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Health Conditions of Negroes in Beaumont, Texas, and Their Implications for Health Education

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HEALTH CONDITIONS OF NEGROES IN
BEAUMONT, TEXAS, AND THEIR
IMPLICATIONS FOR HEALTH EDUCATION

TARVER

1949

HEALTH CONDITIONS OF NEGROES IN BEAUMONT,
TEXAS, AND THEIR IMPLICATIONS
FOR HEALTH EDUCATION

By

Myrtle B. Mayfield Tarver

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A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

Master of Science
in the
Graduate Division

of

Prairie View Agricultural and Mechanical College

Prairie View, Texas

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Prairie View, Texas

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DEDICATION

To my family, for their constant encouragement.

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CHAPTER I

INTRODUCTION

The prevalence of poor health among the people of Beaumont despite untold wealth in human and natural resources, shows definite and compelling need for improvement in health education and health services. Of gravest social, economic, and cultural import, the situation is hopeful only in that it is remediable through health education.

Lack of health knowledge, poor sanitation, unhygienic practices, and traditional lethargy in matters pertaining to health and related problems exact an incalculable toll of the population.

Many agencies and many groups of workers have to their credit notable performances in solving health problems, but on the whole the attack has been piecemeal. Joint planning and the coordination of efforts, channeled through the home, school and community constitute the most promising method of bringing about much needed improvement.

Statement of the Problem. The problem dealt with in this study is the status of health of Negroes in Beaumont, Texas; how these conditions may be improved and the extent to which these conditions and problems may be solved through health education.

Suggested activities that the community might use,

desired outcomes of the activities, agencies through which the program might work are set forth in this study.

Purpose of the Study. This study is a survey and examination of the habits and living conditions of Negroes of Beaumont, for the purpose of determining the nature and extent of the conditions and problems.

The writer plans, in this study, to find out the health habits and practices of the families studied, the availability of community health services, the environmental conditions of Negroes, and to determine the extent to which health education can remedy these conditions.

Need for the Study. Home ownership, beautification, and general improvement took on an added growth among the Negro population of Beaumont in recent years. Sanitary toilets, city water, electricity, more windows, screens and room enlargements were the major forms of improvement. The question of exactly how this improvement has effected the health status of Negroes of the city and what health education can do to further this improvement is of importance.

Scope. This study will be made of health conditions of Negroes in Beaumont, Texas, based on a survey of 100 Negro families in the city. The data is pertaining to a program of health education for the community, a study of work done and facilities of health for Negroes, and recommendations for better work with Negroes.

Source of Data. The data for this study were

secured from the following sources: (1) questionnaires, (2) literature from the Beaumont Chamber of Commerce, (3) pamphlets from the United States office of Education, (4) books, (5) magazines, (10) reports and bulletins from the Beaumont Chapter of the Red Cross, Tuberculosis Association, Venereal Disease Clinic, (8) The Beaumont Enterprise, The Beaumont Journal and from personal interviews.

Review of Related Studies. A study of factors influencing the health of Negroes in Houston was made by Muldrew.¹ It is pointed out in this study that the physical welfare of Negroes in Houston is jeopardized by living too much away from the open country, that in the matter of health, the Negro is clearly in a position of a people compelled to undergo great physical hardships. The very natural consequence of this is that he has a high death rate and suffers greatly from debilitating illnesses, which greatly reduce his economic and social efficiency. She also points out that high rates from communicable diseases are correlated with poverty, congestion, poor housing and ignorance. These conditions are most acute in those areas where Negroes reside.

¹Georgia H. Muldrew, "Factors Influencing The Health of Negroes in Houston, Texas," unpublished Master's Thesis, Prairie View A. and M. College, Prairie View, Texas, 1943.

Collins,¹ made a study of one hundred Negro households in Schulenberg, Texas. The purpose of this study was to determine the health practices of the families included in the study; to determine the health habits of the families; to determine the point of attack in outlining a program of improvement and to determine the potent influences upon the health of the people of the community.

He found that the health of the people is centered around the living conditions in the community. It was also shown that the health status of the family involves three factors: the condition of the environment, health knowledge, and the health outlook.

Significant Aspects of Beaumont. Beaumont, Texas, county seat of Jefferson County, is located in the north eastern part of the county on the Neches River, 49 miles from the open water of the Gulf of Mexico by ship channel route. The city is less than 20 miles from the Gulf of Mexico by airline, which affords Beaumont its healthful, cool sea breezes. Beaumont is 23 feet above sea level.

The population has shown a steady increase during each census period and is fast approaching the 100,000 mark. The United States Census of 1940 showed residents

¹William Collins, "Health Conditions of 100 Negro Households in Schulenberg, Texas and their Implications for Agriculture Education," unpublished Master's Thesis, Prairie View A. and M. College, Prairie View, Texas, 1941.

of Beaumont to be: native whites 66%, foreign born whites, 2% and Negroes 32%.

Beaumont is the center of a region of strategic industrial importance, embracing the Sabine-Neches industrial area, which contains the cities of Beaumont, Orange, Port Arthur, Port Neches and Nederland. Topographical conditions and the weather of a community have a definite relation to its health problems. Beaumont lies along the west bank of the Neches river. The contour of the ground is such that the banks are high, and the ground slopes down from the river.

The records indicate an annual average precipitation through 1940 of less than 25 inches. Rainfall records since 1941 furnish a different picture; rainfall since 1941 has averaged about forty percent greater than the previous average. Annual precipitation covered by the records up to 1941. From 1944 to date the records show:

one rain in excess of 9 inches in 24 hours,
two rains of between 7 and 9 inches in 24 hours,
two rains of between 6 and 7 inches in 24 hours,
three rains of between 4 and 5 inches in 24 hours,¹
a total in less than 3 years of 9 rainfalls in excess of 4 inches, 5 in excess of 6 inches, and 3 in excess of 8 inches.

Flood conditions exist annually on the average of

¹City of Beaumont, Meteorological Report.

twice a year, but have occurred as often as six times per year. In the past 26 years there have been continued increases in flood damage. Real estate, lawns and shrubs, parks and recreational facilities and city streets have been damaged; children have been unable to attend school; public services such as fire, ambulances and police have been reduced in efficiency; but the damages to the public health of the community resulting from flood waters being contaminated from septic tanks; open pit toilets, floating garbage and debris which is scattered over large areas of the community is indeterminate.

Water Supply. The water supply of Beaumont is owned and controlled by the municipality. A two million dollar bond issue has recently been voted which will improve the water system, extend it to a larger number of the citizens and generally increase the pressure throughout the city. The source of the water supply is the Neches River and the method of purification embodies copper, sulphate, pre-chlorination, lime, alum, filtration, and final chlorination treatment.¹

The water supply is tested three times each day and it is also tested daily in the laboratory of the city chemist in city hall. No water-borne diseases have been found since the water department began its present method

¹Statement by L. O. Benhagen, City Chemist, Beaumont, Texas. Personal Interview, May 6, 1949.

of testing and treatment in 1920.¹

Waste Disposal. At present sewage is dumped into the river. During the month of May, 1949 the city launched an intensive study of its sewage disposal problems with intention of improving the situation immediately.

Beaumont's practice of dumping its sewage into the Neches River constitutes a health menace which will increase in seriousness with the growth of the area. It is conceivable that health authorities will eventually close in on the city and ask for it to set up some approved method of disposing of its sewage. At present the city engineer is making preliminary studies and recommendations that there be three sewage plants. Two of these plants are to be in vicinities near Negro schools.

Location of Negro Communities. Negroes are living in many sections of the city but there are several sections where Negroes are in majority. Here are found the Negro schools, churches, places of business, recreational facilities and amusements. These sections are greatly in need of more street lights, a better system of drainage and much street improvement. There are no sanitary sewers in any of the newly annexed areas. The sewage seeps out and runs into open ditches, as the country is not adapted for septic tanks--the water table is high. Flood condi-

¹Ibid.

tions are worse in these areas, and when these outlying districts flood, refuse from horse and cow lots, septic tanks, and open pit toilets flood over the city. The sewers are cleaned three times a year.

These outlying districts are inhabited mainly by Negroes.

Open pit toilets are in the city in the Magnolia Refinery area, the area east of Fourth Street, and North of Washington Boulevard, and in the Pear Orchard section, in a section of South Washington Boulevard, and in the section West of Crockett Street.¹

¹City of Beaumont, Drainage Survey.

CHAPTER II

HEALTH STATUS OF NEGROES IN BEAUMONT

AS REVEALED IN THE SURVEY

Factors Contributing to the Health Status. Tables I and IA show that the Negro death rate including infant mortality to be higher than that of the white population. This data lead the writer to further study of the health conditions of Negroes of Beaumont. The writer was also interested in finding out the causes of poor health among Negroes.

The basis for this study is a survey of one hundred Negro families totaling 537 persons. These families represent a cross section of Negro life in Beaumont.

The higher illness rate among Negroes is to be explained by many factors in their environment: bad housing, overcrowding, inadequate clothing, unsatisfactory working conditions and malnutrition. The illness rate may also be explained by the fact that Negroes as a rule do not avail themselves of the health services of agencies that are primarily interested in health improvement.

Outlook is another contributing factor in the health of Negroes. Many persons think of illness as a matter of course and look upon it as an inherent characteristic of the race. When this idea is present it is almost impossible to develop a program of improvement.

TABLE I

WHITE AND NEGRO DEATH RATE IN BEAUMONT BY YEARS AND
FROM ALL CAUSES OF DEATH*

YEAR	WHITE PERSONS			NEGRO PERSONS		
	DEATHS	POPULATION	RATE	DEATHS	POPULATION	RATE
1944	512	60,676	8.4	267	28,553	9.3
1945	435	68,764	6.3	256	32,359	7.9
1946	502	76,852	6.5	253	36,165	6.9
1947	502	84,939	5.9	250	39,972	6.2
1948	586	84,939	6.9	328	39,972	8.2

NUMBER DEATHS FROM TUBERCULOSIS BY YEAR AND RATE

YEAR	WHITE	NEGRO	TOTAL
1944	11	19	30
1945	19	12	31
1946	21	20	41
1947	13	15	28
1948	18	20	38

*City of Beaumont, Vital Statistics Report.

TABLE IA
DEATHS FROM INFECTIOUS DISEASES BY YEAR AND RACE*

YEAR	DIPHTHERIA			WHOOPIING COUGH		
	WHITE	NEGRO	TOTAL	WHITE	NEGRO	TOTAL
1947	1	1	2	1	1	2
1948	1	0	1	0	1	1
	TYPHOID FEVER			POLIOMELITIS		
1947	0	0	0	0	1	1
1948	0	0	0	0	0	0

INFANT MORTALITY

NEGRO

1948

1947

52.3

49.8

(Number of deaths under 1 year per 1,000 births reported.)

*City of Beaumont, Vital Statistics Report.

TABLE II
DISTRIBUTION OF PERSONS BY FAMILIES

Number of Persons	Number of Families	Total Number of Persons
2	2	4
3	7	21
4	20	80
5	21	105
6	31	186
7	12	84
8	6	48
9	1	9
TOTAL	100	537

Table II does not present a complete picture unless the number of rooms in each house is considered. Table III shows a picture of household space in relation to the number of persons living in the house.

Data on the one hundred families studied show that there are 436 rooms for the 537 people. Since every home usually has at least one room to be used as a kitchen, living utility in the one hundred houses would be not more than 336 rooms for one hundred families.

TABLE III

NUMBER OF PERSONS PER HOUSEHOLD

Number of Persons in Family	Number of Families									
	one room	two rooms	three rooms	four rooms	five rooms	six rooms	seven rooms	eight rooms	nine rooms	more than ten rooms
1										
2				2						
3			2	4	1					
4			4	7	9					
5			7	4	6	4				
6				14	12	5				
7				5	3	4				
8					6					
9										1

Living space of the one hundred families with regard to number of persons per household is shown in table III. There are 7 families with 3 members each; there are 20 families that have 4 members each; 31 families have 6 members each; 12 families have 7 members and 6 families have 8 members each.

There is an average of 5.37 persons per family and 4.36 rooms per family. There are 36 families living in 4-room houses, and 5 of these four room houses have as many as 7 persons each.

Healthful environment is closely related to the number of persons living together. Overcrowded conditions are a health menace and often serve as breeding places for infections and contagious diseases.

TABLE IV
HEALTH HABITS AND STANDARDS OF THE 100 FAMILIES

Practices	Number of Families following Practices
1. Bathing daily	17
weekly	25
twice weekly	38
three times	20
2. Brushing teeth	
once daily	71
twice daily	26
three times daily	3
irregular	7
3. Regular meals	87
4. Balanced meals	72
5. Windows raised nightly	78

The health standards and habits of persons will show the starting points of a program of health improvements. In these habits are reflected their background.

In table IV is shown that 17% of the families bathe daily, that 25% bathe weekly, that 38% bathe twice weekly and that 20% bathe three times a week, that 71% brush their teeth once a day; 26% brush them twice a day; 3% brush them three times a day, that 7% brush them irregularly.

The survey also revealed that 87% of the people ate regular meals and that 72% served balanced meals. It is also shown that 78% sleep with raised windows.

The health habits and standards of a group form an essential part of their health conditions and problems. The habits that the group have already formed will determine how receptive will be their minds to make new improvements, solve their problems and change their outlook on new inventions and scientific studies regarding health improvement.

TABLE V
HOME OWNERSHIP

Owner	56
Buying	25
Renting	14
Other	5
<hr/>	
TOTAL	100

In table V, it is shown that out of one hundred families in the survey, only 56 own their own homes, 25 are buying, 14 are renting and only 5 were doing neither. The number of home owners is important because people who own their own homes are usually more receptive to a program of health and home beautification and sanitation. They are more interested in the appearance of their own property.

TABLE VI
HOUSING AND SANITATION

Number of families using municipal water supply	82
Number of families using open well as water supply	18
Number of families having surface toilets	13
Number of families having pit type toilets	10
Number of families having indoor toilet facilities	77
Number of families having electricity	97
Number of families having adequate screens	92
Number of families having system of drainage	52
Number of families having sufficient windows in house	49

Table VI shows the housing facilities and sanitation of the homes. Housing and sanitation are important factors in the health conditions of people.

TABLE VII
 PHYSICAL DEFECTS OF MEMBERS OF FAMILIES

Nature of Defects	Number Affected	Percent	Number Not Affected	Percent
Vision	189	35.2	348	64.8
Hearing	43	8.	494	92.
Skin	12	2.2	525	98.
Feet	83	15.4	454	84.5
Tonsils	106	19.7	431	80.3
Teeth	171	31.8	366	68.1

The information found in table VII was compiled from the questionnaire and represents the number conscious of and admitting these defects. The greatest number of defects were vision defects which numbered 189 or 35% of the 537 persons in the study.

TABLE VIII
EDUCATION AND ECONOMIC STATUS

Occupation (head of family) common labor	82
Average weekly salary (head of family) common labor	\$55.00
Wife's salary (average weekly)	\$12.00
Others contributing (number of families with contributing members)	32
Average number of years in school (head of family)	11
Number of families owning library	18
Families reading daily papers and weeklies	88

Persons who can afford it least are those who are most disabled by illness.

The national Health Survey and other studies have shown clearly that illness rates go up as income goes down. It has been shown that members of families of the lowest economic groups suffer more than two and one half times the volume of disability from all diseases combined than do families with incomes that are larger.¹

¹National Association of Secondary School Principals. The Health of A Nation, p. 30.

TABLE IX

VACCINATIONS (IMMUNIZATIONS) OF THE PERSONS IN THE STUDY

DISEASE	NO. VACCINATED	PERCENT	WHERE VACCINATED	
1. Smallpox	358	64.8	School	266
			Physician's office	64
			Clinic	28
2. Diphtheria	262	48.8	School	196
			Physician's office	26
			Clinic	40
3. Tetanus	170	31.7	School	85
			Physician's office	7
			Clinic	78
4. Typhoid fever	168	31.3	School	0
			Physician's office	66
			Clinic	102
5. Typhus fever	109	20.3	School	0
			Physician's office	20
			Clinic	89
6. Whooping cough	93	17.3	School	16
			Physician's office	51
			Clinic	26
7. Tuberculin Test	306	57.	School	178
			Physician's office	89
			Clinic	39

Table X shows the number of persons, place of vaccination, and percentage of individuals who availed themselves of various immunizations. The extent to which one is protected from contagious diseases is a feature that affects the health conditions of a community.

TABLE X
DIETARY HABITS OF THE FAMILIES

Daily Practices	Number following practice	Not following practice
1. 2 or more glasses of milk each day 2 or more servings of vegetables	48	52
2. and at least one raw vegetable	8	92
3. Fruits (raw or cooked)	32	68
1 per day preferred, at least		
4. Eggs--3 to 5 per week	46	54
5. Meat, cheese, fish or beans	93	7
Dark or brown breads, or white grain		
6. cereal	51	49
7. Butter (or margarine)	32	68
8. Allergic to certain foods	8	92
9. Constipation	209	

Data in this table reveals that the dietary habits play a large part in health defects of the community. This statement is evidenced by the fact that 209 persons suffer from constipation. Dietary habits of the families also account for the fact that 352% of the people have bad teeth. Bad teeth are due in a large part to improper diet after birth and during the prenatal period.

Proteins, which are found especially in milk, cheese, meat, eggs and certain vegetable products, in addition to furnishing calories, serve as a source of material essential to every cell in the body, particularly in the muscles, but also in glands, nerves, bones, skin and other tissues. Specific, adequate diets can now be proposed to make sure that the human body is furnished with requisite energy-giving foods.

While the application of knowledge of balanced diets is fast becoming a positive factor in improving the health of the masses of the people, there remain considerable numbers entirely unaware of health values in intelligent food selection.

Knowledge of the nutritive values of milk, cheese, meat, whole

grains, green vegetables, fruits and the like, is of course, of little value to the many whose family incomes do not permit them to purchase enough of such foods. Many Negro families make up the low income group. Failure of a large number of Negroes to provide an adequate diet for their children is not primarily occasioned by lack of knowledge or of will, but by the lack of money to buy the required foods. Among this group, education in nutrition will have to be accompanied by improvement in income.

TABLE XI
SOCIAL AND MENTAL HEALTH

Number of families with nervous and emotional disorders	7
Number of families with members considered dull	2
Number of families with members considered very bright	9
Number of Physical Handicapps	15
Number of families with members who have excessive habits	23
Number of families with special talents	2
Number of sex abnormalities	3
Number of families with recreation for adult participation	36

Table XI shows the social and mental health conditions of the 100 families in the study. It was revealed that 23 families had members with excessive habits. These habits listed according to the frequency in which they were named are: smoking, drinking and snuff. The two families with special talents listed them as music and singing. Dominoes, tennis, soft ball, cards and movies were the major forms of recreation participated in by adult members of the family. Physical handicapps listed were amputated legs, arms, blind and deaf. This table shows that in a program of health education for the community more families should be encouraged to take part in wholesome recreational activities.

In addition to the classified data found in the tables, there are some miscellaneous facts that have direct bearing on the health conditions of the families and must be considered. These are:

1. Thirty-eight per cent of the families use some form of tobacco;
2. Twenty per cent use alcohol in some form;
3. Fifty per cent use patent medicine;
4. Thirty-eight per cent take some form of recreation;
5. Ten per cent admit that there are malnourished members in the family;

Health Problems as Revealed in the Survey. The nature of the problems as shown in the survey are of three types: personal, environmental and economic. These three types of problems are not restricted to this area alone or among the families studied. Surveys of health conditions among Negroes and poor whites in other cities have revealed the same problems with varying degrees of intensity.¹

Personal Nature of the Problems. Some personal problems of the families are:

- a. lack of inducement in the community of and use of all the health services possible.
- b. lack of interest of individuals of a desire for improved health conditions
- c. absence of a more healthful outlook and interest in personal health.
- d. riddance of many health fallacies inherent in the Negro race.

Economic Problems. The economic nature of the families is expressed in the families' health and health knowledge as related to the families' income; and the relationship of income to specific health problems.

¹American Association of School Administrators, Health in Schools, p. 26.

Environmental Nature of the Problems. Problems affecting the families that are environmental in nature are:

- a. lack of stimulation of the families to improve their housing and sanitary facilities,
- b. lack of understanding of what health education can do towards formulating activities and cooperation with municipal and private agencies towards improvement of the environment of Negroes.

Factors Involved in the Survey. Health is not merely the absence of illness. It is also positive--a state of "total well-being," physical, mental, and emotional.¹ A state of health is not the same thing with different individuals or at different ages. A youngster of sixteen and a man of seventy may both be free from recognized illness and in a state of physical and mental well-being; but the characteristics and expressions of that state differ widely, for both biological and cultural reasons.

Constitutional types differ markedly through heredity. A delicately framed girl and an Amazon of the same age, three inches taller and thirty pounds heavier,

¹American Association of School Administrators, Health in Schools, p. 26.

may both be without discoverable disease and both may be happy and healthy, each in her own way. Those physical characteristics which constitute health are relative to age, sex, heredity, and environment.

Health Information. The old proverb, "the healthy know not their own health, but only the sick," is no longer correct. Today we know enough about the normal course of child development to be aware that much can be done by deliberate planning to promote positive well-being in the growing child as well as to care for and prevent sickness. Adults themselves "cannot add a cubit to their stature," but knowledge of hygiene, diet, and prevention and control of disease is advanced today so that adults can promote their health by taking care of it.

Without sufficient health knowledge one may ignorantly expose himself to influences that will destroy or cause his health to deteriorate. There has been an immense modern increase in knowledge about disease. The causes, or at least the sources of many diseases have been discovered, and means found for cure, alleviation or prevention. There has been considerable recent increases in knowledge of the factors that make for physical and mental well-being; especially about the dietary and the psychological factors. The problem is how this information can be made to function in the lives of the people.

The Condition of the Environment. The term

"environment" may be used in a broad sense to apply to all the forces which play upon the individual because of the surroundings in which he lives.¹

Environment affects the susceptibility to illness in a number of ways. The sleeping facilities, the protection of the home from disease carrying insects, ventilation, heating, lighting, drainage; cleanliness, freedom from rubbish and garbage are all important elements in the environment. Environment has its psychological as well as its physical aspects, and the tensions or emotional stress under which an individual lives have indirect but important bearing upon his physical state and functions.

It has been learned through experience that the physical environment in which one lives and grows up has important implications in the building of a strong, virile, well-conditioned race of men--healthy in mind and in body.² Poor environmental conditions are associated with high juvenile delinquency rates.

¹National Education of the United States. Health Education, p. 49.

²Health Education, p. 228.

Ibid, p. 228.

CHAPTER III

HEALTH CONDITIONS AND HEALTH EDUCATION

Organizing a Functional Health Program. The community health council through which a community health program will work, is potentially one of the most valuable and powerful forces in a community. It provides an opportunity to involve a large number of people in the democratic process of solving their own problems by group action. Health problems are problems of people, and while the responsibility for keeping healthy rests primarily with the individual, some problems such as the control of communicable diseases, cannot be solved by individual action.

The health council provides a means of utilizing the resources of a community to solve the health problem of the individual and the community. It can serve as a tool for joint thinking and planning to create a more satisfying life for the people of the community.

A functional health education program must grow out of a study of the health conditions, needs and resources of the community, as well as the nature and scope of the problems to be solved and in order to be effective must be decided upon and planned by the group.

The attainment and preservation of health is not only a personal matter but it is a community responsibility

as well.¹ It is in the prevention and control of communicable diseases that community action enters most directly, for these diseases call for not only knowledge and precautionary behavior on the part of the individual, but concerted community action.

Suggested Activities. Health education has done much and can do still more, to dispel the misconceptions and answer the misrepresentations which lie at the base of resistance to good health practices. At the same time education must develop a fuller appreciation of community responsibility for health.

Activities to be used for community improvement are centered around the activities with which members of the community feel the need for.² Activities should not be suggested or undertaken which cannot be used to solve a definite problem. Some community activities are:

1. Clean up projects
2. Forums and panels
3. Health clinic
4. Visitations
5. Home and Community sanitation and beautification
6. Small gardens

¹Jesse F. Williams, Personal Hygiene Applied, p. 73.

²W. W. Bauer, "What is Health Education," American Journal of Public Health, p. 61.

7. More and varied community recreation for all age groups
8. Health campaigns in school and community
9. Eradication of health menaces and preventive programs
10. Movie of community problems and community health
11. Specific projects for improvement of health in the community.

Desired Outcomes of the Program. The community health council may cooperate with city officials in conducting community wide clean-up campaigns. Often business firms will donate their trucks for these projects. A clean-up campaign will help to remind people of their responsibility in maintaining a healthful environment. Such a project will help to develop a greater degree of interest in community affairs.

Forums and panels may be conducted by members of the community to acquaint themselves with new community projects, the discussion of problems or the health status of the community. The panel or forum should be the outgrowth of the best thinking of the entire community.

In a health clinic new and improved discoveries of medical science may be introduced to the participating groups in an informal way. Besides receiving medical information and medical services, people will become more conscious of their own health. Many fallacies that they have been harboring for years will be corrected.

When representatives from one community visit another community they are able to compare their problems and what they have done to what others are doing in similar situations. People are prone to judge themselves in the light of others.

In a program of home and community sanitation and beautification many health menaces will be removed, screens will be put up or replaced, a system of drainage will be established, general repairs will be undertaken, and habits of neatness, orderliness, cleanliness and healthfulness will be established.

A small garden may be a source of pleasure, and a source of revenue as well as provide a supply of fresh, wholesome food for the entire family.

More and varied community recreation for all age groups of the family is important because worthy use of leisure is an objective of education. Among the problems facing the present generation, recreation or leisure education assumes a position of prominence. For some years the problem of recreation has challenged the attention of all groups interested in social welfare.

Picnics, church suppers, dances, swimming parties, ball games, etc. are all forms of recreation in which the whole family may participate.

Many hobbies or recreational interests serve to enrich and brighten the lives of individuals by directing

them toward wholesome pursuits approved by society.

The result of the school and community survey discussions, and interviews may convince the people that a better program of health is necessary. They could then formulate their recommendations and present them to the school and community health councils. This campaign would call for the cooperative efforts of pupils, parents, school officials, and the general public. Before being launched the program should have the approval of the health department and the local medical association.

The community may decide to initiate, in cooperation with the health department or to attack any other health menace which exists, such as pools of stagnant water, or any other unsanitary condition.

A movie on community health and health conditions would bring together the work of the many committees working in the community which had investigated environmental factors influencing health, needs and resources of the community. The movie may be one taken of actual community situations.

Specific projects for improvement of health in the community would need to grow out of the study of the health needs and resources and should be the decision of the entire community.

The community health council having collected and organized their data, developed maps, graphs, tables, and

pictures for presenting the problems, then presents its findings to responsible civic groups of both races together with recommendations for community action.

Specific projects which might be promoted are: slum clearance and low housing projects, increased recreational facilities, better enforcement of health ordinances and regulations, establishment of a free clinic, free milk for underprivileged children, equipping a health service room at school or a campaign to eliminate specific health menaces.

The above mentioned desired outcomes will promote a sense or spirit of cooperation. This cooperation will serve as a means of cementing the group for any further activities for improving community health and solving community problems.

TABLE XII

A SCHOOL HEALTH COUNCIL

Community Membership

- 1. Health Agencies
- 2. Social Agencies
- 3. Youth Organizations
- 4. Service Group
- 5. P. T. A.
- 6. Other Groups

School Membership

- 1. Superintendent-Principals
- 2. Health Coordinators
- 3. Physicians
- 4. Nurse
- 5. Dentist
- 6. Dietitians
- 7. Custodians
- 8. Phy. Education Teachers
- 9. Teachers
- 10. Students

Health Council

Functions

To

Improve

- 1. Healthful Environment
- 2. Health Service
- 3. Health Instruction

CHAPTER IV

WORK OF AGENCIES THROUGH WHICH THE PROGRAM MIGHT FUNCTION

The Role of the School. In order to promote better health among a group of people there must be a close cooperation between that group and other agencies of the city. The school must often play the greater role in health education. In a community that fails to make provisions for basic health services and for health education, defects may pass undiscovered or untreated, diseases are likely to spread uncontrolled, and unsanitary conditions may prevail which cause harm to both children and adults. Thus, the school is in a situation where it should concern itself not only with its own immediate responsibility to the child, but also cooperate with other agencies in home, health education and in public health education.

The school should first organize a school health council, whose duties are to help promote health. The council is an important vehicle for the development of health education programs. Table XII shows the membership and functions of a school health council. Schools should also take leadership in organizing and directing community health councils.

One of the greatest contributions the school can make to a child is to promote his present health and send him out with proper habits and attitudes for protecting and maintaining that health for the rest of his life.¹

There are three main divisions of a school health program, they are, health instruction, health service and healthful environment.

Health Instruction. It is easy to decide that health instruction, instruction in health habits, nutrition, safety, and precaution against disease--is a function of the total school program. Health is so vitally a part of all our living experiences that it is impossible to build the program around text books and study outlines. Health instruction should meet the needs, interests and capabilities of the pupils, not only in the present school environment, but also in pre-school days in future living.

Health teaching today aims at more than mastery of facts. It is concerned with the improvement of human living. Organization of the curriculum to provide experiences and instruction for children which will help them to develop acceptable health practices, scientific and wholesome attitudes, and understanding of sound health practices and principles constitutes the desirable program of health instruction in the schools.

¹Lee and Lee, The Child and his Curriculum, p. 489.

The measure of success of health instruction is its influence on the behavior of the child.¹ Emphasis on facts and knowledge is of lesser importance to the development of desirable practices, attitudes, and understandings in the school child. Health instruction is primarily a matter of helping the child to live most healthfully each day and to learn to meet changing situations in a healthful manner. Thus, health instruction becomes a way of life rather than a subject to be taught.

Health Service. Within the area of health service comes: (1) arrangements whereby each student is continuously observed by teachers to detect any signs that may indicate that the student should be examined by a physician, (2) periodic physical examination, (3) examination by a physician of each student who plans to compete in strenuous athletics, (4) a plan for securing the correction of health defects, (5) immunization programs, (6) periodic weighing and measuring of each pupil and such services as may be necessary in each school.

Healthful Environment. One expects to find safe, sanitary, and healthful conditions in the school plant. It is almost impossible to plan a suitable environment for the school day without considering the conditions provided at home and outside of both home and school. The rest and

¹American Association of School Administrators, Health in Schools, p. 151.

play habits of children outside school hours and the kind and quantities of foods served at home determine school needs for rest periods and supplemental meals at school. The school must be concerned with the total health scene in the community and must plan its program to meet the needs of both youth and adults.

The care and maintenance of the school plant are important factors in the total school environment. An untidy, unclean, neglected school building provides a poor environment in which to teach habits of personal cleanliness and respect for public property. All aspects of the school environment condition the learning taking place. It is of little value to stress sanitation if school toilets and shower rooms are dirty and foul smelling. A student cannot avoid being "instructed" by his surroundings, therefore, at all times special attention should be given to heating, lighting, ventilation and appearance of the room. Instead of being dull and unattractive, the school environment should be, healthful and attractive and should provide opportunities for pupil participation in maintaining sanitary conditions so that such habits will carry over into home and school environment.

Conditions in Negro Schools. As a part of the study of health conditions among Negroes in Beaumont, the writer was desirable of finding out the existing conditions in Negro public schools. Beaumont has two independent school

districts. The third independent district consolidated recently with the Beaumont City School District. South Park Independent School District is the second district.

In the Beaumont City School District's Negro schools, there is a part time dentist and a full time nurse. There is no physician for the Negro schools. South Park Negro schools have a part time physician but no nurse or dentist. During Negro Health Week and for special projects, the local Negro Medical Association cooperates with the school medical staffs. Smallpox vaccinations are required by both school systems. Tuberculosis skin tests are usually given only in the South Park system. Health examinations of teachers are required of teachers each year. There are no special provisions for Negro handicapped pupils in either district. There is very little supervision of the school cafeterias by the city health department.

There is a variance in the use of physical examinations for students participating on athletic teams. Both high schools require examination for the more strenuous competitive sports and there is usually a physician present during football games.¹

Health and physical education is taught in all Negro schools by teachers whose major or minor is physical

¹Statement by E. G. Mayfield, Coach Hebert High School, May 16, 1949.

education or health education.

Crowded conditions prevail in the Negro schools.

Negro schools have more students per room than white schools. There is an average of 43 pupils in elementary rooms as compared to 29 pupils in white rooms; and in high schools, 36 Negroes per room to 28 white students; 56 children per drinking fountain in white schools; to 110 children per fountain in Negro schools; toilet seats for Negroes show 51 children per seat as compared to 17 children per seat in white schools.¹

This term an extensive construction program has been carried on in both districts so it is to be presumed that many poor conditions will be relieved. For the next term one district will have a full time nurse and clinic room. There will also be more toilet facilities, fountains, rest rooms and larger brighter rooms.

The Parent-Teacher Association. The P. T. A. is a school sponsored group, one of whose major objectives is the promotion health. This is one of the most powerful agencies through which the school and community may work its program of health. The members are always identified in some way with programs for school and community health improvement. Representatives of the P. T. A. should always be members of school and community health councils.

The Summer Round-up of children is conducted in many localities by this organization. Through this program, parents of children entering school for the first

¹Council of Parents-Teachers Survey, School Health Facilities and Activities. Beaumont, Texas.

time are encouraged to have the children examined by physicians and dentists, and to have all defects corrected and immunizations completed, before the start of school. The program includes house-to-house visits by members of the association at the beginning of the project to encourage the health examinations and again later to see that the parents have followed the recommendations made by physicians and dentists. This is a very personal type of health education, and a very effective one as it is carried out in many communities. The parents of entering children learn of health needs and services, and the participating members of the association become interested through their active part in the program. As parents and adults they are heads of households and represent the real spirit of the community.

Cooperating Agencies. There are many things that the school can do to aid in community health problem solving. Good schools use the resources of the community to enrich their curriculum. Individuals with contributions to make are brought in, problems of the community become subjects for children, pupils assist in community surveys, take part in community council meetings and share in programs for civic betterment.

Health implications exist in nearly every area of community living. Health centers, hospitals, and the community's sanitary facilities are worthwhile objects for

first-hand study. Many of the community health problems revealed in the study, especially those relating to sanitation, housing, food habits, and cleanliness can readily become real problems to children, and assistance in their solution may result in tangible improvements.

There is a variety of agencies that give health service to Negroes in Beaumont. Some are concerned with all types of community health problems, while others deal largely with problems in special fields. Some direct their educational efforts to all age levels while others concentrate on selected age groups. Among them are youth organizations, voluntary health organizations, professional societies, municipal organizations and facilities and religious and civic organizations. The school and community health councils can develop in their way whatever cooperative working arrangements seem desirable with these agencies.

Youth Organizations. Health and safety education holds a prominent place among the activities of most youth organizations. Negro youth of Beaumont may have membership in the following such organizations: American Junior Red Cross, Boy Scouts of America, Cub Scouts, Camp Fire Girls, 4-H Clubs, Girl Scouts, Hi-Y and Gra-Y Clubs, as well as numerous religious youth groups.

American Red Cross. Among the objectives of the American Junior Red Cross are to promote the personal

habits of health and safety and to acquire a sense of responsibility for the health and welfare of others.¹ There is an American Junior Red Cross organization in each Negro school of the city.

Many activities such as instruction in first aid, nursing, nutrition, water safety, and accident prevention often become an integral part of a curriculum. The children in this group can be depended upon to acquaint their parents with the school health program and help to bring in community problems for solution or study.

Boy Scouts of America. This is an organization that is always interested in cooperation for health improvement. Theirs is a three-fold health and safety program: (1)

health and safety protection of the Cubs and Scouts in their activities, (2) education for the development and application of health knowledge and safety skills, and (3) participation in community health and safety projects.²

There is a large number of Cubs and Scouts in Negro schools and churches in the city.

Since projects in health and safety are required for each rank of scouting, school and community councils may aid in the selection of these projects. Some of which may include, safety projects, clean-up campaigns, house to

¹American Red Cross: Suggestions for the Use of Junior Red Cross in the High School, p. 1

²Boy Scouts of America: Health and Safety, The Local Manual, p. 10.

house surveys or distribution of literature in the community.

Camp Fire Girls. This group of girls take an active part in school and community health service projects. Camp Fire Girls is a relatively new organization among Negro girls in Beaumont. Its health practices and concepts are incorporated through actual experiences in the different sports and games and citizenship crafts.¹

Many of the practices and concepts formed are carried over into the families of these girls now and will also be of future use when they become wives and mothers. They are eager to inculcate school and community projects for improvement into their own problems. They can take an active part in working on such problems as personal cleanliness, sanitation, home beautification, care of small children and in encouraging the mothers to serve proper diets.

4-H Clubs. In Beaumont the 4-H Clubs are under the supervision of the county extension agent and home demonstration agent. The fourth "H" of the symbol represents health. This organization functions through projects dealing with personality improvement, and improvement in farm, home and community life. Many of their agricultural

¹Camp Fire Girls, Camp Fire Girls Program Study, p. 33.

and home making projects give opportunity for the application of health and safety principles.

Four items are included in the individual achievement record namely, health habits' check up, food habits' check up, record of participation in other individual health activities, and record of participation in group health activities.¹

The third and fourth items are given a higher rating than the first two. Rural areas may be initiated into the program through the 4-H Clubs.

The school and community councils may work with them on problems of improved toilet facilities, better systems of drainage, adequate water supply, milk sanitation, food storage and similar problems.

Hi-Y and Gra-Y Clubs. These clubs are youth auxiliaries of the Y. M. C. A. Their objective is improvement and development of mind, body and spirit.² The physical program of these clubs includes such body building activities as camping, hiking, and various other types of recreation. Many of these clubs have their schedule so arranged as to provide for regular programs of recreation. They can work with school and community groups for more and improved programs of recreation.

¹4-H Clubs, 1947 National 4-H Health Improvement Awards Program, p. 10.

²Statement by Dwain Alexander, Boys Work Secretary, Neches Street Y. M. C. A., Beaumont, Texas, Personal Interview, July 15, 1949.

Y-Teens. The Y-Teen Club is the youth club of the Y. W. C. A. These clubs carry on their health activities through supervised recreation programs. Some activities as camping, swimming classes, soft ball games, square dancing classes, table tennis, have been carried on this summer. Health is a major objective of the Y-Teen Clubs. They cooperate with the school and other agencies for health improvement.

Voluntary Health Agencies. Voluntary health agencies play an important part in many of the community health endeavors through their contributions in the fields of research, service and health education. These agencies usually work in specific areas. Their scope and nature are partially determined by local needs and circumstances. The agencies described in this study all regard health education as a major function. Voluntary health agencies that will work for improvement of health among Negroes are: The Infantile Paralysis Association, The Beaumont Venereal Disease Clinic, The Jefferson County Tuberculosis Association and the American Red Cross.

The Infantile Paralysis Association. There was only one death among Negroes in the city in 1947 from polio and as table I shows, no deaths in 1948 from this disease. The school can depend upon this organization to aid in health education and work for health improvement. This association usually distributes literature for school and commu-

nity use and make available films, exhibits and speakers on the subject. This literature and the other visual aids may be used in teaching a special lesson on the disease. It tries to familiarize communities with local resources so that people will know where to turn should an epidemic occur.

Beaumont Venereal Disease Control Association. This association through its clinic provides tests for venereal diseases. It also makes use of the municipal hospital and a state designated laboratory. A follow-up is conducted on discharged patients.

In April, 1949, 1941, the Beaumont Venereal Association worked with the State Venereal Disease Association and gave the Wasserman test to 5,000 Negro school children in the city. Positive cases were 150 or 3%. This was the best record in the state.¹

This group can work with the program in furnishing film, speakers, and also in conducting more clinics among Negroes. They can also furnish literature on sex education to high school and junior high school classes as well as to adult community groups.

Jefferson County Tuberculosis Association. This agency is an influence for good not only in the specific

¹Statement by Dr. W. A. Smith, Venereal Disease Control Clinic, Beaumont, Texas, Personal Interview, May 22, 1949.

field of tuberculosis prevention and control, but also in community-wide health education. Recently the city purchased a mobile X-Ray unit which was donated to the Beaumont Chapter of the association. Free chest X-Rays are given to the entire citizenry.

Last year an outstanding feature of the program was the organization of a series of Negro health institutes designed for leaders of Negro organizations who were given instructions in health education in order that they might spread the information among their own race. The association stresses health education throughout the year, using a variety of methods to spread information regarding tuberculosis, its control, prevention, and cure. A course of three lectures and three motion pictures were offered in each school and health posters were distributed. The health education director will, when invited, work with all schools assisting them in incorporating tuberculosis education in their regular classes.

When generalized services are being developed in the community, the school should make a special effort to cooperate in carrying out this program by stimulating the participation of the school population in the community program as far as it affects children of school age.

For example, where there is a generalized program on tuberculosis in the community, the school should include in its plan of instruction, at the appropriate

levels, some unit that will interest and further the understanding of the school groups as to the purpose and procedures used in the community program. This can be effectively done during the month of December when the Tuberculosis Association is selling seals and bangles to raise funds for financing their programs. The school can aid not only in building attitudes in the school child, but can, through the children carry education into the homes where it will benefit the younger age group and the adults.

The American Red Cross. The work of this agency is widely known. Programs of instruction in such fields as home nursing, first aid, accident prevention, and water safety are often sponsored by the Red Cross. School and community groups may seek information on these subjects from them. Since March is Red Cross month school and community councils may work with the Red Cross in spreading information concerning their activities and objectives and aid in collecting funds. Their literature may also be used at this and various other times in units of work, research and adult projects. In addition to these programs, local chapters assist in community health education activities in various other ways.

Professional Societies. The Jefferson County Medical and Dental Society can offer consultant services on local health problems. Speakers may be furnished for meetings held by different groups. Individual physicians

may make contributions to school and community health education, through cooperation with the school physician in immunization programs.

The dental group can be used as an authentic source of information and provide consultant services in dental health. Members of the local dental society also should cooperate with the schools in special projects, pertaining to dental health.

Municipal Facilities and Organizations. Municipally owned recreational facilities for Negroes in Beaumont are very meager. At present there is only one swimming pool and one wading pool for the entire Negro population. There is also only one complete park, however, land has been purchased for two more parks in two other areas that are heavily populated by Negroes. One of these parks is now near completion and is being used. Within the last few weeks this park has been lighted and various community and school groups have soft ball games nightly.

There are two Negro playground directors this summer. Since the playground directors are usually men physical education teachers, they can help to tie in and continue the activities which were being carried on in the schools. The school can also cooperate with the recreational program of the city to sponsor learn to swim programs, water safety lessons, leisure time education, picnics, outdoor movies, open air concerts, and various other activities for

leisure and recreation.

The schools and municipal agencies can also cooperate in sponsoring physical examinations for food handlers. The home-making department and health education department can help people to understand why this is necessary. Home-making departments can also sponsor cooking schools and meal planning demonstrations so as to improve the quality of meals served.

Preventitive Programs. At various times during the year the city often sponsors such programs as rodent control, vaccination of dogs against rabies, programs to control Bang's disease in cows. encaphalities in horses, and mosquito control. The school should take the initiative in showing the pupils why these programs are necessary for health improvement.

Hospitals and Clinics. There are three types of hospitals and clinics which give service to Negroes in Beaumont, municipal, religious and private ownership. At present there is a municipally owned hospital, a Catholic hospital and a county tuberculosis hospital. These three have a total of 90 beds for Negroes. The Baptist hospital will be ready for use on September 1, 1949. It will have facilities for Negroes. There are three privately owned Negro clinics and one Negro clinic owned by a religious group.

School and community groups may enlist the services

of these agencies in a program of better health. Their services may be used in conducting clinics, supplying consultant services, medical supplies and services, immunization programs and institutes. In some instances the white hospitals can be counted on to participate in a program of community health improvement.

Religious and Welfare Agencies. The churches can act as publicity agents for community health. A representative is usually a member of the health councils. This makes the churches always aware of all projects and problems to be undertaken. School and community recreational leaders may also work with the churches in planning more and varied forms of recreation for its members.

Welfare agencies may also make a contribution to the community improvement. The councils should refer to the agencies cases of persons who are financially unable to provide the proper food, clothing or medical care necessary for themselves or their families.

Other Cooperating Agencies. There are several sororities, fraternities, social clubs, fraternal organizations, insurance companies and business and amusement firms which cooperate with the school and community for health improvement. Some of these agencies work directly with the school and others make financial contributions to organizations whose objectives are to improve conditions of health among Negroes in Beaumont, Texas.

CHAPTER V

SUMMARIZING STATEMENTS

Summary. The data presented and analyzed in this study have made certain facts evident. These facts are given in the following summarizing statements:

- A. Physical Environment. Beaumont, Texas is located on the Neches River, 49 miles from the Gulf of Mexico. This location accounts for the city's cool healthful breezes. Negroes are scattered throughout the city but there are several all Negro communities. Of the 100 families studied only 56 own their own homes, 26 are buying. The worst environmental conditions are found among the 19 non-home owners. There are 537 persons represented in the 100 families. The average number of persons per family is 5.37. The 100 families have 436 rooms. The average number of rooms per family is 4.36.
- B. Health Conditions. The most common type of vaccination is smallpox. A very small percentage had whooping cough serums. Vision was the most common type of physical defect. Seventy-one per cent of the people brush their teeth twice daily and 38% bathe twice weekly.

- C. The Health Education Program. The program of health education that is devised to improve the health conditions of Negroes in Beaumont must meet the needs and interests of the people. The program should guide the individual toward certain desirable outcomes. It must develop socially accepted attitudes in the population.
- D. Functions of Other Cooperating Agencies. The municipal and professional agencies may work with the people of the school and community in providing the medical information and necessary services that come in the line of work set up for and by them. Youth and voluntary organizations may concentrate on some particular phases of the health program that they are especially interested in. The religious agencies may publicize the program and serve as a source of inspiration and guidance. The public schools will be the bulwark of the entire improvement program.

Conclusion. As long as man has inhabited the earth, there has always been a continuous effort to raise his standard of living, to improve himself and his family. The community should feel the effects of the school's program of service. Health education is improving the quality of living. It is interested in the daily habits, attitudes and appreciations of all the people and how the school

seeks to provide the best possible educational experiences for its youth and adults and makes an effort to build an effective union with all the forces of community life. These forces must work together as a team amassing their full resources in a widespread attack upon the complex problems and factors which affect the health of the people and the future of this nation.

Recommendations. After a general summary of the facts revealed in this survey, the writer wishes to make the following recommendations:

1. That the health education programs in both Negro high schools and the elementary schools be planned to meet the health problems and situations found in the community, and to meet present day needs.

2. That a city wide community health council be formed among Negroes, and that all health activities be coordinated through it and the school.

3. That Negroes avail themselves of all health facilities offered them.

4. That there be a better enforcement of present health and sanitary ordinances in general among Negroes.

5. That the Negro hospitals and clinics work in closer cooperation with schools and Negro organizations in promoting and stressing the improvement of health conditions among their race.

6. That the public schools work in closer coopera-

tion with the agencies that are interested in health improvement.

7. That schools and other Negro organizations work harder to improve health environment among Negroes, such as the abolition of open surface toilets, wells, poor drainage and other unsanitary conditions.

8. Each school conduct surveys of health conditions of health conditions of school children and develop plans for meeting needs revealed by the survey.

9. The school and community should study existing conditions and plan for improvement (in local schools) of health service, healthful school living, and instruction in health and safety.

10. Schools should offer a wider program of health counseling and guidance, and a progressive program of in-service education, which is designed to help teachers to understand better and work cooperatively with school and community in health improvement.

11. That the school and other agencies educate the public to the extent that persons who have been cured of communicable diseases will not be ostracized.

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APPENDAGE

HEALTH SURVEY

The Kellogg Program For Health Improvement in Texas
Department of Health Education, Austin

FAMILY HISTORY

Members of Family	Dead or Living	Present Age or Age at Death	Quality of Health if Alive	Disease Record
Father				
Mother				
Boys				
Girls				
Relatives or Roomers living in household				

Family Physician _____ Clinic Service _____
Home Address _____ Rural _____ Urban _____
(Check which)

VACCINATIONS (IMMUNIZATIONS)

Give the number of members of your family who have been vaccinated against any of the diseases listed below.

Disease	No. Vaccinated	Where Vaccination was done	Ages of those not vaccinated
1. Smallpox			
2. Diphtheria			
3. Tetanus			
4. Typhoid Fever			
5. Typhus Fever			
6. Whooping Cough			
7. Yellow Fever			
8. Others			

DENTAL RECORD

Members of the Household	Condition of Teeth	Most Recent Visit to Dentist	Estimated No. of Dental Decays	Irregular Teeth
Father	Poor, fair, good			
Mother				
Children				
Others				

1. Is there a dentist in your community? _____ 2. Are his services available at all times? _____
 3. Are you able to pay for proper dental care? _____

ECONOMIC STATUS

1. Occupation (Head of Household) _____ 2. Type of work _____
 3. Employer _____
 4. Address _____ 5. Do other members contribute to family income? _____ How many? _____ 6. Wife's occupation _____
 7. Employer _____
 8. Home Owner? Yes _____ No _____ 9. Amount of Rent _____ 10. Rented From _____
 11. Insurance: Amount on Father _____ Mother _____
 12. Type _____ Mother (Type) _____ Children _____
 13. Old Age Pension _____ 14. A.D.C. _____ 15. Veterans Pension _____
 16. Do you own a car _____ 17. Radio _____
 18. Other conveniences _____

HOUSING AND SANITATION

1. How many rooms in your home? _____ 2. How many bedrooms? _____
 3. How many sleep in same bed? _____ 4. What is the source of water supply _____
 5. What type of toilet facilities? _____
 6. If pit type toilet, what disinfectant do you use? _____
 7. How often is toilet cleaned? _____ 8. How do you dispose of dishwater? _____
 9. Garbage? _____ 10. What system of drainage do you have? _____
 11. Are there sufficient windows in the house? _____
 12. Can they be raised or lowered as desired? _____
 13. What facilities do you have for bathing? _____ 15. Hot water supply Source of heat? _____ 17. What type of heating fuel is used Where obtained _____ 18. Are there electric lights in the home? _____ 19. Do you have screened doors? _____ Windows _____
 20. Is there a back porch? _____ Front Porch _____ 21. Do you have window shades? _____ Are they adjustable? _____ 22. Do you use a common dipper for drinking water? _____ 23. Does each member of the family brush his teeth daily? _____ Twice daily _____ 24. What type of dentifrice is generally used? _____

EDUCATION

1. Indicate the number of years each member of your household has attended regular school _____, _____, _____, _____, _____, _____, _____, _____,
2. How many graduated from High School? _____ College? _____
3. Number of children attending school now _____ 4. Do you have a family library? _____
5. Type of literature usually read _____
6. Do you take a daily paper? _____ 7. What weeklies? _____
8. What Clubs do you belong to _____
9. Wife or husband _____
10. What are your favorite radio programs? _____
11. Do members of your family attend movies? Children _____? Adults? _____
12. Are you an active member of PTA? _____ 13. Do adult members attend school affairs? _____
14. Lectures? _____
15. Did the mother have prenatal care during pregnancy? _____ 16. What source? _____
17. Did a physician attend mother during childbirth? _____
18. How many children were born at home? _____ In the hospital? _____
19. What did it cost? _____
20. Were there any pre-mature births? _____ How many? _____
21. Any deformities at birth? _____ 22. Any abortions? _____
23. Miscarriages? _____

FOOD AND NUTRITION

Daily Food Guide	Do you usually serve these foods every day.	Did you serve them yesterday?
1. 2 or more glasses of milk each day?		
2. 2 or more servings of vegetables at least one raw vegetable		
3. Fruits - 2 or more servings with 1 of oranges, grapefruit or tomatoes		
4. Eggs - 1 per day preferred, at least 3 to 5 per week		
5. Meat, cheese, fish or beans, 1 or more servings daily?		
6. Dark or brown breads or white grain cereal daily?		
7. Butter (or Margarine) - 2 or more tablespoons daily		

1. Are you allergic to any foods that you know of? _____
2. Members of your family? _____ If so, what foods? _____
3. Do you own a cow? _____ 4. Do you have a garden? _____
5. What do you provide from your garden? _____
6. Do you prepare your own meats? _____ Do you budget your spending for foods? _____ How much do you generally allow per week? _____
7. What foods do you preserve by canning? _____
8. Do you have an electric refrigerator? _____ 9. Icebox? _____
10. What do you generally have for breakfast? _____
11. Do you keep food on ice? _____ Are any members of your family on a diet? _____
12. Is your milk pastuerized? _____ 13. Approved? _____

13. Is there a hot lunch program at your school? _____ Do all of your children have lunch at school? _____ If not, where do they have lunch? _____
14. Do you send lunches by children to school? _____ What do you generally prepare? _____
15. Do you permit children to eat candy between meals? _____
16. Do the parents guide their children in the spending of money for drinks (soft) food and sweets? _____
17. Do you observe your children's weight? _____ 19. Do you have scales? _____
20. Do you keep your children home from school because of colds and other illnesses _____

SOCIAL AND MENTAL HEALTH

1. Are you nervous and emotional? _____ 2. Can you account for this condition? _____
3. What other members of your family have unusual nervous temperament? _____, _____, _____. Is there any problem in your family that causes you emotional distress or worry? _____
4. Is there anyone in your family you might consider mentally sick? _____
5. Are there any sex abnormalities? _____ If so, state _____
6. Do you consider your family relationships normal? _____ If not, what abnormalities are there? _____
7. Are there any members who you might consider dull? _____ Bright? _____
8. Are there any who are physically handicapped? _____ If so, describe briefly _____
9. Do you punish your children? _____ In what ways, generally? _____
10. Indicate what you use for "whipping" children. Strop _____ Paddle _____
Switch _____ Shoe _____ Board _____ Anything _____
11. Do you ever counsel your children? _____ Do you leave all guidance to the school _____
12. Do you believe that mental diseases are inherited? _____
13. Is there a record of syphilis in your family? _____ 14. Is there a record of gonorrhoea? _____ 15. What members of your family drink whiskey? _____ Beer _____ Cocktails _____ Cokes _____
16. Do you allow children to drink? _____ Smoke? _____ 17. Do adult members of the family smoke? _____ Chew tobacco? _____ Use snuff? _____
18. What members of the family have excessive habits? _____
Name them _____
19. Are female members bothered with unusual menstrual trouble? _____
20. Do your children appreciate being clean and having clean friends? _____
21. What type of recreation or play do the adult members participate in? _____
Children? _____
22. What members of your family sew? _____ 24. Do you have a sewing machine? _____ 25. Do you have a piano? _____ 26. What members of the family can play a piano? _____ 27. Other musical _____

- instruments? _____
28. What useful household articles have members of the family made? List them. _____
29. Are there any special talents in your family? List them. _____

PHYSICAL FACTORS

Family	Vision	Hearing	Condition of Weight	Posture	Skin	Feet	Tonsils
Father							
Mother							
Others							

1. How many hours of sleep do members of your family average each night? _____
2. Do adult members take any form of exercise? _____ List. _____
3. Do you use patent medicines? _____ 4. If so, what do you use regularly? _____
5. What do you use for laxatives? _____
6. What laxatives do you give your children? _____
7. Have you ever been bothered with diarrhea to an excess? _____
8. Are there any members who wet the bed at nights? _____ 9. If so, what ages? _____ How often? _____
10. Are there any malnourished members in the family? _____ How many? _____
11. Is constipation a problem in your family? _____ 12. To what extent _____
13. Do members of your family have physical check-ups from physician? _____ 14. What is the date of most recent ones? _____
15. Have there been any unusual accidents in the family? _____ 16. List. _____