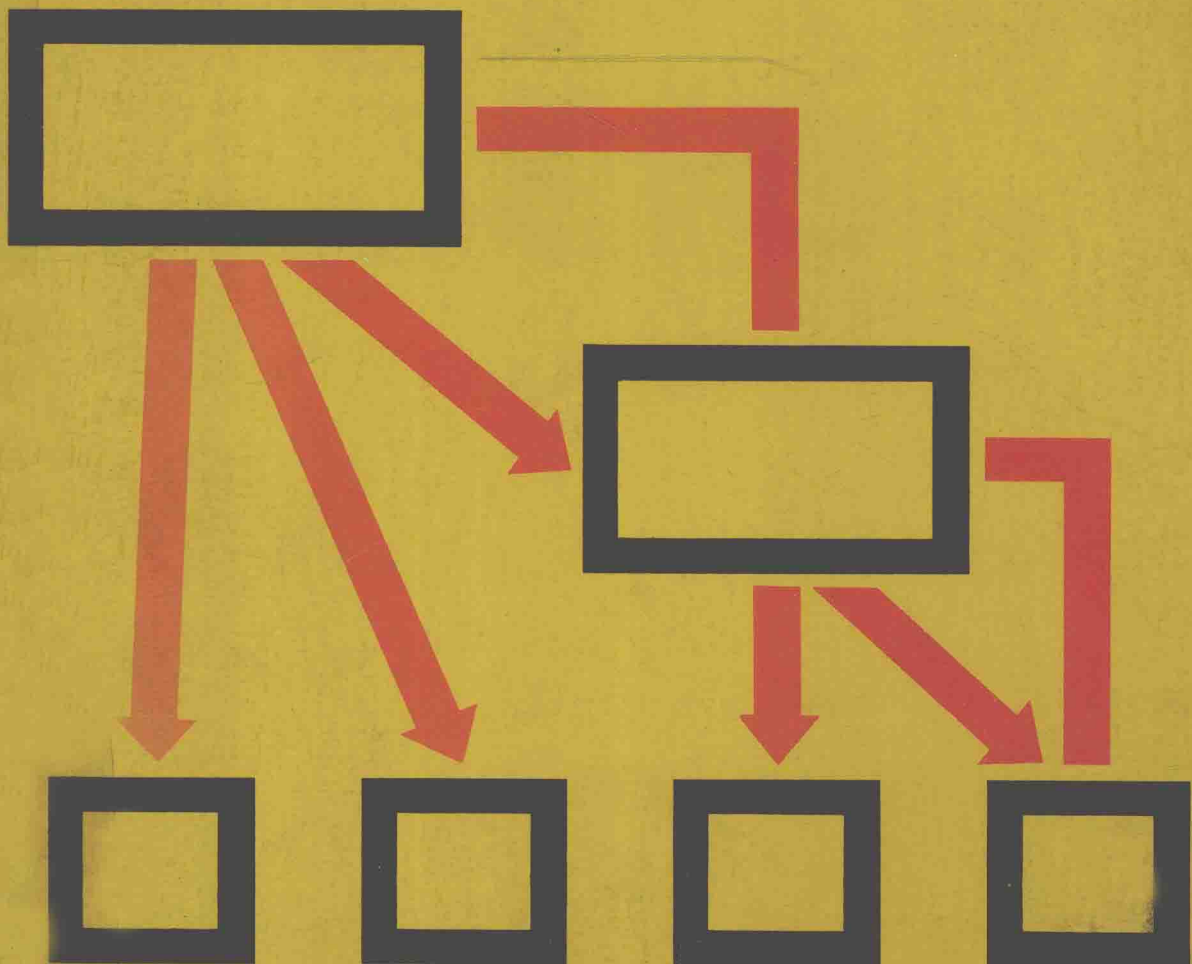


ADMINISTRATION OF SCHOOL HEALTH PROGRAMS

Its theory and practice

MAYSHARK • SHAW • BEST

SECOND EDITION



ADMINISTRATION OF SCHOOL HEALTH PROGRAMS

Its theory and practice

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CY MAYSHARK—IN MEMORIAM

As this book was going to press, an airplane accident took the life of Dr. Cyrus Mayshark and his wife, Barbara. This tragic event will result in a great professional and personal loss to the health profession. As a graduate student under the direction of Dr. Carl L. Anderson at Oregon State University, I was privileged to meet and get to know Cy as an outstanding teacher and member of the college. His professional example encouraged my personal quest for excellence. Cy was a prolific writer and professional worker, whose efforts were most often directed toward enhancing and improving the lives of individuals. This quest along with a similar interest each of us had in health services eventually led to an invitation from Cy to co-author the text *Administration of School Health Programs—Its Theory and Practice*. As our friendship grew, I came to recognize him as a great humanitarian with a deep sense of professional responsibility.

Cy was involved in nearly every major effort to improve and upgrade the professional field of health during the last 15 years. He was clearly a man of deep personal understanding with a great natural talent that he developed through formal training and experience to become a recognized and successful teacher and administrator.

His death came as a shock to those who had the privilege of his friendship. There were many who held him in high regard, prized his leadership, and respected his quiet forcefulness. I salute his enthusiasm, his patience, his intellectual honesty, his sense of humor, and his true love for his

fellowman, and I can truly say: "I have been in the presence of a man."

Donald D. Shaw

September 3, 1976

One bright autumn day in 1961, Cyrus Mayshark, an energetic, cheerful, and intelligent man, kept an appointment in my office at the Harvard School of Public Health. Originally from the west, he was eager to do research "where the action was," in New England health agencies. Being strongly oriented to "hands on, on-line" field research myself, initial interest in Cy was further quickened. Even during that first conference he seemed to show a little more drive, a little more imagination, and a lot more "presence" than most of his classmates.

Before the academic year was over, I knew that Cy represented much more drive and imagination as well as presence than most members of that Harvard class of 1962. So I was responsive when he sought my collaboration on the text *Administration of School Health Programs—Its Theory and Practice*. When work on the second edition began, I joined Cy as a co-author. The project was more than 90% finished when the tragic news of Cy's fatal flying accident of July 24, 1976 reached me.

Higher and brighter, braver and bolder, kinder and surer as the years went by—those who knew him well in diverse roles will always be privileged to remember Cy Mayshark as an abundantly talented and consistently humane man whose excellent works will be well noted and long remembered.

Wallace H. Best

August 14, 1976

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FOREWORD

This second edition of a unique textbook reflects the significant changes taking place in the last decade among school health programs. Fortunately, the text retains its original goal of presenting administrative principles, policies, and objectives within realities of the shifting educational scene, that is, within school settings, with true-life situations. Early research by Dr. Mayshark drew national attention to the administrator being the most crucial determinant for what happens in the development and activation of health programs in schools. This still seems true despite the current changes in education.

Initially the book *Administration of School Health Programs—Its Theory and Practice* fused health services, health education, and ecologic concerns into a coordinated matrix to help educators and health and community leaders guide students toward adequate health decisions for responsible maturity.

Likewise this revision continues the same practical and comprehensive approaches to psychosociophysical health for the nation's approximately fifty million school pupils and about two million adult school employees. Strong administration is a necessary ingredient in good programs. It is the jugular area of school organization and must be involved and continually strengthened if school health programs are to succeed.

The important changes in the 10-year interval since the same authors developed the first text encompass technical, societal, and economic alterations and adaptations in our living patterns and therefore in our differing health problems and needs. It is not enough

to witness or even to identify change. Leaders in school health administration must be effecting and utilizing these changes to promote and enhance their programs. To mention these trends is to emphasize the strengths of this book, for the authors have presented them in a dramatic and readable fashion.

This text gives evidence that school health is receiving more attention as a vital part of community (public) health in detection and prevention of disease and that health education for pupils and parents (youth and adults) is being merged in school-community attacks on such widespread problems as drug abuse, environmental hazards, emotional illnesses, poor nutrition, and dental caries. Further, it reports that new roles are being tried for nurses, physicians, volunteers, and aides in school health endeavors; preventive and more participatory counseling and classroom instruction is being done by joining affective with cognitive learning. It also presents how teams are being utilized, sometimes of public health and school health personnel working together, and lastly, it describes how more individualized and humanistic services are being stressed to meet pupil needs.

The text makes a strong appeal to update school programs by meeting and promoting these changes. We must do so if we are to improve national health and keep the expenditures within our ability to pay for repairing the human wreckage about us. Now rising health care costs exceed \$100 billion a year—7% of the G.N.P. Ignorance and apathy for the prevention of such disabilities indict schools and the public for lack of

health education. For several decades education has been proclaimed as the route to prevention—and prevention as the road to economy for both individuals and the nation. Yet we give only minimal support to health—much more to disease.

A telling sentence in the fourth chapter is “Each person *must* grow to believe that health and education depend upon personal initiative.” This concept challenges schools to refocus their efforts toward an appeal to pupils on their level for feelings and values to develop life-long healthy behavior. Good administrators aim to have all school health services educational and all education healthful. This hybridization is going on in some areas of the country in schools that are making honest attempts to improve the health of children and youth. We grope for efficient and acceptable ways to motivate and train the next generation to the level

of well-being that could be theirs if what is already known were to be applied. This is a task of the educational system and particularly the administrator. It cannot be dodged, denied, or sidestepped much longer. Health programs must be well planned, organized, and directed if lasting progress is to be made.

For the many involved in this task—members of boards of education, administrators, faculties, students, public health officers, and all health personnel—this text is an excellent one. It will stimulate analytic thinking and better decision making both in the classroom and in operating school health programs.

Mildred E. Doster, M.D., M.S.P.H.

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PREFACE

Problems of administration have plagued humans from the time when it was first discovered that cooperation between two or more human beings was essential for individual and group survival. When once these problems could be solved by verbal decree, increasing numbers soon made the tribal circle unwieldy. In addition the advent of the written word and the slow but steady pyramiding of knowledge made clear the fact that there were widely divergent ideas as to how organizations of people, whether in the political, economic, or educational realm, should be administered. These ideas have been molded into a theory of administration that has been tested in the hard practical experience of human life through time. The many facets of this theory have been sanded and polished, even down to the present day.

Aspects of administrative theory pertinent to school health programs are discussed in this text. We believe that the balance of topics contained herein will meet the needs of several groups interested and active in school health. Certainly, public school board members and administrators are directly concerned with the subject. Also, the school health program director must understand administrative theory, as must school health educators, public health educators, school physicians and nurses, and a wide variety of paramedical personnel active in the school health program.

In recent years increasing attention has been given to the administration of school health programs. This has been reflected in the official recognition and support of the school health coordinator by several state

departments of education. Colleges and universities have responded in kind with the creation of courses designed to provide education in these specialized aspects of administration. Reacting to these increasing educational needs, our objective has been to create a functional, balanced text that combines theory with practice.

When the first edition of *Administration of School Health Programs—Its Theory and Practice* was published it quickly filled a need that was vital to the steady and continued development of school health. The first edition was adopted by virtually every graduate program and many undergraduate programs in health education and a wide variety of other professional health curricula including nursing, public health, and many generalized teacher education programs in which a health course is required. In addition it proved popular in several state department of education seminars and workshops and was also used as the major text in a number of school district in-service continuing education courses on school health. Its steady popularity and changes in the field ultimately led publisher and authors to the logical conclusion that a second edition was both wanted and needed.

The authors remain the same in the second edition, thereby maintaining the fortunate blend of talents and experiences that were brought together for the first edition. In addition, Dr. Roger J. Meyer, Director, Division of Health, Tacoma Public Schools, Tacoma, Washington, has written a new Chapter 10, Schools and the Community Health System. Even though the health care

system is terribly complex today, Dr. Meyer has managed to make clear the multitude of school health program relationships with other local, state, and federal health programs in a manner that readers will appreciate.

Again, this second edition represents the marriage of a subject—the administration of school health programs—with a method—the case study method and its abbreviated counterpart, the critical incidents technique. Several case studies, some with pertinent updating that reveals significant trends, and forty-four critical incidents are included throughout the text. Careful study of the cases and group discussion of the incidents will bring theory to life and will, we hope, prove stimulating.

We are grateful to a large number of people who have made important contributions to this text. Dr. Mildred E. Doster, long active in the health service program of the Denver Public Schools and a respected spokeswoman for all school health concerns at the national level, graciously contributed the foreword.

Several technical portions were reviewed by experts. Dr. Orvis Harrelson, formerly Director of Health, Tacoma Public Schools, reviewed major portions of Chapters 4 and 10. Dr. Charles Trotter, Director, School Planning Laboratory, University of Tennessee, Knoxville, made valuable contributions to Chapter 9. Dr. William H. Creswell, Head, Department of Health and Safety Education, University of Illinois, Urbana-Champaign, critiqued Chapter 14. John Algrante, a doctoral candidate in health education in Dr. Creswell's department, reviewed Chapters 1, 2, and 4. Beverley L. Juilfs, R.N., Health Services Coordinator, Eugene Public Schools, Eugene, Oregon, provided major assistance in the update of the case in Chapter 7. Dr. John M. Lampe, Director of the Department of Health Services, Denver Public Schools, was a valuable consultant for Chapters 7 and 8.

Members of the staff of the Asa V. Call Law Library at the University of Southern California were especially helpful during the

early stages of research on Chapter 12. Darel P. Semler, Research Attorney for the National Organization on Legal Problems of Education, provided valuable leads and perspectives. Professor Thomas L. Watkins of the University of Denver was very helpful in wrapping up the treatment of collective bargaining. Professor M. Chester Nolte of the University of Denver most generously made available both his time and the resources of his extraordinary personal library during the final phase of research.

Several cases found in the first edition have been updated, and the 10-year trend is described when significant. In this edition the critical incidents are found appended to relevant chapters, and each should be discussed in relation to the content of the specific chapter to which it has been assigned. In alphabetical order the following persons contributed to the collection of critical incidents for the first edition and so have a carry-over contribution to the second edition: Hannah Borgers, Eugene, Oregon; John Boyle, Santa Rosa, California; Claude Brannan, Yakima, Washington; Albert Colebank, Ontario, California; Bernice Crockett, Durant, Oklahoma; Susan Danielson, Oakland, California; Greyson Daughtrey, Norfolk, Virginia; Helen Dimschultz, Skokie, Illinois; Alan Foord, Berkeley, California; C. E. Ford, La Crosse, Wisconsin; Marion Fox, South Plainfield, New Jersey; Tom Godfrey, Louisville, Kentucky; Quentin D. Groves, Topeka, Kansas; William Haroldson, Seattle, Washington; Clara Hinnant, Sumter, South Carolina; John H. Jenny, Wilmington, Delaware; Ralph W. Jones, Ithaca, New York; Henrietta Lemmon, Salt Lake City, Utah; Adeline Levin, Mankato, Wisconsin; Herb Lewis, Louisville, Kentucky; Robert Luby, Detroit, Michigan; Ina Lundh, Long Beach, California; Gordon Mannerstedt, Sacramento, California; Robert W. Mayer, Newark, Delaware; Frank W. McCarthy, Jr., West Hartford, Connecticut; Gwen McWhorter, Birmingham, Alabama; M. Montgomery, Scarborough, Ontario, Canada; Dorothy Nehr Korn, Belleville, Illinois; John Nevers, Oshkosh, Wis-

consin; Allen Packer, Farmington, New Mexico; John B. Pearce, Waco, Texas; Donald S. Reese, Hazelton, Pennsylvania; Thomas Reynolds, Orna, Maine; Harold C. Rhea, Grants, New Mexico; Lawrence W. Rhoades, Jersey City, New Jersey; Marjorie Seaney, Decatur, Illinois; Arthur L. Smith, Great Neck, New York; Delmar R. Stone, Salt Lake City, Utah; Kenneth G. Sullivan, Longmeadow, Massachusetts; J. Paul Taylor, Las Cruces, New Mexico; Hilda R. Thompson, York, Pennsylvania; John C. Thompson, Denver, Colorado; Mary A. Thompson, Upper Marlboro, Maryland; Jess Walgran, Bremerton, Washington; Lester Wilke, Sheboygan, Wisconsin; Willis D. Wynn, Salt Lake City, Utah; and Nicholas Zona, Rochester, New York.

This second edition also includes nineteen new critical incidents. These were developed by a small group of school health educators and administrators and university health educators in a school health administration graduate course at the University of Illinois Medical Campus, Chicago. This fine group of individuals included Robert Gajda, Susan Kleinman, William McGee, and Michael Ryan.

Members of several other graduate classes responded with professional competence to the request for constructive criticism of the text, chapter by chapter.

Dr. Brooks Coleman, Associate County Superintendent of Schools in Riverside County, California, gave invaluable initial bibliographic and conceptual suggestions that had major impact on the production of Chapters 13 and 14. Dr. Al Burke, Assistant Superintendent of the Hemet Unified School District, provided very valuable information at later stages in the production of Chapters 13 and 14. California State Legislative Analyst A. Alan Post and California State Superintendent of Public Instruction Wilson C. Riles both took timely minutes from their hectic schedules in July, 1976, to answer several critical "rifle shot" questions. Many others helped with Chapters 13 and 14. Those who provided major interviews, correspondence, or publications are acknowledged in the chapter texts. Others are regrettably too numerous to mention.

Deborah Marks, M.P.H., assisted Dr. Meyer in collecting and sorting the mountain of material that could and then finally did find its way into Chapter 10.

Finally, we are indebted to Leila Abdulkarim, Rita Hoge, and especially Rosalind Lewis for their assistance in the many details of correspondence and in the preparation of the final manuscript.

**Cyrus Mayshark
Donald D. Shaw
Wallace H. Best**

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PART I

SOCIAL VALUES OF EDUCATION FOR HEALTH

Chapter 1 Educational opportunity—health promotion and disease prevention
at the first level of citizen impact

2 Carol Davis and the economics of health

What is the relationship between education and health? While much has been written on this subject, our approach is unique. In Chapter 1 we have developed two models of health that suggest that education is a powerful, positive force tending to create an equilibrium—defined as maximum health potential—for the individual (closed system) and the human race (open system). A community health program must attack disease and disability at the first level of citizen impact—education. Logically, this can be accomplished best in the structured, well-organized setting of the school health program. Chapter 1 also presents twenty-three administrative principles, each of which will be illustrated in one or more of the critical incidents at the end of the chapters.

Large segments of society rank health low on any scale of values, thus the question “Health for what?” must be answered. In Chapter 2 this question is dealt with in both microcosm (Carol Davis) and macrocosm (the USDHEW *Forward Plan for Health, FY 1977-81* and related programs). In a world that grows smaller with each passing day and with each newborn infant, the alternatives to better health through more effective education seem all too clear.

Educational opportunity—health promotion and disease prevention at the first level of citizen impact

A text that deals with the administration of school health programs in late twentieth-century America must manage the careful integration of four important content themes to be successful.

CONTENT THEMES

First, important and related aspects of *general administrative theory* must be presented without excessive emphasis. The theory of administration is vital to an understanding of school health programs.

Second, the application of general administrative theory to the school scene, that is, *educational administration*, is equally important. This content theme is a recurring one, with many specific examples including case histories and critical incidents throughout the text.

Third, *school health programs* might be considered the major content theme of this text, but that is *definitely not* the emphasis we will present. The theme of school health programs is, of course, important but only when balanced with the other three themes.

The fourth theme we will cover is that of the *community health complex*. School health programs in isolation will not succeed. Students are community members attending school, and many community agencies and programs influence their development. A clear perspective of school-community relationships is a vital element in the administration of school health programs.

These content themes are not mutually exclusive. Sometimes more is clearly presented on one theme than on the other three. For example, Chapter 3 focuses on general administrative theory, and Chapter 10 has as its major emphasis the community health complex. More often, however, the themes will be intertwined, and they will not be specifically referenced. Remember the four: general administrative theory, educational administration, school health programs, and the community health complex, and keep each in perspective as you expand your knowledge and understanding of the administration of school health programs.

THE CHALLENGE

It is impossible to understand anything about education for health in the school context unless we first understand that the objectives of school health programs are controlled by existing social values. The diverse manner in which school health programs are administered today is a direct reflection of the conflicting and often competitive values placed on health and education during our time. In many school systems there is a prevailing attitude that fosters the development of an excellent school health program, and there is good evidence that the education of students is enhanced thereby. In other school systems the administrative atmosphere is antagonistic toward overtures that suggest initiation of even a minimal school health program.

Our arrival at this point of mild confusion has not been easy. While some vague condition of individual health has long been a goal of education,^{1,14} the methods for achieving the goal of a sound mind in a sound body have changed with the fluctuations of educational philosophy. The immense medical advance, especially in the last 100 years, also has had a fundamental impact on and forced changes in the objectives of school health programs.

The challenge of this chapter is to properly identify school health programs within the broad framework of public health and, at the same time, to describe the status and potential of school health programs within the equally broad educational framework. Our emphasis will be on the clues that we can derive from the historical perspective, and we will relate these to the educational opportunity inherent in school health programs for the present and the future.

EDUCATIONAL REFORM— IMPACT ON HEALTH

It is important that pertinent events leading to the development of school health programs as they exist today be summarized briefly. These events will develop two important concepts. (1) Concern for individual health has fluctuated with time, but as knowledge has increased, positive concern has gradually increased. (2) Increasing knowledge about individual health has convinced large groups of responsible people that significant gains in health in the future may best be achieved through education—in the school setting.

Ancient influence

Although methods have differed throughout history, humans have always been concerned with individual and/or group health. Archeological findings reveal that the Minoans (5000 B.C.), the Cretans (3000 B.C.), and the Egyptians (1000 B.C.) developed primitive but effective public health measures for the protection of their populations. Earth closets, flushing systems, and public drainage ditches have been uncovered in the

ruins of these civilizations, and sufficient artifacts have been discovered in Egyptian ruins to establish that they understood and practiced elementary pharmacology.

The concern of the early Hebrews resulted in the first formal health code, the Mosaic law. Profiting from Egyptian hygienic thought, this early public health law dealt with a broad spectrum of personal and community responsibilities such as (1) individual body cleanliness, (2) control of communicable diseases, (3) isolation of lepers, (4) sanitation of campsites, (5) disinfection of homes following illness, (6) waste disposal, (7) child and maternal health, and (8) protection of water and food supplies.

During the 500 years prior to and immediately following the birth of Christ the Greeks practiced a philosophy that glorified individual health and athletic prowess. Positive aspects of this philosophy were reflected in the thinking of such men as Hippocrates (460-377 B.C.), the father of medicine, and Galen (131-201), the father of experimental physiology and author of a hygiene and medical book that had a popular run of over a thousand years. The Greek fetish for a sound body manifested itself in rejection of the weak, ill, and crippled to the extreme of deliberate destruction. In the positive vein, their tradition of Olympic competition, with emphasis on the individual sporting event, has continued to this day. Little concern was expressed in this early Greek culture for public health issues. Lack of adequate water supplies and of waste disposal systems forced the largest cities (Corinth, 35,000) to hold their populations to levels that would make them no more than medium-sized towns today.

In health programs the Roman Empire emphasized administrative and engineering achievements. Hanlon tells us:

At its zenith it had laws for the registration of citizens and slaves, for a periodic census, for the prevention of nuisances, for inspection and removal of dilapidated buildings, for the elimination of dangerous animals and foul smells, for the destruction of unsound goods, for the supervision of weights and measures, for the supervision of pub-