THE 1924 HEALTH EDUCATION CONFERENCE

"The ultimate responsibility for the health education of the child lies with the classroom teacher." The teacher is "the cloud by day and the pillar of fire by night" who will lead her children into the promised land of health and happiness. This was the opinion expressed by the educators, pediatricians, physicians, nurses, nutritionists, and public health specialists from all geographical sections of the United States who attended the Health Education Conference at the Massachusetts Institute of Technology, Cambridge, the week of June 23rd to 28th.

This conference was arranged by the Health Education Division of the American Child Health Association, at the invitation of the Department of Biology and Public Health of Massachusetts Institute of Technology. The members of the conference divided themselves into two main groups for the purpose of discussing how the teacher may best be helped to shoulder her great responsibility: The School Administration Section, of which Miss Emma Dolfinger, Staff Associate, Health Education Division, American Child Health Association, acted as chairman; and the Teacher Training Section, with George H. Black, principal of the Washington State Normal School, Ellensburg, Washington, as chairman. Professor C. E. Turner of the Massachusetts Institute of Technology was chairman of the general sessions at which the conclusions of the section meetings were presented and discussed.

Miss Mabel Bragg, Assistant Superintendent of the Newton, Massachusetts, Public Schools, struck the keynote of the conference when she said:

"This is the most wonderful time in the world for Health Education to come into its own, for the school curricula are being made over to meet the physical, mental, and spiritual needs of the individual child. Health must be taught, and the people who are working out how it shall be done are the classroom teachers in the public schools. Some teachers say they haven't time, but what is time for except to promote the physical, mental, and spiritual life of the child? In order to do this we must bring all the forces of school administration into co-operation. We cannot wait for perfect organization and the development of perfect methods. One drawback in this movement is that we are not yet successfully using all the agencies at hand. We must take things as they are and see what can be done. If the principal, the classroom teacher, the parents, the doctor, the nurse, and the physical educator all care, the child will care, and nothing can stop this health movement."

Summary of Conference

A summary of the principles developed and points emphasized at the conference was presented and adopted on the closing night. The recommendations in this summary were grouped under six main heads:

First, the personal health of the teacher in service and the teacher in training; second, the personal health of the pupil as presented in a report on the duties of physicians, nurses, teachers and parents in relation to the examination of the child; third, the principles underlying the graduation of subject matter from kindergarten to college, and courses of study for the teacher in training; fourth, the functions of the specialist in a school health program; fifth, the care of the pre-school child; and sixth, suggested tests for measuring certain results in Health Education.

Personal Health of the Teacher in Service

So far as the personal health of the teacher is concerned, little or no conscious effort has been made to administer a school program which will conserve the teacher's health. However, the group expressed the opinion that no really good health work can be done until the teacher's health is safeguarded. Through her work with her pupils, especially in working out a recreation program, the teacher develops skill and interests which later redound to the teacher's advantage. But this, after all, is indirect. We need more direct work in promoting the personal health of the teacher.

The Personal Health of the Pupil

The personal health of the pupil was considered in its relation to health supervision and medical examination. The sense of the conference was that the aim of such an examination is to provide for
every child a chance to achieve the limit of his endowed capacity for well-being.

**Personal Health of the Student Teacher**

The personal health of the student teacher is important because of its effect upon her happiness and teaching efficiency, and because of the necessity of a high standard of personal health if she is to develop a proper health standard among her pupils and meet her opportunities for leadership in the community.

The first step in safeguarding the health of the student teacher should be a systematic physical examination. The student should be faced with the responsibility of constructing her health program in such a way as to take measures to correct any defects discovered. The physical examination must provide for a follow-up program. It is the business of the administrator to see that the instrumentalities for this follow-up shall be so arranged that the teachers may have an opportunity to improve their health.

It is a part of a student’s responsibility to be physically fit. We must not grant certificates or diplomas to teachers who are not physically fit and who have not a health consciousness.

George H. Black, chairman of the Teacher Training Section, described the measures taken for the health of the students in the Washington State Normal School, of which he is principal. He said that health education has been worked out under an organization called Student Welfare and Control. The students themselves administer this as a project, and the students who do not uphold it are looked upon as queer.

Mr. Black said: “Health Education must not be left to the teacher of hygiene. It is only when Health Education becomes a vitalized course connected up with the life of the student that we are able to get results. We must take charge of the scale of living of our students. Teachers must be sensitive to their standard of living. No student has a right to follow a plan of living that will not maintain his health to the highest efficiency possible, and if the student refuses to follow such a plan he must cancel his membership in the school.”

Mr. Black believes that we should use the arts as well as the sciences in health work. The students in a teacher training institution should be made comfortable and happy. They should be able to take health for granted. Most recreation in our schools does not carry over into adult life. Therefore, Mr. Black, whose students are western boys and girls, spends the money that would ordinarily go for a gymnasium apparatus on a contract with a man who owns a string of horses. Instead of exercising on a dummy horse in a stuffy gym, these fortunate boys and girls go galloping off on a horse “come true,” because Mr. Black believes that young people should be trained to live naturally and to possess the joys of life to the fullest measure possible.

**Graduation of Subject Matter From Kindergarten To College**

Guiding principles for the gradation of subject matter, and development of teaching methods were presented in a clear-cut outline by the School Administration Section, and accepted by the conference.

The principles underlying the choice of subject matter for all grades are as follows:

1. The chief emphasis should be on personal health in the kindergarten and up to grade six.
2. The chief emphasis should be on community health and socially healthful behavior in grades seven, eight, and nine.
3. The chief emphasis should be on giving a scientific background, in grades nine to twelve.

Principles of methods accepted as forming desirable motivation for health instruction in all grades were:

1. Health Education activities should be purposeful, i.e., they should develop permanent values for the children such as self-control, self-direction, and self-improvement.
2. The activities should be of value to children as children.

In the discussion on subject matter for the kindergarten, the grades and high school, Miss Maud Brown, Director of Health Education for the Fargo, North Dakota, Child Health Demonstration, said:

“By the time the child enters kindergarten, he should know the geography of his own
body, that is, he should know an accurate, scientific, noun with which to designate every part of his external anatomy. He should be given the verbs to designate the various functions of the parts of the body as soon as he asks questions.

"The kindergarten should fix the daily routine of health essentials in the child's mind by playing very simply and by dramatizing the daily repetition of the health essentials. This dramatization should continue through the first and second grades, varied in every conceivable form, and woven in and out through all projects until no cell can forget its part in it.

"The gradual accumulation of more and more information concerning the reasons for carrying out the essential health program extends through the third, fourth, and fifth grades. This will involve much biological nature study and will result in the possession by the end of the fifth grade of a substantial working knowledge of the child's own machinery.

"It is as great an insult to a child's intelligence to deny him the knowledge of the marvels of his own intricate mechanism as to expect a boy to run an automobile by rote. Both the human body and an automobile cannot be run without understanding the machinery.

"The child should all along learn to watch his own progress in health as measured by the scales, and by a carefully graduated series of strength tests, stunts and games supplied by the Physical Education Department.

"Along about this time the emphasis may begin to shift from personal efficiency as the goal, to family and civic health. Home-making and public health courses may be especially emphasized in the seventh and eighth grades.

It is to be hoped that along with human physiology has gone the comparative physiology which a real teacher cannot well avoid; that pet families have been raised in the schoolrooms and that experimental plant nutrition studies have been carried on; and that, perhaps best of all, children have learned to raise one kind of animal for commercial purposes and to make a financial success of it, thereby learning to measure health in the great American unit, the dollar. If this has all been done in the grades, the boy or girl will enter high school with all the facts necessary to keep him and his family well and have a real feeling of his dignity as a human being, and of the responsibility that his place in nature entails. High School can then be devoted, as high school should be, to technical courses usually deferred till college."

Mr. A. S. Barr, who is in charge of the supervision of the public schools in Detroit, Michigan, said in continuing the discussion on subject matter:

""The education to come must be built upon the concept of the unity of mind and body. The people of a half-century hence will probably look with utter amazement upon the narrow educational outlook of yesterday. We are now in a period of transition. An outstanding characterization of education for a century past is that it is intellectual. Contrary to psychology it attempted to treat mind as independent of body. Explanations of school failures were sought in intelligence."

After defining the objectives to be attained in the elementary school, and the activities used to attain these objectives, Mr. Barr went on to say:

"Such measures as are used should measure ultimate value rather than subject matter goals. Take an example from the field of safety education. Safety education has to do with the saving of human lives. The only real measure of safety education is whether the instruction really saves lives. If a statistical study of accidents show 300 lives lost by accident in 1916; 250 in 1918; 200 in 1920; 150 in 1922 and 100 in 1924, the instruction has produced results. It is of no value to know what pupils can repeat by memory the seven rules of safe living or pass successfully examinations on books read. And so in Health Education; Health Education has to do with the saving of lives."

Courses of Study for Teachers in Training

In summarizing the conclusions of the Teacher Training Section on courses of study for teachers in training it was reported that the program of instruction differs according to the type of institution. In institutions giving not less than a two-year course of study it was recommended that a first-year course..."
in hygiene should be a part of the complete student health program. The prime object of this course should be the improvement of the health of the student. In the remaining years special training should be provided in methods of teaching health.

In the discussion on courses of study for student training, two types of courses were described, the cultural course and the professional course.

The cultural course has as one of its objectives the popularization of health. Dr. Don M. Griswold, associate professor and acting head of the Department of Preventive Medicine and Hygiene, University of Iowa, said:

"There is a definite place in a course in cultural hygiene to teach the desirability of health. The girls are interested in learning how to take care of their feet so that they can become better dancers. The care of the hair can be approached by discussing the question: 'To bob or not to bob.' Pretty smiles mean beautiful teeth, and this is a much better way to study mouth hygiene than to rehearse the old nonsense about brushing the teeth so that cavities won't appear."

Miss Elma Rood, Director of Health Education of the Mansfield, Ohio, Child Health Demonstration, defined the objectives in a Health Education Course for student teachers as follows:

"1. To train the prospective teacher to control as far as possible her own health and to develop enthusiasm for good health in herself, which she may later pass on to her pupils.

"2. To familiarize the students with the various health conditions, favorable or otherwise, which are to be found in every schoolroom and from this knowledge to develop a sense of responsibility which every teacher should have for the welfare of the children in her care.

"3. To prepare the student to present the subject of health in such a way that good health habits will voluntarily function in the lives of pupils.

"4. To prepare the teacher to assist intelligently in bringing the health standard of her school and community up to its highest point."

Miss Rood said: "No hard and fast rules can be made regarding methods. The methods must be determined by your objectives. The method itself is of less importance than the personality and enthusiasm of the teacher using it and the spirit which she puts into it."

In discussing methods of training teachers for health teaching, Dr. J. Mace Andress, Lecturer on Health Education in Boston University, said:

"One of the curses of education is the idea that the doing of a particular piece of work is the important thing. But it is not. The creating of a permanent interest in the subject studied is the important thing. Are we creating in our future teachers a permanent interest in their own health and the health of others? Interest is the end of education in health and we must idealize health in training our future teachers."

**Functions of the Specialist**

In answer to the question: "What shall be the relation of the specialists to the general health program?" a summary of the functions of each specialist as defined by the conference was presented and adopted.

In this summary a specialist is defined as a person on the school staff with specialized technical training.

The opinion was expressed that the ultimate responsibility for the health education of the child lies with the classroom teacher, and that the principal function of the specialist is to give consultation service to the classroom teacher. The summary also specifically defines the functions of each specialist.

In the discussion on this subject Miss Bessie Barnes, supervisor of physical education of the Brookline, Massachusetts, Public Schools, said:

"Recreation, play and sports are part of the duty of the physical educator, but she should also implant in the lives of boys and girls a knowledge of how to provide for their greatest body needs. We have spent too much time and money for physical education on the high school age. It is too late to begin there. We should spend our time and money allotted to physical education on the lower grades in order to begin the early establish-
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ment of health habits."

Miss Mary G. McCormick, supervisor of nutrition of the New York State Department of Education, said, in introducing the subject of the province of the nutrition worker in a health program:

"A supervisor of nutrition is as necessary as the supervisor of music and art. Good nutrition is essential to strong teeth, a rosy, clear complexion, a lithe body, and general good health.

"The supervisor of nutrition should reach every school child in every grade and in this way improve the quality of health teaching. She should establish the fundamentals of nutrition in the health practices of her pupils and in the work of the classroom teacher. She should direct the correlation between nutrition and other subjects.

"A nutrition specialist should devote special attention to the undernourished child. It is her province to follow up remedial and medical preventive work of individual pupils. To establish good health habits, the nutrition supervisor must have the co-operation of the home. Will the schools of the future provide for home instruction in health habits and nutrition? When this day comes, the effort placed on nutrition work in the school will have added value."

In discussing the relation of the general extension worker to a general health program Miss Daisy D. Williamson, State Home Demonstration Leader in New Hampshire, said:

"The job is too large for any one organization to do alone. The health education or nutrition worker, the physical director, the teacher, the physician, the nurse, the health officer, the extension worker, the individual—each must be a contributing factor—each losing sight of self and selfish interests, ceasing to insist upon due credits for everything done and always keeping in mind that it is results that are wanted. The progress of a community along health lines depends upon how soon the health activities cease to be put up in small packages."

The Pre-School Child

The summary, presented by the pre-school section, of the conference stated: "Since the habits and attitudes acquired in pre-school years play an important part in adult life, a health program should be formulated for the pre-school years."

Dr. D. A. Thom, director of the habit clinic of the Psychopathic Hospital, Boston, in opening the discussion at the meeting of the pre-school section, said:

"We know from experience that the common characteristics of two of the groups in adult life, namely, the chronic neurotic type and the criminal type, manifest themselves in the child in early life. In a great many cases the driving force that prompts criminals is jealousy. We see this identical motive in little toots of two or three who make vicious attacks on members of the family. If a father makes more of an older child than of a younger one, the younger child retaliates in a fit of rage prompted by the jealousy motive that often makes a man shoot his neighbor. During the pre-school age, normal inhibitions must be developed to control crime and delinquency of all types. The pre-school years are the years in the life of the child in which personality defects can be treated most successfully.

"If a man buys an automobile, the garage man will give him ten lessons on how to protect the car. Few parents with a baby have as much knowledge given them about the care of the child as a Ford owner is given in starting out with a new car. The salvation of the pre-school child lies in giving instruction to parents, teachers, dietitians, nurses, and all other individuals who are in intimate contact with the pre-school child. They should have at least ten lessons in what and how to run the pre-school child. They should have at least ten lessons in what and how to run the pre-school child so that he won't get stalled."

Miss Julia Wade Abbot, Staff Associate of the Health Education Division American Child Health Association, said in continuing the discussion on the pre-school period:

"There are two ways in which to regard the pre-school period. Some people think that this is the time to remove all temper signs, sulkiness, restlessness, and habits of disobedience. They think the child should be trained so that he can walk in line. They want the child turned over to the school as a weeded garden or an erased tablet so that the school can do its worst. Fortunately we cannot do these things to children. A better
way to consider the pre-school period is as a pace-maker for the school. We must begin in the kindergarten to stress the need for thinking of children as individual personality, not as just grist to be prepared for the mill of the school.

"In the kindergarten we must consider the whole span of development of the child. We must think of the child's life in terms of a twenty-four hour day, and that everything that enters into the growth and development of the child during those twenty-four hours is important."

Miss Abbot stressed the importance of smaller classes in the kindergarten so that the children may be considered as individual personalities. She said: "In statistics gathered by the U. S. Bureau of Education, it was found that 25% to 30% of all the children, on an average, in the public schools have to repeat their first year's work. What a sense of failure this gives the child. Beginning school is a tremendously important chapter in the child's life. We owe it to every child to begin that chapter with success, joy, and a sense of achievement."

Miss Abbot concluded by saying: "A health program for the pre-school child does not mean ridding the school of its responsibility; it means gaining the interest of parents and teachers in the biggest job in the world, the starting of a child on its life's career."

**Tests for Measuring Results in Health Education**

The last session of the conference was concerned with standards and tests for measuring certain results in health education.

The summary of the discussions which took place at this session state: "While recognizing the desirability of developing every possible method for measuring the results of a school health program, it must be recognized that there are fundamental benefits which are not at present subject to physical measurement.

Professor C. E. Turner of the Massachusetts Institute of Technology in discussing tests for measuring the success of a health program said:

"Weighing and measuring should not be regarded as a precise laboratory method for measuring the accomplishment of a health program. It is a teaching method. The expedient of interesting the child in watching his own growth and improving his habits of living in order to secure the maximum physical development is based on the principle that a healthy child living in the proper way will grow more rapidly and symmetrically than a sickly child living in the wrong manner."

"While there are various ways of measuring the results of health education in terms of improved habits, more sanitary conditions, physical accomplishments, the elimination of physical defects, etc., educators must realize that such a thing as attitude cannot be measured in terms of pounds or dollars. The health education program has demonstrated its value in many communities by transforming the attitudes of pupils, teachers and parents toward the place of health in the business of life. We need to get from experts better methods of measuring immediate results, but we must not forget the human side of health education or the return it will bring throughout the life of the child."

In the closing speech of the Conference, Sally Lucas Jean, retiring director of health education, American Child Health Association, traced the history of the popular Health Educational Movement from its inception during the years of the World War up to the present day.

She said: "The few simple laws of health that were launched then as the Rules of the Game, when we tried to keep the program simple, concrete and definite, are still the laws of health which we need to teach to children."

"Spectacular methods," Miss Jean said, "were used in the early days of the movement in order to gain the interest of the man in the street, the woman in the home, the teacher in the classroom, and the child himself."

"Today we are being careful not to do spectacular work, but rather to build up from the bottom by training workers to teach health to children in the best possible way. However, what we are doing today could not have been done if the popular work had not been done first. And while we go on with this health program, we must be careful or we shall find ourselves on the mountain top looking back at people in the valley below. We can only go as fast and as far as the people themselves go."