

AN OVERVIEW BY THE LEGISLATIVE AUDITOR OF THE PROGRAM AUDIT OF THE SCHOOL HEALTH SERVICES PILOT PROJECT

INTRODUCTION

In 1973, the legislature requested our office to conduct an evaluation of the school health services pilot project and to submit our findings to the 1975 session. The pilot project itself had been authorized in 1970, when the legislature appropriated funds to provide health services in a limited number of schools. In the fall of 1974, the pilot project covered 57 schools, about one-fourth of the public schools in the State.

The pilot project is fairly simple in design. Its basic component is the placement of a health aide—a paraprofessional—in the school to provide first aid and emergency care and preventive health care to the students of that school. School nurses, each of whom is responsible for a number of schools, supervise the health aides and provide follow-up services on cases referred by the health aides.

The project was not intended to be a comprehensive health care delivery system. The services rendered are limited to emergency care for relatively minor injuries and illnesses, the prevention of communicable diseases, and the detection of health problems that may impair learning. There are, of course, other important health problems, such as mental health, nutrition, drug abuse, and venereal disease, which are not addressed by the project, or for that matter, by any of the school health programs in any comprehensive way. Addressing these and other difficult health problems, would require a different approach to school health care, a larger program design, and a far more comprehensive delivery system.

SYNOPSIS OF MAJOR FINDINGS

Our overall and basic finding is that the pilot project has been generally effective in achieving program objectives. There is a need for readily accessible emergency health assistance services in the schools, and the paraprofessional approach in providing such services is a cost-effective approach. We also find that for those schools with health aides, students lose less school time than do students in schools without aides. Another finding relating to program effectiveness is that the project schools provide a wider range of health screening services than do non-project schools. And, finally, students are generally satisfied with the services provided.

One program weakness is that project schools are not significantly better than non-project schools at maintaining required and recommended physical examination, tuberculin testing, and immunization levels. A majority of students in our schools, project as well as non-project, are not in compliance with recommended health guidelines, receive fewer physical examinations than they should, and receive less immunization and tuberculin

testing than they should. Particularly at the upper grade levels, there are significant numbers of students whose immunizations have expired and a distressingly large number of students for whom there are no records of tuberculin tests.

The current outbreak of measles (rubeola) in the secondary schools of Windward Oahu is an unfortunate situation which might have been averted through enforcement of required immunizations. When we audited the health records at Kailua High and Kailua Intermediate schools in the fall of 1974, we found that, in our sample of the records for 58 students, there was no record of rubeola immunization for 35 percent of the students. It is of little utility to install a system of health record review and maintenance if there is no concerted effort to follow up the review through timely notification of students and parents of any deficiencies detected. We strongly urge the department of health to determine why the records show students to be so much at variance with required and recommended immunization, physical examination, and tuberculin testing levels and to take prompt and effective corrective action.

During the course of the audit we also identified a number of other operational problems common to all schools, such as unclear accident reporting criteria and procedures, doubtful value of height and weight screening as currently conducted, and poor maintenance of health records at higher grade levels. The report discusses these and other problems and presents appropriate recommendations.

CONCLUSION

The Governor's Health Services Advisory Committee, the committee established by law to oversee the school health services pilot project, has expressed its agreement with the findings and recommendations of the report. The committee recommends that the pilot project be made into a permanent program and that the school health services program be expanded to all the public schools in the State. We hope that our audit report will be of some assistance to the legislature in making its program decision.

Clinton T. Tanimura
Legislative Auditor
State of Hawaii

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