

Preschool medical examination : what for?

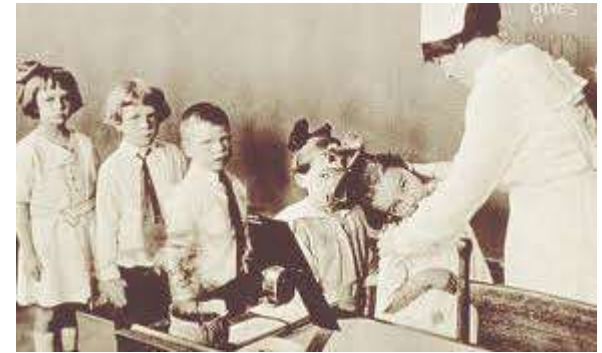
ISSOP2018, Bonn - 28th Sept 2018

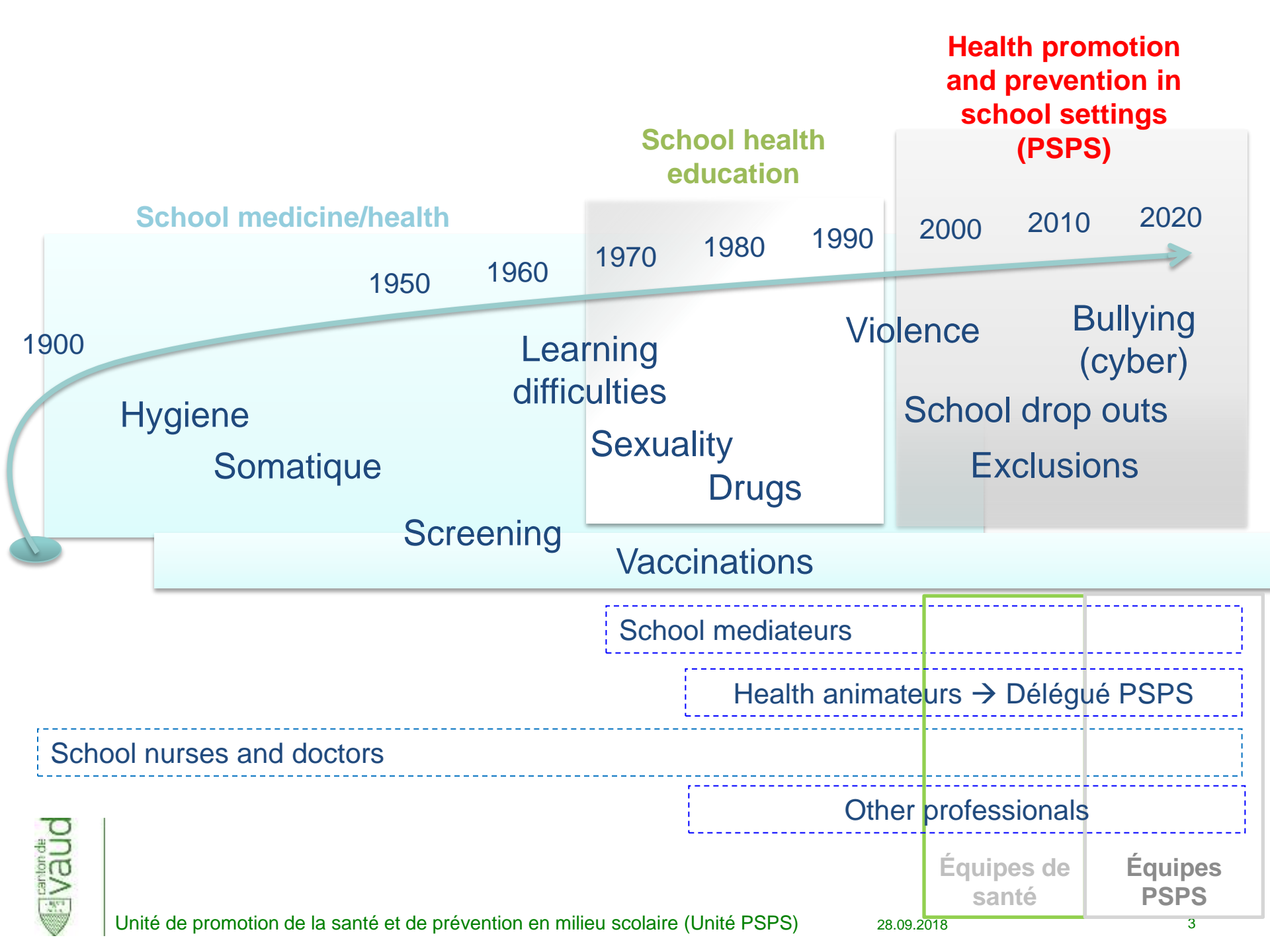
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Pedagogy and health promotion co-evolved





No more solid published evidence than in 1998...

Systematic review of the school entry medical examination

Jane Barlow, Sarah Stewart-Brown, John Fletcher

Archives of Disease in Childhood 1998;78(4):301-11.
<https://adc.bmj.com/content/78/4/301>

- ▶ **Data** on the **effectiveness** and **efficiency** of both the routine and selective SEM examination in accurately identifying children with new or ongoing health problems are **not available at the present time**.
- ▶ The studies reviewed here demonstrate the **fragility of the evidence** on which the school entry medical is based, and call into question the **ethical basis** of this programme.

... **except for separate components**

80th annual meeting of the AMERICAN PUBLIC HEALTH ASSOCIATION and related organizations held at Cleveland, Ohio, October 20-24, 1952

Among topics discussed in light of the forthcoming revision of the standard reference under this title were:

- ▶ promoting healthful living in schools,
- ▶ health and safety education,
- ▶ services for health protection and improvement,
- ▶ health aspects of physical education,
- ▶ and school responsibilities for the education and care of handicapped children.

School Health Policies

Policies for the Promotion Of Healthful School Life

A joint session of the APHA sections on maternal and child health, public health education, public health nursing, school health, and health officers with the American School Health Association sought to bring up to date developments in the field of school health policies. Among topics discussed in light of the forthcoming revision of the standard reference under this title were: promoting healthful living in schools, health and safety education, services for health protection and improvement, health aspects of physical education, and school responsibilities for the education and care of handicapped children.

Living with the program of health and safety education in revising current policies? Dr. Starr asked. Listing the services and living activities which are a regular part of the health curriculum would contribute to progress integration, she said.

Dr. Starr appealed for major policy restatements on the objective of health education, coordination of the program and integration of its various parts, organization of the health course, introduction of a health program into the schools, and more specific standards of guiding the program.

Instruction Objectives

Primarily, a policy revision should state the understanding, attitudes, and skills to be achieved by health education in a complete curriculum, Dr. Starr said. Its formulation would serve to determine the content of health courses, the needed school and community health services, and later to evaluate the effectiveness of health teaching, she

believes. As examples of understanding, she listed:

Good health is a state of complete physical, mental, emotional, and social well-being, not merely the absence of disease. Individuals differ in their rate of growth and in their capacities. Their acceptance of this difference is necessary to good mental health. Complete medical, dental, and psychiatric services are available for improving health.

Desirable attitudes, she said, are appreciation of preventive medicine and public health education programs; cooperation in maintaining high health standards in the home, school, and community; and acceptance of one's strengths and limitations.

Suggested health teaching areas to be included at each level of the school experience are these, she said: human growth and development; health maintenance and improvement; dental health; nutrition, rest, relaxation, and exercise; personal appearance, mental health, and personality development; home and family living; alcohol, narcotics and drugs; safety education including fire defense and disaster education; and public health.

"The health course should carry the same recognition in regard to credit and requirements as other basic courses," she said.

**Outlines Major Revision
In School Health Policy**

Redirecting school health education would clarify current school health policies, Helen M. Starr, Ph.D., director of health, physical education, and recreation for Minneapolis Public Schools, declared.

"We are not carrying out the recommendations of the present report," she said, referring to current APHA policy carry-over to present health education. Many schools are teaching health rather than helping boys and girls live healthfully through sound instruction, she said.

"Why not tie in the aspects of health service and healthful school

This album material (and last month's) is adapted from the Public Health Service exhibit at the 1952 APHA meeting.

Vol. 68, No. 2, February 1953

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**public health
in transition**

a look of today, and
a visualization of tomorrow
from the perspective
of a half century of progress

Acta Pædiatr Scand 66: 297–305, 1977

PHYSICAL HEALTH OF 7-YEAR-OLD CHILDREN

*An Epidemiological Study of School Entrants and a Comparison
with Their Preschool Health*

LENNART KÖHLER

*From the Department of Paediatrics, University Hospital, Lund and Dalby Community
Health Research Centre, Dalby, Sweden*

- ▶ “It is concluded that the "ordinary" preschool Child Health Services did fulfill their purpose to detect handicapping disorders in an acceptable way; by the introduction of the special health control at 4 years of age, this function was further improved.”

Checking the health of school entrants









K Whitmore, M C O Box

Archives of Disease in Childhood 1990; **65**: 320–326

Table 3 Comparative staffing costs for joint doctor and nurse and nurse only health checks of school entrants in a typical health district

(A) For joint health check at each primary school		
Cost of nurse:	37 children at 37 minutes per child and £7·96 per hour	£181·62
Cost of doctor:	37 children at 20 minutes per child and £9·34 per hour	£115·19
		<u>£296·81</u>
(B) For nurse only health check at each primary school		
Cost of nurse:	37 children at 37 minutes per child and £7·96 per hour	£181·62
Cost of doctor:	(a) Eight children (with no preschool records) at 20 minutes per child and £9·34 per hour	£24·90
	(b) 12 children (with possible problems) at 10 minutes per child and £9·34 per hour	£18·68
	(c) Six children (among those at (b) above) needing neurodevelopmental assessment at 12 minutes per child and £9·34 per hour	£11·20
	(d) 17 children needing check for undescended testicles and/or congenital heart disease, at one boy and one girl per five minutes and £9·34 per hour	£6·63
		<u>£243·03</u>
(C) Difference between costs of joint and nurse only health checks at each primary school		
		<u>£55·78</u>

School entry examination – a subjective comparison

	France 2009 ¹	Japan 2003 ²	UK 2018 ³	Vaud CH 2018
	Medical visit (all)		Questionnaire (all) + nurse (some)	Medical visit + Q (all) + nurse (some)
	X	X	Seen a doctor ?	X
	X	X		X
	X	X		X
	X	X		X
	X	?		X
	X	?		X
	X	X	X	
	X	?	X	X
Other	X	X	X	

School health: what for?

- ▶ Place of school health services within the health system and the education system
 - «safety net»
 - Access to health care
- ▶ To screen or not to screen
 - Health / medical condition (right to health)
 - Scholastic skills (right to education, integration)
 - Challenging behavior (all above)
 - Social conditions

ICD 10 - Pervasive and specific developmental disorders F80-F89

- ▶ F80 - speech and language
- ▶ F81 - **scholastic skills**
 - ▶ Reading
 - ▶ Spelling
 - ▶ Maths – arithmetics
 - ▶ Mixed disorder of scholastic skills
 - ▶ Other
 - ▶ Unspecified
- ▶ F82 - motor function
- ▶ F84 - Pervasive developmental disorders
- ▶ F88 - Other disorders of psychological development
- ▶ F89 - Unspecified disorder of psychological development

<https://www.icd10data.com/ICD10CM/Codes/F01-F99/F80-F89>

Data management system must be safe and efficient



- ▶ **Standard 7** A data management system that facilitates the safe storage and retrieval of individual health records, monitoring of health trends, assessment of SHS quality (structure and activities) and research is in place.

European framework for quality standards in school health services and competences for school health professionals

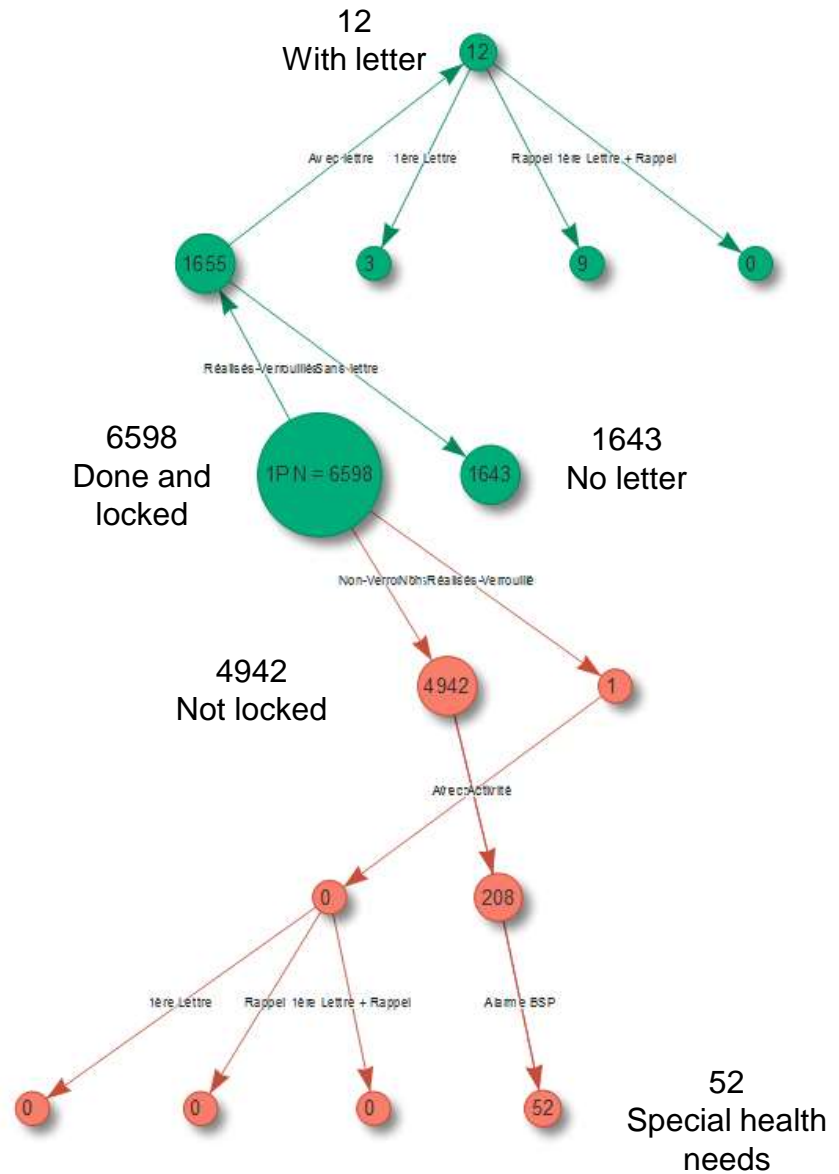
2014

<http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/2014/european-framework-for-quality-standards-in-school-health-services-and-competences-for-school-health-professionals>

Unité PSPS – Vaud* (CH)

* without City of Lausanne

Status as of 27th Sept 2018 for
school beginners



Challenges

For the clinician

- ▶ Confidentiality
- ▶ What to look at
- ▶ What to communicate

▶ **For authorities**

- ▶ Explicit and simple processes
- ▶ Put in place a system that allows follow up

An excellent and detailed resource – UK

Levers, J, Taylor L. Children's Division School Entry Health Review Guideline [Internet]. 2018 sept [cité 26 sept 2018] p. 35. Disponible sur: <http://www.southernhealth.nhs.uk/resources/assets/inline/full/0/71936.pdf>

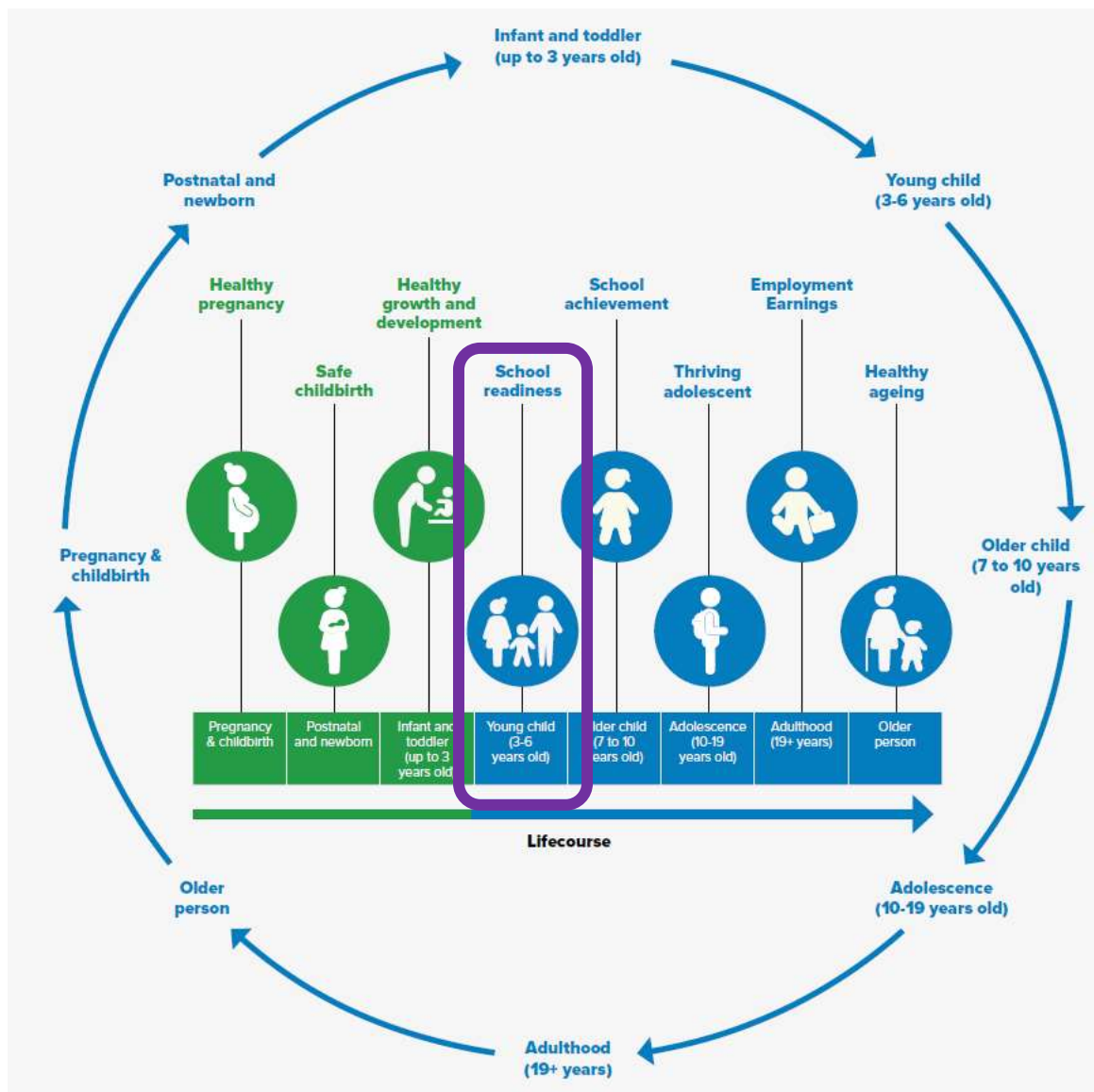


SH CP 81

Children's Division School Entry Health Review Guideline

Version: 5

NURTURING CARE AND ITS CONTRIBUTIONS THROUGH THE LIFE COURSE



nurturing-care.org