

## CHALLENGES OF THE INTERSECTORIALITY PROCESS IN THE SCHOOL HEALTH PROGRAM IN THE MUNICIPALITY OF SANTARÉM/PARÁ



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### ABSTRACT

This article aims to analyze the process of intersectoriality within the scope of the School Health Program (PSE) in the municipality of Santarém/PA, based on the perceptions of the work teams and the practices developed between 2011 and 2017. The locus consists of 13 health units and 13 schools in the municipality of Santarém. The target audience included components of the health teams linked to the PSE in 2011; and the members of the assisted school teams, totaling nine health and education professionals. With this study, it was found that the process of intersectoriality in the PSE is weakened by the lack of interaction between the sectors active in the Program and, mainly, by the inexpressive participation of the municipal GTI in the coordination of the activities of the PSE in Santarém, which may contribute to the non-effectiveness of its commitments agreed since 2011.

**Keywords:** Schoolchildren's health, Health promotion, Amazon.

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## INTRODUCTION

The Unified Health System (SUS) is a benchmark when it comes to health promotion – as it is a public policy that aims to improve the quality of life of the population – having an inclusive health system for all Brazilians. Given that Article 196 treats health as a right of all and a responsibility of the State, through social and economic policies that propose the reduction of the risk of diseases and injuries, in addition to universal and equal access to actions and services that foster the promotion, protection and recovery of health (Brasil, 2015).

The SUS includes two policies considered essential for the health of the population – the National Health Promotion Policy (PNPS) and the National Primary Care Policy (PNAB). These policies strongly address Health Education as an instrument in the elaboration of practices and actions that favor the health of the assisted public. These two policies are part of the Family Health Strategy (FHS), which aims to reorganize primary care in the country, following the precepts of the SUS, with the objective of expanding, qualifying and consolidating primary care and expanding the resolution of health problems and impacts of individuals and the community. And one of the interministerial programs that uses Health Education, and is aggregated to the ESF, is the Health at School Program (PSE).

The Health at School Program is the result of the integrated work of the health and education sectors, aiming to expand health actions for students in the Basic Public Education Network: Early Childhood Education, Elementary School, High School, in addition to the modality of Youth and Adult Education Teaching – EJA (Brasil, 2011). The literature on this theme (Domene, 2008; Sousa, 2017; Ferreira et al., 2014; Barbieri and Noma, 2013) has argued that the school environment can be considered one of the ideal places to work on practices in education and health, due to the fact that it identifies in these different subjects different roles, such as: teachers, students, lunch cooks, doormen, fathers, mothers and other family members.

*The school is a space of great relevance for health promotion, especially when it plays a fundamental role in the formation of critical citizens, stimulating autonomy, the exercise of rights and duties, the control of health conditions and quality of life, with an option for healthy attitudes (Brasil, 2009, p.15).*

Concomitantly with this assertion, it is understood in this work that the school space is one of the places where students produce ways of perceiving and acting on themselves and on their surroundings and, for educational actions to occur effectively – respecting the

singularities of the place where they are inserted, it is up to the health team to understand the different manifestations in the actions and representations of these subjects. In addition, it is based on what is learned by the Intersectoral Working Group (GTI), composed of managers of the secretariats, representatives of the health teams, representatives of the educators who will work in the PSE, that effective care strategies will be established for the promotion of the health of this population.

Regarding the context of Health Promotion in the School Environment, the PSE was established by Presidential Decree No. 6,286, of December 5, 2007, as a result of the joint work between the Ministry of Health (MS) and the Ministry of Education (MEC), with the aim of expanding specific health actions to students in the Public Elementary and High School Network, in the Federal Network of Technological Education and in the Youth and Adult Education modality (Sousa, 2017; Ferreira et al., 2014; Brazil, 2007; Cavalcanti et al., 2015; Vieira, 2013).

The main objectives of this Program are:

*Promote health and a culture of peace, reinforcing the prevention of health problems; articulate the actions of the public health network with the actions of the public basic education network, in order to expand the reach and impact of its actions related to students and their families; contribute to the constitution of conditions for the integral formation of students; contribute to the construction of a social care system, with a focus on the promotion of citizenship and human rights; strengthen the confrontation of vulnerabilities, in the field of health, that may compromise the full development of the school; promote communication between schools and health units, ensuring the exchange of information on students' health conditions and strengthen community participation in basic education and health policies at the three levels of government (Brasil, 2007, p.01).*

Vieira (2013) in his research entitled "Health at School Program: Intersectoriality in Motion", argues that the objectives of the PSE seek to contribute to the effectiveness and strengthening of actions that involve the perspective of integral development and enable the school community to participate in programs and projects that promote health and education to face the vulnerabilities that compromise the development of this public.

It should be noted that the adhesion of a municipality to the PSE does not occur compulsorily, since, since its emergence, the municipalities have expressed interest by signing the term of commitment. This term is signed by the municipal secretaries of health and education. In it, the secretariats involved commit to the essential actions defined by the Federal Government, in addition to the optional actions carried out according to the reality of each municipality (Silva, 2014).

Furthermore, the PSE can be considered a strategy of the federal government to build intersectoral policies to improve the quality of life of students, proposing principles aimed at children, adolescents, young people and adults in public education in Brazil. In order to allude to the importance of intersectoriality presented in the PSE, it is necessary to present authors who address this issue (Silveira, 2014; Dondoni, 2016).

These authors understand that partnerships between education and health produce subjects capable of developing projects in these areas based on the students' reality and, through this, conquering and educating them, with the aim of making correct decisions regarding different health issues. Therefore, the PSE is an intersectoral policy of Health and Education, with the purpose of promoting health and comprehensive education, through the provision of services/actions in the same territory (Silveira, 2014; Dondoni, 2016).

In the study by Dondoni (2016) it is inferred that although the approach of intersectoral work in health and education of the PSE is the support in the practice of health promotion, there is individual responsibility for the incorporation of health practices through the concepts of empowerment and autonomy, through the Notebooks referring to the PSE. For Silveira (2014), the relationship between school professionals and health professionals is one of partnership, however, in the school, and within it, in teaching, the level of responsibilities and activities with regard to the HSP is intensified.

The educational sector is considered an important ally for the consolidation of health promotion actions aimed at strengthening the capacities of individuals; decision-making favorable to their health and that of the community; creation of healthy environments, as well as the implementation of an intersectoral policy aimed at quality of life, based on respect for the individual and focusing on the construction of a new culture of health (Brasil, 2002).

Therefore, dealing with the theme of intersectoriality is to perceive it as a management logic, which puts the citizen in evidence, seeking to overcome the dismantling of social policies. In addition, intersectoriality invests in learning and in how to deal with the concerns produced, mainly because it is inserted in different sectors and with different actors, with the most diverse conceptions of the world, seeking a shared answer to the problems that are common to it.

The PSE has as a proposal to coordinate, for its actions, the intersectoral working groups, aiming at shared management, both in the construction and in the planning of the actions to be carried out in the schools of the municipality that adhere to the program. The

PSE Manager's Notebook (Brasil, 2015), prepared by the Ministries of Health and Education, suggests that the municipality's working group be composed of managers of the secretariats, representatives of the health teams and representatives of the educators who will work in the PSE. The success of the PSE at the municipal level is conditioned to a shared management, which allows the creation of collective spaces in which the teams share the elaboration of plans and projects (Campos and Domitti, 2007), taking into account local issues and the guidelines recommended by the Federal Government for the actions of the program in the municipality.

The Health at School Program has tools and is full of standards that enable it to face the health challenges that are imposed on the population, such as Brazilian children and adolescents, who study in the public school system. To this end, the Program proposes actions planned and discussed in order to favor an environment of healthy practices and habits, with the support of governments, in the qualification of health professionals, as well as those in education.

In this perspective, it is apprehended that the PSE addresses a "very extensive" sense of health, not only observing the issue of the biological development of children and adolescents, but also situations related to social inequity, such as the promotion of a culture of peace, transforming these students into multipliers of healthy habits in their families and communities, gaining prominence in society and in their local culture.

In view of the context presented, this article was constructed from the excerpt of the interdisciplinary master's dissertation in Society. Environment and Quality of Life, of the Federal University of Western Pará and aims to analyze the process of intersectoriality within the scope of the PSE in the municipality of Santarém, based on the perceptions of the work teams and the practices developed between 2011 and 2017.

## **METHODOLOGY**

This article is part of the master's thesis of the first author. The locus of the research was the municipality of Santarém, located in the State of Pará, in the Lower Amazon mesoregion, with a population of 294,447 according to the IBGE (2017). Santarém, according to data from the Department of Primary Care (DAB, 2017), has 51 Family Health units, accredited by the Ministry of Health, in addition to having 407 schools inserted in the municipal education network (INEP - School Census 2014). This study takes the PSE as a reference framework to delimit it.

The PSE in the city of Santarém, according to information collected through the Ministry of Health's ordinances, began in 2010 with 27 Family Health units included in the adhesion process; in 2011, 13 health units and 26 schools were agreed, and in the period 2014/2015 (Ordinance No. 1,067, of June 2, 2015) it was agreed that the PSE would serve 31,400 students in the municipality. In 2017, the municipality renewed its membership, agreeing on 142 schools, with 53,255 students and 69 health units (Brasil, 2011).

In this study, it was decided to define as delimitation the 13 health units and 13 schools among the 26 that had the largest number of students linked, in 2011, to each of these health establishments with the Health at School Program, since the actions were carried out in that year. Also because they have been linked to the PSE program in this municipality for a longer time and have more experience about the program and its intersectoriality.

When entering the field to carry out the empirical study, it was detected that 6 (six) of these 13 units and their respective schools were no longer part of the program, thus, the empirical research began to be carried out with professionals in the 7 (seven) health units and 7 (seven) schools linked to them, within the scope of the PSE. The sample consisted of 9 (nine) participants in the study on intersectoriality in the School Health Program, of which 3 (three) were nursing coordinators from three health units, 5 (five) pedagogical coordinators from five schools and 1 (one) PSE coordinator, from the health area, in the municipality of Santarém, who agreed to participate in the research.

In the production of empirical data, the following instruments were used: a semi-structured questionnaire with the health and education teams, and a semi-structured interview with the coordinators of the PSE in the municipality.

The information collected was organized, tabulated, categorized and elucidated through the content analysis technique (Bardin, 2011), being arranged in charts, tables and graphs, with the purpose of facilitating the interpretation and providing the analysis of the data through triangulation, which in "qualitative research is concerned with understanding social action in an interpretative way" (Minayo, 2005, p.81).

The research was approved by the Research Ethics Committee - CEP of the State University of Pará, Campus XII-Santarém, according to protocol 78763717.8.0000.5168.

## RESULTS AND DISCUSSION

The Health at School Program arose from an intersectoral policy between the Ministry of Health and Education. This interministerial program uses intersectoriality to plan actions that are directed to the integral development of students' health. In this context, Closs et al. (2013) advocate Intersectoriality in the PSE as a set of plans anchored in the articulation between primary care and the school, being the process that enhances the construction of actions that promote the health of students.

Corroborating this thought, in order to achieve the objectives of the PSE, the daily practice of intersectoriality in the areas of management, planning, commitments and approach in the places of action in the areas where schools and basic health units are located should be encouraged. In addition, the articulation between these sectors favors the quality of life of children, adolescents and young people (Brasil, 2015; Braga, 2016).

In this sense, intersectoriality proves to be a process that sustains the planning of PSE actions. With this, the research participants were asked about their understanding of what Intersectoriality is, whose answers are shown in chart 1.

**Chart 1 - Perceptions about Intersectoriality from the perspective of health and education.**

Knowledge about Intersectoriality	
1FS/39	It is the realization of teamwork in health and education
2FS/52	Intersectoriality in the Family Health Strategy means collective work in the territory of operation, allowing for the sharing of decisions and actions with different existing sectors. In order to make an impact and contribute to a better quality of life for this community.
3FS/40	It is a recognized relationship between one or several parts of the health sector that have been formed to act on a theme aiming to achieve health results in a more effective, efficient or sustainable way.
FE/1/51	Several sectors working, communicating in society for a single goal, or the whole.
FE/2/42	No Response
3FE/51	It is the union of various sectors to pursue a common goal
FE/45	In my opinion, we work harmoniously – we are family.
5FE/52	It is the set of activities carried out at school by the health and education teams. These actions must be monitored and executed with students in health promotion with a proposed theme already determined by the PSE. After or at the end of the year, the data must be entered by the monitoring system (Ministry of Health and Ministry of Education).

**Source:** Prepared by the authors (2023), based on the responses to the survey questionnaire (2018).

When analyzing the answers contained in chart 1, it is noticed that of the 8 (eight) respondents, 5 (five) are close to what intersectoriality represents (1FS/39; 2FS/52, 1FE/51, 3FE/51 and 5FE/52) while 2 (two) of the participants did not know how to explain the questioning carried out, one being the education coordinator and the other the health coordinator, in addition to 1 (one) of the Pedagogical coordinators did not answer the question.

From the statements of participants 2FS/42 and 3FE/51, it is possible to perceive the understanding of intersectoriality as an effectively collective work, highlighting the participation of several sectors in the involvement of actions, while 3FS/40 addresses from a general perception of the perceived intersectoriality between one or several parts of the health sector only. In view of this result, the study by Sousa, Esperidião and Medina (2017) announce that the absence of an adequate understanding of intersectoriality favors sectorized and hierarchical practices, disfavoring collective decisions and the effectiveness of actions. This finding can directly influence the functioning of the Health at School Program, since intersectoriality is used in the planning, execution and evaluation of the program.

In view of this panorama of generic conceptualization of intersectoriality, Sousa, Esperidião and Medina (2017) present in their study on Intersectoriality in the PSE that the intersectoral process goes beyond the health and education sectors. The Program provides for the participation of other sectors and actors, according to the composition of the territory of operation, since the principles that underpin the PSE are integrality, territoriality and intersectoriality.

It is also worth highlighting the perceptions on intersectoriality made by 1FS/39 and 5FE/52, which point to the intersectoral relationship only in the health and education spheres. For the National Health Promotion Policy (Brasil, 2010), intersectoriality is understood as the articulation of possibilities of different sectors in thinking about health, of being co-responsible for guaranteeing health as a human and citizenship right, as well as stimulating the formulation of interventions.

Thus, there is a need to develop a broader conceptualization of intersectoriality, suppressing the idea of it being developed only between the health and education sectors, with a view to consolidating the intersectoral process.

In this regard, Farias et al. (2016) argue that the concept and practice of intersectoriality should be inserted in the routine of the actors involved in the PSE. In this way, health promotion actions have not become the repetition of known models that already have a history of low impact on improving the quality of life of the population.

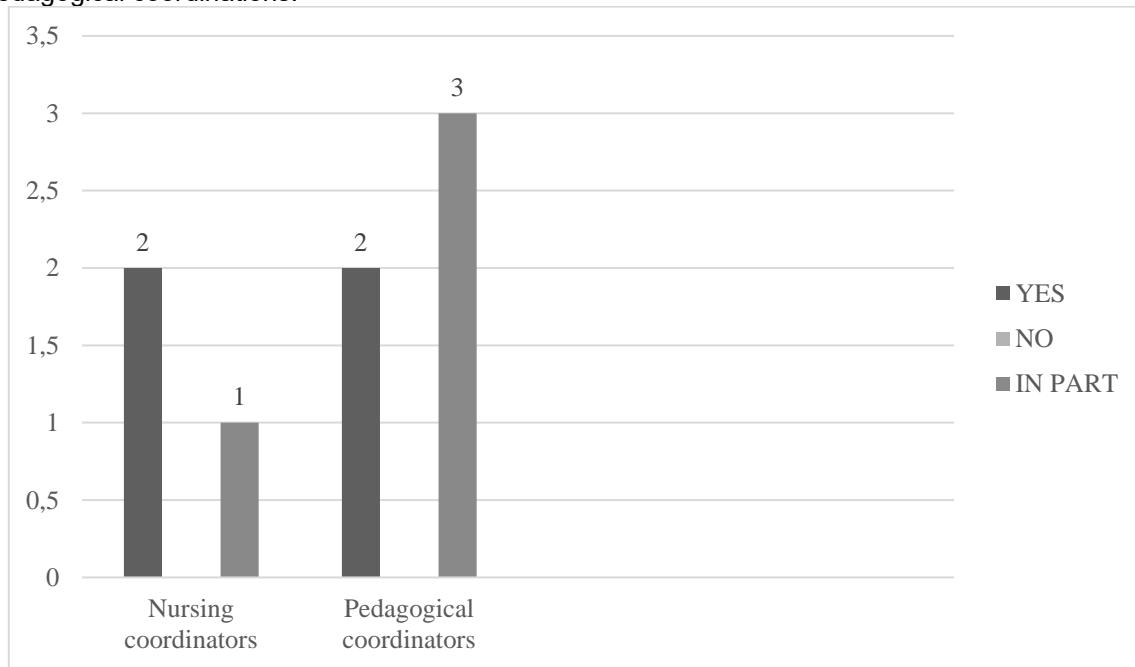
One of the PSE information notebooks - PSE Manager's Notebook (Brasil, 2015) prepared by the Ministries of Health and Education, infers that the intersectoral articulation should be carried out by the public health and education networks, including the other

social networks for the planning and execution of the actions recommended by the program.

Thus, based on the perceptions announced in the previous section and what is provided in the PSE Manager's Notebook, it is argued that a committed municipal management is necessary for intersectoriality to become a possible and sustainable exercise in the municipality studied. And that there is the insertion of shared communication in the routines of the professionals working in the program, in addition to the promotion of policies that are aimed at facilitating dialogue between government sectors and organized civil society, promoting the continuing education of health and education teams and their protagonism in the actions of the program.

Considering the aforementioned observations, it is believed that intersectoriality directly influences the elaboration of PSE actions. Making inferences with this information, it became necessary to unveil how the intersectoral process influences the practices developed by health and education professionals in the municipality of Santarém/Pará, and the "findings" of the empirical research are presented in graph 1, below.

**Graph 1** - Influence of Intersectoriality on the practices developed in the HSP from the perspective of Nursing and Pedagogical coordinations.



**Source:** Survey questionnaire (2018).

In the previous graph, it can be seen that 2 (two) of the respondents among the 3 (three) Nursing coordinators, and 2 (two) among the 5 (five) of the Pedagogical

coordinators answered "Yes", stating that intersectoriality influences the practices developed by health and education professionals, being justified through the statement of 3FS/40; "The discourses established with other sectors and services have a direct influence on systematic planning." In addition, in relation to the respondents who answered "In part", there were 1 (one) Nursing coordinator and 3 (three) Pedagogical coordinators for the influence of Intersectoriality in actions, and one of them did not justify her statement.

As for the answer of "In part", it is evident that they do not perceive Intersectoriality as a central factor influencing the practices developed in the PSE, since for the planning of actions the intersectoral process is essential in the effectiveness of the Program.

As a justification for "In part", three participants brought the following answers:

*Because more actions are needed, a greater presence of health professionals in the school. So that your visits are not just biannual or annual (3FE/51, 2018).*

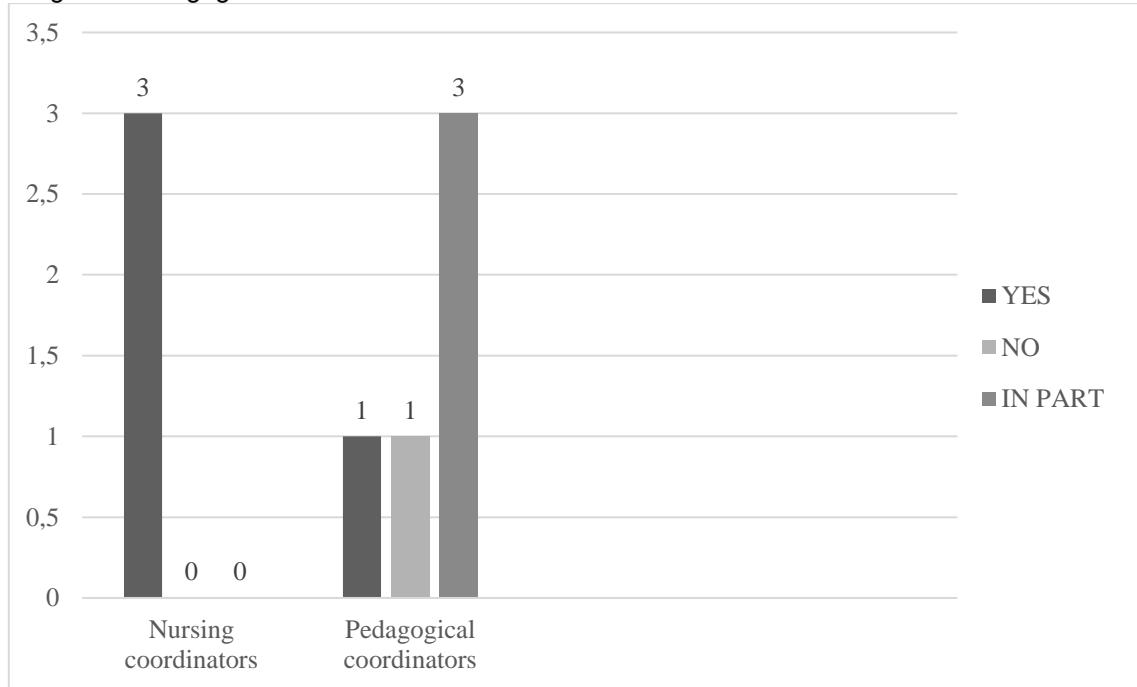
*Each one is responsible for the actions, but they complement each other at the same time, we always dialogue (1FE/51, 2018).*

*There are many sectors that are independent of our will. There is a great demand and sometimes we can't get it, sometimes it takes too long (2FS/52, 2018).*

Inferring from this result, Farias et al. (2016) deal with the fragility in the relationship between health services and the school, which ends up directly influencing the intersectoral work carried out between these actors, because articulated planning between them is vital for the success of the actions. In this regard, Chiari (2015) alludes that the integration between health and education should go beyond the presence of health professionals in schools for health interventions. Dialogue processes should be established between the sectors and investment in training and continuing education, including the discussion on intersectoriality as an intervention and strengthening strategy for the PSE. Remembering that all actors involved in the Program must participate in this integration, including not only health and education professionals, but students, the community and managers linked to the PSE.

Based on these data on the influence of Intersectoriality on the practices developed by the health and education sectors, we sought to know if the Nursing coordinators and the Pedagogical Coordinators perceive if there are difficulties in using intersectoriality in the elaboration of the PSE actions. Graph 2 shows their answers.

**Graph 2** - Difficulties with Intersectoriality in the elaboration of the actions of the HSP from the perspective of the Nursing and Pedagogical coordinations.



**Source:** Survey questionnaire, 2018.

When analyzing the previous graph, it was found that 100% of the nursing coordinators answered "Yes" to the existence of difficulties with the use of intersectoriality in the elaboration of actions. When the Pedagogical Coordinators were asked about this question, 3 (three) answered "In part", 1 (one) respondent marked "Yes" and 1 (one) another "No". In view of this information, the respondents were asked to justify what these difficulties were. The Nursing coordinators gave the following justifications when they said "Yes":

*Many school managers still do not understand that the PSE is a program to work in partnership, it is not only a health competence (1FS/39, 2018).*

*There are situations that are independent of our will. There are cases that we have that depend on a marking center (2FS/52, 2018).*

*It is evident that within a territory there are several possibilities of network articulation, but for the health service to effectively build partners, it is necessary to go beyond the negotiation of tasks and responsibilities (3FS/40, 2018).*

With the reports evidenced from the statements of the nursing coordinators, it can be concluded that the main difficulties in the use of intersectoriality in practices is the lack of communication between the sectors that perform the actions of the HSP and the attribution of responsibility only to the health sector for the elaboration of the activities.

When asked, during an interview, the coordinator of the PSE in the field of health what are the difficulties for the use of intersectoriality in the PSE, she comments:

*The professionals pointed out numerous difficulties in carrying out the actions, such as: specific actions with activities already determined, inadequate physical space in schools, scarcity of materials to perform the actions, many attributions on the part of health and education professionals (1CS/50, 2018).*

These results corroborate the study by Chiari (2015), which points out several difficulties to carry out intersectoral work in the municipality of Belo Horizonte, MG. Among them are:

*[...] Lack of knowledge (of the program, its objectives, of the way the other sector operates); communication difficulties (between sectors, between management levels and between these and the professionals at the end of the system); schedule incompatibilities; excess of activities and reduced number of professionals; meeting deadlines and goals; centralized planning; divergences between sectors; disrespect between sectors; difficulty in adopting new postures (Chiari, 2015, p.74).*

It is necessary to recognize that in the field of school health practice, intersectoral action is imperative, since the isolated health sector does not cover all the possibilities of response for the area. It is the coordinated actions between the health and education sectors that enable advances in improving health, promoting healthy behaviors, and reaching the general population, especially priority audiences who attend schools and, naturally, distance themselves from health units (Vieira and Belisário, 2023).

All these existing obstacles directly influence the intersectoral work in the planning and implementation of PSE actions, confirming the justifications given by the pedagogical coordinators when answering "In part", they are:

*The issue of time, everything has to be very fast, there is no adequate time to dedicate (1FE/51, 2018).*

*The school also needs to develop more actions in this regard, also prioritizing this education that is essential (3FE/51, 2018).*

From what was reported by the Pedagogical Coordinators, it is evident the importance of adequate time to carry out the activities directed to the PSE, as well as the active participation of the school in the elaboration of these actions. In this sense, the notes of Farias et al. (2016) fit the finding about time. These authors report that one of the obstacles alleged by the professionals working in the HSP is the lack of time and work overload.

Regarding the justification of participant 3FE/51 about the need for active participation of the school in the elaboration of actions, the authors Sousa, Esperidião and Medina (2017) reveal that this effective participation of education professionals would lead

the student to develop a critical awareness, since it is expected that the educational sector has the expertise of an independent education.

In addition, it is necessary that health actions in schools integrate a horizontal relationship, of equivalence between health and education, and that it can be expanded to the other points of the service network, favoring the problem-solving capacity of actions (Vieira and Belisário, 2023).

## **CONCLUSION**

At the end of this analysis, it is perceived that the understanding that the components of the health and education teams make about intersectoriality is that most recognize the idea of working together and partnership in the elaboration of actions, directly influencing the practices within the scope of the program. However, most of the professionals revealed that they have a restricted knowledge about intersectoriality, emphasizing its representation linked to the education and health sectors.

Thus, when seeking to identify how intersectoriality influences the elaboration of health and education practices, the existence of this influence and its justification were raised, and it was revealed that half of the respondents say YES and the other half say IN PART, inducing disagreements in the perception of intersectoriality as the main object of planning actions in the PSE. It is also possible to find in the discursive answers fragility in the construction of the arguments for the justifications issued.

In seeking to raise the existence of obstacles in the elaboration of PSE actions in the intersectoral process in the municipality of Santarém, various motivations emerged, highlighting: the lack of communication between the health and education sectors; attribution of responsibilities only to health professionals; prepositions of specific actions; inadequate physical space to carry out the actions; lack of materials in carrying out the actions; the work overload of the professionals working in the PSE and the little time available to carry out the program's activities.

Regarding the obstacles to the effectiveness of the intersectoral process, it is apprehended that they are not only present in the PSE of Santarém, as evidenced by the participants of the research, but also in other municipalities. From this information, it is understood that the Intersectoral Working Group is responsible for the management of the PSE, and should coordinate the planning of actions and execution, in addition to providing

training aimed at the professionals working in the program and favoring the intersectoral relationship between the participating sectors.

In view of this, it can be highlighted that the intersectoriality of the School Health Program in the municipality of Santarém is weakened by the difficulty of carrying out dialogue and integration between the teams that make up the PSE, which can directly influence the quality of the actions and the effectiveness of the program.

It is proposed that the municipal GTI of Santarém seek to work towards reducing the announced difficulties that permeate the integration between the sectors involved in the PSE and can act based on proposals recommended by the Ministries of Health and Education. To this end, it is believed that the GTI should stimulate integration workshops among the program's actors, planning meetings for its actions, as well as for facing the difficulties encountered in the reality of each school agreed upon in the PSE, facilitating dialogue between the teams that carry out the actions, fostering shared management for the creation of proposals that favor the needs of the territories that are within the scope of its operation.

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