

# Health education in Portuguese schools: guidelines from the health and education sectors

Educação para a saúde nas escolas portuguesas: diretrizes dos setores da saúde e da educação  
Educación para la salud en las escuelas portuguesas: directrices para los sectores de la salud y la educación

Leonel Lusquinhos de Sousa Oliveira\*; Graça S. Carvalho\*\*

## Abstract

**Background:** In Portugal, all elementary and secondary schools are considered to be Health Promoting Schools.

**Objective:** To analyze the guidelines for the implementation of health promoting schools, issued by the health and education sectors, and assess whether they are consistent with international guidelines.

**Methodology:** Qualitative study, with content analysis of official documents using NVivo®11 Pro software.

**Results:** Both sectors (health and education) care about the Measures to be taken in order to provide organizational and cooperative conditions; define the Objectives clearly, which are coincident; consider active Methodologies/strategies, particularly project methodologies; present similar Areas/themes of intervention; and consider the Assessment essentially quantitative.

**Conclusion:** The health and education documents are convergent and complementary, with articulation between both sectors for an efficient implementation of health promoting schools.

**Keywords:** health promotion; health education; school health services; community health services; education

## Resumo

**Enquadramento:** Em Portugal, todas as escolas do ensino básico e secundário são consideradas Escolas Promotoras de Saúde.

**Objetivos:** Analisar as linhas orientadoras para a implementação de escolas promotoras de saúde, emanadas pelos setores da saúde e da educação e verificar se se coadunam com as linhas orientadoras internacionais.

**Metodologia:** Estudo de natureza qualitativa, com recurso a análise de conteúdo dos documentos oficiais utilizando o *software* NVivo® 11 Pro.

**Resultados:** Ambos os setores (saúde e educação) preocupam-se com as Medidas a adotar para proporcionar condições de organização e de cooperação; têm os Objetivos claramente delineados e coincidentes; consideram relevante as Metodologias/estratégias ativas, especialmente a metodologia por projeto; apresentam Áreas/temas de intervenção idênticas e consideram a Avaliação essencialmente quantitativa.

**Conclusão:** Os documentos da saúde e da educação são convergentes e complementares, havendo articulação entre ambos os setores para uma eficiente implementação de escolas promotoras de saúde.

**Palavras-chave:** promoção da saúde; educação para a saúde; serviços de saúde escolar; serviços de saúde comunitária; educação

## Resumen

**Marco contextual:** En Portugal, todas las escuelas de enseñanza primaria y secundaria se consideran escuelas promotoras de la salud.


**Objetivos:** Analizar las líneas orientadoras para implementar escuelas promotoras de la salud, emitidas por los sectores de la salud y la educación, y verificar si están acordes con las líneas orientadoras internacionales.


**Metodología:** Estudio cualitativo, para el cual se utilizó el análisis de contenido de documentos oficiales con el *software* NVivo® 11 Pro.

**Resultados:** Ambos sectores (salud y educación) se ocupan de las medidas por adoptar para proporcionar condiciones organizativas y de cooperación; tienen los Objetivos claramente delineados y coincidentes; consideran relevantes las Metodologías/estrategias activas, especialmente la metodología por proyecto; presentan Áreas/temas de intervención idénticos y consideran la Evaluación esencialmente cuantitativa.

**Conclusión:** Los documentos de salud y educación son convergentes y complementarios, con articulación entre ambos sectores para una implementación eficiente de las escuelas promotoras de la salud.

**Palabras clave:** promoción de la salud; educación en salud; servicios de salud escolar; servicios de salud comunitaria; educación

\*BSc., RN, University of Minho, Institute of Education, 4710-057, Braga, Portugal [leonelusquinhos@gmail.com].  <https://orcid.org/0000-0001-9144-2629>. Contribution to the article: bibliographical research; research design; data collection, treatment, analysis, and discussion, and writing of the article. Address for correspondence: Rua Sagrado Coração de Maria nº 4, 4705-479, Guisande, Braga.

\*\*Agregação, Full Professor, University of Minho, Institute of Education, 4710-057, Braga, Portugal [graca@ie.uminho.pt].  <https://orcid.org/0000-0002-0034-1329>. Contribution to the article: research design; data analysis and discussion, and writing of the article.

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## Introduction

In 1991, the World Health Organization (WHO) created the concept of Health Promoting Schools (HPS), meaning that the participating schools of this project implement a structured and systematic plan for the health improvement of all students and teaching and non-teaching staff (WHO, 1998). The ultimate goal of HPS is to improve schools and promote actions that benefit health, fostering knowledge and skills in the cognitive, social, and behavioral domains (International Union for Health Promotion and Education [IUHPE], 2009). For that to occur, it is necessary that the health and education sectors get involved in order to improve

the ability of citizens to handle their health and the health care system, improving the conditions for educational and professional success, improving the quality of life and contributing to the transformation of society, in particular eliminating unfairness. (Loureiro, 2015, p. 1)

This study seeks to analyze the guidelines for the implementation of HPS issued by the health and education sectors and assess whether they are consistent with international guidelines, in order to equip health and education professionals with an effective practice for school health promotion and education (SHPE), based on ministry guidelines.

## Background

The Health 2020 European strategy (WHO, 2013), defined within the context of the European Union Framework for Policies program, reinforces the importance placed on governments and society for the development of cross-actions for the health and well-being of communities. It raises awareness to the need to support the capacity for intervention in the public health domain (Loureiro, Miranda, & Pereira Miguel, 2013) which is also emphasized by the WHO Regional Committee for Europe (WHO, 2012).

Already in 1986, at the time of the WHO First World Conference on health promotion in Ottawa, Canada, five fundamental strategies

for intervention in public health were established, expressed in the famous Ottawa Charter (WHO, 1986): establishment of healthy public policies; establishment of sustainable environments; strengthening of community actions; development of personal skills; and reorientation of health services.

Since that historic conference, which led to the launch of the Ottawa Charter, eight more have been held, where various notions, principles, and action areas for health promotion were successively established with greater specificity. During the last one, held in Shanghai (China) in 2016, the promotion of health was framed within the context of the objectives of sustainable development (WHO, 2016a), resulting in two documents: Promoting Health in the Agenda of Sustainable Development (WHO, 2017) and the Shanghai Consensus on Healthy Cities (WHO, 2016b), which address the determinants of health.

In Portugal, many local governments have come to develop activities aimed at the improvement of education, the strengthening of social networks for more efficient coordination between institutions, in order to contribute to greater social cohesion and the promotion of their residents' health (Loureiro, 2013).

According to the IUHPE (2010), the concept of HPS is anchored on six pillars: i) policies for healthy schools; ii) the physical environment of the school; iii) the social environment of the school; iv) individual health skills and the capacity for action; v) connection to the local community; and vi) health services in partnership with the school.

One fundamental aspect for the successful implementation of the concept of HPS is the dialogue and joint effort of the ministries of health and education. Thus, it is necessary to:

Guarantee the existence of an ongoing, active, and overt commitment of governments and relevant jurisdictions to the implementation, renewal, monitoring, and evaluation of the health-promoting strategy (an effective way of formalizing this commitment is to sign a collaboration agreement between the ministries of health and education of the national government). (IUHPE, 2009, p. 3)

In this regard, in Portugal, the health sector (through the Directorate-General for Health)

and the education sector (through the Directorate-General for Education) aligned their goals and strategies for the national implementation of HPS, and thus, Portugal joined the 1994 European Network of Health Promoting Schools (ENHPS) with only ten pilot schools and four health centers (Faria & Carvalho, 2004). From 1997 onwards, an expansion took place (Faria & Carvalho, 2004), and currently, according to the European successor organization Schools for Health in Europe (SHE), all elementary and secondary Portuguese schools are considered to be HPS (SHE, 2013). Thus, it becomes necessary to ascertain what the ministries of health and education advocate at the level of guidelines, recommendations, and legislation regarding SHPE.

## Research questions

Do ministerial guidelines for health and education meet those which are advocated internationally for HPS?

Does appropriate articulation exist between said ministerial guidelines?

## Methodology

In this study, qualitative in nature, an analysis was conducted of the contents of the official documents and those in force of the ministries of health and education related to SHPE, using the NVivo® 11 Pro software. The inclusion criteria for the documents to be analyzed in this study were: (i) they must originate from the sectors of health and education, including legislation, guiding principles, recommendations, and opinions; and (ii) they must be related to SHPE.

Consequently, for the collection of documents, an online search was conducted on the official portals of the two sectors (health and education): the health sector (<https://www.dgs.pt/paginas-de-sistema/saude-de-a-a-z/saude-escolar/programa-nacional-de-saude-escolar.aspx>; <https://www.sns.gov.pt/sns/reforma-do-sns/cuidados-de-saude-primarios-2/publicacoes-e-documentacao-de-suporte/#>; <http://www.ordemenfermeiros.pt/documentos/Paginas/Colegios.aspx>); and the education

sector (<http://www.dge.mec.pt/educacao-para-saude>; <https://www.dgeste.mec.pt/>; <http://www.sec-geral.mec.pt/>).

A total of 29 documents were culled, seven of those originating from the Ministry of Health, fifteen from the Ministry of Education, six from both jointly and one issued by the Nurses' Association:

- Ministry of Health (S1 - Decree-Law no. 239/2015 of 14 October; S2 - Decree-Law no. 28/2008 of 22 February; S3 - Order no. 10143/2009 of 16 April; S4 - Order no. 8815/2015 of 10 August; S5 - Law no. 47/90 of 24 August; S6 - National plan for health revision and extension to 2020; S7 - National School Health Program Assessment of the 2014/2015 School Year);

- Ministry of Education (E1 - Decree-Law no. 139/2012 of 5 July; E2 - Decree-Law no. 6/2001 of 18 January; E3 - Decree-Law no. 74/2004 of 26 March; E4 - Order no. 19308/2008 of 21 July; E5 - Order no. 15987/2006 of 26 September; E6 - Order no. 19 737/2005 of 13 September; E7 - Order no. 25 995/2005 of 16 December; E8 - Order no. 2506/2007 of 20 February; E9 - Citizenship Education - guiding principles; E10 - Law no. 115/97 of 19 September; E11 - Law no. 46/86 of 14 October (updated); E12 - Law no. 49/2005 of 30 August; E13 - Support program for health development and education; E14 - Health development and education report 2012/2013; E15 - Health Education Benchmark);

- Ministry of Health and Ministry of Education (SE1 - Joint Order no. 734/2000 of 18 July; SE2 - Law no. 120/99, of 11 August; SE3 - Law no. 3/84, of 24 March; SE4 - Law no. 60/2009 of 6 August; SE5 - Ministerial Order no. 196-A/2010 of 9 April; SE6 - Collaboration protocol between the Directorate-General of Education and the Directorate-General of Health);

- *Ordem dos Enfermeiros* (OE1 - Opinion no. 14 / 2013, National School Health Program - Bureau of the college of nursing specialization for infant and pediatric health).

The documents were subject to content analysis, employing for that purpose the NVivo® 11 Pro software. To begin with, the wordstorm technique was applied to identify the words used most frequently in the documents, followed by the pre-defined categorization by means

of a first reading, leaving open the possibility throughout the analysis of new categories emerging relevant to the study (Bardin, 2009; Moraes & Galiuzzi, 2011). Finally, the units of analysis of the 29 documents were coded according to the following five categories: Adopted measures; Objectives; Methodologies/strategies; Areas/themes of intervention; Assessment.

## Results

### Documents analyzed

The 29 documents culled were categorized according to origination (health sector and

education sector) and to type (Official Gazette of the Republic – *Diário da República* - DR, Work Document - WD, Report - RT and Other documents - OD), as recorded in Table 1.

The DR type, which included Decree-laws and Orders, was the most common, with 21 documents. These were mainly from education (11) and only five from health, apart from the other five published by both sectors. An additional WD was found, issued by both sectors, three by the education sector and another by health. Two RT were found, one from health and another from education. The OD category included only one document that refers to an opinion issued by the *Ordem dos Enfermeiros*.

Table 1  
*Origin and type of documents*

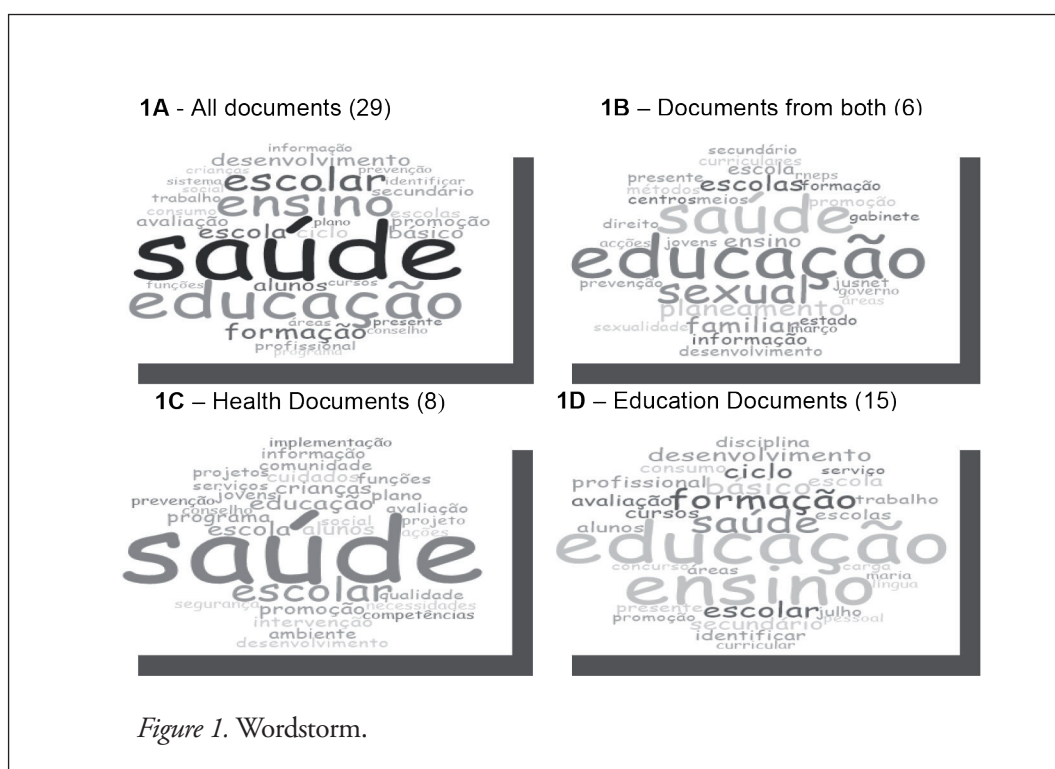
	Health Sector	Education Sector	Both	Total
Official Gazette	5	11	5	21
Work Document	1	3	1	5
Report	1	1	0	2
Other documents	1	0	0	1
Total	8	15	6	29

During an initial phase of the study, a search was conducted on NVivo®11 Pro software of the 30 words most frequently found in the collection of the 29 documents analyzed, resulting in the following five main words, in order of magnitude: health (*saúde*); education (*educação*); teaching (*ensino*); educational (*escolar*); and training (*formação*; Figure 1). In Figure 1, the text size is proportional to the frequency of the term.

An identical search for the 30 most frequently used words was also conducted but stemming from: the six documents issued by the two sectors (Figure 1B); the documents originating only from the health sector (Figure 1C); and

from the 16 documents of the education sector (Figure 1D).

The five words most frequently found in the documents from both sectors were: education (*educação*); health (*saúde*); sexual (*sexual*); planning (*planeamento*); and familiar (*familiar*) (Figure 1B). In the documents originating from only the health sector, the five main words were: health (*saúde*); educational (*escolar*); education (*educação*); school (*escola*); and program (*programa*; Figure 1C). In the documents originating from only the education sector: education (*educação*); teaching (*ensino*); health (*saúde*); training (*formação*); and educational (*escolar*; Figure 1D).



These data findings indicate that the selected documents focus, in fact, on aspects related to health and education in the school environment, which demonstrates they are relevant to the objective of this study, which is to know the ministerial guidelines and verify whether these meet those advocated internationally for health promoting schools.

Given that health promotion (HP) and health education (HE) are two key concepts of HPS, the number of occurrences of these terms was also queried in the documents under analysis. As expected, in the documents of the health sector, the concept of HP appears in greater number (71) than does the concept of HE (57), while on the other hand, in the health sector, the concept of HE is used more extensively (211) than that of HP (24). In the documents produced jointly by both sectors, the concept of HE (43) is mentioned more than HP (11). Overall, the most widely used concept is HE (311) compared to HP (106).

#### Analysis of documents by category

The five categories of analysis (Adopted measures; Objectives; Methodologies/strategies;

Areas/themes of intervention; Assessment) were applied to the 29 documents of the health and education sectors, in which the six documents produced by the two sectors were considered for both. The analysis carried out using the NVivo® 11 Pro software resulted in Figure 2, in which the area size is proportional to the number of occurrences in the respective category. Of the total 346 occurrences, it turns out that the Adopted measures category is the most common, with 105 occurrences (66 from education and 39 from health) while those of the Areas/themes of intervention category are the least common, with only 25 occurrences (17 from health and eight from education). Only the first category reflects a larger number of occurrences in the education sector; all the other categories are more predominant in the health sector. The 346 occurrences correspond to 208 (39+45+47+60+17) in the health sector and 138 (66+30+24+10+8) in the education sector (Figure 2). The most significant discrepancy between the frequency of occurrences occurred in the documents on Methodologies/strategies (60 in health versus 10 in education) and Areas/themes of intervention (17 in health versus eight in education).

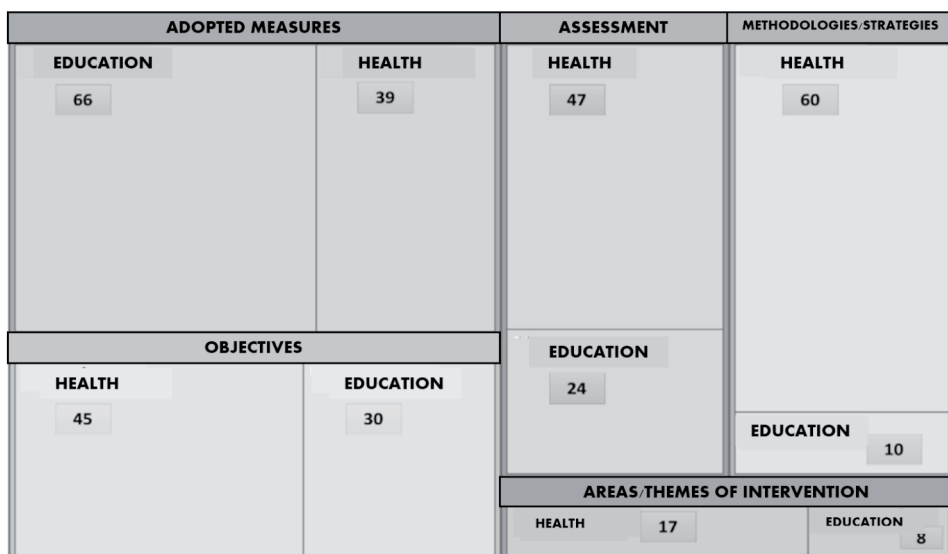


Figure 2. Number of occurrences by analysis category.

These figures show that the health sector focuses much more than education on the ideas of Methodologies/strategies and Areas/themes of intervention. Conversely, the education sector appears to focus much more than health on Measures to be adopted.

#### Analysis by category and by document type

The number of occurrences was determined, using the categorization described above (Adopted measures; Objectives; Methodologies/strategies; Areas/themes of intervention; and Assessment), according to the types of documents analyzed: DR; WD; RT; and OD. DR is the type with most documents (21), followed by WD, RT, and OD, with five, two, and one documents, respectively (Table 2). Of the 346 total occurrences, the vast majority

(268) were found in DR (with 196 in the health sector and 72 in education), which was to be expected in so far as this type contained the most documents. The Methodologies/strategies category (58) contributed the most in the health sector, while in the education sector, it was the Adopted measures category (57).

In contrast to the health sector, which only put forward nine occurrences in WD, the education sector reflects a high number of occurrences (57) in this type, most of which (21) are in the category of Assessment. Despite this, there were only five documents under analysis (Table 2).

The other two types with few documents, RT (2) and OD (1), show few occurrences in the health sector (1 and 2 respectively), but in the education sector, there are nine occurrences in RT.

Table 2

Number of occurrences by analysis category and by document type

	Official Gazette (n = 21)		Work Documents (n = 5)		Reports (n = 2)		Other documents (n = 1)		Total
	Health	Education	Health	Education	Health	Education	Health	Education	
Adopted Measures	33	57	5	9	0	0	1	0	105
Objectives	42	12	2	18	0	0	1	0	75
Assessment	46	1	0	21	1	2	0	0	71
Methodologies	58	1	2	6	0	3	0	0	70
Areas of Intervention	17	1	0	3	0	4	0	0	25
Total	196	72	9	57	1	9	2	0	346

These results show that the DR were the main source of category analysis occurrences, particularly regarding the Methodologies/strategies in the health sector and the Adopted measures in the education sector. Next is the WD type, in which the education sector was most featured, especially in the category of Assessment.

### **Interpretive analysis by category and by document type**

In order to interpret the contribution of the sectors of health and education for the implementation and monitorization of the HPS, the interpretative analysis of occurrences (units of analysis) is presented, coded in each category (Adopted measures; Objectives; Methodologies/strategies; Areas/themes of intervention; and Assessment) and by origin of the different types of documents (DR; WD; RT; and OD).

#### *Adopted Measures*

In the category of Adopted measures, the health sector demonstrates a willingness to shoulder, among others, effective partnership commitments with school groupings, and specifies that the Units of Community Care prioritize acting in the HE and implementing the National Program for School Health, further establishing health professional-to-child ratios within the scope of school health (Table 3A).

In turn, the education sector includes, among other measures, the HE in the educational project of the school, which ensures the establishment of a team dedicated to health education in each grouping or non-grouped school (Table 3A).

These excerpts from the units of analysis are examples of how both sectors focus on the

conditions of organization and cooperation to ensure the promotion and education of health in the school setting.

#### *Objectives*

As regards the Objectives outlined by each sector for the SHPE, these appear to overlap, focusing on the improvement of health knowledge and literacy as well as promoting the capacity of children and youth, as well as of all the school community, to make appropriate decisions for their health and well-being (Table 3B).

#### *Methodologies/strategies*

Regarding the Methodologies/strategies category for the implementation of health promotion and education in the school setting, it is evident that both sectors are practitioners of active methodologies (Berbel, 2011; Diesel, Baldez, & Martins, 2017), in particular, the project methodology, where the health sector stresses a multidisciplinary and holistic approach, and the education sector emphasizes the diagnostic and assessment process (Table 3C).

#### *Areas/themes of intervention*

The documents of both sectors define the Areas/themes of intervention identically, although the health sector tends to establish a broader thematic range, as observed in Table 3D.

#### *Assessment*

Regarding the Assessment category, the health sector delivers a set of 43 indicators for implementation at a national level; some focused on processes and the others on results, where the data is usually requested in percentages (Table 3E). The education sector, in turn, sets forth monitorization and assessment, using descriptive and correlative methods, highly centered on organic units (Table 3E).

Table 3  
*Excerpts from the units of analysis*

A – Excerpts from the units of analysis – ADOPTED MEASURES		Typology
Health Sector	• “The Ministry of Health ensures the conditions of cooperation of the health units with the school groupings or non-grouped schools” (SE4)	DR
	• “The UCC delivers health care (...) and also acts in health education, (...); Interventions in programs within the scope of protection and promotion of health and disease prevention in the community, such as the National School Health Program” (S3)	DR
	• “Support the implementation and operationalization of projects for health development” (SE6)	WD
	• “The ratio of (...) one nurse for each group of 1500 healthy children, one Nurse for every 250 students that require daily nursing support or interventions such as special inclusion education and one Nurse for every 125 students with special health needs” (OE1)	OD
Education Sector	• “Schools, within the scope of their autonomy, should develop projects and activities that contribute to the personal and social development of students, specifically civic education, health education” (E1)	DR
	• “The Groupings/Schools should include in School Education Project (PEE) the themes relating to the Promotion and Education for Health” (E5)	DR
	• “As of 2005, the School Education Project must include an area of Health Education” (E13)	WD
	• “Each school grouping and non-grouped school constitutes a health education team” (SE4)	DR
B - Excerpts from the units of analysis - OBJECTIVES		
Health Sector	• “Improving the level of physical, mental and social well-being and contribute to the improvement of the quality of life” (OE1)	OD
	• “Promote healthy lifestyles and raise the level of literacy for the health of the educational community” (S7)	DR
	• “Develop benchmarks and integrated guidelines that incentivize the opportunities for the promotion and protection of health and disease prevention” (S6)	WD
	• “Contribute to the improvement of the quality of school environment and to minimize the risks to health” (S7)	DR
Education Sector	• “Endow children and youth with the knowledge, attitudes and values that help create options and make decisions appropriate to their health and their physical, social and mental well-being (E9)	WD
	• “Develop and maintain a democratic, inclusive and engaged school community” (E13)	WD
	• “Strengthen the promotion of health in the school environment and in the educational community, as a prioritized vector in the national education and health policies” (SE1)	DR
C - Excerpts from the units of analysis – METHODOLOGIES/STRATEGIES		
Health Sector	• “The intervention of Health in School requires broad and cross-cutting approaches, apart from Health and Education, leadership to influence society as a whole, organization of resources on behalf of reducing health inequalities and shared responsibility by all for the sustainability of the process” (S7)	DR
	• “The promotion of health in the school environment, founded on the principles of the HPS and on a methodology of project work, (...)” (S7)	DR
	• “Holistic approach of Health in School or of the School (...) and an approximation to the intervention model of HPS in its six components: healthy school policies; physical environments; social environment; individual competencies and capacity for action; partnerships; active participation of School Health” (S7)	DR



Education Sector	<ul style="list-style-type: none"> <li>• “Develop the project of Health Education based on a diagnostic, objectives and goals, addressing priority areas, taking into account the different levels of education” (E14)</li> </ul>	DR
	<ul style="list-style-type: none"> <li>• “(...) in the curriculum plan, improving the relationship between program contents and life at a school level and from a classroom context” (SE1)</li> </ul>	RT
	<ul style="list-style-type: none"> <li>• “The school should promote a culture of high exigencies founded on self-evaluation and accountability through the implementation of a system of monitorization of health promotion and education” (E13)</li> </ul>	WD
Education Sector	<ul style="list-style-type: none"> <li>• “Develop the project of Health Education based on a diagnostic, objectives and goals, addressing priority areas, taking into account the different levels of education” (E14)</li> </ul>	DR
	<ul style="list-style-type: none"> <li>• “(...) in the curriculum plan, improving the relationship between program contents and life at a school level and from a classroom context” (SE1)</li> </ul>	RT
	<ul style="list-style-type: none"> <li>• “The school should promote a culture of high exigencies founded on self-evaluation and accountability through the implementation of a system of monitorization of health promotion and education” (E13)</li> </ul>	WD
D - Excerpts from the units of analysis – AREAS/THEMES OF INTERVENTION		
Health Sector	<ul style="list-style-type: none"> <li>• “Mental health and social-emotional competencies; education emotions and sexuality; healthy nutrition and physical activity; personal hygiene and oral health; sleeping habits and rest; postural education; prevention of the use of tobacco, alcoholic drinks and other psychoactive substances, as well as of addictive behaviors without substance use; sustainable development; safe and healthy school environment; assessment of environmental risks to health; accident prevention and first aid” (S7)</li> </ul>	DR
Education Sector	<ul style="list-style-type: none"> <li>• “Mental health and violence prevention; Nutrition education and physical activity; Prevention of addictive behaviors and dependencies; Affections and education for responsible sexuality” (E13)</li> </ul>	WD
	<ul style="list-style-type: none"> <li>• “Nutrition, oral health, safety, immunizations, sexuality, prevention of smoking, alcoholism, drug dependency, and AIDS” (SE1)</li> </ul>	DR
E - Excerpts from the units of analysis - ASSESSMENT		
Health Sector	<ul style="list-style-type: none"> <li>• “A set of 43 indicators” (S7)</li> </ul>	DR
	<ul style="list-style-type: none"> <li>• “Percentage of children/ students of Educational Establishments covered by the PNSE (National Program for School Health) subject to education actions for health (EpS) embedded in Projects of Promotion and Education for Health, according to the Educational level” (S7)</li> </ul>	DR
	<ul style="list-style-type: none"> <li>• “Percentage of the teaching staff of the Educational Establishments covered by the PNSE subject to EpS actions embedded in Projects of Promotion and Education for Health, according to the Educational level” (S7)</li> </ul>	DR
	<ul style="list-style-type: none"> <li>• “Percentage of students of Educational Establishments covered by the PNSE with an excellent level of health literacy in the 5<sup>th</sup>, 7<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades of the Primary and Secondary Education (PSE)”(S7)</li> </ul>	DR
	<ul style="list-style-type: none"> <li>• “The assessment will draw from descriptive methods and correlative methods” (E13)</li> </ul>	DR
Education Sector	<ul style="list-style-type: none"> <li>• Organic Units Rate that indicates the participation of students in the design and development of the project Promotion and Education for Health” (E13)</li> </ul>	WD
	<ul style="list-style-type: none"> <li>• “Number of Organic Units that promote training actions for the different education agents” (E13)</li> </ul>	WD
	<ul style="list-style-type: none"> <li>• “Number of Organic Units that indicate parents/guardians on the Promotion and Education for Health team” (E13)</li> </ul>	WD
	<ul style="list-style-type: none"> <li>• “The assessment and monitorization are centered on the Organic Units” (E13)</li> </ul>	WD

Note. DR = *Diário da República*; WD = Work Document; RT = Report; OD = Other documents.

## Discussion

The current study conducted a content analysis (utilizing NVivo® 11 Pro software), applying five analysis categories (Adopted measures; Objectives; Methodologies/strategies; Areas/themes of intervention; and Assessment) to the documents of diverse typologies (DR; WD; RT; and OD) originating from the sectors of health and education. In this way, the study sought to know and compare the guidelines issued by both sectors, in order to understand the articulation between both and determine if these aligned with the international guidelines for the promotion and education of health in the school setting.

During the first phase, through the analysis of word frequency (Wordstorm), it was determined that the 29 documents selected for content analysis focused in fact on aspects related to health and education in the school setting, signaling these were appropriate sources for the present study. The results of the content analysis showed that the health sector employs, with greater frequency than the education sector, the concept of HP, which is defined as:

Any activity carried out for the improvement and/or protection of health for all school users, . . . which includes the provision and development of activities related to healthy school policies, the physical and social environment of the school, the curriculum, the interconnection with the community and with health services. (IUHPE, 2010, p. 2)

The education sector, in turn, utilizes HE as a critical concept, defined as “a communication activity that entails a teaching-learning pertaining to a series of knowledge, beliefs, attitudes, values, abilities and competencies” (IUHPE, 2010, p. 3), which is related to the development of the self, where students, in particular, are the target group.

From the analysis of word frequency in the five analysis categories, moreover, it was determined that the health sector was primarily concerned with the Methodologies/strategies and the Areas/themes of intervention, while the education sector was primarily concerned with the Adopted measures in the SHPE.

The extracts from the units of analysis in the five categories illustrated that the sectors of health and education: (i) are focused on the

Adopted measures to provide conditions of organization and cooperation in order to ensure the promotion and education for health in the school environment; (ii) have clearly outlined and coincided the Objectives in order to increase health literacy and the capacity to make decisions beneficial for health and well-being; (iii) consider relevant, active Methodologies/strategies, in particular, the project methodology, acting in a complementary manner, in which the health sector stresses a multidisciplinary and holistic approach, and the education sector emphasizes the diagnostic and assessment process; (iv) set forth identical Areas/themes of intervention; and (v) the Assessment is mainly quantitative in nature, the health sector focusing on the processes and results and the education sector on the diagnostics, monitorization, and assessment. As a whole, this study demonstrates that articulation exists between the two sectors, confirming that both the sectors of health and education have drawn up convergent and complementary documents for the promotion and education of health in the school environment, in order to fulfill international proposals, such as, for instance, those of the IUHPE (2009) and the SHE (2013).

The documents analyzed are, for the most part (22 of 29), Decree-Laws and Dispatches published in DR, which means that their scope is of a national level and, as such, their implementation potentially more effective. The legislation analyzed in this study confirms a strong interministerial commitment aiming for active participation from multidisciplinary teams of health and education professionals with the common goal of building a project organized around an effective HPS at a national level. In fact, the implementation of the HPS model originated more than two decades ago when Portugal joined the European network ENHPS in 1994 (Faria & Carvalho, 2004; SHE, 2013), and the legislation currently in force suggests the continuation of interministerial interest in moving forward together so that children and youth may develop their health competencies.

## Conclusion

This study analyzed the official documents of the sectors of health and education which set

out the conditions for the implementation of the promotion and education for health in the school environment, which proved to be appropriate both in the coincident and complementary perspectives of the two sectors, and in the efficient articulation between them, such as is proposed internationally. What becomes important to know now is how, in practice, schools carry out the activities for the promotion and education for health. This study affords health and education professionals who develop their activity in the SHPE the possibility of an effective practice anchored in guidelines, recommendations, and ministerial positions from both sectors.

This study, in its developmental stage, intends to compare the official, theoretical ideology of ministerial guidelines with the reality of the schools and to find synchronicities and dysfunctions between the sectors of health and education in the field. The purpose is to find the best conditions of articulation in practice between the two sectors so that children and youth can develop their health skills in the most effective manner possible.

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