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ABSTRACT

This study was undertaken to identify, classify, and interpret extant written school health policies. Furthermore, it was planned to ascertain whether schools were using standardized forms or systematic procedures to formulate school health policies. Administrators in school districts representing every geographical area of the U.S. were asked to send any written material available in any area of school health. The greatest number of separate statements concerning health policies and procedures were identified under the following categories: health services, administrative responsibilities, first aid and emergency care, health of school personnel, environmental health, and communicable disease prevention and control. A considerably smaller number of policies were identified and classified under the areas of provisions for handicapped pupils; safety and accident prevention; qualifications, requirements and selection of health teachers; transportation policies; school lunch programs; and health instruction. The lack of definite policies and procedures in health instruction was considered particularly appalling. Health and a written statement of school health policies are of paramount importance to students, parents, teachers, and the community. (PB)

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A STUDY OF HEALTH POLICIES IN
PUBLIC SCHOOL ADMINISTRATION

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Introduction

It is a universal axiom that school administration must be founded upon firm principles, policies and procedures. If policies are clearly stated and defined, they provide the administrator with definite guidelines for decisions, add uniformity to administrative practices and prevent many controversial and unpleasant situations which might otherwise occur.

School health policies should be prepared in writing and stated in terms that are clearly understood by everyone who falls under the jurisdiction of the administrative decisions. Furthermore, individuals and groups who are directly affected by decisions should be entitled to a voice in the formation and revision of policies. Certain policies can be stated in general terms while it may be necessary to state other policies in more precise terms. The purpose and application of the policy determines how specific and detailed it should be written.

Since 1960 there have been many local, state and national organizations working resolutely to improve the quality of school health programs. When comprehensive school health programs receive an equitable share of school finances and professional leadership, they will embrace one of the major divisions of school administration. The planning and supervision of health instruction, health services and a healthful environment requires considerable effort, time, and planning on the part of school administrators. It is little wonder that school health policies are deplorably neglected in many of our nation's schools and assigned a low priority in the total scheme of school administration.

The schools have taken over many roles which were once accepted as traditional responsibilities of the home. The failure of parents to accept,

or even recognize, many of their responsibilities has placed a greater burden on the schools. This has become especially discernable in all areas of the school health program. There has been an alarming relinquishment of parental control and many homes no longer assume an obligation of primary importance during the impressionable years of early childhood.

The vast body of knowledge which has accumulated in health science, the expansion of health services in the schools, the technological progress in maintaining a safe and healthful school environment and the health crises which have been nurtured by an apathetic and negligent society, support the urgent need for comprehensive health education zealously guided by policies and regulations and conducted through proper channels of democratic administration.

Purpose of the Study

The purpose of the study was to identify, classify and interpret school health policies which appeared in written form at the time the research was conducted. Furthermore, the study was planned to ascertain whether the schools are using any standardized forms or systematic procedures to formulate school health policies. All written materials submitted by the schools were thoroughly analyzed.

Limitations of the Study

The study was limited to an evaluation of policies and procedures relating to the major divisions of school health. Any statement which could be interpreted as a written policy or regulation in school health was considered. No attempt was made to evaluate policies, procedures, and regulations which are transacted by verbal agreement. Effective as these may be under certain circumstances, they are useless when an exact statement must be produced to justify an administrative decision. The study is further

delimited by the final sampling of participating school districts. The total list of schools was selected by the investigator. Inquiries were mailed to two hundred forty-five school districts of which one hundred forty-four responded by sending packets of written materials. This represents a return of 54.7 percent of the selected sample. While researchers generally consider this an acceptable return, nevertheless it is possible that a different or larger sampling of school districts in the United States might have had an effect on the final results.

Method of Obtaining Data

Throughout the study, it was necessary to examine an incredible quantity and variety of materials. Very little uniformity was found in the written materials which school districts supplied. Letters were mailed to administrators requesting copies of any type of written materials which might contain policy statements pertaining to school health. The specific names of administrators were obtained from departments of education in every state. Administrators were also asked to furnish copies of administrative or board of education minutes in which decisions affecting the school health program were recorded. In order to assure that an adequate amount of representative data would be examined, it was stated that particular emphasis would be placed on policies which govern certain specified areas of school health. The following were suggested:

Health Instruction - curriculum, course content, requirements, time allotment, evaluation, selection of textbooks and resource materials.

Health Services - medical examinations, screening tests, health records, clinics, referrals to school or outside specialists, health guidance and counseling.

Healthful School Living - physical environment, emotional climate, safety, sanitation, construction and maintenance of equipment and facilities.

Health of School Personnel - medical exams, employment policies, sick leave, insurance, requirements for food handlers, etc.

Communicable Disease Prevention and Control - referrals, exclusion, readmission, immunization.

First Aid and Emergency Care for Sudden Illness or Injury - school accidents, athletic injuries, school insurance, special events involving spectators, safety and accident prevention, first aid.

Qualifications, Requirements and Selection of Health Teachers - majors, minors, in-service education, certification requirements.

Administrative Functions and Responsibilities - budget, personnel, parent education, program development and administrative support.

Provisions for Handicapped Pupils - special classes, and special teachers, equipment and facilities adaptation, special services.

School Lunch Program - supervision, personnel, cost and availability, time allowed for meals, nutrition, atmosphere of the school cafeteria.

It was pointed out that these suggested areas represent typical aspects of school health for which policies may be written; however, administrators were asked to include additional materials encompassing other school health policies not specified. Follow-up letters were mailed to all school districts which did not respond to the first request.

The selection of school districts was made on the basis of location, size, or for their recognition in public education. Large, medium and small school districts were represented in the study, however, a greater number of large and medium-sized districts were sampled. It was assumed that the larger districts are more systematic and specialized in school administration, offer a wider range of health services, and, in general, provide a broader school health program. This postulate was confirmed when administrative materials from large and small school districts were compared.

Representation of States and School Districts

Printed, typed, mimeographed, and an abundance of other hand-written materials were received from 46 out of 50 states for a 92 percent return. Data were collected from 144 school districts representing every geographical area of the nation. The non-participating states were either small in area, population, or both. A larger number of letters were mailed to the states with greater populations, namely, California, Florida, Illinois, Texas, New York, Michigan, Wisconsin, Ohio and Pennsylvania. Materials from four or more school districts were received from California, Florida, Indiana, Iowa, Michigan, Missouri, Texas, Washington, Wisconsin, Colorado, Georgia, Illinois, Massachusetts, Minnesota and New York. Since the data for the study were gathered from school districts of varying size throughout the entire nation, it seems reasonable to assume that all major occupations, economic levels, cultural backgrounds and educational philosophies are represented.

Previous reference has been made to the fact that a vast quantity and variety of materials had to be read, classified and tabulated. In some cases it was difficult, if not impossible, to identify distinct policies pertaining to school health. By far the greatest number of policies and

regulations were identified in the area of health services. This might be expected since health services encompass the widest range of activities in the total school health program. Schools which are deplorably inadequate in health instruction usually offer at least a minimum of health services for school children. Further evidence of the lack of uniformity and standards in defining and publicizing school health policies was revealed when separate handbooks or publications in school health were virtually non-existent in the vast assortment of materials which were supplied by the school districts.

Analysis of Data

A great assortment of written materials was examined in the process of identifying school health policies. Very few were found in any concise form. Nearly all were scattered throughout a conglomeration of written papers. Readers specifically employed for the study examined each piece of material and underscored all statements that could be construed as school health policies and procedures. Material received from school districts comprised a total of 1,246 written forms.

Table 1 is presented to illustrate the inconsistency of administrative practices in formulating and disclosing school health policies and procedures.

Table 1

<u>Type of Forms</u>	<u>Number Received</u>	<u>Type of Forms</u>	<u>Number Received</u>
Printed Sheets	845	Mimeographed Pamphlets	28
Handbooks	39	Printed Books	54
Printed Cards	72	Manuals	4
Pamphlets	56	Articles	2
Letters	18	Medical Report Forms	9
Legal Documents	1	Curriculum Guides	5
Small Booklets	48	Health Record Forms	23
Typed Sheets	16	Charts	8
Mimeographed Letters	39		

Interpretation of Data

In the final analysis, all policies and regulatory statements were classified under these headings:

Environmental Health; Health Services; First Aid and Emergency Care for Illness or Injury; Communicable Disease Prevention and Control; Provisions for the Handicapped; Safety and Accident Prevention; Qualifications, Requirements and Selection of Health Teachers; Transportation of Students; School Lunch Program; Health of School Personnel; Administrative Functions and Responsibilities; Health Instruction.

The greatest number of separate statements concerning health policies and procedures were identified under these categories:

Health Services; Administrative Responsibilities, First Aid and Emergency Care; Health of School Personnel; Environmental Health; and Communicable Disease Prevention and Control.

A considerably smaller number of policies were identified and classified under the areas:

Provisions for Handicapped Pupils; Safety and Accident Prevention; Qualifications, Requirements and Selection of Health Teachers; Transportation Policies; School Lunch Program; and Health Instruction.

The lack of definite policies and procedures in health instruction is appalling. The sample of school districts revealed that few of our nation's schools can produce exact, written statements of administrative responsibilities for health instruction. This phase of the school health program is still a hodge-podge of fragmented content. Most of these instructional programs lack genuine planning and allocation of time to permit an effective approach to the study and application of health behavior.

There was little evidence that specific standards are upheld for the qualifications and selection of teachers who are assigned the responsibility of teaching health. From the materials analyzed, it was clear that health instruction is still obscured and sporadically interjected throughout several other disciplines. Few of the teachers in these subjects are qualified to teach health science for they are not prepared in the methods and techniques of health education nor do they possess an adequate field of scientific knowledge to perform effectively in such an important and complex field.

Undoubtedly many schools have adopted unwritten policies and procedures in school health by general agreement. This system has many weaknesses. Verbal agreements regarding policy can be changed easily whenever there is a new administration and verbal commitments are likely to be forgotten, ignored or deliberately broken when expediency is the primary objective for decisions.

Summary

It should now be recognized that health is of paramount importance to children, parents, teachers and community. School administration entails a great diversity of administrative decisions directly or indirectly related to the health of students and school personnel. Furthermore, it is apparent that serious effort must be relegated to writing, interpreting and publicizing school health policies.

Perhaps one logical means of adding impetus and respectability to school health programs is to prepare separate publications outlining definite policies. If the budget prohibits this extra cost, it is then essential that a separate and distinct section of a "General Policies and Procedures Manual" be reserved for school health. Whatever form is selected, it is

recommended that the following points be adopted as standard practice:

1. School health policies should be in writing and stated accurately so that fair and consistent decisions will be assured.
2. Policies should be publicized or at least made available upon request.
3. The schools should make it known to students, school personnel, parents and community groups that administrative decisions are governed by a definite set of policies, procedures and regulations.
4. Existing policies should provide the basis for decisions until such time as it is deemed necessary to change or discontinue a policy.
5. Democratic procedures must be followed whenever policies are added, deleted or revised.

Space does not permit a summary of all the policies and regulations in school health which were identified, classified and recorded in the investigation. Persons interested in procuring these results may write directly to the author.