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EDUCATIONAL BULLETIN

**SCHOOL – COMMUNITY
HEALTH EDUCATION SERVICE**



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JOHN FRED WILLIAMS
Superintendent of Public Instruction

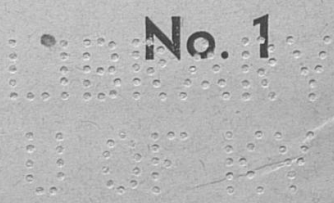
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FOREWORD

Health is a subject of the first order in a program of education which trains people for citizenship in a democracy. Every school system in America recognizes the importance of health by placing it in the curriculum to rank at least with the fundamental tool subjects of reading, writing and arithmetic. Regardless of the apparent emphasis upon the importance of health in the lives of people, there are still too many people who are unable to perform their duties as citizens because of poor health.

In order that health education in the schools might be made more effective in the lives of people it has been decided to increase emphasis upon health teaching and health practices in our schools and communities. To that end a Division of Health Education has been established in the State Department of Education and a full-time Director has been appointed to that position. He, with the cooperation of his colleagues in the Department of Education and leaders in schools and colleges, has made an excellent start on a program of health education and community health services.

This bulletin, prepared under the leadership of Mr. Hambleton Tapp, gives in brief the purposes of the program and describes the progress made during the first half of this, the first year. I commend it to you as a guide and stimulus in improving the health services throughout the state.

JOHN FRED WILLIAMS
Superintendent of Public Instruction

ORIGIN OF THE STATE PROGRAM OF HEALTH

In the late spring of 1944 a grant was made to the Superintendent of Public Instruction by the Kellogg Foundation of Battle Creek, Michigan, to establish a Division of Health Education in the State Department of Education. The grant was made by the Kellogg Foundation in order that a program of health services, state-wide in scope, might be provided in all the communities in the state under the leadership of the state and local school systems.

Health has long been recognized as the first cardinal objective in all programs of education in the elementary and secondary schools. So important is it considered to be in the educational program that health is a required subject at every grade level in the public elementary and secondary school of the state. It is considered a "must" subject just as spelling, reading and writing. Health education is included in every course of study prepared by the state and in almost every pamphlet which the state has published relating to the total program of the state.

Emphasis on the subject of health, however, has not been strong enough since the results have been disappointing. When the figures concerning rejections of prospective fighting men were released by the selective service boards, people were shocked at the wholesale rejection of young men because of physical unfitness. Somewhere we have failed to do enough to develop health knowledge to the degree that it resulted in health practice. Perhaps the matter of health in the curriculum should have more emphasis than has been given to it in schools and communities. "What steps should be taken? Where could we get the funds to do things in health education we have thought we should do but were unable to do?" The budget set up for the operation of the State Department of Education could not bear a heavier load.

Information came to the Superintendent of Public Instruction that the Kellogg Foundation had helped the State Department of Education in Michigan develop a promising program of Community Health Services in that state. The Foundation was contacted and an encouraging reply was received. Kentucky was asked to formulate a plan of extending health education services through the schools. A staff member, representing the Superintendent of Public Instruc-

tion, visited the Kellogg Foundation, conferred with the Director of Community Health Service Projects, and studied the program of Community Health Services under the direction of the Michigan State Department of Education. He reported to the Superintendent the result of his investigation.

The Superintendent appointed a State Committee on Health Education to advise with him and his staff concerning the kind of health services the State Department of Education should sponsor. This committee met on May 10, 1944, to consider the question. The committee was made up of persons in the field of health and persons in closely related fields. It included the following persons:

Dr. P. E. Blackerby, Commissioner of Health, State Board of Health, Louisville, Kentucky.

Dr. Statie Erickson, Head Home Economics Department, College of Agriculture, University of Kentucky, Lexington, Kentucky.

Miss Elizabeth Fike, Director of Child Welfare, State Department of Welfare, Frankfort, Kentucky.

Mrs. Emma Hunt Krazeise, President, State Board of Nurse Examiners, 604 South Third Street, Louisville, Kentucky.

Dr. A. M. Lyon, Director of Hospitals, Department of Welfare, Frankfort, Kentucky.

Miss Mary Lois Williamson, State Director, Home Economic Education, Department of Education, Frankfort, Kentucky.

Dr. R. E. Jagers, Vice Chairman, Chief, Bureau of Instruction, Department of Education, Frankfort, Kentucky.

Hon. John Fred Williams, Chairman, Superintendent of Public Instruction, Department of Education, Frankfort, Kentucky.

Dr. Maurice F. Seay, General Consultant, Director Bureau of School Service, University of Kentucky, Lexington, Kentucky.

The Superintendent presented to this group an outline of the plan he and his staff had worked out. After discussion and modification the Advisory Committee on Health Education recommended the following broad plan as a program of action.

A. Purpose of Community Health Service Program

1. Develop leadership in community health service among secondary school pupils.
2. Make the school a healthful place in which to learn.
3. Make the home a healthful place in which to live.
4. Make children healthier.
5. Give experiences in the maintenance of health.
6. Make community health services available to as many people as possible.

B. State Coordination

1. A state coordinator of community health service projects in the schools should be appointed by the Superintendent of Public Instruction.
2. Provision should be made for preparation of county helping teachers and county coordinators and for persons who prepare secondary pupils for leadership in community health services.
3. Provision should be made to bring county helping teachers and coordinators, and persons who prepare secondary pupils for leadership in community health services, together for selecting, classifying, and organizing materials of learning, and planning for carrying out of programs in counties and schools.
4. The state coordinator should work with county coordinators and helping teachers, and with persons who direct in leadership preparation in the secondary schools.
5. The state coordinator should work with all divisions in the State Department of Education and all other departments which can contribute to the purposes of this program.
6. The coordinator should have the status of supervisor in the field of instruction.
7. There should be a state advisory committee representing health, child welfare, home economics, hospitals, nursing, and general education.

C. Suggested Program of Action at Local School Units

1. Select 10 counties or 25 twelve grade schools in which the program should be inaugurated in the entire 12 grades.
2. Work with local health departments, hospitals, nurses, child welfare agencies, home economics departments, nutrition committees, demonstration agents, farm agents, farm security agents, and others in preparing local program of action.
3. Provide for secondary school pupils definite preparation for leadership in community health service.
4. Organize programs at all school levels leading toward the achievement of all the accepted purposes of this program.
5. Provide materials for learners at the elementary and secondary school levels.
6. Select a helping teacher or teachers to be the coordinators of health instruction.

D. Financial Support of the Community Health Service Project

1. Costs of implementing this program should be estimated.
2. Application should be made to the W. K. Kellogg Foundation for funds with which to implement the program.

Immediately after the meeting of the State Superintendent with the State Advisory Committee on Health Education, application was made to the Kellogg Foundation by the Superintendent of Public Instruction. The Foundation made a grant sufficiently large to provide for the employment of a State Coordinator and for his traveling expenses, secretarial assistance for the coordination, a sum for workshop, a small sum for publication, and a sum to be used in helping a limited number of counties in the employment of county health coordinators.

The State Director of Health Education assumed his duties on August 14, 1944, and began at once to take the first steps in the formulation of a program of action.

The first major step taken in the program was to select 10 counties in which intensive programs of community health services were to be organized. This task was completed in September. The second major step was to organize a workshop for the intensive job training of county coordinators who were to lead in organizing the Community Health Service Program in the counties selected.

The counties selected are widely representative of the counties of the state and are fairly well distributed on a geographic basis. The counties selected with the county coordinators are:

Adair	Mrs. Clyde Marshall
Breathitt	Mrs. R. M. VanHorne
Elliott	Miss Opal Brown
Knox	Chester Hammons
Leslie	Mrs. Lelia Begley
Letcher	Robert Blair
Magoffin	Miss Olga Prather
McCracken	Mrs. Marell Morris
Pike	Mrs. Sallie Kimbler
Todd	Mrs. B. L. Penick

GETTING THE PROGRAM UNDER WAY

The State Director of Health Education soon after assuming his position prepared a general statement about the program and distributed it to all participants in the program of health education in the county systems. This statement covered such phases of the program as Purpose, First Steps, Obligations of Counties, the Community-School Health Service Workshop, the General Duties of the State Supervisor of Health Education, the Work of the County Coordinator, a Course of Study in Health Education, and the like. It is reproduced here in order to illustrate early steps in planning:

The Purpose—To stimulate a county or community interest in the importance of health to such an extent that the individual, the home, the school, the community will strive to learn the best health practices and put them into operation.

First Steps—The State Supervisor will select ten counties of the state in which to project an intensive community-school health education experiment program, in accordance with the desires of both the W. K. Kellogg Foundation (donor of the fund making possible the work) and the State Community-School Health Education Committee.

Obligations of the Counties Selected—To appoint a person to act as county supervisor, or coordinator, of the county-wide health education work. This appointment will be made by the county board of education. The person appointed should be one possessing above the average intelligence, energy, enthusiasm, personality and, if possible, should be a college graduate with successful teaching experience. The counties selected will be obliged to pay all of the salary of the local coordinator except \$500 contributed by the Kellogg Foundation, as well as traveling expenses. The salary, however, is arranged by the county school superintendent. (The suggestion is made that the superintendent of the independent districts of the counties selected be requested by the county superintendent to aid in paying the salary of the coordinator.) It should be made as large as possible.

The Community-School Health Education Workshop—A course of training for the county coordinators will be given at the University of Kentucky, Lexington, probably September 11-16. This school, directed by Dr. Leonard Meece, Bureau of School Service, University of Kentucky, and a staff of elementary and secondary school experts from the State Department of Education and from Teachers Colleges, will be under the instruction of well-known authorities: State Board of Health doctors and nurses; nutritionists, dieticians and lunchroom experts from the University and the State Department of Education; welfare and mental hygiene specialists from the State Welfare Department; an authority from the Kentucky Education Association upon buildings and grounds in their relation to school sanitation; a lecturer sent by the Kentucky State Dental Association; a physical education and playground specialist; county health doctors and nurses, and others. This will be the most unique and comprehensive school of its kind ever conducted in Kentucky. Immediately following the close of this workshop the coordinators

will return to their districts and begin making plans for the immediate organization of the community-school health program of their counties. The State Supervisor will aid in the community organization of each of the ten counties.

Work of the State Supervisor in the Counties— He will attempt to arouse local enthusiasm by advocating and explaining a new community-school health education effort in the county. This he will do in several ways:

1. Visiting and enlisting the cooperation and aid of the health units, the doctors and nurses.

2. Visiting and enlisting the cooperation and support of the hospitals and clinics.

3. Enlisting cooperation of the Red Cross, the county farm agent, Frontier Nursing Association toward more practical lesson in community-school health education.

4. Stimulating the interest and support of, as well as leadership, the clubs, societies and associations, such as

The Parent-Teachers
Women's Clubs
Kiwanis Club
Rotary Club
Lions Club
Exchange Club

Chamber of Commerce
Board of Trade
• Ministerial Association
4-H Club
Boy Scouts
Girl Scouts
Camp Fire Girls

5. Attempt to arouse the enthusiasm and support of the local editor, so that favorable publicity will issue through the county.

6. Become acquainted with the manager of the local motion picture theatre, with the view of favorable advertising and use of facilities for showing health education pictures.

7. Discuss the School-Community program with the teachers, superintendents, principals and boards of education of both county and independent school districts.

8. Visit schools, as far as time permits, to help organize work, to observe the plan in operation and to check results.

9. In an abbreviated form the State Supervisor will carry out this procedure in as many of the counties of the state as possible, exclusive of the ten selected for intensive work, as the State Committee has resolved to begin organizing a School-Community Health Education plan in all the counties possible, with particular emphasis

being placed upon the elementary schools. (This is a long-time program which has as its object the gradual improvement of health in the community—the developing of strong, hardy robust men and women—to the end that the county, and thereby the nation, be made stronger and happier.

Work of the County Coordinator— This person will work with the State Director in kindling and developing a county-wide enthusiasm in community-school health education. He or she will be able to do the ground work in preparing the county for the program prior to the arrival of the State Director. The county coordinator, after having attended the workshop, will return to his or her county to give the county's teachers the things learned in that conference. He or she will aid these teachers in organizing and establishing courses in health education. It will be his or her duty to visit all the county schools, for purposes of helping and checking, make contact with the county agencies and officials—health officer, visiting nurse, welfare worker, community hospital, Red Cross agent, county farm agent, dietician, service clubs, etc.—enlist their help for the schools—such as establishing clinics, providing for lectures, consultations, round-table discussions, demonstrations, movies, visitation, practice and experimentation — conduct school and community surveys, demonstration, summer camps, as well as visit, in so far as time permits, families in the county. The county coordinator will encourage every teacher to teach health in everything, even in arithmetic and geography, in order to cause the child to maintain a constant consciousness of the importance of health in successful and happy living. He or she will encourage the instructors of health education to teach by the problem method, making the problems as practical and applicable to the locality as possible, and to use the textbook mainly to supply information which the problem has suggested, such as the local well or water supply or fountain, or the size of the room, lighting, ventilation, etc., or a local epidemic—measles, scarlet fever, itch, etc. Health education can be made very popular. The county coordinator can also help by conducting demonstration classes and by furnishing materials—pamphlets, bulletins, books, tests, camera, slides, movies, etc.

The county coordinator will make reports in writing from time to time to the State Director. It will be well for him or her to make a survey of the local field to determine the program to be made. The plan then should be set up, outlining the problems, the methods of attack and the objectives. All of this should be carefully set forth in writing. At the end of the year a general summary of the achieve-

ments should be made in a written report. A log or running narrative of the work in the county, with newspaper clippings, pictures, certain letters, would be invaluable, as well as interesting.

The Course of Study in Health Education—This will take into consideration four main factors, namely

1. the individual
2. the family
3. the school
4. the community

Hundreds of points are involved under these four headings. Just consider for a moment, for instance, some of the many important elements involved in the matter of *personal hygiene*—care of skin, hair, nails, kind and condition of wearing apparel, condition of the teeth, eyes, ears, nose and throat, respiratory habits, eating and digestive habits, posture, exercise, recreational habits, mental attitude; some evolving around the *family*—condition of the house (floors, walls, ceilings, lighting, heating, ventilating, degree of cleanliness), sickness, precaution against contagion, foods, cooking conditions, mental attitudes and dispositions of the parents, moral influences, etc.; or the *school* with its many problems involving safety, sanitation, nutrition and health; or the *community* with its problems of safety (streets, transport, buildings, lighting, order), sanitation (condition of streets, buildings, water supply, foods, sewage, etc.), health and the facilities for maintaining it (involving clinics, hospitals, sanitoriums, and the care of diseases—tuberculosis, cancer, polio and ordinary epidemical diseases). These are only a few of the interesting problems which present themselves. The pupils will be face to face with actual conditions, will study them, offer suggestions and then study more.

In the end, the pupil not only should have a fair knowledge of the important factors involved in health education, but should be healthier and happier; will attempt to make the school, the home and the entire community safer, cleaner, healthier and happier; all of which will exert its influence upon making a healthier, happier, stronger state and nation.

THE HEALTH EDUCATION WORKSHOP

A workshop in Health Education was conducted on the Campus of the University of Kentucky, September 11–16, 1944. Dean William S. Taylor, Dr. Maurice F. Seay, Dr. L. E. Meece, all of the University of Kentucky, and State Superintendent John Fred

Williams and Dr. R. E. Jagers of the Department of Education, advised with the Director in selecting the time and place of the workshop. Dr. L. E. Meece was asked to be the Director of the workshop.

The Workshop Schedule and Staff

Monday, September 11:

9 A. M. to 11 A. M.

Milk and Food Sanitation—Mrs. Sarah Vance Dugan, Director, Division of Foods, Drugs and Hotels

Motion pictures: "Eating Out" or "Slings Hash"; "Modern Magic"

11 A. M. to 2 P. M.

Water and Sewage and General Sanitation, by Charles M. Davidson, Director, Division of Sanitary Engineering, State Board of Health.
Film: "Water—Friend or Enemy"

The pictures are shown and explained by Roy McGee
"Winged Scourge"; "Vandals of the Night"; "Keep Em Out";
—Mosquitoes, Rats, Flies.

2 P. M. to 3:30 P. M.

The Control of Communicable Disease—R. E. Teague, M. D., Director
Division of Tuberculosis

3:30 P. M. to 4 P. M.

Round-table discussion

Tuesday, September 12:

9 A. M. to 11 A. M.

The Local Health Department in Kentucky—Dr. Carl M. Gambill
and Dr. P. E. Blackerby, Chairman of the State Board of Health

11 A. M. to 12 P. M. and 1:30 P. M. to 2 P. M.

Individual Health Protection—Robert H. English, M. D., P. A. Surgeon
U. S. Public Health Service.

2 P. M. to 3 P. M.

Reports of County Health Doctors and Nurses

3 P. M. to 4 P. M.

Round-table discussion

Staff meeting.

Wednesday, September 13:

9 A. M. to 10 A. M.

Nutrition—Dr. Statie Erickson, Home Economics Department, University of Kentucky

10 A. M. to 11 A. M.

Round-table discussion of Nutrition

11 A. M. to 12 P. M.

Reports of County Health Officers

1:30 to 2:30 P. M.

School Lunch Program—Miss Mary Lois Williamson, State Department of Education

2:30 P. M. to 3 P. M.

Round-table discussion of School Lunch Rooms

3 P. M. to 4 P. M.

Meeting between staff and county coordinators

Thursday, September 14:

9 A. M. to 11:30 P. M.

Physical Education and Playgrounds, leader, Miss Rosallia Kurz, Physical Education Supervisor, Louisville City Schools, followed by round-table discussion of playgrounds and physical education programs

1:30 P. M. to 2:30 P. M.

Social Service work done by the State Welfare Department, by Miss Elizabeth Fike, Supervisor of Child Welfare

2:30 P. M. to 3 P. M.

Discussion of local social service work, led by county health nurses

3 P. M. to 4 P. M.

Meeting of the staff and coordinators.

Friday, September 15:

9 A. M. to 11 A. M.

Mental Hygiene Work in Kentucky, leader, Dr. A. M. Lyon, Director Mental Hygiene, State Welfare Department

11 A. M. to 12 M.

Buildings and Grounds in Their Relation to Sanitation, discussed by Hon. John W. Brooker, Public Relations Director, Kentucky Education Association, Louisville.

1:30 P. M. to 2 P. M.

Round-table discussion of general physical and health problems relating to the school and grounds

2 P. M. to 4 P. M.

Staff and coordinators to formulate program of Health Education to be used in the counties.

Saturday, September 16:

9 A. M. to 12 M.

Reports of the staff and the coordinators upon the programs arranged for the counties.

The Visiting Workshop Staff

Miss Mary Rone, Todd County Nurse, Elkton

Dr. Charles J. Grubin, Director, Madison County Health Department
Richmond

Miss Geneva Hinton, Nurse, Scott County Health Department
Georgetown

Miss Bessie Marie Ball, Bureau of Public Health Nursing, State Board
of Health, Field Advisory Nurse, Louisville

Dr. Paul D. Moore, Health Officer, Lincoln, Garrard and Casey Counties
Roy McGee, Teacher Coordinator Schools for Food Handlers, State Board of Health and State Department of Education
Captain Robert H. English, M. D., Assistant Director, County Health Work, State Board of Health
J. Rout, Sanitary Inspector, Lincoln, Casey, Garrard Counties
Miss Alice M. Payne, Public Health Nurse, Mercer County, Harrodsburg
Dr. W. H. Skaggs, Public Health Officer, Anderson and Shelby Counties
Miss Virginia Robinson, Fayette County Health Department, Lexington
Miss Ethel H. Snapp, Fayette County Health Department, Lexington
Miss Ruth Worthington, Fayette County Health Department, Lexington
Dr. Samuel L. Andelman, Paintsville and Magoffin County Health Officer
Miss Irene Nooe, Attendance Officer, Mercer County, Harrodsburg
Miss Mary Vance Day, Elementary Supervisor, Somerset City Schools
C. W. Marshall, Superintendent of Adair County Schools, Columbia

Some Workshop Results

The workshop, the first of its kind held in Kentucky (in so far as is known) was, based upon audition and the spontaneous testimony of persons participating, one of the most stimulating, instructive and inspiring experiences remembered by the coordinators. The magnificent work of the members of the State Department of Health (highlighted by the brilliant discourse of Dr. English), the profound discussion upon the subject of nutrition, with its vital ramifications, by Dr. Statie Erickson, the zealous presentation of the physical needs of Kentucky school buildings by the Hon. John W. Brooker, the enlightening expositions of mental hygiene and welfare needs by Dr. A. M. Lyon and Miss Elizabeth Fike—in fact, all, particularly the distinguished work of Dr. Meece, the director, was of a calibre to do credit to any national conference of professional people. The group was fortunate enough also to have the pleasure of the brief attendance of Dr. Masters and of Mr. Seay. Their suggestions were helpful.

Although a vast amount of material was presented, the analyzer might list the minimum results in this type of outline:

1. Sanitation (Even if the county coordinators succeed in getting established a few sanitary toilets, a few sanitary pumps, in having made a few school grounds more healthful, causing more paint to be spread, in helping to secure pure water for a few schools, in teaching a few children the importance of killing and preventing

disease germs—thereby helping them to become healthier and thereby saving lives—something will have been accomplished.)

2. Immunization (If they succeed in having a modest number of children, grown-ups as well, immunized against certain diseases—diphtheria, smallpox, whooping cough, etc.—something vital will have been achieved.)

3. Clinics (The coordinators will work with the local health officers in conducting clinic—general physical examinations and special, such as eye, ear, nose, throat, dental and tubercular. If they can follow up, which means saving lives, they will have done a fine work.)

4. Home Nursing (In some of the counties classes, composed of high school girls, are being organized for instruction in home nursing and hospital practice, which training will greatly benefit the home, the community and the nation.

5. Nutrition and Lunchrooms (If the coordinators and teachers are able to teach the effect of nutrition upon the human body to a few score of children—and cause them to make proper nutritional practices habitual, so that the effect is felt in the homes—then something quite salutary will have been accomplished. The lunchroom may be the practice center of good nutrition; it helps to make the children healthy; it sets an example in proper foods and serving which will have a benign effect upon the home and the community; it is a blessing to those children who do not receive enough good, nutritious food. Every lunchroom which the coordinator is instrumental in obtaining will reflect itself in healthier bodies, sounder minds, increased years of life and happier living.

6. Physical Education and Summer Camps (It was generally agreed that each school should plan a general physical education program, in which each child participates, and that the gymnasium should be open to all. Agreed also were all that more games should be learned (more guidance material obtained) and more playground equipment obtained, particularly in the rural communities. It was agreed also that the entire community, adults as well as youths, should be encouraged to play; particularly was the idea of establishing rural community-houses encouraged. Little time was available for discussion of the important subject of *summer camps*.

7. First Aid (Unfortunately practically no time was available for discussion of this vital subject. It was agreed, however, that each school should have a First Aid kit, the use of which each child should learn by practice, and that *somewhere in the curriculum provision should be made for courses in First Aid*).

8. General Health Education courses (Organized health instruction on all school levels and planned healthful living throughout the school experience. At elementary levels, particularly primary, this may be undertaken as a part of larger projects, if desired. At secondary levels specific instruction, by means of the problem method, in health in its various ramifications should be given. Here, too, may be brought in training for home nursing and hospital practice, even first aid and Red Cross training, to the end, generally, that accurate knowledge, appropriate attitudes and sound habits aimed to further individual and community health be firmly established).

Immediately following close of the workshop, the coordinators returned home and plunged into their work. They projected this preliminary work; conferred with their superintendents; visited the local health departments (for assistance, knowledge of resources, and of county health conditions, as well as for working out a joint plan of action); appointed then a committee of prominent county citizens (for advice, help and coordination purposes); presented the idea of the new work to the county teachers (and their good will and cooperation assured); surveyed the schools; met the local committee to submit plans; presented the case to various organizations (such as Kiwanis, Rotary, Women's Clubs, etc.) and their help was solicited; schools selected for intensive experimental work (the range is from five to all in a county, depending upon the desire of the county superintendent.)

COUNTY PROGRAMS IN HEALTH EDUCATION

Visits to all counties which have special programs in health education and have employed county coordinators, show that plans have been based upon local needs. Communities and schools were found to be deeply interested in the new work. Visits to the counties included such activities as planning with the superintendent, meeting with local committees, studying health departments, visiting schools, and speaking to dinner clubs. It was evident that the county coordinator was effectively active.

As a measure of progress in the different counties, descriptions of the programs are given here. These descriptions include coordinators' plans, daily logs, and specific action programs. The counties whose programs are included here represent types of activities found in the counties which have intensive health programs.

A. Plans for the Health Program of Pike County

By Mrs. Sally Kimbler, County Coordinator

Committee:

1. C. H. Farley, Superintendent of Pike County Schools
2. Dr. W. J. Walters, Health Department
3. K. J. Day, Kiwanis Club
4. Mrs. K. J. Day, R. N.
5. Mrs. Charles Grote
6. Glen McDowell, County Agent
7. Mrs. Ella Shuell, Nurse Health Department
8. Mrs. Rose McKinney, Eastern Star
9. A. A. Page, President of Pikeville College
10. Mrs. Mayme Amick, Head of Red Cross
11. Mrs. George Harp, President T. B. Association
12. Dr. T. B. Ashley, Superintendent Pikeville Hospital
13. Mrs. Charles Gilley, Woman's Club
14. John Yost, Cashier First National Bank

The schools I have planned to work with are as follows:

Rural Schools	No. Teachers	Enrollment
1. Bent Branch	2	55
2. Road Fork	2	80
Grade Schools		
1. Freeburn	8	400
2. Blackberry	8	377
3. Stone	9	351
High Schools		
1. Belfrey	19	505
2. Virgie	9	185
3. Dorton	5	101
4. Cumberland (Elkhorn City)	6	139
5. Hellier	5	145
6. Feds Creek	4	93
7. Phelps	6	215
8. John Creek	4	88

Home nursing courses are to be taught the second semester with one-half high school credit. In schools where there are home economics teachers they are to be in charge of the home nursing classes. In the others a teacher who has had some training and is interested in the work will be in charge; but in all classes a registered nurse will work with the teacher. Our plans are to qualify for a Red Cross certificate. The Red Cross text will be used along with the "Community Health Service Project" used in Michigan last year and other material the committee decides is practical for the situation. This course is offered to junior and senior girls.

The nutrition will be taught as a unit of not less than 20 hours in classes with which nutrition correlates. The Red Cross material will be used for this. Teachers who qualify will be permitted to give a Red Cross certificate.

The Red Cross text for First Aid will be used.

Bent Branch Rural School

Teachers: Mrs. Blanche B. Justice, grades 4 to 8 and Mrs. Beth Bevins, grades 1 to 3.

The school is an old one room school building that has been partitioned into two rooms, which makes the room dark. It has cross light-

ing and not enough windows. The paint inside is a middle value gray, which has been on the walls for at least fifteen years. The playground is rolling and much too small.

I have planned with the two teachers to do the following things this year:

Physical:

1. Safe drinking water, chemical is to be used since a shallow well is in use.
 - a. Buy coolers
 - b. Sanitary place to store drinking glasses
 - c. Wash and sterilize glasses in the school
 - d. Sanitary well top and pump
2. Sanitary toilets, already built
 - a. Repair, replace seat covers and make fly proof
 - b. Keep clean
 - c. Furnish toilet paper
 - d. Whitewash outside
3. Facilities for washing hands before lunch and after coming back from toilet
4. Paint
 - a. Inside, a light color
 - b. Outside
5. Keep floors clean and oiled
6. Campus
 - a. Keep grounds clean
 - b. Fill gullies, to keep from washing
7. Install electric lights
8. Place to hang wraps

Nutrition:

1. Teach simple course in nutrition. Emphasize the basic food needs of the body, concentrating on milk, eggs, and things community can produce and preserve. Check to see children are eating correctly.
2. First Aid kit

Personal Health:

1. Teach personal cleanliness
 - a. Teeth
 - b. Body
 - c. Nails
 - d. HairCheck to see if these are being done
2. Immunization of school children 100%
3. Immunization of babies and pre-school children
The school will have to finance this program for the most part This will be done by having box social. The men in the community will do the painting. The board of education will buy the paint.

Road Fork Rural School

Enrollment 80. Teachers: Mrs. Gay B. Staton, grades 4 to 6; and Roberta Sandifur, grades 1 to 3.

This school was a three room school until the seventh and eight grades were transported to South Williamson Grade School leaving one room empty. This room has been made into a lunchroom. The school ground is sloping and the children have very little space in which to play.

The following plans were made by the teachers for this year:

Nutrition

1. Teaching simple nutrition to all the grades, using the basic food needs of the body, concentrating on milk, eggs, and things community can produce and preserve.
2. Hot lunch program, carried on by P. T. A. women who take turns at cooking and serving. Cost is 10c per person. All the children eat at the lunch room.

Physical

1. Safe drinking water
 - a. A deep well drilled and pump installed
 - b. Water cooler
 - c. Sanitary place to keep drinking glasses
 - d. Wash and sterilize glasses at school
2. Handwashing facilities before lunch and after going to toilet
3. Sanitary toilets (already built)
 - a. Repaired
 - b. Keep clean
 - c. Furnish toilet paper
4. Paint inside and out of school and lunchroom
5. Underpin floor
6. Keep floors clean and oiled
7. Beautify grounds
8. First Aid kit
9. Correct electric lighting
10. Place to hang wraps
11. Seats arranged so as to get best light possible

Personal Health

1. Immunization of school children 100%
2. Examination of children and correction of physical defects
3. Teach personal cleanliness
 - a. Teeth
 - b. Body
 - c. Nails
 - d. Hair

Blackberry School

Thomas Smith, principal

This is an eight room consolidated school. The building is new. It has its own water system which consists of a deep well, electric pump and drinking fountains in the halls. It also has electric lights and steam heat. The playground is a large one in comparison to most playgrounds found in Pike County. Toilet and handwashing facilities are adequate. However, some repairs need being done in the girls' toilet. Most of the students are transported and about 95% of them carry lunch. There is an old one room school building on the side of the campus that was remodeled made into a four room dwelling for the principal. The principal does not live in this building and plans have been made to turn it into a lunchroom.

Plans for this year are as follows:

1. Lunchroom
2. Simple course in nutrition, with emphasis on the seven basic food needs of the body.
3. Immunization of school children
4. Keep school grounds clean
5. Keep floors oiled

6. Repair toilets, two doors have been torn down in the girl's toilet
7. Keep toilets clean
8. Teach personal cleanliness
 - a. Teeth
 - b. Body
 - c. Hair
 - d. Nails

Stone Grade School

Mrs. Chloe Brown, principal

Stone is the largest and best kept coal camp in Pike County. It is one of the few schools in Pike County that has nine months tenure. The school building is an old wooden structure that has been added to from time to time. Over four hundred dollars was made at the Hallowe'en carnival, which is to be spent on improvements. There is a very active P. T. A. which also contributes to the finances of the school.

The school together with the P. T. A. plan the following improvements for this year:

1. All rooms and toilets to be painted inside
2. Four new comodes to be added to the boys' toilet
3. A rest room containing a cot and blanket
4. New shades where there are not already good shades
5. Seats and desks are to be refinished.
6. All cabinets, shelves, etc. to be painted
7. An extra radiator to be installed in the upper hall
8. New globes and maps in steel cases in rooms where not already supplied
9. Lighting improved
10. Physical examinations and corrections made
11. Course in nutrition, teaching the seven basic food needs of the body.
War is declared on soft drinks and emphasis placed on milk.
12. Teach personal cleanliness
 - a. Teeth
 - b. Body
 - c. Nails
 - d. Hair
13. Toilets are to have the following added:
 - a. Liquid soap
 - b. Paper towels
 - c. Mirrors
 - d. Cabinets to store cleaning materials
14. Home nursing for eighth grade girls and First Aid for eighth grade boys. Many of the eighth grade girls do not go to high school and a large percent of those who do drop out in the ninth grade. A much more simple course is planned for this group than is being offered in high school. While the girls are having home nursing, it is hoped that a special teacher may be secured to teach First Aid to the boys.

Freeburn Grade School

Miss Betty Lee Justice, principal

Freeburn is a mining camp close to the West Virginia border. About seventy-five percent of the children are transported. The building is an old eight room school that does not accommodate the enrollment. Grades one to six are taught. Since a new building is planned for after the war very little is to be done in way of repairs.

Plans for the year are as follows:

1. Correct lighting installed
2. Lunchroom

There is no vacant room for a lunchroom. The food is cooked in a small boxed building and is carried to two of the lower grade rooms that have tables in them. The food is served and the rooms are cleaned and put back into use as a classroom by one o'clock.

Belfry High School

L. C. Farley, principal

Charles Anderson, teacher of Physical Education

Miss Christine Snyder, teacher of Home Economics

Miss Lurla Ramey, teacher of Home Economics

1. Home nursing

A Red Cross home nursing class has been organized at Belfry and is being taught by Mrs. K. J. Day, R. N.

2. First Aid

Taught as a unit in the following classes

- a. Home Economics I, four classes about 80 girls, taught by Miss Ramey
- b. Physiology, about 30 students, taught by Mr. Anderson

3. Nutrition

Taught as a unit in the following classes

- a. Home Economics I, two classes, 42 girls, taught by Miss Snyder
- b. Biology, two classes of 55 students, taught by Miss Snyder and one class of 25 students taught by Mr. Anderson

Virgie High School

Walter Trivette, principal

Mrs. Woodrow Johnson, teacher of Home Economics

Joe Horne, teacher of Science

1. Home nursing taught by Mrs. Johnson

2. First Aid, second semester, 20 students

3. Nutrition in the following classes

- a. Home Economics, three classes, 56 students, taught by Mrs. Johnson
- b. Biology, one class, 28 students, taught by Mr. Horne
- c. Physiology, one class, 20 students, taught by Mr. Horne

Dorton High School

Fred W. Cox, principal

Mrs. Fred W. Cox, teacher of home nursing and lunchroom manager

1. Home nursing taught by Mrs. Cox.

2. Nutrition taught by Mr. Cox

- a. Biology, 25 students

3. Build toilets and shower room

The school raised \$700.00 at a Hallowe'en Carnival. They are giving this amount on the construction of this building if the county board of education will furnish the remainder. Plans have been drawn by the health department for a building that will cost about \$2,000.00. The county board hopes to

have enough money for this project when the local taxes are collected.

The buildings in use now are just outside toilets which do not accommodate the large enrollment and cannot be kept in a sanitary condition.

4. Lunchroom provides hot lunches at 10c for small children and 15c for the upper grades and high school students.
 - a. Teaching of nutrition to grade children
 1. Each grade plans a menu for a week under supervision of a teacher. The menu is posted in the lunchrooms and the meals are actually served as planned. When finished, each child takes a copy of the menu home for the parents to see. The children check the menu against the "Basic Food Requirements" for a day.

Cumberland High School (Elkhorn City)

Miss Rezina Senter, principal

Miss Pearl Francisco, teacher of Home Economics

Acy Childers, teacher of Science

1. Home nursing taught by Miss Francisco
2. Nutrition in the following classes
 - a. Home Economics, two classes, 42 girls, taught by Miss Francisco
 - b. Biology, one class, 29 students, taught by Mr. Childers
 - c. General Science, one class, 21 students, taught by Mr. Childers
 - d. Physiology or Health, approximately 20 students, taught by Mr. Childers

Hellier High School

William M. Justice, principal

Mrs. Geneva Damron, teacher of health and home nursing

Everette Hawkins, teacher of Biology and General Science

Virgil Justice, teacher of General Science

1. Home nursing, taught by Mrs. Damron
2. Nutrition in following classes
 - a. Biology, one class, 37 students, taught by Mr. Hawkins
 - b. General Science, two classes, 50 students, taught by Mr. Hawkins and Mr. Justice

Feds Creek High School

R. A. Justice, principal

Miss Margaret Kilmer, teacher of home nursing

Carless Hess, teacher of Science

1. Lunch program, hot lunches

A building is being constructed and plans are made to begin serving lunches about December 1.

2. Home nursing, taught by Miss Kilmer
3. First Aid, plans are incomplete
4. Nutrition
 - a. Biology, taught by Mr. Hess

Phelps High School

Layton Howerton, principal

Miss Verna May, teacher of Biology and Physiology

Miss Kate Davis, teacher of Home Economics

1. Home nursing, taught by Miss Davis
2. Nutrition taught in the following classes
 - a. Biology, one class, taught by Miss May
 - b. Physiology, one class, taught by Miss May
 - c. Home Economics, two classes, taught by Miss Davis

John's Creek High School

Walter Brown, principal

Mrs. Sweet May Smith, teacher of home nursing

Claude Justice, teacher of Biology and General Science

1. Nutrition in the following classes
 - a. Biology, one class, 21 students, taught by Mr. Justice
 - b. General Science, one class, 42 students, taught by Mr. Justice
2. Home nursing
Now being taught by Mrs. Smith with half credit. The text book is being used entirely. Mrs. Smith and I plan to borrow some equipment and have a nurse come for some demonstrations.

B. A Plan of Action for the Health of School Children in Magoffin County—1944-1945

By Miss Olga Prather, County Coordinator

This school year we are confronted with an opportunity to carry on a program for "Healthful Living At School." It is our belief that the health of the school child is important to his progress in school. We believe also that good health is essential to good citizenship and the democratic way of life. Believing this, and knowing it will mean extra hours of work in planning with children for healthful living, we still believe you will accept it as an opportunity for you and the school children to take an active part in the discovery and solution of community health problems.

This year we urge teachers to place on their daily program thirty minutes for teaching and living healthful practices. The period before lunch will be found desirable. During this period all grades may be assigned the same health topic from their textbook. During this period many problems in healthful living may be studied and solved by the group. Time may be set aside during this period to allow the children to wash their hands before eating, to be followed by all children eating their lunches at their individual desks.

During this health period and at other times of the school day,

teachers and pupils are urged to place special emphasis upon the major problems as follows:

1. Clean and sanitary methods of drinking water.
2. Handwashing before eating food, when handling food for others, and after using the toilet
3. Sanitary and attractive school buildings and grounds.
4. Nutritious food served at school in a sanitary way—iodine added
5. The prevention and control of typhoid, diphtheria, smallpox, and other communicable diseases.
6. Study of the health status of each child as it relates to eyes, hearing, teeth, physical and mental defects.
7. Provisions for rest periods for the primary grade children.
8. Help children to learn new games.
9. First Aid instruction and practice.

Under each of these problems are listed some things to do. What can you do this year? (A follow-up questionnaire will be sent later to find out.)

How We Can Serve Drinking Water At School In A Clean and Sanitary Way.

Learn from textbooks or pamphlets that diseases of the mouth, nose and throat may be spread by drinking from the same cup; that they should drink from an individual clean drinking cup. Work out a plan with the pupils for drinking water in a sanitary way at school as:

1. Clean water cooler or covered bucket.
2. Individual drinking cups.
3. Place to keep cups from dust.
4. Plan for washing cups and water bucket regularly at school.

Provide a safe water supply by adding 10 drops of Clorax or Purex to the bucket of water. Stir well and let set 5 minutes.

How Pupils Can Wash Their Hands Before Eating Foods, When Handling Foods For Others, After Coming From Toilet, and Returning From Playgrounds.

Teachers can:

Discuss with the children why they should wash their hands at these specific times, such as:

1. Handling food directly after coming from the toilet will spread the germs to others, or children will swallow these germs.
2. After coming from the toilet hands may be contaminated with bowel movements which may contain the germs of hookworm or roundworm disease.
3. Handling books with dirty hands is a good way to get books dirty. This dirt, which may contain germs, will be transferred to foods if hands are not washed before eating.
4. Washing after play period will help to keep the books clean.

List equipment which will be needed by the group:

1. Two buckets—one for water and one for waste water.
2. Liquid soap from bottle with hole in the stopper. (This soap can be made by melting 1 box baking soda, 1 box Borax and 1

the box soap flakes in 1 quart of boiling water. Add three quarts cold water.)

3. Dipper for pouring water.

Set up a specific plan of action for washing hands in groups and individually:

1. Have one child pour the water from the dipper over another child's hands. Then they exchange and the pourer becomes scrubber.
2. Have the hands washed over the bucket which will take waste water. Keep one bucket for this especially. Never interchange drinking bucket and waste water bucket.
3. Designate two children each day to empty the waste bucket after each handwashing, and have bucket scrubbed well at end of each day.
4. Dry hands in air or by fire.

How We Can Have Clean and Attractive School Buildings and Grounds.

Teachers and pupils can:

Decide what changes or improvements they themselves could make in the building and school grounds such as:

Whitewash the toilets, clean the school grounds, plant shrubs, build walks, and paint walls with a dull finish pastel paint. (Do not paint walls without first consulting the County Superintendent of Schools.)

Set up a plan for keeping the toilets, schoolroom and grounds clean through the appointment of committees or "Keep Klean Klubs" from different grades.

Place waste paper baskets in school building and on school grounds. Burn trash at the end of the day.

How Can We Serve Nutritious Food at School in a Clean and Sanitary Way?

Teachers and children can:

Supplement school lunches with raw vegetables and fruit in season. Children can bring this food from home. Keep a can of iodized salt in the school to use with each vegetable.

Provide opportunities for all to wash their hands before lunch, and before serving food to others. Help to improve the lunch each child brings from home. If possible, serve one hot dish to supplement this lunch.

Get the packed lunches off the dirty floor, even if they are in lunch boxes, by making or bringing from home a shelf or table upon which to place these lunches.

Learn table manners by having every one eat his or her lunch at desk.

Add 1 teaspoon of iodine to a bucket of water. Each child should drink at least 2 glasses each week to prevent goiter.

What We Can Do About the Prevention and Control of Typhoid, Diphtheria, Smallpox, and Other Communicable Diseases.

Check with the Health Officers the date for coming to your school for immunizations.

Explain to the pupils before the nurse visits the school why immunization is necessary.

Report to the county health department any children who have symptoms which may indicate the presence of communicable disease.

Teach the children to stay at home when they have bad colds or symptoms of communicable diseases.

Teach parents to go to the health department or their family doctors to have pre-school children protected against diphtheria between the sixth month and the fifth year, smallpox between the sixth month and the fifth year, and typhoid between the first and the fifth year.

Study Health Status of Each Child as it Relates to Eyes, Teeth, Hearing, Physical and Mental Defects.

Every teacher can:

Watch the children who are not doing good work in school. Notice the following behavior for hearing defects:

1. Asks frequently to have directions or words repeated.
2. Turns head or body to catch sounds from teacher or schoolmate.
3. Thrusts head forward or turns frequently to one side.
4. Has discharging ears.
5. Retarded in school work.

Watch the children for visual defects. Notice the following behavior:

1. Attempts to brush away blur.
2. Holds book too far away from face when reading.
3. Holds face close to the page when reading.
4. Rubs his eyes frequently.
5. Shuts or covers one eye when reading.
6. Tends to lose place on the page when reading.
7. Inattentive in chart, map, or blackboard lesson.

Watch for retardation in your pupils. Physical defects may be the cause. Watch for the following behavior:

1. Does not like to play—appears always too tired.
2. Limpes when walking or running.
3. Walks or sits habitually with stooping shoulders.
4. Stumbles or falls frequently.
5. Shows evidence of mental or emotional maladjustment.

How We Can Provide Rest Periods for the Younger Children.

Teachers can:

Ask the parents to provide rag rugs or pieces of quilts for the children to rest upon at school. These mats may be placed on newspapers on the floor in the back of the room, or on the seats. Small children can rest in this manner while the other school work proceeds.

Provide building blocks and toys for little ones to relieve the tension of too much school work.

Outside play periods under the supervision of an older student.

How Can We Teach Children to Play Games Indoors and Out, and to Take Care of Playground Equipment?

Teachers can:

1. Learn to play games from instructions given in game books and physical education manuals.

Note: (A Physical Training for Kentucky Schools, published by the Department of Education, Frankfort, Kentucky is free to teachers who will write for it. A card file of Games for the Elementary

School Grades by Hazel Richardson, published by Burgess Publishing Co. is excellent. (Not free.)

2. Help children to play the games they know and teach them new games.
3. Provide a box or special place to keep playground equipment, and always make sure that the pupils place it there when the play periods are over.

How Can We Use the First Aid Kit and Teach the Children to Prevent Accidents and Care for Minor Injuries?

Teachers can:

Teach children to locate and remove accident hazards, such as broken glass, bottles, falling steps, etc.

Have a special place to keep First Aid Kit, and with it keep a First Aid Booklet.

Teach children how to apply First Aid when an accident occurs on the school ground or schoolroom.

Note: (The First Aid kit should contain 4½ inch sterile gauze, adhesive tape, merthiolate or mecrestin, band aids, seissors, alcohol, and Unguentine.)

Working With The County Health Department

Teachers are urged to:

Check this program and find out how the health department can help you with specific problems as:

1. Advise you on problems of sanitation.
2. Set up plans for communicable disease control.
3. Get crippled children hospitalized, etc.

What Can The Teachers Expect From The County Health Dept.?

The public health nurse will visit the schools. While at the school the nurse will

1. Immunize for diphtheria, typhoid, and smallpox.
2. Help teachers with vision testing.
3. Offer immunization for diphtheria for pre-school children if brought to office.
4. Advise on problems of sanitation.

Your health department stands ready to help all teachers. They do not treat sick persons. They try to help keep you well.

Free and Inexpensive Materials

1. THE ROAD TO GOOD NUTRITION, Publication 270 Children's Bureau, U. S. Dept. of Labor, Washington, D. C.
2. a. Food Value Charts
b. Kit of Teaching Aids
c. Better Nutrition for the Nation
National Live Stock and Meat Board, 407 Dearborn St., Chicago, Ill.
3. Eat Right to Work and Win (comic)
Swift and Company, Dept. A., Chicago, Ill.
4. The Western Levine Vitamin Chart, Director of Food Research Laboratory, Medical College of the State of South Carolina.
5. Evaporated Milk Association, 307 N. Michigan Ave., Chicago, Ill.

6. Class Hygiene Record (for elementary grades) Bristol-Myers Co., Educ. Dept. A, 630 Fifth Avenue, New York.
7. When Your Child's in the Teens (for parents) Healthy Teeth Hancock Mutual Life Insurance Co., Health Education Dept., Boston, Mass.
8. School Safety Lesson Outline, National Conservation Bur., 60 John St., New York
9. Health for Victory Clubs, Westinghouse Electric and Manufacturing Co., Mansfield, Ohio.
10. So You Think You're Perfect, Do You? Philadelphia Interstate Dairy Council, Philadelphia, Penna. Order 1298 10 M
11. The American School Health Association, 3335 Main St., Buffalo, N. Y.
12. Metropolitan Life Insurance Co., New York, N. Y.
13. Central Dairy Council, Louisville, Kentucky
14. Borden's Review of Nutrition Research, 350 Madison Ave., New York 17, N. Y.

C. Adair County—Excerpts from Daily Log

Mrs. Irene C. Marshall, Coordinator

September 11-16

Attended Workshop for Health Coordinators in Lexington.

September 18

Visited Sammy Roy, a crippled child with the County Health Nurse to see about getting him in Kosair Hospital. Also talked over the program with the nurse to secure her cooperation.

September 19

Worked in Superintendent's office, cut a stencil and mimeographed checking sheets to send to each teacher in Adair County, a copy of which was sent to the Director.

September 20

I visited Tabor and Yellow Hammer schools. At Tabor I found the well needed a new well platform. I suggested they write to Portland Cement Company to see what they had to offer to schools. Light shades were suggested instead of the old torn blue shades they had. The teacher agreed to start a hand-washing program before lunch. Needs for the school were: water cooler, water tested, paint inside and out, recreational facilities, thermometer and cloakroom.

At Yellow Hammer I found the room was so dark because of so many trees near the house. I suggested the teacher have some trees cut nearest the house to be used as firewood this winter. The well had not been tested, and I asked that they send a sample of water to be tested. I suggested that the teacher make a box for the drinking glass.

The nurse and I visited a T. B. patient to take information to her regarding the time she should go to Louisville for a check-up. We found sanitary conditions bad at this home.

September 21

Mrs. Edwina Roberts and Miss Reba Harris from the State Board of Health ask that the Superintendent and I meet Miss Sarah Peake, the nurse, after which to discuss the coordination program in Adair

County. Mrs. Roberts said any help that the State Department of Health could give she felt sure they would. As we do not have a Public Health Doctor in our County she suggested that she come to our County and give Health Inspections in 15 schools. We decided to ask for Dr. Barbour to give the examinations.

September 22

Mrs. Roberts, Miss Harris and Mrs. Reece, attendance officer, attended a teachers' meeting at Tabernacle. Miss Harris and Mrs. Roberts explained the Health Education program to the teachers and asked their cooperation.

September 25

Met with the visiting teachers, Mrs. Helen Flatt and Mrs. Hugh Thomas. Sent letters to all the teachers explaining the Health Inspections to be held in the first 15 schools to request it after talking it over with the patrons and pupils.

September 26

Mr. Kirk, Superintendent of Columbia High School, Mr. Marshall, Superintendent of County Schools, Mrs. Reese, attendance officer, Mrs. Thomas and Mrs. Flatt, visiting teachers, and I attended a conference at Somerset called by our Superintendent of Public Instruction, John Fred Williams. Mr. Williams explained the duties of the Coordinator.

September 27

Miss Peake, Mrs. Reece and I attended an all-day meeting at Lindsey Wilson Junior College, conducted by Dr. R. E. Jagers.

September 28

With the Superintendent, I visited the following schools: Vester, Tabernacle, Miller Field and Hopkins.

September 29 and 30

Attended a Board of Directors meeting in Louisville.

Health Check Sheet

A Plan of Action for the Health of Children in Adair County 1944-45

Let's all pull together to do something about the health needs of our school children in Adair County. Here is a list of seven health problems that should be emphasized in every school.

1. Physical fitness through organized play, games and rules of safety.
2. Nutritious and clean school lunches.
3. Safe drinking water served in a sanitary way.
4. Handwashing before eating and after using the toilet.
5. Clean, attractive and safe school building and grounds.
6. Physical defects of children discovered, prevented and corrected.
7. Prevention and control of communicable diseases as typhoid, small pox, etc.

**Under Each of Seven Problems We Offer a Check List of Suggestions
for Teachers and Children. How Many are Carried Out in
Your Classroom?**

How can we have a program of physical fitness through play, games and rules of safety?	We are doing this	Have done this	Will do this later	Can not do this	Need help with this
1. Get out on playground and play games with children.					
2. See that all children take part in outdoor play.					
3. Encourage children to play the games they know.					
4. Teach one or more new games each week.					
5. Get parents or community to help supply simple play equipment such as bats, balls, etc.					
6. See that playground is free from broken glass, stones, etc.					
7. See that First Aid Kit is available.					
How can we serve hot food in sanitary way at school and teach children the values of eating wholesome food at all times?					
1. See that children wash hands before eating lunch.					
2. Help children improve type of lunch they bring to school.					
3. Encourage children to bring raw vegetables, fresh and dried fruits for recess.					
4. Provide a clean, well ventilated shelf for lunch boxes.					
5. See that the lunch shelf is well screened.					
6. Use noon period for washing hands, eating lunch, and quiet relaxation.					
7. Where there is an organized school cafeteria, teach children to select nutritious foods.					
How can safe drinking water be served in a sanitary way?					
1. Provide clean water cooler or bucket.					
2. Have individual drinking cups.					
3. Have children wash at school the cups, water cooler, once or twice a week.					
4. Have place to keep cups free from dust.					
5. See that water supply is tested regularly by county health dept.					

How can we set up sanitary handwashing facilities and guide children to wash their hands before eating and after going to the toilet?	We are doing this	Have done this	Will do this later	Can not do this	Need help with this
1. Help children to understand the importance of washing hands.					
2. Guide children to decide what equipment is necessary where running water is not available.					
3. Work out plan with children, parents, or school board to secure equipment.					
4. Guide children to set up a plan of when and how they will wash hands (group or individual)					
5. Dry hands in air or by stove in winter time.					
6. Get material for making liquid soap.					
How can we guide children to take an active part in keeping the school building clean, safe, and attractive?					
1. Work out plans to get weeds cut and grounds clean.					
2. Provide place on grounds for waste paper and trash.					
3. Set up plan to keep toilets clean through appointing pupil committees.					
4. Have windows washed at least once a month.					
5. Windows opened at top and bottom for best ventilation.					
6. Light tan translucent shades at windows adjusted to meet needs of children.					
7. Seats arranged for best light and working conditions.					
8. Set up plan of Good House Keeping.					
What can teachers do to help the Public Health Nurse to discover physical defects in children, to get these defects corrected and prevent developments of others?					
1. Observe children for symptoms of vision defects and help nurse with vision testing.					
2. Observe children with behavior of hearing defects and report to public nurse.					
3. Visit homes of children with health defects and help parents understand why these defects should be corrected.					
4. Teach pupils why physical defects should be corrected.					

Need help with this

How can we work with County Health Department in prevention of disease?	We are doing this	Have done this	Will do this later	Can not do this	Need help with this
1. Typhoid a. Screen school house					
b. Immunization					
2. Smallpox a. Vaccination					
3. Diphtheria a. Immunization					
4. Malaria a. Report breeding places of mosquitos.					

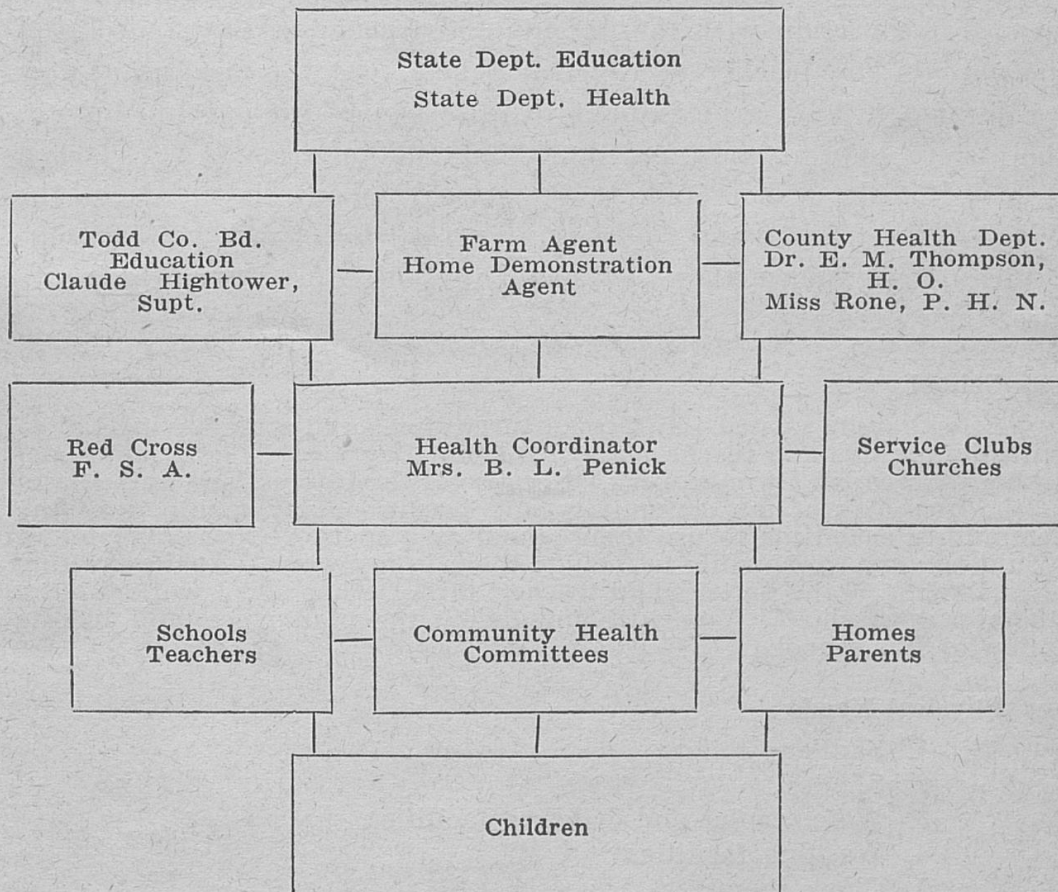
D. Todd County Health Program—1944-1945

By Mrs. B. L. Penick, County Coordinator

Major Objectives

1. Attractive, clean school buildings
2. Clean, safe, attractive school grounds
3. Pure water and sanitary drinking facilities
4. Personal hygiene
5. Promotion of nutrition education
6. Physical fitness through organized play, games and safety rules
7. The prevention, discovery and correction of physical defects
8. Prevention and control of communicable diseases

Organizations and Relationships



The above organizations are interested in promoting higher health standards for the children of our Todd County. These organizations through the coordinator have approved the following plan of action. The eight major objectives listed above should be stressed in **every school**. Such a plan requires active support of all groups represented. Let us all work together to better the health conditions in our county.

E. Knox County Health Education Report for November, 1944

Chester A. Hammons, Coordinator

Due to the presidential election I did not make any visits to the school on Monday, Tuesday, or Wednesday as most of the members of the communities were at the county seats and I would not have had any favorable response if I had called a meeting in any of the communities. The schools in the county were also closed on Tuesday.

On Thursday, November 9 I met with the parents and teacher at Park Hill School to discuss and suggest to them ways in which to use the \$48 they had made on a recent pie supper. We decided to paint the interior of the building and use the rest of the money for playground equipment. The Knox County Board of Education has agreed to furnish a pump for the school.

On November 10, Mrs. Gertrude Decker and I had an appointment to meet again with the parents and teacher at Lay School and the parents and teacher at Ketchen School. At the meeting at Lay we decided to hold a pie supper to raise money for our lunchroom; that is, to buy utensils and work out the program. At Ketchen School I made a short talk to the parents about the needs of the school. The teacher and the parents agreed to let me know at some future date as to whether they could present a program in order to meet their needs.

Lay School

After having visited Lay School three times and after having talked with the parents and teacher, I decided that Lay would be an additional school with which I would work. Because of the interest and enthusiasm of the members of the community and because many members of the community asked me to use their school as a sponsored school, I felt it would be very worthwhile to include them in my work. At the meeting of November 10 the parents and teacher, Mrs. Decker and I worked out a plan for the school. You will find below the plan we would like to follow at this school.

Physical Needs

1. Sanitary toilets
2. Shades
3. Water cooler and drinking facilities
4. Washing facilities
5. Cloak rooms
6. Walls and ceilings to be painted
7. Wastebaskets
8. Better seats
9. Floors to be oiled.
10. New blackboards
11. Thermometer
12. Playground to be cleaned off

Recreational Facilities

1. Basketball and goals
2. Volley ball and nets
3. Swings and slides
4. Softball and bats
5. Table tennis
6. See-saws
7. Other inside games

General Needs

1. First Aid to be taught in school
2. First aid kit
3. Hot and cold lunch program
4. General health and nutrition program to be taught in each class

General Plan

We plan to have the school sponsor a pie supper to meet these needs. They gave a program and raised \$108. This fund will be used to meet both the physical and recreational needs. A pie supper is to be given in a few days and the money taken in on project will be used to further the lunchroom program. It is impossible to install electricity at this school now.

Through the Red Cross we will secure an instructor to teach First Aid. This school being so far from the county seat it is very hard to get an instructor to go to the school but we hope to obtain one soon. We plan to buy a first aid kit.

The teachers are to keep a close check on any pupil they suspect of having a physical defect. We plan to have the County Health doctor give them an examination.

All the money raised by different projects will be spent on the needs listed and the Knox County School Board of Education is going to aid the schools all it can.

This seems to be a very wide awake community with which to work. I am hoping to go very far in this community.

SPECIAL PROJECTS

A. Breathitt County

Mrs. Robert Van Horne, Coordinator; Mrs. Marie R. Turner
Superintendent; Mrs. Arch Smith, County School Nurse.

A special nutrition project is in progress at the Caney Consolidated School (French Holbrook, principal; Mrs. May Turner, head of nutrition experiment.) The school is a large brick building, with an enrollment of 250 pupils; it is 20 miles up the road toward Hazard. Tall rugged mountains frown down on the valley, which is not quite light till late in the morning when the sun peering over the lofty rim drives the lazy purple mist away. The school is the focal point of the romantic mountain community. In this building the children are preparing themselves for strenuous lives of peace and usefulness, to the delight of their fine-spirited parents. Here the bodies of the handsome children are being made strong for years of happy service.

A hot lunch program has been installed. It appears that the work of the school is centered around the idea of nutrition. Twenty-three undernourished children have been selected for the purpose of testing the ability of correct foods—and plenty of them—to build these bodies to normal weight and vigor. Toward the middle of the morning, whole-grain cereal or cocoa or milk (and always cod liver oil) is served; at noon a well-balanced grade A lunch is offered; in the afternoon citrus fruit juice and maybe milk or cocoa given. The children of the special group were examined and weighed at the beginning of the project. Each is carefully checked at the end of each month.

The results have been both gratifying and amazing. Gains have been from two to eleven pounds—one boy having actually gained eleven pounds in one month. The teachers report that these pupils are doing better work in school and they are, in general, happier children. Mrs. May Turner believes in bountiful servings, and beams with delight as she checks the gains of the pupils; she is like a mother to them. The project will continue through the school year.

B. Knox County

The Baileys School (Two teachers—Mrs. Sally Jarvis and Mrs. Jack Bright).

This school, an old brick building consisting of two rooms, is in excellent condition. It is used as a model school for the teachers of the county. The teachers are intelligent, energetic and intensely interested in their work. The visitor upon entering either room concludes after a cursory glance that the work this year is planned around a central idea and ideal of health. The experiment is to determine the effect upon the physical and mental which teaching and practice of desirable health proposals will have upon both the pupils and the community. Health is taught and practiced in everything, with nutrition the principal theme and the lunchroom the place of practice (this room is apart from the school building). The children line up for their cod liver oil, then sit and wait for their savory, well-balanced, delectable plates to be served. Each day a certain number of pupils is assigned to lunchroom duty. (The practice is very helpful).

One is struck by the originality of the room decorations. Posters (made by the pupils) bearing such queries as "Do you wash? Do you brush your teeth? Do you brush your hair? Do you clean your nails? Do you shine your shoes?" are quite in evidence. In one corner of each room is a small dresser made by the pupils and draped with attractive cloth. On it are comb, brush, manicure set, etc. At the side hangs a symbolic tooth brush. Over it pends a mirror. Each room has a pet rabbit, which is perfectly free to come and go; the children love these pets dearly. During the month of November, the Baileys School served 1249 individual lunches, of which 817 were free. The price per plate is ten cents. This is one of the healthiest and happiest schools which the writer has been privileged to visit—and the example is influencing all the schools of the county. Certainly the homes are feeling the salutary effect also.

The Kay Jay School

Here again limitation of space will not permit elaboration of the plans projecting at this nice N.Y.A.-built compressed cinder structure of eight rooms in the heart of Knox County's mining district. Suffice it to say that a health project centered around the installation of electricity is here beginning: electricity to provide indoor water, to provide heat for cooking, lighting for the rooms, moving pictures for instruction, and various other things. We anticipate novel achievements at Kay Jay.

C. Adair County

Breeding High School

This school is in the rural district of the county. It is a wooden structure of four large rooms (in good condition). The high school has been abolished and the secondary pupils sent to Columbia, the county seat. It is now an elementary school with two teachers (Mrs. Annie Sharp and Miss Kizzy Hurt), and an enrollment of 62. A large double-room (formerly used as an auditorium) and a small room (formerly used as a kitchen) are not in use. A project is under way to utilize these rooms as a community center. Electricity will be installed and a local committee on recreation appointed. If the plans work out, many community projects will be undertaken there. Community programs will be held certain evenings, in which various subjects will be discussed—such as recreation, nutrition, agriculture, canning, cooking, home furnishing, communicable diseases, immunization, sanitation. In addition, community women will meet afternoons socially and to do war work, etc. Moreover, community fun nights will be designated, in which children and adults will participate. It is believed that the example set by the Breeding School will influence other rural communities.

SUPERVISORY CIRCULARS AND LETTERS FROM STATE DIRECTOR

Kentucky is a large state and the State Director cannot visit county Health Education projects as often as is sometimes desirable. Then, too, some office work must be done. Personalized and circular letters must be resorted to in order to answer common problems and to clear up individual misunderstanding. To give the reader some idea of what must be dealt with by letters and circulars this section includes some of the correspondence the State Director has dispatched to county coordinators. In some instance complete letters are included, while in others only excerpts are given.

A. On Making Reports

October 24, 1944

This letter refers to the first formal reports of the county coordinators to the Director of Health Education, which incidentally should be submitted within the next few days.

It will be helpful, I think, to follow a unified form in making these reports. These suggestions, therefore, are made:

1. The personnel of your county committee should be listed. If each school selected for intensive work has its local committee, personnel of some should be listed.)

2. The names of the schools selected for intensive experimental work in health education.
3. Names of the teachers, grades or subjects, and number of pupils.
4. Enclose a map of the county with the locations of the schools checked.
5. List the findings as revealed in the preliminary survey of each school (community also, if surveyed) under such basic headings as physical equipment, nutrition, instruction, recreation, personal health, etc.
6. The objectives determined upon for each school should be listed under the broad or basic headings to which they belong. This will probably make for clarity, as well as conciseness.
7. Home nursing classes being organized should be explained somewhat in detail.
8. Special health and First Aid classes being organized should be explained somewhat in detail also.
9. If special projects—such as experimental work in nutrition, clinics, recreation, community service—are being organized, I hope that you will explain them also somewhat at length.
10. Special individual cases handled by you, such as taking a child to a doctor for corrective treatment, should be reported.
11. Names of organizations helping should be listed, and the nature of the work being done explained.
12. Make clear how you intend to improve the teaching of health education in the schools selected.
13. Copies of your journal are not required with this report. Be sure, however, to keep up the journal at least upon a weekly basis.

These miscellaneous items: the reports should be typed (double-spaced). Do not attempt too many things; however, attempt to get real results from a few, without straining the point. Remember that our work is to help individuals to better health and to lay a foundation in health education which ultimately will be beneficial in the future to the people of entire communities and to set a precedent in the value of health education which will grow as the years pass. This letter does not apply to those who have sent in their reports previously.

Having visited most of the ten counties, I am highly pleased with the work which you have done already. It is certain that you have an enthusiasm and determination to achieve which will go far in making the program felt in your county, and there are many evidences that leading citizens and prominent organizations in all of the counties welcome initiation of the health education work. Be sure to call upon me at any time for help.

B. Introducing Community Health Service Projects

November 9, 1944

Enclosed herewith is material which may be helpful to you in both reporting and working.

"Mimeographed copies of several reports could have been sent, because some are particularly interesting, but shortage of paper and stenographic help make such inadvisable.

Unfortunately one or two have not as yet sent complete reports based upon my letter of October 24. These reports, which should be as complete and orderly as possible, should be sent as quickly as possible. These (the objectives) and the final reports (the achievements) are very important.

It is quite desirable that you plan, as far as possible, Health Education classes—one, two or three classes depending upon the number of

available secondary schools—for high schools in your county for the next semester. Please consult **Community Health Service Project** and do not hesitate to plan personal, home, school and community surveys, basing all upon the problem method.

As soon as I get some respite from the road, I shall write each personally at length. I have enjoyed greatly my visits with each; shall remain longer next time.

C. More About Community Health Service Projects

November 9, 1944

Mr. Chester A. Hammons
County Coordinator of Health Education
Barbourville, Kentucky

Dear Chester:

Your report and log of activities in Knox County were received several days ago. These are so interesting, well arranged and excellent in subject matter that I am assuming the liberty of sending mimeographed copies to all of the County Coordinators, as I believe the form helpful as a sort of pattern. It should be pointed out, however, that some of the other reports are quite meritorious.

One thing is more or less lacking in all the reports, namely Health Education classes in the high schools. These are highly desirable. I hope that next semester at least one of these classes will be conducted in Knox County High School with a teacher director, together with doctor and nurse collaboration. Prior to the beginning of next semester, I hope to supply guidance materials for you, so that planning the course or courses in advance will be possible. Meanwhile, please refer to the **Community Health Service Project**, compiled by the State Department of Education in Michigan. We must do a "bank-up job" in the high school field.

If you can follow through, or achieve the objectives outlined in the program for the elementary schools and "come through" in the high school, then I believe the service will be quite a success in old Knox.

D. On Several Topics

December 6, 1944

This letter is written for the purpose of calling to your attention several items which will be of interest to you.

Doubtless you have been eager to know when the \$500, which each of the ten counties is expected to receive, will be paid by the State Department. My information is that a part—probably \$250—will be sent to the counties on or about January 1, 1945. The balance, I am advised will be paid at the end of the school year—probably the end of the county's school year. Concerning payment of this money, I should like to state that no county will receive a check until necessary work (up to the date of the payment) has been performed to the satisfaction of the State Superintendent of Public Instruction. This means that the work must have been satisfactorily organized in a satisfactory number of schools; that the reports indicating outline of work, names of the schools organized and copies of the journal or log required of the county coordinators submitted. The reports are very essential.

It is highly desirable that health education or home nursing classes be established in as many of the high schools as possible. These classes should be in the process of being organized now, in order that the work may go forward smoothly at the beginning of the next semester. High school teachers, or at least some persons with the qualifications of suc-

cessful high school teachers, should act as instructors of these classes. Nurses and doctors, as well as the personnel of other allied agencies, should be called in for help in organizing and carrying through this work. These classes should be offered as separate courses, putting in the same number of hours as required in a science class, and continuing through the entire semester. It should be clearly understood that this work is not the same as that offered by the Red Cross; nor is it the same as the home nursing work which is offered in connection with the Home Economics classes.

Relative to credit I have not been officially advised; however, a decision in regard to this matter will be reached by officials of the State Department of Education within the next few days. This information will be forwarded to you as soon as possible. My impression is that health education and home nursing classes, conducted under the direction given, will carry the same amount of credit as those of a science class, conducted the same number of weeks. Relative to credit in separate classes in First Aid and nutrition, I am not prepared at present to give a definite answer as to what credit may be offered. This question will be answered within the next few days. In organizing the high school classes in health and home nursing, I should like to request that the work be made as practical as possible, that the materials be organized according to the problem method to suit the needs of the community. The book compiled by Michigan's Department of Education, **Community Health Service Project, Suggested Outline**, may be used for guidance purposes in getting organized; however, a slavish following of this material is not wise, though the work is undoubtedly excellent. Topics of units which may be used in organizing the classes are here suggested: (1) local, state and federal health resources, (2) personal health, (3) family health, (4) community health, (5) nutrition, (6) recreation, (7) marriage, (8) child care, (9) First Aid, (10) hospital practice. Perhaps it is not advisable to undertake more than six units.

At present, I am visiting the counties as rapidly as possible for the purpose of helping in the organization of these high school courses. I desire very much to meet with the county coordinators, superintendents, nurses, teachers, doctors, and other interested persons to help in organizing the courses in this work for the next semester. If some feel that I should visit your county immediately, I hope you will transmit this advice as quickly as possible.

It is quite desirable that the county coordinators send the names of the schools in which Health Education classes have been organized, the teachers, helping nurses, and doctors, names of the hospitals (if such are available), names of classes, possible number of pupils, and outlines of the work to be followed. Please do not delay sending this complete information longer than is necessary.

E. On Health Education Classes

December 12, 1944

This letter is written for the purpose of giving information relative to classes and credits in high school health education classes.

One class only will be offered by the high schools in health education. This class will be designated as a Community Health Education Service course. The subjects of home nursing, nutrition, First Aid, recreation, etc., will be studied as a part of the one course and will not by themselves as separate courses carry high school credit. It is well to forget all the other designations and use only the one name, Community Health Education Service. The course specified should be conducted by a qualified high school teacher. This does not mean that the nurse, the doctor and other persons directly interested cannot have a prominent part in the instruction of the class.

Credit to the amount of one-half unit for the semester's work may be allowed. It should be pointed out, of course, that the work required

must be done satisfactorily. If a school using the double-period system desires to offer the course, I am advised that a full credit may be given for the semester's work. This, of course, is upon the assumption that the required amount of work be done.

The State Department of Education fully expects each of the ten counties to organize at least one class in Community Health Education Service. In fact, we hope that more than one will be established in each of the ten counties.

Materials for guidance purposes are being worked out for the use of teachers and pupils in these courses as rapidly as possible. Within the next ten days, I believe that we will be able to forward an outline to be followed by teachers in the preliminary organization of their material. It is hoped that by the time for the beginning of the actual teaching of the courses, a syllabus for distribution to the teachers conducting the courses will have been worked out.

Expressing the hope that each county coordinator will consider the organization of at least one such class mentioned as a **sine qua non** of health education, I am, with best personal good wishes,

Cordially yours,

HAMBLETON TAPP

COMMUNITY HEALTH EDUCATION CLASSES FOR HIGH SCHOOLS

The syllabus for high school teachers of Community Health Education in Kentucky is compiled not to be used as a textbook but as a guide, or a source for suggestions. It is the hope of the director of Health Education and of those associated with him in the State Departments of Education and of Health that each teacher will select the materials most applicable to local needs, plan the course and add new materials from the wealth of local experiences. Each teacher will be able as the work progresses to contribute to the building of a curriculum in health education for Kentucky.

The teacher may deem the study of certain units as obligatory, in view of local, state and national conditions, partly developed as a result of the War. Certainly Home Nursing may be considered as one of these. The shortage of doctors and nurses has caused an acute emergency. It is highly desirable not only that more girls be trained quickly to meet national war needs but that more persons be given a fundamental knowledge of nursing to be able to meet emergencies in the home and the local community. It is conceivable that units on sanitation, communicable diseases and nutrition will be musts in high school health education classes in many of the communities of Kentucky.

It should be borne in mind that the areas or units of study have been selected to suit the needs of Kentucky—this with little consideration of what has been done in other states. The committee recog-

nizes, however, that a vast amount of fine material has been compiled in many states — material which has exerted a stimulative and ameliorative influence upon the work here.

The general objectives of the course are conceived as these: to cause the individual, the school and the community to be conscious of the importance of health knowledge and of the desirability of practicing it, individually and as a community; to cause the people of the locale to realize that health is both an individual and a community matter—that the chain is no stronger than its weakest link; to cause the pupils to realize that the school is vitally concerned with the health of the community and can do much by example to instill in the community an appreciation for the best health practices; to cause to be developed certain minimum skills in community health practice on the part of high school students; to cause the people of the locale to realize that only by coordination of all groups working for civic betterment will the community raise itself to those standards of health which will make for community strength, efficiency, prosperity and happiness.

The committee has selected the following guidance units:

- Resources—local, state, federal
- Recreation
- Nutrition
- Hygiene
- Sanitation
- Home Nursing

Resources

A. Local

1. Health department
2. Tubercular clinics
3. Dental clinics
4. American Red Cross
5. Immunization clinics
6. Children's clinics
7. Babies' clinics
8. Pre-natal clinics
9. Mental Hygiene clinics
10. Welfare agency
11. Frontier Nursing Service
12. Clubs—Kiwanis, Rotary, Women's, P.T.A., and others
13. Save the Child Federation
14. Physicians, dentists, nurses, sanitarians, dieticians helping teachers, county agricultural agent, county judge, superintendent, etc.
15. Community Chest, Ministerial Associations, Unions, lodges, etc.
16. Juvenile court
17. County Fiscal Court

B. State—Public and Private

1. Department of Public Health
2. Department of Public Instruction
3. Department of Welfare
4. University of Kentucky
5. Teachers colleges
6. University of Louisville
7. Nursing Association
8. Department of Agriculture
9. Medical Association
10. Dental Association
11. Kosair Crippled Children's Hospital (Masonic)
12. Denominational Welfare Organizations

C. National

1. Federal

- a. Department of Agriculture
 - (1) Bureau of Human Nutrition and Home Economics
 - (2) Bureau of Dairy Industry
 - (3) War Food Administration
- b. Department of Commerce
(U. S. Bureau of the Census)
- c. Department of Labor
(Children's Bureau and Women's Bureau)
- d. Federal Security Agency
 - (1) Office of Education
 - (2) U. S. Public Health Service
 - (a) Bureau of State Service
 - (b) Bureau of Medical Services
 - (c) Bureau of Scientific Research
 - (d) Division of Sanitary Engineering
 - (e) Division of Dentistry
 - (f) Division of Mental Hygiene
 - (g) Division of Venereal Diseases
 - (h) Division of Tuberculosis
 - (i) National Institute of Health
 - (j) Division of Sanitary Reports and Statistics

2. Private

a. Professional

- (1) American Medical Association
- (2) American Dental Association
- (3) American Public Health Association
- (4) American Nursing Association
- (5) National Education Association
- (6) American Dietetic Association

b. Volunteer

- (1) National Tuberculosis Associations
- (2) Save a Child Federation
- (3) American Red Cross
- (4) American Society for Control of Cancer
- (5) National Association for Prevention of Blindness
- (6) National Committee for Mental Hygiene
- (7) The National Health Council

c. Private

- (1) National Dairy Council (Publications)
- (2) American Meat Institute (Publications)
- (3) Life Insurance companies (reports)

D. Utilizing these Agencies

Recreation

- A. Purposes and values to
 - 1. individual
 - 2. school
 - 3. community
- B. Surveying and evaluating the local facilities and estimating the needs
- C. Evaluating types of recreation
- D. School
 - 1. types
 - a. conditioning exercises
 - (1) individual (calisthenics)
 - (2) combative
 - (3) posturing
 - (4) skill games (outdoor)
 - (5) skill games (indoor)
 - (6) non-skill games (outdoor)
 - 2. rhythm
 - a. group singing
 - (1) songs
(See *Twice 55 Plus Community Songs*, *The Home and Community Song Book*, *The New American Song Book*, *The Golden Book of Songs*, etc.)
 - b. motion songs
 - c. rounds
- E. Home
 - 1. places
 - 2. things
(See E. O. Harbin, *The Fun Encyclopedia*, (New York: Abingdon-Cokesbury Press, 1940), pp. 15-46.)
- F. Community
 - 1. The community house
 - a. planning
 - b. utility
 - c. value
 - 2. Parties or entertainments
 - a. leader's duties
 - b. suggested activities
 - (1) games (singing)
 - (2) games (running)
 - (3) dancing
 - (4) refreshments
 - (5) playing and singing

NOTE: Many folk games, songs and dances to suit the needs of a rural community may be used by the leader. It is important that all participate, old and young, and that all have fun.

See *Handbook for Recreation Leaders*, by Ella Gardner (Children's Bureau, United State Department of Labor, Washington, D. C.)

See also *Health Yearbook* (1944), by Oliver E. Byrd (Stanford University Press, Stanford, California).

See also *Skill Drills and Other Physical Activities*, by George W. Ayars, (Department of Public Instruction, Wilmington, Delaware, 1944).

Nutrition

A. Introduction

1. Meaning of nutrition
2. Effect of the soil upon the food
3. Sectional influences
4. Local influences and practices
5. Scientific nutrition

B. As Concerns Individual Health

The six food essentials

2. The matter of weight
3. Effect upon the teeth and bones
4. Effect upon the blood
5. In maintaining vigor and throwing off disease germs
6. Proper eating habits

C. As Concerns the Family

1. Buying foods
2. Preserving foods
3. Cooking
4. Handling foods
5. Utensils and dishes

D. As Concerns the School

1. Effect upon physical and mental activity
2. The lunchroom or cafeteria
3. Finding and caring for undernourished children
4. Teaching nutrition

E. As Concerns the Community

1. Desirable standards for markets, groceries, meat markets, etc.
2. Value of inspection
3. Desirable standards of food handling—selection, preparing and serving
4. Restaurant, hotel and cafeteria equipment
5. Desirable foods for the community
6. Nutrition classes
7. Community cannery
8. Community refrigeration

Hygiene

A. Analysis of Individual Health Status

1. Suggested form for individual health appraisal
2. Work of the doctor, nurse and teacher
3. The health chart
4. The individual's responsibility

B. Correction of Physical Defects

1. Vision
2. Hearing
3. Dental care
4. Nasal cavity
5. Skin
6. Mouth and teeth
7. Hernia
8. Carriage

C. Prevention and Control of Disease

1. Some common communicable diseases
2. Common non-communicable diseases
3. Immunization
4. Isolation and quarantine
5. Community cooperation

D. Mental Health

1. Desirable factors
 - a. physical fitness
 - b. facing troubles; avoiding worries, fears, etc.
 - c. good hobbies, interests, social games, etc.
 - d. controlled impulses, emotions, avoidance of repressions
 - e. balanced personality
 - f. sense of humor
 - g. major goals
 - h. real friends
 - i. relaxation
 - j. appreciation of the world and life roundabout
 - k. courage
 - l. creative activity
 - m. freedom from self-consciousness
 - n. good philosophy
 - o. tendency to seek good things
2. Influences of heredity
3. Influences of family
4. Influences of community

E. Family Health

1. The family health appraisal
2. Developing good home attitudes
3. Developing of good health practices in the home
4. Useful family health knowledge
5. Family planning
6. Care of children

Sanitation

A. Meaning of

1. Desirable practices
2. Harmful elements such as rodents, flies, mosquitoes, etc.
3. Effects of lack of sanitation upon health
4. Surveying the home, the school, the community

B. In the School

1. Importance of location
2. Teaching of sanitation
3. The building
4. Grounds
5. Water supply
6. Toilets
7. Washing

C. In the Family

1. The house
2. The grounds
3. Water supply
4. Toilets
5. Proper practices

D. In the Community

1. Developing a cooperative attitude
2. Building a sanitary community
3. Important elements and utilities
 - a. streets, sewage syetem, garbage disposal, water works, electrical supply, dairies, hospitals, public buildings, food and clothing handling places, etc.
4. The ability of local, state and national organizations to help.

Home Nursing and First Aid

- A. Learning at the hospital, local health department and clinics
- B. Value of hospital visitation, practice and experience
- C. When sickness comes
- D. Simple knowledge of instruments, medicines and materials
- E. Undesirable practices
- F. The sick room
- G. Care of patient
- H. Diets for the sick
- I. Giving medicine
- J. Simple treatment
- K. Care of persons with communicable diseases
- L. Care of the convalescent and the aged
- M. The local and national need of nurses, technicians, dentists, doctors, dieticians, etc.
- N. Seriousness of the accident problem
- O. The meaning of First Aid
- P. Preventing accidents
- Q. Value of knowledge of physiology
- R. Dressing and bandaging
- S. Treating wounds
- T. Treating shocks, unconsciousness, etc.
- U. Artificial respiration
- V. Treating skeletal injuries
- W. Treatment of poisoning, exposure to extreme hot or cold, etc.
- X. Safe transportation