td>Does the team plan the activities?</td>
</tr>
<tr>
<td>What clinical evaluation activities are carried out (update immunisation schedule; early detection of hypertension; detection of neglected health disorders; anthropometric measurements; ophthalmologic evaluation; auditory evaluation; psychosocial assessment, nutritional assessment and evaluation of oral health)?</td>
</tr>
<tr>
<td>Which prevention and health promotion activities are carried out (educational activities on the promotion of nutrition and healthy lifestyles, promotion of corporal practices and physical activity in schools, education for sexual health, reproductive health and STD/AIDS; actions prevention of alcohol, tobacco and other drugs)?</td>
</tr>
<tr>
<td>Are training activities for education professionals to work with health education held, as well as discussions with school teachers?</td>
</tr>
</tbody>
</table>

The questionnaire was applied on location, conducted by an interviewer and only one professional group was selected to answer the questions, in a suitable place in the health unit and on a date agreed with the municipal management. The PIPCAQ participation of municipalities and teams was voluntary.

The data were automatically transferred to the national database of the Health Ministry. The study variables were the activities carried out by health professionals in school and are shown in Table 1. The analyses were performed by comparing the regions. The Statistical Package for Social Sciences software was used (SPSS Inc., Chicago, USA, version 19.0). Descriptive analyses were performed and categorical variables were analysed using non-parametric tests, Chi-square.

RESULTS

A significant association between the regions was observed, according the value of p < 0.0001 to all items of this study.

With regard to the activities that are performed in the schools, all regions showed impressive results, ranging from 80.5% to 69.4%. The Northern region performed more activities in this scenario, followed by the Northeast, Midwest, South and Southeast, respectively.

Children and adolescent care was observed in the study and the Northeast region achieved 47.7%. This same region showed better indicators when it came to entering information in the Planning, Budget and Finance Integrated System of the Ministry of Education (ISEM/HSP) with 29.5%
of health groups doing so. The Southeast region only had 12.6% of the groups entering information into the system.

With regard to the number of students and the need for health, 34.9% of health teams in the Northeast region participated in the PIPCAQ survey, with 68.5% of the Northeast region. The Southeast region presented values of 28.2% and 56.8% to both items, respectively, considered the lowest among the regions of Brazil. Considering the importance of these two aspects (survey needs and planning of actions), the association was made between these variables, and the result was obtained that the regions who planned their activities also made a survey of health needs with a significance of p < 0.001.

On the issue of student clinical evaluation, the Midwest region presented at 10.4%, the region where most reported having performed this procedure. The update of the immunisation schedule was followed by the North (52.6%), Northeastern Brazil is highlighted in the Northeast region (55.6%), while the Northern region had the lowest percentages in these two items with 13.3% and 20.1%, respectively. The results are shown in Table 2 below: (Table 1).

Table 1: Distribution of activities executed by the Family Health teams that participate in the PIPCAQ, Brazil, 2013.

<table>
<thead>
<tr>
<th>HSP Activities</th>
<th>North Region (n = 1045)</th>
<th>Northeast Region (n = 5559)</th>
<th>Southeast Region (n = 6569)</th>
<th>South Region (n = 2920)</th>
<th>Central-West Region (n = 1131)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executes school activities</td>
<td>841</td>
<td>80.5</td>
<td>196</td>
<td>18.8</td>
<td>4431</td>
</tr>
<tr>
<td>Anted drug routine</td>
<td>452</td>
<td>43.3</td>
<td>389</td>
<td>37.2</td>
<td>2652</td>
</tr>
<tr>
<td>ISEM/HSIS Information</td>
<td>217</td>
<td>20.8</td>
<td>624</td>
<td>59.7</td>
<td>1639</td>
</tr>
<tr>
<td>Scholars with health needs</td>
<td>281</td>
<td>26.9</td>
<td>560</td>
<td>53.3</td>
<td>1938</td>
</tr>
<tr>
<td>Planes activities</td>
<td>686</td>
<td>65.6</td>
<td>155</td>
<td>14.8</td>
<td>3806</td>
</tr>
<tr>
<td>Executes clinical evaluation</td>
<td>109</td>
<td>10.4</td>
<td>732</td>
<td>70</td>
<td>435</td>
</tr>
<tr>
<td>Vaccine calendar update</td>
<td>545</td>
<td>52.6</td>
<td>291</td>
<td>27.8</td>
<td>3089</td>
</tr>
<tr>
<td>Preyrophysic systemic arterial hypertension detection</td>
<td>386</td>
<td>36.9</td>
<td>455</td>
<td>43.5</td>
<td>2248</td>
</tr>
<tr>
<td>Neglected grievances detection</td>
<td>284</td>
<td>27.2</td>
<td>557</td>
<td>53.3</td>
<td>1677</td>
</tr>
<tr>
<td>Antedropic assessment</td>
<td>525</td>
<td>50.2</td>
<td>316</td>
<td>30.2</td>
<td>3219</td>
</tr>
<tr>
<td>Optimalic evaluation</td>
<td>227</td>
<td>21.7</td>
<td>614</td>
<td>58.9</td>
<td>1155</td>
</tr>
<tr>
<td>Auditory evaluation</td>
<td>120</td>
<td>11.5</td>
<td>721</td>
<td>6.9</td>
<td>887</td>
</tr>
<tr>
<td>Psychosocial evaluation</td>
<td>200</td>
<td>19.1</td>
<td>641</td>
<td>61.3</td>
<td>1410</td>
</tr>
<tr>
<td>Nutritional evaluation</td>
<td>446</td>
<td>42.7</td>
<td>395</td>
<td>37.8</td>
<td>2922</td>
</tr>
<tr>
<td>Feal health evaluation</td>
<td>551</td>
<td>52.7</td>
<td>290</td>
<td>27.8</td>
<td>3325</td>
</tr>
<tr>
<td>Feed security actions and healthy eating</td>
<td>588</td>
<td>56.3</td>
<td>253</td>
<td>24.2</td>
<td>3398</td>
</tr>
<tr>
<td>Corporal practices promotion and physical activity</td>
<td>362</td>
<td>34.6</td>
<td>479</td>
<td>45.8</td>
<td>1887</td>
</tr>
<tr>
<td>Sexual and reproductive health and STIIDS prevention</td>
<td>680</td>
<td>65.1</td>
<td>161</td>
<td>15.4</td>
<td>3256</td>
</tr>
<tr>
<td>Alcohol, tobacco and other drugs use prevention</td>
<td>491</td>
<td>47.0</td>
<td>350</td>
<td>33.5</td>
<td>2399</td>
</tr>
<tr>
<td>Professionals qualification to work education/health</td>
<td>215</td>
<td>20.6</td>
<td>626</td>
<td>59.9</td>
<td>1291</td>
</tr>
<tr>
<td>Debate with teachers</td>
<td>260</td>
<td>24.9</td>
<td>581</td>
<td>55.6</td>
<td>1848</td>
</tr>
</tbody>
</table>

DISCUSSION

The HS Pat the national level has mobilised significant actions, even if not evenly across all regions, as shown in the PIPCAQ evaluation results in 2012. Thus, this study contributes an overview of the actions developed in the HSP across the country and can certainly produce a reflection on the range of this programme and its contributions to the improvement in the care of the population. The importance of evaluation studies that allow an overview of reality by the studying the specific case of research is highlighted, as in the case of the HSP in Brazil.

With regard to the promotion and health education actions, the Northern region was the one that most promoted these activities5. It is worth mentioning that the Northern and Northeast regions are the ones with more social and economic inequalities than in the rest of the country, with the longest inclusion of Family Strategy activities, and with closer, more effective links.

Difficulties in implementing routine care delivered by health professionals still exist, given that the other community demands of the FHC end up needing a different look. It is necessary here to rethink the HSP from a broader perspective, discussing public policies in each territory, providing...
appropriate environments, and reorienting health services beyond clinical and curative treatments. The health teams seem to hold few clinical actions with schools, since they have a high rate of activity, but still with a fragile routine.

Studies describe the difficulty of establishing a routine in helping adolescents and that this may be linked to the need for some professionals to overcome prejudice before delivering educational programmes in school. Little exposure to the issues of this age group can mean a tendency to view adolescents in a negative and stereotypical manner, embarrassment in dealing with sexuality and violence situations (which may require interdisciplinary interventions), and work overload, making access to learning difficult. These and other situations are factors which can influence this point. For many teenagers, health is still linked to 'absence of disease' and their sense of invulnerability and immortality can justify the indifference and detachment that is observed in the behaviour of adolescents in relation to health services.

The low data entry percentage in ISEM/HSP has hampered the monitoring and evaluation of these actions. Consistent monitoring allows managers and municipalities to demarcate their responsibilities and define the areas of coverage of the FHS teams, contributing to the situational diagnosis based on social determinants in the epidemiological scenario, including the transfer of appropriate incentives for the units.

Studies indicate there is a lack of regularity in the system, a lack of professional training to fill in the spreadsheets and, according to the professionals themselves, the vast number of information systems deployed by the Health Ministry in recent years has demanded too much effort from the municipalities. To overcome this situation, caregivers need support in the planning process and decision-making powers with regard to information systems.

The actions planning at school was also evaluated and considered one of the most positive aspects. This shows that health groups are participating in the guidelines proposed by the Health Ministry which states that the execution time of each HSP action is planned by the FHG, taking into account the school year and the school political pedagogical project.

Research conducted in Fortaleza showed the gradual strengthening of the integration of the education and health sectors, promoting the intersectoral approach proposed by the Unified Health System, despite the challenges such as difficulty maintaining these actions.

The school environment has been recognised as a beneficial setting for promoting health practices, prevention and health education. In this context, it reinforces the prevention of health problems, contributing to the creation of conditions for student learning, and the construction of a social care system, focusing on the promotion of citizenship and human rights. It provides a strengthening of the capacity to cope with vulnerabilities in the health field, which can compromise full school development. Thus, it is within this approach, a health programme at school, inserted and integrated into daily life and school culture, is understood and justified. It is a very important reference space for children and teenagers, who increasingly develop their experiences within significant socialisation spaces and community life.

It was found that the clinical evaluation of school was used for some of the health units in Brazil. To improve care of children and adolescents, realising the clinical evaluation is necessary to provide adequate physical spaces and transport for moving teams, as this becomes an essential resource for maintaining frequent contact between users and staff, and providing innovative educational technologies that streamline and facilitate teaching and learning.

The work with the school regarding health education showed actions directed at promoting sexual and reproductive health were the most frequently implemented across the country, with high percentages in all regions. According to the Health Ministry, there has been an increase in the pregnancy rate in girls in recent decades. Also, teenagers have become more exposed to sexually transmitted diseases, such as AIDS, with the inappropriate use of contraceptive methods, coupled with lack of knowledge of, and access to, them. Another important topic discussed at school was the use of alcohol and drugs, and the Northern region was highlighted again. In this sense, the school’s partnership with primary care is essential for dialogue, access to information and the re-organisation of practice is the main focus.

With regard to training for operations in the HSP, the study showed that the actions of this nature are not well performed. Ongoing training for professionals who work in schools is essential, and the need to hire professionals from diverse backgrounds, with skills and experience in health promotion actions is evident.

The implications of these findings, to identify the actions taken by HSP, reaffirms the commitment that public policy has to Brazilian children and adolescents, directly impacting their quality of life and their health. The transfer of the knowledge between the education and health areas enhances the development of actions that favour the educational dimension of healthcare, the care of oneself, of others and the environment, generating effects on healthy development, the role of education and the community in which they live, allowing them to have options that improve their quality of life.

Thus, to know and handle risk factors and the vulnerabilities of children and adolescents in promoting and protecting health will impact positively on quality of life, on learning conditions and, consequently, on the construction of citizenship.

Issues to be addressed in the school setting, such as sexuality, reveal the importance of developing an environment for health promotion through health education in this context, since it acts as a significant social space where
teenagers build knowledge and promote health in decision-making from their experiences and life expectations, and trivia about sexuality, among other aspects relating to health17.

However, it is important to emphasise that it is not enough to have open space to promote health. Developing responsibility in the users in these practices, and student participation in the mobilisation, training and development of individual learning and social skills to deal with the processes of health and disease, is essential for implementation of these actions18.

Thus, it is necessary that these are consistent with the assumptions of health promotion; however, those actions are still a challenge, given the predominance of curative characteristics and individualistic practices19.

For the realisation of educational activities, the involvement of all stakeholders is a unique prerequisite for the full exercise of health20, however, in the context involving the HSP, one of the challenges for implementation is the training of education professionals to work with education in health.

Research should be implemented to give visibility to situations such as these. However, while in Brazil scientific production has been increasing significantly, this could increase even more with the proper training of health professionals who work with research in project management21.

Investments in permanent health education that contribute to the transformation of professional, educational and health practices, and also to the organisation of services, are essential strategies for improving these HSP actions.21

In this way, it has been shown that the HSP in Brazil has mobilised significant actions, even if it has not performed homogeneously in all Brazilian regions; although all the regions have had elements evaluated by PIPCAQ by presenting the implementation of actions, there regions that have performed more actions are the North and Northeast.

Acknowledgement


REFERENCES


Resumo


Palavras-chave: avaliação em saúde, saúde escolar, atenção primária à saúde.