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Myrtle I. Derby  
*University of Massachusetts Amherst*

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A STUDY OF THE PLACE OF HEALTH EDUCATION  
IN THE CURRICULUM OF THE SECONDARY SCHOOLS  
OF HAMPSHIRE COUNTY

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A STUDY OF THE PLACE OF HEALTH EDUCATION  
IN THE CURRICULUM OF THE SECONDARY SCHOOLS  
OF HAMPSHIRE COUNTY

By

MYRTLE I. DERBY

A problem submitted in partial fulfillment  
of the requirements for the Master of  
Science Degree

University of Massachusetts

1951

TABLE OF CONTENTS

TABLE OF CONTENTS

|  | Page |
|--|------|
| TABLE OF CONTENTS . . . . .  | iii  |
| LIST OF TABLES . . . . .   | vii  |
| CHAPTER I -- <u>INTRODUCTION</u> . . . . .                                     | 1    |
| Background of the Study. . . . .   | 1    |
| Concepts of School Health Education. . . . .                                   | 4    |
| Summary. . . . .   | 6    |
| CHAPTER II -- <u>METHOD OF PROCEDURE</u> . . . . .                             | 7    |
| Statement of the Problem . . . . .   | 7    |
| Subjects Selected for the Study. . . . .                                       | 7    |
| Procedure for Contact. . . . .   | 7    |
| Development of the Questionnaire . . . . .                                     | 8    |
| Development of the Check-list. . . . .   | 9    |
| Treatment of the Questionnaire Returns . . . . .                               | 10   |
| Treatment of the Check-list Returns. . . . .                                   | 10   |
| Summary. . . . .   | 10   |
| CHAPTER III -- <u>DESCRIPTION OF QUESTIONNAIRE</u> . . . . .                   | 11   |
| Purpose of the Questionnaire . . . . .   | 11   |
| Items Covered in the Questionnaire . . . . .                                   | 12   |
| Organization and Structure of the Questionnaire. . . . .                       | 12   |
| CHAPTER IV -- <u>ANALYSES OF RESPONSES TO QUESTIONNAIRE</u> . . . . .          | 16   |
| Evidence of Organization and Administration of the<br>Health Program . . . . . | 17   |

|  | Page |
|--|------|
| Evidence of the Health Services of the Schools Studied. . . . .    | 19   |
| Evidence of Health Instruction . . . . .                           | 25   |
| CHAPTER V -- <u>DESCRIPTION OF CHECK-LIST</u> . . . . .            | 26   |
| Purposes of the Check-list . . . . .                               | 26   |
| Organization and Structure of the Check-list . . . . .             | 26   |
| Items Covered in Check-list. . . . .                               | 27   |
| CHAPTER VI -- <u>ANALYSIS OF THE CHECK-LIST</u> . . . . .          | 30   |
| Criteria for Analysis. . . . .                                     | 30   |
| Integration of Health Education with other Courses . . . . .       | 30   |
| Health Content in Courses. . . . .                                 | 32   |
| Summary. . . . .   | 38   |
| CHAPTER VII -- <u>THE PROGRAM IN ACTION</u> . . . . .              | 39   |
| Underlying Principles of Organization and Administration . . . . . | 39   |
| Planning for School Health Education . . . . .                     | 41   |
| The Role of the School Administrator . . . . .                     | 42   |
| Health Services. . . . .   | 43   |
| Procedures for Discovering the Health Needs of Pupils . . . . .    | 43   |
| Health Histories . . . . .   | 44   |
| Conferences with Parents . . . . .                                 | 45   |
| Conferences with Pupils . . . . .                                  | 45   |
| Physical Examinations. . . . .                                     | 45   |
| Follow-up on Physical Examinations . . . . .                       | 46   |

|   | Page |
|---|------|
| The Health Instruction Program. . . . .   | 46   |
| State Law Regarding Health Instruction in Schools . . .                             | 48   |
| Limitations of Legal Provision for Health Instruction .                             | 48   |
| Health Instruction in Junior High School. . . . .                                   | 49   |
| Correlation in the Junior High Curriculum . . . . .                                 | 50   |
| Health Instruction at Senior High School Level. . . . .                             | 51   |
| Health Instruction Correlated with Biology at Senior<br>High School Level . . . . . | 52   |
| Health Instruction Correlated with Social Studies . . .                             | 53   |
| Health Instruction Correlated with Home Economics . . .                             | 54   |
| Health Instruction Correlated with Physical Education .                             | 55   |
| Health Instruction Correlated with Science. . . . .                                 | 56   |
| The Need for Required Health Courses. . . . .                                       | 57   |
| Summary on Organization and Administration of<br>Health Instruction. . . . .        | 58   |
| The Role of the Classroom Teacher . . . . .   | 59   |
| Teacher Health Needs. . . . .   | 59   |
| Health Education for Teachers . . . . .   | 60   |
| In-Service Training in Health Education . . . . .                                   | 60   |
| Devices for In-Service Training in Health Education . .                             | 61   |
| The Use of Audio-Visual Aids in the Health Program. . .                             | 62   |
| Summary of the Program in Action. . . . .   | 62   |
| CHAPTER VIII -- <u>CONCLUSIONS AND RECOMMENDATIONS</u> . . . . .                    | 65   |
| Statement of the Problem. . . . .   | 65   |

|  | Page |
|--|------|
| Summary of the Procedure Used in This Study. . . . . | 65   |
| Conclusions. . . . .                                 | 66   |
| Recommendations. . . . .                             | 70   |
| <u>APPENDICES</u> . . . . .                          | 73   |
| Letter to Superintendents. . . . .                   | 74   |
| Return Post Card . . . . .                           | 75   |
| Questionnaire. . . . .                               | 76   |
| Check-list . . . . .                                 | 77   |
| Health History . . . . .                             | 78   |
| Health Record Form . . . . .                         | 79   |
| Health Record Form . . . . .                         | 80   |
| Health Units . . . . .                               | 81   |
| <u>BIBLIOGRAPHY</u> . . . . .                        | 82   |



LIST OF TABLES

LIST OF TABLES

|  | Page |
|--|------|
| TABLE I. -- Summary of responses to item I A on the questionnaire in relation to the organization and administration of the school health program. . . . . | 13   |
| TABLE II. -- Summary of number of schools where a prescribed and systematic course in health education is included in the curriculum. . . . .              | 20   |
| TABLE III. -- Teacher screening of pupils for physical defects. . . . .  | 22   |
| TABLE IV. -- Analysis of courses wherein health education was found to be integrated in the secondary curriculum . . . . .                                 | 31   |
| TABLE V. -- Areas of health information integrated in various courses, showing number of schools reporting same. . . . .                                   | 35   |
| TABLE VI. -- Indications of frequency of accent on health content in various subject matter areas. . . . .   | 35   |
| TABLE VII. -- Degree of emphasis placed upon various areas of health instruction . . . . .   | 37   |

CHAPTER I  
INTRODUCTION

CHAPTER I  
INTRODUCTION

Background of the Study--The responsibility for the inclusion of health education in the school curriculum has been well-defined for several years, and by virtue of the general objectives of education takes first place in the "seven cardinal principles".

The Children's Charter,<sup>1</sup> prescribed "For every child from birth through adolescence, promotion of health, including health instruction and a health program, wholesome physical and mental recreation, with teachers and leaders adequately trained."

The elementary schools throughout the last two decades have met this challenge rather well and there is an almost universal inclusion of health education in the curriculum of the schools of this level.<sup>2</sup>

However, the secondary schools have definitely lagged behind in adopting adequate measures for health education to be included in the curriculum.<sup>2</sup>

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(1) White House Conference on Child Health and Protection, White House Conference, 1930, Appleton Century Co., 1931, p. 365.

(2) Conrad, Meister, Teaching Procedures in Health Education, W.B. Saunders Company, 1941, p. 21.

In some states, health education is mandated by law, while in others it is included at the discretion of the individual city or town school system.

The "stumbling block" in the secondary school picture seems to arise from the general problem of curriculum structure at this level, where academic subjects in preparation for college entrance and commercial and vocational subjects vie with each other for placement in an already overcrowded schedule.

Health education is frequently omitted from the secondary curriculum on the basis that the child has had the benefit of the same in the elementary grades.

Again, it is viewed with indifference by those who do not have a full concept of its importance, or with impatience by those who feel that it is but "one more subject to be crowded into the curriculum".

While many of the knowledges, attitudes, habits and skills of health are learned in the elementary grades, there is much information that is unsuited for presentation at that level, and which is so essential for the adolescent in order that he may live most effectively.

The secondary school has the responsibility for the full growth and development of the pupil who is emerging from adolescence to adulthood. Health education has always been a

social necessity, especially for adults.

Therefore, the responsibility of the secondary school cannot be put aside legitimately by any of the reasons stated herein before, but should be resolved as early as possibly by conscientious investigation of the curricula of this level, to ascertain where, when, and how health education may be included.

Such inclusion obviously depends upon the structure of the secondary curriculum. New England towns and cities appear to be among the last to relinquish traditional subject matter scheduling for a core curriculum plan, as advocated by present day educators.

Nevertheless, health education can, and undoubtedly in many cases does, find its way informally into the courses of study which have been so long established.

Today it is a well recognized fact that learning is far more than a "transmission of knowledge" either by textbook or oral statement of facts, and that the environment in which we live and work, the observations we make, the concepts we have, the habits we develop, and the skills we achieve, are all contributing factors to our ultimate education.

So it is clear that it becomes the responsibility of the school administrator to have a clear concept of the health education program and to so plan for it that the pupil's

total school day will have meaningful health experiences for him.

Concepts of School Health Education--The term "health education" is one which apparently still has many interpretations, and one which often creates confusion in the minds of school administrators, teachers, pupils, parents and members of the community.

It is sometimes referred to as "the school health program", or again as "school health services", each with overlapping connotation, and both with and without "health instruction".

In some schools it is still delineated as a single course in hygiene, or physiology, or physical education.

For many years, the terms "hygiene" and "anatomy" and "physiology" appeared in high school curricula and were considered ample to meet the need of "health education" in the schools.

It was thought that supplying the pupil with the knowledge of the structure and function of the human body would result in a motivation toward living healthfully. In practice, however, too frequently this emphasis upon anatomy and physiology, and the isolated factual statements of good hygiene, serve only to instill antagonism and resistance to information intended for the pupil's welfare.

Then there followed a period of the technical discussion of "germs" and the causes of diseases. Textbooks and courses of study continued to rely upon this factual information as a means of enlisting the adolescent's interest in his personal welfare and his health protection.

The philosophy of education in general has gradually changed, due to the several contributions of Rousseau, Pestalozzi, Froebel, Herbart, Dewey and other well-known educators, and a newer concept of "consideration of the whole child" has come about.

This consideration of the total needs and interests of children is also changing the concepts of school health education. There is a deliberate avoidance of the development of the objectionable emphasis on health consciousness which surpasses native interest and in turn harbors upon neuroticism. There is also a decline in the use of memorization of repetitious facts, or mere reliance upon the printed word.

The modern curriculum recognizes health education to be composed of three basic component areas, namely healthful school living, health services, and health instruction.

It recognizes that each of these areas is dependent upon the others for a full and adequate interpretation of the term "health education" and that they function as a correlated whole.



The modern school interprets "health education" as the more inclusive "sum of all experiences which favorably influence habits, attitudes and knowledge related to individual and community health" as defined by Dr. Thomas Wood in 1926,<sup>3</sup> and later adopted by the Committee on Terminology, of the Health Section of the American Physical Education Association<sup>4</sup> in 1934.

Summary--The variation in the interpretation of the term "health education" is readily seen to be directly related to the particular concept of education in general which is subscribed to by the individual school system wherein it is used.

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(3) N.E.A. Fourth Yearbook, Department of Superintendence, Washington, D.C., 1926, p. 226.

(4) Committee Report, American Physical Education Association, The Journal of Health, 1934, p. 5:16.

CHAPTER II

METHOD OF PROCEDURE

## CHAPTER II

### METHOD OF PROCEDURE

Statement of the Problem--What is the place of health education in the curriculum in the secondary schools of Hampshire County?

An investigation of the status of health education in the secondary schools of Hampshire County seemed a justifiable problem for study, inasmuch as the school health program is one which is yet in evolutionary stages of development in many schools.

Recognition of the needs of adolescents for school health education, and of the many difficulties of scheduling for health education in the secondary curriculum prompted the study.

Subjects Selected for the Study--The secondary schools of Hampshire County were selected for this study since they represented schools wherein both typical and atypical patterns of health education might be found.

Procedure for Contact--Letters were sent to the superintendents of the school systems of Amherst, Belchertown, Easthampton, Hadley, Hatfield, Northampton, South Hadley and

Ware, wherein secondary schools exist, requesting the opportunity of an interview to ascertain data for a questionnaire and a check-list to be used in the study.

Self-addressed and stamped envelopes and a government postal, also addressed to the writer, were enclosed for the convenience of the superintendents.

Replies from the superintendents indicated full cooperation in this survey and personal interviews with the principals of the several schools were then carried out.

In some schools the writer was also referred to the school nurse or other members of the school staff for personal interview in order to complete the questionnaire.

Development of the Questionnaire--The questionnaire was based on principles and practices of health education in secondary schools as gleaned from authoritative sources such as textbooks, pamphlets, curriculum guides, and surveys made in other sections of the country.

The pattern for this questionnaire was predicated upon several others examined by the writer, and in particular, one prepared by the Joint Health Education Committee, State Department of Education and Health, Atlanta, Georgia, entitled, "An Appraisal of the School Health Program".

The items included in the questionnaire were those

considered by the writer to be essential in the effective functioning of the school health program.

A copy of the questionnaire is included in this study.  
(Appendix A)

Development of the Check-list--The check-list used in this survey is similar to the one used by the Cattaraugus County, New York, Committee for Study of Health Education in Secondary Schools.<sup>1</sup>

With some modifications, to make it compatible with the essential purposes of this study, it represents a suitable means of checking on the health content of courses in the secondary schools.

The items used in the check-list are those known to be considered by health education authorities to be representative of the necessary health information which high school pupils should have.

This information is presented in the check-list as having possibilities of existing in the curriculum through integration with other high school subject areas.

The check-list attempts to indicate the individual status of the schools reporting on same, with relation to the

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(1) Grout, Ruth E., Health Teaching in Schools, 1948, pp. 294-301.

extent of content, the placement of same, and the degree of emphasis given each phase of the health instruction program.

Treatment of the Questionnaire Returns--Answers to each item on the questionnaire were tabulated separately, and tables relative to such tabulation are included in this paper, with summaries.

Treatment of the Check-list Returns--The check-lists were carefully analyzed as to frequency, placement, and degree of emphasis indicated for the items included, and tables showing these results are included in this paper, with comments.

Summary--It seemed fitting that a study of the place of health education in the secondary schools of Hampshire County be prefaced by an analysis of the existing practices in secondary schools through the country, as determined through the media of recent textbooks, pamphlets and reports on the subject, as a means of criteria for evaluation.

Therefore, Chapter VII "The Program in Action" deals with such areas as the organization and administration of the health program, health services, separate health courses, and the integration and correlation of health education with other subject matter areas.

CHAPTER III

DESCRIPTION OF QUESTIONNAIRE

CHAPTER III

DESCRIPTION OF QUESTIONNAIRE

The most ideal method for determining the full status of the health education program in the curricula of the secondary schools of Hampshire County would be, of course, through personal participation in the total school program in each school system.

This was obviously not possible for the writer to experience and, therefore both the questionnaire and check-list shown in the appendices B and C respectively were used in personal interview and by correspondence with the administrators of each school surveyed.

Purpose of the Questionnaire--The purpose of the questionnaire was two-fold, namely:

1. To get a picture of the essential factors relating to the individual health education programs of the schools studied.
2. To serve as a springboard for alerting the attention of the administrators to these essentials so that:
  - a. Additional facts about the program would emanate from the questionnaire
  - b. Suggestive questioning might serve to improve the health education programs of said schools in the future.



Items Covered in the Questionnaire--The items covered in the questionnaire were grouped under three major headings, covering three specific areas of the health education program in the schools, which were as follows:

- I. Organization and Administration of the Health Program
- II. Health Services
- III. Health Instruction

Organization and Structure of the Questionnaire--The questionnaire used in this study consisted of three mimeographed sheets, on which questions under the headings of the three areas of health education (mentioned under "Items Covered in the Questionnaire") were followed by blanks for the recording of affirmative or negative answers.

In addition to the provision for the "yes" and "no" answers, blanks were provided for further delineation of the answers. For example:

Is there a follow-up of the examination of school children? (By whom is it made? \_\_\_\_\_)  
Yes \_\_\_\_ No \_\_\_\_.

The first section on Organization and Administration of the health program, contained six questions dealing with the following topics:

- A. Responsibility for the administration of the program.
- B. Existence of a health committee.

- C. Curriculum guide.
- D. Prescribed and systematic health course.
- E. Health education trained teachers.
- F. Teacher trained in health guidance.

Question B, with reference to the existence or non-existence of health committee, was further delineated by seven sub-questions, relative to classification of individual members of such a committee, and further inquiry as to the functioning of such committee, in cases where one was indicated to exist.

The second section, dealing with Health Services, was made up of fifteen questions with sub-questions and blanks for additional comments, each with blanks for a "yes" or "no" answer to the main question.

These questions covered the following topics:

- A. Physical examination of pupils.
- B. The school nurse.
- C. Teacher-screening for physical defects of pupils.
- D. Hearing and vision tests.
- E. Dental services.
- F. Physical examination of teachers.
- G. Physical examination of other school personnel.
- H. Follow-up of examination of school children.

- I. Follow-up of examinations of teachers and other personnel.
- J. Keeping of health records.
- K. Persons equipped to render first aid.
- L. Participation of PTA or other community groups in school health program.
- M. Participation of private physicians in school health program.
- N. Participation of private dentists in school health program.
- O. Utilization of organizational health services in school health program.

The third section, on Health Instruction was made up of nine main topics which in turn were broken down into several parts, in order to obtain a clear picture of just how each school health education program was operating.

Provision was made for checking in a number of blanks against the sub-topics rather than to limit the answers to the main questions to a simple affirmative or negative indication, thereby extending the amount of information being furnished in each area.

The main topics covered in this third section of the questionnaire were:

- A. Grade place of direct health instruction.
- B. Credit given for health courses.
- C. Required or elective status of the health courses offered.

- D. Materials other than textbooks used in the program of health instruction.
- E. Various media employed for health instruction.
- F. Provisions made for evaluation of the health instruction program.
- G. Integration and correlation of health instruction in the total program.
- H. Basis of scheduling for health instruction.
- I. Number of class hours involved in health instruction.

The third, and last sheet of the total questionnaire was left blank for the voluntary comment of the person supplying the information.

CHAPTER IV

ANALYSIS OF RESPONSES TO QUESTIONNAIRE

## CHAPTER IV

### ANALYSIS OF RESPONSES TO QUESTIONNAIRE

The returned questionnaires were eight in number, representing the total number of secondary schools of Hampshire County which were being studied.

In each case, upon personal interview with the principal or nurse in the particular school system being surveyed, interested cooperation was evident.

In general, there was an expression of doubt as to the existence of much health education in the individual curriculum of said schools. However, through interview the information required by the questionnaire was frequently further amplified, so that the writer was conscious of the feeling that in actual practice more evidence of health education was existent than was surfacely exposed.

This was not true, however, in all areas of the curriculum; nor did it indicate in any instance, that there had been planned organization and administration of health education in the total concepts of healthful school living, health services, and health instruction. The strongest areas were in the first and second categories above mentioned.

In order that the full import of the survey might be

further clarified for the reader, there follow three tables which purport to interpret the summary of items included in the questionnaire.

In these tables the heading "Item" is used to indicate the question asked on the questionnaire, while numerals are used to indicate the various schools reporting. (See Table I, p. 18).

Evidence of Organization and Administration of the Health Program--

Person Directly Responsible

The responses to the first item called for under this heading on the questionnaire (shown as I A on page in the description of items included) indicates that while in each school system the administrator assumed a general responsibility for the health program, that in actual practice this was vested in another member of the school staff.

Table I on page 18 shows the findings in relation to this phase of the study.

Health Committee

There was no evidence of a school health committee or council according to the response to the item I B in the first section of the questionnaire.

TABLE I

Summary of responses to item I A on the questionnaire in relation to the organization and administration of the school health program.

| Item | Topic  | School Reporting | Person in charge of school health program |
|------|--|------------------|---|
|      |  | 1                | Nurse                                     |
|      |  | 2                | Nurse                                     |
| I A  | Responsibility for the administration of the program | 3                | Nurse and Health Educator                 |
|      |  | 4                | Nurse                                     |
|      |  | 5                | Nurse                                     |
|      |  | 6                | Nurse                                     |
|      |  | 7                | Nurse                                     |
|      |  | 8                | Nurse                                     |

It is evident from the above table that in all schools but one, the discharge of the responsibility for the health program is vested in the school nurse only.

In the odd case, the nurse and a health education trained teacher share the responsibility cooperatively.



### Curriculum Guide

The response to item I C indicated that no form of curriculum or teacher guide in health education was in use in any of the secondary schools surveyed.

This latter fact was significant, inasmuch as there was issued by the Massachusetts Department of Education in cooperation with the Massachusetts Department of Public Health, an extensive report of the steering committee of the above, entitled "A Guide to the Health Teaching in the Senior High School".

This guide was sent out to all secondary schools in the State in 1947 as a suggestion for the teaching of health in the secondary schools.

Only one principal reported knowledge of the existence of such a guide, but was unable to ascertain its whereabouts and asserted no knowledge of its use in his school.

### Prescribed Courses

Table II on page 20 indicates the standing of the various schools in relation to a prescribed course in health education being included in the curriculum, in answer to item I D on the questionnaire.

### Evidence of the Health Services of the Schools Studied--

#### Physical Examinations

Answers to item II A (under the caption of Health

TABLE II

Summary of number of schools where a prescribed and systematic course in health education is included in the curriculum.

| Item   | Topic  | School Reporting | Yes      | No       |
|--------|--|------------------|----------|----------|
| I D    | Is there a prescribed and systematic course in health education included in the school curriculum? | 1                |          | X        |
|        |  | 2                |          | X        |
|        |  | 3                | X        |          |
|        |  | 4                |          | X        |
|        |  | 5                |          | X        |
|        |  | 6                |          | X        |
|        |  | 7                |          | X        |
|        |  | 8                |          | X        |
| Totals |  | <u>8</u> schools | <u>1</u> | <u>7</u> |

From the above table it is clearly seen that the general trend in the secondary schools of Hampshire County is that little attention has been given to the organization and administration of a prescribed health course in the curriculum.

In the one exception noted in the table, the affirmative check was further delineated in interview to be, "a series of textbooks used in the seventh and eighth grades."

Services) indicated that in all of the eight secondary schools physical examinations are administered to the pupils.

In interviews it was learned that the policy for physical examinations varied with each school. Five schools reported a full "stripped" examination in the freshman year, with more cursory follow-up types of examinations occurring irregularly thereafter.

Two schools reported that these additional examinations took place on a yearly basis, while the balance of the schools indicated the follow-up to be in the junior or senior year.

#### School Nurse

In response to item II B (and as indicated on Table I, page 18) it was indicated that although a school nurse was employed in each of the eight secondary schools studied, that only four nurses were employed on a full time basis. The other four divided their time between both the elementary and the secondary schools in the system.

#### Teacher-Screening

Item II C referring to the screening of pupils by teachers brought out the information that is shown on Table III on page 22.

#### Hearing and Vision Testing

The inclusion of hearing and vision testing in the

TABLE III

Teacher screening of pupils for physical defects.

| Schools Reporting | None | Some | All |
|-------------------|------|------|-----|
| 1 . . . . .       |      | X    |     |
| 2 . . . . .       |      |      | X   |
| 3 . . . . .       | X    |      |     |
| 4 . . . . .       | X    |      |     |
| 5 . . . . .       |      |      | X   |
| 6 . . . . .       |      |      | X   |
| 7 . . . . .       |      |      | X   |
| 8 . . . . .       | X    |      |     |

From this table it is learned that all teachers in one school screen for defects, while some teachers do screening in three schools, and in two schools there is no teacher-screening evidenced.

physical examination procedure was indicated in all of the responses to Item II D.

In two schools the hearing test was done by a trained operator with the Maico audiometer, recommended by health authorities for its general efficiency in the detection of hearing disabilities.

In one school the hearing testing was done by the classroom teacher who operated the above mentioned device. In the other five schools, only a whisper test was administered to the pupils. This was done in some cases by the nurse, in others by the classroom teacher.

Vision testing in the high schools also varied in practice. Only three schools had the service of the Massachusetts Vision Testing Device, while the other five schools depended upon teacher-administered Snellen chart tests.

#### Dental Service

Only three schools of the eight schools surveyed reported dental services to be included in the school health service program, as mentioned in item II E.

#### Teacher and Janitor Examinations

The only evidence of physical examinations being provided by the school for teachers and janitors, was questioned in item II G, was found to be the compulsory chest X-ray re-

quired by state law.

#### Pupil Follow-up

In answer to item II H, follow-ups of the examinations of school children were made in all instances by the school nurse, who in turn consulted with the school doctor for his assistance when necessary.

#### Staff Follow-up

Follow-ups for teachers, janitors and other maintenance personnel were indicated to be the responsibility of the superintendent of the school system.

#### Health Records

Item II I, relative to the keeping of health records for every pupil was answered in the affirmative by all schools reporting. A copy of the health record card issued by The Commonwealth of Massachusetts, Department of Education and Department of Public Health, which was found to be used in the schools surveyed, is shown in Appendices G and H.

#### First Aid

Each of the eight schools indicated that at least one teacher in the school was trained in first aid, and it was stated that many of the pupils were also adequately trained in this service, as mentioned in item II K.

Participation of Parent-Teacher Groups

In answer to item II L, with reference to participation of parent-teacher groups in the health education program, only one school reported that the Mothers' Club assisted the dietician, on a part time basis.

Participation of Doctors and Dentists

Participation of either private physicians or private dentists in the school health program was answered in the questionnaire, (under II M and II N respectively) in the negative.

Organizational Services

In response to item II O, the only utilization of outside organizations in the health program was indicated to be that of the Red Cross and the National Tuberculosis Association, for chest X-ray service.

Evidence of Health Instruction--

Health Education Trained Teacher

Only one school reported the employment of a health education trained teacher as inquired about in item I E and as shown in Table I on page 18 of this paper.

Persons Trained in Health Guidance

There was no indication of a person trained in health guidance being employed in any of the schools reporting on the questionnaire item I F.

CHAPTER V

DESCRIPTION OF CHECK-LIST



## CHAPTER V

### DESCRIPTION OF CHECK-LIST

The secondary school curricula vary greatly as to the general structure and content of courses. This condition is an influencing factor in determining the status of health instruction.

Health facts cannot be divorced from the many areas of instruction wherein they fall in natural place. Health courses are varied in title in different school programs, and cover a wide range of terminology.

Purposes of the Check-list--The purpose of the check-list used in this study was to ascertain as closely as possible, the full status of the health content of the courses in the curricula of the secondary schools of Hampshire County.

Organization and Structure of the Check-list--The check-list consisted of seven mimeographed sheets, including the cover sheet which was sectioned off in three parts. The upper part provided for identification of the school system, date filed, names of schools in system on which report was being made, enrollment figures, and signature and position of the person reporting.

The middle section of the cover sheet included an explanation of keys used in alphabetical coding of the checklist

with reference to courses in which possible units in health education might be included, and numeral coding for the degree of emphasis with which the unit was treated in the curriculum.

The lower section of the cover sheet suggested directions for marking the check-list.

Items Covered in Check-list--The next six sheets were the ones on which twenty-one sample units were listed, with spaces ruled off beyond the column of unit titles for checking under the code letters possible subject matter areas in which the health units were taught; the required or elective status of such courses; and the degree of emphasis placed upon the instruction.

The unit titles were identical with those used in the questionnaire prepared in 1946 by the Cattaraugus County, N.Y. Committee for Study of Health Education in Secondary Schools.<sup>1</sup> The pattern of the above questionnaire was modified by the writer in some other respects for use in this study.

The areas of health instruction covered by these units are those agreed upon by health educators and administrators country-wide to cover the interest and need of adolescent pupils.

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(1) Grout, Ruth E., Health Teaching in Schools, Appendix D. pp. 294-301.

Each unit listed was further delineated by an alphabetical listing of typical considerations which might well fall under the classification of each individually titled unit.

This delineation of the units served the purpose of clarifying what was meant by the title and as suggestion of health education being disseminated throughout various courses in the curriculum.

An example of the way this was handled is hereby shown:

Unit VIII. COMMUNITY HYGIENE

- a. importance of education for all in health matters.
- b. water supplies
- c. community cleanliness
- d. sewage disposal, etc.

The unit topics included in this check-list were as follows:

- I. Healthful school living.
- II. School lunches
- III. Hygiene of the home
- IV. Home care of the sick
- V. Child care
- VI. Nutritive requirements; Selection and preparation of Food.
- VII. Health of digestive system
- VIII. Community hygiene

- IX. Communicable diseases
- X. Hygiene of occupation
- XI. Safety education
- XII. Care of the injured
- XIII. Health services
- XIV. Physical activity and posture
- XV. Personal grooming
- XVI. Choice and care of clothing
- XVII. The special sense organs
- XVIII. Mental and emotional health
- XIX. Use of stimulants and narcotics
- XX. Superstitions and Fads
- XXI. Vacation health

The seventh and final page of the check-list was a sheet provided for the listing of textbooks used in the health instruction program.

This was ruled across in double spaced lines for convenience in writing the title, author, publisher, year of publication, and the grade placement of the text.

The purpose of the textbook list was to ascertain more information about the type of curriculum in each of the eight secondary school systems of Hampshire County and from the writer's past experience in textbook evaluation in the field of health education to determine the extent of health content included in the courses.

CHAPTER VI

ANALYSIS OF THE CHECK-LIST

## CHAPTER VI

### ANALYSIS OF THE CHECK-LIST

Criteria for Analysis--In order to determine to what extent health education is contained within the secondary curricula of the schools surveyed, the check-list of the health content of courses was analyzed as follows:

1. Courses in which health education was found to be integrated.
2. Areas of health information integrated in various courses.
3. Frequency of accent on health content in different courses.
4. Degree of emphasis placed upon the health units.

#### Integration of Health Education with Other Courses--

The title of the courses and the number of schools indicating integration of health education within those courses is shown in Table IV on page 31.

Table IV shows that eight schools correlate health education with biology, chemistry, and home economics. Five schools indicated that some is found in physical education. Four schools reported it to be correlated with hygiene, while

TABLE IV

Analysis of courses wherein health education was found to be integrated in the secondary curriculum.

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| Title of Course    | Number of Schools<br>indicating Integration |
|--------------------|---|
| Anatomy            | 0   |
| Biology            | 8   |
| Chemistry          | 8   |
| Community Health   | 0   |
| Driver Education   | 0   |
| First Aid          | 3   |
| Home Economics     | 8   |
| Hygiene            | 4   |
| Physical Education | 5   |
| Physiology         | 0   |
| Safety Education   | 0   |
| Science            | 8   |
| Social Studies     | 2   |

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three schools showed that it is handled through a course in first aid. Only two schools showed integration with the social studies course.

The courses beside which only zeros are shown were not checked by any of the schools as being courses included in the curriculum.

Health Content in Courses--Further analysis of the check-list showed that not all of the standard health units were given attention in these schools.

It should be mentioned at this point that perhaps more indication of such health content in the various courses would have been possible had the classroom teacher checked this list. This was not always the case.

The following table shows the health units and the number of schools reporting inclusion of the same in the individual curriculums of the schools studied.

It can be noted from examination of Table V that some phases of health instruction were found to be integrated with other subject matter areas. Three phases were not included in the curriculum of any of the schools.

The unit on school lunches was shown to be integrated in all the schools, but health of the digestive system received attention in only one school.

All schools indicated that instruction in the choice



TABLE V

Areas of health information integrated in various courses, showing number of schools reporting same.

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| Health Unit                     | Number of Schools Reporting Integration |
|---------------------------------|---|
| Healthful School Living         | 2                                       |
| School Lunches                  | 8                                       |
| Hygiene of the Home             | 3                                       |
| Home Care of the Sick           | 1                                       |
| Child Care                      | 1                                       |
| Nutritive Requirements          | 7                                       |
| Health of the Digestive System  | 1                                       |
| Community Hygiene               | 8                                       |
| Communicable Diseases           | 6                                       |
| Hygiene of Occupation           | 2                                       |
| Safety Education                | 2                                       |
| Care of the Injured             | 2                                       |
| Health Services                 | 0                                       |
| Physical Activity and Posture   | 5                                       |
| Personal Grooming               | 1                                       |
| Choice and Care of Clothing     | 8                                       |
| The Special Sense Organs        | 2                                       |
| Mental and Emotional Health     | 3                                       |
| Use of Stimulants and Narcotics | 8                                       |
| Superstitions and Fads          | 0                                       |
| Vacation Health                 | 0                                       |

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and care of clothing was included in the curriculum, but it should be observed that this instruction was for girls only, through home economics.

Similarly, home care of the sick was learned by a limited few through home economics in but one school.

Some of the health units used on the check-list suggest a natural correlation with more than one subject. To determine the frequency of accent of health education in the various courses Table VI is shown on page 35.

In this table the titles of the courses are shown by letter symbols as follows:

- B -- Biology
- C -- Chemistry
- H -- Hygiene
- HE -- Health education
- PE -- Physical education
- S -- Science
- SS -- Social Studies
- FA -- First Aid

It is significant that in Table VI it is learned that community hygiene is integrated with five subject areas. These include the following: biology, chemistry, health education, science, and social studies. Since none of the schools reported a course entitled community hygiene, it is obvious

TABLE VI

Indications of frequency of accent on health content  
in various subject matter areas.

| Units                           | Courses |   |   |    |    |   |    |    |
|---------------------------------|---------|---|---|----|----|---|----|----|
|                                 | B       | C | H | HE | PE | S | SS | FA |
| Healthful School Living         | -       | - | - | -  | X  | X | -  | -  |
| School Lunches                  | -       | X | - | X  | -  | - | -  | -  |
| Hygiene of the Home             | X       | - | - | X  | -  | X | -  | -  |
| Home Care of the Sick           | X       | - | - | X  | -  | X | -  | -  |
| Child Care                      | -       | - | - | X  | -  | - | -  | -  |
| Nutritive Requirements          | -       | X | - | X  | -  | - | -  | -  |
| Health of Digestive System      | -       | - | - | -  | -  | - | -  | -  |
| Community Hygiene               | X       | X | - | X  | -  | X | X  | -  |
| Communicable Diseases           | X       | - | - | -  | -  | X | -  | -  |
| Hygiene of Occupation           | -       | - | - | X  | -  | X | -  | -  |
| Safety Education                | -       | - | - | -  | X  | - | X  | -  |
| Care of the Injured             | -       | - | - | -  | -  | - | -  | X  |
| Health Services                 | -       | - | - | -  | -  | - | -  | -  |
| Physical Activity and Posture   | -       | - | - | -  | X  | - | -  | -  |
| Personal Grooming               | -       | - | - | X  | -  | - | -  | -  |
| Choice and Care of Clothing     | -       | - | - | X  | -  | - | -  | -  |
| The Special Sense Organs        | X       | X | - | -  | -  | - | -  | -  |
| Mental and Emotional Health     | -       | - | - | -  | -  | - | -  | -  |
| Use of Stimulants and Narcotics | -       | - | - | -  | -  | X | -  | -  |
| Superstitions and Fads          | -       | - | - | -  | -  | - | -  | -  |
| Vacation Health                 | -       | - | - | -  | -  | - | -  | -  |
| Total # frequencies             | 5       | 4 | - | 9  | 3  | 7 | 2  | 1  |

that the health instruction in this regard does have its place in the curriculum, through integration.

According to the check-list returns, the course in which these health units was most frequently integrated was the one in health education. The science, biology, chemistry, social studies and first aid courses then followed in the order named.

The fact that there was a greater frequency shown in the course in health education points up the value of such a prescribed course, where planning for the needs of the class can be given suitable attention.

Some of the health units naturally call for more emphasis in the curriculum than others. Table VII, on page 37 shows the degree of emphasis on each unit as indicated by the check-list returns.

From Table VII it can be seen that major emphasis is placed on the following units:

1. School Lunches
2. Nutritive Requirements
3. Community Hygiene

No emphasis at all was placed upon the last two items dealing with superstitions and fads and vacation health. Communicable diseases, care of the injured, physical activity and posture, personal grooming, choice and care of

TABLE VII

Degree of emphasis placed upon various areas of health instruction.

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| Health Unit                     | Degree of Emphasis |
|---------------------------------|--------------------|
| Healthful School Living         | Minor              |
| School Lunches                  | Major              |
| Hygiene of the Home             | Minor              |
| Home Care of the Sick           | Minor              |
| Child Care                      | Minor              |
| Nutritive Requirements          | Major              |
| Health of the Digestive System  | Minor              |
| Community Hygiene               | Major              |
| Communicable Diseases           | Some               |
| Hygiene of Occupation           | Minor              |
| Safety Education                | Minor              |
| Care of the Injured             | Some               |
| Health Services                 | None               |
| Physical Activity and Posture   | Some               |
| Personal Grooming               | Some               |
| Choice and Care of Clothing     | Some               |
| The Special Sense Organs        | Some               |
| Mental and Emotional Health     | Minor              |
| Use of Stimulants and Narcotics | Some               |
| Superstitions and Fads          | None               |
| Vacation Health                 | None               |

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clothing, the special senses, and use of stimulants and narcotics received only a rating of "some" emphasis.

All other items on the list were recorded as given minor emphasis.

Summary--Some health education obviously does take place in the curricula of the secondary schools of Hampshire County.

Only one school has a prescribed health education course. In the others health instruction is correlated with other subject matter fields.

There is much variance in the placement, the content, and the emphasis of the health instruction given. It occurs most frequently in the science courses, in home economics and in physical education courses.

Health instruction is incidental, rather than planned for within the courses with which it is integrated. Also, there is no requirement for, or credit given the health instruction at high school level.

CHAPTER VII

THE PROGRAM IN ACTION

## CHAPTER VII

### THE PROGRAM IN ACTION

Underlying Principles of Organization and Administration--The principles involved in the inclusion of health education in the schools curriculum are directly related to the aims and objectives of education in general.

The philosophy of each school in regard to these principles is also proportionate to the composite attitudes of the administrator, the school staff personnel, and the community.

To have a balanced program of health education there must be a clear concept of both the objectives of general education and those of health education.

Many statements of educational objectives can be found in various texts. The Educational Policies Commission,<sup>1</sup> of the National Education Association lists these objectives as follows:

1. The objectives of self-realization
2. The objectives of human relationship
3. The objectives of economic efficiency
4. The objectives of civic responsibility

The objectives of health education closely dovetailed

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(1) Educational Policies Commission: The Purposes of Education in American Democracy, 1938, p. 47.



with the general objectives of education stated above. The objectives of health education are more than an idealistic viewpoint of questionable attainment, but rather are expressions of aims that are functional in the lives of the pupil.

These aims have been ably expressed by the Joint Committee on Health Problems in Education,<sup>2</sup> in the following statements:

1. To instruct children and youth so that they may conserve and improve their own health.
2. To establish in them the habits and principles of living which thruout their school life and in later years will aid in providing that abundant vigor and vitality which are a foundation for the greatest possible happiness and service in personal, family, and community life.
3. To promote satisfactory habits and attitudes among parents and adults thru parent and adult education and thru the health education program for children, so that the school may become an effective agency for the advancement of the social aspects of health education in the family and in the community as well as

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(2) Joint Committee on Health Problems in Education of the NEA and the AMA, Health Education, 1941, p. 15.

in the school itself.

4. To improve the individual and community life of the future: to insure a better second generation, and a still better third generation; to build a healthier and fitter nation and race.

Planning for School Health Education--Planning for health education should be a cooperative affair, involving all individuals at every level at which it functions within the secondary curriculum.

This coordinated planning should be carefully correlated with the curriculum development, and should be begun in the classroom, where the teacher in each subject-matter area or core area can contribute facts relating to her experience in the field in which she works.

The classroom teacher, through daily observation, is cognizant of the interests and needs of individual pupils, and has a composite impression of the needs of the average adolescent.

The pupils themselves should have a part in the planning, for it is through their expression of interests and needs for guidance that the pattern can be set.

Each and every member of the school staff, from administrator down, can offer a part in the total plan. Therefore, a health council plan is recommended and adopted by many school systems in the county.

Members of the lay public of the community, as well as professionally trained health educators, physicians, dentists, psychologists, nutritionists, and the like may be brought into the planning for the school health program through the media of a health council.

The Role of the School Administrator--The eventual success of the school health education problem depends to a large degree upon the attitude of the school administrator. He is responsible for recommending to the school board such policies and principles as shall determine the program.

It is his job to understand the objectives of health education and to impart them to the school board and to his teaching staff.

He has also the responsibility for convincing the school board, by proper administration of the program, of the necessity for proper financing for health education, and for making contacts with the State, county, and community for the exceptional child, beyond the regular program.

Selection of qualified personnel, provision for adequate health services, planning for scheduling of health instruction, maintenance of healthful school environment, and in-service training in health education for the teachers on his staff also fall under the responsibility of the adminis-

trator.<sup>3</sup>

Health Services--Health service was defined by the American Association of Health, Physical Education and Recreation<sup>4</sup> to be "...all those procedures designed to determine the health status of the child, to enlist his cooperation in health protection and maintenance, to inform parents of the defects that may be present, to prevent disease, and to correct remediable defects."

Procedures for Discovering the Health Needs of Pupils--  
There are many sources from which facts may be garnered which will serve as guide posts to the school for determining the health needs of its pupils.

Health history forms, anecdotal records, reports of conferences with parents and pupils, self-appraisal inventories, health knowledge tests, check-lists and questionnaires are valuable aids in this direction.

The class-room teacher's observation of the pupil is an important procedure for noting symptoms to be analyzed in connection with the other factors known about the pupil. Behavior problems originating from deviations from the normal

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(3) American Association of School Administrators, Health in Schools, Twentieth Yearbook, 1942, p. 26.

(4) Committee Report A.A.H.P.E.R. Journal of Health and Physical Education, December, 1934.

state of health can best be solved when all phases of the pupil are considered.

Health Histories--Common complaints of pupils in secondary school run in a rather general pattern of headaches, colds, toothaches, shortness of breath, hay fever, asthma, abdominal pain, vomiting, diarrhea, frequent urination and visual difficulty.

A check of the health history of the individual pupil may disclose some association of any of the current complaints with some specific condition already noted on the health history form.

Too frequently, the health history form is obsolete for the intended purpose and only indicates a check list of childhood diseases, an undated check-list of immunizations, and perhaps a space for corrected defects of tonsils, teeth or eyes. This form of history leaves little for the school physician to go on in remedial help for the pupil, or for guidance of the pupil by the health education personnel.

School health history records should be inclusive of all personal data about the pupil which it is possible to obtain. The items considered essential by the American Association of School Administrators in their Twentieth Yearbook<sup>5</sup> are

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(5) American Association of School Administrators, Health in Schools, Twentieth Yearbook, p. 33.

shown in Appendix D of this paper.

Conferences with Parents--Guidance in the health program for pupils can be given more efficiently when the status of the home environment and family relationships of the pupil can be determined.

Conferences with parents often disclose such information and in turn, the suggestion and the advice of the teacher, the nurse, the physician and the administrator can be given directly to the parent at this time.

A planned schedule for such conferences, in accordance with indicated needs of the pupils is wise administration.

Conferences with Pupils--Pupils need to feel that there is someone with whom they can discuss their problems, whether they be physical, mental, social or emotional.

Provision for such conferences and guidance should be made in the planning of the school health education program. Not only should the pupil feel free to consult the nurse or physician, but he should be assured that his teachers are interested in his welfare, and that they are equipped to assist him.

Physical Examinations--The physical examination should be an educational experience for the pupil, and not just a service applied to him externally. He should know the motive of the examination, the procedure to be followed and be free to inquire as to his status. He should be taught to know

the value of such service in the school, and should know means of carrying out the suggestions of the health personnel for the good of his general welfare.

Follow-up on Physical Examinations--The follow-up of physical examinations should be the concern of the administrator, teacher, nurse, pupil and parent.

The parent should be advised of the health status of the pupil, and in turn the teacher should have the necessary information by way of health records kept up-to-date.

The Health Instruction Program--It is significant that while administrators admit the responsibility for the school health program, and in most cases sincerely recognize the need for health instruction for the adolescent, there has nevertheless, been an overwhelming hesitancy on their part to so organize the curriculum and scheduling that health instruction can be provided.

Because of reticence to turn the schedules topsy-turvy, health teaching has been shunted back and forth from one department to another with the unfortunate result that in many schools it does not have much status.

It is obvious, of course, that the matter of scheduling for health instruction is a much more complex problem in the secondary school than in the elementary, due to the makeup of the secondary curriculum.

In the elementary school a teacher usually has a certain group of children throughout the school day, and may take advantage of the many opportunities to relate health teaching to the varied experiences which take place. In the secondary schools, the pupils move from one subject-matter field to another, and similarly from one teacher to another.

The degree of emphasis on health teaching thus becomes a matter of individual difference of both subject matter and teacher. Therefore, unless some well-defined philosophy and plan of procedure for health instruction exists in the secondary school, the amount, the content and the quality of such instruction may vary considerably.

For some period of time, educators in all parts of the country have been giving serious thought to this matter of the inclusion of, and the placement of, health instruction in the secondary school curriculum.

There are still, however, too many administrators who either lack vision, or need guidance to the solution of the problem, or worse yet, knowing the need, resort to the line of least resistance and maintain a laissez faire attitude in this regard.

Perhaps the real reason for the above attitudes on the part of school administrators stems back to the fact that the content of instruction appears, in some states, to be limited



by the State Law regarding same.

State Law Regarding Health Instruction in Schools--The responsibility for health instruction in the schools of Massachusetts was years ago defined under the General Law referring to Maintenance of Public Schools.<sup>1</sup> This law is found in Section I (As amended, 1921, 360: 1923, 222 g 1.) of Chapter 71, p. 45 in the bulletin of the Department of Education, 1947, Number 5, Whole Number 372.

The reference to health education embodied in this law reads as follows:

"...schools shall ... give instruction and training in ... physiology and hygiene  
... . In connection with physiology and hygiene, instruction as to the effects of alcoholic drinks and of stimulants and narcotics on the human system, and as to tuberculosis and its prevention, shall be given to all pupils in all schools under public control except schools maintained solely for instruction in particular branches."

Limitations of Legal Provision for Health Instruction--

It is now twenty-eight years since the Massachusetts law requiring instruction in these above phases of health education<sup>2</sup> was amended.

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(1) Commonwealth of Massachusetts, General Laws Relating to Education, 1947, Chapter 71, p. 45.

(2) Ibid.

Since that time all education in schools has changed considerably, and educators have pointed the way to the need for teaching adolescents in such a way that they may live most effectively.

This implies furnishing them with the information to solve their needs and to approach such instruction through the normal media of interest in the world about them.

It is the opinion of the writer that to "follow the letter of the law" is not enough and that today's secondary curriculum should give heed to the evolution in knowledge of child development and child psychology, and should present the high school pupil with health education in the most effective manner.

In order to give authority to administrators to provide health instruction that is functional in the lives of the pupils, it would appear that a change should be made in the present law.

Health Instruction in Junior High School--At junior high school level the needs and interests of the pupils indicate a need for appropriate emphasis on some orientation to the pupils' personal health problems.

This is an age when curiosity about the functioning of the human body, and a searching for the scientific bases for sound health behavior at school, in the home and in the community make a natural springboard for health instruction.

Correlation in the Junior High Curriculum--Relationship of health instruction to the general education program in the school is important. The broad objective in the curriculum of the junior high school years, is to orient the pupil to his eventual position in the local, state, national and world community. This immediately points the way to the inclusion of health instruction in all areas of the curriculum.

In order that there will be no duplication in the curriculum, and for the sake of unifying the program, health instruction at the junior high school level might well be correlated with other subject fields. Science, social studies and physical education programs, as well as manual arts and home-making courses, lend themselves naturally to this purpose.

The physical environments, the plan of the building, condition and arrangement of classrooms, lighting, heating, sanitation and the like quite logically can be correlated with the factors of social adjustment within the group, and within the total organization of the school.

Aspects of safety, daily work and play scheduling, cleanliness, responsibility for wise choice of habits in clothing, eating, recreation and rest as well as techniques of mental hygiene can well find their way into the course in social studies.

Therefore, in junior high school, there is less tendency

to schedule the required health course on a one year basis, or a one semester basis. Rather, it is more effective when considered as an ongoing program, which is provided throughout the three years of junior high school.

When scheduled as a separate course it may be alternated with another subject on a two-day-a week basis.

Health Instruction at Senior High School Level--The content of the health courses at senior high school level cannot be didactically prescribed, for each community environment affects the needs and interests of the adolescents in the secondary schools.

The approach at this level should be sufficiently new so that it will satisfy the needs of the pupils, and it will depend to a large degree on what has gone before in the elementary and junior high school grades.

It is rather generally admitted that problems of personal appearance, involving physical and mental aspects, with consideration of the pupil's taking his place in employment, family life and society in general are pertinent topics for high school pupils.

This also implies a knowledge of society's needs and its problems and thereby extends the pupil's interest beyond his own need into the needs of the community.

Correlation in the Senior High Curriculum--In addition to a prescribed course in health education at senior level,

there are many opportunities to correlate health with the other subject matter areas.

Since not all schools can rearrange their schedules to include another course, this is the usual pattern, if any, for health teaching.

Health Instruction Correlated with Biology at Senior High School Level--In high schools where no prescribed health education course is set up in the schedule the responsibility for emphasis upon health teaching may well fall to the biology teacher.

This again is a very natural vehicle for health education, for biology in its proper concept and interpretation can become a very fertile source of understandings, information, and attitudes with regard to health.

The knowledge of how the body functions needs the complement of the knowledge of how to care for that body. The study of animal life, with consideration of the basic processes of digestion, assimilation, respiration, excretion, sensory stimulation, and muscular response, important for the primary maintenance of animal life, are directly applicable to the human body.

Again, there is a direct implication of health teaching in the adaptations of organism to their environment, their needs and the results evident when these needs are supplied

in insufficient degree.

Biology instruction that is vitalized with microscopic examination of organisms and direct application of disease-producing agents in human life, becomes at once the most popular and worthwhile course in the curriculum.

Experimentation with rats, cats, and guinea pigs in biology laboratory prepares the way for exploring the fascinating field of health teaching with relation to vitamin need and lack within the human body, of the functioning nervous and endocrine systems, of the intricacy of blood vessels and their function.

Careful planning for the integration and correlation of health teaching with biology pays a dividend in both time element and result for the school curriculum which is presently carrying a full burden of subject areas.

Health Instruction Correlated with Social Studies--For the solving of the problems of personal adjustment of the adolescent, one of the major objectives of both junior and senior high school, the social studies course at either level offers innumerable opportunities for integration of health education.

An increased interest in the community and its problems, the individual's place within that community and responsibilities toward it are typical patterns of social studies problems which lend themselves normally to a consideration of public

health and community resources.

Sanitation, immunizations, pest control, community, state and federal health services all fit nicely into the social studies curricula.

Health Instruction Correlated with Home Economics--Home economics is a broad term used with a variety of implications in accordance with the particular school system's plan of curriculum, and it may be placed in either, or both, junior or senior high school program.

This course has undergone some "growing pains" since the days when it was simply a segregation of sexes, with the girls spending one period sewing one week, and one period cooking the next, in alternation, while the boys spent their time in manual arts, or in alternating first aid and manual arts.

Today, in most schools operating under the more modern plans, home economics may cover any or all of the following: house care, sanitation, foods, and nutrition, standards of living, family life, child care, marketing, economics for consumer purchasing, and social problems of employment.

It is readily seen that home economics and health teaching can go hand in hand in perfect correlation, provided that administrator and home economics teacher have agreed upon the areas to be covered and the extent of integration in that particular course.

Health Instruction Correlated with Physical Education--

In many schools the term "health and physical education course" is used, although in practice there is but little evidence of health instruction.

In other schools where the course is thus defined, both health and physical education instruction exist, but there is poor correlation between the two.

The American Association of School Administrators<sup>3</sup> assert that it has been rather generally proven that health instruction on a one day a week basis is often ineffective.

There are some positive advantages to the teaching of health on an alternate day basis. Some of these are listed in "Health in Schools" as follows:

- "(a) the administrative advantage in scheduling classes where more than one group must use the gymnasium the same hour (one group can be scheduled for the classroom while the other is in the gymnasium and then alternated daily);
- (b) the fact that physical education teachers are in an excellent position to know the health needs of the pupils;
- (c) the nature of physical education programs and the possibility of making them laboratory periods for health practice in posture, use of feet, exercise, safety, cleanliness, training rules, and emotional habits; and
- (d) the fact that the sexes are naturally segregated and certain phases of body development can be more easily considered in separate groups."

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(3) American Association of School Administrators, Health in Schools, Twentieth Yearbook, 1942, p. 74.



The disadvantages of such an arrangement, according to the above authorities, are to be found in

- "(a) the negative attitudes of some pupils toward health principles;
- (b) the attitude of some physical education teachers who consider health instruction to be a burden instead of an opportunity;
- (c) the fact that classes are often too large for successful classroom teaching;
- (d) the lack of classroom, books, materials, and other teaching aids; and
- (e) the fact that many physical education teachers are not qualified to teach health education."

The administrator obviously has considerable responsibility in working out a satisfactory working arrangement whereby both health and physical education can be correlated. This can be done when there is good scheduling, foresightedness in planning, and excellent teaching.

Health Instruction Correlated with Science--Many science teachers are fairly adequately equipped to teach health within the program of general science.

In some schools an arrangement is made whereby the pupils take science for one semester and health for the other. This may prove satisfactory in some instances and unsatisfactory in others, depending upon the teacher.

If his or her interest is primarily to teach the technical scientific facts, health instruction may be minimal.

Health units may well be included in the science course,

but again there is a danger here, that only "spotty" information will be given thereby. Health instruction can be successfully integrated only when the teacher is alert to the opportunities which invariably arise to make connections between the scientific facts and health knowledge, habits, attitudes and skills.

There is a fairly uniform pattern of subject matter in general science which is found in all courses of science and the many fine textbooks on the market today. The general topics which offer opportunities for direct and indirect health teaching are air, light, water, heat, evaporation, condensation and distillation.

The Need for Required Health Courses--The American Association of School Administrators, having debated the problem and viewed it from all angles, felt that it was essential that a change in scheduling should take place.

Therefore, in 1942, there appeared in their Twentieth Yearbook,<sup>1</sup> the statement "There is a need for a health instruction program in both junior high and senior high divisions."

In 1942, the U.S. Office of Education Committee on War-time Health Education for High Schools<sup>2</sup> delineated this need

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(1) American Association of School Administrators, Health in Schools, 1942, p. 73.

(2) Grout, Ruth E., Health Teaching in Schools, p. 153.

for direct health teaching even more forcefully, stating that "Five periods per week of direct health teaching, or the equivalent, for at least one semester during the ninth or tenth grade will be necessary in order to meet the needs of entering students. Five periods per week for at least one semester during the eleventh or twelfth grade or the equivalent, will be needed for ample preparation of these students who are more nearly ready to enter adult services.

"In departmentalized schools, these periods may be offered as separate courses, or in lieu of one semester of science biology, or other related subjects. Another possibility already suggested is the carefully planned introduction of units into other courses in such a way that all students are reached with direct instruction on all important phases of the program."

Summary on Organization and Administration of Health Instruction--The relative values of the organization and administration of the school health instruction program on either the basis of a separately defined course in health or an integrated and correlated plan within the general structure of the curriculum have been ably described in the several texts used in this study.

It is obvious to the writer, that no one method of incorporating health and safety instruction into the curriculum

of the secondary school is sufficient. Rather, all opportunities which will influence his health behavior and which will increase the pupil's understanding of health and should be employed.

For a thoroughly efficient program of health instruction then, it is evident that a well-organized program should be one which will give emphasis both to direct health instruction and to such supplementary or incidental instruction as may occur in other subject-matter areas.

The Role of the Classroom Teacher--The classroom teacher holds the key position in the health education program of the school. It is important that the teacher should recognize this, and accept full responsibility in this direction.

Teacher Health Needs--The teacher should be aware of her own health needs and conduct her life in such a way that she will present to her class her most wholesome self, mentally and physically.

Here, the administrator has another responsibility for it is a well-known and often-voiced fact that many teachers are over-burdened with tasks. Lightening the load and redistributing tasks in a more suitable accord with schedule and personal aptitude often helps alleviate mental and physical poor health.

Security in her position, and acceptance in the community go a long way toward the maintenance of good health for

the teacher.

Health Education for Teachers--The classroom teacher has much responsibility beyond the actual teaching of her classes. She must be observant of the physical conditions of the room, and always alert to the needs of her pupils.

She should be familiar with the practice of first aid and safety, and be able to recognize, as soon as possible, any deviations from the normal physical and mental state of her pupils.

She should understand the health problems of the community and its resources so that she may assist in the solution of these problems, and be able to act as a referral person when called upon to do so.

In-Service Training in Health Education--The administrator who accepts full-heartedly his responsibilities with regard to health education in the school, should provide for in-service training in health education for his teaching staff.

His role in the in-service program will be to plan cooperatively with the teachers to provide for the needs of both the new teacher and those who have taught for some time.

Refresher work that vitalizes the program and stimulates the teachers to a better recognition of the needs of pupils pays dividends in the total educational program.

The in-service program in health education should

accomplish the following aims:

1. Develop leadership in health teaching
2. Impart knowledge not gained in college
3. Create wholesome philosophy toward this field of instruction
4. Lead entire faculty in an effective utilization of information available through the health services
5. Assist the teachers in the integration of health content into their particular curricular area.

Devices for In-Service Training in Health Education--

In directing the in-service training program in health education the administrator will find the following devices of assistance:

1. Faculty meetings
2. Workshops
3. Bulletins
4. Evaluation and selection of texts and visual aids
5. Curriculum revision
6. Use of radio and eventually television
7. Visiting days for observation
8. Participation in school evaluation by means of evaluation criteria
9. Lectures and demonstrations before a program of screening for defects
10. Supervising visits and conferences

11. Professional reading of books and periodicals.

The Use of Audio-Visual Aids in the Health Program--

As in many other phases of education, health education classes can be made dynamic experiences for the pupils when there is proper use of both audio and visual aids.

Those used for health instruction should be accurately devised and sound in their message. One of the best solutions for the administrator is to avail himself of the opportunity of the services of local, state and federal health agencies in this regard. Many of the voluntary health agencies invite the solicitation of the schools for such materials, and are considered more reliable than some of the commercial companies who also offer such services.

Again, the health education background of the administrator and teacher are seen to be important in the carrying out of the health instruction in the schools.

Summary of the Program in Action--An effective program of health education in the secondary schools is obviously seen, from the preceding comments, to be largely a matter of proper planning by administrator and the school staff.

For clarification of the essentials of the organization and administration of the school health program the following points should be emphasized:<sup>1</sup>

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(1) American Association of School Administrator, Health in Schools, Twentieth Yearbook, 1942, p. 25.

1. A clear concept of health and its relation to the educative process.
2. A recognition of the opportunity and responsibility of the school in relation to health.
3. An understanding of the objectives of health education and of the responsibility of the school reaching these objectives.
4. An acceptance by the school administration of this responsibility.
5. An understanding of what constitutes the comprehensive school health program and the scope and work of each component.
6. A proper placement of health education in the administrative setup of the school or school system.
7. A proper coordination of the several components to secure the best functioning of each unit and the effectiveness of the complete program.
8. The selection of the special staff members with due consideration for the adequate training and necessary qualifications of each.
9. Adequate facilities and necessary allotments in the school time schedule for the work.
10. A definite assignment of work and duties of each staff member.



11. An assumption by each and every member of the school staff of his or her responsibilities and duties.
12. Adequate financial support for salaries, equipment, and supplies.
13. A centralized control definitely established to assure smooth running and maximum achievement in attaining the aims.

CHAPTER VIII

CONCLUSIONS AND RECOMMENDATIONS

## CHAPTER VIII

### CONCLUSIONS AND RECOMMENDATIONS

Statement of the Problem--It was the purpose of this study to ascertain the place of health education in the curricula of the secondary schools of Hampshire County.

There are eight secondary schools in Hampshire County and all were included in the study. These schools were chosen for the study since they represented a suitable cross-section of types of community schools.

Summary of the Procedure Used in This Study--The study involved three phases of consideration which were:

1. Organization and Administration of the Health Program
2. Health Services
3. Health Instruction.

As a preface to the investigation of the schools to be studied, the writer reviewed several recent textbooks dealing with the three phases of health education as outlined above.

A questionnaire was developed which covered these items and a check-list of health content in courses was also prepared. These were both used in personal interview with the principals of each school, and were checked and returned to the writer for analysis.

The results shown on both questionnaire and check-list have been analyzed and discussed in this paper in Chapters III and IV.

Conclusions--Before indicating the conclusions arrived at through this study it should be stated that such conclusions are based upon the questionnaire and check-list returns as well as information gained by personal interview with school staff members.

There is little doubt in the mind of the writer that had it been possible to expand this survey into actual classroom observation much more information would have been forthcoming.

The practices and procedures of classes wherein health instruction is correlated with other school work are difficult to describe in detail by responses on a questionnaire or check-list.

However, the criteria for evaluation of this problem was the same for each school involved, so that the observations made and the conclusions reached are relative to the total group.

It is obvious that more health education is included in the secondary curricula in the Hampshire County schools than the administrators seemed to feel was the case, at the time the study was begun.

This admission on the part of the administrators that, on the whole, little attention is given health education in the curriculum, seems now to be the result of the following factors:

1. Lack of administrative planning for health education in the total curriculum.
2. Insecurity in concept of health education in the schools.
3. Dependence upon one individual, usually the nurse, to assume direct responsibility for the health program.
4. The failure to recognize that health education is more than physical examinations, first aid service and isolated instruction.
5. The lack of health education trained personnel.
6. The general confusion and pressures of scheduling courses in today's school program.
7. The hesitancy on the part of administrators to introduce health education into the curriculum, assuming it be something new and additional to an already over-crowded schedule of courses.
8. Insufficient knowledge of the conduct of some of the courses, so that the existence of such instruction is unknown to the administrator.

9. Traditional concept of health instruction as meeting the requirements of the law, rather than meeting present day needs of the pupils.

10. Modesty in assuming that standards for health education are being met through their administration.

While more health education was shown to be in practice in the schools of Hampshire County than was assumed to be the case in the beginning, the study shows that each school demonstrates both strength and weakness in the conduct of the program.

None of the schools presented a report of adequate organization and administration of the health education program.

In all cases but one the administration of the program was reported to be the responsibility of the school nurse. No organization or planning was reported for the integration of health education in the courses in other subject fields.

It would appear that such instruction is left to the individual discretion of the teacher conducting these classes. The actual health content presented in this incidental manner was shown to vary considerably among schools.

It also indicates that to some administrators health education implies but the one phase namely, "health services" with the nurse as the person in charge. This does not provide for health instruction, except in a few limited instances

where the nurse also teaches limited groups in one or two areas of health.

The nurses, for the most part, are not teachers, although some are taking advanced work as health education in order to carry out their responsibilities.

Direct health teaching, through a prescribed course, was indicated in one school. It is significant that in this instance there was more indication of inclusion of health units than in any other school surveyed.

No schools reported credit given for health education, and none required the pupils to take the courses wherein it was integrated.

There was no evidence of evaluating criteria of the health education program in each school, which is directly related to the fact that there was very little pattern of organization shown to exist.

While health services were reasonably adequate, the writer feels that part time nurses are unable to carry the full health program sufficiently when both service and instruction are expected of her.

The screening of pupils by teachers who are not health education trained seems to the writer to be indicative of a need for consideration.

The methods used for testing both hearing and vision

appear to be inadequate in the modern concept of health education and health service.

Dental care was reported to be extremely limited and poorly provided for in the health program of all schools surveyed.

Recommendations--As a result of the foregoing study of the place of health education in the secondary schools of Hampshire County, the writer would like to make the following recommendations:

1. That administrators should re-evaluate their responsibility in regard to health education in the light of present day trends in education.
2. That definite steps should be taken in the secondary schools to organize and administer a more adequate program of health education.
3. That, wherever possible, a prescribed course in health education should be given at least for one year throughout the senior high school level.
4. That this course should consist of experiences in the several areas of health instruction as have been outlined in the health units included in Appendix of this problem. These are typical of the needs of pupils of secondary level.



5. That, wherever possible, persons thoroughly trained and experienced in the area of health education should be added to the personnel of the school.
6. That all teachers, nurses, janitors and other maintenance personnel should have in-service training in health education with regard to their respective responsibilities.
7. That a study should be made cooperatively by the teaching staff to ascertain standards, techniques, methods and materials to be incorporated into a teachers' guide for a health education program.
8. That consideration should be made in the budget for acquiring the necessary equipment to give better health service in the areas of dental care and hearing and vision testing.
9. That the guidance program of the schools should embrace the mental and physical aspects of the pupils.
10. That the administrator should ascertain the attitudes of the teachers and other personnel and thereby be directed in his conduct of the program.
11. That the administrator should discover the individual skills of his staff so that he can best utilize their talents in promotion of the health education program.

12. That due consideration should be given the matter of correlation and integration of health education within the total program of the school.

APPENDICES

- A. LETTER TO SUPERINTENDENTS
- B. RETURN POSTCARD
- C. QUESTIONNAIRE
- D. CHECK-LIST
- E. HEALTH HISTORY
- F. HEALTH RECORD FORM
- G. HEALTH RECORD FORM
- H. HEALTH UNITS

APPENDIX A

April 18, 1951

Mr. William R. Barry  
Supt. of Schools  
Northampton, Mass.

Dear Sir:

As a candidate for the degree of Master of Science in Education at the University of Massachusetts I am working on a problem entitled "What is the place of health education in the secondary schools of Hampshire county?"

I would appreciate it very much if I might have the opportunity to talk with you regarding health education in the Northampton school system, and perhaps visit your schools to observe classes wherein some phases of health education are included in the curriculum.

I am enclosing a self-addressed government postal card for your convenience in replying.

Yours truly,

---

(Mrs. Llewellyn L. Derby)

APPENDIX B



THIS SIDE OF CARD IS FOR ADDRESS

Mrs. Llewellyn L. Derby  
395 N. Pleasant Street  
Amherst, Mass.

You may call at my office on \_\_\_\_\_ at \_\_\_\_\_  
for an interview.

You may check with \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_

Signed \_\_\_\_\_  
Position \_\_\_\_\_

APPENDIX C

I. Organization and Administration of the Health Program

- A. Is there a person directly responsible for the administration of the health program in your school? Yes \_\_\_ No \_\_\_  
Position held \_\_\_\_\_
- B. Is there an active school health committee? Yes \_\_\_ No \_\_\_
1. Are lay people included in this committee? Yes \_\_\_ No \_\_\_
2. Are pupils included? Yes \_\_\_ No \_\_\_
3. Is a doctor included? Yes \_\_\_ No \_\_\_
4. Is a dentist included? Yes \_\_\_ No \_\_\_
5. Is a nurse included? Yes \_\_\_ No \_\_\_
6. Does this committee meet regularly? Yes \_\_\_ No \_\_\_
7. Does it plan, activate and evaluate the health program in the school? Yes \_\_\_ No \_\_\_
- C. Is there some form of curriculum or teacher guide in health education? Yes \_\_\_ No \_\_\_
- D. Is there a prescribed and systematic course in health education included in the school curriculum? Grade levels \_\_\_\_\_ Yes \_\_\_ No \_\_\_
- D. Do you employ a health education trained teacher? Yes \_\_\_ No \_\_\_
- F. Do you employ anyone trained in health guidance? Yes \_\_\_ No \_\_\_

II. Health Services

- A. Are the pupils given a complete physical examination once a year? Yes \_\_\_ No \_\_\_  
(If given other than yearly please state when \_\_\_\_\_)
- B. Do you employ a full time nurse? Yes \_\_\_ No \_\_\_
- C. Do the teachers screen for defects? None \_\_\_ Some \_\_\_ All \_\_\_
- D. Are hearing and vision tests included in examinations? Yes <sup>1/2</sup> \_\_\_ No \_\_\_
- E. Is dental health included in the program of health services? Yes \_\_\_ No \_\_\_
- F. Do teachers receive physical examinations? Yes \_\_\_ No \_\_\_  
(How and when? \_\_\_\_\_)
- G. Do janitors and other maintenance personnel receive physical examinations? Yes \_\_\_ No \_\_\_  
(How and when? \_\_\_\_\_)

- H. Is there a follow-up of the examination of school children? (By whom is it made? \_\_\_\_\_) Yes \_\_\_ No \_\_\_
- I. Is there a follow-up of the examinations mentioned in items F and G.? Yes \_\_\_ No \_\_\_
- J. Are complete health records, kept up-to-date, maintained for every pupil? Yes \_\_\_ No \_\_\_
- K. Are there trained persons who can render first-aid in the school? # of Teachers \_\_\_\_\_ # of Pupils \_\_\_\_\_ Yes \_\_\_ No \_\_\_
- L. Does the PTA participate in the health program? Yes \_\_\_ No \_\_\_
- M. Do private physicians participate in the program? Yes \_\_\_ No \_\_\_
- N. Do private dentists participate in the program? Yes \_\_\_ No \_\_\_
- O. Do you use the health services of any organizations to augment the health program? Names: \_\_\_\_\_  
 \_\_\_\_\_

### III. HEALTH INSTRUCTION

- A. At what grade levels is direct health instruction given? 7th \_\_\_\_\_ 8th \_\_\_\_\_ 9th \_\_\_\_\_ 10th \_\_\_\_\_ 11th \_\_\_\_\_ 12th \_\_\_\_\_
- B. What credit is given for the health education courses at senior high school level? \_\_\_\_\_
- C. Are courses in health education required or elective? (see also Health Content of \_\_\_\_\_  
 (Courses check-list)
- D. Are other materials than textbooks used, as: (check) Films \_\_\_\_\_  
 Charts \_\_\_\_\_ Posters \_\_\_\_\_ Exhibits \_\_\_\_\_ Reference books \_\_\_\_\_ Pamphlets \_\_\_\_\_  
 Magazines \_\_\_\_\_ Models \_\_\_\_\_ Microscopes \_\_\_\_\_ Graphs \_\_\_\_\_ Slides \_\_\_\_\_
- E. Is health instruction given by: Special lectures \_\_\_\_\_ Assembly  
 programs \_\_\_\_\_ helping in community campaigns \_\_\_\_\_ medical examinations \_\_\_\_\_  
 immunizations \_\_\_\_\_ weighing and measuring \_\_\_\_\_ dental examinations \_\_\_\_\_  
 testing hearing \_\_\_\_\_ testing vision \_\_\_\_\_ the school lunch program \_\_\_\_\_  
 driver education programs \_\_\_\_\_ fire drills \_\_\_\_\_ safety programs \_\_\_\_\_  
 nutritional experiments \_\_\_\_\_?
- F. Does the school provide methods of evaluating the health instruction program by:
- (1) Health knowledge tests? None \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_  
 Excellent \_\_\_\_\_
- (2) Health attitude tests? None \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_  
 Excellent \_\_\_\_\_
- (3) Interviews and conferences with pupils, parents, health personnel and other teachers? None 66666 Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_  
 Excellent \_\_\_\_\_
- (4) Is above information obtained used to improve the health education program in the school? Yes \_\_\_ No \_\_\_

G. Is health instruction integrated and correlated with other subject areas? Yes \_\_\_ No \_\_\_

H. Is Health instruction given on a yearly basis? Yes \_\_\_ No \_\_\_  
on a semester basis? Yes \_\_\_ No \_\_\_

I. How many class hours per week are used for health instruction? \_\_\_\_\_



LIST OF TEXTBOOKS USED  
In  
HEALTH INSTRUCTION PROGRAM

| Title | Author | Publisher | Year | Grade Placement |
|-------|--------|-----------|------|-----------------|
|-------|--------|-----------|------|-----------------|

APPENDIX D

Check-List

of

THE HEALTH CONTENT OF COURSES IN SECONDARY SCHOOLS

Name of School System \_\_\_\_\_ Date \_\_\_\_\_

Name of School(Junior High) \_\_\_\_\_ Enrollment \_\_\_\_\_

Name of School(Senior High) \_\_\_\_\_ Enrollment \_\_\_\_\_

Name of Person checking \_\_\_\_\_ Position \_\_\_\_\_

Explanation of keys:

"Course" (in which unit is included)

- |                       |                         |
|-----------------------|-------------------------|
| A---Anatomy           | HE---Health Education   |
| B---Biology           | H Ec---Home Economics   |
| C---Chemistry         | PE---Physical Education |
| CH---Community Health | S---Science             |
| DE---Driver Education | SE---Safety Education   |
| E---English           | SS---Social Studies     |
| H---Hygiene           |                         |

"R"---Required course

"E"---Elective course

"Degree of Emphasis"

- 0---No emphasis
- 1---Minor emphasis. Incidental or unplanned teaching.
- 2---Some major emphasis. Planned instruction. One period or less.
- 3---Major emphasis. Planned instruction. More than one period.

\* Please use the sign "X" to indicate the information which applies in your school system.



Unit

Course

Degree Emphasis

| A  | B | C | CH | DE | E | H | HL | HLc | LS | SE | SS | RE | 0 | 1 | 2 | 3 |
|--|---|---|----|----|---|---|----|-----|----|----|----|----|---|---|---|---|
| <b>CHILD CARE</b>  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| a feeding the baby and preschool child                                       |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| b sanitary care of bottles and food  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| c regular schedule in caring for the baby and preschool child                |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| d handling the baby  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| e bathing the baby   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| f care of clothing for baby and preschool child                              |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| g fresh air and sunshine   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| h helping the child to make adjustments                                      |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| i sleep and rest   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| j diphtheria immunization and small-pox vaccination, whooping cough, tetanus |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| k play activities at different age levels                                    |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| <b>NUTRITIVE REQUIREMENTS; SELECTION AND PREPARATION OF FOOD</b>             |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| a individual food needs  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| b types of food and what they do for our bodies                              |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| c relation of diet and calorie values to body's needs                        |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| d well balanced meals  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| e preparing and serving food attractively                                    |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| f care and use of left-over food   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| g storage of food  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| h intelligent buying   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| i sanitary handling of food  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| j raising food for home consumption  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| <b>III. HEALTH OF DIGESTIVE SYSTEM</b>                                       |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| a care of teeth  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| b factors aiding proper elimination  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| c laxatives and cathartics   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| d the structure and function of the digestive system                         |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| e digestive disorders, ulcers, appendicitis, gastro-intestinal upsets        |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| <b>IV. COMMUNITY HYGIENE</b>   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| a importance of education for all in health matters                          |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| b water supplies   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| c community cleanliness  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| d sewage disposal - plumbing   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| e food and milk supplies   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| f recreation   |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |
| g housing  |   |   |    |    |   |   |    |     |    |    |    |    |   |   |   |   |



Unit

Course

Degree Emphasis

| A  | B | C | CH | DE | E | II | III | HEc | PE | S | SE | SS | R | T | 0 | 1 | 2 | 3 |
|--|---|---|----|----|---|----|-----|-----|----|---|----|----|---|---|---|---|---|---|
| II. HEALTH SERVICES  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| a local community health agencies and the services they perform                                    |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| b state and federal health services  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| c correction of physical defects   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| d significance of height and weight data in relation to health                                     |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| e annual health examination by physician   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
|  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| V. PHYSICAL ACTIVITY AND POSTURE   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| a physical activity in relation to development and health  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| b selecting the right type of a activity for the individual  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| c recreational values in activity  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| d good posture   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| e common postural defects and their causes   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| f structure and function of the circulatory system   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| g structure and function of the respiratory system   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| h structure and function of the skeletal and muscular systems                                      |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
|  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| 7. PERSONAL GROOMING   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| a social and economic value of good grooming   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| b care of the hair   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| c commercial preparations and treatments of the hair   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| d care of the skin   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| e structure and function of the skin   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| f relation of good health habits to skin conditions  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| g care of hands  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| h good teeth as a factor in good appearance  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| i rest and sleep in relation to appearance and outlook on life                                     |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| j condition of eyes as a factor in good appearance   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
|  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| VI. CHOICE AND CARE OF CLOTHING  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| a selection of clothing suitable to the wearer's build, coloring, personality, and to season       |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| b selection of materials from the standpoint of beauty, durability, cleaning and laundry qualities |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| c daily care of clothing   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| d weekly and seasonal care of clothing   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| e care of clothing storage places, dressers, closets, etc.   |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| f selection and care of shoes  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |
| g selection and care of stockings  |   |   |    |    |   |    |     |     |    |   |    |    |   |   |   |   |   |   |



## APPENDIX E

### PUPIL HEALTH HISTORY FORM

The essential items in a health history to be used in schools are as follows:

1. Identifying data: name; address; parents' names, nationality, religion; father's occupation; mother's occupation; medical and dental advisers' names and addresses.
2. Family history: appraisal of environment and hereditary trends, age and state of health, presence of disease in parents, siblings, or grandparents, and cause of death of deceased members of the family.
3. Personal history:
  - a. Diseases, accidents, and operations  

Abnormalities of birth  
Diseases and dates  
Accidents and dates  
Operations and dates
  - b. Immunizations, skin tests, and vaccinations (with dates).
  - c. Complaints present
  - d. History of exposure to disease, for example, tuberculosis
  - e. Dental examinations (last date)
  - f. Health habits of rest, sleep, nutrition, play
  - g. Eye examinations (last date)



- h. Parents' comments: regarding general health, endurance, and intellectual, emotional, and social behavior and attitudes.
- i. Menstrual history--girls aged eleven years and up
- j. Source of information or signature of parent
- k. Date of the report.





APPENDIX H

HEALTH UNITS

- I. HEALTHFUL SCHOOL LIVING
- II. SCHOOL LUNCHESES
- III. HYGIENE OF THE HOME
- IV. HOME CARE OF THE SICK
- V. CHILD CARE
- VI. NUTRITIVE REQUIREMENTS; SELECTION AND PREPARATION OF FOOD
- VII. HEALTH OF DIGESTIVE SYSTEM
- VIII. COMMUNITY HYGIENE
- IX. COMMUNICABLE DISEASES
- X. HYGIENE OF OCCUPATION
- XI. SAFETY EDUCATION
- XII. CARE OF THE INJURED
- XIII. HEALTH SERVICES
- XIV. PHYSICAL ACTIVITY AND POSTURE
- XV. PERSONAL GROOMING
- XVI. CHOICE AND CARE OF CLOTHING
- XVII. THE SPECIAL SENSE ORGANS
- XVIII. MENTAL AND EMOTIONAL HEALTH
- XIX. USE OF STIMULANTS AND NARCOTICS

XX. SUPERSTITIONS AND FADS

XXI. VACATION HEALTH

BIBLIOGRAPHY

## BIBLIOGRAPHY

- American Association of School Administrators, Health in Schools, Twentieth Yearbook, Washington, D.C.: The Association, 1942. pp 400.
- Brace, David E., Health and Physical Education for Junior and Senior High Schools, New York: A.S. Barnes and Company, 1948. pp v + 392.
- Byrd, Oliver E., Health Instruction Yearbook. Stanford University Press, 1947. pp v + 325.
- Chenoweth and Selkirk, School Health Problems. Third Edition, New York: F.S. Crofts & Co., 1947. pp v + 419.
- Conrad, Meister, Teaching Procedures in Health Education. Philadelphia and London: W.B. Saunders Company, 1941. pp ii + 160.
- Cromwell, Gertrude E., The Health of the School Child. Philadelphia, Pa.: W.B. Saunders Company, 1946. pp v + 256.
- Edmonson, Roemer, Bacon, The Administration of the Modern Secondary School. New York: The MacMillan Company, 1948. pp v + 690.
- Fowlkes, John Guy, Planning Schools for Tomorrow. Washington, D.C.: U.S. Government Printing Office, 1942. pp 99.
- Grout, Ruth E., Health Teaching in Schools. Philadelphia, Pa.: W.B. Saunders Company, 1948. pp iii + 320.
- Illinois Joint Committee on School Health, A Basic Plan for Health Education and the School Health Program. State of Illinois, 1944. pp 80.
- Lee & Lee, The Child and His Curriculum. Second Edition, New York: Appleton-Century-Crofts, 1940. pp v + 710.

- National Committee on School Health Policies, Suggested School Health Policies. New York and Minneapolis: Health Education Council, 1946. pp. 46.
- Report of the Joint Committee on Health Problems in Education, Health Education. Washington, D.C.: National Education Association of the United States, 1941. pp 368.
- Report of Joint Education Committee, An Appraisal of the School Health Program. Atlanta, Georgia: State Departments of Education and Health. pp 11.
- Sharman, Jackson R., Introduction to Health Education. New York: A.S. Barnes and Company, 1948. pp vii + 273.
- Strang and Smiley, The Role of the Teacher in Health Education. New York: The MacMillan Company, 1942. pp v + 359.
- Turner, C.E., Principles of Health Education. Boston, Mass.: D.C. Heath and Company, 1939. pp v + 680.
- White House Conference on Child Health and Protection, The School Health Program, New York: Appleton-Century Company, 1932. pp 400.
- Williams and Shaw, Methods and Materials in Health Education. New York: Thomas Nelson and Sons, 1935. pp v + 335.



Approved By:

William M. Fowler

Raymond Wyman  
Problem Committee

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