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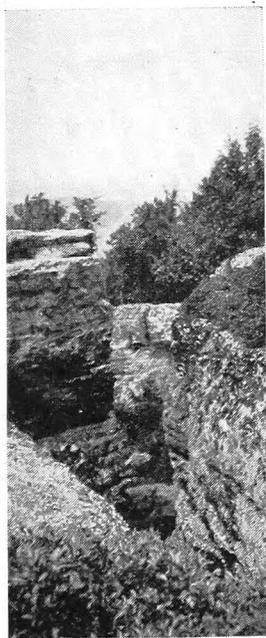
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HEALTH EDUCATION IN SCHOOLS IN THE METROPOLITAN HEALTH DEMONSTRATION AREA

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SAM was a mythical boy created by a class of school children and their teacher to assume the burden of the entire class, so far as personal cleanliness and health habits were concerned. The light of the vicarious Sam's countenance was usually dimmed under a dull coat of dirt. Sam frequently forgot to use his toothbrush morning and evening. Sam often stayed up too late at nights. Sam didn't drink milk. Sam refused to eat foods that were good for him. Sam wouldn't play out of doors.

And then Sam had a change of heart and complexion. The children began to imagine him as appearing each morning

a new and shining Sam, the evidence of heroic struggles with wash cloth, soap and toothbrush. Soon the class launched into a journalistic bulletin of the new Sam's daily life.

"Sam washes his face, ears and neck every morning," was the first day's illustrated entry. "Sam uses his toothbrush every day.—Sam sleeps with his window wide open.—Every morning Sam eats a good breakfast of fruit, hot cereal, toast and milk.—Sam plays part of every day out of doors.—Sam likes spinach, carrots, string beans and other vegetables.—Sam sees a doctor once a year for a health examination.—Sam visits his dentist twice a year."



HOW a health education program has been developed in the public and Catholic schools in the Bellevue-Yorkville health demonstration area is discussed in the leading article of this issue. Working with the Boards of Education, the Department of Health, the public and Catholic school principals, teachers, doctors and nurses, two supervisors of health education are assisting in developing a health program that is designed to be a permanent feature of the curricula in the schools chosen for demonstration. (The Board of Education has requested that these programs be extended to other schools in the Boroughs of Manhattan and the Bronx.



In this fashion the journal of Sam's new life was chronicled and illustrated, day after day, by Sam's interested creators. By the time that the last chapter of a full health biography was closed, and its pages carefully folded together, newspaper fashion, the entire class had stored away health knowledge and had established health habits that would influence for good their entire lives. For the mythical Sam was very

definitely made to live well and to grow sturdy under their watchful care, and the children in that classroom began to travel the paths they made for Sam, marching toward health.

Sam's newspaper is on exhibition at the Bellevue-Yorkville Health Demonstration headquarters at 325 East 38th Street, New York City, along with a great variety of other health education projects that have been developed within the area of influence of the Bellevue-Yorkville Health Demonstration.

The development of a health education program in the public and Catholic schools in the Bellevue-Yorkville demonstration area

is one of the major services of the demonstration. The demonstration has given to the schools two supervisors of health education, one for the thirteen public schools and one for the twelve Catholic schools in the district. Working with the Boards of Education, the Department of Health, the public and Catholic school principals, teachers, doctors and nurses, these supervisors are assisting in the development of a health education program that is designed to be a permanent, practicable and effective feature of the school curriculum. The outcome, it is hoped, will be healthy,

A COMPARATIVE study of methods of school-room ventilation, especially in selected schools of the three centers of the New York Health Demonstrations, has been a major activity of the New York Commission on Ventilation since 1926. The manner in which these studies have been made is described in the article beginning on page 67. Activities in which the Commission has been engaged during this period are also briefly summarized. These include three laboratory inquiries which it has helped to finance—studies, respectively, of body radiation, of the effect of drafts and of atmospheric ionization.



happy pupils and teachers, in a healthful school environment.

The plan of service in both the Catholic and the public schools in the district has been essentially the same. Before the health education activities were begun, an appraisal was made of the conditions and problems in each school, such as: the health services already available, the amount of health teaching already being done, the interest of the principal and teachers in the correction of defects, and the needs of each school.



Conferences were held with district superintendents, principals, teachers, doctors, and nurses, and each one was asked to contribute ideas and to cooperate in the development of a uniform program and policy relating to the school health education program. As a result of the early friendly contacts that were established, health education has developed as a cooperative enterprise, and from the start it has been considered as an influence which

surrounds and enters into all of the work of the day, determining habits and influencing behavior, rather than as a separate subject to be taught in the twenty-minute weekly period. The hygiene of the school room, including temperature, lighting, ventilation, orderliness and cleanliness, was one of the first considerations in the program.

Any measure of the effectiveness of an educational experiment in a public school system must take into account the attitude of the Board of Education as the experiment progresses. The Board of Education of New York City has been

interested from the beginning, and has at all times expressed its approval and appreciation of the work being done in the schools. In January, 1929, a year and a half after the beginning of the demonstration service, the Board of Education requested that the school program and its policies be extended to include other schools in the Boroughs of Manhattan and the Bronx.

This experiment in the public schools is under the direction of the director of health education. Working with him are the assistant director of educational hygiene and the health education supervisor of the demonstration for the public schools, who is now also an official appointee in the city school system, with the title of supervisor of health education.

The health education program in the public schools in New York will ultimately be guided by the special teachers of physical education. To this end five special teachers of physical education have been released from their motor-activities program to help in developing the larger health-education program. One of these teachers is assigned to the Bellevue-Yorkville Health Demonstration area. A special training course is being given to meet the needs of this group.

In order to encourage teachers in service to take courses in health education, the Board of Education has granted special privileges to certain teachers. From each school a maximum of three teachers is to be selected from those showing the most interest in health education. Each of these teachers is to be given the opportunity of taking sixty hours next year in health education. Then for the next four years they will be exempt from the regular thirty-hour annual study requirement for a salary increase. Cooperating with this plan Teachers College of Columbia University is offering two new courses in health education, one for teachers in

service and one for special teachers and supervisors, which will take up definitely the problems in health education in New York City schools.

In the early months of the health education activities of the Bellevue-Yorkville Health Demonstration, the two supervisors for the public and the Catholic schools worked directly with the classroom teachers. Now that there are 1,600 teachers and about as many classrooms under the influence of the demonstration's health education program, classroom visits in the public schools are made by the supervisory teachers, working with the supervisor. The health education supervisors are concentrating on group meetings and on preparing and assembling material for teacher's helps. Their object is to put at the elbow of each teacher authentic material from which she may select, adapt and create new ideas and better methods of teaching health.

As in the teaching of geography and arithmetic, lessons in health are graded to the pupil's capacity for understanding. Children in the lower grades hear little about health and being healthy, for they cannot grasp the meaning of such terms. Instead they learn about growing, and what aids growth. From day to day they can watch the growth of some plant or flower in a window-box at school and they can learn that plants need food, sunshine and air. They can consider some particular pet of their acquaintance and they can learn that the right food, sleep, rest, fresh air and sunshine are required for the growth of animals. Then it is easy for them to understand that what is true for plants and animals is also true for boys and girls.

The story that the school scales tell, the use of weight charts and reports, can be made very effective in teaching health habits, even in the lower grades. In the Bellevue-Yorkville district children who are ten per cent or more

underweight are weighed monthly and all children are weighed twice each term. A weight card, which tells what each child should weigh, and what he does weigh, is sent home twice a term for the parent's signature. This is a practical device for interesting parents in keeping their children up to approximately normal weight. Frequently the weight report brings parents to school to find out how their children can be brought up to normal weight, and the nurse or teacher then has an excellent opportunity to explain the importance of good food and the correction of defects, as well as other health habits which build weight and help growth.

A story about milk affords an opportunity for teaching spelling, language, oral reading and writing to a second grade class, as well as encouraging the milk-drinking habit. The children and teacher together work out a story to which various members of the class have contributed. The story may read like this:

The cow gives us milk.
The farmer milks the cow.
The milk is brought to the city.
We keep it covered, clean and cool.
Every boy and girl needs four cupfuls every day.
Milk makes our bones and teeth hard.
Milk helps us to grow.
We want to grow.
We shall drink milk every day.

After this story is written the class may decide to illustrate it in their art period, or the story may be written and illustrated on the blackboard, where it remains a happy influence toward increasing the school milk service.

The building of good-food charts is a device often used in the intermediate grades. The children bring from home pictures of vegetables, fruits, cereals, milk and other foods that



they eat during the week. Food values are discussed, and pictures of good foods are arranged and pasted on a large chart. The children may find out from their mother or from the grocer the price of each food, and for their arithmetic lesson they may compute the quantities needed and the costs for their families. For language and reading lessons they may write and read stories about food. As a geography lesson they may learn where the foods come from. In their physical training period they may play a game of good foods.

Dramatizations, poems, stories, rhymes, slogans, songs, and festivals are all devices that are used frequently in the classrooms in the Bellevue-Yorkville demonstration area to help the children to form good judgments about health and health habits. In one school a "Carnival of Winter" was developed as a health project in which the entire school participated. Supervisors, principals, teachers, pupils, and the departments of physical training, music, English, sewing and dramatics cooperated in producing the carnival, which was presented as a feature of the commencement day program.

The regular morning health inspection, which is a routine practice in all New York schools, has been elaborated somewhat in the schools in the demonstration area. To the inspection for cleanliness, care of teeth and symptoms of disease, the teachers add, "Have you had milk this morning?" and "Have you had a good breakfast?" Early in the school year the classes discuss what constitutes a good breakfast, and they decide that a good breakfast means fruit, a cereal, brown bread or toast, and milk or cocoa. Many teachers are developing interesting ways of recording the food habits of their pupils.

In all of the schools in the district nutrition work is emphasized, and in two public schools and one Catholic school intensive nutrition projects are under way, under the auspices of the nutrition service provided by the New York Association for Improving the Condition of the Poor. This project has been guided by a survey in the form of a questionnaire filled in by the pupils. Each month a letter is sent home to parents discussing some phase of nutrition, and the classroom follow-up emphasizes one point each month. One month, for example, a breakfast score sheet was kept daily until the teacher felt that the good breakfast habit had been firmly established. This breakfast score is shown on page 63.

Nutrition and good teeth, drinking milk, eating vegetables, having a yearly health examination, and securing the correction of physical defects were emphasized in succeeding months.

Dental projects have developed in a most satisfactory way in the demonstration area under the auspices of the dental service of the Association for Improving the Condition of the Poor. In those Catholic and public schools where the intensive dental projects are under way, the mouth of every child has been examined and charted. A squad of dentists

BREAKFAST SCORE SHEET

NAME _____ GRADE _____

SCHOOL _____ DATE _____

POINTS	MON.	TUES.	WED.	THUR.	FRI.
1. Did you eat dark cooked cereal (as oatmeal)?					
Or white cooked cereal (as farina)?					
2. Did you have milk on cereal?					
3. Did you drink milk, plain or in cocoa?					
4. Did you have toast?					
Or bread or rolls?					
5. Did you drink coffee or tea? (subtract)					
Days: TOTAL					
Weeks: TOTAL					

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from the Oral Hygiene Committee of Greater New York gave their services free for these examinations. Each teacher and nurse was given a copy of the chart findings and both teachers and nurses are doing follow-up work, suggesting to parents that they have any dental defects of their children corrected by the family dentist.

In one public school where there are 2,200 children, 1,185 dental defects have been cleared up since last November. In one Catholic school where, of 594 children examined, only 84 were found with teeth in good condition, the number of children with teeth in good condition has been increased in four months to 219. By stimulating interest in dental hygiene

among the teachers, and by reserving a day for each school at the dental clinic at the Bellevue-Yorkville Health Center, a great many dental corrections have been made in all schools.

In two Catholic schools where there was no regular instruction in physical education, recreation programs have been introduced. Activities include imitative story plays, singing games and rhythmic games for younger children, low-organization games and posture exercises for primary groups, and folk dancing and team games for older girls. Printed instructions for games and classroom relief activities have been distributed weekly to the teachers in these schools.

On May 1, 1929, as a part of the Child Health Day observation, a health survey was made and an individual questionnaire was filled out by all public school pupils in the district in grades 4 to 8. In the lower grades, the teacher filled out the survey by noting the raising of hands to each question. Pupils were instructed not to sign their names to the individual questionnaires. These answers are being tabulated in the offices of the demonstration and future health work will be stressed in individual schools according to the needs shown by these questionnaires.

The demonstration proposes to use this same form annually on May first, for three or four successive years, in order to discover to what extent health habits may be improving under the health education program.

The questionnaire lists the following questions:

1. Do you sleep with bedroom window open?
2. Do you sleep at least 10 hours every night?
3. Are you up at 7 o'clock in the morning?
4. Do you drink at least 2 glasses of milk every day?
5. Do you eat breakfast every day?
6. Do you eat fruit for breakfast?

7. Do you eat a cereal for breakfast?
8. Do you drink coffee?
9. Do you drink tea?
10. Do you eat slowly and chew your food thoroughly?
11. Do you have a regular time every day to go to the toilet?
12. Is there a bathtub in your home?
13. Do you take a bath at least twice a week?
14. Do you have a toothbrush of your own?
15. Do you use it at least twice a day?
16. Have you any bad teeth?
17. Have you been to a dentist this year?
18. Do you have headaches often?
19. Do your eyes hurt often?
20. Can you read writing on the blackboard easily?
21. Can you hear easily what the teacher says?
22. Do you often take cold?

As the health education work in the Bellevue-Yorkville area takes firmer hold week by week and month by month, there are very definite marks of progress which may be noted by the interested observer. The school children are taking a greater interest in personal cleanliness, and an improvement is noted in their food habits. Better care of teeth and an increase in corrections of teeth defects are evident. Underweight children are climbing up toward the normal weight zone. The school milk service is increasing, and there is a gain in the correction of physical defects. Teachers and pupils alike are finding a happy approach to health work, and the teachers are assuming an interested responsibility for encouraging follow-up work and the correction of defects of children in their classrooms. The activities program which the schools are developing, based upon the needs and interests of the boys and girls, shows a very fine spirit of cooperation within the schools and throughout the area.

No mention has been made in this article of school medical inspection and nursing service, inasmuch as that is a separate story in itself. As a preliminary step toward ascertaining annually the health condition of school children in the Bellevue-Yorkville district, a study of the medical examination of third grade children in the public and Catholic schools was made in 1925-1926. A complete report of the findings of this study is published by the Bellevue-Yorkville Health Demonstration under the title, "Physical Defects in School Children, Bellevue-Yorkville District."

