

# **HEALTH TRENDS IN SECONDARY EDUCATION**

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## NOTE ON THE THIRD PRINTING

Since its publication in 1927, there have been two printings of this report. In this third printing, revision has been made of the bibliographies appended to each chapter, in order to include in them particularly valuable recent contributions in the field of health education in the secondary schools, and to provide annotations. The text is identical in detail with the original.

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## IN EXPLANATION

**I**N THE elementary schools, the importance of a unified health program has long been recognized. Such a health program began with the protection of the child through provision of a healthful environment and health service on the part of the physician and nurse. Later came the promotion of health through opportunities for physical development, and still later, through guidance and instruction in health attitudes, knowledge and habits. Procedures are now fairly well standardized for the first six years in the elementary schools and everyone agrees that efforts should be centered on the formation of habits rather than on the teaching of hygiene or physiology.

This seems to be less true of the secondary schools. So many inquiries had come to the American Child Health Association in regard to the best procedure for secondary schools, and so little information had been gathered concerning existing procedures, that it was decided to make a study from the field. In November, 1924, through the educational journals of the country, an appeal was made to high schools to study their own health programs following an Outline to be supplied by the American Child Health Association, and in order to stimulate interest three awards totalling \$1,000 were offered to the three schools showing the best programs. It was understood that the object was to obtain material for a printed report on the health problems of secondary schools.

One hundred and ninety-three schools wrote for detailed information and by March 1st, eighty-six had formally registered. Reports were to be in by July 1st, which allowed four months in which to do the work.

In the meantime an advisory committee, which eventually acted as an evaluations committee, was formed, with the following membership:

DR. OTIS W. CALDWELL, Director, Lincoln School, New York City  
MRS. HENRIETTA CALVIN, Director, Division of Home Economics,  
Board of Public Education, Philadelphia, Pa.

MR. W. S. DEFFENBAUGH, Chief, City Schools Division, Bureau of Education, Washington, D. C.

DR. CLARK W. HETHERINGTON, Professor of Physical Education, New York University, New York City

DR. JOSEPHINE KENYON, Research Associate, Institute of Child Welfare Research and Lecturer in Health Education, Teachers College, Columbia University, New York City

DR. JOHN D. McCARTHY, Instructor in Health Education, New York University, New York City

MR. JAY B. NASH, Director of Physical Education, Oakland Public Schools, Oakland, Calif.

MISS SARAH M. STURTEVANT, Associate Professor of Education, Teachers College, Columbia University, New York City

MISS FLORENCE E. WINCHELL, Head of Department of Home Economics, New York State College for Teachers, Albany, New York

The Outline which the schools used was carefully prepared by the staff of the Division of Health Education with the guidance of the advisory committee.

During the period of the Study many letters were received in the central office, telling of ways in which the interest was being stimulated among teachers and pupils—a very important outcome. Suggestive material was supplied by the Secretary of the Study, and schools were encouraged to correspond with one another. Each school was given a code number, which was used when the final evaluations were made. By July 1st, the final date, fifty-three reports had been received. These reports were judged entirely upon their face value, as it was impossible to visit all fifty-three schools, and the Committee unanimously gave the awards to

JACKSONVILLE CONSOLIDATED SCHOOL, Jacksonville, Arkansas  
NEW TRIER TOWNSHIP HIGH SCHOOL, Kenilworth, Illinois  
DEWITT CLINTON HIGH SCHOOL, New York City

and honorable mention to:

BERKELEY HIGH SCHOOL, Berkeley, California  
MANUAL ARTS HIGH SCHOOL, Los Angeles, California  
EAST HIGH SCHOOL, Des Moines, Iowa  
BRADFORD ACADEMY (PRIVATE), Bradford, Massachusetts  
MILTON ACADEMY (PRIVATE), Milton, Massachusetts  
NEWTON HIGH SCHOOL, Newton, Massachusetts  
CENTRAL HIGH SCHOOL, Kalamazoo, Michigan  
JOHN BURROUGHS COUNTRY DAY SCHOOL (PRIVATE), St. Louis, Mo.  
CENTRAL HIGH SCHOOL, Binghamton, New York  
LINCOLN SCHOOL OF TEACHERS' COLLEGE (PRIVATE), New York City  
MANHATTAN TRADE SCHOOL FOR GIRLS, New York City

HORACE MANN HIGH SCHOOL FOR GIRLS (PRIVATE), New York City  
FAIRMOUNT JUNIOR HIGH SCHOOL, Cleveland, Ohio  
HATHAWAY-BROWN SCHOOL (PRIVATE), Cleveland, Ohio  
CENTRAL HIGH SCHOOL, Tulsa, Oklahoma  
ST. THOMAS JUNIOR HIGH SCHOOL, St. Thomas, Virgin Islands

In the fall of 1925, two people, Dr. Edna Bailey, Director of Science for the University High School, Berkeley, California, and Miss Ethel Perrin, Secretary of the Study, visited seventeen of the schools with leading programs, in order to secure more material for the printed report. From the information thus gathered, together with the carefully prepared studies made by the schools themselves, members of the advisory committee and the staff of the Division of Health Education of the American Child Health Association, have prepared both a resumé of what has been done and forward-looking suggestions of what may be done in the future, presenting them in this pamphlet with the hope that it will prove of use not only to the schools which made this Study possible, but to all secondary schools.

The Division of Health Education wishes to express its appreciation of the service rendered by the advisory committee, particularly by Dr. Kenyon and Miss Sturtevant, and by Dr. Thomas D. Wood, Miss Anita Laton and Dr. Raymond H. Franzen, all of whom generously assisted in the preparation of material for this pamphlet.

This Study of secondary school health programs was initiated and guided by Miss Emma Dolfinger, Director of the Division of Health Education, whose death on January 19, 1927 was an inestimable loss to the field of health education.

## OUTLINE USED IN MAKING THE STUDY

**H**EALTH Education can be promoted only by emphasizing all aspects of health—physical, mental, social, moral. The teacher of health should look for normal development of the child from all of these points of view. The ideal of health is not mere freedom from obvious deformities and pathological symptoms. It is the realization of the highest physical, mental and spiritual possibilities of the individual."

This quotation is taken from "Health Education: a Program for Public Schools and Teacher Training Institutions"—the report of the Joint Committee on Health Problems of the National Education Association and American Medical Association.

The American Child Health Association endorses this definition of Health Education and it is with these principles in mind that the following outline has been prepared for secondary schools interested in making a study of their health programs. The physical and mental aspects of the situation are sufficiently well standardized to make a taking of stock quite possible. The social and moral aspects are much more difficult to evaluate but they cannot be ignored. It is the distinct purpose of some of the questions to reveal to the schools using the outline, the manner in which they are meeting these responsibilities.

It is improbable that at the present time any school will be able to feel that it is carrying out even a majority of the activities suggested, since the outline was intended to set forth an all-embracing health program. By making clear, however, the strengths and weaknesses of a school, it may serve as a guide along the way to a complete, satisfactory and smoothly functioning health program.

### OUTLINE FORM FOR A STUDY OF THE HEALTH PROGRAM SECTION ONE

The first step in such a study is an inventory of conditions to which the health program must be adjusted.

#### DESCRIPTION OF SCHOOL

- I. Number of pupils attending school.
  - a. Boys.
  - b. Girls.

- II. Number of teachers in school.
  - a. Men. b. Women.
- III. Population of city or town or country served.
- IV. Number of other secondary schools in this area.
- V. Type of community served. This includes nationality, economic, occupational and social status.
- VI. Type of school: Private, public, parochial, consolidated rural or type other than these?
- VII. Grades included?

## SECTION TWO

### DESCRIPTION OF PROGRAM

#### I. GENERAL

- A. What plan have you for coordinating all the factors contributing to your health program such as those described in the sections that follow?
- B. Is one individual, a department, or a faculty committee responsible for this coordination?
- C. What is the present position, training and experience of these persons?

#### II. HEALTH TRAINING AND INSTRUCTION

(Meaning the Development of Good Health Habits, Desirable Attitudes and Practical Knowledge.)

##### A. *Basic Subjects:*

1. Secondary schools have an opportunity, through coordinated efforts of certain specialized departments, to provide scientific information applied to health problems. The following are suggested:

Social Sciences.  
Biology or any of its branches.  
General Science.  
Chemistry.  
Physics.

Home Economics (including instruction in nutrition, home nursing, first aid and related subjects).

2. For each subject in the above list that, in your opinion, contributes to health instruction in your school, give the following details:

- a. Name of course.
- b. Required?
  - 1. Of whom?
- c. Elective?
  - 1. By whom?
- d. Number of hours.
- e. Where in student's course.
- f. Text books, references, laboratory manuals and other supplementary material.

3. On what activities and interests natural to boys and girls of this age-group do you base such health instruction in any of the above "basic subjects"?
4. What results related to personal and community health, either in habits, attitudes or knowledge, do you achieve through each course? How do you check up on these results?
5. List other subjects—other than physical training—which contribute to your health program, and analyze the contribution of each.

**B. *Specific Health Instruction:***

1. Examine following details concerning this instruction:
  - a. Name of course.
  - b. Required?
    1. Of whom?
  - c. Elective?
    1. By whom?
  - d. Number of hours.
  - e. Where in student's course.
  - f. Text books, references, laboratory manuals, and other supplementary material.
2. On what activities and interests natural to boys and girls of this age-group is this health instruction based?
  - a. Illustrate, citing the specific life situations in school, home or community, which you are using in the above way.
3. Describe means employed to check up on the results achieved through each of these courses, in habits, attitudes or knowledge.
4. What is the school position, training and experience of the following teachers:
  - a. Those who are responsible for the planning and supervision of this definite health instruction.
  - b. Those giving the instruction to the pupils.

**III. THE HYGIENIC ARRANGEMENT AND ADMINISTRATION OF THE SCHOOL PROGRAM**

**A. *For Pupil:***

1. What is the maximum length of pupil's school day?
2. How is this time apportioned to the different types of school work?
3. What opportunity does your daily program give for recreation in addition to the regular physical education periods?
  - a. How do the pupils use these opportunities?
4. Does the home study plan consider the amount of sleep and recreation needed by the pupils?
5. School lunch:
  - a. Are you presented with a lunch problem because of distance between school and homes?

- b. What are the qualifications of the person in charge of the lunch room?
- c. What are the principles underlying selection of foods offered for sale in lunch room.
- d. How do physical conditions contribute to the educational value of the lunch room, such as, time allowed for lunch, order of the room, seating and lighting facilities, etc.?
- e. How is the lunch utilized as an educational factor?
- f. Who is responsible for catering at school parties?
- g. Are food sales for money raising approved by Department of Home Economics?
- 6. If the general discipline of the school contributes to the health program by giving the pupils poise and self-control through self-direction, how do you accomplish this?
- 7. What provisions are made for physically handicapped pupils?
- 8. What provisions are made for temporary disability?
- 9. When educational examinations are given, do you prepare the schedules with consideration for the health of the pupils?

B. *For Teacher:*

- 1. What hygienic facilities are there for teachers in relation to:
  - a. Rest.
  - b. Lunch.
- 2. In arranging the teacher's schedule, is rest taken into consideration?
- 3. If the teachers take recreational responsibilities after school hours, is the load equalized among them?
- 4. In making demands upon the teachers for extra-school responsibilities, are their own needs for recreation considered?
- 5. What responsibility does the school take in the living conditions of teachers?

### **IV. PHYSICAL EDUCATION**

A. What is meant here by Physical Education is the "Big Muscle Activity Program" and includes directed exercise, games, athletics and dancing, under the supervision of the school.

- 1. Give following details concerning each separate activity in Physical Education:
  - a. Name of course.
  - b. Purpose.
  - c. General content.
  - d. Method.
  - e. Sex and qualifications of teacher.
  - f. Required?
    - 1. Of whom?
  - g. Elective?
    - 1. By whom?
  - h. Periods per week.
  - i. Length of periods.
  - j. Out or indoors.
  - k. Where in pupil's course.

2. List the above courses in their order of importance for developing the latent power for health.
  - a. Justify this arrangement.
3. What uses are made of the results of the physical examination in planning the Physical Education program?
4. What change, if any, do you make in the program for girls during the menstruation period?
5. How is the problem of "Posture" taken care of?
  - a. Describe the method by which you measure posture improvement.
6. What evidence have you that during leisure hours the pupils make use of activities taught as part of the Physical Education program?
7. Boys' Athletic Program:
  - a. What is its chief aim?
  - b. What proof have you that this aim is achieved?
  - c. Analyze the boys' athletic situation.
8. Girls' Athletic Program:
  - a. What is its chief aim?
  - b. What proof have you that this aim is achieved?
  - c. Rules, events and standards for boys' athletics are uniform and recognized. This is not true for girls' athletics. In coaching girls' athletics, are the same rules, events and standards used as for boys?
    1. If so, why?
    2. If changes are made, justify these changes.
9. Physical "ability tests":
  - a. Boys:
    1. To whom given?
    2. For what objective?
  - b. Girls:
    1. To whom given?
    2. For what objective?

#### V. HEALTH SUPERVISION OF PUPILS AND TEACHERS

##### A. *Health Inspection:*

1. How do you handle problems of prevention of contagions?
  - a. Is the common cold declared a communicable disease?
2. What study of absences through illness?
  - a. How is this study used in your health program?

##### B. *Health Examinations and Their Relation to the Health Program:*

1. Physical Health (refer to the first paragraph of the introduction).
  - a. Is a physical examination given?
    1. To pupils?
    2. To teachers?
  - b. Purpose of this examination?
    1. For pupils?
    2. For teachers?

## *Outline Used in Making the Survey*

### **c. Procedure used:**

1. By whom administered?
2. When in the pupil's school calendar?
3. Is examination given in specimen?
4. How many examined per hour?
5. What do pupils wear during examination?
6. Who is in the room?

### **d. Records:**

1. By whom are results recorded?

### **e. Interpretation and follow-up of results:**

1. By whom are results interpreted?