

Training Teachers in Health Education*

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THERE is increasing recognition, on the part of workers in child health, of the tremendous influence which the classroom teacher has in encouraging good health habits, influencing the child's attitudes and desires, contributing to his ability to coöperate intelligently, and stimulating a real enjoyment in the building and maintaining of a fine, strong body. The more progressive schools are now initiating their own health programs, and are calling on specialists for assistance according to the needs of the children. This places the teacher in the strategic position of determining to a large extent what these needs are. It is therefore evident that the results obtained in any school health program will largely be determined by the teacher's education in health. The most crucial point in which to give this instruction is in the plastic stage of the first years of teacher training.

Teachers' colleges and normal schools are vocational, presumably preparing young people to administer education, to build citizens. Among their responsibilities in realizing the objectives of education, the health of children takes a prominent place.

The problems which confront the person who is preparing these young teachers to assume this responsibility are three: first, the basic training and experience given on the college campus; second, the observation and practice afforded in the demonstration school as the testing ground of all theory previously taught; third, the field itself in which the student finally proves the value of instruction received. The problems of teacher training in health will be discussed from these three standpoints.

The conditions surrounding life on the campus loom very large in any consideration of education of a student in health. What he is experiencing daily is being written into his consciousness in vivid terms in comparison with the impression made in many class periods. Much of his experience is definitely connected with his environment,

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which, beside being a silent force in education, should also be a reservoir of opportunities for teaching health actively. The public health supervision of the campus should exemplify the very best practice of scientific principles, and should be several leaps ahead of many fields in which the student will work in the future. In other words, it should set the pace in the development of healthful programs for pure water, food supervision, garbage disposal, good ventilation, sanitary cleaning methods, and communicable disease control.

The college campus in reality represents the problems of a small community, where the students are learning positive principles of public health administration which will later be translated into the practices of their communities. A teachers' college in which this vast field of learning is used to its fullest, should be able to pass creditably a survey of fountains, lavatories, water and milk supply, cafeteria, garbage disposal, dormitories, infirmary, and general conditions of cleanliness on all parts of the campus and in all buildings.

The environmental conditions, beside furnishing valuable teaching material, directly influence the personal hygiene and health of the student body, and, as such, should be a matter of close concern of the health department of the college. It is through this department that students are initiated into the health examination, learn their own physical rating, and receive instructions as to defects, habits, and attitudes related to study, recreational activities, diet, and other important points in daily life. The way in which students are able to carry out these instructions often depends upon the environmental conditions, which may either help or hinder efforts to attain a fine standard of health, physical and mental. The college infirmary, while serving as an emergency measure, should also be an educational opportunity for students who for some reason have failed in maintaining health.

Every student should receive in his college course the essentials of personal, school, and community hygiene. The emphasis in personal hygiene should be mainly on promotion of health, with enough physiology to give a background. Credit should be given for the success which the student attains in reaching and maintaining a high degree of health. Principles developed in personal hygiene should be constantly applied, not only to the life of the adult student, but also to that of children. In school and community hygiene courses, there should be constant applications to school environment and practices. These classes should frequently visit the demonstration school to observe problems of water and milk source, food service, seating, lighting, heating, ventilating and cleaning, and should study the way in which they are met.

Beside these courses which are *directly* related to the health education of the student, biology and allied sciences, psychology, home economics, agriculture, physical education, elementary education, and school supervision and administration make important contributions to the understanding of factors which influence the physical, mental, or emotional health of children. Instructors of these courses should share the responsibility of seeing that health principles taught in their classes are actually functioning in the demonstration school.

The content of these courses should also be influenced by problems of the field to which the students will go. State and local boards of health have first-hand information of outstanding community health problems, and are eager to pass on this information to instructors in teachers' colleges. A close relationship should exist between these official agencies and the college staff. Points on which schools are having difficulty as shown by reports from the field should be brought before classes for discussion and tentative solution. For instance, a practical problem in an adjacent community may be that of scarcity of milk and fresh vegetables. Time should be given in food courses to a consideration of basic causes for such conditions. Undernourishment of children, as a common field problem, might well receive attention in courses in nutrition. Responsibility for swimming pool sanitation on the college campus and in the demonstration school, offers a practical project for science classes. In communities in which hookworm, typhoid, and tuberculosis are outstanding problems, time should be devoted to these subjects in science and agriculture.

Even though instructors in all subjects seek to bring out the important health correlations, there is still very great need for a course which shall gather together all the contributions, and show the student clearly, first, how they are significant to the health of children, and second, how they may be applied. This course should be developed in close contact with problems of the demonstration school, and those of the field to which the student will be going. Methods should be developed to fit difficult conditions, such as the rural school with few facilities, for such methods may be adapted to surroundings which are more favorable.

Students should, in this correlation and methods class, develop initiative and originality in planning and carrying out health games, dramatics, field trips with follow-up, group projects, use of current events and newspaper articles, preparation of scrap books, study of some life situations, survey of existing material for health correlations, bulletin boards, silent reading lessons, debates, discussions, demonstrations, and the use of the auditorium period for presenting

any of these. Health examinations and inspections, playground equipment, the hand-washing, and hot lunch service of the demonstration school should be observed and discussed preparatory to later participation.

Definite work should be done in correlation with the various school subjects, such as those of science, social studies, physical education, home economics, and kindergarten and primary activities, so that the students will realize the broad way in which health as a quality of living is tied up with a multitude of life situations. In other words, students should clearly see health, not as a subject bounded by arithmetic on the one hand and geography on the other, but as a condition to be reckoned with 24 hours out of the day, and which constantly presents untold opportunities for influencing the lives of children. If all young teachers could go out with this conception and a genuine enthusiasm to meet the conditions which arise, the problem of child health in our schools would be well on the way to solution.

The second aspect of teacher training for health education is found in the demonstration school, which should be a testing ground of theories taught on the campus. Upon the functioning of health in each classroom depends the impression which the student receives of the practical application of these theories. The demonstration school represents again a small community in which all the principles of public health are carried on with and by the children as far as possible, illustrating the methods of meeting such child health problems as are found in the field. Throughout, the spirit toward health as represented by the principal and teaching staff, and which brings about a real health demonstration, has an immeasurable influence upon the entire student body.

Every student participating in classroom teaching should take part in solving health problems which arise in that room. Each should study children, under the supervision of the teacher, who will utilize the service of special workers in the school. This study should include, among all other phases of the child's development, his physical basis, with as much family background and past history as possible. Such a study enables the student to individualize the child's needs in terms of physical changes, habits, and attitudes, and to make the health program a vital thing to each child.

The demonstration school should be able to measure achievements of the children in every classroom in terms of some accepted standard in health. Every room should be able to show definitely what is being done to meet its problems; how far it has gone in improving

physical conditions, in building definite health habits, in influencing attitudes and desires, in increasing the child's intelligence, and in directing and interpreting his experiences.

In comparison with theory, the demonstration school leaves a vivid impression upon the student teacher. While it is placed second in our chronological consideration of aspects of the teacher training program, it should rightfully be placed first in importance. The success of the health program in the demonstration school will determine very largely the success of the health programs of hundreds of schools in the field. The demonstration school is the keynote in teacher training for health and should represent the culmination of effort on the part of the entire college and of the health agencies in the field in influencing teachers who assume the responsibility for the health of thousands of children.

The third aspect in the development of teacher training in health is found in the field, which is the final test of the student's ability to carry out what has been learned. Every teachers' college sends hundreds of young people out into most difficult territories where there are no organized health agencies and where no immediate assistance is to be had in the solution of health problems.

To help meet this challenging situation, a plan has been tried, in at least two states, of offering these teachers an opportunity to carry out an organized health project in the field, under the supervision of the health education department of the college and on the basis of college credit. In localities where this work has been carried on, interest has been developed which has extended into other schools in that community and which in many cases has carried over in succeeding years without credit.

Up to the present, conferences in the development of the projects have been carried on at intervals at the college. As the field work grows, however, it would seem that supervision should be provided in the field, the supervisor representing to the teacher an immediate helper, consultant and adviser. This supervisor should help the teachers tie up their work closely with local health agencies, and should also help to unify the work of all contributors in the interest of the children's health. Ideally, this supervisor should serve jointly the college and the state departments of health and education.

The field reports of the supervisor should bring into the state and college departments valuable data which should guide them in future efforts. A state health standard is of great value in establishing definite objectives to guide these projects. Every worthwhile project should show some results which contribute to the attainment of this

standard. In reality, every time a teacher launches a project in the field, she becomes an active assistant in carrying on the work of the state departments in health and education. Considering the great number of teachers in the field who have direct contact with children, the total results of this type of state-wide supervision can hardly be estimated. With the possible development of the health work on a state-wide basis, it would seem that a wise provision would be to have a health coördinator who would tie up effectively the work of all departments of the college, of the demonstration school, and of the field.

Whatever may be worked out as the possible solution of this problem, there should be evident a strong development which is definitely moving through the basic sciences and health courses in the teacher training schools, on through the demonstration schools as the preliminary testing ground, out into the field where the supreme test of its value is made, and back into the teachers' college for critical analysis, reëvaluation, and re-adaptation, thus contributing rich source material for the further development of the possibilities of teacher training in health education.

Mental Hygiene Rules

NO, it is not likely that regulation of behavior can be secured by handing out a set of "rules." As a matter of fact, few "rules" of mental hygiene as yet exist. Attempts in the past to place such "rules" in the hands of school children, adolescents or adults have invariably degenerated into the quotation of time-worn platitudes, as sterile as they are absurd. "Cheer up," "Think pleasant thoughts," "Don't worry," and a host of similar admonitions in the hearty voice of the professional Pollyanna are merely depressing to some people in need of mental hygiene, but irritating to others.

Platitudes are not mental hygiene. Exhortations do not relieve maladjustments. There are no royal roads to learning in this matter. There are no short cuts to mental health.

These are some of the reasons why leaders in the field of mental hygiene discourage most well-meant attempts to create courses in mental hygiene that can be given to school children and adolescents. To impart mental hygiene effectively, both the teacher and the taught should have behind them a reasonable measure of life experience, some knowledge of their fellow men, and, most essential of all, a modicum of personal objectivity that will permit them to apply to themselves, without too much emotional bias, the material being taught. Of such backgrounds children, most adolescents, and not a few chronologic adults possess all too little to make feasible the giving of mental hygiene instruction directly in its raw state.—*Mental Hygiene Bulletin*, Oct., 1929.