Diet Therapy

Nutrition Services in State Departments of Health

Retrospect and Prospect

ANNA DE PLANTER BOWES, B.S., M.A., F.A.P.H.A.*

RESTROSPECT—EARLY SERVICES

THE Massachusetts Department of Public Health was one of the first to realize the value of nutrition in a public health program. In October 1917 a nutritionist was appointed to its staff of Child Hygiene. Her duties, as suggested by her title, Health Instructor in Food, were educational in character. Nutrition services in this state have been maintained continuously to the present time.

Gradually other states added nutritionists to their staff. However, until the passage of the Social Security Act in 1935, only a few states had budgetary provision for nutrition services. Financial assistance from the Children's Bureau to states and territories has been a definite factor in establishing nutritionists as members of the health team. High maternal and infant morbidity and mortality rates, severe malnutrition among preschool and school-age children were early and major concerns of the Children's Bureau. Recognition of the close relationships of a poor or inadequate diet to these conditions among mothers and children made the appointment of nutritionists in health departments a logical step in efforts to improve maternal and child health.

Nutrition classes for expectant mothers, food demonstrations and consultations in child health centers and "well baby clinics," cooking lessons for the foreign-born and nutrition classes for underweight children in schools were important areas of service in the nineteen-twenties. Vitamins, newly discovered, needed explanation and interpretation in family meals. These were considered needs at the local and state levels.

The depression of the nineteen-thirties focussed special attention on protecting family health at minimum or low cost. Getting the most for the food money was needed information for many families and individuals. Using low cost foods was a new experience for many families including highly skilled professional workers who had lived "very differently" before unemployment. Emergency child and family feeding programs, protecting the health of older youths through the National Youth Administration (NYA) and the civilian camp organizations (CCC) brought many added requests for service to nutritionists in state and local departments of health and welfare.

Planning budgets for an emergency, at low cost, or for rehabilitation of individuals or families who were malnourished or ill became a major service of the nutritionist. This brought her into increasing contacts with social and welfare agencies. Together, social workers,

* Formerly Director, Division of Nutrition, Pennsylvania Department of Health, Harrisburg, Pennsylvania; Present address: Syracuse, New York.

home economists in the social agencies and nutritionists developed the "relief standards" for use in the community and state.

This relationship has had many outgrowths that have deepened the understanding of all the professional workers concerned. Nutritionists became much more aware of the impact of social and emotional conditions on health and nutritional status of individuals and families. No college courses in the home economics curriculum or at the graduate nutrition level can give the same insight in understanding social forces on human beings that direct contacts with social workers and the families they serve can give.

A keener realization of the importance of nutrition for health and well being also influenced the thinking of social workers and even the curriculum of many schools of social work. Courses in nutrition have increased or have been added as the role of nutrition for total well being and human behavior has become better understood and appreciated.

SOME PIONEERS IN PUBLIC HEALTH NUTRITION

The growth and development of nutrition services in health departments owe a genuine debt of gratitude to the early pioneers of the field of nutrition education. Their labors, studies, reports and willingness to give field training directly, or in cooperation with universities and colleges, have provided many nutritionists with the information and skills now being translated into health department programs in all parts of this country.

Large urban centers such as Boston, New York, Philadelphia, Chicago and Cleveland had specific health and nutrition problems in direct proportion to population, unemployment, racial and health problems and the number of foreign-born families struggling with their new environment.

The Boston Dispensary and the name of Frances Stern will always evoke cherished memories in the minds and hearts of thousands of families in the New England and Boston area. Her basic knowledge of nutrition, coupled with unlimited vision of the cultural and social implications of food, and her rare devotion to promoting nutrition education for the humblest immigrant and the most brilliant professional visitor alike, have given much fruitful meaning to the promotion of food clinics and other forms of nutrition programs in all parts of the world.

In the New York City area, the name of Lucy H. Gillett is equally revered. During her long years as Superintendent of the Nutrition Bureau for the Association for the Improvement of Condition of the Poor (A.I.-C.P.) (now the Community Service Society) she and her staff interpreted good nutrition for health to thousands of families and hundreds of students privileged to secure field training from her. One of her many outstanding and enduring achievements is the report prepared as Chairman of the Subcommittee on Nutrition for Nutrition Services in the Field for the 1930 White House Conference on Child Health and Protection.[1] This report summarizes types of nutrition services in some state and local agencies through the year of 1930. Another publication by Miss Gillett, *Nutrition in Public Health*,[2] released in 1946, has been on best-seller lists for many years. It is well known to present day nutritionists and is often referred to as their public health nutrition Bible.

In Philadelphia, Emma Smedley gave the now thriving national school lunch program its firm beginning. Her book, *Institution Recipes*, and her skills at organization helped many school lunch managers begin their careers in providing appetizing and nutritious foods for millions of school children.

Inspiring teachers such as Mary Swartz Rose, Henry C. Sherman, Lydia J. Roberts and Elmer V. McCollum, at many universities and colleges, through their personality, research and writings have provided background for successful programs now in operation from Puerto Rico to Alaska and Hawaii and every other state in the Union.

To these few pioneers mentioned, many other names could be added. In each state, devoted research workers, physicians, dietitians and nutritionists have valiantly year by year inspired their pupils with the zeal and the scientific tools to become efficient workers in public health nutrition. The candles they

have lighted are throwing long beams on present day state nutrition programs.

CURRENT PROGRAMS IN STATE HEALTH DEPARTMENTS

The over-all goal of nutrition services is the improvement of nutritional status of all the people at all age levels and in all socioeconomic groups. Additional goals are:

To provide guidance in nutrition for optimum *growth* and *development* of children, for maintenance of health in adults at high levels and for the prevention of disease and early onset of certain debilitating diseases of the later years.

To assist in rehabilitation. Nutrition can play a vital role in rehabilitation of children with orthopedic disabilities, with rheumatic heart disease, with cleft palate, and of people of all ages with tuberculosis, diabetes, cardiovascular disorders, hepatitis and many other diseases.

How these goals will be spelled out into programs of action will vary from state to state, city to city, and from one local community to another. *Nutrition needs of the people at the time* should be a first and major basis for developing programs.

HOW CAN NUTRITION NEEDS BE DETERMINED?

Food habit surveys and dietary inventories of expectant mothers, children, adults in various professional and occupational classifications, and of the aged will provide information on food practices. The findings of medical and dental examinations of various population groups, and the morbidity and mortality rates at state and local levels will provide much background information. Well planned food consumption surveys and nutritional status studies of various groups, correlated with medical findings, give the most detailed data.

How many of these activities can be carried out will depend on the number of nutritionists and nurses on the staff of the state health department and at the regional, county, city or local levels. Liaison in research projects with medical schools, schools of public health and home economics, with federal agencies and private foundations will also determine how much nutrition research can be conducted on a cooperative basis. Long-term or short-term research projects in many states have greatly strengthened nutrition programs and convictions about the close relationship of nutrition to health.

Translating the findings of activities which will point up nutrition needs into a plan of action for the most efficient use of the nutritionist's background and skill requires joint effort on the part of many individuals and many agencies.

The physician responsible for administering the total health program in a state[3] is in a key position to determine the integration of nutrition into the various units of his department and in community agencies. The frontiers of public health he surveys have expanded greatly in the past decade. To the physician-nurse–nutritionist–social worker team of the earlier decades, new forces have been added. In each state an increased number of specialists in the medical, nursing, social and behavioral sciences now comprises the health team. In planning a state nutrition program each of these must be considered.

FITTING NUTRITION NEEDS INTO THE TOTAL HEALTH PROGRAM

Some Present Day Areas for Nutrition Education

Good nutrition has its greatest potential in contributing to future health during the preconceptional and prenatal periods.[4–6] Nutrition education efforts should be directed to expectant mothers, young women and adolescent girls. The trend toward earlier marriages and the recognized poor nutritional status and food habits of many teen-agers accentuate the importance of services to these critical groups.

Psychologists, food technology and the supermarket have increased the decisions mothers of infants and preschool age children must make about *what* to give their children and *how* to develop good food habits. Nutrition guidance has become *more* rather than *less* intricate and involved than in the nineteen twenties or thirties.[7–9]

Schools, at elementary and higher levels, need to continue nutrition education. School

buses rather than the former walks to school, the increased tempo of living at home, at school, and after school, consolidation and urbanization of schools and population, the school lunch system, television and movies have specific impact on eating patterns and food and nutrition. No or poor breakfasts, undesirable snacks and irregular meals at home have direct relationship to the poor nutritional status of many school children, especially those of teen-age.[10]

The nutrition of adults is subjected to many present day hazards: poorly planned and scheduled meals due to travel and occupational irregularities and hazards, reduced physical exercise, increased emotional and physical stress and tensions due to overcrowding and many other factors.[11]

Alcoholism, narcotic addiction and the early onset of chronic and/or debilitating diseases present other nutritional considerations.

Obesity at all age levels presents its special hazards to good nutrition and health. Its association with diabetes, cardiovascular, arthritis and other chronic illnesses makes the effort directed toward group and individual instruction a nutritional responsibility.

Year by year, the number of older people in our states increases. This has created many health problems in homes, in institutions and for the community or state. Chronic diseases are most prevalent in this group of our population. Most chronic diseases require many dietary adjustments or changes.[12]

Many convalescent and nursing homes for the aged do not employ well trained personnel for food service. Poorly planned meals, unsavory and unappetizing in appearance and/or service are all too common. Nutrition consultant service and an in-service educational program through conferences, workshops and institutes are needed.

In institutions for children, at summer camps and for migrant labor, nutrition can also be improved by consultation or other forms of education.

Unemployment, strikes, relocation of industrial corporations, accidents and illness usually create severe financial problems or crises in families. Guidance in adjusting family meals to lowered income and the use of surplus foods is needed by the nurses and social workers in contact with these families.

These are some areas of nutrition to which program efforts are directed in many states. Specific health conditions, epidemics, racial or nationality group health needs will receive priority in other states.

WAYS TO MAKE PROGRAMS FUNCTION

Provide practical nutrition information for professional colleagues and lay groups at various age and socioeconomic levels. Nutrition is a dynamic and changing science. Research and food technology adds to, changes or modifies current information on food and its use.

The nutritionists or nutrition staff must continuously analyze these changing facts and interpret them in simple language. Leaflets, pamphlets, food manuals, food value charts, exhibits, radio and television releases and magazine articles to meet specific requests can reach large groups. Food demonstrations and verbal presentations at clinics, meetings of all types and conferences are also effective.

Give consultant service upon request to all units in official state agencies, local agencies, local school districts, voluntary agencies and industries.

This is the most efficient use of the nutritionist's services in most states. Through participation in staff conferences, nutrition information can be shared with other members of the health team who have broad contacts with groups and individuals. Assistance on special programs or projects often includes (1) preparation of family food budgets and special diets for use by nurses and social workers; (2) technical guidance and cooperation on a demonstration basis in classes or discussions for groups of expectant parents, mothers of young children, overweight individuals, persons with diabetes, tuberculosis, cardiovascular disease, and individuals with special handicaps such as orthopedic conditions, cerebral palsy and mental retardation;[13] (3) assistance in planning many special projects in schools[14] such as animal feeding studies, "better breakfast," or school-lunch programs

and weight control classes; (4) integration of nutrition and dietary considerations in programs conducted by sanitarians, individuals in charge of accident prevention, and at treatment centers for alcoholics and other addictive diseases.

Offer in-service training for professional personnel: Workshops, institutes or technical conferences on nutrition may be initiated by the Nutrition Unit, by an official or nonofficial agency or by a college or university. The Nutrition Unit or consultant will act in an advisory capacity and supply members of its staff as consultants and speakers after clearance through proper channels.

Promote and cooperate in the development of nutrition activities in county and local health departments.

Stimulate the development of nutrition projects through cooperation with professional associations such as the state Medical Society, American and state Public Health, Dietetic and Home Economics associations.

Give direct services in nutrition when they can be arranged on a demonstration basis, as in-service training for professional personnel in an agency.

Cooperate with other departments such as Public Instruction and Public Welfare in projects, conferences or workshops for promoting nutritional well-being of persons of all ages served by these agencies.

These are some ways of integrating nutrition services into the total health program. Various other activities are in progress in many states.

A LOOK AHEAD

Current nutrition research at universities and colleges, at medical centers and institutes of health in this country and in similar institutions around the world provides increasing evidence of the close relationships of nutrition to health at all ages—mental, social and physical.

At the White House Conference on Children and Youth in 1960, nutrition may well be an even greater consideration than in 1930 in preparing today's youth for living in tomorrow's world.

And from the 1961 White House Conference on Aging it is safe to predict that research will contribute in many unforeseen ways to help men and women enjoy their golden years in better nutritional status.

REFERENCES

1. Nutrition Services in the Field. White House Conference on Child Health and Protection. New York, 1932. The Century Co.
2. Gillett, L. H. Nutrition in Public Health. Philadelphia, 1946. W. B. Saunders Co.
3. Nutrition Practices: A Guide for Public Health Administrators, 1955. The American Public Health Association.
4. Stearns, G. Nutritional state of the mother prior to conception. Council on Foods and Nutrition, *J.A.M.A.*, 168: 1655, 1958.
5. Hepner, R. Maternal nutrition and the fetus. Council on Foods and Nutrition, *J.A.M.A.*, 168: 1775, 1958.
6. Gentry, J. T., Parkhurst, E. and Bulin, G. V., Jr. An epidemiological study of congenital malformations in New York State. *Am. J. Pub. Health*, 49: 597, 1959.
7. Proceedings of The Borden Centennial Symposium on Nutrition. New York, 1958. The Borden Company Foundation, Inc.
8. Vitamin Preparations as dietary supplements and as therapeutic agents. Council on Foods and Nutrition, *J.A.M.A.*, 169: 41, 1959.
9. Kraybill, H. F. Nutritional and biochemical aspects of foods preserved by ionizing radiation. *J. Home Economics*, 50: 695, 1958.
10. Mack, P. B. and Bowes, A. Nutrition of Older Boys and Girls. Denton, Texas, 1955. Texas Woman's University.
11. Rosen, G. and Wellin, E. A bookshelf on the social sciences and public health. *Am. J. Pub. Health*, 49: 441, 1959.
12. Katz, L., Stamler, J. and Pick, R. Nutrition and Atherosclerosis. Philadelphia, 1958. Lea & Febiger.
13. Bricker, A. J., Judson, J. S. and May, E. Planning for rehabilitation service. *J. Home Economics*, 50: 701, 1958.
14. Jacobson, W. J., Boyd, F. L. and Hill, M. Promising Practices in Nutrition Education in the Elementary School. New York, 1959. Teachers College of Columbia University.