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A study of the health education program of thirty-six schools in Houston County, Texas for the school year 1944-1945

Addie Metria Ware

Atlanta University

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A STUDY OF THE HEALTH EDUCATION PROGRAM
OF THIRTY-SIX SCHOOLS IN HOUSTON COUNTY,
TEXAS FOR THE SCHOOL YEAR
1944-1945

A THESIS

SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS

BY
ADDIE METRIA WARE

DEPARTMENT
OF
HOME ECONOMICS EDUCATION
ATLANTA, GEORGIA
AUGUST, 1945
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CHAPTER I

INTRODUCTION

Statement of the Problem.—The problem is to study the health education programs of thirty-six schools for Negroes in Houston County, Texas.

Justification of the Problem.—The writer's interest in the problem was aroused by observations made in these thirty-six schools. As Jeanes Supervisor for Houston County, Texas, it was her duty to observe all aspects of school life. She continually came in contact with unfavorable conditions pertaining to the health of the children such as limited services, or no service from public health physicians and nurses, unsightly surroundings, offensive odors in classrooms, poor housekeeping, limited or no playground equipment, poorly provided drinking arrangements, poorly heated and lighted school buildings, very little, if any, equipment conducive to health. Apparently a large number of improperly nourished children and not many well organized or supervised play periods.

The outcomes of this study may suggest: (1) improved health instructions in the public schools of Houston County, Texas; (2) better plans for clinic services; (3) better medical care; (4) working plans for follow-up work; (5) plans for discovering school health needs; (6) desirable health objectives; (7) improved procedures in determining the health standards of children; means of enlisting children's cooperation in health protection and maintenance; (8) improved procedures in informing parents of defects that are present, in preventing diseases, correcting remediable defects; and (9) this study may provide factual data for teachers, parents, public health officials, administrators, and others who help in raising the health standards for the Negro children in Houston County, Texas.
Related Literature.—Williams and Brownell have defined health education as the "sum of experiences in school and elsewhere, which favorably influence habits, attitudes and knowledge related to individual, racial, and community health." With this definition as a criterion the writer made an extensive survey of available literature to find out if any study had been made of the health education programs in the schools for Negroes of Houston County, Texas. While no such study could be found, the survey revealed a few studies which are closely related to the problem which has been chosen for this investigation. Brief summaries of these related studies will be given in the paragraphs which follow:

Health records compiled by the Commonwealth Fund, offer discoveries made in the health education programs in the schools of Clark County and Athens, Georgia. It was found that medical and dental services in Athens were chiefly on a generalized basis and that the doctors and dentists had made little or no effort to interest patients in preventive methods. There was no professional social worker, nor comprehensive plan of health development before 1924. Progress was severely limited by the lack of a sufficient staff.

Mustard revealed through a study in Rutherford County, Tennessee that out of one hundred fifty-one white schools and eighty-four Negro schools in 1924 that there was a total of five toilets in these schools; Negro one

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1 Williams, K.F., Brownell, C.L., Health and Physical Education. 1930. Teachers College, Columbia University, N. Y. p. 5

and white four, which was seventeen and four tenths per cent of the Negro enrollment, and twenty-two per cent of the white enrollment. In 1928 the total number of schools with sanitary toilets was fifty-seven; which was of the Negro enrollment eighty-one and four tenths per cent and eighty-five and eight tenths per cent of the white enrollment. In 1924 the total number of schools with protected water supplies, Negroes thirteen and white thirty-four. In 1924 there were no drinking fountains. In 1928 there was a total of twenty drinking fountains; Negroes two white eighteen. In 1924 there were no individual drinking cups. In 1928 there were forty-nine schools using individual drinking cups; Negroes twenty-six and white twenty-three. Classrooms adequately lighted in 1924 were one hundred six; Negroes twenty-seven and white seventy-nine. In 1928 there were one hundred ninety-six adequately lighted classrooms; Negroes thirty-nine and white one hundred fifty-seven.

Fifty-seven specimens of drinking water were examined in 1924 and two hundred forty-five in 1928.

Records from the school examinations show that nearly one out of five school children examined was found to be under weight. The Snellen test showed that less than five per cent of the school children probably needed glasses. The number of children recorded for malnutrition was four per cent, less than those rated as underweight, the nutrition defect rate being sixteen and one tenth and one and four tenths for Negroes and white respectively.

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This incidence of thyroid conditions was eight tenths less than the above. Negro children showed a lower rating in oral hygiene than white children.

The findings in examining the tonsils showed that about one out of every three school children examined was judged to have had diseased tonsils which required medical attention. Examination of the lungs showed that less than one per cent of those examined had a condition requiring medical attention.\(^1\)

Bremnell, reports that sixty per cent of seven hundred sixty-one private secondary schools gave health guidance apart from the guidance presented in the usual subjects of study. In sixty per cent of the schools the health work is carried on by persons trained to do health work, and in sixty per cent all pupils received special instruction in health at some time during their secondary-school career. Thirty-six per cent of these schools reported that instruction is given in special health courses conducted by specially trained teachers of health. In fifty-six per cent of the schools this instruction is given in connection with other courses, conducted by regular classroom teachers. Among seven hundred sixty-one, fifty-seven per cent require physical education. In eleven per cent of the schools it is elective, and 12 per cent do not offer it.\(^2\)

In twenty-eight per cent of the schools a health examination is compulsory when pupils enter. The examination pertains to the eyes, throat, teeth

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\(^1\) Mustard, Harry S., Cross-Section of Rural Health Progress Report of the Child Health Demonstration in Rutherford County, Tennessee, 1924-25, 1930, New York, pp. 36-41.

ears, nose, heart, lungs and speech. Ninety per cent of the schools inform parents of the defects found in their children. Fifty per cent of these schools offer physical education as a corrective measure.¹

Walker and Randolph, made a study of six counties in Tennessee, and recorded the following: that from eight tenths to one and four tenths per cent of the white children will be found by school examination to have heart defects. From six tenths to one and four tenths per cent will be found to have lung defects. From eight and four tenths per cent to nineteen and one tenths per cent will be found to have defects caused by malnutrition.²

Nyswander, made a study of the school health service in Astoria and found that of two hundred two children in the fifth and sixth grades of one school examined by the physicians only twenty-two cases, eleven per cent, were found to be free from observable defects.³

The importance of improving school health education programs is evidenced by the fact that some twenty-five per cent of our eighteen year old boys, fifty per cent of the thirty-eight year old men, seventy per cent of the forty-five year old men have been rejected from military service and that our leaders have been calling for young men for service because the older men have physical defects at a rate three times as high as that of the men under twenty. The short comings appear to be the lack of strength especially of


arms, shoulder girdle and abdominal muscles, agility, speed, endurance and motor skills. Girls and women in military service and in production have been shown to need much the same type of improvement as to physical fitness as was needed by the men and boys.

Despite the fact that special emphasis has been placed on physical and health education programs for boys and girls in the last two years of senior high school, data supplied by the U.S. Office of Education indicates that, as of October 1st, 1943, there were in this County approximately only fifty-one and one tenths per cent of the boys and forty-seven and six-tenths per cent of the girls in the last two years of high school enrolled in physical education classes. Twenty per cent of the girls in the last two years of high school are enrolled in health education.

These data indicate that we have yearly three million high school boys and girls whose physical fitness is being neglected so far as schools are concerned.1

Report of the Regents Inquiry on the School Health Programs in the State of New York, states that in sixty per cent of the schools, seats were not adjusted to fit the children, about one third of the schools showed in midwinter classroom temperature of seventy-five degrees and over. In thirteen per cent of the schools the main illumination was less than the accepted standard (10 footcandle of light), and in about nine out of ten schools some of the children worked with less than that illumination. Sanitary bubble fountains are lacking in one-fourth of the schools. There was no soap in twenty nine per cent of the schools and no towels were found in one fifth of the schools examined.

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This report also indicates that Health instruction is very creditable in the fourth, fifth, and sixth grades, but in the other grades it is not adequate.¹

The U.S. Department of Labor, Children’s Bureau makes known the fact that ninety-seven per cent of the children on the state registers are suffering from plastic conditions, and three per cent are suffering from other types of crippling conditions. The major causes of crippling are infantile paralysis, congenital defects, birth injuries, accidents, rickets, and bone and joint tuberculosis, disabilities arising from impaired vision, impaired hearing and diabetes.²

An investigation under the Russell Sage Foundation indicates that not less than sixty per cent of American School Children are handicapped by removable physical defects, and that, as a result, they are making nine per cent slower progress. According to these investigations they fall six months behind in eight years. Ten million children have bad teeth, children with adenoids require a year and a month longer of entire schooling to complete eight grades.

There is no duty more pressing in the school term than that of securing the best possible health for the children.


Can the school any longer ignore the many defects of children, which is to a large degree responsible for it?  

When the war is over, the schools will be brought back to public attention, and now is the time for the health department to make plans with the school department for the beginning of sound economical, and safe standards and practices in the social environment. This is one field where good simple structures and equipment should not be forgotten because they are to protect lives and safe guard well being.  

Doctor M. Wheatley brings out the fact that young people do not consider health education important due to the fact that the schools do not put enough stress on health education.  

Herbert Wey says, that a survey was made and of the fifty-six schools that answered the questionnaire, eighteen admitted they offered no physical health education at all and twenty-one stated that they offered no health education. The average student in this group of high school students spends less time in physical and health education than he does in one year of any other academic subject. Ten of the high schools that offer physical education give credit for it toward graduation and only thirteen of the thirty-five offered health give no credit for it.  


An investigation made by Thomas Harrison, shows that physical handicaps are frequent causes of failure; studies of very large numbers of failing and non-failing pupils show more frequent illness and physical defectiveness among those who are failing.¹

The Present Investigation.--After a careful consideration of the problem for this investigation, the writer will attempt to answer four specific questions with reference to health programs in thirty-six schools for Negroes in Houston County, Texas.

1. What are these schools doing to teach and encourage the practice of good health habits?

2. What are the types of physical equipment which are used to promote good health?

3. What are the dominant problems of sanitation?

4. What are the availability and use of professional services?

All data for the investigation will be secured through personal observations and face to face interviews.

Method of Investigation.--In order that the data for this study might be properly collected a questionnaire was constructed. This questionnaire provides for the securing of information from two state accredited high schools, three non-accredited high schools, two junior accredited high schools, two accredited elementary schools, and twenty-seven non-accredited elementary schools. The total enrollment in these schools, three thousand six hundred eighty-one ranging from six to eighteen years of age.

The data were concerned with the following:

1. What are these schools doing to teach and encourage the practice of good health habits?

2. What are the types of physical equipment which are used to promote good health?

3. What are the dominant problems of sanitation?

4. What are the availability and use of professional services?
TABLE V

DATA RELATIVE TO NUMBER AND ENROLLMENT OF SCHOOLS BY SIZE

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<thead>
<tr>
<th>Grouping</th>
<th>Number of Schools</th>
<th>Total Number of Pupils</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Common</td>
<td>Independent</td>
</tr>
<tr>
<td>Fifty and fewer</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Fifty-one to one hundred</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>One-hundred one to two hundred</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Two hundred and above</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>4</td>
</tr>
</tbody>
</table>
The questionnaire was taken by the investigator to each Negro school in Houston County, Texas, and through personal observations and interviews of the health education programs in these schools the data which formed the foundation for this argument were obtained.

The data which have been collected will be compiled in proper form.

The findings will be concerned with the following:

1. What are these schools doing to teach and encourage the practice of good health habits?

2. What are the types of physical equipment which are used to promote good health?

3. What are the dominant problems of sanitation?

4. What are the availability and use of professional services?
CHAPTER II

ANALYSIS AND INTERPRETATION OF DATA

Activities Encouraging Good Health Habits.—Three thousand six hundred eighty-one children are affected by the health education programs in the thirty-six schools for Negroes in Houston County, Texas.

Many investigations have already shown the influence of health education programs upon the type of health habits set up as standards by schools and the force behind these standards in encouraging children to practice these health habits.

From this study it was found that thirty-two schools teach the lesson of cleanliness through daily sweeping; eighteen of these thirty-two schools also require students to use damp cloths in dusting the furniture.

Hand washing is practiced in twenty-five of these schools; eleven of these twenty-five schools permit the washing of hands without the use of any soap or with the use of a common bar of soap. Fourteen of these twenty-five schools use liquid soap and individual towels. Twenty-five schools promote good health habits through special instructions in the prevention of communicable diseases; twenty schools give special training in first aid, and safety; and thirty-one schools give special teaching in the care and prevention of common colds. Twenty-five of the thirty-six schools require morning inspection of the school children by teachers or students. Ten of these thirty-six schools teach good health habits through the making of health note books; twenty-eight schools through poster making; six schools through health games; ten schools through properly selected stories; six schools through properly selected plays; thirteen schools give special care in selecting proper health songs.
Thirty-four of these schools are properly ventilated and twenty-five properly lighted.

Five schools are equipped with electric lights. It has been brought out in the survey of related studies that the lighting of the schoolrooms is important because the tissues of the child's eye are soft and plastic and the child's eyes may be injured for a life time due to poor lighting. Teachers in 20 schools were found teaching the following lessons: that there should not be any cross lighting or glare from polished surfaces, poorly finished or improperly placed blackboards; that the light should fall upon the child's work from the rear or left side and not throw shadows across his work, no glaring surfaces on the walls, charts, nor blackboards. There are twenty-five school buildings for negroes in Houston County with the source of natural light coming from one side of the rooms.

Twenty-six of these thirty-six schools serve hot lunches at the noon hour to two thousand one hundred forty-nine, school children.

It was found from this study that twelve schools measure and weigh the children at the beginning of the school year. Each child's weight and height are checked with a standard chart to find out if the child is under weight or over-weight according to its age and height. Two of these schools report that special care is given to those children who are found to be extremely under weight. This information is also used as a basis in estimating and recording conditions found through out the year; used as a basis for remedial work, used as a guide in the improvement of physical conditions.

All schools of the county have the opportunity to use the county health scales, but less than one-half of the schools make use of these scales. What these schools are doing to teach and encourage the practice of good health habits may be found in Table I. ¹

¹See Appendix, page 20
Physical Equipment which Promote Good Health.—This study revealed that twelve schools out of the thirty-six schools are provided with adjustable window shades. It was found that one school included in the twelve schools does not need window shades. This report came from the Texas State Department of Education, Austin, Texas and this test was made by a representative from the State Department of Education, and the test showed that shades in this particular school will make the rooms too dark.

There are fifteen drinking fountains in these schools, which is less than one-half of the total number of schools in the county, and many of these fountains need repairing, and the wells need cleaning. The other twenty-one schools use various means of handling drinking water, for example, individual drinking cups, the use of a common dipper and in some cases, children bring water from home in bottles and jars; teachers carry water to school in large jars or kegs.

This study shows that twelve of these schools have adequately equipped first aid kits, and the other twenty-four schools have partially equipped kits.

Handwashing was discussed under health habits and will not be discussed here. However, the writer will state the fact that twenty-five schools are equipped with some type of hand washing facilities.

Ten schools provide adequate equipment to take care of the waste paper and other trash around the schools.

It was found that these schools have very little playground equipment, seven schools have four pieces of playground equipment each; twenty-six have less than three pieces of playground equipment. Three schools have three pieces of playground equipment each.
All schools may use the county health scales which has already been mentioned.

Seventeen schools provide suitable chairs, and desks, and tables for teachers and students. These desks, chairs, and tables are found in the schools with an enrollment ranging from fifty-one to two hundred. The remaining nineteen of thirty-six schools are equipped with benches. These benches are made straight and are not comfortable for the children. They must slump in order to rest their backs.

From observation it was found that eighteen schools have adequate equipment to operate lunchrooms. Eight schools are operating lunchrooms with a very limited amount of equipment. There are two thousand one hundred forty-nine school children served in these twenty-six lunchrooms.

Despite the fact that the coca cola company, Crockett, Texas, supplied all of the schools in Houston County, Texas, with thermometers, there are only sixteen schools with thermometers in the classrooms. Among this number only one-half of them responded as knowing anything about the temperature of the rooms when asked; this question about what temperature is this room usually kept? eight gave similar answers, "well, I don't usually look at the thermometer, I just keep the room warm enough to be comfortable," and others, "I have not thought about keeping the room at an even temperature."

The investigation discovered that the high schools rank higher than the elementary schools in providing a sanitary type of toilet, four high schools have one toilet each for boys and girls; ten elementary schools have one toilet each for boys and girls. These toilets are pit toilets. One noticeable thing about these schools is; that there are as many toilets for boys as for girls and there are no surface toilets on the high school cam-
puses. There are thirteen surface toilets for boys in the elementary schools and eighteen for the girls making a total of thirty-one surface toilets erected on the elementary school campuses. One high school (small town) has sewage and three elementary schools do not have toilets at the disposal of the school children. The types of physical equipment which are used to promote good health are found in Table II.¹

Dominant Problems of Sanitation.--This study indicates that there are nine schools that keep their blackboards clean and in good conditions.

Only ten schools less than one-half of these thirty-six schools have attractive clean campuses, and on these ten campuses the rubbish has been removed, standing water drained off, holes filled, weeds and grass cut, walks placed where needed, freed from foul odors; and supplied with convenient water supplies and adequate provisions for caring for waste.

Thirty-two schools reported that the buildings are swept daily. Two elementary schools do not sweep daily, but observations show that twenty-two schools keep clean floors even though thirty-two schools reported daily sweeping of floors. Some excuses for dirty floors are; "children are small; we get busy and some days we do not get around to cleaning; the children are careful and the floors do not need cleaning every day; you cannot keep the floor clean when the children are working; if the floor is cleaned every day we will not get to cover all of our work; and we do not have a good broom."

Eleven schools keep the furniture clean and in good condition. This study indicates that there are ten schools that keep their toilets in a sanitary condition. From observation it has been found that sanitary toilets are very much needed in the schools for Negroes of Houston, County, Texas.

¹See Appendix, page 20
Thirty-one schools get drinking water from wells, and well diggers are not required to have health certificates. One school uses water from a cistern, and four schools do not have any drinking water on the campuses. During the school year 1944-45 eight schools used water from wells, from which the water had been tested by the State Health Department. These eight schools received a report from the State Health Department stating that the water was safe for drinking purposes. Three schools use pumps in the wells. The common rope and bucket are still in use in twenty-six of these elementary schools and two high schools (small) town have running water.

It was found that twelve schools have clean and attractive walls, and ten schools keep the trash removed from the campuses, and fifteen schools have clean windows.

Sanitary conditions are very poor around many of the uncovered wells. Water is wasted around many of these wells and it is not drained off which causes very unclean surrounding. Often children drink water from the well buckets and often water is allowed to run back into the wells from dirty hands and dirty ropes. In some schools the hogs are allowed to wallow around the wells which makes mud holes around them. The school environments are not the best examples for healthful living. There are eleven schools considered as having clean surroundings about the water supply. The dominant problems of sanitation are shown in Table III.

Availability and Use of Professional Services.—This study revealed that the county has one county Health officer, who is white, one county health nurse who is white also. However, the study found that four schools received health talks from County health officer. The health officer gave typhoid serum to the school children and adults, in each school visited. The health

1 See Appendix, page 23
officer was called into these schools during a typhoid fever epidemic. Adults
were invited into these schools to take this typhoid serum. Eleven schools
were visited by the County Health Nurse. The Nurse went into these schools
during the typhoid epidemic. In three of the eleven schools visited by
the nurse health talks were given to students and adults. It was found that
students are not required to be vaccinated before entering school and if a
child is vaccinated it is done through some source other than the public
health administration. Children are not forced to have a physical examina-
tion or to present a health certificate on entering school. The availa-
bility and use of professional services are shown in Table IV.¹

¹See Appendix, page 22
CHAPTER III

SUMMARY AND CONCLUSION

Summary.—This study deals with the health education programs in thirty-six schools for Negroes in Houston County, Texas. These schools were observed closely and checked by the investigator using the direct method through questionnaire form. The treatment of the report has been centered around the following topics:

1. What are these schools doing to teach and encourage the practice of good health habits?
2. What are the types of physical equipment which are used to promote good health?
3. What are the dominant problems of sanitation?
4. What are the availability and use of professional services?

The five high schools show a higher standards in securing physical equipment than the elementary schools.

Thirty-two schools are encouraging the practice of good health habits by daily sweeping; nine schools keep their blackboards clean; ten schools keep their campuses clean; twenty-two their floors clean; eleven keep their furniture clean; 10 keep the surroundings and toilets clean; fifteen keep the windows clean, twelve keep the walls clean; ten keep the waste removed and eleven keep around the water supply clean.

There is one health officer in the county and one nurse, both are white. The doctor visited four schools and gave talks in each school and vaccinated the children and adults against typhoid fever. The nurse visited eleven of the schools and gave three health talks and administered typhoid serum to both children and adults. School children are not required to be vaccinated nor have a physical examination before entering school. The doctor and nurse were called into these schools due to an epidemic of typhoid fever.
It is a common agreement of all authors of related studies searched in relation to this study that the school health program is responsible in a large measure for the development of good health habits in the child.

Conclusion.--The conclusion of this investigation is that the improvement in the school health education programs in thirty-six schools for Negroes in Houston County, Texas, can satisfactorily be achieved through the enthusiastic conscientious effort of every person concerned with the lives of the children in school.

From this study the writer offers the following suggestions:

1. That the Houston County Health Unit secure the service of a full-time nurse for Negroes.

2. Each school improve its health education program by seeing that all students and teachers have health certificates before entering school; each school have one toilet each for boys and girls of a flyproof and sanitary type; a safe and adequate water supply; each school have a first aid kit with at least enough articles in it to take care of minor emergencies.

3. That all well diggers have health certificates.

4. That all school buildings and surroundings be properly constructed and cared for.

5. That each teacher learn more about health education and see that the child is given the very best training in the development of health habits.
TABLE I
SHOWS WHAT THESE SCHOOLS ARE DOING TO TEACH AND ENCOURAGE THE PRACTICE OF GOOD HEALTH HABITS

<table>
<thead>
<tr>
<th>Activities</th>
<th>Number of Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daily sweeping</td>
<td>32</td>
</tr>
<tr>
<td>2. Daily dusting with damp cloth</td>
<td>18</td>
</tr>
<tr>
<td>3. Hand washing</td>
<td>25</td>
</tr>
<tr>
<td>4. Instruction in the prevention of communicable diseases</td>
<td>25</td>
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<tr>
<td>5. Instruction in safety and first aid</td>
<td>20</td>
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<tr>
<td>6. Instruction in common colds</td>
<td>31</td>
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<tr>
<td>7. Morning inspection</td>
<td>25</td>
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<td>8. Note book making</td>
<td>10</td>
</tr>
<tr>
<td>9. Poster making</td>
<td>28</td>
</tr>
<tr>
<td>10. Properly selected plays</td>
<td>6</td>
</tr>
<tr>
<td>11. Properly selected games</td>
<td>2</td>
</tr>
<tr>
<td>12. Properly selected stories</td>
<td>10</td>
</tr>
<tr>
<td>13. Properly selected songs</td>
<td>13</td>
</tr>
<tr>
<td>14. Proper ventilating of school building</td>
<td>34</td>
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<tr>
<td>15. Proper lighting of school building</td>
<td>25</td>
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<tr>
<td>16. Serving school lunch</td>
<td>26</td>
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<td>17. The use of soap and individual towels</td>
<td>14</td>
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<td>18. Weighing and measuring school children</td>
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</table>
TABLE II
SHOWS THE TYPES OF PHYSICAL EQUIPMENT WHICH ARE USED TO PROMOTE GOOD HEALTH

<table>
<thead>
<tr>
<th>Types</th>
<th>Number of Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjustable window shades</td>
<td>12</td>
</tr>
<tr>
<td>2. Drinking fountains</td>
<td>15</td>
</tr>
<tr>
<td>3. First Aid kits</td>
<td>12</td>
</tr>
<tr>
<td>4. Hand washing equipment</td>
<td>25</td>
</tr>
<tr>
<td>5. Incinerators</td>
<td>10</td>
</tr>
<tr>
<td>6. Playground equipment</td>
<td></td>
</tr>
<tr>
<td>(a) four pieces and above</td>
<td>7</td>
</tr>
<tr>
<td>(b) three pieces</td>
<td>3</td>
</tr>
<tr>
<td>(c) less than three pieces</td>
<td>26</td>
</tr>
<tr>
<td>7. Scales</td>
<td>36</td>
</tr>
<tr>
<td>8. Suitable chairs, desks, and tables</td>
<td>17</td>
</tr>
<tr>
<td>9. School lunch equipment</td>
<td>36</td>
</tr>
<tr>
<td>10. Thermometer</td>
<td>16</td>
</tr>
<tr>
<td>11. Toilets</td>
<td>33</td>
</tr>
</tbody>
</table>
TABLE III
SHOWS THE DOMINANT PROBLEMS
OF SANITATION

<table>
<thead>
<tr>
<th>Problems</th>
<th>Number of Schools which Accomplished these problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Keeping the blackboards clean</td>
<td>9</td>
</tr>
<tr>
<td>2. Keeping the campus clean</td>
<td>10</td>
</tr>
<tr>
<td>3. Keeping the floors clean</td>
<td>22</td>
</tr>
<tr>
<td>4. Keeping the furniture clean</td>
<td>11</td>
</tr>
<tr>
<td>5. Keeping the toilets clean</td>
<td>10</td>
</tr>
<tr>
<td>6. Keeping the walls clean</td>
<td>12</td>
</tr>
<tr>
<td>7. Keeping the waste removed</td>
<td>10</td>
</tr>
<tr>
<td>8. Keeping the windows clean</td>
<td>15</td>
</tr>
<tr>
<td>9. Keeping the water supply clean</td>
<td>11</td>
</tr>
</tbody>
</table>
TABLE IV
SHOWS THE AVAILABILITY AND USE OF PROFESSIONAL SERVICES

<table>
<thead>
<tr>
<th>Agents</th>
<th>Services</th>
<th>Number of Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Talks</td>
<td>Vaccinations Conducted in Schools</td>
</tr>
<tr>
<td>County Health Doctor</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>County Health Nurse</td>
<td>3</td>
<td>11</td>
</tr>
</tbody>
</table>
APPENDIX
HEALTH EDUCATION QUESTIONNAIRE
1944 - 1945

Name of School ___________________________ Name of Principal _______

Address ________________________________

Type of School _________ Number of Pupils enrolled ____________

A. School Health Activities

1. Is the building swept daily? ________ Is the furniture dusted with a damp cloth? ________ daily? ________ If answer is no, how often is the furniture dusted with a damp cloth? ________

2. Do students wash their hands before eating lunch? __________

Do they use liquid soap? ________ Individual towels? ________


4. Does the school provide for daily morning inspection? ________

By student? ________ By teacher? ____________________________

5. Does the school carry on the following activities? Poster making ________; story writing ________; writing of health songs ________; health games ________; writing health plays ________

Note books ________

6. Are the school rooms well ventilated? ________ Well lighted? ________

7. Does the school provide hot lunch for students at noon? ________

Number of students served? ____________________________

8. Are children weighed and measured on entering school? ________

B. Physical Equipment

1. Are window shades adjustable? ________

2. Is the school provided with a sanitary drinking fountain? ________

3. Is the school provided with equipped first aid kits? ________
4. Has the school hand washing facilities? ________________

5. Has the school adequate equipment to operate a lunchroom? _____
   To care for waste? ________________

6. Playground equipment:
   a. has the school four or more pieces of playground equipment? ______
   b. three pieces ________________
   c. less than three pieces of equipment ________________

7. Is the school equipped with suitable chairs, tables, and desks? ________________

8. Toilets: (a) Number of pit type _______ (b) Number of surface toilets _______. Number schools with no toilet _______.

C. Sanitation

1. Are the blackboards clean? _______ Campuses clean _______.

2. Are the floors kept clean? _______ Furniture kept clean and in good condition? _______.

3. Are toilets sanitary? _______ Are they in good condition? _______.
   State any other condition found ________________

4. Are the walls clean? ________________

5. Is the waste removed? ________________

6. Are the windows clean? ________________

7. Are the school grounds well drained? ________________

D. Availability and Use of Health Services

1. Number of doctors? _______ Number of Nurses? _______.

2. Number of visits made by doctor _______ Number of talks by doctor. _______. Number of visits by nurse _______.
   Number of health talks given by the health nurse _______.

3. Are children vaccinated before entering school? _______.
4. Are children required to have a physical examination on entering school? ______ Number having physical examination. ______
Number with health certificates __________________________.

5. Has the school a pair of health scales? __________________________.

E. Miscellaneous

1. Has the drinking water been tested? ______. Give date ______.

2. Is the well digger required to have a health certificate? ______.

3. Give the source of drinking water __________________________.

4. Is the temperature of the rooms kept between 65 and 70 degrees Fahrenheit? __________________________.

5. Please list other health activities performed in your school?

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________.
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