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HOW THE HEALTH EDUCATIONAL PROGRAM OF
UNION WELL SCHOOL MEASURES UP TO
THE IDEAL PRESENT DAY PROGRAM

PRAIRIE VIEW STATE COLLEGE
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COLITO MCGOWAN TANKERSLEY

A THESIS IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE
OF THE BACHELOR OF SCIENCE

IN THE
DIVISION OF ARTS AND SCIENCE
OF
PRAIRIE VIEW STATE COLLEGE

PRAIRIE VIEW, TEXAS

August, 1937

DEDICATED

TO

MY DEAR MOTHER,

SUSIE A. HARRIS

AND

MY DEAR HUSBAND,

S. R. TANKERSLEY

Who through their love and guid-

ance, inspired me to serve

my people more

effectively.

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PREFACE

It is rather significant that most rural teachers accept a pre-arranged health program based upon a certain general assumption concerning the health status of the average rural community. There are certain conditions that characterize the health status of one community which may be entirely opposite to the conditions in another community.

This thesis is written, therefore, because of the somewhat confirmed belief, and the results of teach training experience, that there is need for a rural health program adapted to the needs of a rural school in the Oldham Settlement, Burleson County, Caldwell, Texas.

This thesis consists of four major divisions. Each of these divisions have to do with guiding essentials characteristic of its respective chapter title.

The author wishes to express appreciation for helpful suggestions offered by Miss R.M. Spurlock, Department of Physical Education for Women at Prairie View State College, Prairie View, Texas

Acknowledgement is made for the use of suggestions from textbooks and bulletins mentioned at the close of chapter one, and at the close of this thesis.

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Recently medical science has been focusing its attention upon prevention rather than cure. That the span of human life has been greatly increased because of better health habits is a well known fact. We are told that the average span of human life in the Middle Ages was twenty-five years; in the eighteenth century it was

Edna A. Taylor, "An Introduction To Education," 1-177

CHAPTER I

I N T R O D U C T I O N

In recent years the public generally has realized that much of the physical illness of the human race is preventable. It has been estimated by the most conservative authorities that the annual cost of sickness, medicine, doctor's bill, and loss of wages due to illness in the United States exceeds the total annual cost of public education.¹ It is difficult to evaluate accurately the economic loss to the nation due to ill health. Whatever the cost may be, we know that it is altogether too large; but the economic loss is not the only thing. The large amount of mental and physical suffering that comes from preventable diseases could be greatly reduced with proper health education programs in rural schools.

Recently medical science has been focusing its attention upon prevention rather than cure. That the span of human life has been greatly increased because of better health habits is a well known fact. We are told that the average span of human life in the Middle Ages was twenty-one years, in the eighteenth century it was

¹ Adams & Taylor: "An Introduction To Education," P-377

was twenty-one years, in the eighteenth century it was twenty-five years; in 1865, thirty years; in 1850, forty years; in 1900, forty-six years; in 1920, fifty years, and in 1930, sixty years. It is the opinion of many health specialists that with the further application of science to health, the span of human life may be extended to eighty years. This extension of life expectancy is the result of a new emphasis in education - the health of the individual.

The above statement being true, the author feels the need for a program based upon the particular needs of the rural community in which she is now employed as a teacher. Any teacher finds similar conditions in working communities of approximately the same geographical conditions. Notwithstanding the fact that some conditions are similar, there are numerous situations which are peculiar to a specific community. In view of this fact, the writer discovered the needs for a definite program based upon the needs of pupils and adult life in her specific community. Some very pertinent suggestions and facts indicating the needs for a program of health education in my community are here related.

Malaria fever, pellegra and tuberculosis, three of the most fatal diseases of modern society have since 1925,

decreased the number of yearly victims for the country as a whole. Yet in 1926, in my rural community with a population of approximately 500 persons, malaria victims numbered 28, with a death toll of 4. While in the same year pellegra carried its death toll of 3, and tuberculosis a toll of 3, for the same year. In 1927-28 these three diseases carried off slightly more than 2.1% of the adult population in this community. In 1933-34, there was a slight increase in the number of malaria and tuberculosis victims with a slight decrease in the number of pellegra victims. There are several individuals of this community at present who are said to be victims of social diseases.

Approximately 95% of the homes were not properly screened. There were 75 homes in 1926 in the community with only three artesian wells, which indicates that those families, who do not live near a well, have their water supply in open barrels which were kept without a screen cover.

Aside from the above mentioned condition, there were no provisions made for the recreational life of the adults of this particular community and very little for that of smaller children.

The above list of facts is by no means complete. They are facts, however which show that a school health program, which will reach into and benefit the entire community is needed.

Source of Material -- Recognizing, then, the urging needs for a health program, the author began a health survey during the school term of 1927-28 and has kept record of her findings.

As a result of these discoveries the author hereby presents the following discussion for health education in Union Well School.

In spite of the fact that the practical discoveries have been obtained through surveys and interviews of parents, the author has received much inspiration and guidance, in this endeavor, through the study of the following books:

I. Andrews, J. Mace - Health Education in Rural Schools - Boston: Houghton Mifflin Co., Chapter-II.

II. Dresler, Fletcher B. - The Hygiene of Rural Schools. -N. E. A. Proceedings, 1912-28-30.

III. Futnal Alma - A Health Course for Rural Schools-
Dr. N. M. Irby, Department of Education, Little Rock,
Arkansas, Chapter I-V.

IV. Wooten, Kathleen Wilkins -- "Health Educational Activities" -- Source Book of Suggested Activities in Health Education.

As may be seen, medical inspection was of primary importance in the early years of health education in my school. It was soon evident to persons interested in this field that this was but the beginning of the movement, and that the medical profession could not hope to cope with the problem alone. The school first assumed a large part of the responsibility for health programs, and after a time was given sole responsibility for the administration adjustments and in many cases additional personnel.

Health education consists of three major divisions, namely:

1. Health Supervision
2. Health Service
3. Health Instruction

In the following pages the author will give a preliminary survey of the aim, objectives and working outline for each division.

1. Health Supervision: -- Health supervision in my school deals with those agents or agencies within the school whose aim is to protect and preserve the health of the

school children. CHAPTER II

THE ADMINISTRATION OF HEALTH EDUCATION

As may be seen, medical inspection was of primary importance in the early years of health education in my school. It was soon evident to persons interested in this field that this was but the beginning of the movement, and that the medical profession could not hope to cope with the problem alone. The school first assumed a large part of the responsibility for health programs, and after a time was given sole responsibility for the administration adjustments and in many cases additional personnel.

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I. Health Supervision: -- Health supervision in my school deals with those agents or agencies within the school which aim to protect and preserve the health of the

Even, Charles E., "Physical Welfare of the School Child," pp. 124-25

school children, namely;

(a) Janitorial service, sanitation of the building, and of the school ground, and health status of all employees of the school

(b) Correct drinking supplies sanitary lavatories, lighting facilities, ventilation, heating of school, and the supervision of the school lunch hour.¹

There is little the teacher can do in way of getting a standardized building constructed, other than making appeals to the local board of education. However, the teacher's efficiency in making other phases of the health program ultimately outstanding, will claim the interest and attention of the local board and good results may be obtained.

Aesthetic considerations justify the keeping of school buildings sanitary and clean. Health considerations make such a procedure essential. The cleanliness of the schoolroom floor is a major division of this service. Daily cleaning of most floors of school buildings may be accepted as standard. Floors should be treated to prevent dust-rising and also to preserve the material used in the flooring.

Windows should be properly screened and adjusted for opening and closing so that adequate ventilation may be

¹ Keen, Charles H., - "Physical Welfare of The School Child," pp., 125-26

insured. The common standard for the total area of window space is from one sixth to one fourth of the total floor area. Each window should be adjusted with proper shades to provide for sunray obstruction. The common standard for ventilation is 1,800 cubic feet of fresh air per hour per child.

This requirement cannot be met if an adequate amount of window space is not provided. Crowded conditions, overheating of the school also influence the ventilation aspect to a large degree.

Special care should be taken in the selection of chalk and cleaning of blackboards.

The sanitary pit toilet is recognized as the common standard for rural sections. Plans for this toilet may be obtained from the "Farm Shop Department, Prairie View State College, Prairie View, Texas.

Very little time is consumed in the morning inspection period if a definite procedure is followed with problem cases outlined for concentrated study on the part of the teacher. The purpose of the morning inspection is to note any physiological changes in pupils such as rash, eye irritations nose and throat congestions, abnormal temperature implications. The teacher also notes

the personal cleanliness and grooming aspects of each pupil, which includes detection of careless habits, in care of teeth, nails, hair, eyes, bathing and in dressing for school.

"The personal appearance chart entitled, "Am I Ready For School"¹ might be used quite advantageously here. Other health score cards may be secured from miscellaneous sources."²

The following is the procedure for the administration of health supervision in Union Well School.

As the author had much to do with the planning of the school building, every step as far as possible was taken to make it morden as well as attractive, for young growing children have no right to be surrounded by degrading influences.

This building is located on a one acre grassy lot with trees, native shrubs, and flowers forming the background. The building is painted white outside. The woodwork is a desirable light tan, the walls a still lighter tan, and the ceiling a light cream shade, which is easy on the eye. The lunch room and the cloak room which contains individual coat and hat hangers are also painted light cream.

1 - 1

2 Lever Brothers' Co.,-----Cambridge, Mass.,
The Malt-O-Meal, Campbell Cereal, Northfield, Minn.
"Health Charts and Pupils Record Cards to Check."

The building is kept sanitary by the janitor, who also takes care of the white school which is only a few rods away.

The school is scrubbed before the opening of school in the fall, and there is a general cleaning of floor, walls, and furniture. In fact everything is cleaned; the library case that catches all sorts of rubbish, the cupboards, and all out-of-the-way places where there is an accumulation of debris which is of no use to anybody and which serves only to gather diseases breeding dust.

The cleaning and sweeping of the building is not left to the janitor alone, even though he does most of the sweeping as well as keeping the floors oiled. The dusting committee which is made up of the girls enrolled in the school do the dusting thoroughly and regularly every morning. They are equipped with well oiled dust cloths of good size and can soon go over the surfaces within reach, ledges, window casings, desks, shelves, teacher's desk, maps, stoves, and all exposed surfaces. This chore seems to be one of pleasure and is never forced on anyone.

The keeping of the oiled floor is left almost entirely to the care of the janitor, but when it is necessary for the floor to be cleaned during the absence of the janitor,

it is very pleasurable for a group of pupils to do the sweeping. A good deal of mud is left outside for the door step is provided with two good foot scrapers and a good sized steel door mat.

The blackboards which are about 42 inches wide and 26 inches from the floor are low enough for the small pupils and not too low for the older pupils. Seasonal borders of colored stencil figures are placed on the board monthly.

The care of the blackboards is left entirely to the janitor, who washes them after the school hour each day. The erasers are also carried through a process of cleaning each day.

As there is no ventilating system, window ventilation is used. Every effort is made to prevent drafts of cold air from blowing directly on the pupils. Foul air is deadly enough, but draughts are positively dangerous, and must be looked out for. Every window is fitted with a six inch pine board, the width of the window. On cold, windy days these boards are set in so that all the space is closed, permitting air to come in between sashes only. But, on milder days, on the windless side of the building, the boards are set at an angle, thus permitting more air

to enter. There are now on the market sanitary cloth window ventilators, from nine to fifteen inches wide, capable of being adjusted to windows of varying widths. These are made of fine mesh, strong cloth and should last a long time. They are the means of supplying fresh air without draft or dust and are useful where a constant circulation of fresh air is needed. The aim of the author is to have this type of ventilator installed in Union Well School during the school term of 1937-1938.

During the heating season, smoke, soot and fine dust from the stove which burns wood is greatly reduced, and in some cases prevented entirely, by proper stoking and firing. The school room temperature is best from 65° to 68° F. and is never allowed to go above 68° when the out-door temperature is below that point. A gallon container of water is kept on the stove during the heating seasons to prevent the air from becoming dry. "The harm done to school children by dry air is very grave, for the dry, cracked tissues of the nose, mouth and throat form excellent lodging places for germs, and are thus much more liable to disease than tissues which are kept normally moist."¹

¹
Lowth - Everyday Problems of The Country Teacher, P-149, The MacMillan Co., 1928, New York, N. Y.

The classroom is planned so that the light is admitted wholly from the left and the rear. The "bank" of windows are placed well toward the rear wall, this leaves a space of six or eight feet on the outer wall toward the front which has no windows.

These are the suggestions followed in the lighting problem at Union Well School:

1. "Keep shades rolled to the tops of the windows unless the sun shines directly into the room.
2. When the sun's rays enter the room directly, draw the curtains to shut out the bright light. Raise the shades as soon as the position of the sun will permit.
3. Adjust the shades on the east side of the room in the morning. Then as soon as possible, when the glaring rays will permit, raise the curtains to the top and leave for the rest of the day.
4. Do not keep the upper half of the windows shaded in order to have them look well.
5. Do not let curtain remain in a state of disrepair. Either fix it or get someone to do so at once.
6. The teacher is directly responsible for serious injury to the eyes of the pupils through carelessness, ignorance, or neglect in the matter of lighting. No teacher

wishes to be accused of criminal negligence."¹

The standardized pit type toilets are used and are so constructed as to exclude flies and vermin. The floors are of cement slightly sloping so that water will drain off easily. The care of the toilet is left to the janitor who disinfects and deodorizes them when necessary. The pupils are taught in the classroom the care that should be taken in using the toilet, and these instructions are followed up as far as possible by the teacher.

Water is piped to the school ground from an artesian well which is about 500 yards from the school campus. The author feels that this water is safe for the flow comes directly from the ground pipe to the school. It is the fountain from which the water is drunk that may contain harmful disease germs, therefore, the children are taught the correct way to get a drink through the suggestions which follow:

1. Never let the mouth touch the bubbler.
2. Never touch anyone who is drinking.
3. Never touch the bubbler with the hand.

By the hot lunch is meant that part of the school child's dinner which is prepared and served in the school house in addition to the lunch brought from home. In my

¹
Daniel J. Kelley; Effie F. Knowlton, A Practical School Health Program, Metropolitan Life Ins. Co., 1934, New York, New York.

school this additional hot part of the meal may consist of nothing more than hot cocoa or an appetizing, nutritious soup.

I asked the mothers to come to a meeting and talk over the plans for serving hot lunches. They were impressed of the many advantages, physical and mental, that could be derived from the serving of a warm lunch at noon. Not only to add a warm dish to an otherwise cold and unappetizing lunch, but to teach the proper cooking and serving of foods and their nutritive value or relation to the body; to teach table manners, politeness and cleanliness; to draw the pupils together in a pleasant social hour, to attract children to school who might otherwise stay away; and to enable all to go back to their work with body and mind refreshed.

The lunch period (30 minutes) is supervised by the teacher who sits and is served with the pupils. These are the points that are followed as far as possible when serving the lunch.

1. The children wash their hands before eating.
2. The desk is cleared and a paper napkin is spread for a tablecloth.
3. Lunch is eaten in right order, dessert last.
4. The children remain in their seats until all have

finished eating. This prevents hasty eating.

5. The children are permitted to carry on conversation while eating, but it must be in a quiet form.

Neatness in general appearance, such as clean hands, and clean aprons for the girls who cook is encouraged. These aprons as well as the cup towels are furnished by the teacher.

The County Superintendent, and the Jeanes Supervisor, have been practical sources for aid in the supervision of the school health program in Union Well.

II. Health Service --- School health service is the term employed in my system to include: (1) those things which are done for the child to protect his health; (2) education of the parent in regard to child health, home and community hygiene, and parental responsibility.

Pupils, nurse, physician, dentist, and teacher, co-operate in the varied activities of school health service. The work done with the majority of boys and girls is chiefly preventive. For the child who is physically below the standard or poorly adjusted mentally or emotionally, it means a careful study of his individual health problem and advice to parents con-

cerning treatment, and guidance toward environmental adjustments, particularly in the school or the home.

Treatment is given only under certain special circumstances. First aid is offered in cases of accident or sudden illness at school and treatment of minor injuries for which a family physician would not be employed. In order to do this, the school is required to have a first aid cabinet, equipped with the following items which are checked by the Jeanes Supervisor each month of the school term:

Article	Approximate Cost
1 tube of unguentine (for burns) -----	\$0.25
2oz. boracic acid (shake powder on wounds, or dissolve a teaspoonful in a glass of water for an eye wash -----	.10
$\frac{1}{2}$ lb. absorbent cotton -----	.50
2 rolls, (1 in) bandage -----	.35
1 roll or (5 yds) 2in. adhesive tape for holding dressing in place -----	.55
1 package sterilized gauze (for holding dressing in place -----	.25
1 pair scissors -----	
1 pair small tweezers (for removing splinters--	.25
2 clean towels (may be sterilized by boiling five	

minutes, or washing and pressing with hot iron while damp) -----	\$0.50
1 glass tumbler -----	.05
1 teaspoon -----	.05
Total	<u>\$2.60</u>

At some time during the year each child is given an examination which discovers ordinary defects of eyes, ears, nose, teeth, throat, heart, skin, posture, nutrition, etc. For this examination the children are not disrobed, but garments are opened over the chest for the heart examination. Parents of children with defects demanding attention are notified. All children who indicate to the physician a need for a more thorough examination are taken to the County Seat where a clinic is held for them and a more complete examination is given. For these special examinations, children are disrobed to the waist and great care is used to discover any deviation from a condition of health.

For treatment children are referred to family physicians. For the indigent, corrective care is sometimes provided through state health agencies.

These types of services are free, and the work is done by the County Health Physician.

III. Health Instruction: -- Health instruction may be defined as "the sum of the instructions given within the curriculum which has for its aim the improvement of health conduct of the individual."¹

The only way health instruction can be made to reach the intimate, daily, personal lives of all our people is through training the children in the public schools.

It will never be possible to set aside definitely for health instruction enough of the daily time available for school use so that all the necessary habits may be formed and sufficient information acquired concerning health.² The school courses are devised and taught in such a manner as to permit frequent opportunities for correlation with the various parts of the health program.

Types of Material That are Valuable to Use in Health Activities: --- The child learns by doing, therefore, health material consists of a relentless re-iteration of habit. Again health knowledge is most meaningful when it is sought in the process of solving some problem³ for instance, health education like learning

¹ Kelly, Daniel J. and Knowlton, Effie E. - "A Practical School Health Program."

² Shang, Ruth P. E. - Columbia University - "Psychology in Choosing Health Material", Hygeia Magazine, June 1934.

³ The Malt-O-Meal, Campbell Cereal, Northfield, Minn. - Health Charts and Pupils Record Cards to Check."

process should be tied up with some actual life situation and the repetition of the desirable habits is essential in the process.

Below is a list of concrete situations and materials for teaching health in Union Well.

1. Playhouse and practice problems.

2. Caring for pot plants.

3. A play city health agencies studied.

4. Indian life.

5. Colonial life.

6. Study of lungs by blowing up balloons.

The personal appearance chart entitled, "Am I ready for School?" might be used quite advantageously here. Other health score cards may be secured from miscellaneous sources.

For the administration of the Health Instruction phase of the program, the following is a suggestive procedure:

1. Study made of needs of pupils and community.
2. Parent-teacher program for club activity.
3. Circulating library well set up with health books.
4. Provisions for the hygiene of instruction.
5. Securing material for Health Teaching.

(a) Text books for grades 3 through 7.

Grade 3 - Health For Everyday.

Grade 4 - Health For Everyday.

Grade 5 - Hygiene and Health.

Grade 6 - Hygiene and Health.

Grade 7 - Community Health.

(b) Supplementary materials.

(1) Bulletins from State Department of Health.

(2) Bulletins from miscellaneous sources on Health Topics.

6. Pageants, dramas, and play which affect the health instruction phase of the program.

Health comes as a by product of physical education and is given a place with the health instruction provision.

"The aim of physical education is to aid the other phases of the curriculum in providing for skilled leadership, and to produce adequate facilities that will afford an opportunity for an individual or group to act in situations that are physically wholesome, and mentally stimulating and satisfying and socially sound."¹

¹ Jackson, R., Sharman-"Physical Education" P- 15

The objectives of the Physical Education program are three-fold, namely:

1. To develop organic vitality.
2. To make use of leisure time.
3. To establish attitudes and habits conducive to play.

The aim and objectives mentioned above are the general ones of this phase of the health program, out of which more specific aim and objectives are set up according to the particular needs of my school and community.

The play of the children is always out of doors, except when the weather or ground conditions absolutely prevent. Through the thirty minutes supervised play period on Monday, Wednesday, and Friday, the children have learned to play with each other. Habits of activity have become so fixed that the boys and girls play easily in response to environmental stimuli.

The self directed games on the playground during other days (free play periods) and during the time before school, morning, and noon, demonstrate the ways in which children have learned to play and to recognize pupil leadership.

A general outline of physical activities engaged in

by the pupils of my school are as follows:

1. Story Plays (First and Second Grades)
 2. **Hunting** Games-(Third Grade)
 3. Mimetics-formal imitative movements of well known activities without the usual equipment (First and Second Grade)
 4. Athletic games (Sixth and Seventh Grades)
 5. Stunts (Fourth, fifth, sixth and Seventh Grades)
 6. Relay races. (Fourth, fifth, sixth, and seventh grades)
 7. Rhythmical activities:
 - Singing games. (First, second and third grades)
 8. Folk Dances (Third, fourth, fifth and sixth grades)
 9. Observance of special days as:
 - (a) May day.
 - (b) Holiday pageants.
1. Take a bath at least once per week.
 2. Change clothes as often as it is necessary.
 3. Comb the hair at least once per day (preferably in the morning.)

CHAPTER III

PARENTS PART IN HEALTH EDUCATION

Developing proper health habits in the pupils in any school requires a large amount of individual teaching which must begin in the home. There is a vast difference in health ideals and health habits in children from different homes in the same grade. From some of the so called "best" homes there is a great lack of proper health habits. In some homes the parents check up on the child's personal habits much more carefully than in others and insist on a proper routine. As a result, some children come to school with better and more firmly established habits than other children.

It is the duty of the home to establish habits of personal cleanliness in so far as it can possibly do so. Below is a list of rules that are hectographed and sent to each home for a definite pattern to be used for home supervision:

1. Take a bath more than once per week.
2. Change clothes as often as it is necessary.
3. Comb the hair at least once per day (Preferably in the morning.)

4. Clean the finger nails daily.
5. Wash the hands after going to the toilet.
6. Brush the teeth twice per day.
7. Give special care to the feet if they perspire freely.

These rules were gone over with the parents during the parent-teacher club hour and each one discussed for emphasis. For those parents who do not attend the meeting personal conferences were arranged with them concerning the welfare of the children.

The parents give special attention to irregular habits of sleep, rest, and recreation during the vacation period, for a higher percentage of underweight is more frequently found at the beginning of school than at the close. This is probably due to deficiencies in food. An attempt is made to see that parents provide a diet necessary for the upbuilding of the body. Four classes of these foods are studied in the parent-teachers club:

1. Those that build and repair tissue; namely, the proteins. - They are found in milk, eggs, cheese, lean meats, fish, beans, peas, etc.
2. Those that give energy and warmth; namely, sugar, starches and fats.
3. Those that contain minerals, salts, such as calcium,

iron, phosphorus, etc. These are necessary for the building of strong bones and teeth and for enriching the blood and regulating all body processes. These elements are widely distributed among the fruits and vegetables.

4. The protective and growth promoting foods are those which contain the vitamin. - They are found in leafy vegetables, tomatoes and other foods.

The parents give assistance in the control of communicable diseases. It is their duty to report any case of illness, that seems to be suspicious, to the teacher who in turn reports to the County Health Board who takes charge if it is a communicable disease. In cases of ordinary colds, or cold complications, influenza, measles, rash etc, the parents keep the children home until the danger of affecting others with whom they may come in contact is over.

1. I washed my hands before each meal.

2. I cleaned my finger nails today.

3. I did not bite my finger nails yesterday.

4. I brushed my teeth last night and this morning.

5. I brought a clean handkerchief today.

6. I drank four glasses of water.

7. I drank four glasses of milk.

8. I drank no tea or coffee.

CHAPTER IV

HELPS FOR TEACHERS

There is an enormous amount of material that may be obtained from many sources on all phases of health on all phases of health education. Standard weight tables for height and age, for boys and girls, have been prepared and are available for the use of teachers in public schools everywhere. Suggested health rules that are to be developed into health habits are to be found in many publications. One list of these rules which is now in use in Union Well School was published in the Kentucky School Journal, September 1930, and is quoted below.

Suggestive Health Rules:

1. I washed my hands before each meal.
2. I cleaned my finger nails today.
3. I did not bite my finger nails yesterday.
4. I brushed my teeth last night and this morning.
5. I brought a clean handkerchief today.
6. I drank four glasses of water.
7. I drank four glasses of milk.
8. I drank no tea or coffee.

9. I ate a green leafy vegetable yesterday.
10. I ate a good breakfast this morning (including a cereal.)
11. I ate fruit yesterday.
12. I ate no candy between meals.
13. I had a bowel movement this morning.
14. I was in bed -- hours last night, windows open.
15. I rested in bed one hour yesterday afternoon.
16. I played out of doors yesterday.
17. I took off my wrap and overshoes in school.
18. I looked both ways before I crossed the street or road.
19. I tried to sit and stand straight.
20. I had a complete bath on each day of the week checked (x).

Through this medium the author has aroused the pupils' enthusiastic interest and pride in his own personal appearance. By stimulating a desire to attain a perfect class record in cleanliness, neatness, and health, better results have been obtained than by emphasizing the deficiencies noted.

In the Course of Study and Syllabus in Health Educa-

tion for Elementary Schools, New York City, may be found a suggested daily routine for each child of school age. This Course of Study is now being used in Union Well School and makes a typical program for systematic daily practices of health habits learned at school.

The following is the typical program:

Daily Routine

1. Rise promptly and in time to make thorough preparation without hurry.
2. Take breathing and setting up exercises appropriate to the grade.
3. Wash, with warm water and soap, hands, (use hand brush), face, neck, and chest. Clean finger nails.
4. Clean the teeth. Brush the gums. Rinse the mouth. Drink a glass of water.
5. Dress, inspecting clothes as to cleanliness.
6. Eat breakfast, chewing food well.
7. Attend the toilet. Wash hands afterwards.
8. Prepare for school. Books and clothes should be clean and in good order.
9. Observe regulations for entering school building.

10. Care for outer clothing. Attend to order of desk. Prepare for daily morning hygiene inspection.
11. Keep correct sitting and standing posture at school.
12. Drink water at recess. Use individual drinking cup or bubble fountain.
Caution: "Do not touch anyone who is using a bubble fountain."
13. Return home for luncheon, without loitering. Wash before luncheon. Chew food thoroughly.
14. Play in fresh air after school.
15. Study. Pay attention to lessons and complete the work.
16. Wash and prepare for the evening mail.
17. Prepare for bed early. Attend the toilet, wash, brush teeth, put clothes where they will be aired during the night, and open the window.
18. Sleep 9 to 12 hours, according to age. Children from 5 to 7 years of age require from 11 to 12 hours of sleep; those from 8 to 11 years of age require from 10 to 11

hours, of sleep; those from 12 to 14 years of age require from 9 to 10 hours of sleep.

SUMMARY AND CONCLUSION

When the author was elected as instructor of Union Hill School practically nothing had been done or was being done for health education in this school and community.

Realizing that the real function of the school is training for complete living which shall make children not only ignorant, but well and strong, physically as well as mentally, so that these growing boys and girls may participate worthily in the making of a new and better civilization; the author began this work by making a thorough study of the needs of the community and then setting up aims and objectives to meet these needs.

In previous chapters of this discourse the author has attempted to relate the health program of Union Hill School according to the following procedure:

1. The needs of the pupils and of the community, adult life was determined.
2. General aims and objectives for this community were set up.
3. Arrangement for constructive work and activities under guidance of instruction through use of such aids as:

CHAPTER V

SUMMARY AND CONCLUSION

When the author was elected as instructor of Union Well School practically nothing had been done or was being done for health education in this school and community.

Realizing that the real function of the school is training for complete living which shall make children not only informed, but well and strong, physically as well as mentally, so that these growing boys and girls may participate worthily in the making of a new and better civilization; the author began this work by making a thorough study of the needs of the community and then setting up aims and objectives to meet these needs.

In previous chapters of this discourse the author has attempted to relate the health program of Union Well School according to the following procedure:

1. The needs of the pupils and of the community as adult life was determined.
2. General aims and objectives for this community were set up.
3. Arrangement for corrective work and activities under guidance of instruction through use of such aids as:

(a) Classroom laboratory in those worthwhile activities through discussions will gain knowledge and form the habits projects & desirable attitudes toward health ideals. activities

(b) Textbook materials

(c) P. T. A. organizations

(d) Checking results frequently for comparative study.

Pupils, nurse, physician, dentist, parents, county Superintendent, Jeanes Supervisor, and teacher co-operated in the varied activities of the health program.

Year by year, school health service has been extended to more and more children; our methods of procedure have been modified or changed to meet varying conditions; the program has been built up and expanded. During the early days, we admit, our conception of health was chiefly that of physical soundness and freedom from defects or disease. Our present day health ideals have to do with mental, emotional, and social soundness and stability as well as physical fitness. An ideal school health program must do much more than to find defects and more than to correct such of these defects as may be remediable.

The main business of this school health program is

to help each child participate in those worthwhile activities through which he will gain knowledge and form the habits leading to desirable attitudes toward health ideals.

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