

ORGANIZATION  
AND ADMINISTRATION OF  
SCHOOL HEALTH WORK

by

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## Preface

"The elements of the school hygiene program should never be regarded as separate entities. \* \* \* For this reason the committee believes that all phases of the program should be under the jurisdiction of educational authorities."

The above paragraph is quoted from the *School Health Program Report of the Regents Inquiry* (New York). The report is one of the many indications of the deep interest today in health education programs in the schools throughout the Nation.

This bulletin, entitled, "Organization and Administration of School Health Work," brings to its readers a discussion presented with a view to focusing attention upon this very important educational field. In Part I, Commissioner Studebaker discusses General Administrative Policies, including the relation of health education to public administration.

The multiple relationships which need to be established in the adequate development of a school health program are presented by Dr. Moore in Part II, as they have been worked out for one school system.

As yet there has been little opportunity for directors of such programs to secure anything like adequate training for their highly important and exacting tasks. Nor have procedures which were the product of trial and error often been recorded for the benefit of others. The account given by Dr. Moore presents in considerable detail advantages of organization and direction within the school.

# PART I

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## Part I

### General Administrative Policies

by

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U. S. Commissioner of Education

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## General Administrative Policies

**O**NE OF the important issues in public administration today centers about the question, Who shall be responsible for the school health program? This question raises correlative issues as to the proper structure of governmental organization for the efficient performance of certain essential services in our society; as to the uniqueness of the function of public education; as to the administrative limits within which the educational program of the schools should operate; and as to the wisdom of a possible realinement of the general controls of organized education, which would distribute educational functions among a number of governmental agencies.

In each of our States the people have established systems of public education, operated under the laws of the State. The common practice has been to delegate to local boards of education authority for the fiscal management of schools and for the control and direction of the educational program. Recently, because of the expansion of governmental activities resulting in competition for tax funds with which to carry on needed activities, it has been proposed in certain quarters that public education be made a department in the structure of local government; that schools be required to present and defend their budgets before a city manager, a commission, or a council; in short, that the schools cease to be as relatively independent as they now usually are. This independence exists most frequently by reason of the separate and direct popular election of a board of education, authorized within legally designated limits to certify the amount of taxes to be levied for educational purposes. It is urged by those who oppose this relative independence of boards of education that the integration of existing educational and other governmental agencies under a single fiscal control, empowered to weigh the needs and appraise the activities of the various agencies of local government, would simplify the machinery of government, reducing its cost, and improving its services. While not denying the importance of education in our society, the proponents of this point of view nevertheless profess to see no justification for an educational organization separate and apart from the organization of other governmental agencies responsible for such public services as water supply, maintenance of highways, police protection, and disease control. Public education, from this point of view, is important but not uniquely so.

### Meeting developmental needs

Most of us in public education disagree with those who see little or nothing unique in the functions of the organized schools. Standing in loco parentis, the schools are concerned with bringing about the nurture and development of the individual through carefully selected and well-organized experiences. The schools select from life those experiences, which, when presented to learners in a properly organized scheme, will be most productive of the learners' present growth and most useful in meeting their future needs. The curriculum of the schools is not developed in a vacuum or formulated in an ivory tower. It is drawn from the arena of life itself. Under this conception, there must be a sifting, an appraisal or evaluation of the accumulated wisdom of the race to determine what is of most worth in meeting the developmental needs of learners. Education thus reflects the interests of life, and brings together in well-balanced programs of learning, those materials and those educational processes which accelerate growth in understanding among learners.

For illustration, our society in its various ramifications cannot operate successfully without widespread literacy. Language is both a medium of communication and an instrument of thought and is consequently an essential tool of individual mental development and social cooperation. Consequently, the schools are expected to place great stress on the development of universal literacy on a high level.

Similarly, in our society, there is need for social understanding and economic intelligence. We live in an interdependent world, in which the fortunes of cotton farmers in the South affect the jobs of steelworkers in Pennsylvania; in which the tariff policy of the United States may lead to repercussions in far-off China. Consequently, the schools are called upon to select from geography and history and the other social sciences those elements of knowledge and experience whose proper understanding by youth will be most helpful in the development of economic, political, and social intelligence. Other illustrations might be given to show how the need for technical knowledge and abilities is met through the study of mathematics, science, and the practical arts; the need for economic and social efficiency provided for by courses in consumer economics and in vocational education; the need for self-

expression and release met through the creative and recreatory arts. All of these developmental needs are recognized and are given proper emphasis in the school curriculum; the claims of one set of organized experiences are balanced against the claims of others in meeting the needs of individuals and the purposes of a democratic society.

### **Noneducational service functions**

Now, obviously, there are other needs of human beings which are met by agencies which are not primarily educational in character. There are needs for police and fire protection; for food and clothing; for shelter and physical security; for mental security in the affection of parents and age mates; and for spiritual security in the consolation and the inspiration of religion.

Luther Gulick has said:

Taking even the most expanded school systems where the schools really are youth departments, it will be found that general quarantine is enforced by the health authorities, that children benefit also by police traffic and crime prevention work, that they drink water furnished by the water department, and milk protected by the division of foods, and live in houses supervised by the housing authority, and are protected by the fire department.<sup>1</sup>

It is clear that many special services of government are essential to our modern mode of living, and that the school should not presume to undertake these noneducational service functions. The unique function of the school as an educational agency involves the development of the social understanding which will enable citizens to evaluate these and other services of government.

If, then, the school's distinctive function is to provide a well-organized and well-balanced educational program designed to develop understanding, habits, and attitudes which will be helpful to the individual in meeting his personal and social needs (including the need for ability intelligently to criticize his government), it follows that the schools must be protected against the encroachment of partisan politics, of special-interest groups, and of propaganda agencies, each seeking to control the schools for its own particular purposes. It follows also, in my opinion, that boards of education whose clear responsibility is to protect the right of the learner to learn should be set up independently of

<sup>1</sup> Gulick, Luther. Notes on the theory of organization. Papers on the science of administration. New York, Columbia University Press, 1937. P. 26.

other local governmental agencies, in order that such boards may be held clearly accountable for the discharge of their unique and indispensable educational responsibility.

### **Schools must be free**

Democracy connotes freedom to learn; the public schools are the chief bulwark of that freedom; therefore the schools should themselves enjoy the largest practicable measure of freedom. The schools should be answerable solely to the general public opinion as registered in votes of citizens at school elections, in which the essential issues connected with freedom of the learner to learn are not blurred by extraneous partisan considerations. This relationship to the public is difficult, if not impossible, when the public schools are made a department of the city or county government, when control of various phases of the educational program is distributed among several departments of government, or when local and State educational authorities are subject to periodic raids by political spoilsmen.

No doubt police departments, public health departments and other governmental agencies have certain educational responsibilities with respect to the particular services which they render. They must secure that public consent which is based on understanding; they must disseminate or induce other agencies to disseminate the ideas necessary for the efficient operation of their own programs. Education in this sense is essential for any coordinated endeavor. Indeed; industrial organizations have a clear understanding of the necessity for company educational programs in order to obtain from their employees the coordination of effort which can come only from common understanding of, and a common commitment to, the purposes of the productive enterprise. This is true whether the business is concerned with the making of shoes or the selling of automobiles. Moreover, the legitimate educational functions of business organizations may often extend beyond the instruction of their own employed personnel to acquainting the general public with the merits of their products and the reasonableness of their industrial policies. But it seems obvious that the controlling purpose of the educational programs of business and industrial organizations is not education per se but the production and sale of a product or a

service for profit. Such educational activities as they may undertake are purely instrumental and incidental to this major or controlling purpose—i. e., profit making.

Of course, problems sometimes arise with respect to the incidental educational programs of these other public agencies. Should a public health service, an employment placement service, a public welfare board, a recreation council, a relief agency, or a library board each be responsible only for the educational programs incident to its own operations with the special clientele it serves, or should it extend its authority to include direction of its specialized phases of work in the educational programs of the schools? Are there not dangers in trends which would divide the responsibility for the conduct of school functions with other agencies whose controlling purpose is not the provision of a well-rounded and balanced educational program, but the rendering of specialized services to particular clients? Would not this division of responsibility, if generally sanctioned, result in the anomaly of a public health department responsible for administering the program of health education in the schools, of the department of safety responsible for directing the school program of safety education, the recreation association taking responsibility for the physical education and recreation activities in the school, the public library board controlling the purchase, distribution, and servicing of the books used in the school program, the State employment service directing the vocational guidance and placement services of the schools of the State, and the public welfare agencies administering a child-welfare program in and through the schools? We might even witness the State department of agriculture responsible for direction of agricultural education in the public schools, and the State industrial commission for the industrial education program—all of these agencies reaching into the schools with their own personnel responsible not to the Board of Education but to their own separate authorities. On the face of it, this picture of the dispersion of educational responsibilities is a reduction to absurdity of trends which in greater or lesser degree are now apparent in the Nation, and in the various States and localities. Why does the dispersion of educational responsibilities and the extension of noneducational

controls appear to be absurd? The answer is because good principles of organization are obviously violated thereby. What are some of these principles of organization?

### **Specialization of function**

The basic principle underlying all organization of work is specialization of function. It is necessary that work to be done should be broken down and its parts undertaken serially or assigned to various individuals. The efforts of the individual specialists, however, have to be coordinated if we are not to repeat the Biblical disaster of the tower of Babel. This coordination of effort is achieved by an organizational structure which is characterized by two important features: (1) The feature of unity of control; and (2) the feature of unity of purpose. The first, unity of control, emphasizes the necessity for a clear line of administrative authority. The second, unity of purpose, emphasizes the necessity for educational effort to secure common understanding among the members of the organization. Both features must receive due recognition in the development of an efficient organization of effort in any field whatsoever.

In the subdivision of work and specialization of functions, or in the aggregation of functions for the organization of effort, four criteria may be used: (1) The major purpose to be served; (2) the character of processes employed; (3) the clientele, or the materials dealt with; and (4) the place of operation. For example, let us consider the doctor who spends all his time examining children in the public schools. Shall we say that he is primarily a specialist in medical knowledge and techniques and that he should therefore be responsible to the city department of health; or that since he is examining children in the schools, he should be responsible to the Board of Education? Or should we look primarily at the major purpose of his work and decide his place in the organizational structure on that basis? If his major purpose is educational, i. e., if he is primarily concerned with providing experiences for these children in the schools which will result in the development of knowledge, habits, and attitudes of living, then it would seem to be clear that since his is an educational function he should be responsible to the educational authority. If, on the other hand, the major purpose of his work

with school children is to identify and treat pupils who need medical care, or to correct physical defects, then, in my opinion, since his work is primarily therapeutic or restorative, he should be regarded as an employee of the agency in the community which assumes responsibility for such activities, and is therefore responsible to that agency. The point which I am trying to make is that for purposes of the organizational structure, the most *significant* question to be asked is that concerning the controlling purpose of the duties performed by this doctor. If we are to avoid unnecessary difficulties and the duplications and inefficiencies growing out of a muddled structure of administrative authority, and if we are to avoid the chiseling away of educational functions by agencies whose primary function is not education, we should insist upon placing the school health program in charge of the educational authorities.

This brings me to the moot question as to whether or not the school authorities should provide treatment for defects discovered in the medical and dental examination of children. Besides these health examinations, school health programs commonly include two other major phases, i. e., health protection and health instruction. Health protection involves the control of the school environment, including the physical aspects of buildings and grounds, the character of the school program, and the school contacts of human beings with one another. This factor of human contacts includes not only contacts among the pupils themselves but also the relation of the whole school personnel, including the custodial force, to the physical and emotional well-being of the pupils. Health instruction consists of the formation of habits, the acquisition of knowledge, and the creation of attitudes conducive to healthful modes of living. It involves instruction by means of curriculum materials which are related to the child and his activities in his total environment. The school health program also includes physical activities properly graded to pupil capacities and interests; balanced programs of study, work, and recreation.

Now health instruction should be closely linked not only with the health examinations and the protection program, but also with the total program of the school. Neither school health protection nor instruction, however, in the judgment of many

educators properly includes the treatment of defects disclosed by dental and medical examinations, even though such treatment may in some instances be prerequisite to the achievement of the major educational objectives of the school program. It is the general consensus that a clear line can and should be drawn at this point. Medical treatment, with the exception of first aid, even though necessary should not be given by the schools but should be provided through those other agencies whose controlling purpose it is to provide such treatment. Medical or dental treatment per se is not educational but restorative. It may be agreed that provision of glasses, treatment of impaired hearing, extraction of teeth, and immunization against diphtheria, are required in the case of some children before the educational program of the schools can be effective. By the same token, some children will require food and clothing as well as medical attention before they can be expected to profit from any school program. And yet if the controlling purpose of the school health program is education, and if the school operates in a situation where it is feasible to secure medical services from medical agencies, then it would seem to follow that the school's obligation extends only to the identification of pupils needing such dental or medical service, their referral through their parents to the proper service agencies, and follow-up to see that the necessary services have been provided.

### **Community health council**

This means that public education in general must work out methods by which the essential medical and dental services to pupils may be provided by appropriate agencies. School authorities may well be expected to take the initiative in the organization of a community health council for this purpose. One of the first obligations of such a council would be a functional analysis of community health agencies themselves to serve as a starting point for voluntary coordination of effort. The service area of each organization should be clearly delimited upon the principle of the controlling purpose which the agency serves. Good administration will require that duplicating areas be reduced to a minimum; and that the schools be held responsible for their health education functions, for the selection of educa-

tional experiences to be included in the health curriculum, for the selection of personnel, for determination of the methods of teaching to be used, and for evaluation of the results of the health education program.

### **Development of cooperation**

It has been necessary time and again for the school to extend its concept of education and to develop its program and personnel to meet the needs of a growing population under constantly changing conditions. The school program of today with its many activities contributing to the development of individuals fit to live in the modern world, when compared to the school program of 50 years ago, is eloquent proof of the ability of the schools to make important expansions and adaptations. The schools have accepted the responsibility for the development and maintenance of well-conceived and effective school health programs. No other institution except the home has so much contact with children and youth or so golden an opportunity to give them significant instruction and compelling motives in matters pertaining to health. Our national health status is high; in fact, "not equalled by any nation of similar size of mixed races." Yet there is much to be desired and a great deal to be done in the further development both of health education and of medical services. Because of the progress the schools have made and are making in the field of education for health, which is their peculiar province, it seems to me that there is no warrant for the displacement of a school-administered health education program, State or local, by another agency. There is so much that can advantageously be done by schools and public health authorities working together that our persistent effort should be the development of cooperation rather than the assumption of control by either group of functions which do not properly belong within its legitimate sphere of authority. It is my belief that progress will be most rapid if the needed improvement in school health programs is undertaken by the educational authorities themselves, employing additional trained health-education personnel where needed, rather than imposed from without by another agency.

# PART 2

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## Part II

### Administering a School Health Program

#### A Study in Method

by

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## Administering a School Health Program <sup>1</sup>

**A** SCHOOL health program in which the school fulfills the two functions of protection and education—protection of the children while they are in attendance, and education in the fullest possible measure in those things that contribute to healthful modes of living—is the desire of every school. Like all educational activities, those in the field of health never end. The development and administration of plans and procedure which will bring the school personnel to a conscious cooperative effort in attainment of these general objectives so that the desired protection and education shall reach every group of pupils throughout every hour of the school day constitutes a school health program of the first order.

How can it be obtained? The question cannot be answered in a formula which would be applicable to every school, but there are certain essentials which are fundamental regardless of the community differences. The first requisite is that the school administrator, supported by his board of education, shall be devoted to an educational program in the field of health. "Educational program" is used in contrast to "service program." The latter is self-explanatory; i. e. actual rendering of health services, often including medical and surgical clinics. "Educational program" means organization of school personnel and coordination of interest and instruction for the purpose of teaching children and parents to be resourceful, self-reliant, and intelligent in meeting their own health problems. The second requisite is the delegation of the responsibility for development of the program to some one with adequate health knowledge and vision to coordinate the teaching personnel and enlist parents in cooperative support of the program.

### Responsibility of School Authorities

The health program in its best concept is a responsibility of the school authorities; it should be executed in cooperation with other community agencies; it need not develop overlapping or duplication of activities.

No one questions the beneficial influence of good school health programs on the life of the children. Neither does any one assume

<sup>1</sup> The writer acknowledges his obligations to: Gertrude E. Cromwell, supervisor of health education and school nursing; John A. Johnson, supervisor of physical education; and Dr. Charles H. Hanshaw, supervisor of dental hygiene.

that all school health programs are as good as they should be. The same may be said of all health programs regardless of age level. No program, no matter whose sponsorship it is under, has reached that state of perfection which excludes further improvement. Over the years many schools have done and are doing most acceptable work in the school health field. Of course, every branch of government has the right to desire and the necessity to secure correct understanding of its function. This entails a responsibility for the education of the public concerning its work. No branch of governmental activity is more dependent upon adult education for achievement of its objectives than public health. Therefore some education of the general public is a fundamental part of public health procedure. The need for education of the general public, however, is not an indication that health education in and through the schools should be transferred to local health departments. Contributions of the school personnel may be lost in large measure if control of the program passes from the school authorities because the type of education conducted by public health agencies is wholly different from that of the school organization. The needed improvement in the school program should be generated from within its own ranks, by additional personnel where needed, rather than by imposition from another agency. The school should assume responsibility for the health of its group within the limits of educational capacity just as individuals should assume responsibility for their own personal health problems.

The preceding discussion is the philosophy which has guided the development of the school health program for which the writer has been responsible. What is the practical experience of administration? What does it mean when translated into action? The following activities are some of the things which the director of a school health program, and his staff, have been called upon to carry on over a period of years. Considered in their entirety they offer substantial evidence that those in charge of the school health program should be a part of the school personnel and responsible to the school authorities.

### **Activities Within the School Organization**

#### **1. Conference with the superintendent and administrative staff of the schools**

There have been many of these conferences in which the objectives of the health program have been discussed and the pro-

cedures determined. The subject matter is reflected throughout the list which follows.

## **II. Organization of the school's health department**

This consists of the teachers of physical education, nurses, dental hygienists, doctors, and dentists employed by the Board of Education. These groups spend more of their time in things obviously related to health than do other groups of teachers. Therefore they constitute the basis for health counsel in the various buildings.

## **III. Cooperation with principals**

The general program must be interpreted in cooperation with the principal of each building, and objectives and procedures modified to fit the varying needs of different districts.

## **IV. Enlistment and maintenance of the cooperation of the classroom teacher**

This is a key point in the whole program. Little progress is made until it is attained. The personnel referred to in the second paragraph constitutes the basis for health counsel in the various buildings and it is through them that teacher-cooperation is maintained.

## **V. Cooperation with custodial force**

Problems pertaining to light, heat, ventilation, drinking water, toilet facilities, gymnasium equipment, showers and lockers, surfaces and maintenance of playgrounds—all these in one form or another come up for consideration by those responsible for the health program. In this connection expenditure of funds may become an important item. If the most value is to be obtained from available funds, then all concerned must have a community of interest and responsibility in the expenditure and the result. It is impossible for one group to make the recommendations with little regard for expense and leave to another group the responsibility of meeting the recommendations or be accountable for the disappointments that may come from the failure therein.

## VI. Selection of personnel

### A. For all employees

The School Health Department is responsible for:

1. Appraisal of personal health records of all applicants for employment. This includes everyone—administrators, teachers, office force, and custodial group.
2. Appraisal of health status of new employees by complete physical examinations.

### B. In the School Health Department

1. Teachers of physical education with proper training for teaching.
2. Nurses—qualified for teaching—individual and group.
3. Dental hygienists—qualified for teaching.
4. Doctors with a flare for education in the field of health.
5. Supervisors.
  - (a) Health education and school nursing.
  - (b) Physical education.
  - (c) Dental hygiene.

(See page 45 for continuation of major topics.)

(In the following material (pages 18-44) the foregoing items I to VI on organization, are elaborated. There will be found on the one hand statements of policies, procedures, and relationships which are involved in the administration of the items referred to and on the other hand justifications of these policies designed to show that when they are properly applied they produce greater values if the school health program is administered as a part of the school organization.)

*Policies, procedures, and relationships in administration of Items I to VI*

*Values derived from these policies*

### I. Conference with superintendent and administrative staff of schools. (See pages 16-17.)

#### A. Discussions with supervisors and principals to determine how doctors, dentists, nurses, physical education teachers, and dental hygienists can contribute to education of the children.

The services of dentist, dental hygienist, nurse, and doctor are on "piece work" basis at any given spot in the school. Their appointments must be arranged with reference to other schedules to avoid repeated infringement upon the regular class activities. This "visiting personnel" must develop common objectives with and appreciation of

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the procedures of the school administrator and the classroom teacher. Each must know what is the other person's job and how he does it. Without this there is little carry-over from the contacts with these people to the educational program of the children. Visiting personnel must know what may be expected of the teachers in the various avenues of health education. An esprit de corps must be developed between the visiting and the administrative personnel so that the latter will use the former in support and development of the weak spots in the program of each particular school.

- B. How shall the doctor's examination be conducted? How shall results be conveyed to teachers? To parents?

Facilities for the conduct of the doctor's and nurses' work are so variable that the arrangements must be made according to the conditions in each school. This must be a joint arrangement among all concerned, with such concessions as are required for the job. Provision must be made for the teacher to receive those results of the examinations that may be significant for her direction of the child in the classroom, and for helpful contact with the parent as occasion affords. It must be so arranged that the teacher shall assist in management of the children and be present when they are examined or that the record shall be interpreted to her by the nurse after the examinations are completed. The extent of the examination will depend upon the facilities for privacy from other children, and upon the good judgment of the examiners. Experience has taught that with development of educational objectives and proper conduct of the examinations, objections to minimum of inspection may be converted into appreciative ac-

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ceptance of examinations that are made with most of the clothing removed. In working with the younger children, parental contact is obviously a necessity if any good is to come out of the procedure. This is best accomplished if the parent can be present when the school examination is made. The extent to which this is accomplished will depend largely upon the cooperative effort of nurse, teacher, and doctor. The doctor and nurse must feel the obligation to make the experience worth while for the teacher and the parent. It should be an experience in health education with the child as the subject and the school personnel and the parent as participants. In the absence of the parent it becomes the duty of the nurse to see that pertinent knowledge from the procedure reaches the parents.

C. How extensive a record shall the nurses keep and in what form to be helpful to the teacher and useful in planning educational activities from year to year?

The record should serve many purposes. Since the nurse will use it most, it should meet her needs first. Many things of which she will need memoranda are of current interest. For this purpose temporary records may be devised. The personal record of the child should be permanent for his school life and permit review of his physical development and progress from time to time. This should be available and interpreted by the nurse for the other school personnel as occasion requires. The record should also show the child's experience with reference to immunizations and communicable disease. In times of epidemics this becomes especially valuable. It will be helpful in many instances in determining modification of a child's program on account of physical impairment, either temporary or permanent.

*Policies, procedures, and relationships in administration of Items I to VI*

*Values derived from these policies*

These records are of interest and guidance to the teacher of physical education where there is coordination of the programs of physical education with the conduct of the physical examinations. They have unlimited potentialities in the teaching of hygiene and physiology. They give a cross-section of the physical development and growth of the group which can be used effectively in the classroom. Such use involves the interpretation of the records in the light of the general conditions under which the children of the area are living. To use records for these purposes requires much more from the examining personnel than a perfunctory search for physical defects, mechanical recording of them, and the hope that somehow someone will sometime have them corrected.

- D. How can the nurse be most effective? How should her time be distributed among various districts? In a given school how should her time be apportioned among communicable disease control, teacher instruction and home visitation?

(It goes without saying that in a school-administered health program, the nurses will be school nurses and not general nurses, i. e., nurses engaged in all phases of public health activity. School nursing is a specialized work and it should not be side-tracked according to the nurse's interests or urgent calls upon her for other service which might arise from time to time in the district she may serve.)

The nurse should be regarded as a member of the instructional staff. All her procedures should be subject to interpretation of values from the educational viewpoint. The proper school official in the district must plan her program according to the economic and educational needs of the various areas of the district. Since the school staff constitutes such an important part in health education, it is essential that the qualifications of a nurse be considered in relation to the resources and weaknesses of the particular schools which she shall serve. No part of the school's program is more dependent upon the selection of the right personality than is the job of health education through school nursing. The nurse and principal must have wide leeway in determining how the nurse shall spend her time in the given district. They must know

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the needs of the district and of the teachers. Control of communicable disease will depend in large measure upon the intelligent interest and cooperation which can be maintained between the nurse and the classroom teacher. Actual presence or threat of communicable disease may obviously take much of the nurse's attention at the time of the menace, but her most effective work may have been accomplished by teacher contact and instruction in the intervals between threats. There must be a balance in a given district between the above duties and home visitation. Much can be accomplished by contacts between the nurse and the home if the problems involved are approached from the viewpoint of the educational interests of the child. Real accomplishment in this depends upon close association and understanding between the nurse and the classroom teacher, the exchange of personal knowledge and confidence which come only from contact in pursuit of common objectives.

**E. How can supervisors of art, social sciences, general science, and home economics cooperate with health department personnel to make their work dovetail with that of the health department and contribute most to health education?**

Supervisors in the school health department must have enough appreciation of educational methods, school administration, and classroom work that they will be accepted as a part of the educational staff. Under these circumstances they can meet other supervisors and teaching personnel on their own ground and discuss the possibilities for health education in these several fields. The first requisite is that these opportunities must be recognized. If they are pointed out with the implications and suggestions as to how they may be used to best advantage for the purpose

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F. How can the nurse arrange for visits of doctors and dental hygienists to schools with the least disturbance to the school program and the maximum promotion of objectives?

of health education, they are well received.

Through familiarity with the school program the nurse can sense the time at which the work can best be initiated. She can contribute to the training of the teacher by discussing with her in advance those children about whose progress the teacher has more than ordinary concern. The nurse can assist the teacher so that after the examinations have become a matter of record the teacher will be interested in their significance as related to the progress of her own group of children. With proper preliminaries teacher, parent, and child may have had an interesting educational experience which they recall with respect rather than an annoying perfunctory examination and the hope that it will not be repeated. In dental hygiene, for example, it is an unexcelled opportunity to teach that the true measure of accomplishment is absence of dental caries and that this can be influenced by food and habits.

G. How can work of doctors and nurses be coordinated with activities in physical education to give unity to procedure?

Through conferences of doctors, nurses, and teachers of physical education each must know what the other does and why he does it. Common objectives must be developed and procedures accepted. Respect for each other's work well done naturally follows. A better program in physical education can be conducted because the teacher has the advantage of the doctor's examination. The nurse contributes valuable information through her accumulated knowledge of illnesses of the children. Pooling of this information by conference of this personnel establishes a rational basis on which nurse

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- H. How promote common understanding in nutritional work between doctors, nurses, dental personnel, teachers, home economics, and cafeteria service?

and teacher can project the program for the students. Through re-examination of the children and by repeated contacts of this personnel, programs can be reconstructed on the basis of information from several sources.

Contacts between personnel referred to in the preceding paragraph give appropriate basis for developing an appraisal of nutritional status. This constitutes ground work for proper appreciation of nutrition by the school staff in general. The addition of dental personnel to this group brings specific motive to other teachers and to children, a motive which can be appreciated by all. The dental hygienist also brings one very specific measurement of nutrition, dental caries. With the support of these several people, the teachers in home economics have a well-formed background into which they can introduce their instruction in food selection and preparation. The school lunch and the cafeteria offer a most practical laboratory in which results in these fields may be tested with great interest and much advantage to the children.

- I. How bring together the knowledge of the teacher and the health personnel in modification of the usual program to meet the peculiar needs of individual children?

The "spark plug" in this must be the classroom teacher. Where the child has several teachers, as in the departmental system, some one teacher (often called the home-room teacher) may be responsible. She must be educated to be sufficiently "health conscious" that children suffering from fatigue or lagging as compared with the group will attract her attention. These she will refer to the nurse. Others will return after illness with requests for a modified program or present obvious need of protection from overactivity. The nurse will present these children to the

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physician who will interpret their condition in the combined light of their disabilities and the school program. He will prescribe the specific activities or limitations in terms of the facilities and program of the school. The nurse will confer with those responsible for schedules and arrange for a program in accordance with the specific needs of the child. This may mean part-time attendance, release from classes, periods of rest, perhaps a re-scheduling of classes to control travel and stair-climbing, possibly specific arrangements in the cafeteria for certain foods, or transfer to special school for handicapped children.

- J. Arrangement of recess and relaxation periods in the daily schedule in order to relieve tension and strain.

Situations arise where the whole program has to be evaluated and reviewed with particular reference to fatigue and big muscle activity. This involves conditions within the building—heat, ventilation, number of children, conduct of classes, travel between classes, privileges for personal activities, condition and control of playgrounds. Reconstruction on this basis requires accumulated knowledge of all personnel concerned with the program. The doctor and nurse and teacher of physical education have much to contribute to such planning. Much of what is accomplished in the formal classroom performance is determined by this arrangement.

- K. What should the school do in:
1. Health education?
  2. Health service?

These cannot be specifically separated. Everything referred to as part of the school health program involves education. Many of the activities are concerned with service to the child. One cannot separate and itemize those things which are "education" and those which are "service" and connote to each

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their specific value as one or the other. The approach to an educational or service program must be made upon a broad basis and with a certain philosophy regarding the primary function of the school in this respect. Having determined the general type of program it becomes a simpler matter to select the type of activities to be performed and manner in which they should be done. Obviously there are certain services which need to be done. That is a starting point. Shall the job be done with as much as possible of the educational objectives or shall it be done on unit production basis with time allotment as becomes the machine age? The type of program which will ensue depends upon the answer to this question.

If the choice is a "service program" then it would appear that there is no limit to the amount of things that may be done except as finance may dictate. If the choice is an "educational program" then every proposed activity should be searched for its educational possibilities and the performance per se should be evaluated for its opportunities in teaching the children something worth while.

Some of the service activities which may be elevated by educational performance are:

- (1) The doctors' physical examinations for competitive athletics, work permits, special classes, or the periodic examination at various levels.
- (2) The nurses' inspections, functional tests of sight and hearing, weighing and measuring, exclusions and readmissions, teacher instruc-

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tion, home visitation, first aid, and building inspections.

- (3) The dentists' and dental hygienists' conduct of surveys and prophylactic demonstrations of care of mouth and teeth.

All these activities may be carried out on purely service level and with little educational value if done on impersonal and "unit production" basis. On the other hand, all may be done with great educational values if they are so planned and are done with a view to giving each child as much information as possible. In addition to these so-called service activities, the personnel of the health department should make distinct contribution at all levels in regard to health habits and knowledge and procedure. It should be responsible for the selection of the instruction for presentation in the various grades and should develop methods for effective presentation. The results of the various surveys of the school groups should be interpreted for the teachers so that pertinent facts in development and nutrition with reference to children of their own locality or group may be used.

- L. How promote appreciation and cooperation in the health program among the custodians of the building?**

The attitude of the custodian will be conditioned by the general attitude of the local school administration regarding health matters. If this is positive and favorable, he will have additional persuasion through the principal of his building. This will be further supported if he is required to pass a periodic physical examination. Sincere effort must be made to make him appreciate that his is a very important job. He must realize that there is definite relation between the building condition for

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M. How develop understanding of the school health program by the laity?

which he is responsible and the health of the children. If his responsibility is recognized and appreciation shown by the personnel of the health department, he usually responds.

Lay groups are always interested in what is being done for the protection of the children. Probably the most effective procedure is to encourage the parents to visit the school and see the program as it actually operates. Parent-teacher groups and other study groups are responsive. As a general thing, the lay groups are rather easily impressed with service activities since these are often closely associated with conditions which can be made the basis of emotional appeal. If time and patience are given to the reasons for the educational program they are well accepted. Other voluntary health agencies which are supported largely by lay persons, such as the Tuberculosis Society, Red Cross, Public Health Nursing Association, Dental Dispensary, Health Center, etc., are in position to appreciate the program of the school. Sound programs are usually well supported. Nurses and doctors are important factors in developing understanding

N. How enlist the interest and support of school health programs by the local medical and dental professions?

These professional groups are usually interested in seeing a program that is sound from the educational and from the economic points of view. If there are no other agencies in the community to afford indigent children dental and medical relief, these professions are not averse to having educational authorities assume responsibility in developing community resources for this purpose. In general they prefer to see the relief measures handled by other agencies in the community and have the school de-

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O. How the school personnel may coordinate a program in health education with functions of:

1. State and local boards of health.
2. Local medical relief agencies:
  - (a) Hospitals.
  - (b) Dispensaries.
  - (c) Visiting nurses association.
  - (d) Tuberculosis society.
3. Local relief agencies:
  - Food.
  - Housing.
  - Clothing.

vote its energies to the job of education.

As a part of instruction, students in the secondary schools should be given a clear picture of the functions that the State performs in the field of public health. This would involve the grants-in-aid from the Federal Government which are administered through State boards of health and other agencies by the United States Public Health Service and the Children's Bureau of the Department of Labor. This brings into consideration spheres of activity of the different political units of government in the field of health. As a part of this there would come the influence of the State department of health in the control of communicable disease and the rules and regulations that govern the State in relation thereto.

The nurse sets forth the responsibilities and the functions of the local board of health in the fields of sanitation and communicable disease control. The basis and necessity for full cooperation between the school organization and the official health bodies of the community and State are thus well developed for the consideration of the student.

In this connection it is important that the future citizens shall learn the distinction between the functions of the official public health agencies already referred to and the official and voluntary organizations that are set up for giving medical relief to the sick who are financially unable to provide for themselves. This, of course, leads to consideration of the tax-supported hospital for public relief and the privately incorporated hospitals which are operated on a charge-for-service basis. It is important that

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the student shall appreciate what the community provides for the unfortunate person as well as for those who can care for themselves financially. Teachers as well as doctors and nurses on the school staff contribute to this information. The nurse has more occasion than any other one person to instruct the students in this respect since she has the responsibility in many cases, of referring the parents for further examinations and treatment. Voluntary organizations, such as the Visiting Nurses Association and the Tuberculosis Society, come in for consideration in this respect. For instruction in prevention of tuberculosis and in testing surveys, the school may be the local agency through which much of this type of work is done. In such cases the plans within the school should be made by the nurse in conjunction with the principal.

So closely related are the health interests of people to provisions for shelter, food, and clothing that in consideration of medical relief it is important that the young citizen be instructed also in the provisions that the community has found necessary to provide for unfortunate people. This is closely associated with many problems of health that come to the attention of the school nurse and school doctor.

## II. Organization of the school's health department. (See p. 17.)

A. Coordination of work so that doctors, nurses, teachers of physical education, and dental hygienists will be familiar with one another's activities.

To develop this coordination it is necessary to have someone within the school staff who has the authority to bring this personnel together in conference for the purpose of defining and discussing each person's work. Not until these several people are familiar with one another's activities and procedures is it possible to correlate their

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- presentations to and activities with the children.
- B. Coordination of the activities of these various people so that the net result to the teacher is unity of procedure and understanding of objectives.** There can be no unity in health presentations to the teacher until the cooperation as outlined in (A) above has been accomplished. After the several types of people in the health, personnel have unified their own proceedings and correlated their own activities then there is something on which appeal for teacher interest and cooperation can be made.
- C. Cooperative arrangement by nurse, teachers of physical education and doctors for conduct of examinations.** The nurse makes the arrangement for routine examinations. Special cases coming to the attention of the teacher of physical education are referred to the nurse to be scheduled for examination. Insofar as possible for him to do so, the teacher of physical education is present at the examination in order to confer with the doctor at first hand. When this is impossible, the nurse relays to him the results of the examination. This develops greater appreciation by the doctor of the program in physical education and the teacher of physical education has benefit of the doctor's knowledge about the child.
- D. Preparation of records for use by school personnel.** This is the definite responsibility of the nurse because of her knowledge of the needs of the school personnel regarding the records and her responsibility in interpreting the record for others of the school staff.
- E. Arrangement by modified program for pupils needing departure from routine activities.** Anyone of the school staff who suspects that a child may not be keeping up with the activities of the group refers the child to the nurse with his reasons therefor. The nurse develops the history of the child and presents him to the doctor for his review. If change of program is indicated, the doctor makes the specific recommendations and the

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F. Creation of esprit de corps as health counsel in the individual school building.

nurse makes the further arrangements with school personnel for meeting the needs of the child.

In each building where there is a group of teachers, it is essential that some one should assume leadership in matters pertaining to health and health education. If the activities of the health personnel have been correlated as outlined in this review, then the nurse and the teacher of physical education in the building constitute a nucleus for the development of a health counsel in the building. With the addition of the influence of the doctor and the dental personnel a group is formed that commands the respect in the building in the field of health.

G. Clarifying results of examination for guidance in physical education programs.

With proper correlation of the doctor's examinations with the possibilities in physical education the peculiar needs of the child may be appreciated and the facilities of physical education directed for his maximum personal benefit. This may mean selected activities that are quite different from those of the group with which he might otherwise be associated.

H. Sanitary control of gymnasias and dressing rooms.

Nurse, teacher, and doctor have their contributions to make to this problem. It involves much of personal hygiene as well as physical hygiene of the building and facilities. Where there are swimming pools it adds a very considerable responsibility in maintenance of purity of the water. Daily testing of the water must be the delegated responsibility of someone in the group. Nurse and doctor can give considerable personal instruction. The teacher of physical education in charge must exercise authority of control. With the assistance of the nurse and doctor, children

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must be inspected for skin disease, especially athlete's foot, etc., which should exclude them from the pool and shower rooms.

- I. Based on their observations during activities, teachers of physical education have important contributions to make to the doctor's examination and the follow-up by nurses. Teachers of physical education are in a position of peculiar advantage for discovering children who may show undue fatigue. They may be very helpful to the child by referring such children to the nurse for further consideration by the doctor.
- J. Dental hygienists examine all children in elementary and junior high schools each year and notify parents of results. The dental hygienist spends most of her time making a survey of the prevalence of dental caries, demonstrating to the individual child what is meant by a "clean mouth," a "prophylactic cleaning," and the significance of personal habits and diet in relation to decay of the teeth. Results of her survey are explained to the nurse and teacher. If dental treatment of the child is indicated, the hygienist so advises the parent by written communication.
- K. Much of the follow-up work in dental hygiene, after the dental hygienist has been in the building, falls to nurses and teachers of physical education. Obviously the work in dental hygiene is merely started and given impetus by the hygienist. Final productivity of her efforts depends upon the things that happen after she leaves. The initiative for subsequent work is a joint responsibility of the nurse, classroom teacher, and the teacher of physical education. The nurse assumes primary function to see that things are kept moving. Between them these three people keep the interest within the building well stimulated with the result that great progress is made in education in this field. This is supported by the marked increase in the number of children who have never had caries and the increased number that seek repair on parental responsibility.

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- L. Consideration of procedures used by all groups to perfect educational content and presentation. In training schools for teachers, health education, nursing education, or dental hygienists, there is no area of training for a combined program by these several people. Their activities in this field must be developed as partners in service. This calls for combined interest on the part of all to determine what they shall do that will be worth while from an educational point of view and how they shall do it. Supervisors of primary and elementary education must understand the program in dental hygiene and must assist in dressing up in educational form the things that the health group want to get over to the children and their parents. The values of procedures and possibilities of new and better approaches get their share of consideration by the teaching staff in determining how to strengthen the program of the building. The supervisor of health education assumes a large responsibility in studying the content and procedures of these activities. From time to time the results as measured by incidence of dental caries at different age levels and the parental response as determined by the number of those receiving dental care are studied by this group for the purpose of evaluating methods. The supervisor of health education makes a large contribution to the training of the dental hygienist while in service. The educational requirements for admission to training in dental hygiene are generally high-school graduation. Since neither the hygienist nor the dentist who supervises her technical work is trained in the techniques of education, it gives the supervisor of health education a fine
- M. Subjects in education to be taken by dental hygienists are suggested by the supervisor of health education and nursing.

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III. Principals of buildings. (See p. 17.)

A. Interest and cooperation of principals of buildings are essential to any progress.

opportunity for developing an esprit de corps in this group.

The principal of the building must understand the objectives, methods, and personalities involved in the health program if it is going to be worth the money, time, and effort. If such appreciation shall be attained it is almost necessary that the personnel shall be a recognized and incorporated part of the educational staff. Outside agencies may do an excellent service job. They are likely to be received and respected as professional persons engaged in technical activities not supposed to be well understood by the teaching staff. The danger at this point is that their work will be regarded as a thing of importance to the children rendered at school because of easy access but not regarded as an intimate part of the educational program for which the children are assembled. When brought in by the outside agency, there is a tendency on the part of school people to regard it as a service rendered at school because of convenience rather than for its educational possibilities. In fact, respected authorities in public health urge the conduct of service activities in the school because of convenience and economy alone. If the program is to be developed for its educational values it is absolutely essential that the principal of the building help to plan the program to meet the needs of the area for which he is responsible. A zealous and enthusiastic principal might do all this with an outside agency but it would require an extraordinary amount of energy and there would always be the question of continuity.

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- B. The principal must pave the way for proper acceptance of nurses, dental hygienists, and doctors by the teachers.

These obstacles should evaporate with a cooperative school personnel.

Progress in health education in the building depends in a large measure upon the attitude of the principal of the building. The reception which the teaching staff extends to the dentists, dental hygienists, nurses, and doctors will be conditioned to a great extent by the principal. If this visiting personnel is a part of the organization to which the principal is responsible he is involved in advance of their coming in making their work a success. If these several people are responsible to a single source of authority there is a fixation of responsibility and final court of authority. If the involved personnel are responsible to different agencies, there is neither.

- C. The principal must be health conscious and support the nurse in preparation for the doctor's examination and instruction by dental hygienist.

The central authority and the supervisory staff of the health program must condition the principals of the buildings to such extent that they will be mentally prepared to make their contribution to the success of the health program. This begins in advance of the visits of the health personnel. With the support of the principal, the nurse can prepare the teachers for the visits of the doctor, dentist, and dental hygienist. This involves a certain amount of instruction regarding the purpose of the visits of these people, what they will be doing, and how it will be done. This may involve temporary rearrangement of the use of physical facilities of the building. It will certainly mean interruption of schedules. Aside from these the objectives of the health program will be best promoted by some instruction of the children in advance as to the significance of these services and the efforts

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D. Visiting health personnel, such as the doctor, nurse, dentist, and dental hygienist should be responsible to the principal of the building in which they are working at a given time.

that should be made to promote them upon an educational basis. Distinctions can be made in advance between mass inspections, personal inspections, and real physical examinations, and under what circumstances these can be appropriately made. Many intelligent people mistake a casual inspection for an examination.

Such a relationship is essential to the development of the highest type of teamwork between the visiting personnel and the full-time staff assigned to the building. It brings this unit of work directly into the program of the building for which the principal is responsible. The principal has a large interest at stake in the program. Its value should be reflected in the children and teachers of the building. Therefore, the principal has a real right to participation in the conduct of the work and an interest in the personnel who does the work. Experience proves that the public holds the principal responsible in some measure for unsatisfactory services. By the same token he should share in the planning and conduct of the program. This develops fine opportunities for integration of the health program with other classroom subjects. When so fused, the importance of items relating to health become much more significant to the children. Examples of this are the use of information of findings of the dental hygienist in the teacher's development of the program in dental hygiene. Another illustration is the use of the audiometer findings in presenting to children the relation of common colds to the ear and the importance of giving prompt and adequate consideration to the protection of hearing. A further example

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E. Principals should be alert to influence of the health of the teacher in relation to her own work.

is the use of communicable disease control with the study of community health problems.

Experience makes it obvious that there is an increasing interest in the personal health of the teacher, not only from the standpoint of communicable disease but also because her health may be a determining factor in her value as a teacher. Principals need to give consideration to this. The extent to which it will be well done will depend in large measure upon the integration of the general school health program with the educational objectives and procedures of the school. One would hardly expect such influence from another agency which might be sending personnel to render a service. Obviously this type of accomplishment must be done by the forces within the school staff as a whole.

IV. Enlistment and maintenance of the cooperation of the classroom teacher. (See p. 17.)

A. Teachers should understand the methods and objectives of the program.

In the final analysis much of what is accomplished by the health program will depend upon the intelligent interest and cooperation of the classroom teacher. This will be conditioned in large measure by the influence of the nurse who will prepare the teacher and the children for the contacts with the visiting personnel. This cannot be done by a single preliminary visit by the nurse nor by remote control. It is most effectively done by the long continued and repeated contacts by the nurse and acceptance of her by the school staff as the person who will create the atmosphere for the performance of the visiting personnel.

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B. They should be alert in daily inspections in order to control communicable disease.

Alertness on the part of the classroom teacher will add greatly to the proper discharge of the school's part in the control of communicable disease.

C. They should be taught to make these inspections without attracting too much attention from the children.

The technique of efficient inspection and the interpretation of apparent deviations from the usual state of health in terms of protection to the group are things that the nurse can best instill into the teacher by repeated contacts. It can be done with most telling effect when all the personnel involved is responsible to a single authority. It is generally conceded that these inspections can be done in a perfunctory way from which the children derive little education; or they can be done in ways which will carry specific training and sense of responsibility on the part of the children. The educational implications can best be attained when the personnel is united under one authority rather than divided between two authorities.

D. Teachers should be taught first aid.

Proper arrangements for rendering first aid should be developed in every school. This is a part of the health program and should be integrated with the other elements of it. Of course, an outside agency can come in and do a job of teaching first aid with reasonable success. It should be taught to some teachers in each building who will respond in the absence of the nurse. The teaching of first aid can be associated with many other phases of the program in health education if the personnel in the school is so minded and if there is the inspiring nucleus to see that it is done.

E. Promotion of proper health practices should be consistently taught.

Like all other educational processes, consistent repetition in selected areas and at chosen levels is essential to sound

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training. Accomplishment of this is dependent upon a well-balanced "health consciousness" on the part of the classroom teacher. This attainment does not come from an injection from outside. It has to be developed from within.

In its most desirable form it comes from a general appreciation and acceptance of the health program by the school personnel in general.

F. The teacher should become aware of health status of the pupil, so that she may take this into consideration in directing his daily work, and so that she will note any lapse from his usual health.

It is desirable that the teacher should have an awareness of the health status of her pupils. This becomes absolutely essential in the case of those who have some health impairment. Otherwise the pupil is not likely to have the school program which is fitted to his personal health needs. Such an awareness on the part of the teacher is better attained if her knowledge of the pupil's health status is brought to her by professional personnel that is directly responsible as she is for the proper adjustment of the child in school. If an outside agency assumes this task the teacher may well feel that the school is exempt from responsibility. The school might be under such an arrangement, but the interest of the child is such that the school should not be exempt.

G. The teacher should feel a responsibility in giving to parent the results of observations of nurses and doctors.

Discharge of the school's responsibility pertaining to health problems of the child is a joint one of the several members of the school staff. With that group of children who suffer impairment of health the teacher may be of valuable help to parent and child if she has the advantage of knowledge acquired by the nurse and the doctor. Frequently, in contact with the parent, she may be instrumental in securing proper consideration for the child out-

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- H. Teacher should set an example of good health practice and accomplishment.
- I. The dental hygienist should leave a copy of the dental examination with the classroom teacher.
- J. Dental hygienists suggest projects in dental health education.
- side of school. If modification of the child's program at school is indicated then the teacher has a distinct contribution to make in the modified schedule.
- A well-developed school health program will include consideration of the teacher's health not only from the standpoint of protection of the children and herself, but also from the standpoint of appropriate health maintenance so that she may do the best job of teaching of which she is capable. This can only come from a program which is comprehensive and within the school. It must come as part and parcel of the things for which the school system stands. One should not expect this kind of stimulation in comparable degree from outside agencies.
- To get the most out of dental hygiene for the children, there must be cooperative procedures between members of the dental staff and the teachers.
- In an educational program the dentist's great contribution is to keep the procedures and instruction in line with the best concepts of the profession while the hygienist is the liaison between the professions of dentistry and education. She performs her function with the child, giving instruction to the teacher at the same time. The teacher can bring to the cooperative hygienist many educational techniques while the hygienist brings to the teacher the summaries of the best knowledge regarding diet habits, nutrition, etc., in relation to the prevention of dental caries. The hygienist can bring to the teacher many helpful projects in dental education and the teacher can use the information acquired by the hygienist about her own children in presenting these things

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to the children. Obviously all this requires a unity of thought and procedure which must permeate throughout the system if it is going to be effective.

**V. The custodial force. (See page 17.)**

**A. Much can be accomplished in health status of buildings and grounds if intelligent interest of custodian is enlisted.**

The relation between physical condition of buildings and grounds to health protection for the children is so obvious that the importance of the custodial force is apparent. It is important to employ men of high type for all jobs regardless of level of responsibility. They should be initiated to the system by requirement of a thorough physical examination. Experience has proven that most of these men can profit well by advice given them which is based upon their own physical examination. This conditions their mind in some measure to the health program of the school and makes them more responsive to its requirements in their routine. The employment and examination of this group is done under direction of the central office and this realization by custodial and teaching staff establishes common respect for health procedures. Nurses and teachers of physical education have many occasions for dealing directly with the custodian in maintenance of desired condition of buildings and grounds.

**B. In the conduct of the health program there are many situations in which teachers of physical education and dental hygienists are particularly dependent upon certain services of the custodial force.**

In the physical education program there is daily relationship with the custodian in maintenance of satisfactory conditions of playground and gymnasium. In many situations of simpler patterns this is so obvious that there is no occasion to question relative responsibilities. In the larger schools the problems multiply and conditions arise which require personnel beyond that of custodian and

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physical educator. For example, take the problem of control of athlete's foot. Then there come the services of physician and nurse—inspection, exclusion, readmission, and sanitary control. Introduction of these aids from an outside agency is likely to create an atmosphere of control by authority rather than by development of appreciation and observation of sanitary procedures. Of course, there must be some authority but the results of its use will be directly in relation to the learning which the pupil acquires while the authority is being exercised. If the combined personnel is responsible for sanitary control and solution of the problems involved there will be less passing of responsibility from one person to another than there will be if the sanitary regulation is assumed by an outside agency. When all the responsibility is centered in a single administrative unit there is a chance for pride of accomplishment on the part of all concerned.

Another example of close cooperation among the professional health personnel, the physical educator, and the custodial force is in the sanitary control of the swimming pool. There can be no evasion of responsibilities if the whole control except the laboratory analysis of the water is centered directly within the health personnel of the building.

Experience has shown a direct dependency of the dental hygienist upon the custodial force since she is an itinerant person with electrical equipment. She is dependent upon them for transporting and connecting her equipment, and occasionally for minor repairs. These are small items in a sense but dispatch in having them done means

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much to her in the aggregate. Since she is part of the school personnel these things are accepted by the custodial force as a part of their responsibility. If she were coming from an outside agency they might or might not accept them as such. In any event, when the responsibility is all within the school personnel, everyone recognizes that these things are a part of the school's educational program.

**VI. Selection of personnel. (See page 18.)**

**A. For all employees:**

Development of personal health records that will reflect applicant's health status in relation to responsibility to be assumed.

Serious consideration should be given to the health of applicants if the personnel selected shall give the maximum values in continued service. Obligations to the children alone warrant this, but with the development of retirement pensions the administrative board has an additional financial responsibility beyond that involved in the monthly pay roll. In this connection, the Board of Education needs advice of a medical staff that has some concept of classroom work and a knowledge of the health experiences of teachers as an occupational group. It is difficult to perceive how a board will obtain the desired guidance except through the selection of physicians who will study its needs and be responsible to it. Many people, even members of the medical profession, are prone to think that health certification for a teacher is complete if she is shown to be free from communicable disease. In reality this is only a small part of the problem of teacher health. It is the easiest part, since determination of communicable disease is pretty well standardized. There are many other aspects of health

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that determine what is the teacher's worth to the children. Physicians chosen for this responsibility need a flare for education, an interest in personality, and an underlying appreciation of mental hygiene in addition to all the medical diagnostic acumen of a well-trained medical person.

- B. For school health department: If the school is to have a health program of high attainment, the personnel for its conduct must be carefully chosen. Much of this responsibility should fall upon the director of the department and upon the supervisors of the activities in which applicants shall be engaged. These administrative persons should know better than anyone else the qualities needed in the vacancies to be filled. In the opinion of this writer, the director of the department with his assistants should choose the nurses, dentists, dental hygienists, doctors, and teachers of physical education, and then be held responsible for their work. This duty could not be adequately done by any other agency. Furthermore, if so, it is but natural that the employees should be more responsive to this outside agency than to the school.

## VII. Maintenance of health of employees

### A. Persons referred on account of suspected disability:

Through the years a considerable number of the teachers have been referred by their associates to the director of the school health department on account of suspected health disturbances. Invariably this has led to their consultation with an examination by their personal physicians with whose counsel the director has been able to advise the superintendent. Adjustment involving changes in assignment, leaves of absence and retirement have resulted. This is first-class

personnel work of the kind that is indispensable to the efficient administration of any organization. Among disabling conditions found have been high blood pressure, mental changes, severe diabetes, heart disease, kidney trouble, tuberculosis, uterine fibroids, acute toxic goiter and chronic nervous exhaustion. In the hope of maintaining better health among the teachers this experience has led to periodic examinations under auspices of the Board of Education.

**B. Periodic examination of employees:**

This is done for the Board of Education by doctors elected to the school staff for this particular service. Examinations are made in the doctors' private offices by appointment. In addition to their professional qualifications these doctors have been chosen on account of their personal interest in creating a school atmosphere which will be more helpful to children. The examinations are complete—including blood counts, urinalysis, Wasserman tests, tuberculin tests and X-ray of the chest when indicated. Individuals are scheduled for re-examination every 3 years.

*Policies, procedures, and relationships in administration of Item VII*

*Values derived from these policies*

**A. Suspected disability:**

1. Reporting to personnel office by principals, supervisors, or medical personnel.
2. Referred to director of health department.
3. Determination of facts.
4. Interpretation of situation.
5. Adjustment to meet situation with needs of children foremost.

This is a difficult but highly important field which obviously must be conducted by the authority that pays the salaries. It involves personal conferences of teachers and their personal physicians with the medical adviser for the superintendent. It is difficult to develop within the organization. It appears almost impossible to develop it as a joint responsibility between two civic units as would be necessary if the health program of the schools were to be administered by any other agency than the school itself. In its full attainment this is personnel work of the highest order. It involves confidential knowledge of the health of the employees and discriminating wisdom in the use

*Policies, procedures, and relationships in administration of Item VII*

*Values derived from these policies*

of this information in adjustment of assignment and employment in such manner that the health and economic interests of the teacher will be protected and the educational needs of the children served simultaneously. If occasions arise when these seem to be in conflict, the rights of the children should be given precedence.

**B. Periodic examinations:**

1. Personnel is scheduled for examination.
2. Report of examination filed confidentially in personnel office.
3. Review of record by director of health department of schools.
4. Follow-up of teachers by health department when correction of defects has been advised.

If the periodic examination shall serve its purpose of maintenance of health, every phase of it, after appointment for examination, has to have the attention of the doctor. The records of examination must be interpreted in the light of the teacher's activities, out of school as well as within. The program must merit the confidence of the teacher and its conduct should convince her of its value for her as well as for the interests of the children. Experience proves that there is abundant need of follow-up work to be done in guiding teachers to the correction of their own health impairment and faculty health habits. Public appreciation of the need of this work is essential to proper support. Its importance may not be apparent on casual inspection. An efficient health personnel service in the schools will reveal these weak spots before they are obvious, in time to render a preventive service.

## VIII. Development of courses of study

### A. Hygiene:

This is the direct responsibility of the school health department. It involves development of health habits and practices in the elementary grades, and more formal courses required of all pupils in ninth grade. The girls are given a course in "Home and Child Hygiene" which is taught by nurses. The department is also directly responsible for a course in hygiene for ninth grade boys which is taught by

men teachers in physical education. These courses and the teachers thereof receive much consideration in constant attempts to improve them. Experience shows there is a distinct need for expansion of these courses and transference to the upper grades of senior high school. Much cooperation has been developed with teachers of general science and social studies to correlate opportunities in their courses with other health instruction in the schools.

#### B. Physical education:

Constant attention is given to relating the physical activities program to knowledge gained by physical examination of the pupils. Examinations are made by the doctors, assisted by teachers of physical education, and nurses. Students are classified according to results of examinations and the physical education teacher plans schedules to conform herewith. Teachers of physical education are kept familiar with objectives and methods in courses in hygiene and are cooperative in relating their activities to the health program in general.

*Policies, procedures, and relationships in administration of Item VIII*

*Values derived from these policies*

#### A. Hygiene:

1. Supervisor of health education.
  - (a) Keeps on the alert for instant needs for in-service training of teachers and nurses.

In a school system where cooperative spirit prevails, the supervisor finds constant need for in-service training of the teachers and nurses. If the supervisor of health education is an employee of the school and the nurse is paid by another agency, the bond between the supervisor and the nurse may not exist as is likely if the nurse is responsible to the supervisor and both are part of the same organization. If the supervisor is with another organization, the link between the nursing personnel and the teacher is absent. Those who would have the health services brought to the school by another agency usually delegate to the school the responsibility for the educational program and therefore consider that the director of health education should be a member of the school staff. With formal health edu-

*Policies, procedures, and relationships in administration of Item VIII*

*Values derived from these policies*

cation a delegated responsibility of the school organization but with the health services the specific duty of another organization, the opportunity for coordinating these activities is lost to the educator. In order to sense the needs of school situations and the variable capacities of the health personnel to meet them, the supervisor of health education must "live on the job" among these people and have them responsive to her.

- (b) Constantly in touch with publishers, equipment companies, etc. for needed materials.

This school health field is no exception to sales pressure of publishers of textbooks and manufacturers of equipment. All of it has some value in the right place. The supervisor of health education keeps abreast of these and renders an important service in selection of books and materials for the use of the teaching personnel. For this purpose it is quite as important to know the teachers and children for whom supplies are being provided as it is to know the field of materials.

- (c) Acts as consultant for course of study committees in health and science.

In committees for courses of study the supervisor of health education renders a helpful service with respect to the scientific content of the courses related to health. She not only correlates the appropriate content of other courses with health interests but also provides the reference materials for use in this connection. These things are indispensable if the health program is to be well rounded and developed. Some examples of possibilities are:

*In studies of government.*

The functions of the United States Public Health Service, the State Health Department, the City Health Department. The activities of the latter in guarding community's supply of water,

*Policies, procedures, and relationships in administration of Item VIII*

*Values derived from these policies*

milk, and food, control of communicable disease, etc.

*In nature study.*

Relation of soil, sunlight, and climate to foods.

Helpful bacterial growth.

Harmful bacterial growth.

*In literature.*

Stories and poems with contributions to health habits with interpretations.

*In history.*

Scientific discoveries related to health.

Historical characters whose biographies carry message in health.

*In arithmetic.*

Graphic charts of local conditions, especially school surveys by dental hygienists and records of examinations by doctors.

*In music.*

Contribution of music to health.

*In art.*

As a means of influencing behavior.

- (d) Sits in all supervisory meetings, keeping the health education department on an equal level with other "special" departments of the school system.
- Since this supervisor is a member of the school staff she participates in all staff meetings and is an important influence in the development of a "health consciousness" in the teacher. Absence of provision for this kind of thing means lack of interest in the general administrative set-up and when this prevails the program usually assumes the level of those necessities for the control of communicable disease.
- When the personnel of the school health department is really awake to the situation, many suggestions regarding change of procedure come from those who are in daily contact with the children. Growth of this spirit depends upon interest by those "on the firing line" plus stimulation and encouragement of the supervisory staff. This is
2. All health personnel watch for changes, expansions, and shifts in health education procedures and policies.

*Policies, procedures, and relationships in administration of Item VIII*

*Values derived from these policies*

3. **Community misunderstandings**      The public interest is sometimes peculiarly aroused about some phase of school activities, often in relatively unimportant areas. If the approach to the questions involved is on an educational basis there is usually a rational solution of the difficulty. If the approach is on a purely service basis, the issue is likely to be reduced to authority and the solution be a "take it or leave it" one. It is always more satisfactory to all concerned if there can be concessions and agreement on educational interests. In matters pertaining to the health program it is important to note that these differences are smoothed out in large measure according to the educational concept of those persons who handle them. Development of this concept in all persons concerned with the conduct of the health program is a great aid in dissolving unwarranted criticism and promotion of the fundamental objectives. Where medical problems are involved, the medical personnel must tune their thinking to school methods and procedures. It cannot be so well done by authoritative edict from the outside.
4. **Special conferences with general supervisors on health policies**      In connection with courses of study there are many spots in which there must be conferences and agreement on procedure among various school personnel. Sometimes this may include representatives of the public, such as in discussion of sex education, traffic safety, etc. Then there are the speakers available for school assemblies. It is obvious that the primary purpose of some of these is to grind their own axes. All of these have some worth-while con-
- and desires are considered, i. e. change of ninth grade girls' hygiene from "Home Nursing and Care of the Sick" to "Home and Child Hygiene." Problems arising from protests of other licensed practitioners, also safeguards, are built here on the educational basis rather than on vested authority.
- (a) Sex hygiene in the curriculum.
- (b) High-school speakers on health topics.
- (c) Special health programs.
- (d) Community resources for field trips, etc.

*Policies, procedures, and relationships in administration of Item VIII*

*Values derived from these policies*

5. The supervisor of the bureau of dental hygiene was one of the course-of-study committee that developed a hygiene course of study.

tributions but someone with vision must help in the selection of topics and personnel and assign them their appropriate place and time.

The supervisor of dental hygiene is an essential person on committees that deal with courses and instruction involving dental hygiene. He must bring the contributions of the dental profession in this field. It is his function to do this in such manner that those engaged in developing techniques of education can reduce it for educational presentation to the classroom teacher and to the children. An important part of this is the interpretation of the information which the dental hygienists have developed from their local dental surveys from year to year. Proper organization and presentation of this material is very helpful because it pertains to the very children who make up the classes.

B. Physical education.

1. Courses of study in physical education have changed materially in the past 10 years. The content of the course of study now is "evolved" by the teachers in a certain situation with the help and guidance of the supervisor. The contents of these courses are designed to meet the recreational and social needs of the child, also to furnish an aid to the mental health aspect.

The shift from direct effect of physical exercise on body development to indirect benefits derived from appropriate participation in attractive activities is interesting and significant. In development of habits and practice in the elementary grades, the indirect approach from the health point of view works very well. In the adolescent age the children are more interested in the direct relationship between activities and body function and it offers fine opportunity for much worth-while instruction. The physical educators have fine appreciation of the values which accrue in mental hygiene and social adjustment, both of which have great indirect values in health. In the assembly of school children a great variety of physical types, development

*Policies, procedures, and relationships in administration of Item VIII*

*Values derived from these policies*

and conditions are brought together. Obviously the same mass application to all in the group is not going to produce the desired results in each individual. There are personal variations which cannot be well understood without the services of the examining physician. The coordination of services of the nurse, physician, and dentist with those of the teacher of physical education gives unusual opportunity for modification of the mass procedure to meet the individual's requirements. This is a fine area for development of esprit de corps in a large group of the school's personnel with direct interest in the health program.

2. Teachers of physical education give serious attention to the consideration of diet in cooperation with the nurse and teachers of hygiene. Many times this area works in well with training diets, etc.

The field of nutrition provides another sound area for different groups, such as nurses, doctors, dentists, teachers of physical education and of home economics, to get together and develop rational instruction. It is doubtful if there is any subject with so much proved knowledge which is at the same time so cluttered and confused with fads and procedures that lack scientific basis. If youth is to be made reasonably self-reliant in this matter, the school must assume responsibility for appropriate instruction. There are obvious advantages in having the personnel involved in this program under one organization.

3. Students confer with the nurse and the physical education teacher on the implications of the instruction regarding diet, exercise, showers, swimming, etc.

Experience has shown that nurses and teachers of physical education with personality to win the confidence of school children are besieged with their questions regarding health and disease and the relation between these and many of the activities of daily life. This is likely to be true especially with reference to activities of the school program.

*Policies, procedures, and relationships in administration of Item VIII*

*Values derived from these policies*

Outstanding examples are questions involving swimming pools, dressing rooms, skin infections, diet, athletic participation, etc. If the nurse is going to serve the interests of these children in the highest order she must be familiar with the instruction that the children receive in other areas and levels of the school program—again illustrating the advantages of a unified school staff under single authority.

### IX. Physical examination of the children

These are made in cooperation with the teacher and nurse. All children in the kindergarten, and in the third, sixth, ninth, and twelfth grades are regularly examined. In the lower grades many parents attend these sessions. In the ninth grade, instruction about tuberculosis is given in connection with the course in hygiene and a tuberculin test is done as part of the routine physical examination. The results of these examinations are of such interest that they are studied and interpreted and used in instruction in health habits and hygiene. The doctor makes the physical examinations, the nurses do audiometer and visual acuity tests, and the teachers of physical education make the tests in skills, all of which are interpreted for the children. Out of these examinations come modification of personal programs as needed, correction of physical defects, reference to special classes or the school for physically handicapped children, certification for athletics and work permits.

*Policies, procedures, and relationships in administration of Item IX*

*Values derived from these policies*

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| <p>A. The dental hygienists mark the results of the dental examination on the Health Card which is the health picture of each individual child.</p> <p>B. Integration of service activities with classroom teaching.</p> | <p>The record of the child's examinations, including dentistry, is a continuous one for his school life and follows him as does his scholastic record. The health record is cumulative and when interpreted in the light of the child's personal school program may be invaluable to his interests. The collected records of the groups of children are used in classroom instruction and give an excellent basis</p> |
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*Policies, procedures, and relationships in administration of Item IX*

*Values derived from these policies*

- for engaging the interest of the children with good results. In order to have records which will be of value and interpreted for use in instruction, it is necessary that the personnel engaged in making these records of the individual children shall have in mind the possibility that other people may use them for instructional purposes.
- C. Adjustment of school loads of pupils needing special consideration. This is only possible when those administering the health program are thoroughly familiar with all the school's possibilities for adjustment.
- D. The nurse's explanation to the teacher of individual difficulties of health and environment with which children are confronted and which affect their school adjustments. In connection with the physical examination the question of excuses from physical education classes naturally arises. It is highly desirable that the doctors and nurses be familiar and sympathetic with the program and its educational objectives. Many persons would be excused from physical education classes upon some trivial physical grounds, who need the social and mental stimulation which can result from such activity. It is well agreed also that certain handicapped persons should be treated as normals. It is difficult to develop this concept in nonschool personnel.
- E. Nurse-parent contacts for improving the health of children, improving school health understandings, etc. Contact between nurse and parent is valuable for the child's interests. Those who advocate that the school nursing services should be done by the visiting public health nurse point out that the contact of the nurse with the home while engaged in other public health activities gives her a peculiar advantage in obtaining parental action in the child's behalf. These same advocates may overlook the fact that detailed knowledge of the child's situation and reaction at school is as pertinent to his welfare as is familiarity with the home situation. The larger amount of time which the

*Policies, procedures, and relationships in administration of Item IX*

*Values derived from these policies*

school nurse spends in the school gives her a better appreciation of the child's school needs and perhaps a fuller appreciation of the child's possibilities because she has more time to see him outside of his home environment. When these activities are promoted by the school with an educational health program they are likely to stimulate more initiative by the parent than when they are directed by organizations that are largely dominated by the service point of view.

F. Examinations are used as basis for individual and group health teaching.

In the elementary grades the results of individual examinations are conveyed directly to parents with much response and benefit to the child. In the secondary school levels the children get much helpful information at the time of examination by direct contact with the doctor and the nurse if the program is set up for educational purposes. If it is set up with a strictly service viewpoint and under the necessity of inspecting too large a number of children per unit of time, then the examination becomes useless, everyone's time is wasted, and the child properly evaluates the whole procedure accordingly. On the other hand, he may be taught that after all the most that the school can do in the matter of physical examination is a careful screening which may give sound direction in seeking further needed professional service. Many discriminating adolescents have discovered in this experience that what they had previously presumed to be a physical examination in the true sense was after all actually less than a careful screening.

G. Examinations are used as a basis for reference to physician.

Of course the result of many of the examinations is that the child is referred to the family's personal physician for

*Policies, procedures, and relationships in administration of Item IX*

*Values derived from these policies*

treatment. The reasons for which they are referred have immediate significance to their health status. Many conditions which the examiner finds are not regarded as immediately significant but potentially so. Depending upon the nature of these he may instruct the child without referring him. Further consideration of these "minor defects" with the nurse and teacher of physical education produce much benefit.

H. Examinations constitute a basis for instruction in nutrition.

Physical examinations are correlated with growth records of the children as shown by the semiannual weighing and measuring. Many other things found in the physical examination are related very directly to nutrition, and development of these relations by the examining physician in connection with the nurse and the teacher, bring out many things which are of value and interest to the children, particularly at the adolescent level. This is another field in which excellent correlation can be developed between the service as expressed by examinations and education, as offered more formally in the classroom.

I. Soon after permanent immunization against diphtheria became available, Schick testing was done as an educational procedure.

Education in immunization is promoted among the laity. Incidence of diphtheria among school children was reduced from three hundred to four hundred per annum in the early twenties to zero in 1929. No immunization was done in the schools, neither were there public clinics for immunization at that time. Control was developed through education of laity and profession. All school personnel was made conscious of the need of protection with gratifying parental response.

## X. Services to special schools for children with physical handicaps

This group includes orthopedic and cardiac cripples, deafness, marked limitation of vision, chorea, rheumatics, and convalescents. Since separate provision is made for mentally retarded, the members of this group are essentially normal in mentality. In conjunction with the psychologist, the principal, and the nurse, the doctor assists in selecting from among applicants for admission those who are most in need of the special school. The same group determines when the enrolled child should return to his regular school, thus making room for another in the special school. The doctor interprets the child's condition for the teachers, nurse, and physiotherapist, and helps them determine how the services of the special school may be used to greatest advantage for the individual child. In connection with deafness and defective vision, the advisory services of otologist and oculist are obtained.

*Policies, procedures, and relationships in administration of Item X*

*Values derived from these policies*

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| A. All children in special schools for children with physical handicaps are seen at least twice each year by the dental hygienists—once for examination and once for cleaning. | Since the dental bureau is a part of the school system, we try to assist these special schools to overcome the physical handicaps.   |
| B. A specially adapted program in physical education.  | Requires close cooperation and frequent contact among teachers, doctor, nurse, physiotherapist and teacher of physical education.  |
| C. The administration of special schools with a "health point of view."  | It has seemed valuable in our situation to have as a principal one who has had nurse's training, plus educational training, plus school nursing and health education experience.   |
| D. The selection of children for attendance, and returning them to their regular schools and situations.   | This requires the highest type of coordination between medical and teaching personnel. Many seek entrance who should not be admitted. Those admitted should be such as will profit most from the special facilities. When sufficiently restored they should be returned to the regular school and be taught to adjust themselves and their handicaps in accordance with the world in which they will live. |

## XI. Dental hygiene

Much time has been given to discussion of dental hygiene. The objective is prevention of caries. Surveys of elementary groups have been conducted at intervals for 24 years—annually for about 15 years. In the absence of any agency for relief of children with dental caries, a reparative dental dispensary was established to educate the community to the need. The community later responded by establishing a dental dispensary in an appropriate local agency not connected with schools. This permitted the school to discontinue the dental dispensary and devote all efforts in this respect to prevention. Dental hygienists with portable equipment were set to work on surveys, prophylaxis, and teaching under direction of a dentist. Cooperative efforts are worked out with school cafeterias, home economics, classroom teachers, and nurses—all with splendid results as measured by decreasing dental caries and an increasing number under appropriate dental care. This is a fine field for objective measurement of results

*Policies, procedures, and relationships in administration of Item XI*

*Values derived from these policies*

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| <p>A. The bureau of dental hygiene attempts in the lower grades to teach proper dental health and to inform the parents of dental defects which need correction. In the upper grades, instruction is given which will enable the students intelligently to care for their own mouths as well as the mouths of their future children.</p> | <p>The supervisor of dental hygiene is a practicing dentist with a flare for education and great interest in youth organization. He is highly regarded by the local dental profession. This gives solidarity and respect to the work in dental hygiene and relates it to the community's own status. It quietly works out its evolution and improvements, with the cooperation of other people within the school organization. The program under the board of education continues in its development, quite unconscious of political upheavals that may occur in other public bodies.</p> |
| <p>B. This is done by examination and notifying parents when defects are found, prophylaxis and instruction in individual mouth care, and cooperation with teachers.</p>   | <p>All school dental records are the property of the schools and are much used in teaching hygiene.</p>   |

*Policies, procedures, and relationships in administration of Item XI*

*Values derived from these policies*

- C. The supervisor of health instruction secures dental health education films, which are approved by our own educators and shows them to classroom groups, assemblies, and parent-teacher association meetings.
- In performing these functions the supervisor of health instruction is intermediary with dental and educational professions. A well-functioning program in dental hygiene cannot be carried out without the sympathetic interest and support of the dental profession. Therefore it is essential to have someone who can interpret each group to the other in its own language.
- D. The local dental profession has a voice in the administration of the bureau, through the supervisor, which gives a cooperation much to be desired.
- There has been a striking decrease in the prevalence of dental caries. In 1926 only 5 percent of elementary school children had no decay, whereas in 1939 29 percent had no decay or fillings. An additional 25 percent have all dental work completed, making a total of 54 percent of the elementary children who did not need any dental treatment at the time of examination.

## XII. Selection of textbooks

The department has carried its responsibility in selection of textbooks in hygiene and also those in general science with reference to content bearing upon health education.

*Policies, procedures, and relationships in administration of Item XII*

*Values derived from these policies*

- A. Supervisors of health education, physical education, and dental hygiene review all books from the press concerning health.
- It is quite obvious that selection of these materials should be the responsibility of personnel trained for school work. It is equally obvious from experience that the medical and dental personnel in contact with actual medical practices have some worth-while contributions to make in this respect. Only by cooperating personnel and coordinated procedures under common authority can the best results be attained.
- B. Consult with the textbook committee on health materials.
- C. Health personnel may reject proposed materials for scientific inaccuracies and inadequate relationships.
- D. Help to build up health libraries, source materials, etc., for the classrooms.

### XIII. The cafeterias and courses in home economics

A very considerable effort has been spent in cooperation with those immediately in charge of these activities in order to get the maximum teaching in health—particularly in growth and nutrition.

*Policies, procedures, and relationships in administration of Item XIII*

*Values derived from these policies*

- A. Instruction regarding personal cleanliness in eating.
- B. Instruction regarding the influence of eating habits on growth, development, and function.
- C. Significance of proper nutrition in early life.
- D. Faulty growth and development of deficiency diets.
- E. Nutritional needs of the human body.
- F. Food selection to meet these needs:
  1. Nutritional.
  2. Economic.
- G. Specific planning in home economics.
- H. Deficiency diets illustrated by animal experiments.

All these items need repetition from various points of view, with coordinated courses for which the school provides. This is done by the classroom teacher, doctor, nurse, teacher of physical education, dentist, dental hygienist, teachers in home economics, and cafeteria management.

These experiments have been cooperative activities between the school nurse and the classroom teacher. The supervisor of health education has assisted in the planning. The dental hygienists are especially interested. It is relatively simple to demonstrate effectively with rats or other small animals the importance of diet in growth and nutrition and the business of keeping well. These create interest and are effective with the children. Cooperation between the several people on the school staff is enhanced because all are under one authority.

### XIV. Arrangement of the school program

The department has cooperated with all other groups of school personnel in search of general programs properly balanced with reference to class work, recreation, movement of classes, lunch hour, and recess periods.

*Policies, procedures, and relationships in administration of Item XIV*

*Values derived from these policies*

Determination of:

- A. Recreation periods.
- B. Recess periods.
- C. Appropriate activities.
- D. Length of lunch hour.
- E. Rest periods for pupils with diminished reserve strength.
- F. Supervision of rest periods.
- G. Basis for excuse from physical education activities.
- H. Intramural athletic programs.
- I. Control of competitive athletic programs.
- J. Fatigue.

Conferences between health personnel and school administrators.

All these represent fields of multiple responsibilities. There is a health phase to every item. The medical personnel who will render most valuable service to the children will be those who are selected because of primary interest in child health and youth problems and who will be responsible to the same authority as the other teaching personnel of the schools.

## XV. Planning of new buildings

Members of the department worked with the architects and building committees of directors, supervisors, principals, and teachers in planning space for health program activities in proposed new buildings. This was particularly true in physical education, nurses' quarters, and provisions for teaching hygiene and home care in the junior high school buildings. In the school for physically handicapped the department made a large contribution to the building plans with reference to facilities for educating these children. The objective was educational. Only those facilities for treatment were included which are peculiarly fitting for the position which these children occupy between the convalescent stage and regular school activities, and which are not available elsewhere in the community.

*Policies, procedures, and relationships in administration of Item XV*

*Values derived from these policies*

- A. Planning of a standard classroom.
- B. Planning special classrooms for:
  1. Hygiene.
  2. First aid.
- C. Planning gymnasias and auxiliary a shelter services.
- D. Playgrounds.
- E. Nurses' quarters.

All health personnel participated in these conferences with the result that the architect was given a functional program around which he was to build

*Policies, procedures, and relationships in administration of Item XV*

*Values derived from these policies*

#### F. Special school.

1. Examination rooms.
2. Treatment rooms.
  - (a) Ultraviolet light.
  - (b) Massage.
  - (c) Muscle training tanks.
3. Rest rooms.
4. Room and equipment for deaf.
5. Room and equipment for sight conservation.
6. Corridors and ramps.
7. Cafeteria.
8. Playground and equipment.

This required careful and understanding cooperation in order to develop a school which was primarily for the education of the physically handicapped child and still provide those services which were not otherwise provided for in the community.

Planning for these facilities was the combined responsibility of doctors, nurses, teachers, and physiotherapist. The primary consideration was development of a program which would make it possible to offer training and education to a group of children, normal in mentality but unable to participate in the usual school program because of physical handicaps. All services here were especially designed to increase the possibilities of education.

In the planning of rooms and facilities for these particular handicaps, practicing oculists and otologists were added to the school staff for their essential contributions.

In planning for these the supervisor of physical education and the medical personnel of the staff found much in common. Pooling of their interests and knowledge have added much to the welfare of the children who have been in attendance there.

#### XVI. Parent education

Much attention and cooperation with other school personnel has been devoted to parent education with particular reference to the school health program. One of the features of this has been to develop understanding and appreciation of the work of State and local health departments. With the proper approach no confusion occurs in the mind of the public because of school health activities. In fact there is better understanding because the school accepts the responsibility of instruction regarding the activities of these agencies.

*Policies, procedures, and relationships in administration of Item XVI*

*Values derived from these policies*

Parent program confined to:

- A. Parent's visits to physical examinations.
- B. Parent's visits to nurse.
- C. Parent's visits to dental hygienist.
- D. Nurse's visits to the home.
- E. P. T. A. programs.
- F. Newspaper publicity.
- G. Radio programs.
- H. Summer round-up and immunization programs.

All of the health personnel of the school staff have made their contributions to parent education in some of the activities listed on the opposite side of the page. It is obvious that accomplishment for the younger children must come through parental influence. With a coordinated program and cooperative personnel great good has been attained.

Only a superficial survey of parent education is required to emphasize that there is a great gap in this field through the preschool level, i. e. between infancy and school age. School organizations have done enough experimental work in it to demonstrate its great possibilities. It offers fine opportunity for useful activity by some agency capable of assuming it.

### Activities Outside the School Organization

Much thought and time have been given to correlation and coordination of interests and activities of other community agencies with those of the school health program. This applies to both official and voluntary agencies. Although these organizations operate in areas outside the responsibility of the school they are of peculiar interest to the school. All have their relation to the school health program and the success of the latter as an educational factor depends upon its intelligent articulation with these other interests of the community.

#### I. In cooperation with official agencies

##### A. State health department:

Conferences regarding control of communicable disease.

##### B. Local health department:

Conferences and active cooperation in control of communicable disease. Here the authority of the city health department is always respected. The standards of the city health department are supported by the school personnel in the classroom.

## C. State department of education:

In determining educational standards for nurses for schools.

## D. Local county hospital:

Development of clinics and procedures conducive to correction of health defects of school children. Cooperative effort to teach hospital internes something of school health program.

## E. Relief agencies:

The knowledge acquired by school personnel becomes an important item in care of many children who are dependent.

## F. The juvenile courts:

The health group in the school is in peculiar position to gather pertinent information which often proves of great value to the Courts' attaches.

*Policies, procedures, and relationships in administration of Item I*

*Values derived from these policies*

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| <p>A. 1. Determining quarantine measures for communicable disease.</p> <p>2. Consultant to State Commission of Health in child health.</p> <p>3. Measures for sanitary control of gymnasias and lockers.</p> | <p>These contacts bring out discussions regarding relative merits of service and educational programs that are stimulating to all concerned. They reflect how sorely education is needed in order that sanitation may be understood and cooperation obtained.</p>   |
| <p>B. 1. Case finding in communicable disease.</p>   | <p>The school organization is a constant "feeder" to the City Health Department in the reporting of communicable disease. In order to promote clear understanding and cooperation between the two organizations, the supervisor of health education is given a desk in the City Hall (in addition to her office in the Board of Education Building) in conjunction with the Public Health Nursing Association and adjacent to the City Health Department. The school nursing staff report to her in this location. This affords a personal contact between the personnel of these several organizations which is very helpful in building appreciations and respect for one another's work.</p> |

*Policies, procedures, and relationships in administration of Item I*

*Values derived from these policies*

2. Assisting the City Health Department in immunization. The City Health Department and other agencies offer immunization to children. Adhering to its function of education, the school organization does not offer immunization. It does use every opportunity and means for persuading parents that their children should receive the approved immunizations.
3. Sanitary control of swimming pools. As already indicated, the sanitary control of the swimming pools is a primary responsibility of the school staff. Water analyses are made in the laboratory of the City Health Department and reported back to the school staff. This is a very satisfactory arrangement, particularly since the laboratory workers are independent of those who are responsible for the care of the pool.
- C. Educational standards for school nurses. The supervisor of health education had particular contributions to make in this field because of her experience in education.
- D. Local clinics and dispensaries. There is much need for education of internes regarding school programs. There can be great development between school and local hospital with much benefit to children if information can be cleared. Neither agency knows enough of the other's trials and triumphs.
- E. Relief agencies. School personnel are often engaged in helping underprivileged children with reference to clothes, glasses, food, fuel, and shelter. Of course, their school connection entails no official responsibility. It is assumed as a voluntary personal responsibility. Considerable attention is paid to the subject in order that teachers may know to whom and how applicants should be referred.

*Policies, procedures, and relationships in administration of Item 1*

*Values derived from these policies*

**F. The juvenile courts.**

1. Court provided with specific information of health history of school child.
2. Result of school examination available upon request.

Before the Juvenile Court had a medical examination of its own, much more information was passed between these organizations. Doubtless the school group possesses much information that would be invaluable to the Court in dealing with early cases of delinquency. School records often predict delinquency but the Court can do little until an offense is committed.

The director of physical education in the schools has given time to the recreational program of the Juvenile Home, which is under the jurisdiction of the Court.

## **II. Cooperation with unofficial agencies**

This is a broad segment of public relations of great importance. It involves relations with all of the relief agencies and all professional organizations in the field of the healing arts. Sympathetic understanding and support of these groups are essential to an efficient school health program. Foremost in these are professional medical, dental, and public-health nursing organizations; the Tuberculosis Society, Crippled Children's Society, the Health Center, the Red Cross, and the Parent-Teacher Association.

A careful consideration of the many ramifications of the school health organization into the community life makes it obvious that no other health agency can possibly develop such influential contacts with the child and his well-being as does the school. The great variety of problems that come to the school health department is proof sufficient that there is a broad administrative responsibility in addition to the facts and techniques of health education which can be best administered as an integral part of the school's responsibility.

