A CRITICAL ANALYSIS OF A METHOD FOR SELECTING COMMUNITY SCHOOL SITES FOR EXPERIMENTAL HEALTH PROGRAMS IN TEXAS

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SCHOOL SITES FOR EXPERIMENTAL HEALTH PROGRAMS IN TEXAS

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By

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CHAPTER I

INTRODUCTION

Since the beginning of time the growth and development of the nation have been somewhat sporadic and complex in nature. Man has remained almost entirely in a state of confusion or darkness because of many "part-truths". Man's method for the determination of truth has passed through several stages, which are, threefold. The first stage was that of authority. When any question arose as to the truth or falsity of any fact or principle, it was referred by consent or force to the oracle, chief, king, church, state, or other temporarily ascendant individual or group. The second period for the determination of truth, and one which is still quite evident throughout many sections of the nation, is the stage of speculation during which matters are discussed freely by all concerned with the problem at hand. The stage listed as the third method is that of hypothesis and experimentation.¹

While educational experimentation is being accepted more and more as a method of determining the truth, it has not yet achieved its worth. Such is evidenced by the continuous research being carried on by leading scientists,

¹William A. McCall, How to Experiment in Education, p. 1.
educationists, and politicians. However, "part-truths" are still in the majority because many have not yet equipped themselves to solve problems by scientific thinking.\textsuperscript{2} The day is coming, however, "when the test of truth will be verification and conformity to our experience rather than revelation and miraculous departure from our experience."\textsuperscript{3}

Statement of Problem

One example of an experimental study which has been planned to verify and conform to the most desirable outcomes of the experiences of previous studies is "The 1947 Texas Program for Improving Health Education". The experimental program or study is being planned, initiated and administered throughout the state during the coming three years through the joint efforts of the W. K. Kellogg Foundation, the Texas State Departments of Health and Education, North Texas State Teachers College, Prairie View University for Negroes, Stephen F. Austin State Teachers College, Texas State College For Women, and The University of Texas. The program is being founded upon development of such previous studies as the Southern Association Study, the "Eight-Year Study" of the Progressive Education Association and experimental studies stimulated by grants of the Alfred P. Sloan Foundation. In addition, there have been many previous

\textsuperscript{2}Wilford M. Aikin, author of \textit{The Story of the Eight-Year Study}, in discussing scientific thinking wrote: "It is really a process of problem solving requiring the use of creative insight, intellectual honesty, and sound judgment," p. 82.

\textsuperscript{3}McCall, op. cit., p. 3.
studies financed in part by the W.K. Kellogg Foundation, which has done much to stimulate better health practices in other states of the nation.

The general theme for the above studies seemed to have been to stimulate interest in the need for an immediate plan of action whereby individuals and groups would help themselves co-operatively to improve living conditions. Each study, in the initial stage, apparently assumed that every section of the nation could be improved. The improvement of health education in Texas was planned to come about through a co-operative community school enterprise planned by the people for whom it would serve. This philosophy and many alarming stories and statistics in recent newspapers, plus the problem of selecting experimental groups, stimulated the writer to make an analysis of a method used in actual selection of community school sites to co-operate in such a program. One newspaper story, which serves to indicate the need for immediate movements to improve health conditions throughout the nation, was carried by the Associated Press from Washington. It stated:

A congressional inquiry was set Saturday to determine why nearly 5,000,000 young men are mentally or physically unfit for military service. Chairman Claude Pepper of Florida said a Senate sub-committee on wartime health and education would call in top-ranking health, military and manpower officials for advice at hearings opening Monday.

..."It is a national tragedy that nearly five million of our young men are unfit for military
service at a time when the manpower needs of the nation are so critical," he declared. 4 The Research Council for Economic Security, in a recent survey of the health status of the nation, ranked Texas as "poor". 5 John F. Williams stated, "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". 6 Such alarming data and the statement by Williams are examples of facts which have come to the attention of the writer during the last few years.

Justification of Problem

That the healthful living program is a co-operative adventure to which everyone can contribute twenty-four hours each day for the proper growth and development of the individual has long been established as a fact. Thomas D. Wood stated:

Health Education is the sum of experiences which favorably influence habits, attitudes, and knowledge relating to individual, community, and racial health. 7

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7Thomas D. Wood, Fourth Yearbook of the Department of Superintendents, p. 228.
To this belief, added emphasis upon individual responsibility for healthful living throughout the twenty-four hour day is given by another authority in the field of health education. Of healthful living in "schools, homes and communities", Lamkin says:

There are opportunities throughout the twenty-four hours of the day to use your knowledge in finding the health problems in your schools, homes and communities, and to work out ways and means for their solution.

Health education is a continuing and well-balanced program which has for its goal the improvement of human living. It is an integral part of the school curriculum and of the day-by-day life in any community.9

Many agencies today are expending hundreds of thousands of dollars, and unlimited amount of time and energy, in an effort to improve each procedure being followed in educational experimentations. Hence, the need for an illustrative method showing the various steps undertaken in the actual selection of proper sites for such expenditures is evident. The expenditure of time, money, and effort is most important in any undertaking. However, the utmost desire in the minds of most educators, or others directing such a movement, is the "carry-over" value such a program will provide. With this thought in mind, David K. Brice stated, "We can not be too careful in the selection of our community schools because the chief objective is continuous improvement of conditions long after the three-year period has expired."9

8 Nina B. Lamkin, Health Education in Rural Schools and Communities, p. 3.

Limitations of the Study

The writer has been privileged to participate in the initial stages of the "Three-Year Plan" as an assistant to the Acting Coordinator of Health, J.C. Matthews, North Texas State Teachers College. Throughout the planning period, the two individuals mentioned above visited the communities which had requested consideration for selection in the program for improving health in Texas. While visitation was not the first step undertaken in the actual selection of the school and community sites, it was one important step which will receive due mention later in this study. For the sake of emphasis, it is repeated that this study is limited to an analysis of the method used in the selection of those community school sites in the North Texas State Teachers College area. Only passing mention will be made of the methods used in the other four areas of the state wide program. Because of the limited funds, staff, and time, the institutions directing the Texas program agreed that the number of participating sites, with which each was to work throughout the three years, would be limited to five. This study will discuss six sites, however, because North Texas State Teachers College is co-operating jointly with Texas State College for Women in one community and with the University of Texas in another community. As a result of this decision by the Acting Coordinator of Health, North Texas State Teachers College will participate full time with
four community schools and jointly with two sites. Thus, any analysis undertaken or evaluative remarks made herein will be limited to the community schools actually chosen for co-operation with North Texas State Teachers College.

Procedures Used in Solution of Problem

As a member of the planning staff, the writer was permitted to attend conferences of the State Steering Committee, conferences with lay and professional people in the applicant-communities, and numerous staff conferences during which various phases of the problem at hand were discussed. As a basis upon which to found a suggestive criteria, the writer has also made an extensive study of published material relating to previous studies of this nature and has questioned, extensively, many of the authorities participating in the Texas plan. Information compiled from both documentary and personal contact sources concerned with health education was also utilized in the study. The writer is presenting a step by step report of the actual procedures followed in the selection of the six community school sites from the original applications numbering well over one hundred. The documentary evidence used as a basis for an analysis of the procedures followed is from such studies as the "Eight-Year Study", "The Southern Study", and several studies stimulated by the Sloan Foundation and the W.K. Kellogg Foundation.

Definition of Terms

The reader will note many references throughout this
study to "community school". The idea in using "community" and "school" together is to emphasize an educational agency "of the people, by the people and for the people". H.A.

Tape stated:

"The community school suggests that type of organization which is built upon co-operative efforts according to the needs of the greatest possible number of individuals. Such a school should serve as a center for educational and recreational activities for all groups—pre-school, elementary, secondary, out-of-school youths and adults."

"A Critical Analysis", as inferred in the title of this problem, means a positive and negative discussion of the steps actually employed in the selection of six sites for improving health in the North Texas area. Utilizing many other reports concerning experimental studies previously undertaken, the writer, in breaking up the method into its component parts, attempts to discuss weaknesses as well as strong points employed by the Acting Coordinator of Health, J.C. Matthews.

"A Method" for selecting the co-operating community school refers to the steps or procedures employed in the selection of certain sites to participate in an experimental program. While other methods have been employed in previous studies, the writer's analysis is concerned only with the method used by J.C. Matthews.

The term "experimental" will also be used frequently in

10 Samuel Everett and others, The Community School, p. 342.
this study. Such a word is used to imply a program which is purely exploratory in nature.

The study being reported grew out of a joint desire of the Texas State Department of Education, the W.K. Kellogg Foundation, many leading educators of Texas, and the State Department of Health to develop a functional program for improving health in Texas. While the program has funds to operate over a three-year period only, one objective is to provide workable techniques which will become contagious and extend into all communities of the state.

Development of Problem

In the first chapter, the reader will find an introduction to and a statement of the problem, the source of the problem, the justification of such a study and definition of terms. In addition, the limitations and organization of the study is given.

The second chapter depicts the step-by-step experiences of the writer and his personal contacts with local coordinators and other leading authorities participating in the state-wide program. A relationship of certain documentary evidence to the procedures followed adds completeness to the step-by-step report. Also, the chapter presents suggestive criteria formulated for use in the selection of community school sites for experimental health programs in each section of the state.

The third chapter presents a brief description of each
of the community school sites as each actually adhered to the criteria suggested by the State Steering Committee.

The fourth chapter includes a summary of the writer's experiences and findings. The conclusions and recommendations noted in this chapter are made to assist individuals anticipating a similar undertaking in the future.
CHAPTER II

BACKGROUND OF THE TEXAS PLAN FOR IMPROVING HEALTH EDUCATION

During the first month of 1947, a group of Texas' leading educators met in Austin, Texas, for an annual assembly of Public School Administrators. At this time, "The 1947 Texas Program for Improving Health Education" was presented by a representative group from a committee of twenty outstanding authorities. Among this group were J.C. Matthews, W.R. Bodine, and Lewis Spears. Each of these individuals had participated in previous "stimulation" and planning meetings with representatives of the W.K. Kellogg Foundation and the Texas State Departments of Health and Education. It was made known during the January meeting that Texas was entering upon a three-year plan for better health through improved school and community health education and preservice training of teachers. A grant from the Kellogg Foundation, to be matched by the participating universities and colleges, had made possible intensive co-operative health projects in certain school systems and teacher training institutions.¹

While Texas was not the first to receive a grant of money and consultant service from the Kellogg Foundation for improving state-wide living conditions, it is among the first six states to be granted aid for such a purpose. The Kellogg Foundation, during the years of 1930 to 1940, inclusive, expended over eight million dollars in grants toward state, national, and international programs for the promotion of healthful living. Such grants included both monetary aid and personnel assistance to school districts, cities, colleges, counties, states, and community service agencies in and around the state of Michigan. The Foundation's international service extended into Canada and Roumania. Also, some seventeen thousands of dollars were provided over a four-year period, "for a secretariat to facilitate international exchange of health education materials".2 This service to the World Federation of Education Associations is part of a philanthropic plan of "ministration on the co-operative problem-solving basis" which can be attributed to the Foundation's President and General Director, the late Stuart Fritchard. Of this philanthropist was said:

He inspires and directs organized efforts to heal the hurts of mankind and to create a better environment for the growth of a wiser, healthier democracy. Under his guidance, dream and vision become effective reality.3


3Ibid., p. ix.
In the field of education there are a few progressive Texans who constantly seek improvement in living conditions of the nation as well as Texas. These individuals were instrumental in interesting the W.K. Kellogg Foundation in providing assistance for an experimental health program in Texas. Years ago a purposeful service was provided for in the Foundation's "Articles of Association", which are, in part:

**ARTICLE III**

The purposes for which this corporation is formed are and forever shall be "benevolent" and "social", within the meaning of those terms.... and shall consist of receiving and administering funds for educational or charitable purposes. The purposes of this corporation shall be confined, however, to receiving and administering funds for the promotion of the health, education, and welfare of mankind, but principally of children and youth, directly or indirectly, without regard to sex, creed, or nationality, in whatever manner the Board of Trustees may decide.4

Through the joint understanding of the Kellogg Foundation and the leading educators of Texas of the need in this state for a self-betterment program, the Texas plan for improving health was conceived and developed.

With these points in mind, the leading administrators of the public schools of Texas were briefly orientated with the details of the plan to commence during 1947. The details of "The 1947 Texas Program for Improving Health Education" are as follows:

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A. Goals.

1. To improve in-service training for all school personnel in health education in order that they may contribute to better school health programs.
2. To co-ordinate efforts for more adequate school and community health services.
3. To improve pre-service preparation of all prospective teachers for contributing to better school and community health.

B. Plans for Community Aspects of the Program.

Each community will develop a co-operative plan for making the program operate efficiently in school, home, and community; steps in this procedure will involve:

1. Use of consultant services from co-operating colleges and universities and state agencies to develop beginnings.
2. Organize a temporary community health council.
3. Conduct a survey to determine health needs (including public schools).
4. Establish permanent health council. (School system health co-ordinator should be a member).
5. Develop series of health projects.
6. Provide co-ordination with state programs.
7. Provide a co-ordinated plan for educating the community in efficient utilization of health services available.

C. Plans for School Health Programs.

1. Appoint a co-ordinator of the health program in each school system. This person may serve full or part time, but should be given sufficient time to devote to the school and community health program.
2. Establish a school health council for school systems to work in co-ordination with the community health council.
3. Appoint someone to serve as chairman of a school health council.
4. Select, with help of the co-ordinator, a school health council, including such people as the principal, representative of the local P.T.A., custodian, students, school lunch room manager, and one or two teachers. (Appoint one member to serve as chairman of each building).
5. Conduct continuing survey of health condition of school children and development of plans for meeting needs revealed by the survey.
6. Plan and organize for in-service training of all school personnel, including summer workshop participation.
8. Study existing conditions and plan for improvement (in local schools) of health service, healthful school living, and instruction in health and safety.

D. Policies.

In endorsing the proposed goals and plans for improving health education, each co-operating school system should agree to conform with the following policies which are considered as minimum requirements:

1. Each school system desiring to co-operate is asked to show its intent by supplying the Consultant in Health, State Department of Education, with written approval of its Board of Education.
2. Each individual school system is expected to develop its own program within limits of existing state regulations.
3. Each school system is expected to make use of consultant services.
4. Each co-operating school system is to evaluate its program and report results to Consultant...
5. Each school system desiring to participate in this program for improving health education should send all personnel who are working toward these goals to a summer workshop in one of our colleges or universities which is co-operating with the State Department of Education and following the state plan.

E. Evaluation.

Methods and procedures will be evolved on the basis of the characteristics of the local plan. When a procedure is planned, methods of evaluation should be a part of the plan.
The above program is submitted to the Administrators Con-
ference through contributions by outstanding authorities...5

With the presentation of a mimeographed copy of the
above program to each of the administrators and an open
discussion of the contents of the program, the second step
of the three-year plan was completed. As provided in the
program, the next step was to be undertaken by each school
superintendent. Those interested in the potentialities of
the plan were to present the proposal to their School Boards
and other leading citizens in the communities. Each board
desiring to co-operate in the three-year plan and abide by
the provisions listed in the above program was "asked to
show its intent by supplying...written" evidence to the
proper authority.6

During the next few weeks following the state meeting
of the administrators, the State Consultant in Health Edu-
cation received "hundreds of letters requesting consideration
for selection"7 and further information concerning the
planned program. The information received by the State Con-
sultant was forwarded to the respective universities and
colleges nearest the applicant-school.

With the receipt of over 100 requests for consideration
for selection as one of the six community school sites to
work with North Texas State Teachers College, the actual
problem, which is being analyzed, began. At the very

6J. C. Matthews and others, op. cit., p. 1.
7Statement by Lewis Spears, personal interview.
beginning, the minimum criteria uppermost in the minds of
the local staff members were:

1. Are the members of the School Board, the
administrative and teaching staffs, and other
leading professional and lay people willing to
co-operate in the program?
2. Is there evidence of community-wide action
in some previous cooperative enterprise?
3. Will the community school send key people
to attend the summer workshop?\(^8\)

While these criteria were not written and made known as such
to each applicant-school, neither were they the only stand-
ards used as "hip-pocket" guides in the actual selection of
the co-operating community school systems. Other criteria
will receive mention throughout the remaining pages of this
chapter.

Because of the nearness of time when the "workshop"\(^9\)
would actually begin, it was necessary to take immediate
steps to reduce the unusually large number of applicants.
Taking into consideration such factors as the number and
the geographic location of the school-systems applying,
the reduction was begun through a means of correspondence
by the local Acting Coordinator to each of the superin-
tendents concerned. Most of the letters sent to those
applicants located within a fifty-mile radius of Denton
were generally of the following text:

\(^8\)J.C. Matthews, Henry G. Shands, and Ahea H. Williams,
personal interview.

\(^9\)Paul B. Diederich and William Van Til, The Workshop,
list four essential Characteristics of Workshop\(^9\) as (1)
The activity of a Workshop is based upon the problems, needs
and interests of the participants; (2) Each participant is
expected to do something about his problem or his group
project; (3) A Workshop must exemplify the principles of
democracy; and, (4) In general, a Workshop does not eval-
uate its members. The members evaluate the Workshop. (4-10).
Dear Superintendent:

Some time ago you received a letter from Mr. Lewis Speers, Consultant . . . in which he explained the state health program, and to which you responded by indicating that you are interested in having your school selected as one of the cooperating schools. Since you are in the neighborhood of Denton, your name has been given to us, and we should like to know if you would be interested in having our college sponsor your undertaking and if some of us might come to visit your school in the very near future. You understand that the project will need to be approved by your staff and your school board, and it should be well understood and approved by the citizenry, because it is going to be the type of undertaking which will need the cooperation of all agencies and all personnel to make it a success.

If you are interested in having us come, we shall probably send you a questionnaire within the next few days which would help you familiarize yourself and others with the types of things which we will be interested in knowing before our final agreement is reached. It will not be possible to select more than five schools . . . Among other things, the school would need to agree to send a number of people to the workshop in order that the program could get under way at the earliest possible time in the best possible manner in the fall.

For your information I am sending you a copy of a letter which I think Mr. Speers sent you originally, and a copy of a letter which we sent to schools which are a greater distance from Denton than yours, because I think both of them would be of interest to you.

We should like to hear from you . . .

Sincerely

/s/ J. C. Matthews,
Acting Coordinator
Health Education

Encl.

In general, the content of the letter sent to outlying

applicant-schools was the same as above except for the following statements which the writer deems important from the standpoint of analyzing the method used in reducing the number of applicants. The joint letter from the Acting Coordinator of Health, North Texas State Teachers College and the Acting Coordinator of Health, Texas State College for Women, two institutions participating in a joint summer workshop, read, in part:

...Specifically, we want to know what your judgment is as to just how interested your staff and community is or would be in an undertaking of this kind. We believe that we should say to you very frankly that there is a lot of hard work ahead for us and for the schools that join us in this undertaking, but we feel that there is much value to be received from it. There will not be any assistance for the school other than the assistance which the members of our staff can render and the assistance which members of your staff would get from contacting the other schools that are doing similar studies, and the additional health service which would come to your school and community as a result of the study. In other words, the assistance would be in services rather than in money.

...since it is a long way from Denton to your school, and vice versa, it occurred to us that we should have more information before we thought of making a visit to your school.

...Will you think about this matter, discuss it with members of your staff and your school board and leaders in your community, and give us such information as would indicate to us reasons why we should make a special visit to your school and the types of things which we might do while on such a visit...

...You should know that some 109 schools were referred to us...and this communication is really to the point of determining how profitable a visit to your school would likely be in anticipating your selection as one of the cooperating schools.

Joint letter, J.C. Matthews and Mary Agnes Murphy, March 11, 1947.
In order that the reader may be informed of the first disillusionment noted by the writer in his study, it seems appropriate at this time to state the approximate number of responses to the above letters. In line with the high degree of interest shown during the administrators' conference in January, each college and university expected a larger percentage of responses to follow-up communications. However, less than twenty per cent of the schools written responded to the letters written during the month of March. Whether the cause can be attributed to such statements in the letters above as "the assistance would be in services rather than in money" or "the school would need to agree to send a number of people to the workshop" cannot be determined by the writer. It must be added, however, that the statements included in each letter were in line with the policies set forth in "The 1947 Texas Program for Improving Health Education". It is thought, however, that the small percentage of responses was due, for the most part, to the attitudes of some superintendents. These attitudes were implied by such statements as "If the program will help us get more money, we will participate" and "we don't have enough time now to do the things we're supposed to do". Attitudes of this nature were the cause of much concern throughout the initial phases of the program. Compare these with the more impressive statements indicative of the desirable attitudes such as that of the Assistant Superintendent of Schools of Sweetwater, C.W. Tarter. During the last weeks of a two-year period of in-service training of teachers, he said:
We are just beginning to meet the needs of our youth. You may be sure that the administrators, teachers, and school board and many leaders of this city will cooperate in every way possible to further the ideals of the program.  

The factor presented by such a small response did influence the final selection of the six sites, but this is not the first time such a problem has provided a limitation early in an undertaking of this nature. An account of "The Southern Study" listed one of two limitations in the following manner:

The Study was organized by the Commission on Curricular Problems and Research with the confident hope that there would be considerable interest in participating in the Study. This hope met with disillusionment. Although there were only thirty-three schools to be selected for the Study—three from each of the eleven states—only seventy-eight schools applied for consideration, and of the seventy-eight, some had to be prodded by the various State Committees of the Commission on Secondary Schools. When it is remembered that at the beginning of the Study there were 1,182 public and private secondary schools accredited by the Association, it is evident that the Study was begun with less than seven per cent of the secondary schools interested in it. Whether those planning the study could have aroused more interest or should have done so before beginning their work, would now be at best a question of "second guess". But the small number of schools sufficiently interested to apply for participation was an early limiting factor of the Study.  

The number of applicants now having been reduced to less than twenty, the visitations mentioned earlier in this study began. With the three minimum criteria well in mind,  

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11 Statement by C.W. Tarter, personal interview.  
the itinerary of the local staff included one or more visits to as many community schools as time would permit. The following suggestive criteria formulated by Committee One, State Steering Committee Work Conference were also used as "hip-pocket" guides when appropriate:

I. Assumptions made.

A. More schools will apply for opportunity to participate than will be possible to accept.

B. That it is now too late to distribute additional "build-up" materials for familiarizing schools and communities with the "Three-Year Plan".

II. General suggestions to be used as guides only.

A. The committee endorsed the policies as set forth and described as minimum requirements in "The 1947 Texas Program for Improving Health Education". The policies are as follows:

1. Each school system desiring to cooperate is asked to show its intent by...written approval of its Board of Education.
2. Each individual school system is expected to develop its own program... 
3. Each school system is expected to make use of consultant services, etc.
4. Each co-operating school system is to evaluate its program and report results to... 
5. Each school system desiring to participate in this program...should send all personnel who are working toward these goals to a summer workshop... 

B. Guides indicating co-operation as evidenced by the school, including administrator, teachers, students, board of education, and community agencies.

1. Superintendent answers questionnaire of consultant...stating that he is interested in the project.
2. Answers correspondence of college health coordinators...
3. Demonstrates ability to organize leadership among school personnel.
4. Arranges faculty meetings and conferences on school time for developing program.
5. Lightens teacher load to permit time for planning and developing health program.
6. Indicates attitude or open-mindedness toward change.

C. Information about teachers.
   1. Indication of desire to participate in program by accepting assignments and the ability to recognize health problems.
   2. Indication of willingness to participate in in-service training and summer workshops.
   3. Indication of job-stability of teachers, as well as other personnel.

D. School board.
   1. An expression of desire to co-operate with administrator by approving of faculty meetings and conferences scheduled as a part of the school day.
   2. Willing to lighten loads of teachers that have added responsibilities associated with planning projects.
   3. Shows desire to co-operate with community in co-ordinating efforts for more adequate school-community health program.
   4. Provides scholarships for teachers to attend summer workshops.
   5. Submits to the Consultant in Health Education...a written statement indicating the plan of co-operation.

E. Evidences of community interest in the program.

(Note: This might be expressed by the superintendent or school board members assuring co-operation in the community or demonstrated by co-operative efforts in community-wide projects in the past, such as:

1. Victory drives.
2. Clean-up campaigns.
3. Community support of clinics, etc.)

(Second note: Assurance of the co-operation of the community may be obtained through a meeting of the co-ordinator with community leaders and representatives of agencies, such as:}
1. County Medical Association.
2. County Health Unit.
3. Civic clubs, such as Rotary, Lions, and Kiwanis.
4. Parent-Teacher Association, as well as school board and administrators.
5. Other local organizations.
6. State organizations, such as Red Cross, Welfare Chapters, etc.)

III. Recommendations.

A. It is recommended that, in choosing schools, those chosen will vary in size and facilities, located in communities which differ in levels of socio-economic conditions and in races served.

B. It is further recommended that each co-ordinator should select a school located in a community in which state organizations are organized in varying degrees and at work with community support, and other schools without such organized services.

C. And that the several schools served by one co-ordinator should represent different primary health problems.13

The suggestive criteria listed above are more inclusive, subjectively speaking, than either those of "The Southern Study" or those of the "Eight-Year Study". To provide an immediate comparison for the reader, the following paraphrase of "The Southern Study" criteria includes appropriate references, enclosed in brackets, to the suggestive standards above:

1. Formal application by the school [This step was initiated during the school administrators' conference].

2. The school was required to have membership in the

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Southern Association [Not applicable for the "Three-Year Plan" in Texas].

3. Approval of formal application by the local Board of Education [Refer to II, A, 1, above].

4. The school must have approval of State Department of Education [Not applicable for the "Three-Year Plan" in Texas].

5. The school must propose a plan for improvement [Refer to II, A, 2, above].

6. The faculty must have participated in the proposal for improvement, have the desire to and be capable of carrying out proposed plan, and be reasonably assured of permanency in the school [Refer to II, C, above].

7. The principal must possess leadership qualities [Refer to II, B, above].

8. The school, at the time of selection, must be operated in an effective manner [Not considered, wholly, in the "Three-Year Plan" in Texas].

9. Each school must have reasonably adequate teaching aids [Not considered in the "Three-Year Plan" in Texas].

10. Graduates of the school must have shown reasonable success in institutions of higher learning [Not applicable in the Texas program].

11. The community must show willingness to cooperate in the undertaking [Refer to II, E, above].
12. The community and school must show evidence of interest in the proposed plan for improvement. \( \text{Refer to II, B, above} \).

13. The school must be representative of the schools within each respective region \( \text{Refer to III, A, above} \).14

It is quite evident that "The Southern Study" provided careful investigation in the selection of each participating school through the application of the criteria mentioned above. Concerning the "Eight-Year Study", Aikin stated:

No one was free to give the time necessary for careful investigation. . .
In making selection, the committee decided to include both private and public schools, large and small schools, and schools representing different sections of the United States. But the chief concern. . . was to choose competent schools which were dissatisfied with the work they were doing and eager to inaugurate exploratory studies and changes. . .15

The directing committee of the "Eight-Year Study" did, as Aikin stated, request "school and college officials in strategic positions in various parts of the country to recommend schools which would contribute to the improvement of secondary education"16 through a plan of controlled experimentation. No other criteria, with the exception of those mentioned above, were employed in the study initiated by the Progressive Education Association.

Following due consideration of the criteria listed on

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16 Ibid., p. 14.
the previous pages of this study, the local staff began its series of visitations to community schools which had requested inclusion in the Texas program for improving health. Over a period of ten weeks, the applicants were reduced in number through the series of visits to the North Texas and West Texas communities, conferences with leading professional and lay people in each community, and follow-up staff conferences in the office of the Acting Coordinator of Health. This further reduction was accomplished through application of the suggestive criteria developed by the State Steering Committee. Causes for immediate disqualification of the community schools were: unco-operative attitudes [see above] implied by certain superintendents, failure of other superintendents to arrange conferences with professional and lay people of the community, and no apparent evidence of willingness to co-operate. Other sites were eventually disqualified through arbitration of the local staff. Bases for these decisions were the applicable provisions of the program for improving health and the criteria cited throughout these pages. It must be noted at this point that no community school system met each requirement of the "Three-Year Plan", or each criterion listed on these pages. The actual selection was based on the total number of criteria and provisions of the proposed program to which the community school could qualify. Thus, another step of the method used in selecting certain sites was completed. Although each step was not directly associated with selective procedures, each was
sufficiently pertinent to warrant mention in the study.

The final step, concluded by the writer in the next chapter, was the most difficult of all, with the possible exception of the initial one. For the convenience of the reader, a recapitulation of the eight steps is enumerated below:

1. The "stimulation" and planning conferences.
2. Presentation of proposed "Three-Year Plan" to public school administrators.
3. Endorsement of proposed program by interested school boards through the superintendents.
4. Formulation of criteria to be followed in selection of participating community schools.
5. Writing of follow-up letters by each college or university co-ordinator to the respective superintendents who endorsed the program.
6. Response of superintendents to the detailed information requested in the follow-up correspondence.
7. The visitation step which consisted of two phases; namely,
   a. Visits to different community schools for the purpose of conferring with superintendent, school board members, and other professional and lay people of the respective communities.
   b. On-the-scene application of a broad interpretation of both the criteria and the provisions
of "The 1947 Texas Program for Improving Health Education".

3. Application of a more exact interpretation of the criteria and the provisions of the Texas program in the final selection of six participating community schools.
CHAPTER III

SELECTION OF SIX COMMUNITY SCHOOLS AS SITES
FOR PROGRAMS IN HEALTH EDUCATION

From the very beginning of the Texas plan for improving health education in Texas, the emphasis has been for superintendents to discuss the provisions of the proposed "Three-Year Plan" with teachers, members of the school boards, and leaders in all walks of community life. Obviously, a large number of school administrators neglected this important step, and as a result were given little consideration toward participating in the Texas program. In some cases noted, superintendents and principals were not wholly responsible for discrepancies of this nature. Many were found to be understaffed and over-taxed with unnecessary "routine" duties. Such factors as these, no doubt, contributed to a definite lack of "home and school contact". Vernon L. Nickell, in speaking of how the administrator's attitude may affect any community school plan, listed "home and school contact adequate for understanding and adjusting individual health problems"\(^1\) as a basic function of administrators.

On the other hand, many superintendents impressed the writer as being unconcerned with the community school idea and its place for promulgation of good health practices. Some of the superintendents, it seemed, were not expected to use community resources in the educational plan or to maintain a public school in the sense that such schools were intended. Concerning the community school, Elsie A. Clapp stated, "It is a public school, and therefore the school of the people of the community".2

Despite numerous routine duties and an unending struggle to supplement the teaching staff, some superintendents set aside sufficient time to familiarize the teachers, members of the school boards, and community leaders with the Texas plan. This co-operative attitude is similar to that of the Pilot Point Superintendent of Schools who stated "our community and school people are most anxious to participate in the program".3

Interest such as that shown above was, perhaps, the most important factor considered in the selection of the six community school sites. The six sites chosen are as follows:

1. Denton
2. Sweetwater
3. Pilot Point
4. Common School Districts of Denton County
5. Mesquite

Other criteria listed previously in this study were not

2Elsie R. Clapp, Community Schools in Action, p. 61.
3Statement by H.W. Key, personal interview.
followed intensively. For example, the criterion which specified participation of key people in the summer workshop was not adhered to by two of the participating community schools and the rural schools of Denton County.

Sweetwater, Denton, and Pilot Point provided representation to the Child Development and Health Workshop through one or more teachers. The rural schools of Denton County were represented in previous summer workshops during 1945 and 1946. The other two sites finally selected as participants, Hooks of Bowie County and Mesquite of Dallas County, were chosen after the summer workshop began and, therefore, were not represented. They were included because Rhea H. Williams, the Coordinator of Health, North Texas State Teachers College, in reviewing his conversation with the Superintendent of Hooks, said:

He is a former State Director of Health and Physical Education and has always been in sympathy with a movement of this nature. The County Health Unit officials and many leaders in the community have met frequently during the last few months and have discussed the provisions of the Texas program. He stated that a half-time coordinator will be provided and that unlimited co-operation throughout the school and community is forthcoming.  

In discussing his visit with the Superintendent of Schools of Mesquite, Williams added:

The Lions Club has already purchased a Massachusetts Vision Test for the schools, and other agencies have committed themselves to provide additional aid. He is planning a three-week health clinic for his teaching staff and members

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4 Statement by Rhea H. Williams, relating a conversation with S.B. Culpepper, personal interview.
of the community prior to the beginning of school and will also provide a half-time coordinator of health.

Since the administrators' personal interest is of such importance in an undertaking of this nature, both Desquite and Hooks should be able to move right along with the other schools in the program.  

With the six community schools selected, the reader will find evidence of fulfillment of the recommendations by the State Steering Committee as suggested in the "Report of Committee One" cited on previous pages of this study.

The reader will note a wide variation in the sizes of the communities. For example, the students of the Bolivar School District in Denton County number approximately twenty, while in a recent school census the Superintendent of Public Schools of the City of Denton reported "2,375 children of school age" for the 1947-48 school year.6

The communities served by the schools participating in the program differ in type as well as size. They range from small farming communities to cities where industry is becoming more and more outstanding. One rural community of Denton County is predominantly colored and serves only colored scholastics. All other communities serve both colored and white scholastics.

The following brief descriptions tell something of the kinds of schools and communities chosen to participate in the program for improving health in Texas.

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5Statement by Ahea H. Williams, relating a conversation with A.B. Murphy, personal interview.

Denton, the largest city chosen to participate, is the county seat of Denton County and the retail and wholesale center for the district. This city of approximately 20,000 people will co-operate jointly with North Texas State Teachers College and Texas State College for Women. In addition to Demonstration Schools operated by the two colleges, school facilities for white enrollment are one senior high school, one junior high school and three elementary schools. The facilities for approximately 280 colored students are limited to one high school and one elementary school.

Hooks Independent School District is located in the north central section of Bowie County. As a result of rapid growth during the war years, the scholastics reported as of September 8, 1945, number 1,227 white and 377 colored.7 While not the county seat nor the largest community in the county, Hooks has shown more development during recent years than any other Bowie County community. Hooks' rapid expansion presents crowded facilities in some sections due to "overnight" development of one of the largest munitions plants in the southwest. In addition to being an agricultural community, it is also timber country. Hooks has two high schools and two elementary schools. One school serves both the elementary and the secondary levels in the colored educational program.

Sweetwater is the county seat of Nolan County in midlewest Texas. It is the principal trading center of the county.

The senior high school, junior high school and three elementary schools serve 2,377 white scholastics while one school serves 124 colored students.8

Filot Point of Denton County is the center of a livestock and diversified farming area. It has a population of 2,000. The school district includes 500 students from the 135 square miles served. Eighty per cent of the students are transported by school bus. There is one school building of modern design, and there are 17 teachers. This community's chapter under the Vocational Agricultural program was the largest in Texas during the past three years.

The Mesquite Independent School District, in Dallas County, serves approximately 750 white scholastics and 80 colored scholastics. It is located in a predominantly black land and sandy loam section. It offers its population of 1,045 livelihood primarily through production of cotton, corn, wheat, oats, and hay. In addition, there is a thriving poultry business.9

Participating as one unit are fifteen Common School Districts in Denton County. These schools range from one-teacher schools with approximately twenty students to a six-teacher school with approximately one hundred and sixty students. These rural communities are predominantly agricultural, except for one suburban community which is composed, for the most part, of industrial workers. The total

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8Ibid., p. 61.
9Texas Almanac, pp. 432-433.
scholastics reported for the Common School Districts number 2,440 white and 59 colored. 10

The above descriptions show that the recommendations as to variation in types of communities in relation to population, racial status, socio-economic levels, and geographic location were met. Another recommendation which was met pertains to a variation in primary health problems.

In the approach in initiating the program, the advice and help of local physicians, dentists and civic leaders were sought. In meetings with the local staff, these professional men, lay citizens and school personnel discussed many primary health problems. One source reported malnutrition as the most obvious and outstanding health problem of a rural community in Denton County. Another authority reported an equally important problem as that of uncooperativeness in immunization drives throughout one of the participating communities. One of the larger communities reported sanitation as its most immediate problem.

One participating rural community has no local medical doctor at all. Although it is inadequate, compare that condition with the services available in the city zone of Denton. The Chairman of the Denton County Medical Society reported approximately eighteen active physicians and surgeons in the area. 11 Of this number, eleven reside in


11 Statement by Walter S. Miller, Jr., M.D., personal interview.
Denton. These figures and an estimated county population of 33,000, as reported by the Secretary of the Denton Chamber of Commerce, indicate an average of less than one medical doctor per 1,800 people. In view of the fact that professionals in the field of medicine are so few in number, preventative measures must be stressed. Matthews stated, "an ounce of prevention is not enough. We must emphasize pounds of prevention in this program." Any functional community school health program will do much to provide "pounds of prevention" through better health education in our schools and homes. At the same time, more individuals needing immediate attention will be routed to specialists who desire to prevent as well as cure. Utilization of available resources in any community is the foundation upon which a functional preventative and corrective health program can be based.

A further development of a program in basic health practices can be aided through use of the services of state and national agencies concerned with health and welfare. This is in line with another recommendation of the State Steering Committee, which suggested choosing communities differing in degree of availability of additional aid. The rural communities of Denton County depend on the services of the County Medical Society, the County Dental Association,

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12 Statement by Otis L. Fowler, personal interview.

the civic organizations, the Red Cross Chapter, and Agricultural and Home Demonstration Agents, and the County Superintendent. These services are available from the county seat. Local agencies, which are more than willing to aid in these small communities, are the Parent-Teacher Associations, church organizations, and women's clubs.

All sites selected, with perhaps the exception of the rural communities, have many of the following agencies as immediate resources:

1. State agencies concerned with the control and prevention of communicable and non-communicable diseases.
2. State welfare agencies.
3. State Department of Public Safety.
4. State Health Department.
5. Texas Society for Mental Hygiene.
10. Distributors of free and inexpensive materials such as the Metropolitan Life Insurance Company and General Mills, Incorporated.

None of these listed above are limited in services to cities, but the small number of people and the location of the rural communities make frequent services of a consultant
nature impracticable. In addition to having these services available, Hooks, Mesquite, and Sweetwater will have the aid of the County Health Units.

Another variation in conditions under which the "Three-Year Plan" will progress is that presented at Sweetwater, Texas. A tax-supported Board of City Development and members of the School Board have voiced favorable attitudes concerning promotion of the program throughout the schools and community. Of these community leaders, the Superintendent of Schools stated:

The desire of both boards is to continue a program whereby the needs of the community will be met most efficiently. I have utmost confidence that each and every member will be most sympathetic toward the program and will do everything possible to assist both the administrative and teaching staffs in the undertaking.  

Statements of this nature are strengthened when one considers that the community being discussed had successfully climaxed a two-year in-service training program for its teachers during the last month of the 1947 school year. This independent school system, under the expert guidance of J. C. Matthews and Robert C. Hammock, the latter a member of the Extension Division, University of Texas, spent much time and money in order to indoctrinate the teaching staffs in modern educational trends. The important element resulting from the in-service training was the ever increasing

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14 Statement by R. L. Williams, personal interview.
enthusiasm of many of the teachers. This was exemplified by one Sweetwater teacher, who remarked:

"We are just now reaching a point where we can provide an 4-1 program. Each of the teachers wants to be a part of the Texas plan in order that Sweetwater will forever remain head and shoulders above all West Texas towns. 15"

Due to the fact that some of the criteria recommended by the State Steering Committee would eliminate certain schools which would derive great benefits from participation, certain standards were disregarded. The Coordinator of Health of the University of Texas stated:

"We have not made it mandatory that the chairman of the respective School Boards sign any paper which would serve to guarantee co-operation. We feel that the interest shown in conferences with school and community leaders is sufficient. 16"

In a program of the nature of the "Three-Year Plan" in Texas, no signature would necessarily bind any community school to completion of the program. Such factors as a depression, changes in administrative personnel, or the loss of key teaching personnel would serve to disrupt this or any other long term program.

One limitation, which appeared most outstanding throughout this study, was the administrative domination in many schools. The coordinating colleges and universities chose to approach each community through the school superintendent. While the writer is in agreement with such approach, he noted

15Statement by Viola Benson, personal interview.

16Statement by W. R. Bodine, personal interview.
evidence that some superintendents are satisfied with current programs and are unwilling to make changes necessary in a program of this nature. One self-centered administrator, for example, remarked in effect that both he and his teachers were overworked and did not have time to undertake the movement for improving health. Seemingly, this superintendent operates along the "old-school" line of thought. State Superintendent L. A. Woods stated, "Schools administered by such people should be taken off the accredited list until the school board finds a desirable replacement."17

Another shortcoming noted was the number of school personnel who had no concept of functional health education. Some administrators and teachers interviewed during this study failed to include health education in their teacher-training process because "it was not required in my major." When supplementing knowledge through leisure reading was suggested, the usual answer was "I just don't have the time." Many of these same individuals were not aware that teachers and administrators could receive, on request, a multitude of free-up-to-date material pertaining to health and many other phases of life. The fact that this information is not known or used indicates that health is seriously overlooked. Until such a time when all administrators, teachers, parents, and other leaders in community life become conscious of the "whole" individual and his needs, the efforts of a few in a

17 Statement by L. A. Woods, personal interview.
program such as this will provide little carry-over value in some areas and no contagious effect in other areas.

The implications noted throughout this study are, in general, twofold. Most needs noted could be classified as resulting from a lack of understanding or from a lack of co-operation. Each of the two shortcomings can not be attributed to any individual or to any one group of individuals. Inadequate preparatory training for the teaching field is one need observed. On the other hand, many administrators lack backgrounds in understanding the whole individual. Parents are often led to believe "partial-truths" through skillful advertisements. Many business men never stop to think that "the wealth of the community depends on the health of the community," and few, if any, of these individuals realize that health begins before conception and extends throughout life.

One agency which can, and possibly should, take the initiative in a long-term plan to improve living conditions is the teacher-training institution. The direction of teacher-education programs toward preparing teachers to serve as leaders in schools and communities is most important to the growth of our nation. Such a movement can not be limited to three years, ten years, or twenty-five years. The program must be a continuous one extending twenty-four hours each day and must be directed toward body and mind of every individual. To provide a program of this nature will require the co-operation of all people, re-education of
many educators, and an adult education program which will meet the needs of the people as the people see those needs. In our schools there must be better parent-teacher-pupil understanding, and in our communities there must be better producer-consumer understanding.
CHAPTER IV

SUMMARY AND RECOMMENDATIONS

Summary

The study reported herein is an analysis of a method employed in the selection of six community schools to participate in a three-year exploratory program for improving health education in Texas. North Texas State Teachers College will coordinate the programs in four of these communities and will work jointly in one community with the University of Texas and with the Texas State College for Women in another. In addition, the reader has been presented a brief discussion of the following:

1. The initial phases of development of "The 1947 Texas Program for Improving Health Education".

2. The community schools and how each conformed to the suggestive criteria.

3. The limitations, needs and implications which were problematical throughout the early stages of the program for improving health education.

From the very beginning of the Texas program, the State Steering Committee emphasized "planning" for the sake of organization. In its plans, the Committee proposed:

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1. That no single plan for improving health throughout the state be adopted.

2. That each participating community school develop its own program.

3. That each community school utilize all local, state and national resources in developing the program.

4. That each community school develop more efficient teachers through in-service training programs.

5. That teacher-training institutions provide adequate preparatory education for all prospective teachers, regardless of the latters' major field.

6. That each participating school evaluate its own development by conducting continuous surveys of health conditions.

In the beginning, two limitations confronted the planning body and, no doubt, will continue to limit the development of the program. These limiting factors are:

1. The period of time [three years] proposed for the exploratory program.

2. The limited number [approximately five each] to work with the five co-operating colleges and universities of community schools to participate in the program.

That health education is a co-operative enterprise can not be denied, but its importance as an immediate and continuous problem has not been consciously accepted by the people at large. The Texas program chose to attack the health problem, first, through the schools, and eventually,
through utilization of community resources. The individuals and groups involved in such movements are:

1. The School Administrator who must have the ability and desire to stimulate and direct the changes necessary to meet the needs of a dynamic society.

2. The teacher who must work toward better teacher-pupil-parent understanding of the whole individual.

3. The lay citizens, including parents, who must understand, as well as practice healthful living.

4. Professional people, including medical doctors and dentists, who must assist in the preventative and corrective program.

In the final selection of the six sites, the local co-ordinating staff employed six criteria which were found by the writer to be applicable in each situation. The criteria are as follows:

1. Are the community school and its patrons willing to co-operate?

2. Is the community school willing to make the changes necessary to meet the needs of a constantly changing society?

3. Is there evidence of co-operation in previous community-wide undertakings?

4. Will the school and community people participate in the planning stages as well as in the administering stages?

5. Are the administrative and teaching staffs fairly stable in the school system?
6. Do the community schools selected represent varying conditions to be found throughout the experimental area?

The outstanding need, which was a conditioning factor throughout the early stages of the program, was the lack of adequate "build-up" publicity. For the first six months, no one with the exception of educators was familiar with the proposed program. It was obvious that publicity was withheld by the steering committee in favor of the issuance of news items by the respective school superintendents through such media as the following:

1. Meetings with school and community leaders.
2. Newspaper stories.
3. Radio talks and forums.

The steps followed in selecting the six community schools were:

1. The "stimulation" and planning conferences.
2. Presentation of the proposal to school administrators during an annual meeting.
3. Endorsement of proposal by interested superintendents.
4. Formulation of certain criteria for selecting the community schools.
5. Writing of follow-up letters by each college or university co-ordinator to the respective superintendents who endorsed the proposal.
6. Response of superintendents to the detailed information requested in the follow-up correspondence.
7. Visitations to responding community schools.
8. Application of general and detailed criteria and the final selection of the participating sites.

Recommendations

The recommendations resulting from this study pertain to suggestions of two types. One category concerns the method employed in the selection of the six sites, and the other type of recommendation serves to suggest need for subsequent studies.

The method followed in selecting the participating community schools indicates the following needs:

1. Adequate publicity campaigns which would enlighten the general public of the proposed plan.

2. Earlier selection of sites in order that visitations to all "border-line" applicants can and will be made.

3. Fuller participation by all members of community since healthful living is a twenty-four hour responsibility of each individual. It is proposed that subsequent undertakings of this nature include, in all phases of the program, representatives from the following groups:

   a. Undergraduate students engaged in college preparatory training for community service work.
   b. Parent groups.
   c. Women organizations.
   d. Church leaders.
   e. Civic organizations.
   f. Teachers and administrators of all educational levels.
g. Medical and dental societies.
h. Local and state health and welfare agencies.
i. Local and state governmental bodies.
j. Retail and wholesale business groups.

Possible recommendations for subsequent studies are unlimited. However, the writer suggests the need for a better evaluation of the criteria employed in the selection of the community schools and an adequate comparison of the current health practices with conditions which will exist in the co-operating areas at the end of the three-year period. Specifically, suggested studies are as follows:

1. A comparison of the existing health conditions as reported in current health surveys with the practices to be observed three years hence.

2. A pictoral summary of the various programs with "before" and "after" pictures and descriptions of changes made in environmental conditions, group activities, and community health and welfare development.

3. A comparison of graduates of teacher-training institutions having health education with those not having such training included in their preparatory programs.

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