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A study of health services provided the Stockton Unified School District by the San Joaquin Local Health District

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A STUDY OF HEALTH SERVICES PROVIDED THE
STOCKTON UNIFIED SCHOOL DISTRICT BY THE
SAN JOAQUIN LOCAL HEALTH DISTRICT

A Thesis
Presented to
the Faculty of the Department of Education
College of the Pacific

P. 64, 65 reversed

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Cyril Revella Owen
June 1958

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CHAPTER I

INTRODUCTION

It is the problem of this study to analyze the organization for services offered by the San Joaquin Local Health District to the Stockton Unified School District in a cooperative health program. The investigator became interested through close association with the program and the realization that no complete record of the various services was available.

Purposes of the Study

The purposes of the study are to learn what the general areas of services are that the San Joaquin Health District is providing to the Stockton Unified School District, and to consider the fundamentals of organization and their application to the health services as related to teaching. To understand the problem of the study more completely, the investigator studied the roles of the Stockton Unified School District health personnel.

Statement of History

The Stockton City School District, the predecessor of the Stockton Unified School District, was established over one hundred years ago on March 1, 1853. The Stockton Unified School District is hereafter designated as the School District.

In a brochure on the Stockton Public Schools published April 27, 1953, Superintendent of Schools Dr. Nolan D. Pulliam stated:

The importance of education was not overlooked by Stockton's early settlers. Shortly after the city's incorporation in 1850, Captain Weber donated a plot of ground and erected a small school house upon it. The following year a school for girls was opened. The public school system in Stockton closely followed the action of the California Legislature in May, 1852, providing for revenue to maintain schools. Our present system . . . is the outgrowth of the first school established on Tuesday, March 1, 1853. Stockton may well be proud of its unbroken record on one hundred years in providing free public education for its children and youth.¹

The Stockton City School District became the Stockton Unified School District in 1936 and now encompasses an area five times as large as the original incorporated City of Stockton.

At first, individuals were employed by the School District to visit classrooms and to direct physical exercises. This was the beginning of the health program which is today concerned with the optimum physical, mental, and emotional well-being of children so that they may develop good health attitudes, habits, skills, and interests.

In 1923, the incorporated cities in San Joaquin County approached the California State Department of Health for assistance in obtaining more effective health service. San Joaquin

¹Stockton Public Schools, 100 Years of Progress, 1953, p. 1.

County had several discouraging health years prior to 1923. In 1921, 646 cases of diphtheria were reported; forty-three deaths occurred as a result of this outbreak. In 1922, there were 313 cases of diphtheria and 114 cases of typhoid fever.

The Health Review states:

The State of California had previously enacted legislation in 1917 to meet this situation--an act which enabled a group of people with common community interests to organize for health protection to create a separate, countywide health district with its own governing body and adequate financial support.²

With this enabling legislation, all the incorporated cities resolved to join the district. The San Joaquin County Board of Supervisors adopted the necessary ordinance, and the district received its charter from the California Secretary of State on January 3, 1923, to be known as the San Joaquin Local Health District, hereinafter designated as the Health District. The services that this organization renders to the School District are the concern of this study.

Sources of Data

Materials for this study, including books, pamphlets, and periodicals, were made available by the School District and the Health District. The interviews held with School District health personnel and with Health District personnel resulted in securing valuable information which was not otherwise

²Health Review, San Joaquin Local Health District, Stockton, California, April, 1953, p. 4.

obtainable.

The basic school laws in the State of California as set forth in the Education Code were examined for references to School health services. According to the Code: "The course of study in the elementary schools shall include instruction in . . . training in healthful living."³ This code section indicates the recognition given by the State of California to the importance of health in public school education.

Authority for health services contracts between school districts and other government agencies is granted by the Code. This is more fully explained in Chapter II.

A publication of importance to a basic school health program is Suggested School Health Policies which indicates that through school health education children and youth learn about functions of the human body; maintenance and improvement of personal health; food, rest, and exercise; personal appearance; personal adjustment and mental health; family life; alcohol and narcotics; disease prevention; accident prevention; and community health problems.⁴

In the Health Review appears a detailed account of the school health services rendered by the Health District and an

³State of California, Education Code, Section 10302.

⁴National Conference for Cooperation in Health Education, Suggested School Health Policies, Third Edition, June, 1956, p. 11. National Education Association.

explanation of the functioning of the District. This is described fully in Chapter II.

Julia M. McCarthy, Chairman of the Editorial Committee of the National Elementary Principal, Twenty-Ninth Yearbook, feels that healthful living, health services, and health instruction occupy important places in the elementary school today. They permeate the entire school program. They touch upon or are at the heart of classroom work, assembly programs, recreational activities, and home-school-community relationships. They are supremely important to child development today and to the establishment of healthful, happy families for tomorrow.⁵

Dr. Charles E. Greene, Superintendent of Schools, Denver, Colorado, said in 1947:

A consideration of children's health interests, needs, and developmental characteristics provides clues to pupil concerns in health. Desirable health behaviors may be developed by children as they are helped to solve these concerns.⁶

Methods and Techniques Used in the Study

The investigator gathered pertinent materials on the national, state, and local level. These material sources were analyzed and parts relevant to the thesis were used. These

⁵The National Elementary Principal, Twenty-Ninth Yearbook, Health in the Elementary School, p. 5.

⁶Denver Public Schools, Health Interests of Children, 1947, p. iv.

materials, therefore, from national and state sources were used to emphasize the importance of health services in the School District program.

Because of the absence originally of a written health services agreement between the School District and the Health District, and because duties and responsibilities of personnel involved were not clearly and fully available in writing, it was necessary to secure pertinent data by interviewing School District and Health District officials as follows: Charles J. Trowbridge, Consultant in Health Education for the School District; Dr. E. M. Bingham, District Health Officer; Mrs. Mary D. Chamberlain, Director of Public Health Nursing; Ruth Dart, Health Educator; J. Don Layson, Director of Environmental Sanitation; Kathryn Gardner, Dental Hygienist; Donald Gubbins, Audiometrist; Mrs. E. E. Storrs, Public Health Nurse; and Mrs. W. A. Kolander and Mrs. Cyril R. Owen, School Health Clerks. To these and others, the investigator is deeply appreciative.

Organization of the Thesis

In the remaining chapters the investigator analyzes the service agreement between the Health District and the School District, the duties and responsibilities of school personnel concerned with the health of children in school, the responsibilities and duties of the Health District personnel concerned with school health, and the cost of the program to both agencies. A summary and recommendations are given in the closing chapter.

CHAPTER II

HEALTH SERVICE AGREEMENT BETWEEN THE SCHOOL DISTRICT AND THE HEALTH DISTRICT

This chapter deals with the agreement for health services between the School District and the Health District.

Legal authority for the Health District to provide a program in the schools is given in the State of California

Education Code as follows:

16425. Contracts between any city and the governing board of any school district located wholly or partly within such city for the performance by the health officers or other employees of the health department of any city of any or all of the functions and duties set forth in Chapter 3 of Division 8 of the Education Code, relating to health supervision of school buildings and pupils are here authorized.

In any such contracts the consideration shall be such as may be agreed upon by the governing board and the city and shall be paid to the city by the governing board at such times as shall be specified in the contract.¹

This code section indicates that the State of California recognizes that school districts may not always be able to provide all the health services that children should have. The code section also makes it possible for school districts to secure aid from other political subdivisions willing and able to provide them.

¹State of California, Education Code, Section 16425.

Inasmuch as there was no written agreement between the Health District and the School District prior to July, 1957, it was necessary to secure pertinent information by interviews on June 21, 1957, with Charles J. Trowbridge, Consultant in Health for the School District, and on June 22, 1957, with Dr. E. M. Bingham, Health Officer for the Health District.

Services for 1956-1957

According to the information obtained from these two officials, the Health District agreed to provide health services, personnel, and materials for the School District as follows:

1. Health District staff members to serve on the school health council.
2. Nursing personnel to work with teachers, principals, students, and parents in co-ordinating the health program.
3. Audiometrists to test the hearing of the school children.
4. Dental hygienists who are concerned primarily with the dental health education program.
5. Health clerks to assist nurses and teachers with the non-professional aspects of the school health services.
6. Chest X-rays, as required by the School District,

- for school children and classified and certificated school personnel.
7. Pre-school health examinations on request for kindergarten children, or first grade children not previously attending school.
 8. Vision re-testing for all children in grades one through six who are referred to the nurse by teachers.
 9. Physical examinations for school employees.
 10. School child conferences for children with health problems who are referred by parents, teachers, physicians, and school health nurses.
 11. Handicapped children's clinics for children recommended for special classes.
 12. Films, pamphlets, and other health materials provided upon the teachers' requests.
 13. Health education programs for teachers' in-service health programs and health curriculum study groups.
 14. Sanitation inspection and consultation services to schools.

Cost

The Health District has borne the entire cost of its health services to the Stockton Unified School District. In the other school districts within the Health District, the cost of the health program is distributed as follows: School

districts, 50 per cent; State of California special service fund, 20 per cent; and the Health District, 30 per cent.²

Contract for 1957-1958

On July 16, 1957, the Board of Trustees of the Health District took the initiative and negotiated a one-year written contract with the School District for health services for the 1957-1958 school year. The Board of Education of the School District approved the contract on August 27, 1957. In brief, the contract provides as follows:

1. The administration of the school health program in the elementary schools shall be the responsibility of the district health officer.
2. The Health District shall render a basic service of 35 hours of public health nursing, audiometric, and/or dental hygiene service for each 100 pupils enrolled in the elementary schools.
3. The Health District will also provide a minimum of four hours of audiometric and/or dental hygiene service for each 100 students enrolled in the junior or senior high schools of the School District.
4. In addition to the basic services herein specified, the Health District will provide special services of not less than 300 hours of medical and psychiatric time for the district.

²Information obtained from Dr. E. M. Bingham, San Joaquin Local Health District Health Officer

This contract does not mention any costs to be paid by the School District. (See Figure 3, page 75 for details of the contract.)

CHAPTER III

HEALTH DISTRICT ORGANIZATION AND PERSONNEL

I. HEALTH DISTRICT ORGANIZATION

If one is to understand the general problem of health services in the Stockton Unified School District, it would seem necessary to review the organization of the Health District which provides the health services. (See Figure 1, page 13.)

The Health District is governed by a board of seven trustees, one appointed by each of the city councils of Stockton, Lodi, Tracy, Manteca, Ripon, and Escalon, and one member by the San Joaquin County Board of Supervisors for the unincorporated area. Each member serves for a term of four years, and the terms are staggered so that a continuity of management is provided. The board of trustees employs a district health officer and other personnel upon his recommendation. The board sets policies for the district and approves the annual budget. The officers of the board are a president and a secretary.

In addition to the central office in Stockton, a branch Health District office is located in Lodi, Manteca, Tracy, Ripon, and Escalon. Nurses and sanitarians assigned to the branch district offices live and work in those districts.

In addition to the board of trustees and the health officer, the Health District has five major divisions:

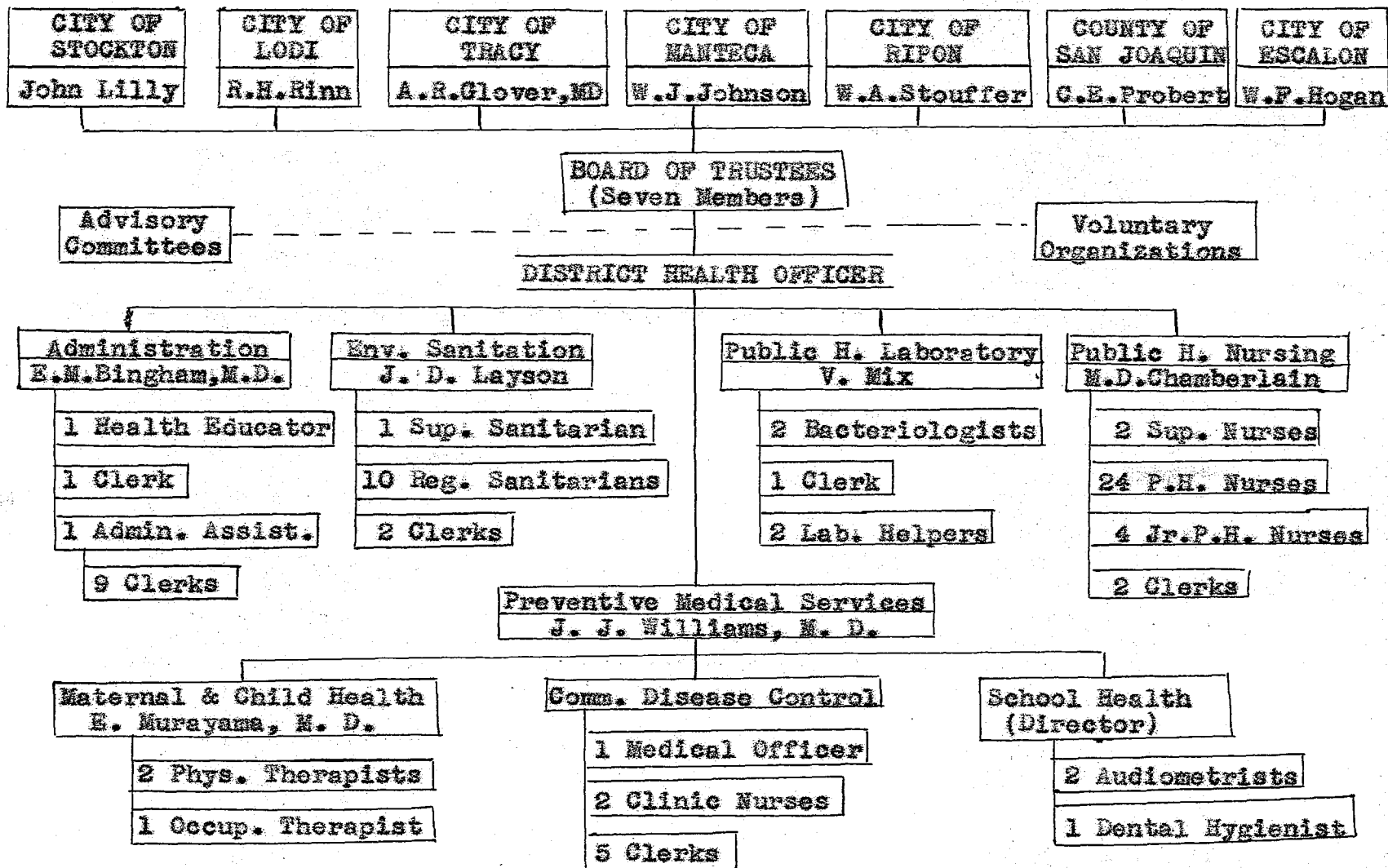


FIGURE 1

SAN JOAQUIN LOCAL HEALTH DISTRICT
 ORGANIZATION CHART - BUDGETED FULL TIME PERSONNEL
 1957 - 1958

administration, environmental sanitation, public health laboratory, public health nursing, and preventive medical services. Each of these divisions has its own staff with a director, assistants, and secretarial personnel. The division of preventive medical services has three sections, maternal and child health, communicable disease control, and school health.

The public health laboratory at the central office is set up primarily to assist in the diagnosis, control, and prevention of communicable disease, and for the protection of food and water supplies. Special clinics for tuberculosis, venereal disease, rheumatic fever, and crippled children are also held in the central office. The clinics are mainly diagnostic and advisory, and are restricted to the field of preventive medicine. Figure 2, page 15, shows in detail the school health services given to the schools in the county.

II. HEALTH DISTRICT PERSONNEL

Director of San Joaquin Local Health District

In the Health District the health officer's duties are defined by the board of directors in the following statement:

Subject to policy determination, to be responsible for the administration of the health department and the conduct of a comprehensive public health program; to direct the enforcement of state and local health and sanitation laws; and to do other related work as required.²

²San Joaquin Local Health District. Job Classification, p. 2 (a).

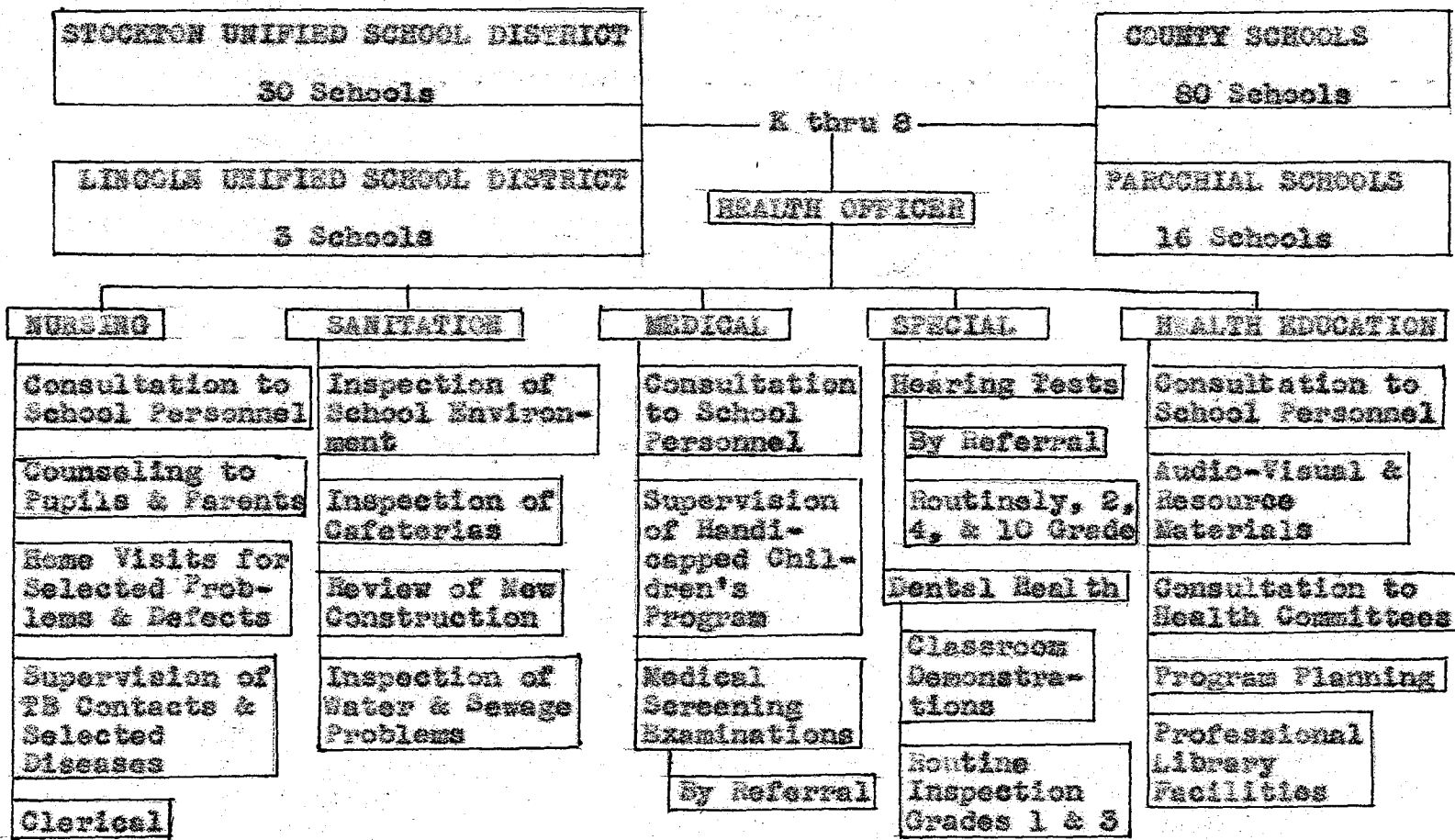


FIGURE 2

SAN JOAQUIN LOCAL HEALTH DISTRICT
School Health Services

Elementary Schools
1956 - 1957

The health officer is thus responsible for the formulation of a public health program covering public health nursing, sanitation, laboratory services, preventive medical services, and other related activities in keeping with the legal limitations and community needs.

In the performance of his duties, the health officer analyzes community health needs through direct investigation or from reports and records. He prepares and submits budgets and other reports and recommendations for board approval. The health officer approves informational and educational publicity releases, and confers with public and private agencies in the development of mutual aid and cooperation in rendering health services. He promotes support and cooperation for public health programs through speeches, news releases, and other media. Another of his duties is to determine the need and form of health and operating records. Among these are included the School District's Health Forms 5 and 6 for use in pupils' cumulative records. The health officer directs the preparation of records and reports of the district's health activities, costs of operation, and vital statistics. Included in the cost of operation are the costs of the services rendered to the School District's elementary school children.

The health officer is responsible for conducting staff meetings and other instructional meetings in directing and advising the staff in solving work problems. Some of these

problems are related to school children. He is also responsible for conducting correspondence, selecting new employees, and performing other administrative details in the operation of a large, complex organization covering the entire County of San Joaquin.

One of the major problems mentioned above is that of personnel. The health officer also acts as personnel director. Not only does he employ health personnel but he must also recruit the personnel necessary for the conduct of all the operations of the Health District. Often he employs highly skilled technicians, sometimes only clerical help.

In order to carry on the work of the Health District, which includes the health program of the School District, the health officer must have extensive knowledge of the principles and practices of public health administration and of pertinent laws and regulations. He must have a thorough knowledge of epidemiology, bacteriology, immunology, and environmental sanitation as applied to public health; moreover, he must have a thorough knowledge of the organizations and agencies of the area interested in public health. But, perhaps most important of all, he must have the ability, within prescribed legal limitations, to develop a comprehensive public health program which will meet the particular needs of the area, and to plan, direct, and co-ordinate the various phases of the program.

Assistant Health Officer

Working closely with the health officer is the assistant district health officer whose duties include assisting the health officer in the planning and development of the public health program of the Health District and assuming assigned responsibility for directing certain specific activities. The assistant health officer conducts school child clinics and well baby clinics. In addition, he performs examinations, diagnoses, and immunizations, and advises on care of health and correction of health defects.³

Director of Public Health Nursing

The director of public health nursing works under the direction of the health officer in planning and directing the public health nursing services of the Health District, and does related work as assigned. It is her duty, subject to policy determination, to administer the program of nursing services, to study and evaluate the needs of the nursing services, and to direct an in-service program for the nursing division.

The director of public health nursing services works directly with the School District Cumulative Records Committee in the development and revision of the School District Health Forms 5 and 6. In this consultant service, the director of nursing brings to the School District the ideas, opinions, and

³Ibid., p. 3 (b).

suggestions of the Health District. When all health material is considered, she knows in detail what information is desirable as part of a permanent health record.

Medical Officer

The medical officer of the Health District works under the immediate or general supervision of the health officer in performing certain medical phases of the public health program and doing related work as required. It is his duty to conduct clinics at the health center for children of various ages. The clinics are for examinations, diagnoses, and treatment as established by administrative policy. He also holds clinics related to communicable diseases. He gives individual physical examinations at the health center and at school during school time when routine class examinations are given; however, individual children are often referred to the Health District office. The physical examination of teachers for teaching credentials or for tenure is provided at the Health District office.⁴

Dental Hygienist

The dental hygienist works under the general supervision of the health officer to execute the dental health program, including preventive and educational measures. These dental health measures include the examining of the teeth of

⁴Ibid., p. 4.

selected groups to discover dental defects and faulty dental hygiene habits as well as instructing children, parents, teachers, and others in dental hygiene and preventive dentistry. Another of the duties of the dental hygienist is to stimulate the correction of dental defects and arrange for care in selected cases. The dental hygienist not only maintains work records but also reports to the parents of the children examined.

The dental hygienist must be one highly skilled in the working knowledge of the principles, methods, and techniques employed in conducting dental examinations. The dental hygienist must be skilled in giving instruction in dental hygiene and in dental health education techniques. Particularly must she instruct in those techniques requiring the ability to develop cooperation in parents, children, and teachers in promoting effective dental health.⁵

Audiometrists

The hearing testing program is one of the important services provided school children. The purposes of this program are to evaluate the hearing of children; to inform the teachers, parents, and children concerning preventive measures for avoiding the development of hearing impairments; and to

⁵Stockton Unified School District, Curriculum Bulletin No. 83. August, 1956, p. 11.

refer children who show signs of hearing difficulty for medical diagnosis. This program is a co-operative undertaking between the Health District and the School District.

Two audiometrists from the Health District use pure-tone audiometers to screen children in selected grades. Children who fail this group screening are given individual tests. Some children with normal hearing may fail the initial screening tests because of such reasons as interfering noises in the test room, nervous strain, lack of understanding the test procedure, or other conditions. However, these children are identified later in the individual testing at the school or at the Health District office. The children who have hearing difficulties, according to the individual tests, are then referred to their private physicians for medical evaluation and treatment if indicated. A record of the physician's recommendations is returned to the school health services in order that the proper corrective or preventive measures may be initiated.

Admission Committee for Special Education

The admissions committee for special education classes has county-wide representation from the San Joaquin County special education services office, the School District's pupil personnel office, and the Health District. The findings of the admissions committee and the recommendations of the physician determine whether a child may be enrolled in the special

classes maintained for the handicapped. Lip-reading, auditory training, and speech therapy services are available. In this program the School District is an active participant. The school for handicapped children is located in the School District and is a part of the Herbert Hoover Elementary School. All children receiving special instruction because of their hearing difficulties are tested by the audiometrists every six to twelve months. The audiometrists follow the progress of these children from the time a hearing loss is first noted until the case is closed. All children having a hearing loss, even though it is not sufficient to warrant the placement of the child for special instruction, are tested annually by the audiometrists.⁶

Health Educator

One of the important consultant services available to the School District is that of the consultant in health education. The Health District will assist in planning the health programs and activities in the area of child, family, and community health; communicable diseases and their control; sanitation; and specific local health problems. The Health District maintains a professional library which may be used by teachers. Requests for assistance with health instructional

⁶San Joaquin Local Health District, Health Review, April 23, 1956.

programs may be made through the public health nurses or by calling the Health District. Films, film strips, pamphlets, bulletins, posters, and other resource materials on health are available through the Health District or through the School District's audio-visual department.

The health educator is concerned with various divisions of the Health District's staff regarding such programs as staff orientation, in-service staff training, staff education, and the development of specific programs. Many of these Health District staff subjects are of direct concern to and with school children. The health educator serves as health consultant in the schools.⁷

Psychiatrist

One of the major concerns of the Health District is that of mental health. Dr. E. M. Bingham, the health officer, has long recognized this as a major problem and has employed a psychiatrist. Part of the psychiatrist's time has been made available to the School District.

Mental health workshops are held for teachers, and efforts are being made to set up a mental health center. In addition to the psychiatrist available to the School District on a part-time basis, the School District employs two psychiatric social workers in the pupil personnel department. These

⁷Community Youth and Welfare Council, Health Education Resources, p. 6.

two work with children and parents after a referral has been made by a school principal.

Public Health Nurse

In relation to direct contact with school children and parents, the public health nurse undoubtedly performs the most important Health District service. It is the duty of the public health nurse to render the direct nursing service of the Health District in the home, clinic, conference, and school.

In the discharge of her duties, the public health nurse visits the schools in her district at scheduled times. This schedule is arranged with the principal at the beginning of the school year. More productive use of both the teacher's and the nurse's time is accomplished through appointments for vision retests and conferences with pupils. Teacher-nurse conferences are made in advance at mutually agreeable times.

All referrals for nursing follow-up are made on the form provided teachers. This form has several uses: to refer children for nursing follow-up, to serve as the nurse's field school record where follow-up may be noted until the information can be recorded on the school health record, to report the result of follow-up to teachers, and to furnish data for study and evaluation of referrals in the school program. These referral forms may be initiated by principals and teachers, audiometrists, dental hygienists, occupational and physical

therapists, school health clerks, and public health nurses.

During the follow-up on the referrals, the nurse will confer with the child or get in touch with the family through home visits, telephone calls or letters. This follow-up by the public health nurse may require one visit, or many visits, over a long period of time. If it is necessary to call on other community agencies, clinics, welfare or social agencies, she will direct the family to them. Through conferences and notations on the school health record, the teacher is informed of plans and progress.

Although the main responsibility for follow-up rests with the nurse, the teacher reinforces the nurse's work through her contacts with the child and his family and by keeping the nurse informed of changes.⁸

In all her activities connected with school children, the public health nurse finds the school cumulative records of special importance. These records form the beginning point for any special study of a pupil and may save much time and effort in the development of case studies. Each cumulative record contains basic information necessary in preparing for conferences with parents concerning the progress and health of their children. Such information provides the basis for cooperative planning, saves the time that would otherwise be

⁸Stockton Unified School District, Curriculum Bulletin No. 83, August, 1953, p. 2.

required in gathering data, and in general enables nurses and school personnel to conduct more successful parent conferences.⁹

The teacher-nurse conference is the method by which the teacher and the nurse identify children with health problems and make a plan for a follow-up. In this program, a conference about the children in each class is held yearly. Usually commencing in October, the school nurse will schedule these conferences at a time mutually agreeable to her and to the teacher. Conferences may be held before or after school, or at a time when pupils are in the classroom. These conferences often require thirty to forty-five minutes, a period which gives time for the teacher and the nurse to review the cumulative record of each child, and if the conference is held in the room---a highly desirable practice---the teacher and the nurse have the opportunity to observe each child.

Additional conferences regarding some children may be necessary as situations or problems arise during the year. These may be initiated by either teacher or nurse and may involve consultation with other specialists such as physician, psychologist, or psychiatric social worker.

Observations of the teacher and nurse that are discussed during the teacher-nurse conference are as follows:

1. Physical appearance and performance of the pupil.

⁹California State Department of Education, Handbook on California Cumulative Records, August, 1955, p. 4.

2. General mental ability, specialized abilities and school progress.

3. Personality and behavior characteristics and their effect on the teacher and the child's peers.

4. Health habits.

5. Frequency and reasons for absences.

6. Factors in the child's home situation which are known to the teacher.

7. Recorded results of certain screening tests (e.g., vision, hearing, weight and height) and physical examination reports.

8. Interpretations and observations made by the nurse and discussed during the conference.

9. Findings of medical examinations which will affect the child's progress in school.

10. Medical recommendations which will necessitate modification of the school program.

11. Home conditions which affect the child's health.

12. The family's plan for meeting the child's health problems.¹⁰

The health appraisal of children must be a co-operative endeavor. The observations of the child made by the teacher are essential for determining each child's health status. It is when these observations are reported to the nurse that

¹⁰Curriculum Bulletin No. 83, op. cit., p. 4.

procedures are set in motion that may lead to the correction of physical or mental problems confronting the child. Quite often these problems are not recognized by the parents.

In dealing with school health, the nurse should not be expected to give routine health talks to children. The nurse's time is best spent with teachers in in-service conferences to help them with their responsibilities in health education.¹¹

Health Clerks

Clerks are employed by the Health District to assist nurses and teachers with the non-professional aspects of the school health services. They are assigned to work under direct supervision of the nurses in the districts, who plan the schedules with the principals on the basis of six hours per class per year.

The school health clerk performs some very valuable services. She conserves the teachers' and nurses' time by recording the details that make up the school health records, without which the records are virtually useless.

The health clerks' responsibilities as set forth in detail in the School Health Clerk Manual are as follows:

I. Weighing and Measuring Program

- A. At the time of the semi-yearly measuring program, assist the teacher by recording weights and heights on the School Health record, CR-5.

¹¹The American School Health Association, The Journal of School Health, February, 1957, p. 51.

- B. Weigh and measure selected children monthly and refer as needed to the public health nurse for follow-up.

II. Vision Testing Program

- A. Assist teachers by recording test results on the Health Record at time of testing.
- B. Arrange for vision retests by nurse.

III. Hearing Testing Program

- A. Review School Health Records to find children recommended for retest and notify audiometrist prior to testing day.

IV. Immunization Program

- A. Prepare immunization letters as indicated.

V. Dental Program

- A. Record results of dental inspections at time of inspection.
- B. Record results of dental follow-up.

VI. Medical Examination Program

- A. Review School Health Records to find children who have not had a medical examination and notify parents of the need for such examination.
- B. Send necessary follow-up letters.
- C. Record results of medical examinations on School Health Record and refer any with positive findings to the nurse.
- D. If medical examinations are done in the school:
 1. Arrange with the principal for time, room, and equipment.
 2. Set up room on day of examination.
 3. Make appointments and send appointment letter to parents.
 4. Give appointment list to teacher.
 5. Pull school health records.
 6. Assist as needed at time of examination.

VII. Nursing Program

- A. Schedule teacher-nurse conference.
- B. Make appointments with parents or children for home or office visits.
- C. Receive messages for the nurse and notify her by phone of situations which may need action before her next nursing visit to school. Messages for the nurse should be in writing.
- D. Pull School Health Records for nurse's review prior to teacher-nurse conferences, medical examinations, home or office visits.
- E. At direction of nurse, write defect notes to parents.
- F. After reasonable length of time, check with teacher and/or child to see if defects have been corrected or medical examinations done. Record corrections and refer to the nurse those which have not been done.
- G. Copy reports of home visits, medical examinations, etc., on the School Health Record.

VIII. Accident and Illness Forms, CH4.

- A. At the beginning of the school year, copy pertinent information regarding interim illness and immunization on the School Health Records of children already having a health record on file.¹²

School Child Conference

School child conferences are held by the Health District. Children with health problems may be referred by parents, teachers, principals, physicians, and public health

¹² San Joaquin Local Health District, School Health Clerk Manual, September, 1955, p. 2.

nurses. Health District physicians examine these children, and those found to be in need of treatment are referred elsewhere for care.

In an interview with the assistant district health officer, he stated the following regarding the school child conference.

1. Conferences are held in the Health District by appointment only.
2. The conference provides an evaluation for the child having a health problem.
3. The conference provides health services for families who did not or could not see a physician privately.
4. It is the responsibility of the nurse to get the family to accept the appointment for the conference.
5. The conference or examination is conducted by a Health District staff physician.
6. Those attending the conference or examination would be the child, parents, and physician.
7. The conference may not be conclusive without further medical attention.
8. If there is need for further consultation, such as the advice of a psychiatrist or further clinical investigation, additional appointments are arranged.¹³

Sanitarian

Another very valuable service provided by the Health District is that of the sanitarian who periodically checks school facilities to see that school children have a healthful

¹³Dr. J. J. Williams, Assistant Health Officer, San Joaquin Local Health District, Interview, November 5, 1957.

school environment. The food services, including the preparation, handling, and serving of food, are one of his major concerns. Other school facilities such as toilets and other waste disposal areas are also of concern to the sanitarian. He may be consulted in the solution of any problems that may arise in connection with the health and welfare of children. In this respect the sanitarian is indirectly related to many health matters: the inspection of all dairy equipment, the sampling of the water supply, inspection of swimming pools, and the investigation of all complaints involving health.¹⁴

Immunization Program

The immunization program in the Health District is carried on somewhat differently from that of many other health districts in California. In other health districts the chief function of the health district is to provide mass immunizations in the schools for those children whose parents request the immunizations.

Although the Health District does not carry on mass immunizations in the schools, Dr. E. M. Bingham states that it does carry on an active free immunization program at the health center for those who wish to avail themselves of this service for themselves and their children.

¹⁴San Joaquin Local Health District, Health Review, April, 1953, p. 21.

The school health records indicate whether or not a child has been immunized. These records are checked by the nurses, and parents of non-immunized children are notified and asked to take their children to a private medical doctor or to the health center for immunizations.

The one mass program carried on in the School District by the Health District is not one of immunization but one of detection. Routine tuberculin tests are given to all first graders in the School District whose parents give their consent. This program, initiated in 1955, has been helpful in locating tuberculosis contacts and in reducing the incidence of tuberculosis in the entire Health District.

Education of Handicapped Children

Roger Walton, Director of Pupil Personnel Services in the School District, speaking before the school health council in 1956 stated: "We should think of special education as education for those youngsters who are different--those for whom a regular program won't do." The special education services available to pupils in the School District are explained on the school health services form "Special Referral Health Report of Child."

Instruction for the hard of hearing: Children with hearing loss which interferes with classroom work are referred to special teachers. Their program includes lip-reading, speech therapy, hearing aid training, and desk amplification. Referral may also be made for preferential

seating (in front of the room, left side of the room, or right side of the room). Pupils are not segregated in a special class unless assignment to classes for the deaf is warranted.

Instruction for the deaf: Pupils between the ages of 3 and 21 who are determined deaf and educable may be enrolled in classes for the deaf located in a regular elementary school, a junior high school, or a senior high school.

Orthopedic classes: Pupils between the ages of 3 and 21 handicapped by cerebral palsy or other orthopedic conditions may be eligible for placement in classes for physically handicapped children.

Adaptive physical education: (Restricted programs)

- (a) More active; includes games such as net ball, one-o-cat, basket shooting, deck tennis, golf driving.
- (b) Less active; including archery, ping pong, darts, shuffle board, croquet, quoits, horse-shoes.
- (c) Quiet; very mild exercises in recumbent or sitting positions, social recreational games (out-of-doors when possible).

Instruction for speech correction: Children having speech disorders may be given supplementary speech instruction while they are attending regular school.

Sight conservation instruction: Children having vision difficulties which interfere with regular classroom instruction are referred to a teacher of sight conservation who interprets to the classroom teacher each child's difficulty, and supplies him with special sight conservation materials. Partially sighted pupils are not segregated in a special class.

Home instruction: Home instruction is offered to school-age children who are physically unable to attend school and are to be home-bound for a period of four weeks or longer. Instruction is also offered to hospitals requesting this service. No child with a communicable disease is eligible for home instruction.¹⁵

¹⁵Stockton Unified School District, San Joaquin County Schools, School Health Services, "Special Referral Health Report of Child." Med. 21-7-56.

Summary

The Health District is governed by a board of trustees of seven members, one appointed by each of the city councils of the incorporated cities in San Joaquin County, and one member appointed by the San Joaquin County Board of Supervisors to represent the unincorporated area. The duties of this board of trustees include employing a district health officer and other personnel upon his recommendation, setting policies for the district, and approving the annual budget.

In addition to the central office in Stockton, there are five branch offices in the county. Administration, sanitation, laboratory services, public health nursing, and preventive medical services constitute the five branch offices in the county. Working under the direction of the health officer and the five division heads are a professional staff of doctors, nurses, dental hygienists, audiometrists, psychiatrists, and others, and a staff of clerical employees.

Of particular importance are school health conferences, immunization programs, record keeping, and the health aspects of the education of handicapped children.

CHAPTER IV

THE STOCKTON UNIFIED SCHOOL DISTRICT

HEALTH SERVICES PERSONNEL

The purpose of this chapter is to set forth the duties and responsibilities of the School District personnel concerned with the health services for the elementary school children.

The Health Service Guide, Curriculum Bulletin No. 83, produced in August, 1953, and revised in August, 1956, was the result of a health curriculum development for the elementary schools. In the introduction to the Health Service Guide, Dr. Bingham, the Health District Officer, gives an overview as follows:

This Health Service Guide is an index to the health services for school children in the Stockton Unified School District. It has been prepared jointly by School and Health District personnel, and revised periodically to meet the changing needs for service.

The San Joaquin Local Health District provides medical administration for the program, as well as nurses, audiometrists, a dental hygienist, health educator, and other health workers who, with the teachers, carry out these health services.

The school health program plays a major part in the child's total educational experience. It can help him achieve his own optimum physical, mental and emotional health. The success of this program is dependent upon the cooperative efforts of individual workers in the school setting and upon close inter-agency cooperation for implementation and on-going planning.¹

¹Dr. E. M. Bingham, M. D., School Health Service Guide, Elementary Schools, August, 1956.

Although the Health District is concerned with the total health of San Joaquin County, the District Health Officer is particularly interested in the health of school children, and is willing to put the total resources of the Health District at the disposal of the School District.

In the preface to the Health Service Guide, Charles J. Trowbridge states:

The health services mentioned in this manual are provided by the Health District, the School District and the private physician. Utilization of these services depends upon the cooperation of health personnel, school personnel and parents. The teacher in particular plays a prominent role in providing adequate services to pupils. Through alert daily observation of her pupils, prompt referrals, and follow-through, she can make a valuable contribution to the health of the school-age child.

Children can more readily acquire, and retain health knowledge, practices, and attitudes if teachers prepare them in advance for direct involvement in many of the health services.

In so doing, teachers utilize the most important factors in learning, namely--timeliness, interest and direct involvement. This makes the teacher an important person on the school health team.²

Further evidence of the joint interest of the School District and the Health District is found in the foreward of Health Instruction Guide and Teaching Aid Grades K to 6, Curriculum Bulletin No. 34, dated July, 1953, which was produced under the supervision of the consultant in health, and represents

²Charles J. Trowbridge, Health Consultant, School Health Service Guide Elementary Schools, Stockton Unified School District, August, 1956.

the thinking, planning, and contributions of approximately 2700 individuals. The foreward, written by Donald R. Sheldon, Associate Superintendent of Schools, reads:

Positive mental and physical health are essential for the children of our district if they are to receive the most from a well-planned curriculum, effective teaching, and modern, adequately equipped school plants.

This instructional guide for the health program of our schools reflects the combined thinking of a large cross section of our community as parents, nurses, doctors, dentists, and teachers have contributed.³

The Health, Physical Education, and Recreation Department

The responsibilities of the consultant in health, physical education, and recreation lie in the field of general supervision. In relation to health services, the consultant is without assistants other than a secretary who devotes part of her time to the consultant's other responsibilities.

The production of health curriculum material is also a responsibility of the consultant. In addition to the supervision and production of curriculum materials, the consultant of health serves as a member of the School District Cumulative Records Committee and acts as consultant in matters related to health record forms and other forms where matters of health are involved. The consultant in health represents the School District as a member of the health council.

³Donald R. Sheldon, Associate Superintendent of Schools, Health Instruction Guide and Teaching Aid, Stockton Unified School District, July, 1953.

School Health Council

School health councils, organized as teacher and administrator groups and functioning with no lay participation, are fairly numerous throughout the country.⁴ Community school health councils that allow for lay citizens of the community to have a significant and responsible share in planning are relatively new.

The school health council established some ten years ago by the School District and the Health District is one having lay membership as well as teacher and administrator members.⁵ The thirty-three members represent the School District, the Health District, the Parent teachers Association, the Medical Society, the Dental Society, the Community Service Organization, the San Joaquin Tuberculosis and Health Association, the American Cancer Society, and the San Joaquin Heart Association.

The organization and functions of the school health council as shown by the October, 1953, minutes are as follows:

General Statement:

All recommendations by this council are subject to review and approval by the School District and/or the San

⁴The National Elementary Principal, Twenty-ninth Year-Book, Health in the Elementary School, p. 42.

⁵Charles J. Trowbridge, Consultant in Health, Stockton Unified School District.

Joaquin Health Department. The major objectives of the School Health Council are:

To give the various Stockton agencies interested in the health of the school child the opportunity to coordinate their efforts.

To assume the responsibility for evaluating the health needs of the school child.

- a. from a long range viewpoint as to goals of attainment in the future.
- b. from the viewpoint of more immediate goals.

Purposes

1. To interpret school health services to administrators and classroom teachers.
2. To study and recommend to appropriate authorities possible solutions to school health problems.
3. To discuss, interpret and disseminate health information contained in State Legislative action to school personnel and allied agencies.
4. To promote in every way possible health interest, attitudes, and practices in every-day living in the schools.
5. To promote a continuous study and revision of the school health services, curriculum, and environment.

Functions

1. To identify and seek solutions to health problems.
2. To interpret school health laws, regulations, and policies.
3. To coordinate the school health education program.
4. To make recommendations to the superintendent of schools and the board of education regarding action to be taken in solving the problems.⁶

⁶School Health Council, Minutes of October, 1953.

The statement of the purposes and functions of the school health council clearly indicates that the health council is not legislative but serves the purpose of giving the superintendent of schools and the health officer as complete a picture of health problems as possible in order that these two officials, in their recommendations to their boards, may have the benefit of the judgment of interested and capable people. The school health council in turn gives the schools contact with the community and other agencies interested in school health needs and problems.

Principals

In a report sponsored by the National Conference for Cooperation in Health Education, and published by the Metropolitan Life Insurance Company as School Health Monograph No. 13, the importance of cooperation between the School District and Health District, is given as follows:

Whatever may be the administrative status of the health or medical service, every school health program involves cooperation between school and health authorities. The location of personnel is less important than agreement on the objectives to be attained, and on the clear-cut delineation of the appropriate functions and duties which each individual will perform in achieving the objectives. The school administrator and the health department administrator work together to develop mutual understanding of the needs of children and the way these needs can be met. Cooperation and adaptation are needed in determining objectives as new problems appear.⁷

⁷National Conference for Cooperation in Health Education, Published by the Metropolitan Life Insurance Company, School Health Monograph No. 13.

As an extension of the superintendent's office, the elementary school administrator is primarily responsible for the coordination of all phases of the school health program in his school. His understanding of what health means to the individual, and the relationship of health to the whole process of education, helps his total school health program function. The school administrator has a concern for the health and health behavior of children and school personnel and understands the influences which school situations have on the health of children and staff. He is constantly active in the health education of school personnel. The administrator is interested in maintaining a local school situation which will best promote desirable health behavior. He strives to help develop adequate health services for his school, and guides teachers in recognizing health problems.⁸

It appears that no school health program can succeed if it does not have the full support and active cooperation of the principal. His teaching staff needs frequent assurance of his interest in, and understanding of, health problems in the school. Health instruction can be positive and effective only if there is an appreciation of the total school health program by the entire school staff.

⁸Ibid., p. 13.

In the School District, the principal can do much by seeing that classrooms are provided with necessary health equipment. By his own personal interest in meeting the health needs of individual pupils, he sets the tone for healthful living in his school.

In working cooperatively with his teachers, the district physicians, nurses, and other health services personnel, the principal helps to develop policies and procedures within his school on the health program. Such policies will encompass not only building maintenance, school health services, health instruction, the care of the handicapped, but also in-service development of personnel.

It is apparent that the ultimate success of the health program in the School District is dependent upon the combined efforts of the principal, the Health District, the home, and the community. The elementary school principal can be a major factor in its success as stated in The National Elementary Principal, Twenty-Ninth Yearbook.

Planning by the principal, teachers, parents, and health personnel sets the stage by relating school health efforts to educational objectives. Cooperation by all individuals and community groups concerned with child health permits the mobilization of community resources for health protection and health improvement.⁹

⁹The National Elementary Principal, Twenty-Ninth Yearbook, Health in the Elementary School, p. 11.

The principal of an elementary school has unique opportunities for expanding and improving the health program of his school.¹⁰

The principal, as head of the school, is responsible for the administration of the entire health program of the school.¹¹ He is responsible for interpreting to the teachers State and School District health policies. It is his responsibility to review the procedures set up in the School Health Service Guide with the faculty. The principal must make certain that all his teachers are trained in vision screening procedures. He is responsible for seeing that the school secretary conforms to the School District policy regarding first aid training, and to delegate authority to the secretary or other qualified personnel to administer first aid and to contact parents. Sanitation is a responsibility of the principal for he must see that the custodians are doing their work properly, and that the cooks are following sanitary procedures in the kitchen.

In the School District, the principal is responsible for sending letters to parents urging them to have a physical examination for pre-school children. The principal is responsible for seeing that teachers weigh and measure children twice each year. He excludes children suspected of having communicable

¹⁰ Ibid., p. 199.

¹¹ California Administrative Code, Title 5, Education, Sec. 16.

diseases or other disorders of a communicable nature. He sends to the central office reports of accidents that appear to be of a serious nature. The principal provides facilities for the Health District to carry on the tuberculin testing program in the school. He arranges with the pupil personnel office for special physical examinations of children having problems that interfere with their school work.

Teachers

The success of the health education program in the elementary schools depends largely upon the classroom teacher. At this school level, health teaching is directed toward helping children develop and maintain desirable habits and attitudes toward healthful living. The alert, interested teacher may relate much of her health teaching to pupils' activities throughout the school day, and to the inter-relationships of pupils to one another and to herself. It is relatively simple to teach health facts to students. Health materials can easily be organized into a body of accurate facts and information. Pupils may know the facts, but not put them into practice in their everyday living in school and at home.

Teachers may utilize for health education such experiences as the use of toilet and hand washing facilities, health examinations, weighing and measuring, visits of school health personnel, the playground, screening tests, the lunch period,

and field trips to various community agencies.

Teachers with special interests in health should be encouraged by the administrator to formulate school health programs for a particular school. The advice and assistance of the consultant in health can be arranged by the principal. This type of program would, of course, be in addition to, or as a supplement to, the already established health program in the School District.¹²

The needs and interests of pupils in the elementary school vary from day to day. The exact amount of time needed for health education cannot be stipulated; however, the Education Code has this to say: "The course of study in the elementary schools shall include instruction in . . . training in healthful living."¹³ This makes it clear that instruction in healthful living is a legal requirement in the school curriculum and that the teacher's responsibility is to provide lessons in health for children. In addition to the general legal requirement to teach healthful living, other specific requirements are set forth in the Code as follows:

Instruction shall be given in . . . public safety and accident prevention . . .¹⁴

¹²State of California, Education Code, Section 10302.

¹³The Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. Suggested School Health Policies. (Third Edition, 1956.) p. 12.

¹⁴Ibid., 10171.

Instruction shall be given . . . in . . . the nature of alcohol and narcotics.¹⁵

Title 5 of the California Administrative Code contains the rules and regulations of the State Department of Education as filed with the Secretary of State. Title 5 states:

Governing boards of school districts, superintendents, principals, and teachers are responsible for the sanitary, neat and cleanly condition of the school premises.¹⁶

Each teacher . . . shall devote a reasonable time each month . . . to the instruction of the pupils . . . in fire prevention.¹⁷

These legal aspects of general school health give specific meanings to the duties and responsibilities of the classroom teachers and leave little doubt that the teachers are the key to successful health programs in the schools. What is to be done is clearly set forth in the law; how it is to be done is left to the Health District health service personnel, the School District, the principal, and to the teacher.

Secretaries

In case of accident or sudden illness occurring to children, the school secretary is likely to be in a position to administer first aid. As a minimum standard, she should be

¹⁵Ibid., 8254.

¹⁶California Administrative Code. Title 5, Education, Sec. 19.

¹⁷Education Code, op. cit., Sections 10092, 10096.

well trained in first aid and be available at all times. She should limit herself to the usual and accepted practices of first aid in managing emergencies due to sickness or accident and she should not diagnose illness or administer medication of any sort unless directed to do so by a physician. She may be of help when calling parents by being prepared to offer suggestions to an uncertain parent as to what treatment facilities, public and private, are available in the community and be able to guide the parent to these facilities.¹⁸

In the School District the elementary school secretary is a key person. She not only receives the visitors to the school and assists teachers with problems that do not require the attention of the principal, but she has more direct contact with pupils than any of the other school personnel except the teacher. She issues admits to pupils who are returning to school following an absence, supervises telephone calls by pupils sent to the office by the teachers, treats minor first aid cases when instructed by the principal to do so, calls parents when children become ill at school, readmits children to school with the approval of the principal after a minor infectious disease, and cares for injured or ill children until parents or guardians

¹⁸The Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. Suggested School Health Policies. (Third Edition, 1956), pp. 21-22.

call for the children.¹⁹

"The Guide for Emergency Care, Accident and Illness,"

prepared by the School District and the Health District states:

Emergencies occurring at school should be referred to the principal or to such person as the principal may designate. It is desirable that the person designated by the principal to render first aid should serve throughout the year and should have had the Standard Course in First Aid.²⁰

In no case does the school assume responsibility beyond first aid treatment. Other than first aid is entirely the responsibility of the parent or guardian.²¹

In the School District elementary secretaries are required to have the Standard First Aid course; and inasmuch as they are readily available, many principals designate the secretaries as the persons to administer first aid in the schools.

Serious accidents are reported to the School District business office by a special report prepared by the secretary and signed by the principal. Dog bites are reported to the Health District as directed in "The Guide for Emergency Care, Accident and Illness":²²

Cooks

The National Elementary Principal offers the following

¹⁹Stockton Elementary Administrators' Association, "Analysis of Duties and Responsibilities of Elementary School Secretaries." 1951, p. 1. (Mimeographed.)

²⁰Stockton Unified School District and San Joaquin Local Health District, Guide for Emergency Care, Accident and Illness, 1951, p. 1. (Mimeographed.)

²¹Ibid., p. 1.

²²Ibid., p. 4.

criteria for lunchroom workers:

(a) Is the worker clean in person and clothing? Are hands clean and nails well trimmed and clean? Is the hair covered by an appropriate hair net or cap? Does the worker wash hands immediately before handling food and after using the toilet?

(b) Is there suspicion that the worker is suffering from some communicable disease? If so, he should be examined by a physician or health officer who, in turn, should inform the administrative head of the school, regarding the possible transmission of the disease. He should not be permitted to return to work after sickness or absence of undetermined cause until seen by a physician.

(c) Is there any skin disease or discharging wound?

(d) Is there any infectious disease, such as scarlet fever in the home of the worker?

(e) Does the worker cover the nose and mouth when coughing, or sneezing, and wash hands after using handkerchief?

(f) Does the worker exercise care in handling food, food utensils and containers?²³

For many children, eating lunch at school is a part of healthful living. Needs in each school situation provide the basis for the establishment of the school food service. Two general plans are in operation. Some schools have their own kitchens and cooks; others have kitchens used for serving food delivered in hot carts from central kitchens located in high schools.

Nutrition education and good nutrition are the main objectives of this School District program. To accomplish this

²³The National Elementary Principal, The School Lunch Program, December, 1947, p. 22.

aim the School District employs a full-time director of food services. Responsibilities of the director include the preparation of menus, and general supervision of the cooks through the cafeteria managers; however, each school cafeteria is the direct responsibility of the principal.²⁴

Utilizing all opportunities for developing good eating habits among children, and helping them understand and appreciate social and aesthetic values related to eating are school responsibilities. The social significance of the food service program, and the circumstances surrounding the serving of food create situations that influence each individual. These features can be developed most effectively through close coordination with the classroom health education program.

The same consideration is given to children who bring lunches from home as to those who purchase food in the lunchroom. Each room provides shelf space for the storage of lunches brought from home until eaten.

It is the cook's responsibility to store, refrigerate, prepare, cook, and serve nutritious, appealing food; to wash and sanitize the utensils used; and to make proper disposal of waste. In this program the Health District co-operates by making periodic checks of the premises.

²⁴Stockton Unified School District, Operating Policies, Section 307.

Close cooperation between the director of food services, the principal, physicians and health officers, is required if school lunchrooms are to be safe for children.

In the School District the food services program operates under The National School Lunch Act which was enacted by Congress in 1946 "as a measure of national security, to safeguard the health and well-being of the Nation's children." This act is Public Law 396 and was enacted by the 79th Congress.

To assist local districts participating in the National School Lunch Program, the School Lunch Program Staff of the California State Department of Education prepared a bulletin entitled California School Lunch Guide which contains suggestions for the establishment of lunchroom programs, suggestions on buying, storing, preparing, cooking, and serving food.

Custodians

The school custodial staff must assume the responsibility for the hour-to-hour and day-to-day job of maintaining the various facilities in a sanitary condition. In order to maintain high standards, the School District has successfully carried on an effective program of in-service training for custodians. The maintenance of high standards, however, is directly related to the expenditure of funds for custodial help.²⁵

²⁵ The National Elementary Principal, Twenty-Ninth Year-book, Health is the Elementary School, p. 81.

As stated previously, if high standards are to be maintained, the principal will find it necessary to work closely with the custodial staff. He must make regular inspections of all areas of pupils' environment and call substandard conditions to the attention of the custodians.

Generally the cooperation of the pupils in the school will add much to an environment favorable for healthful living. Pupils should not be expected to apply soap and water to keep premises clean. They can become acquainted, however, with the problem of maintaining a sanitary building and perhaps they can help lighten the load of the custodians in the home-rooms, corridors, grounds, and toilet rooms. Teachers can best enlist this student cooperation in healthful living with a planned program.

Section 23 of Title 5 has this to say in regard to pupils doing janitorial work:

Not Required to Perform Janitor Work. Teachers shall not require pupils to perform janitorial or other services which may be detrimental to health.²⁶

According to Mr. Dave Janeiro, Supervising Custodian for the School District, a custodial manual is in preparation. This manual will be prepared in detail for custodians to follow in performing their duties of keeping clean floors, caring for chalk boards, dusting, cleaning and caring for certain kitchen

²⁶California Administrative Code, Title 5, Education, Section 19.

equipment, cleaning windows, and caring for toilet rooms.

Summary

The responsibilities of all the School District personnel discussed in this chapter are directly related to the health of school children. The consultant in health exercises general supervision; principals, teachers, secretaries, cooks, and custodians make valuable contributions to the school health program.

The school health council established some ten years ago by the School District and the Health District has lay membership as well as teacher and administrative members. It is a coordinating agency. Its recommendations are subject to review and approval by the School District and the Health District. The membership of thirty-three represents the educational, professional, and community groups concerned in the health of school children. This gives the various Stockton agencies interested in the health of school children an opportunity to coordinate their efforts.

CHAPTER V

COST OF THE HEALTH SERVICE PROGRAM TO BOTH AGENCIES

The cost of the health services provided by the Health District to the elementary schools of the School District is difficult to determine inasmuch as the Health District personnel serves school children in all of San Joaquin County and no detailed cost breakdown by school district is maintained. In the School District itself, Health District personnel serve in many cases both the elementary and the secondary schools.

I. HEALTH DISTRICT COSTS

The costs enumerated in this chapter are estimates based on the Health District's 1957-1958 budget as a whole. By using that part of the total budget that is assigned to services for the School District, and by using a further breakdown of the budget for the elementary schools only reasonably accurate cost figures, as given below, were secured from Dr. E. M. Bingham, Director of the Health District.

1. Total costs for school year 1957-58	\$48,948
2. Administrative costs	1,500
3. Public health nurses	34,098
4. Audiometrists	2,750

5.	Dental hygienist	\$2,000
6.	Medical services	900
7.	Routine medical examination of children entering school	1,000
8.	Psychiatric consultant services	1,500
9.	School health clerks	5,000
10.	Sanitarian	200

It should be noted again that this health program is conducted by the Health District at no cost to the School District.

Administrative Costs

Administrative costs of \$1,500 for the Health District services to the School District are estimated to be one-third of the total costs for such services rendered to all school districts in San Joaquin County by the Health District. Of this cost, one-half is chargeable to the elementary school program.

Public Health Nurses

Public health nursing services for 17,049 School District elementary school children calculated at two dollars per child amounts to \$34,098. Twenty public health nurses serve the School District on a part-time basis. The number of half days spent in schools varies according to the schools'

enrollments and the extent of health problems among the school children in any particular school. Health problems in the schools' attendance areas also affect the nurses' time. Transportation, forms, and supplies are included in the estimated cost of two dollars per year per elementary child.

Audiometrists

The cost of the audiometrists' time and equipment for the elementary schools is judged to be approximately \$2,750. Two Health District audiometrists each spend one-half their time in the School District. Of this time one-half is spent in the elementary schools. In addition to their time, the audiometrists each use a machine valued at \$450. The life of each machine is four years. This cost if amortized would be approximately one hundred dollars each year chargeable to the elementary program.

One audiometrist uses a trailer house built for the Health District by the School District at a cost of \$1,800. This trailer has been in use five years. No attempt has been made to amortize this piece of equipment; no cost, therefore, has been included.

Dental Hygienist

One dental hygienist spends one-half of her time in

the School District. One-half of this time is spent in the elementary school dental hygiene program at an estimated cost of \$2,000.

Medical Services

The medical cost chargeable to the School District is computed at twenty-five dollars each one-half day. Based on two-half days each school week this is estimated to cost \$900. For medical services, the Health District sets aside one-half day per week for referred children in the School District, and one-half day per week for School District employees. No attempt is made to compute the cost of the attending nurse, value of equipment, and clinic space used.

Medical Examinations

The estimated cost of routine medical examinations for the School District is \$1,000. Routine medical examinations of children entering school, or of children whose health record indicates no physical examination, require some forty sessions to examine some thirteen hundred children not examined by private physicians. The cost of this service does not include the nurse, value of equipment, or clinical space.

Psychiatrist

The services of the psychiatrist are estimated to cost \$1,500. Psychiatric consultant service is provided to the

School District for elementary school children in cases selected by the pupil personnel services office.

School Health Clerks

The estimated cost of health clerks' services furnished to the School District is \$5,000. To relieve the public health nurses and teachers from routine clerical work, the Health District employs nine part-time school health clerks whose duties are enumerated in Chapter V. Health clerks work three hundred fifty to four hundred hours each year in the School District's elementary schools.

Sanitarian

Estimated cost of the sanitarian's time spent in the elementary schools is \$200. In addition to the routine checking of school kitchens and food serving facilities, the Health District sanitarian spends annually twelve half days with the School District inspection team. This team inspects each of twelve selected schools as to health and safety factors. In this program each of the School District buildings is carefully inspected every three years.

II. SCHOOL DISTRICT COSTS

The health program in the School District is under the supervision of the health, recreation, and physical education

office; Charles J. Trowbridge is the consultant for the elementary schools. It is difficult to place an exact dollar value on this service inasmuch as health is only one part of the responsibility of this office.

Charles Glenn, Assistant Business Manager for the School District, stated that the records reveal total anticipated expenditures from the School District's 1957-1958 budget for the health services program in the elementary schools at \$3,716.

Health Consultant

It is estimated by the health consultant that he spends twenty per cent of his time in the elementary school health program. His time is estimated to cost \$1,903. The health consultant's secretary spends approximately one tenth of her time with the elementary health program; this time is estimated to cost \$325.

Travel time for the elementary health consultant is estimated at twenty per cent of both his in-district and out-of-district travel, or \$93.

Office Supplies

The supplies for the office of the consultant in health for the elementary schools are estimated to cost \$240.

Health Supplies

Health supplies purchased for elementary school use by individual buildings consist of such items as adhesive tape, applicators, aromatic spirits of ammonia, bandages, band aids, cotton, gauze pads, kleenex, oil of cloves, pins, tweezers, splints, tincture of green soap, tincture of merthiolate, tongue blades, and triangular bandages. The total costs of these for the School District during 1957-1958 were \$1,155.

No attempt was made to estimate the cost of the services discussed in Chapter IV of this paper, other than those of the elementary health consultant. In the analysis of this position, no estimate was made regarding the cost of office space or the use of School District equipment.

Summary

In determining the costs of the health services provided by the Health District only estimates were used because the Health District personnel serve elementary and high school districts throughout San Joaquin County and no cost breakdown is kept. Dr. Elmer E. Bingham furnished the cost estimates for administration, public health nurses, audiometrists, dental hygienist, medical services, psychiatric consultant, school health clerks, and sanitarian of \$48,948.

In determining the costs of the health program in the School District's elementary schools, an estimate was used for

the services of the consultant in health and his office. No other administrative costs are given. The costs for health supplies were taken from the 1957-1958 School District expenditures. The total cost of the services and supplies was estimated to be \$3,716.

CHAPTER VI

SUMMARY AND RECOMMENDATIONS

Summary

It is the purpose of this study (1) to ascertain the services the San Joaquin Local Health District is providing the Stockton Unified School District; (2) to study the organization of the Health District as it relates to the School District; and (3) to better understand the roles of the personnel of the School District and the Health District.

The organization of the Health District in 1923 signalled an important step toward better health for all the residents of San Joaquin County. The responsibility for the general health of the people of San Joaquin County became the responsibility of the health officer and his staff instead of its being vested in local city health departments in incorporated areas, and with no one responsible for the rural areas.

The basic laws for schools in the State of California, set forth in the Education Code, make it an obligation of the elementary schools to give instruction in training in healthful living. The Code authorizes a school district to enter into agreements with other qualified agencies to provide health services to the district.

"The Agreement for School Health Services" between the Board of Trustees of the San Joaquin Local Health District and the Board of Trustees of the Stockton Unified School District for the year 1957-1958 is authorized by Education Code sections 16417 and 16426. By the agreement the Health District agreed to administer the school health program in the elementary schools; provide basic public health nursing services, audiometric and dental hygiene service; furnish certain services for the junior and senior high schools; and in addition to the basic services, provide special services of not less than 300 hours of medical and psychiatric time.

The contract did not mention costs. All the services rendered by the Health District to the School District, therefore are provided free of cost to the School District.

The Health District is governed by a board of seven trustees, one appointed by each of the city councils of Stockton, Lodi, Tracy, Manteca, Ripon, and Escalon, and one member appointed by the San Joaquin County Board of Supervisors for the unincorporated area of the County. This board employs a district health officer and other personnel upon his recommendation. The board sets policies for the district and approves the annual budget.

In the School District the responsibilities for general

supervision of the health services program reside with the consultant in health, physical education, and recreation. He also has the responsibility for developing curriculum material in which Health District personnel are utilized. Principals, teachers, secretaries, cooks, and custodians have important roles in the school health program.

The organization and functioning of the Health District is briefly as follows. The health officer is responsible for the administration of the health department and the conduct of a comprehensive public health program. He must enforce state and local health and sanitation laws. Other duties of the health officer are determined by the Health District board of trustees.

The director of public health nursing plans and directs the public health nursing services, administers the program, studies and evaluates the needs for nursing service, and directs an in-service program for the nursing division.

Working under the immediate or general supervision of the health officer is the medical officer, who conducts clinics for children of various ages and for communicable diseases, and makes routine physical examinations.

The dental hygienists program is one of prevention and education. The work of the dental hygienist includes examining selected groups of school children to discover dental defects and faulty dental hygiene habits and giving instruction to children, parents, teachers, and others in dental hygiene and

preventive dentistry.

The audiometrist evaluates the hearing of children; informs teachers, parents and children concerning preventive measures for avoiding the development of hearing impairments; and refers children who show signs of hearing difficulty for medical diagnosis.

There is an admissions committee for special education classes having county-wide representation, including personnel from special services of the County Schools office, the School District, and the Health District. Upon recommendation of this committee, children may be enrolled in the special classes for the handicapped at the Herbert Hoover School.

The health educator assists in planning programs and activities in the areas of child, family, and community health; communicable diseases and their control; and sanitation and specific local health problems. The health educator carries on this program through the use of a professional library, films, film strips, pamphlets, bulletins, and posters, and by her own active participation.

The school nurse assists in the analysis of health and social problems of pupils and families. She visits the schools, makes home calls on referrals by teachers and principals, holds teacher-nurse conferences, and assists with the school health program.

Assisting nurses and teachers with the non-professional aspects of the school health services are many school health clerks who are employed by the Health District.

School child conferences are held in all six Health District offices where children with health problems may be referred by parents, principals, teachers, physicians, and public health nurses. Health District physicians examine these children, and those found to be in need of treatment are referred elsewhere for care.

Sanitarians periodically check school facilities to see that school children have a healthy school environment. Of major concern to them is the preparation, handling, and serving of food in the school cafeteria. Other school facilities such as toilets and other waste disposal areas are also inspected.

Immunizations are provided by the Health District free at their office. Mass immunizations are not given in the schools.

No detailed breakdown is available of the cost of the health services furnished by the Health District to the School District. Dr. Bingham, the health officer, estimates the costs for the 1957-1958 year, all borne by the Health District, as follows: Total cost, \$48,948; administrative, \$1,500; public health nurses, \$34,098; audiometrists, \$2,750; dental hygienist, \$2,000; medical services, \$900; routine medical examination of children entering school, \$1,000; psychiatric consultant services,

\$1,500; school health clerks, \$5,000; and sanitarian, \$200.

In conclusion, it appears that the School District is indeed fortunate to have at its disposal an interested, efficient Health District organization that is willing and able to accept the responsibilities of the school health service program at no cost to the School District.

Recommendations for Further Study

Two problems of increasing importance to the future health of not only children in the Stockton Unified School District and the San Joaquin Valley but also to children everywhere are the biological effects of atomic radiation and the fluoridation of drinking water. Participation of the San Joaquin Local Health District and the Stockton Unified School District in organized studies of these problems is recommended.

Radiation has become a health problem of great importance. The awareness of this problem is underscored by the National Academy of Sciences in its official report entitled, Biological Effects of Atomic Radiation.¹ This report is a discussion of genetic damage that could possibly result from both wartime and peacetime use of radiation. The genetic aspects of this problem have a special bearing upon child development as the unborn, infants, and children are especially sensitive

¹National Academy of Sciences, Biological Effects of Radiation. Washington, D. C., 1957.

to radiation. Excessive radiation may harm the reproductive glands and the blood forming organs.

A study of the safety and effectiveness of fluoridation of local drinking water supplies as a means of combatting dental disease is proposed. Studies show that it is now possible to reduce tooth decay by as much as sixty per cent and at a cost of about ten cents per year per person. The problem of securing wide-spread public acceptance of water fluoridation is of major concern to health authorities.

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APPENDIX A

This agreement is for the fiscal year 1957-1958, by and between the BOARD OF TRUSTEES of the SAN JOAQUIN LOCAL HEALTH DISTRICT and the BOARD OF TRUSTEES of the STOCKTON UNIFIED SCHOOL DISTRICT.

WHEREAS, pursuant to the provisions of Section 16417 of the Education Code of the State of California, the governing board of any school district may provide for proper health supervision of the school building and the pupils enrolled in the public schools under its jurisdiction; and

WHEREAS, the San Joaquin Local Health District has in its employ supervisors of health qualified under the Education Code to perform health services for the school districts; and

WHEREAS, Section 16426 provides for appropriate contracts between a local health district and the governing board of any school district;

NOW THEREFORE, IT IS HEREBY AGREED that:

1. The administration of the school health program in the elementary schools of the School District shall be the responsibility of the District Health Officer. Employees of the Health District performing health services in the schools shall be under his supervision.
2. The San Joaquin Local Health District shall render, between September 1, 1957, and June 30, 1958, a basic service of 35 hours of public health nursing, audiometric and/or dental hygiene service for each 100 pupils enrolled in the elementary schools of the School District.
3. The San Joaquin Local Health District will also provide a minimum of 4 hours of audiometric and/or dental hygiene services for each 100 students enrolled in the junior and senior high schools of the School District. The Stockton Unified School District will provide all nursing services for these schools.

FIGURE 3

AGREEMENT FOR SCHOOL HEALTH SERVICES¹

¹Board of Education Minutes, STOCKTON UNIFIED SCHOOL DISTRICT, August 27, 1957.

4. In addition to the basic services herein specified, the Local Health District will provide special services of not less than 300 hours of medical and psychiatric time in behalf of said district.
5. It is understood and agreed that this contract shall be effective for a period of one (1) year, commencing on July 1, 1957, and terminating on June 30, 1958, providing, however, that this agreement shall be automatically extended for one-year periods from and after July 1, 1958, unless either party terminates it by a sixty (60) day written notice.

SAN JOAQUIN LOCAL HEALTH DISTRICT

Dated: July 16, 1957

By A. M. Gaver, M. D. (Signed)
President, Board of Trustees

STOCKTON UNIFIED SCHOOL DISTRICT

Dated: August 27, 1957

By Nolan D. Pulliam (Signed)
Secretary, Board of Trustees

FIGURE 3 (Continued)