

# ANNOTATIONS

## SOLVING SCHOOL HEALTH PROBLEMS<sup>1</sup>

OUT of a four-year intensive school health study sponsored by the Department of Health and the Board of Education of New York City has come more than an interesting and stimulating report. This volume presents a lively account of the practical application of past and current studies and experiences to the New York school system through joint planning and cooperative action under dynamic leadership.

Outcomes were doubtless influenced by the sponsors' faith, as expressed in the Foreword, that school health service is a vital protective agent in a democratic society and that its procedures can and must be improved, combined with the staffs' objective—the effective utilization of organized effort for the better health of school children. The volume is dedicated "To that large group of cooperative people—teachers, principals, physicians, nurses, dentists, dental hygienists, educational and health administrators—who helped, by work, thought, and criticism, by reading, writing, conferring, suffering inconvenience and interruption, and approving changes, to review and reconstruct and modernize a vast service established to protect and promote the health of school children." The study was (a) supported jointly by the Liquidating Committee of the American Child Health Association, the Metropolitan Life Insurance Company, the Milbank Memorial Fund, and by Social Security funds from the Children's Bureau allocated by the State Department of Health, and (b) conducted under the auspices of an advisory committee of representatives of the sponsors, the Department of Health and the Board of Education of the City of New York, while the printing was handled in the effective manner characteristic of the Division of Publications of the Commonwealth Fund.

<sup>1</sup> Nyswander, Dorothy B.: *SOLVING SCHOOL HEALTH PROBLEMS*. The Astoria Demonstration Study. The Commonwealth Fund, 1942, 377 pp.

In approaching the problems within the school health service, consideration was given to the children and their families, to the administrative structure of the two city departments immediately concerned, and to the functioning of the service. Searching questions were raised: Have the school medical and nursing staffs translated their guidance into such simple terms that in spite of ignorance, language difficulties, and substandard incomes, these families have understood what the child's health problems are and how and where they can get aid? How much of the running around from clinic to private physicians and back to clinic again lies at the door of the school health service? How well has the community appreciated the fact that so large a proportion of its population is going to have difficulty in paying for private medical care when the children in the family need such care? Here, as elsewhere, were found: lack of provisions for joint planning, overgrown pathways for developing new methods, some wasteful procedures because they duplicated the work of others or because they were tasks that did not need doing at all, sometimes associated with a lack of good records.

In its plan of work the study passed through three phases. Following analyses of difficulties of the school health program, came the stage of experimentation with methods of solving the difficulties, and later the period when its field laboratory became the teaching center for school health work. Procedures found workable in Astoria were tried out in other areas of the City—a step necessary to check on whether these techniques would stand the test of survival at the hands of people who had not been through the intensive working experience of the experimental district.

Much has been written concerning health examinations. "With the parent present at the examination, with stress on adequate history taking, with emphasis on the interpretation of his findings to parent, nurse, and teacher, and careful attention to planning after-care of the child, the school physician is now meeting his educational opportunities and responsibilities. His data are adequate, for he has not neglected those facts coming from the teacher and the home which relate to the educational, emotional, and social problems of the child. His attitude toward his work is more confident because he has a clearer understanding of his function in relation to the school and the community. His professional morale is strengthened because he is giving his best judgment in a variety of ways each day."

Is it better to select children for medical and nursing attention by grades or by special referral from nurse-teacher conferences? The study shows that the proportion of children who secured correction or were under treatment was larger for the specially referred group; and that a larger proportion of children in the specially referred group were selected for follow-up by the nurses, either because of the urgency of the condition or because of the indifference of the parent, and a larger proportion of the specially referred group that was followed up had professional attention whether or not the parent was present at the examination. Regardless of whether the children were in the first grade or were specially referred, those whose parents were present at the examination required less follow-up by the nurse than those whose parents were not present.

In exploring possibilities for teacher participation a Pupil Health Card was developed and a new type of teacher-nurse conference was introduced which made the teacher the starting point of the health service. Constructive recommendations are offered to teachers, physicians, and nurses which emphasize attitudes rather than procedures as important in securing a coordinated program. Consultation by the nurse in school with the parent became an important feature; incidentally a note signed by the principal was found more productive than one signed by the nurse. The value of the type of conference evolved by the study is indicated in the results obtained in the vision program where the nurses reduced the cases they were carrying from 10 to 3 per cent of the school registration within a school year. At the same time, even recognizing that the nurse has between ten and twenty-five different types of tasks to do each day, some answers were found to the question, "What plans does the nurse need to make for the day's work ahead?" Furthermore, the real criterion for choosing the home visit in preference to the school conference as a means of working out with the parent a course of action to be taken may be the answer to the question: "Will a home visit to this particular family be of more aid in understanding the family's problems and securing care for this child than a conference with the parent in school?"

Procedures for testing visual acuity and conducting follow-up work were modified, and coordinated work made it possible to secure 80 per cent corrected vision cases, an improvement of 30 per cent. Teachers and the ophthalmologist agreed in their testing of all children not wearing glasses in ninety-six cases out of a hundred, "and since 2 out of 3 cases

in which they disagree are in the direction of referring cases rather than in failing to refer them, it is basically sound as a practical administrative procedure to use the Snellen test scores obtained by teachers in the first screening of visual acuity defect cases." Of available methods the audiometer test was considered the most satisfactory screening device for selecting children with loss of hearing. Administering the 4 A test two or three times to children showing loss of hearing on the first test would probably prove to be a sufficiently reliable screening device for referring children directly to diagnostic and treatment services.

In obtaining dental care, experience indicated the need for education in the values of dental service in order to secure earlier detection of caries and treatment. "It is now out of keeping with sound theory in health education to emphasize one program to the exclusion of other efforts to provide for the child's welfare. The child cannot be helped to assume responsibility for his health through campaigns carried out by specialists. Sound attitudes can be developed only through unified teaching and through one source of instruction,—the teacher. The dental hygienist should work with the teacher, not with the children."

Improvement in the care of the cardiac child included: standardization of the diagnostic nomenclature; establishment of diagnostic services for the school physician and, on request, for the private physician; stressing regular medical supervision of known cardiac children; and placement of more emphasis on explanation, interpretation, and guidance as the best method of improving the understanding and care of the cardiac child in school.

Much attention was devoted during the course of the study to the place of the private physician and to interrelationships, to staff education for which ingenious means were devised, to the development of parent responsibility, to policies, and to records. Many valuable records and appraisal forms are reproduced, together with statistical tabulations and other extensive data of practical value to anyone concerned with a school health program. One must read the book to appreciate its unusual merits.

This study is an example of the usefulness of private foundations and private agencies to governmental agencies in making it possible for the latter to appraise their activities and to plan constructively for future developments.

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