A STUDY OF THE HEALTH EDUCATION PROGRAM OF THE SECONDARY SCHOOLS OF MICHIGAN

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Thomas John Evans, Jr.

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This is to certify that the

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A STUDY OF THE HEALTH EDUCATION PROGRAM OF THE SECONDARY SCHOOLS OF MICHIGAN

By

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A THESIS

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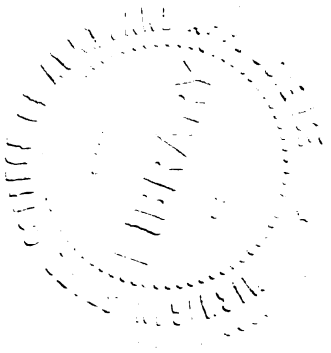

THESIS

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T. J. E.

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CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

I. The Problem

Statement of the problem. The problem is to analyze the health education programs existing in the secondary schools of Michigan, and to determine the extent to which these programs meet the health needs of the students.

Purpose of the study. The purpose of this study is to ascertain the status of the health education programs in certain secondary schools of Michigan and to formulate recommendations for the improvement of those programs which seem inadequate.

Need for the study. Draft examination figures clearly indicate that something must be done to try to develop a school generation that will have a knowledge of health, that will practice correct health habits, and that will possess an intelligent attitude toward personal and community health. Apparently, we do not learn from experience nor do we practice what we preach. Sharman states:

> Educators have been proclaiming regularly during the past quater of a century that the "whole child" goes to school and that it is the responsibility of the school to guide the expressions

> and development of the physical, mental, and emotional aspects of his life. Apparently, however, not very much has been done by the schools to meet the needs of the "whole child." Emotional control, healthful behavior, appreciation, ideals of cooperation and social responsibility, and many other characteristics of a good citizen in a democracy, have not been emphasized in most schools. At the time of the first World War the nation was shocked by the revelation of the medical examinations of drafted men which showed about thirty-three percent of the young men were seriously handicapped by physical defects. And twenty-five years later, after the "whole child" with his decayed teeth, defective eyes, crooked spine, circulatory disturbances, veneral diseases, and emotional maladjustments had attended school regularly, the examinations made by Selective Service and Army medical authorities with improved techniques and according to different standards, at the time of the second World War showed that a larger percentage of the young men of the nation were unfit for unlimited service.[1]

Selective Service examination figures for 1950-1952 for our current crisis in Korea are just as appalling as those of World War I and World War II. Something must be done and the school as the only public agency reaching all of the children should meet this responsibility with action, not merely with words.

Marion Goldwasser points out: "Few parents of today are able to educate their children in health because they themselves never received adequate training."[2]

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[1] Jackson R. Sharman, Introduction to Health Education (New York: A. S. Barnes and Company, 1948), p. 111.

[2] Marion Goldwasser, "Modern Health Education Aids," Health Education, V (June, 1942), 4.

The need to evaluate the school health program to discover what is actually being accomplished is great. Health education is clearly the responsibility of the school as well as the home.

Method of securing data. It was suggested to the writer by Mr. G. Robert Koopman of the Michigan Department of Public Instruction that questionnaires be sent to twenty percent of the secondary schools of Michigan, excluding parochial schools and the Class E schools of the upper peninsula. Excluding these two groups, there are five hundred seventy-one secondary schools in Michigan.

The schools are classified as follows: Class A has an enrollment of 800 or more; Class B, 325 to 799; Class C, 125 to 324; and Class D, those with less than 125.

Questionnaires (see Appendix) were sent to the principals of one hundred twenty-five of the total number, or twenty-two percent, of the secondary schools. The schools were selected at random from the list of secondary schools in the Michigan High School Athletic Bulletin, 1950-1951. Neither the size nor the location were considered in the choice. Table I shows both the number and the percentage of questionnaires sent together with the number of those returned by the various classes of schools.

TABLE I

DISTRIBUTION OF QUESTIONNAIRES SENT AND THOSE RETURNED BY THE VARIOUS CLASSES OF SCHOOLS

Class	Questionnaires Sent	Questionnaires Returned	Percentage
A	16	15	94
B	45	43	96
C	40	34	85
D	24	3	13
Total	125	95	76

It is significant to observe that the Class D schools did not return the questionnaires to any degree comparable with the Class A, B or C schools.

Treatment of data. The questionnaire was subdivided into three areas: Administration, Health Instruction, and Health Service. The returns of the survey were tabulated into percentages for each question, and the classes of schools were converted into percentages and compared.

From the returned questionnaires, information regarding the various school health programs in each area was compiled into percentages and compared with the techniques of other schools and also with those which had been published and had been proved successful.

II. Definitions of Terms Used

Health education. "Health education is the sum of all experiences which favorably influence habits, attitudes, and knowledge relating to individual, community, and racial health."[3]

Health service. Health service comprises all those procedures designed to determine the health status of the child, to enlist his

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[3] Sharman, op. cit., p. 12.

cooperation in health protection and maintenance, to inform parents of the defects that may be present, to prevent disease, and to correct remediable defects.[4]

Health administration.

> The primary responsibility for the successful operation of the school health program rests with educational administration. It must accept this responsibility with an intelligent understanding of health problems, the aims and purposes of education, and the precise way in which effective health education contributes to the total program designed for the schools. It must provide the necessary resources in terms of personnel, equipment, facilities, and time within the school day. The administration must give forceful though democratic leadership.[5]

Health instruction. "Health instruction aims to assist the student in acquiring desirable habits, wholesome attitudes, and adequate knowledge relating to personal, community, and racial habits."[6]

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[4] Ibid., p. 13.

[5] J. J. Williams and C. L. Brownell, Health and Physical Education for Public School Administrators - Secondary Schools (New York: Bureau of Publications, Teachers College, Columbia University, 1931), p. 144.

[6] Ibid., p. 60

CHAPTER II

REVIEW OF THE LITERATURE

Much has been written about the school health program but the writer has never found evidence of a survey of the actual programs now functioning in the secondary schools of Michigan.

Many books have outlined the phases of an ideal health program. The Michigan Department of Public Instruction has published some excellent bulletins in an effort to stimulate administrators to improve their health programs. As stated before, the purpose of this study is to examine the programs as they now exist and to make recommendations. It is interesting to discover what significance school personnel attach to the literature which appears in the field of health education.

If it is to succeed, a program must have an administrator who is convinced of its inherent worth and who is willing to assume the responsibility of its organization. Bulletin 345, of the Michigan Department of Public Instruction, outlines the activities of the administrator as follows:

1. The administrator should be sold on the program of health education and give it continued support through his leadership.

2. The administrator should find support and delegate responsibilities by the formation of a health committee or council.

3. The administrator should select a health coordinator with or without the recommendations of the council.

4. The administrator, with coordinator and council, should examine the school program by an inventory of personnel, curriculum environment and practices.

5. The administrator must plan, promote and be responsible for the organization of a good health program.

6. The administrator should provide for the health program in the school budget.

7. The administrator should take the responsibility for in-service training of all personnel.

8. The administrator must provide special facilities for services to the handicapped children over and above those of other children.[1]

In discussing the lessons which we should have learned from the past, the 1945 Report points out three particular weaknesses of administrators regarding health education:

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[1] Michigan Department of Public Instruction, Health Education in the Secondary Schools, Bulletin 345 (Lansing: Department of Public Instruction, 1947), pp. 7-8.

1. Mere knowledge of health does not result in acceptable health habits. Unfortunately, the teaching of health commonly called "hygiene" has become the dumping ground for almost every desirable objective in the field of social behavior. In generally accepted hygiene textbooks, children have been admonished to sit properly at the table, to be cheerful and polite, to be considerate of others, to be friendly toward other children, to refrain from quarreling, to be kind to animals, to return lost property, to be prompt, contented, self-controlled, and thorough. Thus, hygiene teaching has degenerated into pedagogical teachers' and parental admonitions regarding the whole cross-section of conduct.

2. The opportunities of the laboratory--the school itself--for the development of fitness have largely been neglected. Many of our school situations violate the basic rules of health and fitness. Food in the cafeteria often is not tasty or well-balanced: candy in some instances is substituted for money in making change; carbonated soda drinks are sold; drinking fountains have been too few and not clean.

3. The schools have not brought the parents sufficiently into the picture and, hence, deal with only a small cross-section of the students' life.[2]

Health is more than a subject to be taught within a specific period of the school day. The teaching of health cannot be entirely delegated to any one class period or to a special "health teacher." Every administrator and every teacher, by example and through teaching and other contacts with students, have a part to play in the health programs. Its scope covers the social and emotional as well as the physical and includes the interdependence of all these factors. Health education

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[2] American Association of School Administrators, Paths to Better Schools, Twenty-Third Yearbook (Washington, D. C.; National Education Association, 1945), pp. 55-56.

recognizes that there are health aspects to all educational experiences and is concerned that boys and girls learn to solve all problems of living with due consideration of health values.

Sharman has listed some principles that may be used as a guide in extablishing a program of health instruction. They are as follows:

1. There should be in every school a coordinated program of health instruction which places emphasis on the essential learning and does not leave to chance important experiences.

2. The method and content of health instruction should be closely related to the interests and concern of the children.

3. The developmental characteristics of each individual child should be considered in selecting experiences for a functional curriculum in health instruction.

4. Health instruction is fundamental in the lives of boys and girls when it helps them solve their everyday problems.

5. The active participation of pupils in the solution of real problems results in effective learning.

6. The health instruction in the schools should be coordinated with the health resources in the community.

7. Knowlege of health alone is not adequate to bring about improvement in health behavior.

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[3] Michigan Department of Public Instruction, The Problem Solving Approach in Health Teaching, Bulletin 326 (Lansing: Department of Public Instruction, 1943), p. 5.

8. Recognized authorities in the fields of health education and child growth and development are satisfactory resources for authentic information on the needs and characteristics of children.

9. Preparation for living healthfully cannot be achieved through a program of education that is directed toward the general training of the mind.[4]

Health services are essential in every well-organized health education program. No program should be justly called a health education program if there are no provisions for health services. Sharman maintains that the purposes of the school health service program are:

> (1) to provide data to teachers and principals concerning the health status of each child; (2) to prevent the spread of diseases in schools; (3) to exclude sick children from schools as a safety measure in regard to their own health to protect well children from contagious diseases; (4) to provide parents with information concerning the health of their children; (5) to help pupils get a better understanding and appreciation of the importance and methods of health services, and (6) to arouse a feeling of responsibility on the part of the teachers and parents for the correction of defects of children.[5]

Little evidence of an analysis of the Michigan seconday school health programs exists. Draft rejection figures have been shocking for both World Wars and the present conflict; therefore, many books,

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[4] Sharman, op. cit., pp. 89-92.

[5] Ibid., p. 45.

articles, and bulletins have been written on the subject. It will be enlightening to observe whether the suggestions and recommendations offered have had any effect in improving and developing the health programs in the schools. As Elliot states in the forward to the Michigan Department of Public Instruction, Bulletin 345:

> The war period brought about an intense feeling of interest and considerable effort in improving the seconday school health programs. This interest and effort should be capitalized upon in the post-war period. Now is the time for every secondary school to evaluate and strengthen tis program. The need is as great as ever because the individual who adequately meets life's challenges today must be stronger physically and mentally. In fact, at no previous time have the people of Michigan been so certain of the responsibility of the secondary schools in regard to health education. I am sure the educators stand ready to meet this opportunity.[6]

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[6] Michigan Department of Public Instruction, Bulletin 345, op. cit., p. 2.

CHAPTER III

FINDINGS OF THIS SURVEY IN THE AREA OF ADMINISTRATION OF THE HEALTH EDUCATION PROGRAMS

As is true in every phase of education so it follows that the value of the health education program should be measured in terms of pupil development and, therefore, must have capable administration. If the program is to succeed, as was stated in the previous chapter, the administration must be convinced of its inherent worth and must be willing to assume the responsibility of establishing efficient organization.

The area of administration dealt with on the questionnaire corresponded, in the main, with the recommended activities of the administrator as were listed in the previous chapter. The listed activities were taken from a Michigan Department of Public Instruction Bulletin 345, Health in the Secondary Schools. This was done to determine whether Michigan secondary schools were actually practicing the methods which the Department of Public Instruction had advocated in this important phase of education. The first question asked in the area of administration was:

Question one: Who is responsible for the administration and planning of the school health program?
Principal___ Health Committee or Council___
Teacher Coordinator___.

Only five of the ninety-five schools returning the questionnaire failed to answer this question. On the other hand, thirty-five of the schools replied that the principal was the sole person responsible for the administration and the planning of the health program.

Twenty-six of the schools utilized a health council or committee as the agency which controlled the planning and administering of the program. Thirteen schools had a teacher coordinator as the sole person in charge of all phases of the program.

Various combinations of administration were indicated by the schools in this survey. It was interesting to note that only one school designated both the health council and the teacher coordinator as well as the principal as administrators of the health program. Table II shows the different types of administration of health programs in the various classes of schools in Michigan.

The results of this question are not too encouraging since every school should establish its own school health council.

> Organized on democratic and representative principles, under the authority of the principal school administrator, the school health council provides a simple, orderly and convenient

TABLE II

TYPE OF ADMINISTRATION USED IN HEALTH PROGRAMS OF THE SCHOOLS IN THIS SURVEY

Administration	Class A	Class B	Class C	Total
Principal	4	17	12	33
Health council	5	9	6	20
Teacher coordinator	2	8	2	12
Principal, health council, teacher coordinator	1			1
Principal and teacher coordinator	1		2	3
Supervisor of health	1			1
Staff		1	3	4
Superintendent		2	3	5
Principal and staff		1	1	2
Principal and health council		1	3	4
Principal and superintendent		2		2
Curriculum committee		1	1	2
Superintendent and public nurse		1		1

Note: The Class D schools did not designate the form of administration in their schools.

administrative mechanism for determing and implementing wise school health policies in the light of local and immediate needs.[1]

Question two: Is there any in-service training of school personnel in child health problems?

Of the ninety-five schools which participated in this survey only twenty-nine, or thirty percent, offered in-service training concerning the health problems of pupils to their teachers. Class A schools had the highest percentage of schools which gave in-service training. This closely correlated with the figures of Table II which showed that forty percent of the Class A schools employed health councils to administer their programs.

Twelve, or twenty-eight percent, of the Class B schools offered in-service training; twenty-three percent of the Class B schools used the health council method.

Twenty-six percent of the Class C schools made in-service training available to their teachers; however, there seems to be little correlation between in-service training and the health council method. Although twenty-six percent of the schools had health councils, only one of these schools offered in-service training to its teachers.

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[1] National Committee on School Health Policies, Suggested School Health Policies (Washington, D. C.: National Conference for Cooperation in Health Education, 1946). p. 8.

Little can be said about this item in Class D schools, because only three questionnaires were returned. One Class D school offered in-service training. It is interesting to note, though, that this school had a health council (refer to Figure 3).

Since the teachers are in daily contact with the pupils, it seems logical to assume that they should be cognizant of and fully understand the health policies of the schools. State and national sources indicate that it is the responsibility of the administration to provide such training.

Question three: Is a health education course required for graduation?

The results of this question give approximately the same overall picture as the previous question on in-service training. Twenty-nine schools from the ninety-five participating in this survey required a health education course for graduation.

Class A schools again had the highest percentage with forty percent, six schools of the fifteen, requiring a health education course for graduation.

Thirty-five percent, or fifteen, Class B schools required a health course for graduation. On the other hand, only twenty-one percent, or seven, of the Class C schools reporting required a health education course for graduation and only one of the three Class D schools had such a requirement.

The results of this question do not correlate very closely in the Class B and C schools as will be illustrated in the first question of the next chapter (refer to Figure 2).

Question four: Do the parents and pupils participate in the planning of the health program?

If our schools are to have health programs which are meaningful and whose primary objective is the health of the pupil, then it would seem reasonable to assume that these pupils and their parents should participate in the planning of their school health experiences.

Of the ninety-five schools in this survey only twenty-three indicated that both parents and pupils participated in the actual planning of the health programs. Twenty-six percent of both the Class A and Class C schools had parents and pupils active in the actual planning of their health programs, four and nine schools respectively.

Of the Class B schools only nine of the forty-three permitted the parents and pupils to participate, a mere twenty-one percent. None of the three Class D schools indicated that the parents or pupils shared in program planning. In no Class A school in which the principal was the sole administrator did the parents cooperate in the establishment of the program

Further, in only one Class B school in which the principal was the sole administrator did the parents and pupils participate. Two of the Class C schools which allowed parents and pupils to share in the planning indicated the principal as the sole administrator of the health program.

Although it is recognized that parent and pupil participation in the formulation of the health course can be important and profitable if the aims of such a course are to be met, the greater majority of Michigan secondary schools overlook this aspect. The administration can play an important role in shaping the practices and attitudes regarding the question (refer to Figure 3).

Question five: Are provisions made for special education in this school for atypical children (visual and hearing defects or others)?

Every boy and girl attending school should have equal opportunity to develop his highest potential and, therefore, physical defects should have no bearing upon the education he receives. Some schools often neglect those pupils with physical limitations which is hardly in keeping with accepted educational practice. No pupil should have priority over any other.

Forty schools in this survey indicated that they had provisions for special education for atypical children. Unfortunately the questionnaire

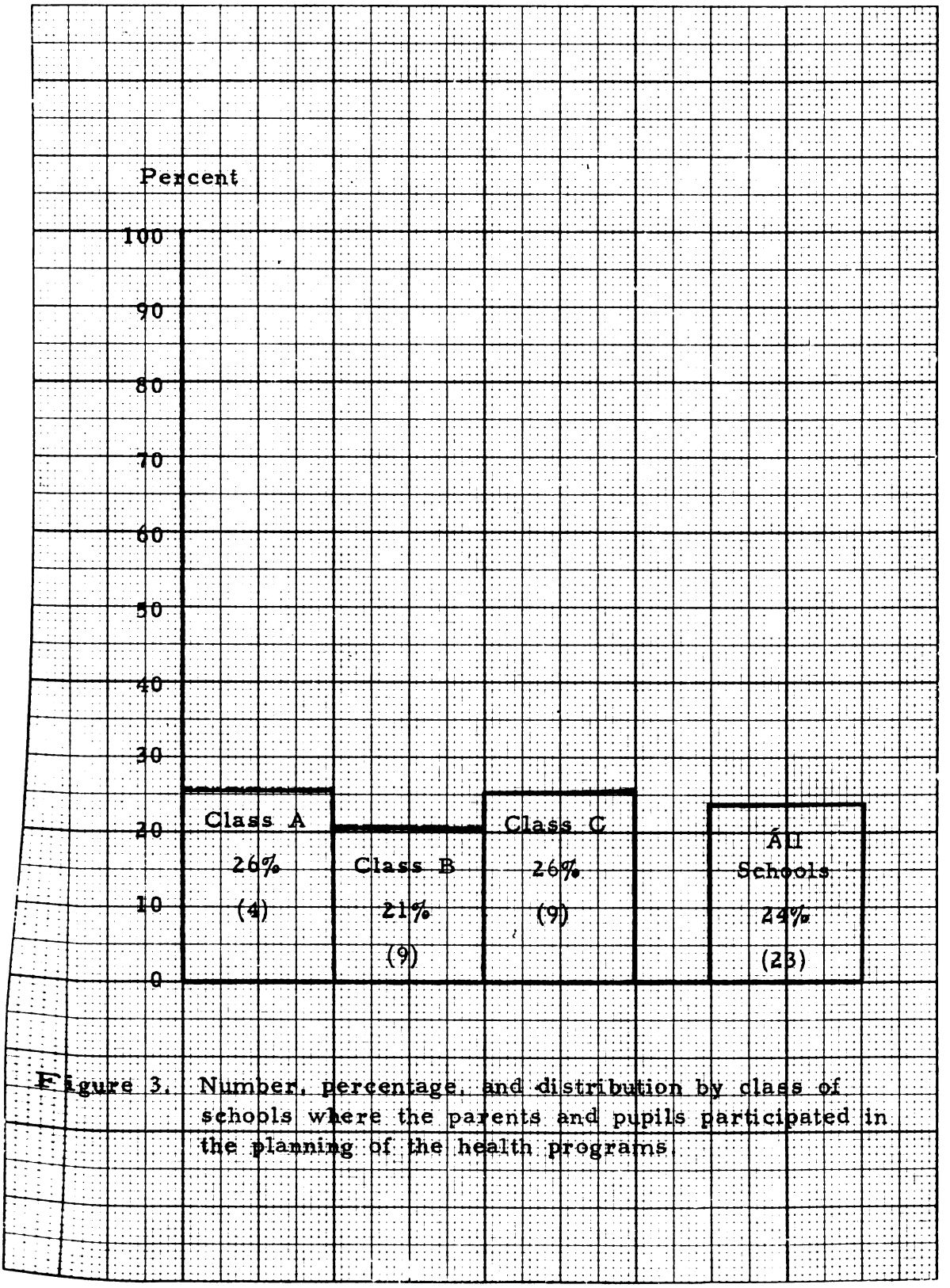

Figure 3. Number, percentage, and distribution by class of schools where the parents and pupils participated in the planning of the health programs.

offered no provision for elaboration upon such programs. Fifty-three percent, or eight, of the Class A schools had arrangements for the special education of atypical children. For the Class B schools nineteen, or forty-four percent, provided special education for atypical children.

In Class C schools twelve, or thirty-five percent, stated that special education was provided for the atypical children. In the Class D group one school provided special education.

It can be seen that a steady decline occurs from the Class A through the Class D schools. The question might well be posed at this point--are not the pupils in the smaller schools as important as those in our larger schools? Many provisions can be made for these atypical children; for example, community resources coordinated with school health program of correction can be made available. This is being advocated by health authorities but the fact remains that the secondary schools of Michigan are not providing equal educations opportunities for all their pupils (refer to Figure 4).

CHAPTER IV

FINDINGS OF THE SURVEY IN THE AREA OF HEALTH INSTRUCTION

"Health instruction aims to assist the student in acquiring desirable habits, wholesome attitudes and adequate knowledge relating to personal, community and racial habits."[1] It has been stated that:

> The organization of health instruction in the secondary school has long been a problem. While recognizing the need for such instruction for the adolescent, administrators have been hesitant to organize their curriculums and schedules in order to provide it. Consequently, health teaching has become the responsibility of first one department and then another until in many schools it has little or no status. There is need for a well-defined policy in regard to health teaching on the secondary level. Administrators need to become increasingly conscious of this need and to formulate and follow a positive policy in regard to it.[2]

It is recommended that direct health instruction be given, although it is recognized that health concepts are contained in science, social studies, home economics, and physical education courses. "Experience has shown that if no additional instruction is provided beyond

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[1] Williams and Brownell, op. cit., p. 60.

[2] American Association of School Administrators, Health in Schools, Twentieth Yearbook (Washington, D. C.: National Education Association, 1942) p. 73.

the 'accicental' correlated material of the courses, the health instruction program is inadequate."[3]

Question one: Is a specific health course offered in the curriculum of your school?

It is generally accepted that direct instruction in health education should be offered in every school. Incidental teaching in health often does not begin to meet the necessary standards for the teaching of adequate knowledge, habits, and attitudes to students.

The findings on this question did not compare with the findings for question three in the previous chapter which asked: Is a health education course required for graduation? Forty-eight percent of the schools in this survey indicated that a specific health course was offered, but only thirty percent of the schools required a pupil to take health education to graduate.

Fifty-six percent of the Class B schools included a specific health course in their curriculum but only thirty-five required a pupil to take such a course for graduation. Eleven of the Class B schools not requiring a health education course for graduation offered a specific health course; on the other hand, the Class B schools

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[3] Loc. cit.

which required a health course for graduation indicated that they did not offer a specific course in their curriculum. A possible answer for this discrepancy is that the health course required was integrated with some other course such as biology.

Forty-four percent, or fifteen, of the Class C schools gave a specific health course but only twenty-one percent, or seven schools, required a health course for graduation. Nine of the Class C schools that did not require a health course for graduation offered a specific health course. One of the schools which required a health course for graduation did not offer a specific health course. As above, this discrepancy may be due to the fact that the health course was integrated with some other.

Six of the Class A schools, or forty percent, offered a specific health course. Two of the Class A schools not requiring a health education course for graduation gave a specific health course. In contrast with these, two of the schools which required this credit for graduation did not offer a specific course.

Only one of the three Class D schools included a specific health course and that same school also required each pupil to have this credit for graduation.

It is the writer's contention that health education as a requirement for graduation is extremely important although, as evidenced by the previously mentioned results, many educators do not believe so. Every pupil should be given the opportunity to learn proper health habits and attitudes (refer to Figure 5).

Question two: If a specific health course is offered, how many hours a week does it meet?

It is recommended that health education courses, as an integral part of the curriculum, should meet five times weekly. As was stated before, if health, if health is recognized as one of the primary objectives of education then there is no reason why the health education course should not be offered in every school on an equal basis with the with the other academic subjects.

> Specific health courses should be provided in secondary schools and should have a minimum time allotment of a daily period for at least one semester during either the ninth or tenth grade and a similar amount of time in the eleventh or twelfth grades. Health courses should be placed on a par with courses in other areas of instruction and given proportional credit or recognition. Health courses should be given in regular classrooms with classes comparable in size to those in other subject matter areas.[4]

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[4] National Committee on School Health Policies, op. cit., p. 17.

Of the forty-six schools in this survey which included a specific health course in their curriculum, the average number of hours per week which the class met was three and one-half.

Class B schools averaged three hours and forty-two minutes of class time each week in health education.

Class A schools devoted approximately three hours and thirty minutes of class time per week to health education.

Class C schools averaged three hours and twelve minutes of class time a week in health education.

The health class met five hours weekly in the one Class D school which offered a specific course.

Although more schools offered specific health courses in their curriculums than required the credit for graduation, the goal of requiring a specific health course for graduation in every secondary school is still far from being reached. It will be unattainable if the administrators are unable to foresee the importance of a health course in the curriculum.

Question three: Is the health instruction closely related to the needs and interests of the pupils?

For health instruction to be of any value, whether it be direct instruction or incidental, it must meet the needs and interests of the pupils--the program is practically useless if the health instruction

is not suited to a particular grade level or school. The needs of the pupils in various schools are not alike. The needs of the pupils in rural schools are different from those of city pupils and, in the same manner, the needs of the pupils in the same school may be widely divergent. The health instruction offered in one school often will not meet the needs of the children in another school. The needs of the pupils at various age levels differ. Thus, we must realize that the health instruction being offered must meet the needs and interests of a specific group of pupils. There is no standardized health instruction course that will suit every school.

Sixty-two percent, or sixty schools in this survey, indicated that they offered health instruction which met the needs and interests of the pupils.

Sixty-seven percent of the Class B schools felt that their health instruction met the needs and interests of their pupils but only fifty-six percent of the Class B schools had a specific health course. The reason for this could possibly be due to the fact that the amount of incidental health instruction was great or that health instruction was correlated with other subjects.

Sixty-six percent of the Class A schools indicate that the health instruction was closely related to the needs and interests of

the pupils although only forty percent of these same schools offered a specific health course in their curriculum. Incidental teaching in health and integration of health with other subjects must be extensive if it is to meet the needs and interests of all the pupils. This may be possible but the writer feels that it is not probable when one considers the nature of the courses usually offered by a Class A school.

Fifty-nine percent of the Class C schools included health instruction that closely met the needs and interests of the pupils in contrast with the forty-four percent of Class C schools which offered a specific health course in their curriculum. The contrast is still greater if we re-examine the percentage of Class C schools requiring a health education course for graduation--only twenty-one percent required such a course.

One of the Class D schools indicated that the health instruction met the interest and needs of the pupils. The same school offered a specific health course and required its credit for graduation (refer to Figure 6).

Question four: Is health stressed throughout the curriculum?

The maintenance and development of health habits, knowledge, and attitudes are often mentioned collectively as one of the primary

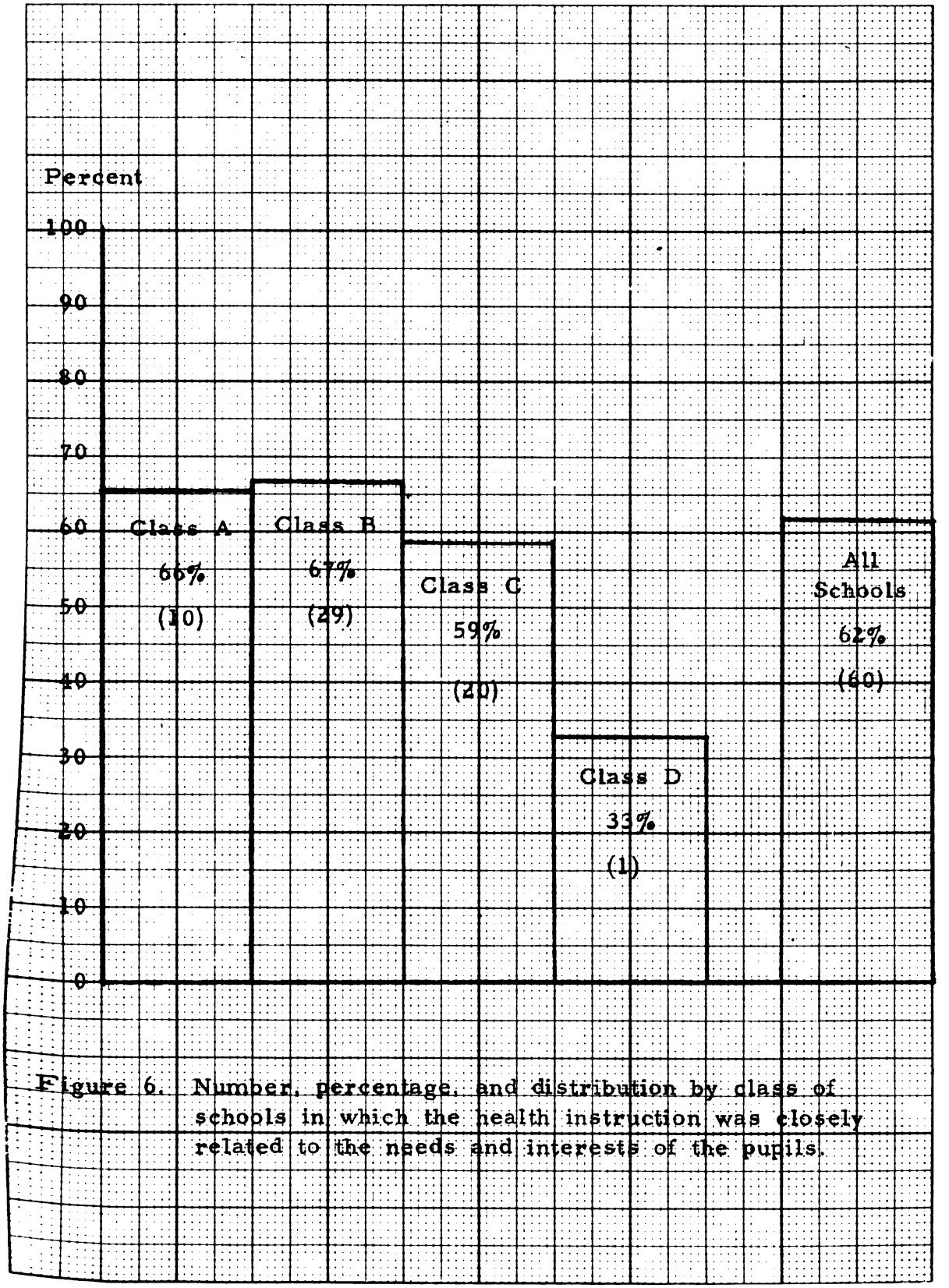

Figure 6. Number, percentage, and distribution by class of schools in which the health instruction was closely related to the needs and interests of the pupils.

objectives of education. If this is true then health should be stressed throughout the curriculum and, therefore, this question was asked.

Sixty-eight percent, or sixty-six schools in this survey indicated that health was stressed throughout the curriculum. That this apparently is not the case is evidenced from the fact that only forty-two percent of the schools made provisions for the special education of atypical children. In the writer's opinion the schools stating that health is emphasized throughout the curriculum which do not provide special education for atypical children are neglecting to deal with a very important school health problem.

Seventy-nine percent of the Class B schools indicated that health was emphasized in all phases of the curriculum but only forty-four percent of the Class B schools made any provisions for the special education of atypical children in their schools.

Sixty-two percent of the Class C schools stressed health in their curriculums as compared with thirty-five percent of the Class C schools that made allowances for the special education of atypical children.

Fifty-three percent of the Class A schools of this survey stated that health was emphasized in their curriculum. Although the percentage was the same for those establishing courses for the

special education of atypical children, only three of these schools admitted that health was not stressed throughout the curriculum.

All three of the Class D schools maintained that health was emphasized in their curriculums.

The results of this question do not seem highly significant. Even though there were some schools which made provisions for the special education of atypical children, it does not necessarily follow that health was emphasized in their curriculums; however, it is a step in the right direction. Perhaps an enlightened faculty could do much to point up the need of this type of health education in the scheme of "education for all" even if the administrator is lax in this matter (refer to Figure 7).

Question five: Is the health instruction in the school coordinated with the health resources in the community?

No health instruction can be called complete if certain phases of it are not coordinated with the health resources in the community. The school alone cannot possibly assume the responsibility of pupil health--it is also a joint parent-community responsibility. The sooner we realize that the three must work together in the attempt to solve the health problems of youth the closer we will come to achieving our objective of a healtheir school population.

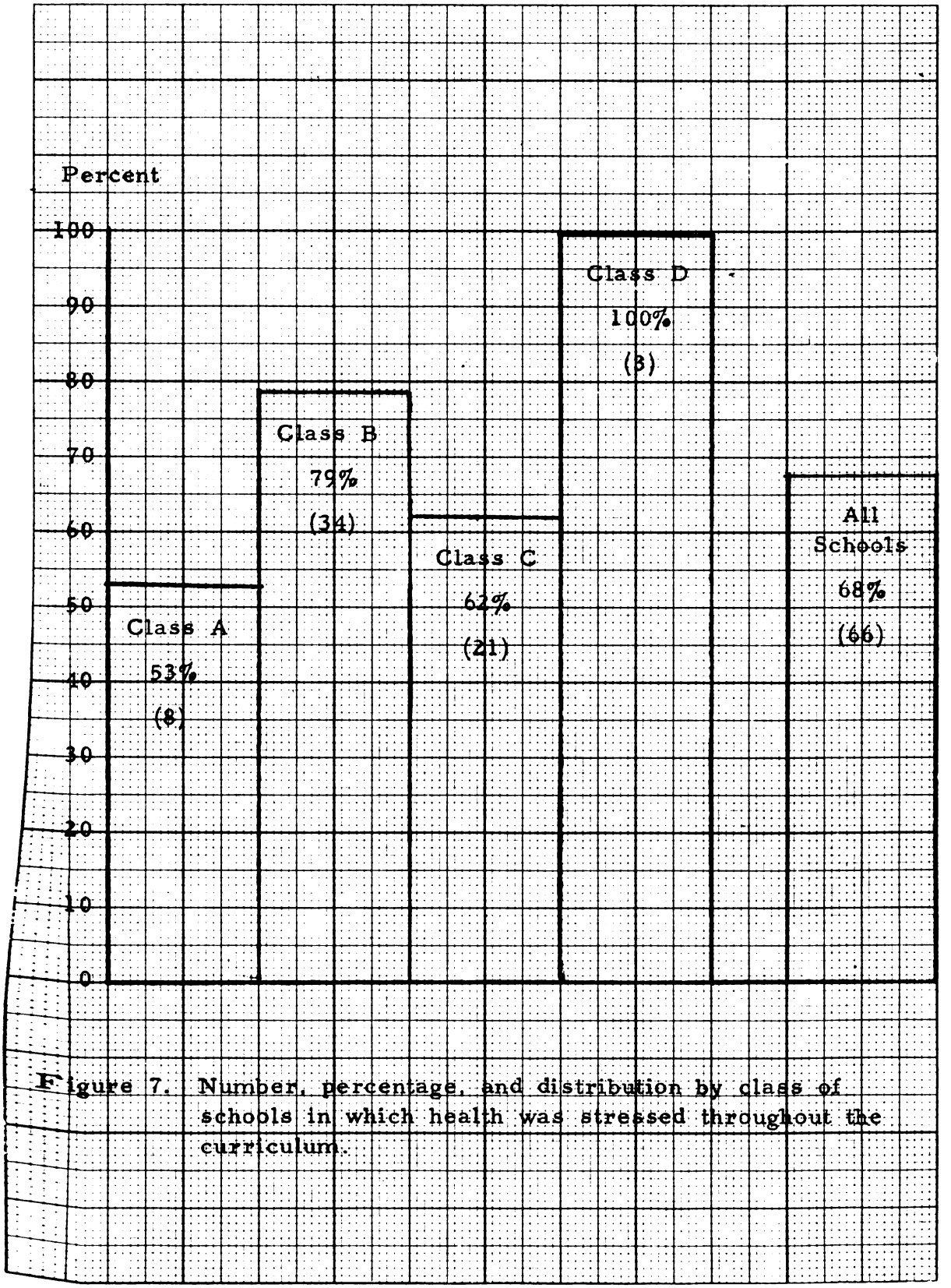

Figure 7. Number, percentage, and distribution by class of schools in which health was stressed throughout the curriculum.

It was the purpose of this question and the one following to determine the number of schools taking advantage of the health resources in the community and exactly what these resources were.

Of the ninety-five schools in this survey fifty-one, or fifty-four percent, indicated that the health instruction given in the school was coordinated with the health resources in the community. To what extent these resources were used was not elaborated upon.

Fifty-six percent of the Class B schools coordinated the health instruction of the school with the health resources of the community.

Fifty-three percent of the Class A schools declared that the health instruction of their schools was coordinated with the health resources in the community.

Fifty percent of the Class C schools took advantage of the health resources in their community to coordinate them with the health instruction offered.

In conjunction with the health instruction given two of the three Class D schools utilized the health resources of the community (refer to Figure 8).

The resources that these schools coordinated into their programs will be listed under the following question.

Question six: List the community health resources that your school uses.

Four of the schools in this survey indicated that health instruction was closely related to the health resources of the community but did not list the resources they used.

The various resources mentioned by the schools in this survey are listed in Table III.

TABLE III

VARIOUS COMMUNITY RESOURCES UTILIZED BY THE SCHOOLS IN THIS SURVEY

Agencies	Class A	Class B	Class C	Class C	Total
Red Cross	1	6			7
County health dept.	4	21	9	1	35
State dept. of health		3	2		5
T. B. association	1	3			4
Local hospital	3	7	3		13
Doctors and dentists	3	8	14	1	26
Nurses	4	11	10	1	26
Fire and police depts.	2	1	1		4
Medical and dental societies	1	6	3		10
Association for blind	1	1			2
State home		1			1
Dairies	1	1	1		3
Sewage and water supply off.	1	5	1		7
Swimming pool		1			1
Commun. service clubs	5	1	1		7
Cancer society		1			1
Crippled Children's Soc.		1			1
Board of health	3	4	2		9
Health clinics	3	1			4
Neuropsychiatric inst.	3				3
Safety council	1				1
P.T.A. council	1				1
Mott Children's Health Center	1				1
Recreation program		1		3	4
Preschool clinics		1			1
Port Huron Child Guidance Clinic				1	1
Michigan Children's Fund				1	1

CHAPTER V

FINDINGS OF THE SURVEY IN THE AREA OF HEALTH SERVICES

No school health program can be of merit if provisions for health services are not made. A definition of health services as stated in Chapter I is: "Health service comprises all those procedures designed to determine the health status of the child, to enlist his cooperation in health protection and maintenance, to inform parents of the defects that may be present, to prevent disease and to correct remediable defects."

Questions were asked in the area of health services by the writer with the idea of determining whether the secondary schools of Michigan provided health services that were comparable with the standards established by the above definition.

Question one: Does the school keep a single cumulative health record which follows the pupil through elementary and high school?

The value of cumulative health records in the school health education program should never be minimized. These cumulative health records should be continuous, following the pupil through elementary and high school; but the record is useless if merely filed

rather than being used for the advantage of the pupil. If the records are utilized there obviously should be a correlation between them and the follow-up procedures taken. This will be discussed under question four of this chapter.

Seventy-three percent of the schools in this survey maintained that the school kept a cumulative health record which followed the pupil through elementary and high school.

Seventy-seven percent, or thirty-three, of the Class B schools kept a cumulative health record which followed the pupil through elementary and high school.

Seventy-five percent of the Class C schools in this survey indicated that they maintained a cumulative health record of each pupil during his school career.

Sixty percent, or nine, of the Class A schools had a cumulative health record of each pupil from elementary through high school.

All three of the Class D schools stated that they kept a single cumulative record of all pupils during their school period.

In comparison with the other questions in this survey the percentage of schools maintaining cumulative health records is relatively high. However, the results would have to be ninety-five percent in

order to be encouraging and would be even more important if the records were actually being used (refer to Figure 9).

Question two: Are the pupils required to present a certificate indicating that they have had a physical examination upon entering the school for the first time?

Although seventy-three percent of the schools stated that they kept a cumulative health record, only thirty-five percent of those in this survey declared that the pupils were required to present a physical examination certificate upon entering the secondary school.

Fifty-three percent, or eight, of the Class A schools required a certificate showing that the pupil had a physical examination before entering the school.

Forty-two percent, or eighteen, of the Class B schools requested a certificate of a physical examination.

On the other hand, twenty-four percent, or eight, of the Class C schools required a physical examination upon entering school for the first time while no Class D school in this survey required such an examination.

Question three: Upon detection of a physical defect in a pupil the following action is taken:

a. Referred to school physician _____
b. Program of correction _____
c. Reported to parent _____
d. Referred to family physician _____

TABLE IV

NUMBER AND CLASS OF SCHOOLS INDICATING TYPE OF ACTION TAKEN UPON DETECTION OF PHYSICAL DEFECTS

Action Taken	Class A	Class B	Class C	Class D	Total
A. Referred to school physician	3	12	11	1	27
B. Program of correction	5	9	8	0	22
C. Reported to parent .	14	39	30	3	86
D. Referred to family physician	7	19	14	1	41

Ninety-one percent, or eighty-six, of the schools in this survey stated that upon detection of a physical defect the parents were notified. If the school takes no other action at least it is their responsibility to notify the parent. Nine other schools in this survey did not indicate that the parents were notified.

Forty-three percent, or forty-one, of the schools answered that after detection of a physical defect the pupils were referred to their family physician.

Twenty-eight percent, or twenty-seven, of the schools referred the pupil to the school physician upon detection of a physical defect. This percentage is naturally low because of the comparatively few schools which have school physicians.

Although a program of correction is desirable in every school, most do not have such a program because they do not have the services of medical personnel. No program of correction can be organized efficiently, nor should one be attempted, without the services of interested medical authorities. It is encouraging to note however, that twenty-three schools indicated they had such a program (refer to Figure 10).

Question four: After referring to a medical authority are any follow-up procedures taken?

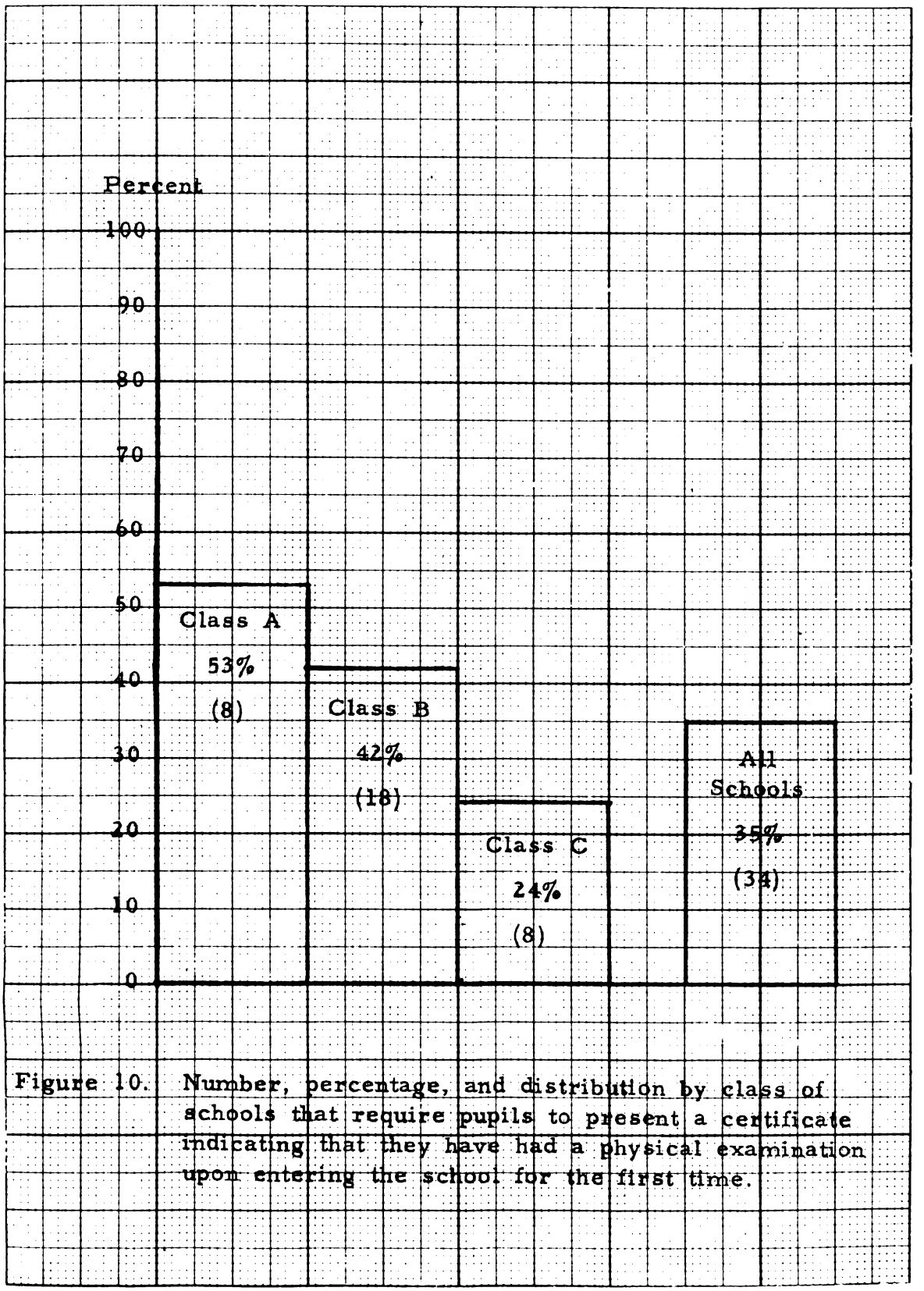

Figure 10. Number, percentage, and distribution by class of schools that require pupils to present a certificate indicating that they have had a physical examination upon entering the school for the first time.

Although sixty-nine schools in this survey indicated that a cumulative health record was kept of each pupil throughout elementary and high school, the value of this record lessens if it is not used to help the pupil correct or compensate for his defects. Thus, the reason for the question on follow-ups in this survey.

Sixty of the ninety-five schools in this survey stated that follow-up procedures were taken after referral to a medical authority. It is difficult to explain the value of cumulative health records if no follow-up procedures are taken. It is also difficult to comprehend the value of cumulative records if a physical examination is not required upon the pupil's enrollment and also to understand how follow-up measures can be taken unless the pupil is referred to a medical authority.

Seventy-three percent of the Class A schools indicated that follow-up procedures were taken after referral to a medical authority. Sixty percent kept cumulative health records and fifty-three percent required physical examinations upon entering the secondary school.

Sixty-eight percent, or twenty-six, of the Class C schools declared that follow-up procedures were taken after the pupil was referred to a medical authority. Seventy-five percent of the Class C schools maintained cumulative health records but only twenty-four percent required a physical examination when the pupil enrolled.

Sixty-one percent, or twenty-one, of the Class B schools took follow-up procedures after the pupil was referred to a medical authority. Seventy seven percent of the Class B schools kept cumulative health records and forty-two percent required a physical examination before entering the school for the first time.

No Class D school stated that follow-up procedures were taken after pupils were referred to a medical authority (refer to Figure 11).

Question five: Are the pupils required to obtain a readmission slip from a doctor after a period of illness?

Twenty-six of the schools in this survey indicated that a pupil was required to obtain a readmission slip from a doctor after a period of illness. Fourteen other schools stated that pupils needed readmission slips only after an absence due to contagious diseases. We may assume then that fifty-nine percent, or fifty-six, of the schools in this survey allow the pupils to return to school without authentic knowledge of the student's freedom from contagious disease or his physical fitness with regards to the resumption of school activity. This illustrates that our schools may not be stressing health as sixty-six schools in this survey previously maintained.

Thirty-three percent, or five Class A schools in this survey, indicated that pupils were required to obtain a readmission

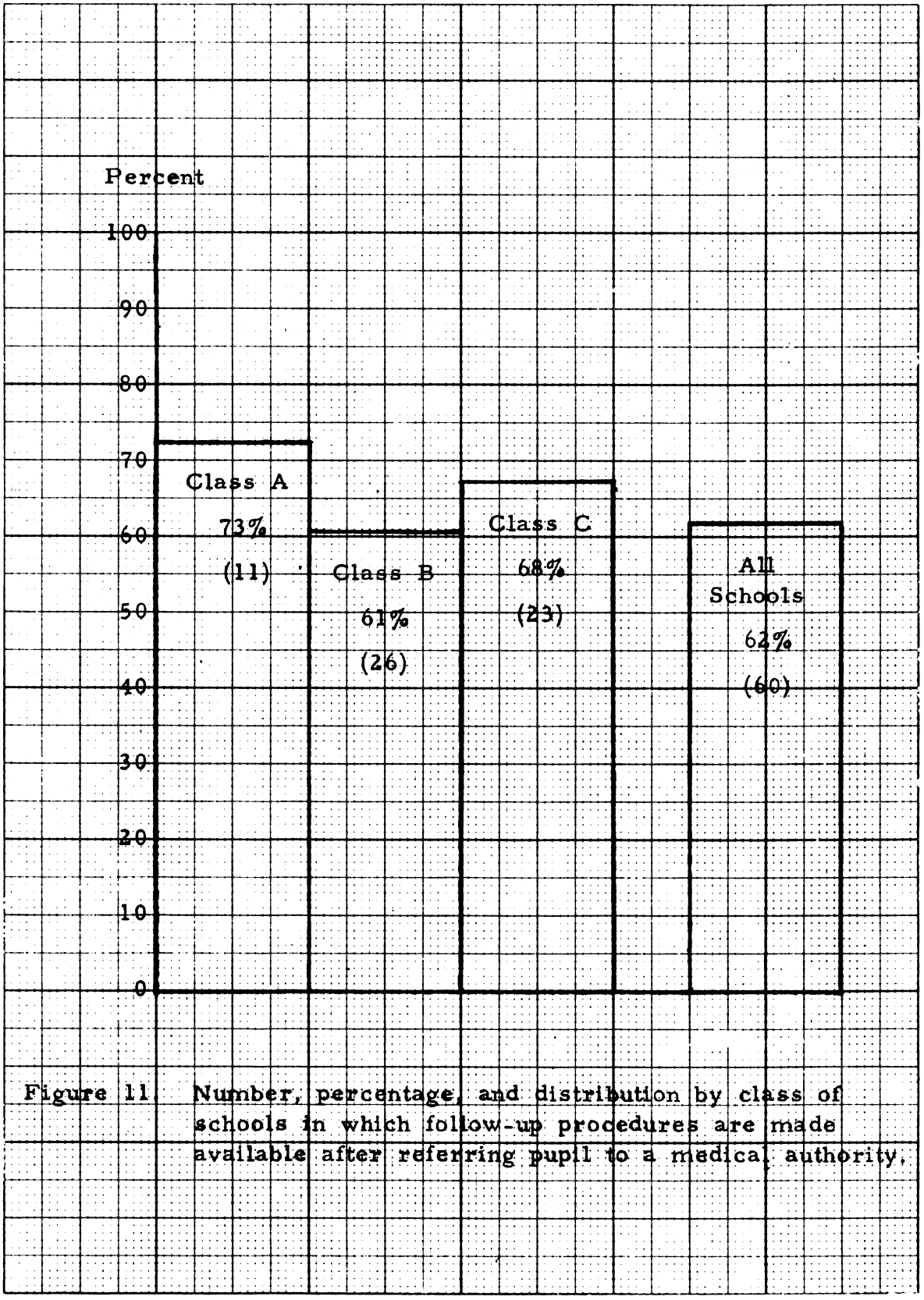

Figure 11 Number, percentage, and distribution by class of schools in which follow-up procedures are made available after referring pupil to a medical authority.

slip from a doctor after a period of illness. Two required slips for contagious diseases only.

Twenty-six percent of the Class B schools stated that pupils in their schools were compelled to submit a readmission slip from a doctor after a period of illness. Eight schools required a readmission slip for contagious diseases only.

Twenty-six percent of the Class C schools in this survey also stated that pupils in their schools were to obtain a readmission slip from a doctor after a period of illness. Four Class C schools required readmission slips for contagious diseases only.

One of the three Class D schools required a readmission slip from a doctor after a period of illness.

The results of this question are not too encouraging. A definite policy should be established. Readmission slips issued by a competent physician should be required from each child upon his return to school after a period of illness. If the school does not have an examining physician, then the family doctor should assume the responsibility. Thus, both the returning child and the others as well will be protected (refer to Figure 12).

Question six: Are printed instructions available to teachers regarding policies of exclusion and readmission following cases of illness?

Forty-four percent, or forty-two, of the schools in this survey stated that printed instructions were available for teachers regarding policies of exclusion and readmission following cases of illness. It is essential for the health of all the pupils that teachers be well informed as to the exclusion and readmission policies of the school. For it is very possible that a serious epidemic could develop if a teacher were not familiar with dangerous symptoms; if he were not fully cognizant of the procedure of exclusion; and finally, if he were to readmit a pupil who had brought no authentic proof of complete recovery from an illness. Every teacher should be provided with printed instructions regarding these policies.

Fifty-three percent, or twenty-three, of the Class B schools stated that they had printed instructions available for teachers regarding policies of exclusion and readmission following cases of illness.

Forty percent, or six, of the Class A schools indicated that printed instructions were available.

Thirty-five percent, or twelve, Class C schools provided printed instructions for their teachers.

One of the Class D schools provided these instructions.

Eighteen of the schools in this survey did not require a readmission slip from a doctor but made available printed instructions regarding their policies of exclusion and readmission.

Thirty-five of the schools neither required readmission slips from physicians nor provided printed instructions for their teachers. That there is a great need to educate the responsible people of these schools in health matters can readily be seen (refer to Figure 13).

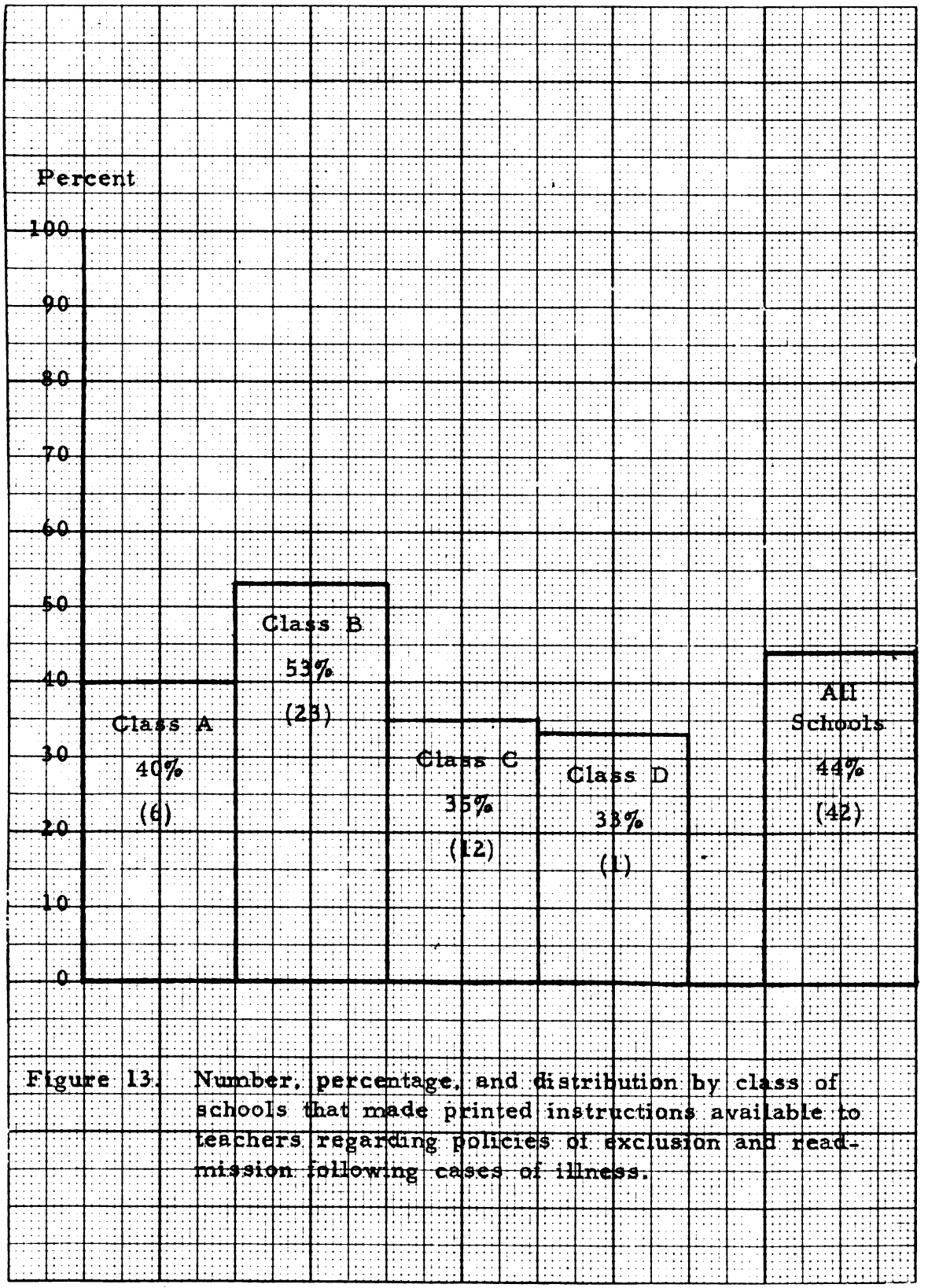

Figure 13. Number, percentage, and distribution by class of schools that made printed instructions available to teachers regarding policies of exclusion and readmission following cases of illness.

CHAPTER VI

ADMINISTRATIVE SUGGESTIONS

In concluding this survey, the following question was asked in an effort to determine what the principals of the various schools thought could be done to improve their health programs:

> What changes do you feel could be made to improve the overall health program in your school?

Sixty-six percent, or sixty-three, of the schools in the survey answered this question. Many of the answers were beneficial and showed evidence of thought, but, as in any survey, some of them were useless.

From the answers returned on this question, it would seem that there are two factors of prime importance in the solution of the various school health problems: (1) there is a need for better administration of the health programs, and (2) there is a need for more adequate finances to develop complete health programs. It has been said, regarding the first factor, that:

> The primary responsibility for the successful operation of the school health program rests with educational administration. It must accept this responsibility with an intelligent understanding of health problems, the aims and purposes of education,

> and the precise way in which effective health education contributes to the total program designed for the schools. It must provide the necessary resources in terms of personnel, equipment, facilities, and time within the school day. The administration must give forceful though democratic leadership.[1]

The answers were classified into three groups: Administration, Instruction, and Health Services. The three tables following list the suggestions that answered the above question.

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[1] Clifford Lee Brownell, Principles of Health Education Applied (New York: McGraw-Hill Book Company, 1949), p. 144.

TABLE V

ADMINISTRATIVE SUGGESTIONS FOR SCHOOL HEALTH PROGRAM IMPROVEMENT--ADMINISTRATION

Administration	Class A	Class B	Class C	Total
Stress health in rest of curriculum	1		1	2
A student-parent committee	1			1
Any change would be for the better	1			1
Community health council	1			1
More time allotted to classroom teacher to carry on the health program	1			1
More personnel needed	3	7	6	16
Need money for a school physician	1			1
We need definite course tied in with our physical education program		1	1	2
Health instruction as a course		6		6
Need to establish a definite program		3	2	5
Some program of finance worked out to have care given those children who cannot afford to have it done		1		1
Better parent education programs		1	1	2
School health council		1		1
In-service training of teachers		1		1
A health coordinator to check to see that some important areas are not neglected			1	1
Better buildings and classrooms			1	1
Re-evaluation of entire program			1	1

TABLE VI

ADMINISTRATIVE SUGGESTIONS FOR SCHOOL HEALTH PROGRAM IMPROVEMENT--INSTRUCTION

Instruction	Class A	Class B	Class C	Total
A graduated program	2		1	3
Health instruction	3	2		5
Require health instruction of all students rather than those not enrolled in biology .	1			1
A coed health class	1			1
A course of study required of all	1	1	1	3
More specific contributions in health instruction		2		2
A more direct program		1		1
More classes		1		1
Better co-ordination of all health studies			2	2

TABLE VII

ADMINISTRATIVE SUGGESTIONS FOR SCHOOL HEALTH PROGRAM IMPROVEMENT--HEALTH SERVICE

Health Service	Class A	Class B	Class C	Total
Regular services of a nurse . . .	2	1	4	7
Better physical examinations . . .	2	2	2	6
Better follow-up	2	2	3	7
Cumulative record	1			1
Periodic examinations	1			1
Corrective program	1	3	1	5
School physician		3	4	7
Sight and hearing tests annually .		1		1
Greater emphasis on mental health		1		1
School dentist		2		2
A county health unit would be a great help			1	1
More cooperation from physicians and dentists			2	2

CHAPTER VII

SUMMARY AND CONCLUSIONS

Summary and Conclusions

The health education programs of ninety-five secondary schools in the State of Michigan were analyzed. Questionnaires were sent to the principals of one hundred and twenty-five schools and from this number ninety-five, or seventy-six percent, were returned. These schools were selected at random from a list of secondary schools appearing in the Michigan Athletic Bulletin, 1950-1951. The questionnaire was subdivided into three areas of health education: Administration, Health Instruction, and Health Services.

Results of the Questionnaire

Under the area of Administration the figure in the space indicates how the schools answered the particular question.

1. Who is responsible for the administration and planning of the school health program? Principal 35. Health Committee or Council 26. Teacher Coordinator 13.

Various other combinations of administration were indicated in this survey.

2. Is there any in-service training of school personnel in children health problems? Yes 29. No 66.

3. Is a health education course required for graduation? Yes 29. No 66.

4. Do parents and pupils participate in the planning of the health program? Yes 23. No 72.

5. Are provisions made for special education in this school for atypical children (visual and hearing defects or others)? Yes 40. No 55.

Results of the questionnaire tabulation under the area of health instruction are as follows:

1. Is a specific health course offered in the curriculum of your school? Yes 46. No 49.

2. If a health course is offered, how many hours a week does it meet?

Of the forty-six schools in this survey including a specific health course in their curriculum, the average number of hours per week which the class met was three and one-half.

3. Is the health instruction closely related to the needs and interest of the pupils? Yes 66. No 35.

4. Is health stressed throughout the curriculum? Yes 66. No 29.

5. Is the health instruction in the school coordinated with the health resources in the community? Yes 51. No 44.

6. List the community health resources that your school uses.

Twenty-seven classes of community resources were listed by the schools in this survey as being coordinated with the health instruction.

Results of the questionnaire tabulation under the area of health services are:

1. Does the school keep a single cumulative health record which follows the pupil through elementary and high school? Yes 69. No 26.

2. Are pupils required to present a certificate indicating that they have had a physical examination upon entering the school for the first time? Yes 34. No 61.

3. Upon detection of a physical defect in a pupil, the following action is taken.

   Eighty-six of the schools in this survey stated that upon detection of a physical defect the parents were notified.

   Forty-one of the schools indicated that pupils were referred to their family physician.

   Twenty-seven of the schools referred the pupil to the school physician.

4. After referring to a medical authority are any follow-up procedures taken? Yes 60. No 35.

5. Are the pupils required to obtain a readmission slip from a doctor after a period of illness? Yes 26. No 69.

6. Are printed instructions available to teachers regarding policies of exclusion and readmission following cases of illness? Yes 42. No 53.

Conclusions

This study shows that there is a need for a more conscientious effort on the part of the school administrators in the development of

health education programs in the secondary schools of Michigan. The study seems to indicate that school administrators are not thoroughly familiar with the importance of and necessity for a health education program. This is illustrated by the inconsistencies which appear in the replies to the questionnaire. An example of this is that a mere forty-two percent of the schools made provisions for special education of atypical children, while sixty-eight percent of these schools indicated that health was stressed throughout the program. It does not follow that health is stressed throughout the curriculum if the children with physical defects are neglected.

Some of the schools stating that their health instruction was closely related to the needs and interests of the pupils answered negatively to the question which asked whether health instruction was closely coordinated with the health resources of the community. One could assume from this finding that the administrators considered the community resources of little value in the school health program. If this is true, health instruction cannot be closely related to the needs and interests of the pupils.

Another example of inconsistency appears when seventy-three percent of the schools indicated that the school maintains a cumulative health record which follows the pupil through elementary and

high school. At the same time only sixty-two percent stated that follow-up procedures are taken after referral to a medical authority. Therefore, the cumulative records are useless in those schools which do not use them in follow-up procedures for those pupils who require medical attention. Other inconsistencies of this nature appear throughout the study.

As the questions were tabulated, it became apparent that the schools which offered specific health programs were much more definite in their replies than the others. They seemed to have a sense of pride in their accomplishments. Furthermore, it seemed that it was the larger school which either already had, or was working toward, a better health program. This conclusion was made when it was seen that only three of twenty-four Class D schools returned the questionnaires sent to them. In all fairness to the smaller schools, however, it must be stated that a lack of finances and facilities greatly hinders the development of the school health program.

The over-all picture of the health education program in the secondary schools of Michigan is not very encouraging. After examining the results of this survey, it can readily be seen that there is much to be accomplished if the health of the school child is actually to be one of the primary objectives of education.

Recommendations

Although recommendations have been proposed for the improvement of school health programs for years, the results of this survey indicate that it would not be too presumptuous to offer several proposals based solely upon the findings of this study.

Administrators should become thoroughly familiar with the area of health education. All members of the school staff should play a part in the school health program--if the health of the school child is an objective of the school. In-service training of school personnel in the area of school health programs should be initiated in every school.

The National Committee on School Health Policies states that:

> In most schools there are teachers whose preparation did not cover what is now included in teachers' college courses in health education, child growth and development, and health care of children. If these teachers are to assume fully their functions in the school health program, it is essential that they be given in-service education. Such education is needed also to keep all teachers informed of new development and procedures. It can be obtained through courses at teacher preparing institutions, through extension courses or through in-service units provided by local school authorities with the cooperation of health agencies, all bulwarked by appropriate books and journals.[1]

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[1] National Committee on School Health Policies, op. cit., p. 41.

A health education course should be offered and required for graduation in all schools. This program should be planned to meet the needs of the pupils; if it does not, it is useless. Parents and pupils should also participate in the planning of the program. If our children are to be treated equally, provisions for special education should be made available to all atypical children.

A specific health course should be offered in every school and should meet five periods a week as do most of the other subjects. To insure a meaningful and beneficial program, the community and state resources should be utilized to their fullest extent.

> Specific health courses should be provided in secondary schools and should have a minimum time allotment of a daily period for at least one semester during either the ninth or tenth grade and a similar amount of time in the eleventh or twelfth grades. Health courses should be placed on a par with courses in other areas of instruction and given proportional credit or recognition. Health courses should be given in regular classrooms with classes comparable in size to those in other subject matters.[2]

Every school should initiate a cumulative health record system which would follow the pupil throughout both the grade and the high school. Each pupil should be required to present a certificate indicating that he has had a physical examination upon entering school.

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[2] Ibid., p. 17.

Cumulative health records and physical examinations are useless if no follow-up procedures are taken.

All schools should have a definite policy of exclusion and re-admission of students regarding illness. Pupils, after a period of illness, should be required to obtain a readmission slip from a medical authority before re-entering school. Schools should also have printed instructions regarding these policies available to all personnel.

The recommendations offered in this paper are based upon the findings of this survey; upon the belief that our schools recognize the extreme importance of the health of their pupils in the education of the whole child; and upon the belief that the future generations must become more cognizant of health in order to function more efficiently as citizens in a democratic society.

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APPENDIX

HEALTH PROGRAM QUESTIONNAIRE

Name of school _____ Name of principal _____

Number of pupils _____ Number of teachers _____

I. ADMINISTRATION.

1. Who is responsible for the administration and planning of the school health program? Principal ____ Health committee or council ___ Teacher coordinator ___.
2. Is there any in-service training of school personnel in children health problems? Yes ___ No ___.
3. Is a health education course required for graduation? Yes ___ No ___.
4. Do the parents and pupils participate in the planning of the health program? Yes ___ No ___.
5. Are provisions made for special education in this school for atypical children (visual and hearing defects or others)? Yes ___ No ___.

II. HEALTH INSTRUCTION.

1. Is a specific health course offered in the curriculum of your school? Yes ___ No ___.
2. If a health course is offered, how many hours a week does it meet? _____.
3. Is the health instruction closely related to the needs and interests of the pupils? Yes ___ No ___.
4. Is health stressed throughout the curriculum? Yes ___ No ___.
5. Is the health instruction in the school coordinated with the health resources in the community?
6. List the community health resources that your school uses.

III. HEALTH SERVICE.

1. Does the school keep a single cumulative health record which follows the pupil through elementary and high school? Yes ___ No ___.
2. Are pupils required to present a certificate indicating that they have had a physical examination upon entering the school for the first time? Yes ___ No ___.
3. Upon detection of a physical defect in a pupil the following action is taken:

	Yes	No
a. Referred to school physician	_____	_____
b. Program of correction	_____	_____
c. Reported to parent	_____	_____
d. Referred to family physician	_____	_____

4. After referring to a medical authority are any follow-up procedures taken? Yes ___ No ___.
5. Are the pupils required to obtain a readmission slip from a doctor after a period of illness? Yes ___ No ___.
6. Are printed instructions available to teachers regarding policies of exclusion and readmission following cases of illness? Yes ___ No ___.

What changes do you feel could be made to improve the over-all health program in your school?

Do you wish to be informed of the results of this survey? Yes ___ No ___.

Signature _____.

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