

HEALTH-PROMOTING SCHOOLS IN LATIN AMERICA: A REVIEW OF THE PERIOD 1996-2009

Escolas promotoras da saúde na América Latina: Uma revisão do período 1996-2009

Escuelas promotoras de la salud en América Latina: Una revisión del período 1996-2009

Systematic Review

ABSTRACT

Objective: To identify and discuss the scientific production on Health-Promoting Schools in Latin America published in indexed databases, by understanding the scope of the health education initiatives reported in the programs or interventions. **Methods:** This was a scientific literature review study, performed in LILACS, MEDLINE and SCOPUS databases, using as the main search term 'Health Promoting School', followed by 'Latin America'. It covered the period from 1996 to 2009, situating the start point ten years after the publication of the Ottawa Charter and one year after the official launch of the Health-Promoting Schools Regional Initiative (*Iniciativa Regional de Escolas Promotoras de Saúde - IREPS*) by the Pan-American Health Organization (PAHO). Inclusion criteria were defined, articles were retrieved in English, Portuguese and Spanish, and data was processed in three arrays of analysis. **Results:** The application of search keys led to 2,429 documents, reduced to 28 after applying the filter for Latin America, on which the inclusion criteria were applied, resulting in eight articles. Most of them stressed the importance of effectiveness studies, and half focused on the reduction of some specific morbidity, without prioritization of the conceptual axes contained in the Ottawa Charter. **Conclusion:** The publications addressed mainly the effectiveness of the interventions, conceptual coherence between the interventions and the health promotion principles, and the education process of the actors involved. Qualitative approaches, including documentary analysis, semi-structured interviews, focal group and participant observation, were the predominant methodological procedures. Intersectoral coordination was pointed out as the main strategy for sustainability of the experiences.

Descriptors: Health Promotion; Review Literature as Topic; Health Education.

RESUMO

Objetivo: Identificar e discutir a produção científica publicada em bases indexadas sobre Escolas Promotoras de Saúde na América Latina, através da compreensão do escopo das iniciativas relatadas de educação para a saúde nos programas ou intervenções. **Métodos:** Trata-se de um estudo de revisão que utilizou como bases indexadas de busca a LILACS, o MEDLINE e o SCOPUS; e, como termo principal de busca, Health Promoting School, seguido de Latin America. Foi contemplado o período de 1996 a 2009, pois, em 1996, completava-se dez anos da publicação da Carta de Ottawa e um ano do lançamento oficial da Iniciativa Regional de Escolas Promotoras de Saúde (IREPS) pela Organização Pan-Americana de Saúde (OPAS). Foram definidos critérios de inclusão e recuperados artigos em inglês, português e espanhol, além dos dados tratados em três matrizes de análise. **Resultados:** A aplicação das chaves de busca resultou em 2.429 documentos, reduzidos para 28 após a aplicação de filtro para Latin America, sobre os quais se aplicaram os demais critérios de inclusão, resultando em oito artigos. A maioria ressaltou a importância dos estudos de efetividade e metade focou na redução de alguma morbidade específica, sem a priorização dos eixos conceituais contidos na Carta de Ottawa. **Conclusão:** As publicações tratavam de verificar a efetividade das ações, analisar a coerência conceitual das práticas com os eixos da promoção da saúde ou verificar o processo de capacitação dos atores envolvidos. Houve predominância do uso de métodos qualitativos, envolvendo análise documental, entrevistas semi-estruturadas, grupo focal e observação participante. A intersectorialidade foi apontada como estratégia central na sustentabilidade das experiências.

Descritores: Promoção da Saúde; Literatura de Revisão como Assunto; Educação em Saúde.

Carmelinda Monteiro Costa Afonso⁽¹⁾
Maria de Fátima Lobato Tavares⁽¹⁾
Vera Lúcia Luiza⁽¹⁾

1) Escola Nacional de Saúde Pública Sergio Arouca - Fundação Oswaldo Cruz - FIOCRUZ - Rio de Janeiro (RJ) - Brasil (National School of Public Health Sergio Arouca - Oswaldo Cruz Foundation - Brasil)

Received on: 03/06/2012
Revised on: 07/12/2012
Accepted on: 08/10/2012

RESUMEN

Objetivos: Identificar y analizar la producción científica publicada en las bases de datos indexadas sobre las Escuelas Promotoras de la Salud en América Latina, mediante la comprensión de las iniciativas relacionadas con los programas o intervenciones de educación sanitaria. **Métodos:** Se trata de un estudio de revisión que empleó las bases de datos indexadas LILACS, MEDLINE y SCOPUS, y como término de búsqueda, Escuelas Promotoras de la Salud primaria, seguido de América Latina. El periodo analizado fue desde 1996 hasta 2009, puesto que en 1996, se cumplieron diez años después de la publicación de la Carta de Ottawa y un año del lanzamiento oficial de la Iniciativa Regional de Escuelas Promotoras de la Salud (IREPS) por la Organización Panamericana de la Salud (OPS). Fueron establecidos los criterios de inclusión y se recopilaron artículos en inglés, portugués y español, además de los datos tratados en tres matrices de análisis. **Resultados:** La aplicación de las claves de búsqueda dio como resultado 2.429 documentos, reducidos a 28 después de aplicar el filtro América Latina, en la que se aplicaron los demás criterios de inclusión, resultando un total de ocho artículos. La mayoría destacó la importancia del estudio de la eficacia y la mitad se centró en la reducción de alguna morbilidad específica, sin priorizar ejes conceptuales contenidos en la Carta de Ottawa. **Conclusión:** Las publicaciones trataron de verificar la efectividad de las acciones, analizar la coherencia conceptual de las prácticas con los ejes de promoción de la salud o el proceso de capacitación de los actores involucrados. Hubo un uso predominante de los métodos cualitativos, que implica el análisis documental, entrevistas semi-estructuradas, grupos de discusión y observación participante. La comunicación de los sectores se identificó como una estrategia central en la sostenibilidad de las experiencias.

Descriptor: Promoción de la Salud; Literatura de Revisión como Asunto; Educación en Salud.

INTRODUCTION

In Latin America, the population aged between 5 and 18 years constitutes about 25% of the nearly 900 million inhabitants, 71 million of whom are enrolled in elementary school⁽¹⁾. During the period from 1980 to 2000, the illiteracy rate fell from 20.3% to 11.7% in Latin America and Caribbean region, according to studies by the United Nations Educational, Scientific and Cultural Organization (UNESCO)⁽²⁾. However, another report, published in the 1980s by the same agency, stated that education in the context of Latin-American remained, until 2007, with nearly 63 million people with incomplete elementary school⁽³⁾.

The paper reviews all the efforts made in recent years with the aim of reducing social inequity, pointing out changes in economic, political, social and cultural sectors. It also recognizes the improvement in local economic indicators, but not necessarily representing social sustainable

development nor having social justice as reference. In this context, income inequality has a definitive impact on the permanence of the child or adolescent at school^(3,4).

The health-promoting schools (HPS) were born with the commitment to encourage the country-members of the Pan American Health Organization (PAHO) to foster programs and actions that favor the formation of future generations of young people, with the goal of providing them knowledge, skills and competencies necessary for the promotion and maintenance of their health, being this attitude extensive to their family and community. Such formative model settled with features of a trans-generational proposal with a view to the establishment of a new culture – the culture of building healthy environments in terms of health promotion (HP)⁽¹⁾.

The strategy of the HPS, as part of the Global Health School Initiative, refers to this possibility of change that articulates the school space with coexistence and social solidarity among the various segments of society, as a way to discuss, reflect and transform the local reality in terms of HP. In view of that, the HPS is based on three main components: health education, creation and maintenance of healthy spaces, and access to health services, healthy eating and active living^(1,5).

The education for health highlights the completeness of the subject and proposes to use pedagogical methodologies that promote critical discussion of the relationship between individual behaviors, socio-demographic conditions of environment and health risks. It also seeks the commitment to permanent debate between all actors involved in the learning process, in order to facilitate the adoption and the development of skills that support the acquisition and maintenance of health as a social construction, transforming them into agents of social change and multipliers establishing healthy practices as part of their lifestyle⁽¹⁾.

The creation and maintenance of healthy psychosocial and physical spaces, with interaction between the family and the school, aims to contribute to the elimination or minimization of different forms of violence and to encourage the construction of a non-hazardous environment to life^(1,5,6).

Access to health services, healthy eating and active living, resulting from the integration between the health and educational sectors, based in the practice of the intersectoral approach, is one of the essential tools of the HP, which sets the dialogue between the various productive sectors that make up the social structure in order to strengthen health across all segments of society⁽¹⁾.

The *Iniciativa Regional de Escolas Promotoras de Saúde - IREPS* (Health-Promoting Schools Regional Initiative), a proposal of PAHO launched in 1995, released, in 2001, the report data resulting from a research applied in 19 countries, of which only 17 participated, named

‘The health-promoting schools of Latin America’, that investigated the general situation of the countries of the region in the context of HP⁽⁷⁾. The study was justified by the need to control the preventable illness processes, from the monitoring of strategies that favor the consolidation of public health policies. Such policies should be guided by the principles of the HP and by the accumulation of knowledge from the learning through the various experiences developed in that continent since the establishment of the IREPS^(7,8).

One of the results was that 94% of respondent countries were developing some strategy to similar to that of HPS, adapted to their own specific social context. The release and discussion of results, products and developments of this study PAHO/IREPS and other experiences that happened after the expansion of the HPS proposal, inspire the mobilization of public, private sectors and non-governmental organization (NGO) for the generation of proposals that allow the generation of knowledge, deepening the field of HP in the epistemic dimension as in the empirical^(7,8).

This review aims to identify and discuss the scientific production published on health-promoting schools in Latin America, through the understanding of scope of interventions reported in health education programs or experiences. Accordingly, it is proposed to describe which results have been prioritized and what are the methodologies employed.

METHODS

This study consists of a bibliographical revision of articles published in LILACS, MEDLINE and SCOPUS, in Portuguese, English and Spanish languages, about experiences of health education in elementary schools in Latin Americans countries.

It comprised the period from 1996 to 2009. The beginning coincides with the 10 years since the publication of the Ottawa Charter in 1986, and the first year after the official launch of the Regional Initiative of Health Promoting Schools (IREPS) by PAHO, in 1995, having been considered reasonable that experiences developed in such landmarks could already show results and be presented in scientific publications.

As the main search term, it was used *Health Promoting School*, followed by the *Latin America* descriptor and its equivalents in the languages used, applied to all search fields.

Inclusion criteria were: scientific articles of primary data or review contemplating reports or evaluation of experiences in health education applied in schools of Latin America countries, whether directed to teaching staff or to the students (up to 14 years), in both public and private schools.

The articles available in free databases or in periodicals of the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES* (Coordination of Improvement of Higher Education Personnel) were recovered. Those which started in public school space and were extended to parents or guardians in spaces outside the walls were not discarded.

The initial results were followed by detailed summaries, which the inclusion and exclusion criteria were applied to.

As the investigation’s guiding question, it was adopted: ‘Have the experiences published in indexed basis during the period of 1996 to 2009 reported the results of interventions carried out in elementary schools in Latin America, contemplating the perspective of health promotion as formulated in the Ottawa Charter, within the proposal of education for health according to HPS?’

The treatment of recovered data was performed from three descriptive arrays, always presenting the articles in chronological order of publication.

The first array contemplated the *action field/goal* of the experiments assessed in the articles; the second, the *methodological approach* adopted by the articles reviewed; and the third one, the *main results* achieved by the experiences.

The analysis of the strategic axes of the Ottawa Charter was contemplated in the articles, in the text body.

Additionally, it was considered whether there was indication of some process or strategy favoring the sustainability of the program, with the formal consolidation of dialogue between the various socio-political-institutional sectors, thus being this a further category of analysis – the intersectoral coordination.

On the description of the nature of the institution that raised the study, it was considered the institutional linkage of the contact author of the article.

The application of search keys resulted in 2,429 documents (51 in LILACS, 982 in MEDLINE and 1,396 in SCOPUS). The application of filter for *Latin America* resulted in 28 texts, which other inclusion criteria were applied on. In the end, eight articles were retrieved for analysis, including one about Cuba (Caribbean) that was chosen to be kept.

RESULTS E DISCUSSION

The first article retrieved in the revision was published in 2006⁽⁹⁾ and consisted of a review in the period 1990-2001, comprising the reduction of damage by the use of licit and illicit drugs. The authors report that, of the 160 articles retained in their quest, 32 dealt with the concepts of promotion of health and health-promoting school⁽⁹⁾. However, the reading did not allow clarity of the age group

Chart I - Main objectives or action field of the retrieved articles.

Authors	Year of publication	Country	Objective/action field of the intervention object of the studies	Nature of Institution
Moreira <i>et al.</i> ⁽⁹⁾	2006	Brazil	✓ Review Study on harm reduction and drug abuse prevention in the school environment related to the concept of HPS ⁱ and HP ⁱⁱ .	Public
Gutiérrez <i>et al.</i> ⁽¹⁹⁾	2007	Colombia	✓ Assessment of the implementation of the <i>Strategy of Escuelas Saludables</i> (EES) (local name for the HPS ⁱ program in Cali/Colombia) and the conceptual consistency between the actions and the theoretical framework of HP ⁱⁱ .	Public
Rodríguez ⁽¹⁷⁾	2007	Cuba	✓ Define set of indicators for the diagnosis of evaluation of the results produced by the actions of HP ⁱⁱ in educational institutions. ✓ Identify basic moments of pedagogic process where it is possible to ensure the development of HP ⁱⁱ within schools.	Public
Hernandez ⁽¹⁶⁾	2007	Colombia	✓ Determine the advances reached in the 33 schools participating in the strategy and educational project in relation to the HPS.	Public
Cardoso <i>et al.</i> ⁽¹¹⁾	2008	Brazil	✓ Propose continuing education process in order to facilitate the process of adaptation of the school to a unit identified as an HPS ⁱ .	Private
Villasante <i>et al.</i> ⁽¹⁰⁾	2008	Peru	✓ Propose educational intervention for weight reduction, adoption of healthy lifestyle and balanced nutrition in a school unit, with the evaluation of the variation of body mass index (BMI).	Private
Schweigmann <i>et al.</i> ⁽¹²⁾	2009	Argentina	✓ Identify the knowledge available to the general public about dengue and its mechanism of transmission in the metropolitan area of Buenos Aires. ✓ Identify the possible community participation in combating epidemic episodes.	Public
Borges <i>et al.</i> ⁽¹³⁾	2009	Brazil	✓ Report the results of an educational, preventive and curative program, conducted by a team of undergraduates in dentistry in an elementary school located in the territory of high vulnerability.	Public

ⁱHPS - Health-Promoting School; ⁱⁱ HP - Health Promotion

included nor the geographical range, which detracts from the comparison with the present findings.

Of the eight articles, two were from authors linked to private initiative^(10,11), featuring small participation in this limited universe of publications on the subject in Latin America.

Brazil was the country that resulted in the largest number of publications⁽¹¹⁻¹³⁾. Although not significant, this finding reproduces the account of other studies that point Brazil with 12% of the publications on the Regional Study of Evidence of Effectiveness in Health Promotion in Latin America^(14,15).

As explained in the methodology, results and discussion followed the three arrays.

The data from the first array (Chart I), corresponding to the fields of action and objectives of the experiments reported in the peer-reviewed articles were grouped into three blocks of analysis: (i) evaluation of the effectiveness of the actions^(12,16-19); (ii) conceptual coherence and proposed practices^(16,17-19); (iii) training of actors involved^(9,11-13,16-18).

Within the first block, participated five experiments that intended to assess proposed interventions, based on indicators and/or categories of analysis that would highlight the expected objectives^(11, 12, 16, 17, 19). All signaled the importance of evaluating the effectiveness of the strategy proposed in the program, approaching the discussion of PAHO and of researchers who have this theme as the main area of activity^(1,20-23).

According to PAHO, in the investigation of health education programs, the developments regarded as results of the program's effectiveness must be the *critical construction* of ability of actors who constitute the educational community (children, parents/guardians, educators) to identify, monitor, modify or redirect the factors that determine or influence the individual and collective health. Another product expected is the change in perception of health situation after implementation of the program^(1,20-23).

The evaluation of the effectiveness results in health promotion is translated by different authors⁽²⁰⁻²³⁾ as a methodological and political challenge that renders it possible to generate knowledge, with a view to the application of the methodology properly to the theory to take account of programs adapted to the reality of each context.

The theoretical and empirical density of program evaluation in HP enables the understanding of data generated in the intervention processes, the option for mechanisms coherent with the proposed objectives, as well as the measurement of the results from the development of indicators for each intervention^(20,21,23).

The unfolding of the initial objectives of a program requires the acquisition of attributes and skills that enable their checking from the evidence observed, based on the values and fundamental principles of promotion of health such as the empowerment, the social participation, the equity and the development of personal skills^(20,22).

It is possible to take two different paths to the understanding of the aspects of effectiveness. At one of the paths, it is prioritized the discussion of the perceived changes in *health outcomes in the social group investigated and perceived changes in social determinants*, such as economic conditions, the reduction of unemployment or

the improvement in housing conditions⁽²²⁾. On the other, the determinants of the *process* are prioritized, that is, the internalized relationships in the development of social programs⁽²³⁾. In this case, it is worth understanding and verification of participation and social cohesion, as well as the identification of power relations, as manifested during the implementation phase of the program and its influence, and the opinion of the community and stakeholders, as the target of change in relation to initial objectives⁽²⁰⁻²³⁾.

The proposition of executable goals and formulation of coherent evaluation questions lead to a specific methodological path, which will have as a defining step for the success of the intervention the determination of evaluation parameters that will define the extent of results.

The second block identified (Chart I) concerns the articles which aimed to investigate the conceptual consistency of practices or strategies proposed in every experience^(16,17,19).

The model of health promotion raises a multidimensional policy which considers the complexity of different social-economics contexts, with their social and cultural characteristics as intrinsic part of the relationship with health, without discarding the coherent sustainable treatment, but with intense participation of the community and of all sectors of society⁽²⁴⁾.

The conceptual intersection of Ottawa Charter points out five strategic areas of action as possibilities of redirecting to an expanded concept of health that finds part of their organized structural theoretical plot in *healthy public policy development, creation of healthy environments conducive to health, strengthening of community action and development of individual skills, and, finally, in the reorientation of the system and health services*. The concept of HP, inasmuch as it establishes dynamic proposals that must be articulated in other levels of social organization, provides the input for basic strategies – advocacy, mediation and training – as vectors in the resolution of the priorities^(8,24).

The legitimation to redirect all the 'new' health culture relies on the specific field of education as a resource for the use of active methodologies capable of raising awareness among all levels of society and encouraging the reflection on its participation in the reduction of avoidable health risks and harms^(25,26).

The third block identified in Chart I places like aim or field of action the training of the actors involved as a resource for the mobilization of their skills^(9,11-13,16-18).

Skills can be understood as those performance-related abilities in form of applied action, resulting from the *know-how and knowing how to explain what is done*⁽³⁾. The construction of these skills requires cognitive development and the rapprochement between the various knowledge

internalized and formed over a lifetime. This way, education can be seen as a *social and historical process* that adapts to the conditions at specific times of the civilization development of a society or social group and in their respective territories, considering their cultural identity^(3,27).

Capacity refers to actions of partnership between agents or groups from the mobilization of human and material resources in the promotion and protection of health. This attribute signals the achievement of empowerment through partnerships and attention to the provision of access to information on health, and facilitation of the development of skills and participation in policies that affect public health^(8,25,26).

The conceptual and methodological perspective of health promotion is a strategy that leads to continuous training of the community, with a view to improving its quality of life and health. To this end, it preferably takes into account the participation of social agents leading every step of the process, which takes place from the identification of the major social factors that determine part of the collective,

individual and environmental illness.

As a structuring installment of this strategy, it is the identification of individual aspirations that will meet the fundamental needs, and the environment-friendly modification to satisfy a social and historic construct of health as a constituting part of the resources essential to life, leading to social development.

As a field of practice, HP finds its actions in the nine basic prerequisites outlined in the Ottawa Charter: peace, housing, education, healthy eating, minimum income for subsistence, stability and ecosystem preservation, preservation and rational use of sustainable resources, social justice and equity⁽²⁴⁾.

Chart II presents the different methodological approaches used in the analyzed articles. In general, their made the option for a qualitative methodological approach, using traditional methods of document analysis, semi-structured interviews, focus group and participant observation^(9,11-13,16,17,19).

Chart II - Methodological approach of the articles retrieved.

Article	Country	Methodological approach
Moreira <i>et al.</i> ⁽⁹⁾ , 2006	Brazil	Literature review comprising the period from 1990 to 2001.
Gutiérrez <i>et al.</i> ⁽¹⁹⁾ , 2007	Colombia	Qualitative assessment (document analysis, focus groups, semi-structured interviews with key informants) with focus on process.
Rodríguez ⁽¹⁷⁾ , 2007	Cuba	Qualitative assessment (workshops used in the process of implementation, interview and participant observation, document analysis and use of indicators).
Hernandez ⁽¹⁶⁾ , 2007	Colombia	Descriptive observational study for verification of effectiveness in health promotion.
Cardoso <i>et al.</i> ⁽¹¹⁾ , 2008	Brazil	Qualitative study (semi-structured questionnaire on topics related to health, health education and risk of accidents at school).
Villasante <i>et al.</i> ⁽¹⁰⁾ , 2008	Peru	Quasi-experimental study. Community ecological survey, pre and post-test type.
Schweigmann <i>et al.</i> ⁽¹²⁾ , 2009	Argentina	Triangulation of qualitative and quantitative methods, both based on the concepts of HP and associated management.
Borges <i>et al.</i> ⁽¹³⁾ , 2009	Brazil	Interventional study (scenic resource, dental procedure, workshops with children and family members).

The Peruvian proposal conducted a study with semi-experimental methodological approach⁽¹⁰⁾.

The use of active and participatory methodologies is made by two of the works recovered, although not as the main methodological path, one of them being a study of review⁽⁹⁾ and the other, interventional⁽¹³⁾, performed in an elementary school located in territory of high social vulnerability. They are regarded as important instruments

of problematizing, mobilizing performing tools such as the dramatization, which puts the possible deleterious consequences of simple actions – such as non-daily brushing of the teeth – into the children’s routine. These features lead to reflection on the style and habit of life, as well as reinforce the intervention actions and redirect the practices. Some experiments intended to highlight results of actions’ effectiveness from variables established for each

study, which took into account, in their construction, the local context^(11,12,16,17,19).

The assessment of effectiveness is the probability that individuals of a given population reap the benefit in applying a particular method or strategy during the normal development of the daily routine, without adjustments or control by the managers or program evaluators. The relationship between concepts and the voids between them shall define the orientation and scope of the evaluation of effectiveness in health promotion⁽²⁰⁾.

Therefore, the assessment of effectiveness is a technical tool with social and political purpose, because it generates information on the association between the results and the effects, relating the conditions of the social, political and cultural context, and the success or failure of the proposed intervention⁽²⁰⁾.

The evaluation on health promotion can be seen as a social practice of activities that can be legitimated from the consideration of its conceptual values and principles⁽²³⁾ or, still, by the employment of tools that reflect these elements acting in the social context. The projects must be developed and tested starting from the diagnosis of the needs and specific circumstances of locations.

The practice of evaluation of programs should be continuous, and not considered a termination of the process of the proposal implementation, but the possibility of rapprochement, at each stage of program development, between the initial objectives or new demands generated and identified during the evaluation period. In other words, it should support the challenging implementation of the program and its appropriateness to modifications in the context, which is dynamic and accommodates after every move of the interventions⁽²⁰⁻²³⁾.

Chart III presents the main results expressed in each article. It is worth noting that some authors have related the program's sustainability to the intersectoral approach strategies with all organized segments of society, whether public or private. Furthermore, they reinforced the need for permanent training of teachers into school programs^(9,11,16,17,19).

Half the studies based their analysis on any specific morbidity reduction, without prioritization of the conceptual axes of health promotion, leaving the conceptual articulation (theory of the program) and the proposed mechanisms as priority to the other half of the articles found. Such proportion accompanied the expectation of positive results, linking conceptual coherence and the proposals of the program^(11,16,17,19).

Of the eight publications, only four discussed the *reorientation of health system and the establishment of healthy public policy*; six authors emphasized the discussion

on *health-friendly environments*; seven presented as results the development of *personal skills* through the strengthening of the *active role and autonomy* of the actors involved in the programs; and all articles contemplated the importance of *Community action* in the implementation of the proposals.

One of them⁽¹⁷⁾ sought to align the practicability of the program with the theoretical-methodological resource of organization, with the attendance of the logical sequence of diagnosis of the generating situation, with subsequent organization and planning of teaching activities, and the participation of organized groups and community in the process. Although it doesn't always happen in that order, such actions are considered indispensable by the author for the success of the program⁽¹⁷⁾.

A study of systematic review⁽⁹⁾ highlighted the importance of partnerships developed between students, school and family in the programs related to reduction of damage caused by the use of illicit drugs, and the relevance of considering the subjective aspects of each learner. The indifference of some parents to the participation in the proposed activities, as well as the lack of commitment by the Education Secretariat and the lack of resources in the implementation of processes, reinforcing the importance of social cohesion in the processes of transformation found in the literature, were also identified as limiting factors for the interventional program⁽¹⁹⁾.

The traditional educational practice developed in schools does not exhaust the possibility of involvement of the population in participation for change and sustainable development. Simple attitudes of environmental preservation, construction of peace culture, participation and social control should be included in the routine of children and adolescents as a tool for social change, with a view to providing transformations signed by the active role of community in the proposals and practices that benefit social development and in ensuring individual rights and consequent social justice, as depicted in the Ottawa Charter⁽²⁴⁾.

The strengthening between the fields of health and education is considered a fundamental strategy in the reduction of poverty and social iniquities. Accordingly, studies in several countries have pointed out the relation between the years of education and the extreme poverty. Therefore, the poorest children, who do not have the opportunity to complete the elementary study, reproduce the conditions of misery that hindered their education, enabling feedback in such a system that favors poverty managed by iniquity in different societies⁽⁴⁾. However, it should be remembered that, although education is important in this process, the use of pedagogical resources leading to the formation of a critically reflective agent complements and gives strength to the dialogue between the fields of health

Chart III - Main results in the retrieved articles.

Article	Country	Main results
Moreira <i>et al.</i> ⁽⁹⁾ , 2006	Brazil	The most effective programs were those that considered social and affective aspects of the actors involved in the intervention, when occurred school-family integration, employment of social inclusion strategies and benefit to the good adaptation to the local social routine.
Gutiérrez <i>et al.</i> ⁽¹⁹⁾ , 2007	Colombia	Identified consistency between the theoretical and practical axis, especially among the team more involved with actions than with the discourse and practice of managers. The need for the commitment of all sectors, within and outside the school, as part of the process of strengthening of the HPS. The achievements were grouped into three main groups: internal management of the school, line of action in health education and healthy environments. The hinderers of actions were grouped into two categories: internal management and intersectoral/inter-institutional management.
Rodríguez ⁽¹⁷⁾ , 2007	Cuba	Comprehensive diagnosis from the appreciation of the local health situation. Improvement of social participation, with active role of social and technical network involved and development of qualification, as well as greater engagement of health team using the methodological approach proposed. Strengthening of the HP concept from the information generated in the project.
Hernandez ⁽¹⁶⁾ , 2007	Colombia	Definition of institutional policy on HP and guidance for the children's training. Only 56% of schools established management team for the development of healthy schools. As a factor for the program's sustainability, teachers' continuous training was proposed.
Cardoso <i>et al.</i> ⁽¹¹⁾ , 2008	Brazil	95% of teachers are not aware of the extended definition of health proposal in the Ottawa Charter. 60% believe that the school is the main physical space conditional of accidents and that they are only able to identify health-related problems after specific complaints made by children.
Villasante <i>et al.</i> ⁽¹⁰⁾ , 2008	Peru	Good results of intersectoral actions that allowed the constant training of the team. The proposed strategies contributed to the treatment and prevention of obesity, diagnosed as a local pandemic.
Schweigmann <i>et al.</i> ⁽¹²⁾ , 2009	Argentina	From the workshops and illustrative lessons, an educational audiovisual material directed to parents was made by the students and disclosed to the entire community in the end-of-the-year presentations. Disclosure of the generated information for schools of other cities at risk.
Borges <i>et al.</i> ⁽¹³⁾ , 2009	Brazil	Positive evaluation of oral hygiene activities and of the fathers' participation in redirection of healthy habits, resulting in reduction of oral diseases identified in children at the beginning of the study.

and education, with the purpose of redirecting the social practices^(28,29).

The study on the Colombian schools⁽¹⁶⁾ showed that two of the 32 schools studied failed to obtain any results addressing the organizational aspect of the proposed

strategy, that is, did not establish a management team as a definition of institutional policy for the development of HPS in that country. The main features identified in the study were: (i) changes in the workplace or work release of manager during the execution of the management team;

(ii) lack of support by some components regarding the organization and functioning of the management team; and (iii) 57% of schools have advanced in defining the institutional policy of their management organization.

In that same line, in a study conducted in Argentina⁽¹²⁾, conceptual errors were identified in the manuals produced relative to the life cycle of the mosquito of dengue and the risks of transmission, due to misunderstanding of the information disclosed by the program.

The information generated through the successful experiences and identification of barriers - presented to the managers of the programs for the decision of maintenance, extension or suspension of further programs - in addition to recognizing the necessary conditions for the viability of their success, raises subsidies to the construction of hypotheses for the strengthening of health promotion⁽²¹⁻²³⁾.

Some studies have identified as major barriers to the development of health-promoting schools: (i) the scarcity of human and financial resource; (ii) the difficulty in working with intersectoral coordination; (iii) the precariousness of political support as a central element in public programs; and (iv) the improper or insufficient infrastructure^(12,16-18).

The evidence of difficulties remains, relative to measuring and, consequently, highlighting the sustainability of actions/programs and their relations with the local macro-structural conditions, since some publications were only limited to describe the results obtained, without the critical considerations and the description of physical and structural, biological, social and political features involved in the process of sustainability of such programs in educational public spaces.

FINAL CONSIDERATIONS

It is observed that, in the region of the Americas, the scientific literature on the topic of health-promoting schools is little.

On the other hand, it is necessary to consider the possibility that numerous successful experiences have remained outside the academic and indexed publications, keeping their record, methodology and evaluation of effectiveness without disclosure in formal scientific circles. Another possibility is that the evaluation of some programs developed in public schools has been released only in institutional or governmental digital addresses, which were not object of this investigation.

The publications retrieved were focused on assessing the effectiveness of actions, analyzing the conceptual consistency between the practices examined and the axes of health promotion or checking out the training process of the actors involved. There was a predominance of the use

of qualitative methods, involving documentary analysis, semi-structured interviews, focus group and participant observation. The intersectoral approach was pointed out by the studies as the central strategy for the sustainability of the experiences under analysis.

The school is historically recognized as a central element in the structures that reproduce or redirect the social organization, launching the possibility of conducting the practices in ways that favor the participation of the community, transforming the reality and establishing a new social and political morphology that enhance the critical discussion of society addressing the collective well-being.

Therefore, it is essential to consolidate the orientations and guidelines of health promotion, conducted and designed from the peculiarities of each territory, in their individual and public policy, presenting proposals based on the local demands, arising from results of evaluations of the programs implemented. Thus, the qualitative studies predict the use of tools that promote the understanding of existing interactions in the context and in the individuals' perception regarding health promotion and the impact on his life routine.

These elements favor political connections that reaffirm the central perspective of the participation of individuals as agents of change, without losing sight of the commitment, regardless of the political dynamics, with the sustainability of projects, involved in the new proposal of *health*, taken as a social and historical construct of the late modern society.

The few experiences presented briefly in this work admit the importance of the qualitative approach, which considers the context in its specificity, completeness and complexity; and highlight the importance of subjectivity (social and affective dimension) of the subjects involved and the extension of assistance to the family as a way of promoting social inclusion and strengthening of social liaisons.

The intersectoral dialogue takes the central place both in the actions to strengthen the program with institutional support from outside the walls of the school as in internal intersectoral actions favoring the teams' permanent training, in order to strengthen the axes worked in the perspective of HP.

The identification of prevention as focus of change in half of the articles retrieved, still considered as part of the interventional programs in health promotion, emphasizes the importance of theoretical exhaustion of conceptual tools applied to the practice of PS.

The theoretical extension and the complexity that characterizes HP programs facilitate the frequent conceptual confusion between promotion and prevention, yet they can coexist in the same proposal. Being aware of that conceptual generalization is relevant.

ACKNOWLEDGEMENTS

To Professor Maria de Fatima M Martins, Director responsible for the Public Health Library/ICICT/Fiocruz.

REFERENCES

1. Ippolito-Shepherd J. Las escuelas Promotoras de la salud en America Latina: Resultados de la primeira encuesta regional. Washington: OPS; 2005. (Serie Promoción da la salud).
2. Paini LD, Greco EA, Azevedo AL, Valino ML. Retrato do analfabetismo: algumas considerações sobre a educação no Brasil. *Acta Sci Human Soc Sci*. Maringá. 2005;27(2):223-30.
3. Astorga A, Blanco P, Guadalupe C, Hevie R, Nieto M, Robelino M, et al. Educación de calidad para todos: um assunto de derechos humanos. Documento de discusión sobre política educativas em el marco de la V Reunião intergubernamental del Proyecto Regional de Educación para la América Latina y Caribe (EPT/PRELAC). Santiago de Chile: Unesco Santiago; 2007.
4. Cassasus J. A escola e a desigualdade. 2ª ed. Brasília: Unesco; 2007.
5. Jones JT, Furner M. WHO's Global School Health Initiative. Geneve: WHO; 1998.
6. Silva CS, Mattos PCA, Mendes SR, Cotrim SNC. Rede de Escolas Promotoras da Saúde no Município do Rio de Janeiro: um desafio à formulação de políticas saudáveis à cidade. In: Ministério da Saúde (BR). *Escolas Promotoras de Saúde: experiências no Brasil*. Brasília: Ministério da Saúde; 2007. (Série Promoção da Saúde, n. 6). p. 55-67
7. Organizaciones Panamericanas de la Salud - OPS. *Escuelas promotoras de la salud: Fortalecimiento de la iniciativa regional – estrategias y líneas de acción 2003 – 2012*. Washington, DC: OPS; 2003. (Serie Promocion de la salud, n.4).
8. Silva CS, Pantoja A. Contribuições da avaliação na identificação de efetividade da promoção da saúde na escola no município do Rio de Janeiro. *Boletim Técnico Senac*. 2009;35(2):37-49.
9. Moreira FG, Silveira DX, Andreoli SB. Redução de danos do uso indevido de drogas no contexto da escola promotora de saúde. *Ciênc Saúde Coletiva*. 2006;3(11):807-16.
10. Villasante LP, Mares JR, Estrada AC, Alza SM, Parodi AF, Castro SF, et al. Efectividad de um programa educativo em estilos de vida saludables sobre la reducción de sobrepeso y obesidade em el Colegio Robert M Smith, Huaraz, Ancash, Perú. *Acta Med Per*. 2008;4(25): 204-9.
11. Cardoso V, Reis AP, Iervolino AS. Escolas Promotoras de saúde. *Rev Bras Crescimento Desenvolv Hum*. 2008;2(18):107-15.
12. Schweigmann N, Rizzoti A, Castiglia G, Gribaudo F, Marcos E, Burroni N. Información, conocimiento y percepción sobre el riesgo de contra el dengue em Argentina: dos experiencias de intervención para generar estrategias locales de control. *Cad Saúde Pública*. 2009;1(25):S137-S148.
13. Borges BCD, Trindade FCS, Silva RSG, Fernandes MJM, Costa ICC, Pinheiro IVA. A escola como espaço promotor de saúde bucal: cuidando de escolares por meio de ações coletivas. *Rev Baiana Saúde Pública*. 2009;(33):7-25.
14. Salazar L. Evaluación de efectividad em promoción de la salud: Guía de evaluación rápida. Cali: CEDETES; 2003.
15. Salazar L, Vélez JÁ, Ortiz Y. Em busca de evidencias de efectividad em promoción de la salud em America Latina. Estado del arte de experiencias regionales. Proyecto regional de evidencias de efectividad de la peomoción de la salud em la America Latina. Santiago de Cali: IUPHE; 2003.
16. Hernandez J. Estrategia escuelas promotoras de la salud em instituciones de básica primaria de Bucaramanga. *Revist Univ Santander Salud*. 2007;3(39):143-51.
17. Rodriguez CAC. Estartegia metodológica para desarrillar la promocion de la salud em las escuelas cubanas. *Rev Cuba Salud Publica*. 2007; 2(33):1-7.
18. Villasante LP, Mares JR, Estrada AC, Alza SM, Parodi AF, Castro SF, et al. Efectividad de um programa educativo em estilos de vida saludables sobre la reducción de sobrepeso y obesidade em el Colegio Robert M Smith, Huaraz, Ancash, Perú. *Acta Med Per*. 2008;4(25): 204-9.
19. Gutierrez AM, Gomez OL. Evaluacion de processo de la estrategia escuelas saludables em la zona urbana del municipio de Cali. *Colômbia Médica*. 2007;4(38):386-94.
20. Salazar L. Evaluación de efectividad em promoción de la salud: Guía de evaluación rápida. Cali: CEDETES; 2003.
21. Salazar L, Vélez JÁ, Ortiz Y. Em busca de evidencias de efectividad em promoción de la salud em America

- Latina. Estado del arte de experiencias regionales. Proyecto regional de evidencias de efectividad de la promoción de la salud en la América Latina. Santiago de Cali: IUPHE; 2003.
22. Salazar L, Diaz C. La evaluación-sistematización: una propuesta metodológica para la evaluación en promoción de la salud. Um estudo de caso em Cali, Colombia. *Ciênc Saúde Coletiva*. 2004;9(3):545-55.
 23. Potvin L, Mc Queen DV. Practical dilemmas for health promotion evaluation. In: Potvin L, Mc Queen DV, editors. *Health Promotion Evaluation Practices in the Americas: values and research*. New York: Springer; 2008.
 24. Ministério da Saúde (BR). Projeto Promoção da Saúde: as cartas da promoção da saúde. Brasília: Ministério da Saúde; 2002. (Série B. Textos Básicos em Saúde)
 25. Ramos GS. El debate en torno de la Promoción de salud y la educación para la salud. *Rev Cub Salud Publica*. 2007;33(2):1-15.
 26. Tavares MFL, Barros CMS, Marcondes WB, Bodstein R, Cohen SC, Kligerman DC, et al. Theory and practice in the context of health promotion program evaluation. *Global Health Promotion*. 2007;1(14):27-30.
 27. Algebaile E. *Escola Pública e pobreza no Brasil: a ampliação para menos*. Rio de Janeiro: Lamparina, Faperj; 2009.
 28. Alarcão I. A Escola Reflexiva. In: Isabel Alarcão (Organizadora). *Escola reflexiva e nova racionalidade*. Porto Alegre: Artmed; 2001. cap. 1. p.15-30.
 29. Freire P. *Pedagogia do oprimido*. 50ª edição. São Paulo: Paz e Terra; 2011.

Mailing address:

Carmelinda Monteiro Costa Afonso.
Núcleo de Assistência Farmacêutica NAF. Escola Nacional de Saúde Pública Sergio Arouca.
Fundação Oswaldo Cruz - FIOCRUZ
Av. Leopoldo Bulhões, 1480/ 624
Bairro: Manguinhos
CEP: 21041-210 - Rio de Janeiro – RJ - Brasil
E-mail: carmen.afonso35@gmail.com