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Teaching Health in the Arlington Heights School

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TEACHING HEALTH IN THE ARLINGTON
HEIGHTS SCHOOL

By

(MRS.) R. A. THEUS



Prairie View State Normal and Industrial College

Prairie View, Texas

August, 1933

DEDICATED

To the Memory

of

My Darling Mother

and

My Devoted Father

A C K N O W L E D G M E N T S

In the preparation of this thesis, many helpful suggestions were received from various books on health and physical education. Due acknowledge is made to these publishers throughout this discourse.

Particular acknowledgment is made to Miss E. J. Anderson, subject supervisor, who unselfishly assisted me throughout the preparation of this thesis.

Much guidance was afforded by the records of questions asked by parents themselves and many valuable suggestions were received from the same source. Many valuable suggestions were received from Miss Meredith, our school nurse, for which due acknowledgament is offered.

Sincere appreciations are expressed to the personell of the school for their generous cooperation and helpful suggestions.

P R E F A C E

The problem of teaching health in elementary schools prior to the World War was treated only in a superficial manner. In other words, health as a subject occupied only a minor place in the curriculum. But since 1920, educators have begun to recognize the growing importance of health.

This has been due to one or two things; namely, the rapid increase in population and the attendant congestion and the industrialization of our society.

Today, every teacher recognizes good health as a prerequisite to effective school work. It is because of this recognition, and the experience that I have enjoyed in dealing with health problems as a teacher of health in the Arlington Heights School that I attempt this discourse.

-- R. A. Thens.

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CHAPTER I

INTRODUCTION

The Problem

Yesterday, an occasional individual appreciated the health needs and responsibilities of the very young. Today, events have combined to open our eyes to the tremendous significance of child health. Indifference to the whole topic of health building was, in fact, very painfully brought to our sharp attention by the low health rate revealed through the draft examination of the World War. In America, almost half the men examined showed physical defects of greater or less seriousness and six per cent of the men had to be rejected entirely.

In 1918 the government instituted the Children's Year for the purpose of making much needed studies of the purpose of the physical condition of children. All findings from this and other sources pointed in the same direction, whether on physical, social, mental or emotional sides, the early years proved of permanent importance.

The problem of child health in short, instead

of remaining a matter of interest to but a limited few, has become, in a surprisingly short period of time, a subject of nation-wide attention and concern.

Because of this increased interest, it is natural to assume that the awakening to the responsibility, for the building of the health of the community and of the individual is now universal and that the problem is being adequately attacked.

A closer view of the situation, however, shows that interest is still too largely conferred to specialist in child welfare; that the average parent is still inclined to regard in all as a fad of the moment. We are, as a race, too complacent with ourselves. We live, we reflect, in a rich and powerful country with food in plenty for all, and with all the comforts of life and many of its luxuries available to the vast majority.

The very idea that any number of our children may be unhealthy seems absurd. It is easy to understand the severe undernourishment and poor health of children in warring countries.

During present conflicts, when because of the flood, blockades, and the destruction of fields, gardens and homes and by invading armies, and by obtaining food and shelter essential to sustaining

life was strictly impossible.

But it is hard to believe that we have in our own country a condition of poor health among children which is surprising. Observation of school children by physicians have shown that approximately one-third of the children of the United States are not in positive health. The responsibility of reduction or reducing the percentage is largely in the hands of the parents and teacher.

Regardless of the rapid strides in health work during the past few years, no considerable progress will be made until these facts are generally recognized: physical well being is built up in the minds of all, and our eyes are opened to see our children exactly as they are and exactly as they should be.

Purpose of the Study

Since health is directed to a certain degree, it should be made possible for one to engage in interesting and worthwhile experiences which will contribute to the growth of the individual in desire and ability of acquiring those habits of behavior, ideas and attitudes relating to health which will

enable him to live most and serve best.

Some means must be provided whereby the youngest child on the school roll could have a practical personal interpretation on health.

Is it not universally accepted educational principle that we learn to do by doing? Then, only a moment's consideration is sufficient to see the value of instilling in the child's mind simple rules and regulations which promote health.

We accepted the idea that a child can learn to read and write when he becomes ready for such activities. We see this is readiness and its fruits developing at an early age.

If we allow ourselves to be carried along thus far in the modern educational trend, we should not allow ourselves to become victorian where child health is concerned.

When the child becomes ready to participate in other school activities, he is ready to share in the health educational program.

These and other facts have been fully realized, hence, teaching health in the Arlington Heights Public School was done primarily to provide oppor-

tunities not only for the child to learn the prerequisite for good habits of health, but also to provide him with daily experiences which will bring as the reward for each education.

Methods of Procedure in Making the Study

I worked out a score card and asked the children the following points: how many ate fruits, cereals, drank one pint of milk, ate other healthful foods, drank six or eight glasses of water, played out of doors, had bowel movement at least once a day, slept from eight to ten hours with windows opened, cared for nails, teeth, and bathed daily.

In checking this record, I found my problem lay in developing and correcting habits by continued practice of the desired procedure. I made a survey of my community in order to become acquainted with the parents and to enlist the parents' aid to build up desired food habits and health habits and healthy bodies for the children. I made a record sheet for each child for the following points: clean hands, face, clean finger nails, clothing, and tidy hair with the corresponding weight and height after each name.

This method stimulated the pupils to practice health habits.

Posters were made of large card board and a number of charts such as the "Clean Handkerchief" chart were made.

Each pupil made an individual health chart. A health club was organized. The officers were the president, vice-president and secretary. Each morning at the opening of school the president asked the list of health questions. Each pupil put on his chart in the space after each question the number of credits he earned.

The pupils then gave to the secretary the total number of credits earned each day. It was her duty to amount after each pupil's name.

Following this, the secretary and president entered the totals on the large Health Chart with the questions and points attractively printed across the top and ruled horizontally and vertically into one-half inch squares.

Each pupil's name was written in a four inch margin, at the sides opposite each name in the squares was placed the total points secured by each pupil and a gold star was placed behind all scores.

A Description of the Community

The Arlington Heights Public School is located on a beautiful hill in the Lake Como addition. The addition is situated four miles due west from the city of Fort Worth.

Two hundred families live in this community. Most of the families are of average size but the same cannot be truthfully said of the homes. Many of the homes are inadequate for the families occupying them. Moreover, the homes fail to meet the needs of members from the following standpoints: first, the size and arrangement of rooms; second, built in devices and third, structural elements all of which should have been taken into consideration in order to assure proper housing.

Many of the housewives do not know how to select and maintain a beautiful dwelling and care for children properly in the home. Neither do they know how to select, prepare and serve proper food for the family nor do they understand food value, the digestion and assimilation of food, the relation of food to diseases, the importance of selecting proper food for children and appreciate the importance of properly cooked food. Many of the house wives do not understand

the relationship between clothing and health as a result, their children are improperly dressed and frequently victims of minor ailments.

Questionnaires Used for Making Study

A Community Diagnosis

- (1) Size - - - - - 200 families
- (2) No. of Pupils - - - - - 225 children
- (3) Types of Homes - - - - - Fair
- (4) Facilities Conducive to Health - - - - -
 - a. Water
 - (i) Wells - - - - - 95
 - (ii) Hydrants - - - - - 105
 - a. Drainage - - - - - Good Natural drainage
 - b. Perfect Screened Homes - - - - - 105
 - c. Toilets - - - - - 200
 - (i) Outdoor (private) 65
 - (ii) Pit Type - - - - - 35
 - (iii) Indoor Lavatory-100
 - d. Garbage Disposal- - -Fair
 - e. Heating System - - - Poor
 - f. Lighting - - - - - Fair
 - g. Ventilation - - - - -Poor

- h. Room space per individual - - -Poor
- i. Economic Status of Family - - -Average
- j. Family Relationship - - - - -Fair
- k. Community Life - - - - - - - - - Poor
- l. Food Practice - - - - - - - - - -Poor
- m. Clothing Practice - - - - - - - - -Poor
- n. Recreational Activities - - - - -Poor

b. School Health Program

- (1) Health Supervision - - - - - Good
- (2) School Physician - - - - - Yes
- (3) School Nurse - - - - - Yes
- (4) Follow up Program - - - - - Fair
- (5) Playground Space - - - - - Adequate
- (6) Adequate Per Child - - - - - Yes
- (7) Equipments - - - - - Inadequate
- (8) Attitude of Administration - - - - -
- (9) Towards Conditions - - - - - Fair
- (10) School Cafeteria - - - - - None

CHAPTER II

SUGGESTED HEALTH AND PHYSICAL
EDUCATION PROGRAM

1. Definition of Terms

"Health education is the sum of experiences in school and elsewhere which favorably influence habits, attitudes, and knowledge related to individual, racial and community health."¹

"In the program of the public schools, health education is the process of developing ideals, habits, and knowledge conducive to the maintenance or improvement of each physical, mental, emotional and social well-being as results in a normal happy and useful life."²

Health education deals with the prevention of diseases, formation of habits, correction of minor defects, exercises etc. The program of health and physical education was as a result divided into four phrases:

(a) Health supervision, including physical examination, following up work sanitation of school plant, environment etc.

(b) Health service, including inspection for health habits, such as cleanliness habits for the day,

¹ Wood and Brownell - Sourcebook in Health and Physical Education.
²

sanitary inspection of belongings, books etc.

(c) Physical exercises, including the development of good physical qualities such as strength, endurance and grace; prevention and correction of common physical defects and maintenance of self-respecting postures.

(d) Health instruction, which is the teaching of health activities and habits, acquisition of health knowledge, formation of ideals and attitudes, care of physical mechanism, nutrition, sleep, rest, prevention of diseases, mental health and community hygiene.

2. Aims and Objectives of Suggested Program are as follows:

A. Aims

1. The development of proper ideals and ideas toward physical activities in improving health.
2. Maintaining and elevating of the highest possible standards of child health by establishing early and practicing and continually correcting habits.

B. Objectives

1. To promote health and maintain the

- physical fitness of the child.
2. To protect the health of the individual and the community.
 3. To provide the child with necessary knowledge so that he can preserve his own health and physical fitness and that too of his associates.
 4. To teach the child correct judgment with taste in the matter of food, clothing, sleep, rest and the like.
 5. To teach the child the reason for and the best method of ventilation.
 6. Physical inspection, proper heating, lighting and sanitation.
 7. To make health practice habitual.
 8. To defeat and inspire posture defects.
 9. To decrease mental strain and improve health.
 10. To develop an interest in public health activities.

The program shall be arranged so that each subject and activity shall contribute its appropriate part to the attainment of these objectives. Through such activities as are found in the physical education program,

the vital organs shall be developed, normal growth promoted, healthy appetites and digestions stimulated.

B. A Suggested Health Unit (first grade)

The following is a part of a health unit designed to meet the health needs of pupils in the first grade in the Arlington Heights Public School.

The major emphasis in this grade is to promote health through the practice and formation of habits rather than to impart knowledge. The formation of habits here either makes or marks the chances of the child for a healthy happy life; therefore, great care has been taken in the planning of this unit.

Fig. 2

LESSON OUTLINE

1. Introduction -- Short interest approach by teacher, the subject and its value.
 2. Pupil discussion feel out interests and ask questions.
 3. Assignment -- Bring pictures of pets to school, enrollment cards, pens, ink, pencils blotters etc.
 4. Serve some type of cold fruit juice. I suggest tomato because they are plentiful and healthy as well.
-

A SUGGESTED HEALTH UNIT (Continued)

LESSON OUTLINE	Material Used
Objectives: An interest in the characteristic of a healthy person.	
1 - Show class a picture of healthy animals such as ponies and calves.	Pictures of healthy animals from magazines and catalogs.
2 - Ask for pictures of their pets or description of them. These may include rabbits, kittens, baby chicks, dogs, etc. Ask how they keep them so nice, what they feed them, etc. Make suggestions.	
3 - Show pictures of children who won prizes in health contests cut from magazines and newspapers. Discuss.	Pictures of healthy children cut from magazines and newspapers.
4 - Set up standards for healthy people and begin advising ways of meeting them.	

A SUGGESTED HEALTH UNIT (Continued)

LESSON OUTLINE	MATERIAL USED
5 - Assignment: The place of a child's weight in healthy life.	
Objective: Desire to become a healthy individual.	Classroom Weight Record With Height Weight Table
1 - Ask children what they want to be when they grow up.	
2 - List the things which receive the highest number of votes such as, teacher, nurses, doctors on the blackboard; explain how <u>good health</u> influences success in these positions in order to create within the children a desire to be healthy.	Scales Rule or Tape
3 - Decide on and list things which they can do to become healthy.	Manila Folder Ink, Pens, Blotter

A SUGGESTED HEALTH UNIT (Continued)

LESSON OUTLINE	MATERIAL USED
4 - Begin checking up in order to have more material to use as basis, weight and height may be taken here (make record for file before hand). Fill at this period.	: Have record for : each child in : in folder to be : filled.
Objectives: To secure the height and weight of all children in the first grade.	: Classroom : Weight-height : Table
Continue taking height and weight and recording same for future use.	
Get hair condition, teeth, nails or eye defects from school physician and place on same chart for future reference.	: Record in Manila : Folder : Pen, ink, blotter : Scales and children.

A SUGGESTED HEALTH UNIT (Continued)

LESSON OUTLINE

MATERIAL USED

Objective: Knowledge of the rules governing good health.

1 - List and discuss the rules of games you know how to play.

2 - What happens when one of the players break a rule.

3 - List and discuss the rules of the health game (compare with rules of previous games as to importance and loss of observing.

Repeat the health rules.

Note: Teacher does all listing on blackboard. Then she reads the rules. Pupils repeat after her.

Health rules to be given to each pupil to carry home to parents. Rules of the game to be placed on blackboard.

REVIEW LESSON

1 How would like to play the health game?

List names of children who played the game well in previous year.

SUGGESTED HEALTH UNIT FOR FIRST GRADE (Con'd)

REVIEW LESSON

MATERIAL USED

2 - What must you do in order to play the game fairly?

: Healthy pupils
: from second grade.

3 - What are the results of playing the game fairly?

4 - Penalties for unfair play?

Assignment: Fresh Air and Sunshine.

How many of you are going to be good sports? In other words, how many are going to play the game fairly?

: Pictures of adults
: sunning on beach.

1 - One of the first requirements is to get fresh air and sunlight. Who can repeat the health rule which mentions fresh air and sunlight?

: Posters of the
: six best doctors.

We are stronger than plants, but the same thing will happen to us if we do not get all of the fresh air we need.

: In this poster sun-
: light stands in
: the center at the
: top (Pupils will
: recognize its value
: from this).

: Pictures of animals
: that did not get
: enough vitamin D.

: Pictures of child-
: ren playing out
: of doors, etc.
: Fresh Air Drill

HEALTH SUPERVISION

Purpose

Since the daily health inspection is the most important part of the faculty health supervision program, I shall deal primarily with this phase of health supervision. According to Wood, the purpose of health inspection is "the discovery and control of communicable diseases, including infectious or contagious diseases; informing the parents of these, and persuading the parents to obtain or accept available or advisable attention."¹

Scope

In the elementary grades the inspection should be for cleanliness, such as hands, nails, necks, ears, scalp, and mouth, face, teeth, handkerchief, etc. The inspection should also be to check disease and prevent the spread of epidemics by looking for evidences of fever, flushed face, inflamed eyes, running nose, cough, and skin eruptions.

It is not necessary for the teacher to touch the child. There are several methods of procedure in making the inspection and making the shortest time possible. One method is for the teacher to stand in a position in the room where there is plenty of light

¹/ Wood and Brownell - Source Book in Health and Physical Education.

and have the pupils to march by her for inspection. Another way is to have the pupils to assist in the inspection by having them to remain at their desks and the pupils in the seat of the first row make the inspection as to nails, hands etc, while the teacher looks for signs of communicable diseases. The teacher merely takes the time when the children are taking or making the inspection to go through the classroom to notice the children carefully to see whether any of them show red or running nose, cough, flushed cheeks, or any other signs of communicable disease.

Another method which has been suggested by the State Health Department is as follows:

ACTION	OBSERVATION	REASON FOR OBSERVATION
Open neck of shirt of dress	: Skin clean, : : nails clean, :	: Note: Sores, cut, rashes possibilities of scarlet fever, measles, chicken pox and itch.
Roll sleeves to elbow or palms down then up.	: Elbow, neck, : : Chest. :	
Push hair back	: Rash, pimpl- : : es. clean- : : liness of : : hair. :	: Measles, lice.
Child lifts upper eye lid and draw down lower.	: Discharge : : redness of : : eyes. :	: To note evidences of eye strain, pink eye, etc.

A. YEARLY HEALTH SUPERVISION OUTLINE

Figure one shows the type of health supervision that may be admitted in the Arlington Heights public School by teachers.

Types of Health Supervision	Groups	Time
Faculty Health Committee		
1. Morning inspection of surroundings.	Home room and out building	8:40-9:00A.M.
2. Sanitary inspection of pupils, belongings, books, etc	Home room	9:00-9:05A.M. 10:00-10:03P.M.
3. Conduct relief drill.		10:00-10:03A.M.
4. Supervise recess for drinking, toilet, etc.		
5. Physical Education Instruction	Playground or Home room	10:35-10:45 A.M.
6. Provide hot lunches for sale.	Home room	11:00-12:00 A.M.
7. Supervise pupils food selection, and eating habits.	Home Ec. Dept.	11:00-1200 A.M.
8. Maintain rest period	Grounds	12:30-1245 A.M.
9. Supervise Play	Playground	12:45-1:00P.M.
10. Overlook, heating, lighting, ventilation of building.	Home Room	8:40-3:30 P.M.
11. Conduct relief drill	Home room	1:30-1:33 P.M.
12. Organize play and Recreation.	Playground	2:30-2:40 P.M.

PHYSICAL EDUCATION

"Physical education is that phase of education which is concerned first, with the organization and leadership of children in big muscle activities, to gain the development and the adjustment inherent in these activities according to the control of health or growth conditions naturally associated with the leadership of activities so that the educational processes may go without growth handicaps."¹

Dr. David R. Bruce has listed the activities that are included in the physical education program as follows:

1. Play, including games, sport and athletics.
2. Dancing and dramatic activities, including rhythmic play, folk gymnastic and other forms of dancing etc.
3. Individual and self-testing activities including stunts, tumbling, combat and self-defense activities.
4. Fundamental skills such as running, pumping, throwing, climbing, kicking, leaping, carrying and special athletic skills.

¹ Hetherington - A School Program of Physical Education
Woied Book Company.

5. Individual gymnastics including corrective exercises and individual and natural activities.

6. Outdoor and relative activities such as hiking, camping and scouting.

In the planning of my suggested physical education program for the Arlington Heights Public School, some type of activity has been included which aims at organic development teaching of skills and formation of character through physical activities. These are three types of activities which I shall discuss in these pages which shall follow.

1. Rhythmical activities-- These were selected because they improve poise and posture. ninety per cent of my pupils had posture defects. Moreover, they improved self-control, cultivate good taste, good habits and ideals all of which are needed to protect young people from the desire to participate in unwholesome forms of rhythmical expression in undesirable surrounding. The classes of rhythmical activities appealed to the children of both sexes and all ages and I think they were beneficial to the extent that they shall help the children take their places with ease in the social life of their homes, school and community.

In the succeeding pages a suggested physical education program is outlined. This program was designed to be coordinated with the health program whether taught by one teacher or by two teachers.

C. An All Year Round Physical Education Program

The activities as listed are not intended to constitute a rigid program. This is an adjustable schedule which may be carried out easily in the Arlington Heights School or any school with a similar environment.

Key to Table:-- S-Spring, W-Winter, F-Fall, G-Girls, B-Boys, and P. H. -Physically Handicapped.

Fig. 3

WHAT	WHEN	FOR WHOM
Baseball (indoor) and (outdoor)	F and S	B (outdoor rules) G (indoor rules)
Basket Games	S	B and G
Croquet	F and S	
Dancing	F W and S	
Folk and National		F
Rhythmic		G
Games Group Games Captain Ball	F W and S	B and G

AN ALL YEAR ROUND PHYSICAL EDUCATION PROGRAM (CON'D)

WHAT	WHEN	FOR WHOM
Dodge Ball		
End Ball		
Hunting Games		
Hand ball	F and W	B and G
Horse Shoe		
Pitching	F and S	P. H.
Mimitics:		
Animal imitation		
Building stone wall		
Ferry boat		
Follow the leader		
Scooping Sand		
Relay Races	F W and S	B and G
Rhythmical activities		
A-Hunting we Will go		
Oats, Peas, Beans		
Pussy Cat, Pussy Cat		
Skating (roller)	F W and S	B and G
Story Plays	F W and S	B and G
Stunts and Physical ability tests	F W and S	B and G

0-0-0-0-0-0-0-0-0-0

0
0

List of Physical Education Supplies

- | | |
|---|--|
| Awl (Speedy Stitcher)
for repairing balls. | Paper, Cambric
colored (to designate
team) |
| Bag, bean | Pump, air |
| Balls, Beach | Quoits |
| Balls, Bounce (large) | Rake |
| Balls, Health
(12" and 15" diameter) | Ropes, jumping
(7' and 16') |
| Balls, Soft rubber (5") | Set, croquet |
| Bats, Playground | Shovels of various sizes |
| Baseball | The small shovels for
children and the large
ones for teachers' use. |
| Books,(Physical
Education) | Tape (100 steel or cloth) |
| Charts, Posture | Thread |
| Charts, Age-weight | Wands |
| Height | Watches, (stop*) |
| Clubs, Indian | Whistles, playground |
| Cord, (100 for marking) | Yarn (cotton and wool) |
| Horse shoes | |
| Kit Repair | |
| Kit, First-aid | |
| Lime (for lines) | |
| Needles,(for lacing) | |
-

CHAPTER III

HEALTH SERVICE

This was one of the most important phases of the school health program as carried out in the Arlington Heights Public School. Health service as carried out in our school dealt with the service rendered by the school physician and school nurse. These individuals, the principal and the classroom teachers were responsible for the health service rendered by the Arlington Heights School.

1. Medical and Physical Examination. --

Every child was given complete physical examinations before enrollment on or within the first month of school for physical and nutritional defects.

Recommendations were made to parents regarding needed corrections of defects or suggestions were made that were attended to by the family physician of defected children. If the parents consented, the school physician undertook the correction of the defect. In this case, records were kept of the examinations in order that correction and remedial work could be done.

If a child showed signs of a contagious disease,

the nurse recommended the child's exclusion from school to the principal. In this manner, epidemics were prevented.

2. The School Nurse.-- If there were an individual connected with the school health program who needed a service parallel to that of our school physician, it was our school nurse. Her duty was to take advantage of every opportunity to keep herself informed concerning the health of the pupils and teachers, parents and pupils. She assisted the teacher with the morning inspection and examined the pupils for the following points:

- a. Skin disease.
- b. Throat infections.
- c. Abnormal temperatures.
- d. Absence due to illness.

She also notified the principal and made arranged for them to carry their children to the clinic. She also rendered a valuable service to the home-maker by planning units based on the needs of the community. Home nursing and first aid. Her program was a well rounded one.

She also visited the homes of the pupils to obtain a volunteer promise from parents to see that correction of defects were made, after the parents had received notes from the physician.

Outline of Health Service and Method
of Procedure in Rendering Services in
the Arlington Heights School

Duties of School Physician and Nurse	Procedure	Time
1. Examine children to diagnosis conditions.	Weigh children, take high re- cord bath com- pare with the average. Examine eyes, nose, throat and ears.	Mornings
2. Report findings to principal.	Have periods for personal discussions of children needing cor- recting work.	Mornings
3. Report finding to parents to be trans- mitted to family physician if desired.	Home visits	Mornings
4. Discuss minor ills with parents of child- ren	Personal con- ference.	To be arranged by appointment.

SUMMARY OF FINDINGS

3. Cooperation of Parents. -- Health service in this school may be considered as triangular affair with the parents and parents' children on one corner, the school nurse and doctor on another and the principal and teachers on the other side of the triangle. Many of the parents attend school on the opening day for examination of children by the physician and nurse to discover their defects.

The parents also assisted the nurse in her follow-up work through reporting progress either by telephone or during the nurse's home visitation periods.

Attendance has become almost axiomatic in most American communities. Adequate provisions have not been made for recreation * * * * * in the home or the community of 1936.

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* * * * *
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*
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4. Many of the homes are inadequate for their occupants. Those who receive a fair rating on six are often poorly arranged, improperly lighted and ventilated.

5. Family diets are served in seventy per cent of the homes. In the remaining thirty per cent the meals are not always served under pleasant

SUMMARY OF FINDINGS

A study of the Arlington Heights Community revealed the following conditions:

a. Many of the children get a very poor start in babyhood. They are housed too much and deprived of sufficient sunlight for proper growth and development.

b. Proper food and suitable rest periods have not been provided for in the house.

c. Periodical visits are not made to the physician and the dentist.

d. Although the need of play from the health standpoint has become almost axiomatic in most American communities. Adequate provisions have not been made for recreation either in the homes or the community at large.

e. Many of the homes are inadequate for their occupants. Those who receive a fair rating on six are often poorly arranged, improperly lighted and ventilated.

f. Faulty diets are served in seventy per cents of the homes. In the remaining thirty per cent the meals are not always served under pleasant

condition.

g. Provisions are not made for all of the children to serve hot lunches at noon. As a result, some of the children who need warm food most must be denied the privilege. Many of the children have posture defects which would be easily remedied. Other children had physical defects which could be remedied under the careful supervision of their school or family physician.

h. Most of the children had infected tonsils; many others had adenoids and other minor growths.

i. Many had poor vision and needed either mild treatment or, many cases, glasses.

C O N C L U S I O N

If the health program is to be a success, the health rules must be obeyed from day to day until they become an integral part of the child's make up.

The follow-up work of the nurse assisted by the parents must extend over a definite period until the child has become a normal, healthy individual.

The school must put forth a greater effort to provide lunches, and those of right sort for those children who put forth a greater effort to make their homes what they should be from a standpoint of comfort, ventilation, proper lighting etc., in order to safe guard health and happiness of their families. It is only this manner that the children can be given the blessings of good health.

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