Mobilization of Resources for Better Health in Pennsylvania - Medical Profession

by
C. Howard Witmer, M.D.
Medical Society
State of Pennsylvania

When one speaks of the mobilization of resources from the aspect of the medical profession, one speaks of the sum total of the knowledge and skills of the more than 10,000 physicians of the Commonwealth of Pennsylvania. These resources are available to the citizens - those who can purchase and pay for the same and those who are unable to pay. While no person need suffer from lack of medical care, there is a recognized need for a broader distribution of the services and skills of medical men.

Pennsylvania, long the center of medical training, has encouraged research and continued study for the betterment of its practitioners of the healing art. With its numerous medical schools in Philadelphia and Pittsburgh, and its many class A hospitals recognized for the efficient training of internes, it takes second place to no State in the Union.

These institutions, with their laboratories manned by skilled medical men, have advanced the Science of Medicine to the present high state. Research in chemistry has taught us more in the last decade about nutrition and the chemical processes of the body than we learned in the previous half century. Surgical research has made it possible to do surgery never dreamed of before.

The work of the medical men in World War I and World War II has demonstrated the devotion of these men to the great cause of humanity. The medical profession assumed entire responsibility through procurement and assignment of the physicians for providing a sufficient personnel for military and civilian needs, and never were the men and women of our Armed

Forces given better medical and surgical attention, nor did the civilian population suffer to any great extent.

Statistics show that in World War I twenty-four per cent of the men who contracted penumonia died. In World War II the loss was one-half of one per cent because of the development of medicine with which to combat the diseases. It is also shown that in the first war seventy per cent of the men who suffered chest wounds in battle died while in World War II the number who died from chest wounds was reduced to twenty per cent. Meningitis fatalities were reduced from thirty-three percent in World War I to four per cent in World War II.

American medicine has reached the highest point of efficiency in its history and plans for the future call for the development of further methods for the control of cancer, infantile paralysis, tuberculosis and other diseases which ravage the peoples of the world. The medical profession makes no apology for the type of service rendered in the past and pledges itself to a continuing effort in the future to provide better medical care.

With the return of the physicians from the service of their country we can vision an increased development of group practice. Our hospitals will be more adequately manned, and with health insurance available, and the development of the Medical Service Association of Pennsylvania as sponsored by the State Medical Society, I am sure that no one in the Commonwealth of Pennsylvania need suffer for the lack of adequate medical care.

Mobilization of Resources for Better Health in Pennsylvania
Dentistry

by
C. J. Hollister, D.D.S., Executive Secretary
Pennsylvania State Dental Society

To speak of mobilization is to talk about something that almost

isn't there from the dental correction viewpoint. Institutional service both State and private, in many instances is very inadequate, if not entirely lacking. There are in Pennsylvania three dental colleges where student dental clinics provide a certain amount of service which is available to the lower income groups, but with the almost universal need for dental service, this is a very small drop in the bucket.

The Philadelphia Mouth Hygiene Association has been and is doing a fine job in providing dental service for the lower income groups, particularly children in that city. This activity is financed almost entirely by contributions from individuals.

The part-time school clinics and dental hygienists operated under the direction of the Dental Division of the State Department of Health are very good but again are pitifully inadequate to meet the problem in that field.

Last week I told you that some 70 to 95% of the children of school age were in need of immediate dental service. Now, the facilities I have just enumerated, which are at the present time available, again show how terribly short we are in providing an adequate service for children of school age alone. Something over 2,000,000 school children should be given full preventive education and correction and the public service dental units available are so small as to be of very little consequence in meeting the problem.

The dental profession of Pennsylvania, and in fact the whole United States, is proud of its record in attempting to meet the tremendous problem of dental care for all classes. Organized dentistry, through its several committees and specialized groups, national, state and local, have for many years struggled with the problem and in many instances have accomplished much good in many localities. The Pennsylvania State Dental

Society at the present time, through its Council on Dental Health, is working hard to supply the answer to the great need of dental service. It is making great efforts to educate not only the lay public, but the members of the dental profession to their responsibility as private practitioners.

The school authorities are being asked to cooperate by permitting children to keep dental appointments during school hours without loss of credit or penalty of being marked absent while keeping such appointments. It is appropriate here to explain the necessity for such cooperation. In my personal opinion, there are no arguments that will stand up against it and every argument in favor of such action on the part of school authorities. I will enumerate some of the points.

First, dentistry for children is perhaps the most difficult type of work a dentist is called upon to do, requiring not only high skill but also an unlimited amount of patience and tactfulness. Dental work for children should be done in the dental office during the morning hours when both dentist and the patient are fresh.

Second, if all appointments with school age children must be crowded into an already busy dental practice after four o'clock in the afternoon and on Saturdays, there is a two-fold objection. The first one was mentioned in the preceding statement and that is children being brought into the office at the end of a busy day finds the dentist fatigued to the point where only by supreme effort, with consequent drain on physical and nervous energy, can he render the type of service the child deserves. Another point right there regarding the child, he is not in a mental attitude to enjoy or tolerate dental service. His mind is with his playmates or after school work he may have, where if he is allowed to have dental appointments during school hours, psychologically he is to his pleasure skipping a class in arithmetic or some other subject

for which he has an aversion and, therefore, is in a mental frame of mind to fully cooperate with the dentist. However, in his missing of a class or two it is not a regular occurrence so that no real harm is done in the retarding of his education while at the same time the dental work accomplished during those periods is a degree of insurance for better health and mental development to absorb the education provided.

The Council on Dental Health, with the approval of the State Department of Public Instruction and the Dental Division of the State Department of Health, has prepared an official excusal card to be used in allowing children to keep dental appointments in school hours and is designed to prevent any abuse of the privilege. These cards have been made available to the dental profession of the State, and it is pleasing to report that a large percentage of the administrative school officials have not only accepted but welcomed the idea. We feel that this will do much in providing reasonably good dental service to a large percentage of school children.

The Pennsylvania State Dental Society pledges itself to cooperate with the State Department of Health, the State Department of Public Instruction, the Department of Public Assistance, and all other State agencies concerned with the health of the people in the Commonwealth and welcomes an opportunity to serve in any practical way.

Mobilization to Meet Health Needs in Pennsylvania

by
Katharine E. F. Miller, R.N.
General Secretary
Pennsylvania State Nurses' Association

1. Nurse population of the State

   Increase in past twenty-five years
   Number of schools of nursing and total annual graduates
   Relation of nurse population to nursing needs of State
   Distribution of nurses according to various fields of nursing

Ratio in Philadelphia and Bucks Counties
Ratio in Allegheny and Centre Counties.

2. Influence of war nursing program on nursing needs and nursing resources of Pennsylvania.

U. S. Cadet program
Number of nurses going into military service - military quotas for State
Growing needs of civilian population
Procurement and assignment service of War Manpower Commission
Classification of nurses according to availability for military service or essentiality in present position
Meeting essential civilian nursing needs.
Using nurses on part time basis.
Group nursing - hourly nursing
Use of auxiliary workers
Nursing staffs in Pennsylvania hospitals.

3. Estimated nursing needs of State.

A. Institutional

School of nursing faculty
Supervisors and administrators
Function and importance of general staff nurse
Psychiatric and tuberculosis hospitals
Veteran's Administration hospitals

B. Public Health

Official and non-official agencies
Medical care program of Department of Public Assistance
School health program
Business and industry

C. Private Duty

Facts and fallacies
Continuous care for the acutely ill patient
Group nursing

4. Nursing resources of Pennsylvania

Those now actively practicing - attrition rate
Those coming into the field annually
Anticipated resources five and ten years hence

5. Bringing needs and resources together

A. Public information program

To guide various publics to a better understanding of health and welfare in this State and to see the relation of nursing to health and welfare programs.

For nurses, for better knowledge of community health and welfare resources and needs and to better prepare themselves to assist in meeting these needs.

Utilization of women's clubs, service clubs, and various organizations for better understanding of health and welfare problems of the State.

B. Preparation of Nurses for community service.

Well organized and sustained program of public information and opportunities in nursing, entrance requirements to schools of nursing, and the like.

Best possible selection of students for schools of nursing, tests and measurements, etc.

Guidance in schools of nursing.

Utilization of educational facilities of State in conjunction with schools of nursing.

C. Distributing Nursing Service.

What agency - USES? Nurses' registries or placement bureaus? Counseling and placement of veteran nurses that may be nucleus of a permanent placement agency for nurses.

Mobilization of Resources for Better Health in Pennsylvania - The Voluntary Agencies

by
Julia L. Groscop
Secretary, Health Division
Council of Social Agencies, Philadelphia

Mobilization of resources for health calls for organization, planning and direction. It is important to synthesize our knowledge, to relate our social planning to our economic planning, to clarify and unify the relationship between education, health and welfare services.

To some degree, the organization of community forces is a responsibility of every social and health agency.

"Voluntary Agencies," the specific topic assigned me, is concerned with all of the services you have heard discussed - medical, dental, nursing, nutritional services and health education. It would be impos-

sible to talk about voluntary agencies without repeating many things which have been said this morning.

Voluntary health associations are non-official groups interested either in the public health situation as a whole or in one or more specific health problems.

The Committee on Professional Education of the American Public Health Association has listed as functions of Voluntary Health Agencies the following:

1. To survey the health situation of a particular area to determine the general public health needs of the area and to aid the constituted public health authorities in dealing with problems requiring constructive action.

2. To carry on a continuous campaign of information and education of the general public to the end that the people (a) may learn the essential facts about such health problems; (b) may become informed of available facilities for diagnosis, care and treatment, and (c) may learn how, when and where to make appropriate use of them.

3. To promote the enactment of necessary laws and to oppose the enactment of harmful legislation.

4. To arouse and mobilize public sentiment for the establishment by governmental authority of necessary public agencies and facilities and to help secure the appropriation of necessary funds for their support and expansion if needed.

5. To undertake for a temporary trial period one or more of the newer activities in public health work until their practicability and usefulness are demonstrated and public sentiment justifies their assumption by proper public authorities.

6. To interpret the work of the public health authorities to the citizens and taxpayers, thereby building up for such authorities increased public recognition and support.

7. To encourage, stimulate and assist the public health authorities to improve their standards of operation and to set higher and long-range objectives for their various services and activities.

8. To create an informed public opinion that will demand and require efficient results from whatever governmental administration or officials may occupy the executive positions in the official public health departments and institutions; and to rally public opinion to the support of efficient public health authorities if they are unjustly attacked.

9. To exercise these functions in cooperation with the professions of medicine, dentistry, nursing and perhaps other professional groups.

10. To promote sound community programs and to strive to eliminate duplication and friction.

11. To study developments in local conditions and to recommend such changes in programs as may be indicated.

The majority of voluntary agencies are specialized in character- such as tuberculosis, social hygiene, cancer, heart disease, maternal and infant hygiene, child health, dental hygiene, mental hygiene, in the prevention of blindness, in the preservation of hearing, in work for crippled children, or for diabetes and infantile paralysis.

The amount of money and energy expended for the welfare of a community of the part of voluntary agencies is tremendous, and added to the monies expended by Federal, State and local governmental agencies, the total sum represents a most substantial investment by the public - the taxpayer and the voluntary contributor.

The need for a central and cooperative planning device for the organization of community resources grows out of the specialized nature of social and health services with resulting multiplicity of agencies.

The Council of Social Agencies is an instrument of cooperative planning. Through it the citizens and the social and health agencies cooperatively may study the needs of their communities and plan for an adequate and integrated program of services. It is interested in appraisals of health work and in social research as applied to health.

The Council of Social Agencies of metropolitan Philadelphia in its membership of 207 organizations includes 120 members of the Community Fund and 12 of the Federation of Jewish Charities; 54 organizations raising their own funds or supported by endowment; 8 by membership, such as the Associated Hospital Service, and 11 tax-supported departments and boards. The public agencies are fewer in number, but represent by far the

largest expenditures and volume of work. The Health Division, one of the six functional divisions of the Council, has 31 members comprising public health nursing associations, special hospitals, organizations for the prevention of tuberculosis, heart disease, cancer; a Housing Association, the Department of Public Health with six bureaus, the Division of Medical Services of the Public School System, and the professional organizations of Medicine, Dentistry and Nursing.

In addition to the day by day counseling of agencies, the Health Division has on its agenda for long-term planning, the expansion of dental services, adequate provision for the chronically ill and the promotion of the strategically located health centers by the city.

The Health Education Planning Committee of the Health Division is concerned with the coordination and better distribution of health information for groups not now reached, and for better integration of health education with health services. Dr. Weaver, Assistant Director, Medical Service, Board of Education, is the chairman. The Health Calendar is issued monthly and has a mailing list of 1,100. The Chairman of the Calendar Committee is Mr. Muller, head of the Physical and Health Education Department, Board of Education. By study and periodic analysis of the programs listed in the Health Calendar, information essential for intelligent planning is furnished the committee.

To give some idea of the extent of Health Education activities conducted last year, 1300 meetings were reported to the Health Division. About one-third of these were open to the general public and the balance to specific groups or organizations. The chief subjects covered were Venereal Disease Control, Nutrition, Tuberculosis, Rheumatic Fever, Red Cross Home Nursing Classes were conducted in all parts of the city. Speakers included physicians, dentists, nurses, nutritionists, ministers, teachers, health educators and lay persons.

As examples of planning and organization for more efficient health service on the part of voluntary agencies working with official health agencies, I want to describe certain projects carried on in Philadelphia.

Dental Services

A special committee representing the Philadelphia County Dental Society, the Health Department and the Health Division of the Council of Social Agencies have been working on plans for the organization of an Association of Dental Clinics.

The purpose of the Association of Dental Clinics shall be to increase, by organization and cooperative effort, the usefulness of dental clinics in Philadelphia and vicinity, and to elevate to a common standard of the highest attainable merit the work done in these clinics.

To accomplish these objectives the Association will seek:

1. To eliminate duplication and to make dental facilities available in all areas.

2. To develop uniform standards for installation and operation of dental clinics.

3. To develop uniform records.

4. To develop uniform standards for eligibility and collection of fees.

5. To develop standards for determining the dental care to be offered through the clinics.

6. To provide for qualified supervision of all dental clinics.

Combined Operations in Certain Areas

"Combined Operations in Certain Areas" is the Council of Social Agencies' new plan to organize the coordinating and planning services of the Council on an area basis, with guidance by a local committee representing the neighborhood involved.

Out of group discussions based upon study and observations made by the workers familiar with the health and social conditions of the

people living in the district, some of the problems listed for attention were: (1) housing, (2) illegitimacy, (3) juvenile delinquency, (4) venereal disease, (5) nutrition (school nurses reported the common practice of children coming to school without breakfast, (6) earlier prenatal care, (7) tuberculosis, (8) public's lack of knowledge on willingness to use available resources.

Generalized Public Health Nursing

In Philadelphia we have had our public health nursing services rendered on a very specialized basis. There are about 380 public health nurses, exclusive of industrial nurses, providing some type of nursing service in the city. The Department of Health has a staff of 142 nurses assigned to four divisions - Child Hygiene, Tuberculosis, Venereal Disease Control, and Communicable Disease. The Board of Education has 92 school nurses. One hundred and thirty-four nurses are employed by the voluntary agencies. The Visiting Nurse Society covers the entire city with a bedside nursing program, health supervision and some industrial nursing in small plants.

The coordination of community public health nursing services has for some time been recognized as desirable for economy, efficiency, and quality of service. Shortage of nurses and increased demands for nursing services have made such coordination all the more necessary. The background and development of a generalized nursing program now being conducted by one of our voluntary health agencies is a step in that direction.

Summary

In summary, mobilizing the resources for better health in Pennsylvania requires community organization, inclusive and democratic. It demands team work. The health status of the men, women and children living and working in any community will be determined by their own

personal interest in good health and their understanding and intelligent use of health and social resources maintained for them.

The Council of Social Agencies may be regarded as a mechanism whereby all who are interested, cooperate more effectively, counsel and plan together for more adequate community health service and stimulate by the strength of their collective opinion, improved standards of service.

Accomplishments will be possible to the extent that we develop mutual understanding and friendly cooperation, that we keep open minds and exercise good judgment as we sit around a table and discuss community health problems and plan how to meet them.

It Can Be Done

by
Capitola Reese
First Grade Teacher
Greenwood Township Consolidated Public Schools
Columbia County

A demonstration of an old one-room school was given here, including:

1. Setting
   (a) Location and type of people
2. Condition of school
3. How improved
4. State aid and suggestions
5. Records of pupils, health cards, etc.
6. School lunches
7. Mental attitudes kept happy, alert, interested
8. Recreation

Following this a demonstration was given of a present consolidated school. The demonstration followed along the same line as above, only on a larger scale.

Then pictures of activities were shown which provided a clear understanding by the students that under adverse circumstances, "it can be done."

It Can Be Done

by
Sophie S. Eppy, B.S.
Teacher, Health and Physical Education
Pittsburgh Schools

1. My interpretation

   a. A successfully conducted Health Education program.

2. Necessary Essentials for such a program.

   a. An interested teacher and one who has training and background in the health field - and one who can sell the program to the principal, supervising principal, supervisors, the teachers in the school and the community.

3. Motivation

   a. Childrens' interests.
   b. Interest in one's body
   c. Physical education
   d. The health examination
   e. Absenteeism
   f. Weighing and measuring
   g. Daily experiences
   h. Patriotism

4. Background

   a. Pittsburgh's interest in health.
   b. A community interested in their children and therefore interested in their health.
   c. A school that is health conscious, teachers who realize that the child is all important. No child can do his best job if he is not physically able and if he does not have the proper health attitudes.
   d. A health coordinator who is the connecting link between the doctor, nurse, nutritionist, and the teachers.

5. Body of talk

   a. Interest increased with the War.
   b. Preparing the teachers
      1. Professional meetings based on "Health in the Schools"
      2. First aid offered to the teachers. Other phases of health education included.

c. Study made of health cards for better knowledge of health conditions, increased interest, a workshop presented at teachers' institute.

d. Physical fitness week.

e. Health Instruction

f. Health coordinator

g. Health program

h. Personal experiences

i. Conclusions.

It Can Be Done

by
Abby L. Metzger, R.N.
Emporium, Pa.

Cameron County:

Area 401 square miles - (eighth smallest in State)
At least two-thirds hills and woodlands
Very little good farming land
Lots of hunting and fishing
Population about 7,000 - ½ town of Emporium - ½ rural
Seven small villages - nine rural schools
Floating population of about 1,000 coming in by day or week to work in factory.

Industries:

Sylvania Electric Products, Inc., employing 2,000 to 3,000
Cameron Manufacturing Company, small tools and instruments
Tannery
Pennsylvania Railroad - roundhouse

Health Problems:

New born babies
Pre-school children
School children
Special -
Tuberculosis
Venereal diseases
Orthopedics
Returned soldiers

Miscellaneous:

Chronic invalids
Indigent
Very old, shut-ins, etc.

Health Agencies:

Four doctors - All in Emporium, little time for rural calls - charges $7.00 to $25.00.
Red Cross
State Health Department
Department of Public Assistance includes a health program

Health Organization:

County Medical Director
Red Cross Nurse - Emporium and vicinity, schools, bedside nursing
State Nurse - Rural schools and families

Special problems - venereal disease, tuberculosis, orthopedic - entire county
D. P. A. Visitor is a nurse
One Sanitarian
Board of Health

Health Procedures:

New borns - Prenatal visit if possible (very few home deliveries)
First visit as soon after delivery as possible. Check for orthopedic defects, feeding problems, etc.
Routine visits each month.
Pre-school children - Yearly clinics in normal times (Discontinued for duration) Frequent check-ups for communicable diseases - Immunize against diphtheria
Vaccination
Make any corrections possible before they start to school.
School children - Visit schools about once in two weeks.
Watch for communicable diseases.
Measured twice each year.
Weighed monthly (checked in fall and spring for underweight).
Encourage good diet habits-dental care.
Building up against tuberculosis.
Poster contests - Most children interested.
Subject chosen early in school year
Contest in May - Tuberculosis Society gives substantial cash prizes.
Medical examinations have been done yearly by County Medical Director paid by local school boards. Toxoid and Schick tests given at same time in schools. Follow-up slip sent immediately to parents checking all defects. Home visits later where corrections are indicated.
Corrections paid for if necessary
Resources -
Red Cross Welfare Fund
American Legion Fund
American Legion Auxiliary Fund
Tuberculosis Committee
Infantile Paralysis Fund
County Commissioners
Clubs and individuals

Special Health Problems:

Orthopedic - Referred by family or doctor - Sent to State Orthopedic Clinic - Corrections made

Tuberculosis - Case histories made and kept. Known cases checked at regular intervals at State clinics - Contacts kept under observation and checked occasionally
Skin tests are made each year on high school pupils and X-rays made by Tuberculosis Society - Eggs, milk, codliver oil furnished when needed.

Venereal Disease - Cases referred by State Department of Health
Tested and put under treatment if necessary

Difficulties in way of our work:

Hard to get a doctor in a hurry
Telephones few and far between
Doctors too busy to go
Doctor's fees almost prohibitive to poor people
Hard to get patient to doctor - cars all used to carry workers to Emporium
We must reach everyone because they cannot get to us
Teaching and demonstration difficult - Population so scattered impossible to get many people together in one place. Clinics not practical for same reason
Dirt roads bad sometimes. Hard roads slippery in winter.

Advantages in our district:

All villages and most families not too far from hard roads
Schools have been consolidated until they are all on hard roads
Teachers are cooperative, consequently pupils are responsive
Most families have at least one wage earner
There is plenty of money available to help wherever help is needed
Our three health agencies cooperate fully so that the county can be covered without to much overlapping of work

How the Health Educator Can Be Most Effective In School Health Programs

by
Elizabeth McHose
Director, Health Education
Reading Schools

(The health educator: The person most directly concerned or charged with the responsibility for health education in a situation. The title will vary according to the situation: The teacher of health education, the health counselor, the co-ordinator, the school nurse, the administrator, etc.)

I. The health educator:

1. The personality of the health educator as a factor in influencing health attitudes and experiences on the part of the pupil.

2. Some essential qualifications:

a. Scientific outlook free from health prejudice and superstitution
b. Observance of the best personal health practices.
c. Well-integrated personality, well-poised, serene.
d. Genuine interest in people
e. Objective viewpoint in helping persons meet their problems.
f. Sympathetic insight.
g. Alertness to the challenge of new developments in the field.

II. The health educator's opportunity for effective work with individuals:

1. Assists in planning the health examinations.

2. Follow-up of health examinations in terms of correction of remediable defects.

3. Assists students interpret their own health records and plan their individual health programs.

4. Recommends adjustments of individual schedules to fit health conditions.

5. Keeps the channels open for future contacts: health counseling.

III. The responsibility of the health educator to the administrator:

1. Assists in planning the conduct of the health examination.

2. Observes school sanitation and health practices and suggests modifications and improvements.

3. Informs the administrator about current health problems and suggests possible solutions.

4. Maintains home-school relations in regard to health problems of pupils.

5. Assists with in-service training of teachers.

6. Coordinates health education efforts in the entire school situation.

7. Suggests and initiates special health projects: cafeteria, projects, assemblies, etc.

8. Serves as organizer and leader of the Health Committee of the school.

9. Selects appropriate subject matter for use in health education:

   a. Functional and meaningful to the student.
   b. Attuned to the changing needs and interests of boys and girls.
   c. Based upon needs as shown by observance of habits of students, families, community.

10. Selects teaching materials and visual aids which will enhance the value of the subject matter or intensify health emphasis.

IV. The health educator and effective faculty relationships:

1. Interprets to the faculty the health records, problems, and needs of individual students.

2. Coordinates health education or health emphasis offered in the various courses and departments.

3. Serves as leader of in-service training in health education for faculty.

4. Emphasizes teacher health.

5. Cooperates in helping to maintain good emotional atmosphere in the school.

V. The health educator and effective community relationship:

1. Interprets the school health program to the parent.

2. Interprets the school health program to the community.

3. Familiarizes self with health customs, practices, and beliefs to the community.

4. Familiarizes self with community resources for health service and health education.

5. Secures the cooperation of community health agencies in enriching the school health program.

6. Interprets the community health program to the school.

7. Endeavors to have the school program be part of the larger community program.

How the Community Health Educator Can Be Most Effective in School Health Programs

by
S. S. Lifson, M.A.,C.P.H.
Health Education Consultant
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Miss McHose has given us an excellent picture of how the health educator working in the school can be most effective in the school health program. The community health educator also has a contribution to make to the school health program. My remarks will be concerned with the community health educator.

1. Who is the health educator?

All of us at some time or another are an influence on the health behavior of others. We are all, therefore, health educators in the broad sense of the word. There are, however, individuals employed by departments of health and other community health agencies who, because of their training and experience, are professionally concerned with health education programs for the community as a whole. These programs are designed to encourage the individual and community to find their health problems, and, with guidance, find a solution for these problems. The individual who is responsible for developing such community health education programs usually has a basic training in education and has received graduate training from a School of Public Health, majoring in public health education. This individual is qualified in both education and public health and is equally familiar with either the school system or the department of health.

2. What are some of the functions performed by this community health educator?

First and foremost, he is the educational consultant to the personnel of the department of health. Each of the members of the department of health has an opportunity for effective health education in dis-

charging his various responsibilities to the community. Often times these opportunities, however, are overlooked. By working with the members of the department of health in regard to their educational opportunities, the health educator serves to "sharpen their focus" on this problem.

Secondly, the community health educator is responsible for much of the public relations for the department of health. This entails the preparation of news releases, radio scripts, evaluation of pamphlets and other printed materials, the distribution of such materials, the preparation of visual aids, and arranging for speakers from the department of health, etc.

The third function is concerned with the development of programs of community health education. The departments of health recognize that if advances in public health are to be continued, residents of the community must become interested in assuming a large measure of responsibility for the achievement and maintenance of their own health, as well as the health of the community. A program of community health education, based on the participation of the people in the community, holds a solution which is now being explored to a more considerable degree than ever before by departments of public health.

The fourth function is concerned with the school health education program. School-age children represent a sizable proportion of the total population. The department of public health is naturally interested in the health of these children. The health attitudes and habits, the basic understanding of how the body functions, as well as the relationship of the individual to his environment are areas with which the school is concerned. The community health educator, because of his background and experience in both education and public health, is in a position to be of assistance to the teachers and administrators of the school system so that the health needs of children are recognized and

efforts made to meet these needs. The community health educator can participate with teachers and administrators in the formation of suitable curricula in the development of in-service training courses in health education for teachers, and in the various State programs which the teachers and administrators may wish to organize.

Reference was made to the report by the Committee on Professional Education of the American Public Health Association, entitled, "Educational Qualifications of Health Educators", published in the August, 1943 issue of the American Journal of Public Health. Educators and public health workers are coming to realize more and more that the school and community are one, that the program in the school can be affected by the attitude of the community, and that the accomplishments in the community can be influenced by the program of the school. It is for this reason that the community health educator seeks to work with the personnel of the school system.

PART III

REPORT OF WORKING GROUPS

The following group reports have not been worked over and are submitted without comment.

REPORT
GROUP ONE

PROBLEM

What type of pre-service and in-service preparation should be required of School Health Educators and Community Health Educators as well as the type of pre-service and in-service preparation of the classroom teacher in the field of Health Education?

COMMITTEE

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INTRODUCTION

In democratic life there is an increasing tendency for the individual to become the object of our attention. We have singled him from the masses and now attempt to meet his needs. This fact has challenged health educators to work for the development of every individual so that he may attain his greatest capabilities.

In the recognition of such philosophy the health educator must be trained to meet the physical, mental, emotional, and social needs of mankind. The development of a Coordinated School and Community Health Education Program can be no better than the preparation and effort of those individuals who administer and promote its vital program. On this premise we have prepared a report to cover the following topic:

> "What type of pre-service and in-service preparation should be required of School Health Educators and Community Health Educators as well as the type of pre-service and in-service preparation of the classroom teacher in the field of Health Education?"

In analyzing the scope of this problem, we found it advisable to cover pre-service and in-service training for the seven individuals who are engaged in the administration or promotion of community and school health education programs.

They are:

1. Elementary School Teacher
2. Health Education Teacher in Secondary School
3. Secondary School Teacher
4. School Health Counsellor
5. Director of the Health Education Department
6. Health Education Coordinator
7. Community Health Educator

The American Public Health Association in its monthly bulletin of August 1943 published the report of the Committee of Professional Education which had given consideration to this subject. This report is presented under the title of "The Educational Qualifications of Health Educators". Supplementing this study, the committee set forth "The Educational Qualifications of Executives of Voluntary Health Associations" in their bulletin of May 1945. Since the American Public Health Association is undoubtedly the best agency which could make an unprejudiced study of this nature, our committee has accepted its findings as a basic source for building pre-service training programs for the health educators mentioned previously in this paper. These recommendations have been interpreted into specific courses and designated according to their usefulness in the preparation of training schedules.

SUMMARY OF PRE-SERVICE TRAINING FOR HEALTH EDUCATORS

It is obvious that some of the health educators of today are inadequately trained. Many of the outstanding workers in the field of Health Education and Administration have achieved their present status through experience. They are individuals interested in Health who have come from various professions. We are greatly indebted to them for their accomplishments which have been realized by hard work and experience.

Day by day we are recognizing the great importance of Health Education. In order to progress we must train individuals in this field. The physician specialized in medicine, the dentist in dentistry, the nutritionist in nutrition, the musician in music, the horticulturist in horticulture and so forth in all professions. The health educator should likewise be trained.

In the following pages we have set up certain requirements which we feel will more adequately prepare the health educator. Since these individuals often lack a technical background, we have recommended pre-service training courses in an extensive curriculum in Health Education as well as in other areas of study. It will be through high academic standards and preparation in pre-service training that we can ever hope to make the health educator capable of meeting the community needs.

EDUCATIONAL REQUIREMENTS FOR THE ELEMENTARY SCHOOL TEACHER

The elementary teacher holds a unique place in the teaching role. She must demonstrate superior skill in arts, crafts, and sciences for her students. She must always teach a positive health philosophy. The majority at the present time, are not adequately prepared for the teaching of health in the elementary school unless she has gone beyond the required courses. The following courses have been recommended in order that she may be more adequately trained in the teaching of health.

Some of the duties of the elementary teacher are; to inspect pupils every morning, to assist doctor and nurse in health examinations, to provide proper environment for the child, to develop consciousness, to know the health status of every pupil, to teach habits of personal hygiene, and to recognize deviations from normal health. Since her duties, are many, the Committee recommends the following courses:

I. Pre-Service Training

A. A.Health Education
   1. Community Hygiene
   2. First Aid and Safety Education
   3. School Health Examinations
   4. Principles and Practices of Healthful Living
   5. Health Instruction in Schools

B.Psychology
   1. General Psychology
   2. Educational Psychology
   3. Psychology of Elementary School Child
   4. Mental Health
   5. Growth and Development of the Normal Child

C.Sciences
   1. Human Anatomy and Physiology

D. Education
   1. Visual Education and Sensory Aids

E. Physical Education
   1. Health and Physical Education in Elementary Schools
   2. Analysis of Physical Education Activities for Elementary Schools

F. Home Economics
   1. Nutrition and Health
   2. Nutrition of School Child

G. Sociology
   1. General course of Sociology
   2. The Child and Society
   3. Juvenile Delinquency
   4. Race Relations and Nationality Groups

H. English
   1. Speech and Reading Education in Elementary Schools

II. In-Service Training

The teacher should continue her education either by summer school, extension, night school, or correspondence courses. She should read current health literature, attend health lectures and movies, and take part in community health projects. Some of the courses she should take are listed below:

1. Advanced Personal and Public Health for Schools
2. Advanced Techniques in Health Instruction
3. Modern Trends of Health Education
4. Health Education Workshop
5. Abnormal Psychology

EDUCATIONAL REQUIREMENTS OF THE SECONDARY SCHOOL TEACHER

Since the secondary school teacher has many opportunities in which to teach health, she should have a few basic courses which will help her integrate health with her subject. In order to teach more efficiently the classroom teacher should assist in maintaining hygienic and sanitary conditions in the school building. Lighting, heating, ventilation, and sanitation are important factors in teaching. The teacher should know the general health status of her pupils. It is necessary for her to be conscious of eye, ear, and other defects that may hinder the child's learning. Deviations from normal health should be recognized by the classroom teacher. Since health is so vital to the progress of learning and since the classroom teacher can do much to promote it, the following courses should be required of all classroom teachers in the high school in addition to her regular curriculum.

1. Mental Health
2. Principles of Health Education
3. Growth and Development of the Normal Child
4. Modern Trends in Health Education
5. Nutrition
6. Anatomy and Physiology
7. General Biology
8. Psychology of Adolescence
9. Sociology--The Child and Society

EDUCATIONAL REQUIREMENTS FOR THE HEALTH COUNSELLOR

The Health Counsellor may be a teacher chosen from the department of hygiene, physical education, home economics, or science, or she may be a nurse. At present few schools in the United States have one individual who serves in the capacity of a Health Counsellor. Usually she is a teacher, nurse or sometimes the individual with the lightest teaching load. A Health Counsellor should have (1) experience in simple nursing procedure, (2) have had First Aid training, (3) had public health training with its emphasis on positive health, (4) be qualified to give personal guidance and counselling, (5) prevent illness by means of health instruction, (6) thorough mastery of modern teaching technique, (7) familiarity with the organization, aims and limitations of a modern high school, (8) ability to interpret technical records to advisers, teachers, and parents; ability to work with school physicians, and others; and ability to keep and use records intelligently.

Pre-service Training

Academic Subjects

(1) English Composition
(2) Economics
(3) Speech (general)
(4) Journalism (Emphasize publicity angle)
(5) Typing
(6) Parliamentary Procedure (optional)
(7) Shorthand

Teaching

(1) Principles of Teaching
(2) Teaching Techniques
(3) Organization and aims of School
(4) Adult Education
(5) Educational and Vocational Guidance
(6) Visual Education

Psychology

(1) General Psychology
(2) Adolescent Psychology
(3) Child Psychology
(4) Abnormal Psychology
(5) Mental Health
(6) Applied Psychology
(7) Growth and Development of the Normal Child
(8) Statistics in Psychology and Education

Science

(1) Biology
(2) Chemistry
(3) Physics
(4) Anatomy
(5) Genetics-Eugenics
(6) Physiology
(7) Applied Anatomy and Physiology

Health Education

(1) School Health Examination
(2) Health Service and Health Supervision in the Schools
(3) First Aid and Safety
(4) Sanitation
(5) Personal and Community Health
(6) Communicable Disease Control
(7) Home and School Nursing
(8) Foods
(9) Nutrition of Children

Sociology

(1) General Sociology
(2) Race Relation and Nationality Groups
(3) Family Adjustment
(4) Juvenile Delinquency

General

(1) General Physical Education Course
(2) Internship period (for a quarter or a semester)

In-Service Training

(1) Methods and Techniques of Social Research
(2) Course dealing with current health trends
(3) Summer School Attendance
(4) Extension Courses
(5) Workshop Experiences
(6) Membership in Professional Health Agencies

Duties

(1) assists in health examinations
(2) advises students desiring to enter schools of nursing and other related professions
(3) assists in supervision of rest room
(4) makes contacts with parents on Parent's Day
(5) makes home visits
(6) cooperates with the local Board of Health and other health agencies
(7) has private conferences with students
(8) records dismissals from school due to physical causes
(9) may have to teach Home Hygiene and Care of Sick
(10) gives general talks on Health

Educational Requirements of the Health Education Teacher in the Secondary School

I. Definition and Qualifications of Health Education Teacher--

The Health Education Teacher, thoroughly trained in the field of Health Education, is an individual concerned not merely with giving health instruction, but also with the development of the habits, attitudes, and knowledge that will contribute to the physical, mental, and emotional health of the child. This individual should have at least four years of pre-service training in Health Education.

II. Duties of the Health Teacher--

In addition to teaching, the teacher of health has many other important duties. Some of her duties are: to assist in interpreting the school health to the home; to participate in the health examinations of pupils; to see that defects are corrected; to assist in the control of communicable diseases; to assist in maintaining hygienic and sanitary conditions in the school building; to weigh and measure pupils; to observe the pupils daily for signs of illness or poor health habits; to participate in community health activities; to be able to detect deviations from normal health; and to be an example of health in herself.

III. Requirements of Health Teacher--

A - Pre-Service (Basic)
1. Health Education
a. Orientation in and History of Health Education
b. Principles and Practices of Healthful Living
c. Health Instruction in the School-content and Method
d. Introductory course in Tests and Measurements in Health.
e. Health Service and Health Supervision in the Schools.
f. Scientific Methods in Health.
g. Organization and Administration of Health in the Schools and Communities.
h. Course in Adaptive and Corrective Health in the Schools

i. School Health Examinations.
j. First Aid and Safety.
k. Course on Health laws of your State and various Health Agencies (Federal and State).
l. Nutrition and Health.

2. Sciences
   a. Elementary Course in Chemistry.
   b. Bacteriology in Public Health.
   c. Genetics and Eugenics.
   d. Principles of Biology.
   e. Human Physiology.
   f. Applied Anatomy and Physiology.
   g. Survey of Sciences.
   h. Elementary course in Physics.

3. Education
   a. Introduction to Education.
   b. Principles of Teaching.
   c. Visual Education and Sensory Aids.
   d. Character Education and Guidance.
   e. Practicum in Student Teaching.

4. Psychology
   a. Introductory Course in General Psychology.
   b. Mental Health.
   c. Child Psychology.
   d. Growth and Development of the Normal Child.
   e. Educational Psychology.
   f. Social Psychology.
   g. Psychology of Adolescence.

5. Social Sciences
   a. Principles of Sociology.
   b. Sociology - The Child and Society.
   c. Juvenile Deliquency and Criminology.
   d. Race Relations and Nationality Groups.
   e. General Course in Economics.

6. English
   a. Courses in Composition, Narration, and Argumentation.
   b. Public Speaking.
   c. Speech Disabilities and Correction.

7. Courses in Physical Education Activities

B. <u>Pre-Service (Optional Courses)</u>
   1. Problems of Body Mechanics.
   2. Advanced First Aid and First Aid Instruction.
   3. Problems in Field of Rural Education.
   4. Modern Trends in Health Education.
   5. Experimental Psychology.
   6. Applied Psychology.
   7. Abnormal Psychology.
   8. Parliamentary Procedure.

C. Pre-Service (Extracurricular Activities)

1. Help with Health Examination while in college.
2. Assist in First Aid Classes.
3. Visit institutions that apply to health such as Tuberculosis Sanatorium, Health Clinics, Institutions for Mentally Ill, etc.
4. Read books and magazines on Health.
5. Attend all lectures pertaining to Health.
6. Experience in operating movie projector.
7. Attend all movies on Health.
8. Get acquainted with Local Health Officials.
9. Live up to your Health Knowledge.

D. In-Service Training

The Health Teacher should continue her education after graduation. This may be done through summer school, workshop, extension courses, or through various extra-curricular activities. She should at least have a Master of Science Degree. Courses should be taken in the field of Health Education especially in the phase in which she needs more knowledge. The following courses are recommended:

1. Communicable Diseases.
2. Psychology of the Handicapped Child.
3. Public Health Administration.
4. Health Education Workshop.
5. Modern Trends in Health Education.

Extracurricular Activities

1. Attend Health lectures given in your community.
2. Exchange of ideas with fellow-workers.
3. Extensive and Modern library on Health. Read such books and magazines.
4. Secure supplementary teaching materials.
5. Attend Health Conventions, Institutes or other group meetings pertaining to health.
6. Discuss problems with local physician, nurse, and other health officers.
7. Affiliate with professional societies.
8. Visit and observe other health classes and school systems.

QUALIFICATIONS AND ACADEMIC PREPARATIONS OF A DIRECTOR OF THE DEPARTMENT OF HEALTH EDUCATION

I. Qualifications

The Director of the Department of Health Education should be trained as an educator-administrator and an expert in health education. It is essential that he possess superior leadership ability and understand thoroughly the contributions made to the general education by a well rounded program.

The Director should have an M.D. with special training in health education or the Ph.D. with the same training or the Dr. P.H. with successful teaching experience on graduate level. Technical subject matter should always supplement deficiencies in undergraduate professional training.

Recommended pre-service training is as follows:

A. Health Education-
1. Fundamentals in Public Health
2. Industrial Hygiene
3. Physiologic Hygiene
4. Nutrition
5. Venereal Disease Control
6. Principles of Public Health
7. Mental Health
8. Problems in Public Health
9. Personal and Community Health
10. Methods and Materials in Health Education
11. Principles and Philosophy of Health Education
12. Public Health Organization and Administration
13. Sanitation
14. Vital Statistics
15. Human Parasitology
16. Diet and Disease
17. Health Education-Organization and Administration
18. First Aid and Safety Education

B. Science Education-
1. General Biology
2. Anatomy and Physiology
3. Bacteriology
4. Epidemiology
5. Chemistry (General and Organic)
6. Physics (General)
7. Mathematics (Science)
8. Genetics and Eugenics
9. Embryology

10. Survey of Science
11. Pathology

C. Education-
1. Introduction to Education
2. History of Education
3. Supervision and Practice Teaching
4. Methods and Principles of Teaching
5. Personnel Administration
6. Guidance and Counseling
7. Visual and Other Sensory Aids in Education
8. Administration and Supervision of Education
9. Curriculum Construction
10. The Elementary and Secondary School
11. History of the Development of Colleges and Universities in the U.S.
12. Adult Education

D. Psychology-
1. General Psychology
2. Educational Psychology
3. Advanced Psychology
4. Applied Psychology
5. Growth and Development of the Normal Child
6. Statistics in Psychology and Education
7. Social Psychology
8. Abnormal Psychology

E. English-
1. English Composition
2. Public Speaking and Radio
3. Business English
4. Parliamentary Procedures

F. Sociology
1. Introduction to Sociology
2. The Family - A Social Institution
3. History of Social Thought and Progress
4. Social Planning and Control
5. Race Relations
6. Public Welfare and Administration
7. Juvenile Delinquency
8. Social Economics
9. Vital Statistics
10. Seminar - Group Planning of Community Problems

G. Physical Education and Recreation-
1. Service Courses - Seasonal Activities
2. Graded Programs in Health and Physical Education
3. Remedial and Corrective Physical Education

H. Research
1. Research Methods and Thesis Guidance
2. Research in Public Health
3. Methods and Problems of Social Research
4. Seminar in Educational Research

I. "Internship"
   1. One quarter or a semester in field work

J. Travel and Visitation
   1. Visitation and Observation of other school systems and state departments
   2. European Travel
   3. Affiliate with professional societies
   4. Develop adquate library facilities
   5. Attend refresher courses

II. General Administration

The Director of the Department of Health Education should organize a unified program of health training and instruction throughout the school system and make this an integral part of the school health program, aid schools and social agencies in developing subject matter, methods, and measuring devices for evaluating results, and coordinate the work of the school with that of other agencies. To this end, the following should be considered:

Responsibilities and Duties-

A. Centralize responsibility
   1. Select trained personnel
   2. Hold staff meetings
   3. Reward for superior efficiency
   4. Check reports from staff members
   5. Appoint division heads and staff members
   6. Control professional load
   7. Check events and check tentative schedules

B. Integrate human welfare and interests
   1. Combine various programs whenever necessary for educational economy
   2. Coordinate the health activities in the Department with those in the home, school, and community
   3. Avoid duplication of facilities and equipment
   4. Integrate the health programs with those of physical education, safety education, and recreation
   5. Encourage studies of placement opportunities for health educators in the field

C. Delegate authority and responsibility
   1. Make use of well-trained persons in the Department
   2. Appoint division heads and staff members to act as chairman in specific areas on community problems
   3. Make use of specialists in the community
   4. Keep the public informed through the divisions

D. Encourage administration participation
   1. Encourage and practice democratic planning
   2. Provide for suggestions and recommendations with reference to programs and schedules

E. Training
   1. Select well-trained persons
   2. Encourage in-service training wherever necessary
   3. Encourage travel and provide an opportunity for exchange of ideas on travel
   4. Promote high health standards and regulations

EDUCATIONAL REQUIREMENTS FOR COMMUNITY HEALTH EDUCATION

The Community Health Educator confines his or her duties mainly to that phase of health education which takes place in the home and community at large. This educator may be employed by the public health organization which we define today as a tax-supported agency, or by the private society or association financed by voluntary contributors or endowments by citizens or foundations.

Programs directed by such workers provide for the promotion of favorable health experiences that may increase knowledge, influence habits and attitudes and ultimately affect the behavior of the individual for a more wholesome and useful community life.

The Community Health Educator of either the public or private agency may be responsible for a general health program, or for the promotion of education in a general or specialized field of health interest.

The Community Health Educator will cooperate with all agencies where there is an opportunity to promote health education programs through the following methods:

(1) to supply materials - literature and posters

(2) offer guidance in program planning

(3) provide scholarships for further study

(4) to establish Speakers Bureaus and make such service available for group meetings and radio programs

(5) to build exhibits - portable and stationery

(6) to use the printed word to give general health

information and familiarize public with existing legislative policies and future needs

(7) to demonstrate desirable health projects

(8) to create public opinion for better public health facilities

The Committee believes the Master's degree in Public Health to be the most conclusive pre-service training for all Community Health Educators. However, many workers have entered this area of health education from other backgrounds. With this thought in mind we believe the minimum requirements should be the Baccalaureate degree, or its equivalent, which would have included the following courses:

Academic Background

(1) English Composition
(2) Public Speaking (group and radio)
(3) Economics
(4) Business English--Correspondence
(5) Parliamentary Procedure (optional)

Education

(1) Principles of Teaching
(2) Visual Education
(3) Adult Education
(4) Guidance and Counselling

Sciences

(1) Biology
(2) Physiology
(3) Evolution, Eugenics, Genetics
(4) Chemistry
(5) Bacteriology
(6) Anatomy
(7) Physics
(8) Survey of Science
(9) Human Parasitiology (optional)

Psychology

(1) General Psychology
(2) Mental Health
(3) Educational Psychology or Psychology of Learning
(4) Growth and Development of the Normal Child
(5) Abnormal Psychology (optional)

Health Education

(1) Method and Materials of Health Education
(2) Principles of Health Education
(3) Organization and Administration of Health Education
(4) General Physical Education
(5) First Aid and Safety Education
(6) Vital Statistics
(7) Public Health Organization and Administration
(8) Nutrition
(9) Epidemiology
(10) Personal and Community Hygiene

Sociology

(1) Introduction to Soc.
(2) Community Organization
(3) Methods of Social Research
(4) Family Adjustment
(5) History of Social Thought
(6) Social Control
(7) Social Planning
(8) Public Welfare Administration

Interneship

We believe Interneship to be a highly desirable supplement to pre-service training. This type of experience for at least nine or twelve weeks with a recognized private or public health agency is a valuable affiliation.

In-Service Training

If basic courses have not been satisfied, they should be undertaken. In addition to such study, we recommend the following plans for extension of education and experience.

Specific

(1) Advanced Principles of Sociology
(2) Personal and Community Health
(3) Adolescent Psychology
(4) Journalism
(5) Public Relations
(6) Modern Trends in Health Education
(7) Advanced Anatomy and Physiology as applied to field of health

General

(1) Reading of Community Health Literature
(2) Summer School Attendance
(3) Extension Courses
(4) Workshop Experiences
(5) Membership in Professional Health Agencies

EDUCATIONAL REQUIREMENTS OF THE HEALTH EDUCATION COORDINATOR

I. Duties of the Health Education Coordinator:

The Health Education Coordinator is an individual well trained in health and in education who serves to coordinate or interrelate the health education activities in the community. This person should be employed jointly by the school department and the health department.

In the modern community there are many agencies concerned with health promotion, therefore, some organized plan for coordinating health education activities in each community is highly desirable. School departments, health departments, and private health agencies all recognize that Health Education in the community, as well as their own particular efforts, can be made more effective by the coordination of health education programs. Coordinators would serve to eliminate duplication of effort on the part of the various health agencies by scientific research of the local health education needs. Such a worker would develop better understanding concerning the work of all agencies and would serve to bring about effective and desirable cooperation in the planning and promotion of such activities.

In many localities there is lack of coordination between the health education work in the community and the health program in the schools. The modern tendency is to increase the number of health education projects in the various communities. As these activities increase in number there is greater need for coordination into a general program as well as for coordination between the health program in the community with that of the school. The coordinator would divide his time mainly between the school and the community programs.

One plan of interrelating the health education activities in the community is through the organization of a health education council. In such an organization, school and public health administration, both medical and dental professions, and the voluntary health agencies are all represented.

II. Pre-Service Training of the Health Education Coordinator

Such an individual should have the same basic training as the school health teacher and in addition should also have a sound background in public health. The ideal training would be a Master's degree in Public Health.

Internship: From three to six months experience should be had in both the school health field and in a municipal department of health.

It would be advantageous to have at least three years successful experience in one or the other area before attempting to fulfill this position which requires coordination of these two departments.

III. In-Service Training:

(1) Membership in Public Health and Health Education Organization

(2) Membership in publicity associations

(3) Attend refresher courses in Health Education such as institutes and workshops.

IN-SERVICE TRAINING FOR THE HEALTH EDUCATOR

The education of teachers is never a completed task because specific areas change from time to time due to (1) deficiencies in pre-service training, (2) the changing programs in the public schools, (3) the changing social and economic scenes, and (4) the establishment of higher standards to satisfy human needs. This point of view is essential to a flexible, dynamic program of education as well as to an effective program of in-service training in Health Education.

The in-service training in Health Education should be designed primarily to meet the needs of teachers employed in active service and to supplement deficiencies in their undergraduate professional subject matter. However, it is not uncommon and quite advisable to promote in-service training for the purpose of fulfilling certain academic requirements for a degree. Such requirements may be met either through summer courses or workshops or through extension courses. This training should have full support and cooperation of administrators and should be welcomed by teachers.

The program of in-service teacher education should provide for teachers the means of becoming individuals of greater social and personal worth. This can be achieved through continuing growth in their knowledge and understanding of the needs of girls and boys and in their ability to guide and develop these individuals toward greater appreciation of proper attitudes, habits, and knowledge.

Since the ultimate end to be served is the improvement of children's welfare and training, the in-service training

program in Health Education should develop largely through the teachers' own interests in home, school, and community health problems and from deliberate efforts to solve them. When such responsibility is assumed by teachers, they should receive the fullest cooperation and support from state boards, superintendants, principals, supervisors, and state departments. Such a cooperative enterprise should utilize fully the available resources, agencies, trained personal, and institutions.

In selecting courses for in-service training, the teachers should choose as follows:

(1) the technical professional courses in which they are deficient,

(2) those which satisfy degree requirements,

(3) and those which will give them a well-rounded knowledge in Health Education.

CONCLUSION

The education of health personnel is a cooperative function. However, a large share of such responsibility rests with the State Departments of Public Instruction-Divisions of Certification, upon Institutions which have assumed the task of training such individuals, and upon the health educators themselves. In such an undertaking, scientific research along with other educational tools should guide the way, the way toward truth and understanding and toward development of better habits, attitudes, and knowledge. To achieve this goal, all persons involved must be interested in people, in their health needs and they must have a desire to want and maintain good health whether it be emotional or mental, social or physical.

The courses of study and training experiences set forth in this report are believed to be essential in qualifying the seven health educators mentioned. These courses are an outgrowth of the Committee's decision on what such persons should strive to obtain. Our decision is also based on three other significant considerations, namely: (1) the present needs and demands of health educators and their desire to serve the home, school, and community and to serve these areas most satisfactorily and effectively; (2) the Educational Qualifications of Health Educators approved by the American Public Health Association-Committee on Professional Education; and (3) upon current trends in the field.

It is with such essentials in mind that the Committee makes the following recommendations:

RECOMMENDATIONS

1. Since many of the workers in Health Education today have come from various professions and are not adequately trained in the field of Health Education, the committee recommends that those individuals be responsible for their further training in undergradute courses to make up for their deficiency.

2. In establishing future standards for Health Education workers, it is suggested that the qualifications set up by the American Public Health Association be accepted as basic educational requirements.

3. Institutions that have accepted the responsibilities for training adequately Health Educators should provide a curriculum to conform with the recommended qualifications established by the American Public Health Association.

4. Every State Department of Public Instruction should have a Supervisor of Health Education to help teachers and construct programs in the Fourth Class Districts. Such a supervisor will improve in-service training.

5. The Department of Public Instruction in all states should raise requirements for administrator and teacher certification so that the personnel of their departments will be adequately trained to meet the physical, mental, emotional, and social needs of every child.

To this end we have established in the preceeding pages of this report certain suggested academic standards to meet these needs.

Talk by Carl P. Schott
Dean of the School of Physical Education and Athletics
The Pennsylvania State College

If the reports of other committees are as excellent as the one we have just heard I am sure that a rich contribution will be made to the area of Health Education. The State Department of Health is to be commended for taking the leadership in the putting on of the Health Education Workshop. It is my conviction that the proceedings which will cover the work that has been done in the last three weeks will offer many suggestions as well as a pattern which can be followed by other state health departments that may be planning to put on a similar project. The proceedings will also be helpful for county health departments, municipalities, public school systems at all levels, and to colleges that are at the present time preparing teachers for work in the field of Health Education, or may be contemplating doing so.

There were two statements in the report that could be strengthened. The first has to do with the statement that "it is obvious that people in the field of Health Education are not well-trained." It seems to me that the lacks and weaknesses should be listed in the order of their importance. The lay-reader of the report, or even in the case of those who are in charge of Health Education work would accept the statement by the Committee that there is an obvious lack in training, but they would not be in a position to appreciate the importance of the word "obvious" unless the inadequacies of training were listed. I realize that the Committee pointed out throughout the report that there was the lack of training, but it is my opinion that it would be better to have the inadequacies listed under one caption. In my opinion this would strengthen the statement referred to.

What we need in the field of Health Education and health work are well-trained leaders. These can not be had unless they have received their training in institutions that give what is recognized by leaders in the field as adequate preparation and training. There isn't any question about what more emphasis is going to be placed upon the place of Health Education and Health work in our whole scheme of education and living. This will create such a demand for personnel that colleges will include in their offerings a course of study leading to a major in this field. The result is likely to be that curricula will be set up that will not be backed or supported by trained teaching personnel, adequate facilities, and library reading and references. As a result, poorly-trained, or at best, mediocre-trained leaders will be found.

I can well illustrate this point by what has happened in teacher training in Physical Education. Some eight or ten years ago a survey was made of institutions in the United States that were offering majors in Physical Education. It was found that there were in the neighborhhold of 450. In at least half of the institutions that offered this training, there were poorly-trained teachers giving courses

there were inadequate facilities, and there were inadequate library references. In many of these same institutions there was only one person who was giving all the courses. In addition, this person was handling regular classes in Physical Education, besides taking over the duties of coaching. It is quite obvious that men and women trained under conditions of this sort are not qualified to take positions of leadership in Physical Education programs in the schools. It was also frequently the case that the individual giving the instruction was no better trained than is a graduate from Penn State or any other institution that gives a recognized major in Physical Education.

It would be most unfortunate if this should happen in the field of Health Education. It is my opinion that the Committee should go strongly out advocating that no institution should consider offering a major in Health Education unless that institution is able to meet the standards of instruction, facilities, and library that are the equal of those that are to be found in those institutions that are recognized as doing a good job in the training of Health Education teachers.

The Committee represents such a spread in its personnel that it is my belief that it is thoroughly qualified to not only offer suggestions but even go so far as to offer a curriculum set-up in each of the areas with which it has dealt. I am sure that any curricula which the Committee would devise would be gratefully received because it was the outgrowth and by-product of three weeks of conscientious work and endeavor. Some experts in the field might criticize it, and such criticisms should be welcome. However, I doubt that even the experts would disagree on the fundamentals which the Committee would propose.

We, at Penn State, who are undertaking to train teachers in the field of Health Education and health work would welcome the considered thought and recommendations of the Committee in setting up our curriculum.

The Committee has had the benefit of addresses that have been given by outstanding leaders in Health Education and its related fields. They had the benefits of the statements which these leaders have made in discussion periods. It would seem, therefore, that the Committee would be thoroughly justified in setting up a suggested curriculum for each one of the areas covered in their report.

REPORT
GROUP TWO

PROBLEM

How can the health sciences be incorporated in the school program so that they will be reflected in improved health behavior?

COMMITTEE

Violet Baumgardner, Teacher
Health and Physical Education
John Harris High School, Harrisburg

Bessie A. Dorney, School Nurse
Allentown School District

Joseph A. Paskevich, Teacher
Health and Physical Education
Mt. Carmel

Carl E. Trunel, Teacher
Health and Physical Education
Darby High School

Elizabeth Ann Porter, Nutritionist
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Edna H. Pearson, R.N., Medical Social Worker,
Venereal Disease Division, Pennsylvania State
Department of Health, Indiantown Gap

Catherine K. Sargent, Health Educator
Pennsylvania State Department of Health

Laura Craig, Student
The Pennsylvania State College

Mary R. Johnston, M.D.
School Physician, West Virginia

George E. Massie, Chairman
Director of Physical Education

July 10, 1945.

Specific cause for problem:

" Out of every major catastrophe or world-wide chaos, have come major reforms. The second World War has brought to the attention of the American people as never before the knowledge of the lack of health among its populace and the ignorance or the lack of knowledge regarding the most valuable asset any country or people may possess. (Health) With the rejection lists mounting in every community through the Selective Service Boards the well-informed individual began to talk about and discuss 'hitherto-unmentionables' in polite Society; Communicable Diseases.

The T.B. and Cancer Control organizations in the past few years have grown increasingly; the seed that had been falling for a great part on deaf ears or stony ground has found a fertile field. Much of this has been accomplished by visual-education; printed word and lectures. An interest has been awakened in the individual as to his own health; the next important thing is to educate the individual to his responsibility and importance to his community."

The Pennsylvania State College 'Health Education Work Shop' is the result of the 'felt-need' by the Pennsylvania Department of Public Instruction and the Department of Health for the purpose of promoting and coordination Health Education in all Health Agencies within the State Of Pennsylvania.

Purpose:

To suggest a workable plan whereby health conduct might be influenced and experiences provided in the health instruction program of the school to obtain better health behavior.

The assumption was made that the following specific factors were operating in the problem from a health instructional point of view.

Motivation Drives	Methods for Evaluation	Sciences Hygiene Biology Chemistry Social Home Ec.	Behavior Health	Age 6-18

Outcomes: Health Behavior Social Relationship

Objectives of Health Instcuction:

(1) To teach scientific facts of healthful living.

(2) To develop attitude, skills and habits derived from experiences.

(3) To learn to discriminate intelligently on scientific basis.

(4) To attain an appreciation of the characteristics of a healthy person.

(5) To improve individual and community health conditions.

(6) To develop self-realization.

(7) To discover and recognize personal and community health needs.

July 9, 1945.

Definitions of Health Education accepted by Committee, to-wit:

"Health Education" is the sum of experiences which favorably influence habits, attitudes and knowledge, relating to individual community, and racial health.

"School Health Education" is that part of Health Education that takes place in school through efforts organized and conducted by school personnel.

"Hygiene" is the applied science of healthful living; it provides the basic scientific knowledge upon which desirable health practices are found.

"Sanitation" is the application of scientific measures for improving or controlling the healthfulness of the environment.

"Health" in the human organism is that condition which permits optimal functioning of the individual enabling him to live most and serve best in personal and social relationship.

"Health Instruction" is that organizing of learning experiences directed toward the development of favorable health knowledges, attitudes and practices.

"Health Service" comprises all those procedures designed to determine the health status of the child, to enlist his cooperation in health protection and maintenance, to inform parents of the defects that may be present, to prevent disease and to correct remediable defects.

"Healthful School Living" is a term that designates the provision of a wholesome environment, the organization of a healthful school day, and the establishment of such teacher-pupil relationship as make a safe and sanitary school, favorable to the best development and living of pupils and teachers.

"Health Examination" is that phase of health service which seeks through examination by physicians, dentists and other qualified specialists to determine the physical, mental and emotional health of an individual.

Ref: "Health Education" pub. 1941 by N.E.A., Washington, D.C.
(Compiled by Joint Committee NEA & AMA-asst. by Advisory Com.)

Age Groups	Motivation Drives	Methods	Gen. Sciences	Behavior
Elementary 6-12	Desire for social approval. Desire for self-preservation. Desire for Mastery. Desire for success Desire for expression. Desire for conformity. Desire for security Desire for healthy body.	Projects Check-tests Interviews Definition of terminology. Visual Aids School situations. Demonstrations Tests Plays Surveys Experiments Field Trips. Speakers Text Models Pictures Printed material. Problem solving Imitation Observation Home & School Personal exp. Graphs Charts Question-box Competition Pupil-teacher planning. Discussion Health Council Forums Debates Panel discussions. Community (PTA) organizations Skilled practice. Radio Assemblies Bulletin boards	Hygiene Biology Chemistry Social Home Economics.	Personal and Community cleanliness Rest Recreation Posture Nutrition Medical and dental examinations. Accident prevention. Abstinence from tobacco, alcohol and narcotic drug Health in Social Relationships.
Intermediate 12 - 15				
High School 15 - 18				

SPECIFIC GROUP PROBLEM:

A CASE STUDY OF HEALTH IN SOCIAL RELATIONSHIPS FOR HEALTH INSTRUCTIONAL PURPOSES IN AGES, 6 to 18.

Health in Social Relationships — Age Level 6-12

Motivation	Method	General Sciences	Behavior
1.Desire for social approval 2.Desire for security. 3.Desire for conformity. 4.Need for self appraisal or self testing. 5.Desire for popularity. 6.Desire for mastery. 7.Self pleasure or Satisfaction.	Visual Aids Movies Charts Posters Pictures Teacher, pupil discussion Survey Pupil, teacher planning Health examinations Home & School cooperation Corrective exercises Big muscle activities Health correction Question Box Check Test Collecting Data: Note-books, scrap books Interviews Skits & Plays Bulletin Boards Pupil and teacher problem solving Games - Assemblies Parties Hobbies - Experience Special Projects Skill practice Exhibits-Demonstrations Models Radio Consulting printed material Questions & Answers Observation - Imitation Testing - Competition Incidental teaching	Hygiene Home Economics	1. Realization of personal cleanliness 2. Appreciation of community cleanliness 3. Health consciousness importance of health examination. 4. Good eating habits 5. Normal balance of rest & recreation 6. Personal happiness 7. Normal attitude toward family and friends.

Health in Social Relationships — Age Level 6-12

Motivation	Method	General Sciences	Behavior
	Expert opinion-Speakers P.T.A. Project Special holiday programs Excursions - Outings		

HEALTH AND SOCIAL RELATIONSHIPS --Age Level 12 to 15
Grades 7 to 9

Motivations	Methods	Sciences	Behavior
1.Desire for Mastery	Projects Interviews Visual aids School situations Demonstrations Text Plays	Hygiene Social Science	Personal cleanliness-Realization of health needs. Community cleanliness Sanitation and control of communicable diseases. Rest - Relation of rest to body fatigue.
2.Desire for Social approval	Imitation Check-list Observation Field trips Posters Speakers Models Movies Nature Forums	Hygiene Home Ec. Social Science	Recreation - appreciation of balance between work and play activities. Posture - Realization that personal health practices lead to social approval
3.Desire for Self-preservation	Health councils Printed Material Big muscle activities Skill practice Question box Radio	Hygiene Biology Home Ec. Social Science Chemistry	Accident prevention Safety practices for protection of self and others. Abstinence from tobacco and alcohol and narcotic drugs. Appreciation of wholesome interest of worthy kind.
4.Desire for self-expression	Competition Incidental Teaching Assemblies Discussion Pupil-teacher planning problem solving Experiments Home and school - cooperation Debates Personal experiences	Hygiene Biology Home Ec. Social Science Chemistry	Health in social relationships;-Normal attitudes toward self and opposit sex.

Health in Social Relationships (Boy-Girl Relationships) Age Level 15-18
(Locating the Interest & Problem Areas)

Motivation	Method	General Sciences	Behavior
1.Desire for social approval 2.Desire for conformity 3.Desire for security 4.Desire for sex expression 5.Desire for mastery 6.Specific adolescent needs a.Need for freedom from dependence upon family b.Need for association with opposite sex. c.Need for self-support d.Need for a theory of life	Sponsoring a Course of Study in Personal & Social Relationships for Senior High School Girls. I.Locating major interests & problems in school-community groups. A.Project & problem-solving method. 1.Meetings, discussion, procedures by superintendent, principal, & selected teacher personnel. 2.Meetings, discussion in class groups; evaluation of student point of view. 3.In-service training of all teachers. a.Meetings, discussion, study groups surveys, procedures by school & administrative personnel. 4.Explanatory letters to parents, school personnel, heads of community agencies. 5.Series of meetings, panel discussions with parents, selected students, school & community personnel for purpose of understanding needs, objectives, problems, nature, content, treatment of program.	1. Hygiene 2. Biology 3. Social Sciences 4. Home Economics	1.Democratic school & community cooperation & planning in actual life situations. 2.Social & regional planning. 3.Citizenship. 4.School-community sharing of interests. 5.Realization of health needs. 6.Appreciation of the school, home, community as social agencies.
1.Desire for sex expression; awareness of body & good health; need for association with opposite sex.	B.Health Counseling Services & procedures; guidance aspect. 1.Guidance Counselors. a.Direct Method. (1)Individual invenrory conferences. (All available records on student previous to interview; health, personal, family records; mental, psychological tests).	1.Hygiene (mental)	1.Mental, emotional & social control. 2.Facing facts squarely. 3.Absorbing interests of worthy kind.

Health in Social Relationships (Boy-Girl Relationships) Age Level 15-18
(Locating the Interest & Problem Areas)

Motivation	Method	General Sciences	Behavior
2.Desire for social approval. 3.Desire for security. 4.Desire for conformity. 5.Desire to understand human conflicts.	(2) Group inventory conferences; 5 or less, on basis of friendship or activity groups within school.		4.Initiative & resourcefulness in meeting & solving problems. 5.Normal attitudes toward self & opposite sex.

Health in Social Relationships (Boy-Girl Relationships) Age Level 15-18
(Locating the Interest & Problem Areas)

Motivation	Method	General Sciences	Behavior
	b.Indirect method. (1) Adjust student's program. (2) Provide outlets for individual interests. (3) Referral of student to school medical adviser, own doctor, clinics for medical care. (4) Secure parents' cooperation in correction of defects, home conditions, parent-student relationships. (5) Inform school staff on pertinent health, personal data concerning student. c.Informal talks & discussions in each class group.		6.Health consciousness; importance of medical examination & follow-up. 7.Appreciation of school & home as social agencies.
1.Desire to understand human conflicts; tension reduction. 2.Desire for security. 3.Desire for social approval. 4.Desire for conformity. 5.Desire for sex expression.	II.Locating major student interests & problems within each class group. A.Student-teacher planning method. 1.Talk out problems; students; teachers relate past & present experiences in personal & social relationships. 2.Questions & answers on personal & social relationships. 3.Question box on personal & social problems. 4.Evaluate interest & problem areas. 5.Standardardized inventory adjustment tests, health consciousness inventories. 6.Self-appraisal, self-analysis, self-analysis by others forms on personal & social behavior. 7.Weekly records & check-lists of personal & social activities.	1.Hygiene. 2.Biology. 3.Social Sciences. 4.Home Economics.	1.Realization of health needs; health consciousness. 2.Facing facts squarely. 3.Normal attitudes toward self & opposite sex. 4.Socialization.

Health in Social Relationships (Boy-Girl Relationships) Age Level 15-18
(Locating the Interest & Problem Areas)

Motivation	Method	General Sciences	Behavior
	8. Weekly records of height & weight; personal health practices, such as, diet, sleep, etc. 9. Reports on health examinations; plans for correction of defects. 10. Silouettograph of each girl; class & committee project. 11. Film on personal appearance & grooming. 12. Posters, articles, on personal appearance, boy-girl relationships on bulletin boards. 13. Collection of varied advertisements on personal & social activities; evaluate for desirable personal & social practices.		

Health in Social Relationships (Boy-Girl Relationships) Age Level 15-18
(Locating the Interest & Problem Areas)

Motivation	Method	General Sciences	Behavior
Same	14. Student demonstration on personal & social practices, such as, correct way to put make-up on. 15. Panel discussions on desirable boy-girl relationships. 16. Surveys of opportunities for social participation within school. 17. Reports on social activities in school during free time, before school, lunch periods, etc. 18. Debates-personal, social practices versus personal desires, etc. 19. Distribute printed material on personal & social relationships. 20. Class formulate a master sheet of desirable personal & social practices as a reference. 21. Provide workbooks on personal & social practices; reference to text-books, magazines, pamphlets, etc. 22. Listen to radio broadcasts by American Medical Association & others on personal & social relationships; report findings. 23. Incidental teachings & Learning; informal conversation with student in free time; teacher example in dress, voice, attitudes, reactions, etc. 24. Student health council; committees on special projects & subjects of interests to specfic group. 25. Evaluation & solution in personal, social practices & problems; tests on health knowledge, attitudes & practices; teacher personal opinion & observat-	Same	Same

Health in Social Relationships (Boy-Girl Relationships) Age Level 15-18
(Locating the Interest & Problem Areas)

Motivation	Method	General Sciences	Behavior
Same	ions recorded daily; case studies, anecdotal records, questionaires, correction of defects; change in conduct.	Same	Same

REPORT
GROUP THREE

PROBLEM

How can a community health education program be built which involves the participation of citizens, lay and professional?

How can the community health education program be coordinated with the school program?

COMMITTEE

Elizabeth D. Thomas, R.N.
School Nurse

Lorena Thompson, R.N.
Tuberculosis Society

Alberta Quinif, Executive Secretary
Tuberculosis Society

Katherine B. Franklin, Director
Public Health Information
Delaware State Board of Health

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Louise C. Coira
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Dallas H. Edwards, Executive Secretary
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Eleanor S. Ruhl, Health Educator
Pennsylvania State Department of Health

Ruth Roth, Chairman
Nutritionist, Pennsylvania State
Department of Health

COMMUNITY PARTICIPATION FOR HEALTH EDUCATION

Subject: How can a community health education program be built which involves the participation of the citizens, lay and professional?
How can the community health education program be coordinated with the school program?

Problem: To use the School Health Act as an initial motivating force for the community to mobilize its resources to find and to meet its health needs.

Introduction: The School Health Act has been chosen as an initial motivating force since its operation will be of interest throughout Pennsylvania. This new interpretation of a time-worn, often meaningless procedure presents a challenge to each school and community and an opportunity to build a more effective health program.

Since the first step in solving a community problem is "to know the community", we have described a hypothetical town with its assets and liabilities.

"OUR TOWN"

Community - mining and industrial
Population- about 5000
Proximity to metropolitan area - 20 miles
Consolidated school - 800 pupils
Teachers - 25
Churches - 5
Factory - 1 (employing 500)
Newspaper - 4 page weekly
Extension Agents - Home Economics advisor and
Agricultural Agent in the county
Department of Public Assistance visitors

<u>Professional resources</u>

Physicians - 3
Dentist - 1
School nurse and dental hygienist shared with another school
State Department of Health nurses - 2 in the county

<u>Health facilities</u>

Hospital - 1 within 10 miles that serves the area

Clinics - Tuberculosis and Venereal Disease clinics are held at the hospital
Child Health Center is held monthly
Red Cross - Home Service worker
About 100 persons who have had Red Cross training in First Aid, Home Nursing and Nutrition
Tuberculosis Society - in the county

Recreation facilities

Movie theaters - 2
Fire Hall - Used for some community activities
Library - Part-time, maintained by private group
School playground

Organized groups

Burgess and Council
American Legion and Auxiliary
Rotary Club
Business Men's Club
Labor organizations
Federated Women's Club
Lodges
Girl Scouts and Boy Scouts

In planning a course of action, we have been guided by the widely accepted principles summarized in "Democracy Means All of Us" which states that "to be successful, every community program must--

1. Meet a real, definable need or needs.

2. Have community interest and approval.

3. Include all people naturally concerned.

4. Evolve under the guidance of a central, representative planning group.

5. Relate itself acceptably to all other existing community programs, organizations and agencies.

6. Report back, regularly, to the community."

Plan of procedure

The initial objective in the community program is to have parents accompany their children when the health examinations are made and to see that this procedure is a genuine learning experience. The drive for parent participation in examinations

is planned to increase their interest in and familiarity with the school and with their community's health problems. One problem is the correction of remediable defects. Several activities are planned to achieve this end.

Plan of activities

A. School

1. As a starting point we are assuming that the school principal will be the spark in this program. He has been informed of the details of the new School Health Act (Bill 171) and has been told by the County Superintendent that an Advisory Health Council must be organized.

2. The principal calls a meeting of his staff and the school board with the following aims:

   a. To make them familiar with the details of the School Health Act.

   b. To plan methods by which teachers can interpret the approaching examinations to the children and prepare them for it as a welcomed experience.

   c. To plan for counseling with students and visiting parents after examination.

   d. To discuss its significance in terms of health for the community.

   e. To form a subcommittee to interview heads of organizations who will name two representatives each for an Advisory Health Council.

B. Community

1. A meeting of the Advisory Health Council is held. Attendance includes physicians, the dentist, nurses and dental hygienist, representatives of the organized groups, members of Student Council, and some of "Our Town's" leaders such as the newspaper editor and others.

   The school principal presides temporarily until the group elects its officers.

2. The agenda of the meeting include the following:

   a. To make the group familiar with the details of the School Health Act.

b. To discuss the Act's significance in terms of health for the community.

c. To reactivate the Civilian Defense Block System for reaching all the people in the town who have children.

d. To appoint a publicity committee.

e. To select some persons who are informed on the subject and able to talk who will speak before groups.

Activities in School:

1. Assembly - Student Health and Safety Council is formed.

2. Publicity in school paper plays up program.

3. Teachers build up interest in examinations and in having parents attend.

4. Grades compete for percentage of parent attendance.

Activities in the Community:

1. Coming of improved type of examination is heralded in the newspaper.

2. Movie, "Bobby goes to School", is shown in theaters.

3. Speakers give five-minute talks before organized groups.

<u>Health Examinations</u>

1. Grades 1, 3, 5, 7, 9, 11 and members of the staff are examined.

2. Physician, dentist, nurse and dental hygienist are the professional persons who participate.

3. Community representatives assist in roles of receptionists, clerks and record keepers. Women of the community (Red Cross sewing groups) and Home Economics students have made gowns.

4. Examinations are given in the health room.

5. Form of examination is prescribed by the State.

6. Parents are present.

Follow-up Program

1. Physician and dentist submit findings of examinations to the school principal.

2. Principal reports results at meeting of the School Board.

3. Principal suggests to president of the Advisory Health Council that a meeting be called to present the findings.

4. A meeting of the Advisory Health Council is held.

   a. They decide to report the results to all groups.

   b. They prepare an effective story for the paper, citing the need for corrections.

   c. They plan a town meeting to present findings and to consider long-range programs which will result in more healthful living for all the community.

   d. The Advisory Health Council discusses methods for priming the meeting to work for better nutrition as one worthwhile community project.

Plans will be developed for other programs on dental health, posture and recreation to be pursued as "Our Town" is ready for them.

This group believes that the correction of remediable defects of the children, found through the health examinations, should be of community interest. However, we think that parents themselves should take care of as many of these corrections as possible. Therefore, we suggest that a reasonable time elapse before the Advisory Council attempts to raise money for the correction of remediable defects of the children of the medically indigent.

Town Meeting

President of the Advisory Health Council is chairman.

Program:

1. Physical Education Department presents a program of rhythmic dances to point up good posture and buoyant health. (Many posture defects were found).

2. Nutrition film, "Kids Must Eat," is shown.

3. Group discusses community problems as highlighted by the examination.

4. Group decides to see what they can do to improve nutrition.

Nutrition Program

Aim: To help people use food wisely for their increased health and happiness.

To establish an effective school lunch program.

Procedure

Nutrition is integrated with all teaching at various levels.

Lower grades - Classes try to improve packed lunches by preparing and eating raw vegetables in various ways.

Upper grades:

Science - Campaigns for better breakfasts.
Check packed lunches to see how they measure up to recommended standards.
Feeding experiments with white rats.

Mathematics - Classes compute the cost of adequate versus inadequate meals.

Geography - Classes study the contribution of the area to food production and distribution.

Art department - Classes make posters.

Community activities:

1. Survey resources and personnel and make definite plans for a school lunch program.

2. Garden and canning programs - planned in advance for the school.

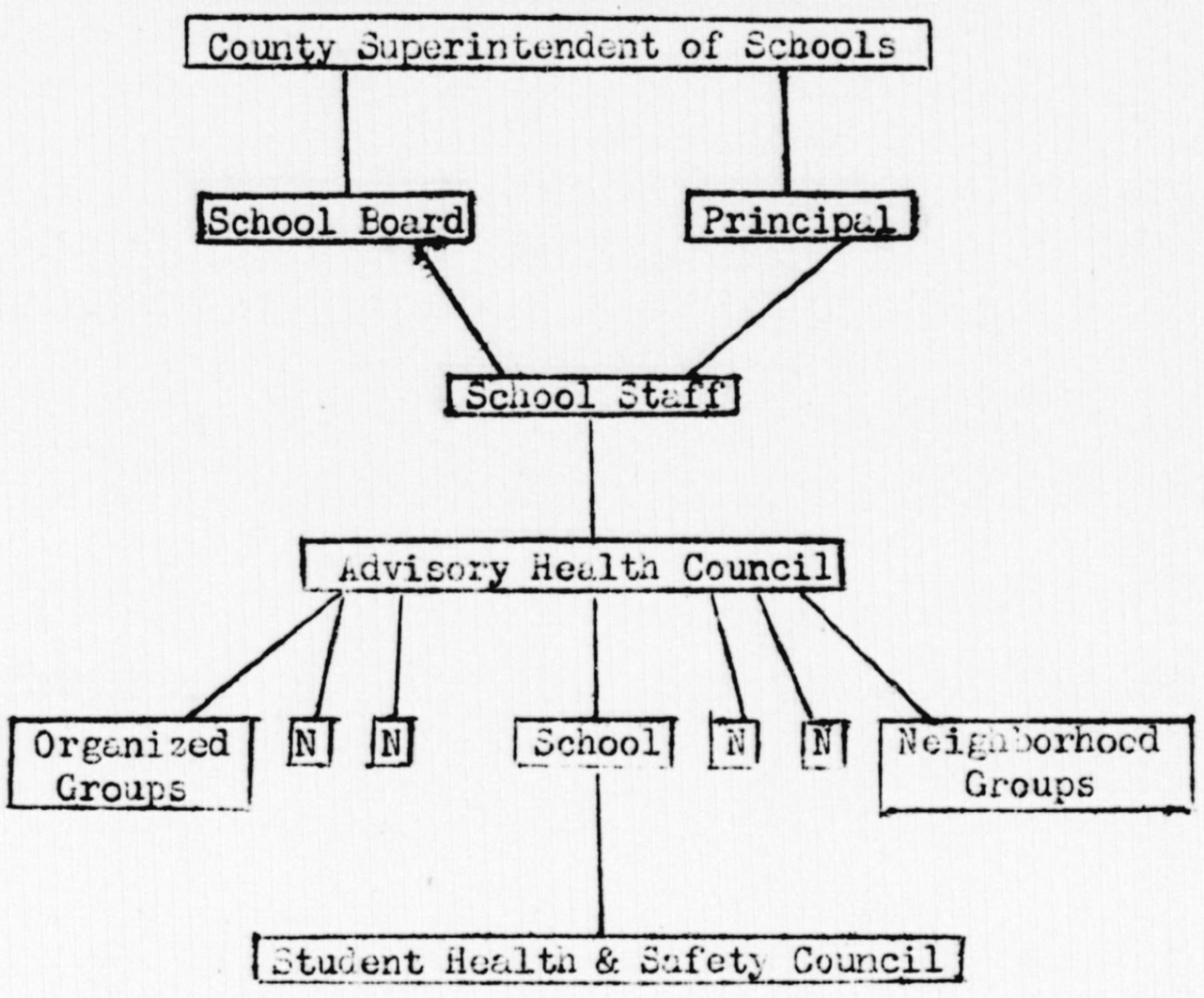
3. Kitchen Clubs - food study groups. Groups study foods of nationalities represented in community.

4. Demonstrations of good family meals using available foods.

CONCLUSION

In setting up this plan we have counted upon enthusiastic leadership and active community interest - both essential factors in a successfully coordinated health education program.

PLAN OF ORGANIZATION



REPORT
GROUP FOUR

PROBLEM

What should be the relationship of the School Health Service Program to the School Health Education Program?

COMMITTEE

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School Nurse

Sophie S. Eppy, Teacher
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Tula R. Moose, R.N.
Tuberculosis and Health Society

Vivian Koah, Field Worker
Tuberculosis Society

Stephen Sydorak
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Stanley Baker, In Charge of Intramural
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Anna M. Finan, R.N.
School Nurse

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State College Public School

John G. Freudenberger, Chairman
Athletic Director, Baltimore County Public
Schools, Towson, Maryland

FOREWORD

In preparing this article the members of the committee have been guided by the thoughts and advice of many experts in the fields of health service and education. However, we would like to pay tribute to two outstanding writers whose "Aims of Health Education" we have adopted and present herein.

1 - "To instruct children and youth so that they may conserve and improve their health.

2 - To establish in them the habits and principles of living, which throughout their school life and later years will assure that abundant vigor and vitality which provide the basis for the greatest possible happiness and service in their personal, family and community life.

3 - To influence parents, and other adults, through the health education program for children to better habits and attitudes, so that the school may become an effective agency for the promotion of the social aspects of health education in the family and community as well as in the school itself.

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

5 - To supplement school health instruction for those whose formal education has been terminated, in order that they may be kept abreast of progress in modern medicine and public health; both, as regards knowledge and practice.

6 - To afford opportunities for practical health knowledge to those who were deprived of an education, or whose education was acquired prior to the development of modern conceptions of health education in the schools which they attended." 1

1 - Bauer, W. W. & Hull, T. G., Health Education of the Public
W. B. Sanders Co. Philadelphia 1937

WHAT SHOULD THE RELATIONSHIP OF THE SCHOOL HEALTH SERVICE PROGRAM BE TO THE SCHOOL HEALTH EDUCATION PROGRAM?

A PHILOSOPHY OF HEALTH SERVICE AND EDUCATION

In any consideration of the development of a coordinated school and community program the keynote is "cooperation". This must be attained in all situations with each agency and service correlating its efforts with the primary need.

In considering the relationship between a school health service and a school health education program the same is true. Both must work in harmony. They must complement each other to insure maximum benefit to the individual child and assure continuous and satisfactory growth in conduct pertaining to health. If the school health service and the school health education program can be used to reinforce each other, the lot of the child will be improved.

It is with this fundamental purpose in mind that we strive to create "a sound mind in a sound body" for every individual, regardless of age, race, creed or color. We must safeguard the children today and, thereby, insure a healthier and better citizenship for tomorrow.

A FOUNDATION FOR HEALTH SERVICE AND EDUCATION

"Pennsylvania's new School Health Act provides for a complete medical and dental examination of all children who are, or should be, in grades one, three, five, seven, nine and eleven. It sets up in the State for the first time a system of records for showing a complete medical history of every child examined along with the health progress of the child. This recording system is designed to follow the pupil for grade to grade, noting the changes in his physical condition every two years.

Another important feature of the Act is its provisions for use of the X-ray, laboratory analysis, electrocardiogram, audiometer, and other scientific devices and tests necessary for ascertaining the basic facts in a physical examination. The use of the X-ray is required where a history of tuberculosis is suspected, electrocardiograms where suspicious heart conditions are found (particularly in reference to a history of rheumatic heart disease), blood analysis, urine analysis, further examinations of the eyes, ears and other organs as may be deemed necessary by the medical or dental examiners.

A further step toward protecting the school child's health and welfare is taken in the provision for medical examination of teachers and all schoo employees, including food handlers and bus drivers." 2

2 - German, John W. Jr., School Health Act Meets Modern Needs
Pennsylvania's Health 6:2 (April-June 1945) Page 2

A HEALTH SERVICE PROGRAM FOR THE SCHOOL

The health service aspect of health education is concerned with the professional, technical, and educational services of the school physician, nurse, teachers and many others who are outside of the schools. It operates through the medium of various examinations to determine the condition of the child. It employs many administrative procedures to correct defects and controls communicable disease by inspection and immunization. All activity of the health service in the Pennsylvania schools will, in the future, be in accordance with the new School Health Act (171).

In the intervening years (those in which the child is not scheduled to receive an examination) there will be continuing health supervision of every child for early discovery of communicable disease and other conditions needing medical attention and follow-up by the nurse.

The examination should serve several functions:

(1) To determine the presence of defects
(2) To acquaint parents with the nature of the defects
(3) To secure correction of defects which may be remedied
(4) To develop favorable health knowledge, attitudes and practices.

The medical and dental examinations shall be made in health rooms, clinics, or rooms set aside for this special purpose. These rooms shall be equipped with the necessary facilities and adequate heat and light. This medical examination requires the removal of sufficient clothing to insure a complete examination. Part of the value of the health examination is the education of parents in child care and protection. We feel that the presence of remedial defects in school children, in many instances, is an evidence of a lack of knowledge or indifference on the part of parents. It is, therefore, highly desirable to secure the attendance of the parent at the examination.

The School Health Service, coordinated with the health instruction, is an integrated process in Health Education. This is brought about by the medical, dental, nursing, psychiatric, nutritional, administrative, and teaching staffs, along with other specialists, working together. By their efforts health service and education will be materially improved in the school, home and community.

To reach the home, school and community through the combined efforts of the School Health Service and the School Health Education programs, and thereby bring about more effective ways and means of improving the health status of the child, is the goal of this program. It is hoped that through such combined efforts, proper health habits, attitudes, and knowledge will be developed on the part of the child. From this will result continuous and satisfactory growth in conduct pertaining to health.

Keeping in mind that promotion of health is one of the cardinal objectives of the school health program, no service should be performed in such a manner that it relieves the home of its fundamental responsibilities and relation to its children.

THE SCHOOL PHYSICIAN

Since all of the operations of the Health Service should constitute a learning experience, the medical examiner makes his contribution to the health instruction program through the medical examination; conferences carried on with the parent; child, classroom teacher, nurse, and any others interested in the welfare of the child.

When the findings of the health examination and the child's past record are accurately recorded they are placed in the hands of the classroom teacher. There they tend to serve as a guide for her teaching program and point the way to a better understanding of the child's attitudes.

Through examination the medical examiner determines the health status of the child and explains his findings to the parent; emphasizing the conditions needing immediate attention.

He cooperates with the community health agencies and informs those concerned of the state of the child's health. He assists the administrator in setting up policies with reference to home-school relationships; in matters pertaining to health; and in determining procedures in case of illness or injury. Exclusion of children from school for illness and re-admission after recovery are also properly handled in this way. A summary of his consultations is recorded for present and future use, in order to secure the best adaptation of the school program to suit the individual needs of the child.

THE SCHOOL NURSE

The nurse plays a functional part in those school systems which carry out in practice, as well as in theory, the objectives of modern education. She assists the medical examiner and helps parents understand the significance of health handicaps. She also urges them to assume responsibility for their prevention, improvement, or correction.

She helps the school to integrate health with its total program and to provide an environment that will safeguard and promote child welfare. She assists parents and teachers in developing a feeling of social responsibility for the control of communicable disease and stimulates in every child a desire to safeguard his own health.

The nurse establishes rapport with all school personnel through a coordinated effort based upon a knowledge of existing conditions.

Probably the greatest contribution made by the nurse to the school program is through her work with families. By health office activities; advisory home and school (parent) conferences: and talks with the family physician the nurse gains information about the child which should be shared with the teacher.

The teacher, in turn, secures information about the child's functioning through observation of his behavior in the classroom and on the playground. She should share this with the nurse. By means of this day-to-day interchange the nurse and teacher gain invaluable knowledge of those environmental factors which affect growth and development. This knowledge

becomes useful to both the nurse and teacher in their program of child and parent education.

While in the elementary school much of the nurse's work is accomplished through parental education, the secondary schools see the emphasis gradually shifting to emphasize the student's responsibility. From parent conferences, the nurse and teacher seek to have the student assume responsibility for intelligent self-direction in managing his own health and daily regime. He is also encouraged to use advice from the health office; consult his own physician and dentist; and to participate in health activities as a responsible citizen.

The nurse's closest relationship in the elementary school is with th classroom teachers and principal. In the secondary school it is with the dean of girls, principal, advisor of boys, and other teachers.

THE SCHOOL DENTIST

Because of the great need of dental care for children, school dental work is assigned a prominent place in the school health program ------- adding details to the inventory of the health status of the children. Periodic dental examinations are educational in their effects and children's experiences with school dentists can be of prime educational importance.

THE DENTAL HYGIENIST

The dental hygienist serves as the dentist's examining assistant. When she is present she has charge of the records and makes them available to teachers and others concerned with health guidance activities. The dental hygienist works under the direction of the dentist, in the larger systems. In smaller systems she works under the direction of the Director of Health or school administrator.

Her contribution to health education is made through her opportunity to give individual instruction while working with the children.

THE NUTRITIONIST

The nutritionist contributes to classroom instruction through discussions and demonstrations. The teacher, however, should be the one to guide the course of discussion and show the relationship of the nutritionist's contribution to the fundamental principles underlying the unit of instruction.

THE PSYCHOLOGIST

The psychologist in the school deals with children needing special education. He concerns himself with the gifted, as well as the mentally retarded or physically handicapped child. Through tests and conferences with parents, physician and teachers he is able to identify problems and recommend treatment.

This specially trained man may also enrich the health education program of the school by assisting the health teacher in setting up units of study entailing mental health, the effect or recreation, and other allied topics.

A SUMMARY OF THE SCHOOL HEALTH SERVICES

Although the general purposes of health services in different school situations are often the same, the functions and emphasis are affected by a variety of conditions. Probably the most important single factor is the leadership offered by the school administrator. His insight in health matters will influence the type of program in the school, the school's relationship with the community, and the selection of health personnel.

The health needs of pupils, the type and quality of community resources, and the size, location and type of school are all taken into consideration in determining the functions and emphasis of the program.

INTRODUCTION

Health is the first of the "Seven Cardinals Principles"; health is basic, making possible, or at least contributing to all the other principles. It is so important that it is a must in every school curriculum. The amount of time allotted to health instruction should at least equal that devoted to any other major area of the curriculum, but it is strongly recommended that it occupy a greater amount of time. Not only should it be a special field of learning, taught by a capable individual, but it should also be a part of every other field of learning. The demands for well trained teachers in the field of health education comes from pupil needs and community needs. Authorities in the field of health education say that, "health habits and attitudes built in the first five years are the keystone in building the child's health behavior." Then it is said by the same authorities that the pre-school child and school age child are constantly shedding habits or modifying them. Where then would be a better opportunity than in the primary and intermediate grades to teach and lay the foundation for the proper health behavior?

Health is a way of living. It is not to be sought as an end in itself but as a means to an end; joyous play, efficient work, helpful service. Health is more than physical well being; it includes also mental, emotional and social aspects. The human body is a machine through which the mind works. Every exhibition of mental activity is accompanied by physical activity and the quality and quantity of mental work depends upon the condition of the machine. The greatest contribution to a wholesome environment is the personality of the teacher or teachers. The teacher who is kin understanding, sympathetic, patient, friendly helps to balance a youngster. The other extreme can do serious harm to the child.

The riddle of learning may be uncovered by studying the child's 24 hour day. The child's eating and sleeping habits, his day in school, his play, in his home---are all a part of his day. The same standards of healthful living should be maintained during the 24 hours of the child's day. This means the home, school and community must unite in planning and carrying out the health program in the community.

THE TEACHER

The proper health attitudes, habits and practices should be developed in the school by all teachers, when the situation arises--and bound together by one alert and capable teacher who is interested in the health of every child. The recommendation of this committee in reference to this problem is "that this teacher be responsible for all health instruction." This does not exclude the classroom teacher, whose responsibility it is to use every situation to develop proper health attitudes and habits. The classroom teacher shall be responsible for knowing the condition of health of every child in the room and shall in turn be responsible for informing the health teacher, who is also the health coordinator, of any symptoms, defects, or any other factor influencing the condition of health.

THE ROOM

The health teacher shall be responsible for setting up the health room. The use of a room that is bright, cheerful, with proper lighting, adjustable seats, is strongly advocated. Also recommended are water facilities for washing and for brushing teeth. The room shall be equipped for the showing of films. Posters, pictures, original drawings, pamphlets, booklets, are to be placed around the room. The material should be colorful and suggestive. As soon as there is no longer a need for this material it should be removed and new materials used. Under no condition, should any material be permitted to remain longer that its use demands. Story books, attractive health books and other supplementary materials should be made available to the children at all times. Individual charts, 100% breakfast charts, dental charts, group charts showing how the group is progressing with some particular health problem should be on display. Projects, studies and experiments are a must on the junior and senior level.

The children in the first three grades shall come to this room once a week and more often if possible with their classroom teacher, where they will take part in the planned health lesson. In the intermediate, junior and senior grades, classes should be scheduled not less than once a week and more often if possible.

THE CHILD

There are children who are normally bright and those who are naturally dull, but both the bright and the dull do better work when they are physically fit. It is unfair for the child if he is not put in his best possible working condition for otherwise he will do a very poor job of learning. He starts with a handicap if he is not in the best of health one can say safely that it would take many years to overcome this handicap.

We are strongly recommending that every child be given a complete examination prior to entering school. In fact, we are going one step further in saying that no child be permitted into the first grade unless every correctable defect has been corrected or is in the process of being corrected. Let us set our standards high up on the ladder. If we set them high all communities will go along and try to attain those standards- once we give in or begin to make excuses we are going to find ourselves in in the same position we are in now.

PRE-SCHOOL CHILD

The pre-school child is to have a complete physical examination by the physician, who is given the responsibility in the community, or by any other physician the parent desires. Progressive communities would be wise to establish clinics for such a purpose. Parents must be aware that no child will be admitted into school unless he is physically fit. Evidence of this should be expected by the school.

THE HEALTH INSTRUCTION PROGRAM

Every child entering the first grade must have a physical examination by the physician carrying out Act 171. The extent of this examination was already explained in the School Health Service Program. Correction of defects and there should be none - to be made before the pupil is accepted as a permanent student.

The classroom teacher should bring her class to the health room sometime before the examination. At this time they become acquainted with the health room. Materials suitable to their level should be placed around the room and the children be permitted to walk around, touch and handle all materials. A very simple lesson should be taught by the health teacher at this time. If at all possible, the Doctor and Nurse should be present.

LESSON

AIM

To talk about the Doctor and Nurse

MOTIVATION

A new experience

PURPOSE

To place the child and doctor on a friendly basis.

PROCEDURE

Permit the children to talk about past experiences with the doctor and nurse. The health teacher helps out with words, suggestions wherever needed. (It might be a good idea to have a stethoscope-tongue blade and other instruments used during the examination.)

Each child should have his health card in his hand. This card should be explained in this manner---

> This card travels with you through all your years in this school or any other school. It is a picture of you. It is to remain with your teacher, and as you grow this picture will grow.

What do you use to take a picture? A camera. Well, the doctor uses these instruments. The camera snaps your picture. These instruments check you. They tell the doctor all about you, and all of us hope they will tell the doctor good things.

What are some of the things the doctor will learn about you? Your eyes are healthy. You hear well. You stand and walk tall. Your teeth are in perfect condition. And many other things.

We are all interested in how you are going to grow. The doctor, the nurse, your teachers and many others are here to help you grow the right way. You can help them. How?

CONCLUSION

An awareness on the part of the child. This first lesson is most important, because it starts him off on the right footing. It will either arouse his interest in his health or leave him indifferent toward it.

HEALTH INSTRUCTION PERSONNEL

Health teacher
All classroom teachers
Health Coordinator
Physical Education teacher
Nutritionist
Dental Hygienist
Psychologist
Principal

The Health Instruction Personnel must keep the "child" in mind at all times. He is all important. It is absolutely necessary that everyone work together so that all facilities are offered to the child. Also each member of this staff must know what the other member is doing. This can be accomplished through frequent staff conferences. At these staff conferences, individual cases should be discussed and recommendations made by all. Teachers must be present at these conferences and suggestions offered should be utilized. Physicians and nurses to sit in on an advisory capacity.

Other factors influencing the health program in the elementary schools are:

Defects
Daily experiences
Absenteeism
Emergencies
Physical Education
Childrens' interests
Interest in one's body
Weighing and measuring
Patriotism
First Aid
Safety

The elementary program should be set up with the above suggestions in mind. They must be kept on the child's level and in his field of interest Steering away from this idea is detrimental to a successful health education program.

It is suggested that boys and girls be in separate sections for health instruction, beginning with the fourth grade.

ELEMENTARY TO JUNIOR HIGH--TRANSITIONAL PERIOD

Early adolescent

Who is this adolescent?

He is gauky, confused, emotionally unstable, too large for his clothes, eats too much and too many of the wrong kinds of foods, he is alternately reliable and unreliable, shy and aggressive, he hasn't made up his mind just how good he really is-in fact he seems to be a misfit. He is developing social consciousness. He is prone to acne, is noticing the opposite sex. At this stage the already overburdened athletic director must proceed cautiously, so that a sense of well being is built up in this boy--a desire to be well, grow tall and husky, to wear his clothes well, to emulate the example of outstanding athletes, in short to have a body which will help him advance-not retard him.

What does the health examination show in area of learning?

Preparing the pupils

Meet the group in a health room which is equipped with materials on their level. Materials used at this time would stress the possible defects and corrections. The health teacher, who is also the physical education teacher meets the boys. He should be friendly and rather boyish in his approach.

Well fella's, remember that health picture of you in the grade school. Well, you came to this school and it came right with you. Here they are. You were told that picture would grow. Well, it has. Impersonal discussion follows. Questions are answered. If boys want to meet privately or ask personal questions this privilege should be granted.

Your examination is to be given tomorrow. The doctor, nurse and your parents will be there. If you have anything to ask of them feel free to do so. By this time, you know how friendly they are and how interested they are in your health. Any questions?

Result of Examination

Teeth defects
Diseased tonsils
Eye defects
Posture defects
Orthopedic defects
Cardiac
Tuberculosis
Hearing defects
Skin conditions
Venereal disease
Communicable disease
Need for immunization program

Health instruction based on needs of group.

The first need of this age group is a short interesting orientation in anatomy and physiology. (Boys and girls taught separately.) This to give them a better knowledge of their own bodies, so that they will understand the connection between the defect and the body function.

Include also, in the health education program, specific instruction to promote understanding of the effect of exercise on bodily growth and development. The result of this type of teaching would result in an increased interest in physical education, and a desire to put everything he has into the activity. He must know why he is doing this, and if he has an understanding of body functions he will give it everything he has.

Other needs

1 - More knowledge of values of right diet to prevent specific defects such as teeth, lack of sufficient energy, fluctuating strength.

2 - Defects emphasized from results of medical examination in accordance with the greatest occurrence in the school.

3 - Communicable diseases - immunization and prevention.

4 - Emergencies

5 - Sex hygiene - taught on level of their acceptability.

6 - Absenteeism

7 - Personal hygiene in regards to dress, mannerisms, cleanliness, sleep, and total personal appearance.

8 - Mental hygiene - an integral part of complete program.

9 - First Aid

10 - Patriotism

The results of this program should show better health citizenship.

HEALTH EDUCATION IN THE SENIOR HIGH

In educating for health in the senior high schools we are concerned with the adolescent. Here we have a group of students who have been assuming more responsibility. They are becoming more adult in their thinking and social behavior. They have a tendency to assume responsibility. They are very conscious of the opposite sex. Most of them are maturing rapidly and are quite pseudo-sophisticated. They constitute a "tough bunch".

WHAT DOES THE HEALTH EXAM SHOW?

Preparation of pupils:

"Well, fellas, tomorrow is the day of the health examination. Here are your health cards. You will soon find out how you have treated your body during the past year and how far you have progressed.

Your physical condition will determine your physical education program as well as your participation in athletics and extra-curricular activities. At this time you should value the importance of the exam. You might have had a body with many defects. As it is, most of you should have none.

Feel free to discuss your problems with the doctor and ask any questions you may have. The defects found, and health needs as they arise, will determine a major part of your health instruction program this year. In this program we are discussing you; - your body. It should be very interesting."

Defects Found:

Defective teeth
Diseased tonsils and adenoids
Eye and ear defects
Cardiac defects
Posture defects
Hernia
Minor non-remedial defects (results of athletic injuries)
Tuberculosis
Venereal Disease
Improper muscular development
Malnutrition

Program:

The senior high health instruction program should be applied to the students on their level and patterned after the junior high program. It should follow the growth and development of the individual. It should include: (1) anatomy and physiology; (2) community hygiene;(3) personal hygiene; (4) athletic safety; (5) sex education; (6) venereal diseases; (7) marital relations if taught by a competent person; (8) recognition of symptoms of communicable diseases.

The high school graduate should go into his community fully prepared to take his place as an intelligent member of it. He should be willing and able to promote the health welfare of the community.

IN CONCLUSION

Schools alone cannot enable children to attain all the desirable goals of individual and community health.

Cooperation is the keynote, essential to the coordination of the efforts directed toward child health. Only in this way can schools and communities develop balanced programs of health education and care. By this means alone can a school avoid false emphasis on any one phase of its health program with corresponding neglect of other areas.

School health policies must be formulated to achieve maximum cooperation and coordination, both within each school and school system, and between each school and its surrounding community.

RECOMMENDATIONS

The committee wishes to offer the following recommendations:

1 - A Wasserman test for students of senior high schools.

2 - An advisory health council composed of representatives of schools, health departments and communities.

3 - A 20-minute period in the morning where each child will be able to talk with the teacher about personal problems. Health problems would be stressed particularly. Results of these talks would be turned over to the Health Coordinator. This time may also be used as an inspection period for skin conditions, symptoms of defects, etc.

4 - Health examinations on a yearly basis

5 - A definite procedure in every school in regard to accidents, with responsibility fixed.

6 - Tie-up between health instruction, cafeteria and health service.

7 - Screening of handicapped children with no abnormal child being expected to work on the level of the normal child. Schools should provide: (1) open air rooms for undernourished; (2) sight-saving classes; (3) speech instruction; (4) provision for mutes; (5) classes for the mentally deficient; (6) classes for the superior child; (7) special school for spastics; (8) special schools for physically handicapped with an instructor who has majored in this field.

8 - On the high school level, physiology to be a part of the biology course wherever possible

9 - Every teacher should be made health conscious.

10 - A health coordinator in every school.

11 - A full time health educator in every district.

REPORT
GROUP FIVE

PROBLEM

How can the school make full use of the Community as a laboratory for health education?

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CHAPTERS IN REPORT

1. Safety Education
2. Food Selection - Care and Use
3. Sanitation
4. Personal Hygiene
5. Choice and Care of Clothing
6. Home and Community Health
7. Alcohol, Stimulants and Narcotics
8. Vision and Hearing
9. Physical Activities
10. Occupational Health
11. Nutrition
12. Control of Communicable Disease
13. Mental and Emotional Health
14. Dental Health Education
15. Home Care of the Young
16. Understanding the School Health Problem
17. Health and Social Relationships
18. Knowing Your Community
19. Driving and Traffic Safety
20. Industrial Safety

INTRODUCTION

The suggested material outlined in this paper is intended as a supplementary guide for the Health Education Teacher. The Pennsylvania Course of Study in Health Education for Secondary Schools, Bulletin 313, has been used as a guide.

We have endeavored to motivate more effective ways of teaching and demonstrating Health Education.

To make our Health Education program effective we must tie in with the Health principles taught in the class room, the use and application of these in our community.

These materials should be presented to classes not only for their individual guidance and practice, but also in the form of techniques to be used in informing the people of local communities concerning these problems.

This outline must be greatly supplemented by the teachers employing it. It will be her responsibility to stimulate and organize prescribed activities. The student must be taught by doing. This can be done by using the resources in the community which may serve as a Laboratory for teaching Health Education thus demonstrating the principles of learning by APPLICATION, OBSERVANCE AND ACTION.

SAFETY EDUCATION

PROBLEM:

How to reduce serious accidents and hazards.

RESOURCES AVAILABLE:

- Local Insurance Representatives
- Police Force
  - local and state
- Chamber of Commerce
- Red Cross
- State Council of Defense
- Recreational Centers
- Fire Departments
- Automobile Associations
- Home
- Streets
- Farms
- Safety Patrols

SOME SUGGESTED PUPIL ACTIVITIES

1. Investigate the home
   report to class of findings
   a. Fire hazards
   b. Condemned structures
   c. Floors
   d. Wiring
2. Have the children make a survey of streets
   a. Report the conditions of sidewalks
   b. Conditions of roads

PUPIL AND COMMUNITY ACTIVITIES

1. Report fire hazards to parents
2. Report the findings of street conditions
   a. City or town councils
   b. P.T.A.
   c. Local organizations

RESULTS:

Fewer accidents and hazards

FOOD SELECTION--CARE AND USE

PROBLEM: To encourage wise selection, care and use of food by pupils and their families.

Resources Available:
- Home Economics Dept. - school lunch room
- County Extension Nutritionist and Agent
- Local or Area Nutritionist
- Victory gardens - Community gardens
- Truck and fruit farms
- Home, School and Community canning centers
- Grocers' Association
- Bakers' Association
- Food Manufacturing or Processing Companies
  - a. Milk Companies
  - b. Ice Cream Plants
  - c. Slaughter and Packing Houses
  - d. Canneries
  - e. Frozen food plants and lockers
- Organizations interested in foods
  - a. Nutrition Councils
  - b. Dietetics and Home Economics Associations
  - c. 4-H Clubs and Scouts
  - d. Local Utility Companies
  - e. Restaurants and Restaurant Associations
  - f. Grange---P.T.A.
  - g. Community Health Organizations
- State and Local Boards of Health, Education and Agriculture for speakers exhibits and films.

SOME SUGGESTED PUPIL ACTIVITIES:
1. Survey
   - a. Types of lunches eaten in school; home
   - b. Types of breakfasts; dinner at home
   - c. Snacks eaten between meals
2. Evaluation or checking dietary adequacy of food selected for pupils or family. Use the Wartime Foods Guide outlining the basic seven food groups.
3. Make a week's marketing list for a family.
4. Outline rules for proper care of foods before and after cooking.

PUPIL AND COMMUNITY ACTIVITIES:
1. Report the results of survey to community, to press, P.T.A., local organizations, radio stations.
2. Making field visits to stores, bakeries, plants, gardens or inviting representatives to the school for discussion.
3. Report undesirable conditions for health observed in public places.
4. Demonstrate proper lunches and other meals and how to care for food.
5. Display posters or exhibits at school or other community meetings, stores, libraries.

RESULTS:
Improve eating habits, meals, care and use of foods.

SANITATION

PROBLEM:

To teach sanitation in the school and community.

RESOURCES AVAILABLE:

- Board of Health
- Sanitary System
  - a. Water Supply
  - b. Sewage Disposal
  - c. Garbage Disposal
  - d. Street Cleaners
- Food Stores
- Restaurants
- Local Housing Authorities
- Health Officers
- Sanitary Engineer
- Red Cross
- Grocers' Associations
- Hotels
- Theaters
- Films
- Literature

SOME SUGGESTED PUPIL ACTIVITIES

1. Pupils visit and make survey of all local sanitary systems.
2. Students' observation of: schools and public buildings.

PUPIL AND COMMUNITY ACTIVITY

1. Pupils report findings to local
   - a. Board of Health
   - b. Housing Authority
   - c. Superintendent of Schools
   - d. Health Officers
   - e. Sanitary Engineer
   - f. Parents and household members
   - g. Retail, Restaurant and Hotel Associations

RESULTS:

With community cooperation, all errors in pupils' findings were corrected, thus producing better health and living conditions and standards

PERSONAL HYGIENE

PROBLEM:

To stimulate the interest in personal hygiene and its relationship to appearance and general well-being.

RESOURCES AVAILABLE:

State and County Medical and Dental Societies
Dental Hygienist
Beauty Shops
Local Medical Authorities
State and Local Nurses
School Nurse
Health and Physical Education Teacher

SOME SUGGESTED PUPIL ACTIVITIES:

1. Recognize relationship between personal hygiene and general good health and well-being.
2. Dental survey of school children
3. Study the advantages of good appearance
4. Invitation to authorities to speak on various subjects related to personal hygiene.
5. Forums on aspects of personal hygiene

PUPIL AND COMMUNITY ACTIVITIES:

1. Establishment of dental clinics in schools
2. Establishment of charm schools or personality class for both boys and girls.

RESULTS:

1. An improvement in appearance and general health
2. A better understanding of meaning of personal hygiene

CHOICE AND CARE OF CLOTHING

PROBLEM:

Student realization of the importance of wise choice and care of clothing to personal health.

RESOURCES AVAILABLE:

Home Economics Extension Service
Clothing Specialist
Clothing Buyers in local stores
Representative from local Dry Cleaning establishments
Textile Mills
Home Economics Department
Fashion Show

SOME SUGGESTED PUPIL ACTIVITIES:

1. Window display contests
2. Cooperation of clothing stores
3. Student participation in demonstrations of wise choice of clothing
4. Choice of: Best dressed man
   Best dressed woman
   Neatest dressed man
   Neatest dressed woman
   (student explanation of reasons)
5. Material testing demonstration
6. Poll of community as to the choice of clothing
7. Moth control campaign in community

PUPIL AND COMMUNITY ACTIVITIES:

1. Sponsor -
   a. Window display contest
   b. Demonstrating the wise use of clothing
   c. Moth control
2. Adult education
   a. clubs
   b. P.T.A.

RESULTS:

Community conscious of the importance of choice and care of clothing as a part of Health Education program.

HOME AND COMMUNITY HEALTH

PROBLEM:

To produce better health in home and community.

RESOURCES AVAILABLE:

Homes
Board of Health
Health Officer
Hospitals and Sanatoria
Various Clinics
  Cancer, Baby, Venereal, T. B., Dental
Sanitary Systems
  Water supply, Sewage disposal, Garbage disposal
Housing units
Doctors, Dentists and Nurses
Child Centers
Food and Industrial Plants
Films
Literature
Medical Advisory Committee
Dental Advisory Committee
Psychologist
X-ray Units

SOME SUGGESTED PUPIL ACTIVITIES:

1. Pupils survey health conditions in their own homes
2. Pupils visit:
   a. Doctor's office
   b. Dentist's office
   c. Health officer
   d. Nurses
   e. Board of Health
   f. Clinics
   g. Housing units
   h. Polluted streams
   i. Sanitary systems
   j. Industrial plants
   k. Medical and Dental Advisory Committee
   l. Dental Hygiene Association

PUPIL AND COMMUNITY ACTIVITIES:

1. Pupils present local problems and findings to:
   a. Medical Advisory Committee
   b. Board of Health
   c. Nurses Association
   d. Housing Authorities
   e. Food Plant Officials

RESULTS:

Development of positive health training for school children and general public in order that they have proper habits, attitudes and knowledge in matters of health. Or, improved or better health in the community.

ALCOHOL, STIMULANTS, AND NARCOTICS

PROBLEM:

To acquire adequate information through formal and informal health instruction about the part that alcohol and narcotics play in promoting accidents, raising taxes, destroying homes, and degenerating the human mind and body.

RESOURCES AVAILABLE:

- N.E.A.
- Sanitoria
- State Liquor Control Board
- State Narcotic Board
- Juvenile Court Magistrate
- Social Workers
- Scout Leaders
- Selected Clergy
- W.C.T.U.

SOME SUGGESTED PUPIL ACTIVITIES:

1. Check with local police department on automobile accidents and probable damage to personal property due to drunkenness
2. Check with local fire department on what percentage of fires is caused by careless smoking.
3. Make survey of radio programs and newspapers advertisements, listing arguments used in favor of indulgence.
4. By secret ballot make classroom survey of those pupils permitted to use tobacco; take use sedative; pain relievers.

PUPIL AND COMMUNITY ACTIVITIES:

1. Legal control within community
   a. age for buying alcohol and tobacco
   b. distance from school and church for location of saloons
   c. prescription for narcotics
2. Lecturers
   a. selected clergy
   b. Court magistrate
   c. social workers
   d. scout leaders

RESULTS:

Since all narcotics and drugs have their effect on the human body we must intelligently educate youth so that he will be able to control his actions much better than any other force, be it parental, school, church or law enforcement agency.

VISION AND HEARING

PROBLEM:

To promote better vision and hearing and to inform the student and community of the new advances which are being made in these fields.

RESOURCES AVAILABLE:

Better Vision Institute
Special Education
  a. Audiometer
  b. Telibinocular
Social Agencies
Local Oculist, Specialist and Aurists
Local Association or Institute for Blind and Deaf
Advisory Health Council
Audio-Visual Aids

SOME SUGGESTED PUPIL ACTIVITIES:

1. Visit electric company to see lighting aids
2. Have electric company in to classroom to test with lightometer for proper illumination.
3. Collect pictures and possibly construct from old relics to form the evolution of light as far back as their grandmother's can remember.
4. Give audiometer and telibinocular tests
5. Visit telephone company paying attention to the pleasing voices and accurate hearing of its operators.
6. Examine your textbooks, newspapers and magazines analyzing the print in relation to eye strain.
7. Make survey of the home for lighting defects.
   a. Wattage of lights
   b. Artificial lighting needs

PUPIL AND COMMUNITY ACTIVITIES:

1. Set definite building regulations for proper distances and heights for natural lighting.
2. Light companies benefit community with their technical equipment and service s
3. Provide hearing aids and glasses for the needy children
4. Enforce proper street and traffic lighting for better vision and prevention of accidents
5. Provide means of livelihood for those so handicapped.

RESULTS:

To bring about desirable attitudes so that when possible the student will seek proper medical and professional advice for correction of eyes and ears.