

# A PROJECT IN RURAL SCHOOL HEALTH EDUCATION

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## IV. RELATIONSHIPS WITH COMMUNITY HEALTH PROGRAMS<sup>1</sup>

ONE of the functions of the school health education project in Cattaraugus County has been to assist, whenever possible, in bringing about an interchange of services and a close articulation of purpose between all agencies which have some contribution to the physical, mental, and social well-being of rural school children. In this article consideration will be given to some of the inter-relationships that exist between the school health education program and community agencies which reach both the child and his home. The outstanding groups and their activities in relation to the schools are listed in Table I. This in no way is presented as a model program but rather as a progress report of procedures which are being developed experimentally in a specific situation as opportunities arise.

A most important aid in bringing about a mutuality of purpose between groups in Cattaraugus County has been the centralization of headquarters of many official county health and social agencies at the Bartlett Memorial Community Center in Olean. This building, formerly a large private residence, was given to the County by a public-spirited citizen a few years ago. In it are located the offices of the County Health Department, the County School Health Service, a branch office of the County Welfare Department, the Catholic Charities, the American Red Cross, the Boy Scouts of America, and the Camp Fire Girls. Here, too, the director of the school health education project has her office in conjunction with the County School Health Service.

<sup>1</sup>From the Cattaraugus Supervisory School Hygiene District and the Division of Public Health Activities, Milbank Memorial Fund. This is the fourth in a series of papers by the director of the health education study in Cattaraugus County.

# LOCAL AGENCIES AND HEALTH SERVICES THEY PROVIDE IN THE RURAL SCHOOLS OF CATTARAUGUS COUNTY (Exclusive of Official Educational Agencies)

AGENCY	SERVICES TO RURAL SCHOOLS	MECHANICS FOR BRINGING SERVICES IN CONTACT WITH SCHOOLS
I. MEDICAL INSPECTION OF SCHOOL CHILDREN	1. Part-time locally employed physician inspects each child annually according to State law	Local trustee selects medical inspector and makes financial arrangements with him
II. COUNTY DEPT. OF HEALTH	1. Immunization against disease	At request of community through nurse
1. County Commissioner of Health	2. Control of communicable disease	Visits schools or homes as needs arise, often at request of teacher, trustee, or superintendents
	3. Advisory services on individual health problems such as disease control, et cetera	At request of teachers or others
2. Public Health Nurse	1. Assists with medical inspection in her district	Makes direct arrangements with medical inspector and teacher for schedule of inspection visits
	2. Control of communicable diseases as agent of the County Commissioner of Health	Visits school or home on request of County Commissioner of Health, teacher, trustee, or superintendent
	3. Assists in securing the correction of physical defects	Works in cooperation with family physician, parent groups, and welfare workers
	4. Interprets school problems to the home and vice versa	Through home and school visits
	5. Advisory services on individual health problems	Through home and school visits
3. Sanitary Engineer	1. Inspects water supplies	May be at request of superintendents, teacher, trustee, or others
	2. Advises on sanitary improvements	May be at request of superintendent, teacher, trustee, or others
4. Director of Bureau of Tuberculosis	1. Clinical and X-ray examination of suspected cases of tuberculosis	At request of physician, nurse, or others
	2. X-ray examination juniors and seniors in high school	On permission of local school board
5. County Laboratory	1. Bacteriological examination of water samples	Routinely and on special request

Table 1.

<p>1. Director of County School Health Service</p> <p>2. Director of School Health Education Project</p>	<p>1. Provides link between health and education department. Assumes responsibilities and directs policies for all health work in schools</p> <p>2. Keeps all school health records in central office. Sends annual reports to State Education Department</p> <p>1. Acts as consultant on school health education program</p> <p>2. Assists in curriculum building with special emphasis on health</p> <p>3. Assists in unifying all health work in schools</p>	<p>Works through existing agencies in direct contrast with schools; such as medical inspector, nurse, superintendent, director of health education, et cetera</p> <p>Summaries of reports used to promote further activities in schools</p> <p>Through personal and group contacts with teachers, district superintendents, nurses, parents, and others</p> <p>Same</p> <p>Same</p> <p>Largely through assistance to family</p> <p>At request of teacher, nurse, and others</p> <p>Largely through assistance to family</p> <p>Contact of leader with individuals in community</p> <p>Contact of leader with individuals in community</p> <p>Individual contacts of secretary with health education director, teachers, and community</p> <p>In conjunction with school education program in general</p> <p>Through general educational program. Special help at request of teachers, health education director, and others</p> <p>Limited to sections where high school teachers organize clubs in vicinity of their schools</p> <p>Contribution of funds, community education, and other services</p>
<p>IV. COUNTY WELFARE DEPARTMENT</p>	<p>1. Relief program for needy individuals. In a few instances helps to provide lunches for needy school children</p> <p>2. Child welfare work including arrangements for child guidance clinics</p> <p>1. Relief program for needy individuals</p> <p>1. Sponsors formation of scout troops</p> <p>1. Sponsors formation of groups of girls</p> <p>1. Provision of educational material related to control of tuberculosis</p> <p>2. Special services in community education such as preparing lists of health books in County libraries</p>	
<p>V. CATHOLIC CHARITIES</p>		
<p>VI. BOY SCOUTS OF AMERICA</p>		
<p>VII. CAMP FIRE GIRLS AND BLUE BIRDS</p>		
<p>VIII. COUNTY TUBERCULOSIS AND PUBLIC HEALTH ASSOCIATION</p>		
<p>IX. HOME AND FARM BUREAU</p>	<p>1. Advisory and promotional services in relation to food and nutrition, gardening, and other home and farm activities</p> <p>1. Club meetings and projects to promote homemaking and agriculture</p>	
<p>X. 4 H CLUB WORK</p>		
<p>XI. PARENT-TEACHERS ASSOCIATIONS MOTHERS' CLUBS, GRANGES, ETCETERA</p>	<p>1. Support school programs in general and provide for such specific needs as hot lunches and defect corrections</p>	

A narration of what actually transpired during a recent busy Saturday in the office of the director of the school health education project may present a more vivid picture of the link that exists between the health educational program and other groups than a series of generalized statements. During the week previous to this particular day the director had visited schools in the rural areas to assist teachers in their health education programs and had met with numerous problems requiring specialized services.

The director of public health nursing, who, with her staff gives part-time services in the schools, first is consulted. Has she heard of Mary J. in Hunter's Hollow whose eyes tested 20-70 in the teacher's preliminary examination? The teacher wishes further investigation by the local county public health nurse and is anxious to know whether financial assistance for securing glasses will be available this year. Then, too, Miss Smith on Bear Hill has a problem child whom she wishes to send to the child guidance clinic for observation. It already had been suggested to the teacher that she ask the local public health nurse to assist her in making arrangements for sending the child to the clinic. To hasten matters this case is being reported to the director of nurses. Miss Green, at Gary Corners, who is working on a first-aid project with her pupils has asked for a list of materials for a home-made first-aid kit. Such a list, which previously had been prepared by a nurse, is placed in the mail for Miss Green today.

Fulfilling a promise to consult the sanitary engineer, the director reports to him some leaking septic tanks in a school on the Seven Mile. This interest of the pupils in finding out and correcting the trouble has led to a study of safe water supplies in a farming area. What can the sanitary engineer do to help?

The director of maternity, infancy, and child hygiene has been responsible for making a collection of some excellent home-made toys and preparing directions for their construction. These

are just what Miss Brown wants to use with her pupils and their older brothers and sisters in a community-construction project. So today the direction sheets and a booklet on home-made play materials from the extension division of the State College of Home Economics are mailed to Miss Brown.

Plans must be furthered during this brief sojourn in the office for organizing a series of discussion groups on school health problems for which approximately seventy rural teachers in various sections of the County already have signed. This morning permission is obtained from the County Commissioner of Health to use the district health station in Salamanca for one conference group. Letters are mailed to teachers announcing the conference and the news that a state supervisor of health education will meet with the group on that day. Another group has secured a state supervisor of parental education and child development as a leader for its monthly discussions. Announcements to this effect were mailed to teachers on the previous day.

During the course of the morning under consideration several requests are received for the services of the director. The secretary of the County Tuberculosis Association would like copies of a speaker's list which the director helped to prepare for the district parent-teacher association in her capacity as its health chairman. She also would like the director to write an article for the news letter of a woman's organization summarizing a speech given at their annual meeting in the spring.

A representative of an out-of-town parent-teacher association makes a personal call at the suggestion of a Home Bureau agent to invite the director to speak before her organization during the following week. By mail comes a request for assistance in organizing a health education program in a city of a neighboring state, while in the same mail is a letter from a southern state acknowledging with enthusiasm some health educational material, prepared by Cattaraugus County teachers, which has proved valuable to teachers in that state.

Although this is the usual manner in which daily problems involving one or more agencies are met, from time to time more unified efforts to meet some special problems are carried out.

One of the early projects in which several groups participated was a study of lighting conditions in over thirty one- and two-teacher schools, selected because of unusual lighting problems. The survey was based on the standard code of school lighting, sponsored by the Illuminating Engineering Society, and was made by a technical expert from a local power concern with the aid of a light meter. On each school visit the expert was accompanied by a district superintendent, the county sanitary engineer, or the director of the county school health education project.

After observations were made in a school, recommendations for improvements were discussed with teachers and pupils. A modified survey sheet along with a sample teaching unit on the care of the eyes was left in each school, with the suggestion that the teacher use them in her educational program. Later a summary of the complete study was prepared and distributed to interested individuals.

This study helped to emphasize the frequent inadequacies of rural school lighting. In one school, after the children had made the proposed lighting survey they passed the findings to the trustee, who in turn took up the problems with his community at the annual school meeting. This resulted in the redecoration of walls and ceilings and a better arrangement of seats. In nearly every school that was studied some improvement followed, such as installation of new windows, shades, or electric lights; redecoration of the room; rearrangement of seats; or trimming of trees. Moreover, there are evidences that the survey also gave fresh impetus to bettering conditions in many other rural schools of the County.

Another quite different cooperative activity was a panel discussion given during the past year at a county-wide meeting of rural teachers on the invitation of the district superintendents.



The subject of the panel, "What are the most desirable ways of teaching health in rural schools of Cattaraugus County so that health habits will be lived and not just talked" was discussed from several angles. The field of education was represented by the principal of a neighboring normal school and three rural teachers; the parent and home by a former teacher who is now a parent; and the field of health by the County Commissioner of Health, the director of public health nurses, and the consultant in health teaching from a tuberculosis association in a neighboring county. The director of the county school health education project acted as chairman. Opportunity was given the teachers at the end of the discussion to raise questions and to voice their own opinions.

It was felt that this panel discussion not only helped the teachers and the individual participants to orient their thinking on a mutual problem but also conveyed to teachers a sense of strength and unity of purpose among those responsible for promoting the health of the rural child.

Since nutrition of rural people has been a primary concern in Cattaraugus County, as elsewhere, a group of county leaders in the spring of 1934 informally decided to attempt the preparation of a nutrition sheet with local significance. The *Farm and Home News Bureau News* was selected as the most natural vehicle for the sheet, which would have as its general theme the appreciation, development, and utilization of local food resources and which would be directed toward persons who, despite adversities, still are amenable to encouragement and help.

Several conferences to determine the nature and content of this food and nutrition supplement to the *News* were held by a committee consisting of the County Home Bureau agent, the director of the public health nurses, the assistant to the Commissioner of Public Welfare, and the director of the county school health education project. Among those consulted for advice was a representative from the State College of Home Economics.

Articles finally contained in the supplement included a comparison of chick- and child-feeding written by the Home Bureau agent, after an interview with a farmer who is a successful poultry raiser and at the same time a successful father; a story about a health camp boy, written by the secretary of the County Tuberculosis Association; an inspirational yet practical article on a family vegetable garden, contributed by a Farm Bureau agent; a description by a principal of a successful hot-lunch project in a village school; a summary of a community-planning program for agricultural rehabilitation, proposed by a local farmer; and a statement released by the County Welfare Department concerning the provision of free seeds and fertilizer to those in need.

These sheets were distributed to members of the Home Bureau, teachers, and many individuals reached by the public health nurses and other county workers. Tangible results from such an undertaking are difficult to discern. Regardless of its effect on the community, there was a concensus of opinion that the enterprise helped to bring about a greater solidarity among the community leaders who took part.

When the annual school reports were summarized during the summer of 1934 it was discovered that only 58 per cent of the village and rural schools in the County made provisions for hot lunches for their pupils. Although this was a gain of 10 per cent over the previous year it was obviously not an optimum condition. Consequently it was decided to renew efforts during the present school year to increase the quantity and quality of hot lunches in these schools. Lists of all schools failing to serve hot lunches during the school year 1933-1934 were taken from the records in the office of the County School Health Service and sent to the superintendents and nurses in the areas concerned. During personal visits to these schools, nurses, superintendents, health education director, and others have discussed the problem with teachers.



Literature on hot lunches, prepared both locally and by the State Education Department, has been given to teachers on request. At teachers' meetings, grange and parent-teacher gatherings, various individuals have presented the problem from its different angles. Upon the instigation of the County Home Bureau agent at least two Home Bureau units are sponsoring hot lunches in their districts. One group is assisting in the preparation of the lunches at school. A mother's community club is taking active part in planning and serving hot lunches in another district. In a few instances the town welfare officer has been approached to help children from families under relief. It is too early to learn the results of this movement, but greatly improved conditions are indicated.

The project in rural school health education has not limited itself entirely to contacts with groups inside the County. The advisory services of state and national organizations, both official and nonofficial, have been indispensable in the growth of the program. The normal schools in the vicinity of the County, which increasingly are stressing rural school problems in their courses, have shown an interest in the project. With the assistance of the State Education Department, a teaching guide, prepared by teachers in Cattaraugus County, is being given further trial in another county of the State. Although the program has been built entirely with local needs in mind, there are continual requests coming to the office from all sections of the country for assistance in planning programs and for educational materials developed by the teachers.

A beginning has been made in Cattaraugus County toward unifying health and educational activities to assure a well-rounded program both for the rural school child and for the community as a whole.