68 - HEALTHY LIVING PROJECT: ASSESSMENT AND FORWARDING OF HEALTH PROMOTION ACTIONS AT SCHOOLS IN GOIÂNIA, GO

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INTRODUCTION

According to World Health Organization (WHO), poor diet and physical inactivity represent major risk factors for noncommunicable diseases such as cardiovascular disease, type 2 diabetes and some cancers (WHO, 2004). WHO shows that the prevention of noncommunicable diseases includes intersectoral, multidisciplinary and participatory initiatives through long-term strategies of global, national, regional and local levels reaching all life cycles. The school is identified as one of the key setting for promoting health thought the adoption of bodily practices and healthy eating habits (BRAZIL, 2006a; HAUG, TORSHEIM, SAMDAL, 2009; WHO, 2004).

However, the adoption of bodily practices and healthy eating habits are related to lifestyle, in which people are responsible for their choices without considering the social, economic, and political factors that produce health inequities (ALVARO et al., 2010). Studies on effectiveness of interventions aimed at health promotion in the school community show that the best results are achieved when the actions involve parents and environmental changes (STEWART-BROWN, 2006).

In this sense, the Healthy Living Project (HLP) is the result of a partnership between the Municipal Health Secretariat (MHS) through the Eastern Health District (EHD) and Education (MES) from Goiânia, and the Faculty of Nursing, Nutrition and Dentistry from the Federal University of Goiás (FUG). Based on proposals from the Ottawa Charter (WHO, SBESC, ACSP, 1986), in the National Health Promotion (BRAZIL, 2006c) and the Health Promoting Schools Initiative (BRAZIL, 2006a), HLP was built in a participatory way, involving different sectors and levels of management with the aim of contributing to the construction of a healthier territory, community and school (BRAZIL, 2009). The HLP operates in the range of DSL involving the Family Health Strategy (FHS) and schools, according to the territorial distribution of the FHS teams. In this sense the LHP overall goal is to foster and implement community-school behaviors that facilitate healthy living, through the adoption of physical activity throughout healthy food choices, abandonment and / or rejection of practices harmful to health (GOIÂNIA CITY HALL, 2006). This project was funded in 2007 by the Secretariat of Health Surveillance, Ministry of Health, as 4/SHS/MS Notice No. 1 of November 2006 (BRAZIL, 2006b) and now without direct financial resources, with the partnership university-health service to the development of proposals.

In 2007, PSV became in a pilot school with the participation of the health professionals in the school Political-Pedagogical Project with the identification of activities and partnerships to be held throughout the year. Two courses on problem solving methodology were offered to health workers health, teachers and school counselors. The school became a place for practices of undergraduate and postgraduate students of FUG with community involvement in school activities. In 2008, the project started its activities by the Third Meeting of the Health Promoting School when they were created working groups to operate in nine public schools in the region also involving five units of the ESF. In 2009, PSV looked ten schools and performed the action entitled healthy leisure with the completion of two major events simultaneously directed the actions of health education for school communities. In 2010, it held the second edition of Healthy Leisure. In the year 2011, designed and formatted the course Practices Promoting Health and Education for 2012.

During this period, activities were evaluated in both its process and results, including through research within the program graduate. The objective of this paper is to present the main results obtained within the project with health services, schools and universities in the period between 2007 and 2011.

METHODOLOGY

This quantitative and qualitative descriptive study was conducted based on secondary analysis of data from two Master studies: Physical activity and food choices of students in the eastern region of Goiânia - GO (FERREIRA, 2011) and Healthy eating in schools: a collective construction? (CAMOZZI, 2011), and LHP's documents from the meetings, events and reports.

The first study, was carried out among students aged between 13 and 18 years, enrolled in eight public schools and state partners of LHP and two control schools in a sample of 911 participants who answered the instrument of the National on School Health - PeNSE (BRAZIL, 2009b). The data were treated by comparative analysis performed using Pearson's chi-square test.

The qualitative descriptive study of Camozzi (2011) was conducted with representatives of managers, teachers, food handlers, and school counselors of six public institutions of the city with representation from the two partner schools HLP. Data were collected through focus groups (MORGAN, 2007). The content analysis proposed by Bardin (2009) and adapted by Deslandes, and Minayo Gomes (2008) allowed the interpretation of the speeches of the representatives of the partner schools of LHP with a focus on actions that promote healthy eating and the factors that facilitate or hamper these actions at the school community.

Document analysis, focusing on process and intermediate results (DE SALAZAR, 2004) was systematically realized from records of meetings, interviews with key informants, and reports of activities, with focus on process and intermediate results of the project (LIMA et al., 2011).

RESULTS AND DISCUSSION

The study of public school students identified the frequency of physical activity and food choices of adolescents from public schools in the eastern region of Goiânia. Results indicates no significant differences between schools in the intervention group with the control group, and 65.64% in both groups of students were inactive or insufficiently active (less than 300 minutes per week), and only 55, 69% consumed health protective foods (milk, beans, fruits and vegetables) five or more days per week,

as recommended by the World Health Organization (FERREIRA, 2011). However, the number of respondents, over 78% of adolescents were either returned to walk or bike to school in 3 days or more, mostly male (53.07%). In this case, the instrument used, targeted to lifestyle (ALVARO et al., 2009) did not identify social and geographical conditions of the participants, such as autonomy for mobility, security conditions around the school and availability of school transport. In a systematic review of studies in health promotion at schools conducted by Stewart-Brown (2006), the results related to gender issues differ in different studies, where the effectiveness of actions was higher among female participants in some research findings, and higher among male students in others.

In the study of Camozzi (2011), directed the evaluation of health-promoting practices in the public schools of the city of Goiania participated ten people from the partner schools of LHP, nine females. The group was composed of two representatives of the school board, two lunch preparers of the school, two teachers, two directors and two coordinators. The analysis of data showed that the activities that promote healthy eating in school appear to be monotonous, restricted to the classroom, the school community is unprepared to address issues of health promotion and is little involved with the project's actions, the approach about healthy eating had limitations at the science book.

We identified several factors that interfere with the adoption of strategies to promote healthy eating at school: work overload, inadequate training of teachers, the lack of training of the lunch preparers and the weak interactions between parents and school. In addition, inadequate school meals menu in face of the preferences and regional food habits; inappropriate physical structure of the site for food preparation and storage; awareness about healthy eating limited to the physiological needs and conflicts between healthy food and tasty food are barriers to promote good food choices at school (CAMOZZI, 2011). This study suggests that policies to promote healthy eating do not have a proper insertion in the school, highlighting the need to involve the whole school community in building projects to promote healthy eating habits, to improve physical structure and to develop school menus that combine "nice" and "healthy."

From the results of these two studies and documents produced by HLP, realized the need to expand the look on the evaluation to strengthen the learning and identify ways to change and adjustment of its initial proposal (BRAZIL, 2009a, 2006c; LIMA; BARROSO ; CAMPOS, 2009, SA, Moses, 2009). The study by Stewart-Brown (2006) raises some clues to explain the above results, which described changes in the school environment; including curriculum, persistent long-term interventions, and community involvement contribute to the effectiveness of health promotion actions in the environment school. The PVS shows potential results the capacity built in networking and intersectoral partnership, sustainability and development of personal skills of the team.

Initially, the project had focused coordination in health, and by expanding the number of schools and staff involved in the activities of the FHS was established a steering group comprising representatives of various segments related to health, university, education and control social. In this sense, it is observed that the project was effective mainly in the organizational context, because the understanding of networking has been expanded with the adoption of the principles of the project (co-management, social participation, sustainability, equity and valorization of local spaces) other projects coordinated by the health professional of EHD. The project helped increase the articulation between the university and the health and education sectors, because of the increasing presence of health professionals and students in area schools. Some FHS teams included the school in this activities and other expanded ties with the school community. In addition, the event named healthy leisure, which has been conducted since 2009 adds about 15 different partners (intra and intersectoral) governmental and nongovernmental.

While sustainability strategy, members of HLP has been active in developing the political pedagogical project (PPP) at schools planning activities aimed at promoting health. This subject is inserted in the majority of PPP of the schools partners. Undergraduate courses in Nursing and Nutrition inserted the schools of HLP in their planning and practical work in partnership with the health teams and the Education Program of Working on Health (EPW-Health) of the university. However, the health sector has been working more actively to the sustainability of the project and the project was institutionalized within the EHD. In document analysis, it is observed that the representatives of the health services and the university have undergone little change over the years of the project, which does not apply to schools. Although there is a fixed regional coordination of MES in HLP the participation of representatives of the school community change throughout the school year and there is no sharing of information and decisions.

The evaluation of the products indicates that some EHD and FHS's workers did graduate studies and prepared their dissertations related to the project (CAMOZZI, 2011; FERREIRA, 2011; CHAVEIRO, 2011), which has contributed to autonomy and development of skills of health professionals in the design, implementation and systematic evaluation of projects and programs. Health workers participating in the project management team are also invited to participate in workshops, classes and events to present their experiences in health promotion.

Finally, one of the main contributions of this project is related to change in the physical environment of the school that participated in the pilot project. complaints by the PVS team accelerated the process of demolition and rebuilding the new school. In this case, the key informants of the project initially did not realize the HLP induced structural changes that could improve the quality of life and health in the school environment.

CONCLUSION

This evaluation process has identified intermediate results of effectiveness of PVS involving mainly involved working in the health sector, and the interventions did not produce changes in lifestyle of the school community. The poor physical structure in most schools, work overload, lack of knowledge on the subject and even the non-recognition of the influence of the project in some stocks that are consolidating schools partly explain the non-achievement of initial objectives.

In addition, this study led to the recognition of the need to expand the activities with more emphasis on increasing the participation of the school community in the planning of actions in partnership with the health sector. Thus, four strategic actions were identified for strengthening of the project and engagement of the school community: 1) reorganization of the working groups with effective involvement of ESF and school officials with greater monitoring and technical support from the DSL / SMS, Unit Regional Education Central / SME and university, 2) improve the process of planning and monitoring of health promotion activities within school, 3) Interprofessional continuing education through training in health promotion and education, 4) conducting quali-quantitative study participatory design to broaden the understanding of critical and contextual factors for the adoption of healthy living.

Finally, the articulation of the HLP with the government's Health in School Program should be expanded to improve financial and human resources toward health promotion within the school environment.

REFERENCES

ALVARO, C.; JACKSON, L.A.; KIRK, S.; MCHUGH, T.L.; HUGHES, J.; CHIRCOP, A.; LYONS, R.F. Moving Canadian governmental policies beyond a focus on individual lifestyle: some insights from complexity and critical theories. Health Promotion International, Vol. 26, n.1, 2010.

BARDIN, L. Análise de conteúdo. Lisboa (PT): Edições 70, 2009.281p.

BRASIL. Ministério da Saúde. Organização Pan-Americana da Saúde. Escolas promotoras de saúde: experiências do Brasil. Brasília, DF, 2006a. 302p. (Série Promoção da Saúde; nº 6).

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Saúde na escola. Brasília, 2009a. 96 p.: il. – (Série B. Textos Básicos de Saúde) (Cadernos de Atenção Básica; n. 24)

BRASIL. Ministério da Saúde. Secretaria de Vigilância em Saúde. Edital n. 4/SVS/MS, de 1 de novembro de 2006. Torna público o resultado do Edital n. 2, de 11 de setembro de 2006. Diário Oficial da União, Brasília, DF, 10 novembro 2006b. N. 216, Seção 3, p. 72. Disponível em: <http://portal.saude.gov.br/portal/arquivos/pdf/edital4_1_11_2006.pdf>. Acesso em: 04 jun. 2011.

BRASIL. Ministério da Saúde. Secretaria de Vigilância em Saúde. Secretaria de Atenção à Saúde. Política Nacional de Promoção da Saúde. Brasília, DF: MS, 2006c. Disponível em:

http://portal.saude.gov.br/portal/arquivos/pdf/Politica_nacional_%20saude_ nv.pdf. Acessado em: 9 de outubro de 2010.

BRASIL. Ministério do Planejamento, Orçamento e Gestão. Instituto Brasileiro de Geografia e Estatística – IBGE. Diretoria de Pesquisas. Coordenação de População e Indicadores Sociais. Pesquisa Nacional de Saúde do Escolar – PeNSE. Rio de Janeiro, RJ: MS; 2009b. Disponível em: www.ibge.gov.br/ home/estatistica/populacao/pense/pense.pdf. Acessado em 09 de abril de 2010.

CAMOZZI, A.B.Q. Alimentação saudável na escola: uma construção coletiva? 2011. 98f. Dissertação (Mestrado) – Universidade Federal de Goiás, Faculdade de Nutrição, 2011.

CHAVEIRO, LG. Educação sexual no contexto escolar: um tema transversal? Dissertação (Mestrado). Goiânia: Universidade Federal de Goiás, Faculdade de Enfermagem. 2011.

DESLANDES, S.F.; GOMES, R.; MINAYO, M.C.S. Pesquisa social. Petrópolis: Vozes, 2008. 108p.

DE SALAZAR, L.; GRAJALES, C.D. La evaluación-sistematización: uma propuesta metodológica para la evaluación em promoción de la salud. Um estudio de caso em Cali, Colombia. Ciência e Saúde Coletiva, 9 (3): 545-555, 2004.

FERREIRA, J.O. Atividades físicas e escolhas alimentares de escolares na região leste de Goiânia – GO. 2011. 127f. Dissertação (Mestrado) – Universidade Federal de Goiás, Faculdade de Nutrição, 2011.

HAUG, E.; TORSHEIM, T.; SAMDAL, O. Local school policies increase physical activity in Norwegian secondary schools. Health Promotion International, Vol.25, n.1, p.63-72, 2009.

LIMA, V.L.G.P.; BARROSO, M.A.B.; CAMPOS, N.Z.R. Efetividade das práticas de promoção da saúde. Boletim Técnico do Senac: a revista da educação profissional, Rio de Janeiro, v.35, n.2, p.72-79, 2009. Disponível em: http://www.senac.br/BTS/352/artigo-07.pdf. Acessado em 13 de agosto de 2011.

LIMA, J.R; SILVA, A.L.A.C; FEREIRA, J.O.; ROSA, A.C.A. Projeto Viver Saudável: contribuições para a atuação intersetorial em comunidades escolares. III Seminário Brasileiro de Efetividade da Promoção da Saúde. Rio de Janeiro, 2011.

MORGAN, D.L. Focus groups as qualitative research. 2. ed. California (USA): SAGE, 1997.80p.

OMS, SBESC, & ACSP. Charte d'Ottawa pour la promotion de la santé. Revue canadienne de santé publique, 77, 425-430, 1986.

PREFEITURA DE GOIÂNIA. Secretaria Municipal de Saúde. Departamento de Rede Básica. Divisão de Doenças Crônicas Degenerativas não Transmissíveis. Distrito Sanitário Leste. Projeto Viver Saudável. Goiânia, 2006.

SÁ, R.F.; MOYSÉS, S.T. O processo avaliativo em promoção de saúde como estratégia de empoderamento e de desenvolvimento de capacidades. Boletim Técnico do Senac: a revista da educação profissional, Rio de Janeiro, v.35, n.2. p.28-35, 2009. Disponível em: <http://www.senac.br/BTS/352/artigo-03.pdf>. Acessado em 5 de junho de 2011.

STEWART-BROWN, S. What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? WHO Regional Office for Europe. Copenhagen, 2006. Disponível em: http://www.euro.who.int/__data/assets/pdf_file/0007/74653/E88185.pd. Acessado em 16 de maio de 2011.

WHO - World Health Organization. Global Strategy on Diet, Physical Activity and Health. World Health Organization, Geneva, 2004.

HEALTHY LIVING PROJECT: ASSESSMENT AND FORWARDING OF HEALTH PROMOTION ACTIONS AT SCHOOLS IN GOIÂNIA, GO

The school is considered an important setting for health promotion and adoption of healthy habits. The Healthy Living Project (HLP) is the result of partnership between university and health and education sector and aims to stimulate and implement behaviors that facilitate healthy living, through the adoption of physical activity throughout life, the healthy food choices, abandonment and / or rejection of practices harmful to health at the school community. The objective of this paper is to present the main results obtained within the project in the period between 2007 and 2011. It is a quantitative and qualitative descriptive study conducted from secondary analysis of data from two Master studies: Physical activity and food choices of students in the eastern region of Goiânia - GO and Healthy eating in schools: a collective construction? Both studies show that the initial results of the HLP were not achieved. These findings, analyzed with other documents from the project (records of meetings, interviews with key informants and reports) focusing on process and intermediate results are explained by the poor physical structure in most schools, work overload, the lack of knowledge about the subject and even the non-recognition of the influence of the project in some healthy activities at schools. Critical thinking on the evaluation process of the HLP led to the redesign of their actions through 1) the reorganization of the working groups, 2) participatory planning with improved monitoring, 3) interprofessional continuing education, and, 4) conducting participatory evaluation studies. The articulation of the HLP with the government's Health in School Program should be expanded to improve financial and human resources toward health promotion within the school environment.

KEYWORDS: physical activity, healthy food and health promotion.

PROJET VIVRE EN SANTE: ÉVALUATION ET (RE)PLANIFICATION DES ACTIONS DE PROMOTION DE LA SANTÉ DANS LES ECOLES A GOIANIA, GO

L'école est considéré un lieu de grande importance pour la promotion de la santé et l'adoption d'habitudes saines de vie. Le Projet Vivre en Santé (PVS) est le résultat d'un partenariat entre l'université et les secteurs santé et éducation et vise à stimuler et mettre en œuvre des comportements qui facilitent la vie saine dans le milieu scolaire, par l'adoption de l'activité physique, le choix d'aliments sains, bien que, l'abandon et/ou le rejet des pratiques néfastes à la santé. L'objectif de cet article est de présenter les résultats obtenus au sein du projet dans la période entre 2007 et 2011. Il s'agit d'une étude quantitative et qualitative descriptive réalisée à partir d'une analyse secondaire des données provenants de deux mémoires: «L'activité physique et les choix alimentaires des élèves dans la région est de Goiânia - GO» et «L'alimentation saine dans les écoles: une construction collective?». Les deux études suggèrent que les résultats initiaux du PVS n'ont pas été atteints. Ces données, considérées à la lumière d'autres documents (comptes rendus de réunions, des entretiens avec des informateurs clés et des rapports) et évaluées par le moyen de l'identification des résultats intermédiaires s'expliquent par la mauvaise structure physique dans la plupart des écoles, la surcharge de travail, le manque de connaissances sur le sujet et même la non-reconnaissance de l'influence du projet sur des activités saines réalisées dans l'école. Le processus d'évaluation du PVS a conduit à la réorientation de leurs actions à travers 1) la réorganisation des groupes de travail, 2) la planification participative avec l'amélioration du suivi, 3) l'éducation permanent interprofessionnelle, et, 4) la réalisation d'études participatives d'évaluation. L'articulation entre le PVS avec le Programme Santé à l'École pourrait être une stratégie pour optimiser les ressources financières et humaines orientés vers la promotion de la santé en milieu scolaire.

MOTS-CLÉS PALABRES: l'activité physique, alimentation saine et la promotion de la santé.

PROYECTO VIDA SANA: EVALUACIÓN Y REDIRECCIONAMIENTO DE ACCIONES DE PROMOCIÓN DE LA SALUD EN LAS ESCUELAS, EN GOIÂNIA, GO

La escuela es considerada un importante escenario para la promoción de la salud y la adopción de hábitos saludables. El Proyecto Vida Sana (PVS) es el resultado de la colaboración entre la universidad y los sectores educación y salud. Tiene como objetivo estimular y poner en práctica comportamientos que facilitan una vida saludable, mediante la adopción de actividad física, la elección de alimentos saludables, el abandono y/o rechazo de las prácticas nocivas para la salud. El propósito de este artículo es presentar los resultados obtenidos dentro del proyecto entre 2007 y 2011. Se trata de un estudio descriptivo cuantitativo-cualitativo realizado a partir de un análisis secundario de datos de dos tesis de maestría: La actividad física y la elección de alimentos sanos de los estudiantes en la región este de Goiânia - GO y La alimentación saludable en las escuelas: una construcción colectiva? Ambos estudios muestran que los primeros resultados del PVS no se cumplieron. Estos datos, considerados a la vista de otros documentos (actas, entrevistas con informantes clave, reportes) y evaluados por la identificación de los resultados intermedios del proyecto, se explican por la estructura física deficiente en la mayoría de las escuelas, la sobrecarga de trabajo, la falta de conocimiento sobre el tema y la falta de reconocimiento de la influencia del proyecto en algunas en algunas de las actividades que se realizan en la escuela. La evaluación del PVS contribuyó a la reorientación de sus acciones a través de 1) la reorganización de los grupos de trabajo, 2) la planificación participativa y mejora del monitoreo, 3) la educación permanente y, 4) la realización de estudios participativos de evaluación. La articulación do PVS el Programa Salud en la Escuela debe ampliarse para aprovechar los recursos humanos y financieros dirigidos a la promoción de la salud en las escuelas.

PALABRAS CLAVE: actividad física, alimentación saludable y promoción de la salud.

PROJETO VIVER SAUDÁVEL: AVALIAÇÃO E REDIRECIONAMENTO DAS AÇÕES DE PROMOÇÃO DA SAÚDE EM ESCOLAS NO MUNICÍPIO DE GOIÂNIA, GO

A escola é considerada um importante espaço para promoção da saúde e adoção de hábitos saudáveis ao longo da vida. O projeto Viver Saudável (PVS) é resultante da parceria ensino-serviço e tem o objetivo de estimular e implementar em comunidades escolares, condutas que facilitem um viver saudável, mediante a adoção da atividade física ao longo da vida, das escolhas alimentares saudáveis, do abandono e/ou da rejeição de práticas nocivas à saúde. O objetivo deste artigo é apresentar os principais resultados obtidos no âmbito do projeto no período compreendido entre 2007 e 2011. Trata-se de um estudo descritivo quantitativo e qualitativo realizado a partir da análise secundária de dados de duas pesquisas de mestrado: Atividades físicas e escolhas alimentares de escolares na região leste de Goiânia – GO e Alimentação saudável na escola: uma construção coletiva? Estes estudos sugerem que os resultados iniciais do PVS não foram alcançados. Estes dados, analisados à luz de outros documentos (memórias de reuniões, entrevistas com informantes-chave, relatórios) com foco no processo e resultados intermediários do projeto, são explicados pela estrutura física precária na maioria das escolas, a sobrecarga de trabalho, a falta de conhecimento sobre o tema, e o não reconhecimento da influência do projeto em algumas ações que estão se consolidando nas escolas. A avaliativos do PVS contribuiu para o redirecionamento de suas ações por meio da 1) reorganização dos grupos de trabalho; 2) planejamento participativo com melhoria no monitoramento; 3) educação permanente interprofissional; e, 4) realização de estudos avaliativos participativos. A articulação do PVS com o Programa Saúde na Escola deve ser ampliada para potencializar os recursos financeiros e humanos direcionados a promoção da saúde no ambiente escolar.

PALAVARAS-CHAVE: atividade física, alimento saudável e promoção da saúde.