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WHAT DOES THE SUPERINTENDENT OF SCHOOLS EXPECT OF THE SCHOOL HEALTH WORKER?

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In recent years there has been a decided change in the attitude of school administrators toward the school health worker both from the standpoint of his responsibilities and from the standpoint of his fitting into the educational program of the schools. Formerly the school health worker was considered as separate from the educational staff, being employed primarily to give special service and was in no way considered as an educator. Today the school health worker is held primarily responsible for leadership in the development of health education and is gradually being considered as a definite part of the educational staff. Because of this change, the school superintendent expects the health worker today to have a thorough knowledge of the best theory and practice in health education as well as to be an expert in giving health service. This means that the health worker must be thoroughly familiar with the theory of health education as presented by leaders in these fields in our colleges and universities as well as the leaders engaged in health education. Because theory and practice are not always the same it is necessary that the health worker be familiar with the various methods used in the actual field. The knowledge of what should be taught, how it should be taught and where, is of the utmost importance. Because of these changing qualifications it is becoming increasingly essential that the school health worker have formal training in health education.

A knowledge of mental hygiene is essential to the success of any worker in the field of education. Certainly the school administrator has a right to expect that the health worker have an understanding of the theory and practice of mental hygiene. This field has been too long neglected in the public schools and our success in educating children and in maintaining the health of children must depend to a great extent on our knowledge and use of mental hygiene methods.

If the school health worker is to be responsible for leadership in health education, he must be familiar with the theory of teaching as well as the practice of teaching. He must also know something about school adminis-

tration in order to know how health education can fit into the school program. He must be familiar with the legal status of health education and health practice in the public schools so that in the preparation of the health program, procedures contrary to law will not be followed. In order that health education may co-ordinate with the rest of the curriculum from the kindergarten through high school it is necessary that the health worker be familiar with the school curriculum and the courses of study being used. While there is a place in the curriculum for a special course on health, a great deal of the work is best done when incorporated in the regular courses such as physical education, home economics, science, the social sciences, English, etc. Unless the health worker is familiar with those courses he is not in a position to help work out the health content or to avoid duplication. It necessarily follows that the health worker should be able to prepare courses of study in health and units in health in cooperation with teachers, supervisors and others responsible for the development of such courses. The course of study is, after all, only a general guide to teaching that enables a skilled teacher to establish definite goals and general procedures. An understanding of the nature of the child and the learning processes are essential for good teaching. It is also necessary that the health worker be able to prepare and use teaching aids such as charts, graphs, slides, moving pictures, photographs, sketches, etc. With this background described above, it necessarily follows that the health worker should be able to teach. He should be able to teach children and to teach teachers how to teach units of health and above all things he should be able to teach parents the principles of health education. The health education staff is generally so small that the great majority of the actual teaching must be done by the class room teacher and the class room teacher must look to the health education worker for leadership in content and presentation of this particular subject. Because we now recognize the great part played by parents in the education of children, we realize that until parents are familiar with the principles of good health education and health practice, our job of teaching children will not be successful. We must look to the health worker for leadership in this very important part of the health education program.

So far our discussion has been based largely on theory and practice of health education but there are other responsibilities placed upon the health worker which are essential to success. First of these is a thorough knowledge of health conditions among adults and children in his own community and of general health conditions in the state and nation, what diseases are most common and how these diseases can be best avoided, what good health practices are most commonly neglected, and how and when the great epidemics appear. Then the health worker should also be familiar with the work of other health agencies such as the City

Health Department, County Health Department, tuberculosis associations, health camps, etc. Obviously a successful program of health education must include a close coordination of the work of the public school health department and these other public and semi-public agencies. Formerly little thought was given to the need for cooperation with the private physician and in some places today this same attitude exists, partially through ignorance and partially deliberate. No program of health education will ever be successful without the full cooperation of the medical profession. It has been our experience that the great majority of private physicians are not only interested but anxious to cooperate. Too often we have simply not considered them in the program but where we have, our programs have definitely been more successful.

The health worker should be able to prepare and interpret accurate and simple records of health conditions and the progress of health education. Emphasis should be placed on keeping these records accurate, simple and up to date.

While it may seem superfluous to mention the need of pleasant and cooperative relations with teachers, parents, physicians, other agencies and the general public, nevertheless this should be one of the major objectives of the health worker. The most ideal plan that can be devised will fail utterly if such pleasant relations are not maintained. The good will and definite help of these people are essential for the successful operation of the health education program. Securing adequate finances to maintain the program is impossible unless there is a sympathetic understanding of the program and pleasant relations exist with these specialists and the general public. The school superintendent expects that the health worker shall be able to express in clear and concise terms the needs and practices of the department and to maintain a continuous plan of informing school officials, teachers, physicians, parents, health agencies and the general public of the conditions and need of child health in a dignified, impersonal and professional manner. This may seem to be about the "last straw" to the health worker and yet a careful analysis will bring to mind the necessity of this program if the health education set-up is to be successful. Such publicity must not be from the standpoint of furthering the interests of any particular individual and it must not be put on an emotional basis if it is to have a lasting effect. Newspaper publicity, talks to teachers, parents, and other community groups, bulletins, personal conferences in the schools and offices, home calls, etc. must all be used on a continuous plan if people are to be kept informed and are to give a sympathetic support to our program.

Many of these suggestions may appear to the health worker to be good theory but impossible to put into practice. No doubt there are many school systems that have worked out such a plan as well, and probably better, than our own but with us it has gone far enough so

that we are convinced that the degree of success of this plan depends primarily on our ability and our willingness to carry it out. We have found that physicians will not only join us in an advisory capacity but will spend any amount of time helping us select our text books for health education. They will serve on joint committees, help us secure speakers for both students and teachers and will actually see our point of view and help us to reach our objective. We have found that getting teachers, supervisors, health directors and physicians to cooperate in the establishment of a health program will actually work and that the limitations are due to the amount of time spent and to our actual knowledge rather than to any hesitancy in willingness to work together.

In summary we can list twelve major items for which the school administrator may reasonably expect the health worker to be responsible:

1. A knowledge of the best theory and practice in health education and health service.
2. A knowledge of the theory and practice of general teaching and administration as well as a knowledge of the laws governing health education and health practice.
3. A knowledge of the curriculums and courses of study actually in use in the school system and how these courses can best be coordinated with health education.
4. Ability to prepare courses and teaching aids.
5. Ability to teach teachers, children and parents.
6. Knowledge of health conditions among adults and children.
7. Knowledge of the objectives and work of other health agencies.
8. Ability to coordinate health education work with the work of these other agencies and private physicians.
9. Ability to prepare and interpret accurate and simple records.
10. To maintain pleasant and cooperative relations with teachers, parents, physicians, other agencies and the general public.
11. To express in clear, concise terms the needs and practices of the department.
12. To maintain a continuous plan of informing school officials, teachers, physicians, parents, health agencies and the general public of conditions and needs of child health and health education in a dignified, impersonal and professional manner.

Two per cent of the population is constantly incapacitated for work on account of sickness. Deaths in the United States annually reach 1,750,000. One-third of these deaths are preventable; 120,000 babies die annually from preventable causes in the first year of life. At the ages of 25 to 29 the number of deaths due to preventable causes exceeds 30,000 annually. The cost through premature mortality is half again as large as the cost of medical care.—*Nassau Medical News*.