



## Strategies for healthy eating in schools according to Brazilian technical guidelines: a documentary analysis

### Estratégias para alimentação saudável em escolas conforme as diretrizes técnicas brasileiras: uma análise documental

### Estrategias para una alimentación saludable en las escuelas según las directrices técnicas brasileñas: un análisis documental

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#### ABSTRACT

**Objective:** To critically analyze the Brazilian technical guidelines focused on healthy eating in the school environment, examining the degree of articulation between them, identifying any divergences, and verifying whether there have been updates over time.

**Methodology:** Documentary research conducted between January and June 2025. Documents were searched on official websites, such as the Brazilian Society of Pediatrics and the Portal of the Secretariat of Primary Care. **Results:** Six documents were identified: five from the Ministry of Health and one from the Brazilian Society of Pediatrics. The studies were organized into an analysis matrix and classified into three categories: Public Policies for Child and Adolescent Nutrition; Management and Promotion of Healthy Eating Habits; and The Role of Health and Education Professionals in Food Security. **Final Considerations:** Schools are ideal settings for health promotion activities, and health professionals can greatly contribute to student health and the development of new eating habits by developing educational initiatives that encourage students to adopt them.

#### DESCRIPTORS:

School Health; Good Eating Habits; Health Education; Comprehensive Health Care for Children and Adolescents.

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## RESUMO

**Objetivo:** Analisar criticamente as diretrizes técnicas brasileiras voltadas à alimentação saudável no ambiente escolar, examinando o grau de articulação entre elas, identificando eventuais divergências e verificando se houve atualizações ao longo do tempo. **Metodologia:** Pesquisa documental, realizada entre o mês de janeiro e junho de 2025. A busca dos documentos foi realizada nos websites oficiais, como o site da Sociedade Brasileira de Pediatria e o Portal da Secretaria da Atenção Primária.

**Resultados:** Foram identificados seis documentos, cinco do Ministério da Saúde e um da Sociedade Brasileira de Pediatria. Os estudos foram organizados em uma matriz de análise e classificados em três categorias: Políticas públicas para alimentação da criança e do adolescente; Manejo e promoção de hábitos alimentares saudáveis; e Atuação dos profissionais da saúde e educação na segurança alimentar.

**Considerações finais:** A escola é um espaço propício para as ações de promoção à saúde e os profissionais de saúde muito podem contribuir para a saúde dos estudantes e com a formação desses novos hábitos alimentares a partir do desenvolvimento de ações educativas que estimulem o interesse do aluno a adotá-los.

## DESCRIPTORIOS:

Saúde Escolar; Bons Hábitos Alimentares; Educação em Saúde; Assistência Integral à Saúde da Criança e do Adolescente.

## RESUMEN

**Objetivo:** Analizar críticamente las directrices técnicas brasileñas enfocadas en la alimentación saludable en el ámbito escolar, examinando el grado de articulación entre ellas, identificando eventuales divergencias y verificando si hubo actualizaciones a lo largo del tiempo. **Metodología:** Investigación documental realizada entre enero y junio de 2025. Se buscaron documentos en sitios web oficiales, como la Sociedad Brasileña de Pediatría y el Portal de la Secretaría de Atención Primaria.

**Resultados:** Se identificaron seis documentos: cinco del Ministerio de Salud y uno de la Sociedad Brasileña de Pediatría. Los estudios se organizaron en una matriz de análisis y se clasificaron en tres categorías: Políticas Públicas de Nutrición Infantojuvenil; Gestión y Promoción de Hábitos Alimentarios Saludables; y El Rol de los Profesionales de la Salud y la Educación en la Seguridad Alimentaria.

**Consideraciones Finales:** Las escuelas son entornos ideales para las actividades de promoción de la salud, y los profesionales de la salud pueden contribuir en gran medida a la salud de los estudiantes y al desarrollo de nuevos hábitos alimentarios mediante el desarrollo de iniciativas educativas que incentiven a los estudiantes a adoptarlos.

## DESCRIPTORES:

Salud Escolar; Buenos Hábitos Alimentarios; Educación para la Salud; Atención Integral de la Salud de Niños y Adolescentes.

## INTRODUCTION

For the promotion and protection of health, food and nutrition are factors that contribute to a good quality of life, as well as influencing the growth and development of individuals. Throughout the various transformations in the Brazilian scenario, it is observed that there has been a reduction in hunger and food scarcity, a fact that has led the population to have access to food. With the decrease in malnutrition, there has been an increase in the number of cases of obesity in all spheres of the population, a problem that is directly related to eating habits<sup>(1)</sup>.

A recent epidemiological study shows that the consumption of ultra-processed foods and the quality of the school food environment are associated with worse dietary patterns and an increase in

obesity in the Brazilian child and adolescent population, reinforcing the need for integrated approaches between health and education in the school food context<sup>(2)</sup>.

In contrast, more recently, socioeconomic problems arising from the COVID-19 pandemic have strongly impacted the daily lives of Brazilian families, with emphasis on the return of hunger and poverty, which have once again plagued the country, directly affecting the most vulnerable populations<sup>(3)</sup>. Food and nutritional security was profoundly affected during and after the pandemic, with a direct impact on school meals and the guarantee of access to healthy meals in many contexts<sup>(4)</sup>.

It is worth noting that since 2011, Ordinance No. 2,715, of December 17, 2011, from the Ministry of Health, which provides for the National Food and Nutrition Policy (PNAN), presents proposals for changes in the food and nutrition of the Brazilian population, contributing to health promotion actions. Its guidelines include: the organization of nutritional care; the promotion of adequate and healthy food; food and nutritional surveillance; the management of food and nutrition actions; participation and social control; the qualification of knowledge in food and nutrition; cooperation and articulation for food and nutritional security<sup>(1)</sup>.

Inadequate eating habits can lead to problems such as malnutrition or overweight, as well as non-communicable chronic diseases (NCDs). Sedentary lifestyles, increased adipose tissue, and the consumption of fats and sugars are behaviors and risk factors that deserve attention. The prevalence of hypertension in obese Brazilian children and adolescents was around 10%, thus, individuals between 12 and 18 years old are prone to developing atherosclerosis, in addition to the increased incidence of type 2 diabetes mellitus in children over 10 years old<sup>(5)</sup>.

Another relevant point regarding this topic is the return of food insecurity. The problem took on a greater dimension during and after the COVID-19 pandemic, but since 2016, social policies that guarantee healthy food with adequate nutritional support have been dismantled in Brazil<sup>(4)</sup>. Thus, current regulatory measures still do not guarantee a school food environment that promotes sustainable and healthy eating, highlighting gaps between normative guidelines and the reality experienced by students<sup>(2)</sup>.

In this scenario, the school should be seen as an environment that promotes educational actions aimed at promoting and protecting the health of children and adolescents. In this space, education should take place through the interaction of different types of knowledge, integrating scientific knowledge with information brought by students and families, generating actions that contribute to the formation of more critical citizens, with autonomy, aware of their rights and duties, and concerned about quality of life and health conditions<sup>(6)</sup>.

Complementarily, the Family Health Strategy (ESF) teams are responsible for monitoring the health of children and adolescents, assessing their health conditions in the schools that are part of the coverage area of the units that comprise it. They identify health problems in this population and implement

strategies together with the education sector, in order to minimize any problems found, seeking solutions to the health needs of the community<sup>(7)</sup>.

Thus, when considering actions to promote health in the school environment, it is necessary to identify what students, educators, and staff understand about the topic, so that activities can be developed that spark their interest and lead to improvements in their quality of life. Therefore, it is important that the education and health sectors work together, contributing to the empowerment of students in this process of transformation towards a healthier lifestyle<sup>(8)</sup>.

The project-based approach is considered a tool that contributes to the effectiveness of health education actions in the school environment. In fact, to sensitize the target audience, the Basic Health Care in Schools Handbook proposes that teachers and staff of the educational institution give lectures on the topic, opening space for listening to the needs of individuals in health, education, and other areas<sup>(9)</sup>.

Considering that the school environment plays a decisive role in the formation of eating habits, it becomes essential to critically examine the Brazilian technical guidelines aimed at promoting healthy eating in this context. These regulations guide both the provision of meals and pedagogical actions, directly impacting the health and eating habits of millions of students. Therefore, analyzing these guidelines makes it possible to recognize progress, identify gaps, and understand existing challenges, contributing to the strengthening of public policies and the creation of healthier and fairer school environments.

Although several normative documents and public policies exist, there are gaps and inconsistencies between guidelines and effective practices, especially regarding the real promotion of healthy eating in schools<sup>(10)</sup>.

In light of these considerations, the following research question was formulated: How do official Brazilian documents present and guide strategies for promoting healthy eating in the school environment, and to what extent are these guidelines coherent, up-to-date, and integrated with each other?

## **OBJECTIVE**

To critically analyze the Brazilian technical guidelines focused on healthy eating in the school environment, examining the degree of articulation between them, identifying any divergences, and verifying whether there have been updates over time.

## **METHODOLOGY**

### **Types of study**

This research is characterized as a documentary analysis, aiming to produce new knowledge through the researcher's immersion in official documents, seeking to answer the previously defined guiding question. This type of investigation allows for the examination of materials that have not yet been

analyzed or that can be reinterpreted in light of new contexts, providing complementary information relevant to the study under development.

### **Study Setting/Data Collection**

The documentary search was conducted on the official websites of the Brazilian Society of Pediatrics (SBP) and the Ministry of Health (MS)/Secretariat of Primary Health Care (SAPS), sources recognized for their relevance in the formulation and dissemination of policies and guidelines focused on child and school health in Brazil. These repositories were chosen due to their institutional credibility and the relevance of the content provided to the research objective.

The descriptors indexed in the Health Sciences Descriptors (DeCS) — school health, good eating habits, health education, and comprehensive health care for children and adolescents — were entered individually without a Boolean operator in the search field of the selected institutional websites, respecting the specificities of each search mechanism. The document review was conducted between January and June 2025. The validation of the process was carried out by a second researcher, independently, with subsequent discussion of cases of divergence until consensus was reached.

Inclusion criteria: documents published from 2007 onwards, with public access and available in digital format, addressing public policies, educational practices or guidelines aimed at promoting healthy eating among children and adolescents. The adopted time frame corresponds to the period marked by the debates that supported the creation of the School Health Program (PSE)<sup>(11)</sup>. Regarding updated documents, the most recent ones were kept in the analysis, taking into account the evolution of public policies. Duplicate documents, those that did not have a direct link to the topic or that were incomplete were excluded.

### **Data Analysis**

After screening, the selected documents were systematized in an analysis matrix specifically constructed in Microsoft Word for this research and validated by the research group to which the researchers of this study belong. This matrix contains the following fields: No.; Title; Year; Source / Website; Stated objective/Purpose; Key content related to the theme; Target audience; Normative/operational elements; Initial analytical observations. The analysis matrix was constructed from the study objectives and the analytical axes defined in the literature, allowing for the systematization and comparison of documentary content, as presented in the analytical tables.

Furthermore, the researchers defined variables (Focus on promoting healthy eating; Emphasis on the school environment as a strategic space for health; Normative or guiding character; Target audience linked to health and/or education; Direct relationship with public health and nutrition policies;

Preventive and health-promoting approach; Emphasis on intersectorality; Practice-oriented language) for the analysis of the selected documents in order to identify points of convergence.

After systematizing and reading the documents, the analysis was conducted using the content analysis technique proposed by Bardin<sup>(12)</sup>. As a reference, the first stage involved the Pre-analysis of the documents (floating reading, preparation of the material); the second stage involved the Exploration of the material (text selection and categorization); finally, the third stage comprised the Treatment of results, inference and interpretation (Organization and synthesis of results and inferences based on the categories).

As a result of the analysis, the documents were organized into three thematic categories: (1) Public policies for child and adolescent nutrition; (2) Management and promotion of healthy eating habits; and (3) Performance of health and education professionals in food security.

### Ethical aspects

This document review used only publicly available documents and information, without involving identifiable participant data. Thus, according to current ethical standards, submission to the Research Ethics Committee was not necessary.

## RESULTS

Six documents were identified that met the research objective. Of these, five were retrieved from the website of the Ministry of Health (MS)/Secretariat of Primary Health Care (SAPS) and one from the Brazilian Society of Pediatrics. Tables 1 and 2 present the analysis matrix developed for the study.

**Table 1.** Analysis matrix of the selected documents. Curitiba, Paraná, Brazil, 2025.

Number	Title	Year	Source/Website	Stated objective / Purpose
A1	Manual de Alimentação: orientações para alimentação do lactente ao adolescente, na escola, na gestante, na prevenção de doenças e segurança alimentar	2024	www.sbp.com.br	To guide professionals and families on appropriate dietary practices at different stages of life.
A2	Cartilha Nacional da Alimentação Escolar	2015	Health Ministry / SAPS	To guide schools and administrators on appropriate food practices in the school environment.
A3	Guia alimentar da população brasileira	2014	Health Ministry / SAPS	To provide guidelines for healthy eating for the Brazilian population.
A4	Passo a Passo do Programa Saúde na Escola	2011	Health Ministry / SAPS	To guide the implementation of PSE actions in the territory.
A5	Cadernos de Atenção Básica – Saúde na Escola	2009	Health Ministry / SAPS	To subsidize primary health care actions in schools within the scope of the School Health Program.
A6	Manual Operacional para profissionais de saúde e educação – Promoção da Alimentação Saudável nas Escolas	2008	Health Ministry / SAPS	To guide coordinated actions between health and education to promote healthy eating.

**Table 2.** Analysis matrix of selected documents. Curitiba, Paraná, Brazil, 2025.

Number	Key content related to the topic	Target audience	Normative/operational elements	Initial analytical observations
A1	Guidelines for healthy eating; disease prevention; food safety; recommendations for schools.	Health professionals, educators, families	Updated recommendations from the Brazilian Society of Pediatrics; practical guidelines.	Recent document; provides the most up-to-date guidelines for schoolchildren and pregnant women.
A2	School meals; menus; health promotion; food and nutrition education.	School administrators, nutritionists, teachers	National standards for school meals; guidelines for implementing the National School Feeding Program (PNAE).	It serves as a normative basis; important for school practices.
A3	NOVA classification; dietary recommendations; principles of proper and healthy eating.	Healthcare professionals; general population	National reference from the Ministry of Health; guidelines widely used in public policies.	Key document; cross-cutting content for all other materials.
A4	Stages of the School Health Program; healthy eating initiatives; intersectoral collaboration between health and education.	Municipal managers; primary health care teams; schools	Describes responsibilities and workflows between the Brazilian Unified Health System (SUS) and schools.	It provides operational details for the PSE (School Health Program), which is important for field practices.
A5	Health promotion; healthy eating; physical activity; intersectoral actions	Primary health care professionals; PSE teams	Technical guidelines; guidelines for action planning.	Although older, it is a well-established technical reference.
A6	Promoting healthy eating; educational strategies; menus; a healthy school environment.	Health and education professionals	Technical and operational manual; pedagogical strategies and tools.	Oldest document; basis for intersectoral and educational actions.

\*PSE – School Health Program/ \*APS – Primary Health Care/ \*MS – Ministry of Health/ \*PNAE – National School Feeding Program/ \*SUS – Unified Health System

The analyzed documents show strong convergence (Table 3) regarding the promotion of healthy eating, especially in the school environment. They share a guiding character, aimed at health and education professionals, and directly engage with national public policies such as the PSE and the National School Feeding Program (PNAE). They maintain a preventive, intersectoral, and educational focus, reinforcing the role of the school as a privileged space for health actions. Despite the different publication dates, the materials comprise a coherent set of guidelines for promoting healthy eating in the school and community context. Document D3 (Food Guide for the Brazilian Population) does not fully address the variable "Emphasis on the school environment as a strategic space for health," as it provides broad guidelines for healthy eating for the Brazilian population.



**Table 3.** Common elements among the documents. Curitiba, Paraná, Brazil, 2025.

Convergence variable	D1	D2	D3	D4	D5	D6
Focus on promoting healthy eating.						
Emphasis on the school environment as a strategic space for health.						
Normative or guiding character						
Target audience linked to health and/or education.						
Direct relationship with public health and nutrition policies.						
Preventive and health-promoting approach						
Ênfase na intersectorialidade						
Practice-oriented language						

\*D1 – document “Nutrition Manual: guidelines for infant to adolescent nutrition, at school, for pregnant women, in disease prevention and food security”/ \*D2 – document “National School Feeding Booklet”/ \*D3 – document “Food Guide for the Brazilian Population”/ \*D4 – document “Step-by-Step Guide to the Health in School Program”/ \*D5 – document “Basic Care Notebooks – Health in School”/ \*D6 – document “Operational Manual for health and education professionals – Promoting Healthy Eating in Schools”.

Despite the strategies and technical guidelines in Brazilian health policies regarding food and health, it can be said that points of divergence are still observed in the examined documents. The documents present a temporal variation, dated between 2008 and 2024, which implies differences in recommendations. The Healthy Eating material from the Brazilian Society of Pediatrics from 2024 presents more current evidence on food practices and food security. In contrast, documents from the Ministry of Health published between 2008 and 2011 present classic and relevant guidelines, but may not contemplate recent advances in nutrition and eating behaviors.

The documents present divergences in scope and thematic coverage. For example, the Dietary Guidelines for the Brazilian Population provides broad guidelines for the entire population, while others are more specific to school meals, such as the National School Feeding Guide.

The analyzed documents present different target audiences, which directly influences their language, level of detail, and type of guidance offered. Some are primarily aimed at healthcare professionals, such as the Food Guide and the Manual of the Brazilian Society of Pediatrics; others focus on school administrators, nutritionists, or teams linked to the PSE. There are also intersectoral materials that articulate actions between health and education and are intended for multidisciplinary teams. This



heterogeneity demonstrates that each document plays a specific role in the healthcare system and the educational context, contributing to different levels of action in promoting healthy eating.

After analysis, the constructed categories systematically organize and describe the examined documents, offering greater clarity about the content present in each of them. These analytical breakdowns allow for a deeper understanding of the guidelines and relevant aspects addressed in this study.

### **Category 1 – Public Policies for Child and Adolescent Nutrition**

Documentary analysis shows that public policies aimed at child and adolescent nutrition, especially the PNAE and the PSE, present robust and convergent guidelines regarding the promotion of food security, the formation of healthy habits, and intersectoral articulation between health and education<sup>(11,13)</sup>.

Within the scope of the PNAE, an important normative advance is observed in recognizing school feeding not only as the provision of meals, but as a pedagogical and health promotion strategy, articulated with food and nutritional education and the formation of healthy habits<sup>(13)</sup>. However, the analysis reveals a tension between the scope of the program's objectives and its operationalization, since the effectiveness of the actions strongly depends on the performance of the School Feeding Council (CAE) and the articulation with the Collaborative Centers in School Feeding and Nutrition (CECANEs), which can vary significantly between territories.

Although the documents emphasize the supervisory and participatory role of the CAE, a gap is identified regarding systematic mechanisms for monitoring the quality of educational actions, with greater focus on financial control and administrative execution of the program<sup>(13)</sup>. This limitation may compromise the reach of the PNAE as a structuring policy for health promotion in the school environment.

Regarding the PSE, the policy shows strong alignment with the principles of the Unified Health System (SUS), especially concerning the promotion, prevention and comprehensive care of health<sup>(14)</sup>. Intersectorality appears as a central axis of the proposal, indicating a relevant conceptual advance<sup>(11)</sup>. However, the documents analyzed reveal that this articulation remains, in many contexts, more normative than operational, with difficulties in effective integration between school routines and the actions of health teams. The cross-cutting nature of health education, widely advocated in the documents, proves to be a critical point. Despite being recognized as a fundamental strategy, its implementation is relativized in daily school life, in curricula, and in teacher training, limiting its transformative potential<sup>(16)</sup>. This contradiction highlights a gap between institutional discourse and pedagogical practice.

The National Common Curricular Base (BNCC) reinforces the mandatory nature of themes related to health and healthy eating, consolidating a relevant normative framework<sup>(16)</sup>. However, the documents analyzed indicate that the effectiveness of these guidelines depends on structural conditions,

professional training, and the involvement of the school community, factors that are not always guaranteed<sup>(17)</sup>. Thus, it is observed that, although there is normative coherence, challenges persist for the consolidation of these policies in school practice.

## **Category 2 - Management and Promotion of Healthy Eating Habits**

The analyzed documents converge in recognizing that the promotion of healthy eating habits should begin early, highlighting breastfeeding as a central strategy for protecting health and preventing future problems such as obesity<sup>(18)</sup>. This recognition represents an important advance in the life cycle approach, linking child, school and youth health.

However, the analysis reveals a predominance of prescriptive guidelines, focusing on what should or should not be consumed, especially in relation to ultra-processed foods, according to the NOVA Classification<sup>(19)</sup>. A gap is observed regarding the problematization of the socioeconomic, cultural and environmental conditions that influence food choices, which limits the effectiveness of the recommendations in the daily lives of families.

During the preschool phase, the documents recognize the complexity of children's eating behavior and the need for playful and family-oriented educational strategies<sup>(18)</sup>. Despite this, there is little coordination between these guidelines and public policies supporting families, which can result in excessive responsibility being placed on caregivers without considering structural inequalities.

During school age and adolescence, the role of the school as a strategic space for health promotion stands out, especially given the influence of the social environment and the increased consumption of foods high in fat and sugar<sup>(18)</sup>. However, the documents analyzed indicate that educational actions are still sporadic and poorly integrated into continuous pedagogical projects, which weakens the consolidation of healthy habits in the long term.

## **Category 3 – Role of health and education professionals in food security**

The intersectoral work of health and education professionals is presented as a central element for promoting food security in the school environment<sup>(17)</sup>. The documents analyzed highlight the relevance of Family Health teams, nutritionists, and community agents in carrying out educational, preventive, and health monitoring actions for schoolchildren.

However, it is observed that this action is still strongly anchored in traditional models of health education, with less emphasis on participatory and emancipatory approaches. Initiatives such as the “Family Health Day” and the encouragement of the appreciation of regional foods represent important advances<sup>(17)</sup>, but lack systematic impact assessment and continuity over time.

Programs such as the Open School expand the potential of the school space as a territory for the promotion of health and adequate nutrition<sup>(17)</sup>. However, document analysis reveals that these initiatives

depend heavily on local management, funding and community engagement, which can generate inequalities in implementation between different contexts.

## DISCUSSION

Having access to quality food in sufficient quantity to meet their needs and being guided on actions to promote health and guarantee food and nutritional security is a fundamental human right. In light of the results of this document analysis, this right is repeatedly affirmed in Brazilian guidelines aimed at the school environment, which recognize healthy eating as a structuring element for health promotion, reduction of inequalities, and civic education of children and adolescents, especially in contexts of greater social vulnerability<sup>(17)</sup>.

The public policies analyzed constitute central instruments for the promotion of healthy eating in the school context, with emphasis on the PNAE. The documents show a high degree of normative convergence regarding the guarantee of adequate food, the valorization of family farming, and the expansion of access to healthy foods. However, the results indicate that, despite this conceptual articulation, divergences persist in the operationalization of the program among the territories, related to structural conditions, local management capacity, and the performance of social control mechanisms. Nevertheless, the PNAE maintains a comprehensive character by serving different modalities and audiences of basic education, reinforcing its centrality as a food security policy<sup>(20)</sup>.

In addition to the PNAE, the PSE emerges in the documents as a complementary guideline, reinforcing the articulation between the health and education sectors. The analysis shows convergence between the objectives of the PSE and the guidelines of the SUS, especially regarding health promotion and disease prevention. However, the results indicate that this articulation occurs heterogeneously, frequently limited by difficulties in joint planning and by dependence on the individual performance of professionals, especially teachers, recognized as central mediators of educational actions <sup>(21)</sup>.

For health issues, including healthy eating, to be consistently incorporated into daily school life, transversality is widely advocated in the analyzed documents. However, as evidenced by the results, there is a gap between the normative recognition of this strategy and its effective implementation, due to limitations in curricula, teacher training, and the institutional conditions of schools, which compromises the consolidation of these guidelines as permanent practices<sup>(22)</sup>.

In this context, the document analysis reinforces that the integration between health and education constitutes a structuring axis of the analyzed guidelines, but also reveals persistent challenges in its materialization. Joint planning of actions, adaptation to school realities, and alignment with the Family Health Strategy teams are identified as fundamental requirements for achieving the objectives of the PSE. As guided by the Ministry of Health<sup>(8)</sup>, interventions should respect school dynamics and assume

pedagogical intentionality; however, the results indicate that this guidance is not always systematically implemented in the territories.

The identified normative advances suffered significant inflections with the arrival of the COVID-19 pandemic, which exposed structural weaknesses in the analyzed policies. The WHO's declaration of a public health emergency and the recognition of a state of calamity in Brazil highlighted the dependence of school policies on stable institutional contexts for their full implementation, directly affecting the continuity of food and health actions in the school environment<sup>(22)</sup>.

In this scenario, the interruption of in-person classes directly impacted the implementation of the PNAE, requiring normative and operational adaptations. The enactment of Law No. 13.987/2020 represented a relevant update to the guidelines by authorizing the distribution of food items to families, demonstrating the capacity for policy reconfiguration in the face of emergency contexts. Even so, the results indicate that these changes did not occur homogeneously throughout the national territory<sup>(23)</sup>.

A study indicates that maintaining family farming and the work of the School Feeding Council were fundamental, although permeated by operational challenges. The delay in defining a national model and the increase in costs hindered the execution of the program, generating unequal responses among the federative entities. This highlights the relevance of the PNAE for the food security of schoolchildren and the need for normative strengthening and public investments in crisis contexts<sup>(24)</sup>.

According to the School Feeding Observatory, the pandemic deepened previously existing weaknesses in the PNAE, such as budget losses, increased food costs, and the weakening of social control mechanisms. The temporary extinction of CONSEA is pointed out as a landmark of institutional discontinuity, highlighting divergences between the normative robustness of the guidelines and their political support over time<sup>(25)</sup>.

In contrast to this process, the reactivation of CONSEA in 2023 represents a movement to recompose the governance of food security in the country. As evidenced in the analyzed documents, the council plays a strategic role in monitoring and coordinating public policies, indicating a relevant institutional update in addressing the identified gaps<sup>(26)</sup>.

Food security takes center stage in the context of overweight, obesity, and malnutrition among children and adolescents, exacerbated during the pandemic. The results of the document analysis indicate that the guidelines recognize these conditions as phenomena associated with social inequalities and the food environment, reinforcing the need for integrated and territorially-based policies<sup>(27)</sup>.

The high rate of chronic non-communicable diseases in Brazil, such as hypertension and diabetes mellitus, is reiterated in the documents as a consequence of inadequate dietary patterns and persistent socioeconomic inequalities. The analysis reveals discrepancies between the guidelines for

promoting healthy eating and the concrete conditions of access to fresh, unprocessed foods, especially in territories with lower income and education levels<sup>(27)</sup>.

In this sense, the National Food and Nutritional Security Policy (PNSAN) reaffirms the human right to adequate food and recognizes the school as a strategic space for its implementation. The documents analyzed demonstrate convergence between this policy and the PNAE and the PSE, although challenges persist for its integrated and continuous implementation in different local contexts<sup>(28,29)</sup>.

Although structural challenges such as hunger, social inequality, and low schooling remain, the document analysis shows that the school occupies a strategic position in promoting healthy eating habits. However, the results indicate that the effectiveness of the guidelines depends on strengthening intersectoral articulation, overcoming implementation gaps, and consolidating normative updates over time, as per the objective proposed in this study<sup>(30)</sup>.

### **Limitations of the Study**

The document analysis carried out using materials available on the websites of the Ministry of Health and the Brazilian Society of Pediatrics presents some limitations inherent to this type of approach. There is a dependence on the availability and updating of information published on these platforms, which may restrict access to more recent documents or complete versions of certain materials. Furthermore, the analyzed content reflects the institutional and normative perspectives of the body, which may limit the understanding of practical or divergent aspects of the implementation of public policies.

### **Contributions to the Fields of Nursing, Health, or Public Policy**

This study allows for a broader understanding of the role of the multidisciplinary team and education professionals in the implementation of public health policies, especially at the interface between the health and education sectors. By analyzing institutional documents, the importance of the role of health/education professionals as strategic agents in health promotion, health education, and the coordination of intersectoral actions becomes evident.

### **FINAL CONSIDERATIONS**

The policies analyzed demonstrate significant progress in promoting healthy eating in the school environment, converging on the importance of educational practices, encouraging the consumption of unprocessed foods, and strengthening intersectoral collaboration between health and education. The documents also share principles such as guaranteeing the human right to adequate food, respecting food culture, and promoting healthier school environments. However, divergences persist regarding the publication period, thematic scope, technical or normative character, level of detail in the guidelines, and the target audience.

As a specific contribution, this study systematizes and critically analyzes national technical guidelines, highlighting similarities, contradictions, and gaps that are still little explored in the literature, especially regarding intersectoral articulation and the operationalization of policies in daily school life. The findings reinforce the need for greater coherence between normative instruments and mechanisms that favor their integrated implementation.

It is recommended that future research further analyze the empirical implementation of these guidelines in the territories, evaluate their impacts on health and nutrition indicators, and explore the role of health professionals in mediating between public policies and school practices, contributing to the continuous improvement of health promotion actions in the school environment.

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