THE HEALTH AT SCHOOL PROGRAM (PSE) IN THE STATE OF PERNAMBUCO: FROM THE CHARACTERIZATION OF THE SCENARIO TO THE EFFECTIVENESS OF THE POLICY IN THE MUNICIPALITIES

O PROGRAMA SAÚDE NA ESCOLA (PSE) NO ESTADO DE PERNAMBUCO: DA CARACTERIZAÇÃO DO CENÁRIO À EFETIVIDADE DA POLÍTICA NOS MUNICÍPIOS

EL PROGRAMA DE SALUD EN LA ESCUELA (PSE) EN EL ESTADO DE PERNAMBUCO: DE LA CARACTERIZACIÓN DEL ESCENARIO A LA EFICACIA DE LA POLÍTICA EN LOS MUNICIPIOS

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ABSTRACT: The text addresses the theme of intersectoral Education and Health policies, highlighting the actions developed within the scope of the School Health Program (PSE) in the state of Pernambuco. Through documentary and field research, using semi-structured interviews as a data collection instrument and semantic analysis as a data categorization technique, subjects directly involved in implementing such a policy were chosen, coming from 14 municipalities in Pernambuco, as a representative sample. The results showed that the Education sector is undermined in PSE actions in Pernambuco, when outlining actions in the context of the school floor. It is concluded that the lack of data on the implementation and evaluation of the Program, by the municipal Education departments, hinders the monitoring of its effectiveness. Finally, ways are presented to overcome the problems arising from the poor implementation of the PSE as an intersectoral public policy that concerns Education.

KEYWORDS: Education. Pernambuco. School Health Program. Health.

***RESUMO**: O texto aborda a temática das políticas intersetoriais de Educação e Saúde, destacando as ações desenvolvidas no âmbito do Programa Saúde na Escola (PSE) no estado de Pernambuco. Por meio de pesquisa documental e de campo, tendo a entrevista semiestruturada como instrumento de coleta de dados e a análise semântica como técnica de categorização destes, foram escolhidos sujeitos diretamente envolvidos na efetivação de tal política, oriundos de 14 municípios pernambucanos, como amostra representativa. Os resultados apresentaram que o setor da Educação é solapado nas ações do PSE em Pernambuco, quando do delineamento das ações no contexto do chão da escola. Conclui-se que a falta de dados sobre a implementação e avaliação do Programa, por parte das secretarias municipais de Educação, prejudica o acompanhamento da efetividade do mesmo. Por fim, são apresentados caminhos para superação dos problemas decorrentes da má implementação do PSE enquanto política pública intersetorial que tange à Educação.*

***PALAVRAS-CHAVE**: Educação. Pernambuco. Programa Saúde na Escola. Saúde.*

***RESUMEN**: El texto aborda el tema de las políticas intersectoriales de Educación y Salud, destacando las acciones desarrolladas en el ámbito del Programa de Salud Escolar (PSE) en el estado de Pernambuco. A través de una investigación documental y de campo, utilizando entrevistas semiestructuradas como instrumento de recolección de datos y análisis semántico como técnica de categorización de datos, se eligieron sujetos directamente involucrados en la implementación de dicha política, provenientes de 14 municipios de Pernambuco, como muestra representativa. Los resultados mostraron que el sector Educación está debilitado en las acciones del PSE en Pernambuco, al delinear acciones en el contexto del piso escolar. Se concluye que la falta de datos sobre la implementación y evaluación del Programa, por parte de las secretarías de Educación municipales, dificulta el seguimiento de su efectividad. Finalmente, se presentan formas de superar los problemas derivados de la mala implementación del PSE como política pública intersectorial en materia de Educación.*

***PALABRAS CLAVE**: Educación. Pernambuco. Programa Salud Escolar. Salud.*

Introduction

Health Education (HE), an area that articulates the dialogue between Health knowledge in its broad dimension and formal and non-formal educational knowledge, needs to be socially interrogated, with schools being the most suitable environment for its thematic focus. Thus, by configuring the school as a conducive environment for learning healthy behaviors and understanding health risk behaviors (Midford *et al.,* 2017; Lee *et al.,* 2018), the primary goal of Health Education policies in schools would be to promote formal education while assisting in addressing socio-emotional, physical, and cognitive aspects of students, thereby helping them develop lifelong skills and capacities.

Public policies addressing Health Education in schools are crucial for fostering a critical environment. International experiences often highlight schools as central locations for consolidating learning and discussions on a Health Education profile that promotes the adoption of healthy lifestyle habits, in addition to contributing to general curriculum content learning (Rocha *et al.,* 2011; Piana *et al.,* 2017; Lee *et al.,* 2018).

In the state of Pernambuco, specifically, many high schools do not receive actions from the Health in Schools Program, despite their good performance in large-scale educational assessments implemented in the public high school education network. Therefore, due to the low coverage and reach in public state schools offering this educational level in the mentioned state, challenges are expected in evaluating the effectiveness of the Health in Schools Program by the government or researchers. Thus, the objective of this study was to assess the effectiveness of the Health in Schools Program in municipalities of the state of Pernambuco.

The School Health Program: definition and guiding principles

Discussions surrounding the theme of Health Education in Brazil carry a critical nature. This is due to the public policy centered around a singular element: Decree No. 6,286/2007, which establishes the School Health Program (PSE) and its implications. Promulgated on December 5, 2007, under the coordination of the Ministries of Health and Education, the Decree creating the School Health Program (PSE) aims to contribute to the comprehensive education of students in the public Basic Education network. Its guidelines include coordinating and forming partnerships for actions in health prevention, promotion, and care for health issues and their complications (Brasil, 2007).

The PSE is characterized by the biennial adherence of municipalities, which plan their activities in an intersectoral manner through working groups involving representatives from the health and education sectors. The actions carried out must be recorded in the Health Information System for Primary Care (SISAB), linked to the Primary Health Care Secretariat of the Brazilian Ministry of Health. The allocation of resources to municipalities is contingent upon federal monitoring of implemented actions. Registration in SISAB is mandatory for health institutions registered in the National Register of Health Establishments (CNES) and educational institutions registered with the National Institute for Educational Studies and Research Anísio Teixeira (INEP), using a recognized code.

Once municipalities adhere, they must establish their specific coordination, which should include professional(s) affiliated with the respective Health and Education departments. Under these conditions, each municipality receives financial support at the beginning and midpoint of the cycle to fund its annual activities. The transfer for the second year of the cycle is contingent upon proof of executing minimum actions established for the first year, including at least two actions of any nature within the program's scope, along with an action related to prevention and combating the novel Coronavirus.

Municipal adherence is mediated by the state coordination of the Program, which must also include professionals from the State Departments of Health and Education. Federal-level monitoring is conducted by the "Program Team," which is linked to the Department of Prevention and Health Promotion (DEPPROS), a component of the Primary Health Care Secretariat. Official guidelines of the School Health Program (PSE) stipulate that responsible professionals must organize and implement actions, registering them in the Health Information System for Primary Care (SISAB) through the completion of collective activity forms in the "e-SUS AB" strategy (Brasil, 2017).

According to these same guidelines, PSE actions in all dimensions must be integrated into the school's pedagogical proposal and comprehensive education policy, respecting the socio-cultural diversity of regions and the autonomy of educators and pedagogical teams. These actions should be developed in collaboration with families and the community, originating from intersectoral coordination and collaboration between state and municipal health and education managers. In this regard, Interministerial Ordinance No. 1,055/2017, which redefined rules and criteria for state, Federal District, and municipal adherence to PSE, mandates state participation through the signing of adherence agreements committing to support PSE actions in state schools.

From this perspective, state and municipal coordination must jointly ensure the development of twelve essential action lines and others of municipal interest relevant to local issues involving the Program's audience. These essential lines must include: I. Actions to combat the Aedes aegypti mosquito; II. Promotion of physical activities, physical education, and leisure in schools; III. Prevention of alcohol, tobacco, crack, and other drug use; IV. Promotion of a culture of peace, citizenship, and human rights; V. Prevention of violence and accidents; VI. Identification of students showing signs of diseases under elimination; VII. Promotion and evaluation of oral health and topical fluoride application; VIII. Verification and updating of vaccination status; IX. Promotion of healthy eating and prevention of childhood obesity; X. Promotion of auditory health and identification of students showing signs of hearing alteration; XI. Sexual and reproductive rights and prevention of STD/AIDS; and XII. Promotion of ocular health and identification of students showing signs of vision alteration.

For the 2021/2022 cycle, in addition to actions addressing COVID-19, the PSE took on another front focused on combating childhood obesity through a partnership with the "Growing Healthy" initiative. Moreover, leveraging the PSE as a foundation, other initiatives were undertaken, such as the Health and Prevention in Schools Project (SPE), aimed at reducing students' Body Mass Index (BMI), decreasing tobacco use, reducing cavities in permanent teeth, and providing ocular health services (Brasil, 2021). More recently, a study by Manta *et al*. (2022) highlighted an increase in physical activities and practices related to physical activity levels fostered by the PSE nationwide.

In 2022, the Ministry of Health released a document titled "Guiding Document: Indicators and Evaluation Standards – PSE Cycle 2021/2022." The document underscored the necessity for all program actions to be aligned with the school's pedagogical project, emphasized that monitoring and evaluation actions are crucial for identifying gaps and advancing the PSE in territories, and reaffirmed the Program's goal of integrating Health and Education guidelines to enhance the quality of life for Brazilian students and their communities (Brasil, 2022).

Additionally, the document prominently categorizes shared management as "essential" in the planning and implementation of the PSE actions. Furthermore, it mandates the execution of actions to prevent contact with the novel Coronavirus in all schools affiliated with the municipality, along with at least two additional actions linked to the PSE. The latter actions do not necessarily need to occur in every affiliated school but are required to ensure the transfer of federal government funds for municipal PSE actions in the following year.

In practice, there are numerous and diverse documented PSE actions in municipal education networks. However, scientific reports regarding state high schools are scarce. Examples such as the booklet "Health in Schools Program: 6th Grade to High School," developed by Primary Health Care in Rio Grande do Sul (2017), are applicable to state high schools but remain purely informative and generalist (not specific to the educational level).

Within this context, despite the PSE representing a significant advancement in Health Education studies in schools, specific literature indicates that the program still appears to be ineffective and has low coverage, reflecting a reality contrary to what González (2015) highlighted as the pursuit of "complete protection" of students within the evolutionary path of Education public policies in Brazil. It is also noteworthy that the PSE, despite being intersectoral, often "moves in the direction of Health," from bodies considered part of national health to national Education (Brasil, 2007; Maciel *et al.,* 2009; Alves *et al.,* 2020).

The relationship between public policies and Health Education in schools

Public policies, including educational policies, can be analyzed and studied considering their purpose, whether clear or not, alongside the logic of action and the logic of the intended implementation (Marques; Andrade; Azevedo, 2017). Evaluation is necessary for this purpose. Evaluation involves assigning value, determining whether things are "good" or "bad," and identifying outcomes and gaps as Nanni and Santos Filho (2016) wrote, evaluation is a comparison of purposes, objectives, and/or goals established beforehand against the results actually achieved.

Aligned with this perspective, Oliveira, Lopes, and Raposo (2020) emphasize that within the evaluation process lies the analysis of the efficiency, efficacy, and effectiveness of the public policy in question. Efficiency means performing an activity using the fewest possible resources. Efficacy relates to the goal to be achieved and the outcomes attained. Effectiveness represents the resolution of the equation "resources used x results achieved." In summary, effectiveness pertains to achieving planned results using the least amount of resources possible (Oliveira; Lopes; Raposo, 2020, p. 808).

Given that individually provided services cannot adequately meet all needs, the coordination and ongoing dialogue among involved professionals, promoted by the PSE, are (or should be) essential elements in striving for comprehensive or maximum possible service delivery. However, in practice, this is not an easy task. For example, Silva *et al.* (2015) analyzed health promotion among school adolescents in Recife (PE), noting the incapacity of Health and

Education administrations to promote interdisciplinary actions stemming from public policies addressing these demands, thereby highlighting segmentation and discontinuity in proposed actions within governmental programs. Furthermore, the competition for power and knowledge in formulating/implementing policies involving all actors, from politicians to members of a specific school community, is crucial for policy action and analysis (Ball; Maguire; Braun, 2016).

Methodological Path of the Research

Derived from a doctoral thesis in Education, the present study is characterized as descriptive and exploratory research with a qualitative and quantitative nature (Vergara, 2016). The municipalities selected for the research were chosen to host the best schools within the surveyed network, one from each Regional Education Management (GRE).

The educational organization model of the State of Pernambuco comprises 16 GREs. These are configured as administrative units of the Department of Education and Sports. They are distributed across all regions of the state, aiming to address the specificities of each area. Therefore, the selection of one school representative of each GRE was based on their legal attributions, which allow each GRE to have different educational policies or partnerships regarding Health Education in schools, either contributing to or hindering the actions of the PSE itself.

The metric used as a parameter for school selection was the arithmetic mean of the last three results of schools in the Education Development Index of Pernambuco (IDEPE). Numeric IDEPE indicator data were gathered directly from the State Department of Education's virtual archives.

To obtain effectiveness data on the PSE, contact was established with the municipal coordinator of the PSE in 15 out of the 16 municipalities hosting the selected schools (with two schools located in the same municipality). Among these contacts, three were conducted in person by prior appointment, and 12 were conducted remotely via phone calls and emails. Additionally, to gather information on overall coverage and the monitoring and evaluation of the PSE, a search was conducted in the SISAB, and the guiding document on indicators and evaluation standards for the 2021/2022 cycle was consulted (Brasil, 2022).

The choice of this strategy considered accessibility to municipal coordination, taking into account the managerial design where the municipal PSE coordination is the sector that

holds implementation data, nature, and managerial control of PSE actions in the municipality's schools.

All research participants had their identities protected and signed an Informed Consent Form (ICF), which details all aspects of the research and the expected outcomes, as established by Resolution No. 510/2006 of the National Commission for Ethics in Research (CONEP).

Results and discussions

Initially, the financial arrangement for the Health in Schools Program in the researched municipalities was sought to be understood. General data on the amounts received from the Union were analyzed, including the adherence transfer to the PSE and funding allocated to the "Growing Healthy" initiative linked to the PSE. Additionally, information was gathered on the number of schools served and the nature of actions carried out in the municipalities where the visited schools are located.

Table 1 – Number of schools served and nature of PSE actions conducted in the 2021/2022 cycle in the municipalities of visited schools

MUNICIPALITY	AMOUNT ALLOCATED TO PSE BY THE MUNICIPALITY in R$ (Ordinance GM/MS No. 1,320/2021)	NUMBER OF SCHOOLS SERVED	NATURE OF ACTIONS
RECIFE	82.146,40	262	Anthropometry; Topical application of fluoride; Language development; Supervised tooth brushing; Other collective procedure; National control program; Body practices/activity; Hearing health; Eye health; Checking vaccination status*
OLINDA	37.346,40	80	
CABO DE SANTO AGOSTINHO	37.346,40	50	
PALMARES	19.146,40	40	
NAZARÉ DA MATA	12.676,00	16	
SALGADINHO	9.346,40	13	
GRAVATÁ	20.546,40	60	
CARUARU	83.546,40	NI	
GARANHUNS	35.946,40	NI	
IBIMIRIM	19.146,40	16	

TUPARETAMA	12.146,40	09
FLORESTA	19.146,40	23
SALGUEIRO	21.946,40	21
PETROLINA	77.946,40	160
OURICURI	28.946,40	270

NI: Not informed.
*The data reported in SISAB show in which action lines the group of municipalities conducted activities.
Source: Developed by the authors, based on Brazil (2023).

In Table 1, it is observed that all surveyed municipalities received funding for the Health in Schools Program (PSE). Additionally, it is noted that the data presentation model in the Health Information System for Primary Care (SISAB) does not stratify the number of schools belonging to each responsibility sphere. However, using the code from the National Institute of Educational Studies and Research Anísio Teixeira (INEP), it was possible to search nominally for schools, revealing that none of the schools used as parameters for the selection of surveyed municipalities received PSE actions in the 2021/2022 cycle.

Regarding the presence and effectiveness of the PSE in the surveyed schools and municipalities, only one municipality's coordination responded to the inquiries. Contact with the state coordination, done via text message and email request, and with the other 15 municipal coordinations, three in person and 12 via phone or email, did not result in any responses to the requests made.

The data on planning, execution, and evaluation presented by the PSE coordination in the aforementioned municipality indicated shared coordination between the municipal Health and Education departments, communication difficulties, and articulation with the state program coordination, approximately 28% coverage index of PSE in the municipality's schools (totaling 500 schools, of which 140 receive program actions), and lack of evaluation on the effectiveness of actions as a whole or on the impact of these actions on the educational indicators of schools.

Informal reports from some healthcare professionals involved with the Health in Schools Program (PSE) in some of the visited municipalities indicate that the program fails to reach schools in the state network due to high demand from the municipal education network. However, the absence of information regarding the program coverage percentage in the surveyed municipalities and about the actions themselves prevents confirming this causality for all municipalities where the visited schools are located.

The evasiveness and inconclusiveness of the data reported in the Health Information System for Primary Care (SISAB) for the biennium 2021/2022 create issues of understanding and transparency, as there is no public access to the PSE coverage index in the municipality, the planning carried out for the cycle, the criteria for selecting the schools included, the established goals, the practical characteristics of the registered action, the resources used, and the relationship between the efficiency and effectiveness (the effectiveness) of the program.

Upon reviewing the data registered in SISAB using the code from the National Institute of Educational Studies and Research Anísio Teixeira (INEP) of the registered schools, an even more concerning scenario is found with: (1) a municipality that served a private school with PSE action but did not serve any public schools in the state network; (2) duplication of school registrations; (3) incomplete registrations of the INEP code; and (4) a municipality that registered the school but did not record any actions carried out there. Thus, it is concluded that none of the surveyed schools received PSE actions in the 2021/2022 cycle.

In the specific case of the only municipal coordination that responded to the survey out of the fourteen contacted, the coverage percentage of the Program in the 2021/2022 cycle exceeded the national average (17.56%) and the state average (19.59%) from the previous cycle (2019/2020). Despite the relatively significant coverage achieved, the municipality still faces many difficulties in evaluating the effectiveness and the subjective and objective reach of the actions in students' lives, as demonstrated by the testimony of the person responsible for the municipal coordination:

> *[...] the goals are always linked to the actions. The indicators are always linked to how many actions we manage to develop. So one of our biggest challenges is to think about indicators that can assess the impact of the actions, but today, we have nothing in that regard.*

Another critical point emphasized is the difficulty in coordinating with the state coordination of the Program, a scenario which, according to her, is one of the factors responsible for the very low coverage of PSE actions in schools of the state public network:

> *We have monthly meetings about planning, adherence, and operation, with all the setbacks and limitations we have in our work and operation. With the state health department, we have more difficulty communicating. So, we have been serving a few state schools, and this difficulty in communication is one of the contributing factors. Even so, we are making an effort to include some state schools in the actions.*

The report on the failure of intersectoral coordination in PSE agrees with the findings of Silva *et al*. (2015), highlighting the same segmentation and discontinuity identified by the

author. In this context, the following questions arise: "Is there a way to ensure that schools in the state education network are also included in the planning and implementation of actions?", "Is there a preference for actions in municipal schools over those in the state public network?". The answer to the first question is still "no" and to the second question is still "yes".

Regarding this, Castro's (2007) perspective fits, asserting that the issue is not the lack of education but rather the vast size of the country and the enormous educational needs. Unintentionally, it seems that the PSE, curiously, tries to rectify an error made in the 18th century when "[...] national education prioritized high schools over elementary schools" (Castro, 2007, p. 3, our translation).

A foundational study by Figueiredo and Figueiredo (1986) already drew attention to the gap between the theoretical propositions of a public policy and the empirical verification of its cause-effect relationship, often due to the absence of three basic factors: clear operational definitions of program/policy objectives, specification of success criteria, and measures to gauge success. It seems sensible to affirm the relevance of Figueiredo and Figueiredo's findings (1986) by considering the persistence of gaps and inherent difficulties in evaluating and implementing PSE as a state policy.

Furthermore, the monitoring and evaluation criteria of the program itself are nonspecific and superficial, as they rely solely on the subjectivity and availability of federal government evaluators to determine if the actions have achieved the expected level of effectiveness. In summary, the absence of PSE in the surveyed schools serves as a focal point for analyzing the effectiveness of this policy.

On this topic, the official page of the Program on the Ministry of Education's website provides only the following written data:

> In the biennium 2021/2022, the PSE was present in 5,422 municipalities (97.34% of the country), encompassing 97,389 schools and 23,426,003 students, reaching students in rural, urban, quilombola, indigenous areas, as well as those in special education and Youth and Adult Education programs (Brasil, 2022, p. 2, our translation).

Regarding the digital data provided, the same page features a text on "Monitoring and Evaluation," which reads as follows:

> Monitoring and evaluation must become cultural practices in the implementation of the Health in Schools Program (PSE), as they not only serve as guidelines but also offer opportunities for improving activities by monitoring the implications spread across the territory and reorienting program interventions. There are various possibilities involved in these

> practices within the PSE, ranging from simple monitoring of actions undertaken through available health information systems to the development of more complex evaluation processes. Monitoring and evaluating within the scope of the PSE means assigning value to the activities carried out and legitimizing the efforts directed at students' well-being (Brasil, 2022, p. 3, our translation).

It is pertinent to highlight that the last two cycles of the PSE (2019/2020 and 2021/2022) occurred within a federal administration context, notably opposed to the organizational directions previously implemented in the Brazilian state, particularly from the early 2000s to the mid-2010s. This contrast, marked by the idea of reducing the state's scope in public education and health services in favor of greater private sector involvement, may have contributed to the evasiveness of professional responsibilities and the non-disclosure of public data. Therefore, it is understood that it is not coincidental that this research has encountered the aforementioned scenario within the analyzed timeframe.

Another factor that can be discussed is the disparity between the management model implemented by the state of Pernambuco, including public schools, and the actions taking place within these schools, alongside the state's legal framework, highlighting the State Education Plan and the State Health Plan. It is important to note that upon examining the texts of these documents, mention of the PSE appears only in the State Health Plan, albeit without explicit details on the planning, execution, and evaluation of its actions.

In contrast to other international examples where national pedagogical guidelines already determine the approach to Health Education in schools (regardless of the health concept involved), in Brazil, states and municipalities assume the role of providing Health Education within the school context through the practical institutionalization of the PSE, with specific laws and even the possibility of public-private partnerships, as envisaged by the management model in Pernambuco.

The challenge of "Health" x "Education" intersectoral cooperation and the fragmenting power

As previously discussed, both the planning and execution, as well as the evaluation of PSE actions, should be carried out by a working group composed of representatives from the education and health departments of municipalities. Nevertheless, based on informal contacts with the state PSE coordination and the three municipal coordination that interacted personally with the research, combined with the reading of Pernambuco's State Education and Health Plans

and other practical examples cited (Brasil, 2007; Maciel *et al.,* 2009; Alves *et al.,* 2020), it became clear that the program is primarily linked to the respective health departments. If there are any education department professionals participating in action planning, this participation does not manifest in practice.

Health Education, therefore, becomes a capital or an interest placed in play in a fragile manner.

> The field is characterized by power relations resulting from internal struggles and the strategies in use, whether defensive or subversive. It also involves external pressures. The fields interpenetrate and interrelate. For instance, the educational field and the social field are distinct but not independent (Thiry-Cherques, 2006, p. 40, our translation).

Moreover, beyond power relations, the term "historicized structure" can be fitted into the organizational chart of the program and its intentional education relationship. Structures are composed of a set of historical relationships, both products, and producers of actions, which are conditioned and conditioned. Agents within these structures comprise the "intelligent world," but only because they are conceived from within these structures. A worker is subject to the structured structure of the field, yet within accepted limits and constraints, their conduct, creativity, and improvisation are free (Thiry-Cherques, 2006).

In this discussion on the relationship between "education" and "health," the problem pointed out during its trajectory remains relevant today. Attempts are still made to reduce the structure of social processes to biology (Elias, 1980). However, to a certain extent, this scenario is understandable. Over time, the concept of "health" has always been strongly linked to biological factors and purely bodily elements (Souza; Menezes, 2020), and every field experiences conflict between the agents who dominate it and others, that is, between agents who monopolize the specific capital of the field, through symbolic violence (authority) against agents aspiring to domination (Thiry-Cherques, 2006). Within the field, a dynamic of competition and domination occurs, derived from strategies to conserve or subvert social structures.

Therefore, the vestiges of this trajectory still constitute a hardcore and are perpetuated even by the agents who shape and execute educational policies. Regarding this, Elias (1994) suggests that in shaping aspects of behavior in society, social motivations and the adaptation of behavior to prevailing models were the most important reasons.

All of these mentioned aspects demonstrate a discrepancy between what the Program's text (and its developments) advocates and the reality in the state of Pernambuco and its

municipalities. This contradicts the "essentiality" highlighted in the guiding document published in 2022 by the Ministry of Health. Furthermore, the school is understood as a supplementary locus. Under these conditions, the teleology of the PSE is thus called into question. A passage from Bourdieu's writings (2003, p. 120, our translation) can help understand the phenomenon:

> The structure of the field is a state of the power relations among the agents or institutions involved in the struggle, or, if preferred, the distribution of specific capital which, accumulated in the course of previous struggles, guides subsequent strategies. [...] to speak of specific capital is to say that capital is valid in relation to a certain field, and that it is not convertible into another species of capital except under certain conditions (Bourdieu, 2003, p. 120, our translation).

Therefore, understanding the evolution of social policies (specifically those of Health and Education) implies understanding that this evolution requires changes in the balance of power, shifting from "Health" towards "Education," constructing heterodoxies[4], considering that the Health sector has always held decisive control over the concept of health.

Therefore, from a broader perspective, it becomes urgent for the formulators and implementers of health education policies to establish a core that also includes education professionals. These professionals should take the initiative to seek decision-making power in the PSE, understand their responsibilities within the program dynamics, and align their trajectories with these responsibilities.

Final considerations

Understanding the limited data panorama on the effectiveness study of the PSE in public schools, especially in the state network of Pernambuco, this study proposed a stricto sensu contribution to the literature, using the information (or lack thereof) collected during the thesis research journey. However, despite the scientific effort employed, it was impossible to measure the PSE's effectiveness in the researched municipalities, as there was no access to evaluative data on actions or resources employed during these actions, nor on the planned goals for them.

There is a significant gap in the coverage of the PSE in the state public education system, particularly affecting secondary education. Focusing on the schools that were researched, none received actions from the Program in the biennium 2021-2022. Therefore, the first strategy

[4] An idea different from the official belief, which leads to a break with what is commonly considered correct.

suggested for turning this reality around is the meticulous study of the coverage power and effectiveness of Brazil's only specific public policy for Health Education. In the face of this discursive focus, other considerations are necessary: the government has an obligation to mediate, guide, and evaluate the effectiveness criteria of the PSE. This study highlights that the PSE does not receive adequate attention in the selection of some professionals responsible for the Program's actions and accountability, as well as the reporting and information on activities performed and the measurement of their impacts.

The lack of responses, primarily from the municipal coordinations, highlights a scenario of incompetence in coordinating actions, either by withholding data of public interest or by failing to discuss in this study the reasons for the low coverage of the Program in the state network and strategies to address this situation.

Lastly, it is recommended, for a better evaluation of the Program Saúde na Escola in Pernambuco, to increase the participation of organized civil society in the process, ranging from implementation to policy evaluation. Additionally, it suggests conducting further research with a larger sample of municipalities to confirm (or not) the scenario discussed in this study.

REFERENCES

ALVES, T. M.; FURTADO, L. A. F.; FEITOZA, R. B. Programa Saúde na Escola (PSE) uma realidade presente: relato de experiência. **Revista Interdisciplinar Encontro das Ciências**, [*S. l.*], v. 3, n. 1, p. 1039-1044, 2020.

BALL, S. J.; MAGUIRE, M.; BRAUN, A. **Como as escolas fazem as políticas**: atuação em escolas secundárias. Tradução de Janete Bridon. Ponta Grossa: Editora UEPG, 2016. 220 p.

BARROS, M. V. G.; REIS, R. S.; HALLAL, P. C.; FLORINDO, A. A.; FARIAS JÚNIOR, J. C. **Análise de dados em saúde**. 3. ed. Londrina, PR: Midiograf, 2012. 307 p.

BOURDIEU, P. **Questões de sociologia**. Lisboa: Fim de Século, 2003.

BRASIL. **Decreto n. 6.286/2007**. Decreto que institui o Programa Saúde na Escola - PSE. Brasília, DF: Presidência da República, 2007. Available at: http://www.planalto.gov.br/ccivil_03/_ato2007-2010/2007/decreto/d6286.htm. Accessed in: 22 July 2020.

BRASIL. Ministério da Saúde. Gabinete do Ministro. 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: MEC, 2017. Available at:

https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/pri1055_26_04_2017.html. Accessed in: 14 may 2021.

BRASIL. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. Departamento de Promoção à Saúde. **Nota Técnica n° 10/2021. Divulgação dos resultados do monitoramento das ações do Programa Saúde na Escola em 2020**. Brasília: Ministério da Saúde, 29 abr. 2021. Available at: http://189.28.128.100/dab/docs/portaldab/documentos/pse/NT_10_monitoramento_pse_2020.pdf. Accessed in: 16 Mar. 2024.

BRASIL. **Programa Saúde na Escola**: nota informativa. Available at: https://www.gov.br/mec/pt-br/acesso-a-informacao/institucional/secretarias/secretaria-de-educacao-basica/programa-saude-na-escola-pse. Accessed in: 5 Jan. 2023.

CASTRO, C. M. **Muito Brasil e pouca educação**. 2007. Available at: https://docplayer.com.br/120723-Muito-brasil-e-pouca-educacao-claudio-de-moura castro.html. Accessed in: 10 Jan. 2023.

ELIAS, N. **Introdução à Sociologia**. Espaço da sociologia, trans. Maria Luísa Ribeiro Ferreira. Portugal, Lisboa: Edições 70, 1980.

ELIAS, N. **O processo civilizador**: uma história dos costumes. 2. ed. Rio de Janeiro: Jorge Zahar, 1994. v. 1.

FIGUEIREDO, M. F.; FIGUEIREDO, A. M. C. Avaliação política e avaliação de políticas: um Quadro de referência teórica. **Análise & Conjuntura**, Belo Horizonte, v. 1, n. 3, p. 107-127, 1986.

GONZÁLEZ, R. S. Políticas públicas para a infância no Brasil – análise do processo de implementação de um novo modelo. **Pensamento Plural**, Pelotas, v. 16, p. 25-45, 2015.

LEE, A.; ST LEGER, L. H.; LING, K. W. K.; KEUNG, V. M. W.; LO, A. S. C.; KWONG, A. C. M.; MA, H. P. S.; ARMSTRONG, E. S. The Hong Kong Healthy Schools Award Scheme, school health and student health: An exploratory study. **Health Education Journal**, [*S. l.*], p. 1-15, fev. 2018.

MACIEL, M. E. D. Educação em saúde: conceitos e propósitos. **Cogitare Enfermagem**, [*S. l.*], v. 14, n. 4, p. 773-776, out./dez. 2009.

MANTA, S. W.; CAVALCANTE, F. V. S. A.; PETREÇA, D. R.; TUSSET, D.; GUIMARÃES, J. A. C.; SILVA, J. R. M.; CLAUMANN, G. S. Ações de práticas corporais e atividade física no Programa Saúde na Escola por ciclos de adesão (2014 a 2020). **Saúde Debate**, Rio de Janeiro, v. 6, n. 3, p. 156-165, 2022.

MARQUES, L. R.; ANDRADE, E. F.; AZEVEDO, J. M. L. Pesquisa em política educacional e discurso: sugestões analíticas. **Revista Brasileira de Política e Administração da Educação**, [*S. l.*], v. 33, n. 1, p. 55-71, Jan./abr. 2017.

MIDFORD, R.; CAHILL. H.; GENG, G.; LECKNING, B.; ROBINSON, G.; TE AVA, A. Social and emotional education with Australian year 7 and 8 middle school students: A pilot study. **Health Education Journal**, [*S. l.*], v. 76, n. 3, p. 362-372, 2017.

OLIVEIRA, J.; LOPES, A. O. B.; RAPOSO, M. C. F. Análise dos indicadores de eficiência, de eficácia e de efetividade na Universidade Federal de Pernambuco. **Revista Educação e Políticas em Debate**, [*S. l.*], v. 9, n. 3, p. 803-821, set./dez. 2020. Available at: https://seer.ufu.br/index.php/revistaeducaopoliticas/article/view/57890. Accessed in: 16 Mar. 2024.

PERNAMBUCO. **Plano Estadual de Educação de Pernambuco 2015-2025**. Recife: Secretaria de Educação de Pernambuco, 2015.

PERNAMBUCO. Secretaria Estadual de Saúde. Secretaria Executiva de Gestão Estratégica e Participativa. Diretoria Geral de Planejamento e Gestão Participativa. **Plano Estadual de Saúde 2020-2023**. Recife: Secretaria Estadual de Saúde, 2019.

PIANA, N.; RANUCCI, C.; BURATTA, L.; FOGLIA, E.; FABI, M.; NOVELLI, F.; CASUCCI, S.; REGINATO, E.; PIPPI, R.; AIELLO, C.; LEONARDI, A.; ROMANI, G.; DE FEO, P.; MAZZESCHI, C. An innovative school-based intervention to promote healthy lifestyles. **Health Education Journal**, [*S. l.*], v. 76, p. 1-14, 2017. Available at: https://journals.sagepub.com/doi/10.1177/0017896917712549. Accessed in: 16 Mar. 2024.

ROCHA, A.; MARQUES, A.; FIGUEIREDO, C.; ALMEIDA, C.; BATISTA, I.; ALMEIDA, J. Evolução da Saúde Escolar em Portugal: Revisão Legislativa no Âmbito da Educação. **Millenium***,* Viseu-Portugal, v. 41, p. 69-87, jul./dez. 2011.

SILVA, A. R. S; MONTEIRO, E. M. L. M; LIMA, L. S.; CAVALCANTI, A. M. T. S.; BRANDÃO NETO, W.; AQUINO, J. M. Políticas públicas en la promoción a la salud del adolescente escolar: concepción de los gestores. **Enfermeria Global**, Múrcia-Espanha, v. 14, n. 37, p. 250-267, 2015.

SOUZA, W. L.; MENEZES, V. G. O conceito educativo de saúde num entrelace histórico-filosófico. **RESAFE**, [*S. l.*], v. 32/33, p. 214-220, 2020. Available at: https://periodicos.unb.br/index.php/resafe/article/view/35124/27900. Accessed in: 16 Mar. 2024.

THIRY-CHERQUES, H. R. Pierre Bourdieu: a teoria na prática. **Revista de Administração Pública**, Rio de Janeiro, v. 40, n. 1, p. 27-55, 2006. Available at: https://www.scielo.br/j/rap/a/3bmWVYMZbNqDzTR4fQDtgRs/abstract/?lang=pt. Accessed in: 16 Mar. 2024.

VERGARA, S. C. **Projetos e relatórios de pesquisa em administração**. 16. ed. São Paulo, SP: Editora Atlas, 2016.

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