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SCHOOL OF EDUCATION

A DIGEST AND ANALYSIS OF THE ORGANIZATION OF HEALTH COUNCILS IN EIGHT SCHOOLS AND COMMUNITIES IN MASSACHUSETTS

Service Paper

Submitted by

J Raymond Needham

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In partial fulfillment of requirements for

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1946

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LIMITATIONS OF THIS STUDY

This study reports upon the varied organizational structures of Health Councils as reflected in selected communities and schools in the state of Massachusetts. Since the time devoted to actual field work was limited to two months, it was impossible to ferret out and visit every school and community in Massachusetts where a Health Council functions. The eight Health Councils analyzed in this report were selected after studying the significant organizational features of twenty-five Health Councils.

The eight Health Councils under study here were selected for these general reasons:

1. The communities and schools are representative in size.
2. The Health Councils are representative in type.
3. The organizational structure of each Health Council has proved effective.
4. The Health Councils are representative in experience, ranging from 19 years (the Lynn School Health Council), to a "new born" which will be launched this September (the Wellesley School Health Council).

The other seventeen Health Councils were not considered for analysis for these general reasons:

1. Some are in the process of being re-organized, and their respective executives were reluctant

to submit either the tested organizational plan which "didn't work" for one or more reasons, or the untried, newly-proposed plan.

2. Some Health Councils are, admittedly, "paper" Councils only. As one Health Council executive phrased it, "Our so-called Health Council has not functioned for more years than I care to remember. It is here, but that's all".
3. Some Health Councils proved to be so nearly alike in organizational structure to the eight finally selected, that to have used them all would have resulted in almost exact duplication. (In these instances, I selected the Health Council that appeared more dynamic, or that had some additional significant feature that seemed worthy of analysis.)

Because I selected these specific Health Councils for study does not mean, of course, that there are no other Health Councils functioning effectively in Massachusetts; rather, I have selected these eight from twenty-five possibilities as good examples of Health Council organization. If time for field work had not been limited, it is highly possible that out of another group of twenty-five Health Councils, I may have discovered eight others that would have exemplified good organizational structure, too.

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Procedures followed

The methods used in the process of determining which Health Councils in Massachusetts were best suited for the purposes of this report were:

1. Letters were sent to forty key people in twenty-five schools and fifteen communities in Massachusetts, to inquire whether or not a Health Council functioned in their respective school or community; and to request a personal interview with the Executive Secretary of the Council (where a Council functioned).
2. Of the twenty-five letters sent to schools, just seven replied that Health Councils functioned in their schools; of the fifteen letters sent to communities, eight replied that Health Councils functioned in their communities. Ten other replies (schools and communities) advised that Health Councils existed "in name only" in those areas, and for one or more reasons were without merit.
3. In as many instances as possible, contact was made through personal visitation as a result of preliminary correspondence; in other cases, information was acquired through a questionnaire and follow-up correspondence.
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media, the eight Health Councils which best seemed to suit the purpose of this study, were selected.

Personal visits were also made to the Massachusetts Department of Public Health; the Massachusetts Department of Education; the office of Mr. Dan Kelley, State Director of Physical Education; Miss Beryl Roberts, Massachusetts Tuberculosis League; and the office of Miss Jean Latimer, Department of Public Health, for the purpose of obtaining more information about Health Councils in general as a basis to this study. Correspondence was sent to, and received from, Harold K. Jack, Supervisor of Health and Physical Education, Minnesota State Department of Education, a recognized authority in the field.

The following schools and communities have made contributions which are used in this report:

Schools	Communities
Lynn	Belmont
Salem	Brookline
Brockton	Lynn
Wellesley	Wellesley

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INTRODUCTION

From the general recognition that Health Education should have its roots in the child's progressive experiences in the home, the school, and the community, the need for a simple, convenient, orderly administrative mechanism for determining and implementing wise health policies arose.

Such an administrative mechanism would necessarily be organized on democratic and representative principles, based on both local and immediate needs. Such an administrative mechanism would be, in effect, a clearing-house through which joint-planning would be accomplished, and the total health program of the home, school, and community, planned and coordinated. Such an administrative mechanism would serve as a medium through which all parties concerned with, or interested in, a specific health problem (or individual case), could meet and make a joint study in the spirit of mutual respect and unselfish helpfulness .... and in the best interests of the school, or community, or individual, as the case may be.

With more and more communities and schools recognizing the need for a coordinating health organization -- a "meeting-ground" of social agencies as it were -- Health Councils, Health Committees, and Health Federations were formed independently. (In this report, no distinction is made among these different names. They are termed "Health Councils" in each instance for consistency and clarity).

Many such Health Councils have been organized in the

state of Massachusetts during the past quarter of a century. Some of these Health Councils have become powerful health forces in their respective communities; others are relatively weak in organization, function, and interest (on the part of both Council members and the community or school which they serve). No two Councils are exactly alike, for each has developed its own tailor-made organization plans, its own pattern, its own level of quality with respect to accomplishments, on the basis of existing needs.

However, the fundamental purpose of each Health Council (whether school or community) is essentially the same .... i.e., to coordinate as effectively as possible, the health-thinking, and the health-planning of all local and private agencies concerned with health, and to prevent duplication of services rendered by those agencies. Each Council strives to stimulate public interest in the health problems of its respective community; and to submit to various agencies statistics and research data compiled through studying and evaluating the health needs of the community.

The many and interesting health problems which various Health Councils have studied and solved, have been dealt with by researchers more generally and more comprehensively than have problems of structure and organization. Hence, this report is primarily concerned with presenting a digest and analysis of Health Council organization (rather than activities) in eight school systems and communities in Massachusetts.

While so small a group cannot even pretend to be completely representative, in quantity, of the many Health Councils existing in Massachusetts schools and communities, they are representative in size, experience, and type--for each has adopted a different plan of organization, containing certain significant, unique features that evolved naturally from the peculiarities of their respective locales. All of the Health Councils under study are, however, unified in effort--specifically, to achieve better health programs for their schools and communities.

Although methods of obtaining funds and the planning and distribution of the budget are, perhaps, essential to the presentation of a complete analysis of Health Council organization, it will be seen that the budget function is touched upon only lightly here. It seemed feasible to take this course, when, through the opinions of experts, it was learned that problems of budget-making and distribution rested with Community Chests and other community social agencies rather than with the Health Council itself. This researcher also noted that practically every Health Council under study was organized and continues to function on a peculiarly non-financial basis. In fact, it is this aspect which seems to distinguish them generally from other health agencies (which are, almost without exception, totally dependent upon a buget to carry out their programs).

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For the purpose of comparison and analysis, the Health Councils functioning in the Massachusetts schools and communities listed below, were studied primarily from the standpoint of organization, and secondarily, from the standpoint of function (in instances where function has a direct relationship to organization).

SCHOOLS	COMMUNITIES	SCHOOL & COMMUNITY
Brockton	Brookline	Belmont (Joint Council)
Lynn	Lynn	
Salem	Wellesley	
Wellesley		

The first section of this report is devoted to the general aspects of the Health Council organization of the schools and communities listed above, in order that the reader may understand and appreciate more fully the reasons for the wide differences in organizational and administrative set-up of each (despite the unity of purpose)--differences which will be revealed when each Health Council is considered individually.

SPONSORSHIP OF HEALTH COUNCILS

Formal recognition by educational authorities of the importance of integrating and coordinating the health services of the community motivated most of the Health Councils under study here. Perhaps this assumption of leadership by schools may be attributed to the fact that public education depends, in large part, on existing local social agencies (both public and private) for the medical and dental care required by pupils. Hence, the formation of a Community Health Council (plus subsidiary School Health Councils), combining the divergent interests and services of all health agencies in the community, provided the schools with a functional analysis of those agencies. Once the analysis was made, the referral of pupils requiring medical and dental care to specific agencies providing same, was facilitated.

However, educational authorities have not taken the initiative in organizing a Health Council in every instance. Community Chest leaders have been the motivating force in some areas; in others, it was individual social workers, professional men, or health-conscious lay groups who first recognized and pointed out the need of group study, group thinking, and group planning on the part of community health agencies.

Regardless of who takes the initiative in organizing a Health Council--the Health Department, the School Department, the Chest, or some dynamic individual)--it is apparent that the actual promotion of the Council inevitable stems from the group

which displays the more fortuitous local leadership. Since the Health Councils under study here are singularly educational in character, it may be safely to assumed that in these areas at least, the schools have taken the initiative in organizing and promoting Health Councils.

That this incursion of education into public health education is not resented is indicated by several of the Health Council chairman and executive secretaries interviewed. To quote the chairman of the Health Councils that in the Lynn Public School System: "The Public Health Department uses the services of our Councils--splendid cooperation"; and Salem High School: "......a close cooperation through the District Health Office".

Compactly-organized Health Councils have proved their value as "cooperative bridges" between the Public Health Department and the Department of Education. Good administration is the supporting arch of the organizational framework of those bridges, however. "Good administration will allow the educational specialist and the health specialist to work together, each respecting the professional status, skill, and activities of the other".[1]

1. Nickell, Vernon (and others). A Basic Plan for Health Education and the School Health Program. State of Illinois. 1944. p 16.

GENERAL PURPOSES OF THE HEALTH COUNCILS

As previously stated, the purposes of the Health Councils under study are very similar, but it seems feasible to list them here in general, and discuss the specific purposes of individual Health Councils later and how those purposes conditioned their respective plans of organization.

The purposes of Health Councils, generally and broadly stated, are:

1. To coordinate the health-thinking and planning of all public and private health agencies, including the medical, dental, and nursing professions.

2. To study and sift the services of those health agencies to prevent duplication and overlapping.

3. To place all those agencies under the direction of one administrative unit (the Council) in order to make school health service a vital part of the community health program.

4. To serve as an advisory unit to those health agencies, rather than to perform any direct, specific services.

5. To express itself on matters of health legislation; to propose sound legislative measures; to support sound measures; to oppose objectionable measures.

6. To assist in the interpretation of the health proram to the community.

7. To assist in the preparation of materials on health to be issued for use in the home, as a means of educating parents in developing desirable health behavior at home.

8. To assist in sponsoring special total-community and total-school health education projects.

9. To aid in planning for the gradual development of a more complete and adequate health program.

10. To endeavor to secure direct action from the authorities controlling a specific operating unit or group of units in order to make any changes which the Health Council deems desirable.

11. To develop a sound attitude towards public health on the part of school department executives....and to develop an educational viewpoint on the part of health department executives.

According to various experts, the extent to which the purposes listed above are realized by any given Health Council depends in large measure on how stable the organizational structure of the Council is, the effectiveness of its administrative set-up, and the forceful leadership of its personnel. It is apparent that none of these goals is likely to be realized unless, through the force of a dynamic administration, a "community-mindedness" can be developed among all of the social agencies represented, and by using the influence of a joint approach in endeavoring to reach those goals.

It must be clearly understood, too, that the Health Council has no "legal right" to force any social agency (or any of its constituencies) to carry out a project; it does not arbitrate differences among social agencies; nor does it actually plan for those agencies in any administrative sense.

Rather, the Health Council "depends for its success upon what happens in the minds of the persons who participate in its activities rather than upon any organized pressure it can bring to bear. ..... Ultimate success will be in proportion to the extent to which persons vitally interested in one type of need or one type of agency see this problem and this agency in its proper relation to the whole community situation".[2]

Let us consider now what generalizations the executives of the Health Councils under study have offered in respect to setting up an administrative body that best further the principles and purposes of a Health Council.

GENERAL ADMINISTRATIVE STRUCTURE OF HEALTH COUNCILS

In offering recommendations for a purportedly "ideal" Health Council administrative set-up, the Health Council directors and executive secretaries (interviewed) are at variance. This may be due, however, to the varied temperaments and the varied needs of each school and community under study....and, in each instance, only as much in the way of administrative structure is provided as is necessary to promote thepurpose of a specific Health Council and to meet the needs of its respective community or school.

All of the executives interviewed, however, agreed that regardless of the size of the Health Council, or of whom its membership was composed, dynamic leadership on the part of the central planning board (usually termed the "Board of Directors") was the prime requisite in furthering the purposes of the Council

2. Health and Welfare Planning in the Smaller Community. Community Chests and Councils, Inc. N.Y., 1945. page 18.

through effective administration.

The Community Health Council, in general, has an inclusive rather than exclusive membership. Some Health Councils expect the local social agencies to take the initiative in obtaining membership, but most communities make an effort to seek a representative membership from all of the health groups in the community in order to have the advantage of the experience and knowledge of as many persons as possible in the field, and to enlist the cooperation and promote the good will of those persons and health agencies whose services may be needed in the effective functioning of the Council.

"In most Councils, delegates from agencies do not come instructed nor do they commit their organizations when voting on matters before the Council. They come as individuals with certain skills, knowledge, points of view and connections which make them valuable to the planning process. A Council is not a congress where issues are debated and resolutions passed by slim majorities. It is a Council where facts are studied and agreements reached. It should be assumed that operating agencies whose representatives have participated in the developing of recommendations for change or action will make every effort to guide their own programs accordingly".[3]

The quotation above applies very adequately to the majority of the Massachusetts Health Councils under study here.

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Council, termed the Community Health Council in this study; a subsidiary Health Council in the School System, termed the School Health Council in this study; and other small Health Councils in individual schools in the system, termed Individual School Health Councils in this study.

The Community Health Council may be a part of the Community Chest, depending upon the Chest for any financial aid it may need. The Board of Directors of the Community Health Council, through which all the activities of the Council clear, may consist of the personnel listed below:

The Public Health Officer

An Executive Secretary

(usually the only salaried member, who handles the mass of detail work on a full-time basis. He personally gathers much of the data on which the Council's recommendations will be based, and is responsible for the continuity in the Council's operations. He is an appointee rather than a volunteer).

A Chairman

(usually an outstanding volunteer member, whose leadership in the community is a recognized fact).

A Nurse

A Doctor

A Dentist

A School Department Executive
An outstanding Business Man
A Civic Leader
A Clergyman
A Judge (or other public official)
A Social (or health) Worker
A Community Chest Representative
(Note: Adjustments to fit local situations and conditions are made relative to the Board of Directors of the Community Health Council. A Community Health Council does not necessarily include all of the personnel listed above. This list is offered as being representative of the Community Health Councils under study here).

The membership body of a Community Health Council usually includes a wide range of individuals in addition to professional health and welfare workers, who represent local social agencies. Such individuals may be publicity experts, research specialists, recreation directors, teachers, and others who have specialized skills which would prove valuable to the Council in some given situation, or the planning of a specific project. General community-mined citizens are often invited to membership for balance.

It is from this membership body that committees are appointed by the Board of Directors to work on a given problem. The Executive Secretary usually serves as secretary of these

various committees and sub-committees; he attends all meetings of those committees in order to record progress, to point out any duplication or overlapping that may arise, and to submit the committees' conclusions or recommendations to the Board of Directors.

The School Health Council usually includes the personnel listed below:

The Superintendent of Schools
The High School Principal/Elementary School Principals.
School Physician
School Nurse
Member, Board of Education
Director of Physical Education
School Health Director
Biology Teacher
Home Economics Teacher
Nutritionist
Dental Hygienist
Guidance Counselor
Psychologist
Athletic Coaches
A Classroom Teacher
Teacher of Handicapped Children
Public Health Officer
Head Janitor

President of Student Council
Representative of Parent-Teachers Association
Representative of community health agencies
Representative of Community Health Council
(Note: as noted in the Community Health Council set-up, adjustments to fit school situations and conditions may be made relative to the make-up of the School Health Council. A School Health Council need not include all of the personnel listed above).

The School Health Council guides and provides leadership for the health program of the entire school system. By including the high school and elementary school principals, the home economics teacher, the physical education director, and other representatives of various departments throughout the entire school system, complete coordination is achieved, and suggestions for program improvement may be offered when those representatives take back to their respective groups the items discussed at Council meetings.

By providing a meeting-ground for the Superintendent of Schools and the Public Health Officer, the School Health Council may promote a fruitful relationship between the Department of Public Health and the Department of Education. (This is also true in the case of the Community Health Council, in which the school is represented).

Then, too, since the teachers, principals, parents,

students, and school medical staff alike are given an opportunity to assist in planning the health program, a cooperative relationship between professional and non-professional groups usually ensues. Thus is coordination between school health education, parent health education, and community health education achieved; and thus is a "carry-over" into the home and the community of the health knowledge acquired by pupils in the school, acquired.

It might be well to point out here that the School Health Council (like the Community Health Council) simply gathers, evaluates, and presents facts about a situation or problem, yet has no absolute administrative authority over its member. Each agency represented retains administrative control over its own activities. In other words, a Public Health Officer could not expect the school department to put into effect a health program which ran counter to the policies of the school administration, or vice versa. Even within the school system itself, each individual school is left with a certain amount of autonomy in its program functioning.

From the opinions of experts, there is no one perfect blue-print for coordination the health programs of all schools in a given system, or a ready-made administrative set-up that would apply to every school system. That what would work effectively in one system proves unfeasible in another may be shown by a comparison of the administrative structure of two of the Health Councils under study. The Lynn Public School System finds it

wise to maintain 3 Health Councils in the High Schools, 4 Health Councils in the Junior High Schools, and 19 Health Councils in the Elementary Schools, where as the Belmont School System finds that active membership of many school officials in a joint Community-and-School Health Council meets its needs adequately.

In the final analysis, however, the success or failure of any recommendation that the School Health Council may make, rests with the classroom teacher, in whom responsibility for implementing those recommendations is vested, and in whose hands final coordination lies.

The Health Council may mold, stimulate, and promote interest in the health program of the school, but unless it also provides the classroom teacher with a comprehensive plan of instruction, the program will, in all probability, remain "on paper", and never become actively successful or purposeful. Every classroom teacher must not only understand, but also fully accept her responsibility in the total health program of the school if the efforts of the Health Council are to be truly fruitful. It is this lack of interest, and this failure to accept responsibility, on the part of many teachers, that has caused some of the School Health Councils under study to fall short of their objectives.

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the program to fit the needs of their respective schools; the Director of Health usually works closely with the principal in helping to establish policies for an individual school--and the details and functioning of the entire school health program finally clears through him. The Director of Health often serves as chairman of the School Health Council inasmuch as he has charge of the functioning of the program, and the carrying out of the Council's recommendations.

Thus we find the general administrative set-up of the School Health Council (as well as that of the Community Health Council) based on democratic principles. We find individuals and organizations subordinating their personal interests to a specific joint purpose.

RELATIVE WEAKNESSES OF HEALTH COUNCILS

Although the organizational plans of many Health Councils look comprehensive and effective on paper, they fall short of what might rightly be expected of them because competent and able leadership is lacking. Experts agree that only under dynamic leadership can a plan of organization guarantee notable results..... and that even a relatively weak organizational plan can prove impressive when the Council itself is well-directed.

Any weakness on the part of the personnel of the Health Council inevitably results in a weakness in its functioning. This need for dynamic leadership does not apply to Council executives alone, for, the quality (and the amount) of individual leadership on the part of other active participants in the program is equally vital is full integration is to be realized. The mechanism of the Health Council program is important, but the people who put it into operation are more important.

Another recognized obstacle in the paths of some of the Health Councils under study, is a weakness in the working relationship between the Health Council and the Department of Public Health. This weakness often results in the recommendations of experts going for naught, and the friction that ensues disrupts the harmony of the program. The contributions of the Council should be indirect, and the tangible action, left to the local government, other social agencies, or specific individuals. Even though the Council is directly responsible for the action, it should not claim authorship or seek "glory" for its contributions.

EFFECTIVE LEADERSHIP OF HEALTH COUNCILS

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Neither the Council nor any of its personnel should assume a domineering attitude towards any community agency or any of its constituencies; rather, the personnel of the Council should take a broad enough view to see beyond petty self-interest to the best interests of the community or school, and work with the Department of Public Health and all local social agencies in order to attain a higher degree of effectiveness and a wider range of services.

Some Health Councils have been known to fail because they endeavored to put into operation some direct, tangible service. In this regard, experts agree that the Council should limit its functions to administrative planning, and leave actual operation of services to representative agencies or individuals. In other words, the Health Council should be democratic rather than dictatorial, recommendatory (only) in both word and action.

Other weaknesses of Health Councils, stated generally, are:

1. Lack of concise, unbiased surveys of health needs, and subsequent lack of comprehensive plans for meeting those needs.
2. Failure to prevent duplication or overlapping of services.
3. Lack of adequately trained personnel.
4. Difficult local situations of various types.
5. Lack of definite, concrete projects -- or trying to tackle too many projects at one time.

6. Failure to stay within the limits and interest or competence of active members.
7. Lack of enthusiasm.
8. Failure to educate the public about exactly what Health Councils do. (One Executive Secretary said that the public expected the Council to render actual services instead of just advice or recommendations).
9. The resentment of individual agencies to a specific phase of Council-planning which may interfere with their traditional prerogatives.

It would seem that in the main strengths of Health Councils, there also lie their major weaknesses -- for, the Council may be theoretically strong in organizational set-up as a whole, yet weak in practical accomplishment; that is, the Health Council may provide a means for representatives of various operating agencies to come together to develop mutual understanding, yet truly effective working relationships are difficult to arrive at because of the human element involved. That practise does not match up with theory was the chief weakness in Health Council organization emphasized by Council executives.

In this researcher's opinion, the majority of the many Massachusetts Health Councils first contacted for this study, are, generally, weak and ineffective. Only a few (besides the eight Health Councils selected for analysis) seemed to be realizing their possibilities, and accomplishing their purposes.

CLASSIFICATION OF HEALTH COUNCILS

The eight Health Councils under study fall into three classifications: (1) those organized under school leadership; (2) those organized under community leadership; and (3) those organized under the joint leadership of school and community.

Although the Health Councils in all three classifications have similar organizational set-ups (as generally discussed in this report previously), there are shadings to meanings in their respective viewpoints. For example, those Health Councils organized under school leadership are essentially educational in nature, purporting to educate the child in wise health practises, and to educate the parents through the child. Those Health Councils organized under community leadership are essentially critical in nature, purporting to locate and investigate local unmet needs and to suggest ways and means of meeting those needs. Those Health Councils organized under the joint leadership of both school and community are both educational and critical in nature, (the community offering analyses of existing and potential local resources on which the school may depend when referring students for medical and dental attention; and the school rendering an educational service by interpreting the local health services, problems, and facilities not only to pupils, but to outside groups as well).

It would seem that this joint type of Health Council sponsorship is more inclusive, more democratic, and its efforts more far-reaching than those Councils included in the other two

classifications, because it tends to integrate the work of the two agencies most concerned with the promotion of health-consciousness -- the Department of Public Health, and the Department of Education. At some time, every individual in the community has come into contact with one or the other -- hence, the efforts of the joint type of Health Council are more likely to reach a greater proportion of the population. Then, too, a sound public health viewpoint is developed on the part of the school department personnel; and a sound educational viewpoint is developed on the part of the health department personnel, the other professional men, and the volunteer laymen in the Council.

This joint type of organization also places representatives from all the medical, dental, educational, and other service groups into one advisory group, and each representative is thus enabled to exchange ideas with representatives from other agencies, and get a broader view of the complete community and school health picture. This broader viewpoint is bound to develop increased understanding, and eventually, more effective service.

It might be well to point out here that it is not the purpose of this report to seek a perfect organizational pattern for all schools and communities. Rather, I have endeavored to analyze the organization plans of eight different Health Councils in Massachusetts to illustrate the three different classifications of Health Councils described above, and to point out and compare significant differences -- differences which are

inevitable since the needs of each school and community vary respectively. The fact that I have selected these specific Health Councils for analysis does not mean, of course, that other schools and communities in Massachusetts do not maintain Health Councils that are equal in scope, importance, or significance; but rather, that the eight I have selected serve best to illustrate the various types of Health Council organization which I am attempting to explain and analyze here).

In the next section, these eight Health Councils will be considered in respect to the classification into which they fit.

HEALTH COUNCILS ORGANIZED UNDER SCHOOL LEADERSHIP

The Salem School Health Council

A typical organizational plan for a Health Council organized under school leadership is that which Salem Classical High School initiated in 1945. The purposes of the Council, as contributed by Dr. Louis Hutto [4] are:

1. To survey and evaluate the existing health work of the schools.
2. To unify and coordinate that work.
3. To plan for the gradual development of a more complete and adequate program.
4. To sponsor special total-school health education projects.
5. To coordinate the school health program with those of the community and state.

This school-sponsored Health Council, in turning to the various local agencies for help in compiling facts about the health resources of the community for the purpose of enlisting the cooperation of those agencies in promoting the school health program, did, in effect, become a motivating factor in the development of an advisory Community Health Council in Salem (which, at this writing, is just beginning to function). Thus, purpose #5, listed above, is now in the process of being realized, and Salem High School is beginning to find itself in the position of leadership in health education for the entire community.

The Council executives feel that this leadership by

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the schools will result not only in improving the school health program, but, by joint school-and-community planning, also prevent any duplication or overlapping of services that often result when cooperation is lacking. Then, too, since the work of this Council is chiefly educational in character, it would seem that an effective correlation between school health education, parent health education, and general community-wide health education, is bound to ensue.

The personnel of the Salem Health Council varies as to number, and according to specific projects. There is no formal, official membership (besides the standing Board of Directors); rather. participation in projects is open to the persons concerned. This open membership plan gives individuals or agencies who would not normally be associated with a Health Council as such, an opportunity to be brought into the organization for a particular purpose at a particular time.

The Salem Health Council does not employ any salaried members. All members work voluntarily, and meet when and as needs arise. The high school principal, the city director of school health work, the nutritionist, the school physician, and teachers of biology, physical education, and health, form the basic advisory and planning board that suggests policies for curriculum improvement. After plans are mutually agreed upon, they are passed on for implementation by the persons or agencies concerned (the other teachers, community health organizations, etc.). Eventually, parents and students will be invited to mem-

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bership, as will also the school nurse (the school does not employ a nurse at present).

It is apparent that the underlying purpose of this "open membership" organizational plan is to place actual supervision in one small administrative body of men and women whose life work is to improve education, and thus to forward the recognized purpose in any given community; i.e., to improve the living standards of that community. By not placing restrictions on general membership, a greater number of persons may participate ..... hence, a greater number of avenues are automatically opened to Council work. (However, since the recommendations of the Council are steered through those avenues by trained educators, the work is essentially educational in nature).

The Salem Health Council as such, does not train its members, but the city director of school health work offers quasi-formal training to the Council's lay and professional constituencies. For example, a certain amount of training is involved when the recommendations of the Council are passed on by the city director of school health work to those individuals who will place those recommendations into operation.

The executives of the Salem Health Council have found that the district health office cooperates very closely with the Council, and that the key people in community health work have given the Council maximum support.

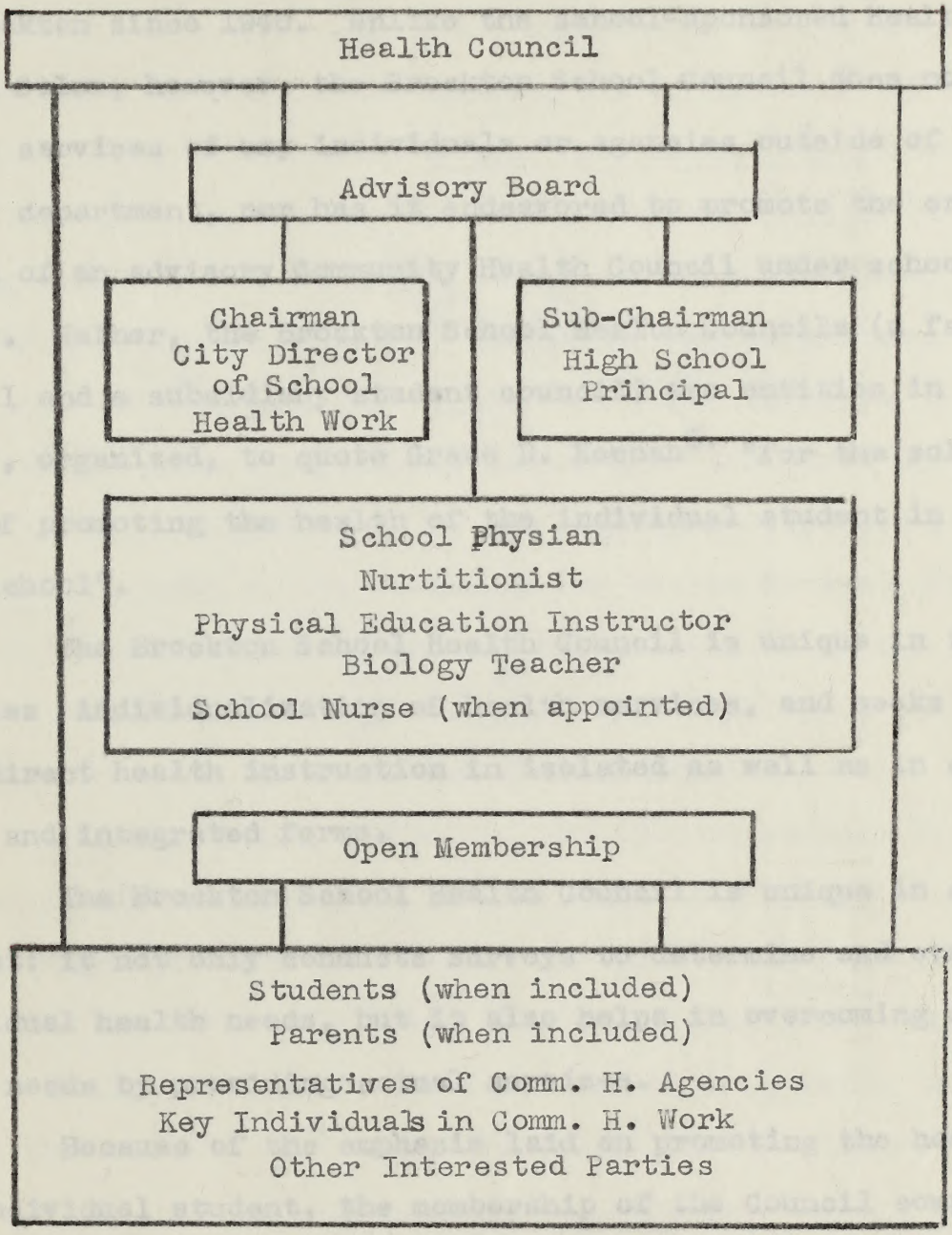
The only weaknesses in the organizational set-up, cited by Dr. Hutto are: the lack of formal training in health

education for all members; the inadequate (number of) professional health personnel in the school; and the fact that the Counsil does not, at present, include parents and students in the membership body.

Dr. Hutto rated the Salem School Health Council as "fair" in regard to its organizational set-up.

The organization chart follows.

ORGANIZATION OF SALEM HIGH SCHOOL HEALTH COUNCIL



ORGANIZATION OF SALEM HIGH SCHOOL HEALTH COUNCIL

The Brockton School Health Council

Two Health Councils have been functioning successfully in Brockton since 1940. Unlike the school-sponsored Health Council in Salem, however, the Brockton School Council does not draw on the services of any individuals or agencies outside of the school department, nor has it endeavored to promote the organization of an advisory Community Health Council under school leadership. Rather, the Brockton School Health Councils (a faculty council and a subsidiary student council) are entities in themselves, organized, to quote Grace D. Keenan[5]. "for the sole purpose of promoting the health of the individual student in the high school".

The Brockton School Health Council is unique in that it stresses individualization of health services, and seeks to provide direct health instruction in isolated as well as in correlated and integrated forms.

The Brockton School Health Council is unique in another respect: it not only conducts surveys to determine and evaluate individual health needs, but it also helps in overcoming some of those needs by providing actual services.

Because of the emphasis laid on promoting the health of the individual student, the membership of the Council comprises the entire faculty of the high school, plus representatives from the existing Student Health Council. By including all faculty members, plus some outstanding student leaders, the Health Council is in a position to make its influence felt by every student

5Keenan, Grace D., Supervisor of Health Education, Brockton School Department, Brockton, Massachusetts.

in the high school.

The health service, health supervision, and health instruction of the entire school are coordinated by the Faculty Health Council to prevent overlapping and duplication (of service, supervision, and instruction) within the school itself. For example, this coordination may be achieved by the Council clearly defining lines of authority and procedures to be followed, and by maintaining active direction of the entire health program. Health service, for example, may be coordinated by investing responsibility in the school physician, assisted by the nurse and the teachers; health supervision, by the investing responsibility in the nurse, assisted by the teachers; and health instruction, by investing responsibility in the teachers, assisted by the school physician and nurse. Administrative responsibility for all three phases are invested in the Health Council itself.

The Supervisor of Health Education is responsible to the Council for the operation of the complete program, working with the Superintendent of Schools, the Principal, Nurse, Physician, and the entire personnel of the teaching staff, as well as being faculty advisor to the Student Health Council. She also acts in the capacity of Council chairman, and establishes school health policies on the advice, guidance, and recommendations of the Council at large. It is evident that in Brockton, the Supervisor of Health Education is the key person in the Council.

In a strictly school Health Council organization, such as exists in Brockton, every teach in the school is able to play

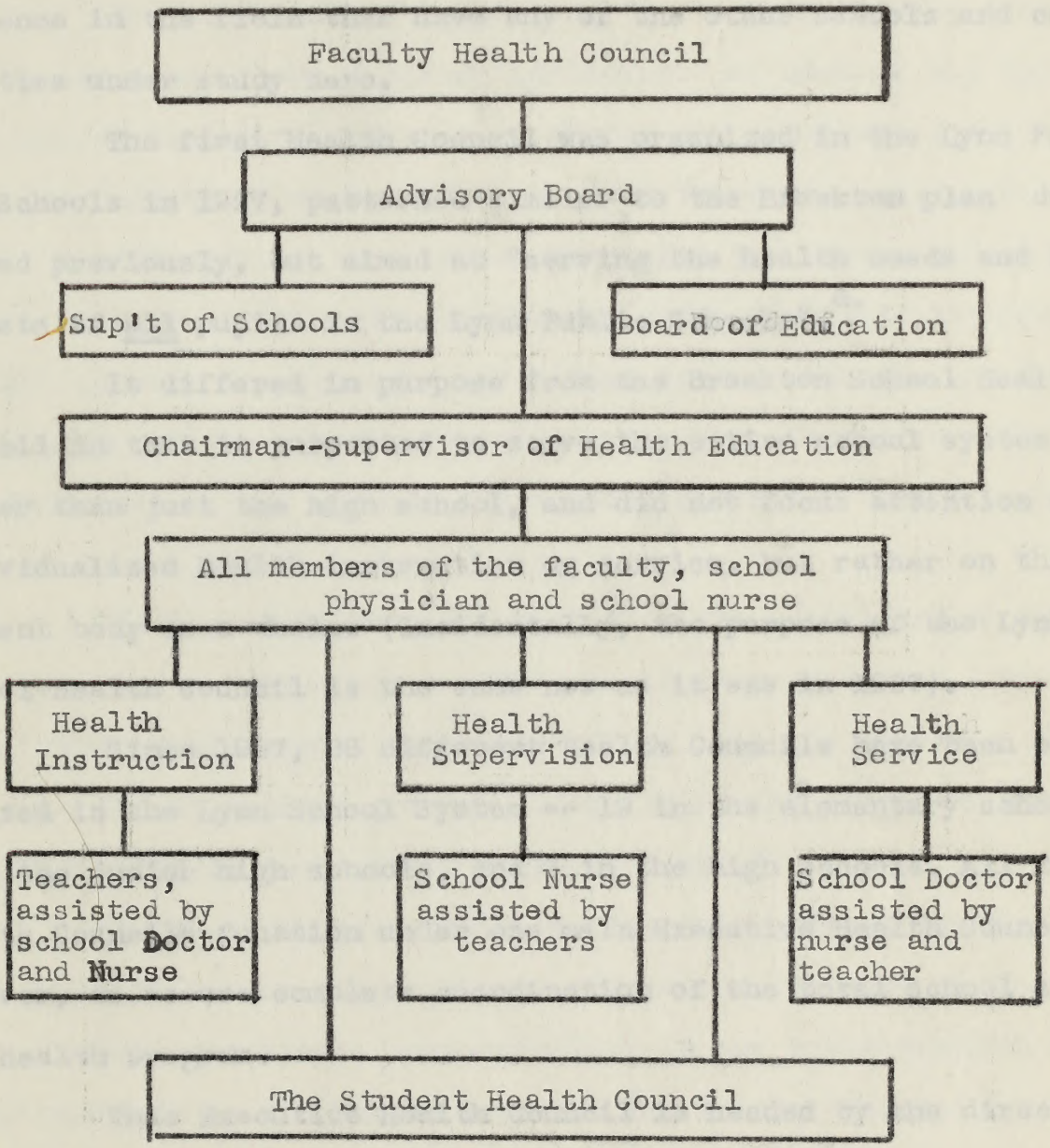
a vital role in the total school health program, and, because coordination and integration is confined to a relatively small area (just one school), an excellent teacher-nurse-physician rapport should be comparatively easy to establish. In fact, it would seem that the success of a Health Council of this type rests largely on the friendly, cooperative personal relationships existing among the educational and medical factors that make up the membership of the Council.

Then, too, since every classroom teacher participates in the program-planning, each is in an excellent position to understand and accept her responsibility in the program, and therefore implement more successfully any principles of health education which the Council may develop.

In regard to organization, Miss Keenan rated the Brockton School Health Council as "good".

The chart of organization follows.

ORGANIZATIONAL PLAN OF BROCKTON SCHOOL HEALTH COUNCIL



The Lynn School Health Council

The Lynn Public Schools have a more complete Health Council organizational set-up, and considerably more years of experience in the field than have any of the other schools and communities under study here.

The first Health Council was organized in the Lynn Public Schools in 1927, patterned similar to the Brockton plan described previously, but aimed at "serving the health needs and interests of all pupils in the Lynn Public Schools".[6]

It differed in purpose from the Brockton School Health Council in that it purported to serve the entire school system rather than just the high school, and did not focus attention on individualized health instruction or service, but rather on the student body as a whole. (Incidentally, the purpose of the Lynn School Health Council is the same now as it was in 1927).

Since 1927, 26 different Health Councils have been organized in the Lynn School System -- 19 in the elementary schools, 4 in the junior high schools, and 3 in the high schools. All 26 Health Councils function under one main Executive Health Council, however, to assure complete coordination of the total school system health program.

This Executive Health Council is headed by the director of physical and health education, in whom is vested the responsibility for planning the program, and coordinating the work of all the existing Health Councils. It is within the forte of the individual school principals to interpret the program in terms of

6. Schmoyer, Richard J., Director of Physical and Health Education Lynn Public Schools, Lynn, Massachusetts.

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6. Sommer, Richard J., Director of Physical and Health Education, Lynn Public Schools, Lynn, Massachusetts.

the needs of their respective schools. Thus, each Individual School Health Council, headed by the principal of the school, is left with considerable autonomy.

The School Executive Council meets four times a yeay, and is composed of the chairman (principal) of each of the Individual School Health Councils, some of the key classroom teachers (physical education instructors, biology teachers, etc.), the public health officer, the school physician and nurse, and the superintendent of schools. Of the Executive Council's administrative set-up, Mr. Schmoyer said, "Our Health Councils are bag and baggage of the school system", having been formed strictly in the interests of the school, yet working closely with the Department of Public Health.

In regard to the part that the Lynn School Health Councils play in the community health education program, Mr. Schmoyer said, "The public health department often uses the services of our Councils to promote general community health education work, and this splendid cooperation works both ways".

In Mr. Schmoyer's opinion, the main strength of the Lynn Councils lay in the teachers' complete acceptance of them (and of their individual responsibility in the total program. The chief weakness in the Health Councils lay in the increasing lack of enthusiasm, "probably due to the fact that the functions of our School Health Councils are now a part of routine, and very little stimulation is needed to keep them going". [7]

Although, as Mr. Schmoyer pointed out, splendid cooper-

7. Schmoyer. Ibid.

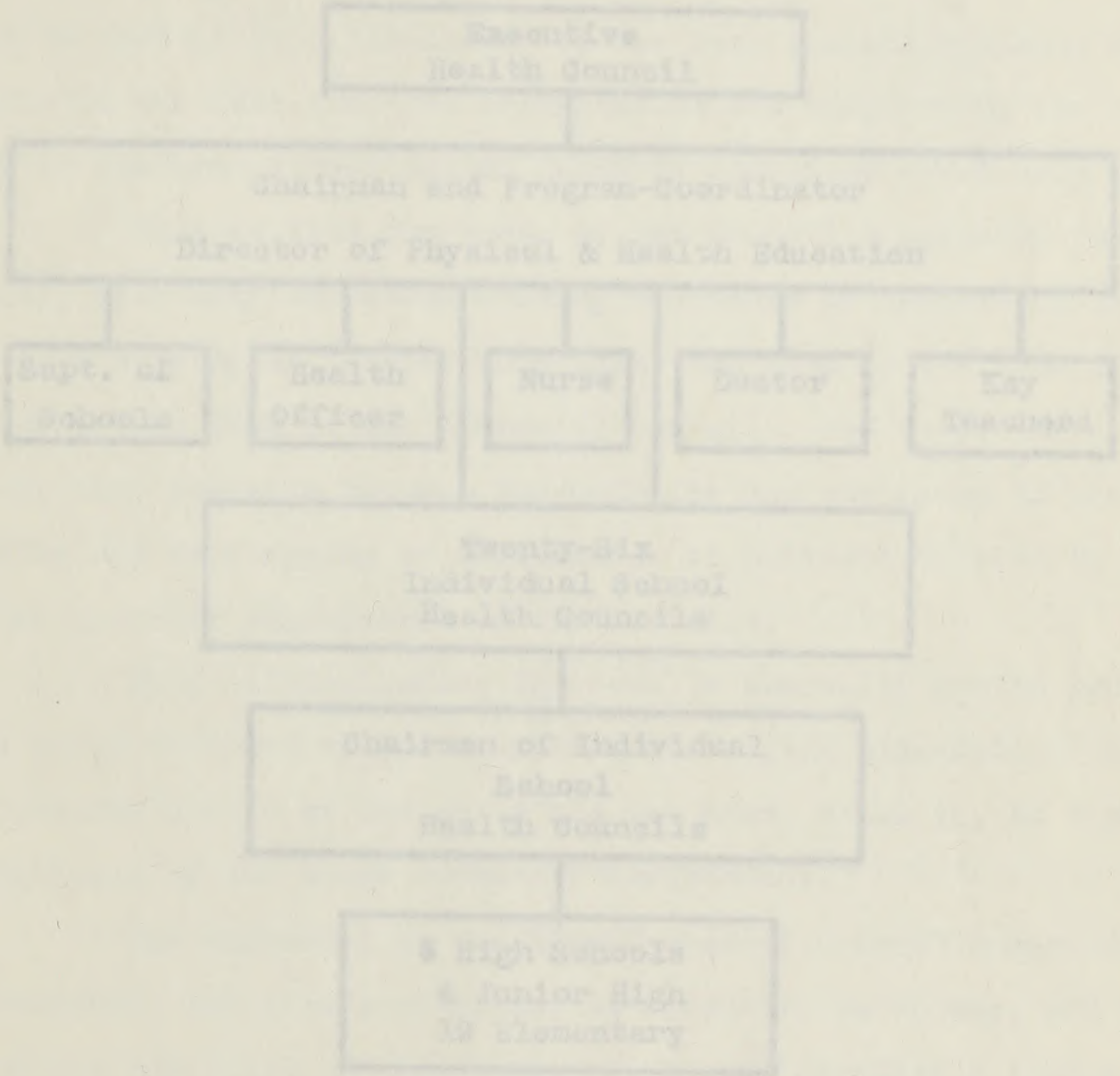
ation exists between community health agencies and the School Health Councils, all matters pertaining to school health and school health education remain under the definite jurisdiction of the school department -- just as all matters pertaining to public health and public health education remain under the jurisdiction of the public health department. However, by including the public health officer in the membership of the Executive Council, the Board of Health offers certain services to the school which aid and assist the Council in developing its health program. On the other hand, since the cooperative efforts work both ways, the School Council may, through its channels, assist the public health department in coordinating the dissemination of health information for special community projects.

That the School Health Councils in Lynn are powerful health forces in the community, may be cited by the fact that a Community Health Council was organized in Lynn two years ago, through the leadership assumed by the school department. We shall discuss the organization of the Lynn Community Health Council next, to illustrate how two distinctly separate Health Councils (both school and community) may often function jointly, yet retain their identities as individual organizations. (Lynn is not to be confused with the joint-type of Health Council; the Lynn School Health Councils and the Lynn Community Health Council are completely separate entities).

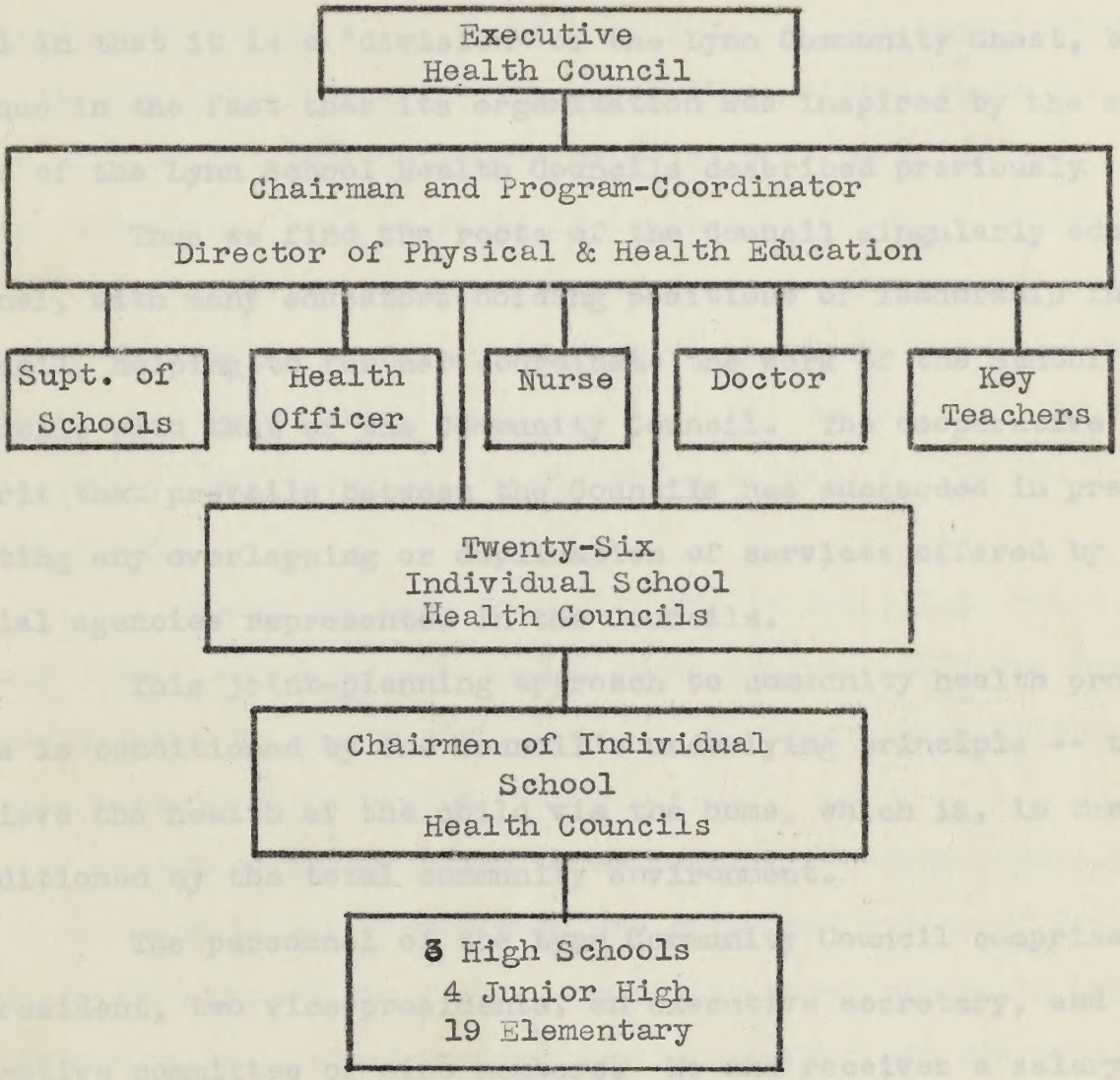
Mr. Schmoyer rated the majority of the Lynn School Health Councils as "excellent" in regard to organization, others as

"good". He rated the Executive Health Council as "excellent".

Chart of organization follows.



ORGANIZATIONAL PLAN OF LYNN SCHOOL HEALTH COUNCILS



ORGANIZATIONAL PLAN OF LYNN SCHOOL HEALTH COUNCILS

HEALTH COUNCILS ORGANIZED UNDER COMMUNITY LEADERSHIP

The Lynn Community Health Council

A typical example of a community-sponsored Health Council is that which was organized in Lynn two years ago. It is typical in that it is a "division" of the Lynn Community Chest, but unique in the fact that its organization was inspired by the success of the Lynn School Health Councils described previously.

Thus we find the roots of the Council singularly educational, with many educators holding positions of leadership in the Council, helping to further coordinate the work of the School Councils with that of the Community Council. The cooperative spirit that prevails between the Councils has succeeded in preventing any overlapping or duplication of services offered by the social agencies represented in the Councils.

This joint-planning approach to community health problems is conditioned by the Council's underlying principle -- to achieve the health of the child via the home, which is, in turn, conditioned by the total community environment.

The personnel of the Lynn Community Council comprises a president, two vice-presidents, an executive secretary, and an executive committee of nine members. No one receives a salary except the executive secretary, who is also the executive secretary of the Community Chest. The general membership of the Council is composed of professional people, with doctors, lawyers, and school department executives predominating. The agent of the board of public welfare is the president of the Community Council.

The total personnel of the Health Council meet once a year, but the Executive Committee and sub-committees (working on specific projects) meet frequently, at the call of the chair.

The executive secretary is the program-planner and the program-coordinator. He is the "spark plug" of the organization who not only keeps records of the Council's deliberations and takes care of all administrative details, but, by being secretary of the Community Chest as well, he is in a position to bring together the closely related functions of joint-planning and joint-financing. This is important in view of the fact that the Lynn Community Health Council has no specific set budget, but any expense that it may incur in its operation is paid for by the Community Chest.

Although the Lynn Community Health Council is not a part of any local or federal government organizations, it holds itself ready to serve in an advisory capacity to those organizatipns in matters pertaining to health.

In my opinion (based on my findings in this study),Lynn has a more completely coordinated and organized system of Health Councils than any of the other communities under study. In Lynn, the Community and School Health Council programs are not merely theoretical; they are practicable in every respect.

That they do operate and function effectively is borne out by the fact that the community as a whole, and the public and private agencies within the community, have acquired the habit of looking to the Council as a clearing house for health problems.

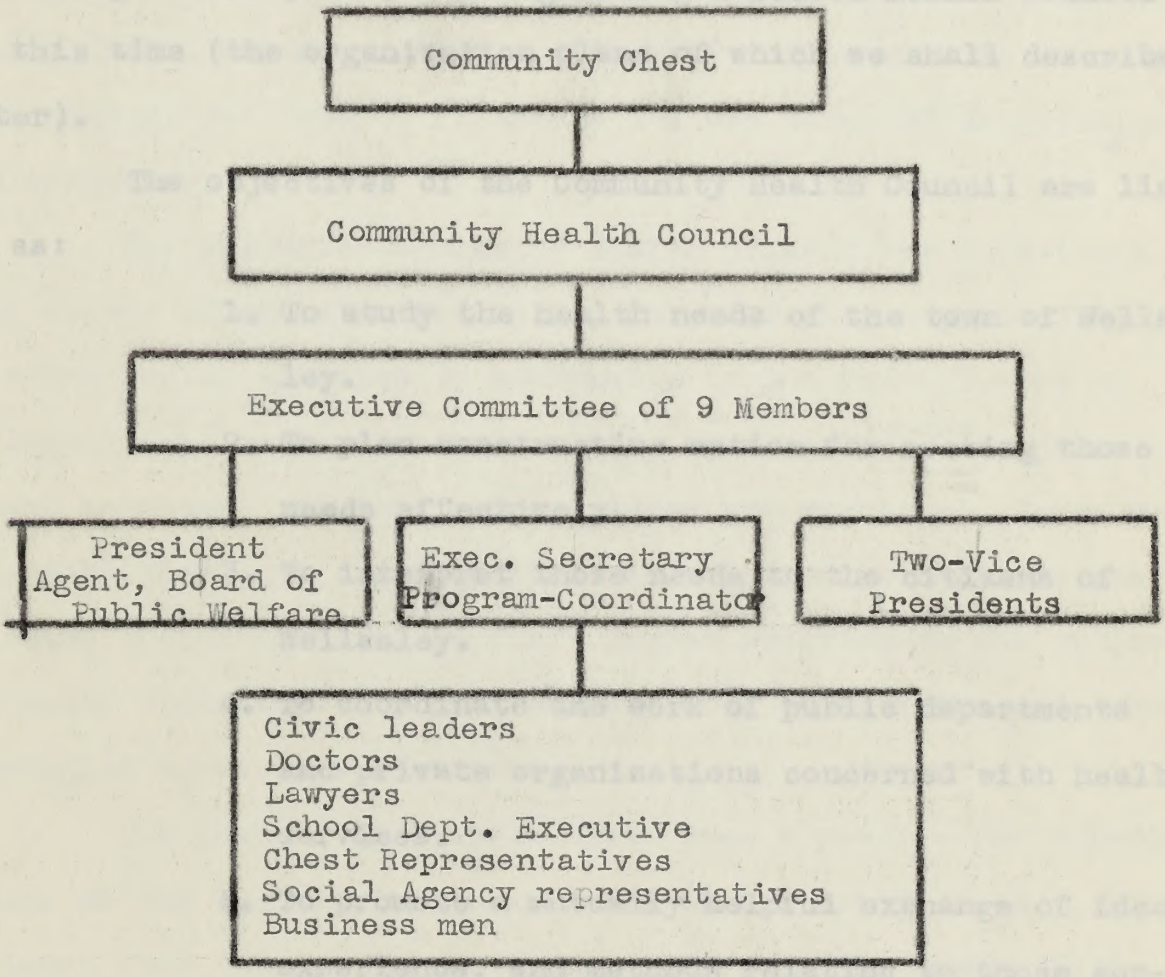
The School Health Councils (through their cooperation in community matters) undoubtedly paved the way for this apparently complete public acceptance of the Community Health Council.

Joseph D. Murphy, president of the Community Health Council, rates the Lynn Council as "fair", however, pointing out that "with continued good leadership and with more years of experience, this Council should be a moving force in the community".[8]

Chart of organization follows.

8. Murphy, Joseph D., Agent, Board of Public Welfare, Lynn, Massachusetts.

ORGANIZATIONAL PLAN OF LYNN COMMUNITY HEALTH COUNCIL



ORGANIZATIONAL PLAN OF LYNN COMMUNITY MENTAL HEALTH COUNCIL

The Wellesley Community Health Council

The organizational structure of the Wellesley Community Health Council is very similar to that of the Lynn Community Health Council, yet differs in that it took the initiative in Health Council work in the community -- the Wellesley School System being in the process of organizing a School Health Council at this time (the organization plans of which we shall describe later).

The objectives of the Community Health Council are listed as:

1. To study the health needs of the town of Wellesley.
2. To plan constructive action for meeting those needs effectively.
3. To interpret those needs to the citizens of Wellesley.
4. To coordinate the work of public departments and private organizations concerned with health services.
5. To promote a mutually helpful exchange of ideas, experience, and methods relating to those services.

The personnel of the Council includes representatives of voluntary health agencies, and organizations and departments of the town government concerned with or interested in health; active individual members, such as nurses, doctors, dentists;

and associate individual members, such as civic-minded citizens. The total membership of the Health Council is 30, with one salaried member, the executive secretary (as in the case of the Lynn Community Health Council) who is also the executive secretary of the Community Chest.

This Health Council is a division of the Wellesley Community Chest, dependent upon the Chest for financial assistance when needed, yet free to formulate its own rules of organization and procedure.

The Wellesley Community Health Council has promoted a high degree of coordination by not only inviting representatives of other social agencies to membership in the Council, but by having Council representatives attend meetings of those other social agencies. In this manner, ideas are exchanged, "good will" is established, and the Council is in a better position to see existing social agencies in their proper relation to the entire community situation. In this manner, too, duplication and overlapping of services are avoided.

The Council as a whole meets once a year -- the sub-divisions of the Council (mental health, dental health, etc.), meet at least four times a year, and more often is the need arises.

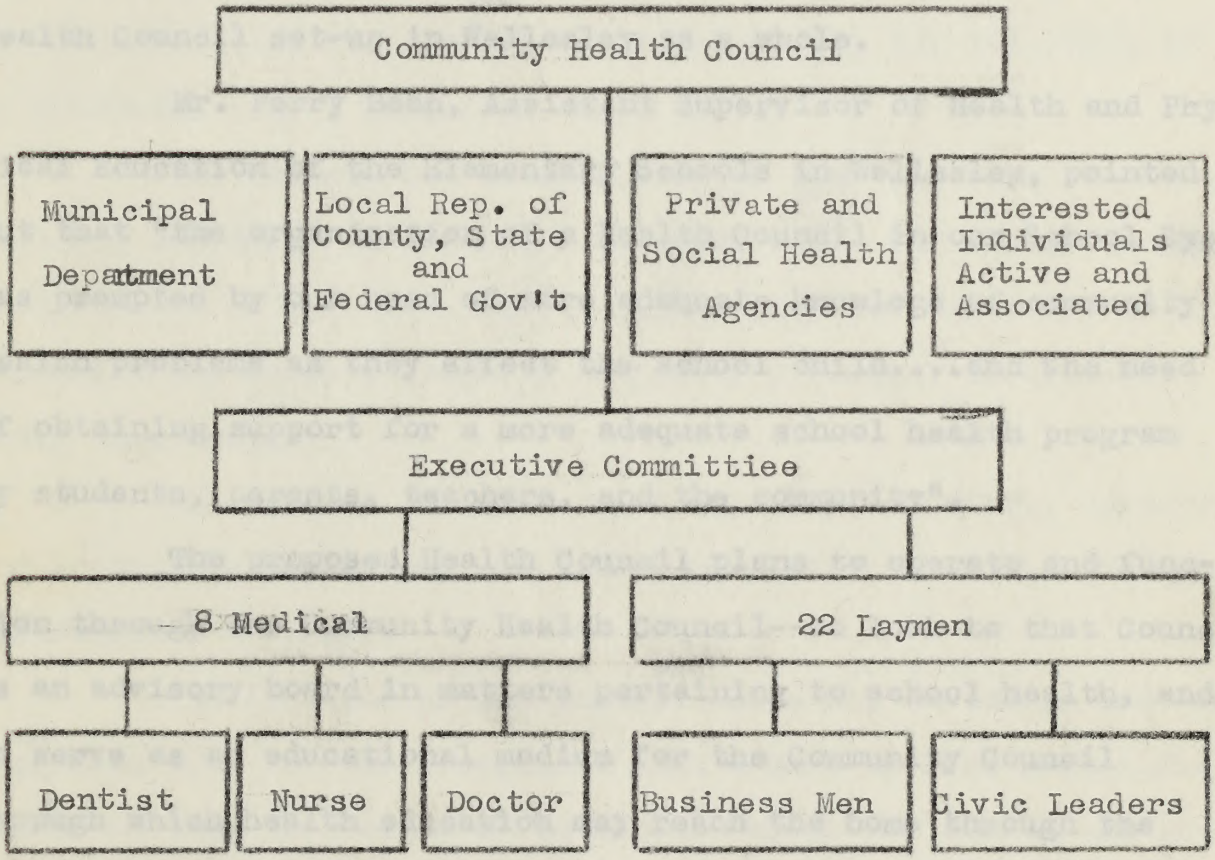
Mrs. Richard B. Davis, Executive Secretary of the Wellesley Community Health Council, finds that the main strength of the Council lies in the fact that "every member is vitally interested", and the only weakness (if it could be termed a "weakness") is

that "the public depends on the Council itself to render specific services -- they are not yet fully educated to the fact that we are simply an advisory board, dependent upon social agencies to carry out our recommendations".

From the standpoint of organization, Mrs. Davis rated the Wellesley Community Health Council as "excellent".

Chart of organization follows.

ORGANIZATIONAL PLAN OF WELLESLEY COMMUNITY HEALTH COUNCIL



ORGANIZATIONAL PLAN OF WELLESLEY COMMUNITY HEALTH COUNCIL

Wellesley School Health Council

I am classifying the Wellesley School Health Council under "community-sponsored" Health Councils because it will be just that when it begins to function this September. Then, too, by presenting its proposed plan or organization at this point in this report, the reader will obtain a clearer picture of the Health Council set-up in Wellesley as a whole.

Mr. Perry Bean, Assistant Supervisor of Health and Physical Education of the Elementary Schools in Wellesley, pointed out that "the organization of a Health Council in our School Sys- was prompted by our need of more adequate knowlege of community health problems as they affect the school child....and the need of obtaining support for a more adequate school health program by students, parents, teachers, and the community".

The proposed Health Council plans to operate and function through the Community Health Council--to look to that Council as an advisory board in matters pertaining to school health, and to serve as an educational medium for the Community Council through which health education may reach the home through the school child.

The anticipated membership of the School Health Council is 30--including teachers, doctors, dentists, nurses, psychiartrists, the Board of Health Director, an executive of the Friendly Aid Society, a representative of the Wellesley Community Health Council, students, and parents.

Brookline Community Health Council

The organization mechanism of the Brookline Community Health Council differs in every respect from the other Community Health Councils under study. This Council is not a part of the Community Chest, nor does it have a large, varied membership.

Rather, this Health Council is a part of the Goverment of Brookline, and its members are appointed by the Selectmen of of Brookline for a period of three years.

The council has a membership of six individuals--three doctors, and three civic-minded business men. One doctor and one business man retire each year, in order that two new members may replace them, hence a complete change of personnel is effected every three years.

The work of the members is entirely voluntary, however, and appointees may or may not accept membership at will. No member receives a salary.

The function of the Council is purely advisory, and was organized when "it was recognized that a more or less scientific board, to whom the Health Officer could apply for advice and recommendations, was needed".[9].

Besides acting in an advisory capacity to the Health officer, however, the Health Council also interprets community health problems, rules, and regulations to the public.

Dr. Russell also pointed out that the Health Officer holds all the responsibility and authority for the community health program--and that the Health Council made joint studies or

9. Frederick F. Russell, M.D. Member of Council.

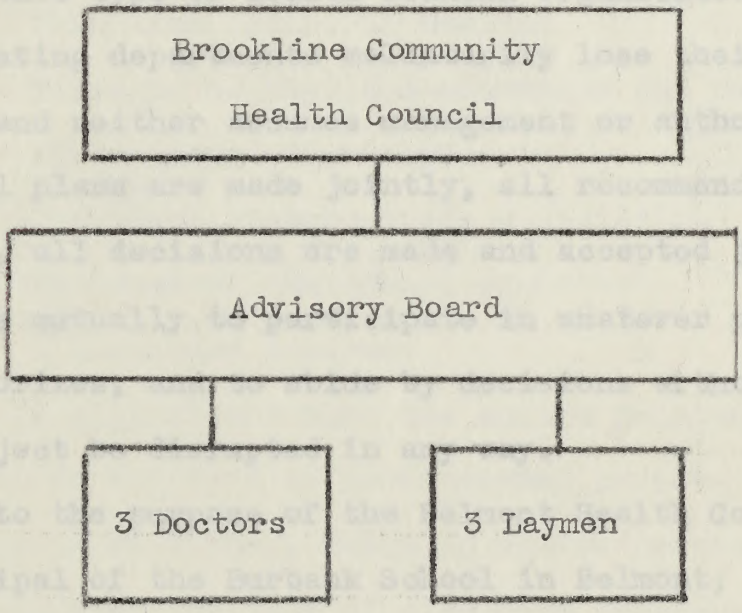
supplied advice, or made recommendations at his request.

This simple, orderly mechanism has proved effective in Brookline mainly because all members are vitally interested volunteers, and represent a careful, clean-cut blending of professional men and laymen.

Dr. Russell rated the Brookline Community Council as "good...but it should increase in importance, effectiveness, and ability to produce results over a period of years. Right now it is in its infancy".

Chart of organization follows.

ORGANIZATIONAL PLAN OF BROOKLINE COMMUNITY HEALTH COUNCIL



ORGANIZATIONAL PLAN OF BROOKLINE COMMUNITY HEALTH COUNCIL

HEALTH COUNCIL ORGANIZED UNDER JOINT LEADERSHIP

The Belmont Joint Health Council

In Belmont, total community health-planning is accomplished through a Health Council that was joint-organized, (and continues to function jointly) by the School Department and the Public Health Department.

In this type of Health Council organization, each of the participating departments voluntarily lose their individual identities, and neither assumes management or authorship of the program. All plans are made jointly, all recommendations are made jointly, all decisions are made and accepted jointed. All members agree mutually to participate in whatever project the Council authorizes, and to abide by decisions without exception, less the project be disrupted in any way.

As to the purpose of the Belmont Health Council, Coburn Tripp, Principal of the Burbank School in Belmont, said, "We are striving to study the health needs of the entire community, and to unify the health work of the schools and the community. Through joint-planning, we are working towards the development of the best educational and recreational program, from a health standpoint, for Belmont as a whole".

This Council was organized in 1938, and met once a month for the first three years of its existence, and at least four times a year after that. (Special sub-committee meetings are held as needs arise, however).

The personnel of the Belmont Health Council includes:

The superintendent of schools
High school principal
Agent, board of health
2 school nurses
3 school physicians
Dentist (board of health)
Physician (board of health)
Director of physical education and recreation
Nurse (board of health)
President, tuberculosis association
Chairman of the school committee
1 classroom teacher

(It is significant that the entire personnel of this Health Council is composed of professional people.

There is no formal, training course prescribed for members, but in-service training of classroom teachers by the school nurse is provided as health problems and projects present themsleves. (Mr. Tripp noted here that "every classroom teacher in the Belmont School System is trained in health procedures".)

Belmont seems to have solved effectively the long-standing argument about who shall sponsor the school health program--the Department of Education or the Department of Public Health. Under this joint-type of sponsorship, all the medical, dental, and public health services are under the direction of one Health Council, so that the school health service is an integral part

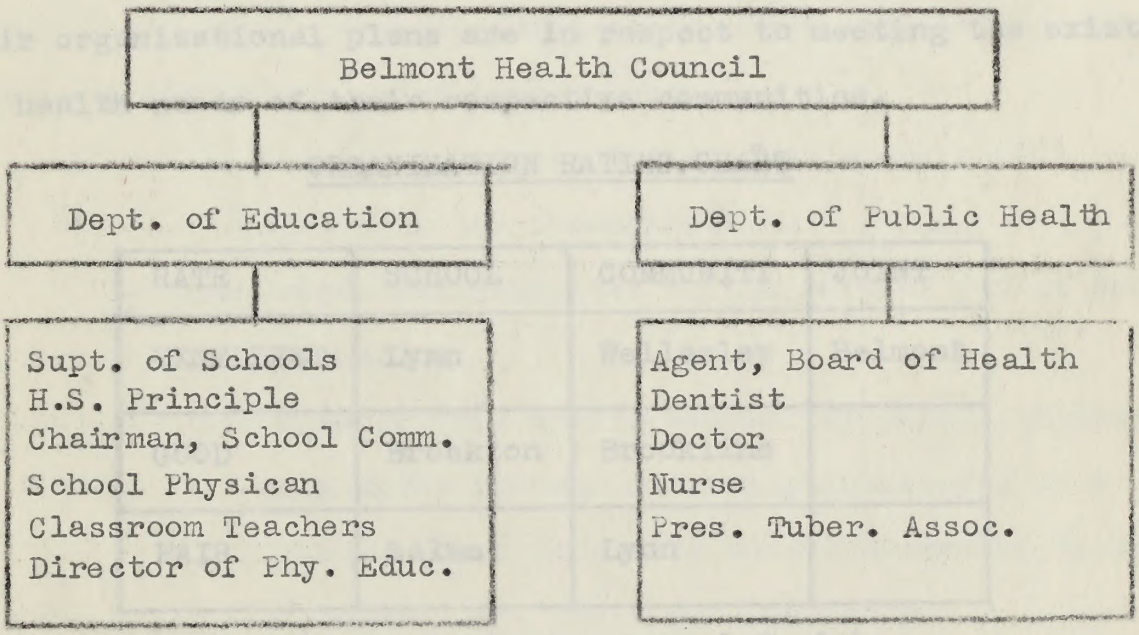
of the community program and vice versa. This also eliminates any crossed-wires between public health nurses and school health nurses--between public health physicians and school health physicians, etc.

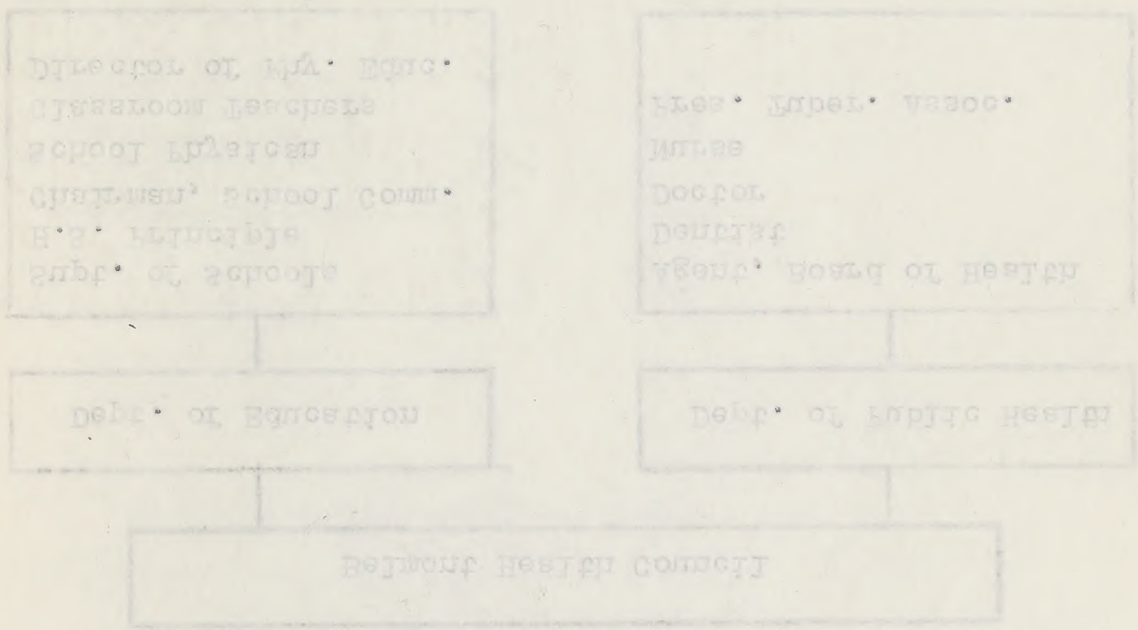
It is apparent that his type of Health Council also serves to smooth out many of the administrative and operating difficulties that often arise when the Public Health Department administers the school health program exclusively. The cooperative spirit that prevails is self-evident.

In regard to organization, Mr. Tripp rated the Belmont Health Council as "excellent".

Chart of organization follows.

ORGANIZATIONAL PLAN OF BELMONT JOINT HEALTH COUNCIL





HEALTH COUNCIL RATINGS IN REGARD TO ORGANIZATION

The chart below indicates how the executives of the Health Councils under study rated their Councils in regard to organization. However, since this report is interested only in presenting the organizational plans of these eight Massachusetts Health Councils, this chart of ratings is not intended to be construed as being any indication of how these Councils rate in actual function. Rather, I present this chart simply as an indication of how effective the Health Council executives feel their organizational plans are in respect to meeting the existing health needs of their respective communities.

ORGANIZATION RATING CHART

RATE	SCHOOL	COMMUNITY	JOINT
EXCELLENT	Lynn	Wellesley	Belmont
GOOD	Brockton	Brookline	
FAIR	Salem	Lynn	

(note: the Wellesley School Health Council is not rated above, because its organization plan has not been tested at this writing).

Obviously, the setting up of a plan of organization, the choice of Council personnel, the election of officers, and the designation of committees do not, of themselves, result in a smooth-working mechanism or improved community and school health service. The true effectiveness of a Council is measured

in terms of how well it "does what needs to be done" in its respective community or school system.

Through years of practical experience, the Lynn School Health Councils have managed to do just that -- hence, in this case at least, it may be safe to assume that the fact that its organizational plans are rated as "excellent" has a definite relationship to its success.

From experience in assisting in organizing Health Councils in their communities, the Council executives interviewed offered the following recommendations to other schools and communities anticipating organizing a Council:

1. Include a representative from every social agency in the community.
2. Create self-interest on the part of pupils and teachers.
3. Organize in a small, simple way first, including only those persons sincerely interested in a Council, then expand as needed according to local conditions. Don't get top-heavy.
4. Survey your own situation informally to ascertain the type of Health Council organization needed; organize a small preliminary planning group first, comprising the key people engaged in health work in the community.
5. Secure descriptive materials on procedures followed in other communities and schools.

6. Secure the guidance of a trained health educator.
7. State your purpose broadly and dynamically.
8. Do not try to accomplish too much at first; start out with one definite, concrete project, and see it through to completion before going on to the next.

SUMMARY

It is apparent, from analyzing the organizational set-ups of eight Health Councils in Massachusetts, that no positive blue-print of a single organizational plan could be drawn up to meet the needs and solve the health problems of all schools and communities.

The organizational methods used are conditioned by the number and the quality of existing community health agencies; local weaknesses and strengths in those areas; the type of public welfare administration that functions in the community; and the varied traditions and special elements inherent in every community which must be taken into consideration when the launching of a community vehicle such as a Health Council is being anticipated.

The experts interviewed, however, have recommended that every community attempt to unify and coordinate its health program in some degree and in some manner, in order to deal intelligently with existing problems in every segment of the community, and to prevent costly duplication of services. Only by considering the community as a unit can a plan of action be put into operation that will benefit the entire community rather than just individuals or small groups.

The organizational structure decided upon by any given community will simply be a means to an ultimate end -- the success with which it uses the procedures at its command, and the effect which the use of those procedures have upon the services rendered to the people of the community.

SUMMARY

For example, the jointly-sponsored (school and community) Health Council that functions successfully in Belmont, where the department of education and the department of public health have found a common meeting-ground, may not work at all in a community where the department of public health has always administered the school health program, and resents any change in procedure. For such a community, perhaps a strictly Community Health Council would be best. To cite another example: the comprehensive Health Council set-up in Lynn would be beyond the limited facilities and personnel of a much smaller community or school.

Comparisons such as these obviously have little conclusive significance, but they do, however, suggest that any community or school that is planning to organize a Health Council could profit by a critical examination of its problems, its needs, and its facilities before setting up a detailed plan of organization.

In brief, a recognition of the shortcomings as well as the assets of the community should be a primary condition to the type of Health Council organizational plan ultimately devised.

As one Health Council executive phrased it, "There are many different ways in which a given community can arrive at a desirable initial Health Council organization plan. The simplest way, of course, is to tread the same routes and avenues that the community has travelled satisfactorily in the past when organizing a unit such as a Health Council".

The same procedure may very easily apply to the school system that is planning to organize a Health Council.

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