

METHODS  
and  
MATERIALS  
of  
HEALTH  
EDUCATION

*by*

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## PREFACE

THIS BOOK aims to present in simple and clear fashion the methods and materials of health education. For this field of great complexity and rapid advancement a text on methods and materials is greatly needed. Nothing has occurred in education comparable to the remarkable interest in health. All schools are attempting to do something for the health of boys and girls but the teachers have had little training, and supervision has been unable to supply the need for guidance. In some states extension courses from the university have offered in-service training but even for these admirable efforts there has been no text on methods and materials.

The reader will observe that the authors have incorporated in part the report of the Committee on Terminology in Health Education of the Health Education Section of the American Physical Education Association.

It has seemed important to the authors to discuss quite fully although not exhaustively, the facts regarding child nature that are pertinent to the work of health education.

Following the first two chapters, the succeeding ones deal with the three aspects of health education, namely healthful school living, health service and health instruction. The final chapter on health of the teacher seems to be an appropriate ending for a book that seeks to improve the health status of children. The stream rises no higher than the

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source and the teacher is potentially in control of great areas of knowledge and vital plans of service that are indispensable for the health of children.

The authors wish to thank numerous associates both at Columbia University and the University of Florida as well as those in the field for helpful suggestions.

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## CHAPTER I

### DEFINITIONS

- I. Confusion in Terms Used
- II. Definitions
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**Confusion in Terms Used.**—The terminology in the field of health education has been greatly confused. Terms have been used without a precise statement of their scope and without adequate regard

for the meaning of words. Perhaps the most misleading practice is the use of the term health education to include only instruction in health. This is obviously faulty and contrary to modern notions of the ways in which education takes place and disregards the importance of attitudes and appreciations in one who is educated. Thus, it is apparent that, since many experiences may educate a person in health, to rely upon formal instruction alone for health education is always a mistake.

For some time health education teachers and supervisors have been aware that definitions of the terms used in the field were needed. The report<sup>1</sup> of the Committee on Terminology of the Health Education Section of the American Physical Education Association offers definitions for terms used in health education that will be followed in this book. These definitions not only promote clear thinking in organizing the materials of the field but also eliminate the confusion that otherwise results as one reads the literature in health education published since 1920.

**Definitions.**—Terms used in discussions or in the literature of the field are given below with some explanation of the definition employed. Much of the material of this section is taken directly from the report of the committee referred to above.

*HEALTH EDUCATION is the sum of all experiences which favorably influence habits, attitudes, and knowledge relating to individual, community, and racial health.*

*Health Education* is a general term covering a wide field of human experiences. It includes more than

<sup>1</sup> The report of this committee, printed in the *Journal of Health and Physical Education*, December, 1934, was presented and approved at the annual meeting of the American Physical Education Association in Pittsburgh, April, 1935.



mere instruction in health and should be used to designate the broader field.

*SCHOOL HEALTH EDUCATION is that part of HEALTH EDUCATION that takes place in school or through efforts organized and conducted by school personnel.*

The child is educated in health in all his experiences that in any way favorably influence his habits, attitudes and knowledge relating to health, but the experiences he has that emerge from and are identified with school life are those of *School Health Education*. This aspect of *Health Education* is definitely linked with *Public Health Education* as it operates in the home and community.

In literature that deals with health education in schools it may be assumed that its scope is limited to the schools. Thus, whenever the term health education is used in this text, unless otherwise specified, it will refer only to school health education.

*PUBLIC HEALTH EDUCATION is that part of HEALTH EDUCATION that takes place in home and community.*

This phase of *Health Education* operates largely through the efforts of health departments and various official or non-official agencies interested in promoting health among the people. As a rule the methods used are those of general publicity such as radio, newspaper, distribution of literature, lectures, study groups, and conferences, but the work done in homes by public health personnel is also public health education.

*Public Health Education* reaches children as well as adults and thus is one kind of experience relating to health.

The public health official who comes into the school to control communicable disease is in effect a school official and hence this experience of the

child may be regarded reasonably as an aspect of *School Health Education*.

HEALTH SERVICE<sup>2</sup> *comprises all those procedures designed to determine the health status of the child, to enlist his cooperation in health protection and maintenance, to inform parents of the defects that may be present, to prevent disease, and to correct remediable defects.*

This terminology is preferred to *Medical Inspection*, since the latter term has denoted a service which was often nothing more than inspection; the long association of a limited service with the term makes a new one desirable.

*Health Service* is accomplished through the combined and coordinated efforts of administrative and teaching staff working with parents and various health agencies outside the school. The technical work is carried on by medical, nursing, dental, psychiatric, nutritional, and other specialists in close cooperation with administrative officers and teachers.

HEALTHFUL SCHOOL LIVING *is a term that designates the provision of a wholesome environment, the organization of a healthful school day, and the establishment of such teacher-pupil relationships that give a safe and sanitary school favorable to the best development and living of pupils and teachers.*

This rather long term is selected to combine under one category a number of health provisions that have at this time attained recognition. It has long been known that the school plant should be sanitary. The term, *School Hygiene*, stressed this but often included so much more that it has lost much of its value as a descriptive term for these

<sup>2</sup> It is obvious that the report of the committee refers to health service in schools and while the longer term school health service would be more exact, there is an advantage in brevity when the usage does not confuse.

specific health provisions. Hygienists have maintained for years that no part of the school experience should injure the child's health and hence attention has been directed toward the health aspects of discipline, fatigue, and other matters relating to children's health.

The term, *Hygiene of Instruction*, stressed these matters but, in use, it was often confused with the term, *Instruction in Hygiene*. Teacher-pupil relationships have at times been also considered under the *Hygiene of Instruction*.

Obviously there is an advantage in bringing under one inclusive term these many but related factors. Moreover, there is potentially a great gain for administrative efficiency if these important values can be brought together into one division of *Health Education*.

*HEALTH INSTRUCTION is that organization of learning experiences directed toward the development of favorable health knowledge, attitudes, and practices.*

Generally *Health Instruction* is a classroom procedure presenting factual information important for children to know in order to maintain a high level of individual functioning. Actually, of course, children learn about health in the other aspects of health education, in health service and in healthful school living, but the term, *Health Instruction*, is used to define that special effort in the class exercise to promote understanding of and practice in health. Indeed, the practice is so essential that *Health Instruction* seeks to integrate health knowledge with actual living in home, school, and community.

**Three Divisions of Health Education.**—From the definitions given above, it is clear that there are three

divisions of health education in schools, namely *Health Service*, *Healthful School Living*, and *Health Instruction*. The methods and materials of health education in schools are obviously the methods and materials of these three fields. In health education, however, other terms are used or appear in the literature and the definitions as given by the Committee help to promote proper usage.

**Other Terms.**—The following definitions and the accompanying discussion should be noted:

*HYGIENE is the applied science of health; it provides the basic scientific knowledge upon which desirable health practices are founded.*

It will be noted of course that there are several varieties of hygiene such as military hygiene, oral hygiene, social hygiene, personal hygiene, and racial hygiene. In effect these several hygienes rest upon basic scientific knowledge common to all, but in particular instances special application to areas of life or aspects of functions is indicated.

*SANITATION is the application of scientific measures for improving or controlling the healthfulness of the environment.*

Hygiene relates specifically to the individual; sanitation relates specifically to the environment. There is, of course, no sharp line between the two for the "total situation" identifies man and his environment. Nevertheless, for emphasis and description, it is sometimes helpful to distinguish between the two.

*HEALTH in the human organism is that condition that permits optimal functioning of the individual enabling him to live most and to serve best in personal and social relationships.*

It will be noted that this definition emphasizes optimal functioning and hence stresses the biological view but it also recognizes that man is a social being and hence how he lives socially is not ignored. To live most implies to live most now and assumes that the best way to live a rich and full life in the future, is to live that life now. To serve best implies that fullness of function is more effectively secured when the individual attaches himself to causes, purposes, needs, movements outside of self that are bigger than individual wants and desires.

*HEALTH EXAMINATION is that phase of health service which seeks through an examination by physicians, dentists, and other qualified specialists to determine the physical, mental, and emotional health of an individual.*

The function of the *Health Examination* is revealed in the operation of *Health Service*.

**Terms Considered to Have Outgrown Their Usefulness.**—There are a number of terms that should be discarded either because there are better ones available or because they have lost their old meaning as new programs and practices developed. These terms are:

1. *Health Supervision of School Plant.* The term is too long for satisfactory general use. It tends also to stress supervision whereas the crux of the problem often is provision. The term recommended to replace this is *Healthful School Living*.

2. *Health Supervision of School Processes.* This term has the disadvantage of length; and it also stresses supervision whereas the crux of the problem often is provision. The term recommended to replace this is *Healthful School Living*.

3. *School Hygiene.* This old term often meant everything from sanitation of the school plant to

medical inspection. It gathered unto itself many health functions as the field developed. It is too vague and too general to be helpful. The content of this term, *school hygiene*, is more exactly indicated under the three divisions of school health education, namely (1) *Health Service*, (2) *Healthful School Living*, and (3) *Health Instruction*.

4. *Medical Inspection* has unfortunate connotations and limited practices associated with it. The term does not imply more than determination of defect or disease. The term recommended to replace it is *Health Service* which implies service in protection to health.

5. It is recommended that *Hygiene of Instruction* be replaced by *Healthful School Living* which is not apt to be confused with *Instruction in Hygiene*.

6. *School Health Program*. It is suggested that the term *School Health Program* may profitably be supplanted by *School Health Education*. The word *Education* indicates the integration of school health activities with the total educational curriculum, while *Program* carries an implication of a separate consideration which may be attached to, but is not an integral part of, the general curriculum. Anything which implies such separation tends to hamper the growth of important and basic relationships between school health education and other aspects of school education.

**Who Are Health Education Specialists?**—The rapid spread of interest in health education in schools has led to an increase in the number of persons who attempt to function in the program. Moreover, the effort to make health education in the schools a cooperative affair, admirable in many ways, inevitably causes confusion and difficulty when

those not competent to advise or guide take over important decisions and procedures.

It is important, therefore, to state who are health education specialists and who are cooperating teachers and administrators. The criteria used for classification are two:

(1) The specialist is a person whose major responsibility in the schools is some aspect of health education, and

(2) The training of the specialist shall be pertinent to the field and to the activities of health education.

By these criteria it will be found that the following are to be regarded as health education personnel:

1. The director or supervisor of health education.
2. The school physician or psychiatrist.
3. The school dentist.
4. The school nurse.
5. The teacher in high school concerned with teaching health.<sup>3</sup>

By these criteria other teachers and administrative officers are cooperating officials. Thus, the physical education, home economics, or science teachers, advisers of boys or girls, psychologists, janitors, principals, and other teachers, are not necessarily health education specialists; they may be, however, if they meet the criteria.

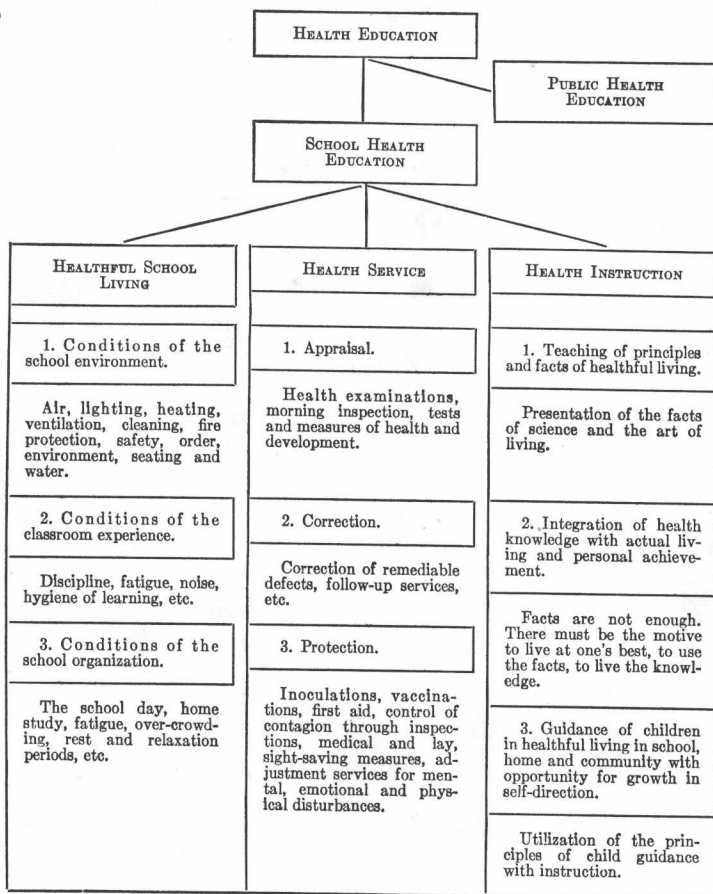
**Diagram of Health Education.**—The several lines of endeavor encompassed under the term health education are shown in Chart I. It will be noted that healthful school living, health service, and health instruction show three divisions each. In this ar-

<sup>3</sup> A nutrition specialist, or other special teacher as a teacher of biology, home economics, or home nursing may qualify under group 5.

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rangement there has been no attempt to secure such a symmetrical arrangement; the content of these divisions fell quite naturally into three parts.

CHART I





## QUESTIONS FOR STUDY AND DISCUSSION

1. From literature in health education, bring to class an illustration which exemplifies the difficulty discussed in Chapter I.
2. Analyze the difficulty and state the term which should have been used, giving your reasons for the substitution.
3. Read *What Health Education Is*, in the American Journal of Public Health, June, 1934, p. 650. What comment do you make?
4. Why is the term *medical inspection* undesirable?
5. What are the chief differences between instruction in hygiene and the hygiene of instruction?
6. Who are health education specialists?