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# Administration of Health Education and Health Supervision in Negro Colleges

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ACCORDING to the Committee on Approval of Negro schools,<sup>1</sup> the enrollment in Negro colleges has increased from 2,637 in 1916, to 26,339 in 1934-1935. Thus, approximately 27,000 persons aged 17 to 21 are in attendance at institutions of higher education for 2 to 4 or 5 years. It is said that less than 1 per cent of the population of the United States is composed of college graduates, and yet more than 50 per cent of the positions of influence and leadership in the life of the people are occupied by college men and women.<sup>2</sup> It may be assumed that if this group of future leaders is made health conscious through good health education and health supervision, they will in turn influence their families and communities and thus help in improving the health of the Negro. It is, therefore, of some importance to know the extent and status of health education in Negro colleges.

A questionnaire dealing with (1) the hygiene teaching, (2) the sanitary supervision, and (3) the health services offered to students during the school year 1933-1934 was sent to 99 Negro colleges. After repeated requests, 40 per cent of the schools responded. As shown in Table I, of the 40 schools, 38 reported an attendance of 11,909 students or about half of the total enrollment in Negro colleges.

TABLE I  
 ENROLLMENT IN NEGRO COLLEGES

Attendance	No.	No. of		Total Attendance
		4 Yr. Colleges	2 Yr. Colleges	
50-99	4	1	3	271
100-299	20	16	4	4,157
300-499	6	6	..	2,283
500 and over	8	8	..	5,198
Attendance not given	2	0	2	....
Total	40	31	9	11,909

Of these 40 schools, 9 were 2 year colleges with an enrollment of approximately 800, since only 7 of these reported their attendance; and 31 were 4 year colleges with an enrollment of 11,131. For the purpose of discussion, the schools have been divided according to attendance. There are 4 with an attendance of less than 100 students; 20 of 100 to 299; 6 of 300 to 499, and 8 with 500 or more students. Thus, the majority of schools are to be found in the second group of 100 to 299 students.

Forsythe,<sup>3</sup> Hughes,<sup>4</sup> and Storey<sup>5</sup> have stated that health education should include 4 phases: (1) Informational Hygiene, (2) Administrative Hygiene, (3) Student Health Service, and (4) Applied Hygiene or Physical Education. In this study we have confined our interest to the status of the first 3 phases.

INFORMATIONAL HYGIENE

Hygiene teaching has become an integral part in the curricula of most colleges. Through lectures, library assignments, laboratory exercises and personal conferences, the student is able to understand the fundamental principles of human physiology, and is better able to comprehend the reasons for the health practices advocated. How is informational hygiene administered in this group of schools? Table II shows that of the 40 schools, 9 have a separate division of hygiene and health education; while in 31, the administration is placed in the hands of one or more departments.

TABLE II

INFORMATIONAL HYGIENE ADMINISTRATION

Attendance	No.	Schools	
		Having Separate Dept.	Having Combined Dept.
50- 99	4	..	4
100-299	20	3	17
300-499	6	3	3
500 and over	8	3	5
Attendance not given	2	..	2
Total	40	9	31

The departments in charge of hygiene teaching are shown in Table III.

Thus, it is seen that approximately two-thirds of the schools have placed their educational activities in the department of physical education and

TABLE III

Department Having Charge of Hygiene Teaching	No. of Schools
Physical Education.....	10
Natural Science.....	10
Home Economics.....	2
Social Science.....	1
Education .....	1
Academic .....	1
Two or more Departments....	2
No data .....	4
Total .....	31

natural science. The 9 schools which reported separate departments of health education stated that they had a total of 29 instructors engaged in hygiene teaching; while 28 of 31 schools with combined departments reported a total of 47 instructors. Of the 76 instructors, 47 had only college degrees; while 25 had done graduate work in some special field. These figures show an inadequacy in personnel both from the standpoint of quantity and quality.

Since the emphasis during the past 2 or 3 decades has been on health education, it would seem that one or more courses would be offered by every college. Table IV shows this not to be the case. Of the 40 schools, 34 stated that they offered courses in hygiene, but only 27, or 68 per cent, offered required hygiene courses. Thus, approximately 32 per cent of the schools leave their health education to the whims of the student. The 34 schools

TABLE IV

HYGIENE COURSES

Attendance	No.	Courses in Hyg.		No. Courses Offered			Schools Offering Required Courses
		Yes	No	1	2	3 or More	
50- 99	4	3	1	3	..	..	2
100-299	20	16	4	9	4	3	13
300-499	6	6	..	2	2	2	4
500 and over	8	7	1	..	4	3	7
Attendance not given	2	2	..	2	..	..	1
Total	40	34	6	16	10	8	27

TABLE V  
SEX AND MENTAL HYGIENE

Courses	Schools Responding	No. of Lectures Given				At Discretion of Teacher
		None	2	3	4-10	
Sex Hygiene	28	8	7	2	8	3
Mental Hygiene	28	9	3	5	9	2

offered a total of 65 courses or an average of 1.9 courses per school; but approximately 50 per cent of this group offered only 1 course. The 27 schools which reported required courses gave a total of 44 courses, 19 of which were offered to freshmen; 2 to sophomores; 2 to seniors, 7 to physical education students; 12 to education and normal students; and 2 to home economics students.

In view of the importance of sex and mental hygiene in the curriculum, it is interesting to note from Table V that practically one-third of the schools do not include lectures on these subjects in their required courses.

The total attendance in these hygiene courses during the school year 1933-1934 is of interest. Of the 34 schools, 30 reported that 2,983 students attended the required and elective courses, 2,518, or 84.4 per cent, attended the required courses, and only 465 students the elective courses. These 30 schools had an approximate total attendance of 8,660 students. The small number in the elective course would seem to be

due to lack of sufficient courses, or the inability of the initial hygiene course to stimulate desire for more knowledge of matters pertaining to individual and community health.

SANITATION

The tendency in public health work is primarily to stress individual health promotion, and sanitation has been somewhat pushed in the background. However, sanitation is an important item in college health activities and should always be considered. Of 40 schools, 35 stated that they carried out sanitary inspection. The administration of sanitation in Negro colleges is in the hands of various groups, as seen in Table VI. The work generally falls either on the matrons and deans or on the superintendents of buildings.

Twenty-seven of 35 schools show this to be true. The reports of 17 schools reveal that much of the function of these supervisors is concerned primarily with lighting, ventilation and water supplies in campus buildings. The dormitories in practically all instances

TABLE VI  
SANITARY SUPERVISION

Attendance	No.	Schools Reporting	In Charge of Sanitary Supervision				Faculty Comm.
			Business Office	Matron or Dean	M.D.	Supt. Bldg.	
50- 99	4	4	1	3	..	..	..
100-299	20	17	2	6	..	7	2
300-499	6	5	..	1	1	2	1
500 and over	8	7	..	4	1	2	..
Attendance not given	2	2	..	2	..	..	..
<b>Total</b>	<b>40</b>	<b>35</b>	<b>3</b>	<b>16</b>	<b>2</b>	<b>11</b>	<b>3</b>

TABLE VII  
HEALTH SERVICE ADMINISTRATION

Attendance	No. of Schools	Schools Reporting	Health Service Administrators				
			M.D.	Div. Student Health	R.N.	Health Dept. City	Other Groups
50-99	4	4	4	..	..	..	..
100-299	20	20	10	2	2	2	4
300-499	6	6	3	2	1	..	..
500 and over	8	8	3	3	1	1	..
Attendance not given	2	2	1	..	..	..	1
Total	40	40	21	7	4	3	5

were inspected daily by the matrons or deans; but only 1 school out of 30 periodically inspected houses not on the campus. From the answers to the questions on sanitation, which were rather incomplete, one received the impression that houses not on the campus are considered approved as long as the proprietor is known to be respectable. Respectability seems to be more important than the knowledge of good sanitary practices. In no answer was the examination of food handlers, sanitation of kitchen, etc., mentioned.

As to the sanitary records, there is no unanimity as to where these should be kept. Only 13 of 35 schools kept sanitary records—6 in the business office or that of the superintendent of buildings and grounds; 2 in the president's office; 1 in the state department of health; 1 in the dean's office; 1 with head of the department of physical education; 1 in the division of hygiene and health, and 1 in the city health department.

#### STUDENT HEALTH SERVICES

The well conducted student health service is a very important factor in the college hygiene program because it serves as the avenue through which the individual is taught certain procedures which will be of importance to him in later life. The periodic health examination, dental examination, defense

against quackery, good personal habits are factors which are generally instilled by association with a well organized health service. What is the status of health services in Negro colleges?

The administration of health services is in the hands of a variety of organizations as shown in Table VII. Only 70 per cent of the schools have this activity under the direction of a physician. The others are in the hands of a nurse, a dean, a matron, or in the physical education department. Of the 40 schools, 37 with a registration of approximately 11,000 students employed 117 physicians and nurses, not all on full-time basis. Table VIII shows that 11 schools employed 16 full-time physicians; 29 employed 46 part-time physicians, but most of these were in the capacity of consultants since only 5 schools had both part-time and full-time doctors; 18 had 32 full-time nurses; 12 had 13 part-time nurses, and 4 had 10 consulting specialists. What is more astounding is that 3 of the 40 schools employed neither physician nor nurse during the school year 1933-1934.

It would seem that an entrance physical examination would be a part of every health service, yet only 24 of the 40 schools require this, and in only 18 of these 24 was the examination exclusively performed by the school

TABLE VIII  
HEALTH SERVICE PERSONNEL

Attendance	No.	Physicians				Nurses				Schools with No M.D. or R.N.
		Schools Reporting	*F.T. M.D.	Schools Report.	*P.T. M.D.	Schools Report.	*F.T. R.N.	Schools Report.	*P.T. R.N.	
50-99	4	1	1	3	3	..	..	1	1	..
100-299	20	5	5	16	24	5	7	8	8	2
300-499	6	1	2	4	5	5	8	..	..	..
500 & over	8	4	8	5	13	8	17	2	3	..
Attendance not given	2	..	..	1	1	..	..	1	1	1
Total	40	11	16	29	46	18	32	12	13	3

\* F.T. = Full-time; P.T. = Part-time.

physician. The figures for the different groups are shown in Table IX. Of the 16 schools which did not require entrance examination, 9 examined all their students during the first year; 2 examined them occasionally, and 5, or 13 per cent, offered no type of examination. Each of these 5 schools had an attendance of less than 300 students.

The results of the entrance physical examination are very short lived unless attempts are made to discover the effectiveness and the extent of corrections due to the entrance examination. Of the 24 schools which gave an entrance examination, 18 stated that they carried out certain follow-up procedures, 7 sent recommendations to parents, 7 performed reexamination and again recommended corrections, while 4 sent their students to nearby clinics for correc-

tions or offered treatment to them in their own clinic or dispensary. Thus, only 17 per cent of the schools made any effective effort to improve the status of the apparently healthy student. Figures on the percentage of corrections achieved during the first and second years in 3 of the 4 schools just mentioned are of some significance. Cheyney Teachers' College in Pennsylvania, which sends students to clinic in Philadelphia, stated that 25 per cent of the defects were corrected during the first year and 15 per cent during the second year of attendance. Tuskegee, which rechecks and offers treatment for defects during the semester, shows 25 per cent and 50 per cent corrections respectively; and Hampton Institute, where reexamination followed by treatment is practised, stated that 75 per cent of the defects were corrected dur-

TABLE IX  
HEALTH EXAMINATION

Attendance	No.	H.E. Required		H.E. Performed by		
		Yes	No	School M.D.	Home M.D.	Either
50-99	4	2	2	1	1	..
100-299	20	12	8	9	2	1
300-499	6	4	2	3	..	1
500 and over	8	6	2	5	..	1
Attendance not given	2	..	2	..	..	..
Total	40	24	16	18	3	3

TABLE X  
HEALTH EXAMINATION OF ATHLETES

<i>Attendance</i>	<i>No.</i>	<i>Number Reporting</i>	<i>Health Exam. of Athletes</i>		<i>Performed by</i>		
			<i>Yes</i>	<i>No</i>	<i>M.D.</i>	<i>Coach</i>	<i>R.N.</i>
50- 99	4	4	2	2	1	1	..
100-299	20	19	17	2	9	8	..
300-499	6	6	6	..	5	1	..
500 and over	8	8	8	..	5	2	1
Attendance not given	2	2	1	1	..	1	..
<b>Total</b>	<b>40</b>	<b>39</b>	<b>34</b>	<b>5</b>	<b>20</b>	<b>13</b>	<b>1</b>

ing the first year. Incidentally, Cheyney has less than 300 students, while the other two have more than 700 students each.

As to the health examinations of athletes, which is a definite responsibility of every college, it is seen in Table X that 34 of 39 schools answered this query in the affirmative. However, it is noticed that of these, 13 gave the responsibility to the coach rather than to a physician. Thus, it may be said that only about 50 per cent of the schools actually offer this service.

#### DISPENSARY SERVICE

The dispensary service plays a very important part in the prevention of disease in the college, since a centrally located and well organized dispensary beckons to the student when he first

feels the symptoms of disease. Through friendly, sympathetic and scientific advice, diseases in the early stages are aborted, protracted treatments are avoided, and much loss of time from school and waste of money are prevented. Dispensary service is not found in all Negro colleges—33 per cent stated that they did not offer this service. This varied from 40 per cent in the group with an attendance of 100 to 299 students, to 17 per cent in the 300 or more group as shown in Table XI. Of the 27 schools which had dispensary service, 12, or a little less than half, were in charge of physicians; 10 in charge of nurses, and 4 were administered by matrons or deans.

The value of the dispensary is partly gauged by the number of calls made to it. In Table XII an attempt is made to analyze the problem in 10 colleges

TABLE XI  
DISPENSARY ADMINISTRATION

<i>Attendance</i>	<i>No.</i>	<i>Dispensary</i>		<i>Charge of Administration</i>			
		<i>Yes</i>	<i>No</i>	<i>M.D.</i>	<i>R.N.</i>	<i>Dean or Matron</i>	<i>No Report</i>
50- 99	4	1	3	..	..	1	..
100-299	20	12	8	5	4	2	1
300-499	6	5	1	3	2	..	..
500 and over	8	7	1	4	3	..	..
Attendance not given	2	2	..	..	1	1	..
<b>Total</b>	<b>40</b>	<b>27</b>	<b>13</b>	<b>12</b>	<b>10</b>	<b>4</b>	<b>1</b>

TABLE XII  
NUMBER OF CALLS TO DISPENSARY

School	Attendance	Separate Dept. of H. E.	P. E. Required at Entrance	Administrator of Dispensary	Equipment	Calls per Day per 1,000 Students
Bishop	574	No	No	R.N.	First Aid	8.7
Wilberforce	689	Yes	Yes	M.D.	Fully Equip.	10.2
Fisk	389	Yes	Yes	M.D.	Fully Equip.	12.9
West Virginia	486	Yes	No	M.D.	Fully Equip.	14.4
Tuskegee	729	Yes	Yes	Health Div.	Fully Equip.	34.3
Prairie View	583	No	Yes	R.N.	Fully Equip.	34.3
A. M. Florida	469	Yes	Yes	Hosp. Med. Direct.	Fully Equip.	42.6
Langston Oklahoma	571	No	Yes	M.D.	Not Given	43.8
State A. M. College	325	No	Yes	R.N.	First Aid	46.2
Virginia State	639	No	No	R.N.	Fully Equip.	54.8

with an attendance of more than 300. It has been shown that the number of calls to college dispensaries varies with such factors as equipment, the requirement of a physical examination at entrance, the type of persons in charge, etc. This unfortunately cannot be shown in this table. It is noted, however, that the number of calls per 1,000 students per day, varies from 8.7 to 54.8, and that close to 40 per cent of the dispensaries fall below the standard of 30 calls.

The most common diseases treated in these dispensaries were reported by 18 of the 27 schools. Table XIII gives the diseases and the number of schools reporting them. The results are in agreement with more extensive mor-

bidity studies in schools and in the general population carried out by the U. S. Public Health Service.<sup>1, 2</sup>

TABLE XIII

Diseases Reported	No. of Schools Reporting
Coryza . . . . .	17
Dysmenorrhea . . . . .	11
Tonsillitis . . . . .	10
Constipation . . . . .	10
Minor Injuries . . . . .	10
Indigestion . . . . .	7
Headache . . . . .	4
Eye Disease . . . . .	4
Influenza . . . . .	4

INFIRMARY AND HOSPITAL SERVICE

The provision of bed care is a unit in the complete health service program which should be found in every college

TABLE XIV  
INFIRMARY SERVICE

Attendance	No.	Schools Reporting	Infirmary		Administrator		Dean or Matron
			Yes	No	M.D.	R.N.	
50- 99	4	3	..	3	..	..	..
100-299	20	18	9	9	3	5	1
300-499	6	6	4	2	2	2	..
500 and over	8	8	6	2	3	3	..
Attendance not given	2	2	2	..	..	1	1
<b>Total</b>	<b>40</b>	<b>37</b>	<b>21</b>	<b>16</b>	<b>8</b>	<b>11</b>	<b>2</b>



either through the hospital or the infirmary, or both, but is sadly lacking in Negro colleges. In Table XIV it is seen that only 21, or 57 per cent, of the schools provide this service. No school in the attendance group of less than 100 students had infirmary service, while in the group of 300 to 500 and over the percentage rose to 71. Even in the larger schools approximately 30 per cent have no bed care. As in the case of the dispensaries, the infirmaries are in charge of either a physician, nurse, or matron. As far as hospital care is concerned, only a small number have official hospital connection. Of the 40 schools, only 9 offered these services.

#### RECORDS AND FEES

Since the college student spends from 2 to 4 years in college, it is the responsibility of the college to keep a complete health record of every individual, so that each illness may be understood in the light of previous ailments, and every bit of advice, corrections, etc., may be recorded. In Table XV it is noted that only 21 of the 36 schools keep health records. Even in the 14 institutions with 300 or more students, only 10 keep such records, and they are kept in a variety of places—7 in a hospital or infirmary, 5 in the superintendent's or dean's office, 3 in the office of the school physician,

3 in the department of physical education, 2 in the office of a nurse, and 1 in the division of hygiene.

TABLE XV

Attendance	HEALTH RECORDS		Complete H. R. Kept	
	No.	Schools Reporting	Yes	No
50- 99	4	4	1	3
100-299	20	17	10	7
300-499	6	6	4	2
500 and over	8	8	6	2
Attendance not given	2	1	..	1
Total	40	36	21	15

Although the college is responsible for the health of the student, the latter should contribute financially to the upkeep of this service. In Table XVI it is noted that of 37 schools, only 24 required a health fee. Thus, approximately one-third of the schools make no charges. However, even in the schools which make this requirement, the amount collected is very small. Half of the schools have a fee of less than \$4. Both of these factors may in a measure account for the paucity of health activities in this group of 40 schools.

#### SUMMARY AND CONCLUSIONS

The foregoing data reveal that in the 40 schools with half the total attendance found in all Negro colleges, the

TABLE XVI

#### HEALTH FEE

Attendance	No.	School Reporting	Health Fee Required		Amount Collected			
			Yes	No	\$1.50-1.99	\$2.00-2.99	\$3.00-3.99	\$4.00 and Over
50- 99	4	4	2	2	..	..	1	1
100-299	20	19	11	8	2	5	2	..
300-499	6	6	4	2	1	1	1	1
500 and over	8	7	6	1	..	2	4	..
Attendance not given	2	1	1	..	..	1	..	..
Total	40	37	24	13	3	9	8	2

health programs are very inadequate, and the impression is derived that most of these have been developed in a pell-mell fashion with no thought of coordination or completeness. Confusion in the administration and inadequacy of personnel, equipment and procedures are noticed in the hygiene teaching, sanitary supervision and health service. On the basis of this survey, these deficiencies would seem to be due to one or all of the following factors:

1. Very inadequate health fee
2. Lack of coordination of the reported practices and procedures
3. Lack of adequately trained personnel

Each of these factors can and should be ameliorated so that the bulk of Negro

college students will receive a thorough training in the principles and practices of hygiene.

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