



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

CASE REPORT ARTICLE

HEALTH IN ROUNDS: INTERSECTORAL EXPERIENCE BETWEEN HEALTH AND EDUCATION

SAÚDE EM RODA: A EXPERIÊNCIA INTERSETORIAL ENTRE SAÚDE E EDUCAÇÃO

SALUD EN RUEDA: LA EXPERIENCIA INTERSECTORIAL ENTRE SALUD Y EDUCACIÓN

Suellen Gomes Barbosa Assad¹, Silvia Cristina Pereira dos Santos², Marcos Paulo Fonseca Corvino³, Elaine Antunes Cortez⁴, Florseny Leonardo de Souza⁵, Lauanna Malafaia da Silva Alves⁶

ABSTRACT

Objective: to report health and education problems of children in the first cycle of learning, involving family, education and health professionals. **Method:** experience report arising from the first meeting of the Health Rounds Project held with the purpose of discussing the health and education problems of children in first cycle of learning, involving family, education and health professionals, and based on this, promoting guiding actions to families, and problematizing such situations. **Results:** a group of early childhood education aged with children between five and six years was selected due to the specificity of reading and writing process that children of the last year of kindergarten and first year of the cycle begin to experience. **Conclusion:** these subsidies clearly showed that actions for children in this school stage require intersectoral integration between health and education. **Descriptors:** Education; Intersectoral Action; School Health.

RESUMO

Objetivo: relatar sobre os problemas de saúde e educação que crianças do primeiro ciclo de aprendizagem apresentam, envolvendo família, profissionais da educação e da saúde. **Método:** relato de experiência advindo da primeira reunião do Projeto Saúde em Roda que visa a discutir os problemas de saúde e educação que as crianças do primeiro ciclo de aprendizagem apresentam, envolvendo família, profissionais da educação e da saúde, e a partir daí, promover ações de orientação às famílias, problematizando tais situações. **Resultados:** foi selecionada uma turma da Educação Infantil com faixa etária entre cinco e seis anos devido à especificidade do processo de construção da leitura e escrita que as crianças do último ano da educação infantil e do primeiro ano do ciclo começam a experimentar. **Conclusão:** a partir destes subsídios, foi notório que ações voltadas para criança nesta fase escolar necessitam de atuação intersectorial entre Saúde e Educação. **Descritores:** Educação; Ação Intersectorial; Saúde Escolar.

RESUMEN

Objetivo: relatar sobre los problemas de salud y educación que niños del primer ciclo de aprendizaje presentan, envolviendo familia, profesionales de la educación y de la salud. **Método:** relato de experiencia de la primera reunión del Proyecto Salud en Rueda que visa discutir los problemas de salud y educación que los niños del primer ciclo de aprendizaje presentan, envolviendo familia, profesionales de la educación y de la salud, e a partir de ahí, promover acciones de orientación a las familias, problematizando tales situaciones. **Resultados:** fue seleccionada una turma de la Educación Infantil con edad entre cinco y seis años debido a la especificidad del proceso de construcción de la lectura y escrita que los niños del último año de la educación infantil y del primer año del ciclo comienzan a experimentar. **Conclusión:** a partir de estos subsidios, fue notorio que acciones dirigidas para niños en esta fase escolar necesitan actuación intersectorial entre Salud y Educación. **Descriptores:** Educación; Acción Intersectorial; Salud Escolar.

¹Nurse, Master, Specialist in Health Promotion, Fluminense Federal University/UFF. Niterói (RJ), Brazil. E-mail: suellengomesbarbosa@gmail.com; ²Psychologist, Master, Specialist in Mental Health/Psychiatry, Fluminense Federal University/UFF. Niterói (RJ), Brazil. E-mail: silviacps56@gmail.com; ³Physician, PhD in Public Health/USP, Associate Professor at the Fluminense Federal University/GEPSS/UFF. Niterói (RJ), Brazil. E-mail: corvino.m@gmail.com; ⁴Nurse, PhD in Nursing, Full Professor, Fluminense Federal University/MEP/UFF. Niterói (RJ), Brazil. E-mail: nanicortez@hotmail.com; ⁵Nurse, Master, Fluminense Federal Institute/IFF. Campos (RJ), Brazil. Email: florseny@gmail.com; ⁶Nurse, Master, Fluminense Federal Institute/IFF. Campos (RJ), Brazil. E-mail: laumalafaia@gmail.com

INTRODUCTION

Educational processes have overcome obstacles with a view to meet the demands of the children starting school life. This fact is reflected in the difficulty that some of these children in building the literacy process due to various reasons involving health, education, and socioeconomic and cultural issues, family issues, among others. The role of education, therefore, is to meet individual differences, needs and interests of students, emphasizing the mental processes and cognitive skills necessary to adapt to the social environment, which is the center and the subject of knowledge.¹

The Family Health Strategy (FHS) aims to promote assistance directed by the broadened health concept that seeks quality of life and not merely the absence of disease through access to actions and care services. This involves sensitive professionals qualified through a new training policy and an ongoing process of education of human resources.²

In this context, a new way of working is clear in the intersectoral networking. This is based on the recognition of the need to create new alternative interventions that depend on the articulation of other views, knowledge and strength. It is necessary to understand and listen to the opinion of other professionals and sectors so that the work may be a precursor of change processes in the healthcare model.³

Advances have been made with regard to the proposition of public intervention policies to problems of risks during childhood and adolescence. However, there is still much to do to ensure the right to health, as assumed in the Brazilian law.⁴ Thus, the school environment stands out as a scenario of choice for health services. The articulation between the FHS and the school represents a common and frequently cited intersectoral experience.⁵

Consistent with the current context of education and health in the country, the Health Rounds Project has been proposed. This is a partnership between health and education involving a municipal school in the Fluminense Baixada and a Family Health Team of the same territory that was established due to the observation of health needs of children. This school unit is not in the included in the School Health Program, which aims at the permanent integration and link between education and health, providing improvement in the quality of life of the population.⁶

The project works themes in rounds of talks that are proposed by the leaders of the group and by the speeches of students in the classroom. Data collected serve to promote guiding actions and discussions with families, problematizing the situations they face. From each round of talks, the issues raised are discussed by groups and coping strategies are proposed, and after put into practice, they are discussed in the following round.

This study aims to discuss health and education problems that children have, involving three main groups: family, education professionals and health professionals. This is so because health policies are materialized in services by the actions of social actors and their daily practices.⁷

METHOD

This is an experience report that came from reflection and discussion during the course of the Professional Masters in Health Education, Fluminense Federal University, resulting in restlessness of the authors who propose a way to change the working scenario, which culminated in the first meeting of the Project.

A semi-structured questionnaire formulated by the nurse of the FHS and by the deputy director of the school was applied, to collect data on the child's history from gestation up to the present age. A group of 20 kindergarten students was selected to participate in the project. This group comprised the age group between five and six years, in order to prepare them for the 1st year of elementary school.

The criteria for choosing the group was the specificity of the reading and writing process that children experience from the last year of kindergarten and the first year of the cycle. Schools and families are responsible for transmission and construction of culturally organized knowledge, emerging as key institutions for triggering evolutionary processes, acting whether as driving or inhibiting factors for the physical, intellectual, emotional and social growth of people.⁸

RESULTS AND DISCUSSION

The first experience was the round talk on the project, introducing the questionnaire to parents. This occurred in the evening of a day in September 2013, with participation of 12 parents, and the deputy director who mediated the debate. The deputy director began the Round explaining the purpose of the project, the need for the questionnaire and

that this would have a reflection in the health of the child. Throughout the whole period of discussion, parents had a participatory attitude and accepted the proposal.

After the round, the analysis of the questionnaire started obtaining the following results: 11 mothers had full term children, eight children were born through vaginal birth, 11 children were breast-fed at the mother's breast, seven children have difficulty to sleep, eight children go to pediatricians, only three children are followed by other specialists that are not pediatricians and nine children need evaluation from other specialists (psychologist, physical therapist, speech therapist, allergist and dermatologist).

There was predominance of normal birth, more than 50% of children have difficulties to sleep, and there is need for medical evaluation from other experts but children are not receiving assistance. All children had vaccine schedule in due time and the adults responsible for these children consider vaccination important to prevent diseases. Based on this analysis, actions were proposed and discussed with participation of health and education representatives and adults responsible for the children.

The round talks problematized the health issues experienced by students and measures to improve the health of students of this community were taken in partnership with such sectors. The objective was to open the dialogue between the health service, education and families, since this influences the performance of these children and relates their learning difficulties. Thus, these points should be addressed in health promotion actions of school teams in partnership with the actions of the FHS.⁹

This initially led to the realization of a Sessional Saturday, which occurred in June of this year. The theme chosen by parents for the Round was vaccination, and then a morning coffee was held with participation of parents of kids in Early Childhood Education and all school teachers, and this lasted a whole morning.

The subject was approached by the nurse in a dynamic manner, with presentation of the vaccination calendar of all-ages. This attracted the attention of parents even for their own health situation. In the Family Health Strategy, users remain linked to their daily lives, highlighting the complexity of the educational relationship. It is in this context that they make their own choices, making it important to know their own health and its relationship with the way they live and work.¹⁰

The next step was to initiate internal and external (to school) intersectoral actions in order to face the difficulties presented by the children.

Internally, two cloth dolls named Saudete and Saudoso were used to work collectively in a playful manner the issues highlighted in the questionnaire as health problems, seeking awareness and disease prevention. Strategically, a monthly theme was proposed according to each problem evidenced in the questionnaire. The dolls would visit classes on Thursdays to propose an activity to be developed by students in a circle, always with the objective of causing a reflection and collective construction on issues addressed.

Another action proposed by the team of teachers was to bring the support of nursing students to contribute to the discussions with groups of parents. This is useful because the reflection about care and other topics, such as immunization, oral health, pediatric care, also appear as demands in the questionnaire information.

Externally, the project is also linked to a health clinic near the School Unit, thus expanding the range of health care specialties to assist the student's health. When it comes to child health, assistance in health services may have a limited impact if the fact that parents, families, communities and all caregivers who assist this population, including professionals from various fields, play a key role in children's health protection is not taken into account.¹¹ Therefore, the FHS, Education, Academia and Clinic, together with families and students seek to reach a significant and integral advancement to improve the quality of life and health of students.

CONCLUSION

In face of the difficulties encountered by children in the literacy process, among which reveal those related to the health sector, discussing intersectoral action for health promotion is an identification factor of the challenges and possibilities in the attention of the working process Basic in the context of FHS.

Based on the questionnaire indicators, it is clear that actions aimed at children in school age need the intersectoral performance of professionals, for success in school and for a better quality of child development.

Thus, the data collected at each round promoted action guidelines and discussions with families, problematizing the situations faced by them. Furthermore, we sought,

Assad SGB, Santos SCP dos, Corvino MPF et al.

through intersectoral action, to provide a better quality of life for these children, through joint actions between the FHS and education as strategic groups acting in school and territorial scenarios.

REFERENCES

1. Libâneo JC. Didática. São Paulo: Cortez, 1994.
2. Ministério da Saúde (BR), Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação em Saúde. Política Nacional de Educação Permanente em Saúde. Brasília (BR): MS, 2009.
3. Silva KL, Rodrigues, AT. Ações Intersetoriais para Promoção da Saúde na Estratégia Saúde da Família: experiências, desafios e possibilidades. Rev Bras Enferm on line [Internet]. 2010 [cited 15 Aug 2014];63(5):762-69. Available from: <http://www.scielo.br/pdf/reben/v63n5/11pdf>
4. Fonseca FF, Sena RKR, Santos RLA, Dias OV, Costa SM. The vulnerabilities in childhood and adolescence and the Brazilian public policy intervention. Rev paul pediatr [Internet] 2013 June [cited 2015 Aug 01]; 31(2):258-64. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010305822013000200019&lng=en&nrm=iso
5. Santos LNM, Oliveira EAR, Silveira FDR, Castro SFF, Pedrosa JIS, Nogueira, LT. Intersetorialidade e saúde na estratégia saúde da família: revisão integrativa. J Nurs UFPE on line [Internet]. 2013 May [cited 2015 Aug 8];7(7):4868-74. Available from: <http://www.revista.ufpe.br/revista/enfermagem/index.php/revista/article/view/3925>
6. Ministério da Educação (BR). Departamento de Gestão da Educação em Saúde. Programa Saúde na Escola. Brasília (BR): MS; 2009.
7. Alves VS. Um modelo de educação em saúde para o Programa Saúde da Família: pela integralidade da atenção e reorientação do modelo assistencial. Interface Comunic Saúde Educ. 2005; 9(16):39-52.
8. Pereira S, Santos JN, Nunes MA, Oliveira, MG, Santos, TS, Martins-Reis VO. Health and education: a partnership required for school success. CoDAS [Internet] 2015 Feb [cited 2015 Aug 03];27(1):58-64. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S231717822015000100058&lng=en&nrm=iso
9. Dessen MA, Polonia, AC. A família e a escola como contextos de desenvolvimento humano. Paidéia [Internet]. 2007 Jan/Apr

Health in rounds: intersectoral experience...

[cited 2015 Aug 8];17(36):21-32. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010363X2007000100003&lng=en&nrm=iso

10. Ministério da Saúde (BR), Instituto para o Desenvolvimento da Saúde, Universidade de São Paulo. Manual de Enfermagem. Brasília (BR): MS; 2001.

11. Andrade RD, Santos JS, Pina JC, Furtado, MCC, Mello DF. Integrality of actions among professionals and services: a necessity for child's right to health. Esc Anna Nery [Internet] 2013 Dec [cited 2015 Aug 1];17(4):772-80. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452013000400772&lng=en&nrm=iso

Submission: 2016/08/14

Accepted: 2016/12/23

Publishing: 2017/01/15

Corresponding Address

Suellen Gomes Barbosa Assad

Rua Garibaldi, 75/305

Bairro 25 de Agosto

CEP: 25075-080 – Duque de Caxias (RJ), Brazil