

Departments of Education and Public Health Working Together

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This is in effect a working-drawing, presented in illuminating detail of a statewide school health service. Though it pictures only one state's program, it also represents the elements of a plan that certain other states, too, have evolved.

✦ In 1942 it seemed that to assure a good and effective School Health Service for Mississippi, to be operated jointly by two divisions of the state government, the State Board of Health and the State Department of Education, two things were essential: a clear statement of the objectives for the program and a clear agreement upon the duties and responsibilities of the two departments in regard to its administration.

Objectives of the School Health Service in Mississippi

After many conferences between members of the School Health Service, the staff of the State Board of Health, and the staff of the State Department of Education, the following objectives were set:

1. To teach children the rudiments of personal and community hygiene, establishing good health habits in the child and instilling in the child the desire for a clean, healthy life, both for himself and his fellowman.
2. To protect the child from communicable diseases.
3. In so far as possible, to give assurance that each is physically and mentally fit for the school routine that is imposed upon him.
4. To detect actual disease or physical defects that may impede normal growth and development.

5. Follow-up services by nurses and teachers to promote the health of the child, apply preventive measures, and secure corrections of physical and mental defects.

6. Frequent dental examinations to determine early defects in dentition: to secure corrections of these defects in their early stages; and to teach the child good mouth health habits.

7. To provide a clean, sanitary, safe, and wholesome environment, including water and milk supply, grounds, etc.

8. To determine that the teachers and other school employees are free of communicable diseases.

9. To promote the nutritional status of the school child, school personnel, and the community.

It took more than five years to work out the details of the division of work and responsibility between the two departments and the final agreement.

Agreement as to Joint Duties

1. This service shall be administered jointly by the State Department of Education and the State Board of Health.
2. The State Department of Education and the State Board of Health shall share equally in financing, in responsibilities, administration, and benefits of the service.
3. Policies for the administration of the

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NOTE—This is a condensation of the original paper omitting the source material and the survey returns. A few of the complete original papers are in the hands of the author and may be had on request as long as the supply lasts.

School Health Service shall be formulated by the state superintendent of education and the state health officer, and all final decisions shall rest with them jointly.

4. These administrative policies shall be executed jointly by the co-directors of the service, each one sharing equal administrative responsibilities.

5. The co-directors shall be a trained and experienced public health administrator and a trained and experienced public school administrator. They shall be employed jointly by the state superintendent of education and the state health officer, and each one shall represent both state departments.

6. Other personnel of the School Health Service may be employed, discharged, or granted leave jointly by the state superintendent of education and the state health officer upon recommendation of the co-directors.

7. The school health program in each county shall be planned and administered jointly by the county health officer and the county and local school administrators under the guidance and direction of the Mississippi School Health Service.

8. The county health officer and the local school administrator shall be equally responsible for the local school health program. The health officer's major responsibilities being in the field of health services and the school administrator's major responsibilities being in the field of health teaching. They shall be jointly responsible for maintaining the school plant in accordance with the sanitation regulations developed by the State Board of Health and the State Department of Education.

9. The associate director of health education of the State Board of Health is a member of the personnel of the School Health Service.

The program of health service for the school-age child is presented in condensed form.* To carry out this program the school health work was divided into a number of services.

Medical Service—Medical examinations of school children are done at the school on selected grades and selected children. Parents are invited to be present for these examinations and any immunizations needed by the chil-

dren are given at a separate time in order to give full attention to the medical needs of the child. The medical examination aims to accomplish as a minimum the following five purposes:

Provide teachers, nurses, and parents with information concerning the growth and health status of each child.

Identify pupils who need further medical examinations.

Identify pupils who need treatment and corrective procedures.

Identify pupils whose school programs are in need of modification.

Provide positive, constructive educational experiences.

The accomplishment of these purposes requires the use of a health history, screening tests, teacher observations, psychological tests in some instances, among other similar procedures.

Follow-up Services—Follow-up visits by the nurse or teacher should be made on all cases with correctible physical defects, centering upon the more severe cases first. However, it is inadvisable to inaugurate a special program of mass nurse visitation to school children. The incorporation of the follow-up home visit into the generalized home visiting program is the better plan. Parents should be invited to nurse-teacher conferences to discuss their children's physical defects. This is a very effective method of reaching the parents and securing corrections of physical defects.

Child Guidance Service—A school health program should include child guidance services. These services are available through the Mississippi State Board of Health. Some of the problems for which children are referred to this service are truancy, timidity, stealing, running away, poor school adjustment, and other behavior problems.

Nutrition Services—Services of a nutritionist for initiating a school nutrition program are available to every county in the state. Her assistance is available upon request of the school superin-

* For a fuller discussion reference should be made to a 40-page booklet entitled *A Proposed School Health Program* issued by the Mississippi School Health Service.

tendent, or the local health officer, or the area lunch room supervisor. Plans are worked out with the health officer and the school superintendent, depending upon the particular needs of the school.

Health Education Services — Basic college training courses for teachers should include the elementary principles of health promotion and disease prevention in personal, family, and community health; the physiological functions of the organs and systems of the body; and care of these organs and systems. A methods course in organization and presentation of health information and in policies and personnel responsibilities in school health services also should be a part of the basic training.

The objectives of physical education, as an integral part of the school health program, should be:

To provide supervised activity during the school day as a means of relaxation from the formal types of education, as a preventive of mental fatigue, as a means of self-expression, and as an aid to the development of physical fitness per se.

To teach the skills of many types of activities and provide sufficient opportunity for their use, so that a reasonable degree of carry-over proficiency may be attained.

To utilize school and after-school activities as opportunities for students to develop leadership and group adaptability.

Small Administrative Staff Found Adequate

Although the administrative staff of the School Health Service has been kept small, it is adequate to its function of administration and coordination of the service. It consists of a medical director who is well trained in public health work, a co-director who is well trained in educational work, a supervisor of teacher training in health, a supervisor of physical education and recreation, and two secretaries.

For example, the following group renders invaluable service. The health

officer and the school superintendent are the key individuals in an effective school health program which remains a joint responsibility. The two individuals working together and each seeking to counsel and cooperate with the other contribute much to the success of the program. Their duties and responsibilities are:

a. Organization, direction, and supervision of a planned aggressive school health program.

b. To work with interested community groups and other authorities of the health department and school in executing the program.

c. To stimulate the interest of community groups in the program.

d. Utilization of all available community resources in the program.

e. Formulation of policies, plans, and procedures for carrying on the program in accordance with those advocated by the Mississippi School Health Service, and at the same time keeping the health department, school personnel, and the public informed.

f. Arranging for medical, dental, child guidance, and other health services.

g. Formulating and executing a program of public health education.

h. Executing the medical and dental correction programs.

i. Securing and holding the cooperation and active support of the medical and dental professions and other essential groups.

j. To keep informed as to the latest development in a modern school health program.

Public Health Nurse—Public health nursing in the school health program is part of the comprehensive nursing service; it is designed to assist families, schools, and communities in promoting maximum physical, emotional and social well-being of children. Through this service, professional guidance in health problems is offered; individual and family responsibility is recognized to the end that independence is preserved and promoted. The nurses' duties and responsibilities are:

a. Participating in over-all planning of the school health program.

b. Providing nursing service, such as in-

struction in emergency and first aid, health guidance to individual students and their families; participation in the usual health appraisal procedures offered by the health department and the school; and home visits for follow-up examinations and for individual and family health service.

c. Working with teachers, parents, and physicians in securing correction of remedial defects.

d. Providing consultant service to teachers, students, parents, groups, or others as necessary.

e. Contributing to the instructional program as consistent with educational plan and preparation of the nurse. This may vary from serving as a "resource person" in student projects to carrying a regular instructional program in a special field such as home nursing. Where classes are a part of school curriculum, nurses usually must meet requirements of teaching positions.

f. Assisting with control of communicable diseases in schools and in communities.

g. Contributing to medical care programs by assisting families in securing needed services and demonstrating good nursing care to members of the family or attendants.

h. Participating in the establishment of a record routine which will be useful to health department and school.

i. Promoting community sentiment for support of a strong and active school health program and serving on health councils and committees are activities which are integrated into the generalized nursing program.

Classroom Teacher's duties and responsibilities are:

a. Have an interest in personal and community health and stimulate interest in students.

b. Cooperate with administrator and other teachers in broad planning for health instruction program.

c. Constant observation of the children for skin and other communicable diseases.

d. Test vision and hearing of each child periodically throughout the school term; same for height and weight measurements.

e. Execute the program of health education advocated by the superintendent of the local school.

f. Cooperate with the health department personnel, PTA, and other groups in executing the general school health program.

g. Keep herself in good health, free of communicable diseases, and practice good health habits—both for her own benefit and as an example to the school child.

h. Familiarization with the condition of health of each one of the pupils under her jurisdiction.

i. Aid in securing correction of physical, mental, and oral defects of the children. Often this can best be done by the teacher.

j. Use the school lunch program and physical features of the school plant in teaching health.

k. Use community resources in making teaching of health functional.

The Health Educator—Under the direction of the health officer and the school superintendent, the health educator is responsible for an organized program of consultant services and material assistance with the school health program of health instruction and health services and for adult education through parent and other organized community groups. In order for school health education to bring practical results in the life of the child, understanding on the part of the parents and community citizens' groups of recommended health practices and principles is necessary. Adult health education supplements school health education and contributes to the development of sound and functional community health programs. Her duties and responsibilities are:

a. Assistance in coordination of efforts of public health personnel, of school personnel, and of medical, dental, hospital, welfare, and community groups for the advancement of the school and community health program.

b. Guidance and consultation in school instruction and curriculum with faculty groups and individual teachers.

c. Staff conferences and individual conferences with health department personnel on school and community health programs.

d. Extension to community groups of health education programs which substantiate and support the school program, in order that school instruction may be more functional in the child's home and community life.

Sanitation Supervisor's duties and responsibilities are:

a. Promote environmental sanitation in all schools and in the community.

b. Cooperate with other members of the

personnel, school authorities, clubs, and other groups in executing the school health program.

c. Participate in the community health education program.

d. Utilize all available community resources in improving the sanitation of the schools and community.

e. Promote the whole school health program at every opportunity.

f. Keep informed as to the latest developments in school sanitation.

g. Other duties and responsibilities as delegated by the health officer.

Sanitation Procedures and Technics are:

a. Make a sanitation survey of each school from four to six weeks before school opens each year. Personally give a written report to superintendent of school or president of school board and secure the necessary improvements before the school opens.

b. As a minimum, the sanitation survey should include water supplies, handwashing facilities, excreta disposal system, mosquito breeding places, heating, lighting, screening, and cleanliness of building, lunchroom supervision, milk and meat supplies.

c. Make periodic visits to each school throughout the school term to see that all sanitation facilities are maintained in a sanitary manner.

d. Visit as many homes of school children as possible and secure the needed sanitary improvements at each home. This includes all those under "b" except lunchroom supervision.

Discussion

It may be said that satisfactory procedures are available in regard to:

1. Communicable disease control through immunization, isolation, and exclusion of an infectious or potentially infectious child from school.

2. Classroom inspection of children by teachers in some cases assisted or guided by nurses.

3. Medical examination of children.

4. Special tests of children for vision or hearing difficulty. Weighing and measuring for growth measurement.

5. Dental examinations and corrections.

6. Referral of exceptional children for special classes.

7. Referral of children in need of child

guidance services to psychologists or psychiatrists.

8. Referral of physically handicapped or crippled children to sources of assistance.

For the correction of physical defects found in children in the age group from two to 18 years of age, special state funds are available for use in any locality of the state to match local funds on a 50-50 basis. This aid is available to all charity and part-pay cases, on certification of a medical need by a physician and of financial need by the local welfare official. Thousands of corrections have been secured in children by this means in the past 11 years that could not otherwise have been secured.

The coordinating activities of the School Health Service have been extended to all of the child caring agencies of the state which can render service to the school-age child.*

Summary

The Mississippi School Health Service program has been outlined in some detail for it seems to be representative of the typical program carried on in many of the states.

In order to secure some information as to school health work in other states a letter and questionnaire were addressed to the state health officer of each state and territory. A study of the 50 replies indicates that six of the states, including Mississippi, have a single unified school health program, jointly operated by the state health and state education authorities. These states are Alabama, Mississippi, North Caro-

* Among these resources are: State Department of Public Welfare, Division of Child Welfare; State Department of Public Welfare, Division for the Blind; Mississippi Crippled Children's Service; American Legion Emergency Aid; American Legion Auxiliary; Mississippi Society for Crippled Children and Adults; State School for the Deaf; the Mississippi State School for the Blind; Mississippi Industrial and Training School; and the Negro Juvenile Reformatory, Oakley, Miss.

lina, Oklahoma, Pennsylvania, and the Territory of Hawaii. In most of the remaining 40 states coordination of school health work is secured by some type of joint staff committee. Four states, it is indicated on the questionnaire, do not have any plan for coordination of school health activities, namely, Kansas, Missouri, New Hampshire, and Nevada.

In this paper we have attempted three things:

First, to give an example of a modern, coordinated school health service using Mississippi as an example. We wish to emphasize that although good results may be secured in some states by means of joint staff committees or special school health committees, we believe

there is an advantage in having a small, full-time professional staff which has the sole responsibility of coordinating school health services and which can make available to the school child the vast state resources for child health, found not only in the State Board of Health and the State Department of Education, but in numerous state and voluntary agencies that can contribute to the health of the school child.

Second, to secure and present an over-all view of the status of coordinated school health work in the nation, and third, to present sources from which additional information may be obtained on the detailed programs of school health work in the various states. (Sources listed in original paper.)

DR. FREEMAN RETIRES

The published writings of Dr. Allen W. Freeman include an informal chronicle of medical experience entitled "Five Million Patients." It appeared in 1946, so that the total of Marylanders and others indebted to Dr. Freeman must be considerably larger still by now. That was the year of Dr. Freeman's retirement from the faculty of the Johns Hopkins School of Hygiene and Public Health. But he quickly went back to work for the State Department of Health, and there he remained, grappling with his especial foe, tuberculosis, until yesterday, when he again retired.

There is an unusual sense of dedication about a doctor whose field is public health. Not for him the rewards of private practice; not for him, either, the lonely vigil of the researcher in the laboratory, who, neverthe-

less, has the hope of some day sighting a medical Holy Grail. The ultimate triumph of the public health expert can only be in pages of statistics, in the sound condition of people generally. He routs a deadly enemy—as Dr. Freeman helped do, with typhoid fever—and soon the unhappy memory vanishes from people's minds. He seeks out and destroys disease before it enters human bodies; thus there is no dramatic death's-door cure, and no attendant fuss. But it is he who builds and maintains a strong nation.

Marylanders will be grateful to the eminent Virginian who today, at 73, is taking a respite at last. Few are the men and women among us with more right to look on their work as done, and done well.

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