AN ANALYSIS OF THE HEALTH PROGRAM, TO DETERMINE
ITS ADEQUACY IN MEETING THE CHILD'S NEEDS, OF
THE ELEMENTARY SCHOOLS OF CITIES
THE SIZE OF CLEBURNE, TEXAS

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CHAPTER I

INTRODUCTION

Purpose of the Study

This study is for the purpose of making a critical analysis of the health program of the white elementary public schools of Cleburne, Texas, with implications for other cities of corresponding size. This analysis is to evaluate the effectiveness of such a health program in light of certain evaluative criteria. It is intended to call attention to the existing facilities for adequate health instruction, the need, if any, for more and better facilities and the need for teacher training in this field.

Limitations of this Study

This study is limited to the health and physical education program of the white elementary public schools of Cleburne, Texas. It is further limited to the health and physical education program as it operated for the two school years of 1947-1948 and 1948-1949.

Sources of Data

Interest was aroused in this subject because of the unsatisfactory condition now existing in respect to the
health program of Cleburne Schools, especially the conflict between the physical education program and the remainder of the school program. An inventory of the physical equipment and installations, personal interviews with teachers and authorities in the field, and an examination of authoritative literature on the subject form the sources of data for this study. The literature included books, magazines, bulletins, pamphlets, and courses of study of other schools and states.

Method of Procedure

This study proceeds in a problem solving method. The study sets forth certain criteria for evaluating a health and physical education program, examines the program under study in light of these criteria, makes certain proposals in regard to this program, points out what appears to be logical conclusions of the study, and recommends the adoption of certain practices which might lead to improvement of the program under study. Chapter I states the problem, limits the problem, gives the sources of data for solving the problem, and shows the procedure used in arriving at a conclusion. Chapter II sets up criteria whereby the conclusions or answers may be evaluated. An analysis of the physical plant, methods of instruction, the place of the teacher and training of the teacher, and the course of study of Cleburne, Texas, is
presented in Chapter III. Chapter IV makes some proposals for improvement of the existing program. Conclusions and recommendations are set up in Chapter V.
CHAPTER II

CRITERIA FOR EVALUATING A PUBLIC SCHOOL HEALTH PROGRAM

In setting up criteria, or standards, for evaluating a public school health program, one must take into consideration (1) the philosophy and objectives (2) the course of study, (3) the place of the teacher (4) the methods of instruction, and (5) the physical plant of the school system in question.¹

It is essential for a public school health program to include a carefully formulated educational philosophy. The philosophy should have a definite aim, this aim being in line with general educational principles. What then are the objectives of a public school health program, and how do they coincide with general educational aims? An examination of literature on the subject should reveal some of the answers.

Aims of Health Education

Educators and health workers have for years considered the health of the school children as important

in the learning process. The human body is a machine through which the mind operates. The quality and quantity of mental work depend upon the condition of the body. The child who is ill-fed, insufficiently rested, or who has defective sense organs will derive less benefit from his teaching than the child in better physical condition. The neglect of these conditions is not only unfair to the child, but is unfair to other pupils who are held back by his slower progress; it is a waste of energy for the teacher, as well as a waste of public funds, to permit teachers to work with pupils who cannot profit as much by their efforts as might be the case if the bodily condition of the children were improved.

Educators now realize the importance of the health of the child, and within recent years much research and attention has been given to promotion of health in the school room. The Joint Committee set up by the National Education Association on health problems formulated the following as two of the major aims of a sound health education program:

(1) To instruct children and youth so that they may improve their own health;

(2) To establish in them the habits and principles of living which, throughout their school life and in later years, will aid in providing that abundant vigor and vitality which are the

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2Lilly A. Craighan, "Responsibility for Health Education," Elementary School Journal, XLVI (September, 1945), 44.
foundation of the greatest possible happiness and service in personal, family, and community life.  

In these aims, two main factors are apparent: the acquisition of knowledge and putting this knowledge into practice.

The four basic aims of education are:

(1) The objectives of self-realization
(2) The objectives of human relationships
(3) The objectives of economic efficiency
(4) The objectives of civic responsibility.

Adapting these four aims to health education, one may outline them in additional detail to give more concrete aims of a health education program:

1. The optimum development of the individual himself with emphasis on physical and emotional development,
   (a) To use wisely the fundamental tools of learning in the field of health.
      (1) To speak articulately and intelligently on matters of health.
      (2) To read selectively and understandably in the field of health.
      (3) To write simply and accurately on health matters
      (4) To be reliable in one's interpretation and translation of health data.
   (b) To show discrimination in what one listens to in the field of health.
   (c) To develop and practice desirable health behavior.
   (d) To participate in a variety of wholesome and healthful recreational and leisure-time activities.
   (e) To appreciate the esthetic values of healthful living, including cleanliness and sanitation.
   (f) To make emotional adjustments which enable one to face life realistically and to develop

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3Joint Committee on Health Problems, Health Education, National Education Association, 1930, p. 15.

4Ruth E. Grout, Health Teaching in Schools, p. 22.
ability for self-direction in one's own health behavior.

2. The betterment of human relationships, particularly in the field of health,
   (a) To contribute to the maintenance and improvement of health of friends and neighbors.
   (b) To find emotional satisfactions in daily relationships in school, home, and community.
   (c) To work cooperatively with others in the solution of health problems.
   (d) To apply acceptable rules of conduct in respect to health practices.
   (e) To work for economic and social conditions which will contribute to health and happiness in the home.
   (f) To make adjustments required to conserve the integrity of the family.
   (g) To develop skills in choice of foods and in care of the sick and injured.

3. The application of health facts and principles in respect to economic efficiency in the production and consumption of goods and services.
   (a) The producer
      (1) To recognize and experience the physical and emotional health satisfaction associated with work.
      (2) To recognize and accept one's health assets and liabilities, and to use them as one guide in finding a suitable occupation.
      (3) To develop a wholesome attitude toward work.
      (4) To appreciate the direct or indirect contribution of work to human health and happiness.
   (b) The consumer
      (1) To budget in such a way as to provide the essential requirements for health maintenance.
      (2) To recognize quackery in both service and goods.
      (3) To take an active interest in educational and legislative programs which safeguard the health of the consumer.

   (a) To recognize that optimum health is the right of every individual and to work for adequate community health.
(b) To keep emotional balance when associated with people who hold different opinions.
(c) To have a respect for health laws, and seek improvement or change in any laws of which one doesn't approve.
(d) To be aware of the interdependence of nations in respect to matters of health and disease control.
(e) To take active part in school and community efforts for health improvement.
(f) To have experience in democratic solution of health problems in school, home and community. 5

These health education aims show that developing behavior is more to be desired than merely the imparting of knowledge. There is a vital distinction between "health knowledge" and "health behavior." Knowledge without the aid of motivating forces has no influence on conduct; the ultimate objective of health instruction is to modify the behavior of pupils in such a way as to fit them to assume responsibility for their own health. Certainly pupils need both health knowledge and the establishment of good health practices.

The Health Education Curriculum

The nature of the subject matter for the health curriculum is not as clear as that of some other subjects such as mathematics or geography. The time to be given the subject, the method of presentation, and many other points need clarification. Literature on the general nature of the curriculum is, however, applicable to a

5Ibid., pp. 61-64.
health curriculum. The desirable thing in a health education curriculum is to map broad objectives, not to make exact charts. The curriculum should be a living thing based on the life experiences of the pupils. Knowledge does have its place in the curriculum.

Under the concept of a curriculum which contains both skills and knowledge the effectiveness of education is determined by the reaction of the student to that education. If he masters a single subject in such a way as to provide himself with the ability to solve his individual problems, he has found a real education. The worthwhile curriculum in health is one that provides knowledge and life experience activities based upon that knowledge.

Another important aspect of a health curriculum concerns the person or persons who make the curriculum. When it is made without the aid of the teacher, many times it is of little value in actual classroom situations. The teacher today is one of the important links in curriculum building. It is recognized that she will have more knowledge of student needs and more interest in the outcomes of the learning situations than others who plan the curriculum.

In order to translate the aims of health education into workable form in a curriculum these objectives are divided into the following groups: (1) growth and
purpose of the body, (2) personal hygiene, (3) health and sanitation, (4) nutrition, and (5) prevention of disease and accidents. In so dividing these objectives it is not recommended that each one be taught as if it were separate from the rest. These topics are so closely related to each other that a study of one must embrace one or many of the others; in some instances all of them must be included. Such a division can serve as a guide in setting up a program and in determining what shall be taught.

Growth and purpose of the body.—There is no definite amount of knowledge of body structure that a pupil in any given grade should have. However, every elementary pupil should learn the location and common names of the various parts of the body and the general interrelationships and purposes of all the organs and systems.

Such information will enable the pupils to understand those functions and their relation to the body as a whole, to understand that a person is healthy only when all the parts fulfill their roles, and to understand methods of protecting and caring for the body.

Emphasis should be placed on the bodily functions which have the most influence on health, such as good mastication and digestion of food, proper elimination, and sufficient exercise.
The fact that every part of the body should be able to function completely brings up the important question of physical education, which aims primarily to develop the body in strength, vigor, and muscular coordination. It should be pointed out that physical education will not overcome physical defects or immunize against diseases, but it can contribute to an individual's success and his capacity to enjoy life.

**Personal hygiene.** --A course in personal hygiene is given for the purpose of aiding each individual in improving his personal health. Therefore, it is essential that the teacher know the individual health needs of her pupils. These needs can be revealed by health screenings, family history, and personal conferences with the pupils.6

The student's health should not be considered a deep dark secret to be talked over only in personal conference between the student and the health advisor. There should be formed in class a community of interest in the improvement of health habits.

The course in personal hygiene should cover all the habits of the pupils which are considered necessary for good health: sleep; cleanliness; care of teeth, nose, and throat, eyes and ears; play; and food digestion.

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and elimination. In dealing with such habits, it is important to recognize the significance of repetition. Children do not form good health habits merely by learning facts but by practicing such habits repeatedly with satisfactory results.

**Health and sanitation.**—In the daily work in the classroom, the teacher has an opportunity to enlist and secure the pupil's participation in the maintenance of an orderly and sanitary environment. Many aspects of the environment can be studied with profit, such as heat, light, sunshine, grounds, noise, color, form and construction of the buildings, water supply, and sewage disposal. The pupils will naturally be interested in the water supply of the school, the toilet facilities, the washing equipment, the disposal of waste and garbage, recreational facilities, and other related problems. A lesson built on these topics will certainly be more appealing, more instructive, and more effective than any reading assignment or lecture given by the teacher.

Such training will have value in the community as a whole. The pupil who becomes interested in school sanitation and environment is likely to become interested in his home and community, and be a helpful force in improving the sanitation and other health conditions there.

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**Nutrition.**—Improvement in dietary practices is the primary aim in teaching food in elementary schools.\(^8\) The major emphasis should be placed on activities rather than on information. Pupils should be taught an appreciation of good food; good food habits cannot be formed without experience in using good food.

The best opportunity to teach nutrition in the average school is found in the school lunchroom. Children can take an active part in planning and serving the meals. They can help in keeping the lunchroom clean and free from flies or other health hazards.

**Prevention of disease and accident.**—The prevention of disease is closely related to the habits of nutrition and personal hygiene. Because most of the diseases that occur during the school period of the child's life are communicable, emphasis should be placed on the prevention of such diseases. This entails adequate examination and inspection of pupils, teachers, and custodial personnel to detect communicable diseases.\(^9\) It also means an opportunity for the school to provide necessary immunization and testing procedures.

An adequate program of examination and inspection of the health of the children should be a part of the

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\(^8\) "Health Needs of School Children and Recommendations for Implementation," *op. cit.*, p. 43.

health curriculum of the school. The examination and inspection should not be cursory. There should be some means of care provided or recommended in addition to the examination for such defects. The medical examinations should be something more than a "screening" for minor defects. Modern public health methods have and are utilizing the Wasserman test, the tuberculin test, the paper or micro-film X-ray, the audiometer, the Smellen test, and others.

Physicians and nurses well qualified in public health and education are needed to organize, supervise, and interpret such examinations, and to aid in securing treatment for the discovered defects. Special medical facilities are needed for many other problems, such as malnutrition, orthopedic conditions, defective hearing, poor vision, and emotional abnormalities.

Safety instruction for children consists of providing training which will enable them to act wisely in situations of potential or actual danger. Safety is primarily a problem of controlling behavior in dangerous life situations by encouraging safety habits and attitudes. Safety may best be taught by teaching children the "right way" to do things. Riding bicycles, crossing streets, handling inflammable materials, handling tools, and many other activities are those in which the child is likely to engage and for which he must have adequate training.
These activities should be integrated in the other subjects of the school curriculum, thus putting theory into practice.

The Place of the Teacher in the Health Program

The teacher is a key person in the school health service. A major requirement of a health education program is day-to-day supervision, which may be achieved only through the cooperation of all classroom teachers. Few of these teachers are qualified through pre-service or in-service training to make accurate distinction between the healthy child, the normal child, and the child who is deficient in health matters.\textsuperscript{10} It is becoming a recognized fact that the teacher, as well as the child, needs training in health procedures. Teacher-training institutions are setting up courses to provide training of this nature.

Methods of Instruction

The methods of instruction in health matters are very important. By using initiative, imagination, and the resources of the school and community, an alert teacher may expose children to experiences in which their

\textsuperscript{10}"Preservice and Inservice Preparation in Health of School Personnel," \textit{American Journal of Public Health}, XXXVIII (January, 1948), 47.
knowledge will be tried and tested. The program for healthful living is not dependent solely upon what is done during the health education period. Since all experiences of a child condition his behavior, health education must be thought of as a product of a great variety of experiences in home, school, and community. Certainly it must be recognized that the organization and atmosphere of the entire school has a bearing on healthful living. All teachers who come in contact with the child exert an influence which must be considered. The teacher should not be content merely to provide opportunity for good health practices, but should insist on pupil participation in these practices. It is only through participation in good health habits that successful adjustments may be acquired.

School Plant

To be acceptable from the modern educational view, a school plant should be healthy, attractive, and safe. Every aspect of the school should be judged in light of these three considerations.

The physical environment of the school plant includes the school site, playgrounds, buildings, ventilating systems, lighting facilities, sanitary accommodations,

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and water supply. In establishing or evaluating a school, it is essential that these conditions be given the closest attention. Certainly recognized standards, with respect to each of these items, should be met.

School site.—The most acceptable site for the school is one which is centrally located in the district. The school should be located in a quiet place, free from noise, dust, unpleasant odor, and immoral or disturbing influences.

Playground.—The playground should be large enough to accommodate the number of children expected to enroll, and should be exempt from any situation or circumstance likely to be injurious to the children. From thirty to fifty square feet of play area per child is recommended as a minimum.\(^{12}\)

Building.—A comfortable and clean school building is a necessity. The building should be of adequate size for the number of children enrolled, of attractive construction, nicely decorated and furnished, and should be equipped with seats movable and adjustable to the size of the pupil. The recognized standard for classrooms is two hundred cubic feet of space per child.\(^{13}\)

\(^{12}\)M. F. Enloe, *Health Education Program*, p. 43.

\(^{13}\)Miller, *op. cit.*, p. 21.
Heating system.—An adequate heating system for a school provides uniform temperatures throughout the school. Such uniformity of moderate conditions protects the health of school children as well as providing comfort for them. Pupils that sit close to a stove or other heating device should be protected from over-heating.

Ventilation.—Ventilation of the schoolroom is very important, because bad air affects both physical and mental health and lowers resistance to communicable diseases. Adequate ventilation is an aid to comfort and health. There are many systems of ventilation, but those using natural air circulation are most effective when properly installed.

Lighting.—The common standard for lighting is at least 15 foot candles for every desk. To provide this amount of light, the glass area of windows should be twenty per cent of the floor space of the room.\(^1\)\(^4\) The manner in which classrooms are decorated and painted add or detract from the amount of light available. The most modern system of lighting makes use of diffusers and reflectors in the windows.

Drinking facilities.—Fountains with running water should be provided in all schools, but students should be trained to keep their mouths away from the outlets.

\(^{14}\)Grout, op. cit., p. 111.
The water supply should come from a source approved by the health department.

Washing facilities.—Washbowls, soap, and towels should be available in ample quantities in the washroom. Paper towels with suitable dispensers are the most desirable.\(^{15}\)

Toilet facilities.—The toilet facilities should be clean and odorless. There should be adequate numbers of toilet seats and urinals. One seat for each fifteen girls, one seat for each twenty-five boys, and one urinal for each fifteen boys are recommended as minimum standards.\(^{16}\)

Summary of Criteria

1. The philosophy or aim of a public school health program
   a. Should be definite
   b. Should be in accordance with established educational aims.

2. The course of study
   a. Should include both knowledge and skills
   b. Should meet local needs
   c. Should be partially planned by the teacher.

3. The teacher should be well-trained in health education.

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\(^{15}\text{Ibid.}, \text{p. 111.}\)

\(^{16}\text{Ibid.}, \text{p. 111.}\)
4. The classroom teacher should be the key person in putting over the health program.

5. The methods of instruction
   a. Should provide for pupil participation
   b. Should meet the needs of the individual child.

6. The school plant
   a. Site
   b. Building should be
      (1) Attractive
      (2) Safe
      (3) Well heated, ventilated, and lighted
      (4) Provide proper space
      (5) Toilet facilities
      (6) Washroom facilities.
CHAPTER III

AN ANALYSIS OF THE HEALTH PROGRAM OF THE CLEBURNE SCHOOLS
IN LIGHT OF THE CRITERIA SET UP TO EVALUATE A
HEALTH PROGRAM

The Cleburne Public Schools have no written philosophy of education or of health education. By personal interview, it was found that the teachers in the elementary schools were not aware of a stated philosophy of education. To the best of their knowledge neither school board, superintendent, nor principals had ever stated a well defined philosophy of general education or of health education. The administration expressed the opinion that educational philosophy is a matter of each teacher's own ideas.

Personal interviews with the elementary teachers revealed that these teachers had no definitely formulated philosophies of education or health education. The most common answer given was "about the same as that stated in the State Department course of study." These same teachers did not know "exactly" what the "State Department course of study" philosophy was. But, taking the aims as stated by many of the teachers, they can be summed up as:
1. To teach the pupils those facts about their body which will help them to stay healthy.

2. To develop in the pupils the habits of personal hygiene that will aid in keeping them healthy. These aims do include both knowledge and skills, thus they conform in part to the criteria set up in Chapter II for general aims.

In some of the practices in health education, aims will be revealed to some extent. By examining these practices some of these indicated aims may be pointed out.

A pre-school clinic is conducted at the school building in the spring before school is out. This clinic has several purposes. The pre-school child comes "to school" while his older brothers or sisters are there, and is introduced to school building appearances in a friendly atmosphere. If he has no older brother or sister, his mother is the friend upon whom he can lean among so many strangers. A "screening" is given by a doctor. This is to detect any outstanding defects in sight, hearing, teeth, throat, etc.. Those defects noted are referred to the family doctor for treatment. A record of children's diseases, accidents, and immunizations is made for future reference in the fall. Immunizations are not required, but they are recommended and urged. With this information
the teacher has enough material to begin building a health program for the children. The pre-school clinic seems to indicate an aim toward developing a child-centered health-education program. It shows a desire to help each child develop personal habits that will improve individual and group health.

No other regular examination is given the child during his elementary school life. The county health nurse gives an occasional screening for sight or teeth defects. This is for the County Health Department only, and the school does not even know the results.

Personal inspection is usually practiced in each room with a child acting as "health monitor." Inspection encourages personal cleanliness and good grooming. This practice indicates the aim of a good health program in developing habits of proper personal hygiene. There might be some question as to the advisability of continual use of pupil "monitors."

When a child indicates illness through reporting "feeling bad" to the teacher, she makes a closer inspection to try to determine whether or not the child is ill enough to be sent home. A fairly close watch is maintained to detect head lice and skin diseases such as itch and impetigo. Those cases detected are sent home until the danger of contagion is over. This practice seems to
have as its aim the prevention of disease spreading. Civic responsibility in health matters is also taught.

It is almost, if not altogether, impossible to separate educational aims, courses of study, and methods of teaching. It seems desirable to keep aims and methods in mind while planning a course of study. It seems desirable also to keep the aims and course of study in mind when planning methods of instruction and activities for children.

Cleburne has had a course of study for the primary grades which has not been revised since 1932. Many of the primary teachers did not know it exists. This certainly leaves the teacher free to plan the curriculum as she sees the need. So much freedom is allowed that confusion has resulted. A tabulation of results of a questionnaire on health content in the grades reveals the extent of this confusion. The aim of this questionnaire was to determine in which grade the teacher thought certain knowledge and skills should be taught. In Table I the answers to specific health items are tabulated according to the number of teachers now teaching in each grade who thought their grade was the proper place to teach this fact or skill. The lack of understanding of the proper grade for teaching certain facts of content is shown in the table, reflecting the effect of not having a course of study guide. Duplication and omissions are frequent and outstanding.
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<th>To Be Taught in This Grade</th>
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<tr>
<td>Need of keeping teeth clean</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Need of keeping body clean</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Knowledge and Skill</td>
<td>Grade Level</td>
<td>Should Already Know</td>
<td>To Be Taught in This Grade</td>
<td>Above this Grade Level</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>---------------------</td>
<td>---------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Control of flies and mosquitoes</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2</td>
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<td>3</td>
<td>3</td>
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<tr>
<td></td>
<td>3</td>
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<td>4</td>
<td>3</td>
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<tr>
<td></td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Work and care of the heart</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>6</td>
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<td>4</td>
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<td>4</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>The danger of &quot;home remedies&quot;</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>One should not take medicine a doctor has given for another</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Common health hazards at home</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

The physical education program of this school is used as a training period in organized athletics. Football, basketball, and soft ball in their seasons are the only games provided for boys. Only those interested in these games are trained. This training is done by a
member of the high school coaching staff. The remainder of the boys are neglected during the physical education period. A city league is organized in which boys of the fourth, fifth, and sixth grades compete with boys of these same grades all over the city in the three above-named sports. This practice does not assist the classroom teacher in developing acceptable health habits in the children.

Methods of instruction in health are similar to methods in other subjects in the curriculum. In the primary grades, health as a subject is not taught. The teachers read health stories to the children, and students read health stories for themselves, draw and cut out pictures concerning health, see moving and still pictures on health themes, and see and take part in demonstrations, safety plays and programs, field trips in street crossing, stairway and hall safety, and proper drinking fountain habits. The teacher directs a part of their play and supervises free play periods each day. The health program is well integrated with the rest of the program of school activities.

In the elementary grades health is taught as a subject. There being no prescribed course of study, each teacher plans the content, methods and activities as she sees fit. Many times the textbook is the course of study. Methods used include the following:
1. The teacher outlines a chapter of the text, writes the outline on the board, asks the pupils to copy it, and follows it with a question and answer discussion.

2. The teacher assigns a certain topic in the text to a pupil who gives an oral report to the class the next day. He may use only the text or he may use other sources of information to get his material.

3. Under the direction of the teacher, the class plans a meal, and writes the menu on the blackboard. The class discusses food substances that will be gained from the planned menu, and these are written on the blackboard. No attempt is made to persuade the pupil to utilize this menu at home or in the school lunchroom.

4. In some rooms, health posters are made using free-hand drawing, pictures from magazines, or stick figures. Similarity of ideas in the posters is noticeable, indicating teacher-directed ideas rather than individual ideas expressed by students.

The fourth, fifth, and sixth grades prepare programs centered on other subject-matter themes for presentation to other classes, Parent-Teacher Association, and other organizations. Health education themes have been completely neglected in programs of this type, although lower grades utilize health themes in such programs.
An examination of transcripts of teachers in service revealed a lack of health education training. Only thirty-nine per cent of the teachers had any health education training. The training received included only bare essentials for an elementary major, and is therefore limited, and in many cases outdated. Sixty-one per cent of the teachers in the elementary schools are without health education training except for the experience gained in service. Due to lack of proper guidance, much of this has been negative training.

In the health program under study, the health teacher and the physical education coach are alone in planning the health education course. These two do not plan together, and in most instances do not work together toward an understood goal. Teachers of the same grades in different buildings do not plan their health work together. Instances have come to light in which teachers of different sections of the same grade within the same building have not cooperated in planning a health program for that grade.

The elementary school buildings are so centrally located that no pupil, living in the city limits, has to walk more than fourteen blocks to school. Students in some contracted rural districts ride the bus longer distances.
There are no immoral influences located near any of the elementary school buildings. They are in quiet neighborhoods, with no disturbing outside noises. There are no unpleasant odors or unusual dusts to disturb or hinder the pupils in their activities.

By actual measurement of square feet of playground area and using the enrollment for the 1948-1949 school year, the average playground space is found to be four hundred twenty square feet per child. The range for each elementary school campus is from three hundred forty square feet per child to five hundred forty square feet per child.

There is such variation, in the different buildings, of the amount of floor space for each child that a chart showing each building separately is given in Table 2.

**TABLE 2**

<table>
<thead>
<tr>
<th>School</th>
<th>Number of Rooms</th>
<th>Number Each Room Will Accommodate</th>
<th>Number Enrolled</th>
<th>Average in Each Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>6</td>
<td>30</td>
<td>210</td>
<td>35</td>
</tr>
<tr>
<td>Fulton</td>
<td>10</td>
<td>30</td>
<td>314</td>
<td>31</td>
</tr>
<tr>
<td>Irving</td>
<td>12</td>
<td>30</td>
<td>450</td>
<td>38</td>
</tr>
<tr>
<td>Long</td>
<td>7</td>
<td>30</td>
<td>273</td>
<td>39</td>
</tr>
<tr>
<td>Santa Fe</td>
<td>13</td>
<td>30</td>
<td>332</td>
<td>26</td>
</tr>
</tbody>
</table>
In the Santa Fe school only eleven rooms are used, thus resulting in an actual average of thirty pupils per room in use. The average number of pupils for each elementary school room for the city is thirty-four. There can be no doubt as to the crowded situation. Adding to this a thirty per cent increase in six-year-olds on the census rolls, a more crowded condition is foreseen for this coming school year. All the buildings are equipped with kitchens, but in four of them the children return to their desks to eat since only one of these buildings has a lunchroom apart from the classroom.

All the elementary school buildings of this system are steam heated. The boiler in each building is of adequate size, and enough radiators are installed to provide proper heat except for the few days with below ten degree weather. In such cases, school was dismissed until temperatures rose, except one day during the 1948-1949 school year. Thermometers are provided in each room so an accurate check can be made on the room temperature.

When proper temperature can be maintained with the windows open, there is undoubtedly plenty of provision for fresh air in the school rooms. The glass area of the windows is equal to twenty-eight per cent of the floor space in each classroom. When the windows must be closed to insure adequate temperature control, the only
ventilation is from a gravity shaft. This shaft is sixteen inches square, open area, running through vents in the roof. There is a sixteen-inch square opening near the floor of the classroom. No vent is provided for air to escape and thus circulate. This intake vent is located in the cloakroom. One door to the cloakroom has a grated opening two feet by three feet for fresh air to enter the classroom. There is no other place for the air to enter or leave the classroom into the cloakroom unless the other door is open. There are no outlets for foul air unless the door is open into the hall.

Shades are used on the windows to cut out the direct sunlight and further control the natural light entering the school room. There are no light diffusers on any of the windows. Three of the walls of the classrooms are provided with green board for chalk work. Below these boards, the wall is painted slate gray with porch and deck enamel. Above these boards and on the ceiling, the plaster is painted a dark buff with flat plaster paint. The floors are oiled pine; the furniture is walnut stain on wood and black enamel on metal. All of these absorb light and cut down on the foot-candles of light available for pupil use in their work of reading and other eye uses.

The artificial lighting consists of one fixture in the center of the ceiling. It extends downward for one
foot, and has two bulbs about sixteen inches apart. There are no diffusers or shades on these lights to lessen any glare that might be created. It has been observed that approximately fifty per cent of the rooms have an extension cord plugged in one side of this fixture, thus cutting the available artificial light in half. A meter was not used to determine the foot candles of light in the various parts of the room. In most rooms the desks are attached to the floor, thus preventing adjustment to suit the light needs of different days.

There is an average of one drinking fountain for every eighty pupils. Water comes to these fountains from the city water supply, and the waste is drained into the city sewer system. The source of this water is approved by the State Department of Health as being safe. Guards are placed on each fountain making it difficult for the child's mouth to come in contact with the water outlet.

Washbowls, with water piped to them, are found in all the washrooms. However, only two buildings have handles on the faucets to allow the water to be turned on. There is neither soap, towel, nor dispensers for either in any of the elementary school washrooms.

There is an average of one toilet seat for every fifteen girls in the restrooms. The boys' restrooms
are equipped with an average of one toilet seat for each seventeen boys enrolled, and one urinal for each twenty-five boys enrolled. The toilet seats are of the automatic flushing type, and are in working order in all the schools. The automatic flushing mechanism on the urinals works only in one building. The janitor flushes the others by opening a valve at set intervals during the day. Chemical cleansers, disinfectants, and deodorants are used to keep the toilet facilities and rooms clean and sanitary. The wastes are emptied into the city sewer system. The restrooms are all ventilated with window and shaft ventilators through the roof. The floors of the restrooms are of tile and are mopped with warm soapy water every day. The water is treated with a disinfectant. The restrooms are all in the basement which is, in some cases, two or three floors from the classroom.

Handrails are provided on each stairway for the safety of the children. A fire escape is provided for all floors above the ground level. Fire extinguishers are provided and kept in working order. First aid materials are available in all the schools. In only one kitchen, equipment to steam or heat sterilize dishes and utensils for the lunch program is provided.

To get as near an objective picture of the school under study as possible, the opinions of three officers
in this educational organization were obtained. These officers are the county health nurse, the city-county juvenile officer, and the city elementary coordinator. These officers indicated their opinions on the checklist shown in Table 3.

**TABLE 3**

A CHECKLIST USED TO EVALUATE THE CLEBURNE, TEXAS, ELEMENTARY SCHOOL HEALTH PROGRAM

<table>
<thead>
<tr>
<th>1. The school philosophy</th>
<th>None</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is it definite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Does it conform</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to modern educational aims</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. The course of study</th>
<th>None</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does it include</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>knowledge and skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Does it meet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>local needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Do the teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>help plan it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 3. Are the teachers      | None | Poor | Average | Good | Excellent |
| adequately trained in    |      |      |         |      |           |
| health education         |      |      |         |      |           |

| 4. Do the teachers hold  | None | Poor | Average | Good | Excellent |
| a key position in the    |      |      |         |      |           |
| health program           |      |      |         |      |           |

| 5. Methods of instruction| None | Poor | Average | Good | Excellent |
| a. Do they provide       |      |      |         |      |           |
| for pupil participation  |      |      |         |      |           |
| b. Do they meet          |      |      |         |      |           |
| the child's needs        |      |      |         |      |           |
TABLE 3—Continued

<table>
<thead>
<tr>
<th>6. The school plant</th>
<th>None</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Site</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Heating and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ventilation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Attractive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Safe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Provide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>proper</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>space</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Lighting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Toilet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Washroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each possible classification of answer on the above checklist was weighted as follows: None 0, Poor 3, Average 6, Good 9, and Excellent 12. Weightings divisible by three were used in order to get an average in whole numbers rather than an average in fractions. An average of the answers of the three above-mentioned officers was determined according to these weightings. A simple arithmetical formula of adding the total score of each item in the checklist and dividing each total by three was used in getting these averages. The tabulations of these averages shown in Table 4 will serve to verify the analysis presented in this chapter. This tabulation is also a good summary of the material presented in this analysis of the Cleburne, Texas, health program.


| Table 4 |
|------------------|-----------------|
| A SUMMARY OF EVALUATION OF CLEBURNE, TEXAS, ELEMENTARY SCHOOL HEALTH PROGRAM MADE BY THE COUNTY HEALTH NURSE, THE CITY-COUNTY JUVENILE OFFICER, AND THE CITY ELEMENTARY COORDINATOR |

<table>
<thead>
<tr>
<th>1. The school philosophy</th>
<th>Average Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is it definite</td>
<td>1</td>
</tr>
<tr>
<td>b. Does it conform to modern educational aims</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. The course of study</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does it include knowledge and skills</td>
<td>4</td>
</tr>
<tr>
<td>b. Does it meet local needs</td>
<td>3</td>
</tr>
<tr>
<td>c. Do the teachers help plan it</td>
<td>2</td>
</tr>
</tbody>
</table>

| 3. Are the teachers adequately trained in health education | 2 |
| 4. Do the teachers hold a key position in the health program | 3 |

<table>
<thead>
<tr>
<th>5. Methods of instruction</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do they provide for pupil participation</td>
<td>3</td>
</tr>
<tr>
<td>b. Do they meet the child's needs</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. The school plant</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Site</td>
<td>8</td>
</tr>
<tr>
<td>b. Heating and ventilation</td>
<td>7</td>
</tr>
<tr>
<td>c. Attractive</td>
<td>7</td>
</tr>
<tr>
<td>d. Safe</td>
<td>7</td>
</tr>
<tr>
<td>e. Provide proper space</td>
<td>5</td>
</tr>
<tr>
<td>f. Lighting</td>
<td>4</td>
</tr>
<tr>
<td>g. Toilet facilities</td>
<td>6</td>
</tr>
<tr>
<td>h. Washroom facilities</td>
<td>4</td>
</tr>
</tbody>
</table>

The average evaluation of the whole school as it affects the health education program was 4.12 which, according to the given weightings, is slightly above poor.
CHAPTER IV

A HEALTH AND PHYSICAL EDUCATION COURSE OF STUDY

OUTLINE SUITABLE FOR FOURTH AND FIFTH GRADES

A course of study should be planned and outlined by the administrator and teacher together. Nevertheless, a suggested outline course of study is presented to serve as a base from which to work out one suited to the local needs of the school under study.

A Health Course of Study Outline Suitable for Use in the Fourth Grade

Unit I, safety all the time.--

A. Learning how to be safe

1. At work and play
2. At home
3. On the way to school
4. In school
5. General rules of safety

B. In eating

1. Choosing correct foods
2. Knowing why foods chosen are correct ones
3. Learning how to select proper food
4. Developing eating habits
a. Cleanliness of body, food, and equipment in eating
b. Developing eating manners
c. Eating regularly

C. Communicable diseases
   1. Kinds
   2. Causes
   3. Preventions

Unit II, safety for teeth.--
   A. How teeth are built
   B. Care of teeth

Unit III, safety for the eye.--
   A. Parts of eye
   B. Care of the eye
      1. Rest
      2. Correct light
      3. Cleanliness of eye

Unit IV, safety with the other gateways.--
   A. Safety with the ear
      1. Parts and use of ear
      2. Cleanliness and care of ear
   B. Breathing system
      1. Nose
      2. Lungs
      3. Adenoids and tonsils
      4. Effect of posture on breathing
      5. Proper breathing and sleep
Unit V, safety of the skin.--
A. Purpose of skin
B. Care of skin
   1. Cleanliness
   2. Injuries
C. Nails—use and care
D. Hair—use and care

Unit VI, enemies of safety.--
A. Tea and coffee
B. Alcoholic drinks
C. Tobacco
D. Habit-forming drugs¹

Fifth grade children are of sufficient maturity to begin to understand the relation between facts and skills based on these facts. Therefore, a health course of study for the fifth grade includes facts to help the child learn the "why" of health habits.

A Health Course of Study Outline Suitable for Use in the Fifth Grade

Unit I, cleanliness.--
A. When man learned to be clean
B. Why cleanliness helps good health
   1. Bathing all over
   2. Washing hands and face
   3. Brushing teeth

4. Clean clothes
5. Clean homes, communities, and schools

**Unit II. Foods.**

A. Food elements

1. Energy foods
   a. Fats
   b. Carbohydrates
      (1) Sugar
      (2) Starch

2. Building—growth and repair foods
   a. Protein
   b. Minerals

B. Meal planning

1. Proper elements in prepared food
2. Proper amounts of food
3. Cleanliness in preparation and serving meals
4. Making meals look attractive
5. Buying foods for proper meals

C. Digestion, assimilation, and elimination

1. Where different food elements are digested
   a. Starch and sugar in mouth
   b. Protein in stomach
   c. Fats in small intestine

2. Foods are taken into bloodstream in small intestine
3. Elimination
   a. From large intestine
      (1) How often
      (2) Use of laxatives
      (3) Cleanliness
   b. From kidneys
      (1) How often
      (2) Cleanliness

Unit III, ears.--
   A. Parts of ear
      1. Outer
      2. Middle
      3. Inner
   B. Care of all parts of ear
      1. Cleanliness
      2. Injury

Unit IV, eyes.--
   A. Parts and how they work
   B. Care of eye
      1. Cleanliness
      2. Injury
      3. Rest
      4. Good light

Unit V, breathing system.--
   A. Why we need air
1. Oxygen
2. Carbon dioxide

B. Parts of system and functions of each
   1. Nose
   2. Lungs

C. Diseases of breathing system
   1. Causes
   2. Health habits which help prevent and cure

Unit VI, bones and muscles.--

A. Skeleton
   1. Purpose of bones
   2. How bones grow
   3. Care of bones

B. Muscles
   1. Purpose of muscles
   2. How muscles grow and work
   3. Care of muscles

Unit VII, safety.--

A. In water

B. Poisonous plants and animals

C. On street, playground, and home

D. Fire prevention

Unit VIII, clothing.--

A. Proper clothes for weather
   1. Cold weather
   2. Warm weather
3. Wet weather

B. Care of clothes

1. Cleanliness
2. Neatness
3. Storage when not in use
4. Carefulness in work and play

Physical education or directed play should be a tool of health education. When play does not aid in developing all the habits and skills needed for health and safety, it is not proper for that age group, or it is not presented in the right manner. Most girls and boys of the fourth and fifth grades like the same games. Sometimes local conditions exist where this would not hold true. Therefore, a separate list of games for both boys and girls of fourth and fifth grade levels has been prepared.

A List of Games Suited to the Needs of Fourth and Fifth Grade Boys

| Touch football | Skin the cat |
| Volleyball | Hand stand dip |
| Speedball | Jump stick |
| Basketball | Under stick |
| Softball | Tie up |
| Field and track events | Bull neck |
| Dashes | Back bend |
| High jump | Knee dip |
| Broad jump | Pyramids |
| Shot put | Hand wrestle |
| Relays | One-legged hand wrestle |

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3. Norma Schwendener, *Game Preferences of 10,000 Fourth Grade Children*, p. 37.
Forward roll  
Backward roll  
Neck stand  
Lever  
Human rocker  
Head stand  
Bridge  
Cartwheel  
Tete-a-tete  
Bar stunt  
Indian wrestle  
Batt and battle relay  
Tire-rolling relay  
Tire-jumping relay  
Thru-the-tire relay  
Fireman's left relay  
Ball fight  
Hold the line  
Tug O' War  
Goal throwing relay

These boys' games give training in control and coordination of the large muscles of the body. None of these games requires a great degree of fine muscle control. Some of them are group games which help develop social attitudes, leadership, and follower-ship. Some of them require no cooperation with others, but develop in the child the attitude of independence and self-reliance.

A List of Suitable Games for Fourth and Fifth Grade Girls

<table>
<thead>
<tr>
<th>Game</th>
<th>Game</th>
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</thead>
<tbody>
<tr>
<td>Alphabet race</td>
<td>Criss-cross goal</td>
</tr>
<tr>
<td>Ball stand</td>
<td>End ball</td>
</tr>
<tr>
<td>Bear-in-pit</td>
<td>Going to New York</td>
</tr>
<tr>
<td>Bird heart or fish</td>
<td>Grab ball</td>
</tr>
<tr>
<td>Blind hop tag</td>
<td>Hit-pin baseball</td>
</tr>
<tr>
<td>Boiler burst</td>
<td>Keep away</td>
</tr>
<tr>
<td>Circle toss</td>
<td>Kick ball</td>
</tr>
<tr>
<td>Clasp tag</td>
<td>Line soccer</td>
</tr>
<tr>
<td>Colors</td>
<td>Newcomb</td>
</tr>
<tr>
<td>Come along</td>
<td>Line court basketball</td>
</tr>
<tr>
<td>Dare base</td>
<td>Number catch ball</td>
</tr>
<tr>
<td>Drop ball and run</td>
<td>One old cat</td>
</tr>
<tr>
<td>End dodge ball</td>
<td>Passing race</td>
</tr>
<tr>
<td>Flying Dutchman</td>
<td>Pin ball</td>
</tr>
<tr>
<td>Forest lookout</td>
<td>Pin soccer</td>
</tr>
<tr>
<td>Freight train tag</td>
<td>Red rover</td>
</tr>
<tr>
<td>Hop Scotch</td>
<td>Rotation soccer</td>
</tr>
<tr>
<td>Jacob and Rachel</td>
<td>Soccer</td>
</tr>
</tbody>
</table>

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Hop ball
Kick the stick
Lumbers change
Pass and change
Peggy in the ring
Ring throw
Swat
Tail tag
Twenty-one
Vis-a-vir
Baseball
Bat ball
Boundary ball
Bullets
Captain ball
Circle dodge ball
Circle team bounce ball
Club snatch
Arch ball
Attention run
Backward and forward relay
Bog pile
Ball and bottle relay
Carr and fetch relay
Centipede relay
Circle relay
Down turn and under
Eskimo roll
Farmer and crow relay
Wheelbarrow
Tennis voile
Touch
Two old cats
Volleyball
Volley tennis
Back-to-back stick pull
Camel waddle
Corkscrew
Finger jump
Frog hop
Hand push
Heel knock
Jacks
Knee dip
Rising sun
Rope jump
Tug O' War
Single squat
Hopping relay
Measuring feet relay
Over border relay
Put ball relay
Plus and minus attention
Potato race
Running relay
Shoe scramble
Skipping relay
Stunt relay
Tunnel relay
Walking relay

These games for girls have as their aim the development of coordination of the large muscles, and development of proper attitudes. Group cooperation, friendly competition, individual achievement, good leadership and good follower-ship are among the attitudes which need to be developed.

\textsuperscript{5}Ibid., pp. 20-74.
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Having set up criteria for evaluating a health education program and having considered the health education program of Cleburne, Texas in respect to these criteria, the following conclusions have been reached:

1. No definite written philosophy of health education exists for the Cleburne Public Schools.

2. The teachers have no generally understood philosophy of health education.

3. In the absence of a well defined philosophy of health education, the program is only a patch-work program and not a well-unified, well-working program.

4. Such a philosophy, or lack of it, does not conform to modern educational aims.

5. There is no written planned course of study to guide the teachers in building the health curriculum.

6. An unplanned course of study, as is shown in use here, does not meet the needs of the locality.

7. The teacher is the only one who does any planning on a course of study for the health education.

8. More stress is placed on gaining knowledge than on developing skills.
9. The teacher is not adequately trained in health education.

10. On the primary level, the methods of instruction do provide for more pupil participation than on the intermediate level.

11. On the intermediate level, the methods of instruction do not provide enough activity on the part of the pupil.

12. Proper health habits are not developed, therefore the methods of instruction do not meet the needs of the child.

13. The school buildings are safe.

14. The school sites are well chosen.

15. On the inside, the school buildings are not as attractive as they should be. They need improvement.

16. There are proper heating facilities for the school needs.

17. The ventilation system needs improvement.

18. The natural lighting is better than the artificial.


20. The playgrounds are adequate in size for the local needs.

21. The classroom space nor lunchroom space is adequate for the needs.
22. The drinking water comes from a proper source.

23. The drinking fountains are adequate in type but not in number.

24. The toilet facilities are adequate in number and cleanliness. They do not work as they should.

25. The washroom facilities are not adequate for the needs nor for good health instruction.

26. The physical education program does not contribute to developing good health behavior.

The foregoing conclusions point out both the adequacies and the inadequacies of the health program under study. Certain recommendations, when followed, will lead to remedying in part the inadequacies of the program. Therefore, it is recommended:

1. That a definite philosophy of health education be developed for this school.

2. That this philosophy be put into use in forming a course of study and activities of a health program.

3. That this philosophy be flexible enough to provide for different methods of instruction and different activities to meet the needs of all the children.

4. That this philosophy be revised often enough to always be in line with the best aims of educational philosophy.

5. That a suggested course of study be developed, written, and put into use in this system.
6. That the administration, teachers, supervisors, and health experts cooperate in building this course of study.

7. That this course of study should set forth certain suggested knowledge to be taught the children and certain skills in health habits they need to attain.

8. That this course of study never be absolute and unbending to the needs of the individual child in the school.

9. That this course of study contain suggested activities that will help the teacher in planning the health curriculum and activities so as to provide adequate guides.

10. That an inservice-training program be instituted to better train the teachers in health education.

11. That the methods of instruction provide pupil participation in class activities adequate to develop in them the knowledge and skills that are needed to be healthy.

12. That the physical education program in the elementary schools be made a tool of health education, and be under the direction of the health teacher.

13. That health activities be from actual life situations so as to have a real daily value.

14. That another elementary school building be constructed to relieve the crowded situation in the present one.
15. That a modern lunchroom be installed in all the elementary buildings.

16. That more sanitary drinking fountains be installed where they are needed.

17. That the buildings be redecorated inside to make them more attractive and give the pupil a bright, cheery place in which to work.

18. That the furniture be bleached to add to the amount of available light.

19. That the desks be made movable so they can be adjusted to the activity needs of the classroom.

20. That scientifically correct artificial lighting be installed in every room.

21. That diffusers be installed in the windows to better distribute the natural light.

22. That a scientifically correct ventilating system be installed.

23. That the toilet installations be put into working order.

24. That water, soap, and towels be provided in every washroom, with proper dispensers so as to avoid waste and misuse.
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