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Playing the Game of Health With Yardstick and Scales

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OW CAN we bring about better health conditions for our children, not only in our homes but in our community and in our schools?

We realize the necessity for some sort of nutrition work among the children of our community, but whose place is it to launch a health project?

These questions are being constantly asked by Iowa communities and organizations which are anxious to establish some sort of a comprehensive health program for their underweight and malnourished children.

The answer to the first question may be given in the words of a prominent nutrition specialist who says, "Anyone who understands children and who either has a knowledge of simple didactical principles and the proper methods of organizing a nutrition class, or is willing to learn, will be able to do something which may help in the launching of any children's health project." Somewhere in any community is one who has had training and experience in managing work of this kind and who will be more than glad to help. The home demonstration agent, the county nurse, the home economics teacher, or the Red Cross are all capable of giving the desired assistance.

Altho the school has proved to be, perhaps, the best center for the organization of any health program, the fact that school programs are more or less stable and that school teachers are already overloaded with work makes it necessary for the community and the individual homes to give every possible assistance.

No two nutrition programs can be exactly the same—community interests, community conditions, facilities and funds will influence the type of program which may be carried out in any particular place. The nutrition classes which have already organized in Iowa, have usually been started on a very small scale. As the father's and mothers have actually seen the improvement which has been brought about in the health of their children, they have increased their support and the work has grown. A comprehensive health program is a thing to be strived for and the smallest start is better than no start at all.

Obviously, the first step in any well rounded health program is to identify the underweight and malnourished children. The simple procedure of weighing will be sufficient to determine whether a child is normal, slightly underweight or actually malnourished.

Underweight charts on which are printed the normal weights of boys and girls of certain ages and heights may be secured from the Nutrition Clinic for Delicate Children, 44 Dwight St., Boston, Massachusetts, or from the Children's Bureau, Dept. of Labor, Washington, D. C. The Farm Bureau, the Ladies' Aid, the Red Cross or some other organization will be willing to furnish the scales, or as a last resort they may be borrowed.

The weight of every child is then recorded on a card and room weight record. Children who are more than seven percent underweight are considered as not only undernourished but malnourished and had better have individual health charts also. These may be obtained from Dr. Wm. R. P. Emerson, of Boston—that great nutrition expert who has started nutrition work all over the country. At the top of the chart the child's name is placed and below that his height, age and other information, as for example:

Robert M.
Age 9, grade 5, underweight 6 lbs., 97 percent.
Height, 54 in.; average height for age 50 in.
Weight 65 lbs., average weight for height 72 lbs.

Date of periodic weighings.
On the chart is a curve showing what the actual weight and increase in weight should be for the particular child and also another curve showing what his own gain actually is. There is also a place on the chart for stars which may be given for the performance of certain health duties. These will be spoken of later.

Before an underweight child can be made normal it is necessary to find out just why he is underweight. Some times the cause lies in a simple physical defect such as diseased tonsils or adenoids and no gain can be expected until these have been removed. For this reason a thorough physical examination is very desirable, at least for those children who are very much below normal. A yearly physical examination for every child in school, given by a competent physician in the presence of the parents, is something to be striven for.

If the child has no physical defects, then wrong habits of eating, sleeping, working or even thinking will explain his subnormality. Sometimes fast eating, insufficiency of food, the use of coffee and tea, late hours, closed windows at night, too little time in the open air, poor hygiene or over exercise will be found to explain malnutrition of the worst sort.

Repeated health instruction, nutrition class work and a periodic weighing and measuring of the underweight children will make many healthy youngsters out of the most undernourished.

Last month you read how the serving of a midmorning lunch of a glass of milk and perhaps a graham cracker has helped many Iowa children to make really surprising gains in weight. In some Iowa schools where this lunch has been introduced notes have been sent to the parents explaining what was being done and asking if they would care to contribute a few cents each day to cover the cost of the milk. If they would not do this, the money was furnished by prominent farmers, business men, or such organizations as the Red Cross or the Farm Bureau.

Parents have been more than glad to help in getting their children to observe the rules of health which they learn in their nutrition work. Perhaps mother has been trying for years to get overactive, pale-faced Mary to drink milk or to go to bed earlier, but Mary "can't stand milk," and she just hates to go to bed. But when she finds that she is ten pounds underweight, while her chum Marie is almost normal she determines to raise her weight. She drinks milk regularly, goes to bed early and even eats oatmeal and dark bread until, one day a few months later she marches proudly to the front of the class room, having placed on her chart the gold star which indicates that she is now normal. Once get boys and girls interested in their own weight line and they will eat vegetables, drink milk, go to bed early or do any one of a number of things which their parents have been powerless to get them to do before," says Dr. Emerson.

There are all sorts of ways of appealing to children who seem to lack inter-
est in their own physical condition. A daily schedule which calls for extra lunch and regular exercise may at first appear tame to the overactive, malnourished boy, but when he is shown that the greatest achievement in the world for him would be to be disqualified for school or college athletics because of his poor physical condition, he is ready to listen to advice and to carry out directions.

There are many rules of health that children ought to practice but the United States Department of Health, in cooperation with the Child Health Organization of America, has formulated eight so-called "rules of the game" which have been used in many Iowa schools. They are as follows:

1. A full bath more than once a week.
2. Brushing the teeth at least once a day.
3. Sleeping with windows open.

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A Parent-Teacher Association in Every School!
By CAROLYNE E. FORGRAVE

AIMS AND PURPOSES

To raise the standard of home life.
To give young people opportunities to learn how to care for children, so that when they assume the duties of parenthood they may have some conception of the methods which will best develop the physical, intellectual and spiritual nature of the child.
To bring into closer relation the home and the school, that parents and teachers may cooperate intelligently in the education of the child.
To surround the childhood of the world with that wise, loving care in the formative years of life that will develop good citizens.
To use systematic earnest effort toward this end through the formation of Parent-Teacher Associations in every public school and elsewhere; through the establishment of kindergartens and through the distribution of literature which will be of practical use to parents in the problems of home life.
To secure more adequate laws for the care of blameless and dependent children, and to carry the mother-thought and mother-love into all that concerns childhood.

The Congress believes that with the aid of Divine power these objects will be accomplished.

TWELVE THOUSAND new members have joined the ranks of the Iowa Congress of Mothers and Parent-Teacher Associations the past year. What does this vast increase mean? It means that Iowa people are realizing that the problems of child welfare are grave and are uniting their efforts to help solve these problems.

You may ask, "What is a Parent-Teacher Association?" It is an organization which brings into closer touch two vital factors necessary in shaping the ideals of the youth of the land—the parent and the teacher.

The National Congress of Mother's and Parent-Teacher Associations was organized at Washington, D. C. almost twenty-five years ago. Since then, branches have been established in nearly all the states in the union. The congress includes organizations for mother circles for the pre-school age, Parent-Teacher Associations in schools and churches, and child study circles.

The Iowa Congress was organized in 1900 by its first president, Mrs. Isaac Lee Hillis of Des Moines. While all departments have been organized, the Parent-Teacher department has made such wonderful progress the past few years that it is of it we are writing particularly, at this time when so many inquiries are coming in because of the opening of the school year.

The report for Iowa for the past year shows that we have 15,500 members, 225 associations, have contributed $690 to the national birthday offering and have sent relief packages to 500 Austrian children. We have cooperated with all organizations interested in child welfare, and we have been assisted in our work by the best educators in the state. The state colleges, the state Board of Health, the state department of Public Instruction, the state and national officers and department chairmen have helped us in every way.

Why not a Parent-Teacher Association in every rural school? In every consolidated school in the high school? This at least is what we hope to bring about in the near future.

In answer to the many questions which have been coming in from schools and communities where there is no Parent-Teacher Association, it might be well to state here the definite purpose of this organization; by whom it can be organized, who is eligible for membership and other definite information which will be of value in the formation of any new associations. In the first place the purpose of the Parent-Teacher Association is:

To unite the school and home into a stronger bond of fellowship; the teachers and parents may combine their efforts to train the child for better citizenship.

To have an influence in moulding public opinion to the securing of the best laws in city, state and nation pertaining to the education and protection of children.

To help build up an organization that shall by virtue of the splendid citizenship of its members be a recognized power in matters pertaining to school and home life, the work and progress of the community.

Programs which educate in child, school and home life, work by the best educators in the state. The state colleges, the state Board of Education, in cooperation with the Child Health Organization, has formulated eight so-called "rules of the game" which have been used in many Iowa schools.

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PLAYING THE GAME OF HEALTH WITH YARDSTICK AND SCALES

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4. Drinking as much milk as possible but no coffee or tea.
5. Eating some vegetables or fruit every day.
6. Drinking at least four glasses of water every day.
7. Playing out of doors for a part of every day.
8. A bowel movement every morning.

If stars are given for certain health duties performed competition will be increased. A blue star may be placed on the weight chart for a daily lunch, a red star for a daily rest period, and a gold star for the greatest gain in weight for the week or for the acquiring of normal weight. Besides learning to practice the rules the children may like to make health posters; compose health rhymes, songs, compositions, plays; make health surveys; do health chores and many other things which make health education a joyous, living, practical process.

By sending home with the children a weekly report of just what the child's weight is, compared with what it should be, the parents can see just what the health work is doing for their child.

In some schools it has been possible to form the underweight children into nutrition classes of twenty or more. These classes meet at regular periods and the parents are invited to attend the meetings. The weight charts of the boys and girls are brought to the class and the reasons for their gain or failure to gain are pointed out by a competent person such as a physician, a school nurse or the nutrition worker. Personal conferences are held with the parent if any child persistently refuses to gain in weight. Food needs of the child may be discussed as well as special needs. Often the nutrition worker has prepared charts to show how the comparison of school work done by various children in regard to mentality, adaptability and discipline before, during and after the nutrition class work.

If the nutrition class has been well organized certain projects may be carried out which will cause the greatest competition among the underweight boys and girls. For instance the children may be seated in the class in the order of their gain since the last class meeting, the child who has gained the most seated at the head of the class. The rewarding of stars can also be done in the class. The person in charge trains the children who have gained and finds out why others have failed to gain.

When there is complete cooperation and the essentials of health can be obtained it has been determined that the child should reach his normal weight in ten or twelve weeks. The nutrition class method, with a competent person at the head, has proved to be the most satisfactory method of handling under weight children, particularly those who are physically unbalanced or have some physical defect. The class method appeals to the child and makes him do for himself what no one else can do for him. It teaches and inspires him to "train for health," in the same way that he trains to be a Boy Scout or a good athlete. Therefore ask him what you will and he will do it cheerfully if he is convinced that it is good "dope."

To any one who wishes to start a nutrition class or to launch any sort of a health program Miss Margaret Baker, specialist in foods and nutrition, of the agricultural extension department at Iowa State College, will be glad to give every possible assistance.

Dr. J. Mace Andrews says, "There can be no greater anticipation or satisfaction than that of converting pale-faced children into strong, vigorous, rosy-cheeked youngsters. Careful experiment and investigation have shown what can be done and it remains for us to do it."

Philips Brooks said: "One who helps a child helps humanity with an im mediateness which no other help given to human creatures in any other stage of their life can possibly give again.

"Eighty percent of the so-called amusements are not recreations. They exhaust more rapidly than they refresh. This touchstone of efficiency should be applied by adults to themselves and by guardians to the effect of entertainments upon children. Momentary excitement is not recuperation or remaking of nervous tissue."

Ellen H. Richards

IOWA STATE COLLEGE GIRLS AS DIETITIANS

Iowa State College girls are making a name for themselves as dietitians and hospital managers. Miss Florence Busse, head of the household science department of the Home Economics division, has been instrumental in placing six girls of this year's graduating class in some of the biggest hospitals and clinics in the country.

Esther Deutsch of Ames, Iowa, has started training at the Johns-Hopkins hospital at Baltimore, Maryland.

Adah Herring of Perry, Iowa, has a position at the Mayo Clinic at Rochester, Minnesota.

Lillian Giebelstein of Marshalltown is in the general hospital at San Francisco. LaVerre McGoan of Olewain, Gladys Doud, Constance Bluffs, and Lottie Guthrie of Adel are all at the Michael-Reese hospital at Chicago.

Mildred Craft of Woodward, a junior Home Economics student has charge, this summer, of the state hospital at Clarinda.

A number of former Iowa State College graduates are holding fine positions as dietitians. Hazel Chambers '20 is the head dietitian at Michael-Reese.

Louise Prichard is head dietitian at the Kansas city hospital.

At the St. Lukes hospital in Chicago Mary Butler is head dietitian and Dorothy Stewart is assistant.

Florence Smith is a dietitian at the Presbyterian hospital in Chicago.

There is constantly increasing demand for college graduates who have had a thorough course in dietetics, authorities say, and the work done along that line, during the last few years by Iowa State College girls seems to indicate that this is indeed the case.