

A PROJECT IN RURAL SCHOOL HEALTH EDUCATION

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V. HOME-SCHOOL RELATIONSHIPS¹

THE school and the home are immediately responsible for the health of the school child. Outstanding among the problems which they must share are those connected with the provision of a safe and sanitary environment, the encouragement and opportunity to live healthfully, the correction of remediable defects, and the development of a well-balanced personality which readily makes mental and social adjustments.

An attempt to establish home-school relations conducive to such a program has been an essential part of the rural school health education project in Cattaraugus County. The one- and two-teacher schools around which this project has developed are usually found in sparsely settled, open-country neighborhoods where agriculture, and more especially dairying, is the major industry. Recent surveys have shown that at the present time the farmers in these areas are struggling under a tremendous economic burden with many acres of submarginal land of low soil productivity in their possession² and inadequate incomes as the reward for their endless labors.³

The homes of rural school children vary widely. An appreciable number of families are living in mere shacks tucked away in the hills and eking a precarious living from non-productive land. Others are tenant families who lack permanency in the community. They drift from farm to farm and their children from

¹From the Cattaraugus Supervisory School Hygiene District and the Milbank Memorial Fund. This is the fifth in a series of papers by the director of the health education study in Cattaraugus County.

²New York State Planning Board: State Planning for New York. Albany, New York, New York State Planning Board, January, 1935.

³Hood, Kenneth: Report of a Farm Management Survey in Cattaraugus County, 1933-1934. New York State College of Agriculture, Ithaca, New York, December, 1934.

school to school. Fortunately there is a substantial number of self-respecting farmers traditionally described as conservative and independent, yet resourceful and loyal. Many of their homes still are far from modern. They may lack electricity, the telephone,² the daily newspaper and even sanitary conveniences.⁴ Professor Kenyon Butterfield,⁵ in contrasting rural and city life has said, "City life goes to extremes; country life while varied, is more even. In the country there is little of large wealth, luxury and ease. Farmers are essentially a middle class. There is many a farm home, plain to the extreme, devoid of the veneer, a home that to the man of the town seems lacking in all the things that season life," but a home where "virtue, intelligence, thrift and courage" are firmly implanted.

The degree to which community organization has developed also differs greatly. Some communities are so loosely jointed that, for such purposes as the unified support of a school health program, they are ineffective. At the other extreme they may be strongly knit into articulate and public-spirited groups. Within the past few years fundamental changes have been occurring in the characteristic qualities of rural neighborhoods. This is well portrayed in a recent article by William G. Mather, Jr.,⁶ describing a village of south-western New York State and its outlying rural districts. Improvements in transportation and highways, the radio and cooperative enterprises have been among the influences making the rural individual more conscious of his civic responsibilities, both to his immediate community and to larger social and economic units. Kolb and Brunner⁷ have pointed out in

⁴Wiehl, Dorothy G.: Sanitary Conditions in a Rural Area of Cattaraugus County. *The Milbank Memorial Fund Quarterly Bulletin*, April, 1932, x, No. 2, pp. 137-150.

⁵Phelan, John: *READING IN RURAL SOCIOLOGY*; Butterfield, K. L.: *THE POINT OF VIEW IN COMPARISONS OF CITY AND COUNTRY CONDITIONS*. New York, The Macmillan Company, 1922, Chapter V.

⁶Mather, Jr., William G.: Littletown. *Harper's Magazine*, January, 1935, Vol. 170.

⁷President's Research Committee on Social Trends: *RECENT SOCIAL TRENDS IN THE UNITED STATES*; Kolb, J. H., and Brunner, Edmund de S.: *RURAL LIFE*. New York, McGraw-Hill Book Company, 1933, Vol. I.

RECENT SOCIAL TRENDS IN THE UNITED STATES that "Isolation is no longer a characteristic of this section of society. Its people, its occupations, its institutions and its organized group life have become interdependent with the rest of society, while still preserving an integrity of their own. . . . The country man is experimenting with a social life with more than one center and with more than one set of interests. He is altering his immediate local organization, recognizing himself all the while as a part of the village community."

In such changing and varied open-country communities, home-school relationships have been fostered as a part of this school health education project. When the support of the home has been enlisted, much has been accomplished, not only in the primary function of improving the health of the school child, but also in community unification.

Various approaches have been used by rural teachers of the County in their effort to strengthen home-school relationships in matters of health. Individual contacts at home or at school, group contacts through community clubs or school parties, and indirect contacts through children or the public health nurse are commonly employed. An alert teacher will depend upon a variety of methods, studying each individual situation to determine the most effective line of approach. One young rural teacher, herself from a farm home, has philosophically written, "In home-school relationships nothing can be accomplished except through the bond of friendship. 'Visit the homes,' the teacher is advised. Invite yourself, if necessary, I suppose, but if you've never seen ten new pigs and you 'take a little boy up' on his invitation to see them you've scored higher. Country people are proud and it is insulting to patronize them or treat them as you would children. They have indomitably good spirits and complain much less than their more fortunate city cousins. They want understanding but not nearly so much sympathy as some people think.

"There is a good deal of difference between courage and sound diplomacy. If there were only some miracle by which a teacher might receive in a single night the wisdom and clearness of vision that comes from years of experience—but then the spice would be out of the sauce, would it not?"

If every rural teacher had the insight of this young girl of twenty-two there would be little need for concern on the ultimate development of harmonious and effective home-school relationships. However, teachers are often immature and inexperienced and lack confidence in themselves to assume genuine leadership. Another deterring factor has been the large annual turnover of rural teachers, which has prevented the continuity of the program so necessary for sound growth. As long as the single trustee system persists in rural districts of New York State whereby a teacher has uncertain tenure of office and may be hired or fired by the trustee, at the whim of the faction in control, accomplishments will be limited. These facts, coupled with certain inherent qualities of rural communities suggested above, make the establishment of effective home-school relations difficult.

Many bright spots have been seen in these years that health work has been promoted in rural schools, despite the fact that much of what has been planned still remains uncompleted. Before this special health education project, now in its fourth year of development, was started, the public health nurses and teachers continually sought the support of the home in many phases of the school health work. If the present program has made any new contribution it has been largely in the direction of clarifying the teacher's responsibilities in the promotion of lasting home-school relationships. In the following paragraphs an analysis will be made of certain phases of the program in which some progress has been made by teachers in linking home and school.

The hot lunch for a rural school provides tangible and worthwhile activities for joint participation. When already prepared

lunches are provided by individual parents the teacher's part is largely educational. When a hot dish is prepared at school cooperative action under teacher leadership is more essential. Usually the children take turns bringing the food from home, uncooked or partially prepared and complete its preparation at school. Occasionally parents have been invited to the school to help serve the lunch. When this happens a fine spirit of service toward the school is built up in the community. One teacher tells about her experiences with this method as follows:

"Last year we carried on a food project, emphasizing preservation of food in the fall and planting of gardens in the spring. This was directed toward the end that the materials for our hot lunches might be all home-grown products.

"The lunches were a practical means of teaching food values, correct dietary habits, new ways of cooking foods, table manners, and ways of setting the table, as well as indirectly teaching cooperation, social poise, and school pride. The menus were planned by the children and the work at school was all done by them.

"In many cases the parents asked for recipes for the dishes their children liked at school and many of the children discovered how well some foods like spinach, beans, beets, and carrots really tasted. The mothers were very much interested in this work and often offered us the best of assistance. They also borrowed the reading material about food which we had found and listed."

For a number of years parents have been encouraged to attend annual medical inspections at school for the purpose of discussing first hand with the doctors any deviations from normal in the health of their children. After the inspection a written report of conditions found by the doctor is relayed through the teacher to the parents of each child. The nurse does the major part of the follow-up work to obtain needed corrections, but the teacher, through the educational program at school and contacts with parents, may exert an appreciable amount of influence.

Improvements in the school buildings and equipment are best brought about when school and community work together under the guidance of the district superintendent. Often the decisions of the trustee and the district to make repairs or alterations are influenced by the educational program carried on by the school and those associated with it. Numerous instances have been cited in previous articles where this has occurred. Sanitary improvements in practically 60 per cent of the schools for each of the past three years bespeak the degree of success obtained through joint action of school and community.

The every day health behavior of an individual child is determined by influences of both home and school. Obviously, the ideal situation exists when the child is given opportunity and encouragement to live healthfully throughout the day by a consistent and harmonious program under guidance of both teacher and parent. The public health nurse has done much to strengthen relations in a community by interpreting these groups to each other. Children, too, are conveyors of ideas between home and school but not always on the side of harmony. It remains for the teacher to take the leadership in a program of unification. This she increasingly is doing in a variety of ways.

One teacher with a large school of over thirty children writes: "I brought up the question of hot lunches at a meeting of the Mother's Club. Everyone was willing to cooperate. I was offered an oil stove and an old radio cabinet with a shelf in it for a cupboard, as well as dishes and silver.

"In connection with our school we publish a school paper. Every month we have a health column which contains news about our health projects and the like. This is another medium to reach parents and other residents of the district, as each family receives a copy."

In one district "the children in different families take home the health magazines *Junior Home* and *Hygeia* each month. We

go over the articles when the new magazines come in and check those we think would be interesting for each family. During oral discussions we let the children report any comments the parents make. For example, we have a new baby in our district. Any articles about child care, infant feeding, et cetera, are checked for the mother. Through her older boys we hear what suggested things she tried and the outcomes."

Another teacher reports that the "parents are invited to the meetings of the School Club which are held every two weeks. During that time we stress health through showing our work, giving talks concerning health, et cetera." In another community the teacher carries on "health work with the parents during lecturer's hour at the Grange," while in still another "the teacher often visits the homes trying to see each at least twice a year. At that time not only the doctor's report but also social habits are discussed with the parent. Parents are invited to the medical inspections and they are included in the parties of the school."

At the present time stimulus to strengthen home-school relations is being given to teachers in numerous ways. The recent extension of training requirements and improvement in training courses for rural school teachers in neighboring normal schools is resulting in the gradual introduction of more adequately prepared teachers. In-service assistance has been given in several directions. Extension courses from a nearby normal school have reached some teachers. In Olean a discussion group of rural teachers on home-school relations under the direction of the State supervisor of child development and parent education has been in progress for several months. Occasionally the problem has been discussed at group meetings in other sections of the County. The "Handbook of Health Education," prepared by County teachers, contains numerous descriptions of ways in which teachers have successfully integrated their health program with the home and community. It is hoped that the revised Handbook will include

many more. Bulletins with suggestions for linking home and school activities have had wide distribution. The individual conference on specific problems between teacher and nurse, district superintendent, another teacher, or the health education supervisor has been a method commonly used.

The bonds between home and school in rural areas will gradually be strengthened as rural people learn through education and experience the value of cooperative activity. It is hoped that the school health education program will be an important influence in this direction and through this service find its own best expression.