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A PROPOSED HEALTH PROGRAM FOR THE ELEMENTARY SCHOOLS
OF THE SCHOOL SISTERS OF NOTRE DAME
IN THE MANKATO PROVINCE

BY
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A THESIS

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TO

THE ELEMENTARY TEACHERS

OF THE

SCHOOL SISTERS OF NOTRE DAME
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INTRODUCTION

It was during a course in Catholic Philosophy of Education that the writer began to realize the fact that as Catholic educators the goal of Catholic Philosophy, the harmonious development of all the powers of the human being, particularly the physical powers was not being attained to its maximum degree in the elementary school. Could it be that the zeal and enthusiasm for the development of the spiritual and intellectual powers were the cause of the woeful neglect of the physical?

According to the Children's Charter, "every American child has the right to the necessary knowledge and training which serve to promote his health and physical development to the maximum degree." One of the functions of the school is to help the child attain this goal by the use of the proper methods. "This goal may best be achieved by a program of physical education, directed health instruction, and supervised health education practices."¹

Before proceeding further, a statement of the specific objectives of health and physical education may

help to explain the program the writer hopes to propose. John D. Redden quotes from Smith and Coops book, *Physical and Health Education*, these five objectives of health education:

1. To provide a school environment that will be conducive to the best mental and physical development of pupils.
2. To help pupils to recognize their individual conditions of health; to give them the will to improve these conditions and the means of so doing, as far as it is possible.
3. To stimulate pupils in habits and attitudes of vigorous living that will provide the basis for happy and integrated personalities.
4. To acquaint pupils with the sources of knowledge for the conservation and improvement of health, and with the methods by which such knowledge may be used effectively.
5. To arouse the interest of pupils in the improvement of present and future health conditions in the home, the family, and the community.

And these five objectives of physical education:

1. To promote optimal organic vigor among pupils by affording opportunity for wholesome physical activity.
2. To assist pupils in acquiring a wide variety of physical skills that may be practiced in their leisure time.
3. To help pupils to develop the desire for continuing in suitable play activities after school hours.
4. To aid pupils in achieving emotional stability through their experiences in skillfully handled game situations.
5. To promote opportunities for the experience of pupils in harmonious adjustment to others through activity involving leadership, followership, and co-operation.²

In order to gain some preliminary information regarding the extent to which some of the foregoing

²Ibid., p. 318.
objectives of health and physical education were being obtained a questionnaire based on the one in *A Health Survey of 86 Cities* was used. The following sixteen questions were to be answered by the 336 children in school that day.

1. What time did you go to bed last night?
   - 8:00
   - 8:30
   - 9:00
   - 9:30

2. What time did you get up this morning?
   - 6:30
   - 7:00
   - 7:30

3. Did you eat breakfast this morning?

4. Did you take milk with your luncheon this noon?

5. Did you eat a hot or a cold lunch this noon?

6. Did you drink coffee yesterday?

7. Did you drink milk yesterday? How many glasses?

8. Did you play outdoors after school yesterday?

9. Did you have an all-over bath last week?

10. Did you brush your teeth yesterday?

11. Have you been to a dentist in the last year?

12. Have you been vaccinated for smallpox?

13. Have you had the Schick Test?

14. Are you underweight?

15. Have you had your eyes examined by an oculist?

16. Do you wear glasses?

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The data obtained from this survey may be found in Appendix A.

The results were both amazing and enlightening. They proved to the writer that the second and third objectives of both the health and physical education program were far from being realized in the school. Children apparently are not health conscious judging from the fact that one-third of the enrollment fail to brush their teeth, that one-half of them do not have out-door exercise after school, and over one-half have a cold lunch at noon.

These and similar results were an incentive to further investigate the health education program. After reviewing the related current literature, the writer will, by means of a questionnaire, investigate the condition of the Health Program in the sixty-six elementary schools taught by the School Sisters of Notre Dame in the Mankato Province. The results of the questionnaire will be used as a basis for the program proposed in Chapter IV.
CHAPTER I

REVIEW OF THE RELATED LITERATURE

A. Philosophies and Need for Health Education

Williams in an article, "Shall Educational Leadership Lead in the Correction of the Remediable Defects of the School Children?" expresses an opinion which well fits in with our own Catholic Philosophy of education and bravely sets forth the reason for the lethargy among educators to come out and do something to place health and physical education on a sounder basis. Modern education boasts of the fact that the "whole child" is being educated but only too often it stresses the education of the mind exclusively. The author tries to make the point that the children in the classroom do not all enjoy the good health that is necessary to carry on the work that is expected of them, and that instead of stopping there to remedy the situation by modifying the program, or going out to secure the medical care and the cooperation of the parents as needed, teachers today are too "timid or cowardly" to initiate a new program in which the physical powers of the child will receive due consideration.1

Non-Catholic educators often accuse us of ignoring the physical side of man. True, there are Catholics in education who do not place enough emphasis on health and physical education and who perhaps regard it as an innovation in Catholic schooling. But conscientious Catholic educators must give health education a prominent place if they wish to follow the method of the greatest of all teachers, Jesus Christ. The physically infirm were always cared for before He took over the work of instruction on the Kingdom of God. "Catholic schools which neglect health and physical education are equally guilty of ignoring the whole man. On the basis of their own philosophy they stand convicted of incomplete education.\(^2\)

Physical fitness is not only a desirable outcome of education it is basic to activity itself. Each of the aims of education are important to develop the whole man so that he can "do more and serve most in a Christian society." Since our actual degree of fitness influences all other educational aims health should be made the first aim of education. Therefore educators should re-adjust the educational program if necessary and work for

a sound well-developed individual. Children must possess a reasonable degree of good health. St. Thomas Aquinas said,

Vigor of mind corresponds to soundness of body, so that the healthier organism assures superior intellectual attainment. So let us not reduce life but elevate, regulate and perfect it.

"School health education is a vital part of the whole educational process by which each child is guided and helped in his efforts to become what he is capable of becoming." To show what work is entailed in that definition the following quotation will be most effective:

Jimmy with his aching tooth, lumbering movement, speech defect, Johnny with low IQ; Mary the spastic; and Jerry, the genius, all have different but specific needs which if met will require more now for education but less later for adjustment centers and prisons. It will mean smaller classes, teachers who think, feel, and have time to live in each day's work the philosophy that each little child is important; principals, supervisors, and teachers who plan each day for each child with the thought, as Morley's Ghost, "Mankind is my


business," and that bit of mankind, the elementary school child. 6

The place where health education must be revised is not in the secondary school but right in the early stages of child training. Health educators should be concerned about the roots of healthful living. They should acquaint themselves with the example parents give these children; they should learn as much as they can about the home conditions of the children, and then, base their work of developing attitudes and habits that will help them attain the health and vitality needed, on the knowledge gained. 7 In the opinion of Craighan this cannot be done until we have a nationwide required health program that will cover the basic science underlying health education. She says the health program today is still too much "propaganda." Basic facts must be taught, and these facts having been learned people will live healthy lives whether in a city, country, or mining district. "Health education must be based on a foundation of science and it will not be nationwide until it

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An attempt to get action on a nationwide program was made in 1947 when the National School Health Service Act was placed before the public. The startling facts stating the inadequate health program and the statistics revealing the sad state of affairs may well serve as a stimulus for improving the health program in the schools today. Hecht, the writer, insists that the citizens in a country like ours get the kind of government they want. Fifty million school children need help and it is up to the parents and other adults to act as their intercessors with the leaders of our country to do something about it. He says:

One out of every twenty children born each year will spend some time in a mental hospital. Twenty-five states are without a single child guidance clinic and thousands of communities have no program for the early detection and treatment of mental disorders. Rheumatic fever kills more children between the ages of five and fifteen than any other single disease. Seventy-five percent of the children need dental care. Less than twenty-five receive that service. Ten million children have deficient vision, this includes fifteen thousand totally blind. Five hundred thousand have orthopedic and plastic defects, thousands have cerebral palsy, thousands more epilepsy and many, many others. These are not mere statistics—they are children.


After World War I which showed our nation to be physically unfit there was a wave of enthusiasm for a better physical education program. States passed laws to require physical education in our schools, teacher training units were multiplied, and large sums of money were spent in erecting gymnasiums, and supplying other equipment. The picture has changed slightly. Today the emphasis is being placed on the mental aspect of health education.

As a result of this awakened interest there are more physical examinations and new courses in health. Some states are passing laws to make health education mandatory. The signs are good, but let us go further than this. The task of educators is "to guide change in the ways of living." For a health educator this means helping people to change from less healthful to more healthful ways of living.

A knowledge of health alone will not bring about this change. People do not always do the things they know should be done. They do the things they enjoy doing. Let us teach children to enjoy living. This we do by teaching them to enjoy good foods rather than by detailed lectures about nutrition. Let us not so much insist on physical exercise for exercise sake but use this opportunity for the fun to be had in vigorous
activity. In teaching safety let us make use of audiovisual aids which will arouse the child's native enthusiasm instead of making him memorize safety laws. Let us make our classrooms happy places in which right attitudes toward healthful ways of living are being taught.

This is a tremendous task; one that the health teacher, the nurse or the physician cannot handle alone; it will require the help of parents, kindergarten, grade and subject teacher, every special teacher and supervisor, every administrator and building custodian.10

In 1946 a Commission appointed by Educational Policies for Health and Physical Education compiled a program for the "Health and Physical Fitness of All Our Children." The objectives of the program were:

1. A complete physical examination at least once in each two years for every child in our country, whether in a large city, a small town, or on the farm.
2. Prompt and persistent follow-up of the physical examination with successful provision for all needed corrective and protective measures.
3. Instruction based on scientific information which will lead to the formation of desirable habits, attitudes, and appreciations in physical and mental health.
4. Special instruction in diet, with provision of at least one appetizing wholesome meal each day, provided by the school if necessary.
5. Opportunities for play and exercise which will provide needed physical activity and develop good muscular coordination.
6. Participation in a rounded program of

recreational activities which will carry over into after school life.\textsuperscript{11}

To show that the above six objectives need not remain merely a dream but can be realised the writer refers to an article in which the Norwegian School Health Service is explained. Twenty thousand children in the city of Oslo are examined at the beginning and end of the year. The school physician does not treat but refers children to the family physician. Thirty practitioners, four specialists, and fifteen nurses are on the staff. Since 1910 the city has sponsored the dental program. In 1936 free dental care was extended to all the elementary schools. Dental clinics were established in 1943. Dental hygienists have been employed for the last twenty years. Not only do these people believe in the corrective program but also the preventive. During 1944-45, 95 per cent of the children were examined in the nineteen clinics. Ninety-one per cent of those examined were treated. Oslo also has two psychological clinics.

For the past fifty years Oslo has sponsored school lunches. They have become noted for their famous breakfasts which they serve forty-five minutes before

school time. The teachers serve the breakfast and make use of this opportunity to teach the children table manners. An educational campaign was sponsored to teach the parents the value of a good breakfast and so today the majority of children take their breakfast at school. To supplement the regular physical activity program vacation camps are conducted and 92 per cent of the children enjoy these summer outings. This program is carried on not only in the city of Oslo but also in the rural districts of Norway. The extent to which it is carried out depends on the amount of funds the local organization is willing to subscribe to it, but it seems that these people see not only the need but also the philosophy behind this program and therefore are eager to give it their wholehearted support.\textsuperscript{12}

B. The Place of the School in Health Education

"Health education includes all those individual experiences through which a person's habits, attitudes, and knowledge in the field of individual, community, or racial health are improved." The agencies concerned with health education, as mentioned before, are the

\textsuperscript{12}Anna Kalet Smith, "Norwegian Schools Offer Health Service to Children." \textit{Educational Digest}, XIII (May, 1948), 23-25.
public agencies for health and education, the health department and the schools,\textsuperscript{13}

Health officers are turning more and more to the school for help in presenting their education program. They are beginning to realize that one-fifth of the community population is in school, and that the school-aged individual is the one most likely to accept health instruction if he can be made to see that he will profit by it not only now but later. "The school is an avenue to the home." Ever since colonial times the school has been the center of educational activities. In recent years, especially, schools have been emphasizing individual instruction and shaping the program to his needs.

The school has many opportunities for health education in the regular program. In some schools health instruction is given directly, but in most cases indirectly through such media as the following: physical examinations, immunization, tuberculin testing, health inspection by teachers, routine weighing and measuring, lunch periods, adjusted physical education programs.

It is important that the facilities for health mentioned in the next section be available in schools.

above be made use of in the daily life of the child. Therefore parents also must be taught to see the value of the health program and do their part in providing a healthy, happy home environment in which the children can put into practice what they have learned in school.\textsuperscript{14}

Because of the difficulties of family life today, the school offers the most promising place for mental health programs. Very often the first deviations take place in the elementary school. The child upon entering school has to make three major adjustments, one to the teacher, the second to his classmates, and the third, to himself and his own limitations. The teacher in the classroom is the logical person for promoting mental health; she is in a position to "help children grow up and achieve maturity with some degree of sanity, and adequacy for social living." The school should become an agency of child conservation, of preventive medicine and health care, and of mental hygien. This does not mean that the school should become a child guidance clinic. The guiding principle of the school should be, "Start with the child and encourage and guide him in his own way and at his own rate to meet the school requirements."\textsuperscript{15}

\textsuperscript{14}Ibid., p. 3.

\textsuperscript{15}Lawrence K. Frank, "Mental Health in Schools," \textit{Education}, LXVI (May, 1946), 546-55.
Dorothy Hutchinson says, "Health education in the schools is a triangular affair with health teaching the base, health examination and physical education the sides of the triangle."

"The school health program is made up of these component parts, each with its own distinctive purpose but at the same time so interwoven with the others that no one can function completely by itself while all have the same ultimate objective--health." To secure the most satisfactory results these phases must be coordinated. The doctor, nurse or specialist upon whom depends the health examination will never achieve the desired results without the wholehearted cooperation of the teachers and school administrators. Upon this coordination depends the success of the whole program.

In order to insure success in an undertaking of this kind schools have found it advisable to work under a Health Council, whose principal function is to unite the Health service of the community with that of the school. This idea of a Health Council for smaller schools is a rather new one, but one which might be a

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solution to the problem in our schools.

In 1941 the Mound Health Council was formed. Mound is a little village in Minnesota, near Lake Minnetonka, with a population of less than a thousand people. The school superintendent of the consolidated school there decided that something should be done about the health program in the school and community. He called a meeting of the members of the local health service, members of the school staff, and of the people interested in the program.

The Council's three main objectives were:

1. To coordinate all activities in the departments interested in health.
2. To provide a healthful school environment.
3. To assist in keeping the community informed of health problems.

After some time this Council saw a definite need for coordination of health activities. Curriculum changes were needed. Trained teachers in health instruction were required. The school nurse's greatest contribution should be in follow-up work and in assisting with teacher-training. The Health Council was needed to promote school-community relationship. Schefferers in his article describing the plan says that the keynote in the health program of the school is cooperation. "The School Health Council with organized education and with the authority
of organized medicine behind it, has the largest and most potential important task ahead."18

C. Physical Education in Health Education

Opinions differ as to whether or not physical education should be included in the health education program. Health in Schools comes to the defense of combining the two in these words:

Regardless of the point of view, it must be recognized that physical education makes a distinct contribution to physical, mental, emotional, and social health and must be included in a consideration of the school health program.

By the most approved methods, through instruction and training, the human organism should be developed as harmoniously and completely as possible. Through the daily use of activities, such as individual exercises, rhythmic activities, games, gymnastics, athletics, and hiking, physical and social fitness must be established and maintained.19

During the war a great many schools, both elementary and secondary, inaugurated physical fitness programs. These consisted primarily of conditioning exercises and formal activities. Children in the elementary school are in the process of growth and development and instead of these formal activities should have directed play periods. Consequently, there was an urgent need


19Health in Schools, op. cit., p. 22.
for a revision of the physical education program.

In this revision it was found advisable to make use of the classroom teacher as the instructor of physical education in the elementary schools, in many of the states. In Illinois for example, 90 per cent of the rural and city elementary schools have physical education daily because it is regarded as important as any other subject in the curriculum. The classroom teacher takes her children out to the playground and teaches them the games and activities suited to their grade levels. At first the teachers were hesitant and many were not enthusiastic over this added duty but today they are pleased with the program because the old problem of the "free for all" recess period has been solved. Schools with large enrollments stagger their physical education periods during the day.

The private and parochial schools have done much to intensify their program in health and physical education also. In the Springfield Diocese Bishop James A. Griffin saw the need for improvement of the teaching of health and physical education and appointed a full-time director for the seventy-four schools within his diocese.²⁰

Miss Mary Louise Curtiss is in charge of the physical education program in the Archdiocese of Cleveland. Her task is to instruct the regular classroom teachers of the 129 parochial schools. The program consists of body-building exercises, rhythm and games. The activity is of the strenuous type that children like and need. The program is flexible; for instance, in the schools of strong nationality trends children are taught dances to their ancestral music and the boys and girls in the upper grades are learning the basic steps in American folk and social dancing. Miss Curtiss insists that physical development of the child is not the sole end and aim.

We have brought to thousands of children a newfound thrill in the wholesome enjoyment of a type of physical training, which at the same time, fosters poise, normal social attitudes, group activities and responsibilities, a love of fair play, generosity and cooperation.21

D. The Teacher’s Place in Health Education

The position of the teacher in the Health Program is an important one. Doctor George M. Wheatley explains the teacher’s place in the following paragraph:

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At present when any satisfactory tests for defects other than hearing and vision are lacking, the alertness of the teacher concerning children's behavior and appearance and her general knowledge about individual children are of enormous value to the doctors and nurses who serve the schools. Teachers are with the children every day, nurses and doctors only occasionally. The hope for practical school health service lies in enlisting the cooperation of the teacher and improvement of her knowledge of child health and behavior. It is important to bear in mind that those responsible for health services must be tactful. Sometimes we have given the impression that we are unloading some of our work on the teacher. We are aiming not to make a diagnostician out of the teacher, but rather to improve her ability to understand when a child is well and when he is ill.

To make the best use of her position the teacher should realize her responsibility. The teacher has the opportunity of learning the "characteristic appearance" of each child and so she can detect when a child is well or ill. Very often parents are slow to see peculiarities in their own child; whereas the teacher who sees this child with other children notices deviations at once. For example, a very cooperative child becomes inattentive and listless, or a bright child is having reading difficulties. The teacher is not expected to diagnose the case but she is able to refer her observations to the school physician or nurse.

In this way the teacher becomes an important

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factor in the mental health of children. Father James F. Moynahan says:

The teacher can do much to nip in the bud incipient problems if she knows the danger signals and can recognize the child's need for help. She can set a tone or create an atmosphere which may precipitate problems in her children.

It is of prime importance that the teacher know what the basic needs and tendencies are and also the stages in the elementary school in which problems are more likely to arise.

The teacher must learn to know children and children's problems and see these in the light of the child's personality. "She must not look upon the child as an immature adult, and read adult concepts into child problems." Mental hygiene is but a new name for a sound philosophy of life. It is the duty of the catholic teacher to develop mental health as well as physical health.23

Health instruction in the elementary grades is also the responsibility of the classroom teacher. Health teaching should consist mostly in forming worthwhile habits and attitudes. The alert teacher realizes the

importance of pupil activity in health instruction and therefore makes the most of life's experiences. The teacher can contribute to education for democratic living in many ways, but first and foremost through building healthy bodies and healthy minds. The pupil should be taught to respect his own person as well as that of others; he should be taught to be responsible for his own health as well as that of others. The teacher will make him realize that it is poor policy for him to be about when he is coming down with a cold or other contagious disease because he is endangering the health of others.24

Among the other duties devolving on the classroom teacher is that of conducting the physical education period. Since the teacher is familiar with the individual differences of her charges there is no one better fitted for this position. "A specialist is apt to divide the children into two groups; those who can, and those who can't." A classroom teacher's knowledge of her pupils will aid her in adjusting her program to individual differences. In her tactful way she will modify her program so as to include all. It will be not

only her duty but her privilege to make physical education a part of the educational system. Curtiss says:

It is not every adult who has the opportunity to invade the play realm of childhood. If the teacher is smiling, enthusiastic, willing to exert the same amount of energy expected from her pupils, the happiness which comes with seeing bodies strong and erect, with muscles firm and well-toned, and young eyes bright and eager, with many a wonderful play, will indeed be hers.25

Hutchinson says the teacher has four great responsibilities. In the first place she must possess the necessary knowledge of physiology, anatomy, hygiene, and health habits. Secondly, the teacher must be in a position to vitalize this information. Thirdly, the teacher must aim at always being "gloriously well." Health for health's sake does not make a sale. To sell "Health Education" to pupils the teacher must prove that health is an essential element for the complete enjoyment of life. Lastly, the successful teacher must see to it that each fact taught is made to function in the life of the pupil.26

Teachers of children need to prepare themselves, for their work is an all important one. Teacher Educator Institutions should place more emphasis on teacher


preparation for health and physical education. The standards in that field need elevating; it is essential to have good instructors. Teachers need to broaden their outlook; they need to prepare themselves for the task before them, namely, that of becoming leaders in the field of health. 27

"Normal students, future teachers, should at the very beginning of their course become convinced of the value to themselves of good health in relation to success and happiness." The teacher's health is all important in education. Good example speaks louder than words. "A sickly teacher is a poor apostle of health." The teacher must be enthusiastic for health. The best teacher of hygiene will be the one who not only enjoys good health but who also practices the health habits she wishes the children to learn and practice. 28


CHAPTER II

THE PROBLEM

For the past fifteen years or more the elementary schools in the state of Minnesota have been stressing the teaching of science in place of a regular course in health. Educators aimed at making health education an integral part of all related subjects with the result, in only too many cases, that it became the sorely neglected subject. Today there is a decided trend back to a specific program of health education. Teaching health only in certain periods of a child's development has proved not to be the correct procedure. Youth has particular problems at each stage of growth and development, therefore health instruction must be given at all grade levels.

The School Sisters of Notre Dame conduct sixty-six elementary schools in the Mankato Province. Four of these schools are located in the state of Washington; two in South Dakota; five in North Dakota; five in Iowa; and fifty in Minnesota. A list of these schools will be found on page 128 of Appendix C. Health education is not compulsory by law in any of the above mentioned states, and therefore because of the already over-crowded
curriculum the health program in these schools has suffered in recent years.

Specifically, the writer investigated the following elements of the health education program in the sixty-six schools conducted by the S.S.N.D.'s of the Mankato Province: (1) The Health Service. (2) The School Environment. (3) The Hygiene of the Instructional Program. (4) The Direct Health Instruction Program.

A. Questionnaire to the Principals

A questionnaire covering the general plan of the health program was submitted to the sixty-six principals of the twenty-three city and forty-three rural elementary schools in the Mankato Province. Another questionnaire inquiring into the status of the Health and Physical education program was sent directly to the teachers of grades one, four, and eight, respectively. The writer felt that the data furnished by these three grades in a school would present quite a fair picture of the health instruction plan of the entire school.

The first phase of the health program, namely, the health service, was investigated in questions one, two, and three, respectively. The purpose of the first question was to find out how many schools had the services of a nurse, and how much time was devoted to the
school, and the particular work done while in the school.

Dental Health was the topic of the second question. Under this heading were listed questions pertaining to the dental hygienist, the frequency of her visits, the use of dental cards and their results. The writer was interested in learning what the schools did for poor children who needed dental care so the principals were asked to check the organizations which aided them in this work.

In question three data on physical examinations was requested. In order to improve a program it was necessary to find out what conditions prevailed. The first question asked was how many schools had a school physician and who sponsored this service; if the school kept a record of the family doctors, and if not, what procedure was followed in emergency cases. The principals were asked to check their program for the prevention of communicable diseases.

The next question referred to the health record systems and first aid facilities.

Question five surveyed the health education of the staff and the health instruction program. The writer asked for the number of teachers that had special training, what courses they had taken; whether they were teaching health as a separate subject or as a part of
the science or physical education course; or whether they were integrating it with the whole program.

The field of physical education was examined in topic six. To find out how many schools had qualified teachers was the first question. Their qualifications, courses pursued, and institutions attended were to be indicated. Whether the classroom teachers had to teach their own physical education was asked. The principals were asked to check a list of equipment which they had in their schools and to indicate the source of the funds to supply this equipment.

Question seven was intended to find out how many schools had the School Lunch Program and who sponsored it, as well as how many pupils benefited by it.

A few items concerning the sanitation problem were to be checked in question eight.

In question nine the principals were asked to make suggestions for a better health program. A special appeal was made for suggestions concerning the treatment of the physically handicapped.

B. Questionnaires to the Teachers

The questionnaire to the primary teachers was designed to give the writer an over-all view of the health and physical education program in the classroom.
question one referred to the regular morning inspection.

In the second question the writer tried to find out the teacher's objectives in health education; whether or not health was taught as a separate subject in her class and the plan of procedure used in teaching.

Next an inquiry was made about the text and the particular course of study the teacher used, if any.

In question four recommendations for valuable free materials that were particularly helpful were requested.

The teachers were asked in question five to check the units which they stressed and to rank them according to emphasis.

Information regarding the frequency and length of the physical education period as well as the place where classes were conducted was requested in question six.

Question seven referred to the relaxation period. Question eight was intended to find out whether these teachers were alert to the importance of health records in the detecting of contagious diseases.

In the final question suggestions were sought.

The questionnaires submitted to the fourth and the eighth grade teachers were constructed in a similar
manner and in general the same fundamental aspects of the instructional program were covered.

To the question referring to the physical education program three questions were added in the fourth grade. The one was to find out whether boys and girls were taught separately and the others asked for the text and plan used.

In question seven the fourth grade teachers were asked to state whether they favored a text or preferred to collect units from supplementary sources.

An additional topic on the questionnaire to the eighth grade teacher was the First Aid Instruction discussed in question four.

Copies of these four questionnaires are included in Appendix B.
CHAPTER III

THE EVALUATION OF THE SURVEY

A. Principals' Questionnaire Returns

In reply to question one of the Principals' questionnaire referring to the Visiting Nurse in the school, thirty-two schools reported that a county nurse visited them on an average of once or twice yearly; fifteen schools had the services of a city nurse who visited from one to four times weekly in the largest city school; but nineteen schools reported that they had no nurse at all. Surprising it was to note the eagerness of some of these sisters to secure nurses' services while on the other hand a number of those having nurses seemed rather discouraged and dissatisfied with their work. Because of the large number of schools and pupils assigned to the visiting nurses today, the work they do does not measure up to expectations. The sisters felt that they had to carry the greater part of the burden. Out of the forty-seven schools having nurses' services weighing was done by only twenty-five nurses; audition testing, by twenty-nine; vision testing, by thirty-five; dental and cleanliness checking, by twenty-six; and follow-up work by thirty-five.
The comments made impressed the writer with the feeling that the co-operation between the nurse and the teacher in the health education program was extremely weak.

Fourteen schools reported that they had the services of a dental hygienist who made from one to three visits during the year. Fifty-two schools did not have this help but even though they were without it, the dental aspect of the health program was not too bad. Forty-nine schools reported that dental health cards were distributed to the children and returned with good results. Twenty-six schools stated that their rate in attainment for dental care for every child was good; in fact, three schools reported that they were the first in their respective counties to achieve one hundred per cent dental care for each child. In twenty-three schools the rate was fair, in five it was poor, and in twelve no dental projects were carried on. Of the schools that attained these better ratings the expenses for the dentists' ministrations for poor children were defrayed by the Child Welfare Board in four instances; by the Dental Health Clinic in nine; by the school in one; and in five cases by other community organizations.

The question referring to physical examinations other than the nurses showed that there indeed was much
to be done. Only eight schools had physical examinations for their pupils and six of these had it only for children upon admission to the school. One school had physicals for their pupils twice during grade-school life, and one other school had it three times. The last mentioned report came from a small town school. Only six schools had the services of a school physician and his ministrations were provided for in one instance by the school, the Parent Teachers Association took care of the expenses in two schools; whereas in three, other community organizations defrayed the cost. Only thirty-one schools kept records of family doctors to be called in emergencies. Evidently thirty-five schools had not as yet realized the value of such records especially in diabetic and heart cases in the school. As to the procedure used in emergency cases thirty schools called the parents; thirty-one, the family doctor, while five schools called any available doctor. The returns on the question pertaining to the program for the prevention of communicable disease brought in the following results: in thirty-one schools the schick test had been given; in forty-eight schools diphtheria inoculations were performed; in forty-one schools smallpox vaccinations were encouraged but performed in either the health office or by the respective family physicians; in
thirty-three schools the children had the Mantoux test; in nineteen schools the chest x-rays had been taken; in ten schools ringworm lamping was done; and in one school the tetanus inoculation was given, while in one other the scarlet fever inoculation was also administered.

Forty principals reported that health records were kept in the general office. The teachers in forty-nine schools had access to health records. The ideal set-up existed in but a few schools, namely that copies were kept in the classroom as well as in the office. Surprising it might be for the teachers in small schools to note that this was not the situation in our city schools where today the health records are in the hands of the school nurse only. The writer feels that until some form of day-by-day record sheet is placed in the possession of the teachers there will not be the cooperation which should exist.

Emergency first aid supplies were kept in sixty-four schools. Fourteen schools had facilities for taking care of the sick in the nurses' room, thirteen had a cot in the waiting room, while thirty-nine had no private place for such emergencies. Fifty-four schools had at least one staff member qualified for administering first aid.

Question five in which the writer asked for
information regarding the health education of the staff members brought out the following statistics: thirty-two schools had at least one member qualified to teach First Aid; eleven schools had teachers who had courses in Home Nursing; several schools had sisters with courses in physiology and hygiene while two schools had staff members with special courses in Child Health Training and School Health Problems.

Only in thirteen schools was health taught as a separate subject and of these schools three were in Iowa, five in North Dakota, two in Washington, and three in Minnesota. Thirty-eight schools taught health in connection with the science courses, three included it in the physical education work, while twelve integrated health with the whole program.

The physical education program which in most instances had received a little more attention than the health program was surveyed in question six. Forty-two schools had staff members qualified for teaching physical education. Our own training department, since 1942, had been emphasizing courses in physical education. Classes that year were conducted by two instructors from the Mankato Teachers College. Sisters also attended physical education classes at Mount Mary College, Diocesan Teachers' College, Mankato Teachers College, and
Holy Name College.

It was during the course taught at Mankato that the instructors and students in the class worked out the tentative Notre Dame Physical Education plan which today is being used in part at least in the fifty schools that teach physical education. Most of these schools had at least the minimum requirements of the following equipment: soccer balls, volley balls, softballs, bats, jumping ropes, rubber balls, Indian clubs, and whistles. A few schools also had deck tennis rings. In addition to the school funds for paying for this equipment the parishes in seventeen cases helped supplement funds; whereas in three others, local organizations lent a willing hand. In most schools, too, the children were most generous in sharing their own bats, gloves, mitts, jumping ropes and so forth with other members of their classes.

The Federal School Lunch Program was sponsored in twenty schools. Five schools took care of it themselves; in eleven, some parish organization supervised it; while in four schools the Parent Teachers Association sponsored it. Approximately 1,815 children availed themselves of this facility. In two of the schools the relations between the public and parochial schools were such that the rural children of the parochial schools were invited to share the benefits of this program with
the public school children and the project worked out beautifully. In twenty-six schools where meals were not served, milk or chocolate was available for the noon lunch, but twenty schools made no provision for supplementing the cold, dry lunch the children brought from home. Of the twenty-six schools serving milk only eleven took advantage of the Federal School Lunch Program.

Question eight, which referred to the sanitation problem, brought to light the following factors: sixty-five schools now had sanitary drinking fountains; this left only one school where the individual drinking cup was still the problem. Fifty-four schools were equipped with paper towels and soap. There were still twelve schools without these necessary aids in the establishing of the cleanliness program which, after all, is a vital part in any health project.

To question nine in which the writer invited the principals to make suggestions for a better health program some very fine ideas were proposed. Some of these will be discussed in the following chapter but a brief mention of them, at least, is not out of place here. One sister submitted a very fine list of twenty-six points to be used to discover the visual deficiencies among children. Another enclosed a day-by-day record
sheet which the teachers in that school used with success; after some time there was a nurse-teacher conference the result of which was, as a rule, a visit by the nurse to the child’s home to secure the cooperation of the parents in securing medical attention for the child. Quite a number of principals stated that the first requirement in a new health program should be a uniform text throughout the system. A very interesting as well as a worthwhile unit to be used in taking care of children with speech defects was submitted by another sister. Several sisters expressed the need for help in working with speech defects, these seemed to be a real Notre Dame problem. Suggestions for a hot lunch program were offered by several sisters, also. Another co-worker, a physical education teacher, made some suggestions for the proper care of the feet and the need for help in solving posture problems. The need of a qualified janitor to help in making the building and surroundings inviting, sanitary, and healthful was expressed by one sister as being in her opinion a very important item in the health program of any school.
<table>
<thead>
<tr>
<th>TABLE 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUMMARY OF THE PRINCIPALS’ QUESTIONNAIRE RETURNS</td>
</tr>
</tbody>
</table>

I. Visiting Nurse

a. Employed by
  - County: 32
  - City: 15

b. Frequency of visit
  - County: 1 or 2 a year, some less
  - City: 1 to 4 a week

c. Length of visit
  - County: 1 to 2 days
  - City: 1 to 3 hours a visit

d. Her work
  - 25 Weighing
  - 29 Audition Testing
  - 35 Vision Testing
  - 26 Dental Check
  - 26 Cleanliness Check
  - 35 Follow-up Cases

II. Dental Care

a. Dental Hygienist
  - Yes: 14; No: 52

b. Frequency of visit
  - 2 or 3 times yearly

c. Use of dental cards
  - Yes: 49; No: 17

d. Rating of school in dental care
  - Good: 26; Fair: 23; Poor: 5

e. Sponsor of dental health program
  - School: 1
  - Dental Health Clinic: 9
  - Child Welfare Board: 4
  - Other organizations: 3
  - None: 47

III. Physical Examinations

a. Physicals other than by nurse
  - Yes: 8; No: 52
TABLE 1—Continued

<table>
<thead>
<tr>
<th>b. Frequency of exam</th>
<th>6 upon admission to school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 twice during grade school</td>
</tr>
<tr>
<td></td>
<td>1 three times during grade school</td>
</tr>
</tbody>
</table>

c. School Physician | 6 Yes; 60 No. |
d. Service provided for by | 1 School |
|                      | 3 Community Organization |
|                      | 2 Parent Teachers Association |

e. Record of Family Doctors | 31 Yes; 35 No |
f. Procedure followed | 30 Called parents |
|                      | 5 Sent for any available doctor |
g. Program for Prevention of Communicable Diseases | 31 Schick Test |
|                      | 48 Diphtheria In. |
|                      | 41 Smallpox In. |
|                      | 33 Mantoux Test |
|                      | 19 Chest X-ray |
|                      | 10 Ringworm Lamping |
|                      | 1 Tetanus In. |
|                      | 1 Scarlet Fever In. |

IV. Records, other Facilities

<table>
<thead>
<tr>
<th>a. Health records in office</th>
<th>40 Yes; 26 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Health records available to teachers</td>
<td>49 Yes; 17 No</td>
</tr>
<tr>
<td>c. Emergency First Aid Supplies</td>
<td>64 Yes; 2 No</td>
</tr>
<tr>
<td>d. Facilities for sick in school</td>
<td>14 Nurse's room</td>
</tr>
<tr>
<td></td>
<td>13 Cot in waiting room</td>
</tr>
<tr>
<td></td>
<td>39 No private place at all</td>
</tr>
</tbody>
</table>
TABLE 1—Continued

**V. Health Program**

**a. Staff Members trained in health education**  
32 Yes; 34 No

**b. Courses taken**
- First Aid
- Home Nursing
- Physiology, Hygiene
- School Health Problems
- Health Training

**c. Health education, a separate course**  
13 Yes; 53 No

**d. Part of the science course**
- Physical ed. course  
  - 38 schools
- Integrated with program  
  - 12 schools

**VI. Physical Education**

**a. Staff members qualified for Phys. Ed.**  
42 Yes; 24 No
- Physical Education
- Recreational Games and Folk Dancing

**b. Courses were taken**
- Diocesan Teachers College
- Mankato Teachers College
- Mount Mary Extension
- Holy Name College

**c. Classroom teachers taught phys. ed.**  
50 Yes; 16 No

**d. Schools that had phys. ed. had at least the minimum equipment.**
TABLE 1—Continued

e. Supplied by the School and helped by
   the Parish in 17 cases
   other local organizations in 3
   the children in 17 cases

VII. School Lunch Program

a. School Lunch Program . . . . 20 Yes; 46 No

b. Sponsors of Program . . . . 5 School
   11 Parish
   4 P.T.A.

c. Part of the Federal Lunch
   Program . . . . . . . . . . 20 Yes

d. Approximate number of chil-
   dren availing themselves
   of it . . . . . . . . . . . . . . 1615

e. Milk or chocolate with
   noon lunch . . . . . . . . . . 26 Yes; 40 No

f. Milk supplied by child
   himself . . . . . . . . . . . 15 Yes
   Fed. Lunch . . . . . . . . . . 11 Yes

VIII. Sanitation Problems

a. Sanitary Drinking Fountains 65 Yes; 1 No

b. Individual Drinking Cups . . 1 Yes

c. Paper Towels . . . . . . . . . 54 Yes; 12 No

d. Soap . . . . . . . . . . . . . . . . . . 54 Yes; 12 No

IX. Suggestions . . . . . . . . . . 9 Responded

A text for all grades
A record sheet for the teacher
A unit of speech helps from the U. of M. dis-
   tributed by the Mobile Speech Clinic
More frequent audition testing
More stress on posture and foot care
Pre-school clinics
A guide sheet to help detect visual deficiencies
Safe and Health Living Series as a text
Need of janitors' co-operation in the health program
B. Primary Teachers' Questionnaire Returns

Thirty-seven primary teachers reported that they held regular morning inspection. Hands and wrists, skin, eyes and posture were examined. The writer hopes that the majority of the other primary teachers who did not have the regular morning inspection agree with some members of the medical profession who do not advocate this hurried morning inspection, but believe in a constant alertness on the part of the teacher to notice anything unusual in a child in her class.

Only five primary teachers conducted a regular health period; the other sixty-one teachers integrate health instruction with a reading period as a rule, and from comparison with the fourth and eighth grade returns the writer finds that in this grade the health lesson was taught at a time when most needed. All sixty-six teachers realized that their responsibility was to develop desirable attitudes toward healthful living.

Teachers in twenty-one schools used a text book in this work; eleven of them used the Scott Foresman Health Readers, several worked with Lyons and Carnahan's new series, and still others used the Ginn publication. Sixty-one teachers followed no particular course of study, the five that did were following the course prescribed for the states of Washington, North and South Dakota.
here again the Minnesota schools were on their own.

None of the sixty-six teachers confined their work to textual material, but it seemed only forty-two sisters really made use of the much valuable free material to be had. The attractive food charts from General Mills, helps from Ipana on teeth, the units on health in the Grade Teacher, and also in the Normal Instructor were recommended by a number of Sisters.

Question five, asked what units were stressed in Grade One. Fifty-seven teachers stressed cleanliness; fifty-one stressed posture; thirty-nine stressed food; twenty-eight, rest; and twenty stressed disease. Fourteen Sisters gave this order of emphasis: cleanliness, food, posture, rest and disease.

Twenty-five primary teachers conducted a daily physical education period. Nine had one twice a week; sixteen less than that; and sixteen had none at all. The length of these periods varied, twenty had twenty minute periods; twenty-two, fifteen; while six had shorter periods than that. Only one teacher had a thirty minute period. Classes were held outdoors by thirty-four teachers, fifteen had the use of a gymnasium for part time work; while seventeen had to use their classrooms when weather did not permit outdoor activity. The latter was anything but the ideal situation but it
did not work out too badly in the primary grades.

Only thirty-three primary teachers kept a health record for each child. This again the writer feels is a terrible state of affairs, and one which needs careful consideration in the proposed program.

Fifty-six teachers stated that they were particularly alert to contagious diseases, and their symptoms. It might be of interest to note here that one of these teachers developed a case of diphtheria this year and another one was a polio victim.

Among the materials suggested to help co-workers in the field were: A series of booklets by Winifred Randall, University of Chicago; Elementary School and Health Booklets by Edith C. Maddox, National College of Education, Evanston, Illinois; Booklets from Mutual Life Insurance Company; Blackboard Lessons on Food, from wheat Flour Inc., Chicago, Illinois; How We Protect Ourselves, a unit from Mankato Teachers College; Spic and Span booklets; Under the Roof, by Crattree, Walker, and Canfield, University Publishing Co., New York; Materials from Ipana Tooth Co.; and the "Curriculum Series" as a supplementary reader.
<table>
<thead>
<tr>
<th>TABLE 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUMMARY OF PRIMARY TEACHERS' QUESTIONNAIRE RETURNS</td>
</tr>
</tbody>
</table>

I. Morning Inspection .................................. 37 Yes; 29 No

Consists of examination of

- Hands and wrists ............ 37
- Skin .................................... 22
- Eyes ................................... 7
- Posture ................................. 23
- Mouth and throat ............... 0

II. Health Instruction

a. Health class ................. 5 Regular 61 Integrate

b. Units as needed ............. 66 Yes

c. Create desirable attitudes .. 66 Yes

III. Health Textbook

a. Health textbook used in 21 schools
   - Scott Foresman Readers .. 11 schools
   - Lyons and Carnahan ...... 3 schools
   - Ginn Pub. Co's ............. 7 schools

b. Course of Study ............. 5 Yes; 61 No

c. Teachers used other than textual material 66 Yes

IV. Health Teaching Aids

a. Teachers avail themselves of material 42 Yes; 24 No

b. Recommendations
   - Attractive Food Charts, General Mills
   - Ipana Tooth Co. booklets, etc. even a set of teeth
   - Units from the Grade Teacher
   - Units from the Normal Instructor
### TABLE 2--Continued

#### V. Units stressed in Grade One

<table>
<thead>
<tr>
<th>Unit</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>57</td>
</tr>
<tr>
<td>Food</td>
<td>39</td>
</tr>
<tr>
<td>Disease</td>
<td>20</td>
</tr>
<tr>
<td>Rest</td>
<td>28</td>
</tr>
<tr>
<td>Posture</td>
<td>51</td>
</tr>
</tbody>
</table>

b. According to emphasis 14 had

<table>
<thead>
<tr>
<th>Emphasis</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>28</td>
</tr>
<tr>
<td>Food</td>
<td>19</td>
</tr>
<tr>
<td>Posture</td>
<td>19</td>
</tr>
<tr>
<td>Rest</td>
<td>15</td>
</tr>
<tr>
<td>Disease</td>
<td>12</td>
</tr>
</tbody>
</table>

#### VI. Physical Education

<table>
<thead>
<tr>
<th>Period</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 daily</td>
<td>20</td>
</tr>
<tr>
<td>9 twice a week</td>
<td>12</td>
</tr>
<tr>
<td>13 less than that</td>
<td>10</td>
</tr>
</tbody>
</table>

a. Length of period

<table>
<thead>
<tr>
<th>Length</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 20-min. periods</td>
<td>22</td>
</tr>
<tr>
<td>22 15-min. periods</td>
<td>15</td>
</tr>
<tr>
<td>6 less than that</td>
<td>10</td>
</tr>
<tr>
<td>1 30-min. period</td>
<td>5</td>
</tr>
</tbody>
</table>

b. Physical Education periods held

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td>17</td>
</tr>
<tr>
<td>Gym</td>
<td>15</td>
</tr>
<tr>
<td>Outdoors</td>
<td>34</td>
</tr>
</tbody>
</table>

#### VII. Rest Periods

<table>
<thead>
<tr>
<th>Length</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 one</td>
<td>33</td>
</tr>
<tr>
<td>6 two</td>
<td>36</td>
</tr>
<tr>
<td>5 to 20 min.</td>
<td>56</td>
</tr>
</tbody>
</table>

#### VIII. Health Record of each child

<table>
<thead>
<tr>
<th>Alert to symptoms of contagious diseases</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes;</td>
<td>33</td>
</tr>
<tr>
<td>No</td>
<td>36</td>
</tr>
<tr>
<td>Yes;</td>
<td>56</td>
</tr>
<tr>
<td>No</td>
<td>10</td>
</tr>
</tbody>
</table>

#### IX. Suggestions

- Supervised health exercises in fresh air
- The Curriculum Series as supplementary readers
- An outline to guide teachers as to how much and what to stress
- Audiometric tests for all children at least once a year
- Periodic opening of windows for short time helps keep the children alert
- An outline specifying material to be covered
- Scott Foresman Texts recommended as a basic
C. Fourth Grade Teachers' Questionnaire Returns

Of the sixty-six fourth grade teachers, thirty-two devoted no extra time to health education. Seven teachers had a program of fifteen minutes daily, and two had twenty minutes a day. Eight teachers had fifteen minutes a week; five had thirty minutes a week. Three teachers had fifteen-minute periods twice a week; four had twenty-minute periods twice a week, and again, only two teachers had the thirty minutes twice a week as suggested by the Minnesota outline.

Only ten fourth grades had health texts; of these, five used Lyons and Carnahan's Series; three used Scott Foresman's; one used Ginn's and another Macmillan's. Twenty-one of the thirty-four fourth grade teachers teaching health used units as needed, the others followed the author's outline.

Question four which was intended to determine what phases the particular author stressed was answered very unsatisfactorily.

Twenty-one fourth grades combined health education with the science course; three combined it with physical education, and thirty-three integrated it with other subjects; nine teachers did not answer the question.
Physical education was taught by forty-four of these teachers. Their periods varied in length from forty-five minutes in one school to as little as fifteen minutes in twenty schools. Eight schools had twenty-minute periods; sixteen had thirty-minute periods. Twenty-one schools had classes twice weekly, sixteen once a week, while only eight had a daily physical education period. In thirty-nine schools fourth grade boys and girls had physical education classes together; only six schools had separate classes.

Thirty-three of these teachers followed the School Sisters of Notre Dame physical education program and, therefore, used either Neilson-Van Hagen's *Physical Education for the Elementary School*, published by A. S. Barnes and Company, or *Play Activities for the Elementary School* by Dorothy La Salle.

On question seven only forty-six teachers committed themselves. Twenty-eight were in favor of a text while eighteen preferred to collect units from supplementary sources; twenty expressed no views at all. This was disappointing but the writer thinks it was just another proof that some teachers still had not awakened to the seriousness of the task, namely, developing the physical powers of these children before them.

The fourth grade teachers were very sparing with
their suggestions; the explanation for this, no doubt, was not a lack of interest in this work, but since they were doing so very little, they hesitated to make recommendations. More health work was done in grade one than in grade four and grade eight.

Several teachers suggested Richardson's file of cards, "Games for the Elementary School," published by Burgess Publishing Company, Minneapolis. Many of these games are included in the Notre Dame book but the writer thinks the teachers would like this set because it is so easy to handle. The work in the Grade Teacher was recommended by a number of teachers. Health charts by Fishbein were used successfully by some teachers. Units on health by The Educational Teachers' Service were also suggested as being very useful.

TABLE 3

SUMMARY OF FOURTH GRADE TEACHERS' QUESTIONNAIRE RETURNS

I. Time devoted to health teaching . . . 34 responded
   15 minutes—7 daily; 3 twice weekly; 8 weekly
   20 minutes—2 daily; 4 twice weekly; 5 weekly
   30 minutes—0 daily; 2 twice weekly; 3 weekly.

II. Health Texts used by pupils . . . . 10 Yes; 56 No
   1—Ginn Publication; 1—Macmillan
   3—Scott Foresman's; 5—Lyons and Carnahan
TABLE 3—Continued

III. Follow Author's Outline or Flexible Program . . . . . . . 7 follow outline

21 collect units as needed

IV. Because of the few schools using texts this answer was unsatisfactory.

V. Health was taught as part of the
Science course in . . . . . . . 21 schools
Physical education in . . . . . 3 schools
Health was integrated with other subjects in . . . . . . . 32 schools

VI. Physical Education Period . . . . . . . 35 schools

a. Length — 20 schools had 15-min. periods
   8 schools had 20-min. periods
   16 schools had 30-min. periods
   1 school had 45-min. once a week

b. Frequency—16 . . . . . . . once a week
   21 . . . . . . . twice a week

c. Place where classes were conducted
   9 used the classroom
   12 used the gym
   34 held classes outdoors

d. Texts used were either:
   Physical Education for Elementary Schools
   by Neilson Van Hagen, Barnes Noble.
   Physical Education by Richardson

e. Text or Units preferred . . . . . 28 prefer text
   18 collect units
   20 expressed no views

1 Some teachers did not answer all the physical education questions. So there is a discrepancy in the totals of question VI returns.
VII. Supplementary Materials Suggested . . 15 responded

1--Pictures and Pamphlets on health.
2--Discussions and classes.
3--Lyons and Carnahan series of health books.
1--Grade Teacher for units and skits.
1--Food Charts from General Mills.
1--Health and Hygiene Charts by Piachein.
2--National Dairy Council free material.
1--Blackboard Lessons on Food, Wheat Flour Inc.
1--Free Dental Books.
2--Richardson's set of cards for 144 games for physical education by Burgers Pub., Mpls.
1--Science Readers for health stories.
1--Macmillan's revised Health and Growth series.

D. Eighth Grade Teachers' Questionnaire

Only fourteen eighth grade teachers taught health as a separate course last year. Five of these teachers used "Personal and Public Health," as their text; two had the new Lyons and Carnahan's "Health for Young Americans" to work with; four used Wap's "Health Lessons"; one used "Health and First Aid"; another used "Healthful Living"; while still another used "Science in Living."

Health instruction was combined with the science work in forty-two of these Sisters' classes; seven teachers taught health in connection with the physical education program and three integrated it with all school subjects.

The regular First Aid Course was taught by twenty-four eighth grade teachers. Ten of these
completed the work in six weeks while the fourteen others spread the work over a period of three months. In nine schools a professional First Aid Instructor or a doctor checked the work of the pupils in bandaging and administering of artificial respiration.

To question five in which the teachers were asked to indicate the areas the authors of their texts stressed the replies were: six, community health; six, physiology; and two, nutrition.

Physical Education was taught by only twenty-seven eighth grade teachers. The writer thinks that the reason for this small number was that fewer eighth grade teachers had the physical education training required for this work, and that more eighth grade teachers are pursuing higher education with the result that the subjects which would be of present value to them in their daily teaching have to wait.

Twelve teachers had thirty minutes of physical education daily, while eleven had thirty-minute periods twice weekly; and two had a thirty-minute period but once a week. One teacher had a thirty-minute period four times a week, while still another had but one forty-five minute period a week. Twenty-two teachers had part of their program outdoors; eight used the classroom and only nine had access to a gymnasium for
part of their work. With older children more space was required for class-work and the general complaint was, "We had no room."

The School Sisters of Notre Dame's plan was followed by thirteen teachers, while most of the others had to conform to the physical education program of the state in which they taught.

In only four schools the graduates were given physicals, the records of which were handed on to the high schools which they were to attend.

Some of the suggestions and comments made by the eighth grade teachers in answer to question eight will be mentioned here. One teacher found the Health Units in the Grade Teacher very helpful. The skits in this same magazine made the teaching of health very much more interesting for another. The notes on Physical Education used in Miss Rooney's Course at Mount Mary College were recommended by one of the Sisters. "Youth on Guard Against Accidents" was used satisfactorily in a Safety Course. One of the physical education teachers highly recommended dance records, especially the square dance and good marches for schools where a musician is not available for the physical education periods. Health Charts illustrating the parts of the body and the systems were used to good advantage for the physiology part of the health
instruction. "Young America at Play," by C. Evan, University Publishing Company, Kansas City, was highly recommended by one of the teachers. A Nutrition Guide from General Mills Inc. was used very successfully in teaching the values of the different foods. The children enjoyed it so much that they ordered enough copies for each member of the class.

One teacher expressed this opinion on physical education classes in the rural districts. "Because of their active home life these children do not need physical education. More stress should be put on nutrition and general care of the body. In other words emphasize health education and not physical education."

After analyzing the findings of these four questionnaires the writer feels that there is a definite need for united action not only in health instruction as clearly shown by the grade teachers' answers to the inquiries but that the work must begin with the reorganization and co-ordination of all the phases of the health program in these sixty-six schools. The major problems are:

1. There is a definite need for a closer cood of united effort between teacher and nurse.

2. The value of health records is not yet appreciated.

3. Something must be done to provide space and facilities for caring for the children who become ill at school.
4. Until a separate health course is inserted in the school program health education will continue to suffer.

5. The physical education program has improved in most schools. To introduce the program in the other schools is the problem.

6. Inadequate space and equipment account for the small number of schools sponsoring the School Lunch Program.

7. The selection of a suitable text that will conform to the areas stressed in the state outlines.

8. The outlining of a plan of health education which will fill the needs of the teachers in these schools.

TABLE 4

SUMMARY OF EIGHTH GRADE TEACHERS’ QUESTIONNAIRE RETURNS

I. Health taught as a separate course . . 14 Yes; 52 No

II. Texts used--

5 used "Personal and Public Health"
2 used "Working Together for Health"
4 used "Warp’s Health Lessons"
1 used "Health and First Aid"
1 used "Healthful Living"
1 used "Science in Living"

III. Health was part of the science class . in 42 schools
Part of the physical ed. class . . in 7 schools
Integrated . . . . . . . . . . in 3 schools

IV. First Aid Course . . . . . . . . . . . . . . 24 Yes; 42 No

Time . . . . . . . . . . . . . . . . . . . . . . . . 10 six weeks
14 three months

Checked by instructor or doctor . . 9 Yes; 15 No

V. Author stressed . . . . . . . . . . . . . . 14 responded
Physiology
Nutrition
Community Health
VI. Physical Education

- Length of period:
  - 12 30-min. daily
  - 11 30-min. twice weekly
  - 2 30-min. once a week
  - 1 30-min. four times a week
  - 1 45-min. once a week
- Classes conducted:
  - 8 in classroom
  - 22 outdoors
  - 9 in gym
- Notre Dame Phy. Ed. Plan used: 13 Yes; 14 No

VII. Physical Examination before Graduation

- Physical records made known to teachers: 4 Yes; 62 No

VIII. Material Suggested

- Health units and skits in the Grade Teacher Physical Education Units taught by Miss Rooney at Mt. Mary College, Milwaukee
  - "Youth on Guard," for Safety Course
  - Dance records and marches for Physical Ed. classes
  - Health Charts for physiology units
  - Nutrition Guide from General Mills, Minneapolis
  - "Young America at Play," for Physical Education class
- Nutrition and General Care of the body should be stressed in rural communities rather than physical education
CHAPTER IV

THE PROPOSED PROGRAM

A. Administrative Factors

Smiley, speaking on "Solving School Health Problems" before the Minnesota Public Health Conference, November 14, 1947, said that we never had as much to work with in doing a health job as we have today, more funds are available than ever before. Never before have we had the scientific drugs and tools to use that we have today. When we have the things to use and do not put them to work, we are not doing a good educational job, because the media for education are not being used. The average expenditure for school health is seventy-eight cents a child per year.\(^1\)

The questionnaire returns which serve as a basis for the following program show that the sixty-six parochial schools included in the survey are among the many that are not making the most of a school health program.

Health services include those of a school physician, the family doctor, the dental hygienist, and the school nurse. In our province only six schools have school physicians and eight schools make provision for

\(^1\)Dean F. Smiley, notes based on his lecture.
physical examinations. There seem to be three major difficulties that account for this. In the first place the people still need to be educated to the importance of preventive medicine before they will give this project their support. Secondly, there is a lack of funds for promoting it as a school program, and lastly, the physicians who are interested in the schools are unable to help because of their already overcrowded practices. Because of the foregoing reasons there is not much that can be done about this service in our city schools. Since most of our schools are situated in rural areas, there would be the best place to start.

The plan used by the Hound, Minnesota, Superintendent explained in Chapter I seems to be a feasible one. If the village has a physician whose good will can be won over to the cause, his influence in the community may help in building up a health program. After discussing the problem with him, the principal should proceed to organize a School Health Council. This Council should consist of the physician, the pastor, several members of the staff, two or three influential members of the community, and the principal.

As the situation is today, these physicians cannot take over the work of examining; therefore, an appeal for help to the county should be the next move.
The ideal set-up for the time being would be to employ a county school physician to do the examining; this would be a full-time position for him. The treating should then be done by the family physician. The program for the prevention of communicable diseases which needs improving badly could then be handled satisfactorily. Until the time when this plan becomes a reality the Council should at least sponsor a pre-school clinic.

It is obvious that a pre-school clinic without the regular services of the school physician, dental hygienist, and nurse is anything but ideal; nevertheless, it is a step forward, in that parents and teacher will have something on which to build their preventive program. Until the schools succeed in procuring medical help, teachers should continue to stress the value of periodic examinations by the family physician.

Statistics show that the dental program in our schools is fairly adequate. In the city of St. Paul schools have the services of a dental hygienist and through her the children needing dental care are referred to either their family dentist or in the case of poor children to the St. Paul Dental Clinic. In the United States where there is only one dentist for every 1,866 patients, school superintendents in some states have tried to relieve the situation by permitting
children to have dental work done during class hours. Principals and teachers should be accommodating and happy to think that people have awakened to the need of dental attention, and willingly do all they can to see that all children receive it. The report shows that the use of dental cards does help to stimulate interest. To those schools that do not have the services of a dental hygienist the writer suggests the use of the puppet show sponsored by the Women's Dental Auxiliary. This has been received very enthusiastically in some of the schools.

An obliging, competent, understanding school nurse who realizes her responsibility in promoting the health program is an essential member of every school program. To those nineteen schools who are without a school nurse the writer suggests that the principals with the aid of the people of the community appeal to the county superintendent for the services of a county school nurse.

The forty-seven nurses working in our schools are employed by either county or city health departments. The writer is of the opinion that if these nurses were

school employees it would be an easier task to build up that spirit of co-operation between the members of the health service and the staff, which is so sorely needed. A kindly attitude, a willingness on the part of the principal to co-operate with the nurse in her routine duties will do much to make her work more pleasant.

The principal in conference with the nurse at the beginning of the term should make definite plans concerning the work to be done by the teachers. This should be carried out not only in the city schools but also in those rural schools where the nurse's visits are limited to one or two a year. If no personal meeting can be arranged, a satisfactory agreement can be made through correspondence.

Since school nurses are more familiar than the principals and teachers with the civic health facilities, nurses are in a better position to do the follow-up work. This work demands a great deal of their time, therefore the preliminary work of checking vision, weighing the pupils, and checking for cleanliness can be done by the class-room teacher. The questionnaire returns show little uniformity in regard to the work of the nurses; an understanding on that point would remedy the situation.
A correct attitude toward the nurse must be instilled in the teachers and pupils if her work is to be effective. The writer feels that in all too many cases the classroom teachers look upon the visit of the nurse as just another interruption in the day's routine. It seems teachers so quickly forget that caring for the health of the children before them is an essential part of the day's program.

Today when school records are so frequently called for it is most necessary that a health record be in the general office. This suggestion pertains primarily to the city schools because the rural school principals and teachers do have access to the records. It is true, the city school nurse spends a great deal of her time in clerical work for the Health Department Files but our schools do not benefit directly by this work. When the principal needs information about the health status of a child she has to consult the nurse for it, whereas a health record in the office would simplify matters for her. The Pupil's Health Record Card, Form 101 V, published by Farnham Stationery and School Supply Company, Minneapolis, is approved by the Minnesota Health Department, and would answer the purpose.

A special record for the information about the family physician and the procedure to follow in emergency
cases would no longer be necessary because that will be recorded on this record card.

In addition to this Health Record the teachers should have an observation sheet. The writer suggests simple mimeographed sheets to be inserted in a folder which will be easy to manage and takes up less room than a file on the teacher's desk. The form developed by the American Association of School Administrators, a copy of which follows, calls for simple checking and therefore would be a time-saver for the teachers.

A duplicate copy of this sheet should be submitted to the principal before the teacher contacts the nurse so that the principal will be in a position to discuss the case should it need further attention. According to the plan a check-up should be made every six weeks and the findings should then be transferred to the permanent record.

As soon as possible have the classroom teachers collect the data for the permanent health record and have them begin checking the observation sheets, so that when the nurse comes the teachers will be able to turn these sheets over to her and the follow-up work can begin. This will be a time-saver since the nurse will be expected first to take care of the children who need special attention and after that she can devote the rest
## Symptoms Observed by the Teacher

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EYES:
- Styes or crusted lids
- Inflamed eyes
- Crossed eyes
- Frequent headaches
- Squinting at book or blackboard

### EARS:
- Discharge from ears
- Earaches
- Failure to hear questions

### NOSE:
- Persistent mouth breathing

### THROAT:
- Frequent sore throat
- Recurrent colds

### GENERAL APPEARANCE:
- Very thin
- Very fat
- Does not appear well
- Tires easily
- Poor muscle co-ordination
- Bad posture

### BEHAVIOR:
- Emotional disturbances
- Speech defects
- Twitching movements
- Nervousness
- Undue restlessness
- Shyness
- Nail-biting
- Excessive use of lavatory

### HEALTH HABITS:
- Poor sleep habits
- Poor food habits

### ABSENCES FOR ILLNESS:
- Colds
- Stomach upset
- Others (specify)

(a) This check-up is for once every six weeks.

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3 Health in schools, op. cit., p. 43.
of her time to regular work.

In order to have the faculty do the work that is expected of teachers in Health Education today encourage the teachers, especially the primary teachers, to take courses in health. The records show that thirty-two schools have teachers with health courses but most of these consist of First Aid and Home Nursing. Mental Hygiene and School Health Problem Courses are very practical for the regular classroom teachers. Forty-two schools have physical education teachers, and since this problem is being taken care of in the training department this phase of the health program should soon be solved.

Until every member of the staff is qualified to teach her own physical education class the writer suggests that teachers exchange classes in order to provide a physical education period for every group. Do not deprive the children of this vital part of their education.

The work done on farms by the children does not take the place of physical education. This should do more than provide exercise.

Its aim should be to assist in the development of the total personality of the child in accordance with the objectives of Christian education through participation in the various worthwhile and desirable forms of physical activity.\(^4\)

\(^4\)School Sisters of Notre Dame, "Tentative Outline or Course of Study in Physical Education," p. 1. (Mimeographed.)
The recreational games and folk dances which are a part of this program teach children how to take care of another human need, namely, recreation.

With teachers prepared to conduct their own health and physical education courses the writer feels confident that Health Instruction will be considered a vital part of the curriculum. The need of a basic text in the fifty-three schools is imperative. Science texts do not offer sufficient material. If science must be taught in the grades teach it in connection with reading in the lower grades but have Health as a separate course in the school.

It is the opinion of the writer that the schools are passing up one of the most important opportunities of improving the hygiene of the instruction program when the School Lunch Program is not being sponsored. Only twenty schools are serving school lunches and approximately 1,800 children are benefiting by this program. Our elementary schools have an attendance of 12,775 children and all of these should be included in this project. In the city schools a large number of children bring a cold lunch because the parents are working all day, and then when they should have a good dinner in the evening the mothers are too tired to prepare it. Home conditions today are such that this nutrition problem is one for the
school to consider seriously. It is not so much the lack of funds that is the cause of malnutrition among the children but rather the thoughtlessness of the parents. Many principals excuse themselves because they claim they do not have the facilities. They fail to realize how little is actually required. This Lunch Program should be a parish project but the school will have to come forth and show the need for it.

Until the complete lunch program can be furnished there is no reason why the G type, consisting of milk or chocolate cannot be served. Principals who serve the mid-morning milk tell us that it does something for the children. Children that could not be made to take the milk at home will drink it at school because the other children do. Public schools reap the benefit of government aid but here is one chance that Catholic schools have of securing aid and the majority are not participating in the program.

Until the School Health Council becomes a reality the hygiene of the school environment will still be the principal's problem. According to Health in Schools:

The question of school sanitation is not limited to the provision of sanitary facilities but includes the instruction of pupils in the proper care and use of these facilities, the housekeeping procedures used in cleaning the building, and
the supervision of pupils to see that supplies or equipment are not misused.®

Strictly speaking the sanitation problem in the school should be the custodian's part of the health program. It is important, however, that the principals supervise the work because in many cases these men do not understand the importance of clean, well-ventilated, disinfected buildings.

It is up to the principals to see that First Aid Supplies are available at all times. The nurse's room is not the ideal place for these supplies. In large schools a First Aid Kit with minimum supplies should be in every classroom. One should be kept near the gymnasium so that in emergencies time will not be lost in running for supplies.

Thirty-nine schools reported that they had no private place to care for the sick. Here is a chance for the principals to show their ingenuity. In schools where space is the problem at least a screen and a portable cot in a waiting room would to some extent take care of the situation. Fifty-four schools have teachers prepared to administer first-aid. It would be well to have an understanding with the faculty that in emergency cases this teacher should be notified first.

®Health in schools, op.cit., p. 235.
Courtey then demands that her class becomes the principal's responsibility until the teacher is free to return.

Principals as co-ordinators in this Health Program have a tremendous job. In order to make it a success the co-operation of all is required. The following pages will contain suggestions for developing the instructional program.

B. The Instructional Program

Health is so vitally a part of all living experiences that it is impossible to circumscribe the health teaching program with courses, plans, and study outlines. The child gains health understandings, exhibits behavior of import to health, and develops attitudes toward such behavior in all phases of his school experience.

Consequently each teacher must recognize the importance of her position in the health program and do all in her power to improve it. Health instruction in the elementary school is not only a subject to be taught but it is to be a guide for healthful living, a development of healthful behavior.

The instruction program is determined by the needs and interests of the children. Since these vary in different localities it is left to the individual teacher to work out a most effective program. Health

6Health in schools, op. cit., p. 59.
in schools suggests five means to aid the teacher in discovering the needs and interests of the group. The teacher should become acquainted with the social, economic, and cultural background of the community. She will familiarize herself with the individual children's health records, and will observe these children at work and play to determine their behavior. The alert teacher will give children a chance to talk about their health interests. She will also make use of tests to aid her in determining the health background they have. 7

Because it is impossible for the writer to outline a definite plan of procedure for each grade the following suggestions are for all grade teachers.

The writer suggests that the questionnaire used in the introduction of this work may be a good starting point for any health teacher. It will give her a good picture of the health habits that have not carried over into the home.

Writers of Courses of Study seem to agree that health instruction must center around certain areas of health. The number varies from twelve to eighteen in those plans studied by the writer. In this work eight areas, as suggested in the Minnesota Curriculum

7Ibid., p. 62.
Bulletin No. 2, will be used as a basis. These are Safety and First Aid, Personal Appearance and Body Cleanliness, Prevention and Control of Communicable Diseases, Nutrition and Growth, The Teeth and the Mouth, Care of the Special Senses, Wholesome Personality, and A Schedule for Daily Living.

In setting up the instructional program the time element is important. The Minnesota Curriculum specifies sixty minutes per week, preferably three twenty-minute periods. Some may wonder why, in this thesis, the Minnesota Curriculum is not suggested for use in its entirety. The writer feels that for the present, because of our over-crowded classes and two-grade rooms, a modification of this program, with suggestions and ideas from other sources, will be more suitable.

In regard to the material needed for a successful health program first and foremost will be a modern text book. It is the opinion of the writer that if the children are to consider health as important as arithmetic or reading, they should be shown that good books in this field are at their disposal. To the fifty-three schools that have no text the writer suggests the new Health Happiness success series, grades one to eight, published by Lyons and Carnahan; the Revised Health and growth series, grades three to eight, by Macmillan.
Company; and the **Curriculum Series**, by Scott, Foresman and Company. These three series can be used very effectively in connection with the Minnesota Curriculum.

In the lower grades the writer would not suggest a text for each child. Since the pupils in these grades are divided into groups for reading periods a much better plan would be to put in several sets of Health Readers. Beginning in the fourth grade each child should have a text, plus available library books on health. Children in the upper grades are not satisfied with a text these days. If supplementary material is put at their disposal they will turn out some very fine work. Let the pupils use the text as a basis for their discussions and then, through the teacher's unit of work, the teacher can lead them on to outside reading. The writer would suggest that, if funds are the problem the teacher spend her allotment for library books on health material for a year. Besides books there are so many pamphlets and other worthwhile free material to be had that there is no reason for not making the Health Class the most interesting one on the program.

Several teachers in each of grades one, four, and eight suggested that speech defects were problems in the schools. The University of Minnesota sponsored a Mobile Speech Clinic this past year, and to those
schools who are not familiar with the material they have prepared for correcting speech defects, the writer suggests contacting Bryng Bryngelson, Director of the Mobile Speech Clinic. He will help solve the problems, and also send material, including a unit to be used as an aid in correcting stutterers, and drilling them in correct speech.

Since vision testing is going to be primarily the grade teacher's job, this observation sheet, worked out by one of the teachers who responded to the questionnaire for suggestions, will be serviceable in detecting difficulties.

**Observable Behavior which May Help Teachers and Mothers to Discover Visual Difficulties Among School Children**

1. Attempts to brush away blur.
2. Blinks continually when reading.
3. Cries frequently.
4. Has frequent fits of temper.
5. Holds the book far away from face when reading.
6. Holds his face close to the page when reading.
7. Holds his body tense when looking at distant objects.
8. Inattentive in reading lesson.
9. Inattentive in wall chart, map, or blackboard lesson.
10. Inattentive during class discussion of field trip.
11. Irritable over work.
12. Reads but a brief period without stopping.
13. Rubs his eyes frequently.
14. Screws up his face when reading.
15. Screws up his face when looking at distant objects.
16. Shuts or covers one eye when reading.
17. Thrusts his head forward to see distant objects.
18. Tilts his head to one side when reading.
19. Poor alignment in penmanship.
20. Reversal tendencies in reading.
21. Tends to look cross-eyed when reading.
22. When reading, tends to make frequent changes in distance at which he holds his book.
23. When reading, tends to lose the place on the page.
24. Confusions in reading and spelling: o's and a's; e's and e's; n's and m's; h's, n's, and r's; f's and t's.
25. Apparent guesses from a quick recognition of parts of the word in easy reading material.

Another worthwhile contribution by one of the Sisters is the following list of Immunization Rules which will be valuable in teaching the Prevention and Control of Communicable Diseases. While teachers may locate these rules in various texts the writer feels this teacher has made a valuable resume of them.

I. Smallpox
   1. During first year of life.
   2. Again upon entering the elementary school.
   3. Again upon entering the secondary school.
   4. Repeated whenever the child has been exposed to smallpox.
   5. A filterable virus used in procedure
      a. Scratch method
      b. Multiple puncture method

II. Diphtheria
   1. Ideal situation six to nine months old.
   2. In kindergarten and lower grades.
   3. Above age of ten immunization decreased in importance.
   4. Above twelve only done when advised by family physician.
   5. Toxin given off by living bacteria to which antitoxin is added is used.

III. Typhoid
   1. Highly effective but not necessary as a routine measure in all circumstances.
   2. Done routinely in communities with
      a. Poor water supply
      b. Milk not universally pasteurized
a. In rural areas
d. Where sanitation is poor
3. Duration of immunity about three years.
4. Three injections required.

IV. Whooping Cough
1. Should be done in infancy.
2. Bordet-Genouf bacilli used.
3. About four months elapse between the injections and the establishment of immunity.

V. Measles
1. Theoretically possible but not practically feasible.
2. Refer child to family physician.
3. If he deems advisable will immunize them.

VI. Scarlet Fever
1. Left to judgment of family physician
2. Mass immunization not advisable in view of the improvement of nursing and medical facilities and the availability of a serum for treating the more severe cases.

VII. Tetanus
1. Performed in combination with diphtheria immunization.
2. Prevented by the administration of an antitoxin in adequate dosage.
3. Athletic events or practice not to be held on fields where horse or cattle have been allowed to pasture.

The teaching of health includes both the health and physical education period. The physical education period, in the fifty schools that include it in their physical education program, is based on the Notre Dame plan. The writer suggests that this plan be used by all the schools. The time allotment for each grade should be a twenty-minute period for physical education and a fifteen-minute supervised play period, daily up to the
seventh grade. Grades seven and eight should have a thirty-minute period with no supervised play period. Since this plan has been worked out for all grades the writer will not include physical education in the units for grades one, four, and eight. Teachers who have been using the plan for some years now might be interested in adopting some of the materials which are suggested in the Minnesota Curriculum Bulletin No. 2.

As it is important for business people to take inventory of their business from time to time so it is advisable for teachers of health to examine their Health Education Activities. This inventory covers the Teacher and Program, Mental Attitudes, School Environment, Children and Their Health Behavior. A copy of this check-up could be kept in the folder with the children's observation sheets and, when these are recorded every six weeks, the teacher might check herself on these points.

**Teacher and Program**

1. Allows time for the children to wash hands at noon.
2. Provides one or more rest periods for the lower grades.
3. Takes time to correct posture.
4. Takes time to correct position in which books are held.
5. Gives evidences of sound health teaching
   - Relating it to children's needs
   - Relating it to children's interests
   - Correlating or integrating health values with other subject matter fields
   - Organizing studies of health problems into units
   - Artificial devices, not used
6. Supervised play activities at least once during the morning or noon recess.
7. Isolates children with colds or sends them home.
8. Encourages children to accept responsibility for own health progress.
9. Allows children to help in keeping room neat and livable.
10. Allows children to assist in daily health program by planning and carrying out such school responsibilities as: handwashing, keeping water cooler filled, etc.
11. Makes all possible adjustments to meet the physical needs of the pupils by:
   - Having desks arranged for the best light
   - Having desks and seats adjusted to size
   - Placing pupils in seats near the right size if seats are unadjustable.

**Mental Attitudes**

1. An atmosphere of pleasant industrious, purposeful activity as one enters the room.
2. Children appear happy and contented as they work and play about.
3. Children seem to work well together.
4. Children seem to show no undue fear of teacher.
5. Children seem willing to share possessions.
6. Children are courteous.
7. Children seem to accept reasonable criticism, correction, and thwarting without undue emotion.
8. Children get over grievances and disappointment quickly.

**School Environment**

1. Room is well ventilated—temperature 68-70.
2. Room comfortable for pupils—aired thoroughly during morning or noon hour.
3. Floors are clean.
4. Lavatories, washtowels, toilets are clean.
5. Lunch boxes are kept in a covered place.
6. The wraps are hung neatly.
7. There is a first aid kit.
8. The windows allow the maximum amount of light.
9. The walls are painted a light shade.
10. The walls are a dull finish.
Children and Their Health Behavior

1. Outside clothing is not worn in school.
2. Children seem rested and free from irritability.
3. Children have good posture in all their activities.
4. Hands are washed before eating and handling food.
5. Children do not eat anything at recess except fruit, or in certain cases crackers and milk.
6. Fruit and milk form part of the regular noon lunch.
7. Lunch is eaten in a leisurely and social fashion.
8. Quiet games or rest follows lunch.
9. If drinking fountains are present, the children drink from them without putting their mouths on the tubblers.
10. General appearance is neat and clean.
11. Children stay home at first signs of communicable disease.
12. Children keep cool in emergency and do nothing except call the doctor when they are not sure of the correct treatment.

Since the research work for this thesis was done in grades one, four, and eight the writer feels that a complete unit of health instruction for a year in these three grades will be more feasible than a short unit for each grade. It is suggested, however, that teachers of the other grades work out similar units since the texts are well adapted to this type of work.

The writer will endeavor to base the work on the eight areas mentioned before. Teachers should feel free to change the time suggestions if need be, and also the sequence in teaching the various phases. Safety will be

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8 Ruth M. Strang and Dean Smiley, "Teacher's Inventory of Their Health Education Activities," The Role of the Teacher in Health Education, p. 343. New York: Macmillan Company, 1941.
the first area outlined because in the city schools it is important to stress this at the beginning of the year.

C. Units for Grades One, Four and Eight

Unit for Grade One

Health instruction in the primary grades will be most effective if it is given very informally. The teacher has many opportunities to integrate this instruction with the daily classroom routine. Safety can best be taught in connection with orderly going to and from school. The morning inspection will present the occasion for the teaching of personal appearance and body cleanliness. Checking the roll may be the opportune time to speak about communicable diseases. The school lunch offers many suggestions for teaching nutrition and growth. Weighing and measuring provide an opening for a lesson on forming a schedule for daily living.

The writer suggests *Awake and Away* as the text for the pre-primer period. The beautiful pictures in this book can be used as initial activities for almost every phase of the unit. Since many of the schools use the *Scott Foresman Readers*, *Good Times With Our Friends* is the text suggested for the second half of the first year. The use of this book will solve the vocabulary problem.
Instead of proposing playlets from the Grade Teacher and Instructor, the writer suggests that the teacher in preparing the culminating activities allow the children to exercise their own originality.

Since the health program in the first grade will be so flexible the writer will not suggest a time limit for the various areas of this unit.

I. Safety and First Aid

References:

Awake and Away
Safe and Healthy Living Book II, Andress
Health and Happiness
Good Times With Our Friends
Eric and Span Booklet
Safety Can Be Fun, by Hader, Berta and Elmer.

Objective:

To develop habits of conduct which will help the pupil to go to and from school without accident and to have a feeling of responsibility for his own and others' safety.

Initial Activity:

How do you get to school in the morning? Print the answers on the board.

Suggested Activities:

Use Awake and Away, pp. 43-50, to teach traffic signs. Make Posters with Red light for "stop"; Yellow, for "wait"; Green, for "go."

Explain where children should walk when on the road or where there is no sidewalk.

Have the patrol boy come in and tell them what he wants them to do in line. Impress upon them that they are to obey him.
Discuss safety at the lake. How many of you ever played in the water? Were there any rules you had to follow?
Show children what to do for minor cuts and bruises. Discuss how to handle animals. Should you play with dogs that come around the school?
Practice fire drill.

Suggested Concepts:

Stop and go signs tell you when to cross the street. Patrol boys and policemen should be obeyed because they are working for you.
Never ride with anyone you do not know.
Cross streets at crossings only.
Stop, look, listen at railroad crossings.
Scissors and sharp-edged articles are dangerous. Crayons and pencils should not be thrown or put into the mouth, ear or nose.
Matches and fire are dangerous playthings.

Culminating Activity:

Make a collection of pictures which show some object or hazard which has been discussed. As each picture is displayed have pupils discuss the hazard and ways to prevent injuries from it.

Outcomes:

Can give the home address and name of parents.
Stops, looks, listens before crossing railroad tracks.
Reports all accidents and injuries to an older person. Does not surprise others by pushing, tripping, striking or screaming.

II. Personal Appearance and Body Cleanliness

References:

Health Can Be Fun: Leaf, Munro.
A Good Soldier Has Good Posture: Samuel Higby Camp Ins.
Spic and Span Book, pp. 1-6.
Awake and Away: beautiful pictures for teaching this unit.
III. Prevention and Control of Communicable Diseases

References:

Good Times with Our Friends: pp. 31-33; 46-48; 52-54; 84-88; 56-59.
Helpers, by J. F. Waddell

Objective:

To assist the pupil in developing desirable habits which when practiced help to reduce illness.

Initial Activity:
Check health cards. Show pupils that such records are kept for them.

Suggested Activities:

Discuss reasons for washing hands. Germs spread disease.
Demonstrate the proper method of coughing and sneezing into a handkerchief. Be careful to fold the handkerchief to prevent spread of germs.
Explain the significance of a quarantine sign.

Suggested Concepts:

The mouth should not touch the spout of the drinking fountain (bite the bubble instead).
Fingers and hands which may have germs on them should be kept away from the face.
Milk should be drunk through a straw from a sealed bottle.
Gums, candy, and cones should enter only one mouth.
Parents and teachers should be notified when pupils feel ill.
Children suffering from colds get well more rapidly when they stay in bed.

Culminating Activity:

Summarize by drawing up rules to be printed in a booklet.

Outcomes:

Keeps hands away from face and nose.
Uses a clean handkerchief or tissue to cover up coughs.
Eats only clean foods.
Receives a medical examination.

IV. Nutrition and Growth

References:

Awake and Away: Pictures of food and meals, pp. 18-24.
Ice Cream for You and Me
Our Food
Good Eating
Charts of Food Models in Color
National Dairy Council
General Mills

Objective:

To develop in pupils the knowledge that surroundings and eating habits as well as wholesome food affects digestion.

Initial Activity:

What did you have for breakfast this morning?

Suggested Activities:

Plan several good breakfasts. Write them on the board.
Cut out colored pictures of foods for breakfast.
Draw and color foods eaten for breakfast.
Keep record of height and weight.
Read stories of good nutritional practices.

Suggested Concepts:

Good breakfasts should be eaten by all little boys and girls.
Three good meals should be eaten daily.
Water should be drunk between meals.
Milk should be drunk at every meal.
Cheerfulness aids digestion.
Sandy should be eaten at the end of the meal.
Culminating Activity:

Pupils arrange a display of breakfast menus and charts.
Invite the principal in to see it.

Outcomes:

Eats a nourishing breakfast daily.
Makes a wise choice of between-meal foods.
Drinks milk at school and with meals at home.
Is cheerful during noon lunch.

V. The Teeth and the Mouth

References:

Dental Health Teaching Outline No. 1.
Awake and Away, pp. 33-41.
Dental Health for Children: Minnesota Department of Health, 10c.
Tommy's First Visit to the Dentist: American Dental Association, Chicago; 5c.
Film: "Winky, the Watchman."

Objective:

To provide children with enough dental health information to interest them in caring for their own teeth; and particularly to obtain early, regular, and frequent dental care.

Initial Activity:

Children in this group are shedding their baby teeth and acquiring permanent teeth. Use this situation to introduce the subject.
Child turns in dental health card. Have him tell about his visit to the dentist.

Suggested Activities:

How baby has teeth but these are hidden until he needs them.
How many teeth has the baby at your house?
If in a small town perhaps the group may visit the dentist's office.
Cut out pictures of children with good teeth.
Talk about dental cards.
Brush teeth twice daily. Demonstrate how to do it.
Eat right foods, milk, fish, eggs, cheese, fruit.
Pupils may draw pictures of teeth.

Suggested Concepts:

Baby teeth should be well cared for because children need them for chewing until permanent teeth are in place.
At six years of age the permanent molars appear.
Too much sugar makes teeth decay.
Everyone should have his own toothbrush.
Go to dentist twice a year so he can help keep teeth healthy and nice looking.

Culminating Activity:

Show the scrapbook with the pictures of children with pretty teeth.

Outcomes:

Uses toothbrush daily.
Feels that the dentist is his friend.
Does not bite hard objects.
Returns his dental card after visit to dentist.

VI. Care of Special Senses

References:

Healthy Eyes, Hancock Mutual Life.
Awake and Away.
Health Readers.

Objective:

To teach children the value of elementary knowledge of eyes, ears and nose.

Initial Activity:

Child comes to school with glasses for the first time. Have him tell how much better he can see. Teacher should encourage him to wear them always.
Suggested Activities:

Give eye tests to group. Results are to be charted. Cover the eyes and tell how hard it would be not to see. Administer the cover test. Have a child cover one eye while he looks at object with the other. Squint or shift may mean cross-eyes. (Recommend examination by oculist.) Administer audiometer test, if at all possible.

Suggested Concepts:

Eyes should not be rubbed. If something gets into the eye let an older person take care of it. Objects of all kinds should be kept out of eye, ears, nose. Nose should be blown gently. One nostril should be blown at a time.

Culminating Activity:

Eye, ear and nose check by physician or nurse if possible.

Outcomes:

Goes to older person to have foreign particles removed. Wears glasses as recommended. Keeps objects out of eyes, ears, and nose.

VII. Wholesome Personality

References:

Health Readers for stories stressing the social development of children.

Objective:

To develop the ability to make friends and to accept individual responsibility.

Initial Activity:

Select a game to be played during the physical education period. Explain the rules. Discuss how the
game can be made more fun if all co-operate while playing.

**Suggested Activities:**

Select simple group games.
Read stories about character traits which should be developed.
Use pictures--first six pages of *Awake and Away* to emphasize height, weight, growing tall. Notice how healthy children look.

**Suggested Concepts:**

The polite child says, "please," "thank you," "excuse me," "good morning," "goodbye."
Parents and teachers are proud of boys and girls who stand correctly.
Possessions should be shared with others.
Courteous children have friends.

**Culminating Activity:**

Have a little party at which some members of the class are the hosts and hostesses. Let them plan what to play.

**Outcomes:**

Is courteous and happy.
Sits and stands tall.
Overcomes timidity and fearfulness.

**VIII. A Schedule for Daily Living**

**Objective:**

To arouse in the pupil an interest in developing useful daily habits.
(find suitable material in library books to illustrate these habits.)

**Initial Activity:**

Teacher read poems and stories which center around health habits to be studied.
Suggested Activities:

Demonstrate sitting and standing tall.
Use music for marching, skipping, and walking.
Make an attractive bulletin board with slogan, and using pictures of children asleep.
Schedule rest periods during the day.

Suggested Concepts:

Rest and sleep build up the body.
Children should go to bed early because they need more sleep.
Have a definite bed-time.
Fresh air and sunshine are good for children.

Culminating Activity:

Health playlet as suggested from stories in one of their readers.

Outcomes:

Practices standing, sitting, and walking tall.
Goes to bed at regular time.
Plays out of doors in fresh air and sunshine.

Unit for Grade Four

The Health Instruction Program for the fourth grade will be similar to that of the primary grades. Guidance in daily living will be one of the objectives but added to that will be another, namely, to answer the "why" of health behavior. Facts which have meaning to a child of this age should be taught, but these should be surrounded with activities, projects and problems.
The two series of texts which the writer has recommended for use in the schools contain such a wealth of material that few other references have been included. Children
at this age need an abundance of easy reading material and for this purpose the Curriculum Series, published by Scott, Foresman would be valuable as a supplementary reader.

I. Safety and First Aid (six weeks)

References:

Burkard, Chambers, Maroney: Good Health Is Fun, pp. 237-51.
Keep Accidents Out
Sounding the Alarm, by Aetna Life Insurance Co.
Home Safety Quiz, Mutual Life Ins. Co.
Fun Wheels, Utica Mutual Life.

Objective:

To develop an understanding of the pupil's responsibility to the community so that he will observe safety habits at all times.

Initial Activity:

Safety talk by Captain of the School Police.

Suggested Activities:

Read "Uncle Jim's First Aid Cupboard," in Good Health Is Fun, pp. 189-96.
Tell how the injuries listed on page 196 should be treated.
Draw up a set of safety rules for your school.
During art period make safety posters pertaining to safety on the street, at home, and at school.
Prepare a safety poster showing the traffic lights, green, yellow and red, and write a talk to give to the first grade on it.
Find out something about the "Buddy System" and tell why you should have a Buddy when you go swimming.
Show the class what to do in case your clothes catch fire.
Draw up a list of bicycle rules for yourself.

Suggested Concepts:

For a slight burn use vaseline, oil or a good ointment.
For a severe burn use a paste of warm water and soda.
If clothes catch fire roll in blanket, etc.
An orderly home is a safe home.
Handle glass carefully.
Do not leave matches, cigarettes, etc. where younger children can get hold of them.
Thirty minutes in the water is long enough at one time.
The correct way to escape from a smoke-filled building is to crawl along the floor.

Culminating Activity:

Give a play for lower grades showing them safety on the street, how to cross the street, and how to walk on a country road.

Outcomes:

Can successfully build and put out a fire.
Knows when and how to handle matches.
Knows how to smother a fire in clothing.
Knows and practices safety on street, at home, and in school.
Knows and uses the Buddy System in swimming.

II. Personal Appearance and Bodily Cleanliness (four weeks)

References:

Good Health Is Fun: pp. 17, 30-37; 42-44; 48-53; 111-12; 148-49; 202, 204-22; 234.
Objective:

To help the pupil realize that body cleanliness and personal appearance make a difference to other people.

Initiating Activity:

Do you like to have people see you when you have new clothes? Do you select your own clothes? Do you like to be neat and clean? (informal discussion)

Suggested Activities:

Read and discuss the various sections of the text. Keep a health notebook and in it draw a cleanliness record for a week. Show the number of times you washed your hands, face and body; cleaned your fingernails.

Try this experiment. Wash your soiled hands with cold water. Wash with warm water and soap. Select pictures of suitable clothing for different kinds of work and play.

Suggested Concepts:

Take care of clothes.
Wear clothes that are clean.
Comb and brush hair regularly.
Keep smiling.
Frequent bathing eliminates body odors.
Clean teeth improve appearance.
Unclean persons in a crowd create unpleasantness.

Culminating Activity:

Appoint some member of the class to talk to grade three about cleanliness and personal appearance in the classroom.

Outcomes:

Is neat and clean at all times.
Keeps hands away from the face.
Uses his own comb and brush.
Washes the hair at least once a week.
III. Prevention and Control of Communicable Diseases (six weeks)

References:

Good Health Is Fun: pp. 39, 42-44; 69-70; 113, 120-21; 203-07; 212-25; 234, 266-78.
Healthy ways: pp. 84-110; 130-32; 144-47; 161-67; 179-86; 190, 229-31.
Photograph of a Sneeze
Germs Are Passed From Person to Person in Many Ways
(Both pamphlets from Metropolitan Life Ins. Co.)

Objective:

To develop an awareness that common childhood diseases may cause undesirable after effects if not cared for properly and immediately.

Initial Activity:

How many days have you been absent from school because of illness?

Suggested Activities:

Discuss the importance of staying at home when you have a cold.
Discuss the importance of bringing a permit from the doctor when you return to school after an illness.
Make a chart showing ways in which contagious diseases can be spread.
Read "Diseases We Need Not Have," in Healthy ways, pp. 103-10.
Tell how the doctor vaccinates for smallpox.
Explain the Schick test.
Tell what the doctor does to protect people from typhoid.
What can be done to protect children from whooping cough?
Discuss the questions and Things to Think About on pp. 109 and 110 in Healthy ways.
Make posters advertising immunization against communicable disease.
Suggested Concepts:

Measles and scarlet fever are hard to prevent. Stay at home if you are beginning to catch cold. Come to nurse’s office if you feel ill in school. Stay away from other children until you find out that you do not have a disease that is contagious.

Culminating Activity:

Radio broadcast during which pupils broadcast means by which fourth graders can prevent the spread of disease.

Outcomes:

Stays home when he feels he is coming down with a cold.
Goes to nurse if eyes are red and sore.
Brings a doctor’s permit when returning to school after an illness.
Realizes that an undernourished body becomes sick more readily.

IV. Nutrition and Growth (six weeks)

References:

Healthful Ways: pp. 3, 10, 22, 70-83; 91-117; 135, 172.
Good Health Is Fun: pp. 91-122; 126; 144-45.
What Shall I Eat Today? General Mills, Inc.
A Good Breakfast
A Good Dinner
A Good Supper
Charts of Food Models in Full Color
A Guide to Good Eating
A Nutritional Guide and Pamphlets on Ice Cream, Butter, Cheese, Milk, from General Mills.

Objective:

To understand the meaning of malnutrition.

Initial Activity:

What should I choose when I buy my lunch? (A very timely opening for a discussion, because most
children do not buy the right lunch.)

Suggested Activity:

Read "What to Eat" in Good Health Is Fun.
Talk on Milk. Make a poster with a rhyme of your own.
Tell what foods contain the important vitamins.
Rules on page 105 in Good Health Is Fun will help.
Keep a record of foods eaten for one week.
Discuss how candy and other sweets satisfy hunger but do not supply the parts of the body with the foods they need.
Keep height and weight record.
Make a scrap book of all pictures you can find of milk, butter, cheese and other foods made from milk.
What is the cheapest breakfast you could have and still have a healthful breakfast?

Suggested Concepts:

Good breakfast should be eaten because no food has been taken for many hours.
From supper till noon the next day is too long to go without food.
Three good meals should be taken daily.
Cheerfulness aids digestion.
Adequate sleep and nourishing food aid growth.

Culminating Activity:

Pupils arrange a display of breakfast menus and charts prepared by the class.

Outcomes:

Eats a nourishing breakfast.
Keeps his place at table neat and clean during the meal.
Helps to serve food correctly and neatly whenever he can.
Carries on pleasant conversation during meals.

V. The Teeth and the Mouth (four weeks)

References:

For the Teacher:
Dental Health for Children: Minnesota Department of Health, 10¢.

For the Pupil:
Good Health Is Fun, pp. 141-50.
Healthful Ways, pp. 93-102.
Toothbrushing Chart
Facts About Teeth and Their Care.

Film: "About Faces," Dental Division, State Department of Health.

Objective:
To provide pupils with an understanding of the reasons for dental health practices and to awaken their interest in personal and family dental health.

Initial Activity:
Visit of the dental hygienist to the class. Her check-up and recommendations are the teacher's starting point. Why teeth decay, why we need the dentist's help, why teeth are lost, will be good topics for discussion. Teacher tries to create a friendly attitude toward the dentist stressing his helpfulness in correcting defects in teeth, cleaning teeth, and straightening irregular teeth.

Suggested Activities:
Read "Lynne's Birthday Party" in Good Health Is Fun, p. 141.
Discuss the two sets of teeth.
Demonstrate the brushing of teeth as outlined on p. 147.
Collect pictures of tooth paste and brushes, evaluate them for the class.
Make an exhibit of foods good for the teeth.
Draw a picture of a tooth and name the parts.
Use dental health cards.
Suggested Concepts:

- Teeth aid in chewing food, improve appearance and facilitate speech.
- Food particles remaining in the mouth overnight aid decay.
- Dental floss aids in removing particles of food lodged between the teeth.

Culminating Activity:

Have a "Quiz Kids" session, using questions similar to this one: It is made of silver and other metals. It may be made of porcelain. The dentist uses it to repair decayed teeth. What is it?

Outcomes:

- Visits the dentist periodically and returns dental card.
- Brushes teeth twice daily.
- Observes mouth cleanliness by brushing the tongue lightly and rinsing the mouth.
- Drinks milk at every meal and eats some fruits and vegetables every day.

VI. Care of the Special Senses (four weeks)

References:

- Ears That Hear: Hancock Mutual Life, Boston.
- Healthy Eyes: Hancock Mutual Life, Boston.
- Good Health Is Fun, pp. 151-76.

Objective:

To develop a knowledge of how to protect the special senses and when to seek medical advice.

Initial Activity:

Give the Snellen eye test and the audiometer test if the instrument is available.
Suggested Activities:

Discuss the outcome of the above tests.
Describe the dangers of neglecting correction of vision.
Stress—cross-eyes can be remedied by surgery and eye exercises.
Report on adenoids and tonsils.
Name things other than foods that are not to be placed in the mouth.

Suggested Concepts:

When reading, the light should shine on the book from the left side.
The ears are delicate. Keep things out of them.
Headaches are often an indication of eye defects.
Infected tonsils cause sore throats and frequent colds.
Earaches should be given immediate attention by the doctor.

Culminating Activity:

Each child may draw up a summary for care of the special senses.

Outcomes:

Has periodic check-up of eyes and ears.
Reports pains and discharges from ears to parents, teacher or school nurse.
Rests eyes often by looking away from his book or work.

VII. Wholesome Personality (two weeks)

References:

Good Health Is Fun, pp. 177-98.
Healthful Ways, pp. 45-46.
Manners Can Be Fun, by Leaf Munro. New York: Frederick Stokes.

Objective:

To develop interest in a variety of activities and ability to face reality.
Initial Activity:

Question activities children participate in outside of school.

Suggested Activities:

Discuss meaning of hobby.
Tell stories of famous people who had hobbies and what these did for them.
Make a list of leisure time activities.
Discuss desirable reactions to criticism.
Answer questions on page 45 in Healthful Ways.
Discuss Good Mental Habits help keep you well.
Read the unit in Good Health Is Fun.
Report on these stories and tell why they fit in this unit.

Suggested Concepts:

Use common sense.
Even champions lose sometimes.
Practice self-control.
Good habits of the body make good habits of the mind.
Helping others helps you.
Happy people are popular.

Culminating Activity:

Plan a hobby day, and invite the other grades to see your display.

Outcomes:

Participates in worthwhile leisure time activities.
Is willing to admit mistakes.
Uses clean speech.
Plays with children with good mental habits.
Is content with only his best.
Reads good books and listens to good radio programs.

VIII. Schedule for Daily Living (two weeks)

References:

Good Health Is Fun, pp. 61-80.
Healthful Ways, pp. 46-71.
Graph of height, weight, growth: Minnesota Public Health Association.
Objective:

To afford the pupil an opportunity to plan so that he can assume more personal responsibility for a good daily routine.

Initial Activity:

Do you have to be told when to go to bed? When to go out to play, etc.?

Suggested Activity:

Make a scrapbook of outdoor games.
Draw a picture of your bedroom and show how to ventilate it.
Make a list of the things you should do when getting ready for bed.
Read Healthful Ways, pp. 48-71.
Write out a daily schedule for yourself.
Put a star on a calendar every day that you are in bed by 8:00 P.M.

Suggested Concepts:

Rising promptly is desirable to eliminate haste in getting ready for school.
Chores should be shared by all.
Correct sitting, walking, and running habits aid proper shaping of bones.
Good ventilation is desirable for a good night’s rest.

Culminating Activity:

Radio Program—“Health activities covering a desirable daily schedule.”

Outcomes:

Plans use of time to complete work duties in order that sufficient time will be allowed for play.
Assumes responsibility for ventilation and temperature.
Exercises body every day.
Plays outdoors.
Goes to bed early and rises early.
 Avoids excitement and overeating before going to bed.
Unit for Grade Eight

The work of the teacher in grade eight is to improve the individual and community life of the future, and to insure a better next generation by instilling correct attitudes in the minds of the pupils today.

The program for the year is based on the areas stressed in Minnesota Curriculum Bulletin No. 2. Every teacher should feel free to adjust the units to best satisfy the needs of the class. The writer feels that the city schools prefer to teach Safety and First Aid as the first unit because this ties up well with the organization of the Safety Patrol and the general order of the school.

I. Safety and First Aid (eight weeks)

Aim:

"To help students enjoy their lives to the fullest through normal adolescent activity and adventure without paying needless penalties in life and limb."

Initiating Activity:

Have a supervisor of School Patrol address the class and explain the need of safety education.

Rural Schools: Analyze the school, the school playground, the routes to and from school from a safety standpoint.

Film, "How Patrols Operate," may be used if the above suggestion cannot be worked out.

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Howard S. Hoyman, Health Guide Units for Oregon Teachers, Grades 7-12, p. 96. Oregon State Department of Education.
Suggested Activities:

Organize a Junior Safety Council.
Study the places in your community where dangerous accidents occurred. Make a map of them.
Report on the routes the School Safety Patrol will oversee the coming term.
Draw up a bicycle code including not only the rules for the road, etc., but also for the schoolgrounds.
List the common types of farm accidents and also ways of preventing them.
Name some fire hazards. Tell what to do in case of fire in school and at home.

Basic Material to be read for this discussion:

Working Together for Health, pp. 199-228.

Suggested Concepts:

Modern age has brought great advance in science and industry. It has added many comforts and conveniences to living, but it has also brought hazards to life and limb.
Accidents are brought on by speeding, dangers from electricity, drowning, turns and falls. Many of them are avoidable.
Safety means teamwork. The members of a school patrol, policemen, firemen, are safety workers.
Safety laws are made for your welfare.
The road, not the railroad track, should be used on the route home.
Playing on the road while going to and from school is dangerous.
Pedestrians should walk on the left side of the road facing the traffic where sidewalks are not provided.

Culminating Activity:

Safety report by the Patrol Captain and reports and display of safety posters made by the class. These reports may be based on practices for Safety, from Working Together for Health, pp. 224-25.

Pupil References:

Pamphlets: Metropolitan Life Insurance Co., New York; also from Hancock Mutual Life, Boston: When the
Unexpected Happens.

Aetna Life Insurance Co.: Do You Make These Mistakes in Walking?

Posters and Charts; National Safety Council.

First Aid:

If at all possible teach the Regular First Aid Course using the American Red Cross First Aid Book as the text.

Other References:

A Sound Body, pp. 197-224.
Accident Facts; National Safety Council, Inc., Chicago, 1943; 50c.

Recommendation:

Six weeks is to be spent in teaching First Aid if the teacher follows the regular First Aid Manual.

Pupil Activities:

Practice bandaging, splinting, artificial respiration.
Give reports on how to treat shock, sunstroke, fainting, etc.

Written Examination:

Either the one sent by the Red Cross Chapter or a test made out by the teacher covering General Principles of First Aid, Artificial Respiration, Care of Wounds and Burns, Fractures, Sprains, Care in Common Emergencies.

Oral Examination:

Prepare slips on each of which is described the condition of a person who has been involved in an accident. Distribute these to members of the class and have them apply the proper first aid.
Suggested Concepts:

Observes safe traffic practices on way to and from school.
Can locate digital points of pressure, apply splints, artificial respiration.
Knows how to transport the injured.
Knows how to apply and take care of a tourniquet.

Culminating Activity:

Demonstration of bandaging, artificial respiration and splinting for the Red Cross Inspector or Doctor.

II. Prevention and Control of Communicable and Non-Communicable Diseases (six weeks)

References for this Area:

Text: A Sound Body, pp. 255-76.
Working Together for Health, pp. 51-94.

Supplementary:
Catherine Crisp, Health for You, Lippincott, New York, 1944.

Hancock Mutual Life Insurance Pamphlets:
About Tuberculosis
That Mean Cold
Home Care of Communicable Diseases

Metropolitan Life Insurance Pamphlets:
Diphtheria
What About Rheumatic Fever
Photograph of a Sneeze

Minnesota State Department of Health: Bulletins on Communicable Diseases.
Copies of Health Heroes, Metropolitan Life Pamphlets should also be available.

If a projector is at the disposal of the teacher, "Jimmy Beats Rheumatic Fever," by Metropolitan Life, or "Goodby Mr. Germ," by Minnesota Public Health, may be used to build up an atmosphere of intelligent curiosity.

Communicable Disease Chart by Minnesota Public Health Department.

The radio program, "Health for You," sponsored by the Minnesota School of the Air, Wednesday morning at 11:00 A.M. is very useful.
Objectives:

To develop a knowledge of the common diseases and the consequences that may result from them. The teacher will use this unit to improve personal, family, and community health. Non-communicable diseases will also be stressed because today more people die from these diseases than the communicable. Teachers will try to stress the importance of medical examinations.

Initiating Activity:

Discuss the X-ray unit used in Minnesota this past year, or Discuss the Cancer Unit at the University of Minnesota.

Pupil Activity:

Investigate school absence record to discover reasons for absence.
Collect and discuss home remedies for colds.
Have a radio program in which short sketches of the life and contributions of Health Heroes are broadcast for the seventh grade.
Read current articles in health magazines and newspapers on recent discoveries in methods of combating disease; discuss these and post on bulletin board for future reference.

Written Examination:

Working Together for Health, pp. 94 and 95, is a very good idea. Soldiers and Sailors must pass strict tests. Pupil starts as a private and works his way up.

Suggested Concepts:

Pupils should know for which diseases immunization is recommended.
They should know that heart diseases in children are usually due to rheumatic fever. Finding and removing local sources of infection are important in control of this disease.

Culminating Activity:

Plan an immunization clinic with the help of the school nurse.
Outcomes:

Stays at home when coming down with a cold.
Covers nose and mouth when sneezing.
Observes caution and respect for isolation and quarantine measures.
Is vitally interested in current literature on new methods of treating disease.

III. Personal Appearance and Body Cleanliness (four weeks)

References:

A Sound Body, pp. 231-34; 237-40; 250-51; 111; 127-28.
What Is She Like? by Mary Brookman.

Objectives:

To arouse an interest in finding the best procedures for maintaining body cleanliness and improve personal hygiene.

Suggested Pupil Activities:

Read and discuss the chapter in A Sound Body.
Demonstrate good brushing of hair, shampooing and manicuring nails.
Collect pictures of well-groomed persons from advertisements and decide what characteristics each one has that makes him outstanding.
Discuss proper clothing to wear for protection of the body.
Give a report on highly advertised soaps and cosmetics.

Suggested Concepts:

Bathe:ing keeps dirt out of the pores.
Shampooing aids in eliminating dandruff.
Brushing teeth promotes personal attractiveness.
Walking, standing, sitting in correct posture improves the appearance of a person.

Culminating Activity:

Keep lavatories neat and clean.
Outcome:

Well-groomed boys and girls whose personal appearance demonstrates knowledge of what they learned in this unit.

IV. Teeth (four weeks)

References:

Dental Health Teaching Outline, 1948. No. III. (This will be used by the teacher to introduce the discussions.)
Pupils will use:
A Sound Body, pp. 25-27; 53-56; 56-68; 84; 103; 292.
Working Together for Health, pp. 270-73.
American Dental Association, "Diet and Teeth."
Bristol-Meyers, "Why Do Teeth Ache?"
National Dairy Council, "Food and Care for Good Dental Health."

Objectives:

To give pupils basic scientific knowledge about dental health, that will motivate them to follow good dental health practices and to develop an interest in family and community dental health.

Initiating Activity:

Puppet show, "Judy and Joan," sponsored by Dental Health Association.
Visit of the dental hygienist may be used.

Pupil Activities:

Study structure of tooth and tooth decay, in Facts About Teeth.
Use True-False test on page 25 of A Sound Body.
Write an honest advertisement about some tooth paste you like.
Make some dental health posters for the Bulletin Board.

Suggested Concepts:

Visiting his dentist as often as the dentist advises.
whether or not dental health cards are given out in school.

Limiting sweet foods and drinks in his daily diet. Brushing teeth after eating, massaging gums daily, and using dental floss according to instructions given by his dentist.

Developing an interest in, and a feeling of responsibility for personal, family and community dental health problems.

Culminating Activity:

Display of posters on dental problems.

Outcomes:

Dental check-up for every child and returned dental card.
Brushes teeth twice daily.
Knows structure of tooth.
Chooses food for teeth building.

V. Care of the Special Senses (four weeks)

References:

A Sound Body, pp. 43, 102, 114-17; 121-38; 170-220; 288-92. 31 pages.
Working Together for Health, pp. 258-67; 299.
Healthy Eyes, Knighton, Mutual Life, Boston.
Film, "Eyes and Their Care," University of Iowa.

Objectives:

To learn about the hygienic care of the body and the special senses.

Initial Activity:

Teacher gives eye examinations using the Snellen chart.
Refers to list of observations in the Instructional Program of this work.

Pupil Activities:

The special senses include the eyes, ear, nose.
Committees report on various organs instead of all doing the same work. List precautions for the care of the ear. Find out to whom one should go for the proper fitting of glasses. Find articles in current magazines about eye exercises and cross-eyes.

Suggested Concepts:

Surgical operations and eye exercises may remedy cross-eyes. Rest relieves eyestrain. Eye infections can be spread by using other people's towels. Headache may be a sign of eyestrain. Abscesses resulting in earache may be caused by bacteria in the middle ear. Blows and loud noises may cause rupture of the ear drum. Inflammation of mucous membrane of the nose may cause loss of sense of smell and taste.

Outcome:

Periodic check-up of eyes and ears to find first signs of impaired vision or hearing.

Culminating Activity:

Notebook of rules for care of the special senses. Make cover for it.

VI. Nutrition and Growth (four weeks)

References:

Introduction:

Adolescents must be well-nourished if they are to be healthy, vigorous and attractive. Junior High school age is a period of rapid growth for many students. It is important that the teacher make the most of her opportunity to improve adolescent nutrition. These boys and girls need three balanced meals a day.

Objective:

To develop a firm conviction that a balanced diet is essential to the health and growth of the adolescent now, and to their success and welfare later on.

Initial Activity:

Take a survey of food likes and dislikes of the class.

Pupil Activity:

Study food situations of the world and discuss United States position.
List the countries suffering from lack of food.
Study nutrition charts from General Mills.
Discuss the Better Breakfast Campaign and explain why necessary.
Prepare a list of practices that aid digestion.
Study the menus in Working Together for Health.
Have a round table discussion on Trichinosis, botulism, food infections, tapeworm, milk-bone disease, etc.
Chart the heights and weights of the members of the class.
Plan lunches for a week.
Discuss patent medicines and their worth.

Written test on:

Food needs of 12-14 age group.
Relation of diet to growth, vigor, health and appearance.
Food-borne diseases.
Common digestive ailments.
Culminating Activity:

Report to Parent Teachers Association by pupils on "What a Junior High School Pupil Should Eat."

Outcomes:

Knows organs of digestion and functions of the organs.
Recognizes common digestive disorders.
Knows the value of food to health.
Practices good eating habits.

VII. Wholesome Personality (two weeks)

References:

Working Together for Health, pp. 24-50.
A Sound Body, pp. 303-07.
Fit for Fun, National Dairy Council.
Straight from the Shoulder, National Dairy Council.

Objective:

To understand the importance of mental and emotional health.

Initial Activity:

How can I make people like me?
How should I introduce my friends?

Pupil Activity:

Discuss ways children act.
Decide how to act to make people feel at ease.
Plan visiting period for parents.
Decide what to do when visitors come.
Read "If" by Kipling.

Suggested Concepts:

Pleasing personality involves cleanliness of teeth, mouth, skin, nails, etc.
Cheerfulness helps make friends.
Dressing for the occasion puts one at ease.
Personal appearance helps in developing personality.
Culminating Activity:

Plan a hobby day and discuss your hobbies with the seventh grade.

Outcomes:

Having friends is his own responsibility.
Realises that the mind as well as body responds best when healthy.
Plans ahead and prepares his work.

VIII. Schedule for Daily Living (two weeks)

References:

Graph of height, weight, and growth, Minnesota Public Health Association.
Tentative Outline for Physical Education: S.S.E.D. Plan

Introduction:

Adolescence is period of growth. Exercise is indispensable to well developed structure. Exercise stimulates all of the body systems. Pupils should have three hours of vigorous play daily.

Initiating Activity:

Teacher instruction on "Physical Education is a part of Health Education."

Pupil Activity:

Make a study of the muscular system.
Discuss the importance of periodic examination before participating in strenuous exercise, or rather physical activity.
Prepare a round-table discussion on "Physical Education Should Be Taught in Rural Schools."

Suggested Concepts:

Sleep is important to recover from fatigue, restores muscular energy.
Not only sleep but rest is necessary. Amount of sleep is governed by age and energy needed. We do not tire so easily when working or playing out of doors or in well ventilated rooms.

Culminating Activity:

Radio program consisting of talks on the need of sleep for physical, mental and emotional welfare.

Outcomes:

**Keep Fit—Your Daily Program.**
- Exercise and play.
- Watch your posture.
- Form good health habits.
- Get plenty of rest.
- Safeguard mental health.
- Correct physical defects.
- Go safely.

**D. Conclusions**

It has been one of the aims of the writer, as stated in the introduction of this thesis, to investigate the status of the Health Program in the Elementary School for the purpose of discovering in how far these sixty-six schools are fulfilling their obligation of providing health education which includes the balanced development of the whole child.

The summations of responses derived from the questionnaires testify that:

---

1. The Health Service in these schools is inadequate.

2. The Hygiene of the School Environment is quite satisfactory with the exception that in many cases no facilities are provided for taking care of the sick at school.

3. The Hygiene of the Instructional Program is directed toward the favorable development of pupil-teacher-school relationships, but that benefits, such as the School Lunch Program, are not utilized fully.

4. The direct Health Instruction Program is not given sufficient emphasis in the curriculum.

Another objective the writer had in mind in this research was to propose a health program based, in part, on the findings of the survey. A plan which will remedy these deficiencies has been proposed in this chapter. This plan includes:

1. A School Health Council to co-ordinate the Health Service with the school personnel.

2. Suggestions for providing facilities for the care of the sick.

3. An appeal to principals to convince especially the school patrons of the need of the school lunch program.

4. Three units of study to guide teachers of grades one, four, and eight in the organization of their health instruction program.
APPENDIX
### PUPILS' QUESTIONNAIRE

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1. 6:30 is to be interpreted as being from 6:30 to 7:00 A.M.

2. Number of glasses of milk varied from 1 to 6.
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APPENDIX B
QUESTIONNAIRE FOR THE PRINCIPAL

Name of School ___________________________ Location ___________________________
Total Enrollment __________________ Boys __________________ Girls __________________

I. Visiting Nurse for Your School.
   a. County __________________ City __________________
   b. How often does she visit __________________
   c. Length of stay each time __________________
   d. Check work she does when there __________________

II. Dental Care.
   a. Does a hygienist visit your school? ________Yes ________No
   b. How often? __________________
   c. Does your school give out dental cards which the children take to their own dentists? ________Yes ________No
   d. How does your school rate in the attainment of dental care for every child? ________Good ________Fair ________Poor
   e. If provision is made for dental care of poor children, who takes care of it?
       School __________________ Dental Health Clinic __________________
       P.T.A. __________________ Child Welfare Board __________________
       Parish Society __________________ Other Organizations __________________
       Catholic Charities __________________ None __________________

III.
   a. Do your pupils have physical examinations other than those given by the regular nurse? ________Yes ________No
   b. If so, how often? __________________
   c. Do you have a school physician? ________Yes ________No
   d. This service is provided by ________School __________________
       Community Organization __________________ P.T.A. __________________
   e. Do you keep a record of children's family doctors so that in emergency cases they can be called? ________Yes ________No
   f. If not, which procedure do you follow in such cases?
       Call the parents ________Send for any available doctor ________
   g. What program is there for prevention of Communicable Disease?
       Schick Test ________Mantoux Test ________
       Diphtheria Inoculation ________Chest X-ray ________
       Smallpox Vaccination ________Ringworm Lamping ________
       Any others ________
IV. Are health records maintained in the general office?
   Yes ___ No ___

b. Are health records made available to the teachers?
   Yes ___ No ___

c. Do you keep emergency first aid supplies in the school?
   Yes ___ No ___

d. What facilities do you have for taking care of the sick at school?
   Nurse’s room ___ Got in waiting room ___
   No private place at all ___

e. Is any member of your staff prepared for administering first aid?
   Yes ___ No ___

V. a. Has any member of your staff extra training in health education?
   Yes ___ No ___

t. What courses has she taken?

   c. Is health education taught as a separate course in your school?
      Yes ___ No ___

d. If not, is it a part of
      _____ The science course
      _____ The physical education course, or
      _____ Integrated with the whole program

VI. a. Are any members of your staff particularly qualified for teaching physical education?
    Yes ___ No ___

b. What are their qualifications? Indicate courses taken.

   c. Do your classroom teachers teach their own physical education?
      Yes ___ No ___

d. What equipment do you have?
   Soccer balls ___ Rubber Balls ___
   Volley balls ___ Indian Clubs ___
   Softballs ___ Whistles ___
   Bats ___ Deck Tennis Rings ___
   Jumping Ropes ___

e. Who supplies it?
   School ___ Parish ___ Local ___
   Children bring their own ___
   Parents ___ Organization ___

VII. a. Do you have a School Lunch Program?
    Yes ___ No ___

t. Who sponsors it?
   School ___ Parish ___ P.T.A. ___

c. Is it a part of the Federal Lunch Program?
   Yes ___ No ___

d. How many children avail themselves of this facility?
   (approximate number)
    ___

e. Is milk or chocolate available for the noon lunch in schools where the hot lunch program is not carried on?
   Yes ___ No ___

f. Is the milk bought by the
   child himself ___
   school ___
   supplied by Federal Lunch Program ___
VIII. a. Is your school provided with sanitary drinking fountains? Yes No
b. If not, do you have individual drinking cups? Yes No
c. Are the children provided with paper towels? Yes No
d. Are the children provided with soap? Yes No

IX. Any suggestions for a better health program in our schools will be greatly appreciated. Please do make some suggestions. I am very much interested in the handicapped and if you have any special facilities for them or have been able to make adjustments for them, we would appreciate hearing about them.

PRIMARY TEACHER

Name of School________________________

Number of pupils in grade or grades ________ Boys ___ Girls ___

I. Do you have a regular morning inspection? Yes No
   Of what does it consist? Examination of:
   ____ hands and wrists for cleanliness  ____ posture
   ____ skin  ____ mouth
   ____ eyes  ____ redness of throat

II. a. Do you have a regular health period or do you integrate health instruction throughout your program? Regular Integrate
   b. Does your health teaching revolve around the interest of the pupils; that is, do you teach what you feel is most needed at the time regardless of units or texts? Yes No
c. Do you try to develop desirable attitudes toward healthful living? Yes No

III.a. Do you use a health textbook in your work? If so, give:
   Title ____________________________ Author ____________________________
   Publisher ______________________ Date of copyright ________________
   b. Do you follow a particular course of study? Yes No
      Which? __________________________
   c. Do you confine yourself to textual material? Yes No

IV. a. Do you avail yourself of possible free material for health teaching from various sources? Yes No
   b. Would you have any recommendations as to things you have found particularly helpful? ________________________________

V. a. Which of these units do you stress in Grade One?
   ____ Cleanliness  ____ Disease  ____ Posture  ____ Food  ____ Rest
   b. If all, rank them according to emphasis.
   ________________________________
VI. a. How often do you have physical education?
   __Daily ___ Twice a week ___ Less than that
b. How long a period do you have? ___ 20 min. ___ 15 min. ___ less
c. Where do you have your physical education?
   ___ Classroom ___ Gym ___ Outdoors

VII. a. Do you allow for a rest period during the day?
   ___ One ___ Two ___ How long?

VIII. a. Do you keep a health record of each child? ___ Yes ___ No
b. Are you particularly alert as to symptoms of contagious diseases so as to be able to screen cases as quickly as possible? ___ Yes ___ No

IX. Any suggestions as to what you would like included in a health program will be much appreciated.

FOURTH GRADE

Name of School

Number of Pupils__________ Boys__________ Girls__________

1. How many minutes do you devote to health teaching each week?
   Daily basis: ___ 15 min. ___ 20 min. ___ 30 min.
   Weekly basis: ___ 15 min. ___ 20 min. ___ 30 min.
   Twice weekly: ___ 15 min. ___ 20 min. ___ 30 min.

2. Is a health text in the hands of each pupil? ___ Yes ___ No
   If so, give
   Title__________________________ Author
   Publisher________________________ Copyright date

3. In your teaching of health, do you follow the author’s outline, or do you have a flexible program in which you teach your units as they are needed within the course of the school year?
   ___ Author’s outline ___ Units as needed

4. What particular phases of health does your author seem to stress in Grade Four?
   List: (for example, Food, Posture, Growth, etc.)

5. If you do not have a health text, do you teach health in your science course ___ your physical education class; or ___ integrated with other subjects

6. How long a physical education period do you have?
   ___ 15 min. ___ 20 min. ___ 30 min.
   How often? ___ once a week ___ twice a week
Where do you have it? ___ classroom ___ gym ___ outdoors
Do you take boys and girls together? ___ Yes ___ No
What text in physical education do you follow? Give Title ________________________ Author ________________________ Publisher ________________________ Copyright date ________________________
If you follow the S.S.N.D. program, please specify: ___ Yes ___ No
If you do not have a health text in your school, would you be in favor of one, or do you prefer to collect your units from supplementary sources? ___ prefer text ___ collect units
List supplementary materials you use.

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<th>EIGHTH GRADE</th>
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<tr>
<td>Name of School ________________________</td>
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<tr>
<td>Number of Pupils _______ Boys______ Girls______</td>
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1. Is health taught as a separate course in this grade? ___ Yes ___ No
2. If so, what text do you use? Give: Title ________________________ Author ________________________ Publisher ________________________ Copyright Date ________________________
3. If not, is health a part of your ___ Science course ___ Physical education program ___ Integrated with all subjects
4. Do you teach the regular First Aid Course in this grade? ___ Yes ___ No
How much time do you devote to it? ___ Six weeks ___ Three months ___ Spread over the whole year
Do you have a professional First Aid Instructor or doctor check your teaching and examine pupils on material learned? ___ Yes ___ No
5. If you use a health text, please indicate what your author stresses in this grade. ___ Physiology ___ Posture ___ Community Health ___ Nutrition ___ Growth
6. Do you teach your own physical education? ___ Yes ___ No
How long a period? ___ 30 min. daily ___ Twice weekly
where do you have classes? ___ Classroom ___ Outdoors ___ Gym
Do you follow the S.S.N.D. program in physical education? ___ Yes ___ No
7. Do your pupils have a physical examination before graduation? 
   --- Yes --- No.

   Are these findings made known to you so that you can give the necessary information with your recommendations to the next school which the pupil will attend? --- Yes --- No.

8. Have you any suggestions as to material you use and like which you think could be embodied in my proposed program?
A LIST OF THE SIXTY-SIX SCHOOLS IN
THE MANKATO PROVINCE

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BIBLIOGRAPHY
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