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# A Study of Health Education in the Public Schools and Community of Tomah, Wisconsin

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*Eastern Illinois University*

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A STUDY OF HEALTH EDUCATION IN THE  
PUBLIC SCHOOLS AND COMMUNITY  
OF TOMAH, WISCONSIN  
(TITLE)

BY

BERNITA HELEN WILDES  
=

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF

MASTER OF SCIENCE IN EDUCATION  
IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY  
CHARLESTON, ILLINOIS

1972  
YEAR

I HEREBY RECOMMEND THIS THESIS BE ACCEPTED AS FULFILLING  
THIS PART OF THE GRADUATE DEGREE CITED ABOVE

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## Chapter 1

### INTRODUCTION

For many years, the study of health was centered around two general areas: body cleanliness and the anatomy of the human body. Little time was actually devoted to either. Today, health education more nearly conforms to the definition of health adopted by the World Health Organization: "Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity."<sup>1</sup>

Educators are increasingly aware that health education is no longer an obscure area of the curriculum. It may well serve as a focal point of instruction with a vast potential for a new thrust into the deeper meaning of human life. Once health education was deemed necessary because health was erroneously interpreted as the "absence of disease." Currently, health education is more concerned with efforts to study, define, and communicate the concept that health is a dynamic, emerging phenomenon of growing and developing. Optimum health should set the stage for maximum efficiency of human functions.

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<sup>1</sup>James H. Otto, Cloyd J. Julian, and J. Edward Tether, Modern Health (New York: Holt, Rinehart and Winston, Inc., 1967), p. 6.

It has been recognized that health education should have a high priority in the school curriculum. As early as 1960, the Joint Committee on Health Education Problems in Education (of the National Education Association and the American Medical Association) recommended cooperative action between the schools and the community resources and health agencies.

#### PURPOSE OF THE STUDY

It was the intent of the investigator to survey the health education program in Tomah, Wisconsin. Tomah, (the home of the writer) is located in west-central Wisconsin and has a population of approximately 6,000 people. There are nearly 850 students in the elementary school and 775 in both the junior and senior high school. In area, this is the second largest district in the state.

The purpose of the study was three-fold:

1. to survey the health instruction in the public school
2. to discover to what extent the school system has used the health resources in the community and
3. to determine whether or not the resources have been utilized as effectively as possible.

#### DELIMITATIONS OF THE STUDY

This study is concerned with the public schools in Tomah, Wisconsin, and the community resources related to

the health aspects of life.

Parochial schools were not included in the investigation.

Only the members of the teaching staff were requested to complete the survey forms. Those persons in administrative positions were not included.



## Chapter 2

### RELATED LITERATURE

The statutes of the state of Wisconsin concerning curriculum and grade level placement of the various health topics are vague. In statute number 161.50 part one, it states:

. . . The program shall be designed to educate youth with regard to critical health problems and shall include, but not be limited to, the following topics as a basis for comprehensive education curricula in all elementary and secondary schools: drugs, narcotics, alcohol, tobacco, mental health, and related health and safety topics.<sup>1</sup>

Each school district is required to interpret this provision for health education individually. Many different people are required to make these judgments; therefore, time allocation within the school week or year, and continuity of health instruction from one grade to the next show little consistency. Responses to the questionnaires supported this hypothesis.

As Carl A. Troester stated, however, "The quality of school health and physical education programs will be largely determined by the administrative leadership of the

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<sup>1</sup> Wisconsin Department of Public Instruction. Sug-  
gestions for Developing Health Education Programs in Wis-  
consin Schools (Madison, Wisconsin, 1971), p. 17.

school community."<sup>2</sup>

Students need to be made aware of their physical condition as something to be studied, understood, and nurtured in order that it can satisfactorily function for an indefinite period of time. As Carl E. Willgoose observed, "It is not at all unrealistic to base the education of children now in school on the probability that a high percentage will live past ninety and many beyond one hundred years."<sup>3</sup> Barring terminal illness or accidental death, that could be many years beyond senior high school. Unfortunately a person cannot wait until he is fifty or older to plan for old age. A National Education Association Project on Instruction stated, "The school, as the only social institution that reaches all children and youth has responsibility for teaching the basic information and for helping young people develop the habits and attitudes essential for healthful living."<sup>4</sup>

It is imperative that teachers and administrators be made aware of the importance of health education as it applies to the modern-day course of study. It is not the

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<sup>2</sup>Carl A. Troester, "Physical Education, Health, and Safety: Developments," Bulletin of the National Association of Secondary-School Principals, (November, 1963), pp. 100-105.

<sup>3</sup>Carl E. Willgoose, The Curriculum in Physical Education (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1969), p. 13.

<sup>4</sup>Project on the Instructional Program of the Public Schools, Deciding What to Teach (Washington, D.C.: National Education Association, 1963), pp. 108-120.

study of anatomy, or learning how to brush your teeth and wash your hands; it contributes to the development of the total individual, to his social, intellectual, and physical well-being. Good health must be a way of life to be cultivated from birth until death. As an infant or young child, aspects of good health must be controlled by other persons, but as a child goes to school and matures, he must gradually assume this responsibility for himself.

It is at this point that awareness of the importance of good health should cause the student to develop self-motivation for practicing good health concepts. If this internal motivation is not present, there will be another generation of people who "know what they are supposed to do to keep well, but they fail to do so."<sup>5</sup>

They know about the recovery power of proper relaxation, but they do not rest. They understand how tobacco smoking can cause death from lung cancer, but they do not give up cigarettes. They know how alcohol effects driving ability, but they drive after drinking. They appreciate the role of regular exercise in weight control, yet they do little to alter their sedentary way of living.<sup>6</sup>

It would be hoped that by utilizing the available school and community resources, this picture of the seden-

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<sup>5</sup>Carl E. Willgoose, "Value Illness," Journal of Health, Physical Education and Recreation, XXXVI (March, 1965), 19-21.

<sup>6</sup>Carl E. Willgoose, The Curriculum in Physical Education (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1969), p. 10.

tary American with poor health habits can be changed. "When the student understands that health and fitness are lifelong and cumulative concerns, and that knowledge translated into positive health practices can extend youthfulness and postpone aging, then instruction becomes meaningful."<sup>7</sup>

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<sup>7</sup>Joseph P. Felice and Patrick J. Carolan, Tune Into Health (New York: College Entrance Book Company, 1970), p. iii.

## Chapter 3

### METHODOLOGY

To survey the one hundred fifty-two public school teachers, three separate types of questionnaires were used. Samples of each are included in the Appendix, pp. 41-44.

One was a two-page form given to each teacher from kindergarten through grade six. It asked the teacher to answer questions regarding the amount of time the teacher devoted to health education, the resource materials and personnel used, and to make suggestions for improving health instruction at her level. Page two of the questionnaire listed individual health topics and asked the teacher to indicate whether the topic was discussed only incidentally, or whether a measurable amount of time was devoted to it. If the latter was the case, an estimate of the amount of time spent on the topic was requested.

Junior and senior high school teachers who conceivably could deal with health-related topics as a part of their subject area also received a two-page form. Page two was the same as the elementary teachers received. Page one contained questions concerning the opinion of teachers regarding the inclusion of health education in the junior and senior high school curriculum, the amount of time they spent discussing health-related topics, and resource material

used.

Junior and senior high school teachers were also asked to respond to questions similar to these:

1. Would you favor having health education a one-semester course at the senior high school level?
2. Should it be as a separate subject or combined with others?
3. Should it be required for all students?
4. At what age would the instruction be most effective?
5. What specific health problem areas do you believe would be most beneficial for the twelve to eighteen year old student?

For teachers of math, industrial arts, and other subjects not usually dealing with topics related to health education, a one-page form was devised. This contained only the opinion questions relating to the inclusion of health education in the curriculum.

Various persons in the community who are involved in health services were interviewed. Questions directed to them concerned the assistance they had provided the school to implement the health instruction. Also, they were asked what services they might have been able to provide but had not been asked to prior to this time. Finally, they were questioned as to whether they could foresee any future cooperation between themselves or their agency and the school health program which had not yet been

utilized? Samples of these questions are included as Appendix D, page 45.

## Chapter 4

### PRESENTATION AND ANALYSIS OF DATA

The data collected were assembled into two basic categories: the first comprised of that data secured as a result of the public school survey; the second, that information which resulted from personal interviews and visits to the various community facilities. The results of the school survey were further broken down into: (1) elementary school, (2) junior high school, (3) senior high school, and (4) special education.

The community facilities have been organized into the following groups for the purpose of this study: (1) public school personnel, (2) Veterans' Administration Hospital, (3) Tomah Memorial Hospital, (4) Park and Recreation Board, (5) other recreational opportunities, (6) other community resources, and (7) volunteer agencies.

### HEALTH EDUCATION IN THE ELEMENTARY SCHOOL

#### Kindergarten

Health was considered an on-going subject by the teachers of the eight kindergarten classes, with certain topics (such as care of self, proper diet, attitudes toward others, and safety) covered separately. However, health-related topics were taught whenever introduced into



the discussion. Films, film strips, pictures, and magazines were used. The school nurse talked to the groups concerning dental care and also conducted eye-screening tests.

The kindergarten teachers felt health education should continue through senior high school.

### Grade One

Nine first-grade teachers responded to the questionnaire. The time spent on health education ranged from no specified amount of time each week, to sixty minutes per week. Five of the nine felt health should be taught as a separate subject, but each of them actually incorporated it into science or social studies classes. One teacher averaged twelve minutes per day but the remaining eight taught either one or two fifteen-minute segments of health each week.

### Grade Two

Seven second-grade teachers responded. One teacher included health instruction as incidental to whatever topic came under discussion. The time used for health education by the other six teachers ranged from fifteen to forty minutes per week. Most of them taught health as a part of social studies.

### Grade Three

The findings in the third grade corresponded greatly with the two lower primary levels. Of the seven teachers who responded, two indicated only incidental health educa-

tion. The minimum time spent in health instruction was fifteen minutes a week. The maximum time was one hundred thirty-five minutes weekly, scheduled on three separate days for eighteen weeks. In two classrooms, health was taught as a separate subject; in the others, it was incorporated into reading or science.

#### Grade Four

The time devoted to health education increased at the fourth grade level. It ranged from thirty to ninety minutes except in two instances. One teacher reported only incidental discussion and another reported spending fifteen minutes per week for eighteen weeks. Three of the nine teachers taught health as a separate subject, three as a part of science, and the other two combined it with social studies and reading.

#### Grades Five and Six

The upper elementary grade teachers averaged forty-five minutes per week for health instruction. Two taught it as a separate subject; five included health in the science work; and one reported that health was taught whenever the subject came up. Five of them used a textbook part of the time.

#### Summary of Additional Questions on the Elementary Teachers'

##### Questionnaire

Very few students used any type of textbook for health instruction up through grade three, but 50 per cent

of the fourth, fifth, and sixth graders did. Films and film strips were the most common visual aids used and the school nurse was the only resource person. Field trips were not utilized as a part of health education in the elementary schools.

In answer to question seven, "At what level (or levels) do you feel health education is most important?" the teachers' responses were consistently, "All levels." It was also agreed that in order to improve health education at their respective levels it should be taught as a separate subject with sufficient time allocated for it in the weekly schedule. The other suggestion mentioned regularly by many teachers at various grade levels, was the need for a detailed course of study. They felt that this would help insure an orderly and meaningful progression of instruction for all students. All teachers would then be subject to the district plan rather than having health education left to individual discretion.

#### HEALTH EDUCATION IN THE JUNIOR HIGH SCHOOL

The Tomah Junior High School has had regularly scheduled health education classes for grades seven and eight for the past three years. These have been required courses which meet two and one-half periods per week for the entire year. Teachers in this school know what topics have been presented in the health classes of each grade and endeavor not to duplicate or overlap to any great extent.

There are certain health-related topics which lend themselves to study and discussion in social studies, science, or home economics. Such subjects are seldom approached with emphasis on the same concepts, however. The seventh-grade science class investigated the blood routes and structure of the heart when studying the circulatory system. The eighth-grade health class, studying the same system, concentrated on malfunctioning problems related to the system, diseases of the heart and blood vessels, and methods used to strengthen the heart muscle.

The junior high school teachers have been informed regarding the content, objectives, and methods employed in health education classes and strongly favor its being offered as a separate subject in the junior high school and in the senior high school as well. The survey indicated that 100 per cent favored having health education in the junior high school and 84 per cent felt it should be taught as a separate subject in the senior high school. Thirty-four of the forty-one teachers completed the questionnaire.

Topics of special significance to the young teenager were included in the seventh and eighth-grade course of study. They were presented as personal concepts essential to growth and development for that complete physical, mental, and social well-being suggested by the World Health Organization's definition of health.

These included:

(1) general aspects of good health for teen-agers;

skin care and related problems, teen-age nutrition, grooming, regular medical and dental check-ups, sleep and rest

(2) musculature and skeletal development including the importance of exercise and physical fitness

(3) alcohol, tobacco, and other drugs from both the physical and social aspect of their use

(4) mental health including personality development, behavior, intelligence, social interaction with peers, family, and other adults

(5) infectious diseases, epidemiology, immunization

(6) first aid and safety

(7) systems of circulation, respiration, and digestion with emphasis on the importance of proper functioning, maintenance and care of organs as well as abusive actions

(8) community health and

(9) world health.

Some community resources have been utilized. Speakers have shared their expertise in the areas of drugs, first aid, civil defense, circulatory complications, and blood typing. Field trips were arranged to a fall-out shelter, to see a county emergency rescue vehicle, and to the American Red Cross Blood Mobile.

#### HEALTH EDUCATION IN THE SENIOR HIGH SCHOOL

There is no health education class as such, in the Tomah Senior High School. Students as juniors or seniors

may take a one-semester course called Health Occupations, but this is primarily concerned with career information and investigation.

Home economics classes include a unit in family living in which there are films and a talk by the school nurse concerning childbirth, child growth, and development. The biology classes spend approximately eight weeks studying the body systems and two weeks studying growth and development.

Boys in physical education classes receive some incidental instruction regarding alcohol, tobacco, and other drugs; dental care and other health habits; and first aid and safety as they apply to sports and athletics. In the girls' physical education classes there is cursory discussion of health habits, disease prevention, physical fitness and safety, again relating to sports participation.

Four English teachers responded to the questionnaire. One indicated occasional discussions pertaining to aspects of health. The social problems classes spent the most time with health and health-related problems. One teacher devoted sixty-six hours and another thirty-five hours to such topics as disease prevention, drugs, family life education, growth and development, mental health, personality development, sexuality, venereal diseases, and world health problems.

The Tomah Senior High School teachers were in greater disagreement regarding the necessity for health

education classes. While 75 per cent felt health education should be taught at the senior high school level, only 46 per cent felt it should be a required one-semester course.

It could be that the discrepancy between the opinions regarding need and desirability of a required health education class could stem from a lack of knowledge on the part of some teachers as to just what constitutes junior or senior high health education. Additional comments were added to the survey forms which indicated this. One teacher stated that the course title should be changed from Health Education to Sex Education, and cover such topics as drugs, cancer, heart disease, birth control, mental health and dieting but not how to take a bath. Another felt the word, 'health' sounded boring, but if applied to student experiences it would be more interesting.

A few high school teachers felt that health should be taught at all grade levels, kindergarten through grade twelve, but as a part of junior and senior high school science, biology, social studies, or home economics. The preceding paragraphs indicate the limited topics covered in biology and home economics. Two social problems teachers spent a great deal of time with the health aspect of life, but one did nothing. None of the history teachers included anything in the area of health education.

The health occupations course for junior and senior students was initiated in the school year 1971-1972. An

evaluation of its impact on the community is yet to be realized. The planning proceeding its inauguration involved many community health personnel as well as the vocational director of the school district. The objectives and purposes of the course were established.<sup>1</sup> An outline of the course content was approved, and a qualified instructor was employed.<sup>2</sup>

#### HEALTH EDUCATION IN SPECIAL EDUCATION

There are four classrooms for children with special learning problems. One is comprised of children of a wide age range classed as trainable. The other three classrooms are for children with various learning disabilities, separated into intermediate, junior and senior high age groups. These teachers all recognize that health information is of prime importance to their students.

Health education is taught as a separate subject in each of the special education classes. In the trainable room, students wash their hands and brush their teeth each day under the supervision of the teacher. Learning by having the student actually do as he has been instructed contributes to a stronger establishment of the habits. The teacher estimated that sixty hours per year were devoted to body cleanliness and forty-five hours per year to dental

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<sup>1</sup> A copy of the Objectives and Purposes of the Health Careers course is included as Appendix E, page 46.

<sup>2</sup> A copy of the Outline of the Course for Health Careers is included in Appendix F, pages 47-49.



health. Ninety hours per year (which would average thirty minutes per day) was estimated to have been spent on physical fitness. In addition to these major areas, some time was also devoted to growth and development, nutrition and safety.

This teacher used film strips and pictures as aids in teaching. She estimated that an average of thirty-five minutes a day were spent on health education in addition to the thirty minutes used specifically for physical fitness.

In the intermediate class, where students ranged from eight to twelve years of age, the teacher indicated only incidental discussion of epidemiology, family life education, mental health, public health, sexuality and venereal diseases. For other topics listed on page two of the questionnaire, it was estimated that two hours were devoted to each.

It was indicated that library books, film strips, films, pictures and magazines were utilized as aids to instruction. The suggestion was made that there was a need for more resource people and field trips to health institutions.

The special education classes for students aged thirteen to fifteen or sixteen covered nearly every topic listed on page two of the survey form. The greatest amount of time was spent in the areas of personality development, systems of the body, alcohol, tobacco, and other drugs. It was indicated that all types of resource material listed

were used at one time or another with the exception of field trips and guest speakers.

The teacher of the older special education students did not specify the amount of time devoted to each topic, but indicated that each topic was discussed except ears, epidemiology, and systems of the body.

Again, audio-visual resources were used extensively but there were no field trips or guest speakers.

These four teachers believed that health education should be a part of the curriculum for all students, included in each grade, kindergarten through six, and at least one year each in junior and senior high school.

#### COMMUNITY HEALTH RESOURCES

The Tomah School District is fortunate to have a variety of health facilities and specialists in the immediate area. Personal interviews were conducted with Dr. James Chitwood, dentist; Mr. David Pearson, Chief Administrator of the Tomah Memorial Hospital; Mr. Robert Stump, Director of the Tomah Rehabilitation Center; Mr. William Zabrowski, Vocational Director, and Mrs. Margery Steen, R.N., both of the Tomah Public Schools; Mr. Charles Fenrick, Executive Secretary of the Tomah Chamber of Commerce; and Mr. Duane Asp, pharmacist. Interviews and visits were conducted in an attempt to determine to what extent community resources were available and have been utilized to implement the school health education program.

The school district itself employs many persons with some expertise in problems often included in health education. The school nurse, athletic director, coaches, food service manager, social worker, and guidance counselors are each knowledgeable in various aspects of health. The community supports the Tomah Memorial Hospital, the Tomah Rehabilitation Center, six dentists, four resident physicians with others from neighboring towns using the hospital facilities and available for consultation. There are three optometrists, the Tomah Memorial Nursing Home, three pharmacies, and a large United States Government Veterans' Administration Hospital. Also available to the citizens of Tomah is the Monroe County Guidance Clinic which provides a wide range of counseling services as well as testing and referrals when so indicated.

There are several health-centered volunteer agencies functioning in the area. Among them are the American Red Cross, the Association for Mental Retardation, the American Cancer Society, Candy Strippers, Womens' Auxillary, and two senior citizens groups.

### School Personnel

Within the School system itself are persons highly qualified to lecture or give demonstrations to students on many health matters.

Nurse. The school nurse is qualified to speak on many topics pertinent to health education. In the elemen-

tary school she has discussed dental care, and the importance of cleanliness. She has explained menstruation to the upper elementary girls.

In the junior high school the nurse has demonstrated the use of the stethoscope, sphygmomanometer, and thermometer and explained their importance to the doctor when giving physical examinations and also in diagnosing illnesses. She has also lectured to the social studies classes concerning medieval medicine and health practices.

In the senior high school she has met with the home economics family living class to show a film on childbirth and conduct the discussion following the film.

At various intervals the students have seen the nurse for eye-screening checks, hearing tests, Tine tests, and various immunization clinics conducted throughout the district.

Food Service Manager. This man has not discussed the importance of nutrition with the students though he is quite knowledgeable in his field.

School Social Worker and Guidance Counselors. While many students meet with these persons on an individual basis, many others seldom have the opportunity to become well-acquainted with them. Therefore, they are unaware of the services provided.

Coaches. The coaches have not been approached to discuss fitness with younger children or other students out-

side their own class or coaching assignments.

Other Teachers. There have been other teachers in the system who have contributed to various phases of health education. One English teacher who had travelled in Europe discussed health conditions, sanitation, and dietary deficiencies as a part of a unit of world health.

### Veterans' Administration Hospital

Drugs Rehabilitation Program. The Tomah Veterans' Administration Hospital has been designated as a rehabilitation center for alcoholics and other drug abusers as well as for regular medical treatment. The facility has always dealt with the problem of alcoholism, but only recently added drug abuse to its program. Many psychiatrists, psychologists and specialists in other areas have been added to the staff to provide the necessary treatment and counseling required by the affected veterans. These personnel are available to address school and community organizations in order to educate the public regarding the many facets of drug abuse and its far-reaching implications. They have taken part in in-service training for teachers, but have not met with any students in a classroom situation.

Dietitian. The expertise of this individual has not been utilized by the public school either in home economics classes, or in health education.

Volunteer Services. Many persons, not only in Tomah but from as far away as one hundred miles, regularly devote many hours of their time in service to veterans at the hospital. Some provide professional type services such as public relations or nursing assistance on a volunteer basis; but the majority offer friendship and companionship through conversation, playing cards, checkers, chess, reading to them, writing letters, or going for walks with them. Some patients are permitted to go for drives or into town shopping with the volunteer workers.

A very few high school students have become involved in this program through the Service Club in the school, but it is not a widely publicized group.

#### Tomah Memorial Hospital

Laboratory Director. This individual has lectured about and demonstrated the various laboratory testing devices, use of laboratory tests in diagnosis and treatment and use of X-Ray and other radiological equipment for the high school health careers class.

Volunteer Services Director. This woman coordinates the work of all the volunteers by scheduling their time and assigning duties. There are two separate groups; the Tomah Memorial Hospital Auxiliary for adults, and the Candy Strippers for teen-agers. At the present time about twenty girls are involved in the Candy Striper program. They provide any services not available to patients as a part of

the work of regular employees.

The Tomah Memorial Hospital Auxiliary is composed of women willing to devote free time either working in the gift shop at the hospital, or operating the Goodwill Store in town. They are recognized annually for hours of service, but they refuse service pins on the grounds that the money should be used in the hospital instead.

#### Park and Recreation Board

In 1972, for the first time, a full-time Director of Recreation was employed. There have been many regularly scheduled activities in the past but they have been organized by the school athletic director with various activities directed by teachers or other local workers. College students and upper-classmen from the high school have been employed to work on the playgrounds, as swimming pool life-guards, and to teach life saving and swimming classes.

Most of the activities have used the school facilities. The elementary school gymnasium is used for square dancing one evening a week all year round, and is open to all age groups. The junior high school gymnasium is used two nights a week during the school year for gymnastics, volleyball, and basketball for all ages. A town park and a high school athletic field are used for softball and baseball in the spring and summer by both sexes of all ages. Six new tennis courts adjacent to the high school have been added to the four old ones to expand this activity.

At the present time, swimming is limited to the summer season, but funds are being raised and plans are in developmental stages to enclose the pool to make possible its use on a year-round basis. (There is no pool in any school building.)

The Park and Recreation Board also assumes the responsibility for clearing Lake Tomah for ice-skating and maintaining the ice hockey rink. Ice fishing is permitted on another part of the lake. Various areas throughout the city are banked and flooded to provide neighborhood ice-skating facilities for younger children.

#### Other Recreational Opportunities

The city does not provide any facilities for skiing or snowmobiling. There are, however, snowmobile clubs in the area with trails between Tomah and adjoining towns as well as ski groups which plan regular trips to a near-by resort.

Bowling leagues for all ages are active year round, and two golf courses near the city provide excellent facilities for league or individual participation and instruction.

Bicycling has become a very popular activity. Bicycle trails have been established throughout the state and a registered American Youth Hostel is located a few miles south of the city.

Fishing on Lake Tomah attracts large-scale participation from spring through fall.



There are numerous other clubs and organizations to stimulate the creative and intellectual development of an individual. These include: Parkway Garden Club, Shakespeare Club, Ceramics Club, Art Club, an amateur dramatics group, (which has put on programs regularly to raise money to enclose the swimming pool) library reading groups for children, Boy and Girl Scouts, 4-H Clubs, and a dance studio.

Two Senior Citizens' groups meet regularly in the high school cafeteria. They offer a wide range of activities and entertainment as well as opportunities for service to others. Advanced age does not signify withdrawal from society or indifference to the needs of others. They welcome the chance to help other people.

The vocational school division of the Tomah Public School System offers a wide selection of classes for self-improvement, recreation, and advanced vocational training.

#### Other Community Resources

Pharmacists. Tomah supports three well-stocked drug stores staffed by six registered pharmacists. The Tomah Memorial Hospital and the Veterans' Hospital each has its own pharmacists who do not serve the general public.

Tomah Rehabilitation Center. While the central office is in Tomah, the therapists serve three full counties and a part of another. Hospitals and nursing homes lease space to them to enable the equipment to be easily avail-

able to those persons requiring it. The professional staff consists of one corrective exercise therapist, one speech therapist, three physical therapists, one psychologist, one podiatrist, and one full-time and three part-time inhalation therapists. The director is also licensed to teach driving to handicapped persons in automobiles equipped for their specific needs.

Chief of Police. Having had considerable experience with pushers and users of illegal drugs, the Tomah Police Chief has addressed school and community groups concerning both the legal and the social aspects of drug abuse. Displays show various types of drugs in their many forms, as well as items used in the administration or use of the drugs which have been confiscated in the local area. The lecture has been geared to disperse factual information without the use of scare tactics or emotionalism, and was adjusted to the age level of the audience.

Monroe County Civil Defense. This agency is most cooperative in providing materials to the school for a unit in first aid and emergency preparedness. A series of films is provided free of charge by the Wisconsin Department of Health and Social Services, along with the testing materials. The director provides splinting and bandaging materials, wound simulation devices, and a Rescuscii-Anne model for practicing mouth-to-mouth resuscitation. A county emergency vehicle was available and a traffic officer explained the

equipment and the services they provide. The Monroe County Civil Defense Director has presented class discussions for the teacher on occasion and arranged a field trip to one of the local fall-out shelters. He accompanied the groups and explained the facilities and situation which would be encountered in the event of an actual disaster.

Dentists. All of the six dentists do general dentistry. Any special orthodontic work is referred to outside specialists. Two dentists have a clinic which employs four dental assistants and three dental laboratory technicians. They have a rather unique agreement with dental schools in the Phillipine Islands and Japan whereby they accept registered technicians from their countries who receive training in our methods. Usually they spend about three years here and speak fluent English when they leave.

#### Volunteer Agencies

American Red Cross. While the American Red Cross offers a wide variety of services, the one receiving the most publicity in the Tomah, Wisconsin, area is the blood mobile. The drive for volunteer donors is held five times each year. This is staffed by two or three nurses from Madison who travel with the unit, plus volunteer nurses, Hospital Auxiliary members, typists, baby-sitters and young girls from the local community to check coats and run errands.

Field trips have been arranged for the Tomah Junior

High School health classes to observe the procedure while the head nurse explains the process of blood collection, storage, laboratory usage, and distribution.

American Cancer Society. Many pamphlets and brochures are available free of charge through this agency for use in the classroom. They have also provided films and film strips depicting signs of cancer, various types of cancer, cancer research, the relation of smoking to cancer, and cancer treatment. In this community, older students have been used to baby-sit while their mothers attended meetings where films were shown and a doctor explained uterine and breast cancer.

Salvation Army. There are no Salvation Army officers located in Tomah, but a local volunteer works through the LaCrosse headquarters when there is a need. Most often it is in the form of food or shelter for destitute persons new to the community. This volunteer works closely with the Chamber of Commerce and the Tomah Ministerial Association to aid transients in finding employment.

## Chapter 5

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### SUMMARY

It was the purpose of this study to survey health education in the public schools in Tomah, Wisconsin; to determine the extent to which community health resources have been utilized by the schools; and to ascertain whether they have been as effectively used as possible.

Factors considered as a part of the school survey were: the amount of time spent in the area of health education, the resources used, general topics covered, the opinions of the teachers regarding the importance of health education, where in the curriculum and at what grade levels they felt it would be most effective, and suggestions they had for changes.

The majority of elementary and junior high school teachers felt health education was a subject important enough to be taught separately from kindergarten through senior high school, each year through grade six, and at least one year each in junior and senior high school. The teachers who taught some health education used a variety of audio-visual materials and covered a wide range of topics. They did not take advantage of the school personnel or the community resources to any great extent.

The amount of time spent on health-related topics varied greatly from one elementary teacher to the next. Three teachers indicated no health instruction but four others estimated at least ten minutes per day for this subject. The special education teachers spent much more time on health than the regular classroom teachers.

They were in agreement that there should be a specific amount of time allocated in the curriculum for health education. They were also concerned about an orderly progression of teaching at the various grade levels to eliminate duplication or overlapping of instruction.

At the senior high school there was less consistency of opinion regarding the importance of health education, although most felt the need for it in the elementary and junior high school. It was generally observed, however, that teachers who dealt with health-related topics, physical education, or safety oriented classes were more conscious of the need for health education for the senior high school student than the teachers of business education or art, for instance. Two social problems teachers said they could not emphasize enough how strongly they felt the need for health education in the senior high school.

Resource materials used included magazines, films, and newspapers. There were no field trips taken and very little use was made of guest speakers except in the health careers class. The students in the careers class were exposed to personnel and facilities from several community

resources as can be seen from the course outline. More extensive opportunities for this class are planned for the coming year.

The community of Tomah, Wisconsin, provides an excellent health care system which contributes to life expectancy and quality of living. The professional medical services and para-medical facilities and personnel cover most areas of need. Volunteer health agencies make other important services available to individuals in the area. Recreational facilities are almost unlimited and make a contribution to the well-being of the citizens.

Many of the personnel and agencies surveyed indicated a willingness to participate in the school health curriculum. Mr. David Pearson, Chief Administrator of the Tomah Memorial Hospital, feels the health careers program will be mutually beneficial to the students involved and to the community, and heartily endorses its continuance. The Executive Director of the Chamber of Commerce, Mr. Charles Fenrick, has offered the services of his office to secure speakers on any topic for any school class if the school resources are not adequate.

#### CONCLUSIONS

There is little uniformity in the instruction of health education in the Tomah Public Schools from one teacher to another. Neither is there an established course of study to be followed to provide for sequential development of the subject.

The importance of a healthy mind and body is not stressed as an integral part of the developmental structure of an individual. It has become a more 'hit or miss' concept, not necessarily due to the lack of interest or knowledge on the part of the teachers, but due to lack of planning and time for its incorporation into the total school program.

Within the immediate area is a vast potential of human resources which have not been tapped. Too often that which is so close is overlooked as would seem the case here.

#### RECOMMENDATIONS

The services of the nurse have been utilized by more teachers than any of the other available resource people. However, there are many more instances where she can exert a positive influence toward the health of a child, due to her professional training. Specific topics for her expertise could include contagious diseases, public health, sexuality, venereal diseases, and world health.

The appearance of a coach, a physically fit individual, can do much to encourage the practices he considers important. In the winter he might discuss with the elementary children various aspects of fitness and suggest a program of regular exercise routines for bad weather usage. These suggestions could be allied to the promotion he gives his particular sport. Many children don't begin to get the activity they need if they can't play outside.

The school social worker, and the guidance counsel-



ors were not mentioned as having been used by the teachers as resource personnel even though they have much to contribute to health education. They should not be overlooked simply because they aren't usually categorized as teachers. The social worker has an excellent background in the area of mental health and could be used to explain to students, particularly in junior and senior high school, the many counseling services available in the school. These include psychological testing, referral service to the Monroe County Mental Health Clinic, work-study, and tutorial programs.

The guidance counselors are also trained in mental health and can discuss with junior and senior high school students various aspects of maintaining a healthy mental outlook. They are also qualified to discuss the influence of good health on school and future job attendance records.

The school Food Service Manager can help explain the importance of good planning in daily menus at home as well as promote the value of the school lunch program. He can contrast the nutritive value of a good lunch with the snacks so many students eat from the chip and candy vending machines.

As with the school cafeteria manager, the dietitian from the Veterans' Administration Hospital can contribute to the unit on nutrition by explaining various types of dietary needs. This might include weight-gaining or reducing diets, special diets for specific organic disorders, 'soft' or 'light' diets, ulcer diets, etc. Special dietary needs

of alcoholics and other drug abusers could also be discussed.

Except for the Health Occupations class at the senior high school, the Veterans' Administration Hospital has not been used for field trips. One of the psychiatrists assigned to the drug rehabilitation unit addressed the teachers during an in-service meeting, but no one from this facility has met directly with the students for the purposes of instruction.

In addition to dispensing information which is of benefit to the student, the Veterans' Administration Hospital provides an opportunity for service. Students may be on the 'giving' side by volunteering their time if they are at least fifteen years of age. Recognition for hours of service is the only payment received besides the intangible reward of self-satisfaction through service to humanity.

An opportunity for volunteer work by girls, fifteen years of age or older, can come through the Candy Stripers. After she makes an application for membership, she is individually screened, interviewed, and given a physical examination. Only girls in good physical condition with a healthy mental outlook are accepted into the program. They wear uniforms to indicate their position within the hospital. A smile, conversation, and an attitude of caring are their greatest contributions to patients in the hospital and the nursing home. Their official recognition, given at the annual meeting of the hospital board, is a pin denoting the

number of hours of service they have given during the year.

Junior and senior high school students could benefit from a meeting with the laboratory director of the local hospital. He could explain what aptitudes and skills are necessary for laboratory workers, and make recommendations as to courses they could take while still in school to help prepare themselves for this vocation.

There is a multitude of persons involved in the recreational program of the community. Persons qualified in any activities mentioned in the chapter regarding the Park and Recreation Board, especially the new Recreation Director, would be excellent people to promote ideas for the use of leisure time or the planning for future senior-citizenship.

The pharmacists are eager to assist the school and can provide film lists on numerous topics as well as various other audio-visual materials. They are also available as speakers for a variety of health-related topics, poisoning, for example.

The therapy clinic at the Tomah Memorial Hospital is available for school classes to visit. Arrangements can be made for the various therapists to be there and each will talk to the group explaining his specific contribution to the rehabilitation of a patient.

The dental laboratory technicians from Japan and the Phillipine Islands will be happy to speak to classes regarding health and dental facilities in their home

countries.

Various service projects can be undertaken for the American Junior Red Cross if a teacher wants to go into this aspect of health education with the students. The concept of service is one which should not be overlooked.

It becomes, then, the responsibility of the school to impress upon the students the importance of good health. It is also the responsibility of the school to involve the student in the vast array of health-related resources available in the community. The school must help each student develop a consciousness of his own responsibility for the growth and maintenance of his physical, social, and emotional well-being that he will voluntarily take advantage of the opportunities available to him. To encourage the student to appreciate good health and take pride in the development and maintenance of it is a challenge the school must meet.

APPENDICES

APPENDIX A

QUESTIONNAIRE FOR ELEMENTARY TEACHERS<sup>1</sup>

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

1. Approximately how many minutes of health instruction do you provide your students each week? \_\_\_\_\_ In how many sessions? \_\_\_\_\_

If this is not a separate Health class, what subject is it a part of? \_\_\_\_\_

(Please circle the most appropriate answer.)

2. Do you use a textbook? YES NO SOMETIMES  
If so, what title and publisher? \_\_\_\_\_

3. What other resource material do you use?  
LIBRARY BOOKS PAMPHLET MATERIAL FILM STRIPS  
FILMS PICTURES MAGAZINES  
GUEST SPEAKERS If so, whom? \_\_\_\_\_  
FIELD TRIPS If so, where to? \_\_\_\_\_

4. Regarding the time spent on Health Education in your classroom, do you feel it is  
TOO MUCH NOT ENOUGH ADEQUATE

5. How do you feel Health Education should be taught at your grade level?  
AS A SEPARATE SUBJECT AS A PART OF SCIENCE  
AS A PART OF SOCIAL STUDIES  
PART OF ANOTHER CLASS \_\_\_\_\_

6. What suggestions could you make for improving health instruction at your grade level?

7. At what level (or levels) do you feel Health Education is most important?

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<sup>1</sup>This is page one of the two-page form submitted to teachers from kindergarten through grade six. For their convenience it was double spaced.

8. Which of the following topics do you include with your students?

Check this column if discussed only incidental to other topics.

Topic<sup>2</sup>

If studied, estimate time spent on each during the year. (Hours & Min.)

	Alcohol	
	Body Cleanliness	
	Dental Health	
	Disease Prevention	
	Drugs	
	Ears	
	Epidemiology	
	Family Life Education	
	First Aid	
	Growth and Development	
	Health Habits	
	Mental Health	
	Nutrition	
	Personality Development	
	Physical Fitness	
	Public Health	
	Safety	
	Sexuality	
	Systems of the Body (indicate which ones)	
	Tobacco	
	Venereal Diseases	
	World Health	
	Others:	

<sup>2</sup>This form was submitted to all elementary teachers and those junior and senior high school teachers who teach a subject in which health-related topics might come into the discussion. This listing was double spaced for convenience.

APPENDIX B

QUESTIONNAIRE FOR JUNIOR AND SENIOR HIGH TEACHERS<sup>3</sup>

Name \_\_\_\_\_ School \_\_\_\_\_ Subject \_\_\_\_\_

1. Do you feel Health Education should be taught as a separate subject - in Junior High? YES NO  
- in Senior High? YES NO

2. If not, then as a part of Junior High Science? YES NO  
Senior High Biology? YES NO  
Jr. or Sr. High Home Economics? YES NO  
Jr. or Sr. High Social Studies? YES NO

3. Would you favor having Health Education a required one-semester course in the Senior High School? YES NO

4. What topics do you feel especially should be included if there were to be a Health Education class at the Senior High School level?

5. Regarding the time spent on health-related subjects in your classroom, do you feel it is  
TOO MUCH? NOT ENOUGH? ADEQUATE?

6. If you use any of the following teaching aids in your Health instruction, please so indicate and the topics for which used if possible.

Reference books \_\_\_\_\_ Pictures \_\_\_\_\_  
Pamphlets \_\_\_\_\_ Film strips \_\_\_\_\_  
Magazines \_\_\_\_\_ Newspapers \_\_\_\_\_  
Films \_\_\_\_\_ Guest speakers \_\_\_\_\_  
Field trips \_\_\_\_\_ (where to) (whom)

7. At what level (or levels) do you feel Health Education is most important?

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<sup>3</sup>This form was submitted to junior and senior high school teachers whose subjects could include discussions related to health education. For convenience it was double spaced.



APPENDIX C

QUESTIONNAIRE FOR JUNIOR AND SENIOR HIGH TEACHERS<sup>4</sup>

Name \_\_\_\_\_ School \_\_\_\_\_ Subject \_\_\_\_\_

1. Do you feel Health Education should be taught as a separate subject - in Junior High?    YES    NO  
  - in Senior High?    YES    NO
  
2. If not, then as a part of  
    Junior High Science?    YES    NO  
    Senior High Biology?    YES    NO  
    Jr. or Sr. High Home Economics?    YES    NO  
    Jr. or Sr. High Social Studies?    YES    NO
  
3. Would you favor having Health Education a required one-semester course in the Senior High School?    YES    NO
  
4. What topics do you feel especially should be included if there were to be a Health Education class at the Senior High School level?
  
5. At what level (or levels) do you feel Health Education is most important?

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<sup>4</sup>This form was submitted to any junior or senior high school teacher whose subject could not realistically include any health-related topics. (Math, Industrial Arts, Business, etc.) For convenience it was double spaced.

## APPENDIX D

### QUESTIONS ASKED IN PERSONAL INTERVIEWS<sup>5</sup>

1. What health-related services are provided by you or your agency for the people of this community?
2. How effective do you consider your service is?
3. What are limiting factors?
4. How could these limitations be overcome?
5. What interaction has there been between your agency and the public school system? Describe.
6. If there has been none, to what would you attribute the lack?
7. Can you foresee any cooperative action for the future? Describe.
8. What benefits to the community might result?

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<sup>5</sup>These are examples of the questions used. There were modifications in certain instances due to the type of facility or the individual being interviewed.

## APPENDIX E

### HEALTH CAREERS

#### Objectives and Purpose

1. In Tomah we have a large percentage of our population involved in health occupations. Through student, community, and state department interest, a course in health occupations has been proposed.
2. To develop some insight and understanding into the various health careers.
3. To acquire knowledge that is common to all or many health occupations.
4. To maintain and improve the quality of personal health and patient care.
5. To develop an alertness to the many types of hospitals and medical institutions found in our community and surrounding area.
6. To stimulate interest and the use of wise judgment in the selection of a health career.
7. Learn the opportunities and employment requirements in hospitals.
8. The content of the course will be determined with the help of the Local Health Occupations Advisory Committee.
9. To develop an understanding of the services required by people in the health services field.
10. Provide basic information so that students can gain an understanding of human behavior, growth, and development.

## APPENDIX F

### HEALTH OCCUPATIONS COURSE OUTLINE<sup>6</sup>

#### Unit I. Introduction to the World of Health Occupations.

- A. Describe overall plan of the course.
- B. Discuss students' objectives and perceptions of the health field and health occupations.
- C. Expose students to resources and reference materials to expand their knowledge of health occupations.
- D. Develop guides to assist students in differentiating levels of function among professional and nonprofessional health workers.
- E. Develop an interviewing technique to be used in further exploration of health careers.
- F. Arrange for guided tours of health service agencies and interview various levels of health workers.
- G. Help students in arriving at a health occupations priority list.
- H. Guide student discussions of the interrelationship of health team members within the health service agency.

#### Unit II. Workers who Provide Emergency Health Care.

- A. Film dealing with first aid and emergency care.
- B. Participation in analysis of police and ambulance reports. Identify health workers and services performed by people in these careers.
- C. Conduct interviews with health workers directly and indirectly involved in providing health services in emergency situations. Discuss such items as legal implications and responsibilities of giving emergency care.
- D. Development of skill in basic first-aid care throughout the unit.
- E. Re-examination of the student priority list of health occupations.
- F. Develop a detailed study of the requirements for entry into the students' three highest priority health occupations.

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<sup>6</sup>Two weeks are allotted to the study of each unit.

- G. Investigate opportunities for volunteer health service work and type of volunteer work that would best suit his priority list.
- H. Investigate civil defense and the Self-Help Program.

Unit III. Workers Who Provide Health Services for Convalescent and Chronically Ill Patients.

- A. Construction of check sheets to evaluate the environmental health aspects of nursing homes to be followed by visits to nursing homes.
- B. Interviews of administrators and supervisors of nursing homes as to how nursing home personnel are used to provide the health services their patients' require.
- C. Interviews of patients and their health needs.
- D. Interviews of nursing home employees whose occupations match student interest.
- E. On-site student observation of health workers.
- F. Volunteer work in a nursing home.
- G. Re-examination and possible revision of student priority list.
- H. Progress report on detailed study of entrance requirement of students' three highest priorities in health occupations.

Unit IV. Exploration of Skills and Knowledge Required for Health Team Members

- A. Develop interview teams to determine what services the patient perceives as having been done for him and by whom.
- B. Trace the many health services that are available to the hospital patient.
- C. Class project to depict graphically the total services supplied to the patient by all health workers and the knowledges and skills needed to provide the services.
- D. Observation time of the health team worker with whom the student identifies.
- E. Re-examination of the priority list.

Unit V. Career Opportunities in Community Health

- A. Discussion of ways society organizes to protect the health of the public.
- B. Develop a plan for investigating health career opportunities in institutions, organizations and agencies concerned with environmental health, mental health, disease control, and health facility planning.

- C. Develop interviews of community health people.
- D. Student observation of the community health worker with whom the student identifies most closely.
- E. Volunteer work.
- F. Re-examination of students' priority list.
- G. Investigate other health institutions in Monroe County and area.

Unit VI. Health Careers in the Care of the Handicapped and Mentally Retarded.

- A. Start an investigation of some of the types of handicapped persons and local institutions that work with this type of patient.
- B. Identify jobs or career opportunities in the health fields working with the mentally retarded.
- C. Students report of personal experiences resulting from simulation of physical handicap, such as simulations of activities of daily living while blindfolded.
- D. Observation of the health workers giving care or therapy to the handicapped.
- E. Investigation of the possibility of more intensive work experience in a health agency.
- F. Job interview session conducted in cooperation with a health agency.

Unit VII. Adjusting to the Role of a Health Worker.

- A. Film dealing with work adjustments and human relations.
- B. Participation in group discussions of solutions to problems of adjustment to the health worker role.

Unit VIII. Health Occupations as a Means of Self-improvement and Growth.

- A. Part-time employment in line with student health occupation preferences.
- B. Development of skill in locating resources for self-improvement and growth as a health worker.
- C. Completion of student's career plan.
- D. Final discussion of career ladders and salaries in health occupations.
- E. Re-identification of the value of all health occupations.
- F. Discussion of career plans and financial aide.

## APPENDIX G

### STATE OF WISCONSIN

#### STATUTES RELATING TO SCHOOL HEALTH

##### Curriculum

118.01 (2) Physiology and hygiene. Physiology and hygiene, sanitation, the effects of stimulants and narcotics upon the human system, symptoms of disease and the proper care of the body shall be taught in either the 6th, 7th, or 8th grade, but no pupil shall be required to take such instruction if his parents file with the teacher a written objection thereto. Instruction in physiology and hygiene shall be offered in every high school.

118.01 (3) (c) In this subsection "physical education" means instruction in the theory and practice of physical exercise and instruction in hygiene, but does not include medical supervision.

118.01 (5) Morals. Every public school shall provide instruction in morality and the individual's responsibility as a social being.

118.01 (9) Dairy products. Every public and private elementary and high school shall give instruction in the true and comparative vitamin content and food and health values of dairy products and their importance for human diet. The course of such instruction and the educational material therefore shall be prescribed by the state superintendent and shall be included in the instruction manuals for such schools. Such educational program shall be directed by the state superintendent through school district administrators and such other education officials whose cooperation may be deemed necessary to insure its success. The department of agriculture, the state board of health and the college of agriculture and the extension division of the university of Wisconsin shall cooperate with and assist the state superintendent in the development and execution of such program.

##### Subchapter III of Chapter 161 HEALTH PROBLEMS

161.50 DEFINITIONS. In this subchapter:

(1) "Critical health problems education program" means a systematic and integrated program designed to provide appropriate learning experiences based on scientific knowledge of

the human organism as it functions within its environment and designed to favorably influence the health, understanding, attitudes and practices of the individual child which will enable him to adapt to changing health problems of our society. The program shall be designed to educate youth with regard to critical health problems and shall include, but not be limited to, the following topics as the basis for comprehensive education curricula in all elementary and secondary schools: drugs, narcotics, alcohol, tobacco, mental health, and related health and safety topics.

(2) "Superintendent" means the state superintendent of public instruction.

161.51 EDUCATION PROGRAM. A critical health problems education program is created in the department of public instruction. The superintendent is authorized to promote, support and conduct programs to carry out the purposes of this act. These programs may include, but not be limited to:

(1) Establishing guidelines to help local school districts develop comprehensive health education programs.

(2) Establishing special inservice programs to provide professional preparation in health education for teachers throughout the state.

(3) Providing leadership for institutions of higher education to develop and extend curricula in health education for professional preparation in both inservice and pre-service programs.

(4) Developing cooperative programs between school districts and institutions of high education whereby the appropriate health personnel of such institutions would be available to guide the continuing professional preparation of teachers and the development of curricula for local programs.

(5) Assisting in the development of plans and procedures for the evaluation of health education curricula.

161.52 ADVISORY PANEL. (1) The department of public instruction may appoint an advisory committee from universities and colleges, law enforcement, the various fields of education, the voluntary health agencies, the department of health and social services, the professional health associations and other groups or agencies it deems appropriate to advise it on the implementation of this act, including teachers, administrators and local school boards.



(2) The department of public instruction shall cooperate with agencies of the federal government and receive and use federal funds for the purposes of this act.

161.54 ANNUAL REPORT. The superintendent shall report in January of each year to the legislature:

(1) As to the scope and nature of programs undertaken under this subchapter.

(2) As to the degree and nature of cooperation being maintained with other state departments and local agencies.

(3) As to recommendations of the superintendent to improve such programs and cooperation.

H 49.01 SCHOOL ATTENDANCE. (1) All teachers, school authorities and health officers having jurisdiction shall not permit the attendance in any private, parochial or public school of any pupil afflicted with a severe cough, a severe cold, itch, scabies, lice, or other vermin, ringworm of the scalp, ringworm of the exposed portions of the body, impetigo, epidemic jaundice, infectious conjunctivitis (pink eye), or any contagious skin disease, or who is filthy in body or clothing or who has any communicable disease so designated by the state division of health unless specifically exempted in the rules. The teachers in all schools shall, without delay, send home any pupil who is obviously sick even if the ailment is unknown, and said teacher shall inform the parents or guardians of said pupil and also the local health officer as speedily as possible, and said health officer shall examine into the case and take such action as is reasonable and necessary for the benefit of the pupils and to prevent the spread of infection.

118.07 (1) Every school board and the governing body of every private school shall provide a standard first-aid kit for use in cases of emergency.

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