1949

A survey of mens' service organizations to determine the extent of their contributions to community health with emphasis on schools

SERVICE PAPER 1942

MORTON, Richard B.

A SURVEY OF MENS SERVICE ORGANIZATION TO DETERMINE The EXTENT of Their CONTRIBUTIONS TO COMMUNITY HEALTH WITH EMPHASIS ON SCHOOLS.

BOSTON UNIVERSITY

SCHOOL OF EDUCATION

SERVICE PAPER

A SURVEY OF MEN'S SERVICE ORGANIZATIONS TO DETERMINE THE EXTENT OF THEIR CONTRIBUTIONS TO COMMUNITY HEALTH WITH EMPHASIS ON SCHOOLS

SUBMITTED BY

RICHARD B. MORTON

(B.S.IN ED., GORHAM STATE TEACHER'S COLLEGE, 1949)

In partial fulfillment of requirements for the degree of Master of Education

1949

FIRST READER - DR. LESLIE W. IRWIN, ASSOCIATE PROFESSOR OF PHYSICAL EDUCATION

SECOND READER - MR. CHARLES D. MERRILL, TEACHING FELLOW

TABLE OF CONTENTS

LIST OF TABLES

INTRODUCTION

For years a few prominent health educators, have been trying to raise the national standards of health, both physical and mental, to a higher level. That the health of the nation was very low was known only to these educators. It took the publicity given this by WORLD WAR II to make the rest of the nation conscious, that thousands of our young people were sub-standard, physically, mentally, and emotionally. These glaring facts have made the public turn to the educators and ask the question; Why do our young people have so many mental and physical deficiencies? The obvious answer, which the health educators have known for decades, in the clinical care and training of our children.

For years in some communities a few people have been trying to compensate for omissions in clinical care for our school children by aids given to schools and communities where public funds are not available. One such group is the men's service organizations.

It is the purpose of this study to determine the amount and types of aids given to schools and communities by men's service organizations in New England cities and towns. And how needs for these aids are made known by the schools and requested by officials. Also the method of acquiring these aids after the need is known.

It is hoped that by unearthing and bringing to light these various methods and systems and compiling the suggestions and recommendations, that they will help school officials and community health officials in solving some of their problems which public funds will not enable them to finance.

Many towns and cities have increased their health funds and it is expected that schools will be given financial aid by the federal government but this will fall far short of the tremendous amount of aid needed if we are to raise our standard of health to the degree which we should.

THE SCOPE

This study was carried on by means of interviews with an officer of fifty Men's Service Organization, in Maine, Massachusetts and New Hampshire.

Included in the study were twenty six Lion's Clubs, fifteen Rotary Clubs, and nine Kiwanis Clubs.

In order to make this study as complete and objective as possible, a check list was used in the interview. It assisted in acquiring specific information and data required for this study. In a few cases the check list was not used but checked immediately after the interview from memory. This was done only when it seemed that the checking might interrupt conversation or ideas of the person being interviewed.

Small towns do not have Service Organizations of this type so no information was gathered in Communities with a population less than three thousand.

DEFINITIONS OF TERMS USED

I. Clubs

Term used locally to denote a service organization.

II. Director

Any officer or member of board of directors of a men's Service Organization.

III. Health Aids

Help given by a service organization to the schools or communities that will benefit them, physically, mentally or emotionally.

IV. Men's Service Organizations

Term used to denote three men's groups, founded to give aid to communities.

V. Physical Therapy

Physical Therapy is treatment by the use of therapeutic exercise, heat, water, electricity and massage. Occupational Therapy is any activity, physical or mental, prescribed by a physician for its remedial value.

VI. Rehabilitate

To help an handicapped person to gain his or her fullest capacity of accomplishment, physical endurance, earning capacity and enjoyment of life. To teach self-dependence, self-support, and self-respect.

Table I

Number and percentage of clubs giving aid and sponsoring summer camps.

Types of camps	No. of clubs	Per Cent
Boy Scout Camps	7	14
Girl Scout Camps	6	12
Tuberculosis Camps	3	6
Crippled children Camps	3	6
Underpriveleged Camps	9	18

Seven Boy Scout camps were sponsored by clubs, two of these were new camps and entailed a larger outlay of funds than the five already established. For those established the cost was for repairs and equipment. The camps with one exception were located on the shore of a lake.

There were six Girl Scout Camps sponsored by clubs one of these was a new camp in the final stages of construction. Cost could not be totaled as much work was done by members of the club and donated. Cost of the materials bought non-profit was three thousand dollars. Five camps were established and the club financed repairs and care.

There were three tuberculosis camps found not sponsored by clubs but aided financially for expenses which included

repairs personnell,food and miscelaneous items not needed in a scout camp.

Three clubs gave aid annually to a camp for crippled children. This was the Pine State Camp,in Maine and the only camp of its type being aided by clubs.This assistance was given by three Rotary Clubs.

Nine Clubs sent under priveleged children to summer camps for children. No aid was given the camps excepting fees for the children while they were at the camps.

Table II

Number and Percentage of Clubs sponsoring school clinics.

Type of Clinic	No. of Clubs	PerCent
Dental	9	18
Hearing	3	6
Sight Conservation	23	56
Tonsil and Adenoid	4	8

Two of the nine dental clinics had headquaters in the schools themselves, seven were held in the dentists offices. All cases were under the direction of the school nurses. Cases were refffered to the clinic only when there seemed the possibility that the parent could not afford treatment for the child. Seven clubs had a dentist member of the club who served on the dental clinic committee.

Of the twenty three clinics for sight conservation seventeen were sponsored by Lions Clubs. Sight conservation is one of the leading projects of the Lions clubs. In all clinics cases were referred to a doctor by the school nurse.

Fifteen years ago tonsil and adenoid clinics were a major project of the clubs. Fewer tonsilectomies in recent years have caused them to drop this project.

Table III

Number and Percentage of Clubs giving aid to school physical education programs.

Type of Activity	No.of Clubs	Per Cent
Gymnasiums	3	6
Athletic fields	5	10
Athletic equipment	9	18

One club sponsoring a drive for a new gymnasium helped raise $375,000.00 . The building is under construction and will be ready for use in October,1949. The high school principal was chairman of the club committee starting the drive. The other two clubs gave contributions to a building fund.

The members of one club furnished labor and hired equipment in the construction of an athletic field for a small high school. The work was over a period of two years and involved leveling drainage,surfacing, diamond construction, and building bleachers. Two clubs built backstops for softball diamonds. One club constructed a baseball backstop and one club resurfaced a baseball diamond.

For athletic equipment furnished two clubs bought basketball score boards. Five bought jackets for basketball teams and two clubs purchased football equipment.

TABLE IV

Number and percentage of clubs giving aid to hospitals

Types of Aid	No.of Clubs	Per Cent
Equipment	9	18
Operations	6	12
Care for Sick	2	4

Nine clubs had bought or were buying equipment for their local hospitals within the year.One club had bought and installed an iron lung,another club was working on a project to acquire funds to,pay for an iron lung ordered.A resusicitator was bought by one club for use by the local hospital and fire company.

Four clubs had made contributions toward equipment for operating rooms.Six clubs had funds for operations for people unable to finance their own care. Doctors and nurses referred cases to the clubs.Two clubs financed home care for sick,paying doctors,nurses, and bills for medecine.

Table V

Number and percentage of clubs giving aid to community welfare drives.

Type of Activity	No. of Clubs	Percent
Cancer	14	28
Infantile	30	60
Red Cross	32	64
Tuberculosis	3	6

It was the policy of eighteen clubs not to give to national or international charities as a club. The members were expected to give as individuals and they felt that if the club gave it would be taxing the members twice. Three clubs helped maintain tuberculosis sanitariums. Fourteen clubs gave to the cancer drives, and these same fourteen gave to the Red Cross and Infantile drives in amounts ranging from $25.00 to $300.00.

Thirty clubs made contributions to Infantile drive and the same thirty gave to Red Cross drive also. Two clubs gave money to Red Cross that did not give to Infantile or Cancer.

Table VI

Number and percentage of clubs giving aid to individuals.

Types of aid	No. of Clubs	Per Cent
Operations	6	12
Hospital Care	2	4
Blind	5	10
Crippled	9	18
Injured	1	2

Six clubs had funds for operations for needy persons. Cases were referred to clubs by doctors,nurses or health authorities. The clubs did no investigating as to need themselves but accepted report of nurses, doctors, or health authorities.

Two clubs had funds for hospital care for individuals unable to meet hospital expenses. These two clubs were also tow of the six that had funds available for operations and like those six reports of nurses, doctors, and health authorities were accepted on need of funds for care.

TABLE VII

Number and percentage of clubs giving aid to families.

Type of Aid	No. of Clubs	Per Cent
Disaster Stricken	4	8
Undernourished	12	24

Four clubs gave financial aid to disaster stricken families. These clubs and families were in the fire area of the 1948 Maine forest fires.

Twelve clubs helped families who were undernourished because of financial difficulties. This aid consisted of food baskets and weekly subsistence funds.

Table VIII

Number and percentage of clubs giving aid to local Charities.

Type of Charity	No. of Clubs	Per Cent
Welfare fund	5	10
Underpriveleged	6	12
Orphans home	1	2
Rehabilitation Center	3	6

Five clubs made contributions to city welfare funds other clubs have same policy as that for national charities of not taxing members twice.

Six clubs sent underpriveleged children to summer camps the number varied and ranged from two to six children per summer for each club.

One club sponsored a small childrens home. They also received financial aid for the project from the state and individuals.

Three clubs gave aid to the Portsmouth Rehabilitation Center, the first of its kind in New Hampshire, was opened in 1946 by the New Hampshire Society for Crippled children and Handicapped Persons, under the sponsorship of the Portsmouth Kiwanis Club. The Portsmouth Rehabilitation Center was organized as the first chapter of the New

Hampshire Society for Crippled Children and Handicapped Persons in March,1947, and is governed by its local Board of Directors of Twenty-nine representing eight Communities.

The Total number of patients treated at this center for a period of one year was 109. Patients are given treatment on an written prescription of a physician.

The Center cooperates closely with the Pine Tree Society for Crippled Children and Adults of Maine.

Table IX

Number and percentage of Clubs giving aid to schools other than clinics and athletic.

Type of Aid	No. of Club	Per Cent
Bands	2	4
Driving Courses	2	4
Sex Education	1	2
School Lunches	3	6
School boy patrol	2	4
Milk fund	2	4

Band uniforms were bought for two high schools by two clubs.

Two clubs installed and maintained an automobile and necessary equipment for driving courses in two high schools.

One club maintained a sex education course as an extra class activity for high school pupils and parents. This activity was receiving a great deal of opposition from a religious group in town.

Three clubs sponsored school lunche programs in schools of town.

These were not free lunches but cheaper than most. Free lunches were given where needed on request of teachers.

School boy patrols were maintained in two cities by two clubs. Badges, belts, awards were bought and classes held by state patrolmen were arranged by the clubs.

In the schools of two cities a milk fund was set up by two clubs for those needing milk. The milk was available to all children at regular price and payments were arranged by teachers so that children did not know who received free milk.

SUMMARIZATION OF FACTS

There were forty three different health aids to schools and communities, listed from the fifty clubs interviewed. Procuring aids was done by health officials, school officials, and members of the clubs. A written request was made too the club outlining need and amount of help needed. The request was discussed and voted on by the Board of Directors of the clubs.

The clubs raised money by holding bizarres, dances, raffles, auctions, food sales, rummage sales, fairs, games and circuses. One club owned a large fair ground and this was the only means of procuring money for year. They held a county fair and the proceeds for a one day fair were ample to pay their expenses for the year.

CONCLUSIONS

This survey has brought forth the following conclusions that:

I. Men's Service Organizations play a very imortant part in maintaining health of schools and community.

II. Requests for health aids made by School Officials, are very favorably received by the Men's Service Organizations.

III. It is imperative that School and Health Officials take full advantage of aid offered by the Service Organizations.

IV. Without Health Aids given by Men's Service Organizations, health standards in many communities would be much lower.

V. The Majority of Lion's Clubs concentrate on sight Conservation.

VI. Tonsil and Adenoid Clinics are rapidly declining.

VII. More money is spent on dental and sight Conservation than any other Health Aid.

Bibliography

Blankenship,Albert, How to Conduct Consumer and Opinion Reasearch. New York: Harper Brothers, 1946

Good, Carter V.,How to Do Research in Education. B altimore: Warwick and York,1929

Koos,Leonard V., The Questionnaire in Education. New York: MacMillan Comapny,1928

Whitney,Frederickl.,The Elements of Research. New York:Prentice-Hall Inc.,1946

APPFNDIX I.

Directors of Lions Clubs Interviewed In Following Towns and Cities.

Augusta-Gardner-Hallowell,	Maine
Bangor-Brewer,	Maine
Bath,	Maine
Bridgton,	Maine
Brunswick,	Maine
Cape Elizabeth,	Maine
Dover,	New Hanpshire
Farmington,	Maine
Kennebunk,	Maine
Lewiston-Auburn,	Maine
Livermore Falls,	Maine
Melrose	Massachusettss
New Portland,	Maine
Norway-South Paris,	Maine
Oakland,	Maine
Old Orchard,	Maine
Peabody,	Massachusetts
Portsmouth,	New Hampshire
Richmond,	Maine
Rockland,	Maine
Rumford,	Maine
Sanford,	M aine

Sanford,	Maine
Skowhegan,	Maine
Somersworth,	New Hampshire
South Portland,	Maine
Thomaston,	Maine
Westbrook,	Maine
Wilton,	Maine

APPENDIX II.

Directors of Rotary Clubs Interviewed In following Towns and Cities.

Biddeford-Saco,	Maine
Dover,	New Hampshire
Farmington,	Maine
Ipswich,	Massachusetts
Kennebunk,	Maine
Melrose,	Massachusetts
Portland,	Maine
Portsmouth,	New Hampshire
Reading,	Massachusetts
Sanford,	Maine
South Portland,	Maine
Wakefield,	Massachusetts
Westbrook,	Maine

APPENDIX III.

Directors of Kiwanis Clubs Interviewed In following Towns and Cities.

Biddeford-Saco,	Maine
Dover,	New Hampshire
Ipswich,	Massachusetts
Malden	Massachusetts
Portsmouth,	New Hampshire
Sanford,	Maine
Somersworth	New Hampshire
South Portland,	Maine
Westbrook,	Maine