A SURVEY OF SCHOOL HEALTH COORDINATORS

By

Edith Lindly

A SURVEY OF SCHOOL HEALTH COORDINATORS

By

EDITH RICKS LINDLY

Bachelor of Science

1931

Master of Science

1939

Oklahoma Agricultural and Mechanical College

Stillwater, Oklahoma

Submitted to the School of Education

Oklahoma Agricultural and Mechanical College

In Partial Fulfillment of the Requirements

for the Degree of

Doctor of Education

1948

APPROVED BY:

Guy A. Lackey
Chairman, Thesis Committee

Margaret Hampel
Vera Jones
Member of the Thesis Committee

N. Cooper
Head of the Department

D. G. McFarlane
Dean of the Graduate School

LIST OF TABLES

TABLE OF CONTENTS

TABLE OF CONTENTS - Continued

CHAPTER I

INTRODUCTION

Nature and Purposes of Health Education Programs

Health education in its broadest sense is the experiences which favorably influence habits, attitudes, and knowledge for optimum physical, mental, emotional, and social health. While this definition applies to individuals, in the aggregate, it also applies to communities, states, and nations.

The program of health education begins with being well born and extends itself to problems of old age. It is a program that extends from one generation to another. One of the best evaluations of any health program would be the improvement of the health status of the second generation.

The tremendous expansion of the public health movement has made health education all-important to the total health picture at the local, state, national, and international levels. Just as county health units have grown from thirteen full-time units in 1915 to 303 in 1925, 500 in 1930, and 1300 in 1945, so has interest in public health education grown.[1]

Health education is the newest of the professional specialists to be developed as a basic and essential element of the public health program. In the nineteenth century, the sanitarian and bacteriologist were the dominant figures in the field. In the early twentieth century, the physician and the nurse came into the picture. Today our Committee on Professional Education has prepared educational qualifications of thirteen different types of specialists - with more to come. In none of the areas of service has development been more rapid than in that of health education. Ten years ago there were perhaps a dozen recognized experts of this kind

---

[1]Haven Emerson, "Local Health Units for the Nation," Supplement to the American Journal of Public Health, XXXVII (January, 1947), 2.

in the United States. Today the accepted minimum standard for local health service lists the health educator along with the administrator, the nurse, the sanitarian, and the laboratory expert as a fundamental element in every program.[2]

Just as in the not-too-far distant past, a local health unit was composed of three persons: (1) a medical officer, (2) a sanitarian, and (3) a nurse;[3] it is now recognized that the six fundamental services of a health department include: (1) control of communicable diseases, (2) sanitation, (3) laboratory services, (4) maternal and child care, (5) vital statistics, and (6) health education.[4] In addition to personnel to facilitate such programs, there may be in larger units a nutritionist, a veterinarian, and special technicians.

That interest in health education has extended itself can further be seen in the rapid expansion of university and college training centers for health education specialists. The United States Public Health Service has been supervising the granting of fellowships and the training of recipients. In 1944 the applicants could choose to attend one of three universities offering a master's degree in health education, namely, Yale University, University of Michigan, or the University of North Carolina. In 1947 the list of higher institutions offering special training had grown to include: Harvard University, Columbia University, Johns Hopkins University, University of Minnesota, University of California, Yale University, University of

---

[2] Reginald Atwater, "What is Health Education?" American Journal of Public Health, XXXVII (January, 1947), 744-745.

[3] Wilson G. Smillie, "Personnel and Training for Local Health Units," Supplement to the American Journal of Public Health, XXXVII (January, 1947), 54.

[4] Harry S. Mustard, "Scope and Facilities for Local Health Services," Supplement to the American Journal of Public Health, XXXVII (January, 1947), 39.

Michigan, and the University of North Carolina.[5]

School health is a recognized phase of the entire health education program. School health, or the health of boys and girls from kindergarten to graduation from high school or college, is an all-important phase of the health of the individual. It is during this time that the average boy or girl spends about 10,000 hours in an organized program, thereby giving an opportunity to bring influences upon his habits, attitudes, and knowledge concerning health.

It is encouraging to see that there is a gradual but definite tendency to follow suggestions, and to develop a comprehensive school health program which will include healthful environment, health instruction, health services, physical education, and mental health.[6]

1. Aims of health education

The aims of health education may be stated as follows:

a. To instruct children and youth so that they may conserve and improve their own health.

b. To establish in them the habits and principles of living through their life and in later years will aid in providing that abundant vigor and vitality which are a foundation for the greatest possible happiness and service in personal, family, and community life.

c. To promote satisfactory habits and attitudes among parents and adults through the health education program for children, so that the school may become an effective agency for the advancement of the social aspects of health education in the family and in the community, as well as in the school itself.

d. To improve the individual and community life of the future; to insure a better second generation; to build a healthier and fitter nation and race.[7]

---

[5]Application for Fellowship in Health Education, United States Public Health Service, Washington, D. C., 1946.

[6]Edith Lindsay, "Origins and Development of the School Health Movement," unpublished doctor's dissertation, Stanford University, 1943, 118.

[7]National Education Association and American Medical Association, Joint Committee on Health Problems in Education, Health Education, The National Education Association, Washington, D. C., 1941.

2. Basic areas in health education

In order for the school to realize these aims, the school administrator must recognize the six basic areas of responsibility.

a. A healthful environment must be provided. Creating it involves such things as the health of teachers and other pupils in schools, the control of communicable diseases, the elimination of the causes of accidents, the avoidance of conditions harmful to health, and the use of teaching methods without causing worry and fear. It involves optimum physical environment pertaining to light, heat, ventilation, water supply, sewage disposal system, cleanliness, and general sanitation.

b. A health guidance program is essential. Day-by-day observation by the teachers, periodic health examinations, and health histories are necessary to discover children who have conditions which are detrimental to themselves or others. The follow-up or the correction of any defects is the yardstick whereby the health guidance program is measured.

c. Emergency health conditions demand immediate care. No matter how healthful the school environment may be, some illness is certain to develop and some accidents may happen. It is a part of the school health program to formulate policies and procedures to be used in emergencies, to instruct pupils and teachers concerning them, and to make them effective when emergencies do arise.

d. Accurate health information should be taught. The real basis for all health education is knowledge, and it is the duty of the school to see that the child is supplied with recent, accurate information which will help him to avoid illness and accidents for himself and others. The information should largely be from the preventive viewpoint and should include knowledge concerning: nutrition, sanitation, community health, prevention

and control of communicable diseases, mental health, dental health, safety, family health, and accident prevention.

e. Sound health habits and attitudes need to be established. One of the big problems in school health is to bridge the gap between "knowing" and "doing." The program of the school is designed to develop habits, such as cleanliness, proper eating, regular elimination, recreation, adequate exercise and rest, and the practice of seeking and following medical advice when needed.

f. The exceptional child requires a modified school program. If we accept the exceptional child as one who deviates from the normal, either mentally or physically, we find a number of children in every community who need a special care program. Such a program may include special care of (1) mentally retarded, (2) pupils with vision or hearing defects, (3) pupils who because they are crippled or ill cannot participate in the regular classroom program.[8]

3. Administrative responsibility

The primary responsibility of the school health program rests on the administrator. How to meet this responsibility most effectively should be the concern of every administrator. The success of any health program will depend to a great extent upon the interest, sympathy, and leadership of the school administrator. Although the administrator cannot do the job alone, he can make possible the means whereby home, school, and community can work together for the best health interest of the boys and girls.

Although the primary responsibility of the health of the children rests in the home, physicians, dentists, nurses, health officials, social

---

[8]American Association of School Administrators, Health in Schools, National Education Association, Washington, D. C., 1944.

and welfare workers and their organizations such as medical, dental, and nursing societies, health departments, voluntary health agencies, and social agencies are all rightfully concerned with health activities in their communities.

The success of a school health program is based on the cooperation of all agencies in a community interested in health. By a school health council and a community health council, the administrator has the organization ideally needed for a well-rounded school health program.

a. School health council

Suggested personnel for an all-school health council are:

Superintendent

High School Principal

Physician

Dentist

Nurse

Curriculum Specialist

Health Educator or Health Coordinator

A Psychologist

A Member of the Guidance Staff

Nutritionist

Dental Hygienist

Head Janitor

Elementary Representative at Kindergarten Level

Elementary Representative at Primary Level

Elementary Representative at Intermediate Level

Visual Education Director

Safety Director

Teachers of:

Biological Science

Home Economics

Physical Education

Handicapped Children

Shop

Parents

The School Council can act as a liaison group between school and community health councils. The school health council should be composed largely of school personnel and the community health council of community personnel, but there should be sufficient overlapping to insure maximum coordination.

b. Community health council

Suggested personnel of a community health council are:

Health Officer

Representative from these organizations:

Medical Society

Dental Society

Welfare

Service Clubs

Ministerial Association

Chamber of Commerce

Church Women

Safety Council

Mayor or Chief of Municipal Government

Hospital Supervisor

School Health Coordinator

School Superintendent

4. Healthful school living

All groups of both community and school should acquaint themselves with the broad scope of health education. Health councils can carry a major role in finding the problems and needs of the school and community. They can likewise seek out the facilities and means for solving the problems and improving the health status of the community. It is important that the school health program be recognized as a major contribution to the total health program.

All parts of the child's day offer a definite contribution to the experiences which develop his health. In an outline form below are listed phases of school living which are interrelated to bring favorable healthful living.

I. School Environment

A. School facilities for total health

1. Location of school
2. School building and equipment

a. Lighting, heating, ventilation, sanitation, water, etc.
b. Provisions for safety, first aid, health examinations
c. Adequate space for:

(1) play
(2) rest and relaxation

3. Care of building

B. A healthful day

1. Arrangement of the daily program

a. Time for everything without rush
b. Activity and rest interspersed to avoid overfatigue
c. Opportunities to practice health knowledge

2. Administration of the school to insure:

a. Democratic school living
b. Possibility of achieving the four freedoms
c. Provision for in-service training

3. Health of the teacher and other school personnel

4. A curriculum which includes:

a. Health instruction - including safety, mental and social hygiene
b. Physical education
c. All areas of learning important to the living of the elementary school child woven into a permeable mosaic
d. Provision for handicapped children

II. School Health Services

A. Health counseling

B. Medical service

1. Physical examinations with follow-up
2. Communicable disease control and prevention

C. Dental service

D. Nurse service

E. Other service, as psychiatrist, visiting teacher

III. Coordination of Health Education in Home, School, and Community

A. Community health council

B. School council

C. Program of public relations

Health with all its implications is, in a democracy, an individual responsibility. Parents and teachers assume the task of guiding children to the realization that an educated, oriented ego is a strong contributing factor of the smooth blending of itself with heredity and environment to consummate a truly health individual.

School Facilities for Total Health

A vitally significant factor in one's health is his environment. The elementary school child spends a great portion of his working hours in the school. It is our obligation to check the school, its facilities and equipment to see if the best scientific standard and health principles are met. Our economy may not permit inadequacies to be completely dissolved; some school buildings should perhaps be entirely scrapped if we were to

conform to best principles. Little correction, however, with a consciousness that more should and might later be added will go a long way in stimulating in children the ideals of healthful school living. Behavior patterns of children have been known to change completely by a slight modification in environment. Children are proud of a clean building and an unmarked desk.

The location of the school is important to the health of the child. Has the site been chosen with the interest of the children as paramount? If so, it will have these characteristics:

1. High, well-drained.
2. Large enough and with topography for adequate, smooth play areas, trees for climbing, shade, and grass for picnics.
3. Away from such health hazards to children as automobile traffic, excessive noise and dirt, commercial recreational halls and food stores, moral temptations.
4. Portions of the play field surface for all-weather play.
5. Walks surfaced so children can keep their schools and shoes clean
6. Appearance of school grounds with
   (a) Thought for beauty
   (b) Thought for convenience, safety, i. e. location of outhouses and play apparatus.
7. Freedom from safety hazards as cinders, glass, gullys, etc.

In examining the school building itself and its facilities for health, we will immediately be concerned about the following:

1. Safety

   a. Fire protection and escape
   b. Sharp corners
   c. Slippery floors
   d. Dark halls
   e. Unexpected steps

2. School water supply

   a. Purity of the supply
   b. Facilities for drinking
      (1) Sanitary drinking fountains
      (2) Individual cups
   c. Facilities for washing hands
      (1) Water buckets and basin - well supervised
      (2) Running water - preferably foot operated
      (3) Towels - individual paper
      (4) Soap

3. Sanitary toilets and water disposal

   a. Indoors if possible - septic toilet if no water
   b. Water-flush if possible
   c. In new buildings, toilets in respective classrooms, not all in one room

4. Lighting

   a. Use natural light if possible
   b. Color scheme - colors which will reflect light as: cream, buff, light green, ivory-white for ceiling
   c. Avoid glare as in:
      (1) Shiny surfaces
      (2) Glossy topped desks
   d. Cross lighting and skylights should be avoided
   e. Children should not face light
   f. Shades should be provided to protect from glare and regular illumination
   g. Artificial light should be available when needed - electricity is the most desirable

5. Heating and ventilation. Heating for classroom is 70° - 72° F. Ventilation can be controlled by window shields, with exhaust ducts. Artificial ventilation allowing control by washing and humidifying air is considered most adequate.

6. Seating. Seating is very impotant to the child. He tires more easily, his attention wavers, and his posture is greatly affected by improper seating. The things to observe are:

   a. Pupil should be able to sit so that thighs are back and in contact with the seat and his feet rest flat on the floor.

   b. The desk should give knee room yet enable the child while sitting squarely on his thighs to write without raising his shoulders out of line.

   c. Seats should preferably be movable and placed for the best lighting and in individual cases moved for better hearing.

   d. Surfaces of the desk should be smooth and not glossy.

The school building should provide a first-aid room where children may receive immediate help when injured, and as adequate space for a thorough examination. For some children this will be the first experience in health service; they should associate with medical rooms the standard of cleanliness, efficiency, and kind treatment.[9]

---

[9]Helen Manley, "Health and the Elementary School Child," School Life, XXIX (November, 1946), 25-27.

Because the school health program is a part of the total community health program, there must be close coordination between all agencies in the community. It is most important that the official agency for education, the board of education, and the official agency for health, the board of health, work with complete understanding and cooperation. One way of achieving this is to provide a specially trained person in health education by the local school whose chief duty shall be to coordinate the health work between the two official agencies.

Review of Other Contributions

Because the field of school health coordinator is comparatively new, there are few studies concerning the work of such a person. There seems to be an increasing amount of interest in employing persons especially trained in health education by local school systems (see p.) and there have been some attempts at defining the job of school health coordinator.

School administrators are recognizing the need of a professionally trained person to direct and coordinate the school health program.

In order that the health policies may be properly administered, some member of the faculty should be delegated the responsibility of coordinating the activities of the entire health education program.

The actual director of the health education program should be a professionally trained person. Training, experience, and administrative ability should be carefully weighed in the selection of this person.[10]

What kind of training and experience would best fit a person to be a coordinator of a school health program? There is need of standards to judge the qualifications and experiences of a school health coordinator.

---

[10] Sub-Committee on Health and Physical Fitness of the Committee on Fundamentals, The North Central Association Quarterly, XXI (January, 1947), 25.

While no specific standards for health coordinators or health counselors have been promulgated, such individuals should have the preparation recommended for health educators, with several years of experience in health education or other type of health work.[11]

1. Educational qualifications of health coordinators - American Public Health Association

The American Public Health Association Committee on Professional Education in 1942 prepared recommendations for health educators.

Desirable qualifications of health educators are:

1. Basic cultural education, including the development and appreciation and skills of the use of the English language

2. Basic science education, including physics, chemistry, biology, anatomy, physiology, and bacteriology

3. Training in education and educational psychology to provide a knowledge of and functional experiences with

   a. The nature of the learning process, including individual psychology, interests and reactions, and indirect as well as direct learnings

   b. The principles and practices of education

   c. Methods and possibilities of adult education

   d. The nature of the school health program, including health services, physical education, and other activities.

   e. Methods of educational evaluation and their possibilities and limitations in respect to the evaluation of health education programs

   f. Curricula and curriculum development in public schools and in schools of higher learning

   g. Educational supervision and administration

   h. Existing practices and viewpoints of professional groups for which in-service training is provided, and recent trends in their education

---

[11] National Committee on School Health Policies, School Health Policies, American Education Council, New York, 1946, 16.

i. How to organise and conduct field training for students at the pre-service level (in the case of a field station for professional training)

4. Social science education to provide an appreciation of the importance of respect for human personality and a knowledge of

   a. Racial, social and cultural characteristics

   b. The significance of the economic status of population groups

5. Education in the field of hygiene and public health to provide a knowledge of

   a. Physiologic hygiene, including personal hygiene, nutrition, and mental hygiene

   b. Environmental sanitation

   c. Basic principles in the organization and administration of public health

   d. Methods of communicable disease control, including the nature of the causative organisms and methods of transmission

   e. Public health statistics and principles of statistical reliability

   f. Survey methods

   g. Relative importance of health problems and mode of attack

6. Training in the area of public administration to provide a knowledge of

   a. Governmental and community organization

   b. Community agencies, their functions, aims and interests

   c. Techniques for the successful interview and consultative conference (particularly in public school work)

   d. The qualities of leadership, how to discover leaders and how to work with them

   e. Group-work methods

   f. Principles of planning

7. Training in special skills required in health education to include ability in public speaking and the conduct of public meetings and knowledge of

   a. Methods and materials in health education, their possibilities, and limitations

   b. The evaluation of sources of material and information

   c. How to write informative and friendly letters

   d. How to compile bibliographies

   e. Filing and clipping methods

   f. How to write and edit material for publication

   g. The nature of the printing and duplicating processes and their use

   h. How to distribute educational material effectively

   i. The nature, preparation, and use of visual aids

   j. Possibilities of community participation in the development of educational material

   k. Press relations and techniques

   l. Radio methods and techniques

   m. Conference techniques

   n. How to organize, advertise, and conduct meetings

Carefully planned and supervised field experience and "internship" should be regarded as an important element in the training of the health educator and in the development of skill and ability in the field of health education.

Personal Qualities

A candidate for a position as health educator should possess such personal characteristics as creative ability, leadership, good personal health, good judgment, pleasing personal appearance, common sense, and adaptability. Such important characteristics, along with the ability to work with people, the ability to size up and meet situations, and the ability to present pertinent facts simply and effectively, are not guaranteed by academic records in formal courses of instruction. The health practices of the health educator himself are also important.[12]

---

[12]American Public Health Association, Committee on Professional Education, Educational Qualifications of Health Educators, American Public Health Association, New York, 1942, 3-5.

2. Functions of school health coordinators - California

The State of California has made some contribution toward defining the duties and function of a school health coordinator. The California State Department of Education, Sacramento, California, has outlined the functions of the school health coordinator as follows:

The job of the school health coordinator should be established as a sub-administrative position. This implies that he will have supervisory responsibilities over the entire school health program. The execution of details will be delegated to persons in the school who are qualified, by interest, training and experience for the work. If there is a public health or school nurse available, she should be responsible for the direction of the health services.

This program, if effective, will lead to desirable changes in habits, attitudes and behaviors as they pertain to health.

I. Qualifications of the health coordinator

A. Education

1. Scientific up-to-date background
2. Previous successful teaching experience

B. Personality

1. Interest, enthusiasm, tact, understanding, sense of humor
2. Ability to work harmoniously with the students, faculty, parents and community

II. Aims

A. To coordinate the work of the entire school staff and the public health department

B. To provide sufficient health guidance and instruction for the students and teachers, so that they may have a thorough understanding and appreciation of health

III. Responsibilities

A. Coordination of health services (the correlation of the activities of the student, doctor, nurse, teacher, and home)

B. Integration of health instruction into curriculum

C. Coordination of health services with education

D. Supervision of environmental conditions

E. Organization of procedure relating to admissions and exclusions as they relate to health. This should be done in cooperation with the nurse.

F. Maintenance of health records in cooperation with the nurse

G. Organization of a program to care for illness and accident emergencies

H. Consideration of health and safety factors in transportation facilities

I. Study of fatigue problems of students

J. Organization of school-wide programs for:

1. Nutrition
2. Tuberculosis testing
3. Venereal disease
4. Vaccination
5. Audiometer testing
6. Posture
7. Sight conservation
8. Safety
9. Dental hygiene

K. Stimulation of the interest in the mental health program

L. Promotion of public relations

1. Contact with the home
2. Contact with the press
3. Contact with community organizations

IV. Suggested procedures

A. For the administrator

1. The administrator should present and explain the health program, clarifying the position of the health coordinator, for the purpose of establishing a close relationship with all employees, both certificated and non-certificated.

2. The allocation of time for health coordinator. In a large high school the position of the health coordinator should be full-time for optimum results. However, if this is impossible, the administrator should allow the maximum time available. In a smaller high school a part-time coordinator may conduct an effective program.

3. Appointment of a steering committee

a. Suggested personnel - administrator, public health officer, doctor, nurse, bus driver, cafeteria manager, custodian, faculty representatives from departments having significant responsibilities in health instruction, counselors, registrar

b. Functions - the steering committee should act in an advisory capacity, to plan, stabilize, and help carry out the health program of the school

B. For the coordinator

1. Meets with the steering committee

a. Makes general plans for the health program, according to the needs of the particular school

b. Appoints sub-committees of teachers and students to deal with specific problems

2. Arranges for survey of environmental conditions - conferences with administrator as to desirable changes

3. Stimulates interest in the health program on the part of the faculty

4. Organizes in-service training program in health education for staff

5. Confers with individual students as to health needs

6. Arranges for medical inspections and examinations of students in cooperation with nurse

a. Allocates sufficient time to make examinations of educational value

b. Makes appointment lists and notifies pupils

c. Notifies teachers of pupils schedules for examinations

7. Cooperates with nurse in following up recommendations of doctor

a. Notifies teachers of significant findings which have classroom implications

b. Notifies parents of significant findings where nurse is unavailable

c. Makes necessary adjustments as far as possible in students' programs

d. Makes clinic appointments where necessary and where nurse is unavailable to take this responsibility

e. Advises students as to available medical facilities

8. Admissions and exclusions as they relate to health

   a. Confers with registrar on admissions and exclusions

   b. Keeps illness record of absentees, in cooperation with nurse

   c. Notifies teachers of students who have been absent due to prolonged illness

   d. Arranges for care and transportation of students who are ill

   e. Keeps faculty alert for symptoms of communicable diseases

9. Aids nurse in the maintenance of health records, seeing that they are:

   a. Made accessible to those concerned

   b. Kept up to date

10. Directs care of emergencies

   a. Arranges for location, supply and maintenance of first aid stations

   b. Arranges with principal for delegation of responsibility for emergencies

   c. Arranges for distribution of information to entire school staff as to their responsibilities and limitations

11. Investigates health and safety factors in transportation

12. Coordinates health services with health education

   a. Helps doctor and nurse to make the examination and inspection an educational experience for the student

   b. Helps teachers to relate their health instruction to student needs as revealed in health examinations

13. Directs study of integration of health instruction into the curriculum

   a. Studies and evaluates the curriculum for health content

   b. Confers with department chairmen

   c. Advises as to health implications within the units already established

d. Recommends placement of important health units not already included in the curriculum

14. Organizes school-wide programs concerned with particular health problems

a. Acquaints faculty with plans

b. Appoints committees, responsible for each program

c. Evaluates results and arranges for effective follow-up

15. Promotes public relations

a. Home

(1) Obtains signed statement from parent or guardian as to procedure desired in case of emergency

(2) Informs parents of any significant changes in health status of student where nurse is not available

(3) In cooperation with the nurse, arranges for as many home visits as necessary

b. Press

(1) Establishes, in cooperation with principal, regular publicity program with local editor

(2) Cooperates with school press in dissemination of health news

c. Community organizations

(1) Endeavors to have school representation in as many community organizations as feasible

(2) Publicizes school health programs through effective demonstrations and exhibits in the community when appropriate

(3) Cooperates with local health department, and lends support to other community health agencies

16. Assists in control of factors aimed at prevention of student fatigue

a. Determines factors contributing to fatigue

b. Adjusts students' school programs when necessary

c. Counsels students in conservation of time and energy

d. Refers students who work to physical education teacher for working posture and relaxation advice

e. Seeks to eliminate noise in and about the school buildings

f. Points out to teachers desirability of reasonable home study load

g. Consults with principal as to inadvisability of issuing work permits to students whose health is under par

17. Promotes nutrition program

a. Arranges for mid-morning snacks

b. Confers with cafeteria manager on adequate lunches

c. Stimulates interest in good eating habits

18. Stimulates mental health program

a. Provides in-service training for staff members

(1) Helps them to develop a better understanding of adolescent behavior

(2) Helps them to become aware of deviations from normal

(3) Suggests practical solutions to individual problems

b. Establishes procedures for helping maladjusted students

(1) Arranges individual conferences for maladjusted students

(2) Confers with parents

(3) Puts into effect recommendations of physician, psychologist, or psychiatrist

(4) Encourages maintenance of a pleasant environment[13]

3. Duties of school health coordinators - Dr. Sellery, Los Angeles, California

Los Angeles City Schools have health coordinators in the senior and junior high schools. Dr. C. Morley Sellery, Director of Health Service,

---

[13]California State Department of Education, Committee on Health, Functions of the School Health Coordinator, Teaching Guide in Health Education for Secondary Schools, 1945.

presented a paper, "Duties and Functions of the Health Coordinator at the Secondary Level," at the American Public Health Association Convention, Cleveland, 1946, in which he defined the health coordinator as a person who should have a special background, interest, and aptitude in the health field. His most important attributes should be health, tact, cooperativeness, sympathy, social concern, and a sense of humor. In general, the function of the health coordinator is to do for the school health program what his name implies, to coordinate and implement all of the various contributions of school personnel on behalf of pupil health.

Dr. Sellery's paper gave the following:

Duties of the Health Coordinator

1. To stimulate healthful attitudes and practices in the lives of pupils and staff by promoting a positive and dynamic health program

2. To assist teachers in their program of maintaining conditions conducive to good health and of detecting situations and cases inimical to good health

3. To assist the principal in the organization of a health committee

So diverse and complex a problem as health coordination involving practically all members of the school personnel obviously calls for the establishment of a general health committee as a policy-forming body. In organizing a health committee it is advisable to commence with the individuals most interested. Personnel of the health committee might include as many of the following individuals as the principal deems necessary and desirable in his local situation:

Principal
Vice-Principals
Registrar
Counselor
Attendance Supervisors
Home Economics Teacher
Physician
Nurse
Dentist
Chairman of Student Health and other subcommittees
Science Teacher
2 Physical Education Teachers
2 Corrective Physical Education Teachers
Social Living Teacher or equivalent
Cafeteria Manager
Custodian
Health Chairman of P. T. A.
President of Student Body
Teachers with Special Health Interest
Teaching Nurse

In some schools the principal provides the leadership and acts as chairman of the health committee; in others, the health coordinator fulfills this function and is responsible that the policies of the health committee are carried out.

The health committee is one of the best methods for orienting each member of the faculty to his individual responsibilities for pupil health and for coordinating school, home, and community health activities.

4. To help utilize the school physician's services to the best advantage

The most efficient use of the school physician's time depends on careful planning. If routine examinations are being made, the children can be examined during the gym period, a specified number being scheduled each hour. If, however, the pupils to be examined are mostly specially referred cases, careful arrangements must be made with the classroom teachers, hall passes secured, and the correct number arranged per period.

5. To assist in selection of pupils to be examined by the school physician

   a. By careful follow-up and checking on health cards of pupils. When pupils are transferred from another school, health records should be carefully checked to see whether the pupil is on a modified activity program or has some still uncorrected physical defect.

   b. By consulting with classroom teachers and school nurse with regard to those pupils with special health problems.

   c. By conferring with the attendance officers, registrar and school nurse regarding pupils frequently absent from school on account of illness.

   d. By consulting with the counselor regarding pupils who are maladjusted or behavior problems.

   e. By arranging screening procedures for discovery early in the school year of pupils with defects of eyes, ears, or posture.

6. To be responsible for care of the physician's health record cards, follow-up cards, and files with a view to their order, completeness, and availability for use by all of the school staff; obtaining health records from the schools when necessary.

7. To keep the various members of the school staff informed of the health needs of individual pupils as determined by the school physician, dentist, nurse, attendance supervisor, counselor, or other health specialist.

One of the most important duties of the health coordinator is to see that all of the information regarding pupil health needs, - physical, mental, emotional or social, - is available and known not only to the classroom teacher but to all those who have special responsibilities of programming and guidance.

8. To follow through on physician's recommendations with regard to special programs; to see, for example, that teachers are informed as to which children should be wearing glasses, that action is taken regarding those referred to sight saving, lip reading classes, and corrective physical education.

9. To check health records of pupils engaged in extra-curricular activities, such as, office messenger, cafeteria helpers, candidates for student body offices, and arrange for special health examinations where necessary.

10. To facilitate the follow-up program for correction of physical defects by checking on all clinic appointments reminding all students of dates of clinic appointments.

Much valuable and scarce clinic time is lost through failed appointments. The missed appointments can be cut down to a minimum by an alert and efficient health coordinator with time to function.

11. To discuss with the attendance supervisors or registrars health and educational factors in truancy and poor attendance and bring to bear all of the guidance facilities of the school in the study of each individual problem.

12. To cooperate with health service staff in arrangements for surveys; e. g., immunization and vaccination campaigns; audiometer tests; tuberculosis, dental and athlete's foot surveys, and venereal disease testing surveys.

13. To be chairman of sub-committee on health instruction so that duplication and gaps in the health curriculum may be avoided.

14. To arrange student health committees for active participation in the health program. Student health committees on safety, playground and classroom sanitation, cafeteria and home lunches, and health libraries have proven effective devices for promoting better health practices.

15. To set up procedures for the evaluation of the health program; for example,

    a. By checking on percentage of reported physical defects actually corrected

    b. By checking with classroom teacher on improvement of pupil attitudes, behavior, and progress

    c. By checking on improved attendance, incidence of dental disease, growth increases, and nutrition

Statement of the Problem

Persons in the field of education who have not worked directly with a health coordinator and persons in allied fields are constantly asking the writer, "What is your job?" One of the aims of this study is to help answer this question.

The problem of this study is as follows:

1. To help define the job of school health coordinator in terms of, (a) qualifications and background, (b) duties and responsibilities, as shown by the data obtained from questionnaires, personal observation, and interviews pertaining to the health education programs used in this study.

2. To provide an exchange of ideas between health coordinators.

3. To help improve the writer's job as health education consultant in Green Bay, Wisconsin

CHAPTER II

MATERIALS AND PROCEDURE

Since the purposes of this study were: (1) to help define the job of school health coordinator, (2) to get an exchange of ideas, (3) to help improve the writer's job as school health consultant in Green Bay, Wisconsin, and since the results of the study depended on information which covered a wide geographical area, the questionnaire method seemed to be the method best suited to obtain the information needed for this study.

A. The Questionnaire Method

The questionnaire method attained prominence to a large measure because of its extensive use by G. Stanley Hall who employed the questionnaire technique as a means of collecting various kinds of information, especially concerning adolescence. The questionnaire method of collecting information has been frequently abused and therefore is in disrepute as a technique for research. However, it must be admitted that there are certain types of information which may be collected economically by the questionnaire; the collection of such information by any other method such as interview and personal observation would be so time consuming and expensive as to be prohibitive.[1]

Perhaps it should be pointed out here that some use of the interview and personal observation methods was made. For example, these two methods were used in securing information for the descriptions of the health education programs of Green Bay, Milwaukee, and Fond du Lac, Wisconsin, and Geauga County, Ohio. However, most of the study depended on the responses of the returned questionnaires.

Whitney maintains that although the questionnaire is all too frequently abused, it is one way of finding out what the majority are doing. He also

---

[1]Carter V. Good, How To Do Research in Education, Warwick and York, Baltimore, 1929, 153.

points out that questionnaires are made and used with too little thought and study as to their scientific use for obtaining and evaluating information.[2]

Buckingham says that the questionnaire is often too long and does not conform to the principles of construction, however, there are valid reasons for its use. First, it often affords the only means of securing information. The investigator should be sure that his problem falls under this head. Second, the topic must be worthwhile; it must not be trivial. Assured of these points, the investigator should boldly send out his questionnaires. Third, the recipients of questionnaires owe something to the cause of education. Many who loudly condemn these instruments are glad enough to have the educational chariot moved forward, yet are unwilling to put their shoulders to the wheel.[3]

The National Committee on Research in Secondary Education voices cautions to the public school investigator who would use the questionnaire method and lists certain rules which should be followed in the event this technique of collecting data must be used:

1. Make the questionnaire as brief and concise as possible. One page questionnaires are more frequently answered than those of 2, 3, or 4 pages.

2. Organize it so that it can be answered by checks or by the minimum number of words or figures.

3. Be careful of the spacing. Leave enough space for the answer.

4. Ask only for information actually intended for use. The greater part of many questionnaires is never used and serves merely to clutter up the study.

---

[2]Frank P. Whitney, "The Questionnaire Craze," The Educational Review, LXVIII (June, 1924), 139-140.

[3]B. R. Buckingham, "The Questionnaire," Journal of Educational Research, XIV (June, 1926), 121.

5. Formulate each question so that it will have identically the same meaning to everybody who answers; and if necessary give specific definition of terms.

6. Questionnaires should ordinarily call for facts, not opinions.

7. When opinions or judgments are asked, the questions should be so framed as to exclude dogmatic answers based on enthusiasm and opinions, and to insure reflective thinking.

8. Before sending out any questionnaire, it should go through the following stages:

(a) Very careful formulation by the author and arrangement in the form to be used.

(b) Submission to some expert for advice and correction.

(c) Try-out on teachers or others not primarily concerned - disinterested persons.

(d) A try-out of the revised questionnaire on a group as nearly like the ones to whom it is to be sent as possible.

9. Be sure that each copy is clear and readable.

10. Always state clearly the purpose of the investigation.

11. Be sure that the investigator's name and address are clearly given on the questionnaire.

12. Provide a space for the signature of the one who fills out the questionnaire, together with his position and the date of filling it out.

13. Provide an extra copy so the principal furnishing the data may have in his office a copy of the data collected.

14. A self-addressed envelope with the questionnaire will often bring good results.

15. Send a copy of the results of the investigation to each one who fills out the questionnaire.[4]

This procedure was followed in sending the questionnaires. (See Appendix

---

[4] Carter V. Good, How To Do Research in Education, Warwick and York, Baltimore, 1929, 134-135.

B. Procedure.

From the United States Department of Education was obtained a list of persons directing health programs at the state level. From these in turn were obtained names of health coordinators employed at the local school level and/or names of school systems which had outstanding health education programs.

The questionnaires were sent directly to the health coordinators where the state personnel supplied the names or to the schools where outstanding health education programs were in progress.

Table shows the distribution by states of the questionnaires sent and returned. (See Figure

Data from the returned questionnaires were tabulated concerning: (See Chapter IX)

1. Titles
2. Duties
3. Degrees held
4. Months of work
5. Salary
6. Previous work experience
7. Organizations to which coordinators belong
8. Magazines used
9. Participation in community health organizations
10. Materials prepared
11. Printed matter; choice and evaluation
12. Most valuable sources of materials
13. Policies of health programs
14. Health programs within schools

TABLE 1

SCHOOL HEALTH COORDINATOR
QUESTIONNAIRES SENT AND RETURNED

State	Number Sent	Number Returned
Alabama	1	1
Arizona	2	1
California	7	3
Colorado	1	1
Connecticut	2	1
Delaware	1	0
Florida	2	0
Georgia	1	1
Illinois	2	1
Indiana	4	2
Iowa	1	1
Kentucky	4	2
Louisiana	1	1
Maryland	2	1
Michigan	3	3
Minnesota	4	4
Missouri	5	2
Mississippi	4	1
Montana	4	1
Nebraska	1	1
New Jersey	4	2
New Mexico	4	0
New York	3	0
North Carolina	2	1
Ohio	3	2
Oklahoma	1	1
Pennsylvania	4	2
South Carolina	3	1
Tennessee	2	1
Texas	3	0
Utah	2	0
Washington	4	3
West Virginia	1	0
Wisconsin	3	2
Wyoming	2	2
Total	95	45

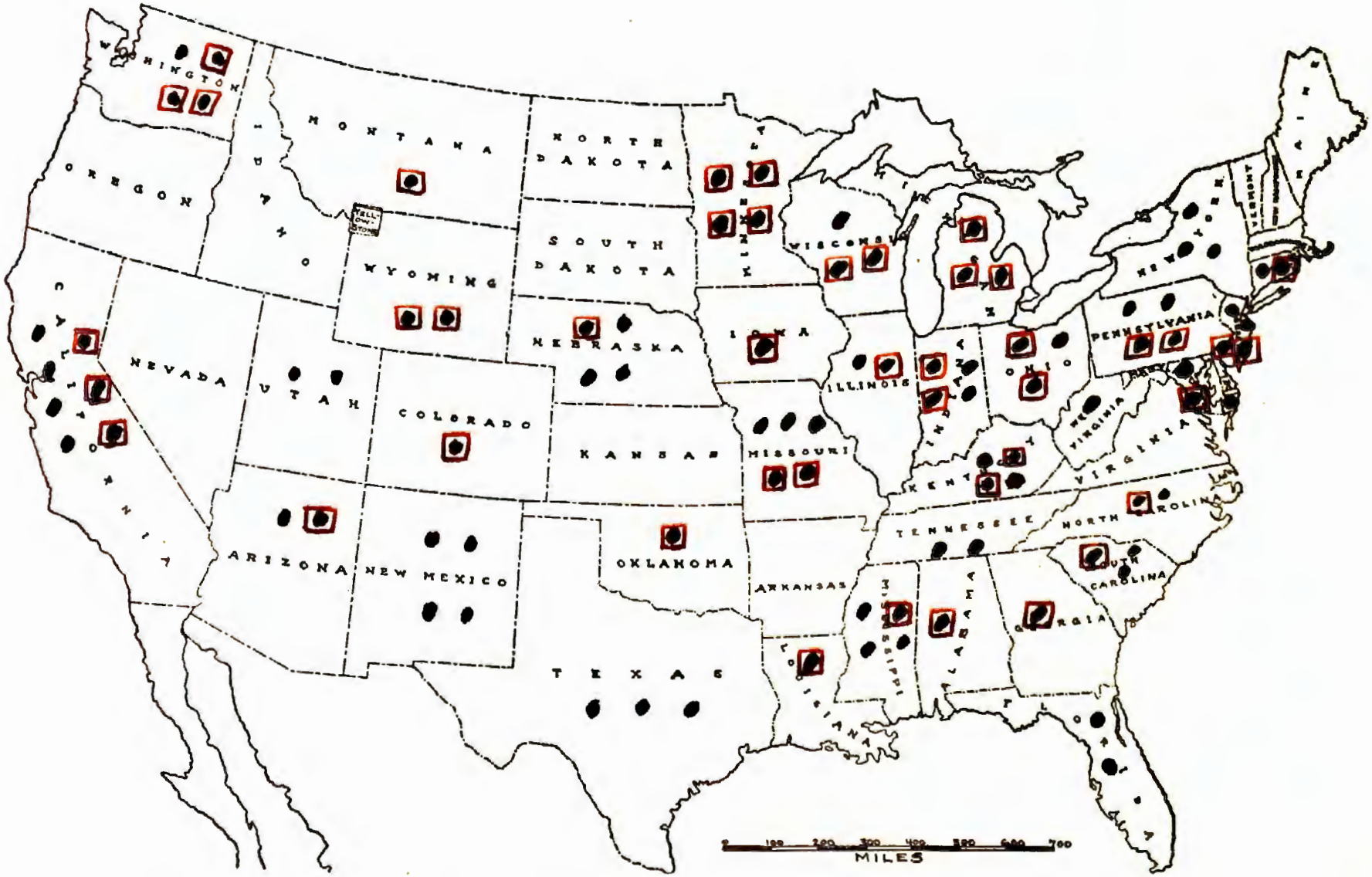

Fig. 1.--Questionnaires sent and returned

● Questionnaires sent
◉ Questionnaires returned

15. Most valuable accomplishments of health programs

A major part of the study is devoted to a survey of selected health education programs (see Chapter V). A description of health education programs based on the outline is given of: (1) Green Bay, Wisconsin, (2) Milwaukee, Wisconsin, (3) Fond du Lac, Wisconsin, (4) Geauga County, Ohio, (5) Hamilton High School, Los Angeles, California, (6) Bremerton, Washington, (7) Ann Arbor, Michigan, (8) Philadelphia, Pennsylvania, (9) Champaign, Illinois, (10) Yuma, Arizona.

In addition to the questionnaires shown in Table 1, there were six refused or returned blanks from Mississippi, California, New Jersey, North Carolina, Utah, and New York, which makes a total of fifty-one of the ninety-five accounted for.

This study was dependent on obtaining information from health coordinators working with health programs which fit the plan set forth in the questionnaires. The number of persons to whom the questionnaires were sent was relatively small. For example, if the states of California, New Mexico, Texas, Washington, and Kentucky were omitted because of the peculiar health education programs in these states, the number remaining is necessarily small. That six questionnaires were refused or returned blank may further indicate that others, too, may have been sent to persons who were working in health education programs which did not fit the pattern set up in the questionnaire. Is it logical that the returned questionnaires, although on the surface not too great a number, may indicate a large per cent of the health education programs which fit the plan as set forth in the questionnaires?

That there is much interest in the returns of the study may be seen by the many requests to the writer for information concerning the study from personnel at the state and local levels, and the fact that the writer was asked to give a report of the findings at a regional meeting of health educators, held at the University of Minnesota in April, 1947, at which time nine states were represented.

CHAPTER III

STATUS OF HEALTH COORDINATORS AT STATE AND LOCAL LEVELS

What is the status of school health coordinators in the United States? What are their backgrounds and qualifications? What duties and responsibilities are accepted and carried out by those persons employed as health education specialists?

To attempt to answer these questions it was necessary to begin at the federal level. From the United States Department of Education a list of personnel administering programs of health education and physical education was obtained. These personnel were listed as affiliated with the State Departments of Education, the State Departments of Health, or the Kellogg Project.

The fact that health education is recognized as one of the fundamental services of a health department may help to explain why health departments have been more concerned about personnel especially trained in health education than the education departments have been. Every state in the United States has at least one person on its health department staff whose sole responsibility is health education.

Health Education at the State Level

Because this study is made primarily from the viewpoint of schools, the status of health education specialists at the state level in education departments is significant and may help to explain the situation of health coordinators at the local school level.

In the State Departments of Education, as of September, 1946, there was a person employed solely for the purpose of supervising and directing health education in the following states: California, Connecticut, Idaho,

Kansas, Missouri, Nebraska, New Hampshire, New Jersey, New York, Oklahoma, Kentucky, Tennessee, Washington, and Wisconsin. (See Figure

The following states have a person or persons employed to direct health education plus other duties such as physical education or recreation: Alabama, Arkansas, Delaware, Florida, Illinois, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Michigan, North Carolina, Texas, Vermont, Virginia, Wyoming, Rhode Island, South Carolina, Utah, and Pennsylvania.

These states had no personnel in the State Departments of Instruction responsible for health education: Arizona, Colorado, Georgia, Indiana, Iowa, Mississippi, Nevada, New Mexico, Ohio, South Dakota, West Virginia, Montana, North Dakota, and Oregon.

1. Duties of State Health and Physical Education Directors

Because most of the state directors of health are also directors of physical education, most of their duties are closely related.

The following summary is based upon information collected over a period of several months from state directors of health and physical education by the United States Office of Education.

Twenty-two states scattered from coast to coast were used. Those reporting were: Alabama, California, Connecticut, Delaware, Florida, Illinois, Indiana, Louisiana, Maryland, Massachusetts, Mississippi, New Jersey, New York, Ohio, Tennessee, Utah, and Virginia.

Although the inquiry dealt with five phases of the health program, namely, health services, health instruction, safety education, physical education, and other official duties of the supervisor, for the purposes of this study, the first two summaries were the only ones used in detail.

Health service is usually rendered the schools by special personnel including school physicians, school dentists, school nurses, and in some cases, social workers. Eighty-eight per cent of the state directors reported that they were responsible for the health service program. One state reported no responsibility. Fifteen states reported that they do not have absolute authority over the program. One state reported an advisory relationship. Ten states reported a cooperative arrangement between their department and the health department or the medical profession for health services. Four states have no arrangement.

The records taken by the health service staff are available to all teachers in the schools in ten states. They are not available in two and are listed as "optional" by one state.

The directors were asked to list the duties they now have in connection with the health service program. The following duties were listed:

(a) Coordinate the health service program and physical education program

(b) Approve and cooperate with the program in the schools
(c) Set health service standards
(d) Act in an advisory capacity
(e) Handle publicity
(f) Assist in securing personnel
(g) Perform duties of organization and supervision
(h) Cooperate with State Board of Health and State Nursing Services

Eleven states reported requirements for health service staff members. Four states reported none. The staff members required to meet these qualifications were nurses in most states and in all states there were registration requirements for physicians and dentists. The other states made no statements.

Ten states reported periodical health examinations. Two states listed them as optional. Eight states have yearly examinations. The states were asked to report on arrangements other than those asked for concerning

health examinations. They listed the following:

(a) Examinations of athletes only
(b) Required by law
(c) Required every four years
(d) Requirement set by State Board of Health
(e) Local requirements only
(f) Required annually but given only every three years in reality
(g) All students participating in physical activities classes are examined
(h) Examination for employment only
(i) Handled by local jurisdiction
(j) Cities handle examinations in some cases

Health instruction. State directors in fifteen states reported administrative responsibility for health instruction. One state reported no such responsibility. Sixteen states reported that secondary health instruction is partially or wholly done by physical education instructors. One state did not report.

Five states reported that the health instruction is integrated with physical education. Seven states reported a dual arrangement with some instruction done separately and some integrated with the physical education. When the teaching is done by teachers other than physical education teacher, twelve states reported control over the program, and four states reported no control.

Fifteen directors are in charge of the course-of-study construction for health courses. One state director reported that he had no such responsibility.

Eleven directors have "some" authority over teacher-training institutions in the setting up of teacher-training requirements. Four reported no authority over teacher-training institutions.

Other duties listed as official were:

(a) Assistance in health projects
(b) Distribution of publicity and teaching aids
(c) Provision for health education
(d) Advice regarding nurses in health education programs

(e) Speaking and distribution of teaching aids
(f) Control of hygiene of environment

In general. The majority of states have laws or regulations requiring health service. Less than fifty per cent of the states have school examinations, and these seem to be rather irregular or are left up to the local authorities. There appear to be several other departments, agencies, or organizations responsiblt for phases of this program.

Health instruction fares better. All states have some health instruction and many have courses of study. Teacher-training institutions are making some effort to train teachers for health instruction and state directors are assisting by the distribution of teaching aids and by the sponsorship of health projects.

There seems to be a general effort to provide safety education. This varies from traffic safety to a complete program of general safety education.

Probably the most complete program is that of physical education. All phases of this program seem to be under the control of the state directors. The majority of directors have indicated that their duty involves publication of bulletins, courses of study, construction, advising, and supervising health and physical programs, acting on committees, and, in general, serving as promotional directors of the general program.[1]

Health Education at the Local Level

A request was made in each state through the State Department of Instruction, the State Department of Health, or the Director of the Kellogg

---

[1] School Life, XIX (January, 1947) 25-27, U. S. Department of Education, Washington, D. C.

Project, to obtain the names of health education specialists employed by school systems at a local level. (See Appendix

Forty-six of the forty-eight states participated in the study by responding to the inquiry about health coordinators employed by local school systems:

Alabama - One person employed by a county board of education.

Arizona - Two persons working at the secondary level.

Arkansas - No reply

California - Fifty-nine employed in senior and junior high schools in Los Angeles. Four persons employed at county level; ten employed at local level other than Los Angeles.

Colorado - One city director.

Connecticut - None.

Delaware - One city supervisor of health instruction.

Florida - Two county supervisors of health and physical education.

Georgia - None

Idaho - None.

Iowa - One city nurse who is also supervisor of bureau of health education.

Indiana - Four cities were listed which had outstanding health education programs.

Illinois - One health coordinator and one supervisor of health and physical education.

Kansas - None.

Kentucky - Ten county health coordinators.

Louisiana - Four parish supervisors and one local supervisor

Maine - None.

Maryland - None.

Massachusetts - No reply.

Michigan - Three health coordinators.

Minnesota - By standard all secondary schools must have a health and physical education supervisor appointed by the superintendent. Usually the person appointed is that person in the school system who is best qualified for the position. The State Department of Instruction supplied a list of ten cities which had outstanding health education programs.

Mississippi - Nine health educators are employed jointly by county health and school administrators.

Missouri - The State Department of Education listed six cities which may have health consultants employed.

Montana - None.

Nebraska - One health coordinator. School nurses fill a comparable position in some schools.

Nevada - None.

New Hampshire - None.

New Jersey - The State Department of Education listed seven cities where special work is being done in health.

New Mexico - Sixteen persons employed as health and physical education instructors at the secondary level.

New York - The State Education Department listed three representative of health education directors.

North Carolina- One.

North Dakota - None.

Ohio - One county supervisor.

Oklahoma - One city supervisor.

Oregon - None.

Pennsylvania - All first and second class cities must have a director of health and physical education on the administrative staff.

Rhode Island - None.

Tennessee - The State Department of Education listed three city school systems which have health education departments.

South Dakota - None. Public school nurses do a comparable work.

Texas - State Department of Education found in a recent survey that there are 72 health coordinators employed in 284 schools.

Utah - None. Physical education and hygiene teachers supervise health education.

Vermont - None.

Virginia - None.

Washington - Sixteen health coordinators.

West Virginia - None.

Wisconsin - Three health coordinators.

Wyoming - Four health coordinators at secondary level.

CHAPTER IV

ANALYSIS OF QUESTIONNAIRE DATA

Almost fifty per cent of the questionnaires were accounted for within a few weeks after they were mailed. About forty per cent were returned almost completely filled in. Some of the health coordinators chose to omit certain answers. Some gave more than one answer, as in the case of the work experiences, which makes the total answers difficult to check.

Responsibilities of Health Coordinators

Thirty-three and one third per cent of the health coordinators are responsible for health education only in the schools. Most of the coordination is done by personnel who have other responsibilities. Of the thirty-three and one third per cent whose only duty is health education, there are various titles: Health Coordinator, Health Education, Assistant in Health Education, Health Education Consultant, and Health Education Director.

TABLE 2

RESPONSIBILITIES OF HEALTH COORDINATORS

Health Only	Other Duties	Total
15	30	45

Sixty-six per cent of the school personnel who are employed to coordinate the health education program are also employed for other duties. Most of the personnel are employed as health and physical education supervisors. Others add recreation and/or safety to those two duties. Other personnel in school

systems who also coordinate health education programs are: nurses, doctors, biology teachers, home economics teachers, coordinators of pupil personnel, and coordinators of secondary schools.

Degrees Held by Health Coordinators

The degrees held by school health coordinators are many: thirty-one have a bachelor's degree, twenty have a master's degree (of which five are master's in public health), three are M. D.'s, one has a doctor of philosophy degree, and two have doctor of education degrees. Three of the four registered nurses have not completed their degrees.

TABLE 3

DEGREES OF HEALTH COORDINATORS

Degree	Number
B. S.	31
M. S.	20*
M. D.	3
Ed. D.	2
Ph. D.	1

*5 Master's in Public Health

Months Worked by Health Coordinators

There is variation in the number of months the health coordinators work. Six are employed for nine months of each year, seven are employed for nine and one-half months, thirteen for ten months, three for eleven months, and fifteen for twelve months.

TABLE 4

MONTHS WORKED BY HEALTH COORDINATORS

Months	Number
9	6
9½	7
10	13
11	3
12	15

Salaries of Health Coordinators

The salary range for school health coordinators is from $1600, for a registered nurse with one semester of college work, to $8572, for a health and physical education director with special graduate training in both fields, employed in a large metropolitan city. The mean salary is $3585, and the median is $3462.

TABLE 5

SALARIES OF SCHOOL HEALTH COORDINATORS

Salary	Salary	Salary	Salary	Range	Mean	Median
$8572	4060	3200	2450	1600 to 8572	3585	3462
7500	4000	3100	2400			
6000	3925	3000	2350			
5200	3700	2888	2340			
4900	3600	2800	2332			
4700	3462	2700	1900			
4200	3400	2487	1600			

Previous Work Experience of Health Coordinators

Previous work experience of health coordinators indicated that most of them have been teachers. Twenty-seven were teachers, six were nurses, four were recreational workers, and four were public health physicians.

TABLE 6

FORMER WORK EXPERIENCE OF HEALTH COORDINATORS

Teachers	27
Nurses	6
Recreational Workers	4
Physicians	4

Organizations to Which Health Coordinators Belong

Health coordinators belong to many organizations - local, state, and national. Local organizations in order of frequency of mention are: teachers' association, business and professional women's club, and church. The state organizations are: teachers' association, health and physical education association, and public health association. The National organizations are: health, physical education, and recreational association; education association; and school health association.

TABLE 7

ORGANIZATIONS TO WHICH HEALTH COORDINATORS BELONG

Type	Name	Number
Local	Teachers Association	17
	Business and Professional Women	8
	Parent-Teacher Association	6
	Church	5

TABLE 7 - Continued

Type	Name	Number
State	Teachers Association	29
	Health and Physical Education Association	13
	Public Health Association	8
National	American Public Health Association	19
	American Association of Health, Physical Education and Recreation	15
	National Education Association	13
	School Health	5

Although there are some inconsistencies in the listings and tabulations of the health coordinators' memberships and the magazines taken, the tables do indicate interests and trends.

Magazines to Which Health Coordinators Subscribe

The magazines to which health coordinators subscribe, listed in order of frequency are: Hygeia, Journal of American Association of Health, Physical Education, and Recreation, American Public Health Journal, state educational journal, School Health Journal, and the American Journal of Nursing.

TABLE 8

MAGAZINES TO WHICH HEALTH COORDINATORS SUBSCRIBE

Hygeia	19
Journal of A.A.H.P.E.R.	15
A.P.H.A. Journal	14
State educational journal	12
School Health Journal	10
American Journal of Nursing	9

Duties of Health Coordinators

Most health coordinators participate in community organizations such as: Health Department, Tuberculosis Association, Red Cross, Cancer Foundation, National Foundation of Infantile Paralysis, Safety Council, clubs for boys and girls, and other groups which are interested in health.

Preparation of Materials. Health coordinators prepare: bulletins for teachers, posters, newspaper articles, radio scripts, classroom lectures, and community speeches as means of furthering the health education program in the school and community.

Printed matter, both free and that which is bought, is distributed by the school health coordinator. Occasionally, addresses for printed matter are furnished to school personnel.

Evaluations. A variety of persons help evaluate printed matter distributed by the health specialist, as indicated in the following list: health coordinator, superintendent, health department personnel, health council, supervisors, helping teachers, nurses, and visual education directors.

The most valuable sources of health materials are as follows:

National Dairy Council, Chicago, Illinois

Good Teeth Council, 400 N. Michigan, Chicago, Illinois

American Social Hygiene Association, 1790 Broadway, New York, New York

Metropolitan Life Insurance Company, New York, New York

Children's Bureau, Washington, D. C.

U. S. Office of Education, Washington, D. C.

John Hancock Life Insurance Company, Boston, Massachusetts

National Tuberculosis Association, New York, New York

National Foundation for Infantile Paralysis, 120 Broadway, New York, N. Y.

American Dental Association, 212 E. Superior St., Chicago, Illinois

American Medical Association, 535 N. Dearborn St., Chicago, Illinois

American Mental Hygiene Association, 1790 Broadway, New York, New York

General Mills, Minneapolis, Minnesota

American Society for the Control of Cancer, 350 Fifth Avenue, New York, N.Y.

National Education Association, 1201 Sixteenth St. N. W., Washington, D.C.

Bristol Myers, 630 Fifth Avenue, New York, New York

Maltex Company, Burlington, Vermont

American Baking Institute, 1135 Fullerton Avenue, Chicago, Illinois

American Red Cross, 40 East 49th Street, New York 11, New York

U. S. Public Health Service, Washington, D. C.

Cereal Institute, 135 S. LaSalle Street, Chicago, Illinois

State Highway Department

State Health Department

Health Policies

Written health policies are the basis for most health programs. Thirty-one schools out of forty indicated that they had written health policies predicated on a philosophy for the improvement of the health of the community.

Health Councils

Twenty-two schools indicated that there was an all-school health council, and eighteen did not have a health council. The range of members on the health council was from five to sixty. The average number of persons on a council was seventeen, which, according to the survey, meets monthly.

Many problems are considered by school health councils, such as: correction and treatment of health deviations, curriculum coordination and expansion of the school health program, survey of health needs, follow-up, sanitation, parent education, utilization of community resources, publicity, physical

examinations, health needs, community disease control, immunization program, speech and hearing clinics, mental health, sex education, health records, emergencies and accidents, nursing and health services, TB testing, chest x-rays, teacher recreation, and visual aids.

Health Programs

Most health education coordinators indicated that the curriculum provided for formal and incidental health teaching pertaining to nutrition, safety, personal health, and control of communicable disease.

Other nutrition programs include: school lunches, milk program, in-service training for lunchroom managers, surveys, mid-morning nutrition for the undernourished, fresh fruit for grades 1 - 6, and Red Cross community classes.

Other sanitation programs were: routine and special inspections of buildings and sanitation facilities by health departments, field trips to community centers, and custodian education.

Safety programs were: driver education courses in secondary schools, hall and street safety patrol, safety councils, and stress on conservation of life.

Other personal health programs were: conferences with nurses, health cards, physical examinations, sex education, home nursing classes, speech and hearing clinics, vision testing, orthopedic clinics, prevention and control of diseases, delinquency, and venereal diseases.

Communicable diseases programs were: blood testing, TB testing, chest x-rays, immunization programs, and influenza vaccine offered on a voluntary basis to school personnel.

Health education programs are evaluated by: (1) local supervisors and/or administrators, and (2) state supervisors.

The methods vary from subjective conferences to special forms especially prepared for health education evaluation.

Health Education Accomplishments

To the question, "What do you consider the most valuable health education accomplishment in your program?", the following are samplings of answers:

Correction of physical defects

Functional health program

Increased interest of parents and teachers in the health needs of children

Greater health consciousness among children

Immunizations

Improved health habits

Better school attendance

Vision testing

Audiometer testing

Dental Health program

Formation of school health council

Physical examinations

Blood testing

Improved school environment

Improved personal cleanliness

Cooperation and enthusiasm of teachers and parents

Hygiene and first aid education

Teaching "Marriage and Family Living" to seniors

Nutrition period for faculty and students between classes in the morning

Production of health guides for teachers

In-service training for teachers

Health handbook

Health records adopted and/or improved

CHAPTER V

SURVEY OF SELECTED SCHOOL HEALTH EDUCATION PROGRAMS

Specialists in health education are being employed by more communities for the purpose of helping to improve the health conditions and the status of the community. A health education consultant has been working in the schools of Green Bay, Wisconsin, for three years. Fond du Lac and Milwaukee, Wisconsin, have had a health specialist for the first time during the school year of 1946-47. Other school systems in Wisconsin have expressed an interest in employing such a person. Sheboygan, LaCrosse, Appleton, and others have been cities with special interest in health. A similar trend is evident in other states, but because of the nearness of these centers in Wisconsin, it seemed the logical thing to study, in detail, the health programs in Green Bay, Fond du Lac, and Milwaukee, Wisconsin. It was possible to work very closely with the personnel who had charge of the health programs in these cities. This was accomplished by visiting the center, by serving on state and district committees, and by letters and conferences. The material in the questionnaire was used as a guide.

The information concerning Geauga County, Ohio, was obtained by interview and by working with the health coordinator in two regional conventions.

The material from the other schools which have health coordinators was obtained from the returned questionnaires sent to them.

The school health programs selected for the survey were:

1. Milwaukee, Wisconsin, population 600,000
2. Green Bay, Wisconsin, population 54,000
3. Fond du Lac, Wisconsin, population 23,000
4. Geauga County, Ohio, population 20,000

5. Hamilton High School, Los Angeles, California

6. Bremerton, Washington

7. Ann Arbor, Michigan

8. Philadelphia, Pennsylvania

9. Champaign, Illinois

10. Yuma, Arizona

Milwaukee, Wisconsin

Milwaukee, the largest city in Wisconsin, has a population of 600,000. Because of its size, the program in health education has been set up rather methodically.

The task of the school in the health program is:

1. To guide growing boys and girls in acquiring those attributes of physical and mental health that make for happy, useful living, and wholesome, well-integrated personality.

2. To create in children attitudes and understandings that will help them to become effective citizens.

3. To develop in boys and girls those interests, appreciations, and qualities of character which manifest themselves in intelligent and wholesome behavior.

4. To produce in young citizens the ability and the inclination to think critically.

5. To assist boys and girls in acquiring the basic facts and skills that will help them to become self-directing individuals as well as contributing members of society.

To help carry out the health education program of the schools, a former physical education supervisor was appointed as school health coordinator. This worker was well known and high respected in the school system. It was

agreed that these five avenues of approach be used:

1. Be directed toward understanding those facts basic to knowing how to live healthfully.

2. Be assisted in building desirable attitudes for sound personal and community health.

3. Have opportunity to encounter those experiences which will progressively build desirable physical, mental, and social health.

4. Be motivated toward continuous scientific evaluation of changing health concepts.

5. Be led to accept responsibility for personal and community health preservation.

Out of this consideration is growing a new health education program. Its core is healthful community living. The program consists of informal practice coming from every-day living, many types of information which can be integrated naturally into the other subject-matter fields, anticipates direct health instruction allocated to grade levels as determined by pupil need and interest, and includes health guidance.

The health instruction program provides the following emphasis according to grade:

Grades 1, 2, 3	- Fundamental health rules
Grade 4	- foods
Grade 5	- safety
Grade 6	- personal hygiene
Grade 7	- community health
Grade 8	- physiology
Grade 9	- boys - first aid
	girls - home nursing

Grade 11 - driver education

Grade 12 - education for family living

The time allocation per week as set by the Board of Education is as follows:

Kindergarten, Grades 1, 2 - 25 minutes

Grades 3, 4, 5 - 30 minutes

Grade 6 - 75 minutes

Grades 7, 8 - 30 minutes

Milwaukee has a health coordinating committee, which, for all practical purposes, serves as a health council. This group helps to coordinate the community and school program.

In the in-service training program there are seventeen committees working on health problems. There are from ten to sixteen members on each committee and the personnel cuts across grade and subject-matter lines. One of the chief aims is to see the whole instructional program from kindergarten to the twelfth grade.

A small number of schools were selected for special health experimental centers, and the following outcomes were noted at the end of the first year:

1. Increased number of physical examinations, vision and hearing tests, increased completeness of examinations.

2. Increased and systematized the teachers' health activities by organizing better morning health reviews, provided for nurse-teacher conferences and medical-teacher conferences.

3. Provided better cumulative record.

4. Better cooperation between the home and medical service for corrections.

5. Better cooperation and understanding between nurse, welfare office, and attendance officer.

6. Provided more chance for medical staff to assist teachers in daily teaching program.

7. Better methods of informing parents of deviations.

8. Better follow-up.

Green Bay, Wisconsin

Green Bay, Wisconsin, is a city of more than 50,000 population, located on Green Bay, an arm of Lake Michigan. It is populated by many nationalities: French, Polish, Irish, German Belgian, English, and these influences are shown by customs, religion, and language.

The public school system is composed of two senior high schools, two junior high schools, twelve elementary schools, an orthopedic school, and a school for the deaf and hard-of-hearing. Provision is also made for the mentally handicapped for those who need special attention because of vision defects.

The special schools have standards whereby pupils are admitted. Before a pupil is admitted to sight conservation, his vision must be 20/70 after correction in his better eye, and special education must be recommended by an eye specialist. Pupils admitted to the orthopedic school must be recommended by referral on a physical and mental basis through the state supervisors. The child must have normal mentality, but may have a variety of physical handicaps. In the ungraded room, pupils of low intelligence are admitted after an intelligence test is given by the school psychometrist and after a referral by a committee composed of: (1) city school superintendent, (2) school psychometrist, and (3) director of elementary instruction.

The private or parochial school system consists of one high school for Catholic boys, one high school for Catholic girls, ten elementary schools operated by the Catholics, one elementary school for Seventh Day Adventists, and one elementary school for Lutherans.

The city health department has a full-time health officer, six nurses, one nursing supervisor, two sanitarians, a milk inspector, two clerks, and a state cooperative laboratory with a supervisor and technician.

A health education consultant is employed by the public school but works very closely with the city health department and private schools. The consultant has had teaching experience and public health experience and special training in both fields. The worker has proceeded largely on a consultant basis and has participated in and aided the many health programs in the schools.

The philosophy of the health education program of Green Bay is to improve the health of boys and girls and members of the community by developing a program that would bring about greater community cooperation regarding knowledge, practice, and attitudes of health. A variety of avenues has been pursued in an attempt to bring about better understanding between the school and community.

The community health council is a part of a permanent organization, The Brown County Welfare Council, which is comparable to the council of social agencies in most communities. The members of the health committee of the welfare organization perform the duties and functions of the community health council under the chairmanship of the local health officer.

The school health council, organized according to the suggested plan on page six, has a number of its personnel on both the school and community health councils. This gives an opportunity for closer school and community cooperation. The purpose of the school health council is to study problems

and act as an advisory group to the Board of Education and the Board of Health. The superintendent and the health officer serve as co-chairmen of the group. The health education consultant acts as executive secretary.

The purpose of the health education program in Green Bay has been to help improve the physical, mental, emotional, and social health of the boy and girls. This has been attempted by: (1) improving health instruction (2) improving environment, both physical and mental, and (3) more adequate health service.

Through teacher committees, a curriculum outline of the aims and subject-matter has been completed for the kindergarten to the twelfth grad Briefly, the program is as follows:

Kindergarten, Grades 1 and 2. Health instruction is correlated and integrated with all instruction for the entire day.

Grades 3, 4, 5, and 6. Health units have been worked out on: (1) nutrition, (2) safety, (3) control of communicable diseases, (4) personal development.

Junior and Senior High Schools. Health instruction is carried on largely through: (1) health and physical education, (2) home economics, (3) science, and (4) industrial arts - with attempts to prevent overlappir and duplication.

The health services of Green Bay schools are provided by the city hea department. The schools are visited routinely and at special requests by public health nurses. The health officer and supervising nurse visit scho frequently to supplement and improve the services and relationship of the schools and the health department.

Some of the health programs carried on jointly by schools, health dep ment, and community are:

1. Tuberculosis education. All seniors are given the privilege of having a tuberculin test, plus an X-ray if one is indicated by a positive test.

2. Milk education. The biology classes in senior high schools and the fifth and sixth grades in a representative number of elementary schools were used, in which milk sanitation, nutritive value of milk, and pasteurization were stressed.

3. Milk program. Most of the elementary schools participated in the federal program. Almost two-thirds of the boys and girls took advantage of this opportunity.

4. Social Hygiene. A program aimed primarily at education concerning menstruation was given to parents, teachers, and to pupils ranging from fifth grade to senior girls. The control of venereal diseases was also stressed with senior girls.

5. Goiter prevention. Iodine tablets for the prevention of goiter, which is a problem in the Great Lakes area, are given to almost one hundred per cent of all school children.

6. Sight conservation. Pupils are screened by the classroom teachers in the elementary schools and by the health and physical education teachers in the junior and senior high schools. Any pupil who does not have a score of 20/20 vision on the Snellen test is retested by the public health nurses. If a child has a score of 20/40 or more on the re-test, the nurse does the follow-up, and the school and eye specialist cooperate to give the child the desirable educational recommendations, which may mean correction or even placing in the sight conservation classroom.

7. Hearing conservation. Pupils are tested routinely in grades three, six, nine, and twelve by the group audiometer. Teacher-selected pupils in other grades may have the same opportunity. If tests indicate, the pupils

are re-tested by a pure tone audiometer after the nurse has completed a case history. If indicated, the nurse makes arrangements for an examination by an otologist. The recommendations of the otologist and the principal of the School for the Deaf will be used as a basis for the educational changes for the child.

8. Control of communicable diseases.

a. Permits to re-admit pupils who have been absent three days from school must be obtained from the city health department.

b. Nurses make home visits for health purposes at the request of the principals.

c. Clinics are held each spring for the purpose of immunizing and vaccinating pre-school and school children against diphtheria, smallpox, tetanus, and whooping cough.

9. Health examinations.

a. Pre-school round-up. The PTA's, school, and health department cooperate in this program.

b. Athletes are required to have a medical examination before participating in athletics.

c. Interest for medical examinations for pupils at regular intervals and for school personnel is growing. Two elementary schools have developed a program for medical examinations.

10. Dental health. A dental hygienist examines all school children from kindergarten through the ninth grade. Correction and follow-up are emphasized, although the fluorine content of the water of Green Bay makes the problem of caries less in this community than in most others.

Fond du Lac, Wisconsin

Fond du Lac, Wisconsin, is a town of more than 25,000 population, located in the Fox River Valley. There are a number of religions present, but there are no race problems.

The public school system consists of eight elementary schools, one junior high and one senior high school. In addition, there are four parochial elementary schools, one parochial high school for boys, and one high school for girls.

The health educator is employed by the Board of Education and acts as a coordinator for the school, health department, and community. This worker has had experience as a medical technician and in health education.

The philosophy of the Fond du Lac health program is to improve the physical, mental, emotional, and social health of children, recognizing that there are individual differences. The program is aimed to help every child achieve the optimal health possible for him, and to develop attitudes and habits which will contribute to his happiness and health.

The school health council which meets monthly under the leadership of the health educator serves as a liaison group between school and community. Some of the problems considered by this group, which are the major objectives of the school health program, are: (1) nutrition - school lunches, (2) improvement of school sanitation, (3) improvement of health instruction.

Some of the programs of health in Fond du Lac are as follows:

1. Nutrition. After a nutrition survey was made in which it was found that diets should be improved, plans were formulated for the school to become a part of the federal lunch program. Most of the schools are participating in the milk part of the program.

One project which was very enthusiastically received by teachers, pupils, and patrons was a project in nutrition whereby white rats were fed: (1) adequate breakfast, and (2) inadequate breakfast. The results of the project were evident in the changed attitude and habits of the homes participating in the project.

2. Sanitation. Efforts are being made to improve the general sanitation of the schools. A lighting survey was made by the local utility company. The results were used to obtain better fixtures and to increase the light in the school buildings.

3. Control of communicable diseases. The two school nurses who are employed by the school and the part-time health officer cooperated in the programs which extend from aiding teachers in daily observation, pre-school round-ups, and immunization clinics.

4. Health instruction. Committees consisting of teachers, health personnel, and community representatives have developed a curriculum outline from kindergarten to the twelfth grade. Although the problem of lack of time given to health is realized, lack of personnel and room prevented a five-day week health program in senior high school. For the coming year, the committees have recommended that the present one day a week health program be extended to three days per week.

The health educator prepares educational helps and aids for teachers and community. This health specialist sends printed matter, booklets, posters, new texts, and other health materials to teachers in order to help them become more efficient as health instructors.

Geauga County, Ohio

Geauga County, Ohio, has a population of 20,000 and is being used as a health demonstration area in Ohio. All except two of the forty-five schools are consolidated schools. Many nationalities are represented.

The Tuberculosis Association and the health department cooperated in employing a supervisor of health. This special worker in health had a background of teaching and special study in health education.

The underlying philosophy of the health program of Geauga County is to improve attitudes of teachers, pupils, and parents, and thereby have a healthier and happier community.

A county health committee of five members, which meets monthly, is the planning and guiding group for the county-wide program. Some of the problems considered by the county health committee are: (1) school environment, (2) school lunches, (3) health instruction, (4) physical examinations and corrections, (5) nursing units in the schools.

The first semester of 1946-47 was spent on nutrition in grades one through six. Materials were carefully studied and graded for use in the program, and the maximum help was given to the teachers. The health supervisor met with groups of parents before units were taught so that the home and school would be working together to improve the nutritional status of the children. As a result of these meetings and the close cooperation between school and community, parents reported that there were definite changes in attitudes and habits of eating among the children.

The health supervisor aids the teachers and schools in stressing home, school, and community sanitation. Efforts are being made to improve safety by use of movies, pamphlets, posters, and by having highway patrolman lecture in each school. Teachers are being helped to find and use every "teachable

moment" to help boys and girls realize the importance of rest, sleep, and relaxation; to prevent and control communicable diseases; to improve mental and physical health through daily living. The health supervisor is aiding schools and community in many health programs to help in the improvement of the county.

The following descriptions of health education programs were obtained from the returned questionnaires which were sent to school health coordinators. In some cases additional information such as bulletins, summaries, etc. were also returned with the questionnaire.

Hamilton High School, Los Angeles, California

Los Angeles, California, one of the large metropolitan cities in the United States, has 303 elementary schools, thirty-one junior high schools, forty-eight senior high schools, two junior colleges, and eight special schools.

Hamilton High School, a senior high school located at 2153 Wellington Road, has eighty teachers. The students in the school are predominantly white, with but a few orientals, and the average I. Q. of the entire student body is about 106.

The health coordinator of Hamilton High School has been a teacher and a physiotherapist and has had special training in both fields.

Written health policies are used as a guide for the health education program which is predicated on "A healthy mind in a healthy body." All classroom bulletin boards remind students that "Health is the First Line of Defense."

Two health councils or committees function in the school; one is composed of teachers and the other is composed of students. The health coordinator presides at the meetings of the faculty health committee, and the

student health commissioner presides at the meeting of the student organization.

The faculty health committee is composed of: principal, vice-principal, cafeteria manager, head custodian, head of science department, head of home economics department, head of physical education department, nurses, doctors, and health coordinator. The group meets in the library to consider issues which will help to coordinate health consciousness of faculty, students, and parents.

The student organization is called the "Board of Health" and is composed of one member from each of the fifty-two congressional rooms. It meets bi-weekly and considers problems pertinent to the health of the school and the community, such as: ventilation, heat and care of the rooms, sanitation, rest room regulations, sale of TB stamps, and vaccination projects.

Because the health coordinators in Los Angeles are a part of a well organized program under the supervision of the director of health services, the health coordinator of Hamilton High School only occasionally works with city health department and participates in the TB Association, Red Cross, etc., only in drives for money.

Health education materials for teachers in Hamilton High School are provided by: school health coordinator and city director of school health services. Both free and purchaseable materials are used and are largely evaluated by the health coordinator, but occasionally by nurses, doctors, and teachers. The Los Angeles Health Education Journal is considered by the health coordinator to be the most valuable health material received.

The duties and work of the Hamilton High School health coordinator are many. Bulletins are regularly prepared for teachers. Posters are

used regularly to emphasize health programs. Other regular duties are: re-admit and exclude students for illness, first aid, care of rest rooms, and plan the work of doctors and nurses. Other occasional responsibilities of the health coordinator are: preparation of radio scripts and newspaper releases, construction of exhibits, and giving classroom and community lectures.

Health education is stressed in many classes, and the student "Board of Health" through its many committees keeps the entire student body informed about health.

The nutrition period was considered the most valuable accomplishment by the health coordinator. A fifteen minute intermission between the second and third period in the morning has been used for the purpose of improving the nutrition of both students and teachers. Fruit, milk, and sandwiches are available for students in the malt shop, and teachers may obtain coffee, orange juice, and coffee cake at the cafeteria.

Life Science is a required course for all tenth grade students and gives much time to health topics such as nutrition, sanitation, safety, prevention and control of communicable diseases, and personal health. Classes in physical education, home economics, and others devote much time to health instruction.

The student "Board of Health" carries a major part of the health education program. The Safety Committee of this organization inspects the building, checks with teachers regarding safety, and is responsible for fire drills. The Health Service Committee helps plan for the work of the nurses and doctors. The Committee on Promotions gives materials to the Board of Promotions for display purposes such as bulletin boards, etc. The "Board of Health" helps plan for all immunization and vaccination clinics.

The self-evaluation of the school health program of Hamilton High School is done by the health coordinator and staff. Personnel from the central office evaluate work done by nurses, doctors, dentist, and give consultant service for the improvement of the entire health program of the school.

Bremerton, Washington

Bremerton, Washington, with a population of 65,000, has about 7,600 school population in fourteen elementary schools, two junior high schools, one senior high school, one junior college, and four nursery schools. There are 285 teachers, one psychologist, one visual education director, two speech correctionists, two visiting teachers, two home teachers, and five special teachers.

The health coordinator employed for the Bremerton schools has had experience in classroom teaching and in recreational work. She has a bachelor's degree and has done some graduate work.

The health education program in Bremerton, Washington, is guided by written health policies and is based on the philosophy "to have happy, healthy, well adjusted school children." The program is constantly being adjusted to meet the needs of the school and community.

The Administration Council of the school sets up all policies and acts as an advisory group for the entire education program of the schools. The over-all health program is guided by this group.

The School Health Council, composed of sixty members, meets monthly under the direction of the health coordinator. Some of the problems considered by the council are: curriculum, sanitation and environment, health records, health examinations, dental examinations, X-ray program,

recreation program, intramural program, sex education, lunch room program, and teacher recreation.

Six of the buildings in the city school system have student health councils. These groups concern themselves with the health problems within the school and their relationship to the community.

The health coordinator participates regularly in the work of the city health department, safety council, inter-agency forum, and community health council.

The health education materials used in Bremerton are evaluated by: (1) the director of instruction, (2) committee of curriculum of the health council, and (3) health coordinator. The materials considered most valuable by the health coordinator were those from the state health department and from the N.E.A.

The health coordinator regularly prepares bulletins for teachers, newspaper articles, classroom lectures, community speeches, and also acts as executive secretary to the health council.

The health education program is carried on in regular classes and courses designed primarily for health and is also interwoven into every phase of the school life of the pupils. The health instruction includes nutrition, sanitation, safety, personal health, prevention and control of diseases, mental health, and health attitudes.

The nutrition program is planned progressively from kindergarten to the twelfth grade. Major emphasis in health education is given through the school lunch program. A dietitian plans the meals for all the lunch rooms in the school system, and the menus are often used for study in calories, meal planning, etc. In the study of sanitation there is very close cooperation between the health department and the schools of Bremerton,

Washington. Annual building and lunch room inspections are used for school-wide interest of teachers and pupils. Field trips by students include the study of the sanitation of water supply, milk supply, and sewage plant.

Safety is taught from kindergarten through the twelfth grade, beginning with home safety and progressing to a drivers' safety course for juniors and seniors in high school. Hall and street patrols carry out safety measures in all schools.

Personal health in the elementary schools is based on personal cleanliness. Mental and physical cleanliness is stressed throughout. Sex education is taught in junior high schools and a course in family guidance is given in senior high school.

All classes learn about prevention and control of diseases, and special stress on the common cold was an emphasis of last year. Immunization clinics are held at regular intervals.

The health education program is evaluated by the Administration School Health Council and the Community Health Council. State supervisors assist.

Ann Arbor, Michigan

Ann Arbor, Michigan, the home of the University of Michigan, probably has at least double the pre-war population of 35,000. There are 230 classroom teachers, one part-time doctor, three nurses, one psychometrist, one speech correctionist, one visiting teacher, one attendance coordinator, and two special consultants on problems of pupils.

The school health coordinator and director of nursing services has had experience and training as a nurse and in health education. She also has a permanent secondary teaching certificate.

The written health policies of the Ann Arbor health education program are based on the idea that "pupil health interest should be followed and satisfied first; then concentrate on what it is felt pupils need to know about health."

There are three committees: (1) an elementary health committee, (2) a secondary committee, and (3) a health committee, composed largely of faculty members, which serves as a liaison group for the entire health program.

There are sixteen members of the last named committee which serves as a school health council. The health coordinator presides at the monthly meetings and some of the problems which have been considered are: health in curriculum, communicable disease control, sex education, cancer education, role of the classroom teacher in the school health program, role of counselors and homeroom teachers in the school health program, cumulative health records, care of accidents and sudden illness, and healthful classroom environment.

In addition to these teacher and faculty committees, there is one committee composed entirely of senior high school students. It is a subdivision of the student council.

The health coordinator participates regularly on the Community Dental Hygiene Committee and the Community Public Health Nursing Committee, and occasionally works with the council of social agencies, health department, Red Cross, and other community organizations interested in health.

The most valuable sources of printed matter which is distributed by the coordinator to teachers are state and federal health agencies and the Metropolitan Life Insurance Company. The materials are evaluated by the doctor, nurses, and health committees.

The health coordinator regularly prepares bulletins for teachers, classroom lectures, serves as a high school clinic nurse, has conferences with teachers, and provides field experience for the University of Michigan students in Public Health. She occasionally prepares newspaper articles, radio scripts, posters, exhibits, and gives community lectures.

The health education program is very broad and is concerned with many phases of health, such as: health of school personnel, physical examinations of school athletes, testing for visual acuity, testing for loss of hearing, dental survey, care of handicapped, in-service education, TB X-rays, influenza vaccine given on a voluntary basis to school employees, administrative health problems, delinquency, and venereal disease.

Good nutrition for growth and development is stressed constantly by all teachers in all grades. The importance of good nutrition and good teeth has been a point of major emphasis the past year. Individual guidance in cases of underweight and overweight is given.

Survey forms have been used to discover the problems in sanitation. More stress has been placed on sanitation inspection of the school environment, and custodian education has been a definite step in this direction. Special effort to develop pupil interest in clean and safe environment has been made.

Safety education is integrated in the curriculum at all levels. Special emphasis at the junior high school level is given driver instruction and safety laws. In senior high school science classes, conservation of life is stressed.

In personal health, the following have been points of interest: (1) tuberculosis mass survey, (2) examinations and follow-up of entering groups, kindergarten, seventh grade, tenth grade, and new students in school

system, (3) follow-up of defects found in these groups and of special referred groups, (4) seventh grade health unit on "Personal Health," and (5) individual health guidance at all levels.

Control and prevention of communicable diseases is stressed throughout the entire school. The ninth grade class has a special unit on "Community Health" and considers the problem from the community angle.

The most important accomplishment of the health education program, according to the health coordinator, concerns the work planned in sex education. The term "Education for Living" is used rather than the term "Sex Education." The Dickinson Birth Models are to be used in all grades, and special units in senior and junior high school will include "Personal Living" and "Marriage and Family Living."

Evaluation of the health program is done by all administrators, teachers, pupils, staff. Several evaluation forms have been used.

Philadelphia, Pennsylvania

The city of Philadelphia, Pennsylvania, of almost 2,000,000 population, has 369 schools. There are 176 elementary schools, twenty-four junior high schools, sixteen senior high schools, and four special schools. The school personnel includes 6,748 classroom teachers, 147 physicians, 164 nurses, thirteen psychologists, eighteen dental hygienists, one visual education director, thirty-two speech correctionists, 204 visiting teachers, and 417 special teachers.

The health coordination is done by the director of medical services, who is a medical doctor with special training and experience in pediatrics and health education.

The underlying philosophy of the health education program involves these aims: (1) to give knowledge which will contribute to improvement, maintenance and conservation of health of pupils, (2) to establish habits and attitudes of living which will promote the physical and social well-being of the individual, (3) to arouse an interest and a concern on the part of the individual for the health of others now and for the future.

There are teachers' committees from all levels working on health problems. Three district groups are subdivided into 150 committees for the purpose of studying expansion and coordination of health services in the schools.

A city-wide faculty committee is working on the revision of the courses of study for instruction in health and physical education. This involves both elementary and secondary teachers.

The School Health Council, with a regular membership of fifty, meets monthly with either a member of the physical education or medical staff presiding. Some of the problems considered by this group are:

1. Coordination of expansion of school health services
2. Procedures to increase follow-up of defects corrected
3. Correction of posture, flat feet, overweight, dysmennorhea
4. School-wide attention to cleanliness and sanitation
5. Informing parents of health needs and securing their cooperation
6. Utilization of community health resources
7. Promotion and publicity on health and fitness
8. Emphasis on need for improved facilities

The health coordinator of Philadelphia works regularly with the city health department, TB Association, Red Cross, and many other health agencies in the community.

The printed matter that is distributed by the health coordinator is evaluated by the directors of visual education, medical services, and of the division of health and physical education.

The health education program includes these phases: nutrition, sanitation, safety, personal health, and control of communicable diseases.

In nutrition there are special health classes for undernourished, overweight, and others which deviate from the normal because of apparent nutrition reasons. If indicated, there are mid-morning and mid-afternoon snacks for children. School lunches are served to those needing them for optimum health. Rest periods are provided if the need is indicated.

There are safety patrols in ninety-five per cent of the schools. A city-wide committee helps to promote safety programs for schools and parents. These measures, plus safety instruction through the school, constitute a major part of safety education.

Health examinations and health supervision are important parts of the health program. A pre-employment examination is required of all employees. Periodic health examinations are required of all school personnel every two years. Supervision is given to all employees who are off duty for more than three months.

In the prevention and control of communicable diseases, pupils are excluded and re-admitted according to the regulations of the administration. There is compulsory smallpox vaccination for pupils and employees.

The health coordinator regularly prepares bulletins for teachers, newspaper articles, radio scripts, posters, exhibits, classroom and community lectures, and provides films, television, and other programs for parent groups.

The Division of Research is carrying on an experiment in several schools for the purpose of evaluating the health programs. Several health tests have been given for the purpose of testing health knowledge. Quiz programs have been a popular method of testing and evaluating health knowledge.

The health coordinator listed the following as the most valuable accomplishments: (1) increased interest of parents and teachers in the health needs of the children, and (2) a greater health consciousness among the children themselves.

Champaign, Illinois

Champaign, Illinois, the home of the University of Illinois, has a population of about 18,000, excluding the university students.

There are ten elementary schools, one junior high school, and one senior high school, which employ 160 teachers. The special teachers include two speech correctionists, four for deaf, one for sight saving, one for orthopedic, one for the ungraded room, and a supervisor of juvenile delinquency.

There is a health council or committee in each building, which is a subcommittee to an All-School Health Council of sixteen members. The School Health Council meets as the need arises and is presided over by a group-selected chairman. The Health Council acts in an advisory capacity on recommendations by other teacher committees.

The teachers of Champaign, Illinois, have developed the following philosophy of health education:

1. Education of the general public in matters of health must come chiefly through the education of the young people whose ideals and habits are not yet so firmly formed that they cannot be re-directed successfully.

2. Health education should be recognized as continuous throughout life.

3. Health is not a subject, but is rather the culmination of a great variety of experiences; it concerns the whole organism-physical, mental, social and emotional.

4. The health education program should be presented not only as a course in a class period, but should also be concerned with the way children live at home and school. Teaching young people how to live in accordance with a health program is a responsibility of the school as well as the home.

The school should endeavor: (1) to know how children live, (2) to ascertain their needs, (3) to find ways to remedy their fundamental needs.

5. Cooperative planning and participation of many people in school, home and community are essential in providing for the healthful growth and development of children.

a. All members of the school staff should feel a definite responsibility for the health program. Direct health instruction should be considered the responsibility of all teachers in courses in which health topics are a natural part of the content, such as general science, biology, social studies, chemistry, physical education, home economics, and industrial arts.

b. Each subject in the school curriculum should be evaluated in terms of its contribution to the general educational objective - health.

c. Departments should correlate and integrate the health content which is a natural part of their curricula, thereby directly supplementing each course in health instruction.

6. The health program should be a continuing program of health education over a period of years in order that a clear picture be given of possibilities and community-home-school relationships in a functioning program. A good health program will be graded, progressive, organized, and systematic.

7. The health program should include adult education, which should parallel the school health program.

Since a major emphasis on Champaign, Illinois, is health instruction, an important working committee is made up of teachers representing levels from the kindergarten to the twelfth grade, a public health nurse, parents, and students. The functions of the Health Instruction Curriculum Committee are as follows:

1. Analyze the specific objectives for health education listed in "A Basic Plan for Health Education and the School Health Program in Illinois" in order that each member become familiar with these goals.

2. Evaluate the health texts now in use in the school system for the degree to which each serves the purpose of meeting our specific objectives.

3. Formulate health instruction survey questionnaires for each of the grade levels, namely, elementary, junior high, and senior high.

The purpose of these questionnaires would be:

a. Find out what health teachings are in progress now; what methods and materials are used.

b. Discover any needless duplications or omissions of desirable units.

4. Pass upon recommendations submitted by the sub-health instruction committee.

5. Make recommendations to the health council.

A sub-health instruction committee is made up of three teachers from each grade level, two parents of students of the elementary school, junior high school, senior high school, and one student representative from the

sixth grade, junior high school, and senior high school.

The functions of the sub-health instruction committee are as follows:

1. Analyze the specific objectives for health education listed in "The Basic Plan" and decide upon grade placement.

2. Evaluate the health text now in use at the grade level in question for the degree to which it serves in meeting the specific objectives for that grade.

3. Decide on health instruction emphasis at each grade level.

4. Analyze the findings from the health instruction questionnaires.

5. Make recommendations to the central health instruction committee.

6. Direct the compilation of teaching units; each unit might include:

Objectives -

Teacher

Pupil

Approach -

Content

Teaching activities

References -

Teacher

Pupil

7. Direct the formulation of teaching guides - illustrated booklets made up of units for each grade level.

The health coordinator participates in community organizations interested in health largely through the health council. Because the health coordinator is a part-time teacher, the production of materials is less than if all her time could be given to health.

The health coordinator listed the following as outstanding accomplishments of the health programs

1. Acquainting the teachers with the broad conception of health, resulting in a better understanding of the important role of the teacher in helping boys and girls to establish positive health habits through health knowledge and attitudes.

2. Causing the Board of Education to concentrate on the immediate health needs in the system relative to the areas of school environment, school health services, and teacher health.

Yuma, Arizona

Yuma, Arizona, a city-rural community of 17,000 population on the Mexican border, is an example of a school health program coordinated by a full-time biology teacher who has a great deal of enthusiasm and interest in health.

The underlying philosophy of the health education program is that:

1. Health must be practical and usable and must hit the needs, grasp, and acceptance of the students and community.

2. High school students of today are the parents and voters of tomorrow and must have the knowledge that will make them better homemakers and intelligent voters, especially concerning health matters.

There are two health committees in Yuma High School. One committee is made up entirely of teachers and has for its purpose better coordination of the health program. The other committee is made up of representatives from the biology classes and is attempting to fit the biology program to the needs and interests of the students.

The health coordinator listed the following as the outstanding accomplishment of the health programs:

1. Physical examinations for all participants in sports

2. Immunization program

3. Blood testing program

4. More health consciousness on the part of teachers as well as students.

CHAPTER VI

SUMMARY AND CONCLUSIONS

Health education is a rapidly growing and expanding program in the schools and communities (see pp. 1-3). That there is a recognized need for more trained health education specialists in the schools of the United States is indicated in the information given below.

Superintendent H. B. Bruner, of Oklahoma City, announced the need of a school health coordinator to work with the parents, pupils, and health services to improve the health education program in the Oklahoma City schools.[1]

Frank R. Williams, Director of Health, Arizona State Health Department, says in a letter to the writer, dated January 21, 1947, "At the present time there is a great deal of interest in health education in Arizona, and many schools have expressed a desire to place a health coordinator on their staffs."

The excerpt from this letter, and the ones that follow, were unsolicited correspondence which came as a result of collecting information regarding this study.

Dr. Charles J. Prohaska, Supervisor of Health Education, State Department of Education, Hartford, Connecticut, says in a letter to the writer, dated January 20, 1947, "We are in the process of conducting regional conferences with school administrators along the line of health education."

Hazel D. O'Neal, Health Consultant, State Department of Education, Springfield, Illinois, says in a letter to the writer, dated January 30,1947, "I am sure that within a few years we will have more people employed as

---

[1] The Daily Oklahoman, July 4, 1947, Oklahoma City, Oklahoma.

health educators or consultants in the school systems."

Katherine Steinbicker, Health Consultant, Department of Education, Charleston, West Virginia, writes in a letter of February 7, 1947, to the writer:

> The West Virginia Association for Health, Physical Education and Recreation has been very much interested in securing legislative approval for county boards of education to employ supervisors or directors of health, physical education, and recreation on a twelve months basis.

Summary

Most of the persons employed by school systems to coordinate the health education programs are also responsible for other duties. One-third of the health coordinators are responsible for only health education, while two-thirds are responsible for other duties, such as physical education or recreation.

With the exception of three nurses who have not completed their degrees, the survey shows that there are thirty-one bachelor's degrees, twenty master's degrees, three M. D.'s, two Ed. D.'s, and one Ph. D. held by health coordinators.

The average school health coordinator is employed for a time longer than the average school year, as indicated by the fact that six are employed for nine months, seven for nine and one-half months, thirteen for ten months, three for eleven months, and fifteen for twelve months, at an average salary of about $3500 per year.

The teaching profession has contributed most of the health coordinators, as indicated by the survey, which showed that twenty-seven had been teachers, six had been nurses, four were formerly recreational workers, and four were physicians.

Health coordinators belong to many organizations - local, state, and national. The organizations most frequently mentioned were teachers' organizations, health and physical education associations, and the American Public Health Association. In addition to the journals of these organizations, Hygeia, and the School Health Journal were most frequently mentioned.

Community work of health coordinators includes participation in such organizations as the health department, TB association, Red Cross, Cancer Foundation, National Foundation of Infantile Paralysis, Safety Council, etc., and the preparation of materials such as bulletins for teachers, posters, newspaper articles, classroom lectures, and community speeches.

Although the responsibility for the evaluation of the materials to be used in the health education program lies chiefly on the health coordinator, both school and health department personnel assist in selecting materials from many local, state, and national agencies.

Most of the schools have written health policies and more than half indicated that they had a school council with a membership ranging from five to sixty, which meets regularly to consider health problems concerning administration, communicable diseases, health records, counseling, environment, mental health, etc.

The survey showed that most school curricula provided for both planned and incidental health instruction pertaining to nutrition, safety, control of communicable disease, personal health, and that many programs contributed to these large health areas.

The most valuable accomplishments of the health education programs listed by the health coordinators centered around: developing health interest and an awareness on the part of pupils, faculty and community; improved health services; better follow-up; improved school environment; new and more effective health instruction; health records adopted or improved.

Conclusions

Need for further study. As noted by the information obtained from the state and local levels, the number of school health coordinators is comparatively small, and there is need for further study concerning their work.

Suggestions for further study:

1. Relationship of health coordinator to school staff
   a. Is the coordinator a staff or line person?
   b. Are the responsibilities clearly outlined and understood?
   c. What is the relationship with the other health personnel?
2. Analysis of the job of health coordinator
   a. How much time does the coordinator give to: teaching, group meetings, individual counseling, preparation of materials, etc.?
   b. What are the duties and responsibilities of the health coordinator?
   c. How is the job of health coordinator carried out?
3. Attitude of the classroom teachers toward health coordinator
   a. Do teachers know what help is available?
   b. Have they taken advantage of the available help?
   c. What are the weak points? strong points?
   d. What help do teachers need that they do not get from the health coordinator?
   e. Is the attitude favorable toward the coordinator?
4. Attitude of the community toward the health coordinator
   a. To what extent does the coordinator participate in the health program of the community?
   b. In what ways has the coordinator helped?
   c. What assistance is needed and/or desired?
   d. Is the community attitude favorable toward the health coordinator?

5. Evaluation of health program before and after employment of a health coordinator.

   a. What was the health program before a coordinator was employed?

   b. What is the health program after employment of a health coordinator?

   c. What changes came about as a result of the employment of the coordinator?

6. Trends of the offerings of higher institutions for training of health coordinators

   a. What courses were offered five years ago as compared with what are offered now?

   b. What institutions are offering degrees in health fields?

7. Attitudes of administrators toward the employment of health coordinators

   a. Has the health coordinator made a worth-while contribution to the health and entire educational program?

   b. In what ways has the health coordinator been helpful?

   c. Is there a demand for health coordinators by school administration?

8. Survey of health coordinators at the state and/or local levels

   a. What is the status of health coordinators at the state level?

   b. What is the status of health coordinators at the local level?

9. Analysis and/or evaluation of any specific health education program such as, sex education, control of communicable disease, cancer, etc.

   a. What methods and techniques are used?

   b. What results are obtained?

   c. What are the opinions of students, teachers, administrators, and patrons toward the program?

10. Evaluation of methods used by health coordinators

   a. What methods are used?

   b. What results are obtained?

   c. What are the reactions of experts and those participating in the program?

11. Comparison of salary scales with school and health department personnel

    a. How do the salary scales compare with those of teachers, administrators, supervisors, etc.?

    b. How do the salary scales compare with those of nurses, health educators, etc., of health departments?

    c. What are the salary differences in different geographical areas?

12. Techniques and materials used by health coordinators

    a. What techniques and materials are used?

    b. How effective are they?

    c. How are they evaluated by other school staff members, students, and patrons?

13. Is the job of health and physical education director a single or a double role?

    a. What is the status of health and physical education supervision in the United States?

    b. Is a more efficient job being done by a single person, or by two specialists in both fields working together?

    c. What is the attitude of administrators toward the hiring of one or two persons to do the job?

Pertinent health issues. From the returned questionnaires in this study certain pertinent issues show evidence of confronting the health education coordinator and the school and the health department administrators. The following discussion of two of the most pertinent issues, namely, health services and instruction, will serve to clarify the thinking toward the issues

1. Health Services

By health service is meant: all those procedures designed to determine the health status of the child, to enlist his cooperation in health protection and maintenance, to inform his parents of the defects

that may be present and to correct all remedial defects.[2]

The major objective in all medical service is educational.[3] The educational program must be pointed toward classroom teachers, school administrators, pupils, and patrons.

The first point of agreement is that the medical examination or appraisal should be educational for the child and his parents. The demand is that the appraisal should contribute to the overall health education program of the school by producing facts which may be used to vitalize the instructional program of the classroom and by pointing out factors of the school environment which need improvement to help safeguard the health of the group as well as the individual child.

Neither the medical profession nor the school administration has reached satisfactory accordance on many administrative problems. Among such problems on which no universal agreement has been reached are:

Who shall direct the medical program of the school?
Who shall make the examinations?
How extensive shall the examination be?
Who shall be responsible for providing the correction of the defects found?

Certainly these are problems on which the medical profession must first reach an agreement and ameliorate the differences in their conclusions with those held by school administrators....

The ideal child health program would be for every child to be under the care of a family physician who makes an annual medical examination and follows through on all needed care. The family physician would also recommend to the school any modification or additions which are necessitated by his physical conditions.[4]

Dr. Ira Hiscock, of Yale University, says regarding the issue of health services:

The administration of this program may be vested wholly in the department of education, with its own separate staff of physicians, dentists, nurses, as well as health and physical education teachers. There

---

[2]Committee on Terminology, Journal of Health and Physical Education, December, 1934.

[3]Lawrence B. Chenoweth and Theodore Selkirk, School Health Problems, p. 102.

[4]Gertrude Cromwell, The Health of the School Child, pp. 43-45.

are some advantages in this unity of service with a close tie between the different branches; in the small cities particularly the department of education with its larger budget is often better organized to absorb this work than is the department of health. The argument is especially strong if the physical examination is regarded as an educational procedure. However, if the school department carries the complete responsibility, it is important that the school health programs be closely integrated with other health programs of the community, for no school health program can stand alone.

On the other hand there is distinct advantages in separating the program into two parts. Classroom instruction and physical education may remain with the department of education, while the health service functions are carried out by the department of health. Under this arrangement the school health service becomes an integral part of the community health program with medical, dental, and generalized nursing service focused on health in its broader family aspects. This obviates the creation of two distinct medical, dental and nursing administrations with the possibility of confusing the approach to families. Also, if the service is under the health department it can be extended to parochial schools, whereas otherwise separate services are usually necessary, one for the public schools under the department of education and one for the parochial schools under the health department. Furthermore, in counties with full-time health units, it is more practical to have the school health service administered by the department of health.

However school health services may be primarily administered, a joint conference committee on school health, with representation from both the department of education and the department of health (including if possible the fields of sanitation, mental hygiene, health service, health instruction and physical education), will prove helpful. Sometimes the chief school physician is appointed deputy health officer. The mutual assistance derived from such a committee through joint program planning and discussion of problems has been strikingly demonstrated in several communities, notably in Honolulu, Hawaii.[5]

2. Health Instruction

The issue of health instruction involves the time, the place in the curriculum, the personnel and approach to the teaching of health. Health instruction is that organization of learning experiences directed toward the development of favorable health knowledge, attitudes and practices.[6]

---

[5]Ira V. Hiscock, Community Health Organization, pp. 145-147.

[6]Jessie Williams and Fannie Shaw, Methods and Materials of Health Education, p. 5.

The health instruction program must fit the needs and interests of the pupils in a community and must be predicated upon sound principles of education and child development. If the pupil's life is his curriculum, the program of instruction must cover whatever care, protection, correction, teaching, and guidance necessary to bring his experiences into harmony with these principles of growth:

> The child functions as a whole, learns all of the time, and responds to the whole so that learning is physical as well as mental and environ- is spiritual as well as material.
>
> The pupil grows according to biological and psychological laws which prescribe that growing and learning shall come of self-activity in the interest of a goal and that for wholesomeness and health the goal must be akin to the purpose of life for all.
>
> Health is normalcy, the natural outcome of living in harmony with the laws of our being and while no one is able to do this fully, all benefit continuously by the tendency of life in this direction.[7]

The real issue in health instruction revolves around the place and time of health instruction in the total program. Is an integrated health program sufficient? Is a direct approach with special teachers and time appointment necessary? Or is a combination of the two best?

> ealth educators of wide experience place a high value upon the use of a regular recitation period in health or hygiene. The work in grades I, II, and III consists of informal activities for habit and an attitude formation without the presentation of any appreciable amount of subject matter and without the use of textbooks, with the exception of health readers. The teacher may either use a regular time allotment for health (in addition to the morning health inspection period), or achieve her objective through incidental teaching. Many teachers in these lower grades prefer to have some definite time in the schedule when health progress can be considered and reviewed.
>
> t is generally agreed that beginning with grade IV a class period for definite health instruction is desirable. It gives definiteness, dignity, and logical organization to the subject. It provides an opportunity not only for the presentation of facts, but also for bringing together and reviewing health-training activities, and for observing the results of health behavior.

---

[7]Alma A. Dobbs, Teaching Wholesome Living, p. 27.

Today one rarely meets the suggestion of a few years ago that no direct instruction is needed. The idea that all necessary health instruction can be presented through incidental teaching in connection with other subjects has not been found to be practical. Incidental health teaching tends to become accidental or non-existent. It is more likely to appear where there is a well planned program of essential health instruction than where is not.[8]

There are excellent opportunities to supplement the health teaching of the regular health courses by the appropriate use of related subjects.[9] In addition to this, every teacher, whether he will or not, is a teacher of health.[10]

Many subjects in junior and senior high school can profitably present important units of instruction bearing upon the subject of health. Home Economics, the natural sciences, social science, English, foreign language, mathematics, and manual art present many avenues for teaching health.[11]

Dr. Mabel Rugen, of the University of Michigan, says regarding the issue of health instruction:

Experience in health includes any planned experiences that might contribute to the development of good health behavior, the use of scientific information in understanding the significance of this behavior and progression towards willful self-instruction and responsibilities in matters of health and oneself personally and in relationship to others. Teaching-learning situations are present in healthful living and in health service

---

[8] C. E. Turner, Principles of Health Education, pp. 10-11.

[9] Health Education in the Elementary and Secondary Schools, Kansas State Printing Plant, pp. 6-7.

[10] Turner, op. cit., p. 14.

[11] Course of Study, State of Oregon, p. 17.

activities: they may be associated with any of the major subject areas in the school program, such as science, social studies, home economics, and physical education; they may be planned for directly or indirectly.[12]

The following approaches are listed by Dr. Rugen:

1. Analysis of the child's day
2. The unit approach
3. Direct class instruction
4. Correlation
5. Integration
6. Individual instruction
7. Utilizing opportunities for health instruction as the incidents arise

This is sometimes called "incidental teaching" but the approach really means more than that. Experiences that recur at periodic intervals like health examinations, cold, absences from school, clean-up week, and so on, can be anticipated and planned for. Again the success of this approach depends on the teacher's ability to see the health implications of the experiences for better health behavior. Community happenings such as safety campaigns, sale of tuberculosis seals, immunization campaigns, summer round-ups, epidemics, raising funds for new water or sewage disposal plants, all provide opportunities for utilizing natural situations.

In the classroom there is an opportunity for helping children to establish better habits, as in: keeping hands away from the face; using one's own handkerchief properly; sitting, standing, and walking correctly; learning how to wash the hands; how to render first aid, and so on. Any alert teacher can recount dozens of opportunities each day for helping children to live more healthfully.[13]

---

[12] Mabel E. Rugen, Problems for Methods and Materials in Health, p. 4.

[13] Ibid., pp. 33-36.

Questions regarding school health. In the field of health education there are few arbitrary standards that can be prescribed for all school systems because of the great differences of conditions and problems. However, with proper leadership and interest, any community can develop or improve its health education program.

The following list of questions, adapted from an NEA bulletin,[14] Chenoweth and Selkirk,[15] and Lamkin,[16] may be used in evaluating a health program or as a developmental technique such as in the discussions in administrative councils, teachers' meetings, and community groups:

1. Organization and administration of the general health program

   a. What is the administration's attitude toward the total health program?

   b. What are the major areas of a health education program and how is each provided for in the school program?

   c. What machinery is provided to guarantee that all personnel and agencies of the school system assigned health education functions will work toward the accepted goals?

   d. Has the school system assumed its proper leadership opportunities with respect to the health needs and services of the community?

   e. Is there need for a specially trained person on the school staff to direct the health education program?

   f. Are there school and community health councils for the purpose of advising and planning for the public relations program?

   g. Is there cooperation and understanding between the school and all agencies in the community which are interested in health?

---

[14] National Education Association, Health in School, pp. 345-352.

[15] Chenoweth and Selkirk, op. cit., pp 343-350.

[16] Nina B. Lamkin, Health Education in Rural Schools, pp. 189-193.

2. Guidance of individual pupil health

   a. Does the school have a complete record of each child before school entrance?

   b. Are continuous records kept of the physical history, condition, and treatment of each child?

   c. Are special examinations given to cases referred to teachers and nurses because of underweight, nervous condition, sickly appearance, frequent illness, loss of weight, or failure to gain, poor posture, fatigue, and backwardness in school?

   d. Is a report of the examination and the physician's recommendations made available to the teachers and departments coming in contact with the child when the interests of the child demands it?

   e. Does the teacher, trained in detecting early signs of departure from normal physical health, make a rapid morning inspection of all children for the purpose of determining whether their health condition justifies their presence in school?

   f. Are the children with defects brought at once to the attention of the physician or nurse (or parents, if there is no nurse or physician)?

   g. Is there someone on the faculty whose business it is to see that children who are beyond the comprehension and help of teachers, or who are for reasons out of harmony with their school life, are studied with the aim of adjusting these difficulties?

   h. Is there a plan for the study of pupils with poor posture and are plans made for helping these pupils?

   i. Is provision made for reference to the proper health agency of all boys and girls who need medical attention?

   j. Is notice of defects discovered in physical and dental examinations sent to parents and followed wherever necessary by nurses' home visits until corrections are secured?

   k. Are parents encouraged to visit the school for physician, nurse or teacher interviews regarding the health of the child?

3. Mental hygiene in the school program

   a. Does the health education program provide for mental health as well as physical health?

   b. Are complete and continuous health records, including personality problems in records, kept for each child throughout his school life?

c. Is the classroom teacher helped to recognize personality problems in their early stages and encouraged to refer these problems to the mtnal hygiene staff?

d. Does the school provide for the study of personality difficulties through an adequately trained staff?

e. Do teachers have the help of "visiting teachers" or specially trained guidence teachers in their effort to help pupils with problems?

f. Have the principal and his staff recently studied teaching procedures and their effect on the emotional development of the child?

g. Are administrative and supervisory procedures of the type which help teachers to feel adequate, happy and secure?

h. Is there an absence of tension in the classroom?

i. Do disciplinary actions of teachers help pupils or merely punish them?

j. Does the school provide a desirable outlet for feelings in music, art, play and social activities?

4. School health instructional program

a. Have students, teachers, and patrons participated in a program of curriculum construction?

b. Do all teachers have a clear understanding of the objectives of health education?

c. Is the health instructional program based on the needs, interests, and abilities of the community?

d. Do teachers study their groups to discover such needs, interests, and abilities?

e. Are students taught the right way of living, not just subject matter?

f. Are students given opportunities to think for themselves, to make their own decisions, and to help in the solution of the health problems in their school, homes, and community?

g. Do they have opportunities throughout the school day to practice desirable ways of living; regular practice in washing their hands; the use of the individual drinking cup; good toilet habits; the importance of a good lunch; fair behavior in play; the value of good lighting and seating arrangements; the right temperature for the school room, and safety?

h. Are boys and girls using simple, accurate, and scientific subject matter in helping them to understand the importance of healthful living?

i. Have suitable provisions been made for classroom space? Credit? Instruction? Materials?

j. Are all grades provided scientific, valid and usable teaching materials?

k. Is health instruction in the primary grades centered around daily living experience?

l. Do the intermediate grades provide opportunities for increased understanding of health problems while still centering emphasis on daily experiences?

m. Is health education a required area in the junior high school? The senior high school?

n. Have suitable provisions been made for programs of sex education? Temperance education? Safety education? Adult education? In-service training for teachers?

o. Is the school staff aware of the opportunities for health teaching in science, home economics, social studies, and other related fields?

p. Are all areas of instruction utilized to develop the interests and needs of pupils in the field of health?

q. Has provision been made for the physically exceptional child in the instructional program?

r. Does the whole school program contribute to health education?

s. Is special attention given to health habits, attitudes, and ideals?

t. Are available community resources used effectively?

5. Administrative practices affecting the health of school personnel

a. Is each teacher urged to set a good example of health for her own sake as well as for that of her pupils?

b. Does the school require health qualifications for the employment of teachers?

c. Are new teachers placed on probation as regards physical conditions which can be improved or corrected?

d. Does the school provide leaves of absences with some remuneration and for recuperation and rest whenever the condition of the teacher warrants it?

f. Is a health examination required of all teaching personnel each year?

g. Is immunization of teachers and other school personnel required?

h. Is the number of pupils assigned to any class beyond reasonable limits?

i. Are extra-curricular activities included in the teacher loads?

j. Does every building include fully equipped teachers' rest rooms?

k. Are school recreational facilities available to all teachers?

l. Is provision made for hot lunches for teachers in all buildings?

m. Is provision made for a satisfactory place in which the teacher may work after school?

n. Does the school provide wholesome living conditions for teachers in communities where satisfactory accommodations are not available?

o. Is a suitable pension or retirement system provided?

6. School environment

a. What systematic efforts have been made for school officials to obtain satisfactory sites and construct and maintain attractive school plants?

b. What efforts have been made to study and prevent the disturbing noises about the school buildings?

c. What attempts have been made to provide proper lighting facilities?

d. Are all buildings equipped adequately for heating and ventilating and have school personnel been trained to make efficient use of all equipment?

e. Are the school custodians trained to keep buildings and equipment in clean, sanitary, and safe condition?

f. Are the teachers and principals encouraged to increase the beauty and attractiveness of their schools?

g. Are the pupils taught to develop the attractiveness of their schools and to carry over the ideas of landscaping and art into their homes?

h. Are the parents invited to cooperate with school in providing an environment free from unnecessary worries, fears, and tensions?

i. Is the water supply safe?

j. Is the sewage disposal system adequate?

k. Has the sanitation of the school been checked by an accepted standard and this process been used as an educational technique for school and community?

l. Have environmental factors such as colors used in the classrooms, blackboards, lighting and floor space, light glare, etc. been taken into consideration for the best health interests of teachers and pupils?

m. Are the hand washing and drinking facilities of an accepted type?

7. Disease control

a. Is there an organized program for disease control in the school system which will penetrate into the community?

b. Is the emphasis of the program based on the needs of the community?

c. Do all of the pupils and does the entire school personnel know the symptoms of the common communicable diseases, and are there organized procedures to prevent the spread of epidemics?

d. Are instructions available to teachers regarding exclusion and re-admission of cases of illness?

e. Are teachers trained to observe, and to they watch during the day for the appearance of signs indicating development of contagious conditions?

f. Are teachers trained to isolate pupils immediately at the first symptoms of abnormal conditions?

g. Are all pupils showing signs of possible communicable disease promptly isolated and sent home under safe escort?

h. Is there a satisfactory plan for excluding and re-admitting pupils?

i. Are children taught to safeguard others by avoiding close contact when they are ill and by using their handkerchiefs when sneezing or coughing?

j. Is every effort made to have children protected against diphtheria, smallpox, whooping cough, and tetanus?

k. Are children who have been excluded from school because of diphtheria, scarlet fever, measles, whooping cough, mumps, polio, and meningococcus re-admitted according to a policy agreed upon by the board of education and the health department.

8. Injuries and emergencies

a. Is there a first-aid kit containing properly selected materials always available in each building?

b. Are first-aid manuals available in each cabinet?

c. Is there a plan for a special room or cot for the injured?

d. Are all teachers instructed in first-aid?

e. Are pupils taught what to do and what not to do when playmates are injured?

f. Is there a plan whereby first aid cases are placed as soon as possible under medical care?

g. Are there written understandings between parents and school in case of injury and sudden illness?

9. Functions and preparation of school health personnel

a. In the elementary school, is the chief responsibility for the health education for the child vested in the classroom teacher?

b. Is there a health coordinator or other person who is responsible for the entire health education of all students?

c. Does the health coordinator possess those characteristics of physical health and personality that favorably suit her to school and community situations?

d. Does the health coordinator have a thorough grounding in the subject matter of health education and the allied fields of biological sciences, nutrition, psychology, and sociology?

e. Does the health coordinator have a thorough training in the principles and techniques of general supervision with reference to both elementary and high school levels?

f. Are all special health workers as fully prepared in their lines of work?

g. Are all teachers prepared with a wide range of scientific subject matter basic to health?

h. Is opportunity furnished for in-service training of teachers in health education?

i. Is the administration of all health work of any school directly under the principal of that school?

10. Coordination of health agencies

a. Is there a clear-cut understanding of the administrative relationship between the local health department and the health activities of the school system?

b. Have the school officials made a survey of the types and activities of community agencies interested in health programs?

c. Is there any provision for the articulation of the activities of local health agencies in order to improve the health education of the school child?

d. Does the school personnel cooperate with the social agencies in discovering and helping in cases involving pupils?

e. What attempts have been made by school personnel to utilize the resources of state agencies in the field of health?

f. To what extent has the local school program in health education utilized the services and publications of national health agencies?

BIBLIOGRAPHY

American Public Health Association, Committee on Professional Education. Educational Qualifications of Health Educators. New York: American Public Health Association, 1948, pp. 3-5.

American Association of School Administrators. Health in Schools. Washington, D. C.: National Education Association, 1944.

Atwater, Reginald. "What is Health Education?" American Journal of Public Health, XXXVII (January, 1947), 744-745.

Buckingham, R. R. "The Questionnaire," Journal of Educational Research, XIV (June, 1926), 121.

Byrd, Oliver E. Health Instruction Yearbook. Stanford University. Palo Alto, California: Stanford University Press, 1944, 1945, 1946.

California State Department of Education, Committee on Health. Functions of the School Health Coordinator: Teaching Guide in Health Education for Secondary Schools. Sacramento: California State Department of Education, 1945.

Chenoweth, Lawrence B. and Selkirk, Theodore. School Health Problems. New York: Crofts and Co., 1942.

Committee on Terminology, Journal of Health and Physical Education, December, 1924, Washington, D. C.

Cromwell, Gertrude. The Health of the School Child. Philadelphia: W. B. Saunders and Co., 1946.

Dobbs, Alma. Teaching Wholesome Living. New York: A. S. Barnes and Co., 1939.

Emerson, Haven. "Local Health Unit for the Nation," Supplement to the American Journal of Public Health, XXXVII(January, 1947), 2.

Good, Carter V. How To Do Research in Education. Baltimore: Warwick and York, 1929.

Hiscock, Ira V. Community Health Organization. New York: The Commonwealth Fund, 1939.

Kansas State Department of Education. Health Education in the Elementary and Secondary Schools. Topeka, Kansas: Kansas State Printing Plant, 1945.

Lamkin, Nina B. Health Education in Rural Schools. New York: A. S. Barnes and Co., 1946.

Lindsay, Edith. "Origins and Development of the School Health Movement." Unpublished doctors' dissertation, Stanford University, 1943.

Manley, Helen. "Health and the Elementary School Child," School Life, XXIX (November, 1946), 25-27.

Miller, Ben W. "School Health Resources," Journal of the National Education, (October, 1947), 506-507.

Mustard, Harry S. "Scope and Facilities for Local Health Services," Supplement to the American Journal of Public Health, XXXVII (January, 1947), 39.

National Committee on School Health Policies. School Health Policies. New York: American Education Council, 1946.

National Education Association and American Medical Association, Joint Committee on Health Problems in Education. Health Education. Washington, D. C.: National Education Association, 1941.

Nyswander, Dorothy B. Solving School Health Problems. New York: The Commonwealth Fund, 1942.

Oregon State Department of Education. Course of Study. Portland, Oregon: State Printing Department, 1943.

Smillie, Wilson. "Personnel and Training for Local Health Units," Supplement to the American Journal of Public Health, XXXVII (January, 1947), 25.

Strong, Ruth and Smiley, Dean. The Role of the Teacher in Health Education. New York: The Macmillan Co., 1941.

Turner, C. E. Principles of Health Education. Boston: D. C. Heath and Co., 1939.

Turner, C. E. School Health and Health Education. St. Louis, Missouri: C. V. Mosby Co., 1947.

The Daily Oklahoman, July 4, 1947, Oklahoma City, Oklahoma.

Whitney, Frank P. "The Questionnaire Craze," The Educational Review, LXVIII (June, 1924), 139-140.

Williams, Jesse and Shaw, Fannie. Methods and Materials in Health Education. New York: The Ronald Press, 1946.

GREEN BAY PUBLIC SCHOOLS
ADMINISTRATIVE OFFICES
523 HOWE STREET
GREEN BAY, WISCONSIN

Dear Fellow Health Worker:

Interest in health education is rapidly growing, health education consultants and coordinators are rela in most states. Your state and community have express usual interest by placing you in such a capacity. Our not been well defined, but we are trying to fit our pr the needs and interests of our schools and communities

The enclosed questionnaire which is national in s two purposes:

1. to better define the job of health education
2. to provide a medium of exchange between such

In addition to using the results of this study fc the request has been made to have the summary given at convention of health educators this spring.

I trust the length of this questionnaire will not you, but our work has such a broad scope it seemed nec cover as much as possible, and yet I have made an hone to do so with simplicity.

Personnel at the state level have indicated that good health education program and would be an excelle: in your state to whom to send the questionnaire. The your state is dependent on your answer. Most of the personnel have expressed an interest in receiving a s the report, and I shall be glad to send you one too a the study is complete.

Your prompt cooperation will be greatly apprecia

Very truly yours,

EL:B
Encl.

Edith Lindly
Health Education C

QUESTIONNAIRE FOR HEALTH COORDINATORS

om: Edith Lindly, School Health Education Consultant, Green Bay,Wis.
To: School Health Coordinators

Personnel

1. Name (optional)
2. Address
3. Exact title
4. Employed by whom?
5. Salary
6. How many months are you employed?
7. Academic background
   a. Colleges and degrees _____
   _____
   b. Other specialized training _____
   _____
   _____
8. Work Experience

What?	Where?
_____	_____
_____	_____
_____	_____
_____	_____

9. Memberships
   a. Local organizations
   _____
   b. State organizations
   _____
   c. National or regional organizations
   _____
10. To what magazines do you subscribe?
   _____

Community and School Statistics:

1. Population _____

   a. Races _____

   b. Religions _____

   c. Other differences _____

2. Schools - Total number _____

	Public	Parochial or Private
Elem.	_____	_____
Jr. High	_____	_____
Sr. High	_____	_____
Others	_____	_____

Personnel employed by school:

Name	No.	Name	No.
Teachers	____	Visiting teachers	____
Doctors	____	Special teachers	____
Nurses	____	a. Deaf	____
Psychologists	____	b. Sight Saving	____
Psychomotrists	____	c. Orthopedic	____
Dental Hygienists	____	Others	____
Visual Educ.Directors	____	_____	____
Speech Correctionists	____	_____	____

Organization for health in school:

1. Teachers' Committees: How Many?

a. Name	Elm. or H.S.Level	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. How often do the committees meet? _____
Where? _____

c. How are committees selected? _____

_____

2. School Health Council

a. Is there a health council or committee in each building? _____

b. Is there an All-School Health Committee? _____

How many members? _____

How often are the meetings? _____

Who presides? _____

List problems considered _____

_____

_____

_____

3. Other health organizations in school: _____

_____

_____

V. Community Organizations:

Name	Participation of Health Coordinator (How often) Reg.	Occasionally	Never	Offices, Chairmanships, etc.
Health Dept.	___	___	___	_____
T.B. Ass'n	___	___	___	_____
Infantile Paralysis Fdn.	___	___	___	_____
Cancer Fdn.	___	___	___	_____
Social Hygiene Soc.	___	___	___	_____
V N A	___	___	___	_____
Insurance Co. Nurses	___	___	___	_____
Industrial Nurses	___	___	___	_____
Red Cross	___	___	___	_____

V. (Cont'd)

4H Clubs	____	____	____	_____
Girl Scouts	____	____	____	_____
Camp Fire Girls	____	____	____	_____
Safety Council	____	____	____	_____
Medical Society	____	____	____	_____
Service Clubs	____	____	____	_____
Others				
_____	____	____	____	_____
_____	____	____	____	_____
_____	____	____	____	_____

VI. Printed matter on health:

1. Who evaluates printed matter?

   Only Health Coordinators Others 1. _____
   2. _____
   3. _____

2. Do you distribute printed matter?

3. Do you provide addresses to principals and teachers and they do the ordering?

4. Do you use?

   Only free material No free material Both free and purchasable materials

5. List most valuable sources of materials:

   _____

   _____

6. What magazines and books on health do you consider most helpful to teachers?

VII. School Health Programs:

1. Nutrition _____

   _____

   _____

   _____

VII. (Cont'd)

2. Sanitation _____

3. Safety _____

4. Personal Health _____

5. Communicable Diseases _____

6. Others _____

VIII. Evaluation of school health program:

1. Who evaluates? _____

2. Methods used _____

X. 1. Do you prepare?

	How often? Regularly	Occasionally
Bulletins for teachers	____	____
Newspaper articles	____	____
Radio Scripts	____	____
Posters	____	____
Exhibits	____	____
Classroom lectures	____	____
Community speeches	____	____
List other services:		
_____	____	____
_____	____	____
_____	____	____
_____	____	____
_____	____	____

2. What is the underlying philosophy of your health education program? _____

_____

_____

3. Do you have written health policies? _____

4. What do you consider the most valuable health education accomplishments of your program?

_____

_____

_____