THE HEALTH of the school-age child is basically the responsibility of parents. However, various community groups also have significant roles to play—particularly the schools and the public health department, as well as professional, voluntary, and other organizations. The interested people will best achieve their allied goals when they recognize one another’s fundamental objectives, problems, and resources. The progressive improvement of education and health for every child will depend upon the extent to which community workers, with mutual trust, share appropriate responsibilities and effectively use all the available specialized skills. This fast changing world requires that programs undergo continuous review and modification. For all who are interested in improving their local school health program, this pamphlet outlines a number of aspects and topics that deserve consideration.

school health program

I. HEALTH EDUCATION

Is this program based on present and future health needs, interests, and conditions? Is it building sound health knowledge, attitudes, and practices?

for example, is attention being given to

a. The pupils’ health education?
   - Their health needs and the community’s
   - Development of health curriculum; of curriculum guides and units for study
   - Organization of health instruction to provide:
     - Direct as well as integrated and correlated teaching
     - Use of incidental and situational events
     - Continuity of instruction
   - Provision for individual health guidance
   - Use of health services and of the environment
   - Health instruction resources: community facilities and resource persons, books and pamphlets, audiovisual aids
   - Evaluation of pupil progress in health education

b. The school staff: selecting and preparing them for health education responsibilities?
   - Consideration of pre-service education and experience
   - In-service education: planned, continuous, and related to total program
   - Supervision and consultation for the staff

c. Parents and the community?
   - Interpretation of the school-community health program
   - Study of child-community health needs
   - Formation of adult study groups
   - Enlistment of adult cooperation in planning

II. THE SCHOOL ENVIRONMENT

Does it promote health and safety? Does it support the education program?

for example, is attention being given to

a. The emotional climate of the school?
   - Its effect upon the mental health of pupils and teachers
   - Interpersonal relationships: teacher-pupil, pupil-pupil, community-school, etc.
   - Recognition of differences among children

b. The health aspects of administrative policies and practices?
   - Scheduling the school day, school week, school year
   - Homework and extracurricular activities
   - The pupil-teacher ratio
   - Grouping, grading, and promotion practices
   - Reporting pupil progress

c. The maintenance of buildings and grounds?
   - Periodic inspection and follow-up for:
     - Temperature, humidity, and ventilation control
     - Design and control of lighting, noise, and color
     - Safe water supply and waste disposal
     - Lavatory and hand-washing facilities
     - Maintenance and storage of equipment and supplies
     - Housekeeping and janitorial services

d. Prevention of accidents?
   - Safety education
Policies related to protecting children; within
the school and on the grounds
Traffic control, inside and outside
Transportation policies, procedures, and equip-
ment; to and from school, field trips and excursions
Driver education
Policies on organized athletics
Protective equipment: in physical education, ath-
etics, laboratories, shops, etc.
Facilities and practices in shops, laboratories,
gymnasiums, food service areas, etc.
c. Food services?
Availability to all children
Provision of foods that meet nutritional needs
of children and are wholesome and appetiz-
ing
Conformity to State and local sanitary regulations
Provision of adequate and attractive space and
facilities
Coordination of food service with total school
program
III. HEALTH SERVICES
Do they reflect sound public health and educa-
tional principles? Do they contribute to the
conservation of child and community health,
and to the health education of pupils and
parents? Do they find, refer, and facilitate
rection or improvement of health problems?
for example, is attention being given to
a. Identification of health needs and resources?
Study of health problems
Determination of immediate and long-range
goals
Survey of available resources
b. Appropriate selection and use of services
and personnel?
Medical Dental Nursing
Psychiatric Psychological Guidance
Nutritional Social Work
c. Coordination of program and services?
Provision of administrative leadership, super-
vision, and consultation to health service
personnel
Use of services of other community agencies;
such as child guidance clinics, special pro-
grams of service clubs, etc.
d. Health facilities, equipment, and supplies?
Appraisal for adequacy
Planning for most effective use
e. Communicable disease control?
Establishing and maintaining adequate levels
of immunity
Policies and procedures for isolation and re-
admission
Sanitation practices
f. Health appraisal and follow-up activities?
Teacher observation practices and referral pro-
cedures
Health histories and growth records
Screening for vision and hearing, and other
conditions
Evaluations by medical, dental, and nursing
personnel
Psychological studies
Functional use of records
Case conference procedures
Referral to appropriate clinical services
Interpretation to parents, pupils, teachers, phy-
sicians, agency personnel, and others con-
cerned
g. Management of emergency illness and
injury?
Establishment of basic policies and procedures;
and continuous appraisals of their effective-
ness
Interpretation of health emergencies to school
personnel, children, parents, and others in-
volved
h. Handicapped children: their placement and
supervision?
Use of joint medical and educational judgment
to determine placement—within the regular
school program; in special classes and special
programs (for example, home instruction)
Continuous appraisal of pupil placement and
progress
Vocational guidance for teen-agers
i. Health of school personnel?
Development of personnel policies and prac-
tices on:
Pre-employment and periodic examinations
Special requirements, such as tuberculosis
screening
Special services, such as health counseling
Retention and reassignment
school health program

The Council of Chief State School Officers and the Association of State and Territorial Health Officers cooperatively developed and published a policy statement on Responsibilities of State Departments of Education and Health for School Health Services. (See bibliography.) Selected principles cited in that publication are listed here for their pertinency:

1. "School health services should be planned jointly by departments of education and health with other representatives of the medical, dental, nursing, and education professions, voluntary agencies, and other groups that have a continuing interest in the health of school-age children.

2. "A most important factor in a successful school health program is the cooperative leadership by both educational and health administrators and their mutual interest in achieving their common goals.

3. "Although an agency may be charged with a specific responsibility, the administration of that responsibility should be the result of joint planning with other appropriate agencies.

4. "School health services should be organized so as to utilize fully the resources of the schools, the health department, the medical, dental, and nursing professions, and other agencies and groups, without duplication of facilities or services.

5. "Programs for planning and action in school health services should be consistent with the health needs of children and should take into account the extent to which present services meet those needs.

6. "The details of school health services may be given convenient labels for purposes of identification, but the program should be organized and administered as a whole without compartmentalizing the various aspects of these services.”

In developing local programs, all sources of potential help and interest should be considered. Assistance should be sought first from local and State resources.

The following State and national groups have special interest, knowledge, and contributions to make:

- Official State agencies: that is, departments of health, departments of education, crippled children's agencies, and mental health authorities.
- State professional organizations: such as medical, dental, and nursing societies.
- Both State and national voluntary agencies concerned with health and related fields.

National Education Association and affiliated groups, particularly the American Association for Health, Physical Education, and Recreation; 1201 Sixteenth Street, NW., Washington 6, D.C.
- American Dental Association, Department of Dental Health Education, 222 East Superior Street, Chicago 11, Illinois.
- American Nurses' Association, and the National League for Nursing, both at 10 Columbus Circle, New York 19, N.Y.
- Public Health Service
  - Children's Bureau, Social Security Administration
  - Office of Education

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