S·H·E
Schools for Health in Europe

MATERIALS FOR TEACHERS

2020 version

Health Promoting Schools: the reduction of social inequalities

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INDEX

INTRODUCTION

The year 2020 will be remembered in world history, by the pandemic of the new coronavirus (COVID-19). The swift proliferation of coronavirus required people to change their habits and behavior, with negative consequences also in the political and economic structure of societies. At the height of the crisis, some countries realized that, for certain social strata, simple actions such as washing hands, maintaining social distance and staying at home, were not feasible. Social inequality has become more evident! How to wash your hands regularly, if there is no water in the tap? How to keep your distance when your family is large and everyone lives together in a small house? How to stay at home when there is no other way to feed the family but to go out and work?

Some countries have gradually begun to overcome social isolation and to retake their daily activities, however, afraid of new "waves" of contamination. There are few certainties about the post-pandemic period, but one of them, specifically related to Health Promoting Schools (*HPS*), is that schools will have to intensify approaches on the theme of health (understood in all its breadth).

During 2019, SHE, in its material for *HPS* teachers, highlighted the importance of student participation (and of the school community as a whole) to promote its essential principles and values, as well as to develop a healthier school environment. Now in 2020, the challenge is, through the active participation of students, to verify the health demands of the school community and collectively build alternatives that collaborate with the reduction of social inequalities, which directly or indirectly impact people's health.

To face this challenge, the material we present foresees that each school community, based on its demands, collectively builds its health promotion project. The objective is to make students, together with the school community, understand the mechanisms of creation, maintenance and expansion of inequalities; identify the determinants of these inequalities and, through theoretical and structural basis, develop autonomous and sustainable health promotion actions that can collaborate with the process of reducing social inequalities that negatively interfere with well-being and quality of life and health of the community.

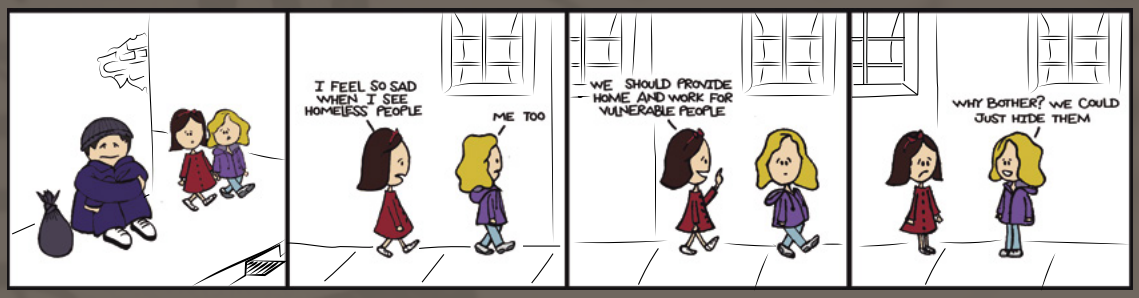


Figure 1.
Hegemonic thinking in the face of inequalities.

We present in this material a set of activities, organized in the form of a Popular Education in Health project. The project aims to, through awareness, participation and empowerment of the school community, investigate the demands and collectively build alternatives that collaborate with the reduction of social inequalities, which directly or indirectly impact health. Therefore, we invite you to think with us about the possibilities of action of Health Promoting Schools, capable of transforming people's everyday lives, in order to identify and reduce health inequities.

Throughout the material you will find dialog boxes, illustrations or comic strips that are intended to pause reading and lead you to reflect on the daily life of inequalities.
We organize four types of dialog boxes, namely:

LET'S TALK ABOUT IT?:
an invitation for teachers to talk about everyday situations.

TO KNOW MORE...:
suggestions for further reading to collaborate with the understanding of the text.

FOOD FOR THOUGHT:
important reflections on the topics covered in the text.

TRY TO DO IT!:
Suggestions for activities or actions to be inserted throughout the development of the project.

PART I

HEALTH PROMOTING SCHOOLS

Health Promoting Schools

We believe that you are already familiar with the *HPS* proposal, so in this section of the manual, we will only recall the main characteristics of this model, then recap the principles and values established by SHE.

To assist you in understanding the *HPS* approach, we will highlight its characteristics. The first is that the *HPS* do not carry out specific actions to work with the health issue within the school. It is understood that the school should work on the theme as a whole, in order to identify the specific demands of the school community (students, teachers, principals, parents and guardians and other school staff). The *HPS* are concerned with the development of the skills and competences of the entire school community (individually and collectively), in order to achieve autonomy and awareness of what conditions lead to the state of well-being and health. All of these characteristics will only be valid if they are diluted throughout the school's educational policy, passing through the school curriculum, the school environment and its surroundings and the most simple actions of everyday school life.

LET'S TALK ABOUT IT?:

What is health for you? The concept of health can no longer be reduced to the absence of disease. Therefore, the following questions help:
Does the environment where I live influence my health?
Does my family income influence my choices related to food, leisure and culture?
Does our consumption pattern influence too much or too little in the production of garbage on the planet, affecting ecosystems?
These questions are just a few of which help to expand the concept of health. After this mental exercise, elaborate a synthesis of your reflections and share, be in solidarity, encourage the collective expansion of thought.

Around the world, education and health are inexorably linked. Both the education and health sectors have the common goal of providing opportunities for students to acquire greater capacity to deal with health and related issues throughout their lives. Because they are spaces in which the main pedagogical and social relationships of the individuals are established, and where many of them pass or will pass at some point in their lives, schools are considered appropriate places for the development of health education action.

TO KNOW MORE...

Although education is a basic human right, having uninterrupted access to education remains a challenge for millions of people around the world. There are numerous barriers that hinder access to education. Some data make us reflect:

- One in five children, adolescents and young people around the world is out of school. Number practically unchanged in the last five years.
- West and South Asia have the majority of illiterates aged 15 and over, representing 52% of the world's 774 million illiterates.
- 493 million women are illiterate, representing two-thirds of the world's illiterate population in 2013.
- Worldwide, there are more than 150 million children aged 3 to 5 who do not have access to pre-primary education, including more than 80% of children in low-income countries.

Increased education can improve the health and longevity of a population, help the growth of economies and increase the general quality of life for many. The biggest challenge is providing equal access to education for all.

Read more about it at https://ourworldindata.org/global-education

Health education in the school environment is a communication activity, so it is a two-way street that has the principle of respecting the set of knowledge, beliefs, attitudes, values, skills and competences of the individuals who participate in this process.

The students' experiences, inside and outside the school, must enable them to establish relationships between the health theme and the reality of the social and environmental context of their own lives.

This approach is based on dialogue and problematization of the meanings attributed to health and proposes alternative paths to those centered on the strictly technical and scientific discourse. In contexts of social inequality, health promotion actions need to focus on building capacities that relate not only to communication, but to access to fundamental resources for the preservation of life. Such capacities must meet assertiveness or critical reflection on your role as a citizen within a complex society with contradictory health values.

SHE defines six main characteristics of school health promotion practices (also called six components of an *HPS*).

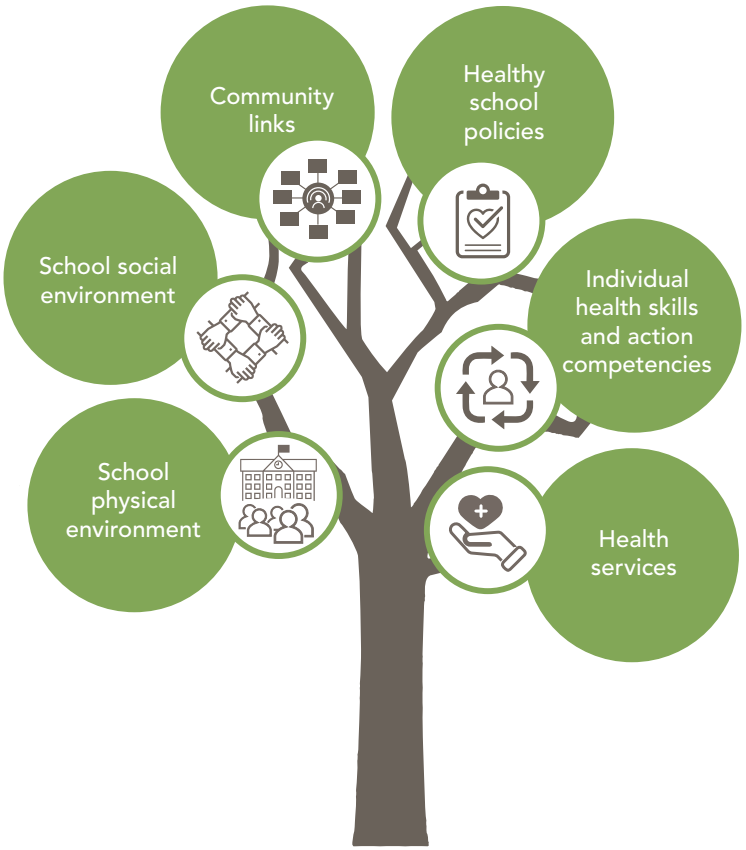


Figure 2:
Components of a Health Promoting School (*HPS*)

1. Healthy school policies: collectively defined documents or practices designed to promote the health and well-being of the entire school community. Such policies should be part of the school's plan.

2. The physical environment of the school: its buildings, grounds and surroundings must be attractive and pleasant, in order to stimulate physical, social, cultural activities, etc.

3. The social environment of the school: refers to the quality of relationships between members of the school community, but it is also influenced by the relationship between the school community (students, staff, teachers and guardians) and society in general (outside the school)).

4. Health competencies and skills: must be developed through the school curriculum (in all subjects), through activities that enable decision-making related to health and well-being, aligned with the specific contents of each subject.

5. Relations with the community in general: between the school and the students' families; the school and the main groups / individuals in the surrounding community. Interacting with the community around the school is a form of mutual support, which facilitates health promotion practices.

6. Health services (local and regional) or services linked to the school (for example school health services): they are responsible for the immediate attendance of students, carrying out preventive and curative actions, in addition to health promotion.

Such dimensions, when planned and developed in an organized, systematic and coherent manner with the demands of the school community, prove to be levers for the reduction of social inequalities that impact health. The core values and pillars of the SHE network help us to think about the actions and activities necessary to promote health in the school context.

The core values are described as:

Equity: relations between school subjects must be harmonious and horizontal, in order to curb all kinds of prejudice and exclusion, promoting equal access and participation in any school activity. In this way, the school can collaborate with the reduction of inequalities, with a positive impact on health and the quality of lifelong learning.

Sustainability: schools, despite being places of academic learning, prepare students for citizen action in society. In this way, actions need to be implemented in a systematic and continuous manner, as the results, desirable and sustainable, occur mainly in the medium or long term.

Inclusion: the educational process must value diversity and ensure that schools are learning communities, where everyone feels trustworthy and respected. Good relationships between students, between students and school staff and between the school, parents and the school community are key.

Empowerment: school health promotion actions should enable learning that promotes an increase in the capacity of individuals and groups to define, analyze and act on their own problems, being actively involved in decision making within the school and in the context of life in general. society.

Democracy: health promotion activities at school should be based on the sharing of ideas; in dialogue decision processes; in the collective construction of knowledge, constituting a joint work of the entire community with decentralization of power.

The pillars defended by SHE also guide school activities towards

Whole-School approach: health education in the classroom must be combined with the development of school policies, the school environment and life skills, involving the entire school community and society in general (outside the school).

Participation: the creation of a democratic school environment for the exercise of participation is an essential element for the empowerment of the school community. It is necessary that school actions are constructed with the participation of different school subjects. A sense of belonging is developed by students, staff and parents through significant participation and engagement in health promotion activities in schools.

School quality: healthy students learn better and healthy employees work better and have greater job satisfaction.

Evidence: the promotion of school health in Europe is informed by research and evidence, focused on effective approaches and practices in school health promotion.

Schools and communities: collaboration between school and community, in a relationship of mutual support, has an important role in the development of health promotion actions, since it strengthens bonds, enabling powerful partnerships for local transformation.

Figure 3:
The conceptual structure of *HPS*

FOOD FOR THOUGHT:

The image above concretizes what we mean by Health Promoting Schools (*HPS*), where the support base is the "whole school approach" that provides for articulated actions by the entire school community. For this reason, "evidence" and "participation" give concrete support to the values of SHE: "empowerment", "democracy", "equity", "inclusion" and "sustainability". The "quality of teaching" protects all of this and the "school-community relationship" is the aspect that covers all other principles and values. At the end of this theorization, we can perceive the (almost) architectural structure of a school, not just any school, but the *HPS* idealized by SHE.

There is a large number of experiences, studies and research that endorse the perspective of health education in the school environment. Based on this evidence, we can say that a Health Promoting School:

- Uses teaching-learning methods and strategies based on the global school approach and not focused on restricted learning within the classroom.
- Respects the temporal differences in the learning process, especially considering students with special needs.

- Establishes and promotes an atmosphere that promotes the best expectations of students, with regard to their social relationships and their school success, emphasizing the construction of a social environment that fosters open and sincere relationships within the school community.
- It prioritizes the active participation of students in the creation of learning experiences, aiming at the development and maintenance of a democratic and participative school community, striving for cooperation among all its members.
- Ensures a coherent approach throughout the school and between the school, the family and the wider community, with the participation of parents, students and teachers in the establishment of goals, rules and objectives, generating the feeling of belonging in the school's life. In addition, it establishes partnerships with policy makers in the education and health sectors.

Such actions need to be deeply rooted in the culture and context of each school community. That is, it is necessary to promote the teaching of knowledge and skills related to social issues (health, well-being, environment, peace, democracy, sustainable development), changing the social and physical environment of the school and creating links with families and the community. community in general.

Schools are just one of the existing educational contexts, which develop formal education. Informal and non-formal education takes place in community spaces, such as family, churches, clubs, associations, etc. and, together with the school, they can collaborate with the health education process. Therefore, even though the school has an important influence on the students' lives, its contribution to the reduction of health inequalities is limited. In addition to the family and other living environments, social support (parents and guardians, teachers, other adults, colleagues, etc.) must be included in health promotion interventions and actions.

To conclude the section, we will seek to strengthen the bond of commitment between you (the reader) and the SHE network by seeking to improve the pedagogical practices of health education, or even reinvent them, especially to contribute to the constitution of a more welcoming and less unequal in face of inequities arising from social class, gender, geographic, cultural, social and / or religious beliefs.

TO KNOW MORE..:

About the Fifth European Conference on Health Promoting Schools, which took place in Moscow in 2019, read:
"Health, well-being and education:
building a sustainable future", by Kevin Dadaczynski and collaborators (2020).
https://www.emerald.com/insight/content/doi/10.1108/HE-12-2019-0058/full/html

PART II

DEEPENING THE CONCEPTS: INEQUALITY AND EQUALITY - INEQUITY AND EQUITY

According to the Universal Declaration of Human Rights, having access to effective health care is a basic citizen's right: "The highest health standards must be available to all, regardless of race, religion, political belief, economic or social condition" (Assembly, U. G.,1998).

Health is considered an indispensable resource to achieve other goals in life, such as better education and employment, therefore, it is a way to promote the freedom of individuals and societies (Sen, 2000). It is important that societies distribute their health resources more equitably, so that access to them is equal for all citizens.

Figure 4.
Set of headlines about social inequalities in the world.

FOOD FOR THOUGHT:

News on the rise of social inequalities around the world is published daily. Are they common in your country? In Figure 4 we include some news taken from:
https://www.un.org/development/desa/en/news/social/world-social-report-2020.html
https://www.google.com.br/amp/s/eco.sapo.pt/2019/07/18/pobres-e-ricos-portugal-e-sexto-pais-com-maior-desigualdade-na-ue/amp/
https://carnegieeurope.eu/2019/02/04/are-increasing-inequalities-threatening-democracy-in-europe-pub-78270
https://www.google.com.br/amp/s/www.thelocal.it/20171206/italy-poverty-exclusion-inequality/amp
https://www.google.com.br/amp/s/amp.elperiodico.com/es/sociedad/20180120/espana-paraiso-de-la-desigualdad-social-6564891

Despite this, in most countries around the world, the situation of equitable distribution and equal access to health for the entire population is on stagnation or decline, accompanied by an increase in social inequities in health. Few countries have developed specific strategies to integrate equity-oriented health policies into their economic and social policies (Dahlgren; Whitehead, 2006).

To better understand what health inequities are, we need to identify which health model we are considering. WHO adopts the model of social determinants of health, understood as social and environmental conditions in which people live and work. These are factors that influence health positively or negatively and are influenced by political, commercial and individual decisions.

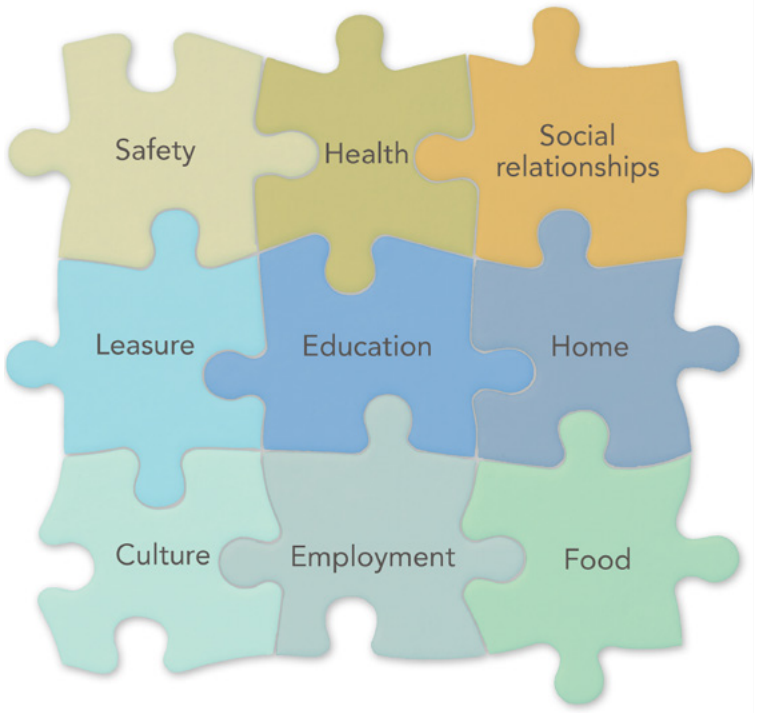


Figure 5:
Interconnected social determinants

Such determinants, obviously, have great variability and interfere in a different way in the lives of different citizens and societies around the world. However, what could be just differences, turn into inequalities insofar as, through power relations, access and possession to goods, services and wealth, are unevenly distributed (Stiglitz, 2012).

Inequalities are reflected in health conditions, risk levels, access to resources available in the health system, and most of them are directly related to the inequalities observed in other plans of social life (Marmot, 2015). Therefore, it is necessary to observe the different theoretical lines and their respective conceptual models that analyze and try to explain the relationships between social phenomena and the health-disease process.
The theoretical model of social determinants of health places the individual as the central category, highlighting their age, sex (and non-gender) and hereditary factors, but does not mention race / ethnicity. It includes the 'lifestyle of individuals' as a determinant, without relating to the historical and social dimensions that cross it. It lists 'general socioeconomic, cultural and environmental conditions', 'living and working conditions' and 'social and community networks', not to mention the structure of dividing society into social classes (Borghi; Oliveira; Sevalho, 2018).

On the other hand, the theoretical line of the social determination of the health-disease process, developed at the end of the 20th century in Latin America, argues that it is necessary to leave the field of the obviousness of the social causality of health problems (Rocha; David, 2015). Breilh (2013) states that to think about the relationship between social inequalities and the health-disease process, it is necessary to critically analyze the

essence of the organization of the market society and the capitalist accumulation regime and its processes of generation and reproduction of human exploitation and nature. Such an analysis also permeates the radical process of economic accumulation and social exclusion as the axis of an expanded reproduction of social inequalities (in health).

To think about these two theoretical models, we will use an example applicable to the school context.

THINK ABOUT IT!

Imagine that a teacher asked his students to research which are the main health problems in the world. However, to make this task more complex, the teacher requested that, in addition to researching health problems, students should relate them to the living conditions and social factors of different people (rich, poor, women, men, whites, blacks, immigrants, young people, the elderly, etc). Just to illustrate this proposal, imagine that from the investigations students conclude, for example, that for rural workers in the interior of Brazil the main social health problem is corruption, while for slums it is violence. For families living in China, the problem is getting health care, but teenagers said it was the pressure for good academic results. When asking the English who worked in factories the main health problem is unhealthy workplaces, for foreigners living in London it is instability in the new Brexit laws. When researching young Americans, the main health problem in the United States of America was the absence of spaces for leisure and entertainment, for blacks living in this country the biggest problem is racism. In this sense, it is possible to perceive the complexity of the analysis of the factors that interfere in the health of individuals. There are countless factors that determine the health-disease process and affect the quality of life of different citizens.

Like social inequalities, health inequalities have persisted in all countries, regardless of the degree of economic or technological development achieved (Barreto, 2017). The existence of clear social differentials in health and its determinants goes against accepted values of justice.

Strengthening this thought, Dahlgren & Whitehead (2006) argue that pointing out which social inequalities in health are just or unjust is unnecessary. For the authors, all the systematic differences between the different socioeconomic groups in a country can be considered unfair. Even systematic differences in lifestyle between socioeconomic groups in the same country are largely shaped by structural factors.

With this we want to point out that every social inequality results in inequality not only in health but also in education, and that every inequality in education results sooner or later during life course in inequality in health. Inequality in education is a consequence of social inequality, but it is also the cause of inequality in health and, indirectly through inequality in health and directly leads to the strengthening of social differences. From the position of school children and youth, equal opportunities in education are the strongest tool in reducing future social inequalities and health inequalities. By equalizing opportunities for children and young people, equality in access to quality education is the most effective measure in reducing social inequalities in health for future generations.

FOOD FOR THOUGHT:

Inequalities can be so unfair and perverse, that we often find it hard to believe that certain situations can actually happen. In the strips below, at least three aspects that mark social inequality are highlighted: housing conditions, skin color and poverty. In this comic strip, the boy does not believe in his schoolmate, because living in the midst of the shootings is a situation far removed from his reality. In the second comic strip, which we brought as an example, the girl tells her friends that she often encounters death where she lives, and the two friends still do not understand her friend's reality.

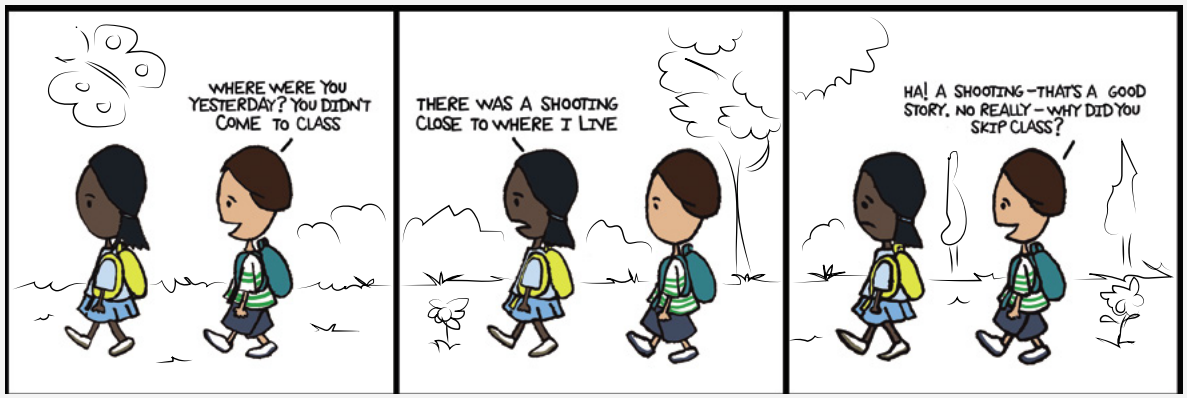


Figure 6.
Perceptions of children in socio-economic situations of vulnerability.

In summary, social inequalities in health are generated directly or indirectly by social, economic and environmental determinants and structurally influenced lifestyles, which are subject to change. In this sense, for the European public health community, inequality and inequity are synonymous: the expression social inequalities in health carries the same connotation of differences in health that are systematic, preventable and unfair.

According to the scientific literature, inequalities / inequities are described as situations that follow a systematic pattern, that is, they are not randomly distributed, but show a pattern that is repeated in a certain part of the population. In addition, the structural processes that produce them are not biologically determined, so they can be avoided. In this way, they are considered as unfair, because they are generated and maintained by "social arrangements" that hinder the equal access of the entire population to some of their rights.

But, if inequalities/inequities in health are unjust, preventable and systematic, how can health equality / equity be promoted?

TO KNOW MORE..:

What situations do you highlight as the most worrying in relation to the inequalities in the city you live? Have you ever thought about these social, economic and environmental determinants that influence the way people live their lives, and especially the children, teenagers and young people who are in schools? Read more at:
https://theconversation.com/inequality-of-education-in-the-uk-among-highest-of-rich-nations-105519

As provided for in the WHO Constitution, equity in health implies that, ideally, everyone should reach their full health potential and that no one should be harmed in reaching that potential because of their social position or other social circumstances determined, that is, without distinction of race, religion, political belief, economic or social condition. This refers to everyone and not just a disadvantaged segment of the population.

To understand equity in health, it is important to recognize that not everyone has the same level of health or ability to deal with their health problems and, therefore, it is necessary to deal with people differently in order to work in search of equal results. Despite the relevant differences, it is possible to state that, as a general rule, the negative effects on health, experienced by large segments of the population, are greater among those with lower socioeconomic status.

Given the existence of major differences between countries in the magnitude and causes of social inequalities in health, there is no single strategic plan to combat this division of health. The opportunities and barriers to implementing equity-oriented policies tend to differ due to several factors, such as political ideologies, institutional structures and the strength of different national and global interests. Efforts to promote social equity in health are therefore aimed at creating opportunities and removing barriers to reaching the health potential of all people.

Health Promoting Schools and social inequalities

Overall, there has been considerable progress in addressing the determinants of health inequalities in public policy in general. But in the area of education, this approach remains a challenge, especially for the most vulnerable and disadvantaged children and adolescents.

Figure 7.
The precariousness of life disguised as entrepreneurship, reinforcing the idea of meritocracy.

The reduction of inequalities in the field of education has the capacity to produce a positive effect from the point of view of equity in health. Quality education, accessible to all, can avoid unfair living and working conditions for less privileged groups from a socioeconomic point of view. Equity in education is able to make people feel valued, appreciated and needed. On the contrary, when they do not have access to quality formal education, they feel underestimated, disrespected, stigmatized and humiliated (Marmot; Wilkinson, 2005).

In the 1980s, the World Health Organization (WHO) created the Health Promoting Schools initiative, with the purpose of strengthening and expanding collaboration between the education and health sectors, stimulating the democratic process to be used as a tool for the development of personal skills necessary for healthy living.

Based on this guidance, school health promotion practices usually address only the individual sphere (biological, psychological and behavioral), with each individual being responsible for their health. Schools usually develop educational activities of a purely informative nature, related to disease prevention, emphasizing knowledge of genetics and physiology, understanding of disabilities, self-care, social skills, coping with difficulties or stress, development of lifestyle related to physical activity, diet , sleep, alcohol and drug use, smoking, sexual behavior, etc.

Such practices have been shown to be ineffective as health promoters, especially in more vulnerable contexts, where social inequality is prevalent. In this way, schools increase social inequalities, with a negative impact on the living and health conditions of individuals, since, according to WHO statistical data, children from disadvantaged backgrounds are less likely to have access to education and academic success.

The question is not only how schools can collaborate with the process of reducing social inequalities, but also under what conditions it is possible to limit or even eliminate the amplifying effect of formal education on these inequalities. The main focus for reducing health inequalities is to contribute to improving the access to education as well as on improving the quality of education, especially by promoting equitable educational access and performance.

Health promotion actions at school must incorporate, primarily, the environment where students live, acting in the school climate and in the characteristics of the respective community; through inclusion and equality policies; reducing problems related to violence, prejudice and bullying; favoring the empowerment and training of community leaders, etc.

To collaborate with the reduction of health inequalities, school health promotion practices must make the mechanisms for creating, maintaining and expanding inequalities understandable to students; identify the determinants and offer a theoretical and structural basis that allows action on everything that affects the health of students, allowing them to develop action strategies in an autonomous and sustainable way.

Therefore, one of the fundamental aspects of health promoting schools is to develop participatory and democratic practices, where the student learns to express himself, to organize his arguments to defend his position on a specific issue. Autonomy and critical thinking as well as problem solving need to be developed in the school where these skills are enhanced to think about issues related to citizenship, health and education. In addition, the ability to listen and understand needs to be developed in students in order to manage empathy, making them solidary citizens.

TO KNOW MORE..:

In 2006, WHO published a document on European strategies in relation to health inequities. This document brings an interesting fact to think about, which is: the same level of exposure to a given risk factor can have different effects depending on the socioeconomic condition. In other words, we need to be attentive to the living conditions of male and female students and how it affects them, and thus think of strategies that meet their needs. Each school may experience the same problem in different ways, as well as students.
See more about the document "European strategies for tackling social inequities in health: Levelling up Part 2 European strategies for tackling" by visiting:
https://apps.who.int/iris/handle/10665/107791.

PART III

UNDERSTANDING POPULAR EDUCATION IN HEALTH

Understanding Popular Education in Health

LET'S TALK ABOUT IT?

Try to look for memories that were part of your childhood or adolescence in the school environment, which dealt with the health theme. How do you analyze the approach used? Traditional, with hierarchical communication between those who teach and those who learn? Or with a horizontal approach, with dialogical communication, affectionate and attentive to the real needs of the school and students? Were your interests covered in that proposal?

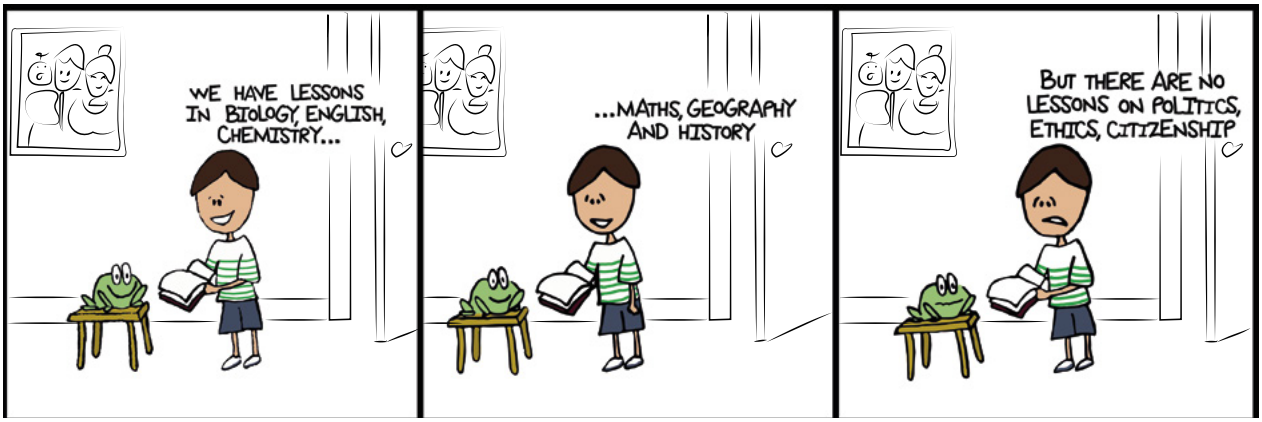


Figure 8.
Child reflecting on the absence of disciplines that promote more critical reflection.

Health education within the school context has made its basis in the concept of health promotion, prioritizing community empowerment. It needs to be inserted in the school curriculum as a guiding axis of the political-pedagogical project, in a way that is meaningful for each group and context. Meyer et al. (2006) propose that health promotion actions in schools should create opportunities for critical reflection and dialogical interaction between the people, in order to collaborate with the collective construction of solutions for the health demands of the school community.

Community empowerment, defended by a strand of theorists inspired by Paulo Freire, involves the participation of individuals and communities in the definition of collective actions for the effective improvement of health and quality of life. Educational actions aim at a reflection on the part of these subjects and the communities in which they participate, for a critical action on reality (Moreira et al, 2007).

More than passing on information and inducing certain behaviors, community empowerment suggests that people and collectives are encouraged to reflect on the problems posed by life in society, seeking to contribute to the development of critical awareness, decision making and increased capacity intervention on reality.

Added to this are the ideas of Valla (1999) that the current reality of the individuals is the result of the experiences accumulated in a widely diversified range of situations, as well as the different ways of thinking and acting. Thus, "It is this experience that needs to be rescued through the actions of Popular Education in Health" (Valla, 1999, p.5).

TO KNOW MORE…

Paulo Freire was a Brazilian educator and philosopher, considered one of the most notable thinkers in the history of world pedagogy, having influenced the movement called critical pedagogy. He became known in the 1960s, after the publication of his work *"Pedagogy of the Oppressed"*, one of the most cited in academic works in the area of humanities worldwide. He developed a method of adult literacy, based on the contexts and knowledge of each community, respecting the individual's own life experiences. Popular Education, also known as Freirian and empowerment education, has been used successfully to create more equitable conditions around the world for 50 years. Its use to improve health has been documented in the public health literature since the early 1980s.

Read more about his life and work in
https://ptoweb.org/aboutpto/a-brief-biography-of-paulo-freire/

When we talk about popular health education, we refer to some dimensions of Freire's pedagogy: problematization, dialogue, autonomy and freedom.

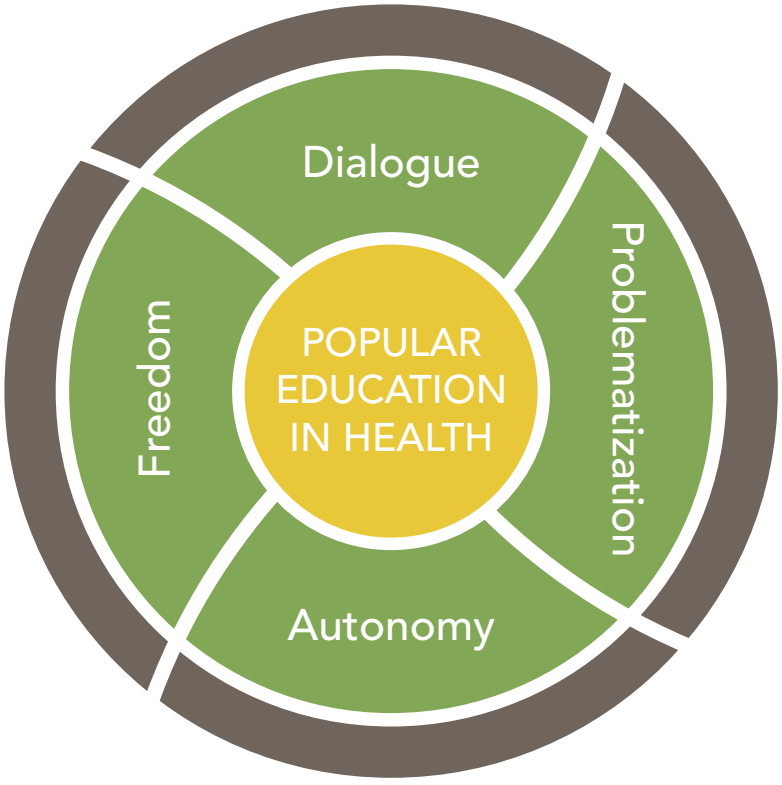


Figure 9:
Scheme of Popular Education in Health.

The problematizing dimension, proposed by Paulo Freire, provides the interaction between scientific knowledge and popular knowledge, in a horizontal relationship between the actors involved in the educational process. The act of teaching is related to education as a form of intervention in the world, where knowledge starts from the life experience of the people and their health demands and returns to the same context, in the form of a proposed solution to these demands, built collectively by group.

The problematizing dimension of Popular Education in Health goes beyond the notion of health education as a mere hygienist practice, which is limited to guidance and information for learning good habits. It is up to the teacher to share the information (in the same way as the students) in order to contribute to transforming it into a mediation process so that the student develops as a citizen, in search of autonomy and empowerment. For this, availability for dialogue is required, respect for autonomy, which refers to thinking of the human being as a subject under construction and, in education, as a process of exchange.

The problematizing dimension of Popular Education in Health goes beyond the notion of health education as a mere hygienist practice, which is limited to guidance and information for learning good habits. It is up to the teacher to share the information (in the same way as the students) in order to contribute to transforming it into a mediation process so that the student develops as a citizen, in search of autonomy and empowerment. For this, availability for dialogue is required, respect for autonomy, which refers to thinking of the human being as a subject under construction and, in education, as a process of exchange.

In a problematizing education, the content of the school subjects becomes a construction resulting from the dialogue between the individuals who participate in the educational process. The content, therefore, must be organized "based on the present, existential, concrete situation, reflecting the set of people's aspirations" (Freire, 2005, p.100).

An example of a similar approach of the one we are presenting can be seen in the Shape up project, developed by the researchers Venka Simovska, Bjarne Bruun Jensen, Monica Carlsson and Christina Albeck in the year of 2006. The project advocates the creation of processes and opportunities to empower, encourage, support and guide children and young people to reflect critically, examine and make changes that promote health on their own. In this way, they get involved in issues that concern their health and life and, guided by adults, develop the competence, commitment and experience necessary to maintain their own health and improve the health conditions of their environment. The Investigation-Vision-Action-Change (IVAC) model, present in part of this project, provides a framework for the development of health promotion strategies that ensure that the vision and knowledge that students acquire during the project are oriented towards the developing skills for action. We can say that these are empowerment strategies, based on problematization and dialogue, with a view to the development of autonomous actions aimed at improving health conditions and freedom.

LET'S TALK ABOUT IT?

We all have points of view, don't we? How do we see what the other sees? Some would even say that we live in social bubbles, have you stopped for a few moments to see the reality of someone other than you?

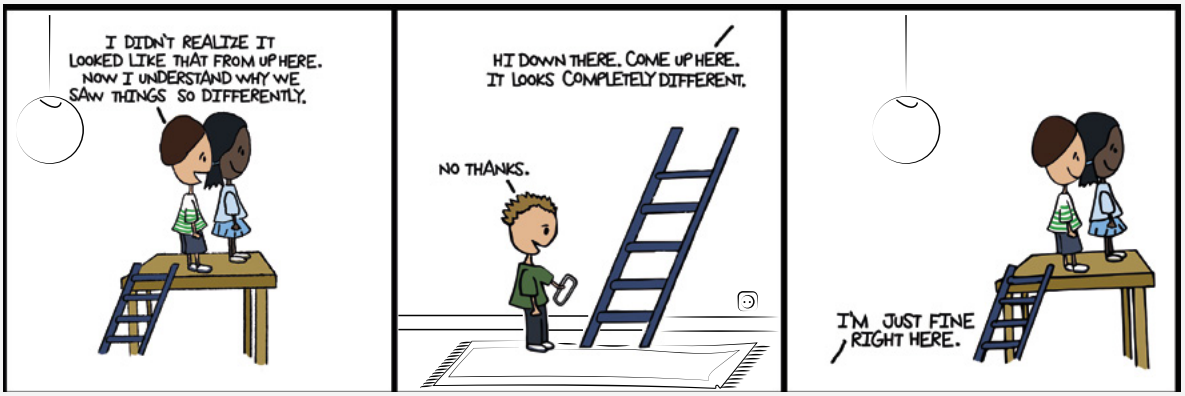


Figure 10.
Children experiencing empathy.

It appears from the strip above the availability to overcome the hierarchical relationship between educator-students, enabling a dialogical relationship. Dialogue is the "seal" of the collective construction of knowledge, unveiling reality, and, therefore, essential in problematization in education, committed to freedom. Such a movement is challenging, since the task will be to build consensus of ideas and thoughts, so that the differences are clear.

In Popular Education in Health, the relationship between educator and student must be based on the exchange of knowledge. In its freedom dimension, Popular Education in Health cannot be based on an understanding of students as empty beings whom the school fills with content, but on students as creative beings capable of critically reflecting and acting, in order to seek transformation of the reality of health in which they live.

This proposal is based on the contradictions of a concrete, present situation, so that, starting from a real problem, the student feels challenged and seeks an answer, at the intellectual level, but, above all, at the action level. It is in developing the capacity for reflection and action that the dimension of the autonomy of Popular Education in Health is based.

If the objective that is to be achieved is truly the autonomy of citizens, it is necessary to take as a basic principle of educational practice the goal that this education is transforming realities and guarantees the right to personal autonomy in the construction of a democratic society that respects and dignifies everyone.

In its freedom dimension, Popular Education in Health not only sends people to the exchange of knowledge and experiences, but also allows them to associate health with the result of their living conditions. This understanding leads to perceiving health in the context of a population's quality of life, fleeing the reductionist view.

For example, a teacher, understanding that people's view of health and illness is different, asks students to do a search for the neighborhood where they live and ask the elderly: "what is the main health problem present in the city?"; the same question will also be asked of construction workers and, lastly, immigrants who have

only recently lived in the city. The perception will be different between these groups, as these understandings start from the moment and conditions of people's lives and from the world view they have. The research topic may be more restricted, for example, the reasons for not responding to cancer screening programs or for not engaging in vaccination campaigns.

Figure 11.
Respect for immigrants and native people

Health education projects are usually developed from a vertical transmission of knowledge, in which students receive information about how they should behave or act in relation to their health, without the possibility of questioning or contextualizing the information received. Within Freirean Pedagogy, this teaching model is called "banking education", where the teacher deposits his knowledge in the students, who receive passively, without dialogue or reflection.

Again, the approach used in the Shape Up project (IVAC model) offers a good example, which differs sharply from traditional preventive or health promotion interventions, which often focus exclusively on modifying children's behavior and are based on the implicit assumption that the responsibility for health is only individual. Concerned with a broad, positive, coherent and action-oriented understanding of health, the IVAC model (Investigation-Vision-Action-Change) does not use merely informative strategies ("banking education") in its actions, but provides a framework for the development of strategies to promote health (based on problematizing health conditions), encouraging the participation of students, who, through dynamic processes, collaborate with the development of action competence (empowerment).

Overcoming the mistaken understanding that awareness occurs in a vertical manner is a major challenge for those seeking health promotion focused on empowerment and social transformation. The 'awareness' does not occur in the vertical sense, convincing the need to empower (which characterizes a 'banking education'), but through the development of educational actions aimed at reflection by the citizens and the communities for a critical action about your health reality. In this sense, 'awareness' is due to the need to get involved and participate in the definition and control of collective actions to improve health and quality of life (Carvalho, 2004).

TO KNOW MORE…

Popular Education in Health overcomes the contradiction between educator and students, enabling a 'dialogical relationship', permeating the exchange of scientific and popular knowledge, related to the health-disease process. In addition, the proposal is based on the concept of problematizing education, stimulating creativity, reflection and action to transform the reality of the citizens, committed to their freedom. The objective to be achieved is autonomy, as a basic principle of educational practice. In its liberating dimension, Popular Education in Health equals people who learn and those who teach, as well as, it understands the act of teaching as a form of intervention in the world. Therefore, availability for dialogue, respect for autonomy and freedom of choice are required. Therefore, availability for dialogue, respect for autonomy and freedom of choice are required with the understanding that personal freedom of choice reaches so far as it does not violate another's freedom.

Read more about Popular Education and Health Promotion in Wiggins, N. (2012). Popular education for health promotion and community empowerment: a review of the literature. Health promotion international, 27(3), 356-371. https://doi.org/10.1093/heapro/dar046

Popular Education in Health Project: sequence of actions

To plan a health education project that aims to reduce social inequalities, the teacher must take into account the cultural differences of each school, region or country. It is necessary to seek new approaches on how to do this. One way to find new inspiration is to use the principles of Popular Education in Health.

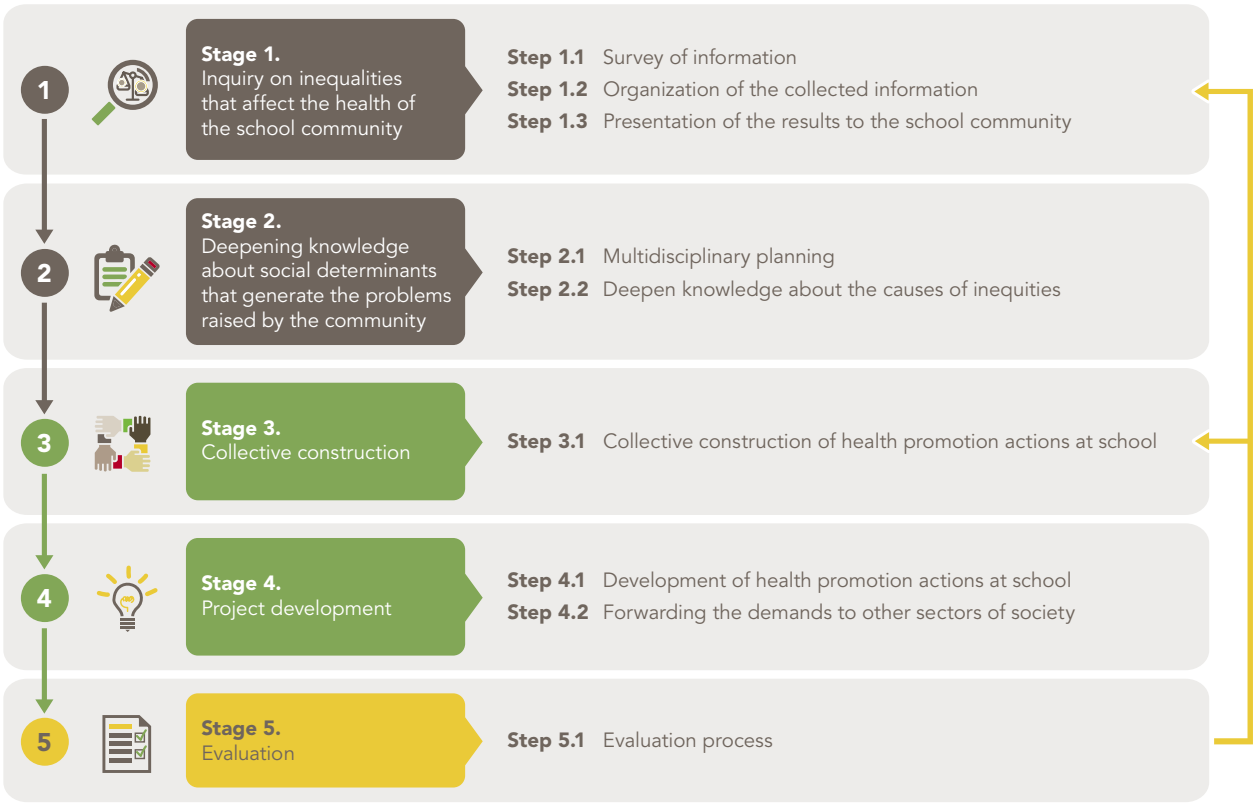


Figure 12:
Sequence of project actions.

The set of actions that we will present below, must be understood and adapted to the different school realities. Within the principles of Popular Education in Health, the learning process is built collectively by the participants and, therefore, even if the activity is the same, when performed in different groups of students, it will have different dynamics and results.

As well as the IVAC model, mentioned earlier, the structure of this project is dynamic. Instead of seeing the phases and stages taking place in a definitive successive order, the structure must be fluid and flexible, so that teachers and students can collectively plan, execute and evaluate the project. The reality is very complex and students can decide to start with concrete action in the school environment and, after a while, evaluate that they need to come back to discuss and deepen their knowledge to redesign their action strategy. It is necessary that they experience this doing and redoing in order to develop the competence for autonomous action, critical thinking and freedom.

It would be inconsistent with the pedagogical approach used and discussed so far (Popular Education in Health) if we demanded that the entire project be carried out as directed by this text. In this sense, we suggest that you read and understand the entire process proposed in this project to reflect and discuss with your fellow teachers, how is the best to develop it in your school community. You can choose to delve into issues that are more palpable for your school community by adapting activities. What we want is that everyone, after reading this material, sees different pedagogical possibilities for project development.

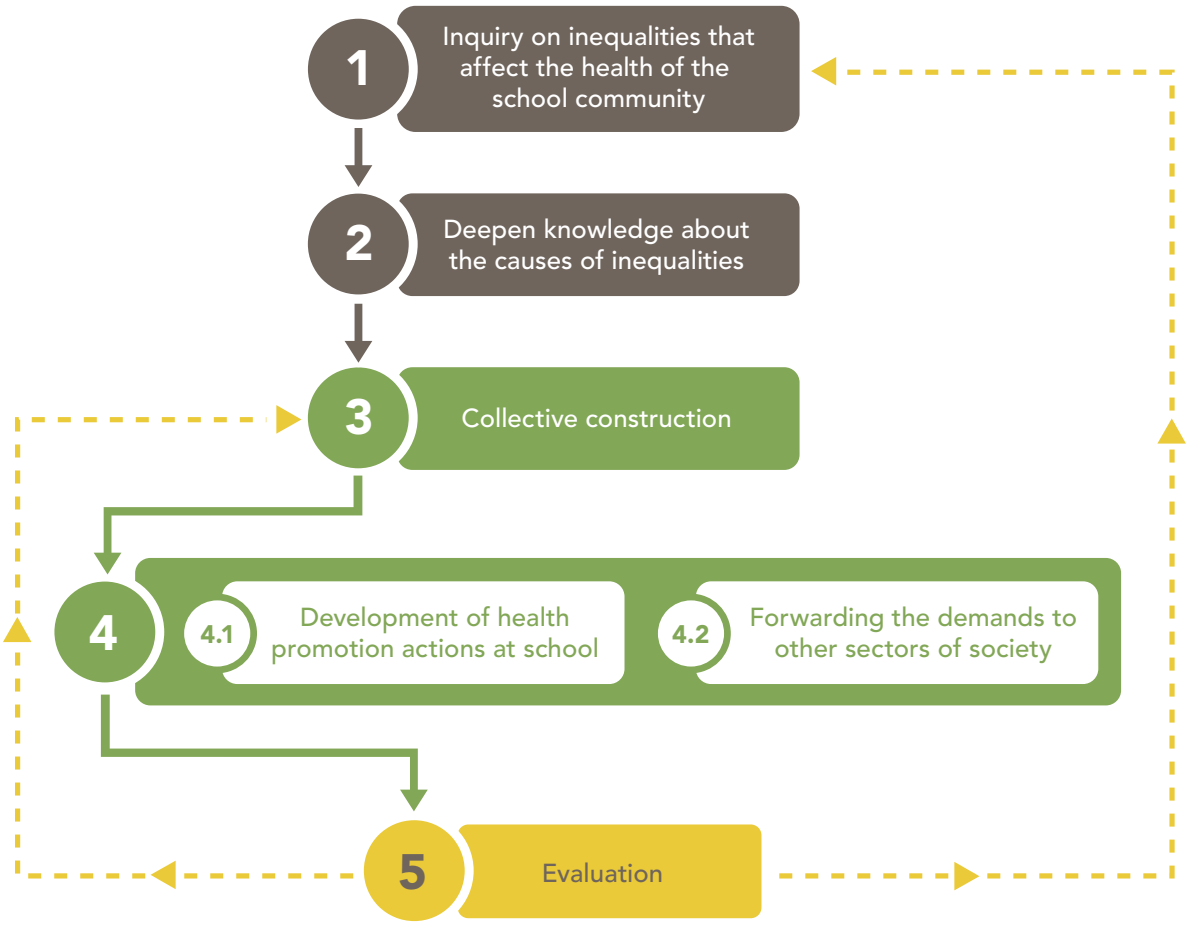


Figure 13:
Development scheme of the Popular Education in Health project.

As explained before, our proposal is very flexible, it must be understood in its entirety to be adapted to the reality of the different communities and school systems, in the different countries to which it is destined. Despite this, to systematize the process, it is inevitable that the project is organized in stages and phases, which need to follow an order. The project is organized in 5 stages, some of which are subdivided into steps to facilitate understanding. Obviously, the teacher, aware of the reality where he works, can invert or join some steps, to bring a better result. But, in general, they are organized in a way that their actions are interconnected.

For example, there is no Popular Education without knowing the students' reality of life, their prior knowledge, their cultural background. To help students reflect critically on their condition of life and health, it is necessary to know this condition. Therefore, it is unavoidable that the process starts with pedagogical actions that allow the elucidation of this information. Likewise, at the end of the process it is inevitable that an evaluation of the process is carried out, to analyze the achievement of the proposed objectives and to think about new actions. Although procedural assessments are carried out during their development, an assessment is required at the end of the process.

The set of actions that we will present and explain below, must be understood and adapted to the different school realities. Within the principles of Popular Education in Health, the learning process is built collectively by the participants and, therefore, even if the activity is the same, when performed in different groups of students, it will have different dynamics and results.

Stage 1.

Inquiry on inequalities that affect the health of the school community:

In the perspective of Popular Education in Health, educational actions start from the set of knowledge that students have, to dialogue with scientific knowledge, causing reflection and the construction of new knowledge that can be applied in the context of students' lives. In this sense, the objective of this stage of the project is to know what students know about health and its social determinants, from the survey of existing health problems in the places where they live.

Step 1.1. Survey of information:

Each school should define which / which strategy (s) will be used for the development of this step, so that the broad participation of the school community is allowed. Some suggestions are:

Storm of ideas: the teacher throws the students the challenge of drawing, writing or talking about the problems that affect the health of the people, in the places where they live. The ideas that come up should be organized in the format of a mural, so that everyone in the school community can see.

Structured interview: in the format of a school assignment, teachers can ask students to interview both members of the internal school community (other teachers and staff) and external (surrounding workers, family members and friends who do not study at school). We suggest that the questions are elaborated together with the students, after an explanation about the concepts of health, social inequality and inequities in health, in a simple language that is easy for everyone to understand. It is also important to think about how to record this information captured by the interviews, and this can be decided in the collective. Some ideas of records are: photographs, notes on topics, narratives, life history of the interviewees, drawings, videos, among others.

Problem situation: based on the detailed description of a given real community, the teacher asks the students about the context where the students live and a rapporteur (one of the students) records the situations pointed out by the participants. The initial description can be made by a video or set of images with explanatory text, so that students can perceive differences and similarities with the place where they live.

Debate in assemblies (conversation circle): for older students, or for groups of parents, employees and teachers, the survey of demands must be made through a debate based on the presentation of the theme of social inequalities and their impacts on health. Some students (or group participants) should be chosen as rapporteurs and should note the main ideas and points of discussion, as well as, convergences and / or contrary positions. The strategy of the assemblies is the most suitable when the students are already able to express their opinions in an organized way and is usually the richest in the sense of raising demands, as the debate is a powerful strategy for exchanging ideas and sharing opinions.

Recognition walk: In a guided way, a group of students and teachers can walk around the school environment and neighborhood to observe and record the factors that influence the health of the residents of that place, favoring the approach with the community and recognizing possible demands and possibilities of interventions. It can also be done through a bicycle tour or public transport.

Step 1.2. Organization of the collected information:

After data collection, it is necessary to systematize them, to start the analysis of the results. Adapting this task to a pedagogical action, which involves the whole school, the ideal is that each class, with the help of their teachers, organize the data collected by the students, to, in a second moment, systematize the data referring to the whole school.

Regardless of the strategy used to survey the demands, it is of fundamental importance that all the students participate in the process of organization of the results. Students who already know how to read and write should actively participate in organizing the data (with guidance from teachers), while students in the early years should participate by assisting their teachers in this task.

1. Initially, all records are read and listed.
2. Then, they must be organized into categories.
3. Finally, the data must be systematized to be presented to the school community.

TRY TO DO IT!:

Imagine that, given the need to take more detailed care of the hygiene of people and objects in the home, the COVID 19 pandemic has helped to reveal that many countries still have problems in equal access to treated water. In this case, if the information collected by the students is: "I don't have drinking water in my home"; "In my community there are sewage ditches"; "It is common to lack water in my neighborhood"; "The bathroom is outside" or "we have to walk to a certain place to get water". A possible categorization for these responses is "lack of water and sewage infrastructure", a very common problem in poor communities, which directly affects health.

The most democratic and transparent way to organize the general data of the school, would be through a general assembly of students and teachers. However, in schools with a very large number of classes and students this may not be feasible. An alternative may be a meeting with only one / two students representing each class and the teachers. Given the impossibility of bringing many people together in a closed space of the school (COVID-19), this meeting can take place in an open space. If the difficulty persists, the meeting can be held in a virtual environment or the data can be filled out by each class in a virtual form, which centralizes and organizes the data, providing the results of the entire school.

Step 1.3. Presentation of results to the school community:

Can be done in numerical form (statistical data) or through written reports in text format. As the data collection involves families, staff and teachers as well as school surrounding people, it is essential that all participants have access to the result. In this sense, we suggest the creation of virtual (on the school website, for example) or physical murals in the corridors or entrance of the school building. It is also possible to resort to sending messages (virtual) to the students' families. Printed communications should be avoided as much as possible in order to collaborate with environmental preservation and sustainability.

Stage 2.

Deepening the knowledge about the social determinants that generate the problems raised by the community:

Based on the result of the research, the debate on the determinants of health should be expanded. It is very likely that there is more than one health-related problem that needs to be addressed within school content. Therefore, before starting this stage, it is necessary to prioritize the theme to be addressed, focusing on one problem at a time, choosing and ranking in order of priorities. In addition to defining strategies and methodologies that will be used to deepen the knowledge about the problems. We suggest that this decision is not made only by teachers, coordinators and school principals, but that students are also invited to give their opinion.

The objective of this stage of the project is to deepen the knowledge about the demands of the community, dialoguing with scientific knowledge in order to subsidize the construction of alternative solutions in a multidisciplinary perspective.

Step 2.1. Multidisciplinary planning:

In order to guarantee the multidisciplinary approach, it is necessary that teachers from different school disciplines, together with school principals, coordinators and external partners/agencies, meet to discuss how each one can, initially, deepen knowledge about the problems defined as priorities by secondly, collaborate with the collective construction of solutions to these problems.

It is recommended that student representatives participate in the project planning. But, so that this participation is not limited to physical presence, it is important that the students representing the class prepare themselves. Representatives need to dialogue with other students and collect suggestions for classes, research, tours, which can collaborate with learning.

We will return to the example given before, where the absence of water and sewage infrastructure was classified as a problem that impacts the health of a particular school community. It is possible to expand the understanding of the factors that generate this problem from different disciplinary perspectives.

From the perspective of the humanities this problem can be questioned:

- Where does this infrastructure exist and where does it not exist in our city?
- Is the lack of this infrastructure concentrated in specific regions?
- Who are the inhabitants of these places?
- What are the ethnic, racial, social and economic differences between these inhabitants?
- Are there migration processes determining the composition of these communities?

From the perspective of the natural sciences, some suggestions on related topics:

- Drinking water versus sewage: physical and chemical characteristics.
- Water treatment processes in different countries around the world.
- Water cycle and planet sustainability.
- Volumetric calculations related to water / liquids.
- Alternative solutions found in different countries around the world.

In the perspective of multiple languages (arts, theater, literature, cinema, dance, etc.), some possibilities of approach are:

- Films, documentaries, music, short stories, poetry and plays that present the situation of differences in access to water and sewage infrastructure.

Thus, we have an example of looking at a situation that is present in the reality of the school community in a multidisciplinary way and that has an impact on the health of its members, deepens knowledge about the factors that affect health determinants, converting them into health inequities. This look can help in the construction of transformative formulations of this reality, especially when the fields of knowledge start to dialogue, because even though the different knowledges have different perspectives on the same reality, it is across the disciplinary boundaries that an expanded approach occurs.

Step 2.2. Deepen knowledge about the causes of inequities:

The decision of the strategy of this phase is very specific to each teacher, each school or school community and depends on the adopted teaching system or methodology. We reiterate that it is very desirable that students can participate in the choice of strategies and methodology that will be used. It is not about "doing the student's will", but teaching him to make coherent and responsible decisions about their teaching process. In this sense, the teacher presents students with some possibilities for developing the content and together they decide how the teaching process will be.

The suggestion is that active methodologies should be prioritized, with extensive use of audiovisual resources and Information and Communication Technologies (ICTs) to streamline the learning process, expanding knowledge on the topic, without forgetting the importance of dialogue and the participation of students.

TRY TO DO IT!:

An interesting and challenging proposal is to include social networks as a mechanism for research, information and mobilization of students. It is essential that the school fosters awareness, especially about the evils that certain activities on social networks can cause. It is also important that its use is problematized, demonstrating that, in a critical and responsible way, it is necessary to reflect before "swallowing" all types of content. Social networks can be a good channel for the dissemination of information and knowledge, as well as an auxiliary vehicle in controlling the spread of "fake news" or dubious and misleading information.

Taking the example of water, the teachers, in its various areas of knowledge, can ask students to search for this topic on social networks (important to explain about the use of hashtags as a search tool), as a way of researching the topic. It is essential that students can perceive social networks as a research tool, in addition to books and other channels endorsed by formal education. Based on the search result, they propose that students do a screening, selecting only publications that make explicit an articulation between the proposed theme (water) and health. Finally, organized in groups, students present their research findings within their respective classes, in order to trigger the debate.

Another discussion, pertinent to health promotion in the school environment, that can be triggered is about the overwhelming way in which the "uninformative" material spreads through the networks. In particular, in this context, the effects of the spread of fake news can be addressed. The teacher can raise some questions about the content found on the networks, such as: Who are the main "influencers" in this theme? Where do they speak from (literally and figuratively)? Where do the demands for the production of your content come from? Do they dialogue with the demands of the student body?

Some activities may be developed through active teaching methodologies, such as the inverted classroom and hybrid teaching. In the first case, the teacher requests previous research on a certain subject (the teacher can suggest websites, books and other resources for research) and, during the class, instead of presenting the subject in an expository way, the teacher and students can talk and clarify doubts on the topic. In the second method, the teacher alternates previous research and lectures.

To exemplify, let's imagine that a science teacher requests a previous research on how the water cycle happens. Based on the students' research, during the classes, they deepen and relate to the theme of the planet's sustainability or, through debates, problematize the water cycle with the deforestation of forests, the growth of urban centers, increased pollution of rivers, etc.

Another suggestion that can also contribute to the understanding of the problem are classes outside of school: take a guided tour of the city's water treatment plant, meet communities (neighborhoods) in the city that are not covered by water and sewage structures, beaches or nearby rivers that receive untreated water and are polluted, meet with external partners and agencies linked to the topic area.

From the expansion of knowledge and understanding of the social determinants that generate inequities in health, students, along with their teachers, will be able to define which actions can be developed within the school environment and which actions are the responsibility of other sectors or institutions of the society.

Stage 3.

Collective construction:

Once you know better the factor(s) that cause inequalities that negatively impact the health of the community, it is time to plan and build intervention actions on them. For the actions to have a positive and lasting impact on the transformation of people's life and health reality, it is important that the community participates in their construction and development. Hence, community empowerment arises: the community realizes its capacity to reflect and act on the determinants of health and perceives itself as the protagonist of actions to transform reality.

TRY TO DO IT!:

Have you noticed that when students participate in the choice and direction of pedagogical activities, they participate in a more engaged way? Experiment with something simple: for the little ones the choice of a game and with the big ones, an outside class or visit to some public space for culture and leisure.

Therefore, the objective of this stage is to develop critical and autonomous reflection, in order to promote the empowerment of the school community. In this way, we want students to perceive themselves as able to participate in the collective construction of solutions for the determinants of health inequities listed by the community.

Step 3.1. Collective construction of health promotion actions at school:

As mentioned earlier, the problem (s) defined as priorities must be addressed from the perspective of different school subjects. From the definition of which problem (s) will be addressed, it is important to analyze what can be developed in the school environment and what needs to be directed to other sectors. While developing teaching activities, students and teachers are finding the best alternatives.

At this stage methodologies such as Case Study, Learning in pairs/teams or Problem-Based Learning are also very welcome.

In the Case Study, students direct their own learning, based on the attempt to find solutions for relatively complex situations, preferably in the real world. The purpose of this method is to teach them, preparing them for solving real problems.If the case study is proposed for students to solve challenges in groups and work collaboratively, we are talking about the method of learning between pairs or teams. In this case, students help each other and can learn and teach at the same time. Through grounded discussions and taking into account divergent opinions, they develop critical thinking and build solutions to the proposed problems.

The Problem Based Learning methodology stimulates the imagination, encouraging students to seek solutions to real problems in their community. Its purpose is to meet a demand that is challenging and does not have easy answers, which can be obtained quickly (especially through the Internet).

TRY TO DO IT!:

A lot of work so far don't you think? In fact, participatory work, being democratic, tends to be more complex. But, after all, what are we educating our students for?

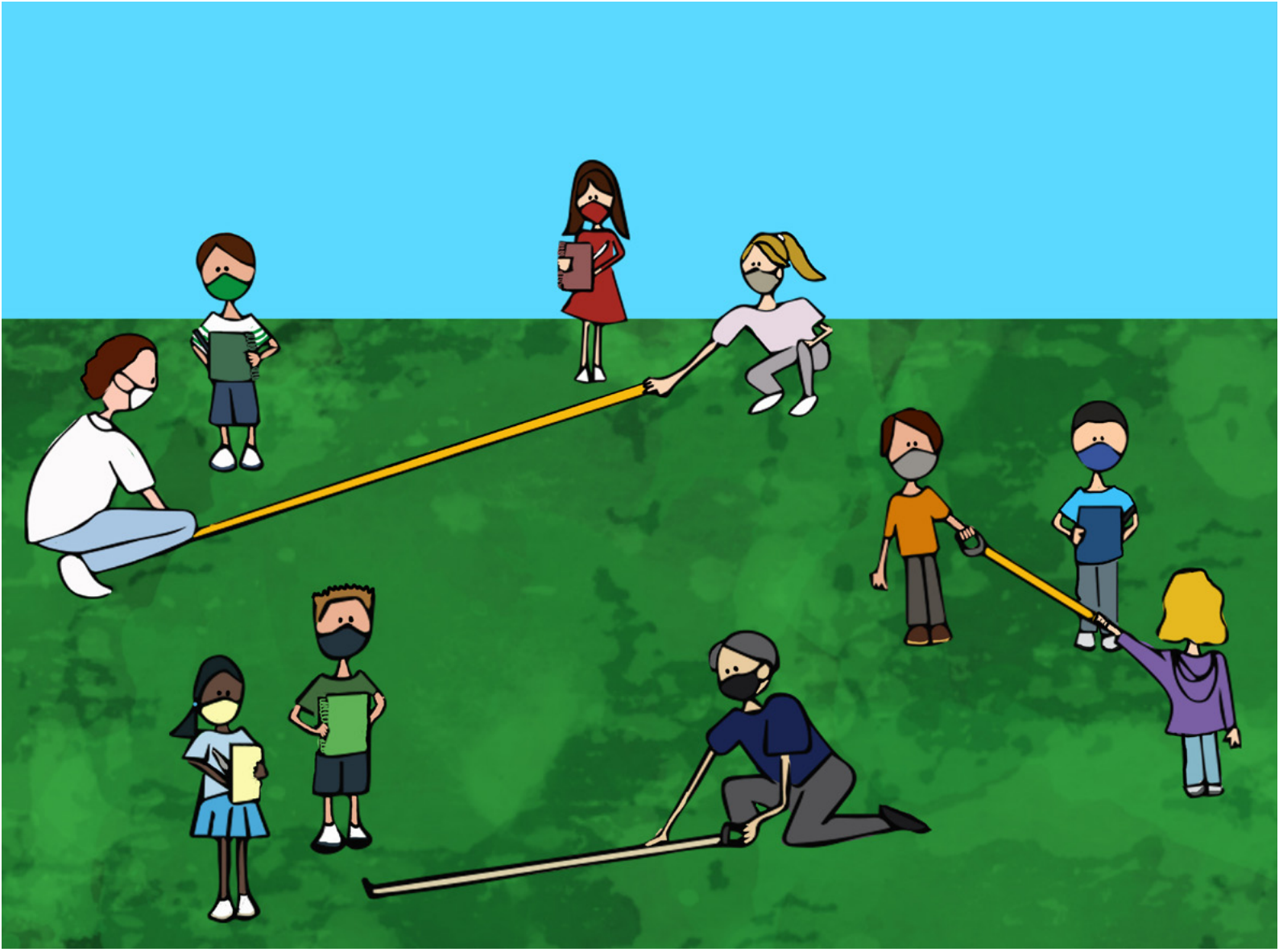
Have you noticed that our world is in crisis? Whether with the increase in the significant production of carbon in the atmosphere, the increase in conflicts between nations, or the pandemics that afflicted us, right? How about promoting transformation through new and more participatory educational processes? The collective construction and development of health promotion actions in the school context can collaborate with the process of transforming the individuals and their behaviors, towards autonomy and freedom.

Returning to the example of the "lack of water and sewage structure", let us imagine that the proposal of a group of teachers for their students is to research ecological, but well-founded alternatives, to have drinking water and sewage treatment in needy communities and to build projects that can be developed in the school or community surrounding the school. Students should be encouraged to investigate solutions, used in countries where access to drinking water and sewage treatment is very restricted. It is important to make it clear to the student that knowledge of these alternatives is a palliative measure and that it should not replace collective mobilization to have access to water and sewage treatment at home.

With a brief internet search, students will find low-cost alternatives that can be tried out at school: rainwater collection and treatment, reuse of water from the tank or washing machine, use of the banana circle to assist in the pit septic, construction of ecological filters.

For the development of any of these projects, students should deepen their knowledge of chemistry, physics, mathematics and biology. The disciplines of history, sociology, philosophy and anthropology will be fundamental for understanding the political, ideological and socioeconomic conditions of the communities that use these methods for water treatment. Multiple languages can be used as ways to inform and communicate about the development and implementation of projects.

At the same time, some subjects may address during the classes the topic of the right to adequate housing with basic sanitation, the importance of access to treated water and a sewage system to maintain the hygiene of all, as well as diseases related to the lack of water and water and sewage structure in homes.



Stage 4.

Project development:

Based on knowledge previously discussed in different disciplines, it is important that students are encouraged to materialize their projects to verify their effectiveness. Teachers and students, in this phase, should get their hands dirty and carry out their projects, building prototypes, carrying out experiments, making and redoing calculations.

The objective of this stage is to provoke students' perception of their autonomy and ability to carry out concrete actions to transform inequities. This is the path to freedom from situations of oppression, a central objective of Paulo Freire's pedagogy.

Step 4.1. Development of health promotion actions at schooll:

A teaching methodology appropriate to this situation is simulation, where students materialize their projects and can verify the importance of the dialogue between scientific and popular knowledge.

In the case of the example we are using (lack of water and sewage structure in the community) it is possible to put students' projects into practice through simulation. Build a gutter system through joint efforts, at the school or in a building in the surrounding community, to collect rainwater, storing it in an appropriate place, to be properly treated. For the task force, residents of communities that need this infrastructure can be invited. In addition to participating, guests will learn to develop this type of project in their homes.

It is worth remembering that the external community (commerce and services in the surroundings, as well as public agencies) must be called upon to collaborate as well. Imagine that one of the projects, to be viable, needs some construction materials (PVC pipes, cement, wood, etc.). If there is a building supply store in the vicinity of the school, this material can be ordered from the owner. Another project may need more specific engineering information to be put into practice. If there is a family member of a student who exercises the profession of engineer (or master of works), may be invited to assist students. In this way, the relationship between school and community is strengthened.

It is quite possible that students talk with their family and friends about school activities that provide new learning and knowledge, especially in this case where the actions are carried out by themselves. Despite this, to ensure that knowledge will not be restricted to the school, it is important to discuss, with students, ways of disseminating the projects developed by them to the entire school community.

One option is to hold a Science Fair, where the entire school community is invited to participate actively, whether as an exhibitor, visitor, external collaborator, etc. One way to ensure the wide dissemination of knowledge built by students, under the guidance of teachers, is to hold the Science Fair in a public leisure space. A square or community center can be a good alternative, because in addition to being more accessible to the whole community, it is an action that requires authorization from the government (city hall or similar), who may be invited to send a representative from the health or education to participate.

Step 4.2. Forwarding the demands to other sectors of society:

Despite the school initiative to learn a little more about alternative and ecological methods of water treatment, this is a problem that needs to be referred to the local government for the necessary measures. The lack of drinking water and sewage facilities in poor communities is a situation of grave inequity, which should not be treated only by alternative methods. A society where part of the population can count on this service and the other cannot, is an unequal and unjust society.

In this way, the school can assist the community in the elaboration of a request document for the execution of water and sewage infrastructure works in the school and community; facilitate the community's contact with the communication channels of the bodies responsible for this service and assist them in the dissemination of this problem in local communication vehicles. Such actions are in line with the ideas of Paulo Freire's pedagogy that proposes to overcome situations of oppression through the autonomy and freedom of citizens.

Stage 5.

Evaluation:

The evaluation stage has an undeniable relevance in the learning process. The intention of the evaluation stage is to verify that the project objectives have been achieved and to draw up new planning based on the evaluation results.

At the beginning of the presentation of the project, we clarified that the objective was to investigate the demands and collectively build alternatives that collaborate with the reduction of social inequalities, which directly or indirectly impact health. Therefore, to find out if the objective has been achieved, the same activities proposed for the first phase of the project can be used, when the information survey was carried out.

Step 5.1. Evaluation process:

Brainstorming: younger students can be encouraged to talk about what has changed where the project activities were carried out. One option is to ask them to draw what the location was like, before and after the project was developed.

Structured interview: interviewing the local community is also an important way to assess the scope of the project's actions. If an event is held at school or in a public space to present the projects, as in the example given (Science Fair), this is a good opportunity to interview the community and ask what they think about the project, its feasibility, its ability to minimize community health problems, etc.

Problem situation: starting from the same real situation, presented to the students before the development of the project, the teacher stimulates the analysis and critical reflection of the students, to verify what situations have been solved and what still needs to be done.

Debate in assemblies: the debate is also a powerful tool for evaluating the process, as it allows, through dialogue, to reflect on the achievement of the objectives and the need to reformulate the project's actions.
Recognition hike: returning to the place where the hike was initially carried out is a good option to verify the application of the project's actions and evaluate its consequences.

In the midst of evaluation actions, teachers can outline, together with students, new health promotion actions at school or the continuation of those whose objective has not been fully achieved. Thus, the cycle feeds back and a new cycle begins. Through the knowledge built and the learning gained in each new cycle of this process, we will be accumulating necessary conditions to minimize the effects of social inequalities on education and health.

TRY TO DO IT!:

Due to the coronavirus pandemic and the impossibility of keeping teachers, students and other members of the school community physically close, every care must be taken with actions that require the participation of a large number of people. Each school must think about alternatives that are adaptable to its reality. Nevertheless, dialogue, problematization and the collective construction actions cannot be eliminated from the educational process. Assemblies, meetings, conversation circles and other group activities can be held through virtual environments or in open and airy spaces in order to maintain the recommended distance between all members.

Now, get to work ...

The project that we have just presented is supported by a humanized and multidetermined vision of both education and health. In line with these ideas, popular health education can be an excellent alternative to strengthen health promotion in schools, centralizing the educational process in the exchange of knowledge and promoting the construction of knowledge related to the different ways of living in a healthy way.

More than passing on information and inducing certain behaviors, we need to stimulate the reflections of subjects and collectives on the characteristic problems of life in society, prioritizing the contribution to decision making, the development of critical awareness and the increase in the ability to intervene in reality.
The fundamental principles of Popular Education in Health present in our proposal - dialogue, problematization, autonomy and freedom - allow teachers and students to participate equally in the educational process, relating it to the countless forms of intervention in the world.

The school community, reflecting on the social, political, economic and ideological determinants that shape the health conditions of the community, allows the creation of alternatives to reverse the problems arising from the discriminatory, excluding and oppressive characteristics of the social structure. Recognizing this movement is a form of liberation, in the sense of making students aware of the different ways of fighting for the transformation of social reality.

Now it's up to you! Rolling up your sleeves and getting to work!

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