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NOTE

DIFFERENCES BETWEEN THE U.S. AND JAPAN IN SCHOOL HEALTH SERVICES

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Both Japan and the United States have systems of school nursing and health services in public schools. However, there are some differences between both countries in those systems. It is interesting and useful for us who are concerned with school health in Japan to find what differences are produced in practical phases of those school nursing and health services by differences in system.

I stayed at Berkeley in California to grasp actual conditions of the school nursing and trends of the school health education in the United States from April, 1990 to March, 1992. During my stay, I visited some American school nurses among six states in the United States. I could meet 36 school nurses among 13 school districts—a basic unit of local school administration—in California (7 districts), Colorado (1 district), Pennsylvania (1 district), Maryland (1 district), Washington (2 districts), and Wisconsin (1 district).

Through these interviews, I learned some aspects of American school health services and found some differences from Japanese methods. Introducing some of those differences here, I would like to venture some discussions about them. However, these are merely contrasts that I observed and will not be evaluated because my current understamding of American school health services is still insufficient to do so. This is an observation note for a comparative study between Japan and the United States in school health.

Dealing with a Students' Illness or Injury

At first I found a difference between both countries in their dealing with students who have some illnesses or injuries. In the U.S., it is common that the school makes a phone call to the student's parent/guardian when the student cannot stay in his classroom because of an illness or injury, but the school life-threatening does not need to call an ambulance (unless there is a serious emergency). The parent/guardian who has come to pick the child up usually decides if he/she should take the child to a doctor/hospital. On the other hand, in Japan, the school nurse—not really a nurse, but a kind of teacher, so we call it School Nursing Teacher (hereafter referred to as SNT)—usually judges whether the student should be taken to a doctor or observed staying in the nursing room (health room) or in a bed in the room. If the SNT judges that the student should see a doctor, the SNT or someone

of the school staff will take him to a doctor—usually to the school doctor who is commissioned to every school by the educational board in the city=the school district—after having a consultation with the homeroom teacher and the principal. At the same time, the parents are advised of the situation.

This difference between both countries seems to depend most basically on how schools assume the responsibility of health care (health protection) for the students. In other words, the difference depends on how schools and parents in both countries assume an attitude toward the parents' right to care for children and share a responsibility in the health care for school children. Parents in the U.S. appear to insist more strongly on their right to care for children than parents in Japan. On the other hand, in Japan there has been a common idea that people in a community take care and nurture their children in collaboration with each other (sharing the responsibility with each other), and Japanese parents comparatively have a strong sense that they entrust the care of their children to the school. Thus it has resulted that schools in Japan seem to have taken upon themselves a larger responsibility for students' health than schools in the U.S. Additionally, the fact that schools in Japan can take students with an injury or illness directly to a hospital/clinic is because almost all people in Japan have health insurance. In the U.S., one-fourth from one-third of students do not have it.

Health Examinations

The second difference is in the content and form of the health examination at schools. All schools (elementary through high school) in Japan have to carry out the school health examination of all students every year. This is required by the School Health Act. Almost all times of the examinations (see the left side of the next table) are executed at each school site by the SNT, classroom teachers, and school doctors in April and May (i.e. for two months at the beginning of the school year). On the other hand, schools in the U.S. appear to carry out a health examination less often and also have fewer items than in Japan. Furthermore, the vision, hearing and scoliosis screening are performed at each school site, but the others (see the right side of the next table) are not. Parents usually take their children to a doctor to get these examinations and submit forms completed by the doctor to the school.

JAPAN	U.S.A. (California)
(Every year)	(At entrance to Kindergarten)
Questionnaire on current physical condition	Health and developmental history
Measurement of height, weight, and chest	Physical examination
Vision and hearing screening	Nutritional assessment
Medical check of eyes, ear-nose-throat, teeth, and chest & back (scoliosis)	Blood test (for anemia), Urine test, and tuberculin test
Nutritional assessment	(at Kindergarten to 2nd grade)
Urine test, cardiogram test,* X-ray exam.,* stool exam. (for parasite), and tuberculin test	Vision screening
	Hearing screening
	(at 7th & 8th grade)
	Scoliosis screening

* Once each school level (elementary, junior high and high school).

As the above comparison shows clearly, we can see that schools in Japan take a bigger responsibility for the protection of students' health than schools in the U.S., at least in the health examination. It seems to me that this difference basically depends on a difference in philosophy (fundamental view) of *the school's role in the community* (social functions of school). In Japan there is the following view about the role of schools: modern schools, especially those after the establishment of the compulsory education system, have had a social function of protecting children's health along with their academic and disciplinary functions, because the establishment of the system provided for a situation in which schools were entrusted with all children of the community. Putting it in another way, schools were given the duty of day-care for children at the same time as the system's establishment. In fact, historically, in Japan we have been enlarging the school's role in health protection for children through enriching the content of school health services and developing the system since the establishment of the modern school system. However, it is undeniable that this historical enlarging of the role has produced another tendency: the function of health protection for children has not been sufficiently developed in communities outside the schools.

Teachers' Participation in the School Health Program

The third difference is in how general teachers participate in the school health program and its activities. General teachers in Japan seem to assume a larger responsibility for the school health program and health guidance. In Japan almost all schools have a school health division which is one of some organizations which share allotments of various duties in the school. The division, which is usually composed of the SNT and representatives of classroom teachers in each grades, holds a meeting at regular intervals (once or twice a month), discusses needful matters at each stage of planning, implementation, and evaluation of the school health program, and involves other school personnel in activities of the program. On the other side, schools in the U.S. appear not to have such an organization as far as I know, and almost all matters of the school health program appear to be actually left to the school nurse (hereafter referred to as SN) who are usually responsible for 3 or 4 schools. Also homeroom teachers in Japan, especially in elementary and junior high schools, take upon themselves a responsibility for performing health guidance for their classroom students, except for the health instruction which is required as a part of physical and health education. But, classroom teachers in the U.S. usually do not have such responsibility, except for a case which the curriculum of the school includes health classes and classroom teachers take charge of it. Schools in the U.S. have a system of counselor who gives his students—each counselor is usually responsible for 300–500 students in junior high and high schools—a counseling and guidance concerning with their studies and courses. I think that this difference (in how teachers in both countries assume the responsibility for health protection of the students), too, is basically caused by the difference in attitudes toward the school's role in the health protection of the children.

Health Services Delivered by SNs and SNTs

The fourth difference is in health services that an SN/SNT delivers at a school. The systems of SN in the U.S. and SNT in Japan are basically different. The American SN is a nurse, but the Japanese SNT is a teacher who has almost the same knowledge and skills as a nurse. Also SNs in the U.S. are usually responsible for 3 or 4 school buildings, but in Japan the SNTs work full-time at a single school. These differences in the systems appear to produce the following differences in the form of activities in their work and the emphases which they put on their duties (health services).

First, the SNT in Japan daily cooperates with other school personnel as a member of the teaching staff at the school and carries out the school health activities involving other teachers. On the other hand, the SN in the U.S. usually gives advice and help to the staffs and parents as an expert in nursing and performs the role of a consultant. Second, Japanese SNTs tend to spend more time of each day in giving advice (on general problems excepting health problems) and health education activities, and SNs in the U.S. tend to spend more time in health counseling and follow-up of students with a health problem, excepting a duty of dealing with student's injuries and illnesses in which both the SN and SNT commonly spend the most time. Third, SNTs in Japan perform *various forms of health education*[1] themselves, but many American SNs who are responsible for 3 or 4 school sites are probably more compelled to restrict their activities in health education than are Japanese SNTs. Health education activities of American SNs are generally counseling and giving guidance to their students individually and advising to teachers and parents concerning their student's health.

Dealing with Handicapped Students

The fifth difference is in dealing with handicapped students. In the U.S., handicapped students have been mainstreaming since the enactment of PL 94–142 in 1975, and the health assessment and technical care for them have become parts of major duties for SNs. On the other hand, in Japan handicapped students who do not need medical or technical care are mainstreamed, but those who need such care go to the special school for them. The special school usually has some nurses besides an SNT and a system by which they can get help from the doctor whenever they need it. In both countries there is a clear difference in the view of mainstreaming into the school systems. In Japan, the opinion that mentally disabled students and those who need medical/technical care are better ensured their de-

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[1] SNTs in Japan generally perform the following health education activities:
—health teaching with health counseling and dealing with student's injuries and illnesses
—health guidance at a whole student assembly in the school and through broadcast to all classrooms
—health informing by newsletters for all students, occasionally for teachers and parents
—special health instruction at the health room or in classrooms
—guiding activities of the student health committee concerning health and disease prevention for the whole student body

velopment at special schools than at regular schools is dominant. However, it is also a fact that there is another opinion that all handicapped students should be mainstreamed into regular schools, and this is a problem currently in controversy.

Conclusion

In conclusion, in regard to the differences between both countries in the system of school health personnel, providing health services to students and the general teacher's participation in the school health program, it can be said that schools in Japan have a larger responsibility for student health (health care and discipline) than schools in the U.S. This difference of how schools in both countries take the responsibility for children's health care and discipline seems to be caused by a difference in the school systems (positioning and duties of school personnel), of the systems protecting the children in the community and in attitudes toward the parents'/family's responsibility for education and protection for their children. But, it seems to me to depend more fundamentally on a difference in philosophy about the school's role in both countries—saying more restrictively, it seems to depend to what extent the societies of both countries place the responsibility of children's health protection among the basic duties of schools. However, to demonstrate this, my supposition or hypothesis, it is needful to compare the following issues in both countries: histories of school (especially the processes of establishing the modern school system), allocations of school budget and those bases, and expectations of a society regarding its schools. A study of all these issues is not the intent of this paper, but it is important to recognize these issues do relate to a discussion that compares the school health services of the U.S. and Japan.

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