A PROJECT IN RURAL SCHOOL HEALTH EDUCATION[1]

INITIATING THE STUDY

by RUTH E. GROUT

FOR nearly a century there has been a continual volley of opposition by many educators against the small rural school. They have considered it an institution that is inadequate to meet the requirements of modern living and have been prone to lay it on the shelf to accumulate the dust of neglect. A national movement to consolidate these schools gradually has decreased the number of children in them to approximately one-fifth of the total school enrollment, yet in 1930, according to a statement recently released by the Federal Office of Education, 60 per cent of the school buildings in use in the United States still were of the single-room type. In New York State 66 per cent of the schools were of this kind.

During the past few years active efforts to centralize these many scattered schools have been carried on by the State of New York. The State Education Department, however, has appreciated its responsibilities to the 7,000 and more small rural schools not yet centralized, and has started a progressive program of education which is permeating even the most remote schools of the State.

The problem of health education in these thousands of one- and two-teacher schools is recognized as an important but a most difficult one. The schools themselves are scattered and many are not easily accessible for supervision. The active support of the teachers, who alone are in a position to see the children under their care as complete human entities,

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is difficult to obtain. The rural teacher, in general, has been inadequately trained and her term of teaching in a given school usually has been short. After 1934, however, each new teacher entering the school system will be required to have three years of normal-school training. The stability of her term of office in the future is still unpredictable, but it is probable that for some years to come the system will lack both unity and continuity. Even in a county such as Cattaraugus, where a fairly well-rounded and efficient health program has been in operation for some time, Professor Winslow in his survey of the County health program in 1930 pointed out that the most serious lack in the whole field of school health was "the absence of a modern coherent program of health education in the schools."[2]

In realization of this situation a special school health education project was begun in the County in the fall of 1931, with the assistance of the Milbank Memorial Fund, upon appeals from the district school superintendents and the Health Department. The purpose was to establish in a rural school district an experimental program of modern health education which would be in harmony with the goals of progressive education sponsored by the State Education Department and sufficiently flexible to meet the needs of the individual schools. To organize the program, a full-time director was appointed by the Supervisory School Hygiene District, a board including the five district school superintendents and the County commissioner of health. Since there are considerably over two hundred one- and two-teacher schools in the County, it seemed fitting in the light of the program of the State Education Department, to focus the experimental health education project on the smaller schools.

[2]Winslow, C.-E. A., Dr. P. H.: Health on the Farm and in the Village. New York, The MacMillan Company, 1931, p. 167.

Previous to 1931, health education was not an untried field in Cattaraugus County. Here as elsewhere it had passed through various phases. The Gold Star Project, a device for standardizing health accomplishments had been tried and discontinued. The county public health nurses had appreciated and applied the educational aspects of their routine health services which centered around disease prevention, defect corrections, and improved school sanitation. For over a year monthly bulletins on various health topics had been sent out to the teachers by the supervisor of school nursing. The district superintendents in conjunction with the County Department of Health had been active in utilizing available State funds toward correcting the most blatant sanitary deficiencies, a project in itself educational. An effective diphtheria-prevention campaign had sensitized the County to the value of preventive measures, but in all of this there had been very little active participation by the teachers.

Certain policies have influenced the formulation and execution of the projected school health education program. These may be stated briefly as follows:

1. To be successful, a school health education program should grow out of classroom situations and come from the teachers themselves.
2. Activities and materials of health teaching should be based on the children's interests and needs in their own environment.
3. Each child should be stimulated to practice healthful living throughout the school day.
4. Provision should be made for giving each child a basic understanding of the reasons for desirable health behavior.
5. Health teaching should be integrated with the every day life of the child and all available resources should be drawn into action to accomplish this unification.
6. The program should identify itself with community programs of health and education.

7. Only scientifically sound facts of hygiene and health practice should be taught.

As a first step in the Cattaraugus project, a teachers' committee was formed to take active leadership in organizing a unified program. The fifteen members of this committee were chosen from the County at large with the aid of the district superintendents, and were selected for their ability to approach a curriculum-construction program with an experimental attitude. To this task they have given ready support both through committee participation and classroom experimentation.

At the beginning each of these teachers was asked to express what she considered the outstanding needs of her school. The problems were as diversified as the number of schools themselves. Among those mentioned most frequently were safety, use of leisure time, provision for play activities, improving handwashing and drinking facilities, ventilation, and nutrition. A later and more extensive, although less selective study of teacher-felt needs, revealed in addition such perennial problems as better toilets, personal cleanliness, posture, dental attention, hot lunches, and scales for schools. There appeared to be but slight recognition of such obvious needs as improved school lighting, parent education, and better home environment, although these were on the list submitted to each teacher.

In the light of this preliminary survey it was decided to use as the general theme of the first meetings of the committee the formulation of certain standards for a healthful school environment, at the same time giving consideration to teaching activities which would broaden an understanding of the pupils' relations to the environment. For example, when problems of water supplies were discussed, suggestive teaching projects on water were also presented. These pro-

jects stressed such aspects as the relation of water to all living things, water supplies in the community, and the like.

The committee met regularly in a central place during the first year. The teachers themselves acted as chairmen of these meetings and took active part in planning the programs. Among those who met informally with the committee were the director of the School Health Service, the County commissioner of health, the County sanitary engineer, the supervisor of school nursing, and the State supervisor of health teaching. The district superintendents, five in number, gave active support by regular attendance and participation in discussions.

After several meetings it was evident that a group of fifteen teachers drawn from a territory of 1,343 square miles was unwieldy as a functioning body. The teachers themselves were demanding more opportunity for deliberative thought in smaller groups. So the original large committee was split into three sectional groups to concentrate on specific phases of the program. One section took as its responsibility the evaluation of health books and the setting up of certain simple criteria for judging them. This study helped to build up a consciousness of variations in material. Another section concentrated on organizing an experimental teaching unit which incorporated a variety of classroom activities suggested by members of the larger committee. To the third section fell the task of compiling a questionnaire survey for teacher and pupil use which was called "The School Health Study." The purpose of this survey was to help teachers and pupils to find their own school health problems and to provide a record which might lend more continuity in each school from year to year.

A group of nine schools was selected during the early months of the project for purposes of experimentation. The

schools in this experimental area are located in four townships within easy access to Olean and present a fair cross-section of the schools of the County. Through regular visits to the schools and occasional meetings of the teachers, a program of supervision in health education has been developed. The teachers are gradually growing in their appreciation of health values and are assuming more and more responsibility for carrying out effective health programs. Tangible results of their efforts are already in evidence.

A tentative list of health objectives was prepared at the end of the first year to serve as a guide for the teachers of the committee and in the experimental area. One of the functions of the members of the committee this year has been to analyze critically these objectives in the light of their own specific situations. Revisions will be made as general agreements can be reached, with the hope that the end result will be an outgrowth of classroom experience rather than a product of academic supposition.

An ultimate goal is to shape some form of comprehensive guide, to be published with illustrative material, which may pave the way for more productive activities on the part of other teachers in the County. As a basis for this guide, which is evolving from actual classroom experience, the teachers of both the teachers' committee and the experimental area have kept notes of all health teaching activities in their schools. These notes are being organized into coherent "units of work" centering around particular points of interest such as water, milk, care of eyes, prevention of disease, growth, and the like. Each unit includes a variety of teaching activities, both direct and correlated.

About a dozen of these units prepared by individual teachers are now in circulation for further trial throughout the County. Many copies have been distributed to teachers

by district superintendents, nurses, and others. After a lapse of time the teachers are asked to report their experiences with these units in actual classroom use. This procedure should aid not only in evaluating existing material, but also in finding new material.

The type of program which eventually will be set up on a county-wide basis is still problematical. Gradual expansion beyond the two small groups is essential. Numerous opportunities already have arisen to reach more teachers, as for example, through distribution of monthly bulletins and teachers' units, meetings, and visits to schools. In one supervisory district special round-table conferences on health education have been held. At these conferences teachers of the committee told their fellow workers about their individual programs. In another district, a study group of about fifteen teachers has been started. Other available channels will be used as the program develops. Thus there gradually is unfolding a program which can be adapted to the individual pupil, school, and community.