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A STUDY OF THE HEALTH SERVICES
OF OTTERBEIN COLLEGE

DISSERTATION
Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
Marilyn Ellen Day, A.B., M.S.

The Ohio State University
1968

Approved by:

[Signature]
Adviser
Department of Physical Education
DEDICATION

To my Mother and Father
ACKNOWLEDGMENTS

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## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>TABLES</td>
<td>viii</td>
</tr>
<tr>
<td>Chapter</td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>2</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>13</td>
</tr>
<tr>
<td>Definition and Identification of Terms</td>
<td>13</td>
</tr>
<tr>
<td>Limitation of the Study</td>
<td>15</td>
</tr>
<tr>
<td>II. REVIEW OF RELATED LITERATURE</td>
<td>16</td>
</tr>
<tr>
<td>III. PROCEDURE</td>
<td>25</td>
</tr>
<tr>
<td>Historical Study of Otterbein Health Services</td>
<td>25</td>
</tr>
<tr>
<td>Survey of Health Programs of Similar Colleges</td>
<td>26</td>
</tr>
<tr>
<td>Survey of Faculty, Administrative Officers,</td>
<td>31</td>
</tr>
<tr>
<td>and Trustees</td>
<td></td>
</tr>
<tr>
<td>Survey of Student Health Problems and Use</td>
<td>33</td>
</tr>
<tr>
<td>of Services</td>
<td></td>
</tr>
<tr>
<td>IV. HISTORY OF THE OTTERBEIN HEALTH SERVICES</td>
<td>37</td>
</tr>
<tr>
<td>Pre-Health Service Era</td>
<td>37</td>
</tr>
<tr>
<td>The College Nurse</td>
<td>45</td>
</tr>
<tr>
<td>The Health Center</td>
<td>59</td>
</tr>
<tr>
<td>Increased Demands on the Health Center</td>
<td>66</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>1957 - 1967 College Growth and the Health Services</td>
<td>68</td>
</tr>
<tr>
<td>Discussion</td>
<td>74</td>
</tr>
<tr>
<td>V. RESULTS OF THE SURVEY OF HEALTH PROGRAMS OF SIMILAR COLLEGES</td>
<td>77</td>
</tr>
<tr>
<td>Common Health Services of the Colleges Surveyed</td>
<td>78</td>
</tr>
<tr>
<td>Scope of Services</td>
<td>80</td>
</tr>
<tr>
<td>VI. RESULTS OF THE SURVEY OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES</td>
<td>92</td>
</tr>
<tr>
<td>Common Responses of the Persons Surveyed</td>
<td>93</td>
</tr>
<tr>
<td>Scope of Services</td>
<td>94</td>
</tr>
<tr>
<td>VII. RESULTS OF THE SURVEY OF STUDENT HEALTH PROBLEMS AND USE OF SERVICES</td>
<td>107</td>
</tr>
<tr>
<td>Characteristics of the Students Surveyed</td>
<td>107</td>
</tr>
<tr>
<td>Student Health Problems Indicated by Entrance Examination Records</td>
<td>108</td>
</tr>
<tr>
<td>Student Use and Response to Health Services</td>
<td>110</td>
</tr>
<tr>
<td>Clinic Visits</td>
<td>110</td>
</tr>
<tr>
<td>Infirmary Days</td>
<td>112</td>
</tr>
<tr>
<td>Comparison with the Solleder Survey</td>
<td>113</td>
</tr>
<tr>
<td>VIII. SUMMARY OF FINDINGS AND RECOMMENDATIONS</td>
<td>117</td>
</tr>
<tr>
<td>Summary of Findings</td>
<td>117</td>
</tr>
<tr>
<td>Recommendations for the Otterbein College Health Services</td>
<td>125</td>
</tr>
</tbody>
</table>

APPENDIXES

A. Checklist Completed by Directors of College Health Services | 130
B. Letter Sent to College Health Service Directors | 135
C. Postal Card Enclosure to College Health Service Directors | 136
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Checklist Completed by Faculty Members, Administrative Officers, and Members of the Board of Trustees</td>
<td>137</td>
</tr>
<tr>
<td>E. Letter to Faculty Members and Administrative Officers</td>
<td>142</td>
</tr>
<tr>
<td>F. Letter to Members of the Board of Trustees</td>
<td>143</td>
</tr>
<tr>
<td>G. The Modified Solleder Questionnaire Completed by Otterbein Students</td>
<td>144</td>
</tr>
<tr>
<td>H. The First Otterbein College Student Health Record, Physician's Examination Form, and Report Forms</td>
<td>153</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>159</td>
</tr>
<tr>
<td>AUTOBIOGRAPHY</td>
<td>168</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees indicating what they believe to be the Objectives of a College Health Service</td>
<td>95</td>
</tr>
<tr>
<td>2</td>
<td>Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees Concerning Patient Services Provided by a College Health Service</td>
<td>95</td>
</tr>
<tr>
<td>3</td>
<td>Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees Concerning Mental Health Services to be Provided by a College Health Service</td>
<td>97</td>
</tr>
<tr>
<td>4</td>
<td>Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees Concerning Emergency Care Provided by a College Health Service</td>
<td>98</td>
</tr>
<tr>
<td>5</td>
<td>Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees Concerning Athletic Medicine Provided by a College Health Service</td>
<td>100</td>
</tr>
<tr>
<td>6</td>
<td>Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees Concerning Occupational Medicine Provided by a College Health Service</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees Concerning Environmental Health and Safety Responsibilities of a College Health Service</td>
<td>102</td>
</tr>
<tr>
<td>8</td>
<td>Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees Concerning the Responsibility for Health Education by a College Health Service</td>
<td>103</td>
</tr>
<tr>
<td>Table</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>9. Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees Concerning the Financial Aspects of a College Health Service</td>
<td>104</td>
<td></td>
</tr>
<tr>
<td>10. Percentages of Positive Responses of Faculty, Administrative Officers, and Trustees Concerning the Conduct of Research by a College Health Service</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>11. Number and Percentages of Health Problems Recorded on the Entrance Examination Records of Students Graduating from Otterbein College in 1957 and 1967</td>
<td>109</td>
<td></td>
</tr>
<tr>
<td>12. Number and Percentages of Outpatient Clinic Visits Recorded on the Health Records of Students Graduating from Otterbein College in 1957 and 1967</td>
<td>111</td>
<td></td>
</tr>
<tr>
<td>13. Number and Percentages of Infirmary Days Recorded on the Health Records of Students Graduating from Otterbein College in 1957 and 1967</td>
<td>113</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

The American venture into higher education is unique. Born of the long tradition of European universities, it has been nurtured by more than three hundred years of native American development. Today, American colleges and universities enroll the largest and most broadly representative group of young people ever to share in higher education. The functions and forms of higher education in America are varied, resting upon the broad base of the comprehensive American high school and the urgent need for men and women prepared to maintain the expanding culture and economy. Colleges and universities perform various functions, but W. H. Cowley has been quoted as stating the main purposes of higher education to be education and research, and that all other activities or responsibilities are engaged in only to facilitate the former. Health services have become one of those auxiliary functions or responsibilities performed by most colleges and universities, as unique to American colleges as is the American college and university itself.


2Ibid., pp. 2-3.

The tremendous increase in student enrollment in American colleges and universities over the past ten years has created long range study committees on almost every campus, evaluating and scrutinizing everything from the organization of the calendar year, curriculum, and financial problems to new and economical facilities of every possible size, shape, and height. As the more obvious needs of classroom space, faculty, and student housing are dealt with, the question arises as to how much attention is given to the needs of and demands on the health services. This study considered the effects of increased enrollment and growth of a small private college, Otterbein College, Westerville, Ohio, upon the health services and the implications for meeting the needs and demands in the future.

Significance of the Study

The student body at Otterbein College more than doubled in size between the years 1954 and 1964. According to projected figures in "A Ten Year Plan for Otterbein College," the estimated enrollment was to reach approximately 1200 by 1963 and level off at this figure. By 1964, the actual enrollment was 1,614 or 1,309 full time students. Earl J. McGrath, in a study of the Otterbein program, reported a growth of 500 students between the years 1955 and 1965, a 56 per cent increase.


Annual Report of the President and Administrative Officers of Otterbein College to the Board of Trustees (Westerville, Ohio, 1965), p. 15B. (mimeographed).
which he considered to be "an impressive growth for a small college over a decade." In his annual report to the Board of Trustees of Otterbein in 1964, Lynn Turner, president of the college, stated the problem of growth in this manner:

During the last decade the student body at Otterbein has more than doubled in size, the faculty has increased by 52 per cent, the number of beds in dormitories has virtually tripled, the number of buildings has doubled, and the value of the physical plant has increased by 200 per cent. The year's income for the college in 1955 was a little over $700,000; this year it is estimated to be three and a half times that amount. An institution cannot experience growth of this speed and dimension without feeling severe shocks.

In this same report, the president stated that the present Health Center, a remodeled home put into service in 1953, had been too small for the student body since 1960 and requested a committee be appointed to plan for a new building.

This constituted a change in plan from that suggested by a study committee just four years previous. In "A Ten Year Plan for Otterbein College," presented in May, 1960, the future of the health services was dealt with briefly in the following paragraph:

The present Health Center will likely be dismantled to provide building space for a Campus Center. Some alternate provision must therefore be made for a routine dispensary. The faculty Health Committee will recommend an alternative.

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8 Ibid.

9 Cribbs, loc. cit., p. 29.
In the year following the report the Faculty Health Committee did study this recommended proposal for dismantling the Health Center but recommended instead that Otterbein College continue and expand the type of health services presently available. Recognizing the need for increased health services, a committee was then authorized by the Board of Trustees of Otterbein in 1964, and appointed by the President of the College, to plan for a new Health Center.

Thus, by 1964, Otterbein was faced with the need to study the present health services with an eye to meeting the increased demands resulting from an increased enrollment, plus consideration of expansion of the program. This committee would need to take into account the estimated future growth of the college as well as meeting the standards for adequate health services.

Establishing the criteria for need and recommended standards in light of anticipated construction of a campus Health Center was a more difficult process than was first imagined. Most authorities agree that a program of college health services embraces the selection of students, health problems of students, health supervision and emergency treatment, prevention of disease, instruction in healthful living, counseling, health promotion, and the assurance of conditions conducive to the mental health of student and faculty. The Recommended Standards and

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10 Minutes of the Health Committee Meeting, Faculty Health Committee of Otterbein College, October 20 and November 30, 1960 (in the files of the Committee), (ditto).
11 Annual Report, 1964, loc. cit., p. 22A.
Practices for a College Health Program as developed by the American College Health Association presently represents what is considered the best thinking relative to requirements of practice, purposes, personnel, organization, and necessary facilities. A good college health program is identified as "more than provision of first aid for accident or of medical care for acute illness. It should be broad in scope encompassing preventive medicine and psychiatry, health education, medical care, mental health care, and supervision of environment."  

In outlining the functional organization of the total college health program more fully, the following areas are identified by the American College Health Association as essential on every college campus: preventive services which include personal health evaluations and periodic health appraisals and immunizations; outpatient medical services; in-patient medical services for students too ill to be up and around; mental health assistance; athletic medicine including intercollegiate, intramural, and rehabilitation of the injured athlete; dental service; rehabilitation enabling severely handicapped students to continue their education; environmental health and safety; health education; occupational medicine which promotes and maintains the health of the faculty and staff members; and research. The recommendations and standards describe fully the functions and qualifications of various staff members including technologists, physical therapists, and

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pharmacists as well as the physician and nurse. Although reference is made to those small colleges with only a registered nurse on duty, a review of much of this material appears to be more applicable to a large university with a complete health service utilizing a related medical school. Those colleges which fall in between these two categories are left to shift for themselves, adapting and attempting to meet the standards as adequately as possible. In order to deal with the problem of the in-between college, a sub-committee of the American College Health Association has been appointed and is reviewing the certification program as it relates to the small college.

This sub-committee of the American College Health Association has outlined approximately the same areas of health services with little deviation from the recommended standards. Although no definite conclusion was reached as to the definition of a small college, the scope of services to be examined included: general information as to purpose, history, and function of the program, outpatient services, emergency care, inpatient care, mental health services, athletic medicine, dental service, health promotion and preventive medicine, environmental health and safety, occupational medicine, health information and/or education, clinical laboratory, radiology service, research, records, and financing.

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15 Ibid., pp. 13, 22.


17 Ibid.
A study of the Otterbein College Health Services indicates the need for developing criteria for evaluating the small college health program and points up the difficulties encountered in applying present criteria and recommended standards to these schools. Small private colleges, similar to Otterbein College and experiencing the same type of growth problem, may face the same difficulty in determining what is an adequate program of college health services. A study of the Otterbein College program may prove beneficial in establishing some pattern of evaluating small college health services programs.

In discussions held by the Faculty Health Committee following the recommended dismantling of the Health Center and replacing it with a routine dispensary service, the medical services available in the city of Westerville were considered as a possible source of health services for the college students. Westerville, Ohio, is a city of 10,064 persons, located twelve miles north and east of the capital of the state, Columbus. Health services are provided by twelve physicians who have private practices in the city, plus eight dentists and three optometrists. The city's doctors are all on the staff of one or another of the nine Columbus hospitals. In addition, two county hospitals are available for the indigent and chronically ill and Visiting Nurse Service and Hospitalization Fund assistance are granted.

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when necessary from United Appeals funds of Franklin County. Ambulance service is available through a Jaycee sponsored Emergency Rescue Squad and local funeral directors.  

In 1960, Westerville had just passed the necessary population figure required to be classified as a city and the census was listed at that time as 7,011 persons. An addition of thirteen hundred college students was more than the city medical services could adequately handle. Another consideration was the type of health care needed by college students as a group, considered by some to be a distinct type of health service. Samuel Braden believes that health care for college students is unique and cannot always be absorbed by available medical services within the town or city in which a college may be located. He has outlined the following characteristics of a college group which make it distinct and set it apart from the city or town within which it resides:

1) a distinctive age concentration of persons from 17 to 23 years;  
2) a group of young people who are going through a distinctive phase of mental development;  
3) a large concentration of young healthy animals who are expected to repress their sex urges and postpone marriage until it is more economically feasible;  
4) a distinctive pattern of stress that affects most of the students at a particular period of time; and  
5) the problems of group living.

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20 Ibid.  
21 Ibid., p. 3.  
Group living entails not only learning to live with each other but provides a central focus for the assembling of country-wide "bugs" plus the vulnerability arising out of centralized eating facilities provided for all students. Marjorie Young has pointed out other factors which affect student health such as prolonged reading and increased demands on vision, poor dietary habits, and underparticipation in recreation activities as opposed to over-participation in outside and off-campus work.

In addition to dealing with these kinds of health problems, college health services who provide for emergency illness and accident care, clinical service, and hospitalization may now be considered below the average expectancy of a new kind of student. Warren Harding has explained the problem in this way:

A further factor complicating the picture is the result of the knowledge explosion which has involved every field of science and technology. A survey of these facts would require many hours to enumerate. In the field of medicine it is colossal, and with the help of the effective methods of mass communication media, much of the progress has been transmitted to the general population. As a result the student is now informed to a degree that his predecessor was not. He expects to find in the health center the gadgets, computers, laboratories and wonder cures for almost every complaint. He wants it now and doesn't want his illness to interfere with his recreation and even perhaps his education. The kindly old doctor or nurse of yesteryear who listened to his story, saw through it, admired the student's ingenuity, and signed his excuse, no longer suffices.

23 Ibid., pp. 8-10.


All colleges are challenged with the need to provide an adequate health program and yet these needs are not the same on all campuses. The campus Health Service must adapt to the changing health needs which occur as the size and composition of the student body change, relating itself to the educational purposes of the college and the financial resources available. In the last decade, some small colleges have approached that awkward stage where minimal services are now inadequate but the ideal comprehensive program is not within reach. The recommended criteria of a psychiatrist, physiotherapist, or pharmacist on the staff is far above available resources while at the same time, the services of a part-time physician are now far from adequate.

Moore and Summerskill reported that the widest differences in college health service programs are related to size of enrollment and a difference of philosophy. Through an altered calendar year and restructured curriculum, an Otterbein faculty committee, authorized to study the curriculum, proposed in 1965 that Otterbein College move more closely to the liberal arts. The goals and purposes of the college have been rethought and re-stated. Such a move, according to Moore and Summerskill, should have some effect on the Health Services.


Dana Farnsworth has commented that health programs should be congruent with and facilitate the entire educational program of the institution. The concept of providing service for minor illnesses and accidents, as established with the beginning of the Health Service of Otterbein College approximately forty years ago, is now faced with the need to re-evaluate its goals and purposes and its relationship to the changing concepts within the College.

The present Otterbein College health services include many of those recommended although the scope may vary. Upon admission, each student is required to complete a health questionnaire, including a health statement by the student, immunization record, and physical examination by his physician. Only after the form is received may a student register and attend classes. At the registration period, each freshman and transfer student is required to have a chest x-ray and a tuberculin skin test. These services are provided by the Tuberculosis Society of Columbus and Franklin County. Students entering the middle of the year are asked to get a chest x-ray and tuberculin skin test before coming to college, bringing written proof with dates of both tests, including results.

The Health Service is served by four part-time college physicians and staffed by five registered nurses, one secretary, and several student aides. Twenty-four hour nursing service is available and at least one

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nurse is always available for emergencies. A regular hourly clinic is held Monday through Friday by one of the college physicians. A physician is available on-call for an emergency.  

Equipment items available for student use include infrared and ultra violet lamps, diathermy, whirlpool baths, hyfrecator, crutches, ice packs, hot water bottles, etc. Six days of infirmary care per school year are provided plus medicines dispensed for general use at no charge. These services are all made available through the payment of a health fee which is required of all students and included in the comprehensive fee paid at the time of registration. A health and accident insurance policy has also been available at a reasonable fee, on a voluntary basis. In 1968, it becomes mandatory.

Otterbein College is faced with the need to study its present program of health services in order to adequately meet the increased demands made upon it by an increased student enrollment. In addition, the College must also consider the underlying concept for its present services, that of providing care for minor illnesses and accidents, in light of the health problems and expectations of its students. Significantly, Otterbein and similar small, private colleges, face additional difficulties in applying present criteria and recommended standards for college health programs to their particular situation and

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31 Health Services at Otterbein College, 1966-67, (Westerville, Ohio: Published by Office of College Information, Otterbein College), 4pp.

32 Ibid.

ability to provide. A study of the Otterbein College Health Services Program points up the need for developing criteria applicable to the small private college health program and may establish a pattern for similar studies.

Purpose of the Study

It is the purpose of this study to investigate the area of health services available at Otterbein College in light of the growth, development, and changing purpose of the college over the last decade, 1957 - 1967, and to propose recommendations for future need and direction.

Definition and Identification of Terms

For the purpose of this study the following definitions are used:

**Otterbein College Health Service:** The health services include those presently offered by Otterbein College as described in the *Otterbein College Bulletin* and "Health Services at Otterbein College," a brochure distributed to students by the Health Service. These services include outpatient clinic, infirmary, emergency care, medicines, and equipment available for student use.

**Health Center:** A remodeled home, located on Grove Street on the Otterbein campus, is utilized for outpatient and infirmary service. This term is frequently used interchangeably by students and faculty when referring to the Otterbein Health Service.
Student: Anyone who is enrolled as a regular student at Otterbein College and whose entrance examination record is on file with the Health Service is considered a student in this study.

Entrance Examination Record: Each student, when first admitted to Otterbein College, supplies a completed medical examination record, (with examination by physician). This record is on file at the Otterbein Health Center.

Health Record: Records of care or treatment of each individual student, whether clinic or hospitalization, are kept by the Health Center staff during his enrollment.

Recommended Standards and Practices for a College Health Program: The American College Health Association developed and adopted a set of standards and practices for college health services in 1961. These were reprinted in pamphlet form by the Association. 34

Faculty Health Committee: This standing committee of the faculty is composed of the College Nurse, a College Physician, the Dean of Students, and a variable number of faculty members and students. This committee advises the Health Center Staff and is concerned with all matters pertaining to the general health and physical welfare of the student body. It assists in formulating college health policy and program in cooperation with the college physician and the administration. 35

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34 Recommended Standards and Practices for a College Health Program, loc. cit.

Limitations of the Study

This study is limited to the health services of Otterbein College, Westerville, Ohio, and the students graduating from Otterbein in 1957, 1967, and enrolled during the first and second semester of 1966 - 1967. The lack of entrance examination records and health records for some students in the class of 1957 may be indicative of the development of health services at Otterbein College but is a limiting factor in studying the health problems and visits to the Health Center of that group of students. An additional limiting factor is the lack of evaluative criteria for small college health services. Specific recommendations for future need and directions will be made but there is no attempt to develop a plan of action since this responsibility lies with the College.
CHAPTER II

REVIEW OF RELATED LITERATURE

Health services have developed to their present status in the twentieth century as something distinctly novel to American universities. Interest in the health of the college student did not spring full-grown among college administrators but developed slowly, and at times unevenly, on the American campus. As early as 1859, Amherst had employed an instructor to lecture to students on the laws of health\(^1\) but most schools left health promotion up to the students and what they could derive from the current gymnastic approach to physical development as taught in physical training classes. Harvard had begun mass physical training as early as 1825 and by 1860 gymnasium equipment was common in most colleges and a required program was instituted to improve student health.\(^2\) Most of these programs employed physicians either to be in charge of the training or to serve on the staff. Team doctors and clinical services began to appear on college campuses as early as 1890 and a few colleges attempted to establish infirmaries,


largely for isolation purposes. In the early twentieth century, following the outbreak of some epidemics on a few campuses, the emphasis began to change from physical training to medical care.

In their concern for the resident student, some colleges began to consider health service programs as a substitute for parental responsibilities toward medical care, as an appeal for great enrollments, and as a means of research concerning the health of the student body. One of the first to develop a comprehensive college health program was the University of California, who opened a health service in 1901. Cornell University began health services in 1903 after a typhoid epidemic on that campus, and the University of Wisconsin began a comprehensive program in 1907.

In the boom following World War I, draft statistics focused much of the public attention on the poor health of the young men in the country. Colleges and universities had become centers of agitation for draft exemption. As a result of this interest in health of students, the American Student Health Association was formed in 1920, "an official and authorized organization through which educational institutions may work for the promotion of health, the prevention of disease, and the care of illness in college and university students." 

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4 Ibid.

5 Boynton, loc. cit., p. 296.

6 Ibid.

7 Robischon, loc. cit., pp. 11, 12.
As the health services developed on the college and university campus, studies were conducted describing the extent and cost. Typical of these early reports were those of Forsythe and Mock, identifying health care, education, fee, numbers of schools having infirmaries, and the need for health services. Mock had to report in 1917 that only three out of the forty-five schools studied had any program of health care at all. Similar studies were conducted by E. C. Howe and Edmonds reporting on entrance requirements, hygiene instruction, medical care, prevention of illness, sanitation of the college plant, and living conditions off-campus. George Meylan's report in 1924 dealt primarily with instruction in health and physical education but included a survey of medical examinations for entrance. In a similar vein, Mock's report also dealt at great length on the medical examination, the completeness of it, the follow-up, and continuous consultation as well as the hygiene and sanitation on the campus.


A more extensive study was that by Thomas Storey\textsuperscript{14} who collected data over a four year period. He studied 442 schools before concluding that there were little or no organized health services at that time and that among those offered, many were deficient and defective. He commented on the situation in this manner:

...a great majority of institutions of higher education in the United States are not furnishing opportunities for competent general education in hygiene to the young men and women who pass through them on their way to responsible citizenship.\textsuperscript{15}

The apparent search for minimal standards in health services continued as indicated by DeWeese's\textsuperscript{16} study of the health programs of fifty teachers' colleges and Mitchell's\textsuperscript{17} survey of thirty-six colleges and universities for the New York Medical Society. Since, all these studies seemed to indicate the need for agreement upon desirable minimal standards for college and university health programs, the First National Conference in College Hygiene was called in 1931, establishing standards in health services, health teaching, environmental health, and physical education.\textsuperscript{18}

\begin{flushright}
\textsuperscript{15}Ibid., p. 114.
\textsuperscript{16}Arville O. DeWeese, "Health Services in Normal Schools and Teachers Colleges," \textit{Nation's Schools}, IV (October, 1929), pp. 54-58.
\textsuperscript{18}Boynton, \textit{loc. cit.}, p. 301.
\end{flushright}
William L. Hughes studied standards and policies for college and university health and physical education programs and developed standards and policies from the literature. These were set up in ten areas and included: organization and staff, health exams, follow up and case finding, medical treatment, immunization and communicable disease control, facilities and equipment, athletic medicine, faculty health, finances, and health records. Griswold and Spicer reported a study in 1932 but rather than the extent of services, they were concerned with costs for medical services rendered and the administrative and financial aspects. In a study for the North Central Association of Colleges and Secondary Schools in 1936, Gardner reported on the health services of fifty-seven institutions. He identified the phases of a health service as physical and medical examinations, clinical and infirmary services, informational and applied hygiene programs, and public health supervision. He concluded that a well-organized


20 Don M. Griswold and Hazel I. Spicer, University Student Health Services: A Study of Organization, Services Rendered, and Costs in Cornell University, Yale University, the University of Michigan, the University of Minnesota, the University of California, and Oregon State Agricultural College, Publication Number 19 of the Committee on the Costs of Medical Care (Chicago: University of Chicago Press, 1932), abstracted in Surveys of Organized Medical Services, Abstracts of Publications 17-21, 1932, pp. 23-36.

student health program should also include psychiatric care and speech correction. A score card was developed correlating elements of the health service with criteria of general excellence for use in accrediting institutions.

One of the most extensive studies was that reported by Diehl and Shepard who surveyed 646 colleges and reported a response and report from 549. An analysis of the health histories and physical examinations presented a general picture of illnesses suffered by students, both before entering college and during enrollment. Great variety in care was reported and the authors concluded:

...still many colleges taking little interest in the health of their students, there are still many with no programs worthy of the name and there exists a serious lack of uniformity in the purposes and procedures of these programs. An urgent need exists for a more careful definition of the health problems confronting college students and for an evaluation of college health programs designed to improve the physical and emotional effectiveness of this important section of our American youth.

Dickinson and Welker reported a "Second Survey of University and College Health Services" some ten years later and found continued variation in a great degree in facilities, personnel, and services. In general, the larger the college, the more inclusive was the health service. Sixty-two per cent of the schools reporting indicated bed care in an infirmary.

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One of the most comprehensive studies of health services was that of Norman Moore and John Summerskill\textsuperscript{25} in 1953 involving 1157 colleges and universities — 61 per cent of all the colleges in the country and at least 50 per cent of the colleges in each region and category. This study utilized the personal interview technique and as in earlier reports, indicated no uniform or standard health program for college students across the country. Certain specific services such as clinical services for minor illness, infirmary, and entrance examinations were reported at a majority of schools while other services and procedures occurred rather sporadically throughout the nation. The widest differences were related to size of enrollment and differences in philosophy and were not always a matter of money.

In 1954, Young\textsuperscript{26} studied the health programs at teachers' colleges through individual, confidential personal interviews with on-the-spot observations. She concluded that the quality of available service was the major factor in determining how much time or attention would be given any specific health problem on the campus. Boyer\textsuperscript{27} studied five large universities four years later and concluded that although the policies and standards varied considerably between

\textsuperscript{25}Norman S. Moore and John Summerskill, \textit{Health Services in American Colleges and Universities} (Ithaca, New York: Cornell University, 1953).


\textsuperscript{27}Mary G. M. Boyer, "Evaluation of Hospital Care in University Student Medical Services," \textit{Student Medicine}, VII (December, 1958), pp. 126-142.
universities, the general care was good. In that same year, the report of the American College Health Association and the Continental Casualty Company\textsuperscript{28} indicated that 50 per cent of the colleges studied provided care for minor illnesses only.

In continuing the search for some criteria of measuring the excellence of services, Kirk developed an instrument at Indiana University in 1960 to evaluate college and university health service programs by means of a rating scale. This device, developed from standards found in the literature, can be used with an interview or as a self-appraisal instrument. The instrument was utilized in appraisal and concluded effective if re-rated and revised every five years.\textsuperscript{29}

Solleder studied the effectiveness of the health services at The Ohio State University by investigating the factors which influence its use by the students. She reported the greatest percentage of users in her study to be freshmen, women, unmarried, living in dormitories or fraternity or sorority houses, and residents of a city within 120 miles of the campus.\textsuperscript{30}

These studies, beginning with the early surveys in 1914, indicate the long and difficult effort to establish some standards in the


\textsuperscript{29} Robert H. Kirk, \textit{An Instrument for Evaluating College and University Health Service Programs}, Unpublished HSD, Indiana University, 1960.

\textsuperscript{30} Marian K. Solleder, \textit{Factors Influencing the Use of the University Health Service by Students at The Ohio State University}, Unpublished Ph.D., The Ohio State University, 1961.
area of health services. Perhaps the difficulty in establishing these standards may be found in the nature of the services and the purposes which they attempt to achieve. Samuel Fuenning put it this way:

The variation in the college health services to a large extent is a reflection of the variations in the size of the colleges, the character of the college, the type of student body, local community resources, and the like. The variation in college health services in the past also reflected the great variety of concepts for the implementation of a college health program. 31

In 1961, the American College Health Association adopted a set of standards and practices, The Recommended Standards and Practices for a College Health Program, 32 as representing the current best thinking relative to practice, purpose, personnel, organization, and facilities in health services. Even now, these standards must be evaluated by each individual institution in light of its own means and goals for health service on the campus.

College and university health services have developed and expanded in many ways since the early beginnings rooted in physical development through physical training and the teaching of the laws of hygiene. College health services may be expected to grow along with the American colleges and universities to meet the challenge of providing the best possible health program on each campus.


CHAPTER III

PROCEDURE

Otterbein College has experienced substantial growth and development over the past decade, 1957 - 1967. In addition, the goals and purposes of the college have been re-defined. This study was developed to investigate the effects of this growth and development on the health services of Otterbein College.

It was decided that the study would include an historical survey of the development of health services at Otterbein; a comparative survey of facilities and health services offered at similar Ohio colleges and other colleges supported by the Evangelical United Brethren Church; a survey of members of the Otterbein College faculty, administrative officers, and members of the Board of Trustees as to their ideas of what college health services should include; and a survey of student health problems and use made of the health services at Otterbein College during the past ten years.

Historical Study of Otterbein Health Services

The historical aspects of the Otterbein College Health Service were investigated in order to determine why and how health services were initiated and to trace their development. Many of the historical data and records of the College have been accumulated and preserved in the Otterbein Room and vault in the Otterbein College Library.
Permission was secured from the President of the College to study the available records there. In addition, Dr. Harold Hancock, who is presently writing the more recent history of Otterbein College from 1934 to the present, made available some letters and documents from the personal files and letters of the late Dr. Walter G. Clippinger, former president of the College.

Interviews were conducted with those persons associated with the beginning and early years of the health service as well as present staff members. In addition, the writer visited former Otterbein students who were on campus prior to the existence of any health services, during the early years of the program, and as health services developed and expanded.

Survey of Health Programs of Similar Colleges

A survey of other colleges supported by the Evangelical United Brethren Church and selected similar Ohio colleges was conducted in order to discover what kinds of health services might be expected in colleges of the size and type as Otterbein. A checklist of criteria for college health services was developed from the *Recommended Standards and Practices for a College Health Program*,\(^1\) the first draft "Report of the Sub-Committee for Review of the Certification Program as it Relates to the Small College,\(^2\) discussions with the Otterbein Health Service

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\(^1\) *Recommended Standards and Practices for a College Health Program*, (Coral Gables, Florida: American College Health Association, 1967).

staff, and standards in related literature. Utilizing the nine areas included in the scope of services described by the American College Health Association (See Chapter I, pp. 5-6) and those fifteen divisions outlined by the Sub-Committee reviewing small college certification (See Chapter I, pp. 6-7) a checklist was developed containing 108 items describing the services in college health programs.

These 108 items were divided into thirteen separate categories and included: general, the written and approved policy statement of purpose and function of the health program; outpatient services including an outpatient clinic by nurse, physician or both, the administering of drugs and immunizations; inpatient services such as infirmary care, isolation, laboratory, x-ray service, and food service; mental health services, both those offered on and off the campus, the counseling program, referral methods; emergency care; athletic medicine for physical education classes, intramural, and intercollegiate participation; dental medicine; occupational medicine which included pre-employment medical examinations for staff and faculty as well as care, and medication; records kept on all students; environmental health and safety; health education and preventive medicine; finance including health fees, student insurance, and faculty liability insurance; and research or studies made of student health problems. One open-ended question was included asking for any special interest or service which had not been touched upon in the checklist.

The checklist was reviewed critically for clarity and modifications by the writer's adviser and then utilized by the Otterbein College Health Service staff as a basis for self-evaluation. Following
this, it was again modified into the present form as found in Appendix A. The instrument was then used by the writer during on-campus interviews at selected Ohio colleges and completed by the Health Service Directors of colleges supported by the Evangelical United Brethren Church.

It was necessary to select colleges in Ohio which were similar in size and type to Otterbein College. These colleges would also be coeducational, privately controlled, and church related. Forsythe has also included the composition of the student body as a factor causing variation in health services, along with the educational purposes of the institution. The findings of Astin and Holland in 1961 indicated that the college environment is determined to a large extent by the kinds of students at the institution. In order to consider these variables, the Freshman Input Factors and Environmental Assessment Technique were utilized in selecting similar Ohio colleges.

The estimated Freshman Input Factors include intellectualism, estheticism, status, pragmatism and masculinity. The Environmental Assessment Technique is a method of assessing the college environment based on eight attributes of the student body: the size of the student

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body, intelligence level of the students, and the personal orientation
of the students based on the proportions of baccalaureate degrees
awarded by the institution in various fields of study. Each major
field has been classified as one of six broad types: realistic,
scientific, social, conventional, enterprising, and artistic. This
method has been found to have substantial correlation with many of the
scales of the College Characteristics Index.6

Forty-three Ohio colleges were included in a study reported by
Astin in 1965 which dealt with the Freshman Input Factors and the En-
vironmental Assessment Technique.7 Fourteen of these schools met the
requirements for coeducational, privately controlled, and church-
related. All were similar in size of enrollment to Otterbein. A pro-
file sheet illustrating the T-scores for Freshman Input Factors and the
Environmental Assessment Technique was drawn for each school. The mean
T-score established by Astin was 50.8 The Otterbein mean on the Fresh-
man Input Factor was 50 and on the Environmental Assessment Technique,
51. The following schools all fall within one standard deviation of
each of the Otterbein means and were identified as similar to Otterbein
College for the purpose of this study: Ashland College, Baldwin-Wallace
College, Capital University, Heidelberg College, Hiram College, Mount
Union College, Muskingum College, Ohio Northern University and Wilming-
ton College.

6Ibid.
7Ibid., pp. 56-57.
8Ibid.
Following a review of the material covering Health Services in the catalogue of each of the Ohio colleges selected as similar to Otterbein, a letter was sent to the Director of the Health Service of each school (See Appendix B). The Director was asked if any research had been conducted on that campus relative to the effects of increased growth and development of the small college on its health services. In addition, the writer requested an interview with each director to review health services on that campus. A self-addressed postcard was included for convenience in replying (See Appendix C). Replies were received from all but two of the colleges and interviews were granted. A follow-up telephone call to the remaining two colleges completed arrangements for visits on all campuses but one. It was impossible to complete arrangements with the Head Nurse at Ashland College, Mrs. Paul Knight, but she completed the checklist and supplied additional information by mail.

A similar letter was sent to those colleges identified in the 1967 Yearbook of the Evangelical United Brethren Church as being related to the church. These included: Albright College in Reading, Pennsylvania, Indiana Central College in Indianapolis, Indiana, Lebanon Valley College in Annville, Pennsylvania, North Central College in Naperville, Illinois, Shenandoah College in Winchester, Virginia, and Westmar College in Le Mars, Iowa. No attempt was made to visit these colleges because of their rather widespread geographical location but

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each Health Service Director was asked to complete the checklist and return it with any additional information. Replies and information were received from all but two of these colleges, one of which has now become a two-year conservatory.

A letter of appreciation was sent to all persons responding to the letter and completing the survey as well as to those who permitted the writer to visit the campus.

Survey of Faculty, Administrative Officers, and Trustees

In order to determine what services the faculty, administrative officers, and trustees believe should be included in a college health services program, each individual was contacted by mail and asked to complete a checklist of items by positive response indicating what he felt would best describe the purposes, responsibilities, and services in a program. This checklist of 97 items was similar in most respects to that developed for the survey of similar colleges. However, these items attempted to describe the college health services more fully and specifically since the persons reading it would not be as familiar with the program as the Health Service Directors interviewed or responding by mail. The items were developed from the Recommended Standards and Practices for a College Health Program, \(^{10}\) the first draft "Report of the Sub-Committee for Review of the Certification Program as it Relates to

\(^{10}\) Recommended Standards and Practices for a College Health Program, loc. cit.
the Small College, discussions with the Otterbein Health Services staff, and standards in related literature. The 97 items were divided among the following major classifications: general objectives and purposes, patient services, mental health services, emergency care, athletic medicine, dental medicine, occupational medicine, records, environmental health and safety, health education and preventive medicine, finance, and research. The categories included the same services as described for the previous checklist for Health Service Directors although some areas were combined so that the checklist would not appear to be so lengthy. An open-ended question was included at the end of the checklist, asking for any other services which a college health program should provide but which had not been mentioned in the checklist. This drew a limited number of responses.

A pre-test of this instrument for criticism, clarity, and modification was administered to non-teaching staff members at Otterbein College. Following modifications, the checklist containing 97 items was prepared for mailing to faculty members, administrative officers, and members of the Board of Trustees (See Appendix D).

It was necessary to contact the President of the College for permission to write to the members of the faculty and administrative officers. A list of full-time faculty members was provided by the Office of the Academic Dean. The check-list with a letter of explanation (See Appendix E) was mailed to each faculty member and administrative officer with a self-addressed, stamped envelope for return.

Ruth H. Moser, et.al., loc. cit.
In order to survey the members of the Board of Trustees, the President of the College agreed to the writer contacting Dr. Harold Boda, Chairman of the Board. Dr. Boda consented to the survey and the list of trustees with addresses was then provided by the Office of the President. Letters of explanation with a checklist and self-addressed, stamped envelope were sent to the forty-five members of the Board of Trustees (See Appendix F).

Survey of Student Health Problems and Use of Services

It was decided to survey the students as to health problems and use of the Otterbein health services. During preliminary discussions with the Health Center staff, it was suggested that a survey of student health problems over the ten-year period, 1957 - 1967, be completed for purposes of comparison. The decision was made to examine the entrance examination records of students graduating from Otterbein College in 1957 and 1967 in order to identify the health problems recorded thereon which each student reported upon enrollment. These records, on file at the Otterbein Health Center, were made available through the courtesy of Mrs. Mildred Crane, Head Nurse.

All health problems recorded on the Otterbein Health Service entrance examination record were grouped under the categories developed by Hathaway, Milone, and White. These include: allergies, bone and joint, cardiac, respiratory, gastrointestinal, genitourinary, eye-ear-

nose-throat, psychobiological, and miscellaneous. With the assistance of a member of the Health Center staff, the problems were recorded. Because of the incidence of some problems, the miscellaneous category was not satisfactory in all respects and several additional problems were reported separately.

The Otterbein College Health Service clinic and hospitalization records of students graduating in 1957 and 1967 were examined to identify the reasons for visits to the Health Center. These visits were also grouped in the same categories as the student health problems and reported in percentages. The average number of visits per student as well as the reasons most frequently cited for the visit as recorded in these records were reported. Again, because of the incidence of some problems, the miscellaneous category was not satisfactory in all respects and several additional reasons for visits were reported separately.

The questionnaire developed by Marian K. Solleder at The Ohio State University in 1961 was used to survey student use and response to the health services at Otterbein during the 1966-67 academic year. This instrument was used to survey the 1966-67 regularly enrolled students as to their understanding, knowledge, use, satisfactions and dissatisfactions with the present health services. It was hoped that results could be compared with the Solleder study to determine if student reaction is the same regardless of size of school or extent of services.

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13 Marian K. Solleder, Factors Influencing the Use of the University Health Service by Students at The Ohio State University, Unpublished Ph.D., The Ohio State University, 1961.
The Solleder questionnaire includes 54 items, identifying percentage of users and non-users of the service in addition to describing visits made according to class rank, sex, marital status, home town, campus residence, and college of enrollment. It also identifies the sources students use to learn about the college health services, good and bad reports of experiences and their verification by actual experience, plus student commendations and recommendations concerning the service. Some slight adaptations had to be made so that the questionnaire would relate to Otterbein. A copy of the questionnaire is included in Appendix G.

A copy of this modified questionnaire was then placed in the living center mailbox of each Otterbein student. Students who live in fraternity housing, town house, or are commuters, have mailboxes located in the main classroom building and received the questionnaire there. The writer collected the questionnaires from each center approximately ten days later. Of the 1,481 questionnaires distributed, 531 or 35.8 per cent were returned. After checking through each of these questionnaires, it was determined that 439 or 92 per cent of those returned were usable.

In order to compare results with the Solleder study of The Ohio State University student response, the data were treated in the same manner as in that study. The answers on the questionnaires were coded with the assistance of Dr. D. Ransom Whitney, Director of the Statistics Laboratory, Department of Mathematics, The Ohio State University. The

14 Ibid.
information was then placed on I.B.M. cards with the assistance of the Data-Processing Department and Mr. Jeff Shaw, Director, Otterbein College. The frequency tabulations, the correlations, and the chi-square tests were then compiled by the Statistics Laboratory under Dr. Whitney. These statistics are on file at the Statistics Laboratory, Department of Mathematics, The Ohio State University.
CHAPTER IV

HISTORY OF THE OTTERBEIN COLLEGE HEALTH SERVICE

When Otterbein College was established in 1847 as an institution of learning for the benefit of the church and all mankind, little thought was given to the inclusion of health services for its students. However, the problems of health could not be long ignored for as Garst reported in his history of the college, two years later the first suspension of the work occurred with the outbreak of Asiatic Cholera. Although there were only a few cases in Westerville, following an outbreak in Columbus, panic spread among the students and the school was closed on July 19, 1849, about one month before the regular closing time to protect the students from any possible danger.²

Pre-Health Service Era

Although early requirements for admission to Otterbein University required satisfactory testimonials of good moral character, no evidence of good physical condition was requested.³ The college

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3 Annual Catalogue of Otterbein University, Otterbein University (Columbus, Ohio: Follett, Foster and Company Printers, 1856), p. 20.
catalogue of 1853 does indicate, however, some concern for healthful living in that the student rules included, "...not to throw dirt or ashes, or water, from the windows; not to spit tobacco spittle on the floors;..." But these concerns appeared to be more related to proper conduct rather than concern over health.\(^4\) When the proponents of the manual labor system, so popular on other college campuses about this time, were pressuring the college to farm a large garden area, one of the arguments used to favor it was the healthy activity it provided. The early fathers seemed to have the impression that college training had the tendency to make one indolent and damage the health. At the first commencement, President Davis responded to this idea in his address when he included the remark, "You have not impaired your health, concerning which your teachers felt a deep interest."\(^5\) There seemed to be added concern that the young women enrolled would not have the physical strength to keep up the pace but Garst happily reported that such fears were unfounded and that physical weakness had not been exceptionally common among the women students.\(^6\) This might have been a genuine concern among some for the laws of Otterbein University of 1860 make it rather apparent that a student was not living a life of ease because he was expected to rise at 5:00 A.M. and confine all exercises and other recreation to the hours between 12:00 Noon and 2:00 P.M., and 4:00 P.M. to 7:00 P.M.\(^7\)

\(^4\)Annual Catalogue of Otterbein University, (Columbus, Ohio: Follett, Foster and Company, Printers, 1853), p. 22.
\(^5\)Garst, loc. cit., p. 76.
\(^6\)Ibid., p. 90.
\(^7\)The Laws of Otterbein University, 1860, (Columbus, Ohio: Osgood and Pearce, Book and Job Printers, 1860), p. 9.
For a good number of years most of the interest in health centered around the desire for exercises and physical activity. The birth of the Young Men's Christian Association on the Otterbein campus in 1877, the first on any Ohio campus, gave a significant boost to the pleas from students for physical training, even though this organization at Otterbein was primarily religious in nature. Much store was placed in physical activity as a means of developing the strength to ward off illness. An article in The Otterbein Record, a monthly magazine published by one of the literary societies, expressed such a concern in 1882:

Too many men leave college looking as if they either were just recovering from sickness, or were just ready to put themselves into doctor's or grave digger's hands. Too many persons look and are really too weak to endure the work and strain of active life.

Some persons suffer from hereditary diseases and some are deformed; but of all others none have any excuse for neglecting the culture of their physical strength.

Strength...makes it possible for men to accomplish an amount of work that ordinarily would seem incredible. It is nature's preventive against ill health.... Other things besides exercise enter into our physical development, as eating and sleep; and each one must determine his own needs in these respects.

The student who acts upon the rule that college days must be spent entirely among his books, will reap his reward in a broken constitution and a lifetime of regret for his folly. He will not succeed in getting the full benefit of his training in school; will not be prepared to bear his share of the work of the world; and unless he reforms will live to see his cherished plans fail for want of strength to carry them out.

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8 Annual for 1885, (Westerville, Ohio: Keller and Laden, Printers, 1885), pages not numbered.

9 The Otterbein Record (Westerville, Ohio: published monthly by the Philaphronian Society) III (November, 1882), p. 41.
In the years between 1880 and 1895, it is difficult to distinguish between enthusiasm for physical activity as it is related to health and the desire of the students for a new gymnasium and athletics. The college authorities evidently thought health of some importance as the statement, "...a healthful location with pleasant surroundings," was included in the advertising literature as a reason for selecting Otterbein. Meanwhile, the students continued the plea for activity and health by recommending support of the newly formed athletic association so that "these sports would bring recreation to the weary mind and give the student zest for his labors."

Some interest continued, however, in the medical aspects of health as G. E. Mayhugh, local physician, was asked to write an article in the Aegis, dealing with whether or not people should read medicine. Dr. Mayhugh's thesis was that people have not paid enough attention to the body and health and the importance that these subjects demanded. People should read medicine so that everyone would be able to "discharge more properly life's duties and act intelligently in the conservation of their health and happiness."

The healthful benefits as arguments advanced in favor of the gymnasium and a physical training program were voiced loud and long in the student publications. A. G. Kumler suggested that those with weak

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10 Choice Literature, with the compliments of Otterbein University, Westerville, Ohio, 1886, p. 15.
lungs could be sent around the track; those weak in the back and arms could be put at throwing the hammer or putting the shot.  

E. D. Rosier included his truism that a strong body is almost essential for a strong mind as an additional reason for such a program, even though admitting that it was "...gratifying to know and a high compliment to the sanitary conditions of the village that very little sickness is found among the student community...." An additional writer petitioned that "the day for weak-eyed, round-shouldered, flaccid-muscled scholars has passed, and a strong and healthy body is now required to complete that well-souled manhood." The miraculous results of physical training become even more evident in an article written by E. Luella Fouts in 1891 which stated:

We cannot always avoid sickness, but it is less likely to come and has harder work to enter when we are robust and in good training than when we are weak and run down. Habits of bodily activity are often the best cure for sickly states of mind. No good work can grow out of exhaustion, no fertility, no flash of genius from nerves unstrung, jaded and jangled. Yet, notwithstanding these facts, many are content to worry on through the best part of their lives, daily growing more nervous, wearing out the body, stunting the mind, and hastening on the marks of old age. ...all because their education is one sided.

A genuine interest in health appeared to be a little more evident in a later editorial included in the *Aegis* of September, 1893.


In many ways, it could almost be appropriate for today's college student as the content illustrates:

Many a student in his anxiety to grade well in his classes denies himself exercise and cuts short his hours of sleep for the sake of having more time at his studies. Not a few claim that they suffer no harm by such practice; but they evidently have not yet learned how long accounts nature keeps. It is not too much to say that a student who does not take an average of seven or eight hours sleep nightly will pay for his neglect sooner or later with interest terrifically compounded. You can't afford to get good grades at such cost. Save your sleeping hours intact. And suffer nothing to break in on them. If lessons are still unlearned at bedtime, let them go.

The students finally got their gymnasium in 1891 and the number of articles dealing with the desirability of activity and exercise and the healthful body seemed to decline noticeably in the student publications. Various illnesses of the faculty or deaths of important persons was still front page news.

The earliest indication of something that might be related to a health service is noted in the 1910 Bulletin describing dormitory life:

Cochran Hall is ... provided with every modern convenience — hot water, electric light, baths on every floor, internally and external telephone with long distance and local connection, reading room and library, piano, reception hall and parlor. Besides, there are two hospital rooms....

These hospital rooms were evidently short-lived because the description of their existence was included in the Bulletin for three years and after that, the final sentence was dropped from the description.

An awareness of health, in general, seems to be more evident as illustrated in reports to the Board of Trustees about this time. The

18 Otterbein University Bulletin, (Westerville, Ohio: published by the University), New Series, VI (April, 1910), p. 37.
Committee on Study Body and Organizations recommended that a faculty committee be appointed to systematically visit rooms for neatness and sanitation.\textsuperscript{19} In 1912, the Committee on Study Life and Work reported rather happily, "...with the sanitary conditions of Westerville, with its excellent sewage system and its many homes with bath, and such environments as to invite cleanliness, we find the student body in general observing such rules as are conducive to health."\textsuperscript{20} The chairman of the department of physical training was able to report four years later that all students were required to take a physical examination once each year, with a view to giving advice on training and determining fitness for athletics.\textsuperscript{21} There is no evidence of a physician being hired to conduct such examinations. Both the former director of physical training, Dr. R. F. Martin, as well as former students report that such exams were those given by the director, utilizing his own stethoscope in checking heart and lungs as well as recording height, weight, blood pressure, and general health of the men students.\textsuperscript{22}

A severe outbreak of Spanish Flu in 1918 gives evidence of how such emergencies were handled at that time. All classes were halted,

\begin{itemize}
\item \textsuperscript{19} Committee on Study Body and Organizations, Minutes of the Meeting of the Board of Trustees, (written), June 13, 1911, not numbered.
\item \textsuperscript{20} Committee on Student Life and Work, Minutes of the Meeting of the Board of Trustees, (typed), Otterbein College, June 11, 1912, not numbered.
\item \textsuperscript{21} R. F. Martin, "Department of Physical Training," Report to the Student Life and Organizations Committee, Minutes of the Meeting of the Board of Trustees, (typed), Otterbein College, June 13, 1916, not numbered.
\item \textsuperscript{22} Interview with R. F. Martin, March 22, 1968, Westerville, Ohio and Dr. Lyle J. Michael, June 4, 1968.
\end{itemize}
students were kept quarantined in the dormitories, no one was permitted to go to town, and all activities were postponed.\textsuperscript{23} The matron of the women's dormitory was responsible for care of the students and visited those who were sick, took temperatures, gave baths, administered medication, and controlled the diet. When students became ill enough to request a doctor, the town physician Dr. Stoughton was called. The payment for the physician's house calls were taken care of by the individual student. In accordance with propriety of the time, the House Matron accompanied the doctor on each call to any young lady's room. There was no contract or agreement between the college and the good doctor for these services. This was evidently considered as a part of his regular practice.\textsuperscript{24}

The student newspaper showed great interest in these health problems of the students and carried articles with extensive descriptions of the 1918 flu epidemic and quarantine plus a measles epidemic in 1927\textsuperscript{25} and a smallpox case in 1929.\textsuperscript{26} Conditions were such that the appearance of a registered nurse to help with the minor illnesses of students would be well accepted. Concerns expressed by parents would be gratified in her arrival.

\textsuperscript{23} "Prexy Announces Quarantine," \textit{Tan and Cardinal}, II (October 21, 1918), pp. 1, 3.
\textsuperscript{24} Interview with Mrs. Lyle J. Michael, June 4, 1968.
\textsuperscript{26} \textit{Tan and Cardinal}, XIII (October 11, 1929), p. 2.
The College Nurse

In the fall of 1927, Miss Helena Baer began corresponding with Dean Cora McFadden, Dean of Women, about the possibility of completing her college education. She wrote to inquire if she might serve as the college nurse, an idea suggested to her by a patient as a way of taking her college work and paying her way through. Miss Baer was also interested in transferring credit for study at Bowling Green State University.27

The correspondence between President Clippinger and Miss Baer seems to indicate that the president was not greatly interested in such a plan at this time. He was uncertain as to any credit which he felt she was inquiring about in regard to practical work in nursing plus the fact there was no financial appropriation set aside for a college nurse. "The present method," as he explained to her, "was to have the girls provide their own nurses and pay for them."28 In a letter to Helena Baer on May 24, 1928, the president suggested using her as a part-time nurse for minor illnesses among the girls because he did not believe there would be enough work for full-time since "the health is so good under normal circumstances that at some periods no services would be required."29

27 Letter from Helena Baer to Dean Cora McFadden, September 28, 1927.
28 Letter from President Walter G. Clippinger, Otterbein College, to Helena Baer, May 12 and May 24, 1928.
29 Letter from President Walter G. Clippinger, Otterbein College, to Helena Baer, May 24, 1928.
While Miss Baer and President Clippinger were exchanging letters, another factor entered the picture in the form of the American Association of University Women. President Clippinger was desirous of having Otterbein approved by this association and had entertained representatives from the committee on recognition in the spring of 1928 to look at the campus, curriculum, services, and recommend approval or non-approval. On April 2, 1928, a letter was received from Ella Lonn of the American Association of University Women, noting the visit of the committee and including this statement:

...feels more strongly that arrangements for an infirmary are not satisfactory and that steps should be taken to remedy them. A college the size of Otterbein should have a registered nurse on campus.  

While the President was pondering the requirements of the A.A.U.W., another suggestion concerning health services with a way of financing them came in the form of a departmental report. The Report of the Director of Physical Education, Dr. R. F. Martin, included these two paragraphs:

During the past year, Dr. Irene Converse has given examinations for our freshman girls at the beginning of the freshman course. Her work has been more than satisfactory and she ought to be retained for this purpose for next year, examining all Freshman girls two times during the year and such Sophomore girls as may need to be referred to her.

Many colleges are now taking up health services as one of their functions and it appears to me that Otterbein might study the question rather seriously with a view to entering this field within a few years. Each student might be charged a fee and a

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30 Letter from Ella Lonn, American Association of University Women, to President Walter G. Clippinger, Otterbein College, Westerville, Ohio, April 2, 1928.
doctor secured who would give half-time service to the college and might then have a private practice the other half-time; or half-time service as teacher in the department of Biology or Physiology and half-time as director of health service.31

It is not really known and it may just be a matter of circumstance that the pending recognition by the American Association of University Women, the suggestion for beginning health services by Dr. Martin, and the opportunity to secure the services of Miss Baer all occurred in relatively close sequence to one another. It is a fact that Miss Baer was hired as a part-time nurse and matron of Saum Hall for the 1928-1929 school year. Dr. Clippinger was able to report to Ella Lonn in February of 1929, that some provision was now made for health and that, although there was no infirmary or physician, two infirmary rooms had been set aside on the fourth floor of Cochran Hall and the local physicians provided service at a moderate price. His letter to her included the notation that, "A nurse is secured for girls needing attention or taken to Columbus hospitals and we look forward to the day when Otterbein will have a suitable infirmary and official physician."32

The President was evidently pleased with the services of Miss Baer for in March of 1929, he wrote to the Executive Committee of the Board of Trustees, suggesting that she be employed the following year.

31 R. F. Martin, "Report of the Director of Physical Education," Minutes of the Meeting of the Board of Trustees of Otterbein University, (typewritten), June 11, 1928, p. 22.

32 Letter from President Walter G. Clippinger, Otterbein College, Westerville, Ohio, to Ella Lonn, American Association of University Women, February 1, 1929.
to teach home nursing, nutrition, and dietetics in the Home Economics Department and serve as the college nurse. If this would be done, provision must be made for infirmary facilities in the present buildings. The President's Report to the Board of Trustees on June 10, 1929, included this item:

Department of Health.

During the past year we have had the part-time services of a graduate nurse, Miss Helena Baer, who carried senior work in the college and graduates from Otterbein this year. A community of from five to six hundred students justified the employment of a resident nurse both for cases of incidental illness and for the control and prevention of epidemics which frequently arise in a college community. In connection with this, there should be secured at an early date an infirmary suited to the needs of both men and women which should be the headquarters of the Health Department and the resident nurse.

Much of this program is now carried on in connection with the work of the nurse and the Physical Directors and for the present, until adequate provisions can be made, rooms can be set apart in the dormitories and in the gymnasium for this purpose.33

The President received support for this idea from the Trustee Committee of Undergraduate Activities which listed health and care of the sick as an item of concern and recommended the setting aside of infirmary rooms in the dormitory plus the purchase of equipment and furniture as soon as possible.34 The Committee on Finance added a boost by recommending a health fee of $3.00 be charged of each student to cover expenses.35 This then was the actual beginning of health services at Otterbein College.

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33 Walter G. Clippinger, "Report of the President," Minutes of the Meeting of the Board of Trustees, Otterbein University, (typewritten), June 10, 1929.
34 Ibid.
35 Ibid.
The *Tan and Cardinal* of April 30, 1929, carried the news on page one that the American Association of University Women had recognized Otterbein College and its graduates would be eligible for membership. Some mention was made of the health services and separate gymnasium facilities for women as factors in securing approval.  

The Board of Trustees approved the recommendation of President Clippinger and he could then outline his proposal for responsibilities for the college nurse by letter in June, 1929:

...a salary of $1400 plus room and board, with the understanding that you act as Matron of Saum Hall, give your major emphasis on nursing, and if you and Miss Hoerner can arrange it, offer one or two courses in the Department of Home Economics.  

Miss Baer was evidently pleased with the offer and replied affirmatively via a letter from camp in Wisconsin, noting that "while at camp I had the privilege of conferring with Dr. Snow, campus doctor of Michigan State College, and received many helpful suggestions which had been successfully worked out on that campus." She agreed to meet with the physical directors and others interested in the health program and to take up the question of health and physical training.

Miss Baer remained at Otterbein for two years, serving as nurse and teaching in the Home Economics Department. Money was supplied through the Office of the President and two infirmary rooms, one in

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37 Letter from President Walter G. Clippinger, Otterbein College, to Helena Baer, June 20, 1929.

38 Letter from Helena Baer to President Walter G. Clippinger, Otterbein College, July 1, 1929, and interview with Helena Baer, March 29, 1968.
Cochran Hall for the women and another in King Hall for the men, were equipped and supplied. When Miss Baer left in 1931, Miss Arlen Noyes, a student and graduate of Buffalo City Hospital was appointed student nurse in connection with her work as a student in the college.\(^{39}\) The reports to the Board of Trustees continued to show approval of the work being done, noting the nurse's report showed an improvement in student health along with the 1,303 office calls during the year. Miss Noyes reported the first arrangements to x-ray students for tuberculosis with the cooperation of the Columbus Clinic for seventy-five cents per student. In addition, she scheduled free health lectures for the coming year.\(^{40}\)

The reports in the Trustee Committees reflected this increased interest in health. The Committee on Physical Education suggested that the college consider employing a part-time physician. Dr. R. K. Edler, who earlier served as football and basketball coach, was suggested and the present health fee to be expended for care of injured athletes as well as payment of the doctor's salary. This would all be worked out in conjunction with the part-time nurse.\(^{41}\) Although there are no records of physical examinations other than those in physical education, the Committee on Undergraduate Activities recommended compliance with Miss Noyes' request for sophomores to receive a physical

\(^{39}\) Walter G. Clippinger, "Report of the President," Minutes of the Meeting of the Board of Trustees, Otterbein College, (typewritten), June 10, 1932.

\(^{40}\) Walter G. Clippinger, "President's Report," Minutes of the Meeting of the Board of Trustees, Otterbein College, (typewritten), June 9, 1933.

\(^{41}\) "Report of the Committee on Physical Education," Minutes of the Meeting of the Board of Trustees, Otterbein College, (typewritten), June 9, 1933.
examination and the Mantoux test along with the freshmen. This committee also recommended the creation of a Physical Welfare Committee composed of Coach Edler, the two physical education directors, the campus nurse, and Professor Scheer (a professor of Biology), for the purpose of dealing more effectively with health conditions.\(^2\)

The health services of the college were first described for those off the campus in the 1930 Bulletin in this manner:

Health Service.
As a part of the health service a professional nurse is employed to care for all minor illnesses of students. Two hospital rooms, one in Cochran and one in King Hall, are set aside for this purpose.

Other changes resulting from a nurse on the campus were evident in the article in the \textit{Tan and Cardinal} reporting on the Dean's announcement of regulations concerning class absences and cut revisions. For the first time, absences for illness involved a campus nurse and the regulation read:

Absences for illness may be excused by the college nurse in accordance with rules already in operation or by the Dean on the presentation of a physician's certificate.\(^3\)

Thus began a system of class excuses for illness, a common custom on many campuses about that time, but one which took thirty years for the Health Service Staff to eventually, and happily, abolish. The system

\(^{2}\)Report of Committee on Undergraduate Activities, "Minutes of the Meeting of the Board of Trustees, Otterbein College, (typewritten), June 9, 1933.

\(^{3}\)Otterbein College Bulletin (Westerville, Ohio: published by the College, April, 1930), XXVI, p. 24.

for excusing was often a center of controversy as illustrated by letter to the editor of the student newspaper as soon as the system was announced. A student, signing himself, "non-conformist," wrote questioning the wisdom of this method and arguing, "...there are to be no more classes excused unless the offender has a Doctor as a personal friend. My, how these M.D.'s will rate now. All that a student will have to do is see his family physician...."  

By 1934, a health board authorized by the Board of Trustees was functioning. This board included a trustee, Dr. Mabel Gardner; the director of physical education for men, Mr. R. F. Martin; the director of physical education for women, Miss Elizabeth Garland; the head of the biology department, Dr. E. W. E. Schear; the college nurse, Miss Arlene Noyes; and Dr. R. K. Edler, one of the coaches. This board recommended medical examinations for both freshmen and sophomores, including histories, and that the total amount of the health fee be used in health work. Concern for contagion from the infirmary rooms in each of the dormitories was expressed and it was recommended that separate rooms be set up in the Association Building or elsewhere, that the nurse could receive calls. The dormitory infirmary rooms were to be discontinued. Again, the employment of a part-time physician was recommended. This theme became a bit redundant as it was repeated again the following year by the Trustee Committee on Physical Welfare and


46 Walter G. Clippinger, "President's Report," Minutes of the Meeting of the Board of Trustees, Otterbein College, (typewritten), June 8, 1934.
Education, asking for practically the same services: medical history, report on the recommended medical examinations, and examinations by a local physician for those who did not furnish one. The complete report of the College Nurse was also included, in full, with a comment that last year's recommendations be considered again. The first record of any nurse's report included the problems of poor lighting in the library, unfavorable cooking conditions for the girls in Saum Hall, the need for hospital for both boys and girls, noting the great difficulty it worked on the nurse to try to care for patients in two separate dormitories located a good distance apart.

A more complete description of the expanding health services were included in the 1935 Bulletin which attempted to spell out exactly the responsibilities of the student and the college. The description was as follows:

A small fee is paid by each student which provides for free attention of the college nurse and special care in one of the infirmary rooms. This applies only in the case of minor ailments of not over two or three days duration. In case of serious or prolonged illness, the student is expected to report to one of the city hospitals near-by. Through the college nurse advice is given concerning medical aid, but the college does not have a resident physician. All medical fees are paid direct to the physician by the student.

Seven years had passed since the initial attempts at providing some type of health service and rumblings of dissatisfaction began to

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47 "Committee on Physical Welfare and Education, Minutes of the Meeting of the Board of Trustees, Otterbein College, (typewritten), June 7, 1935.
48 Ibid.
appear in the student newspaper, especially in the letters to the editor column. The letter from "JA" represents a rather typical expression of concern:

For the last three years there has been a movement on the campus to provide for some degree of adequate health service. Two years ago there was a very serious epidemic of the "flu" on campus and at that time it was shown just how dangerous the present condition is.

What is needed and should have been provided a long time ago is the care of a college physician on part-time duty and true provision made for the isolation of those who are taken sick as soon as it is known. Something must be done about this inexcusable condition. A large portion of the student body can have no adequate care at all.

Unknown to the student writing letters to the Tan and Cardinal he was receiving support for his arguments from the campus nurse. The report of the nurse in 1939 pointed sharply at the increasing need for separate facilities, apart from the dormitories, where students might be safely isolated. In addition, another request for a campus doctor appears:

Some students do not receive care because students not living in King Hall were barred from the Hospital Room. The fraternities were not equipped. There was no isolation unit. Twenty-four students were sick enough for a hospital room but had no room. Twenty-three times she cared for sick students in their own rooms, all for King, and worse in Cochran.

...it is nearly impossible to separate the affected students from the healthy ones when there is not a well-equipped room for proper isolation technique to be carried out well. Many times a sick student should be under the efficient care of an able Physician, but many of the students are not financially equipped to bear this additional expense. As a result the nurse struggles

along by herself and cares for them when much time, expense, and worry could be removed were she assistant to a campus doctor. 51

The response to many of these complaints, demands, recommendations and calls for help came in the form of a new president of the college. As is often the case, when the new president, Dr. J. R. Howe, was inaugurated, he appointed various committees to survey the college program and make suggestions. One of the first committees to be announced was an Advisory Committee on Health, chaired by Dr. P. H. Kilbourne with two other physicians as members: Dr. Homer D. Cassel and Dr. Mabel Gardner. The committee was appointed in January and requested to report recommendations for the health service just as soon as possible. 52

As a result of its deliberations, the committee outlined these basic concepts in describing the establishment of a separate health facility in August, 1939:

The undersigned Committee acting in an advisory capacity at the request of the Chairman of the Executive Committee of Otterbein College presents the following suggestions for consideration.

1. The College Dormitory system shall be expanded to include the building situated on the Northeast corner of Main and Grove Streets. This building is to be known as "The Health Center" and is to be equipped and maintained for the following personal services to the student body. (a) Physical examinations. (b) Medical examinations and Dispensary care. (c) Infirmary care.


A. All suitable equipment now owned by the College shall be transferred to The Health Center and shall be supplemented by the purchase of such additional equipment as may be needed.

B. The rooms now reserved for infirmary purposes in Cochran Hall, King Hall and elsewhere shall be refurnished for rental to students as living quarters.

C. The Personnel for the operation of The Health Center shall include the following:
   1. One part time physician (M.D.)
   2. One Senior Nurse.
   3. One Junior Nurse (or Nurse’s assistant)
   4. Two male students who shall act cooperatively in the capacities of orderly and janitor.
   5. Such additional help as may be necessary to cope with unusual conditions.

D. We present the appended tentative budget for this program.

E. The details involved in carrying out the Health Center Program shall be in the hands of the Chairman of the Executive Committee.

Respectfully submitted,

P. H. Kilbourne
Homer D. Cassel
Mabel Gardner

On July 26, 1939, the Advisory Committee had recommended to the Treasurer of the College that he communicate with the college attorney, asking him to make proper investigation so that all state laws which might affect the management of the Health Center could be properly complied with plus the college protecting itself against any contingent liability by purchasing appropriate medical malpractice insurance.

The actual operation of the College Health Center and entire Health Service has closely followed the philosophy outlined for operation

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54 Ibid., p. 8.
in this first report of the Advisory Committee. These principles include the following:

1. The Health Center will provide the students of Otterbein College with -
   a. A dispensary for examinations and for treatment of minor acute illnesses and minor accidents.
   b. An infirmary for bed patients suffering from minor illnesses or minor accidents.
2. This proposed infirmary is to be used for the care of conditions such as ordinarily would be taken care of in a student's home, and shall in no way be considered as a hospital. It is simply an extension of the dormitory system where sick students can be segregated to facilitate their care.
3. The College does not assume responsibility for the care of chronic illnesses or accidents, or serious acute illnesses. These conditions are to be treated by the student's private physician or at a hospital selected by the student.
4. The responsibility of deciding whether a given patient is to be treated at the Health Center rests with the college physician. If consultation is required the expense involved is to be assumed by the student.
5. Each student shall be entitled to a certain number of days of infirmary service...a limited number of dispensary calls per semester....In case a student requires unusual dispensary services, it is assumed he is in need of a type of service not provided for in the college health set-up....

10. A schedule of dispensary hours is to be arranged by the college administration and physician. The committee is of the opinion that it would be unwise to require the physician to be present a required number of hours per day, or week. We believe that the best service will be obtained if a more flexible schedule is planned so that the physician is on call at the request of the nurse.
11. Students who are infirmary patients may not be permitted to have visitors, except parents or relatives from home or out of town.
12. Vaccination against Small-pox is to be compulsory.... Immunisation against Typhoid Fever and Diphtheria is advisable....
13. Service in the Health Center is for students only and it is not advisable for Faculty members and other employees of the college except....food handlers.
14. ....Each student should have a folder...in which all data and correspondence pertinent to the student's health and physical condition can be properly filed.
As the development of the Otterbein Health Service is outlined in the years that followed, it is worth noting how many of these basic policies were continued and the number that were discarded.

One observation would indicate that the recommended responsibilities of the physician have decreased as those of the nurse have increased. The Advisory Committee felt the physician (part-time) should not only be responsible for the proper professional work of the Health Center but also serve as the sanitary officer of the college, inspecting the campus and buildings including not only classroom structures but dormitories, kitchens, dining rooms, and the like. Each fraternity house and rooming house was also included on the list. Following such an examination, he was to make a written report with recommendations to the proper administrative authorities. Meanwhile, the college nurse and her assistants were to perform "duties according to a plan arranged by the administrative authorities and the college physician." The early recommended examination and report forms are included in Appendix H.

The Health Center

The Otterbein College Health Service began the fall of 1939 in a remodeled home at the corner of Grove and Main streets. In a

55 Ibid., pp. 4-7.
56 Ibid., pp. 7, 8.
57 Ibid., p. 8.
mimeographed sheet to students and faculty, its purpose was described as caring for the health of the student body and building the health program of the college. The four hundred and sixteen students were invited to use the services of the part-time physician and two registered nurses whenever they felt the need.  

The students were evidently quite pleased with this attempt to provide a more adequate health service as the Tan and Cardinal carried a front page article describing the Health Center as having been organized in answer to student demands. Students were informed they were paying a $5.00 fee and that the college was supplementing further expenses and materials for this year. The plan was expected to be self-supporting in a short time. The Center was referred to as a hospital and described as having fully equipped treatment rooms, excellent accommodations, and convenient office space for the nurse.  

The novelty of the Center continued to hold student interest as the newspaper carried a feature article a few weeks later describing the kinds of dispensary calls, illnesses being treated, and inviting everyone to an open house at the Center. Students seemed to be making great use of the Center for the feature concluded with a reminder for all to adhere to dispensary hours since "it was most inconvenient for the staff when regular hours were not being kept."  

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58 Ibid., pp. 9-10, 15.


60 "Many Students Treated in Health Center," Tan and Cardinal, XXII (November 17, 1939), p. 3.
By January of 1940, Dr. Kilbourne of the Advisory Committee had to report to the Trustees that Miss Bright, the registered nurse, had carried such a heavy work load that she had no time for her studies or recreation. She would either have to be released from her college work with an increase in her $600.00 basic salary or have the situation remedied in some other way. The Advisory Committee suggested the hiring of an additional nurse, on the same provision as Miss Bright. Miss Marianne Bunger was selected for this position and reported to the Center nine days later.

The President of the College reported the success of this first venture on June 7, 1940, in his annual report to the Board of Trustees. There is no indication of any difficulty — until the final statements:

The very excellent services rendered by the Health Center during the past year has reflected very creditably upon the entire college. Miss Marjorie Bright, Head Nurse, Miss Marianne Bunger, Assistant Nurse, and Miss Betty Clupper, student assistant have given Otterbein with the direction and part-time services of Dr. R. K. Edler, our College Physician, a department of health which is the equal of any among the colleges of Ohio. It has involved a considerable expenditure, but in my opinion, it is an investment well made. There are students here who would not have come except for this fine health service provision.

There has not been an epidemic during the entire course of the year in spite of severe and frequently changing weather. I wish to recommend that provisions be made to re-locate the Health Center in a brick building in order to meet the requirements of the Division of Factory and Building Inspection of the Department of Industrial Relations. We are subject to severe penalties if we continue in the frame structure now used.

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61 J. R. Howe, "President's Report," Minutes of the Meeting of Board of Trustees, Otterbein College (typewritten), January 3, 1940.


63 J. R. Howe, "President's Report," Minutes of the Meeting of the Board of Trustees, Otterbein College, (typewritten), June 7, 1940.
The report of the Advisory Committee included a clear picture of the year's experiences as outlined in Dr. Edler's Report of the Health Department to them. He also stressed the need to move the Health Center to a brick building in order to meet fire safety regulations. In addition, he reported 2,740 dispensary treatments and 121 admissions to the infirmary. Among other items was operations, 1 major and 15 minor. Since the attitude was one of prevention, Dr. Edler ended his report by asking for a place on the Freshman Week program plus occasional chapel talks relative to prevention and care of disease, personal and community health problems, and general hygiene. The cost of running the Health Center that first year was reported by the Committee as relatively small for along with equipment purchases and expenses, buffeted by fee receipts, the actual cost was reported as $947.25.

The Health Center was moved the following year to a brick structure, a former church parsonage, located on Main Street behind the First Evangelical United Brethren Church. Miss Helen Yarnell, R.N., became a member of the staff. Services were described a bit more in detail in the college Bulletin as infirmary days were now limited to three before charges were leveled but any number of dispensary calls were permitted.

64. Ibid., "Report of the Advisory Committee."
65. Ibid.
There was a minor crisis in the fall of 1941 when the Faculty Health Committee met in emergency session to consider the resignation of Dr. Edler as College Physician plus the lack of a college nurse. The committee met almost daily for more than a week in order to iron out policies and practices with the doctor in order to retain his services. Some adaptation of the beginning recommendations had to be made as Dr. Edler asked for an administrative committee to be in charge of the Health Center, a reasonable financial basis to keep people happy which would include paying the nurse enough to meet present wage scales, assurances to the nurse that it is a worthwhile position, securing a student nurse interested in going to college, getting rid of the rest of the student help, setting up a fair budget and making the health fee enough to cover it, and finally, retaining the physician on regular hours.68

Eventually, at the end of a week of deliberating, a college nurse was secured and agreement was reached as to the doctor's duties. His services as part-time College Physician were to include the following: clinic daily except Sunday, emergency calls on Sunday, football injuries, minor accidents, charges for major affairs either to the individual or athletics, conduct of physical examinations, and guaranteed care of any epidemic emergency. He was willing to make a concession on the amount of service in major cases but felt, "We cannot hope to give

68 Minutes of the Faculty Health Committee, September 3, 4, 1941, Otterbein College, Westerville, Ohio (in the files of the Committee).
hospital service on our present budget.\textsuperscript{69} New dispensary hours were agreed upon and the doctor would conduct a daily clinic for one hour, Monday through Friday. Future plans were to include sanitary inspections of college buildings and fraternity houses, an investigation into the diet in the dormitories and boarding clubs, plus talks in chapel, student group, and articles for the student newspaper.\textsuperscript{70}

The Faculty Health Committee and the Health Services Staff continued to work together closely in the years that followed. President Howe had defined the function of the committee as determining policies and making recommendations to the president and through him to the Board of Trustees.\textsuperscript{71} The Committee and the Staff worked out some additional goals for the services, expanding those of the original recommendations, which included the following:

1) Attempt to guide the students' health philosophy to the end that he will be encouraged to develop habits of correct living;
2) Prevention and control of communicable disease;
3) Follow-up and treatment services for those found defective in so far as this is possible; and
4) Improvement of the student's campus environment, both classroom and living conditions.\textsuperscript{72}

Dr. Edler became ill the following year and Dr. Flora Scherer\textsuperscript{73} completed the year for him, just prior to the coming of Dr. Dale Putnam.

\textsuperscript{69}Minutes of the Faculty Health Committee, September 11, 1941, Otterbein College, Westerville, Ohio (in the files of the Committee).

\textsuperscript{70}Minutes of the Faculty Health Committee, September 12, 1941, Otterbein College, Westerville, Ohio (in the files of the Committee).

\textsuperscript{71}Minutes, September 4, 1941, loc. cit.

\textsuperscript{72}Report of the Progress of the work of the Otterbein College Faculty Health Committee, to date, (R. F. Martin, chairman, Rachel Bryant, secretary), n.d., (in the files of the Health Committee).

who served the college for approximately nine years as College Physician. A special edition of The Towers, in 1943, carried a four page feature on the work of the health program, with "...Dr. Dale Putnam, prominent Westerville physician...employed as the college doctor...Miss Helen Aydelotte and Mrs. Helen Lyman as nurses...."74

The concern shown for the preventive aspect of student medicine was evident in the note from Dr. Putnam to all professors in regard to the oral cold vaccine:

If you notice any students in your classes with sniffles or coughs, please ask them to report to the Health Center during clinic hours, we desire to use prophylaxis rather than active treatment. There is no charge to the students for this service.75

Evidently this method was fairly successful as he is able to report to the Committee that eighty-two students had taken the shots by November and that there had been a decrease in the number of colds treated at the Center from 292 colds in 1942 down to 163 colds in 1943.76

The expanding interests of the Staff and Committee are best illustrated in a rather typical letter from Rachel Bryant, secretary of the Committee, to the President of the College that same year; asking his help in a resolution passed by the Committee:

Resolved, that this committee recommends to the President of the College that the unhealthful procedures of hell week be immediately

74 "Health Program Greatly Strengthened," The Towers, XVI (September, 1943), p. 16.

75 Minutes of the Faculty Health Committee, November 19, 1943, Otterbein College, Westerville, Ohio, (in the files of the Committee).

76 Ibid.
restricted; namely, paddling, the giving of any medication inter-
ternally and undue exposure to weather elements."

The president replied rather agreeably that no further abuses were in-
dulged in and any violators would be reported and the groups suspended.
"Paddling," he reminded the committee, "is banned by faculty action."
Other techniques would be kept within health and reason. The Committee,
especially the members of the Health Center Staff, noted that very
severe paddling cases had already called for the nurse's help. Such
were the problems discussed in 1943.

The problem of illness excuses reared its head again in 1944
when some felt a student who hadn't seen the College Physician wasn't
ill enough to be excused; others worried about receiving excuses when
they were too ill to get out of the dormitory and go see the College
Physician. In addition, the problems with cost varied and changed
rather unevenly from year to year. In 1941, Dr. Edler had been paid
$1150.00 for his part-time service and in 1944, the memorandum of
agreement listed the physician's salary as $750.00. The nurse's salary
stayed consistently at $600.00 plus room and board.

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77 Letter from Rachel Bryant, secretary, Faculty Health Committee,
to President J. R. Howe, Otterbein College, December 10, 1943.
78 Ibid.
79 Helen M. Aydelotte, secretary, Letter from the Faculty Health
Committee to Dean A. J. Esselstyn, Otterbein College, April 12, 1944,
(in the files of the Committee).
80 Minutes of the Faculty Health Committee, September 30, 1941,
Otterbein College, Westerville, Ohio (in the files of the Committee).
81 Memorandum of Agreement with Health Center Employees, July 15,
1944, (in the files of the Faculty Health Committee, Otterbein College,
Westerville, Ohio).
By 1945, the Community Tuberculosis X-ray Project included the students and faculty as well as Westerville residents, at no charge. Revised rules for the Health Center were distributed and the doctor's clinic hour was moved from afternoon to an early morning hour, an hour at which it then stood for the next twenty years.

Increased Demands on the Health Center

The Health Center had been a reality for six years and in its present location, a remodeled former church parsonage, for five when the first inkling of greater needs and demands on the services appear in the records. The inaugural address of Dr. J. Gordon Howard, President of the College, included among the future needs of the college, "...a new health center as necessary to round out the physical equipment of Otterbein that it may, with a maximum of effectiveness, do the work expected and accomplish its avowed purpose." In addition, the Trustee Committee on Buildings and Grounds reported the Health Center facilities to be over-taxed with the increased enrollment and urged all space be devoted to student use and permanent occupants (the college nurses) be eliminated.

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82 Minutes of the Faculty Health Committee, September 24 and October 3, 1945, Otterbein College, Westerville, Ohio (in the files of the Committee).

83 "Inaugural Address of President Howard," The Towers, XVIII (December, 1945), p. 12.

84 "Report of the Committee on Buildings and Grounds," Report of the President to the Board of Trustees, Otterbein College, Westerville, Ohio, June 7, 1946, (mimeographed).
None of these problems appeared evident in the feature in The Towers, a two-page picture story of the Health Center describing how the staff, facilities, and services had been increased along with the college enrollment in the post-war boom. Government surplus items had supplied much of this new equipment and now included were heat lamps, x-ray, hydrotherapy, sterilizers, auto-clav, sun lamp, and an oxygen tent. The Health Center had been approved by the Blue Cross Hospital Plan since 1946. Along with Dr. Putnam, Dr. Walter Stout had joined the staff.  

Letters between Dr. J. Gordon Howard, president, and Professor John Clippinger in the psychology department indicate a desire to establish a counseling center. It was hoped that applicants could be more carefully screened with regard to mental health and that a more adequate freshman counseling program could be initiated. The plan was to establish a central counseling center staffed by Professor Clippinger with help from Miss Catherine Dykeman from the Dean of Women's Office. However, following a sabbatical leave, Professor Clippinger did not return to the campus nor was Miss Dykeman available. Some counseling was done by Professor Clippinger's successor but no direct program was ever organized involving the Health Services, Student Personnel, or the Psychology Department. Some counseling and referrals were later made available through the cooperation of Dr. Charles Harding and nearby Harding Sanitarium, Worthington, Ohio.

86 Letter from President J. Gordon Howard, Otterbein College, to John Clippinger, January 21, 1953.
In the fall of 1954, the Health Center was again moved, this time to a remodeled home on Grove Street. Clinic calls had more than doubled and infirmary cases were fewer. Dr. Raymond Jennings had joined the staff in 1949, Dr. Harry Newland was added in 1956. The report of the Health Services of 1956 indicated that although 82 per cent of the students were using the service, the volume of private practice of the physicians had so increased that only a one hour clinic could now be held each morning at the College Health Center.

1957-1967 College Growth and the Health Services

Beginning in the mid 1950's, the college began to experience a gradual upturn in enrollment and this increase was eventually to have effects on the Health Service. The Registrar reported an enrollment of 872 students in 1957, and an enrollment of 1,624 in 1967. In 1957, the Health Center reported 5,474 out-patients treated whereas in 1967, 6,194 students visited the clinic, utilizing approximately the same facility and staff of ten years before.

87 Report of the President to the Board of Trustees, Otterbein College, Westerville, Ohio, June 4, 1954, p. 23, (mimeographed).
88 Annual Report of the President to the Board of Trustees, Otterbein College, Westerville, Ohio, June 1, 1956, not numbered (mimeographed).
89 Annual Report of the President to the Board of Trustees, Otterbein College, Westerville, Ohio, May 31, 1957, not numbered (mimeographed).
90 Annual Report of the President to the Board of Trustees, Otterbein College, Westerville, Ohio, October 27, 1967, p. 15B (mimeographed).
In 1957, for the third time in the history of the college, classes were dismissed because of a health hazard. On October 30, the Administrative Council, in an effort to curtail the spread of flu cases that had been plaguing both students and faculty, dismissed classes from October 30 to November 5. Although the cases had not reached epidemic stage, it was felt by cancelling the classes, the events for the remainder of the week as well, everyone would have a few day’s rest and the flu bug would be checked. The *Tan and Cardinal* noted that the football game would go on as scheduled but all other campus activities were postponed.93

A group insurance policy for students was established in 1958 as a result of the investigations by the Student Council and the Faculty Health Committee.94 However, student dissatisfaction with the outpatient clinic was evident in the student newspaper as the doctor’s clinic hour was experiencing increased demands in the form of more students wanting to see the doctor. In addition, the near-epidemic proportion of flu cases in the preceding year had made them conscious of the need for isolation space. This letter to the *Tan and Cardinal* was indicative of the feelings of some:

*Otterbein College has grown and enlarged over the few years and our Health Center has not! We have over 800 students here and our “superior” Health Center can house approximately nine or about 1.3 per cent of the students. This is not enough, particularly during outbreaks of the flu or other illnesses during which our dorms have to be turned into make-shift hospitals.*

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94 Annual Report of the President to the Board of Trustees, Otterbein College, Westerville, Ohio, May 29, 1959, p. 51 (mimeographed).
We feel very definitely that we need some improvements in our Health Center. For instance, a full-time, "conscientious" doctor. If a student gets very sick sometime other than that one hour a day when the doctor is there — it's tough!... Our nurses are adequate but they are not qualified to make a diagnosis and start the necessary treatment. ... Someday we may be sorry. Do we have to wait for serious consequences before something will be done.

very truly yours,
(names withheld on request)95

By 1960, a possible solution to the over-crowding and demands on the Health Service arrived in the recommendation of the Ten Year Plan96 that the Health Center be dismantled and a routine dispensary substituted for its services. Under the leadership of Dr. Roy Turley, the Faculty Health Committee studied the recommended dismantling and any possible alternate plans for health services for Otterbein students. Eventually, in November, 1960, the Committee recommended that the College continue the same type of service now being offered including infirmary facilities. It was the consensus of the Committee that the service should not be curtailed but continued, expanding as needed with both outpatient and infirmary care being centered in one building. The suggestion of having beds in the dormitories for ill students was not thought to be wise.97


97 Minutes of the Faculty Health Committee, November 30, 1960, Otterbein College, Westerville, Ohio (in the files of the Committee).
Although student concern for more doctor coverage was still evident, not everyone was dissatisfied with the services. An article by a columnist in the Tan and Cardinal indicated the feeling that many former patients had about their hospitalization or infirmary days:

> Last week I had the pleasure of using the Health Center facilities. I felt unfortunate only at the aspect of having an injury. The care, attention, and dedication of the nurses, and the available facilities are some of the best I have ever seen. This is one hidden corner of the campus which seldom receives praise and here I extend my praise. Thank you.  

The general policies governing Health Services stayed fairly consistent throughout the years in attempting to deal primarily with minor illnesses and accidents and stressing the preventive aspects. By 1962, 7,562 outpatient visits were recorded, indicating that students were taking advantage of the type of service offered. The outpatient clinic was continuing to grow and its success created problems:

> The Health Center has now reached a point beyond which significant progress is obstructed by space limitations. Fifty percent of the space allotted for the Department is designed (by virtue of inheritance) for in-patient care (and the space is not too great for this service), yet seventy-five percent of the Department's activities are concerned with out-patient medical care. The fifty percent space allocated for out-patient service is much too small. This limitation of space is an important obstacle to further development.

Other concerns that were expressed in the same report indicated a plea for an additional examining room, a fire escape, and the need for better

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counseling and guidance services, with the hope of a qualified psychiatrist. 100

In 1963, the thirty year old illness excuse system was successfully discarded and was the highlight of the yearly report. However, new problems continued to arise from the changing environment and a novel one appeared in the form of motorcycle accidents — four serious ones. 101 The real press for infirmary space came in the following year when forty-eight students were confined to the Health Center over a short period of time with the three-day measles. Some of these students were handled in the dorms and others went home but all of this pointed up the problem of inadequate facilities for accommodating contagious cases. Six cases of Scarlet Fever were also reported, although fortunately, not simultaneously experienced with the measles. In addition, the doctor's clinic became so large that an additional nurse was hired to assist in screening the students who needed to see the doctor and those who were only there for medication or continued treatment. Visiting hours, originally recommended to be non-existent back in 1939, were again abolished — a policy most unpopular with the students. Hearing tests were conducted for freshman students entering education and finally, before the year was out, a fungus infection spread through

100 Ibid.

several dormitories and the Health Service was called upon to inspect and make recommendations for its control. 102

The President's Report to the Trustees in 1964, gives every indication that the increased demands on the Health Center were well known. 103 Already the Faculty Health Committee had recommended either an addition to the present building or a new structure. The President appointed a committee composed of faculty, trustees, alumni, and Health Service Staff to plan a new and necessary Health Center. 104 This planning committee was headed by Dr. Homer D. Casell, a member of the Advisory Committee of 1939.

In the year that followed, the President of the College continued to point up the need for increased facilities, recognizing the hard work of the present staff within the limited situation. In calling for continued attention to this problem, he stated in his report of 1966:

...our Health Center, which has been a part of the college for thirty-eight years and is at least ten years behind the march of progress. The Health Center staff works hard, but these conscientious people are treating twice as many students as in 1955, afflicted with sophisticated diseases unknown in 1955. We have all too long neglected our responsibility here — a new Health Center is imperative. 105

102 Annual Report of the President and Administrative Officers to the Board of Trustees, November 6, 1964, Otterbein College, Westerville, Ohio, pp. 53-56B (mimeographed).
103 Ibid., p. 2.
104 Ibid.
105 Annual Report of the President and Administrative Officers of Otterbein College, Westerville, Ohio, to the Board of Trustees, November 4, 1966, p. 2A (mimeographed).
By 1967, a slight decrease in the out-patient visits was reported but a gain in infirmary admissions was noted instead. In an effort to deal with the continued student visits, the Staff developed some new forms and indexes to speed up some procedures. A card index file for drugs was developed in addition to a procedure book with signed orders. Accident report forms were distributed to all department heads and head residents in a project to study causes and eliminate safety hazards.  

Discussion

Historians tell us that a study of history reveals that history merely repeats itself. The history of the development of health services at Otterbein College reveals such repetition in underlying philosophy, health problems, and attempted solutions.

Health services at Otterbein College developed as a result of several forces operating independently of each other, Miss Helena Baer's desire to further her education, recognition sought of the American Association of University Women, and interest by the Physical Training Department. Except for the latter, these forces operated outside the college and health services were finally established, not out of great concern for student health, but almost accidentally stumbled onto. Once established, their value and worth were recognized and supported.

106 Annual Report of the President and Administrative Officers of Otterbein College, Westerville, Ohio, to the Board of Trustees, October 27, 1967, pp. 35-36B (mimeographed).
The Otterbein College Health Center was established to meet the need for isolating students who are ill but it has also succeeded in isolating the concept of college health services in the minds of many. The history reveals a strong concept held by many that the college health services are centered around those offered at the Health Center, that of outpatient clinic care, infirmary care, and emergency service. Only in the early years did the part time college physician assume any responsibility for a safe and healthful environment. The problems of environmental health, fire safety, and mental health counseling are reported over the years in trustee committees, faculty health committee meetings, Health Service reports, and student letters to the newspaper. The response, historically, has been to improve or expand services at the Health Center.

The repetition of the problem of environmental health and safety, especially fire safety, indicates that either the problems are the same always or that the solutions attempted were short-lived. These problems no longer fall under the category of health services since the Health Center staff does not deal with them directly. The problem of an increased outpatient clinic has created such demands that all attention must be focused upon its solution. The health services have always centered around the theme of care for minor illnesses and accidents. The outpatient clinic which deals directly with these health problems is now attempting to meet the increased patient load with a shorter number of hours in which the college physician is available to students. The use of a nurse to screen those students who will see the physician
indicates an underlying belief that not all of the students need to see a physician for their illnesses.

The limited concept of a college health services program is also evident in the first attempt to organize some kind of mental health counseling program — outside the realm of the established health services program. Today the mental health program still lacks a coordinated effort.

The history implies that the available health services and facilities have not been able to handle epidemics among the students, closing the College for an outbreak of Asiatic Cholera, Spanish Flu, and Asian Flu. However, three such closings in 118 years does not appear to be such a large number.

The history also reveals that the major steps toward improving health services have occurred along with the inauguration of a new president of the College. This is not too surprising and may also be true in other aspects of college life but it may reveal that each successor brings to the office new enthusiasm for old problems.
CHAPTER V

RESULTS OF THE SURVEY OF HEALTH PROGRAMS
OF SIMILAR COLLEGES

A survey of selected similar Ohio colleges and other colleges supported by the Evangelical United Brethren Church was conducted in order to discover what kinds of health services might be expected in colleges of the size and type as Otterbein. The fourteen Ohio colleges selected as similar to Otterbein and meeting the criteria of size, co-education, church-related, privately controlled, Freshman Input Factors and Environmental Assessment Technique were Ashland College, Baldwin-Wallace College, Capital University, Heidelberg College, Hiram College, Mount Union College, Muskingum College, Ohio Northern University, and Wilmington College. A check list of criteria for college health services of 108 items was developed and utilized by the writer in interviewing the Director of Health Services of each of the Ohio colleges with the exception of Ashland College. The information concerning health services at Ashland College was secured by mail from the Head Nurse, Mrs. Paul Knight.

The information concerning the health services of the Evangelical United Brethren Church colleges was received by mail, the Director of

each Health Service completing a checklist mailed to him by the writer plus the returning of any brochures or additional information. Those colleges responding included Indiana Central College, Lebanon Valley College, North Central College and Westmar College.

The 108 items on the checklist were divided into thirteen separate categories and included: general — the written and approved policy statement of purpose and function, outpatient services, inpatient services, mental health services, emergency care, athletic medicine, dental medicine, occupational medicine, records, environmental health and safety, health education and preventive medicine, finance and research. One open-ended question was included asking for any special interest or service which had not been touched upon in the checklist.

Common Health Services of the Colleges Surveyed

All of the colleges surveyed have some type of written statement outlining the general purpose and function of the health services program. Some colleges have this information printed in the catalogue, others have an additional brochure or pamphlet or include the information in the student handbook.

All of the colleges reporting have posted notices of the outpatient hours and conduct an outpatient clinic staffed by the nurse. Each college also has a pre-entrance medical examination record on file for each student on the campus. In addition, the health service personnel do instruct those students who come to the service for care and
treatment in the aspects of healthful living but none are involved in any organized plan of health instruction.

None of the Ohio colleges reporting in this study, nor any of the Evangelical United Brethren Colleges, have a psychiatrist available on campus for full-time or part-time counseling. Neither do any of these schools have medical examinations available for faculty or administrative staff at the Health Service. The only type of dental medicine provided on any of these campuses is referral service.

Although there appears to be a general, over-all understanding of the procedures that would be followed in case of any emergency involving a sudden epidemic illness, community disaster, or civil defense alert, none of the colleges reporting in this study have a written (emphasis mine) plan. Those who were interviewed indicated that cooperation between the campus health service and municipal authorities is understood and generally agreed upon and accepted, even though the plans or policies may not be in writing.

In the colleges reporting here, problems of environmental health and safety are referred to the maintenance department, the office of the business manager of the college, or the vice-president for business affairs. All Health Services will assist in such problems if requested to do so.

An observation of the facilities of the Ohio colleges visited indicates that there is no one pattern which dominates the type of facility available. Four of the Ohio colleges, including Otterbein, are located in a remodeled home. New or relatively recent buildings serve as Health Centers on three of the campuses visited. The remaining three
colleges have located facilities either in one wing of a dormitory or utilize the dormitory for infirmary space and locate the nurse's office in another building, such as the gymnasium.

Scope of Services

The results are reported here in the twelve specific areas included in the checklist for discussion and understanding. These areas were general, outpatient services, inpatient services, mental health services, emergency care, athletic medicine, dental medicine, occupational medicine, records, environmental health and safety, health education and preventive medicine, finance, and research. The Otterbein Health Service staff utilized the same instrument for self-evaluation purposes. For comparison, the services at Otterbein College are described briefly and then followed by the results of the survey of health services at the Ohio and Evangelical United Brethren (EUB) colleges.

General

The Otterbein College Health Service has a written and approved policy statement outlining its general purpose and functions in the college catalogue in addition to a brochure, explaining the services, which is distributed to all students, and a description in the Campus Life Handbook.

A written and approved policy statement of purposes and functions is available in 66 per cent of the Ohio colleges and 50 per cent of the EUB colleges.
A written explanation of health services in the form of a pamphlet, brochure, or write-up in the student handbook is available in 88 per cent of the Ohio colleges and 75 per cent of the EUB colleges. One Ohio college only gives its pamphlet to those students who are admitted to the infirmary.

Outpatient Services

Otterbein College Health Services has a posted notice of outpatient hours and the doctor's clinic hour. Two nurses are on duty during the doctor's clinic hour. There is a written policy for after hours care. The Health Center is open from 8:00 - 12:00 A.M., 1:00-5:00 P.M. and 6:30-9:00 P.M. After 9:00 P.M., emergency calls are taken by the nurse via telephone before a student goes to the Health Center. Non-prescription drugs are administered by the nurse but all others are given only on a standing-order basis from the physician. There is a written policy of standard procedures for referrals. The immunization available include tetanus-toxoid, influenza vaccine, allergy series, and overseas shots, e.g. typhoid, smallpox, etc.

As previously indicated, all colleges reporting here have posted notice of out-patient hours and conduct a clinic staffed by a nurse. All the schools reporting, except for one Ohio college, conduct a clinic with a physician present at least once a day, an hour in length. All the schools reporting here, except one, have a physician available on call.

A part-time physician is employed to conduct a clinic in 77 per cent of the Ohio colleges and 50 per cent of the EUB colleges. A full-time physician is employed by 30 per cent of the Ohio colleges.
Some of the persons interviewed indicated that a student who indicates a desire to see the physician should be permitted to do so. As a result, 77 per cent of the Ohio colleges have the nurse screen those students who need to see the physician; 100 per cent of the EUB colleges follow this procedure.

There is a written policy for after-hours care for students in 55 per cent of the Ohio colleges and 75 per cent of the EUB colleges reporting.

Over 75 per cent of both college groups reporting give drugs only on a standing order basis from the physician although over 50 per cent of the group have the nurse administer non-prescription drugs.

There is no written policy of standard procedures for referrals in 22 per cent of the Ohio colleges reporting in this study and 25 per cent of the EUB colleges reporting here.

The most common immunizations available to students on the campuses of the schools included in this study are influenza vaccine, tetanus toxoid, overseas series of shots, smallpox vaccine, and any continuation of allergy series as recommended by the home physician.

Inpatient Services

The Otterbein College Health Service includes twenty-four hour nursing service and bed care with a physician available on call. Isolation quarters are available plus day-rest beds. Laboratory work is handled at the Westerville Medical Center although the Health Service Staff will draw the blood samples. Food service for infirmary patients is provided through a central food service if the student is enrolled
on the campus meal ticket plan. Special diets can be prepared at the Health Center for infirmary patients on a liquid or soft diet.

Greater variation was reported in Inpatient Services since some of the colleges in this study do not offer any infirmary services at all. This seems to be related to the location of the campus and the nearest hospital. Twenty-four hour nursing service can be found on 55 per cent of the Ohio colleges and 25 per cent of the EUB colleges. A physician is available on call at 88 per cent of the Ohio colleges and 100 per cent of the EUB colleges. Day-rest beds are available on 77 per cent of the Ohio campuses reporting but only 50 per cent of the EUB campuses.

Laboratory and x-ray service is limited on all campuses. None of the EUB colleges have this service on campus and only 22 per cent of the Ohio colleges report having it on campus.

Any food provided to students in the infirmary usually comes through a central campus food service as indicated by 66 per cent of the Ohio colleges and all of the EUB colleges.

Mental Health Services

Otterbein College provides a psychiatrist and psychiatric social worker for off-campus counseling on a referral basis, the psychiatric social worker is available on campus on a limited basis. Deans are available on campus for personal (non-academic) counseling, in addition to interested faculty members and the College Chaplain. Most mental health referrals are handled cooperatively through the Health Service and Dean of Students' Office.

A psychiatrist is not available for counseling on the campus of any of the colleges reporting in this study. However, a psychiatrist is
available for off-campus referral in 55 per cent of the Ohio colleges reporting and all of the EUB colleges.

It appears to be more common for a clinical psychologist to be available on campus, part-time, for counseling. This is reported by 44 per cent of the Ohio colleges and 25 per cent of the EUB colleges. Eleven per cent of the Ohio colleges maintain a clinical psychologist for full-time, on-campus counseling.

A clinical psychologist is available for off-campus referral in 50 per cent of EUB colleges reporting.

All of the Ohio colleges reporting have deans on campus for personal counseling but only 75 per cent of the EUB colleges hire such persons. Evidently counseling is not usually done in the Health Services Building as only 33 per cent of the Ohio colleges report having such space available and only 25 per cent of the EUB colleges.

All of the EUB colleges have a person employed in a position similar to a chaplain who does personal counseling; 77 per cent of the Ohio colleges report having someone in this position.

Mental health referrals are handled by the Health Service in 55 per cent of the Ohio colleges reporting while all of the EUB-colleges handle such referrals cooperatively through the Health Services and the Dean of Students' Office.

Emergency Care

Otterbein College has a written policy for handling emergency illnesses and on-campus accidents by the Health Service, both during regular clinic hours and after the clinic is closed. Transportation is the responsibility of the Health Service.
Although most colleges have a policy for handling such emergencies, not all of these policies are in writing. Over half or 66 per cent of the Ohio colleges do have a written policy for handling such emergencies both during and after regular clinic hours. The EUB colleges vary in this regard with 50 per cent having a written policy for after clinic-hours care and only 25 per cent have the policy written for during clinic-hours.

Transportation of the victim to the hospital is the responsibility of 55 per cent of the Ohio colleges and 50 per cent of the EUB colleges reporting.

Athletic Medicine

In the Otterbein Health Service, one of the College Physicians is also responsible for athletic medicine. On-field injuries and treatment are sometimes reported to the Center by the physician but more often by the student involved and the injury and treatment is then recorded by the nurse. The pre-entrance examination is utilized as an evaluation for physical education class participation. Evaluations are made by the Health Service Staff of upperclassmen for some selected varsity sports, mostly football, but none are made for intramural activities. Pre-entrance examination records and clinic and hospitalization records are utilized to evaluate women for extramural participation and intramurals, when the information is solicited by the department.

In 66 per cent of the Ohio colleges but only 25 per cent of the EUB colleges is the athletic physician responsible to the Health Service physician. The most common procedure reported by the Ohio colleges was to have the same physician serving both areas.
Evaluation for physical education classes (usually meaning a check of the pre-entrance medical examination) is done by 66 per cent of the Ohio colleges and 50 per cent of the EUB colleges reporting.

Evaluations for all varsity sports are reported by 55 per cent of the Ohio colleges; 75 per cent of the EUB colleges. Some schools only evaluate for selected varsity sports, especially football, and this was reported in 44 per cent of the Ohio colleges and 50 per cent of the EUB colleges. During the interview, all the Ohio colleges responded that they thought the investigator was referring only to the men since women on these campuses did not seem to participate in a great deal of extramural sports. A few colleges reported that the Women's Physical Education Department does clear names for participation through the use of pre-entrance examination and clinic and hospital records.

Evaluation for intramural participation was available in 22 per cent of the Ohio colleges and 25 per cent of the EUB colleges.

Relationships between the Health Services and trainers and therapists vary from college to college. Only 33 per cent of the Ohio colleges reporting and none of the EUB colleges had established written standing orders of procedures for trainers and therapists, approved by the athletic physician and health service physician. But 66 per cent of the Ohio colleges reported and recorded any on-field injuries as opposed to reports from 50 per cent of the EUB colleges. Treatment of such on-field injuries was reported and recorded by 44 per cent of the Ohio colleges; 75 per cent of the EUB colleges. It is interesting to note that the EUB colleges may report the treatment but not always the injury.
**Dental Medicine**

The Otterbein College Health Service and all of the colleges reporting in this study offer referral dental service only.

**Occupational Medicine**

The Otterbein College Health Service will assist in processing food-handler permits involving a chest x-ray and blood test providing the non-teaching staff and students report within a designated time limit. No pre-employment medical examination nor periodical examination is required of non-teaching staff, faculty, or administrators. Neither does the Health Center provide medical examinations for any of these groups. It will, however, provide emergency medical treatment for staff, faculty, or administrators plus an occasional B-12 shot, allergy series, or flu vaccine. The latter is available to any of these groups at cost.

Only 22 per cent of the Ohio colleges and none of the EUB colleges process food-handler's permits. Pre-employment medical examinations are required of the non-teaching staff at 33 per cent of the Ohio colleges; of faculty and administrators at 22 per cent of the schools. None of the EUB colleges reporting require an examination for employment of either group.

Emergency care is provided to faculty or administrators in 88 per cent of the Ohio colleges and 50 per cent of the EUB colleges. This same treatment is available to non-teaching staff in only 66 per cent of the Ohio colleges and 50 per cent of the EUB colleges.
Records

The entrance examination record of each Otterbein student is kept on file at the Health Center along with a clinic and hospital record. The nurse is responsible for the clinic and hospitalization record, the secretary handles entrance examination record follow-ups, financial records, and insurance forms.

All the colleges reporting keep pre-entrance examinations records on file at the health service. All the Ohio colleges and 75 per cent of the EUB colleges also keep some type clinic and hospitalization record as well. The nurse is responsible for record-keeping in 55 per cent of the Ohio colleges and 75 per cent of the EUB colleges.

A standard accident report form is utilized campus-wide and all accident reports are on file at 66 per cent of the Ohio colleges; 75 per cent of the EUB colleges report the same.

Environmental Health and Safety

The Otterbein College Health Service cooperates with the Office of the Vice-President for Business Affairs in enforcing public health standards for food, housing, water control, safety and accident prevention. The staff has made inspections in some areas upon request, and presented recommendations, when necessary, for improvement.

A similar cooperative arrangement with the business manager or maintenance crew is reported by 88 per cent of the Ohio colleges. None of the EUB colleges responded to this section other than the 50 per cent who reported inspections conducted upon request. Some 25 per cent of the EUB colleges indicated responsibility for campus-wide safety and accident
prevention. If requested to do so, 44 per cent of the Ohio colleges reporting would conduct inspections when needed.

Health Education and Preventive Medicine

The Otterbein College Staff reported providing instruction in healthful living to those students who come to the Center for care and treatment, serving as resource people for classes, and occasionally writing an article for the student newspaper. There is no involvement in an organized plan of health instruction.

All the colleges reporting indicated individual health instruction for those students who come to the Health Service for care and treatment. All of these schools indicate no involvement in any organized plan of health instruction. The most common item for all was serving as resource persons, as reported by 55 per cent of the Ohio colleges and 25 per cent of the EUB colleges. Writing news items for the student newspaper was reported by 22 per cent of the Ohio colleges.

Finance

The Otterbein College Health Service operates within a budget based entirely upon student health fees. Although there is no charge for drugs available at the Health Center, additional fees are charged for special or unusual drugs. Each student is responsible for any expense incurred in mental health counseling. All students, as of 1968, are required to carry the group insurance policy for the students. Faculty teaching in the so-called hazardous areas, e.g. chemistry, physical education, driver training, are encouraged to carry additional personal accident-liability insurance but the college does carry this for them.
Students representing the college, e.g. sports, debate, theatre, etc., are insured during travel. All student insurance forms are handled by the Health Service.

A budget based entirely upon student health fees is common at 44 per cent of the Ohio colleges reporting and 50 per cent of the EUB colleges. The remaining groups supplement this budget with college allocations.

None of the colleges reporting charges additional fees for regular, non-prescription drugs received at the Health Service. Students do pay additional fees for prescription drugs at 33 per cent of the Ohio colleges and all of the EUB colleges. Some schools follow the practice of writing prescriptions for drugs not usually handled by the services and the student has it filled at the local pharmacy at his own expense.

A group insurance plan for students is required by 33 per cent of the Ohio colleges but 75 per cent of the EUB colleges; 66 per cent of the Ohio colleges and 50 per cent of the EUB colleges enable the student to select the college plan or an equivalent one.

Additional expense connected with mental health counseling is paid by the student in 33 per cent of the Ohio colleges, 50 per cent of the EUB schools. The initial expense for such referral is covered by 55 per cent of the Ohio colleges within the health fee.

None of the colleges reporting insure the faculty teaching in so-called hazardous areas with additional personal-accident-liability insurance. Students are insured during travel and performance by 33 per cent of the Ohio colleges and 75 per cent of the EUB colleges. In the case of athletic performers, some of these are covered by an NCAA policy.
Most Health Services are responsible for handling insurance forms in the college plan for student protection. This is true at 88 per cent of the Ohio colleges and 50 per cent of the EUB colleges. Occasionally the Treasurer's Office or Business Office is mentioned but most Health Services are involved in completing a portion of the form.

Research

The Otterbein College Health Service is not concerned with conducting many studies on student health problems although a small number of limited studies may be conducted occasionally as in increased rates of certain diseases, unusual numbers of illnesses within a certain time period, etc.

Although 44 per cent of the Ohio colleges reporting said they conduct very limited studies, 55 per cent of them and 75 per cent of the EUB colleges indicated they were not concerned with this aspect.
CHAPTER VI

RESULTS OF THE SURVEY OF FACULTY, ADMINISTRATIVE OFFICERS, TRUSTEES

In order to determine what services the faculty, administrative officers, and trustees believe should be included in a college health program, each individual was contacted by mail and asked to complete a checklist of 97 items describing the scope of college health services. The checklist called for positive responses, marking those items which one believed should be included. This checklist was similar in most respects to that developed for use by the Directors of Health Services of selected Ohio colleges and other Evangelical United Brethren colleges but was more specific and descriptive since the respondents would not be as familiar with a college health services program or terms.

The 97 items were divided among the following major classifications: general objectives and purpose, patient services, mental health services, emergency care, athletic medicine, dental medicine, occupational medicine, records, environmental health and safety, health education and preventive medicine, finance, and research. The categories included the same services as described for the Health Service Directors although some areas were combined so that the checklist would not appear to be so lengthy.

Each checklist was mailed to the home address with a stamped, self-addressed envelope for return. A letter of explanation accompanied
each checklist. The response was a return of 96 checklists or a 70 per cent return.

The return from the faculty members was 55 out of 79 or 69.6 per cent; from the administrative officers, 12 out of 13 or 92.3 per cent; and from the trustees, 29 out of 45 or 64.4 per cent. Several members of the Board of Trustees returned the checklist with the comment that they either were new on the Board or felt un-qualified to respond.

The checklist required positive responses and presents an interesting picture of variation in opinion, sometimes differing between on and off campus persons, other items indicating certain areas of greater experience. The responses should in no way be construed to mean that those persons replying to the checklist would vote in favor of or endorse certain measures as a part of the Otterbein College Health Service.

Common Responses of the Persons Surveyed

The following items describing a college health service are those which 80 per cent or more of all the respondents checked as descriptive of the purposes, responsibilities, and services of a college health service:

1. The objectives of a college health service should include care for illnesses or accidents among students while in college.

2. The objectives of a college health service should include maintenance of a stage of good health among the student body.

3. The college health service should include a daily outpatient clinic.
4. The college health service should include an infirmary with twenty-four hour nursing service.

5. Immunizations (e.g., flu, cold, tetanus, etc.) should be available to students.

6. There should be isolation rooms in the infirmary.

7. A chaplain should be available on campus for counseling.

8. All mental health referrals should be handled cooperatively through the Health Service and the Dean of Students' Office.

9. There should be a written policy for handling of all emergency illnesses and on-campus accidents by the Health Service.

10. The college health service should provide referral dental service only.

11. The College health service should cooperate with the college administration in enforcing public health standards for healthful and sanitary food service as well as safe and healthful student housing.

Scope of Services

The results are presented here in the twelve specific areas for discussion and understanding.

General

The responses to items dealing with general objectives and purposes of a college health service are shown in Table 1. As a group, the administrators appear to show more interest in individual health education and the campus environment than either the faculty or trustee groups.
TABLE 1
PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES INDICATING WHAT THEY BELIEVE TO BE THE OBJECTIVES OF A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty Per cent of Respondents</th>
<th>Administrators Per cent of Respondents</th>
<th>Trustees Per cent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization program</td>
<td>80.0</td>
<td>75.0</td>
<td>58.6</td>
</tr>
<tr>
<td>Individual health education</td>
<td>63.6</td>
<td>91.6</td>
<td>62.0</td>
</tr>
<tr>
<td>Healthful, safe physical and emotional campus environment</td>
<td>61.8</td>
<td>100.0</td>
<td>75.8</td>
</tr>
<tr>
<td>Indoctrinate proper attitudes, habits of good health</td>
<td>41.8</td>
<td>50.0</td>
<td>62.0</td>
</tr>
<tr>
<td>Conduct research relating to student health problems</td>
<td>43.6</td>
<td>58.3</td>
<td>31.0</td>
</tr>
</tbody>
</table>

Patient Services

Although more than half of each group agreed upon laboratory and x-ray services off campus, day-rest beds, and a nurse as director, differences of viewpoint become more evident in this category. Table 2 illustrates some of these differences in viewpoint between those on campus, the faculty and administrators, and the trustees.

TABLE 2
PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES CONCERNING PATIENT SERVICES PROVIDED BY A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty Per cent of Respondents</th>
<th>Administrators Per cent of Respondents</th>
<th>Trustees Per cent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily outpatient clinic</td>
<td>90.9</td>
<td>100.0</td>
<td>72.4</td>
</tr>
<tr>
<td>Infirmary, 24 hour nursing</td>
<td>94.5</td>
<td>100.0</td>
<td>75.8</td>
</tr>
<tr>
<td>Director: full-time physician</td>
<td>49.0</td>
<td>8.3</td>
<td>20.6</td>
</tr>
</tbody>
</table>
TABLE 2—Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty Per cent of Respondents</th>
<th>Administrators Per cent of Respondents</th>
<th>Trustees Per cent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director: nurse acting under part-time physician</td>
<td>49.0</td>
<td>91.6</td>
<td>79.3</td>
</tr>
<tr>
<td>Immunizations (flu, cold, tetanus)</td>
<td>92.7</td>
<td>75.0</td>
<td>58.6</td>
</tr>
<tr>
<td>Non-prescription drugs available to students</td>
<td>67.2</td>
<td>50.0</td>
<td>48.2</td>
</tr>
<tr>
<td>Prescription drugs available to students</td>
<td>47.2</td>
<td>33.3</td>
<td>10.3</td>
</tr>
<tr>
<td>Infirmary isolation rooms</td>
<td>78.1</td>
<td>100.0</td>
<td>75.8</td>
</tr>
<tr>
<td>Infirmary day-rest beds</td>
<td>56.3</td>
<td>91.6</td>
<td>72.4</td>
</tr>
<tr>
<td>Lab service on campus</td>
<td>32.7</td>
<td>8.3</td>
<td>13.7</td>
</tr>
<tr>
<td>X-ray service in Health Center</td>
<td>34.5</td>
<td>8.3</td>
<td>13.7</td>
</tr>
<tr>
<td>Lab service, x-ray available off campus</td>
<td>70.9</td>
<td>75.0</td>
<td>65.5</td>
</tr>
</tbody>
</table>

Mental Health Services

Perhaps the widest differences in response are illustrated in Table 3, those relating to the mental health services of a college health service. Two items, however, were checked by over 80 per cent of the respondents: a chaplain on campus for counseling and the cooperative handling of mental health referrals by the Health Service and the Dean of Students' Office. Negative agreement was apparent in the low response to having either office handle the referrals separately.

The faculty and administrators indicate a greater interest in a clinical psychologist available for on-campus counseling as the responses show a 41.8 per cent faculty response, 33.3 per cent administrative response with only 13.7 per cent of the members of the Board of Trustees responding.
In addition, note the response of faculty members to the item that the majority of personal counseling be handled by faculty. It drew a response from only 5.4 per cent of the faculty. In contrast, 38.1 per cent of the faculty felt that the majority of personal counseling should be handled by the deans. The chaplain was rated high by all respondents but more might have been ascertained from this item had it indicated whether or not the chaplain was to handle a majority of the counseling.

### Table 3

PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES CONCERNING MENTAL HEALTH SERVICES TO BE PROVIDED BY A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty</th>
<th>Administrators</th>
<th>Trustees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Per cent of Respondents</td>
<td>Per cent of Respondents</td>
<td>Per cent of Respondents</td>
</tr>
<tr>
<td>Psychiatrist on campus, full-time</td>
<td>10.9</td>
<td>0.0</td>
<td>3.4</td>
</tr>
<tr>
<td>Psychiatrist on campus, part-time</td>
<td>47.2</td>
<td>25.0</td>
<td>20.6</td>
</tr>
<tr>
<td>Psychiatrist off campus, referral basis</td>
<td>45.4</td>
<td>83.3</td>
<td>68.9</td>
</tr>
<tr>
<td>Clinical psychologist on campus, full-time</td>
<td>16.3</td>
<td>8.3</td>
<td>6.8</td>
</tr>
<tr>
<td>Clinical psychologist on campus, part-time</td>
<td>41.8</td>
<td>33.3</td>
<td>13.7</td>
</tr>
<tr>
<td>Clinical psychologist off-campus, referral basis</td>
<td>32.7</td>
<td>58.3</td>
<td>65.5</td>
</tr>
<tr>
<td>All psychological, psychiatric care off-campus</td>
<td>14.5</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Plan with local hospital for care</td>
<td>56.3</td>
<td>66.6</td>
<td>55.1</td>
</tr>
<tr>
<td>Deans available to counsel</td>
<td>65.4</td>
<td>83.3</td>
<td>58.6</td>
</tr>
<tr>
<td>Faculty handle majority counseling</td>
<td>5.4</td>
<td>16.6</td>
<td>27.5</td>
</tr>
<tr>
<td>Deans handle majority counseling</td>
<td>38.1</td>
<td>58.3</td>
<td>13.7</td>
</tr>
</tbody>
</table>
TABLE 3—Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty</th>
<th>Administrators</th>
<th>Trustees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplain on campus for counseling</td>
<td>72.7</td>
<td>100.0</td>
<td>96.5</td>
</tr>
<tr>
<td>Health Service handle all referrals</td>
<td>14.5</td>
<td>0.0</td>
<td>8.3</td>
</tr>
<tr>
<td>Dean of Students handle all referrals</td>
<td>5.1</td>
<td>8.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Cooperative referrals</td>
<td>78.1</td>
<td>75.0</td>
<td>89.6</td>
</tr>
</tbody>
</table>

Emergency Care

There appears to be very little difference of opinion in regard to emergency care services as illustrated by Table 4. Some difference is noted in the responsibility for transportation but this is slight.

TABLE 4

PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES CONCERNING EMERGENCY CARE PROVIDED BY A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty</th>
<th>Administrators</th>
<th>Trustees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written emergency illness, accident handling policy</td>
<td>78.1</td>
<td>83.3</td>
<td>93.1</td>
</tr>
<tr>
<td>Health service responsible for transporting victim</td>
<td>69.0</td>
<td>58.3</td>
<td>41.3</td>
</tr>
<tr>
<td>Written plan for sudden epidemic illness</td>
<td>74.5</td>
<td>75.0</td>
<td>68.9</td>
</tr>
<tr>
<td>Written policy for help in community disaster</td>
<td>74.5</td>
<td>75.0</td>
<td>68.9</td>
</tr>
<tr>
<td>Written policy for cooperating with civil defense</td>
<td>65.4</td>
<td>75.0</td>
<td>75.8</td>
</tr>
<tr>
<td>Written standard procedure and policy for fatality</td>
<td>83.6</td>
<td>75.0</td>
<td>86.2</td>
</tr>
</tbody>
</table>
Athletic Medicine

In the items dealing with athletic medicine as reported in Table 5, there is a decided difference of the responses to several of these between administrators and the other two groups. There was a higher percentage of response from administrators on all items but especially those dealing with varsity sports evaluations, standing orders for trainers, and the reporting of on-field injuries and treatment. The reason for this response is not known but this may be an area where administrators have had more experiences in dealing with persons directly involved.

Dental Medicine

There is little difference in the responses to items dealing with dental medicine. Referral service was checked by 78.1 per cent of the faculty, 91.6 per cent of the administrators, and 96.5 per cent of the trustees. Minor dental care was not checked by any of the administrators responding and only 3.4 per cent of the trustees and 12.7 per cent of the faculty.

A written policy for handling dental referrals drew a 47.2 per cent response from the faculty; 41.6 per cent of the administrators; and 51.7 per cent of the trustees.

Occupational Medicine

Although the total group responded well to having the Health Service handle the processing of food-handlers, only the Trustees show much interest in pre-employment medical examinations as indicated in Table 6. In contrast, the pre-employment examination received the lowest response from faculty members and administrators.
### TABLE 5
PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES CONCERNING ATHLETIC MEDICINE PROVIDED BY A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty Per cent of Respondents</th>
<th>Administrators Per cent of Respondents</th>
<th>Trustees Per cent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic physician responsible to Health Service physician</td>
<td>50.9</td>
<td>58.3</td>
<td>51.7</td>
</tr>
<tr>
<td>Evaluations for physical education classes</td>
<td>65.4</td>
<td>75.0</td>
<td>58.6</td>
</tr>
<tr>
<td>Evaluations for intramurals</td>
<td>58.1</td>
<td>75.0</td>
<td>44.8</td>
</tr>
<tr>
<td>Evaluations for selected varsity sports</td>
<td>36.3</td>
<td>58.3</td>
<td>27.5</td>
</tr>
<tr>
<td>Evaluations for all varsity sports</td>
<td>61.8</td>
<td>75.0</td>
<td>62.0</td>
</tr>
<tr>
<td>Standing orders for trainers approved by Health Service Physician</td>
<td>60.0</td>
<td>83.3</td>
<td>58.6</td>
</tr>
<tr>
<td>On-field injuries reported to Health Service</td>
<td>80.0</td>
<td>91.6</td>
<td>65.5</td>
</tr>
<tr>
<td>On-field treatment reported to Health Service</td>
<td>70.9</td>
<td>91.6</td>
<td>62.0</td>
</tr>
</tbody>
</table>

### TABLE 6
PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES CONCERNING OCCUPATIONAL MEDICINE PROVIDED BY A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty Per cent of Respondents</th>
<th>Administrators Per cent of Respondents</th>
<th>Trustees Per cent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process food-handlers</td>
<td>69.0</td>
<td>75.0</td>
<td>79.3</td>
</tr>
<tr>
<td>Require pre-employment medical of staff</td>
<td>40.0</td>
<td>16.6</td>
<td>68.9</td>
</tr>
<tr>
<td>Require pre-employment medical of faculty, administrators</td>
<td>30.9</td>
<td>16.6</td>
<td>51.7</td>
</tr>
<tr>
<td>Require periodical physical of staff</td>
<td>34.5</td>
<td>41.6</td>
<td>51.7</td>
</tr>
<tr>
<td>Item</td>
<td>Faculty Per cent of Respondents</td>
<td>Administrators Per cent of Respondents</td>
<td>Trustees Per cent of Respondents</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Require periodical physical of faculty, administrators</td>
<td>43.6</td>
<td>25.0</td>
<td>55.1</td>
</tr>
<tr>
<td>All physical exams on file at Health Service</td>
<td>36.3</td>
<td>25.0</td>
<td>62.0</td>
</tr>
<tr>
<td>Medical exams for staff available at Health Service</td>
<td>34.5</td>
<td>16.6</td>
<td>37.9</td>
</tr>
<tr>
<td>Medical exams for faculty, administrators available at Health Service</td>
<td>36.3</td>
<td>25.0</td>
<td>37.9</td>
</tr>
<tr>
<td>Treatment for staff</td>
<td>40.0</td>
<td>33.3</td>
<td>27.5</td>
</tr>
<tr>
<td>Treatment for faculty, administrators</td>
<td>49.0</td>
<td>41.6</td>
<td>34.4</td>
</tr>
<tr>
<td>Medication for staff</td>
<td>43.6</td>
<td>41.6</td>
<td>31.0</td>
</tr>
<tr>
<td>Medication for faculty, administrators</td>
<td>54.5</td>
<td>41.6</td>
<td>34.4</td>
</tr>
<tr>
<td>Emergency care for staff</td>
<td>41.8</td>
<td>50.0</td>
<td>55.1</td>
</tr>
<tr>
<td>Emergency care for faculty, administrators</td>
<td>38.1</td>
<td>58.3</td>
<td>62.0</td>
</tr>
</tbody>
</table>

**Records**

Three items were included under records, and the responses from each group were similar. Keeping a pre-entrance examination record on file was checked by 89.0 per cent of the faculty, 100 per cent of the administrators and 86.2 per cent of the trustees.

Administrators responded higher on all items and reported 91.6 per cent on a clinic and hospitalization record for each student as opposed to a 76.3 per cent response from faculty and only 55.1 per cent of the trustees. Again, a campus-wide accident report form drew a 91.6
per cent response from administrators but a lower reply from the other two groups, 72.7 per cent of the faculty and 68.9 per cent of the trustees.

The reason for the differences in these responses is not known but again, as in the case of athletic medicine, this may be an area with which administrative officers deal more intimately.

Environmental Health and Safety

Little variation was noted in the responses to environmental health and safety as indicated by Table 7. Over 80 per cent of the total group checked all items frequently except for that dealing with safe water control and protection. Although more than a majority responded to that item, the slightly lower percentage may reflect the possibility that the respondents may feel water control and protection is a problem for the city health authorities and not a major concern of a college health service.

**TABLE 7**

PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES CONCERNING ENVIRONMENTAL HEALTH AND SAFETY RESPONSIBILITIES OF A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty</th>
<th>Administrators</th>
<th>Trustees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthful, sanitary food service</td>
<td>83.6</td>
<td>100.0</td>
<td>86.2</td>
</tr>
<tr>
<td>Safe, healthful student housing</td>
<td>78.1</td>
<td>100.0</td>
<td>82.7</td>
</tr>
<tr>
<td>Safe water control and protection</td>
<td>67.2</td>
<td>75.0</td>
<td>68.9</td>
</tr>
<tr>
<td>Campus-wide safety and accident prevention</td>
<td>76.3</td>
<td>91.6</td>
<td>86.2</td>
</tr>
</tbody>
</table>
Health Education and Preventive Medicine

The availability of Health Service staff members as resource persons was the item receiving the highest response in this category. Only the trustees indicated much response to an annual lecture series sponsored by the Health Service. The responses are reported in Table 8.

**TABLE 8**

PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES CONCERNING THE RESPONSIBILITY FOR HEALTH EDUCATION BY A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty</th>
<th>Administrators</th>
<th>Trustees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction only to patients</td>
<td>20.0</td>
<td>0.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Resource persons for class</td>
<td>60.0</td>
<td>91.6</td>
<td>62.0</td>
</tr>
<tr>
<td>Annual lecture series</td>
<td>36.3</td>
<td>33.3</td>
<td>62.0</td>
</tr>
<tr>
<td>No organized plan of instruction</td>
<td>12.7</td>
<td>0.0</td>
<td>10.3</td>
</tr>
</tbody>
</table>

**Finance**

The responses to financing a college health service are found in Table 9 and indicate interesting variations as to who should pay for certain items or areas of health services. The faculty responding in this study, indicate a rather high response to a health services budget based on fees plus allocation from the college. Only the administrators replied in high numbers to requiring the college insurance plan for students of all students. Again, only the administrators indicated a higher percentage, 75 per cent, in the response to having students pay for mental health counseling.
TABLE 9
PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES CONCERNING THE FINANCIAL ASPECTS OF A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty Per cent of Respondents</th>
<th>Administrators Per cent of Respondents</th>
<th>Trustees Per cent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget entirely student fees</td>
<td>10.9</td>
<td>41.6</td>
<td>31.0</td>
</tr>
<tr>
<td>Budget fees, allotment</td>
<td>76.3</td>
<td>41.6</td>
<td>65.5</td>
</tr>
<tr>
<td>Added fee for non-prescription drugs</td>
<td>30.9</td>
<td>41.6</td>
<td>34.4</td>
</tr>
<tr>
<td>Added fee, prescription drugs</td>
<td>60.0</td>
<td>66.6</td>
<td>72.4</td>
</tr>
<tr>
<td>Health fee includes all drugs prescribed by doctor</td>
<td>20.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Student pays for mental health counseling</td>
<td>45.4</td>
<td>75.0</td>
<td>62.0</td>
</tr>
<tr>
<td>Health fee covers mental health counseling</td>
<td>16.3</td>
<td>25.0</td>
<td>10.3</td>
</tr>
<tr>
<td>College insurance required</td>
<td>61.9</td>
<td>91.6</td>
<td>51.7</td>
</tr>
<tr>
<td>Student selects college insurance or equivalent</td>
<td>32.7</td>
<td>8.3</td>
<td>37.9</td>
</tr>
<tr>
<td>College insurance required of athletes, foreign students</td>
<td>5.4</td>
<td>0.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Faculty in hazardous areas insured by college</td>
<td>78.1</td>
<td>66.6</td>
<td>55.1</td>
</tr>
<tr>
<td>Faculty in hazardous areas required to carry insurance</td>
<td>9.0</td>
<td>0.0</td>
<td>3.4</td>
</tr>
<tr>
<td>Encourage faculty in hazardous areas to carry insurance</td>
<td>10.9</td>
<td>33.3</td>
<td>20.6</td>
</tr>
<tr>
<td>Insure students representing college</td>
<td>78.1</td>
<td>75.0</td>
<td>82.7</td>
</tr>
<tr>
<td>Require students representing college, carry own insurance</td>
<td>7.2</td>
<td>0.0</td>
<td>10.3</td>
</tr>
<tr>
<td>Encourage students representing college, carry own insurance</td>
<td>5.4</td>
<td>25.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Research

Three items were included under research, as shown in Table 10, and the three groups responded similarly to each item. Responses would indicate that all groups believe some limited studies should be conducted by the Health Service.

TABLE 10

PERCENTAGES OF POSITIVE RESPONSES OF FACULTY, ADMINISTRATIVE OFFICERS, AND TRUSTEES CONCERNING THE CONDUCT OF RESEARCH BY A COLLEGE HEALTH SERVICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Faculty Per cent of Respondents</th>
<th>Administrators Per cent of Respondents</th>
<th>Trustees Per cent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No research</td>
<td>20.0</td>
<td>16.6</td>
<td>20.6</td>
</tr>
<tr>
<td>Limited research</td>
<td>58.1</td>
<td>16.6</td>
<td>58.6</td>
</tr>
<tr>
<td>Much research</td>
<td>14.5</td>
<td>16.6</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Suggestions

There was little response from any of the groups to the inquiry about any service not included in the checklist which the respondent considered a part of health services be included at the end. The suggestions which were included were:

1. Provision of annual reports with recommended action;
2. Provision for separate services of education and research, liaison and communication but existing as separate entities;
3. Provision for referral eye care;
4. Provision for information to faculty when health problems would involve vocational counseling;
5. Provision of adequate first aid kits for campus areas;
6. Provision of annual reports to faculty of certain types of illness, attempting to relate stresses in the college program and the environment;

7. Provision of a method of communication and complaint handling;

8. Provision for the student seeking referral and private medical help to inform the health services so full information and a health profile is always available on each student; and

9. Provision of an organization where a student is not open to penalty for not using a college's health service if he considers them something less than complete.
An investigation was made of student health problems and the use and response of Otterbein students to the present Health Service. The entrance examination records of students graduating from Otterbein College in 1957 and 1967 were studied in order to identify the health problems recorded thereon which each student reported upon enrollment. Student visits to the Health Center as recorded by the Otterbein Health Service clinic and hospitalization records were studied in order to determine the reasons for these calls. The questionnaire developed by Marian K. Solleder at The Ohio State University in 1961 was used to survey student use and response to the health services at Otterbein during the 1966 - 67 year. In addition, Otterbein student responses on this questionnaire were compared with the responses of The Ohio State University students in the Solleder study.

Characteristics of the Students Surveyed

Both the class of 1957 and 1967 were similar in the fairly even representation of men and women. The 1957 group contained 12 men and 9

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1Marian K. Solleder, Factors Influencing the Use of the University Health Service by Students at The Ohio State University, Unpublished Ph.D., The Ohio State University, 1961.
women or 57.1 per cent and 42.8 per cent respectively. The seniors in the 1967 group included 107 men or 48.8 per cent of the group, and 112 women, 51.1 per cent of the group.

Entrance examination records and health records were available for only 21 out of 121 seniors in the class of 1957, a 17.3 per cent representation of the total group. The Health Center had on file 219 records of seniors of the class of 1967, an 84.5 per cent representation of the total 259 enrolled. The health problems and visits were grouped and recorded with the help of a member of the Otterbein Health Service Staff.

Student Health Problems Indicated by Entrance Examination Records

A study of student health problems over the ten year period, 1957 - 1967, was decided upon for purposes of comparison. All health problems recorded on the Otterbein Health Service entrance examination records of students graduating in 1957 and 1967 were grouped under the categories developed by Hathaway, Milone, and White. These include: allergies, bone and joint, cardiac, respiratory, gastrointestinal, genitourinary, eye-ear-nose-throat, psychobiological, and miscellaneous. A comparison of the kinds of problems recorded by the examining physician for the pre-entrance examination is indicated by Table 11. Vision problems include any difficulties which might be corrected by the wear of glasses, or in the case of 1967, contact lenses. All allergies reported

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in the 1957 group were asthma or hay fever; 35.4 per cent of the 1967 group indicated an allergic reaction to antibiotics or sulfa.

Eighty-one additional problems are reported in the 1967 group. None of these are unusual problems and it is not known if the report is affected by the small number of 1957 records.

TABLE 11

NUMBER AND PERCENTAGES OF HEALTH PROBLEMS RECORDED ON THE ENTRANCE EXAMINATION RECORDS OF STUDENTS GRADUATING FROM OTTERBEIN COLLEGE IN 1957 AND 1967

<table>
<thead>
<tr>
<th>Item</th>
<th>1957 No.</th>
<th>1957 Per Cent</th>
<th>1967 No.</th>
<th>1967 Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>10</td>
<td>47.6</td>
<td>137</td>
<td>62.5</td>
</tr>
<tr>
<td>Accidents, operations</td>
<td>5</td>
<td>23.8</td>
<td>11</td>
<td>5.0</td>
</tr>
<tr>
<td>Teeth</td>
<td>5</td>
<td>23.8</td>
<td>2</td>
<td>.9</td>
</tr>
<tr>
<td>Sinus, sore throat, colds</td>
<td>4</td>
<td>19.0</td>
<td>32</td>
<td>14.6</td>
</tr>
<tr>
<td>Allergy</td>
<td>2</td>
<td>9.5</td>
<td>62</td>
<td>28.3</td>
</tr>
<tr>
<td>Ears</td>
<td>2</td>
<td>9.5</td>
<td>5</td>
<td>2.2</td>
</tr>
<tr>
<td>Acne</td>
<td>1</td>
<td>4.7</td>
<td>24</td>
<td>10.9</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1</td>
<td>4.7</td>
<td>23</td>
<td>10.5</td>
</tr>
<tr>
<td>Menstrual</td>
<td>22</td>
<td>10.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td>17</td>
<td>7.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretive, moody, seclusive</td>
<td>12</td>
<td>5.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back difficulties</td>
<td>9</td>
<td>4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tires easily, shortness of breath</td>
<td>7</td>
<td>3.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart: congenital, murmur, Themumatic Disease</td>
<td>7</td>
<td>3.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Digestive</td>
<td>5</td>
<td>2.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetic</td>
<td>2</td>
<td>.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21 respondents</strong></td>
<td><strong>1967</strong></td>
<td><strong>219 respondents</strong></td>
<td><strong>377 problems</strong></td>
</tr>
<tr>
<td></td>
<td><strong>30 problems</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Student Use and Response to Health Services

The Otterbein College Health Service clinic and hospitalization records of students graduating in 1957 and 1967 were examined to identify the reasons for visits to the Health Center. The questionnaire developed by Marian K. Solleder at The Ohio State University in 1961[^1^] was utilized to survey present student use and response to the Otterbein health services during the 1966-67 year. The Otterbein students were surveyed as to their understanding, knowledge, use, satisfactions and dissatisfactions with the present health services.

Clinic Visits

The number and percentages of reasons recorded on the health record for visiting the outpatient clinic are presented in Table 12. Both groups indicate the same three categories as most frequently listed for visits: respiratory problems, eye-ear-nose-throat ailments, and accidents.

Two categories are included in the 1967 visits which were not mentioned in 1957, mononucleosis and cardiac problems. The incidence of these two categories is very small in relation to the total number of visits.

The psychobiological category includes visits from students who seek help because they are nervous, tense, worried, upset, or unable to sleep.

[^1^]: Solleder, loc. cit.
Two students in the 1957 group and fourteen students in 1967 reported no visits to the clinic. The average number of visits per person was 2.9 in 1957, increasing to 5.2 in 1967. The greatest number of visits recorded by any one student in 1957 was 38; in the 1967 group, one student made 90 visits.

**TABLE 12**

NUMBER AND PERCENTAGES OF OUTPATIENT CLINIC VISITS RECORDED ON THE HEALTH RECORDS OF STUDENTS GRADUATING FROM OTTERBEIN COLLEGE IN 1957 AND 1967

<table>
<thead>
<tr>
<th>Item</th>
<th>1957</th>
<th>1967</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td>49</td>
<td>380</td>
</tr>
<tr>
<td>Per Cent</td>
<td>22.3</td>
<td>8.9</td>
</tr>
<tr>
<td>Eye, Ear, Nose, Throat (especially sore throats)</td>
<td>44</td>
<td>1,583</td>
</tr>
<tr>
<td>Per Cent</td>
<td>20.0</td>
<td>37.4</td>
</tr>
<tr>
<td>Accidents</td>
<td>39</td>
<td>688</td>
</tr>
<tr>
<td>Per Cent</td>
<td>17.8</td>
<td>16.2</td>
</tr>
<tr>
<td>Immunizations (smallpox, polio, tetanus toxoid, cold, etc.)</td>
<td>26</td>
<td>98</td>
</tr>
<tr>
<td>Per Cent</td>
<td>11.8</td>
<td>2.3</td>
</tr>
<tr>
<td>Tests (blood drawn, urinalysis, blood pressure)</td>
<td>15</td>
<td>309</td>
</tr>
<tr>
<td>Per Cent</td>
<td>6.8</td>
<td>7.3</td>
</tr>
<tr>
<td>Allergy</td>
<td>8</td>
<td>145</td>
</tr>
<tr>
<td>Per Cent</td>
<td>3.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Psychobiological</td>
<td>8</td>
<td>87</td>
</tr>
<tr>
<td>Per Cent</td>
<td>3.6</td>
<td>2.0</td>
</tr>
<tr>
<td>Pains, aching</td>
<td>27</td>
<td>46</td>
</tr>
<tr>
<td>Per Cent</td>
<td>3.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>6</td>
<td>328</td>
</tr>
<tr>
<td>Per Cent</td>
<td>2.8</td>
<td>7.7</td>
</tr>
<tr>
<td>Miscellaneous (cyst, blister, boil, fungus, frostbite, weight)</td>
<td>6</td>
<td>165</td>
</tr>
<tr>
<td>Per Cent</td>
<td>2.7</td>
<td>3.9</td>
</tr>
<tr>
<td>Warts</td>
<td>4</td>
<td>48</td>
</tr>
<tr>
<td>Per Cent</td>
<td>1.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>3</td>
<td>53</td>
</tr>
<tr>
<td>Per Cent</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Headaches</td>
<td>2</td>
<td>109</td>
</tr>
<tr>
<td>Per Cent</td>
<td>.9</td>
<td>2.5</td>
</tr>
<tr>
<td>Fatigue, tired, dizzy</td>
<td>2</td>
<td>134</td>
</tr>
<tr>
<td>Per Cent</td>
<td>.9</td>
<td>3.1</td>
</tr>
<tr>
<td>Mononeucleosis</td>
<td>33</td>
<td>.7</td>
</tr>
<tr>
<td>Cardiac</td>
<td>18</td>
<td>.4</td>
</tr>
</tbody>
</table>

| Visits                                     | 219 | 4,224 |
| Health Records                             | 19  | 205   |
Infirmary Days

The number and percentages of infirmary days as recorded on the health record are reported in Table 13. The major reason for hospitalizing a student in 1957 was an accident, recorded in 57.1 per cent of infirmary days. In 1967, a student was more likely to be hospitalized because of an eye-ear-nose-throat ailment or gastrointestinal problems. There are eight additional categories for hospitalization in 1967 that were not included in the 1957 records. Again, the question is raised as to the effect of the small sampling for the class of 1957 and how it may affect the results.

The average number of infirmary days for students in the class of 1957 is exactly the same as that for those in the class of 1967, .75 or not quite one full day. The longest hospital stay in 1957 was 7 days spent by a student suffering from a cerebral concussion and contusion. The longest infirmary confinement among the students in the 1967 group was 5½ days as a result of gastrointestinal difficulty.

TABLE 13

NUMBER AND PERCENTAGE OF INFIRMARY DAYS RECORDED ON THE HEALTH RECORDS OF STUDENTS GRADUATING FROM OTTERBEIN COLLEGE IN 1957 AND 1967

<table>
<thead>
<tr>
<th>Item</th>
<th>1957</th>
<th>1967</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Per Cent</td>
</tr>
<tr>
<td>Accidents</td>
<td>12</td>
<td>57.1</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>4</td>
<td>19.0</td>
</tr>
<tr>
<td>Eye, ear, nose, throat</td>
<td>3</td>
<td>14.2</td>
</tr>
<tr>
<td>Respiratory</td>
<td>2</td>
<td>9.5</td>
</tr>
<tr>
<td>Allergy</td>
<td>13</td>
<td>5.0</td>
</tr>
<tr>
<td>Fatigue</td>
<td>11½</td>
<td>4.5</td>
</tr>
<tr>
<td>Cardiac</td>
<td>8</td>
<td>3.1</td>
</tr>
</tbody>
</table>
TABLE 13—Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>1957 No.</th>
<th>1967 No.</th>
<th>Per Cent</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychobiological</td>
<td>6½</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mononeucleosis</td>
<td>4½</td>
<td>1.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td>3½</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>1</td>
<td>.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>4</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Days 21</strong></td>
<td><strong>Days 255</strong></td>
<td><strong>Patients 7</strong></td>
<td><strong>Patients 84</strong></td>
</tr>
</tbody>
</table>

Comparison with the Solleder Survey

It is one of the "known truths," accepted on almost every campus, that all students everywhere complain about the food service and the health service. Acknowledging very decided differences in regard to size and type of institution, the instrument developed by Marian K. Solleder to survey student use of The Ohio State University Health Services was modified and distributed to Otterbein students in order to compare responses as to understanding and knowledge of the services, use, satisfactions and dissatisfactions with the present services.

A copy of the modified questionnaire was placed in the living center mailbox of each Otterbein student. Students living in fraternity houses, town housing, or commuting, received the questionnaire in the mailbox reserved for them in the main classroom building. Of the 1,481 questionnaires distributed, 531 or 35.8 per cent were returned. After checking through each of these questionnaires, it was determined that 489 or 92 per cent of those returned were usable. The data are reported here by percentages in order to compare results with the Solleder study.

4Ibid.
The sample studied by Solleder was a representative one of The Ohio State University campus, selected from all campus areas, and administered in classes by a teacher. The sample at Otterbein was drawn from all regularly enrolled students and the questionnaire was completed by the student, on his own with only written instructions to follow.

Use of the Health Services. In the sample reporting from The Ohio State University, 53.3 per cent of the students replying to the questionnaire used the health services and facilities. A larger percentage of the Otterbein students reported using the health services, 85.4 per cent.

The greatest percentage of users in The Ohio State University survey were freshmen, in the College of Arts and Sciences, women, unmarried, living in dormitories or fraternity or sorority houses, and residents of a city within 60 to 120 miles of Columbus. The characteristics of the Otterbein users were similar except in distance of home town from the campus. The greatest percentage of users among the Otterbein students were freshmen, women, living in dormitories, and residents of a city 120 miles or more from the Otterbein campus.

Understanding and Knowledge of Health Services. Solleder reported that the students in The Ohio State University sample had a limited knowledge of the services as indicated by a wide variation in

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5 Ibid., pp. 39, 40, 42-44.
6 Ibid., p. 56.
7 Ibid., p. 123.
response to various statements describing the services. There was not a wide variation in the responses of the Otterbein students to similar statements describing the Otterbein health services, 79.0 per cent responded accurately to six out of the seven items.

This response of the Otterbein sample was surprising in that most identified as the major source of information about the services to be "friends or roommates." Both the Otterbein and The Ohio State University sample agree on the three most frequently used sources of information about the health services although in inverted order. The Ohio State University students reported orientation, bulletins, and friends and roommates as the major sources of information; Otterbein students reported friends and roommates, bulletins, and orientation as their major sources of information.

Satisfactions. A large majority of The Ohio State University students, 64.9 per cent, were satisfied with the health services and noted the good care received there. The Otterbein sample reported a bit lower percentage, 45.8 per cent as satisfied with the services and noting its ready availability, little or no cost, and good service for minor illnesses as reasons for seeking help there.

Dissatisfactions. A majority of the reports, both good and bad, heard by students concerning the University Health Service was not verified by experiences of The Ohio State University students reporting in

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8 Ibid., p. 70.
9 Ibid., pp. 68-69.
10 Ibid., p. 125.
that sample. The major negative criticisms of that group were instances of poor care and the impersonal nature of the services.\footnote{\textit{Ibid.}, pp. 116, 125.}

A majority of the reports, both good and bad, heard by students concerning the Otterbein Health Service were verified by 52.1 per cent of those participating in this study. A greater percentage, 72.0 per cent, of the good reports were verified by actual experiences of this student group than were the bad reports, a response of 45.1 per cent verifying. The major negative criticisms at Otterbein College, as indicated by those students in the sample, were shortness of the doctor's hours for outpatient clinic, the facility, and the impersonal nature of the services.
CHAPTER VIII

SUMMARY OF FINDINGS AND RECOMMENDATIONS

The purpose of this study was to investigate the area of health services available at Otterbein College in light of the growth, development, and changing purpose of the college over the last decade, 1957 - 1967, and to propose recommendations for future need and direction. The study included an historical survey of the development of health services at Otterbein College, a comparative survey of facilities and health services offered at similar selected Ohio colleges and other colleges supported by the Evangelical United Brethren Church, a survey of members of the Otterbein College faculty, administrative officers, and members of the Board of Trustees as to their ideas of what college health services should include, and a survey of student health problems and use made of the health services at Otterbein College during the past ten years.

Summary of Findings

The restructured curriculum and calendar year, as a result of rethinking and restating the goals and purposes of Otterbein College, will not go into effect until 1968. There was no way of evaluating this effect on the present health services. The findings of the study are reported here in the four general categories of investigation.
Historical Study of Otterbein Health Services

1. Health services were initiated at Otterbein College in 1928 by the hiring of Miss Helena Baer as the College Nurse. Three factors appear to have been operating favorably toward the hiring of Miss Baer: the initiation of health services would have a direct effect on recognition of the College by the American Association of University Women, a recommendation from the Department of Physical Training to begin such services, and expressed parental concern.

2. The Otterbein College Health Center was established in 1939 as an extension of the dormitory system where sick students could be segregated and cared for.

3. The underlying philosophy of providing care for minor illnesses and accidents of students was established when the services were initiated and has continued throughout the years.

4. The history of the health services reveals that similar health problems have been concerns of faculty, trustees, and students over the years. These problems include environmental health and safety, especially fire safety, and mental health counseling.

5. Health problems have caused the College to close three times in its history: Asiatic Cholera in 1849, Spanish Flu in 1918, and the threat of an Asian Flu epidemic in 1957.

6. The history also reveals that the present outpatient clinic hour with the physician is shorter than that of earlier years when the student enrollment was less.
119

Survey of Health Programs of Similar Colleges

1. A majority of the health service programs of the selected similar Ohio colleges and the Evangelical United Brethren Colleges have the following characteristics: (a) written statement of purpose; (b) posted notice of clinic hours; (c) clinic with physician and nurse present; (d) referral dental medicine; (e) pre-entrance medical examinations required and on file; and (f) individual health instruction for patients. None of these colleges have a psychiatrist on campus for counseling.

2. All of the Ohio colleges included in this study responded to the following items describing a college health service and indicated they offered these services or followed this policy: (a) posted notice of outpatient hours; (b) clinic staffed by physician and nurse; (c) no psychiatrist on campus; (d) deans on campus for counseling; (e) no written plans for sudden epidemic, community disaster, or civil defense alert; (f) dental medicine referral; (g) periodic medical examinations not required of faculty or administrative staff; (h) pre-entrance examinations required of students and on file; (i) health education for patients; (j) faculty in hazardous areas or students representing the college are not insured by the college; and (k) little research is conducted.

3. As a group, the Evangelical United Brethren Colleges tend to offer fewer health services, as indicated by a lower percentage of responses on most items. All of these colleges have: (a) clinic hour with nurse and physician; (b) referral dental service; (c) pre-entrance examination required of students; (d) health instruction of patients;
(e) fees for additional drugs outside those regularly carried by health service; (f) laboratory and x-ray service off campus; (g) no written policy and plan for sudden epidemic, community disaster, civil defense alert, or fatal accident/illness; (h) no standing orders for trainer or physical therapist; (i) psychiatrist not on campus for counseling; (j) no responsibility for environmental health and safety; (k) no funds available to pay for mental health counseling; and (l) no research conducted.

4. It was the consensus of those who were interviewed at the similar selected Ohio colleges that many of the policies such as those for mental health care need not be written as recommended by the American College Health Association. They were of the opinion that the physician, because of his position, had certain hospitals and services available to him. Although the suggestion of a written policy might be a good thing for the college, in all reality it was not followed by those carrying out the health services because they did not deem it necessary.

Survey of Faculty, Administrative Officers, and Trustees

1. A large majority, 80 per cent or more, of all faculty members, administrative officers, and members of the Board of Trustees who responded in this study believe the following criteria describe a college health service: (a) maintain good health and care of illness and accidents of students; (b) daily outpatient clinic with immunizations available; (c) infirmary with 24 hour nursing and isolation rooms; (d) chaplain on campus; (e) written policy for emergency illness and
accidents; (f) referral dental service; (g) laboratory and x-ray off-campus; (h) cooperation in safe food service; (i) some psychological and psychiatric care on campus with cooperative referrals for off-campus help; (j) pre-entrance examinations of students; and (k) additional drugs at student expense.

2. A much higher percentage of faculty and administrative officers responded to providing psychiatric and psychological care on the campus than did the trustees. In turn, the trustees ranked off-campus referrals higher than did faculty or administrative officers.

3. The faculty responded with a very low percentage to the idea of faculty being responsible for a majority of the personal counseling, only 5.4 per cent. Yet the faculty response to deans handling such counseling was only 38.1 per cent; to a part-time psychiatrist, 47.2 per cent, and a part-time clinical psychologist, 41.8 per cent.

4. The majority of the faculty, administrative staff, and trustees responded similarly to items dealing with athletic medicine, e.g. evaluations for physical education classes and all varsity sports plus written orders for trainers, the reporting of on-field injuries and treatment, and the athletic physician being responsible to the Health Service physician.

5. The trustees appear to be more interested in pre-employment and periodical medical examinations for staff, faculty, and administrative officers as indicated by a higher percentage of responses -- in direct contrast to a lower response from faculty members and administrative officers.
6. More than half of the faculty would be interested in having medication available at the Health Service for faculty or administrative officers. However, the administrative officers and trustees responded in higher percentages for providing emergency care for the faculty and staff than did the faculty.

7. As a group, the administrative officers responded with higher percentages to those items dealing with the keeping of records, entrance examination records, clinic and hospital records, athletic injury and treatment records, and accidents reports.

8. A majority of the faculty, administrative officers, and trustees indicated that a college health service should be more involved with health education than with just those students who come to the service as patients. Health Service staff members should serve as resource persons and be involved in some plan of health teaching.

9. Although a majority responded favorably, the administrative officers indicated by a high percentage, 91.6 per cent, that students should be required to enroll in the group accident and insurance plan of a college. A majority of all respondents indicated that a college should insure faculty members in hazardous areas and those students representing the college in various activities.

10. Only the faculty responded with a higher percentage to add college funds to the student health fee to finance the health services.

11. There is a mixed feeling about research or studies that a Health Service staff might conduct. A majority of faculty and trustees indicated a limited amount of research should be done by their positive responses although approximately 80 per cent indicated some research
might be conducted because they did not check the item calling for no research.

Survey of Student Health Problems and Use of Services

1. Students graduating in the class of 1967 came to Otterbein with a greater variety of problems than did those in 1957. Eighty-one additional categories are listed in the 1967 groups, with such items as heart difficulties, diabetes, emotional problems, and drug allergies, none of which were listed among the 1957 group.

2. The average number of clinic visits by students has increased from 2.9 per student in 1957 to an average of 5.2 per student in 1967. The average number of days a student spends in the infirmary over his four years in college has stayed the same, .75 or almost a day per student.

3. The largest percentage of students attending the outpatient clinic in 1957 did so because of respiratory difficulties. In 1967, the major reasons for attending clinic were eye, ear, nose, and throat problems.

4. Two additional categories were added to reasons for clinic visits in 1967 which were not listed in 1957, cardiac and mononeu-cleosis.

5. Accidents caused the greatest number of infirmary days averaged in 1957. In 1967, gastrointestinal, or the flu, created the highest percentage.

6. In 1967, eight additional categories were added to the reasons recorded for student hospitalization: allergy, fatigue, cardiac,
psychobiological, mononeucleosis, headaches, dysmenorrhea, and miscellaneous.

7. Students making the greatest number of visits to the Otterbein Health Service are similar to their counterparts at The Ohio State University. The greatest percentage of users at The Ohio State University were freshmen, in the Colleges of Arts and Sciences, women, unmarried, living in dormitories or fraternity and sorority houses, and residents of a city within 60 to 120 miles of Columbus. The greatest percentage of users of the Otterbein service were freshmen, women, living in the dormitories, and residents of a city 120 miles or more from the campus.

8. In comparison with The Ohio State University students sampled, Otterbein students have a better understanding of health services as indicated by responses to items describing the services.

9. Otterbein College students surveyed learn about the health services of the College most frequently from their roommate or friends, the brochure distributed by the Health Service, and the orientation program. This is exactly opposite to the order reported by The Ohio State University students surveyed who get their information from orientation, brochure, and then roommate and friends.

10. A large majority of the students from The Ohio State University sample who visited the services were satisfied with the services; 45.8 per cent of the Otterbein students sampled were. The reasons for satisfaction at Otterbein were good care, availability and low cost for minor illnesses.
11. In contrast to The Ohio State University sample, a majority of the reports of good or bad experiences could be verified through actual experiences of the Otterbein students. More of the good reports were verified by experience than the bad, 72.0 per cent as opposed to 45.1 per cent. The major negative criticism at Otterbein was shortness of the physician's hours for outpatient clinic, the facility and atmosphere, and the impersonal nature of services. The major negative criticism at The Ohio State University were poor care and impersonal nature of services.

Recommendations for the Otterbein Health Services

The Otterbein College health services were originally established to care for minor illnesses and accidents. In the forty years that have intervened, the number and kinds of health problems that students bring with them to the campus have increased and varied. Students appear to be using the Health Service more as a preventive measure as indicated by the increase in average number of visits to the outpatient clinic as opposed to a steady rate of average number of days spent in the infirmary. This is a good sign and speaks well of the efforts of the Health Service staff to provide a preventive measure for ill health.

The data point out the need for increased outpatient services, as it is the success of the outpatient clinic which is creating the greatest hardship presently, the need and demand by Otterbein students for longer outpatient clinic hours. The Otterbein Health Service staff has recognized this problem and has requested additional physician hours
for the outpatient clinic so that in the coming year, the doctor's clinic will be increased from one to two hours in length. In addition, the clinic hour has been placed at noon and early afternoon, a time more convenient for student use.

This reorganization of the outpatient clinic serve with increased physician's hours may help to alleviate some of the negative criticisms from students. An analysis of the impersonal care complaint revealed that students felt the nursing staff most personable and conscientious but that the doctor was always rushed. It is hoped that the increase in physician time will resolve much of the complaint of impersonal care.

However, continued study and attention needs to be directed toward the future of the outpatient clinic. A new Health Center is presently under construction and should be available in January, 1969. Staff of health services interviewed on other Ohio campuses informed the writer that when new structures were built, student outpatient use increased even more. This reorganization of the outpatient clinic and increased physician time will meet present demands but some thought should be given to how this will be handled in the future.

A review of varying health needs and problems of college students indicates the area of mental health should be given more attention. In comparing Otterbein with selected similar Ohio colleges, it was noted that 44 per cent of those schools had the services of a clinical psychologist available on campus while Otterbein did not. The responses of faculty, administrative officers, and the Health Service staff indicate support for such a move at Otterbein. There would be a
need to enlist the support of those persons off the campus, the members of the Board of Trustees in order to establish such a service. In fact, if the varying responses among the faculty, administrative officers, and members of the Board of Trustees are any indication, it illustrates the need for developing greater means of communication between the Health Service and other areas of the college.

Effective communication and education between the Health Service and the rest of the Otterbein College community is needed. It is necessary to communicate exactly what the purposes of the Health Service are, the facilities and services available, plus some education as to healthful living. All this would not be entirely directed to students but to faculty, administrative officers, and members of the Board of Trustees. Some of the answers to the open-ended question to faculty, administrative officers, and trustees concerning what a college health service program should provide in addition to items listed, indicate that this type of communication and education would be well-received.

The brochure describing the available health services and regulations concerning the Health Center should be continued as it is presently one of the major ways in which students learn about Otterbein health services. It might be considered by the Health Service staff as one means of reaching other groups as well.

It is recommended that along with these suggested efforts to communicate and educate, some means of coordinating all health education on the campus be explored by the Health Service staff and Faculty Health Committee. It was the opinion of faculty, administrative officers,
and trustees that the Health Service should be involved in some type of health education.

All athletic medicine should be under the direction and coordination of the College Physician. The need to coordinate all athletic medicine under the Health Service was another area of concern expressed by the Health Service staff and pointed up by the responses of faculty, administrative officers and trustees. The failure to have approved standing orders for the trainers or to report injuries or treatment could result in serious consequences for the College.

If the entrance examination is required of all students, the requirement should either be enforced or modified. One of the problems encountered in conducting this study was the lack of entrance examination records and clinic and hospital records for all students enrolled. This is a problem reported by many of the Ohio colleges as indicated during the interviews. The recent change at Otterbein College of requiring the entrance examination as part of the admissions procedure could help improve this situation if it were enforced.

It is recommended that the Health Service staff investigate the possibility of providing various medication and other health services, including insurance for selected personnel, as a result of the responses of faculty, administrative officers, and trustees to the various items on the checklist dealing with faculty and administrative health care.

Finally, it is recommended that the Faculty Health Committee, as representative of faculty, administrative officers, Health Service staff, and students, direct attention to the needs of the Otterbein College health service program as outlined in this study, making every effort to provide the most effective college health program.
APPENDIXES
APPENDIX A

CHECKLIST COMPLETED BY DIRECTORS OF COLLEGE HEALTH SERVICES

Otterbein College Health Service Study (College)

Please check any of the following items which describe or correspond to your Health Service.

Thank you for your assistance.

GENERAL

____ We have a written and approved policy statement outlining the general purpose and function of our health program. (If this differs from that statement in your catalogue, would you please include it or attach a copy.)

____ We have a written explanation of our health service to students (brochure, pamphlet, handbook, etc.)

OUTPATIENT SERVICES

____ 1. Posted notice of outpatient hours

____ 2. Clinic hours are: ____________________________

____ 3. Clinic staffed by physician and nurse

____ 4. Clinic staffed by nurse only

____ 5. Clinic staffed by full-time physician

____ 6. Clinic staffed by part-time physician

____ 7. Nurse screens those students who need to see physician

____ 8. Written policy for after-hours care for students

____ 9. Non-prescription drugs administered by nurse

____ 10. Some prescription drugs may be given by nurse

____ 11. Drugs given only on standing-order from physician

____ 12. Written policy of standard procedures for referrals

____ 13. Immunizations available to students

These include: ________________________________________

INPATIENT SERVICES

____ 14. 24 hour nursing service, bed care

____ 15. Physician available on call

____ 16. Isolation available

____ 17. Day-rest beds available

____ 18. Laboratory and x-ray service available on campus or in Health Center
19. All laboratory and x-ray service available off-campus
20. Food service provided through central campus food service
21. Food service provided by Health Service

MENTAL HEALTH SERVICES
22. Psychiatrist available on campus full-time for counseling
23. Psychiatrist available on campus part-time for counseling
24. Psychiatrist available off campus for counseling on referral basis
25. Clinical psychologist available on campus full-time for counseling
26. Clinical psychologist available on campus part-time for counseling
27. Clinical psychologist available off campus for counseling on referral basis
28. All psychological and psychiatric care off campus, emergency only
29. All psychological and psychiatric care on campus
30. Established written policy and plan with local hospital for mental health care or hospitalization
31. Counseling space available in Health Service building
32. Student deans available on campus for personal (non-academic) counseling
33. Majority of personal (non-academic) counseling handled by faculty members
34. Majority of personal (non-academic) counseling handled by student personnel staff
35. Chaplain available on campus for counseling
36. All mental health referrals handled through Health Service
37. All mental health referrals handled through Dean of Students Office
38. All mental health referrals handled cooperatively through Health Service and Dean of Students' Office
*If counseling is not available through the Health Service, what area assumes the greatest responsibility for this service ________________.

EMERGENCY CARE
39. Written policy for handling of all emergency illnesses and on-campus accidents by the Health Service, during regular clinic hours
40. Written policy for handling of all emergency illnesses and on-campus accidents by the Health Service when clinic is closed
41. Health Service responsible for transportation of victim to hospital, etc.
42. Written plan for sudden epidemic illness on campus
43. Written policy for assistance and use of facilities in event of community disaster
44. Written policy of cooperation and coordination with civil defense
45. Written standard procedure and policy in event of fatal accident or illness

ATHLETIC MEDICINE

46. Athletic physician responsible to Health Service physician

47. Evaluations by Health Service for physical education class participation

48. Evaluations by Health Service for intramural sports participation

49. Evaluations by Health Service for selected varsity sports participation

50. Evaluations by Health Service for all varsity sports participation

51. Established written standing orders of procedures approved by athletic physician and Health Service physician for trainers and therapists

52. On-field injuries reported and recorded at Health Service

53. Treatment of on-field injuries reported and recorded at Health Service

DENTAL MEDICINE

54. Referral dental service only

55. Minor dental care available

56. Written policy for handling dental referrals

OCCUPATIONAL MEDICINE

57. Processing of food-handler permits for non-teaching staff and students

58. Pre-employment medical examination required of all non-teaching staff

59. Pre-employment medical examination required of all faculty and administrators

60. Periodical medical examination (by physician of own choice) required of all non-teaching staff

61. Periodical medical examination (by physician of own choice) required of all faculty and administrators

62. All medical examination reports on file at Health Service

63. Medical examinations available for non-teaching staff at Health Service

64. Medical examinations available for faculty and administrators at Health Service

65. Medical treatment available for non-teaching staff at Health Service

66. Medical treatment available for faculty and administrators at Health Service

67. Treatment and medication available for non-teaching staff from Health Service only upon emergency

68. Treatment and medication available for faculty and administrators from Health Service only upon emergency
RECORDS

69. Pre-entrance medical examination for each student on file at Health Service
70. Clinic and hospitalization record for each student on file at Health Service
71. Nurse responsible for all record-keeping
72. Aides and secretary responsible for all record keeping
73. Record keeping a joint endeavor of nurse, aides, secretary, etc.
74. Standard accident report form utilized campus-wide and all reports on file at Health Service

ENVIRONMENTAL HEALTH AND SAFETY

In order to assure a safe and healthful campus environment, the Health Service cooperates with the college administration in enforcing public health standards for:

75. Healthful and sanitary food service
76. Safe and healthful student housing
77. Safe water control and protection
78. Campus-wide safety and accident prevention

In order to assure a safe and healthful campus environment, the Health Service staff

79. Inspects some campus areas at regular intervals
80. Inspects campus areas upon request or when situation brought to their attention
81. Utilizes some other method of enforcing public health standards such as: ____________________________.

HEALTH EDUCATION AND PREVENTIVE MEDICINE

82. Health Service provides instruction in healthful living only to those who come in for care and treatment
83. Health Service staff are available as resource people for classes
84. Health Service presents annual lecture series on campus which deals with current health problems
85. Health Service writes health news and stories for student publications (newspaper)
86. Health Service is not involved in any organized plan of health instruction

FINANCE

87. Health Service operates within budget based entirely upon student health fees
88. Health Service operates within budget based upon student health fees supplemented by college allocation
89. Students pay additional fees for non-prescription drugs from Health Service
90. Students pay additional fees for prescription drugs from Health Service
91. Students health fee includes all drugs prescribed by Health Service physician
92. Each student pays any additional expense connected with mental health counseling
93. Student health fee covers all expenses connected with mental health counseling
94. Student health fee covers initial expense connected with mental health counseling
95. All students are required to carry the college health insurance plan
96. Each student selects whether he will carry the college health insurance plan or an equivalent plan
97. Only varsity athletes and foreign students are required to carry the college health insurance plan
98. Faculty teaching in so-called hazardous areas are encouraged by the college to carry additional personal accident-liability insurance
99. Faculty teaching in so-called hazardous areas are required by the college to carry additional personal accident-liability insurance
100. Faculty teaching in so-called hazardous areas are insured by the college
101. Students representing the college (e.g. sports, debate, religious programs), are insured by the college during travel and performance
102. Students representing the college (e.g. sports, debate, religious programs) are required by the college to carry insurance covering such travel and performance
103. Students representing the college (e.g. sports, debate, religious programs), are encouraged by the college to carry insurance covering such travel and performance
104. All student insurance plan forms are handled by the Health Service
105. Student insurance plan forms are handled by another college office ____________________.

RESEARCH
106. The Health Service is not concerned with conducting research on basic student health problems
107. The Health Service conducts limited research on basic student health problems
108. The Health Service conducts much research on basic student health problems

Are there any other services which your Health Service provides but which have not been mentioned here? If you would like to add them here or include any other item of special interest, please do so.
Dear ________________,

I am doing research related to the Health Services of Otterbein College. The purpose of the study is to investigate the services available at Otterbein in light of the growth, development, and changing purpose of the college over the last ten years, 1957-67. A sub-problem will be to ascertain similarities or differences between Health Services of Otterbein with selected similar Ohio colleges and other Evangelical United Brethren colleges. In addition, I am also interested in student use and attitude toward the health service.

This study is being conducted under the advisement of Raymond Jennings, M.D., of the Otterbein Health Service and Wesley P. Cushman, Ed.D., Professor of Health Education, The Ohio State University, in partial fulfillment of the requirements for the Doctor of Philosophy degree.

A review of the related literature indicates few, if any, studies available as to the effects of growth and development of the small college on its health services. It is entirely possible that some research in this area has been conducted but has not been published. May I request your help in two ways:

1) Would you kindly return the enclosed postcard indicating whether or not you have conducted some similar research and if a copy is available; and

2) Indicate whether or not you would be willing to permit me to visit your campus for an interview concerning the extent of your services. I should like to visit your campus this summer if it is at all possible.

Thank you very much for your time and consideration of this request. I would appreciate hearing from you by July 10.

Sincerely yours,

Marilyn Day
4461 Oakwood Point
Westerville, Ohio 43081

*on letter to EUB colleges, item 2) reads:

2) Indicate whether or not you would be willing to complete a very brief questionnaire on the extent of your services. (estimated time for questionnaire, twenty minutes).
APPENDIX C

POSTAL CARD ENCLOSURE TO COLLEGE HEALTH SERVICE DIRECTORS

Effects of College Growth on Student Health Services

We have not conducted related research.

A copy is available. Source: __________________________

is not Published in __________________________

We would not be able to have you visit our campus this summer.

The most convenient date for you to come would be:

July _______ August _______

______________________________
(name)

______________________________
(address)
APPENDIX D

Checklist Completed by Faculty, Administrative Officers, Trustees
Otterbein College Health Service Study

faculty
administrator
trustee

Please check the following items which you believe describes the purposes, responsibilities, and services of a college health service.

Thank you for your assistance.

GENERAL
The objectives of a college health service should include the following:

1. Care for illnesses or accidents among students while in college
2. maintenance of a state of good health among the student body
3. maintenance of a preventive health program through immunization (e.g. flu, cold)
4. maintenance of a preventive health program through individual health education of those students who come for care or treatment
5. a healthful and safe physical and emotional environment on campus
6. indoctrination of each student with proper attitudes and habits of good health
7. research relating to basic student health problems

PATIENT SERVICES
The college health service should include the following:

8. a daily outpatient clinic
9. infirmary with 24 hour nursing service
10. a full-time physician as director
11. a nurse as director of health service, acting under a part-time physician's direction
12. immunizations (e.g. flu, cold, tetanus, etc.) available to students
13. non-prescription drugs available to students
14. prescription drugs available to students
15. isolation rooms in the infirmary
16. day-rest beds in the infirmary
17. laboratory service available in health center or on-campus
18. x-ray service available in health center
19. laboratory and x-ray service available off-campus
MENTAL HEALTH SERVICES

20. psychiatrist available on campus full-time for counseling
21. psychiatrist available on campus part-time for counseling
22. psychiatrist available off campus for counseling on referral basis
23. clinical psychologist available on campus full-time for counseling
24. clinical psychologist available on campus part-time for counseling
25. clinical psychologist available off campus for counseling on referral basis
26. all psychological and psychiatric care to be off-campus, emergency only
27. all psychological and psychiatric care to be on-campus
28. established written policy and plan with local hospital for mental health care or hospitalization
29. student deans available on campus for personal (non-academic) counseling
30. majority of personal (non-academic) counseling handled by faculty members
31. majority of personal (non-academic) counseling handled by Student Personnel staff
32. chaplain available on campus for counseling
33. all mental health referrals handled through Health Service
34. all mental health referrals handled through Dean of Students' Office
35. all mental health referrals handled cooperatively through Health Service and Dean of Students' Office

EMERGENCY CARE

36. written policy for handling of all emergency illnesses and on-campus accidents by the Health Service
37. Health Service responsible for transportation of victim to hospital, etc.
38. written plan for sudden epidemic illness on campus
39. written policy for assistance and use of facilities in event of community disaster
40. written policy of cooperation and coordination with civil defense
41. written standard procedure and policy in event of fatal accident or illness

ATHLETIC MEDICINE

42. athletic physician responsible to health service physician
43. evaluations by Health Service for physical education class participation
44. evaluations by Health Service for intramural sports participation
45. evaluations by Health Service for selected varsity sports participation
46. evaluations by Health Service for all varsity sports participation
47. established written standing orders of procedures approved by athletic physician and Health Service physician for trainers and therapists

48. on-field injuries reported and recorded at Health Service

49. treatment of on-field injuries reported and recorded at Health Service

DENTAL MEDICINE

50. referral dental service only

51. minor dental care available

52. written policy for handling dental referrals

OCCUPATIONAL MEDICINE

53. processing of food-handler permits (required by County Health Boards, includes chest x-ray and blood test) for non-teaching staff and students

54. pre-employment medical examination required of all non-teaching staff

55. pre-employment medical examination required of all faculty and administrators

56. periodical medical examination (by physician of own choice) required of all non-teaching staff

57. periodical medical examination required (by physician of own choice) of all faculty and administrators

58. all medical examination reports on file at Health Service

59. medical examinations available for non-teaching staff at Health Service

60. medical examinations available for faculty and administrators at Health Service

61. medical treatment available for non-teaching staff at Health Service

62. medical treatment available for faculty and administrators at Health Service

63. medication available for non-teaching staff at Health Service

64. medication available for faculty and administrators at Health Service

65. treatment and medication available for non-teaching staff from Health Service only upon emergency

66. treatment and medication available for faculty and administrators from Health Service only upon emergency

RECORDS

67. pre-entrance medical examination for each student on file at Health Service

68. clinic and hospitalization record for each student on file at Health Service

69. standard accident report form utilized campus-wide and all reports on file at Health Service
ENVIRONMENTAL HEALTH AND SAFETY
In order to assure a safe and healthful campus environment, the Health Service cooperates with the college administration in enforcing public health standards for:
-- 70. healthful and sanitary food service
-- 71. safe and healthful student housing
-- 72. safe water control and protection
-- 73. campus-wide safety and accident prevention

HEALTH EDUCATION AND PREVENTIVE MEDICINE
-- 74. Health Service provides instruction in healthful living only to those who come in for care and treatment
-- 75. Health Service staff are available as resource people for classes
-- 76. Health Service presents annual lecture series on campus which deals with current health problems
-- 77. Health Service is not involved in any organized plan of health instruction

FINANCE
-- 78. Health Service operates within budget based entirely upon student health fees
-- 79. Health Service operates within budget based upon student health fees supplemented by college allocation
-- 80. students pay additional fees for non-prescription drugs from Health Service
-- 81. students pay additional fees for prescription drugs from Health Service
-- 82. student health fee includes all drugs prescribed by Health Service physician
-- 83. each student pays any additional expenses connected with mental health counseling
-- 84. student health fee covers all expenses connected with mental health counseling
-- 85. all students are required to carry the college health insurance plan
-- 86. each student selects whether he will carry the college health insurance plan or an equivalent plan
-- 87. only varsity athletes and foreign students are required to carry the college health insurance plan
-- 88. faculty teaching in so-called hazardous areas are insured by the college
-- 89. faculty teaching in so-called hazardous areas are required by the college to carry additional personal accident-liability insurance
-- 90. faculty teaching in so-called hazardous areas are encouraged by the college to carry additional personal accident-liability insurance
-- 91. student representing the college (e.g. sports, debate, religious programs), are insured by the college during travel and performance
students representing the college (e.g. sports, debate, religious programs), are required by the college to carry insurance covering such travel and performance

RESEARCH

the Health Service is not concerned with conducted research on basic student health problems

the Health Service conducts limited research on basic student health problems

the Health Service conducts much research on basic student health problems

Are there any other services which a Health Service should provide but which have not been mentioned here? If so, please add:
Dear Faculty Members and Administrative Officers:

I am doing research related to the Health Services of Otterbein College. The purpose of the study is to investigate the services available in light of the growth, development, and changing purpose of the college over the last ten years, 1957-67. A sub-problem will be to ascertain the opinion of faculty, administrative officers and trustees as to the purpose and extent of health services on the campus. President Turner has approved my contacting you to ask your assistance.

This study is being conducted under the advisement of Raymond Jennings, M.D., of the Otterbein Health Service, and Wesley P. Cushman, Ed.D., Professor of Health Education, The Ohio State University, in partial fulfillment of the requirement for the Doctor of Philosophy degree.

I would appreciate your help in completing this brief questionnaire and returning it to me just as soon as possible. Several pre-trials have indicated the questionnaire requires slightly over five minutes to complete. A stamped, self-addressed envelope is enclosed for your convenience in returning the questionnaire.

Thank you for any consideration you can give this request. I do appreciate your help completing this study.

Sincerely yours,

Marilyn Day
APPENDIX F

LETTER SENT TO MEMBERS OF THE BOARD OF TRUSTEES

July, 1967

Members of the Board of Trustees
Otterbein College

Dear Trustee:

I am doing research related to the Health Services of Otterbein College. The purpose of the study is to investigate the services available in light of the growth, development, and changing purpose of the college over the last ten years, 1957-67. A sub-problem will be to ascertain the opinion of faculty, administrative officers, and trustees as to the purpose and extent of health services on the campus. Dr. Harold Boda has approved my contacting you to ask your assistance.

The study is being conducted under the advisement of Raymond Jennings, M.D., of the Otterbein Health Service, and Wesley P. Cushman, Ed.D., Professor of Health Education, The Ohio State University, in partial fulfillment of the requirement for the Doctor of Philosophy degree.

I would appreciate your help in completing this brief questionnaire and returning it to me just as soon as possible in the stamped, self-addressed envelope. Several pre-trials have indicated that the questionnaire requires approximately five minutes to complete.

Thank you for any consideration you can give this request. I do appreciate your help in completing this study.

Sincerely yours,

Marilyn Day
APPENDIX G

THE MODIFIED SOLLEDER QUESTIONNAIRE COMPLETED
BY OTTERBEIN STUDENTS

Health and Medical Care Survey

An attempt is being made to discover some information about health and medical services used by students at Otterbein College. Your name is not necessary on this questionnaire.

It is desired that only those students who were enrolled in Otterbein College this entire year, 1966-67, answer this questionnaire. If you do not fulfill this necessary qualification, do not complete this questionnaire but return it to the box designated Health Service Questionnaires located in your dormitory or the Campus Center lobby. Thank you.

This is part of a graduate student's doctoral dissertation. It is hoped that you will be willing to answer thoughtfully and as accurately as possible. Please answer the questions by yourself, without consulting other students. Please return the completed questionnaire to the box designated Health Service Questionnaire located in your dormitory or the Campus Center lobby by Friday, May 26. Thank you for your cooperation.

1. What was your classification during this past year (1966-67)?
   1. ___ freshman
   2. ___ sophomore
   3. ___ junior
   4. ___ senior
   5. ___ special
   6. ___ other. Please describe ____________

*2. What was your major during this past year (1966-67)?
   1. ___ Biology
   2. ___ Business Administration
   3. ___ Chemistry
   4. ___ Economics
   5. ___ Elementary Education
   6. ___ English
   7. ___ French
   8. ___ German
   9. ___ Government
   10. ___ Health and Physical Education
   11. ___ History
   12. ___ History and Government
   13. ___ Home Economics
   14. ___ Mathematics
   15. ___ Music
   16. ___ Philosophy
   17. ___ Physics
   18. ___ Psychology
   19. ___ Religion
   20. ___ Religion and Philosophy
   21. ___ Sociology
   22. ___ Spanish
   23. ___ Speech and Theatre
   24. ___ Visual Arts

*Denotes modification for use in Otterbein survey.
3. What is your sex?
   1. __male
   2. __female

4. What was your marital status at the beginning of the year 1966-67?
   1. __married
   2. __single

5. What was your home town at the beginning of the year 1966-67?

   ________________________________  ________________________________  ________________________________
   (City)  (County)  (State)

*6. What was your Westerville residence at the beginning of the year 1966-67?
   1. __at home
   2. __dormitory
   3. __fraternity
   4. __rooming house
   5. __with relatives
   6. __commuter - non-Westerville housing
   7. __other (indicate ________________________________ )

In everyday living there are many health conditions about which we need to make decisions concerning the need for treatment. Some may clear up without any special medical care. Some need treatment. The question then becomes whether to consult a physician or to seek help from another source.

Which one of the following WOULD YOU DO if you were in each of the situations described below? Mark your answers according to the following pattern:

Use the number 1 if: you feel that the condition would probably take care of itself in a short time, and no special treatment or advice is necessary.

Use the number 2 if: you want to do something about the condition, and would ask your friends, the druggist, or your family for advice, or purchase some product advertised for the condition. You would not feel that it was necessary to go to a physician.

Use the number 3 if: you would, at the time, go to a physician about the condition.

7. __For a couple of weeks you have had a cough that bothers you quite a bit, but hasn't kept you from attending classes.
8. ___ You are having trouble with acne; have many blackheads and pimples on your face.

9. ___ You have a number of cracks and blisters between your toes.

10. ___ You seem to be extremely thirsty much of the time.

11. ___ You have gained a good bit of weight during the past six months, and are definitely overweight. Otherwise, you feel fine.

12. ___ You have had a number of headaches recently. They aren't severe, but are annoying.

13. ___ You have had several dizzy spells or have fainted several times in the past few weeks.

14. ___ You think you have been exposed to a person who has venereal disease.

15. ___ Although you are tired when you go to bed, it takes a long time for you to go to sleep, and you are tired when you awaken in the morning.

16. ___ Usually you have plenty of energy, but for the past couple of months you have been "dragging" around.

17. ___ You have recently noticed that you have to ask your friends to repeat their remarks to you.

18. ___ You have been worried and depressed — about things in general — for several months.

19. ___ You believe that a mole on your back has started to increase in size.

20. ___ For the past month or so you have noticed that your urine has had a reddish color.

Most of the following questions need only one answer. If more than one answer is desired, the question will state this plainly.

21. Do you carry the student hospitalization insurance policy available through the College?
   1. ___ yes
   2. ___ no

22. Do you have any kind of medical and/or surgical insurance not obtained through the College?
   1. ___ yes
   2. ___ no
23. Does your family carry medical and/or surgical insurance of any kind?
   1. __yes
   2. __no

24. Do you believe that an annual medical examination for college age persons is a good idea?
   1. __yes
   2. __no

25. How often do you have a thorough medical examination?
   1. __about once a year
   2. __once every three or four years
   3. __only when required for admission to college or other special programs
   4. __only when I'm sick
   5. __every 2-3 years
   6. __at military discretion

26. Do you believe a person should see a dentist every six months or so, regardless of whether he has an obvious need for dental care?
   1. __yes
   2. __no

27. How often do you visit your dentist for a check-up?
   1. __every six months or so
   2. __about once a year
   3. __once every two or three years
   4. __mainly when dental troubles occur

28. How does your family feel about your medical care while you are a student at Otterbein? (Check as many answers as may apply to you.)
   1. __They want me to visit our family doctor when I am ill.
   2. __They want me to visit a doctor at the College Health Center when I'm ill.
   3. __They want to talk with me before any decisions about medical care are made.
   4. __They let me make decisions like this by myself.
   5. __They do not want me to go to the College Health Center.
   6. __They have not said anything about this medical care situation.
   7. __They want me to call a local physician.

29. Do you and your family have a family physician in or near your home town?
   1. __yes
   2. __no

*Denotes modification for use in Otterbein survey.
30. How often do you listen to or watch medical or health programs on radio or TV?
   1. ___weekly
   2. ___once every couple weeks
   3. ___once every month or two
   4. ___several times per year
   5. ___almost never

31. Do your religious beliefs have any effect on your use of medical services?
   1. ___yes
   2. ___no

*32. From which of the following sources did you receive most of your information about the College Health Center and its facilities?
   1. ___orientation programs on campus
   2. ___roommate, other students, friends
   3. ___dormitory counselors
   4. ___the Health Center staff
   5. ___College bulletins or pamphlets
   6. ___the Tan and Cardinal
   7. ___health education courses

*33. Please indicate with a check ( ) the statement or statements in the following list that correctly describe the College Health Service.
   1. ___Any student in the College may use the Health Center.
   2. ___Regular College fees cover the expense of the usual treatments and examinations.
   3. ___Poli inoculations can be obtained at the Health Center.
   4. ___The Health Center is equipped to make x-ray examinations.
   5. ___Students who need regularly scheduled medical care may make appointments to see the same physician each time.
   6. ___The majority of the physicians at the Health Center carry on private practices in Westerville in addition to their work at the Health Center.
   7. ___Some of the College Health Center physicians are specialists in the care of ear, nose, and throat, skin, and other areas of medical care.

*34. If you should need the services of a physician next week, would you seek help from the College Health Center?
   1. ___definitely yes
   2. ___probably yes
   3. ___probably no
   4. ___definitely no

*Denotes modification for use in Otterbein survey.
35. What are some reasons that cause you to answer this way? (Please be as specific as possible.)

YES

NO

36. As the College grows, it might become necessary to build new or additional Health Service buildings. Does the location of a Health Center have any effect on whether you visit it?

1. ___yes, it should be near the dorms or other living units
2. ___yes, it should be near classroom buildings
3. ___no, location really doesn't matter very much

37. Approximately how many accidents or illnesses did you have the last college year, 1966-67? (In spite of the fact that a cold or other illness may last two weeks, count it as one illness.)

1. ___none
2. ___1-2
3. ___3-4
4. ___5-6
5. ___7-8
6. ___9-10
7. ___more than 10

38. Approximately how many times did you visit a physician or receive medical care or consultation from any source during the last college year, 1966-67? IF YOU ANSWER "NONE" TO THIS QUESTION, OMIT QUESTIONS 39-47 AND TURN DIRECTLY TO QUESTION 48 ON PAGE 8 TO COMPLETE THE QUESTIONNAIRE.

1. ___none
2. ___1-2
3. ___3-4
4. ___5-6
5. ___7-8
6. ___9-10
7. ___more than 10

39. Approximately how many of these visits were to your private, family physician in or near your home town?

1. ___none
2. ___1-2
3. ___3-4
4. ___5-6
5. ___7-8
6. ___9-10
7. ___more than 10
40. Approximately how many of these visits (as indicated in question 38) were to a local, off-campus physician who is not your family physician?
   1. ___none
   2. ___1-2
   3. ___3-4
   4. ___5-6
   5. ___7-8
   6. ___9-10
   7. ___more than 10

41. Approximately how many of these visits were to physicians or other personnel at the College Health Center?
   1. ___none
   2. ___1-2
   3. ___3-4
   4. ___5-6
   5. ___7-8
   6. ___9-10
   7. ___more than 10
   IF YOU ANSWER "NONE" TO THIS QUESTION, OMIT QUESTIONS 42-47 AND TURN DIRECTLY TO QUESTION 48 ON PAGE 8 TO COMPLETE THE QUESTIONNAIRE.

42. How do you rate your experiences at the College Health Center?
   1. ___definitely satisfactory
   2. ___generally satisfactory
   3. ___generally unsatisfactory
   4. ___definitely unsatisfactory

43. What are some reasons that cause you to answer this way? (Please be as specific as possible.)
   Definitely Satisfactory

   Generally Satisfactory

   Generally Unsatisfactory

   Definitely Unsatisfactory
44. How do you believe your medical treatment from the College Health Center compares with the treatment you might have received from a physician at home? (Check as many as apply to you.)
1. ___more complete here
2. ___more personal here
3. ___probably about the same both places
4. ___more personal at home
5. ___more complete at home

45. What good reports do you hear about the service provided at the College Health Center? Please list these and underline those which you, from firsthand experience, have found to be true.

46. What bad reports do you hear about the service provided at the College Health Center? Please list these and underline those which you, from firsthand experience, have found to be true.

47. What recommendations would you make for improving the services of the College Health Center? (Please be as specific as possible and base your suggestions on your own experience at the College Health Center.)

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED ONLY BY PERSONS WHO DID NOT USE THE COLLEGE HEALTH CENTER DURING THE COLLEGE YEAR 1966-67.

48. If you did not visit the College Health Center during the college year 1966-67, will you give the reason or reasons why this is so?
49. Has a staff member at the College Health Center ever treated your illnesses or given you any medical advice?
   1. ___yes
   2. ___no

50. If you answered "yes" to the previous question: Approximately how long ago did you receive this service?
   1. ___this year
   2. ___2 years ago
   3. ___3 years ago
   4. ___4 years ago

51. If you answered "yes" to question 49: How do you believe your medical treatment or consultation from the College Health Center compares with the treatment you might have received from a physician at home? (Check as many as apply to you.)
   1. ___more complete here
   2. ___more personal here
   3. ___probably about the same both places
   4. ___more personal at home
   5. ___more complete at home

52. What good reports do you hear about the service provided at the College Health Center? Please list these and underline those which you, from firsthand experience, have found to be true.

53. What bad reports do you hear about the service provided at the College Health Center? Please list these and underline those which you, from firsthand experience, have found to be true.

54. Do you have any suggestions, based on your own experiences at the College Health Center, that would improve the services offered there?
APPENDIX H

THE FIRST OTTERBEIN COLLEGE STUDENT HEALTH RECORD

OTTERBEIN COLLEGE
Student Health Record

This health record is to be completed and mailed to the Director of Admissions, Otterbein College, Westerville, Ohio. The report should be in the college office before September 1. In case it is not completed before the student arrives, it will be necessary to have the examination made by a physician in Westerville, at the expense of the student. If you have not been VACCINATED within the past five years, please see your physician AT ONCE.

This preliminary record is in two parts. This side of the record is to be filled out by the student before consulting his family doctor. The opposite side of the sheet is to be filled out by the physician following his examination. If these questions are carefully answered, the college authorities will be able to help the student in maintaining good health.

  PERSONAL HISTORY

Name ___________________________ Address ___________________________

Age __________ Race ___________________________

Name of Parent _____________________ Address __________ Phone ________

Guardian

If you have ever had any of the following diseases, please check and indicate your age at the time. In case serious complications occurred, please make note in space provided.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Age</th>
<th>Disease</th>
<th>Age</th>
<th>Disease</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td></td>
<td>Bronchitis</td>
<td></td>
<td>Typhoid fever</td>
<td></td>
</tr>
<tr>
<td>Scarlet fever</td>
<td></td>
<td>Pleurisy</td>
<td></td>
<td>Undulant fever</td>
<td></td>
</tr>
<tr>
<td>Tonsillitis</td>
<td></td>
<td>Pneumonia</td>
<td></td>
<td>Appendicitis</td>
<td></td>
</tr>
<tr>
<td>Quinsy</td>
<td></td>
<td>Influenza</td>
<td></td>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td>Rheumatism</td>
<td></td>
<td>Tuberculosis</td>
<td></td>
<td>Chicken-pox</td>
<td></td>
</tr>
</tbody>
</table>

COMPLICATIONS:

Have you been immunized against:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Yes</th>
<th>No</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small-pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Yes</td>
<td>No</td>
<td>Date</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>Yes</td>
<td>No</td>
<td>Date</td>
</tr>
</tbody>
</table>

Please check any of the following conditions which annoy you:

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent colds</td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
</tr>
<tr>
<td>Chronic cough</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>Loss of appetite</td>
<td></td>
</tr>
<tr>
<td>Skin eruptions</td>
<td></td>
</tr>
<tr>
<td>Defective hearing</td>
<td></td>
</tr>
<tr>
<td>Boils</td>
<td></td>
</tr>
<tr>
<td>Discharging ears</td>
<td></td>
</tr>
<tr>
<td>Defective vision</td>
<td></td>
</tr>
<tr>
<td>&quot;Athletes foot&quot;</td>
<td></td>
</tr>
<tr>
<td>Inflammation of eyes</td>
<td></td>
</tr>
<tr>
<td>Indigestion</td>
<td></td>
</tr>
<tr>
<td>Painting spells</td>
<td></td>
</tr>
<tr>
<td>Backache</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td></td>
</tr>
<tr>
<td>Convulsions</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
</tr>
</tbody>
</table>
Have you been closely associated with a tuberculous person?
Yes ______ No ______

What serious accidents or surgical operations have you had?

Have you any physical handicap which might limit your school activities? If so, please describe:

Date _______________ (Signed) ______________________________
APPENDIX H

THE FIRST PHYSICIAN'S REPORT FORM

To the Examining Physician:

Otterbein College is attempting to maintain a high standard of student health. We ask your cooperation in making a careful and complete examination of this student. In case you desire to send additional information, please address your letter to the College Physician, R.K. Edler, M.D., Health Center, Otterbein College, Westerville, Ohio.

Name: _____________________________ Date of examination __________

Does the appearance of the student suggest that the general health is

good? ______ Fair? ______ Poor? ______

Height, without shoes _______ Weight, present _______ usual _______

Temperature _______ Pulse rate _______ Blood pressure _______

Skin:

Head:
Eyes
Ears
Nose
Mouth
Teeth
Mucous Membranes
Throat

Neck:
Thyroid

Chest:
Heart

Lungs

Abdomen:

External Genitals:
Hernia

Lymph glands:

Extremities:
Tremors Reflexes Deformities

Urinalysis:

(In case of a female student please note any menstrual abnormality.)

As a result of your examination do you believe the student to be in good health, free from communicable disease and able to engage in all college activities? Yes ______ No ______. If not, please indicate the restrictions you advise.
Has the student been successfully vaccinated against Small-pox within the past five years? Yes___ No____. If not, please see that vaccination is done, and complete one of the following certificates.

(1). This is to certify that ____________ was successfully vaccinated against Small-pox on ____________.

(2). This is to certify that ____________ was vaccinated against Small-pox on ____________. An immune reaction was obtained.

REMARKS:

(Signed) ___________________________ M.D.

Address ______________________________
APPENDIX H

FIRST OTTERBEIN COLLEGE REPORT FORMS

Forms In Use.

Daily Report Sent to the President and Administrative Offices.

OTTERBEIN COLLEGE HEALTH CENTER

Date________________________

<table>
<thead>
<tr>
<th>New Patients Admitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>------</td>
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</table>

<table>
<thead>
<tr>
<th>Old Patients Still in Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>------</td>
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<table>
<thead>
<tr>
<th>Patients Discharged from Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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SANITARY INSPECTION REPORT

Mr. President:

This is to advise you that I inspected the Hygienic and Sanitary conditions of ________________________ A.M.
on ______________ at ________________________ P.M.

Conditions were satisfactory except as follows:

________________________________________
M.D.
APPENDIX H

FIRST OTTERBEIN COLLEGE REPORT FORMS

Forms Now In Use.

Dispensary Card (kept on file at the Health Center)

Health Center - Otterbein College

<table>
<thead>
<tr>
<th>Name</th>
<th>Class</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Diagnosis</th>
<th>Treatment</th>
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Permanent Infirmary Record (kept on file at the Health Center)

OTTERBEIN COLLEGE

<table>
<thead>
<tr>
<th>Days in Hospital</th>
<th>ADMISSION TO HEALTH CENTER</th>
<th>Discharged</th>
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<table>
<thead>
<tr>
<th>Name</th>
<th>College Address</th>
<th>Class</th>
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<tr>
<th>last</th>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>T.P.R.</th>
<th>BM</th>
<th>U</th>
<th>Diet</th>
<th>Medication</th>
<th>Remarks</th>
</tr>
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<tbody>
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</table>

Reverse Side of Infirmary Card.

Doctor's Orders and Notes

<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>Service of Dr.</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Last</th>
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<th>Date</th>
<th>Orders</th>
<th>Date</th>
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</table>

Excuse (sent to the office of the Dean)

Excuse for Absence Because of Illness

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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<table>
<thead>
<tr>
<th>Date of Absence</th>
<th>Classes or Chapel</th>
<th>Nature of Illness</th>
<th>Excuse Granted by</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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</table>
Books


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_____ Personal interview with Dr. and Mrs. Lyle J. Michael, former students at Otterbein before Health Services. Westerville, Ohio. June 4, 1968.


_____ Personal interview with Dr. F. J. Vance, retired Registrar, former Dean of Otterbein College, Westerville, Ohio. June 12, 1968.

_____ Personal interview with Director of Health Services at Baldwin-Wallace College, Capital University, Heidelberg College, Hiram College, Mount Union College, Muskingum College, Ohio Northern University, and Wilmington College. July, 1967 through June, 1968.
AUTOBIOGRAPHY

I, Marilyn Ellen Day, was born in Middletown, Ohio, August 27, 1931. My early education was received in the public schools of Middletown, Ohio, and my undergraduate preparation was at Otterbein College, from which I received the Bachelor of Arts degree in 1953. I enrolled during the summer of 1954 at the University of Colorado, from which I received the Master of Science degree in 1957. I began study at The Ohio State University in 1960 for the Doctor of Philosophy degree. I am presently an assistant professor of health and physical education at Otterbein College, serving as Chairman of the Women's Health and Physical Education Department.