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1954

State of Iowa  
DEPARTMENT OF PUBLIC INSTRUCTION  
Jessie M. Parker Superintendent  
Des Moines, 19

JOINT SURVEY OF HEALTH EDUCATION PROGRAMS

by

IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION  
AND IOWA STATE DEPARTMENT OF HEALTH

PART I

Health Education in Iowa Schools

PART II

Health Education Requirements  
for Graduation from Iowa Teacher  
Training Institutions



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Miller Building  
Des Moines, Iowa DATE 1954



## ACKNOWLEDGMENTS

The Iowa State Department of Public Instruction and Iowa State Department of Health wish to express their appreciation for the fine cooperation they received from the school administrators of the public schools and teacher-training institutions in preparing this study of Health Education in Iowa Schools.

MIKE OPIALA ----- Cover and Illustrations  
Iowa State Department of Public Instruction



## INTRODUCTION

In December, 1952, the Iowa State Department of Public Instruction and the Iowa State Department of Health made a joint survey of the adequacy of the health-education programs provided by all schools within the state.

The Committee feels that health education is more than physical education. The health education of a child or young person in the forward-looking school-health program should give the individual child or student a positive and dynamic concept of health and the realization of his responsibility toward maintaining good health for himself and others. Health does not mean the same to all persons. Health education should give every child an opportunity to reach his optimum of health as defined by the World Health Organization in the preamble to their constitution . . . "physical, mental, and social well-being and not merely the absence of disease or infirmity."

The purpose of these surveys then was twofold: first, to determine the "over-all" picture of health education in the schools of Iowa from the primary grades through high school; second, to determine what preparation prospective teachers received in health education in our colleges and universities and what health-education opportunities were offered all college students.

The Committee realizes that while the findings are incomplete, they reflect what Iowa has done in this field of education up to and including 1952. The findings indicate that there is much room for improvement, particularly on the primary, junior- and senior-high and college levels. The results do point up where we are on a state level and the necessity for study and improvement of health education in our schools.

The Committee is in hearty agreement with these statements in HEALTH EDUCATION, published by the Joint Committee on Health Problems in Education, of the National Education Association, American Medical Association, and



American Dental Society. "While the development of school policies aimed to promote effective relationships is an administrative responsibility, these policies are best determined by the co-operative thinking and planning of all the school personnel concerned. What methods will be effective in keeping the school in touch with the community health resources and the health agencies of the community in touch with the school health education will depend upon local conditions. The school must, however, have some administrative plan for developing and continually strengthening such relationships and increasing school contacts with community, state, and federal groups . . . . The school board and the school superintendent play a large part in providing healthful conditions of living in the schools and in assuring adequate instruction facilities . . . . Teachers should be informed of these trends in administrative policies and should realize that no program for school health education can be effective unless administrative responsibility for making adequate plans and policies is recognized, and there are administrative provisions for implementing the plans and for putting the plans into action."

THE COMMITTEE:

Arthur Anderson

Arthur Carpenter

Leonard C. Murray

Wilma A. Mullins



PART I

HEALTH EDUCATION IN IOWA SCHOOLS

Questionnaire studies are especially susceptible to errors of omission, misinterpretations of questions and answers, disguise or concealment by the respondent, and their reliability is affected by the percentage of returns.

In this study 764 questionnaires were returned from 836 schools in Iowa. Despite these limitations the results as summarized on the following pages tend to reveal certain facts that deserve serious consideration by school officials, administrators and teachers.

A duplicate of the questionnaire and accompanying letter is included so that the reader may better interpret the graphic summarization of the results.

An attempt has been made to briefly interpret each question's results.



HEALTH EDUCATION

1. HEALTH EDUCATION CLASSES

a. MINUTES OF HEALTH EDUC. PER WEEK 0-20

" 20-40

" 40-60

" 60-90

" 90 & OVER

b. SPECIFIC HEALTH COURSES: PRIMARY

" ELEMENTARY

" HIGH SCHOOL

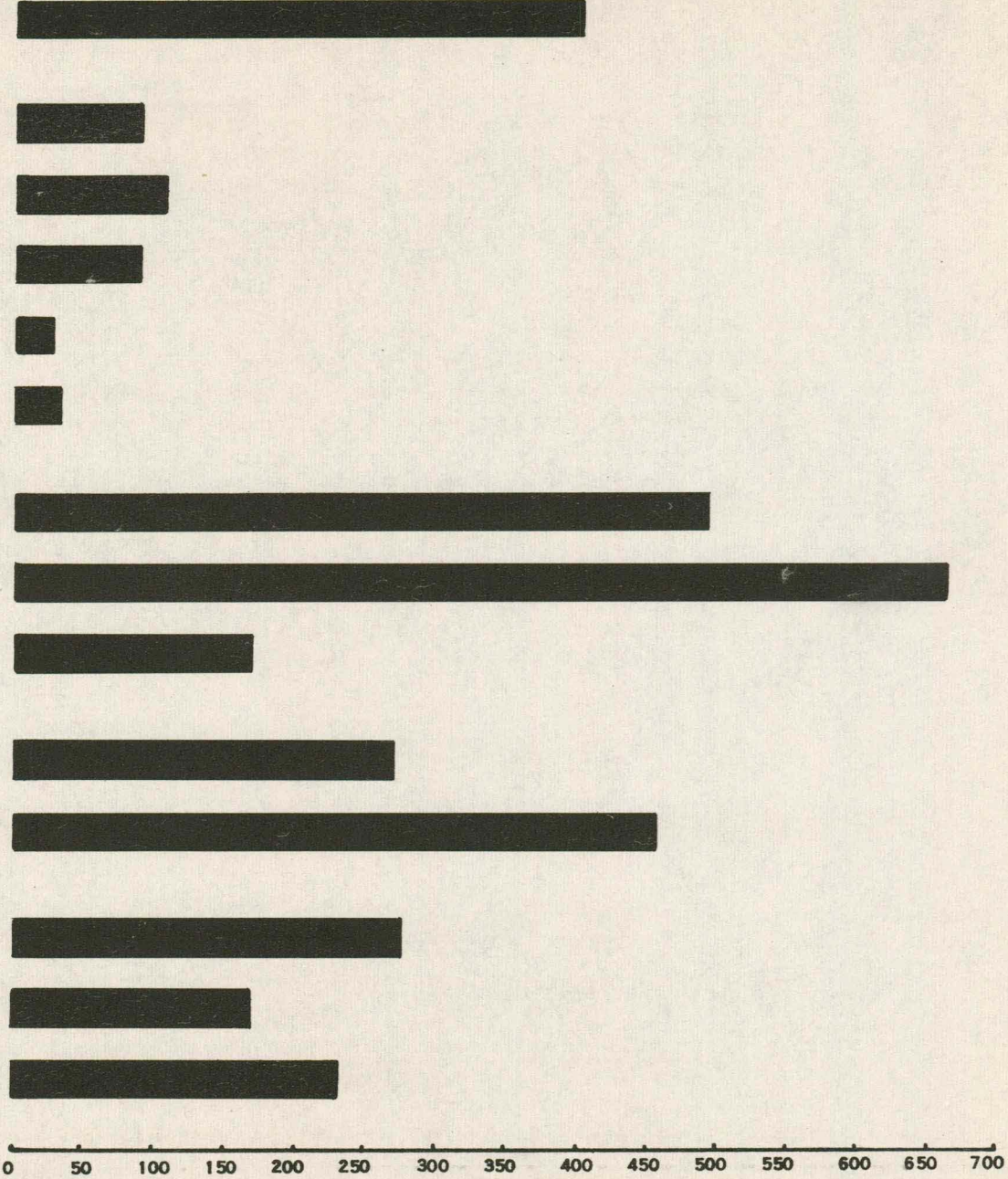
c. ONE SEMESTER HEALTH COURSE

TWO SEMESTER HEALTH COURSES

MINUTES OF SPECIFIC HEALTH 30- 70

COURSES PER WEEK: 70-110

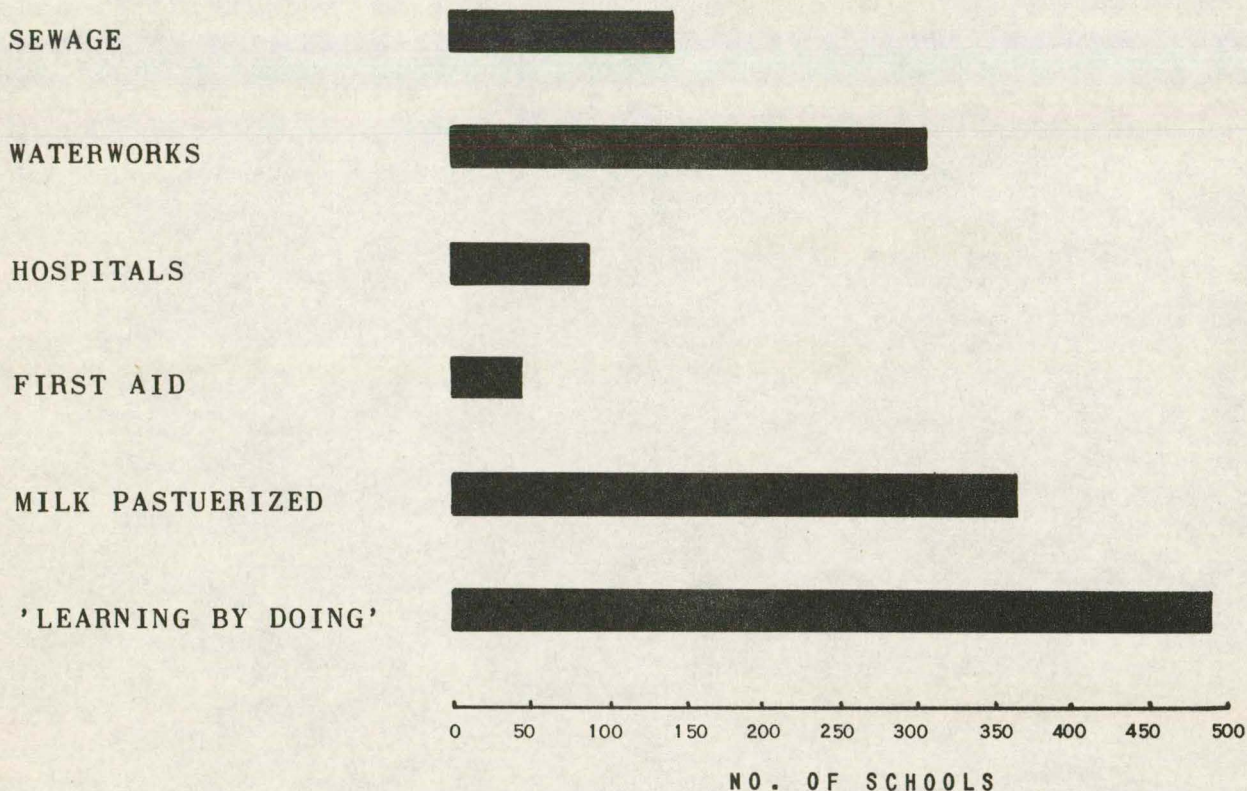
110 & OVER



NO. OF SCHOOLS



2. HEALTH PROGRAM PROCESS OF GOOD HABITS



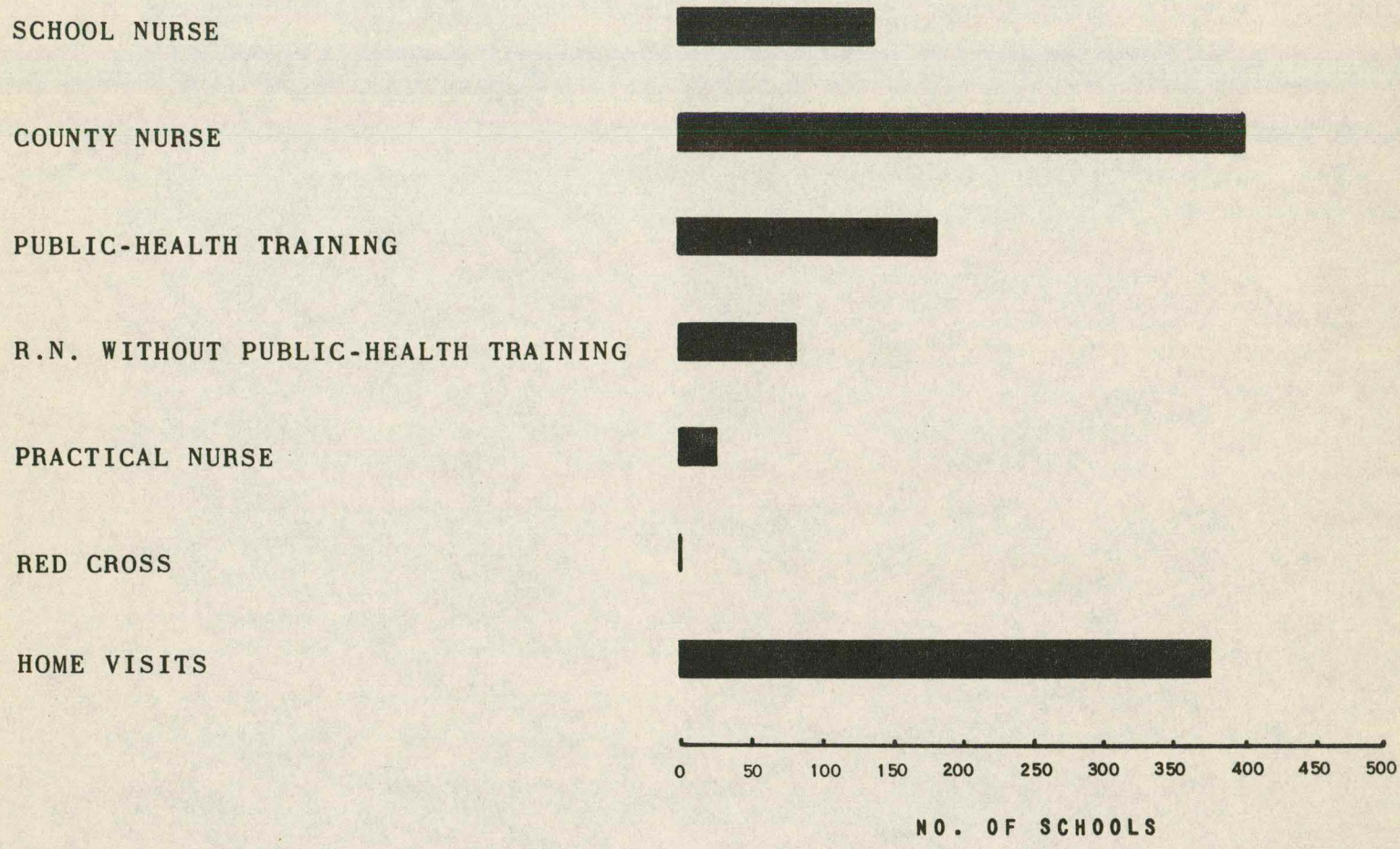
2. Is your health program a process of growth in good habits (Learning by Doing) ? 489  
If so How ? Sewage 144 , Waterworks 305 , Hospitals 87 , First Aid 39 ,  
Milk Pastuerized 365 .

It was indicated by 489 schools that the health program was more than just talking about healthful living - their program is 'Living Healthfully.' The reporting schools are taking advantage of some of the community resources in providing a meaningful program built on experience.



3.

SCHOOL NURSES



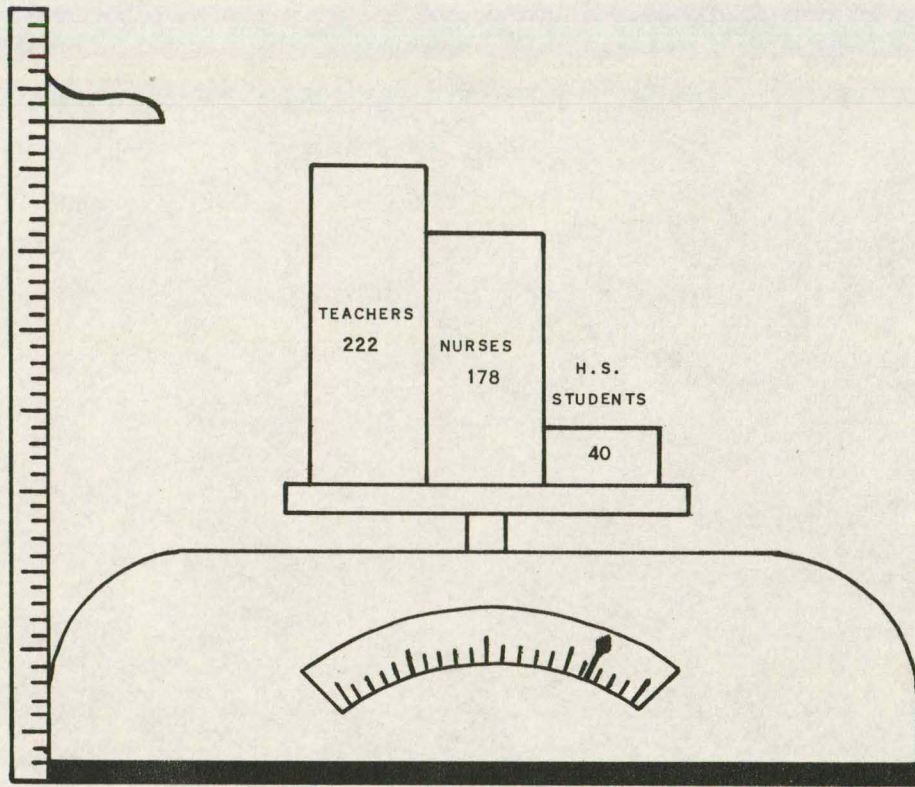
3. Do you have a school nurse ? 141 , County Nurse 401 , Public-Health Training 180 , R.N. without public-health training 80 , Practical Nurse 23 , Red Cross 2 , Home Visits 372 .

From the above graph it is evident that the greater number of Iowa schools depend on the services of a county nurse entirely. There is a definite need for the schools to add to their staffs an adequately-trained school nurse.



4.

CHECK OF WEIGHT AND HEIGHT

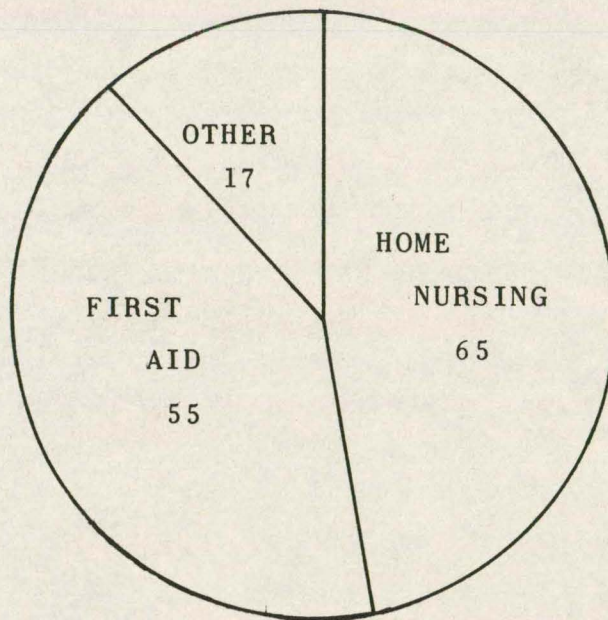


4. Does the school nurse check weight and height of students ? 178 , H.S. Student 40 , Teacher 222 .

It is good to note the number of teachers and students that are weighing and measuring the pupils. Teacher and student participation in this routine check provide excellent experiences in health and relieves the nurse of this responsibility, giving her more time for supervision.



5. SPECIFIC COURSES TAUGHT BY NURSES

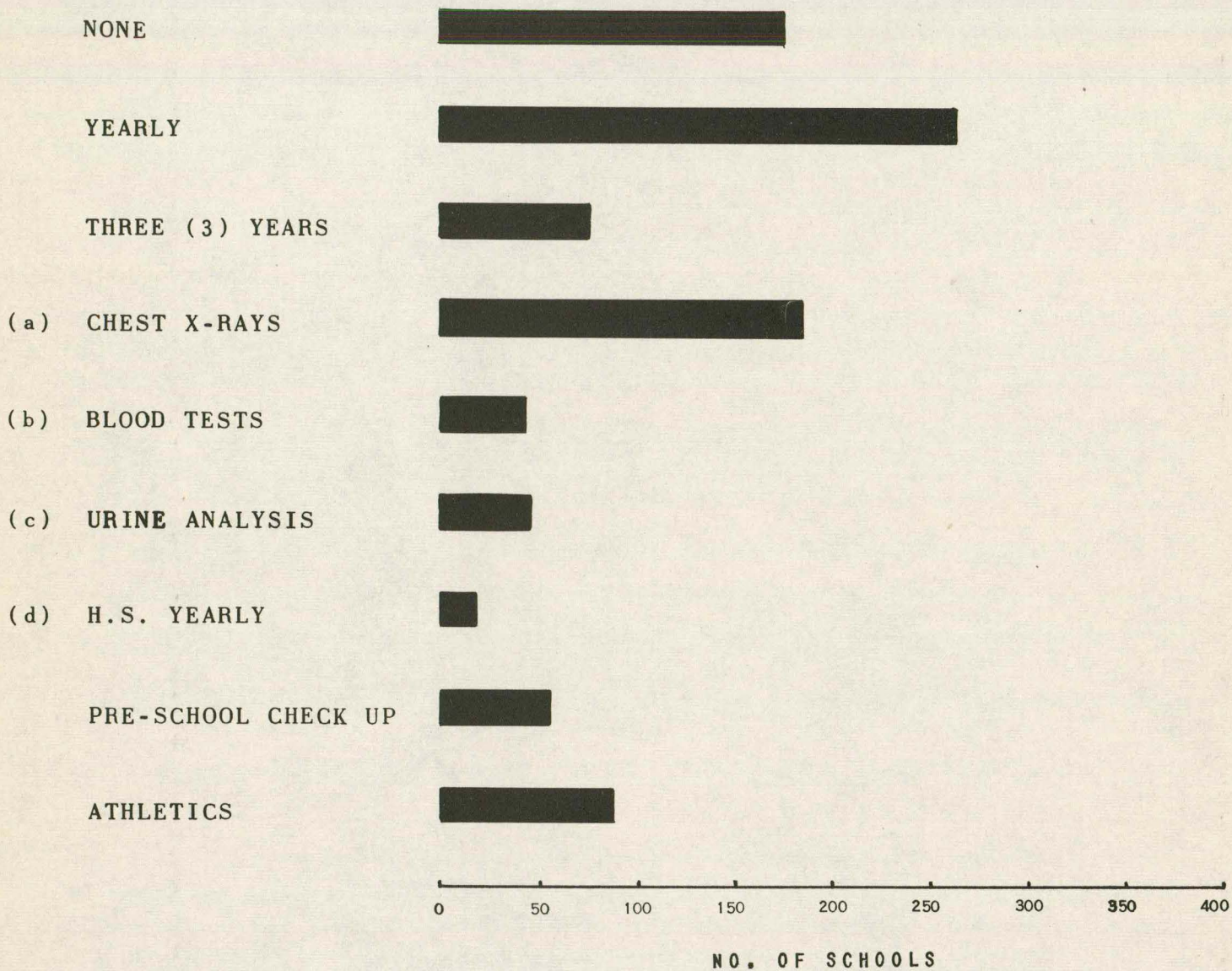


5. Does the nurse teach specific courses such as: Home Nursing 65 , First Aid 55 , Other 17 .

It is not surprising to note that few nurses are actively engaged in teaching classes. No doubt this is true because few nurses have completed the required educational courses.



6. PHYSICAL EXAMINATION OF STUDENTS

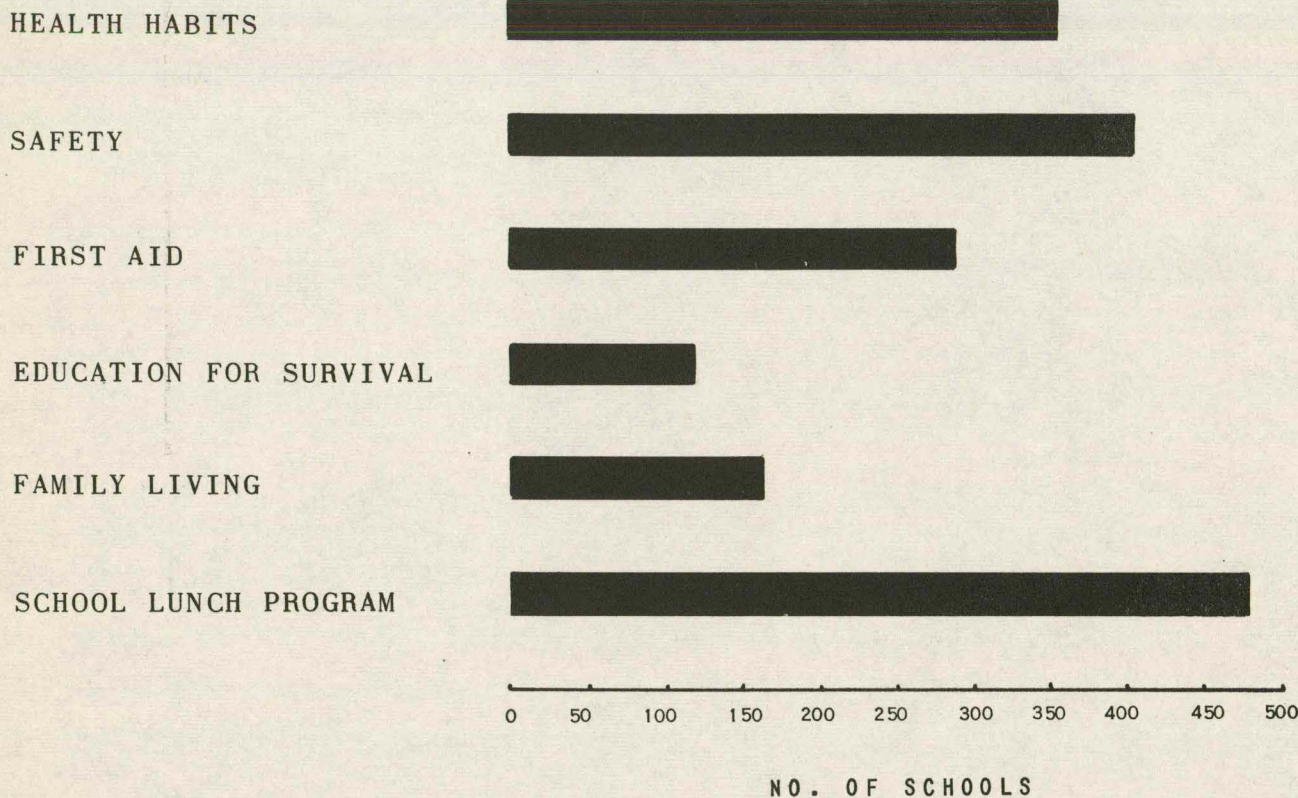


6. How often do you have physical examination of all students ? None 179 , Yearly 260 , Three Years 77 , Chest X-Rays 181 , Blood Tests 40 , Urine Analysis 44 , High School Yearly 18 , Pre-School Checkup 53 , Athletics 89 .

A good health program should include physical examinations of all students, preferably on a yearly basis, by the family physician. The results indicate a definite need for adult health education as to parent responsibility. Teacher observation of a child is important in detecting needs of medical attention.



7. EVALUATION OF SCHOOL HEALTH PROGRAM



7. Have you evaluated the following sections of your school health program ?  
Health Habits 352 , Safety 407 , First Aid 283 , Educ. for Survival 118 ,  
Family Living 154 , School-Lunch Program 470 .

These graphs indicate the community impact on the school program. Nearly all schools provide an adequate school-lunch program due to the increased knowledge of nutrition and its benefits to the growing child. The safety program has developed during the past few years due to publicity from both national and local units; however, little emphasis seems to be placed on Education for Survival due to the feeling on the part of the people in communities that 'This will not happen to us.'

Family Living is slowly being recognized as meeting the need of the junior- and senior-high-school students. One of the reasons for its slow development is the lack of teachers skilled in handling this type of course. By self evaluation of the health program the school becomes aware of its needs.



8.

SAFE AND HEALTHY ENVIRONMENT

SCHOOL BUILDING



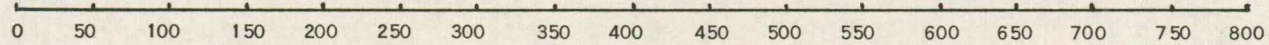
LABORATORY EQUIPMENT



PLAYGROUND



WATER SUPPLY



NO. OF SCHOOLS

8. Do the following provide the child with a safe and healthy environment ?

School Building 755 , Laboratory Equipment 670 , Playground 757 , Water Supply 764 .

In answering this question no doubt each school used different standards to evaluate the safe and healthy environment; however, the responses as summarized here are encouraging. This points out the need for developing a standard method for evaluating a school's healthy environment.



9. COMMUNITY PARTICIPATION  
IN THE SCHOOL HEALTH PROGRAM

COUNTY HEALTH COUNCIL



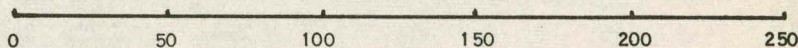
COMMUNITY HEALTH COUNCIL



COMMUNITY SCHOOL HEALTH COMMITTEE



OTHER



NO. OF SCHOOLS

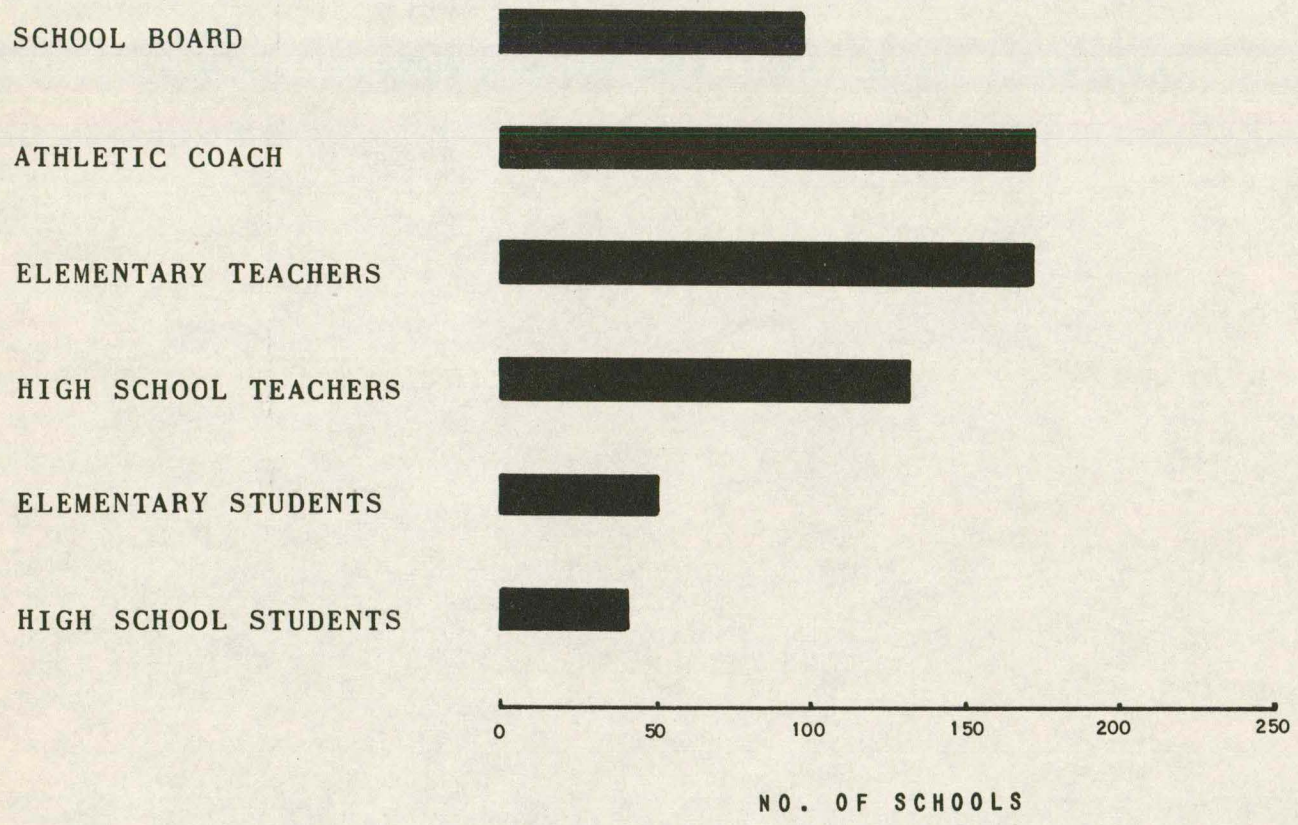
9. How does your community participate in the school health program ?

County Health Council 185 , Community Health Council 27 , Community School Health Committee 25 , Other 189 .

It is very important to have the community participate in the school health program. This report indicates that more schools have community representation on a county level rather than a local community level. School Health Committees or Councils are stronger when there is adequate community representation.



10. REPRESENTATION IN SCHOOL HEALTH COMMITTEE

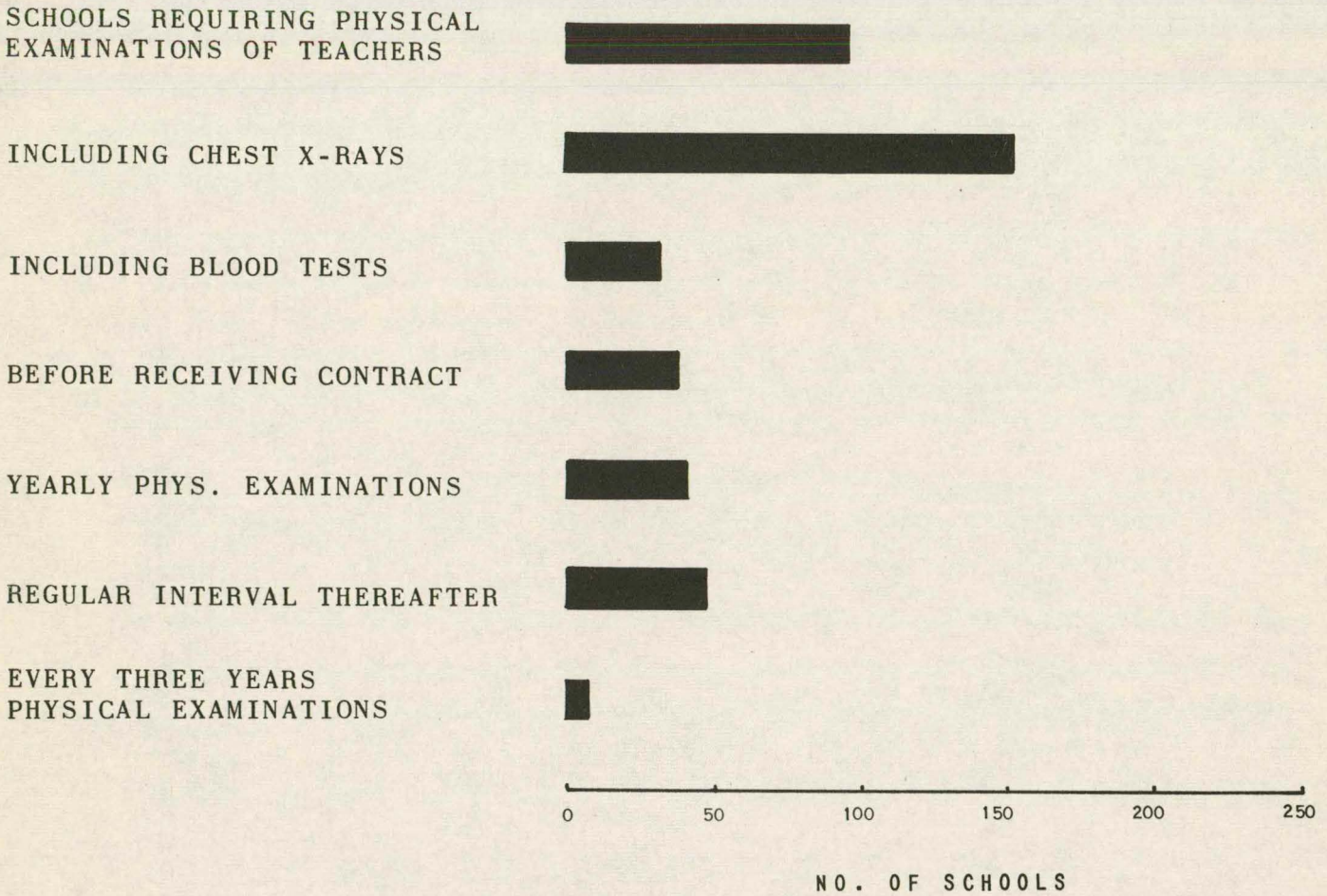


10. Do you have a stricly school health committee ? Check the following groups represented. School Board 97 , Athletic Coach 172 , Elementary Teachers 171 , High School Teachers 134 , Elementary Students 50 , High School Students 42 .

This graph indicates a trend toward organizing a school health committee in a number of the schools. This is encouraging because tha last national conference of physicians and schools administrators stressed the value of such organization to the school health program. The committee is glad to take note of the inclusion of representation of the various groups within the school community, especially both elementary- and high-school students.



11. PHYSICAL EXAMINATIONS OF SCHOOL TEACHERS



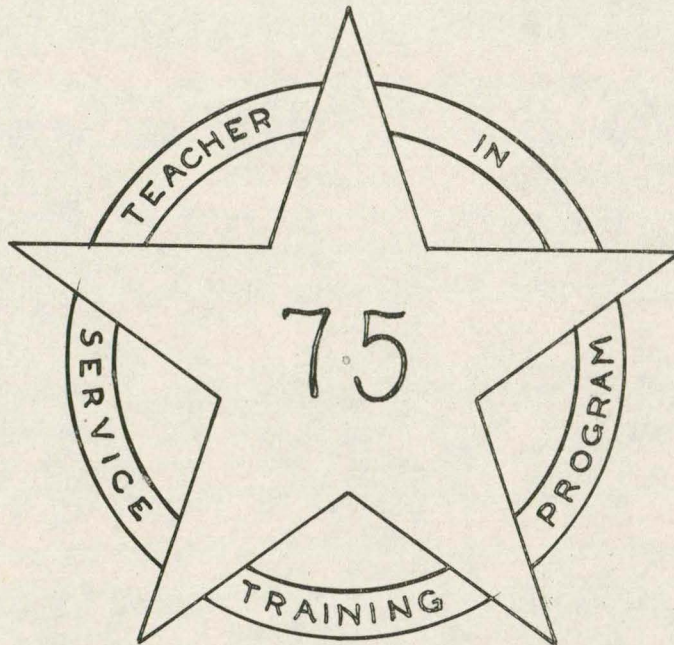
11. Are your teachers required to have physical examinations ? 94  
 Do they include chest X-rays ? 151 , Do they include blood tests ? 31 , Before receiving initial contract ? 37 , Are they yearly ? 40 , At regular intervals thereafter ? 48 , Every three years 6 .

The committee believes in the philosophy of 'Learning by Doing'. If this is true certainly all teachers should be required to have a complete physical examination on a yearly basis, for two reasons: First, to provide a healthy environment for the child; second, to provide an example of good health habits. According to this report less than 10% of the schools in Iowa require a complete physical examination.



12.

'TEACHER IN-SERVICE TRAINING PROGRAM'  
IN THE FIELD OF HEALTH EDUCATION



12. Do you have 'Teacher in-service training programs' in the field of health education ?  
75 responded 'Yes'

Of the 764 schools reporting, only 75 schools had a teacher in-service training program in the field of health education. It is recommended that more emphasis be given to teacher in-service training in the field of health education on the local level in order that teachers will become familiar with the over-all picture of the entire school health program and become aware of her responsibility to the program.



## PART II

### REPORT OF THE SURVEY OF REQUIREMENTS FOR GRADUATION IN HEALTH EDUCATION BY COLLEGES AND UNIVERSITIES IN IOWA, MADE JOINTLY BY THE IOWA STATE DEPARTMENT OF HEALTH AND STATE DEPARTMENT OF PUBLIC INSTRUCTION

A significant survey has been made jointly by the Iowa State Departments of Health and Public Instruction inquiring into the amount of health education required for graduation in Iowa schools of higher learning. The survey's purpose was three-fold: to find out what health education was required of all students, to learn what opportunities students had to prepare to teach in this area, and what uses were made of community health resources in the area where the college was located to develop their program.

The Committee realized at the beginning the necessity to define the meaning of the word "health" as it would be used in the survey so that the program in health education would not be confused with the program offered in physical education by the school. This was done in a letter accompanying the survey. It was pointed out that the understanding of the word "health" has expanded greatly since World War II with the emphasis being placed strongly on personal health while still continuing on environmental health. Health education in the survey was defined as meaning instruction of children and young people so that they may conserve and improve their own personal health to enjoy a fuller life. Also, to promote satisfactory understandings, attitudes, and ways of behaving among parents and other adults to maintain and improve the health of the community. It is the feeling of the committee working with the survey that physical education is not a health education program. It is one part of the program. A good health education program in our colleges should offer opportunity for ALL students to develop and maintain good health habits and attitudes in personal, family, and community living.

In compiling the survey data the committee felt justified in assuming that a section of the survey left blank by a school indicated no program or no policy in that area.

The survey was made up of two sections. The first section applied to schools offering two-year courses. The second section applied to schools offering four-year courses and degrees. The findings will be presented in that order.



HEALTH EDUCATION REQUIREMENTS  
in the  
Two Year College Course

Thirty colleges with an accredited two-year course in education responded to the survey. This number included thirteen junior colleges and seventeen four-year colleges and universities, and represents seventy-five percent of the schools who sent the survey form.

All of these schools but one required either two semester hours or three quarter hours in some course considered as health education. However, six of the schools required one course in this subject ONLY if the student was in the College of Education.

The required courses are:

Biology 1 & 2  
Educational Psychology  
Games for the Elementary Grades  
Health Education  
Health and Nutrition  
Health  
Hygiene Principles  
Nutrition and Physical Fitness  
Personality and Charm  
Personal and Community Health  
Personal Hygiene  
Training and Conditioning.

Health Education and Health and Nutrition were the two courses most commonly offered as required work. Eleven Schools required a course in Health Education, six in Health and Nutrition. One school offered two courses from which one must be selected. These courses vary widely in title and we feel it safe to assume that they vary wider still in content even if the courses offered in the various schools have the same title.



The elective courses offered to the person taking a two-year course varied almost as much as the number of the schools offering courses in the subject. They included all of the courses listed above as being required by some schools and the following:

Family Living  
Hygiene  
Mental Hygiene  
Anatomy  
Physiology  
Water Safety  
First-aid Safety  
Accident Prevention and Safety  
Community Recreation  
Physical Education and Health Methods  
School and Community Health.

An examination of the health education content of all the courses whether required or elective would be enlightening. We feel there is a real and great need for curriculum directors and co-ordinators to study the courses in this subject matter area to determine whether they are truly health education material in content or physical education. Too, that there would be much gained if they would meet together with specialists in this field to plan adequate courses for all the students and the additional courses for those preparing to teach in this field. The committee feels that required courses should give to all students the fundamentals in personal and community health. Since every teacher on the primary and elementary levels must teach health, she or he should be given help in intergrating health teaching in the daily program and training in teacher observation of pupils as the minimum training in these fields. In the latter area as well as the former every teacher should have sound guidance so that each child in the class will have opportunity to develop good health habits and to develop into a well-balanced person. She should have knowledge of what health resources are available and how to use them in achieving better health for the school-age child.

The survey revealed a very small amount of participation in practice teaching by the students in health education. Fourteen schools offered no opportunity for practice teaching in this area.



Nine schools reported that practice teaching in health was incidental to the teaching of other subjects. Six schools offered it, but there was reason to seriously question whether the school offered practice teaching in physical education or in health education. One school offered practice teaching in this subject as an elective course. The Committee believes that practice teaching in health education is as important as it is in any other teaching field.

Only one school gave opportunity for participation in a school health council. It is the thinking of the Committee that the colleges would receive a great deal of benefit from having a school health council on their own campus. It would tend strongly to improve their school health and to give students occasion to become familiar with its organization, functions, and ways of getting things done; all of which would carry over into their teaching experience.

Again, only one school had active participation in community health projects by professor and students and that was in only one area--Cancer. However, while some schools did participate in the TB testing and chest x-ray programs, they did not consider these community health projects. The Committee feels that there should be opportunities for both professors and students to participate in community health projects in order that practical application can be made of what is learned in the classroom. Such participation would strengthen the health education program by creating a wider interest in the total program by the students at large.

Practice teaching, school health council, and community health projects are the three participation areas in the health education program. It is the Committee's opinion that no program in this subject matter area is complete without them. They make up the health education laboratory where practical application is made of health principles to living.

The vast health education resources of the Voluntary Health Agencies have gone almost untapped. To use literature and films on an occasional basis and a speaker now and then in an assembly is just scratching the surface of the wealth of materials and assistance that could be forthcoming for the asking in many instances. Their researches in one phase after another in their field of health, bibliographies, monographs, trained personnel could be tapped and should be.



Professional people in the college community are not participating in the health program to the extent that they should be except for a few instances. Two schools are benefiting from this rich source in support of their health programs. In one case the doctor from the local clinic teaches classes. In the other the local health director participates. Three schools have doctors on their health services staff and they act as consultants when called on to do so. Three other schools have staff nurses who act in the same capacity. One school indicated that the doctors in their community were not cooperative. Situations of this kind are problems in public relations and should be worked out by the colleges with the professional groups or societies concerned.

The Committee recommends to the colleges and universities that they meet with the Voluntary Health Agencies represented in their communities and counties and with the representatives of the professional societies and discuss a cooperative effort on the campus in health education to make the new teacher aware of the health resources available to her and how to use them to good advantage.



REQUIREMENTS OF THE FOUR YEAR COURSE IN  
HEALTH EDUCATION FOR GRADUATION IN IOWA  
COLLEGES AND UNIVERSITIES

Out of twenty-three (23) colleges and universities sent the survey forms on the requirements for graduation in health education, nineteen (19) responded or eighty-two per cent plus (82 % plus) of the total number of schools. However, some of the reporting schools chose to summarize their report in order to present their health education program in the best possible light. It was apparent to the Committee that they offered no genuine health education program for all their students. Their method of reporting made it difficult to get a true picture of what they were doing in health education in comparison with other schools.

The results of the survey shows that the Four-Year Course differs from the Two-Year Course offered by Iowa Colleges and Universities in requirements in health education for graduation. Most of the Two-Year Courses required at least two semester hours or equivalent for graduation but, the requirements in the Four-Year Course varied from no requirement for all students to four semester hours for a particular class of students, ie., major and minor students in physical education. These examples demonstrate the variations in requirements for graduation in health education. Two schools require four semester hours of all students while nine schools require two hours and three schools require no health education at all. However, one school requires six quarter hours of health education for physical education students only and another school requires two semester hours only of those students planning to teach in the elementary grades. In eleven of the schools students majoring and minoring in physical education ONLY were required to take from two to four hours of health education. The schools justified this policy of restricting health education to students enrolled in physical education departments because of limited faculties and time. It is the opinion of the Committee that all students of the colleges and universities should receive some health education during their undergraduate work.



The eight courses offered to students by the colleges and universities from which required hours credit in health education for graduation could be earned varied. Health Education was offered by five schools; Personal and Community Health by three schools; School Health by two schools; Health, Biology, Hygiene, First-aid were offered by one school each.

Even in the courses of health education offered to major and minors in physical education there is no agreement. Twenty-eight courses in all, are offered this group of students. They are:

Health Education	Hygiene
Personal and Community Hygiene	Health
First-aid	First-aid and Safety
Community Recreation	Training and Conditioning
School Health	Accident Prevention
Administration Health and Physical Education	Physiology
Anatomy	Water Safety
Chemistry	Biology
Mental Health	Developmental Psychology
Camp Counseling	Preventive Medicine..Adv. Hygiene
Bacteriology	Family Living
Hygiene and School Health	Kineology
Curriculum in Health and Phys. Ed.	Corrective and Remedial Technique
	Human Organism and Nutrition

Six schools offered health education as a minor to physical education students. One school required additional courses in health education, ie., Nutrition, Curriculum in Physical Education and Health, Hygiene and School Health, and Human Organism. Only one school permitted a minor in health education if the student was not enrolled in the department of Physical Education.

About the only thing agreed upon by the schools was the number of hours that constituted a minor or a major...certainly not in the courses of either. It is the opinion of the Committee that unless the Superintendent hiring a teacher knew the school and was acquainted with the courses offered he could not tell by the courses offered how well prepared the prospective teacher was in health teaching.



Three schools offer off-campus extension courses in health education. Each school offers a different course: Nutrition, Personal Hygiene and Physical Fitness, and First-aid. One school plans to offer some course in health education in the future.

The survey made inquiry into the qualifications of the instructors in health education. Again, there is wide variation. While one school required a doctor's degree in Public Health, another required a Master's degree in Health Education and another a graduate major in health education. Still another school required only experience in health education, another graduate work in the field of health education..others graduate minor in physical education or biology.

The survey made inquiry also into student and professor opportunity to participate in school health experience, community health projects, surveys, and practice teaching. Only one school had a school health council, in other schools this kind of experience was incidental in practice teaching if the student received any experience at all. In only one school was there any active participation in a community health project and that was in the field of Cancer Control. Seven other schools participated now and then in such projects mainly the T.B. Chest X-ray program. Survey experience is largely class-room activity. Only one school required practice teaching of health education. Two other schools indicated that their students had incidental experience of this kind in the teaching of other subjects. This points up an area in which the colleges and universities can make much improvement and enrich their program with practical experience in the field of health.

Almost no use is made of the Voluntary Health Agencies in the Health Education program. Only six schools used their education facilities even slightly..then it was literature, films or speakers occasionally. They cooperated most frequently with the T.B. Chest X-ray Program. Working with the Voluntary Health Agencies in the development of projects within the county would be valuable experience and would contribute to understanding of the individuals responsibility for community health.



Eleven schools made use of professional health people in their education program. In most instances these persons were the doctor or nurse on the school's health services staff rather than people from the community at large except in one school where the doctor from the local clinic made a large contribution of time and interest. Physical examinations and counseling comprised the large share of work done by these folk though in some schools they met regular classes. Four schools used the services of the American Red Cross to teach first-aid and emergency care.

The survey asked when each school had made their most recent evaluation of their health education program. Six schools had made recent evaluations and two had made them in 1951. Six of the eight schools would like help in improving their health education program. These are some of the changes resulting from evaluation of their programs: establishment of a health education minor approved, planning to develop a minor in health education, require practice teaching in health education, changes made in the emphasis of course in health education, and adding a course in School Health Administration to those already offered.

Schools were asked what problems are you faced with in the development of your health education program. Some said lack of demand for it by the students and the demand of superintendents for teachers specifically trained in this area of education. Another problem was that of finding time for it in the students schedule which was already full..what should they drop if this is added? Lack of funds prevented enlarging their teaching staff. Some of the schools wanted to know if physical education majors would be required to teach health in the schools.



## SUGGESTED READING ON SCHOOL HEALTH PROBLEMS

### PAMPHLETS

BETTER HEALTH FOR SCHOOL-AGE CHILDREN, 1951. Children's Bureau, Office of Education, Public Health Service, Federal Security Agency now U.S. Department of Health, Education, and Welfare.

HEALTH APPRAISAL OF SCHOOL CHILDREN, 1951. Report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association.

PHYSICIANS AND SCHOOLS, 1947. Report of the Conference on the Cooperation of the Physician in the School Health and Physical Education Program.

NATIONAL CONFERENCES ON PHYSICIANS AND SCHOOLS. First one in 1947, followed by conferences in 1949, 1951, and 1953, sponsored by the American Medical Association.

RESPONSIBILITIES OF HEALTH DEPARTMENTS OF EDUCATION AND HEALTH IN SCHOOL HEALTH SERVICES, 1951. This study was jointly sponsored by the National Council of Chief State School Officers and the Association of State and Territorial Health Officers.

### A P P E N D I X

SUGGESTED SCHOOL HEALTH POLICIES. A CHARTER FOR SCHOOL HEALTH. Report of the National Committee on School Health Policies formed in 1945 by the National Conference for Cooperation in Health Education. Second edition revised.

THE MAINSTREAM DENTAL HEALTH PROGRAM, 1952. American Dental Association. Gives information regarding the organization of community dental health programs and dental health materials.

THE SCHOOL ADMINISTRATOR, PHYSICIAN, AND NURSE IN THE SCHOOL HEALTH PROGRAM, 1953. School Health Monograph No. 13. This is a Report sponsored by National Conference for Cooperation in Health Education and published by the Metropolitan Life Insurance Co.

### JOURNALS

JOURNAL OF THE AMERICAN ASSOCIATION FOR HEALTH PHYSICAL EDUCATION RECREATION

THE JOURNAL OF SCHOOL HEALTH, published by the American School Health Association.



## BOOKS

HEALTH EDUCATION, First Edition, second revision, 1941. Report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association with the cooperation of Advisory Committees.

HEALTH IN SCHOOLS, c 1942, 1951, American Association of School Administrators. The revised edition copyrighted 1951 places attention on the individual child and stresses mental health.

SCHOOL HEALTH SERVICES, 1953, National Education Association. Report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association with the cooperation of contributors and consultants.

SOLVING SCHOOL HEALTH PROBLEMS, Dorothy B. Nyswander, Ph. D., Commonwealth Fund, c 1942.

THE HEALTH OF THE SCHOOL CHILD, Gertrude E. Cromwell, R.N., M.S., W.B. Saunders Co. c 1946.

NOTE: We recognize that this is by no means complete but, we do feel it would give the reader a basic understanding of school health problems and how he or she might undertake to solve them and we hope provoke him to do further reading on his own. If these surveys may reach school administrators for study, we felt such a bibliography plus the additions you may wish to add would be very helpful to him in forming health concepts he might wish to develop in his school system.



IOWA STATE DEPARTMENT OF HEALTH  
and  
IOWA STATE DEPARTMENT OF PUBLIC INSTRUCTION  
State Office Building  
Des Moines 19, Iowa

Survey of Requirements in Health Education for Graduation in Iowa  
Colleges and Universities

Please complete and return to Leonard C. Murray, Director of Division of  
Public Health Education, Iowa State Department of Health, State Office  
Building, Des Moines 19, Iowa.

TWO YEAR COURSE

1. Number of hours in Health Education required for graduation  
(Do not include Physical Education)
- Semester hrs. \_\_\_\_\_  
Quarter hrs. \_\_\_\_\_

2. List the courses required in Health Education.

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3. List the elective courses offered in Health Education.

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4. What opportunity is given students to actively participate in Health  
Education Practice Teaching? \_\_\_\_\_

To work with School Health Councils? \_\_\_\_\_

Community Health Projects \_\_\_\_\_



COMMENTS

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5. How many hours of practice teaching in Health Education is required?  
For a Major For a Minor  
Semester hours \_\_\_\_\_

Quarter hours \_\_\_\_\_

6. Do you offer off-campus extension courses in Health Education during the school year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many hours credit are given? \_\_\_\_\_ If no, have you considered offering off-campus extension courses in Health Education? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What extension courses in Health Education are offered?

\_\_\_\_\_  
\_\_\_\_\_

8. What qualifications are necessary to teach Health Education on your College Staff?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What opportunities do students and professors have to participate in School Health Council Work? \_\_\_\_\_

\_\_\_\_\_  
Community Health Projects? \_\_\_\_\_  
\_\_\_\_\_

Health surveys? \_\_\_\_\_



10. In what ways do the Voluntary Health Agencies, ie., Iowa Tuberculosis and Health Ass'n., Polio, Cancer, contribute to your Health Education Program?

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11. Are professional people in your community used in your Health Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, whom and in what way are they used? \_\_\_\_\_

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Survey of requirements in Health Education for graduation in Iowa  
Colleges and Universities

GENERAL INFORMATION

1. How recently have you evaluated your Health Education teacher training program? This year \_\_\_\_\_ Last year \_\_\_\_\_
  
2. What improvements have you made in the Health Education teacher training program as a result of the evaluation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Would you like help in planning or in strengthening your Health Education teacher training program? Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. What are some of the problems you face in your Health Education teacher training program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Would you be interested in having speakers in various areas of health speak to:

	Yes	No
a. Specific health classes	_____	_____
b. Students in Education classes	_____	_____
c. College Convocations or meetings of entire student body	_____	_____
  
6. If so, what are the topics you would care to have discussed?  
\_\_\_\_\_  
\_\_\_\_\_



COMMENTS

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State of Iowa  
DEPARTMENT OF PUBLIC INSTRUCTION  
State Office Building  
Des Moines 19

Paul F. Johnston  
Assistant Superintendent  
Administration

JESSIE M. PARKER  
Superintendent

Arthur Carpenter  
Assistant Superintendent  
Instruction

October 24, 1952

Dear Superintendent:

The Iowa State Department of Public Instruction, and the Iowa State Department of Health, are cooperating in making a study of health instruction in the schools of Iowa. As a result of this survey it is our hope to be better able to serve the schools and their communities in promoting better school health for all children.

It would be appreciated if you will fill out the enclosed questionnaire carefully and return it to Arthur C. Anderson, Supervisor, Department of Public Instruction, State Office Building, Des Moines 19, at your earliest convenience. If this questionnaire does not reflect your entire health program, give additional information on back of survey.

We thank you for your interest in better school health for the State of Iowa.

Very truly yours,

JESSIE M. PARKER  
Superintendent of Public Instruction  
By

s/ Arthur C. Anderson

Arthur C. Anderson, Supervisor

ACA:im  
Encl.



SCHOOL HEALTH SURVEY  
by the  
Iowa State Department of Public Instruction  
and  
Iowa State Department of Health

1. Are health-education classes a part of your physical education program? \_\_\_\_\_

A. If so, how many minutes of physical-education classes are devoted to health education per week? \_\_\_\_\_ 0-20 \_\_\_\_\_,  
20-40 \_\_\_\_\_, 40-60 \_\_\_\_\_, 60-90 \_\_\_\_\_, 90 and over \_\_\_\_\_.

B. In addition to physical education, check grades in which specific health courses are offered.

Prim. \_\_\_\_\_, Elem. \_\_\_\_\_, H.S. \_\_\_\_\_

C. Is this course a semester course? \_\_\_\_\_, Two-semester course? \_\_\_\_\_

Number of minutes devoted weekly? 30-70 \_\_\_\_\_, 70-110 \_\_\_\_\_,  
110 & Over \_\_\_\_\_

2. Is your health program a process of growth in good habits (Learning by Doing?) \_\_\_\_\_

If so, How? \_\_\_\_\_ Sewage, \_\_\_\_\_ Waterworks, \_\_\_\_\_ Hospitals,  
\_\_\_\_\_ First Aid, \_\_\_\_\_ Milk Pastuerized.

3. Do you have a school nurse? \_\_\_\_\_, County Nurse \_\_\_\_\_, Public Health Trng. \_\_\_\_\_, R. N. without Public-Health Training? \_\_\_\_\_, Practical Nurse \_\_\_\_\_, Red Cross \_\_\_\_\_, Home Visits \_\_\_\_\_.



4. Does the school nurse check weight and height of students? \_\_\_\_\_,  
H. S. Student \_\_\_\_\_, Teacher \_\_\_\_\_.
5. Does the nurse teach specific courses such as: Home Nursing \_\_\_\_\_,  
First Aid \_\_\_\_\_, Other \_\_\_\_\_.
6. How often do you have physical examination of all students? None \_\_\_\_\_,  
Yearly \_\_\_\_\_, Three (3) Years \_\_\_\_\_, Chest X-rays \_\_\_\_\_,  
Blood Tests \_\_\_\_\_, Urine Analysis \_\_\_\_\_, H. S. Yearly \_\_\_\_\_,  
Pre-School Check-Up \_\_\_\_\_, Athletics \_\_\_\_\_.
7. Have you evaluated the following sections of your school-health program?  
Health Habits \_\_\_\_\_, Safety \_\_\_\_\_, First Aid \_\_\_\_\_, Educ. for  
Survival \_\_\_\_\_, Family Living \_\_\_\_\_, School Lunch Prog. \_\_\_\_\_.
8. Do the following provide the child with a safe and healthy environ-  
ment?  
School Building \_\_\_\_\_, Laboratory Equipment \_\_\_\_\_, Playground  
\_\_\_\_\_, Water Supply \_\_\_\_\_.
9. How does your community participate in the school health program?  
County Health Council \_\_\_\_\_, Community Health Council \_\_\_\_\_,  
Community School Health Committee \_\_\_\_\_, Other \_\_\_\_\_.
10. Do you have a strictly school-health committee? Check the following  
groups represented. School Board \_\_\_\_\_, Athletic Coach \_\_\_\_\_,



Elementary Teachers \_\_\_\_\_, H. S. Teachers \_\_\_\_\_, Elementary  
Students \_\_\_\_\_, H. S. Students \_\_\_\_\_.

11. Are your teachers required to have physical examinations? \_\_\_\_\_  
Do they include chest x-rays? \_\_\_\_\_, Do they include blood tests? \_\_\_\_\_,  
Before receiving initial contract? \_\_\_\_\_, Are they yearly? \_\_\_\_\_,  
At regular intervals thereafter? \_\_\_\_\_, Every three years \_\_\_\_\_
12. Do you have "teacher in-service training programs" in the field of  
health education? \_\_\_\_\_



Iowa

STATE DEPARTMENT OF HEALTH

Public Health Education

Walter L. Bierring, M.D.  
Commissioner

Des Moines 19

January 20, 1953

Dear President:

The Iowa State Departments of Health and Public Instruction are very much interested in the preparation of teachers in Health Education in our Iowa Colleges and Universities.

Since the last war the understanding of the word, "Health", has greatly expanded -- the emphasis being placed more on personal health while continuing on environmental health. This new concept makes it more necessary for teachers teaching Health Education to be as well prepared in their field as teachers are in other subject matter areas.

Health Education in the enclosed survey is defined as instruction of children and young people so that they may conserve and improve their own personal health to enjoy a fuller life. Also, it should promote satisfactory understanding, attitudes, and ways of behaving among parents and other adults to maintain and improve the health of the community.

The enclosed survey will help us to evaluate the Health Education preparation given Iowa teachers as compared to the training in the same field received by teachers in other states. We hope it will provoke thought on your part as to the areas in your Health Education program that you might strengthen.

Your cooperation in the interest of better school health for the state of Iowa is much appreciated.

Sincerely yours,

s/ Leonard C. Murray

Leonard C. Murray, Director  
Division of Public Health Education  
Iowa State Department of Health

s/ Arthur Carpenter

Arthur Carpenter  
Assistant Superintendent - Instruction  
Iowa State Department of Public Instruction

Enc.

WM



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