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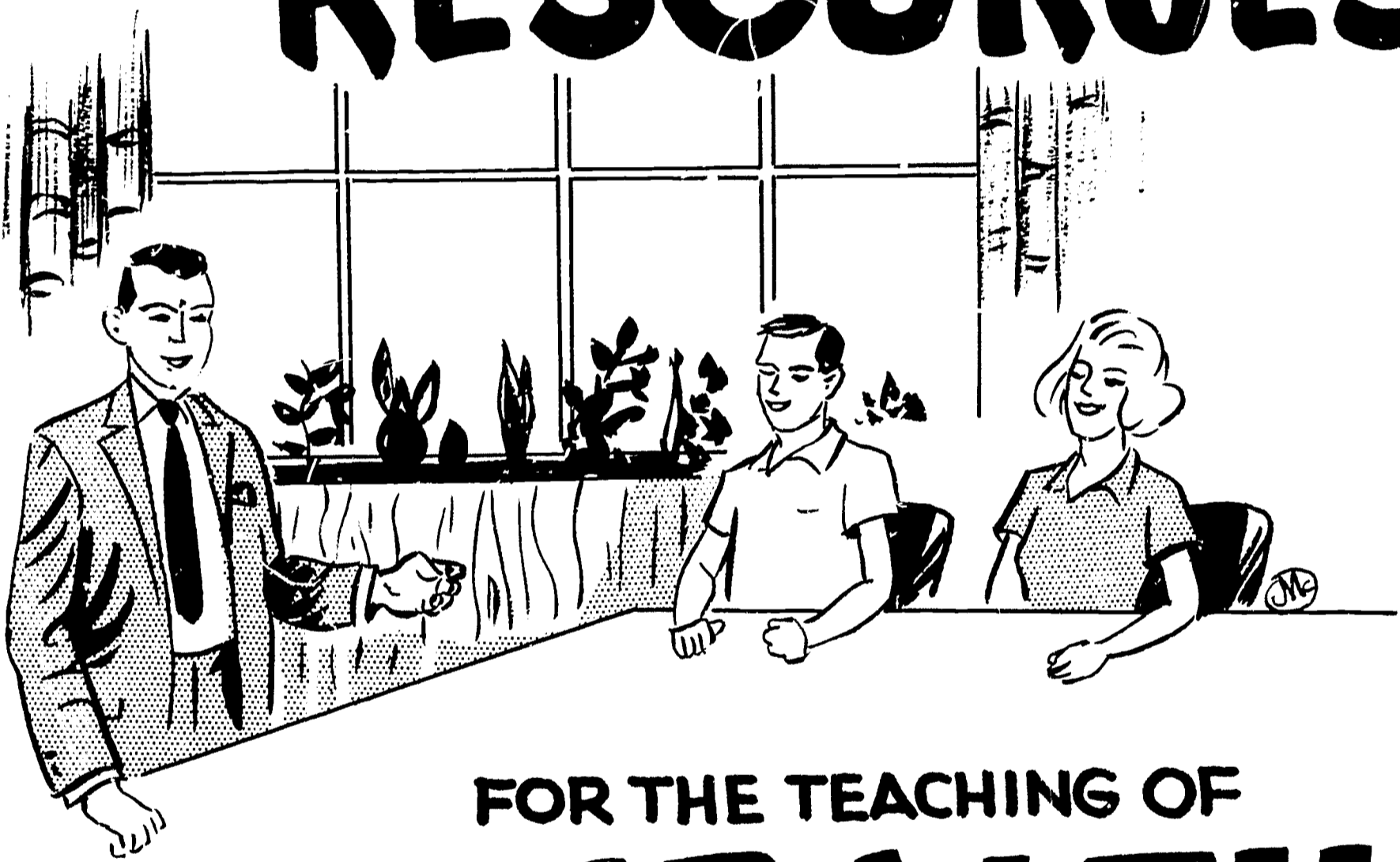
Provided are 14 resource units for use in health education for secondary school students. Provided for each units are (1) an overview, (2) a listing of major concepts, (3) suggested activities, (4) items for use in evaluation, (5) sources of resource materials, and (6) film lists. Also provided are addresses of agencies where resource materials may be obtained and sources of films for loan. (DS)

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# A TEACHER'S HANDBOOK OF

# RESOURCES



FOR THE TEACHING OF

# HEALTH

IN THE SECONDARY SCHOOLS

ED021724

State of Nebraska

DEPARTMENT OF EDUCATION

Floyd A. Miller, Commissioner

State Capitol, Lincoln, Nebraska 68509

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**TEACHER'S HANDBOOK**  
of  
**RESOURCES**  
**FOR THE TEACHING OF**  
**HEALTH**  
**(Secondary)**

Prepared by  
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\* \* \* \*

State Capitol

1966

Lincoln, Nebraska

## FOREWORD

Early response to questions asking for suggestions in the area of curriculum development indicated that a publication in health was urgently needed by teachers of the State. We have been fortunate to procure the services of Mrs. Myrtle Day in the State Department of Health to assemble information for the teaching of health in our schools. Because of the short period of time allowed, it was not possible to contact all of the agencies, school systems, teachers and other persons with interests in specific aspects of health in regard to making a contribution to this important area of education.

We are hopeful that all of you who have a concern for improvement in the teaching of health in our schools will indicate that fact to the Department of Education so that work can begin at once on the development of a curriculum guide for the teaching of health at the elementary and secondary levels. We trust that this present publication, which is intended primarily as a framework and partial list of resources available for the teaching of health, will provide the foundation and motivation for the "in-depth" work in health education which is long overdue.

The Department of Education is pleased to have had the cooperation of the Department of Health in this curriculum effort. We also wish to acknowledge the assistance of the Nebraska Dental Association, the Lincoln Public Schools, the Nebraska Psychiatric Institute, Dr. F. H. Gorman of the University of Omaha, The Nebraska Council on Alcohol Education, and Dr. Keith W. Sehnert of Sertoma.

We wish to recognize the initial steps taken and the continued efforts anticipated of the Nebraska State Medical Association Committee on Health Education in cooperation with the Department of Education to produce a health guide for schools.

Floyd A. Miller  
Commissioner of Education

## PREFACE

Since the health of a nation and of a community is the sum total of the health of individuals, it behooves each member of our society to be cognizant of the fact that it is our duty to remain as well as possible.

The discomfort and economic loss engendered by delayed diagnosis and care are well known, but too many of us have not learned to make our health practices routine.

The notion that "it can't happen to me" is still too prevalent as evidenced by the rate of accidents and preventable diseases.

Although science has made enormous strides, the time lag between that knowledge and its use by the public is still too great.

Where, but in the school environment, can health information be disseminated more quickly and with more lasting benefits!

We are happy for this opportunity to combine efforts with the Department of Education in promoting better health for citizens of Nebraska.

E. A. Rogers, M.D., M.P.H.  
Director,  
State Department of Health

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## ★ DENTAL HEALTH

It must be emphasized that students ordinarily experience the highest rate of tooth decay at the junior and senior high school levels. It is especially important during these years that every preventive measure be utilized to prevent decay and maintain healthy gums.

It is suggested that the effects of dental decay and other oral diseases be stressed as well with reference to their resultant disfigurement and how this disfigurement will affect the individual's personal appearance, his health, his social acceptance, his well-being, and his future business associations.

A major problem during this period of rapid development is a new interest in social activities which results in frequent eating and snacking. Such irregular habits contribute to the high incidence of tooth decay at this age.

### I. OBJECTIVES OF THE UNIT

- A. To realize that knowledge is basic to the development of good health habits
- B. To develop good dental health practices
- C. To cause an awareness of pupil's responsibility to himself and society
- D. To develop an understanding of the prevention and control of dental disease and abnormalities
- E. To gain an understanding of the relationship between eating habits and dental health
- F. To gain an understanding of new developments in dentistry
- G. To stimulate interest in dentistry and related professions
- H. To recognize dental needs in the community



- I. To recognize that attractive teeth play an important part in the individual's general well-being, especially in relation to the opposite sex
- J. To recognize the dental health benefits of fluorides
- K. To appreciate the role of dentifrices and toothbrushing
- L. To recognize factors which contribute to periodontal (gum) diseases
- M. To recognize the importance of orthodontic care
- N. To recognize the role of dentists in preventing dental diseases
- O. To appreciate what constitutes a thorough examination by a dentist
- P. To develop a desire to seek professional care

## II. DENTAL CHARACTERISTICS

- A. Decay rate is high at the junior-senior level.
- B. Calculus (tartar) and stains are quite evident at this age.
- C. All permanent teeth, except third molars (wisdom teeth), will normally be present by the time the pupil has reached the junior high school level.
- D. Many who require orthodontic care will be under treatment. It should be realized that orthodontics will present special problems in brushing the teeth as well as problems in social adjustment.
- E. Incorrect methods of brushing, pubertal changes, erupting teeth (often third molars or wisdom teeth in the later stages of this age level), infection, poor oral hygiene, any or all of which can contribute to mild or severe oral distress. Gum tissue may be swollen, red, tender and may bleed quite easily. Pupils should be referred to the dentist.

### III. SUGGESTED ACTIVITIES

- A. Make a record (three days) of each time that you eat or drink anything except water. Count each meal as one time.
- B. Discuss situations such as:
  - 1. Decay
  - 2. Infected teeth
  - 3. Toothache
  - 4. Bleeding gums
  - 5. Crowded teeth
  - 6. Pupils with braces.
- C. Observe cleansing qualities of certain foods by use of "disclosing tablets." Consult your local dentist as to securing disclosing tablets and instructions as to usage. After having used the disclosing tablets, chew detergent foods such as carrots, celery, apples, other raw fruits and vegetables to demonstrate their cleansing action. Soft foods such as bananas, fresh bread and crackers, when chewed, will demonstrate non-cleansing characteristics.
- D. Review maintenance of a healthy mouth:
  - 1. Proper brushing
  - 2. Regular dental visits
  - 3. Reducing frequency of snacking
  - 4. Avoiding injury
  - 5. Use of fluoridated water
  - 6. Fluoride applications
  - 7. Massaging gums
  - 8. Use of sugarless beverages, sugarless gum and sugarless candies.
- E. Show and discuss films and filmstrips on care of the teeth.
- F. Invite a dentist to the classroom to discuss the care of teeth and gums and ways of preventing decay.
- G. Discuss ways to select and care for a toothbrush.

- H. Practice swishing and swallowing.
- I. Discuss misleading advertising such as that used for chewing gum.
- J. Invite a community representative to discuss dental community services.
- K. Appoint a committee to visit dentists in their offices and report back to the class about:
  - 1. Office equipment
  - 2. Latest scientific progress in dental research
  - 3. Growth and development of teenage teeth
  - 4. Problems of diet control
  - 5. Proper behavior in dental office
  - 6. What constitutes a thorough dental examination
  - 7. Career opportunities in dentistry and related fields
  - 8. Contrasting early dental care with neglect.
- L. Illustrate stages of tooth decay.
  - 1. Where does tooth decay start?
- N. Why are cavities often found between teeth?
- O. Why X-ray?
- P. What are impacted teeth?
- Q. Why restrict sugar in diet?
- R. What would topical fluoride do to protect teeth?
- S. Demonstrate correct procedure in brushing of teeth and gum tissues (tongue included).
- T. Report on regular dental care versus neglect.
- U. Discuss fluoridation as a community responsibility.
- V. List some duties of the dentist:
  - 1. Prevention, early detection, and treatment of tooth decay

2. Prevention, early detection, and treatment of periodontal disease and diseases of salivary glands
3. Treatment of injuries involving the dental structures—teeth, soft tissues and jaws
4. Prevention, diagnosis and treatment of malocclusion
5. Prevention and elimination of oral foci of infection (sources of infection that spread to other parts of the body)
6. Early detection and treatment of cancerous and noncancerous growths in the mouth; detection and referral for diagnosis and treatment of abnormalities of the head, face and neck
7. Treatment of the handicapped patient which often, but not always, requires special training of the dentist
8. Diagnosis and treatment of abnormal conditions of the joint that hinges the lower jaw to the upper jaw
9. Diagnosis and treatment of severe irritations to the nerves of the region of the mouth
10. Education of individual patients and people of the community in matters pertaining to dental health

#### IV. EVALUATION

- A. Does the student have a thorough knowledge of the development, structure and function of the teeth?
- B. Does the student take an interest in his own dental health? How?
- C. Tabulate and correlate the results of the food-intake record with other areas as a study in mathematics.
- D. What are the results of the dental health inspection?
- E. How many students have well-aligned, healthy attractive teeth?
- F. How many students show a record of good dental practices?
- G. Do pupils understand the effects of dental neglect?
- H. Do pupils understand the importance of thorough mastication of food?
- I. How are students showing better dental habits?

- J. Do students recognize their own periodontal problems (pink toothbrush, etc) ?
- K. Do students seem to realize the financial value of early dental care?
- L. Have the students, as future parents, learned enough to guide them in good parental habits and practices?
- M. What definite changes have been noted in the habits and attitudes of the students?
- N. Do the students realize that their community should have adequate dental service?
- O. Are the students more aware of the responsibility of the child, the parent, and the community in the problem of dental health?
- P. Do the students show an appreciation for the contribution made by the dental profession?
- Q. Have attitudes toward dentistry changed?

#### RESOURCE MATERIALS

American Dairy Association	Local Dentists
(Will send catalog upon request)	Nebraska Dental Association
County Dental Health Consultant	State Department of Health

#### FILMS

<p><b>ABOUT FACES</b> 10 min. SDH</p> <p><b>COME CLEAN</b> 10 min. SDH</p> <p><b>DENTAL HEALTH: HOW AND WHY</b> 10 min. SDH</p> <p><b>DIET DID IT</b> 8 min. NDA</p> <p><b>INSIDE STORY: X-RAY</b> 12 min. SDH</p> <p><b>IT'S YOUR HEALTH</b> 18 min. SDH UN</p>	<p><b>ONE IN A MILLION</b> 4½ min. NDA (Fluoridation)</p> <p><b>SCIENCE FIGHTS TOOTH DECAY</b> 13 min. SDH</p> <p><b>SMILE FOR HEALTH</b> 4½ min. NDA</p> <p><b>SWAB YOUR CHOPPERS</b> 10 min. SDH</p> <p><b>WHY FLUORIDATION?</b> 15 min. NDA</p>
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## ★ FOODS AND NUTRITION

### I. OBJECTIVES OF THE UNIT

- A. To realize that vigor and stamina needed for enjoyment of work and recreation depend on good nutrition.
- B. To obtain knowledge concerning the source of various nutrients which build and repair tissues as well as those which produce energy.
- C. To develop proper patterns of eating habits.

### II. UNIT CONTENT

- A. Food groups—required for a balanced diet
  1. Milk—whole, skim, evaporated, buttermilk, butter, cheese, ice cream
    - a. Richest source of calcium, especially for bones and teeth
    - b. Valuable source of protein
    - c. Good source of riboflavin (Vitamin B<sup>2</sup>)
    - d. Poor source of iron
  2. Meat—lean meat, poultry, fish
    - a. Two or more servings daily
    - b. Dry legumes and nuts have similar benefits
    - c. Rich sources of protein, iron and Vitamin B
    - d. Helps to build and repair tissues of the body
  3. Vegetable-Fruit (neglected group)
    - a. Four or more servings daily
    - b. Helps to maintain acid-basic balance
    - c. Helps to prevent constipation
    - d. Good source of vitamins and minerals
      - Vitamin A  
Needed two or three times a week; stored in liver

Sources: milk, butter, cheese, liver, fish-liver oil, tomatoes, eggs, dark green leafy foods, and dark yellow foods

- Vitamin B (twelve or more kinds)

Needed every day

Sensitive to heat

Some loss while cooking; use water sparingly

Sources: ripe legumes, whole-grain breads, cereals, meat, liver, kidneys, milk, fruits, green vegetables

- Vitamin C

Needed every day; not stored in body

Easily destroyed by exposure to heat and air

Sources: citrus fruits, tomatoes, strawberries, green vegetables, raw vegetables, and fruit

- Vitamin D

Necessary for utilization of calcium and phosphorus

Sunshine helps body to manufacture Vitamin D; stored in body

Sources: cod-liver oil, commercial milk products

- Vitamin K

Essential for normal clotting of blood

Sources: green leaves (alfalfa), fish meal

## B. Other classifications

### 1. Body builders

#### a. Proteins, amino acids (of 22 kinds, 8 are essential)

- Contribute to growth and repair of body tissue

- Sources: milk and milk products, eggs, and meat

### 2. Energy foods

#### a. Carbohydrates (sugars and starches)

- Stored in liver as glycogen and in body tissues

- Sources: bread, potatoes, and other starch foods, fruits and vegetables, honey, and foods sweetened with sugar

b. Fats

- Burned as needed for energy
- Stored as excess fat
- Sources: plants and animals

3. Minerals

a. Calcium and phosphorus

- Needed for bones and teeth
- Regulate heart action
- Promote clotting of the blood
- Maintain healthy nerves
- Required for development of muscles
- Sources: milk and milk products

b. Iron

- Needed to produce hemoglobin
- Sources: liver, whole-grain cereals, greens

4. Water

a. Two-thirds of body weight

- Carries food to the blood
- Carries waste products to organs of elimination
- Helps maintain body temperature (perspiration)

C. Body weight and calories

1. Desirable weight—national tables only approximate weight and height
2. Food needs of body dependent on activity; more food per pound of body weight needed by growing children than is needed by adults
3. Exercise beneficial and essential for everyone as health status will allow
4. Cause of overweight: physician should be consulted



5. Cause of underweight: to be decided by medical diagnosis
- D. Federal laws for the protection of the public
1. Pure Food laws 1906
  2. Food, Drug, and Cosmetic Act 1938
  3. Food Additives Amendment 1958
  4. Processing of Poultry and Products 1959
- E. Research in nutrition
1. U.S. Department of Agriculture (USDA)—production, processing, marketing, and safeguarding of food
  2. U.S. Department of Defense—provides healthful diets for armed forces
  3. U.S. Department of Interior—preservation of fishery products
  4. Atomic Energy Commission—provides radioisotopes to agencies engaged in research in various areas, including nutrition
  5. Department of Health, Education, and Welfare (HEW); through Public Health Service, Laboratory—clinical and field studies in nutrition; Children's Bureau—improves nutrition of mothers and children; Office of Education—improves nutritional education
  6. National Research Council (an advisory body)—makes information available to the public
  7. Colleges and universities, medical schools, hospitals, and industrial firms—conduct research in fields of health

### III. SUGGESTED ACTIVITIES

- A. Using hamsters or white rats, feed two on low protein, low fat, low calcium, or low vitamin foods, and feed two on foods containing an optimum supply of the nutrient being demonstrated. Note differences in quality of fur, brightness of eyes and liveliness.
- B. Newspaper publicity, a radio or a television program based on these experiments in the local school will provide information to the community as well as afford good public relations.

- C. Write an article on the essential food groups showing how nutrients are furnished by daily consumption of foods from each of the groups.
- D. Make posters on the Type A lunch; post them in the lunchroom.
- E. Write and dramatize a "TV Show" for the lower grades occasionally.
- F. Plan school menus for a week, using Type A standards. Consult the School Lunch Manager—perhaps your best menus can be used.
- G. Plan menus for student's own home to supplement the school lunch and provide a rounded-out menu.
- H. Plan and serve an ideal meal (this could be breakfast). Contrasts in color, temperature, flavor, and texture should be emphasized along with nutrients and calories.
- I. Weigh and measure each class member at specified intervals; keep a chart. Emphasize the fact that "average" has little meaning when applied to teenagers because their rates and patterns of growth vary greatly.
- J. Athletes need more calories than less active people do. Students may account for the changes in the diets of athletes as prescribed by their trainer.
- K. Draw a diagram of the digestive system. Discuss passage of food through the alimentary canal. Which foods aid in digestion? What is the task of the digestive system? Name the organs of digestion, including such associated glands as the liver.
- L. List current food fads; study advertisements and evaluate. (Don't be too harsh in condemning hamburgers and frankfurters. They are meat. Unless they are used as a substitute for meals too consistently, they have a place. And, it may be added, they are here to stay!)

## RESOURCE MATERIALS

**Nutrition Education in Action;** Holt, Rinehart, Winston (for teachers in service)

**Nutrition Education in Action;** Holt, Rinehart, Winston (for pre-service education of teachers)

**Robert's Nutrition Work with Children;** University of Chicago Press.

## FILMS

<b>FACTS ABOUT FIGURES</b> 13 min. SDH	<b>HB: NUTRITION AND METABOLISM</b> 14 min. UN
<b>FOOD</b> 15 min. UN	<b>LOSING TO WIN</b> 11 min. SDH
<b>FOOD AS CHILDREN SEE IT</b> 18 min. SDH	<b>MISS T</b> 12 min. SDH
<b>FOODS AND NUTRITION</b> 11 min. UN	<b>SOMETHING YOU DIDN'T EAT</b> 12 min. SDH
<b>FUN IN FOODS</b> 12 min. SDH	<b>TIME OF OUR LIVES</b> 28 min. SDH

## ★ THE SENSES

### EARS

#### The Auditory Mechanism and the Sense of Hearing

The human ear serves a number of useful purposes. It serves as a means for warning and protection and, fundamentally, it provides the basis for a person's contact with his environment through communication. The adequate development of speech and language is dependent upon the ability to hear and to listen.

The three parts of the ear work cooperatively to transmit sound from the air to the receptive areas of the brain. The **outer ear** funnels sound

waves from the air to the eardrum, a partition of tissue stretched across the inner end of the tunnel-like passageway called the ear canal. The vibrations of the eardrum set in motion a chain of three small bones contained within the middle ear which transfer the sound vibrations to the cochlea of the inner ear. When the liquid in the cochlea is set in motion, vibrations of the basilar membrane within the cochlea activate small hair-like nerve cells, causing impulses to be sent to the brain. The interpretation of the sound takes place within the brain.

Deafness causes grave difficulties in every activity that is based upon the precious gift of communication. If one cannot hear, intelligible speech is difficult to attain unless there is extensive special educational help at hand.

There are three general types of hearing loss—(1) a conductive loss resulting from a disorder of the outer or middle ear which affects the conduction of sound vibrations to the inner ear; (2) a nerve (sensorineural) loss caused by disorders within the delicate and sensitive inner ear, the auditory nerve, or the brain itself; and (3) a type of hearing loss which results from a combination of the conductive and nerve types of losses. Hearing impairments of varying degrees may result from any of these types of losses.

## I. UNIT CONTENT

### A. The hearing mechanism

#### 1. The nature of sound

- a. sound waves (vibrations)
- b. pitch
- c. loudness

#### 2. The outer ear

- a. external ear
- b. ear canal
- c. eardrum

3. The middle ear

- a. ossicles
- b. Eustachian tube

4. The inner ear

- a. oval window
- b. cochlea
  - (1) basilar membrane
  - (2) Organ of Corti
  - (3) nerve endings
  - (4) acoustic nerve (8th cranial nerve)
- c. round window
- d. semi-circular canals
  - (1) function as balance mechanism

B. Hearing disorders

1. Organic (physical) disorders

a. conductive hearing losses

- (1) congenital atresia—lack of ear canal or opening of the ear canal
- (2) obstructions of the ear canal—wax or foreign bodies
- (3) damage to the eardrum—perforation by accident or acute disease; flaccidity
- (4) otitis media—middle ear infection common in children and adults
- (5) otosclerosis—bony growth interfering with the movement of the ossicles, usually at the oval window

b. nerve hearing losses

- (1) childhood diseases — mumps, measles, scarlet fever, meningitis, etc.; diseases accompanied by high fevers
- (2) German measles in the mother—first trimester of pregnancy
- (3) prolonged use of certain drugs—quinine, etc.

- (4) exposure to unduly loud sounds—sudden or sustained
  - (5) specific ear tumors
  - (6) presbycusis—deterioration of hearing acuity related to the normal process of aging
  - (7) Meniere's disease—results in a chemical change in the fluid of the inner ear
  - (8) brain damage
2. Functional (psychological) disorders
- a. emotional disturbance
3. Symptoms of hearing loss
- a. physical
    - (1) draining ears—ear infection
    - (2) accumulated wax
    - (3) inflamed external ear(s)
    - (4) poor balance—dizziness
    - (5) earaches
    - (6) tinnitus—ringing, buzzing or roaring in the ear(s)
    - (7) lingering colds accompanied by complaints of any of the above
    - (8) infection of the adenoids, tonsils and/or sinuses indicated
  - b. behavior
    - (1) inattentive
    - (2) unresponsive
    - (3) withdrawn from group activity
    - (4) requires repetition of oral directions—faulty comprehension
    - (5) leaning forward in apparent effort to hear better
    - (6) turning or cocking of the head in apparent effort to hear better
    - (7) interrupting conversations—apparently unaware that others are talking
    - (8) possible speech disorder

- a. unintelligibility
- b. slow speech development during preschool years
- c. omission of such speech sounds as s, t, k, etc.

(9) possible language disorder

- a. speech
- b. reading
- c. writing

(10) observable lag between apparent ability and academic achievement

C. Care of the ears

1. Periodic evaluation of hearing acuity—in the school or physician's office
2. Routine use of procedures of proper hygiene
3. Avoid injury to the ear
  - a. foreign objects
  - b. unduly loud sounds
4. Immediate medical attention
  - a. physical symptoms possibly related to hearing loss
  - b. possible hearing loss indicated by evaluation of hearing acuity

## II. EVALUATIONS OF HEARING ACUITY

A. Screen testing

1. Tuning-fork test
2. Watch-tick test
3. Whisper and spoken-voice tests
4. Audiometric tests
  - a. pure tones
  - b. spoken-voice

B. Diagnostic testing

1. Tuning-fork tests
2. Audiometric tests
  - a. pure tones
  - b. spoken-voice

### III. SUGGESTED ACTIVITIES

- A. Illustrate the principles of sound production using a tuning fork.
- B. Illustrate ability of ear to discriminate between sounds—close eyes; use objects producing gross sounds, e.g. bell, whistle, paper, etc.
- C. Illustrate ability of ears to determine location of the source of a sound—close eyes; attempt to locate the source of a sound (1) with one ear closed tightly, and (2) with both ears open.
- D. Illustrate the function of the external ear—cup the hand behind external ear.
- E. Accompany the unit material with appropriate audio-visual aids—films, charts, models.
- F. Make arrangements for auditory screening and diagnostic evaluations of students within the school.
- G. Invite an ear, nose and throat specialist or local physician to talk to the class about his work and explain the need for regular physical examinations.
- H. Assign students to produce materials—e.g. notebooks on sound and the ear, papers on various aspects of hearing, diagram of the ear, bulletin boards, etc.
- I. Plan a field trip to a school or class for the acoustically handicapped.

### IV. SERVICES FOR DIAGNOSIS AND TREATMENT OF HEARING AND SPEECH DISORDERS

- A. Local physician



- B. Ear, nose, and throat specialist
- C. Nebraska Psychiatric Institute  
Division of Communicative Disorders  
University of Nebraska  
College of Medicine  
602 South 44th St.  
Omaha, Nebraska 68131
- D. Nebraska Sertoma Hearing Project, Inc.  
2141 Sheridan Boulevard  
Lincoln, Nebraska 68502
- E. Nebraska Society for Crippled Children and Adults, Inc.  
402 South 17th St.  
Omaha, Nebraska
- F. Special Education Department  
Kearney State College  
Kearney, Nebraska 68847
- G. Speech and Hearing Laboratories  
Temple Building  
University of Nebraska  
Lincoln, Nebraska 68508
- H. Speech and Hearing Services  
Creighton Rehabilitation Center  
St. Joseph's Hospital  
2305 South 10th St.  
Omaha, Nebraska 68108
- I. Speech Clinic  
University of Omaha  
60th and Dodge Streets  
Omaha, Nebraska 68132
- J. Speech Department  
Wayne State College  
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## V. RESOURCE MATERIALS

### A. References

1. Davis, Hallowell and Silverman, S. R. **Hearing and Deafness**, Holt, Rinehart, and Winston, Inc., New York, 1960
2. Harrington, Don A. **Services for the Child Who is Hard of Hearing**, U.S. Department of Health, Education, and Welfare, Children's Bureau Publication Number 402-1963, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, 1963.
3. Streng, Alice, Et. al. **Hearing Therapy for Children**, Grune and Stratton, New York, 1955.

Additional materials can be obtained from:

1. American Hearing Society  
919 Eighteenth Street, N.W.  
Washington, D.C. 20006
2. Alexander Graham Bell Association for the Deaf, Inc.  
1537 Thirty-fifth Street  
Washington, D.C. 20007
3. Deafness Research Foundation  
366 Madison Avenue  
New York, New York 10019

4. John Tracy Clinic  
806 West Adams Boulevard  
Los Angeles, California 90064
5. State of Nebraska  
Department of Health  
Division of Public Health Education  
Film Library  
State Capitol Building  
Lincoln, Nebraska 68509
6. Department of Audio-Visual Instruction  
University Extension Division  
Nebraska Hall  
University of Nebraska  
Lincoln, Nebraska 68508
7. Most hearing-aid companies

## **EYES**

### **I. UNIT CONTENT**

- A. Function and structure of the human eye
  1. Use model of an eye, camera, etc.
  2. Learn how the eye sees.
  3. Become familiar with common diseases of the eye.
  4. Learn simple vision screening procedures with Snellen E. Chart.
  5. Emphasize protective mechanism of eyes.
- B. Indications of eye problems and deficiencies
  1. Complaints
    - a. Blurred vision
    - b. Headaches, dizziness
    - c. Double vision
    - d. Itching or burning sensation

2. Appearance

- a. Crossed-eyes
- b. Inflammation
- c. Unequal pupil size or shape

3. Behavior

- a. Reading difficulty
- b. Stumbles frequently
- c. Rubs eyes frequently
- d. Unduly sensitive to light

C. Prevention of eye trouble

1. Periodic examination by eye physician

- a. An eye physician (ophthalmologist or oculist) is a Doctor of Medicine who specializes in the care of the eyes and all its related structures. He diagnoses and treats all disorders of the eye, including among others, crossed-eyes, cataracts, defects of focus (such as near-sightedness, far-sightedness, and astigmatism), glaucoma, and tumors of the eye. He prescribes whatever treatment is required, including glasses when indicated.

2. Follow prescription and immunization recommendations

D. Health and safety

1. Encourage practices of eye hygiene

- a. Avoid contaminated objects
- b. Proper amount of sleep and rest
- c. Adequate lighting—a minimum of 70 foot-candles of evenly distributed and maintained light
- d. Avoid glare areas such as walls, floors, water
- e. Develop good reading habits—vary focus frequently

2. Follow recommended safety precautions

- a. Safety lenses and other protective eye wear for persons engaged in sports, vacations, laboratories, etc. which involve hazards to vision
- b. Principles and practices of eye first-aid

## II. SUGGESTED ACTIVITIES

- A. Work with eye models and charts.
- B. Conduct a vision-screening program.
- C. Invite an ophthalmologist to talk about his work.
- D. Plan a field trip to school for the visually handicapped.
- E. Differentiate between myths and facts about sight.
  1. Myth—glasses are a cure-all. Fact—glasses cannot correct all vision problems.
  2. Myth—a person with only one eye has to put undue strain on it. Fact—a healthy eye is not harmed by use.
  3. Myth—"Eye Strain" is a medical term. Fact—Eyes cannot be "strained," but may tire.
  4. Myth—People with low vision have a sixth sense. Fact—People with impairment of any sensory organ learn to make better use of the other senses.

## III. SERVICES FOR DIAGNOSIS AND TREATMENT OF EYE DISORDERS

- A. Local physician
- B. Eye physician
- C. Department of Ophthalmology  
University of Nebraska  
College of Medicine  
42nd and Dewey  
Omaha, Nebraska

D. State of Nebraska  
Department of Health  
State Capitol Building  
Lincoln, Nebraska 68509

#### IV. RESOURCE MATERIALS

##### A. References

1. Henderson, Florence. **Structure and Function of the Eye**, San Francisco: Gutenberg Press, 1957
2. Mann, T., and A. Pirie. **The Science of Seeing**, New York: Penquin Books, 1950.
3. "Sight-Saving Review." New York: National Society for the Prevention of Blindness, Published quarterly.

##### B. Sources

1. American Foundation for the Blind  
15 West 16th Street  
New York, New York 10011
2. American Printing House for the Blind, Inc.  
1839 Frankfort Avenue  
Louisville, Kentucky 40206
3. Christian Record Braille Foundation, Inc.  
4444 South 52nd St.  
Lincoln, Nebraska 68506
4. Guide Dog Foundation for the Blind  
71-11 Austin Avenue  
Forest Hills, New York 11375
5. Library of Congress  
Division for the Blind  
Washington, D.C. 20540
6. National Committee for Research  
in Ophthalmology and Blindness  
1601 Spring Garden Street  
Philadelphia, Pennsylvania 19130

7. National Society for the Prevention of Blindness  
16 East Fortieth Street  
New York, New York 10016
8. Nebraska Lions Eye Bank  
Department of Ophthalmology  
University Hospital  
42nd and Dewey Avenue  
Omaha, Nebraska 68105
9. Nebraska Services for the Visually Impaired  
State Capitol  
Lincoln, Nebraska 68509
10. Office of Education  
Division of Handicapped Children and Youth  
Department of Health, Education and Welfare  
Washington, D.C. 20202
11. The Seeing Eye, Inc.  
P.O. Box 375  
Morristown, New Jersey

## MOUTH

### I. UNIT CONTENT

#### A. Organs of the oral cavity

##### 1. Dual capacity

- a. Lips—aid in speech and retention of food—affect appearance (fewer muscles are used in smiling than for frowning)
- b. Teeth—aid in speech and mastication—used in first stage of digestion
- c. Tongue—aid in speech and in mixing of food with saliva
- d. Hard palate—aid in speech and swallowing
- e. Soft palate—aid in speech and breathing

##### 2. Food related

a. Salivary glands

- Provide moisture for taste buds and for preparation of food for ease in swallowing
- Saliva begins breakdown of carbohydrates (starch should always be cooked before eating)
- Saliva helps to cleanse the teeth by washing away food particles

b. Taste buds—majority on tongue; some on soft palate and on epiglottis

- Sweetness on tip of tongue
- Saltiness at sides, near tip, and near back of tongue
- Sourness along sides, toward back of tongue

B. Importance of cleanliness

## II. SUGGESTED ACTIVITIES

- A. Try making sounds by omitting use of the organ generally employed, such as m-m-m-m by holding nostrils or keeping lips open. Try d-d-d by tongue on floor of mouth. Note the making of sounds: c-s-z
- B. Try swallowing some liquid quickly while blindfolded. Often the taste is not discerned until after it has been swallowed. This fact might sometimes account for the swallowing of poisonous substances mistaken for something else.
- C. With mirror, check appearances of a piece of raw apple from time to time as it is being chewed.
- D. Since dry food has no flavor until it is wet, put sugar on the tongue after patting it dry with a clean tissue.
- E. Chew a piece of bread for two minutes. The starch changes to sugar.
- F. Breathe through the mouth several times. Note dryness.



# NOSE

## I. UNIT CONTENT

### A. Organ of smell

1. Membrane area—one-fourth square inch contains odor receptors in humans. In dogs, area is over two square inches.
2. Odor must be dissolved in mucus in order to be "smelled."
3. Odor of food enhances taste.
4. Sense of smell is not as important to man as it is to animals in finding food and sensing danger.

### B. Air-Conditioning unit

1. Mucus secreted by membrane
  - a. Traps bacteria and other foreign particles
  - b. Warms and moistens air entering trachea and lungs
  - c. Dilutes irritating substances being inhaled
  - d. Post-nasal drip—surplus drains into throat
2. Cilia help mucus clean incoming air
3. Mouth breathers
  - a. No benefit of mucus or cilia
  - b. Mouth for emergency breathing

### C. Sinuses—linked to nasal cavity

1. Pressure equalizers
2. Resonance chambers
3. Reduce potential weight of skull
4. Sinusitis
  - a. Inflammation from nasal passages often caused by blowing nose violently
  - b. Obstruction and active pain—medical advice
  - c. Self-medication with continual use of drops—dangerous
  - d. Home treatment for less severe cases (as for colds)
    - Hot bath to help decongest respiratory passages

- Breathe plain steam to moisten trachea and bronchi
- Plenty of bed rest
- No dissipation
- Light diet and plenty of fluids

D. Nosebleed

1. Origin near front of septum
  - a. Lie on side allowing nose to drain in basin
  - b. Pinch nose tightly or plug with cotton
2. Origin farther back—may need hospitalization

**II. SUGGESTED ACTIVITIES**

- A. With eyes closed, try to identify odor of different objects passed under the nose.
- B. Put cupped hand over nose on a cold day to help warm air as it is drawn into the lungs—actually an extension of the nose.
- C. Demonstrate proper way to blow nose by closing one nostril with tissue.

**SKIN**

**I. UNIT CONTENT**

- A. Epidermis—outer horny layer of dead skin cells formed as protoplasm of new cells originating in deeper layers move upward.
- B. Dermis—seat of receptors of sensations; ridges at fingertips—individual fingerprints
- C. Subcutaneous layer containing fat lobules, blood vessels, nerves
  1. Cushion for the skin
  2. Fatty tissue—absorbed with advancing age

- D. Skin protects body
  - 1. From bacteria
  - 2. From injury to body tissues
  - 3. By retaining moisture
- E. Skin regulates body temperature by controlling evaporation on signal from the brain
- F. Skin and hair are kept soft by secretions from oil glands
- G. Skin must be kept clean
  - 1. Bacteria
  - 2. Danger of tetanus—prevention by immunization
- H. Dangers of overexposure to sunlight or sunlamps: dry skin—aging process

## II. SUGGESTED ACTIVITIES

- A. Lightly pinch and pull up on the skin of the forearm of a young person. Compare the snap-back with that of an older person.
- B. Study the skin under four-power and higher magnification.
- C. Make fingerprints of class members. Compare.
- D. Donation of epidermis from a callus on the hand will make an interesting substance for microscopic study.
- E. Play game of "guess what" by feeling of objects while eyes are closed.
- F. Assign reports on hair, nails, tetanus, acne, boils, allergy, sweat glands, deodorant, depilatory, dermatitis, dermatologist, fungus, ringworm, eczema, soap, detergent.
- G. Bring advertisements for hair and skin treatments. Compare claims.
- H. Invite beauty consultant to discuss importance of skin care with the class. Hair and nails should be included.

- I. A dietitian or nurse may be invited to discuss the value of a balanced diet for conditioning the skin.
- J. Discuss the difference between health aids and cosmetic aids.

### III. EVALUATION

- A. Has the class become familiar with the general structures of the organs used in learning—eyes, ears, mouth, nose, and skin (sense of touch)?
- B. Have they learned to understand the reasons for extreme care in preserving the faculties they now have?
- C. Does the class realize that early detection and treatment can ward off more serious diseases?
- D. Have the students realized that the present fad of wearing sunglasses, especially those of inferior quality, may be dangerous if worn for long periods?
- E. Do they know that general good health and feelings of mental and emotional well-being reflect on the health of the eyes as well as on other organs of the body?
- F. Have they learned the skill of safe activities in regard to protection of their bodies?
- G. Has health knowledge become automatic in application to everyday living?
- H. Have habits and attitudes been changed or reinforced?
- I. Have the children had hearing tests recently? Has there been a follow-up examination of those who seem to have a hearing loss?

**FILMS \***

**EYES**

**EYES: THEIR STRUCTURE AND WONDER OF OUR BODY** 15 min.  
CARE 11 min. SDH UN SDH  
**YOUR EYES** 12 min. SDH

**EARS**

**EARS AND HEARING** 11 min. **NOSE, THROAT AND EARS**  
SDH UN 11 min. UN  
**EARS: THEIR STRUCTURE AND YOUR CHILDREN'S EARS**  
CARE 11 min. UN 15 min. UN  
**HEAR BETTER: HEALTHY YOUR EARS** 12 min. SDH  
EARS 11 min. SDH

**MOUTH**

See **DENTAL HEALTH**

**NOSE**

**LEARNING ABOUT YOUR NOSE THE NOSE** 11 min. UN  
11 min. UN

**SKIN**

**ALLERGIES** 12 min. UN **CARE OF THE SKIN** 11 min. UN  
**BODY CARE AND GROOMING** **CLEANLINESS AND HEALTH**  
20 min. UN 10 min. SDH  
**CARE OF HAIR AND NAILS** **HEALTHY SKIN** 11 min. UN  
11 min. UN **HUMAN SKIN** 12 min. SDH UN

# ★ MENTAL HEALTH

## Junior High

### I. OBJECTIVES OF THE UNIT

- A. To present meaningful information on the nature and causes of mental illness
- B. To provide information on mental health treatment services and techniques
- C. To provide guidelines for the promotion of mental health and prevention of mental illness

### II. UNIT CONTENT

#### A. Basic principles

- 1. The earlier a person seeks treatment, the more likely that favorable changes can be instituted.
- 2. The nearer home a sick person can receive treatment, the more contact he will maintain with his family, friends and community.
- 3. Mentally ill persons must have easy access to services appropriate to their particular needs.
- 4. Mental health, like physical health, is relative. Each person has his own capacities to meet and solve his problems.

#### B. Mental illness

##### 1. Definition

- a. Constant distortion of people and events
- b. Behavior that is repeatedly inappropriate

##### 2. Characteristics

- a. Excessive worry and fears
- b. Unusual difficulties in learning
- c. Extreme excitement and elation

- d. Depression, sense of worthlessness
- e. Constant feelings of dissatisfaction
- f. Withdrawal from people
- g. Uncontrollable fears

3. Treatment

- a. Techniques
- b. Locale, facilities
- c. Treatment team

C. Mental health

1. Definition

- a. Comfortable about self
- b. Comfortable with other people
- c. Meets the demands of life

2. Components

- a. Psychological
- b. Intellectual
- c. Physiological
- d. Environmental

3. Characteristics

- a. Self-respect
- b. Knows capabilities and limitations
- c. Accepts both success and failure
- d. Enjoys people, singly and in groups
- e. Accepts responsibilities
- f. Adapts to change
- g. Initiative and independence

### III. SUGGESTED ACTIVITIES

- A. Students write to mental-health facilities in or nearest their hometown, asking for information about the hospital and reporting to class.

- B. Rotate bulletin-board committees responsible for different bulletin boards relating to mental health every week.
- C. Students participate in class play depicting problems that arise in classroom and playground situations.
- D. Individuals collect magazine and newspaper articles relating to mental health and give reports to class.
- E. Resource persons may attend class and lecture to the class.
- F. Class conducts poster contest for Mental Health Week. In general, room is decorated with appropriate signs and slogans for the occasion.

## ★ MENTAL HEALTH

### Senior High

#### I. OBJECTIVES

- A. To provide information on the nature and extent of mental and emotional diseases and disorders
- B. To understand the functions of mental health services, facilities, and personnel
- C. To understand the need for early identification, treatment, and rehabilitation of the mentally ill
- D. To understand the role of the citizen and of society
- E. To provide guidelines for the development and maintenance of mental health

#### II. UNIT CONTENT

- A. Basic principles



1. Mentally ill persons are human beings; their basic rights should not be denied.
2. Persons with mental disorders are treatable.
3. Mentally ill persons should have prompt and easy access to treatment programs.
4. Treatment should be based on individual needs.
5. Mental illness is a medical problem, with psychological, social and legal implications.

## B. Mental illness

### 1. Definition

- a. Constant distortion of reality
- b. Repeated inability to handle own problems
- c. Behavior (actions, expressions) that are continually inappropriate to the situation

### 2. Causes, influencing factors

- a. Physical constitution
- b. Emotional functioning
- c. Environment

### 3. Signs and symptoms

- a. Radical change in behavior
- b. Behavior not in keeping with age or maturational level
- c. Persistent unreasonable fears
- d. Threats to destroy self or others
- e. Irrational thoughts or actions
- f. Helplessness and depression
- g. Suspiciousness and mistrust

### 4. Range of mental illness

- a. Mild to severe
- b. Few weeks to many years

### 5. Types of mental illness

- a. Physiological—disorganization of the brain cells, such as:

- Meningitis
  - Head injury
  - Stroke
  - Epilepsy
  - Mental retardation
  - Cerebral palsy
  - Senility
- b. Psychosomatic—physical discomforts and disorders that have emotional causes, such as:
- Ulcers
  - Allergies
  - Asthma
  - Weight problem
  - High blood pressure
- c. Neuroses and psychoses—psychological diseases and disorders
- Uncontrollable fears of people, places, and situations
  - Fear of remembering
  - Extreme suspiciousness
  - Feelings of persecution
  - Heightened anxiety and distractibility
  - Strong, persistent feelings of guilt
  - Withdrawal from and avoidance of people
  - Suicidal threats and attempts
  - Hallucinations
  - Extreme switches in mood
  - Constant depression, feelings of worthlessness and helplessness
- d. Personality disorders—sickness of character
- Addiction to alcohol or drugs
  - Antisocial or deviant behavior
6. Treatment of mental illness
- a. Individual psychotherapy

- b. Group psychotherapy
  - c. Chemotherapy
  - d. Occupational therapy
  - e. Recreational therapy
  - f. Electro-shock therapy
  - g. Work therapy
  - h. Milieu therapy
  - i. Psychoanalysis
7. Mental health treatment team
- a. Psychiatrist
  - b. Clinical psychologist
  - c. Psychiatric social worker
  - d. Psychiatric nurse
  - e. Occupational therapist
  - f. Recreational therapist
  - g. Vocational rehabilitation counselor
  - h. Educational therapist
  - i. Neurologist
  - j. Chaplain
  - k. Psychiatric aide
8. Types of services
- a. Diagnosis and evaluation
  - b. Emergency services
  - c. Pre-care and after-care services
  - d. Rehabilitation
  - e. Outpatient services
  - f. Day-care and night-care
  - g. Intensive (24 hour) care
  - h. Long-term care for the chronically ill
9. Psychiatric facilities
- a. Outpatient clinic
  - b. Psychiatric unit of a general hospital
  - c. Community mental health center

d. Psychiatric hospital, state mental hospital, home and school for the retarded

C. Community mental health

1. Resources: There are many persons and agencies in the community that carry out one or more aspects of a mental health program.

a. Persons

- Family doctor
- Clergyman
- Public-health nurse
- Welfare worker
- Guidance counselor
- Probation officer
- Vocational rehabilitation officer
- Attorney

b. Agencies and organizations

- Guidance and counseling clinics
- Family service agencies
- Courts
- Schools
- Churches
- Nursing and care home
- Health and welfare departments

2. Community action

- a. Need for interagency consultation and coordination
- b. Need for training in psychiatric skills and knowledge
- c. Need for community inventory of needs and planning
- d. Need for public awareness
  - Reduce stigma
  - Prevent illness
  - Promote health
  - Effect early recognition and treatment of disease

- Acceptance of the mentally ill

3. Role of the citizen

- a. Educate himself and others about the nature of mental health and mental illness
- b. Know what services his community has and needs
- c. Study and support legislation
- d. Volunteer his help

D. Mental health

1. Definition

- a. Consistency in solving problems
- b. Ability to meet situations
- c. Mental stamina or resiliency

2. Development of the individual

- a. Physical
- b. Psychological
- c. Social
- d. Intellectual

3. Individual variations

- a. People vary in capacity to handle problems.
- b. Behavior characteristics or standards of one group may not be found in another.
- c. Each person has behavior traits entirely his own.

4. Components of mental health

- a. Self-acceptance of limitations, faults, possibilities, skills
- b. Acceptance of and adjustment to other people
- c. Recognizing the rights of other people
- d. Being guided by the rules of society
- e. Recognition of the reasonable demands of authority
- f. Acceptance of the challenges a person meets daily

5. Promotion of mental health

- a. Wholesome physical and social environment
- b. Reasonable success in endeavors
- c. Recognition of group and individual differences
- d. Respect and friendship of associates
- e. Recognition that problems are common to all men
- f. Stability in the face of conflict

### III. SUGGESTED ACTIVITIES

- A. Tour a psychiatric hospital.
- B. Secure brochures on various aspects of mental health from local, state or national sources.
- C. Invite a mental health professional person to talk to the class.
- D. Discuss from point of view of mental illness or mental health one or two characters from a book, film, or television show that is well known to the students.
- E. Have students discuss various ways of handling problems (real or hypothetical) that would be successful or unsuccessful.
- F. Begin pilot project in a volunteer capacity for hospitals.

### FILMS FOR TEACHERS

AGE OF TURMOIL 30 min.	FIRST LESSONS 21 min. UN
SDH UN	PLAN AHEAD FOR MENTAL
ANGRY BOY 21 min. SDH	HEALTH 16 min. SDH
BOY WITH A KNIFE 20 min.	TO SERVE THE MIND 25 min.
SDH UN	SDH
DROPOUTS, THE 29 min. SDH	

### BOOKS

**Action for Mental Health.** 1961, Basic Books, Inc., 404 Park Avenue South, New York, 10016.

**Childhood and Adolescence.** L. Joseph Stone and Joseph Church, Random, 1957, \$8.50

- Emotional Problems of Adolescents.** J. Roswell Gallagher, M.D. and Herbert I. Harris, M.D., Oxford U., 1964; rev. ed., 210 pp, \$5
- Encyclopedia of Mental Health.** Editor Albert Deutsch, Division of Franklin Watts, Inc., 575 Lexington Avenue, New York. 1963, 6 Volumes.
- Mental Hygiene for Classroom Teachers.** Harold Bernard, McGraw-Hill Co., New York.
- Nebraska Long-Range Mental Health Plan.** Community Services Division, Nebraska Psychiatric Institute, 602 South 44th Avenue, Omaha.
- Understanding and Guiding the Adolescent Child.** Katharine Taylor, Grosset and Dunlap, Inc., 51 Madison Avenue, New York, New York, 10010.
- Understanding Yourself.** William C. Menninger, SRA Guidance Series, Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

#### PAMPHLETS

- The Adolescent in Your Family.** Children's Bureau Publication, U.S. Department of Health, Education and Welfare, Welfare Administration.
- Growing Up Emotionally and Understanding Yourself.** Science Research Associates, 259 East Erie Street, Chicago, Illinois 60611.

## ★ WHOLESOME FAMILY AND SOCIAL RELATIONSHIPS

### I. OBJECTIVES OF THE UNIT

- A. To acquaint students with the nature and values of wholesome family and general social relationships
- B. To present to students the nature and values of wholesome social maturity
- C. To help students develop guides for wholesome dealing with the family and general social problems of youth

- D. To give students direction in developing guides for the establishment of their own family and desirable social relationships
- E. To help students to become increasingly aware of the need for a personal philosophy, sound personal values, and the continual assessment of them

## II. PRINCIPLES

- A. Wholesome family and social relationships depend upon the attitudes exhibited by the participants.
- B. Desirable family and general social relationships require positive thinking and sustained effort.
- C. Wholesome relationships with other people require giving or sharing of oneself.
- D. Maintenance of good family and general social relationships require continued readjustment and adaptation within the framework of one's personal integrity.

## III. UNIT CONTENT

- A. Importance of healthful family and general social relationships
  - 1. For personal development
  - 2. For satisfying life
  - 3. For healthful family relationships
    - a. Mutual concern and affection
    - b. Mutual encouragement and support
    - c. Mutual trust and trustworthiness
    - d. Mutual positive criticism when appropriate
  - 4. Mutual agreements as to matters of
    - a. Peer relationships
    - b. Sharing and helping and compromising
    - c. Responsibilities
    - d. Financial arrangements



- e. Personal privacy
- B. Nature of healthful general social relationships
  - 1. Need to be oneself
  - 2. Need to accept others as they are
  - 3. Need to stand for personal principles of conduct
  - 4. Need to be of positive and pleasant attitude and manner
  - 5. Need to participate in desirable activities
  - 6. Others that students may suggest
- C. Meeting problems
  - 1. Problems are a common experience of all youth. The difference is most often in degree, not in the nature of the problem.
  - 2. New social contacts and situations
  - 3. Relating to people with different social and personal values
  - 4. Making personal decisions
    - a. Future goals—education, occupation, marriage
    - b. Finances—earning, spending, saving (consumer education)
    - c. Appearance—grooming, clothing, manners
    - d. Deserving recognition of desirable people among peers and associates
  - 5. Tobacco, alcoholic beverages, drugs
  - 6. Discouraging the attention of unacceptable boy or girl acquaintances
  - 7. The suspicious, demanding or unbending parent
  - 8. Wholesome boy-girl relationships
  - 9. Dating
  - 10. Falling-in-love

#### **BOOKS FOR STUDENTS AND TEACHERS**

American Academy of Political and Social Science. **Teen-age Culture.** Philadelphia: American Academy, 1961.

Dimond, Stanley E. **You and Your Problems.** Guidance Series Booklets 303, Science Research Associates, Chicago, Illinois.

- Duvall, Evelyn M. **Family Living**, rev. ed. The Macmillan Company, New York, 1961.
- McGrady, Pat. **Cigarettes and Health**. Public Affairs Pamphlets, 381 Park Avenue, South, New York, New York 10016.
- Menninger, William C. **Understanding Yourself**. Guidance Series Booklets 103, Science Research Associates.
- Science Research Associates, 259 East Erie Street, Chicago, Illinois 60610.
- Building Your Philosophy of Life.**
- How to Increase Your Self-Confidence.**
- How to Solve Your Problems.**
- Making and Keeping Friends.**
- What Are Your Problems?**
- Your Behavior Problems.**
- Shryock, Harold, M.D. **Should A Boy Smoke?** Narcotics Education, Inc., Washington, D.C. 20012
- Shryock, Harold, M.D. **Should A Girl Smoke?** Narcotics Education, Inc., Washington, D.C. 20012
- Truxel, Andrew G. and Merrill, F. E. **Marriage and the Family in American Culture**. Englewood Cliffs, New Jersey: Prentice-Hall, 1953.
- Vogel, Victor H. and Vogel, Virginia E. **Facts About Narcotics**, Guidance Series Booklets 121, Science Research Associates, Inc.
- Weitzman, Ellis, **Growing Up Socially**, Guidance Series Booklets 109, Science Research Associates.
- Winch, Robert F. **The Modern Family**. rev. ed. New York: Holt, Rinehart and Winston, 1963.
- Wolcott Order Department **It's Smart to Look Sharp** posters and booklets. 332 Allaire Avenue, Leonia, N. J. 07605

#### FILMS

- |   |   |
|---|---|
| <b>ACTS OF COURTESY</b> 11 min.<br>SDH UN | <b>ALCOHOL AND TOBACCO</b><br>11 min. SDH |
| <b>ACT YOUR AGE</b> 11 min. SDH<br>UN     | <b>ALCOHOLISM</b> 22 min. SDH UN          |
| <b>AGE OF TURMOIL</b> 20 min.<br>SDH UN   | <b>DRUG ADDICTION</b> 20 min.<br>SDH UN   |
|   | <b>FAMILIES FIRST</b> 20 min. SDH<br>UN   |

<b>FAMILY AFFAIR</b> 25 min. SDH UN	<b>SOCIAL ACCEPTABILITY</b> 20 min. SDH UN
<b>HOW MUCH AFFECTION?</b> 20 min. SDH UN	<b>TEENS, THE</b> 26 min. SDH UN
<b>IS THIS LOVE?</b> 14 min. SDH UN	<b>WHO SHOULD DECIDE?</b> 11 min. SDH UN
<b>SATURDAY PLACE</b> 18 min. SDH UN	<b>YOU AND YOUR PARENTS</b>
<b>SIBLING RELATIONSHIPS AND</b>	14 min. SDH UN
<b>PERSONALITY</b> 22 min. SDH UN	

## ★ VENEREAL DISEASE EDUCATION

NOTE: This section has been prepared by Lawrence H. Parrish, Director of Communicable Disease Control in the Nebraska State Department of Health. It is current, accurate information which you may wish to use in classes appropriate to the content. Dr. E. A. Rogers, Director of the Nebraska State Department of Health, has urged the Department of Education not to omit this section and the one dealing with human growth and development.

Only after thoughtful consideration by teachers and school officials should a presentation on venereal disease be made. Appropriate steps should be taken by the administration in advance to the actual teaching of the unit so that lines of communication shall have been established with parents, churches, the local board of education, and interested community organizations. Only through these precautionary steps can criticism be avoided.

It may be well to point out in preliminary discussions that it is not the total responsibility of the school to carry out this type of instruction. The person who teaches this unit must be one who feels comfortable with it and has a proficient vocabulary. The unit should be culminated with a discussion period under the direction of a physician or a nurse. Where

none is available, it may be possible for Mr. Parrish to visit your school when he has a program in the vicinity or at a time convenient for him.

## **I. OBJECTIVES OF THE UNIT**

- A. To develop a sound scientific understanding and attitude toward the venereal disease problem and its threat to the health of the community
- B. To develop an awareness of the extent of these diseases, especially among the young people
- C. To acquaint students with the symptoms and methods of transfer of the venereal diseases
- D. To develop an understanding of the damaging effects of untreated cases
- E. To eliminate unfounded fears and misconceptions regarding these diseases
- F. To develop an appreciation of the value of health with respect to freedom from venereal disease, especially in marriage and parenthood
- G. To develop sound and desirable understandings and attitudes that will result in wholesome sex conduct
- H. To develop a sense of personal responsibility with regard to the prevention of the spread of the venereal diseases

## **II. UNIT CONTENT**

- A. Definition of venereal diseases (most common)
  - 1. Syphilis—chronic, infectious diseases caused by a spirochete communicated by direct contact
    - a. Primary stage—chancre (pronounced shanker) form at the point of inoculation
    - b. Secondary stage—skin affections and constitutional disturbances

- c. Tertiary stage—affections of bones, muscles, viscera, or nervous system
- 2. Gonorrhoea—a contagious, pus-forming inflammation of the urethra or the vagina caused by the gonococcus
- B. Symptoms (details given in "The Important Facts About the Venereal Diseases" which follows this outline)
- C. Transmission
  - 1. Kissing—during second stage of syphilis, spirochetes may be present in the mouth
  - 2. Sexual intercourse—99% of the cases (spirochetes live only seconds outside of the body)
  - 3. Impossible to transmit through food
- D. Prevention
  - 1. Sound moral code developed in home, church, school
  - 2. Avoiding exposure (there is no sure way to avoid infection if one insists on taking a chance)
- E. Attempts to control VD
  - 1. Casefinding
    - a. Selective mass blood testing among suspect groups
    - b. Premarital and prenatal blood tests
    - c. Blood tests for selected occupations
  - 2. Investigation—information kept in strictest confidence
    - a. Interview newly infected patient
    - b. Follow up with contacts—examined and treated by physician of own choice
    - c. Public health education—informing the public about the disease
- F. Cure
  - 1. Any physician can diagnose and treat the infection.
  - 2. Further exposure invites the danger of reinfection.

3. There is no immunity for VD.
4. Cure is possible in the care of a physician (self-treatment is dangerous).

G. Incidence

1. Reported cases not always reflective of actual incidence
2. General consensus of opinion
  - a. Number of cases increasing in state and nation
  - b. Half of cases under age of twenty-four
  - c. Age of incidence seems to be lowering to early teenage
  - d. Youth almost totally ignorant of VD

H. Need for information

1. Costly in money and lives
  - a. In 1963, neurosyphilis patients in tax-supported hospitals cost United States citizens the sum of 50 million dollars.
  - b. Deaths due to untreated syphilis in 1963 totaled 2,666.
2. Dangers of untreated syphilis
  - a. Syphilitic insanity—1 in 44
  - b. Syphilitic heart disease—1 in 12
  - c. Crippled or incapacitated—1 in 25
  - d. Blind—1 in 200
  - e. Death—23 per cent
3. Dangers of untreated gonorrhoea
  - a. Arthritis
  - b. Blindness
  - c. Sterility
  - d. Death
4. Treatment by a physician

### III. THE IMPORTANT FACTS ABOUT THE VENEREAL DISEASES

Students have many questions about the venereal diseases. The following information is based on the questions of over 500 students in grades eight through twelve who recently participated in the evaluation of a teenage pamphlet on venereal diseases. Your students will undoubtedly ask some of these same questions.

#### A. General questions about the venereal diseases

##### 1. "Exactly what are venereal diseases?"

A disease classified as a venereal disease is one which is transmitted through sexual intercourse. The word "venereal" means related to or associated with the act of sexual intercourse. It originated from the Latin word *venereus*, which is derived from Venus, Roman Goddess of Love. The two most common venereal diseases in this country are syphilis and gonorrhea. Many young people believe that these two are the same disease, and that VD or venereal disease is different from them. These beliefs, of course, are not true.

##### 2. "What are some of the nicknames for syphilis and gonorrhea?"

Syphilis is often referred to as "siff," "pox," "lues," or "bad blood." Gonorrhea may be called "clap," "dose," "gleet," or "morning drip." Many students will probably know the venereal diseases only by these nicknames.

##### 3. "How did syphilis and gonorrhea first begin?"

General agreement as to the origin of syphilis is lacking. Some authorities claim that Columbus' sailors brought it back to Europe from their journey to the New World. Some others believe that it was known in Biblical times. Several descriptions of the symptoms and effects of leprosy in the Bible seem to be more applicable to syphilis than to leprosy. The exact origin of gonorrhea is not definitely known. There is evidence to indicate that it was known in Biblical times. Passages in the Old Testament refer to methods of controlling a disease

spread by sexual intercourse that would appear to be gonorrhoea. In 1879, Albert Neisser discovered the organism which was the cause of gonorrhoea.

4. "What is the best way to keep these diseases from spreading?"

The only sure way to keep from getting a venereal disease is to avoid exposure. This means not having sexual intercourse outside of marriage.

NOTE: The area of prevention that is often overlooked is that type of training which will help young people develop the sound moral attitudes that will result in desirable sexual behavior. This training is primarily the responsibility of the home and church, but the teacher can also make a worthwhile contribution in the classroom.

5. "Are any of the causes of syphilis and gonorrhoea due to uncleanness?"

Cleanliness has little if any effect on the spread of syphilis and gonorrhoea.

6. "Can syphilis and gonorrhoea be transmitted through sexual intercourse only?"

It is safe to say that over 99 per cent of all the cases of syphilis and gonorrhoea are transmitted by sexual intercourse. It is technically and quite possible that these diseases, especially syphilis, can be spread in other ways, such as kissing and heavy petting. People do not get them from toilet seats, doorknobs, and other inanimate objects.

7. "Is it possible to get syphilis and gonorrhoea at the same time?"

Syphilis and gonorrhoea are frequently contracted at the same time.

8. "Can syphilis and gonorrhoea be contracted even though various means of protection are used?"



It is accurate to say that there is no 100 per cent sure protection from either the venereal diseases or pregnancy. People who believe there is are only fooling themselves.

9. "Are there carriers of syphilis and gonorrhoea?"

Technically defined, a carrier is a person who spreads a disease to others and yet does not suffer the effects of the disease. There are no carriers of syphilis or gonorrhoea.

10. "Do the venereal diseases have any emotional effects?"

Undoubtedly a young person who suspects he might have a venereal disease will be disturbed emotionally. In spite of continuous educational efforts, there is still a stigma attached to venereal disease and any person who contracts one of the diseases. This is one of the reasons why the diagnosis and treatment of the venereal diseases are kept in strictest confidence. Otherwise, many would hesitate to seek treatment for fear of social condemnation. This attitude that "to get a venereal disease is a disgrace" has always been a hindrance to the control of these diseases.

Syphilis in the later stages of the disease may cause a form of organic insanity known as paresis. This, of course, will have emotional effects.

11. "Is it possible to tell if a person has venereal disease by looking at him?"

Only a physician can tell if a person has syphilis or gonorrhoea, and often he has to rely on laboratory tests to be certain.

12. "Are there special doctors to cure the venereal diseases?"

Any competent physician can diagnose and treat a venereal disease. If a person suspects he has such a disease, he should see his physician immediately.

13. "How does a person who has a venereal disease get confidential care?"

All physicians and public health workers are pledged to keep all information about their patients in strictest confidence. Physicians report only to the health department, and all such information is required by law to be kept confidential.

14. "Can a person become immune to syphilis or gonorrhea?"

At the present time there is no immunity to any of the venereal diseases. The problem is being studied, however, and perhaps one day an immunization for syphi's and/or gonorrhea may be developed.

15. "Once a venereal disease is cured, can it recur?"

If syphilis and gonorrhea are properly treated, both can be cured. However, a person can be reinfected after treatment if exposed to either disease.

16. "Can syphilis and gonorrhea be completely cured so that they can't be passed on to others?"

Both diseases will become non-communicable in a very short time if treated properly.

17. "Is it true that penicillin is not as good a cure for syphilis and gonorrhea as was originally thought?"

There is evidence to prove that penicillin administered properly is effective in the treatment of either syphilis or gonorrhea. However, inadequate self-treatment is the danger involved.

18. "What is being done to control the spread of the venereal diseases?"

A venereal disease control program can be divided into three major phases, all of course interrelated. There are (a) case-finding, (b) contact interviewing and investigation, and (c) public education. Casefinding techniques currently being employed include: (a) selective mass blood testing among groups suspected of having a high rate of infection, (b) premarital and prenatal blood tests, and (c) blood tests for food handlers and other selected occupations.

Contact interviewing and investigation involves the interviewing of each newly infected patient for the names of the persons with whom he has had sexual relations or close body contact. These contacts are then located, examined, and treated, if necessary. Health departments have people especially trained to do this type of work. All contact investigations are strictly confidential.

Public education is responsible for informing the public about the venereal diseases. An informed public is not only an aid in casefinding, but is needed to lend support to the entire control program.

#### B. Questions about syphilis

##### 1. "What causes syphilis?"

Syphilis is caused by a corkscrew-shaped organism known as the *Treponema pallidum*, which belongs to the group of microscopic organisms called spirochetes. The spirochete is an extremely delicate organism and dies in a matter of seconds when exposed to air or drying conditions.

##### 2. "How does the syphilis germ enter the body?"

During sexual intercourse with an infected person, a person comes in contact with the spirochete of syphilis. The spirochetes burrow into the mucous membranes lining the sex organs, and an infection takes place. The spirochete may also enter the body through a break in the skin, particularly on or around the genital organs.

##### 3. "What are the stages of syphilis?"

The progression of syphilis in a person is divided into different stages. The generally recognized stages of syphilis are: (1) the primary stage; (2) the secondary stage; (3) the early latent stage; and (4) the late stage. For all practical purposes there is no need for the teacher to attempt to interpret these stages to the student. They are essentially medical in nature and tend to be confusing to young people.

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4. "Is there any way a person can tell if he has syphilis?"

The first sign of syphilis is most commonly the appearance of a painless sore called a chancre (pronounced "shanker"). The chancre is found at the point where the spirochetes entered the body, usually on or around the male or female genital organs. This chancre may last for several weeks or go away in a few days. It will eventually go away whether a person gets treatment or not. Many persons who get syphilis never notice the chancre or it never appears.

Either during the presence of the chancre or after its disappearance, some of the other early symptoms of syphilis which may appear are:

- (a) A rash or skin eruption that may resemble the rash of measles, scarlet fever, ringworm and many other diseases. Students need to know that pimples or acne do not indicate that a person has syphilis.
- (b) A persistent fever, sore throat, and/or headache.
- (c) Swollen lymph glands, particularly in the groin region.
- (d) The appearance of grayish-looking mucous patches on the inside lining of the mouth.
- (e) Loss of hair in patches.

As one can easily recognize, the symptoms of syphilis resemble those of many other diseases. The important thing to stress in teaching about any disease is that if a person has symptoms of any disease, he should see his doctor.

5. "Why does syphilis cause a sore to appear?"

The chancre caused by syphilis is the body's first reaction to the invasion of the spirochete. The body tissue at the point where the spirochete enters the body reacts to the presence of this foreign substance.

6. "Just what does a chancre look like?"

A chancre is similar to any body sore. It is the location of the chancre, usually on or around the genital area, which

should make a person suspect he may have syphilis. Three fairly common characteristics of the chancre are: (1) it is an unusually clean looking infection, (2) it is almost always painless, (3) the tissue surrounding the chancre is hard, making the chancre feel somewhat like a button.

7. "How can a woman know that she has syphilis if the chancre is internal?"

Only through a careful medical examination and laboratory tests.

8. "How can syphilis be spread by kissing?"

During the secondary stage of syphilis, spirochetes may be present in the mouth. This may cause the grayish-looking mucous patches or other sores on the inside lining of the mouth. If an uninfected person had a break in the skin, particularly around the mouth, he might become infected by kissing an infected person.

9. "Can syphilis be caught by eating after an infected person?"

The spirochete of syphilis cannot be transmitted through food. Since the spirochete lives only a few seconds outside the body, it would also be next to impossible to acquire an infection by using an infected person's eating utensils.

10. "How long after exposure to an infected person would it take for the symptoms of syphilis to appear?"

Normally, symptoms show up in twenty-one to ninety days. It is possible that it may take longer in some cases.

11. "How long will it take for the damaging effects of syphilis to show up?"

Once the early signs of syphilis disappear, the disease usually becomes latent (dormant) for a period of years. During this time, the spirochetes are carried throughout the body by the blood. Spirochetes may locate in any tissue or organ of the body, especially in the brain, heart, liver, and bones.

During the latent stages of syphilis, spirochetes may damage various parts of the body. This body damage may not become apparent for ten to twenty-five years. During latency there are no signs to make the victim aware that he has the disease.

12. "Why does it take so long for the damaging effects of syphilis to show up?"

It takes the various organs and tissues of the body a number of years to develop a sensitivity to the spirochete of syphilis. The spirochete does not itself attack and destroy body tissues. The damage caused by syphilis is apparently an allergic reaction of body tissue to the presence of the spirochete.

13. "What can happen to a person if he doesn't get treated for syphilis?"

Some of the serious effects of syphilis are:

- (a) Paresis, a form of organic mental illness caused by damage to brain tissue
- (b) Cardiovascular disease caused by damage to the heart and blood vessels
- (c) Blindness caused by damage to the optic nerve
- (d) Crippling caused by damage to the spinal cord
- (e) Various forms of skin and bone damage
- (f) Death resulting from any of the above causes. About 4,000 deaths from syphilis are reported each year.

14. "Is syphilis inherited?"

Syphilis cannot be inherited. It is possible that a pregnant woman who has syphilis may transmit the disease to her unborn child. This is known as congenital syphilis. The spirochete can pass from the mother's blood through the placenta to the child's blood, thus infecting the baby with syphilis. This is also true with other diseases such as measles. Since the baby is born with syphilis, many people think the disease can be inherited, but this infection has nothing to do with the biological factors governing inheritance.

15. "How does syphilis affect an unborn child?"

Babies who acquire syphilis from their mothers may be born dead. Some may have various deformities, while others may suffer its effects later in life.

16. "Is there any way you can detect the presence of syphilis?"

It is possible to identify the spirochetes of syphilis by using a microscope with a special darkfield attachment. Live spirochetes may be found in fluid taken from the sores of early syphilis.

The serologic (blood) test is the most common means of detecting syphilis. This test will show that the spirochetes of syphilis have been or are present in the body.

A doctor may also detect the symptoms of syphilis during a careful medical examination.

17. "Can syphilis always be detected by a blood test?"

No. During the very early stages of the disease the serologic test may not indicate the presence of syphilis.

18. "Can syphilis be cured before it does damage to the body?"

Syphilis can be cured anytime it is discovered. The damage already done to the body, however, cannot be repaired. It is important to discover the disease before it causes body damage.

### C. Questions about gonorrhea

1. "What causes gonorrhea?"

Gonorrhea is caused by the gonococcus, a bacterium. Gonococci are usually found in pairs. When viewed through the microscope, they appear to be shaped like miniature coffee beans with their flat sides together.

2. "How do you get gonorrhea?"



Gonorrhea is spread from an infected person to an uninfected person through sexual intercourse. Practically 100 percent of all cases of gonorrhea are contracted in this fashion.

3. "How does gonorrhea begin?"

The mucous membranes which line the male and female genital and urinary organs are extremely sensitive to the gonococcus, as are the tissues of the eye. When these parts of the body come in contact with the gonococcus, and the organisms multiply in sufficient numbers, a serious infection results.

A baby's eyes may become infected with gonorrhea during birth if the mother has the disease. It is required by law in most states that drops of silver nitrate be put in all newborn babies' eyes to prevent a gonorrheal infection.

4. "How can people tell if they have gonorrhea?"

The common symptoms of gonorrhea are: (1) a painful burning sensation during urination, (2) a discharge of pus from the genital organs (penis and vagina).

Because of severe pain and visible discharge, a male who is infected with gonorrhea will usually seek medical attention. The symptoms of gonorrhea in the female are difficult to detect as infected females rarely have any burning sensations during urination, and any discharge often goes unnoticed. For this reason, gonorrhea is often not discovered in the female until it has caused serious damage.

5. "Do symptoms like those of gonorrhea always mean you have this disease?"

No. However, only a licensed physician is trained to diagnose this disease. If a person has symptoms which suggest gonorrhea or any other disease, he should consult a physician.

6. "How long does gonorrhea last?"

The signs and symptoms of gonorrhea will not disappear until an infected person receives the proper medical attention.

7. "What damage can gonorrhoea do to the body?"

If gonorrhoea goes untreated, it may:

- (a) cause sterility by damaging part of the reproductive system. Scar tissue caused by the infection can block the tubes through which sperm and egg pass.
- (b) cause blindness by destroying eye tissue.
- (c) eventually reach joints and cause arthritis.

8. "What is sterility?"

A person who is sterile lacks the ability to produce an offspring. There are many causes of sterility. Gonorrhoea may cause sterility by damaging the delicate tissues of the reproductive system.

9. "Can you tell if a person has gonorrhoea by a blood test?"

There is no blood test for gonorrhoea. It is detected by:

- (a) a careful medical examination by a physician.
- (b) microscopic examination of the pus to detect the presence of the gonococcus. This type of test is known as a "smear."
- (c) an attempt to grow the gonococcus from the pus discharge. This is known as a "culture."

10. "How is gonorrhoea cured?"

Penicillin will cure gonorrhoea. Other antibiotic drugs are available for those sensitive to penicillin. Self-treatment for gonorrhoea is very dangerous. Only a physician can administer the drugs properly.

There is no type of immunity at the present time to protect a person against gonorrhoea.

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ANSWERS TO THE FOLLOWING QUIZ:

- |       |       |
|-------|-------|
| 1. F  | 11. F |
| 2. T  | 12. T |
| 3. T  | 13. T |
| 4. T  | 14. T |
| 5. F  | 15. T |
| 6. T  | 16. F |
| 7. F  | 17. T |
| 8. T  | 18. F |
| 9. T  | 19. T |
| 10. F | 20. F |

HOW MUCH DO YOU KNOW ABOUT VENEREAL DISEASES?

(Answer True or False)

- ..... 1. Syphilis and gonorrhoea are different stages of the same disease.
- ..... 2. More than half of all cases of syphilis and gonorrhoea are acquired between the ages of 15 and 25.
- ..... 3. It is possible for a person to have syphilis and gonorrhoea at the same time.
- ..... 4. Venereal disease is almost always spread by sexual contact.
- ..... 5. The germs which cause syphilis can live a long time outside the body.
- ..... 6. The first sign of syphilis is usually the appearance of a painless sore on or around the sex organs.
- ..... 7. Sores and rashes can always be found on people who have syphilis.
- ..... 8. The sores and rashes of syphilis will go away even if the person is not cured of the disease.
- ..... 9. If a pregnant woman has syphilis, she can transmit the disease to her unborn child.
- .....10. Syphilis can be inherited and passed on for generations.

- .....11. If a person has syphilis once, he can never get the disease again.
- .....12. Some of the persons who have syphilis may never have had any of the signs and symptoms of the disease.
- .....13. A blood test is one of the methods used to determine if a person has syphilis.
- .....14. If syphilis isn't found and treated, it may cause insanity, blindness, crippling, and even death.
- .....15. Gonorrhea is one of the most commonly reported diseases.
- .....16. Gonorrhea is often caused by a strain, as in lifting a heavy object.
- .....17. If gonorrhea is not found and treated, it may blind, cripple, and even make it impossible for a person to have children.
- .....18. The signs and symptoms of gonorrhea will go away even if the person is not cured of the disease.
- .....19. Silver nitrate is placed in the babies' eyes at birth to prevent blindness due to gonorrheal infection.
- .....20. Both gonorrhea and syphilis are frequently acquired by contact with toilet seats, drinking cups, lipstick, and towels.

#### **RESOURCE MATERIALS**

Write to the State Department of Health, Venereal Disease Control, Box 94757, Lincoln, for literature, films, statistics, or quizzes.

### **★ HUMAN GROWTH AND DEVELOPMENT**

The need for education in Social Hygiene is pointed up by the rise of juvenile delinquency, an increase of sex crimes, the growing divorce rate, a rise in the rate of illegitimate births, continued seriousness of prostitution, promiscuity, and venereal disease.

## FILMS

(For Students)

AS BOYS GROW 15 min. SDH	MOLLY GROWS UP 15 min. SDH (Girls)
BOYS BEWARE 10 min. SDH	PHYSICAL ASPECTS OF PUBERTY 19 min. SDH UN
GIRLS BEWARE 10 min. SDH	STORY OF MENSTRUATION 12 min. SDH (Girls)
HUMAN DEVELOPMENT 15 min. SDH	WONDER OF REPRODUCTION 12 min. SDH (Aquarium life for K-12)
HUMAN GROWTH 20 min. SDH UN	
IN THE BEGINNING 18 min. SDH	

(For Teachers and Parents)

HUMAN BEGINNINGS 25 min. SDH UN	MIRACLE OF REPRODUCTION 15 min. SDH
HUMAN REPRODUCTION 21 min. SDE UN	PRINCIPLES OF DEVELOPMENT 21 min. SDH UN

## PRINTED MATERIALS

(For Students)

Accent on You (T)	Growing Up and Liking It (PP)
Adolescent in Your Family (U.S. Department of HEW)	It's Time You Knew All About Menstruation (T)
Approaching Adulthood (AMA)	Miracle of Life (AMA)
As Others See Us (AMA)	Very Personally Yours—for girls (KC)
Boys Want to Know (ASHA)	Why Aren't Boys Told These Things (AIFR)
Coming of Age—Problems of Teenagers (PA #234)	You're A Young Lady Now (KC)
Finding Yourself (AMA)	
Girls Want to Know (ASHA)	

(For Teachers and Parents)

Helping Children Understand Sex (SRA)	How Shall I Tell My Daughter (PP)
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Know Your Daughter (ASHA)	Parents, Tell Your Children (ASHA)
Know Your Son (ASHA)	Your Child's Questions (ASHA)
AIFR	American Institute of Family Relations, 5278 Sunset Boulevard, Los Angeles, California.
AMA	American Medical Association, 535 Dearborn St., Chicago, Illinois 10010
ASHA	American Social Health Association, 1790 Broadway, New York, N.Y. 10019
KC*	Kimberly Clark Corporation, Neenah, Wisconsin 54956
PA	Public Affairs Committee, Incorporated, 381 Park Avenue, So., New York 10016
PP*	Personal Products, Bcx 31, Milltown, New Jersey 08850
T*	Tampax, Incorporated, Ed. Department, 161 East 42nd Street, New York, N.Y. 10017
HEW	U.S. Department of Health, Education, and Welfare, Washington, D.C.

## ★ CIVIL DEFENSE AND DISASTER PREPAREDNESS

### I. OBJECTIVES OF THE UNIT

- A. To understand the nature of the disaster; how to be prepared for such an event; what to do when it happens; and how the danger can be mitigated
- B. To realize the need for extra precautions against disease and accidents when medical help is not available
- C. To learn the basic principles of prevention of communicable diseases from spreading—immunization, sanitation, isolation
- D. To know how to maintain health and life under conditions which are a far cry from our modern conveniences
- E. To learn the basic skills of nursing care

- F. To understand the need for personal mental composure and to help others who may have emotional problems brought on by close confinement

## II. UNIT CONTENT

### A. Types of disasters

#### 1. Man-made

- a. War
- b. Accidents
- c. Explosions
- d. Epidemics

#### 2. Natural

- a. Floods
- b. Fires (lightning)
- c. Tornadoes
- d. Earthquakes

### B. Basic survival needs

#### 1. Shelter

- a. Underground with ceiling below ground level unless danger of flood
- b. Openings sealed against falling radioactive dust
- c. Equipped for living with minimum requirements

#### 2. Survival items

- a. Foods that can be eaten from the container
- b. Dust-proof cover for supplies of food and drink
- c. First-aid and medical supplies
- d. Water—8 gallons per person
- e. Fruit juice
- f. Medical supplies
- g. Facilities for keeping clean

### C. Suggested self-help course

1. Radioactive fallout and shelter
2. Healthful living in emergencies
3. Artificial respiration
4. Bleeding and bandaging
5. Fractures and splinting
6. Transportation of injured
7. Burns
8. Shock
9. Nursing care of sick & injured
10. Infant and child care

### III. SUGGESTED ACTIVITIES

- A. Discuss well-known disasters.
- B. Write an imaginative story on living without modern conveniences.
- C. Cover the wrapper of a loaf of bread with soot or soft material and ask a member of the class to remove slices without contaminating fingers.
- D. Identify the responsibility and role of the local, State and National Civil Defense and Public Health Agencies.
- E. Complete the Medical Self-Help Course.
- F. Know the warning signals—ALERT: TAKE COVER.
- G. Learn how to prepare permanent and emergency shelters.

### RESOURCE MATERIALS

Medical Self-Help Training for You and Your Community (Promotional Pamphlets) SDH

Medical Self-Help Training Kit; Film—"IF DISASTER STRIKES" SDH  
Civil Defense Adult Education, Department of Education, 12th Floor Statehouse, Lincoln, Nebraska

U.S. Army AG Publication Center, Civil Defense Branch, 2800 Eastern Boulevard, (Middle River), Baltimore, Maryland 21220:



- H-6 Fallout Protection
- H-7 Family Shelter Designs
- H-11 Community and Family Service for Civil Defense
- L-12 First Aid Emergency Kit; Emergency Action
- MP-28 You and Civil Defense (a guide for teachers, administrators, and board members)

## ★ ACCIDENT PREVENTION AND FIRST AID

### Part One—Accident Prevention

#### I. OBJECTIVES OF THE UNIT

- A. To develop an appreciation of the need for personal safety and its relation to adventurous living
- B. To provide an understanding of situations involving hazards
- C. To develop habits of conduct which will enable pupils to meet daily life with a minimum of injury
- D. To recognize the social responsibility to individuals in protecting others from accidents

#### II. UNIT CONTENT

- A. Need for discussion of modern conditions responsible for the increase and decrease of accidents
- B. Study of accident problem
  - 1. School accident report
  - 2. Death and injury toll
  - 3. Accident trends by types, age groups, location, etc.
  - 4. Accident versus disease as a cause of death
  - 5. Rank of accidents as a cause of death
- C. Factors causing accidents

1. Personal
    - a. Kinds of persons who are prone to accidents
    - b. Relation of health status to accidents
  2. Mechanical and environmental
- D. Effects on society and on the individual
1. Suffering of impaired
  2. Permanently disabled
  3. Economic loss
- E. Ways a person can make his home safer
- F. The responsibilities of a teenager on the street and highway
1. As a pedestrian
  2. As operator of a car
  3. As a passenger in buses, private cars, etc.
- G. Safety measures to be practiced during recreation
- H. Study of fire prevention
1. Major causes of fires
  2. Procedures in case of fire
  3. Extent of fire losses—human and property
  4. Danger of false alarm
- I. Local, state and national programs aimed at preventing accidents
- J. Development of effective program of civil defense
1. Types of natural and man-made disasters or emergencies
    - a. Hurricanes and floods
    - b. Atomic, biological, and chemical warfare
  2. Possible effects of enemy attack
    - a. On life and resources
    - b. On morale
  3. Protective measures

- a. Warnings and self-protection
- b. Shelters
- 4. Services of a civil defense organization
  - a. Communications
  - b. Warden, fire, police, and engineering
  - c. Health and welfare
- 5. Need for community unity and action

### III. SUGGESTED ACTIVITIES

- A. Make a list of important inventions that have contributed to accident prevention.
- B. Study the causes of injury and death in the various age groups.
- C. Prepare a list of spot announcements for your local radio stations on home safety precautions.
- D. Arrange for a demonstration by a representative of a local utilities company on the proper use and repair of electrical appliances.
- E. Visit a traffic court to witness a case involving injury to a pedestrian.
- F. List sports played in the four seasons. Consider the common injuries which frequently result from each, and the precautions which might prevent such injuries.
- G. Invite local fire chief to discuss ordinances and regulations for the control of fires.
- H. Organize a student committee to conduct a special drive promoting pupil responsibility for the reduction of false fire alarms.
- I. Prepare a series of graphs to highlight the types of accidents, places of occurrence, and causes of accidents in your school.
- J. Have pupils describe some water accidents they have seen or experienced and tell what safety measures could have prevented the accidents.

- K. Present a demonstration of rescue methods for someone who has fallen into deep water or has broken through ice into deep water.
- L. Invite a representative of the local civil defense organization to discuss the national program, local services, and importance of community action for an effective program.

### **BOOKS**

**Accident Facts, National Safety Council**  
**First Aid, American Red Cross**  
**Vital Statistic Reports, State Health Department**

### **FILMS**

See the lists in the following publications:  
**Helps in Safety, State Health Department**  
**Film Catalog, State Health Department**  
**Film Catalog, University of Nebraska**

## **★ ACCIDENT PREVENTION AND FIRST AID**

### **Part Two—First Aid**

#### **I. OBJECTIVES OF THE UNIT**

- A. To develop in students attitudes and understandings concerning their role in protecting the lives and welfare of themselves and others
- B. To prevent the occurrence of open wounds; to provide proper care in reducing the infection of wounds
- C. To become skillful in applying dressing and bandages
- D. To prepare the student to prevent shock and give first aid to those individuals in shock
- E. To become skillful in the administration of artificial respiration

- F. To prevent the occurrence of internal poisoning cases; to provide knowledge of the potentially poisonous effects of commonly used substances; to develop an understanding of how to combat the toxic effects of poisons
- G. To recognize injury to bones and joints and how to give proper care to them
- H. To develop an understanding of the seriousness of burns; to relieve pain and prevent shock
- I. To train the student to meet other common emergencies with a clear mind and sufficient knowledge to give the proper care
- J. To provide skillful handling of the victim when he is transported
- K. To understand the importance of making a written record about the accident and the injury

## II. UNIT CONTENT

- A. The why and how of first aid
- B. Wounds
  - 1. Recognition, prevention, and care of the four types of wounds
  - 2. Prevention of infection
  - 3. Control of bleeding
  - 4. Care for special wounds
    - a. Gunshot wounds
    - b. Wounds with danger of tetanus
    - c. Animal bites
- C. Bandages and dressings
- D. Shock
  - 1. Recognition
  - 2. Prevention
  - 3. Care
- E. Artificial respiration

1. How the respiratory system works
  2. Need for artificial respiration in:
    - a. Electrocution
    - b. Poisoning by gas
    - c. Drowning
  3. Mouth-to-mouth method
- F. Oral poisoning
1. Need for immediate action
  2. Emergency first-aid care
  3. Preventive injuries
- G. Skeletal injuries
1. Fractures
    - a. Causes and preventive measures
    - b. Recognition of symptoms of fractures
    - c. First-aid care
  2. Head injuries
    - a. Types of injuries where head injuries are most likely to occur
    - b. Symptoms and first-aid care for head injuries
  3. Sprains
  4. Dislocations
  5. Strains
  6. Immobilizing fractures, splinting and bandaging
- H. Study of causes, symptoms, first-aid care, and preventions of burns and weather
1. Thermal burn
  2. Sunburn
  3. Chemical burn
  4. Heatstroke and heat cramps
  5. Heat exhaustion
  6. Exposure to cold, frostbite

I. Causes, symptoms, and first-aid care of common emergencies

1. Heart attack
2. Apoplexy (stroke)
3. Simple fainting
4. Epileptic convulsions
5. Unconsciousness—cause unknown
6. Foreign body in the eye
7. Foreign body in throat or air passages
8. Insect bite or sting

J. Transportation

1. Objectives and related problems in transfer
2. Methods of transfer
3. Preparation of the victim
4. Communications

K. First-aid skills (see Chapter X, First Aid Text, American Red Cross)

**III. SUGGESTED ACTIVITIES**

- A. Prepare a report on Clara Barton and the organization of the United States Red Cross Organization.
- B. Demonstrate methods of controlling bleeding: direct pressure, digital pressure and the tourniquet.
- C. Know the different types of bandages and dressings and how they may be fitted to the different body planes.
- D. Have students work in pairs and practice the technique for giving mouth-to-mouth respiration. (Cleaning airway, positioning lower jaw, pressure on abdomen, etc.)
- E. Devise accident problems and first-aid measures involving:
  1. Stoppage of breathing
  2. Injuries producing shock
  3. Accidental ingestion of a poison
  4. Fracture of lower leg

5. Possible head injury
  6. Dislocation of a joint—elbow, knee, etc.
- F. Discuss what you would do if you saw a child running toward you with clothing aflame.
  - G. Tell how you would distinguish between heatstroke and heat exhaustion and how you would care for each.
  - H. Briefly describe the first-aid care you would give for:
    1. Heart attack
    2. Apoplexy
    3. Simple fainting
    4. Epileptic convulsions
  - I. Demonstrate the method of moving an unconscious person if no help were available.
  - J. Divide the class into groups of four and have each group practice different methods of carrying a victim.

### RESOURCE MATERIAL

**FIRST AID**, Text prepared by American National Red Cross, Doubleday and Company

## ★ ALCOHOL EDUCATION

Education about alcohol is one of the most important school programs in preparing youth for their role as adults.

The suggestions on the following pages are meant to be used as a guide for the teacher to use in building a unit to meet the needs of the school and the community.

Concentration on the consequences of uncontrolled drinking — poverty, broken homes, crime, and social and economic waste — alarming as they



are, does not convince the average teenager that this sort of thing can happen to him or to his friends.

Problem drinking is not confined to any segment of our society. Less than 15 percent are on skid row. Because there is no accurate count of the number in the United States, it has been estimated that there are between six and seven million alcoholics in this country.

The question is no longer "Shall we teach about alcohol?" but rather "Where?" "When?" and "How?"

At an early age, children are bombarded by advertising which presents an image of fun as healthy appearing young men and women cavort across the television screen. The planned distortion of ideas in advertising of many kinds of products may be discussed as a warning that "things are not what they seem."

During the early years, formal lessons on alcohol may not be required, but no questions should go unanswered at anytime. Building good attitudes toward self, the family, and daily living should produce healthy minds capable of making right decisions. Emphasis on successful living and on learning to meet problems with confidence should be continued throughout school life. Continuous frustrations with no solutions in sight can be the forerunners of psychological problems.

Where should we teach about alcohol? Upper elementary children need more detailed answers regarding nutrition, safety, and good health habits. Children in this age group appreciate scientific facts which give them a feeling of security.

Used in connection with social problems, alcohol may be related to poverty and ill health if drinking is uncontrolled. A course in health education, biology, science, chemistry, or home living may include a unit on alcohol education. Driver education affords a study of delayed reaction time and loss of caution. Physical education instructors have a good background for teaching total physical fitness.

When should we teach about alcohol? Probably in grade seven where adult status seems so desirable. Further study in grade ten may be undertaken with more detail regarding alcoholism, chronic diseases, and other consequences.

How should the information be brought to the attention of students? The list of resources at the end of this chapter is an indication of what is available. The unit prepared early in the year should include library reference materials, films, filmstrips, speakers and consultants, and other pertinent data. Interest in the subject and readiness for discussion may suddenly be brought into focus because of newspaper accounts of some liquor-oriented item such as accidents, license applications, or others. Discussion should not be brushed aside because "we haven't come to that place in the book yet."

Scientifically accepted conclusions objectively presented on their own merits appeal to high school students.

The most lasting results of such a study may come from a discussion of tensions. Everyone has tensions; little progress would be made if there were none. The trouble comes when they pile up and it is difficult to see clearly what can be done about the situation at hand.

It is at such a time when some persons resort to a crutch such as alcohol to "forget the whole thing." Basic to prevention of alcoholism is a program of mental hygiene helping the individual to find better ways to solve difficulties.

Dr. E. M. Jellinek, formerly Director of the Yale Summer School of Alcohol Studies, said that "Religion is a relief from tensions—not a release. Religion compensates for the frustrations of life and offers a purpose when frustrated man sees no more purpose in life. Religion can equip man for tolerating frustrations without bitterness, without accumulating tensions." The staff of the Alcohol Studies and Rehabilitation Section of the Mental Health Division of the Oregon State Board of Control states in its chapter on "Prevention" in the publication "Alcohol Education in Oregon Public Schools" that religion plays an important part in the prevention of al-

coholism. They say: "The part religion can play in the prevention of alcoholism cannot be overlooked. Through a religious experience, such as conversion, adult instruction, confirmation, or baptism, a person may change his entire pattern of life. The church can play a vital role in teaching an individual self-discipline."

The outline on the following pages provides suggestions for a unit which may be subdivided or supplemented to fit local needs. Teachers must be well informed in any subject which they are required to teach; alcohol education is no exception. It demands a high level of professional skill to be effective.

## **I. OBJECTIVES OF THE UNIT**

- A. To develop healthy personalities
- B. To develop habits of dealing with troublesome situations
- C. To help young people to understand that there are more acceptable methods of obtaining satisfactions than to run the risk of intoxication or eventual alcoholism
- D. To help youth to comprehend the extent of problems caused by beverage alcohol in social, economic, and personal relations
- E. To aid adolescents to appreciate the cultural conflict of attitudes because of differences in religious beliefs or mores of the communities
- F. To encourage youth to study the problem as a means of helping them to make up their own minds
- G. To help each student understand his responsibility for his own welfare and that of others
- H. To present objective, scientific information concerning alcohol as to its uses and effects

## **II. CONCEPTS**

- A. Types of alcohol (ethyl, methyl, propyl, butyl, amyl)

## B. Uses

### 1. Industrial (ingredient in over 800 products)

- a. Solvents
- b. Antifreeze
- c. Antiseptics
- d. Anesthetics
- e. Base for drugs
- f. Germicides
- g. Preservation of specimens

### 2. Beverages (ethyl alcohol—ethanol $C^2 H^6 OH$ )

- a. Brewed  
Ex: Beer— $\frac{1}{2}$  oz. ethyl in 1 bottle
- b. Fermented  
Ex: Wine— $\frac{1}{2}$  oz. ethyl in average-size glass
- c. Distilled  
Ex: Whiskey— $\frac{1}{2}$  oz. ethyl in 1 shot

## C. Characteristics

1. Depressant
2. Toxic
3. Dehydrant
4. Solvent

## III. EFFECTS OF USE OF BEVERAGE ALCOHOL

(Degree of impairment dependent on blood alcohol concentration and on individual differences)

### A. Nervous system—depressant, anesthetic

1. Sluggishness of higher faculties of brain—first effects on processes which were last developed, such as reasoning power
2. Dulling of social and moral restraints—self-control
3. Blunting of judgment and sense of caution—impulsiveness
4. Illusion of stimulation due to removal of inhibitions
5. Temporary false courage

6. Disturbance of coordination
7. Slowing down of mental processes—willpower and attention

B. Circulatory system

1. Dilation of surface blood vessels
  - a. Increased heat loss in cold weather
  - b. Decreased body temperature
  - c. False feeling of warmth—increased blood supply close to nerve endings near body surface
  - d. Drop in blood pressure

C. Digestive system

1. Alcohol not a food by definition
2. Absorption of vitamins, proteins, minerals—possibly impeded
3. Small amounts of alcohol—flow of gastric juices increased
4. Large amounts—digestion slowed or stopped
5. Neglect of food
  - a. Deficiency diseases
    - Beriberi—nervous and circulatory system (lack of thiamine)
    - Pellagra—intestinal and mental disorders (lack of niacin)
    - Cirrhosis of the liver—disturbance of metabolism

D. Excretory system

1. Antidiuretic element—secretion of pituitary gland suppressed
2. Increased flow of urine

E. The five senses—decrease in sensitivities

F. Motor activities

1. Decrease in muscular control
2. Impairment of performance of skills
3. Slower reaction time
4. Decrease in endurance

G. Intoxication

1. Staggering gait
2. Slurred speech
3. Poor control of emotions
4. Further impairment of judgment, skills, and conduct
5. Deep sleep
6. Coma
7. Death—paralysis of centers controlling heartbeat and breathing

#### **IV. SOCIOLOGICAL EFFECTS OF EXCESSIVE DRINKING**

- A. Disruption of home life
  1. Divorces
  2. Child neglect
  3. Drain on family budget
- B. Relation to crime rate
- C. Relation to accident rate—traffic and industrial

#### **V. ECONOMIC EFFECTS**

- A. Cost in taxes
  1. Treatment and rehabilitation of alcoholics
  2. Administration of alcohol control
  3. Crime
  4. Revenues
- B. Industrial losses through accidents and absenteeism

#### **VI. ALCOHOLISM**

The American Medical Association describes alcoholics as "those excessive drinkers whose dependence on alcohol has attained such a degree that it shows a noticeable disturbance or interference with their bodily or mental health, their interpersonal relations, and their satisfactory social and economic functioning."

The National Council on Alcoholism defines an alcoholic as a "person who is powerless to stop drinking and whose drinking seriously alters his normal living pattern."

A. Symptoms

"13 Steps to Alcoholism"

1. He has begun to drink.
2. He starts having blackouts.
3. He finds that liquor means more to him than to others.
4. He consistently drinks more than he means to.
5. He starts excusing himself for drinking.
6. He starts taking "eye openers."
7. He begins to drink alone.
8. He gets "antisocial" when he drinks.
9. He starts going on benders.
10. He knows deep remorse and deeper resentment.
11. He feels deep, nameless anxiety.
12. He realizes drinking has him licked.
13. He gets help or goes under.

\* Every alcoholic does not necessarily follow these steps in this sequence, but the general pattern is here.

B. Treatment (no known cure; patient must want to recover)

1. Physiological

- a. Hormones—to regulate body processes
- b. Vitamin preparations—to compensate for poor nutrition
- c. Outpatient treatment
- d. Hospitalization

2. Psychological

- a. Abstinence—to bring out underlying emotional disturbance
- b. Counseling and psychotherapy—to develop understanding of problem

- c. Individual or group therapy—to learn about common problems and to reshape the personality and to find more acceptable ways of meeting tension and loneliness
- d. Alcoholics Anonymous—a fellowship formed in 1935 by two men who found help in each other and in a Power greater than any human being.

**THE TWELVE STEPS**  
**of**  
**ALCOHOLICS ANONYMOUS**

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being, the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people whenever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all of our affairs.



## VII. ACTIVITIES

- A. Determine the number of alcoholic-beverage outlets in your city, county, or state.
- B. Compute the ratio of that figure to the number of adults in each of these areas.
- C. Calculate the total of license fees from these outlets; find out where the fees are paid and who "benefits."
- D. Ascertain the rate of federal and state taxation of various types of alcoholic beverages.
- E. By comparing advertising in newspapers, periodicals, radio and television, determine the proportion used by companies selling these beverages.
- F. List the tactics used in advertising to promote sales.
- G. Visit a court where a case of "driving while under the influence" is being heard. Inquire concerning the penalty for such misdemeanor.
- H. Explain the meaning of "implied consent" and its use in Nebraska.
- I. Visit city jail some Sunday morning.
- J. Visit city missions, Salvation Army, and other social agencies helping alcoholics.
- K. Visit police station to learn about tests for determining state of inebriation.
- L. Visit an opening meeting of Alcoholics Anonymous, Al-Anons (relatives or friends of alcoholics), and Alateens (children of alcoholics).
- M. Discuss availability of alcoholic beverages and the increase in drinking.
- N. Consult **Readers' Guide** for other topics.
- O. Invite speakers.

P. Use films, filmstrips, current literature, and library resources.

### RESOURCE MATERIALS

- Al-Anon Family Groups, P.O. Box 182, Madison Square Station, New York, New York 10010
- Alcoholics Anonymous (AA), Box 1980, Grand Central Station, New York, New York 10017
- National Council on Alcoholism, 2 East 103rd Street, New York, New York 10017
- National Safety Council, 425 North Michigan Boulevard, Chicago, Illinois 60611
- Nebraska Council on Alcohol Education, 1345 L. Street, Lincoln, Nebraska 68508
- Division of Health Education, Nebraska Department of Health, State Capitol, Lincoln, Nebraska
- Rutgers Center of Alcohol Studies, Rutgers University, New Brunswick, New Jersey 08903
- U.S. Office of Education, Department of HEW, Superintendent of Documents, Washington, D.C. 20025
- Nebraska WCTU, 2904 North 50 Street, Lincoln, Nebraska 68504

### FILMS

- |   |                                     |
|---|-------------------------------------|
| <b>ALCOHOL AND THE HUMAN BODY</b> 20 min.         | <b>SATURDAY PLACE, THE</b> 18 min.  |
| <b>ALCOHOLISM</b> 22 min.                         | <b>TO YOUR HEALTH</b> 11 min.       |
| <b>CHOICE IS YOURS, THE</b> 20 min.               | <b>VERDICT AT 1:32</b> 40 min.      |
| <b>DAVID—PROFILE OF A PROBLEM DRINKER</b> 27 min. | <b>WHAT ABOUT ALCOHOL?</b> 10 min.  |
|   | <b>WHAT ABOUT DRINKING?</b> 10 min. |

### FILMSTRIPS \*

- |                               |                                 |
|-------------------------------|---------------------------------|
| <b>ALCOHOL—Parts I and II</b> | <b>DANGER! DRINKING DRIVERS</b> |
| <b>CHANCE OF A LIFETIME</b>   |                                 |
- \* State Department of Health

### SPEAKERS

Al-Anon Family Groups	Lawyers
Alcoholics Anonymous	Nebraska Council on Alcohol Ed-
County and State Health Personnel	ucation
Guidance Counselors	Nurses
Hospital Personnel from Alcoholic	Pastors, Rabbis
Wards	Physicians
Judges	Police
Juvenile Workers	Social Workers

### BIBLIOGRAPHY

- Air Transport, Facts and Figures.** 24th Edition, 1965. Air Transport Association of America, 1000 Connecticut Avenue N.W., Washington, D.C. 20036.
- Alcoholics-Narcotics Problem.** A Handbook for Teachers, Third Revised Standard Edition, 1965. Tane Press, 2814 Oak Lawn Avenue, Dallas, Texas 75219.
- Crime in the U.S.** 1964 Report, FBI, Washington, D.C.
- Cup of Fury, The.** Upton Sinclair, Channel Press, Inc., Great Neck, New York.
- Exploring Alcohol Questions.** Raymond G. McCarthy, Publications Division, Rutgers Center of Alcohol Studies, New Brunswick, New Jersey 1963.
- Marriages and Divorces.** Vital Statistics (ask for latest edition), Section 10, U.S. Department of HEW, Washington, D.C.
- Motor Vehicle Laws in Nebraska.** Department of Motor Vehicles, State Capitol, Lincoln, Nebraska 68509.
- New Primer on Alcoholism.** Marty Mann, Rinehart & Company.

## ★ SMCKING

"On the basis of prolonged study and evaluation of many lines of converging evidence, the Committee makes the following judgment:

**SMOKING IS A HEALTH HAZARD OF SUFFICIENT IMPORTANCE IN THE UNITED STATES TO WARRANT APPROPRIATE REMEDIAL ACTION."**

—Report of the Surgeon General's Advisory Committee on Smoking and Health, United States Department of Health, Education, and Welfare, Luther L. Terry, Surgeon General, September 1964.

Teachers are advised to request a **Kit of Selected Materials on Smoking and Health** from Smoking and Health, c/o National Library of Medicine, Bethesda, Maryland 20014. This free kit includes, in addition to the complete report of the Surgeon General, 24 pamphlets from voluntary agencies, professional organizations, and commercial publishers which present the problems of smoking and smokers.

### Other Sources of Information

Public Affairs Pamphlets No. 220A, 361, and 386, Public Affairs, 381 Park Ave. South, New York 10016, price 25c each.

Consumer's Union, Mt. Vernon, N.Y. "Smoking and the Public Interest" (\$1.50)

Pacific Press Publishing Association, Omaha, Nebraska "Mind If I Smoke?"

### FILMS

**ALCOHOL AND TOBACCO**

11 min. SDH

**IS SMOKING WORTH IT?**

16 min. SDH

**NO SMOKING** 12 min. SDH

**SMCKING: THE NEXT GEN-**

**ERATION** 29 min. SDH

**SMOKING: WHO PROFITS?**

29 min. SDH

**TOBACCO AND THE HUMAN**

**BODY** 15 min. SDH

## ★ CAREERS IN HEALTH

Information on health careers in general may be obtained from the Careers Department of each of the following agencies:

American Personnel and Guidance Association, 1605 New Hampshire Avenue, N.W., Washington, D.C. 20009

American Public Health Association, 1790 Broadway, New York, New York 10019

Health Information Foundation, University of Chicago, Chicago, Illinois  
National Health Council, 1790 Broadway, New York, New York 10019

### FILMS

**DENTAL ASSISTANT, THE**

12 min.

**FUTURE NURSE** 20 min.

**HOME NURSING** 12 min.

**JOURNEY INTO MEDICINE**

35 min.

**PATTERN OF A PROFESSION**

28 min.

**WHEN YOU CHOOSE NURSING**

20 min.

**YOU'RE ON YOUR OWN** 35 min.

## ★ FITNESS

The Kraus-Weber tests and other research findings of several years ago shocked this nation as the serious plight of vast numbers of American youth and their lack of physical fitness was revealed. Good physical education and health programs demand a fitness program, periodic tests, and evaluation which is intended to improve fitness in the school.

In Nebraska and nationwide, the "Youth Fitness Test Battery" is recommended to schools. This test is found in **The Youth Fitness Manual** of the American Association for Health, Physical Education, and Recreation. Other important references include the following:

## FILMS

<b>BEGINNING GOOD POSTURE HABITS</b> 10 min. SDH	<b>MORE THAN CHAMPIONS</b> 22 min. SDH
<b>CARE OF THE SKIN</b> 10 min. SDH	<b>POSTURE AND EXERCISE</b> 12 min. SDH
<b>CLEANLINESS AND HEALTH</b> 9 min. SDH	<b>REST AND HEALTH</b> 10 min. SDH
<b>EXPLORING YOUR GROWTH</b> 11 min. SDH	<b>SLEEP FOR HEALTH</b> 10 min. SDH
<b>FUN THAT BUILDS GOOD HEALTH</b> 10 min. SDH	<b>THEY GROW UP SO FAST</b> 27 min. SDH
<b>MODERN GUIDE TO HEALTH</b> 10 min. SDH	<b>YOUR FRIEND, THE DOCTOR</b> 15 min. SDH
	<b>YOUR PROTECTION AGAINST DISEASE</b> 8 min. SDH
	<b>YOUTH PHYSICAL FITNESS</b> 17 min. SDH

## PRINTED MATERIAL

"Youth Physical Fitness" 40c; "Physical Fitness Elements in Recreation" 25c; "Vigor for Boys 12 to 18" 25c; "Vim for Girls 12 to 18" 25c; "Handbook for Recreation" 75c; and "Adult Physical Fitness" 35c. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

"Youth Fitness Test Manual" 75c; "Fit for College" 75c; "Fitness for Secondary School Youth"; "Fit to Teach" \$3.50; "Physical Fitness Test Norms for College Men and Women" \$1.00; "25 Selected Fitness Articles" \$2.50. American Association of Health, Physical Education, and Recreation, National Education Association, 1201 16th St., N.W., Washington, D.C.

"Guide for Evaluating Physical Education Programs"; State Health Department, State Capitol, Lincoln, Nebraska.

## ★ ADDRESSES YOU HAVE REQUESTED

American Automobile Association, 5011 Capitol Avenue, Omaha, Nebraska 68132

American Dental Association, 222 East Superior Street, Chicago, Illinois 60611

Nebraska Dental Association, 1220 Federal Building, Lincoln, Nebraska 68508

American Hearing Society, 919 Eighteenth Street N.W., Washington, D.C. 20006

American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610

Nebraska State Medical Association, 1315 Sharp Building, Lincoln, Nebraska 68508

American National Red Cross, 4050 Lindell Avenue, St. Louis, Missouri 63108

Nebraska Red Cross Relations Office, 1701 E Street, Lincoln, Nebraska 68508

American Public Health Association, 1790 Broadway, New York, New York 10019

Nebraska Public Health Association, State Department of Health, State Capitol Building, Lincoln, Nebraska 68509

American Social Hygiene Association, 1790 Broadway, New York, New York 10019

Bicycle Institute of America, Inc., 122 East 42 Street, New York, New York 10017

Child Safety Council, 126 West Pearl Street, Jackson, Michigan 49201

Cystic Fibrosis Foundation, 521 Fifth Avenue, New York, New York 10017

Deafness Research Foundation, 366 Madison Avenue, New York, New York 10017

Elks International, 2750 Lakeview Avenue, Chicago, Illinois 60614

Food and Drug Administration, U.S. Department of Health, Education and Welfare, Washington, D.C. 20402

Health Information Foundation, 420 Lexington Avenue, New York, New York 10017

Kiwanis International, 101 East Erie Street, Chicago, Illinois 60601

Lions International, 209 Michigan Avenue, Chicago, Illinois 60601  
Nebraska Lions, 3540 Prescott Avenue, Lincoln, Nebraska 68506  
Multiple Sclerosis Society (National), 257 Park Avenue, South, New  
York, New York 10010  
Multiple Sclerosis Society, Room 317, Lincoln Center, Lincoln, Nebraska  
68508  
Muscular Dystrophy Association, 1790 Broadway, New York, New York  
10019  
Muscular Dystrophy Association, c/o Mrs. Marion Traeger, Fairbury,  
Nebraska 68352  
National Comm. Safety Education, 60 Batterymarch Street, Boston, Massa-  
chusetts 02110  
National Congress of Parents and Teachers, 700 South Rush Street,  
Chicago, Illinois 60611  
Nebraska PTA, Room 209, 720 South 22 Street, Lincoln, Nebraska  
National Dairy Council, 111 North Canal Street, Chicago, Illinois 60606  
National Education Association, 1201 Sixteenth Street N.W., Washington,  
D.C., 20036  
Nebraska State Education Association, 605 South 14 Street, Lincoln,  
Nebraska 68508  
National Foundation (March of Dimes), 800 Second Avenue, New York,  
New York 10017  
Nebraska Foundation (March of Dimes), 1620 M. Street, Lincoln, Ne-  
braska 68508  
National Tuberculosis Association, 1790 Broadway, New York, New York  
10019  
Nebraska Tuberculosis Association, 406 W.O.W. Building, Omaha, Ne-  
braska 68102  
Nebraska Council for Children & Youth, Box 4803, State Capitol, Lin-  
coln, Nebraska 68509  
Nebraska Council on Alcohol Education, 1345 L. Street, Lincoln, Nebraska  
68508  
Nebraska Safety Patrol, Box 4637, State Capitol, Lincoln, Nebraska 68509  
Nebraska Society for Crippled Children and Adults, 402 South 17 Street,  
Omaha, Nebraska 68102



Nebraska State Chamber of Commerce, Box 1748, Lincoln, Nebraska  
68508

Nebraska Wheat Commission, 606 Terminal Building, Lincoln, Nebraska  
68508

Optimist International, 4494 Lindell Boulevard, St. Louis, Missouri 63108

Nebraska Optimist Club, Sheraton-Fontenelle, 1806 Douglas, Omaha, Ne-  
braska 68102

Rotary International, 1600 Ridge Avenue, Evanston, Illinois 60201

Sertoma International, 3200 Broadway, Kansas City, Missouri 64111

Nebraska Sertoma, 2141 Sheridan Boulevard, Lincoln, Nebraska 68502

Services for Crippled Children, State Capitol Building, Box 94819, Lincoln,  
Nebraska 68509

Superintendent of Documents, U.S. Government Printing Office, Wash-  
ington, D.C. 20025

U.S. Public Health Service, U.S. Department of Health, Education, and  
Welfare, Washington, D.C. 20402

#### FILMS FOR LOAN

You may secure catalogs listing films appropriate for classes in health  
education from the following addresses:

American Cancer Society, 4201 Dodge Street, Omaha, Nebraska 68131

American Heart Association, 4202 Harney Street, Omaha, Nebraska 68131

Modern Sound Pictures, 1410 Howard Street, Omaha, Nebraska 68102

Nebraska Dental Association NDA, 1220 Federal Securities Bldg., Lincoln,  
Nebraska 68508

Nebraska State Education Association, 605 South Fourteenth Street, Lin-  
coln, Nebraska 68508

Nebraska Tuberculosis Association, 406 WOW Building, Omaha, Nebraska  
68102

State Department of Health SDH, Division of Health Education, P.O. Box  
94757, State Capitol, Lincoln, Nebraska 68509

University of Nebraska UN, Bureau of Audio-Visual Instruction, Exten-  
sion Division, Lincoln, Nebraska 68508

Many colleges maintain audio-visual libraries with films available for loan to schools. Special programs and speakers are frequently available from offices such as the State Fire Marshal, Adult Education Civil Defense in the Department of Education, the Department of Health, and the University of Nebraska through its Extension Division.