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To the Graduate Council:

I am submitting herewith a thesis written by Angeline Joyce Kline entitled "Field Experiences with the Nutrition Service of the Ohio Department of Health." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Beth Duncan, Major Professor

We have read this thesis and recommend its acceptance:

Harold H. Walker, Drusilla Kent

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

July 1, 1960

To the Graduate Council:

I am submitting herewith a thesis written by Angeline Joyce Kline entitled "Field Experiences with the Nutrition Service of the Ohio Department of Health." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Beth Duncan
Major Professor

We have read this thesis
and recommend its acceptance:

Harold H. Waller

Dorilla Kent Reed

Accepted for the Council:

Dean of the Graduate School

THE UNIVERSITY OF TENNESSEE
THE GRADUATE SCHOOL

ABSTRACT OF EDUCATIONAL RESEARCH STUDY COMPLETED

Author of Study Angelina Joyce Kline Date June 25, 1960
Title of Study Field Experiences with the Nutrition Service of the Ohio Department
of Health Course Number 501-2-3
Under direction of what department Nutrition Date Completed August, 1960
Abstract approved by Beth Duncan
(signature of major professor)

Note: The student should consult with his major professor and follow his advice concerning the general format of the abstract. Additional pages, if required, should be 8½ x 11 inches and of quality equivalent to that required in the case of the thesis.

This report is based upon the 7 weeks' field experiences obtained with the Ohio Department of Health, under the direction of the Chief of the Nutrition Service.

The purpose of the supervised field work was to supplement the on-campus requirements of graduate study in Public Health Nutrition at the University of Tennessee, and to provide an understanding of the functions of a nutritionist in various official and nonofficial agencies.

Information was obtained on organization, facilities, policies, and services during a two-week orientation program of the state health department. The remaining 5 weeks demonstrated the activities and methods of operations of nutritionists. It provided opportunities for participation in school health programs and institution consultations; and permitted observation of in-service education and well-child conferences.

The student gained an understanding of the functions of some official and nonofficial health agencies on the state, district, and local levels through the supervised field work. An appreciation of team approach was gained as a result of observing the effectiveness of coordinated activities and cooperation extended between the various disciplines to promote and improve programs. The student is convinced that suggestions for changes should be feasible and prevailing conditions must be accepted as a basis for improvement. She has a clearer concept of the relationship of nutrition in the over-all public health program than she had prior to the field experience, and believes she is now better equipped to contribute worthwhile services as a public health nutritionist.

**FIELD EXPERIENCES WITH THE NUTRITION SERVICE
OF THE OHIO DEPARTMENT OF HEALTH**

**A Thesis
Presented to
the Graduate Council of
The University of Tennessee**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science**

**by
Angeline Joyce Kline
August 1960**

ACKNOWLEDGEMENT

The student wishes to express her sincere gratitude to Miss Inola Williams, Chief of the Nutrition Service of the Ohio Department of Health, to her staff, and to all who participated in planning and providing opportunities for a meaningful and interesting field experience.

Principal credit for assistance throughout the entire report is gratefully acknowledged to Miss Beth Duncan, of the Nutrition Department, University of Tennessee.

Appreciation is extended also to Dr. Florence L. Malsed, Nutrition Department, Dr. Drusilla C. Kent, Home Economics Education Department, and Dr. Harold H. Walker, Public Health Education Department of the University of Tennessee, who provided direction and guidance in compiling this report.

A. J. K.

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INTRODUCTION

Seven weeks were spent with the Ohio Department of Health to fulfill part of the requirements of graduate study in Public Health Nutrition at the University of Tennessee. Ohio was selected for the student's field experiences because it is largely agricultural, yet is also a leading industrial area. This environment presented a wide range of health needs, services, and programs which offered a basis of comparison of philosophies and methods of operation.

The Chief of the Nutrition Service planned supervised field work which would reinforce and supplement the on-campus academic studies at the University. Another objective of the field work was to provide an understanding of the functions of a nutritionist in various official and nonofficial agencies. It was anticipated that the field experience would indicate areas in which previous experience as a dietitian might be used advantageously. It was expected also, that the student might gain knowledge of effective means of promoting nutrition under diversified conditions to serve as a guide for future application.

The student attended a two-week orientation program of the state health department to obtain information about philosophy, organization, policies, facilities and services of the department.

A majority of the field experience was spent in observing nutritionists in varied activities. These included well-child conferences, in-service education programs, coordination of health programs, and district office functions.

During the time spent with the state district nutritionists, a limited amount of participation was experienced in school health programs and program planning with local health officials.

Tuberculosis hospitals, small hospitals, and nursing homes were visited with the Dietary Consultant and the Special Consultant for Chronic Disease and Tuberculosis. The student observed, participated and assisted the food service personnel in menu planning, modified diet instruction, and patient education programs.

Throughout the field experience, the student attended meetings of professional groups and nonofficial agencies.

STATE OF OHIO

Ohio was admitted to statehood in 1803 to become the seventeenth state in the union. It is thirty-sixth among the states in area and has an estimated population of approximately 10 million people (Ohio Department of Health, '59). The state is located in the north-central part of the United States but is often considered a part of the Midwest. There is considerable variation in climate within the state due to the combination of vast fertile plains and rugged mountainous areas. Throughout the years Ohio has been known unofficially as "An Empire Within an Empire." In 1958, it officially adopted the motto, "With God All Things Are Possible."

The state is quite diversified in occupations. Ohio is second in the nation in fur production, the richest and deepest salt beds in the world lie along the Ohio River, and the annual coal output exceeds 37,000,000 tons (Ohio Chamber of Commerce, '60). With a total of 13,000 industries and an industrial population of three million, it ranks fourth in the nation in industries and manufacturing. Three-fourths of the land area is devoted to farming. Ohio is a leader in production of hogs, milk cows, sheep, and eggs according to the Ohio Chamber of Commerce ('60). Industrial research is well established. Much of the research is in cooperation with universities. Sixty-one colleges and universities place Ohio third among the states in institutions of higher learning, and the state has one of the best educated populations of the United States (Ohio Chamber of Commerce, '60).

Industrial centers with their large concentrations of population have intensified the need for additional housing, sanitation, and educational facilities. Industrial diseases and accidents are potential health hazards.

Migrant farmworkers present a variety of health problems with their makeshift housing, lack of sanitation facilities, and poor dietary patterns. Illiteracy, resulting largely from their almost constant migration, contributes to these conditions. Language barriers often provide further complications.

Additional health problems have arisen from the fact that the northwestern part of the state is changing rapidly from agricultural to industrial. The change is bringing great population expansion and the introduction of many new cultures. It may be that the problems will be similar to those described in the industrial centers. These health needs must be ascertained and meaningful solutions must be planned.

OHIO DEPARTMENT OF HEALTH

As stated previously, two weeks were spent in an orientation program designed for new supervisory and consulting personnel of the Ohio Department of Health. Division chiefs discussed philosophy, organization, policies, and services of their divisions. A limited number of facilities operated by the Ohio Department of Health were visited. It was not possible to comprehend all the information presented about the health department during the two-week period, therefore the information presented is, of necessity, limited in scope.

Philosophy

Ohio is an autonomous or "home rule" state; therefore, a large part of the responsibility and authority for providing health services is assumed by the local health departments. Exceptions are limited to the legal powers pertaining to hospital inspection and licensures, collection of statewide vital statistics, provision of public health laboratory services, communicable disease control, and certain phases of sanitation which are the responsibility of the state health department.

The purpose of the Ohio Department of Health is to strengthen or aid the local health units, or to assist in the development of general local health programs. It serves as a central body to correlate community health functions with those of the state and provides services which, of necessity, must be on a state level to better insure protection and promotion of health and welfare of its citizens.

Organization and Administration

The Ohio Department of Health was established in 1886. The director is a member of the Governor's Cabinet. The Governor appoints the director from a list of six qualified persons presented by the Public Health Council. The appointment is for a 5-year period. The selection must be approved by the State Senate and he may not be removed from office without the consent of the senate. Governors had been elected previously for a two-year period but the present Governor is the first to be elected for a 4-year term. The difference in lengths of terms of service of the Governor and the Director of the Ohio Department of Health has successfully made the director position non-partisan.

The Public Health Council was established by law. It is a semi-judicial and quasi-legislative body composed of 7 members. Three of these must be physicians and one must be a pharmacist. The qualifications of the other three appointees are not specified. Council members receive 7-year appointments with one new appointment made each year.

Advisory councils are appointed by the Governor at the request of the Director of the Ohio Department of Health. The advisory councils meet to prepare regulations, and they represent the thinking of particular groups. Members of these councils consist of 5 health department personnel and 5 laymen. Their proposed regulations are presented to the Public Health Council. These regulations may be modified, if necessary, and are then presented in open hearings so that interested

groups may become aware of the pending regulations. Adverse reaction of the groups may necessitate further modification, prior to passage by the Public Health Council. There is no limit to the number of advisory councils which may be appointed.

The organization of the Ohio Department of Health was originally a centralized agency; but in 1950, it was decentralized with 5 districts. In 1955, it was reduced to 4 districts (fig. 1), and each is situated as near a large university as possible. It is felt that this structure of working with the local health units provides a clearer understanding of health problems and needs.

There are two Ohio Department of Health-operated tuberculosis hospitals, the Ohio Tuberculosis Hospital in Columbus, and the Southeast Ohio Tuberculosis Hospital in Nelsonville.

In the organizational structure of the central office, there are two bureaus and 15 divisions (fig. 2). All are approximately on the same administrative level.

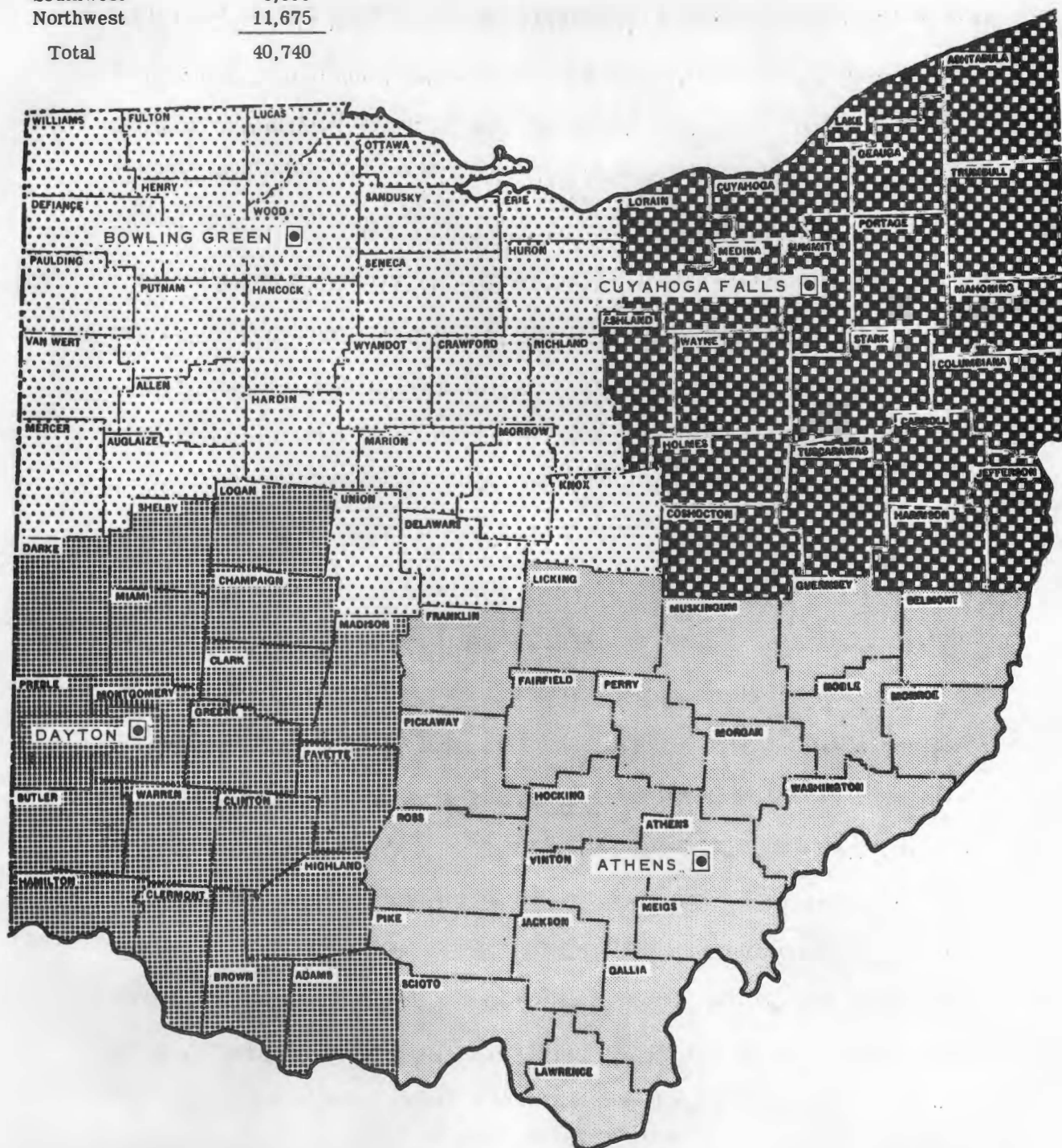
The Bureau of Direct Services is concerned with recruitment and training of professional personnel for the state health department and local health units. It assists in development of research programs, refines existing data and puts it into a form that may be of value to health department personnel, promotes legislation for training funds, and prepares budget proposals for legislation.

The Bureau of Local Services functions to aid local health units to establish, provide, or improve their health services; allocates federal and state funds to qualified health departments; and provides

OHIO DEPARTMENT OF HEALTH

DISTRICT OFFICE DISTRIBUTION

DISTRICT	SQUARE MILES
Northeast	9,568
Southeast	10,898
Southwest	8,599
Northwest	11,675
Total	40,740



DISTRICT	NO. OF BOARDS OF HEALTH SERVED	POPULATION *
Northeast	53 (29 FT - 24 PT)	3,826,690
Southeast	38 (21 FT - 17 PT)	1,465,940
Southwest	29 (21 FT - 8 PT)	2,134,803
Northwest	46 (25 FT - 21 PT)	1,538,567
	<hr/> 166 (96 FT - 70 PT)	<hr/> 8,966,000

1-1-57

* Based on estimated population for 1955.

Fig. 1 The Districts of the Ohio Department of Health, 1960

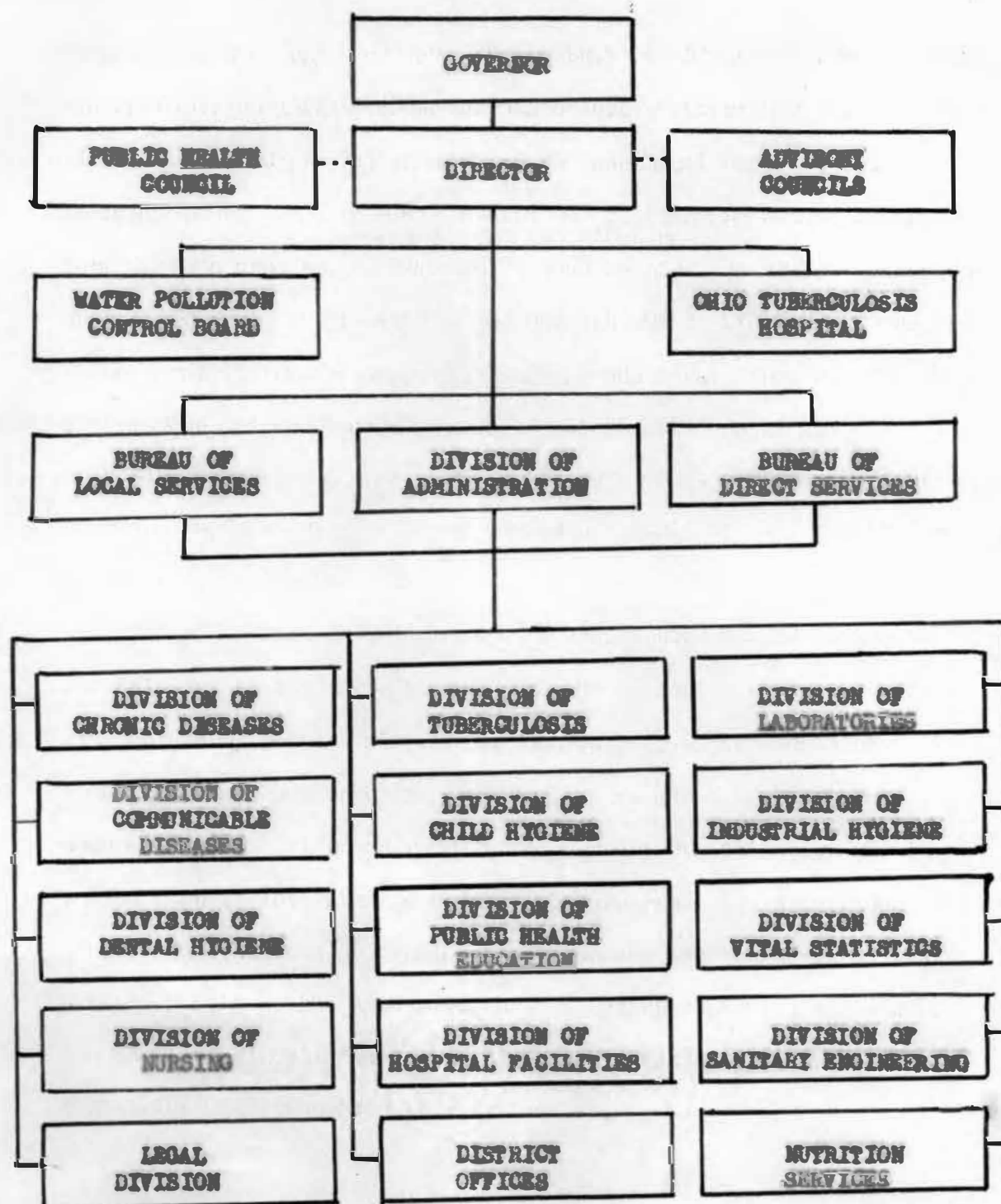


Fig. 2 Organisation Chart of the Ohio Department of Health, 1960

administrative supervision to the district offices.

The divisions are designated as either service or program divisions. The former, generally, provide assistance to the program divisions, although on occasion, the service divisions may initiate programs and obtain assistance from the program divisions.

All division and bureau chiefs are administratively responsible to the director. This is commonly termed a "clothes line" type of organization. However, there are anticipated changes in this administrative procedure to better distribute the span of control. A new position of Assistant Director has been created but this position has not been placed on the organizational chart because the duties have not been completely defined at this time.

District offices generally have a health officer who is administratively in charge of a team composed of representatives of the various disciplines of the Ohio Department of Health. At present, one veterinarian has been placed in a district office to determine whether decentralization of the veterinarian unit is advisable. Working together and flexibility in programs are stressed in the district offices.

There are 837 employees of the state health department, including 341 employees of the two tuberculosis hospitals.

For purposes of administration and operation, there are 130 separate official local health departments in Ohio. Sixty-nine, representing 86 per cent of the population, are full-time, qualified units, while 61 are part-time, unqualified. The 4 basic members of a local

qualified health department staff are a full-time health officer, a public health nurse, a sanitarian, and a clerk. If these are employed, the unit is eligible to receive state and federal funds, and to receive auxiliary services from the Ohio Department of Health.

The total annual budget of the Ohio Department of Health is about three and one-fourth million dollars. Two and one-half million of this sum is used in operation of the state tuberculosis hospitals. Approximately 13 million dollars are spent annually for health services throughout the state (Ohio Department of Health, '59).

Staff conferences of the Ohio Department of Health are attended by the director, division and bureau chiefs, district health officers, and representatives of the state operated tuberculosis hospitals. Coordination of state health programs is effected, plans designed to increase effectiveness of programs are developed, and administrative procedures are appraised.

Facilities and Services

As part of the orientation program, some facilities operated by the Ohio Department of Health were visited. Of main interest to the student was the Ohio Tuberculosis Hospital. This hospital is located in Columbus, on the campus of the Ohio State University. Treatment is available for any legal resident of the state. Teaching and research facilities are provided for students of the university and staff members of the hospital. The hospital has a 150 bed capacity, which includes a 20-bed locked ward for patients sent there by court orders in

compliance with the state's "Recalcitrant Law." The counties pay a rate, far below the actual cost of treatment, for hospitalization of patients from their areas. If a patient is financially able, he pays the county. The reduced rate necessitates subsidizing by the state. Funds for construction and operation of the hospital are provided through appropriations of the Ohio Legislature. The Columbus Board of Education provides teachers for the teen-age patients. Children under 13 years of age are not accepted for hospitalization at this institution. For counties or districts which operate their own tuberculosis hospitals, the Ohio Tuberculosis Hospital serves as an auxiliary resource, available for special diagnostic study or surgical therapy. The state's tuberculosis death rate per 100,000 population was 6.0 in 1958 (Ohio Department of Health, '59).

Flip charts, packets, pamphlets, and other visual aids distributed or utilized during the orientation program represented the services of the Creative Services Unit of the Division of Public Health Education. This Division also supervises the Ohio Department of Health Library, purchases new books on request of the division chiefs, and purchases and distributes films and film projectors. Two films, "Guardians of Health" and "Inner Man Steps Out" were shown during the program.

The Legal Division, in addition to other functions, participates in formulating the drafting of new regulations. Of particular interest was a discussion by the chief of this division regarding proposed regulations for food vending machine operators. Many of these operators are not aware of possible health hazards which may result from improper

handling, storage, or sanitation of the foods served in their vending machines; therefore, regulations are a vital part in helping to protect the health of the individuals who purchase food from the vending machines.

Trichinosis which appears to be a health problem in the northwestern part of the state, due to the large amount of home slaughtering of garbage-fed hogs, was discussed by the Chief of the Division of Communicable Diseases. An educational pamphlet designed to reduce or prevent this health hazard was prepared by the Ohio Department of Health (see Appendix, page 48).

NUTRITION SERVICE

History

The first nutritionist position on the state level was initiated in 1938. The nutritionist was administratively responsible to the Chief of the Division of Child Hygiene. In 1949, a special dietary consultant was added to the staff to assist hospitals with menu planning, food preparation, and equipment selection. By July 1953, nutrition services had become well established and were given status comparable to that of a division. The dietary consultant, however, remained under the administration of the Division of Child Hygiene.

All expenses and salaries of the nutritionists were paid by federal funds until 1954. At present, the Nutrition Chief, one nutritionist, and the secretary are paid by state funds. Federal funds continue to pay the salaries of the other nutritionists.

Philosophy

The aim of the Nutrition Service of the Ohio Department of Health is to help Ohio's people achieve and maintain good nutrition throughout the life span as part of the foundation of optimum health.

Organization

The staff of the Nutrition Service consists of a Nutrition Chief, a Special Consultant for Chronic Disease and Tuberculosis, a Dietary Consultant, four district nutritionists, and a secretary.

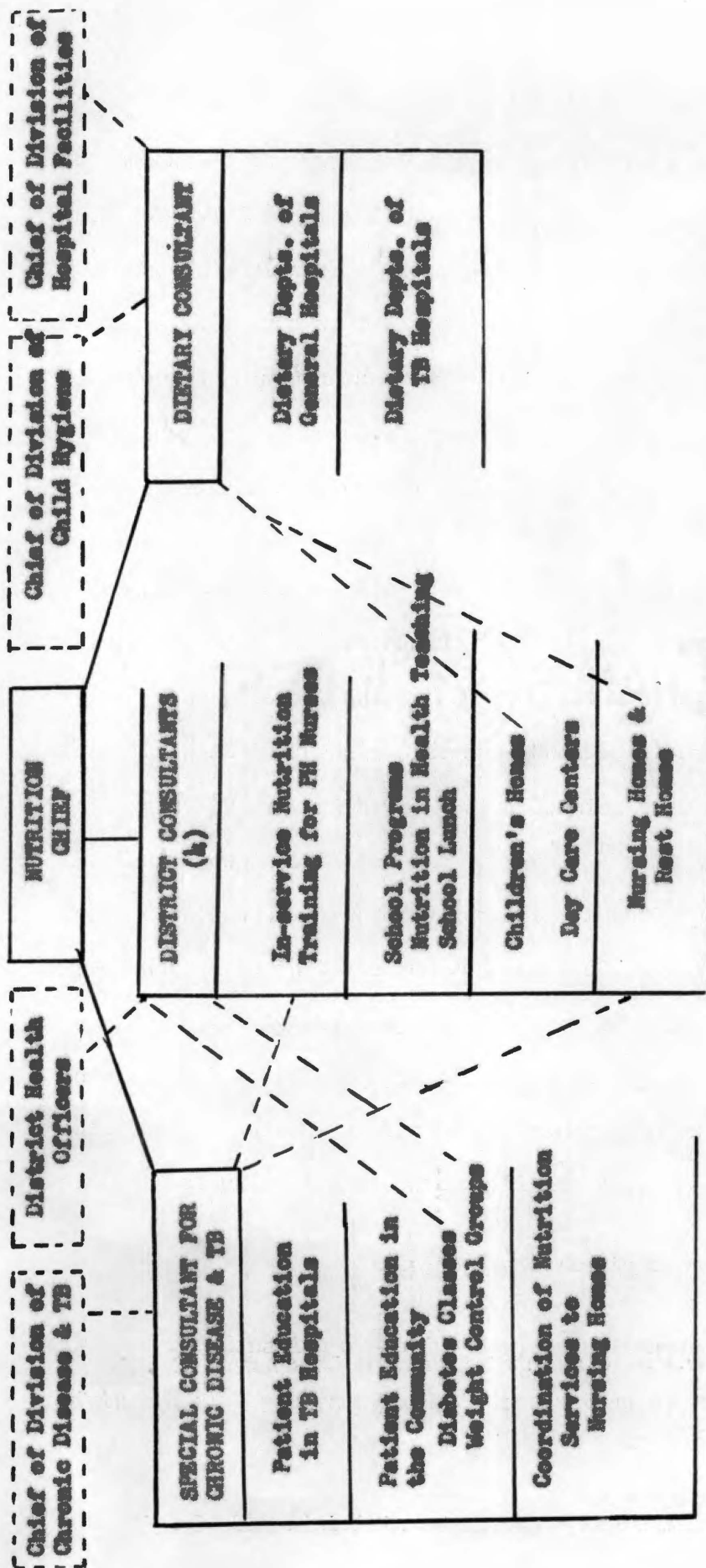
Tentative plans indicate that another nutritionist may be added to the staff to work primarily with the nursing homes.

As stated previously, the Dietary Consultant is administratively attached to the Division of Child Hygiene, and the district nutritionists are administratively responsible to the health officer in their district offices. However, all are technically responsible to the Chief of the Nutrition Service (fig. 3).

Nutritionist positions are designated as Nutritionist I, II, and III. The former requires a Bachelor of Science degree and experience in the field of Public Health Nutrition. A Master's degree in Nutrition or Public Health is the requirement for the Nutritionist II position. The Nutritionist III position was added as of January 1, 1960, which is the Chief's position. All the nutritionists, except the Chief, are classified as Nutritionist II.

Staff Conferences

Staff conferences for the nutritionists of the Nutrition Service are held 4 times a year, and are for a week's duration. The student attended two meetings of one conference. Personnel from other divisions of the state health department contributed current information on nutrition-related subjects. Nutrition research being conducted at the Ohio State University was reviewed by a faculty member. The Special Consultant for Chronic Disease and Tuberculosis discussed current nutrition trends in the field of chronic diseases. Each nutritionist abstracted several nutrition articles and distributed copies of the



Entire staff participates in:

1. Nutrition education for the public.
2. Planning with Civil Defense for feeding in disaster conditions.
3. Cooperative nutrition and health projects with other agencies and professional groups.

Fig. 3 Organization and Principal Responsibilities of the Nutrition Service,
Ohio Department of Health, 1959

abstracts to the group. Local health department nutritionists had been invited to attend and exchange workable ideas with the state personnel. Currently, the nursing home program is in a state of reorganization throughout the state. The Cincinnati Health Department nutritionist, who had been working extensively in this program, served as a resource person. The food service section of the state's proposed nursing home regulations was evaluated, amended in part, and approved for inclusion in the regulations.

Attendance at institutes, courses, or workshops is arranged to help meet the needs of the staff during the conference. The Dietary Consultant and a district nutritionist were scheduled to attend courses at Cornell and Syracuse Universities respectively. Arrangements were made for a faculty member of Ohio State University to conduct a bio-chemistry refresher course for the nutrition staff at the next conference in June.

At other meetings of the conference, which the student did not attend, new films were previewed, and new materials were developed or evaluated. Statewide nutrition programs were summarized and reviewed, and the strengths and weaknesses on the state and district level were noted. Priorities were set for future program planning.

Professional Growth and Development

Nutritionists of the Ohio Department of Health are encouraged to accept membership and to exercise leadership roles in local, state, and national professional organizations. All staff members serve on

the executive boards of one or more professional local or state organizations, including the Ohio Dietetic Association and local dietetic associations, and the Ohio Public Health Association and district health associations. The student attended a meeting of the Columbus Dietetic Association and the annual meeting of the Ohio Dietetic Association. Worthwhile and interesting programs on nutrition-related subjects were presented at each.

NUTRITION SERVICES ON THE STATE LEVEL

Dietary Consultation Programs

Chronic Disease and Tuberculosis

Hospitalization of tuberculosis patients is of shorter duration than in previous years and emphasis is directed toward continuing chemotherapy and good nutrition on an out-patient basis. Nutrition education programs to prepare the patients to follow their prescribed out-patient, dietary treatment are a part of the over-all program of the Nutrition Service. The student observed the Special Consultant for Chronic Disease and Tuberculosis as she taught one of a series of classes to a group of patients at a local tuberculosis hospital. The teaching was performed on a demonstration basis for a local dietitian who is scheduled to teach the classes in the future. Procedures for conducting a series of classes (see Appendix, page 49) were originally written by the special consultant for the use of health personnel throughout the state. She also writes a monthly newsletter for the instructors to help keep them abreast of current trends in nutrition.

The nursing home programs have expanded to the extent that nutrition consultant services to these homes are rendered, to some degree, by all the state nutritionists. At the request of a local health department sanitarian, who had observed dietary inadequacies in two nursing homes, the Special Consultant for Chronic Disease and Tuberculosis and the student accompanied him to these homes. An opportunity was provided to participate in

instructing the operators on food purchasing and menu planning.

The student visited another nursing home with the Dietary Consultant. It was disclosed that all the occupants were on sodium-restricted diets although only two had the diet prescribed by a physician. One occupant was a diabetic. The cook had limited knowledge of diet therapy. The Dietary Consultant instructed the cook in planning diabetic diets, and she recommended that sodium-restricted diets be served only to the occupants for whom they had been prescribed.

Hospitals

The Dietary Consultant reviews construction plans for dietary units of Hill-Durton hospitals. Upon request, this service is available for other local hospitals which are being constructed or remodeled. She also extends consultative services to dietary personnel in any hospital. Further service is provided by her periodic evaluations of the dietary units of these institutions. Recently, the United States Public Health Service requested that their regional hospital dietary consultant accompany the state nutritionist for a short period to obtain a better understanding of the services offered to the hospitals in Ohio.

At a local tuberculosis hospital, which had no dietitian, assistance was given to the food service supervisor in planning dietary regimens for the hospitalized children. The student participated in planning weight-reduction diets for two teen-agers and a food service plan for an 11-month old infant with a cleft palate.

Food service was observed and evaluated in two small hospitals. One hospital did not have a dietitian and a director of nurses supervised the dietary services. The dietary personnel were included in a discussion for improving food service. The other hospital had a part-time dietitian and a food service supervisor. Both were new employees. Better utilization of equipment was discussed and changes in food service were suggested.

All the dietary personnel seemed to appreciate the services of the Dietary Consultant. This was particularly evident among the new personnel who were very receptive to ideas that were suggested.

Members of the Nutrition Service are acutely aware of the shortage of trained dietary personnel and are very interested in alleviating the problem whenever possible. The Special Consultant for Chronic Disease and Tuberculosis taught a brief refresher course in diet therapy to an administrative dietitian who had never worked in a hospital. The course enabled the dietitian to accept employment in a local hospital which had been unable to obtain a dietitian.

Other Programs

Promoting good nutrition and correcting food misinformation are the inherent duties of nutritionists everywhere. This type of service was demonstrated at a meeting of county health department nurses and school nurses. The Special Consultant for Chronic Diseases and Tuberculosis discussed food fads and fallacies and showed a film, "The Medicine Man," to supplement her lecture. Many of this group apparently approved

of the routine use of food supplements. The nutritionist pointed out the value of a balanced diet which would possibly preclude the need for supplements. It is pertinent that nutritionists be aware of advertised products and provide reliable information to discourage the use of these products.

Time did not permit the student to observe or participate in all the programs of the Nutrition Service but awareness of several programs was gained from publications, reports, and discussions with the nutrition staff. Nutrition education programs take precedence over all other activities of nutritionists on the state level. Institutes, television and radio programs, publications such as the one written by the Nutrition Chief, "Ohio's Nutrition Programs" (see Appendix, page 51), and various nutrition studies or surveys are planned and conducted.

In addition to activities narrated throughout this paper, Williams ('59) described classes for expectant parents, consultant services to licensed children's homes for normal and mentally retarded children, and patient education classes in the community.

The Nutrition Service of the Ohio Department of Health provides opportunities for field experiences for dietetic interns and graduate students. A number of nutrition graduate students from Western Reserve University, and a nutritionist from Brazil were participating in programs while this student was assigned to the unit.

NUTRITION SERVICES ON THE DISTRICT LEVEL

In-service Education for Health Personnel

The district nutritionists provide in-service education for associates on the health team which include teachers, social workers, public health nurses, and similar professional personnel. Nutrition information can be disseminated to more individuals through in-service education than by direct services of a nutritionist. In-service education for public health nurses of local health departments has highest priority. By this method, personnel of health departments are made more cognizant of the importance of good nutrition in promoting health. Further, it may serve to influence the health departments to add nutritionists to their own staffs.

One day a month, the nutritionist from the southeast district office provides in-service education and individual consultation to the nurses of the Columbus Health Department. The student attended a class discussion which included planning diabetic diets on low-income budgets and using the food exchange system more effectively. Individual consultations were held with staff nurses and student nurses who were obtaining field experience with the Columbus Health Department. The nutrition student participated in calculating diabetic diets and offered suggestions for alleviating problems created by obesity in children. An example of the type of material which may be utilized during in-service education for nurses may be found in the Appendix (see page 52).

School Health Services

The teachers and nurses observe existence of need for nutrition services while working in the schools and communities. It is, generally, the public health nurse who requests the services of the nutritionist in the schools. Some public schools in Ohio have their own health personnel, and in those areas, the work may be limited to parochial schools. Material to assist teachers in promoting nutrition in their classes is developed and distributed in coordination with school nutrition programs (see Appendix, page 53). Administratively, nutrition programs are initiated, conducted, and supervised by superintendents or principals of educational institutions.

The student attended individual meetings with two superintendents of county school systems, and a principal of a city school, at which time, the district nutritionist discussed the results of dietary surveys conducted in their schools. These meetings vividly portrayed the importance of having the cooperation of school administrators in planning nutrition programs. Where cooperation and interest were evident, schools appeared to have continuous and worthwhile nutrition programs.

Dietary Surveys

The 24-hour dietary recall is used to obtain pertinent information. The dietary survey, by pointing out areas of greatest food needs, can be used as a guide in planning school nutrition education programs.

With the opening of the Saint Lawrence Seaway, industry has begun to move rapidly into the northwest section of the state which had previously been utilized for farming or resort facilities. Population increases in some of these counties have been as high as 110 per cent within the past few years. People with different cultures from all parts of the United States have migrated to the area, bringing a wide variety of dietary patterns. The district nutritionist, in cooperation with the teachers and local health department nurses, has been conducting dietary surveys in an attempt to determine the dietary patterns of the people. Approximately 15,000 children will have participated in this survey when it is completed. Children were selected from the sixth through the twelfth grades. A copy of the form used for these surveys may be found in the Appendix (see page 54). To arouse greater interest in nutrition in the community, mothers have been asked to assist in this program. The student participated in conducting surveys in two schools and helped the mothers in evaluating the surveys. An opportunity for teaching nutrition to the mothers was presented during the evaluation sessions.

Staff members of the Dental Division of the Ohio Department of Health provided dental inspections for some of the school children who had participated in the dietary survey. Results of the dietary surveys have been compared with those of the dental inspections. A close correlation has been found to exist between the amount of concentrated sweets in the diets and the extent and number of dental caries. Health programs for the schools have been based frequently on these findings.

School Lunch Programs

Many of the public and parochial schools in the state have lunch programs. A large number of these receive federal financial support and administrative supervisory services through the Division of Public School Lunch of the Ohio Department of Education. The school lunch enables the children to obtain at least one nutritionally adequate meal a day and provides an opportunity to establish good food habits. The importance of the school lunch program is recognized by the Nutrition Service and an important part of the district nutritionist's time is spent in this program.

Consultation services are available to lunchroom managers. Menu evaluation, observation of food preparation, and suggestions for better utilization of federal surplus foods are included. The student observed these services being rendered at two schools. At no time did the school lunch managers appear to regard these visits as inspections, but rather as friendly and helpful visits. The student observed the food service of a school operating on a decentralized plan. This school furnished lunches for three additional schools. The food was packed in containers especially designed to keep the food hot for several hours, and transported by truck to the schools. In some cases, the food was partially cooked and the food service personnel of the other schools completed the cooking.

It is planned to incorporate the results of the school dietary surveys, previously mentioned, into the program of the School Lunch Cooks' Institute. The Institute will be conducted by the Ohio Department

of Education and district nutritionists will participate in the program.

School Program for Migrants

Migrant workers are an integral part of the agricultural economy of Ohio. As stated previously, problems of inadequate housing, sanitation, nutrition, and education, usually accompany them. Interest has grown within the state, particularly in the northwest area, to provide means for alleviating some of these conditions.

Some school programs have been developed. The school terms vary from three to 6 weeks. Financial aid has been extended by the Department of Education and religious groups. Enrollment in these schools has consisted primarily of Texas Mexicans, as other migrants often avail themselves of the educational facilities of their native states.

The nutritionist of the northwest district participates actively in the nutritional aspects of this program. Volunteer workers from the communities serve the noon meals. Commodities such as whole milk, rice, non-fat dry skim milk, and butter, may be obtained through federal aid. Religious groups sponsor the school lunch where federal assistance is not available. Teaching names of foods and discussing the menu are important because eating patterns are quite unlike those of Ohioans. Migrant mothers are asked to teach the volunteer workers how to prepare tortillas and other Spanish foods so they may be included in the menus occasionally. The nutritionist must use the present food patterns of these people as a basis for trying to improve the eating pattern. Milk

is seldom used in their diets; therefore, emphasis is placed on teaching the use of dry skim milk in cooking.

State Planning Committee for Health Education

The State Planning Committee for Health Education in Ohio is composed of representatives from nonofficial and official agencies. An annual conference is held to exchange workable ideas and plans for improving and developing school health programs; to coordinate future programs; and to promote better understanding and cooperation among parents, educators, professional health personnel, and agencies. The annual conference sponsored by the State Planning Committee for Health Education this year was The Seventh Ohio Conference on Physicians and Schools, held at Lake Hope in May, 1960. Participants were assigned to small groups. The group to which the student was assigned cooperatively planned its program based on expressed needs. The program included the subject, "Foundation for Adult Life." This subject was the basis of planning a school health program to retard or prevent degenerative diseases in later years. Good nutrition throughout life was emphasized as an important preventive factor.

Nursing Home Services

There are approximately 900 nursing homes in the entire state. By virtue of location, the district office personnel of the Ohio Department of Health are in a better position to furnish services to these homes than are the central office personnel. Nutrition services

rendered to the nursing homes on the district level, therefore, are of a greater scope than those on the state level which have been described previously.

An effort is being made to raise standards to meet state requirements. Nutrition, among other areas, requires much improvement. The average operator has little or no food service training; his understanding of the nutrition needs of individuals requiring therapeutic diets is often limited. The Ohio Diet Manual was developed by the nutrition personnel of the Ohio Department of Health and the Ohio Dietetic Association for use in nursing homes and small hospitals not having trained dietary personnel.

District nutritionists provide in-service education for nursing personnel, consultation services to nursing home operators, and participate in workshops or conferences arranged for the operators.

Visits to the homes are usually made at the request of nursing personnel or sanitarians of the district office or local health departments. Meals served are observed for nutritional adequacy and the accuracy of therapeutic diets is noted. If an unreasonably long period of time exists between supper and breakfast, bedtime nourishments are suggested for the occupants.

Two nursing homes were visited in the southeast district with the nutritionist and a county health department nurse. The need for assistance was apparent in both homes. No planned menus were available in one home, and the insufficient amount of food on hand indicated meals served might be inadequate. Appointments for future visits

were made at the request of the operator who recognized a need for assistance in menu planning and food purchasing. The nutritionist formulated plans with the nurse who would provide the follow-up services. Instructions in modified diets and a copy of the Ohio Diet Manual were given to the operator of the other home. The Report of Nutrition Evaluation and Recommendations used for nursing home visits may be found in the Appendix (see page 55).

Crippled Children's Services

The Crippled Children's Division is under the Department of Welfare in Ohio. Services to the crippled children vary in different parts of the state. In the southeastern section, itinerant clinics are held every 6 months. The southeastern section is one of the lowest income areas. Personnel from the Crippled Children's Division, county and city health departments, and the district nutritionist provide services at the itinerant crippled children's clinic held at Gallipolis in Gallia County, which the student attended. The nurses refer the patients to the nutritionist. The nutritionist, familiar with the eating patterns of these people, suggests foods which might fit into their low income budgets. "Gathering" greens furnish an important addition to their diets. The greens include dandelion greens, blackberry sprouts, docks, poke, shamrocks, and cress, all good sources of vitamin A. The nutritionist gave instructions for feeding a mentally retarded mongoloid child with a poorly developed swallowing reflex, and a weight reduction plan for an overweight paralytic child on

crutches. These were the only instances of direct nutrition services rendered by district nutritionists that were observed throughout the field experience.

Community Program Planning

Promoting better nutrition in the communities is one of the primary objectives of the district nutritionists. They welcome the opportunity to participate in the preliminary planning of community nutrition programs in which a need has been demonstrated. The nutritionists may participate in the community nutrition programs as instructors on a limited basis.

The district nutritionist of the southwest district, the nutritionist in chronic diseases, and the student planned a senior citizens' program with the Health Commissioner of Greene County. Procedures were outlined and problems, which might be encountered, were discussed. It was agreed that community participation should be relied upon to initiate and conduct the program. The Health Commissioner felt that the program should emphasize the improving of the dietary habits of the aged citizens. A weight control program which had been organized in this county several years ago, with the aid of a district nutritionist, was still active.

District Staff Meetings

Coordination of activities, establishment of priorities in future health programs, and the evaluation of present programs are an

integral part of any health organization. The bi-weekly staff meetings on the district level, as on the state level, serve this purpose. The student attended a staff meeting of the southwest district office. Changes in personnel of local health departments and school administration in this area were discussed. These changes may affect present or future programs, and served to demonstrate the flexibility of program planning at the district level. The various disciplines cooperated in offering assistance to promote or improve health programs.

NUTRITION SERVICES ON THE LOCAL LEVEL

There is a divergence in philosophies, functions, and nutrition services in local health departments in Ohio. Perhaps, this may be best illustrated by comparing characteristics of health departments of two cities. Dayton and Cincinnati, located in the southwestern part of the state, were selected for this purpose. They have similar governments and populations, and each is highly industrialized. The intent is to demonstrate different methods of operation which a nutritionist might employ to promote nutrition at a local level.

Dayton

Organization

The city has an estimated population of 303,506 (Ohio Department of Health, '59). A five-member City Commission is elected by the voters. One of the City Commission members is selected as Mayor, a titular position as the city's official leader, but with little additional power. The administrative and executive responsibilities are assumed by a City Manager who is appointed by the City Commission.

Health Unit

The Department of Welfare is one of 6 departments of the city's government. It is composed of 5 divisions: Health, Corrections, Parks, Recreation, and Public Assistance. Organizational subdivisions of the Division of Health are known as bureaus. Included among the bureaus

are Office of the Health Commissioner, Food Inspection and Sanitation, Laboratory, and Public Health Nurses. They are administratively placed under the Health Commissioner. The present Health Commissioner is a physician and has held this position for 21 years. The Division of Health is free of political infringement.

Nutrition Unit

The nutritionist position is administratively placed under the Office of the Health Commissioner, a bureau of the Division of Health (fig. 4). The position was established in 1942. For several years there were two nutritionists on the staff. Each of these had served a hospital dietetic internship and held a Bachelor or a Master of Science degree. The present nutritionist has a Master of Science degree.

Nutrition Services

Approximately 75 per cent of the nutritionist's time is spent rendering direct services. This allocation is advocated by the health commissioner. Four mornings a week are spent in the 4 well-child conferences which are held throughout the city. The student observed the nutritionist in two of these conferences. All persons attending the conference for the first time are interviewed by the nutritionist. If complex nutritional problems are encountered, she provides additional service as needed. Instruction is given in food purchasing and menu planning to families on low-income budgets. A nonofficial agency pays

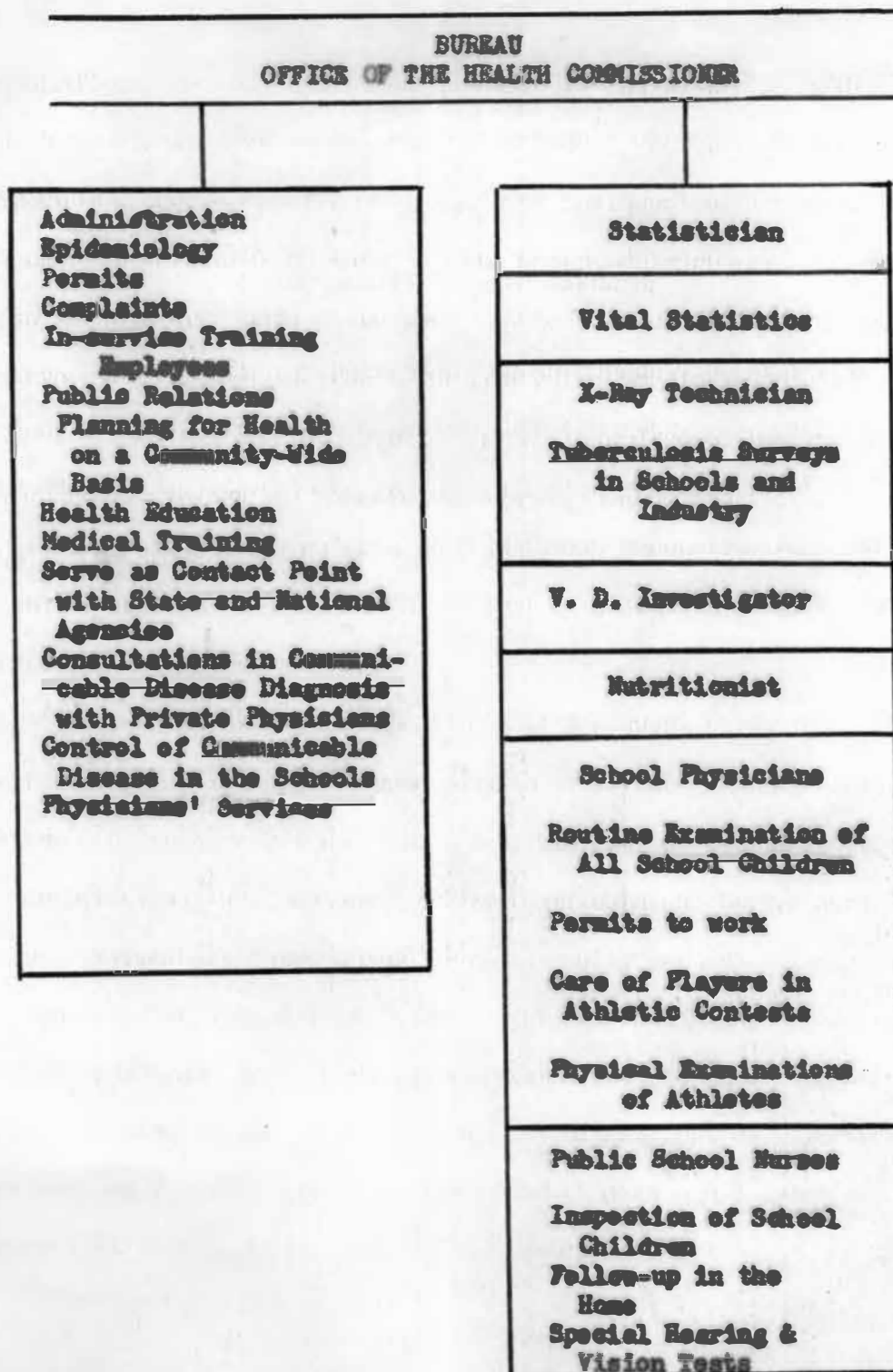


Fig. 4 The Bureau of the Office of the Health Commissioner,
Dayton Division of Health

the salaries of the 4 doctors who service the clinic, and volunteers from a Red Feather agency offer recreational guidance for the children. Of particular interest is the fact that clinical testing will be initiated at the conference to determine if any of the children are phenylketonurics.

The nutritionist conducts classes for patients at a local tuberculosis hospital. Classes are conducted also for homemakers who are interested in learning how to prepare foods for low-income budgets, and for expectant parents. The nutritionist assists teachers in promoting and teaching nutrition in their classes.

The Visiting Nurses Association and nurses of the Dayton Division of Health are a combined service. The salaries and work are identical but they are paid by different agencies. The nutritionist occasionally makes home visits with the nurses if special nutritional problems are involved, and generally, continues follow-up of these cases. The student spent one afternoon making home visits with a nurse. She assisted in planning a low caloric diet for a limited budget and made suggestions for infant feeding.

The nutritionist is available for consultative services to the three children's homes in the city. One home is for mentally retarded children. Her services are also available to other institutions. The student visited a local penal institute to observe the dietary unit. The nutritionist had rendered a large amount of service to this institution in 1959. The administrator of the institution discussed the improved food service, menu planning, and food purchasing which had resulted from her services.

Nutrition material, specifically designed to meet the needs of Dayton citizens, has been developed by this nutritionist. She uses these in well-child conferences, in her classes, or in community nutrition programs.

The Montgomery County Nutrition Council and the Dayton Dietetic Association have formed a Speaker's Bureau to provide speakers trained in the fields of foods and nutrition. The members of the Bureau speak at community functions and contribute their efforts toward promoting good nutrition and correcting food misrepresentation. The nutritionist is an active participant in the Speaker's Bureau.

Cincinnati

Organization

This city, with an estimated population of 576,215 (Ohio Department of Health, '59), operates under the Council-Manager form of government. A nine-member Council is elected by the voters. The Council chooses one of its members as a presiding officer with the title of Mayor. He is recognized as the official head of the city for ceremonial purposes. The Council appoints the City Manager as the city's chief executive and administrative officer.

Health Unit

The Cincinnati Health Department is directed by the Board of Health composed of 5 citizens each appointed for 10 years without

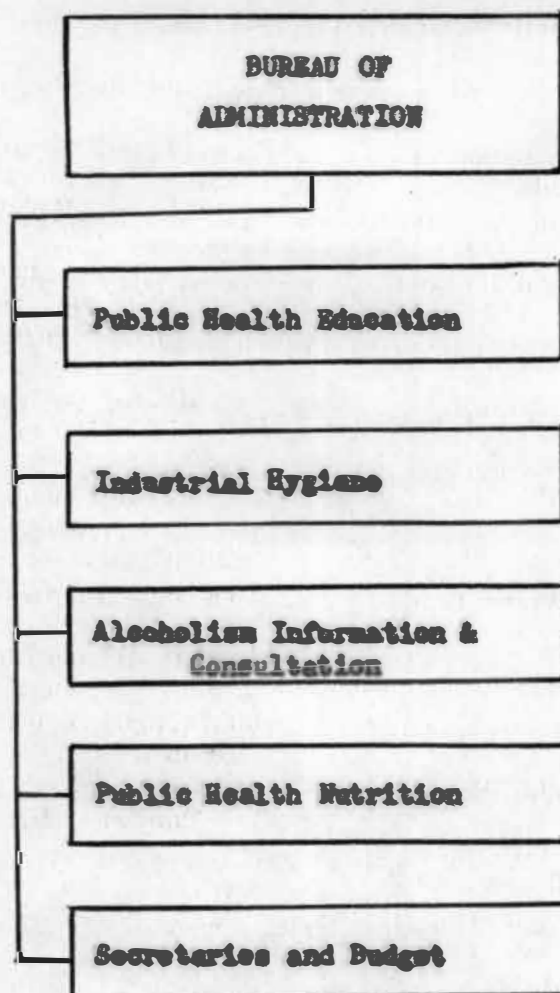
financial compensation. The Health Department has 8 bureaus: Administration, Public Health Nursing, Health Centers, Medical Services, Food and Sanitary Inspection, Laboratories, Meat and Dairy Inspection, and Vital Statistics. All the bureaus are administratively placed under the Health Commissioner. In the absence of the Health Commissioner, his duties are assumed by the Assistant Commissioner. The Health Commissioner has been with this department for approximately 30 years, is a medical doctor, and has a Master of Public Health degree. Politically, the health department is non-partisan. Civil service requirements are stringent and upheld.

Nutrition Unit

The Division of Public Health Nutrition is administratively placed under the Bureau of Administration (fig. 5). The Division was established in October, 1957. Qualification for the nutritionist position is a Master's degree in Nutrition or Public Health. The present nutritionist, who has been with the Division since it was established, has a Master of Public Health degree.

Nutrition Services

The nutritionist has established the nutrition division as an important part of the Cincinnati Health Department services. Her services are almost entirely on a consultative basis. The in-service education programs she has instituted for health and teaching personnel have had a far-reaching effect in promoting nutrition in the community.



**Fig. 5 The Organization Chart of the Bureau of Administration,
Cincinnati Health Department**

The student observed the nutritionist giving direct service on a demonstration basis for a public health nurse at one of the day-care centers. Menu planning and food service for small children were discussed. Further opportunities for observation were presented when the nutritionist conducted in-service classes at three health centers.

As was stated previously, this nutritionist served as a resource person at the staff conference of the Nutrition Service of the Ohio Department of Health because of her extensive work with nursing homes. She also participates in classes conducted for nursing home operators and food handlers.

She cooperates with other official and nonofficial agencies of the city and county in community health programs. These include the Red Cross, the Hamilton County Welfare Department, the Cincinnati Dietetic Association, the Ohio Valley Civil Defense, and the Nutrition Council of the Public Health Federation. She participated actively in a pilot study conducted by the Nutrition Council to teach welfare recipients how to better utilize surplus commodities. The study is now being evaluated to determine if the program should be extended to other areas of the county.

The student attended a luncheon meeting of the Nutrition Council with the nutritionist. Members of the group discussed methods of combatting food fads and food misrepresentations. The nutritionist of the Cincinnati Health Department reported on the Fifth Conference on Human Nutrition. This Conference was sponsored by the Ohio Department of Health, Ohio State University, and Ross Laboratories.

**Hamilton County Diagnostic Clinic
for the Mentally Retarded**

The Hamilton County Diagnostic Clinic for the Mentally Retarded is sponsored, in cooperation with the local group, by the Ohio Department of Mental Hygiene and Correction, and the Ohio Department of Health through the use of a special federal grant (Ohio Department of Health, '59). The establishment and operation of this clinic has been an excellent example of co-operative work between local, state, and federal agencies.

The clinic is located in Cincinnati. Its purposes are to provide diagnosis and prognosis for the mentally retarded, conduct research, and provide training for professional personnel.

Research in nursing and education is being conducted to find better ways of training and caring for the afflicted children. Research projects in inborn errors of metabolism have received particular emphasis. The student visited the clinic with a research associate of The Children's Hospital Research Foundation. The research associate has been active in planning diets for children with phenylketonuria and galactosemia. She presented information about diet planning for these illnesses at the Annual Meeting of the Ohio Dietetic Association held in Cincinnati, 1960.

SUMMARY AND EVALUATION

The 7 weeks spent with the Nutrition Service of the Ohio Department of Health included experiences which demonstrated functions of official and nonofficial agencies at the state, district, and local levels. The orientation program of the Ohio Department of Health helped to clarify the functions at the state level; attendance at a district staff meeting and working with district nutritionists, these at the district level; and observation of activities of local nutritionists, these at the local level.

The effectiveness of coordinating activities and the cooperation extended by the various disciplines to promote and improve programs contributed greatly to the student's appreciation of a team approach. Duplication of efforts or equipment is eliminated, and possibly some programs could not have been initiated or successfully completed if they had been attempted on an individual basis. The student is, as a result, more cognizant of the importance of establishing rapport with personnel within her own agency and other agencies.

The student became aware of the advisability of advocating feasible changes in institutions and of accepting prevailing conditions as a basis for improvement. She is convinced that these two factors are important in motivating administrative personnel or individuals to attempt improvement.

The student understands that the vital link of nutrition has been forged in the chain of public health services rendered by other

health associates. She has a clearer concept of the relationship of nutrition in the over-all public health program, and believes the participation and observation of activities during the field experience have better equipped her to contribute services to assist in maintaining and strengthening this relationship.

Observation of the various methods of operation which might be employed to promote nutrition education have opened new channels for nutrition presentation. Further, they have provided a basis of comparison which will serve as a guide in developing programs and in selecting the type of operation best fitted for particular circumstances.

The student has gained increased understanding of the need for continuous effort in promoting personal competency and professional growth. Favorable results obtained by the nutritionists observed by the student appeared to be a direct consequence of the fact that they were well equipped with reliable and current information and used educationally effective methods.

After participating in the dietary consultation services rendered to institutions, the student was assured that previous experience as a dietitian may be used advantageously in teaching therapeutic diets, evaluating meal service, and providing other services pertinent to dietary units.

The comprehensive and worthwhile experiences were conclusive evidence of the interest and effort which had been expended in planning the field experience to allow the student to accomplish her objectives.

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APPENDIX

APPENDIX

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Pork for Dinner

pork *for*
dinner



tastes good. . . *but is it SAFE?*

"Pork for dinner" is a common phrase in American homes... with good reason. Pork is a wholesome, flavorful food rich in protein, fat, and the B vitamins.

But taking pork for granted may result in a serious disease--trichinosis. Trichinosis is caused by eating raw or insufficiently cooked pork which is infested with tiny worms or parasites called trichinae.

Facts to remember about trichinosis are these:

- The worms causing trichinosis are too small to be seen with the naked eye. You can't tell by looking at pork whether it's safe or not.
- Trichinosis is one of the few diseases not discovered by meat inspection. The microscopic parasites lodge in the muscles of the hog.
- Even clean, healthy swine can harbor the worm.
- The disease is present the year 'round.
- Trichinosis is not a catching disease. It is contracted only by swallowing living trichinae in uncooked pork.

Though few die from trichinosis, the disease is serious in man. It is an unpleasant one to have, and symptoms vary so greatly that diagnosis is difficult.

Trichinosis is not hard to prevent. All that's necessary is to be **certain** that all pork is cooked thoroughly before eating.



guard against trichinosis!

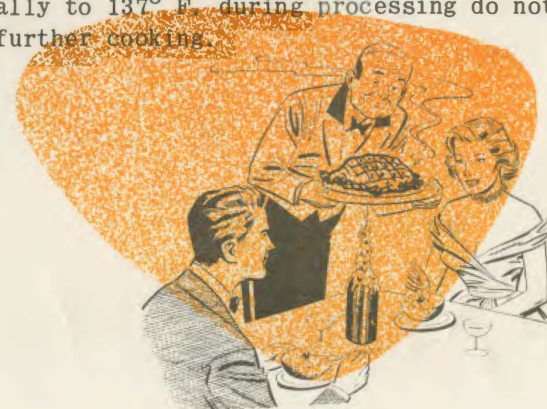
IN THE HOME

- Cook all pork thoroughly.
- Cook thoroughly all fresh and cured or smoked pork.
- Cook thoroughly all pork products such as sausages, frankfurters, and hamburger.
- Test pork chop for doneness by cutting into the meat near the bone. Pinkness indicates the chop has not been cooked enough for safety.
- In preparing large chunky cuts--hams and shoulders, for instance--place a meat thermometer into center of thickest part. This will show when meat is roasted to the doneness required for pork.



IN THE RESTAURANT

- As in the home, be certain that all pork is cooked thoroughly.
- Be sure that all pork products to be eaten raw have been processed to kill trichinae. Products heated internally to 137° F. during processing do not require further cooking.



ON THE FARM

- Do not feed raw garbage or uncooked pork scraps to swine. When they eat meat containing trichinae, the parasites lodge in their bodies. Pork from these hogs, if not sufficiently cooked, will give trichinosis to those eating it.
- Keep rats under control. Rats harbor trichinae.
- Do not taste raw sausage before cooking, a small sample can cause disease.





OHIO DEPARTMENT OF HEALTH

Procedures for Conducting a Series of Classes for Tuberculosis Patients

Nutrition Service

Ohio Department of Health

1. Review reports in file of Special Nutrition Consultant to Institutions on the food service of hospital to be contacted.
2. Write contact letter to medical director of tuberculosis hospital.
3. Visit hospital. Include the following points in the conference with the medical director:
 - A. Objectives of nutrition education for TB patients.
 - B. Program in other tuberculosis hospitals already contacted.
 - C. Content of a series of classes
 1. First class: The Relation of Food to Health and the Selection of a Balanced Diet.
 2. Second class: Protein, Vitamin A and C. Three Keys to Getting Well and Staying Well.
 3. Third class: More Food for Your Money.
 4. Fourth class: Rounding your Figure or Trimming It and Correcting Food Misinformation.
 - D. Length of each class: 45 minutes to 1 hour.
 - E. Time of day and days of week convenient for this hospital to hold classes.
 - F. Discuss finding a local, qualified person to observe classes and take over teaching.
 - G. Plan for orientation of nurses, nurse aides and supervisory food service personnel to the objectives of the program.
 - H. Investigate classroom facilities:
 1. Is room large enough to show films?
 2. Can a table be procured for flannel board?
 3. Blackboard is desirable, but not essential.
 4. Does hospital own a projector for 16 mm. films?
 - I. Learn whether hospital will supply refreshments for classes. Arrange to discuss them with food service supervisor.

- J. Discuss Owl and Wren Leaflets. Explain distribution and to whom they should be sent.
- K. Discuss interest in seeing that public health nurses are familiar with nutrition education program to patients. Discuss invitation to Health Department for nurse to attend classes.
- L. Discuss local tuberculosis association's possible support of this program.

h. Visit local health department.

- A. Explain nutrition education program offered to TB hospital to health commissioner or supervising nurse.
- B. Invite one nurse to attend classes.
- C. Ask for opportunity to meet with entire nursing staff at later date. (At this time the pamphlet "Double Purpose Meals" and the teaching outline for home visits can be presented.)

Ohio's Nutrition Programs

Ohio's Nutrition Programs . . .

Special Activities of State and Local Health Departments Described;
Pleas for Physicians To Cooperate, Especially in Educational Program

By **IZOLA F. WILLIAMS, M.S.**
Chief, Nutrition Service, Ohio Department of Health

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Special Activities of State and Local Health Departments Described; Pleas for Physicians To Cooperate, Especially in Educational Program

By IZOLA F. WILLIAMS, M.S.

Chief, Nutrition Service, Ohio Department of Health

THE decline in incidence of dietary deficiency diseases has resulted in a strong tendency to take for granted that we all have good nutrition and that there is no need for attention in this area. Actually, there is reason to believe that most Ohioans have fair or good nutrition, but this does not indicate that further nutrition teaching is unnecessary. In fact, there is much evidence that continuous information is needed by various age and stress groups, i. e., school children, pregnant women, families or older people on welfare, diabetics, and tuberculosis patients. Ohio attempts to provide this in a variety of ways. Agencies most active in this direction are state and local health departments, universities, agricultural departments, dairy councils, school lunch programs, and voluntary health organizations.

In this presentation an attempt will be made to describe the programs conducted by state and local health departments with the hope that physicians may give support to and take advantage of these services in their communities. In an article recently published, Dr. W. Henry Sebrell, Jr., states: "Physicians should assume a leading place in urging and educating people to appreciate the importance of good nutrition at all ages, and in teaching them how to attain it by proper eating habits. The physician can be particularly effective because he is in a position to provide the motivation necessary to effect a permanent change for the better."

Nutrition in Diabetes

In several communities the local health department, with the cooperation of physicians and with substantial assistance from state health department nutrition and nursing personnel, has taught classes for diabetic patients and members of their families. In general, the classes have included basic information on menu planning and food values, and have given some attention to problems met by individuals in following the physicians' dietary prescriptions.

This service has met a real need of diabetic patients and their physicians. The average physician is too pressed for time to obtain a diet his-

EDITOR'S NOTE:

This article was prepared at the specific request of *The Journal* in order to give Ohio physicians up-to-date and authentic information on nutrition educational activities among the citizens of Ohio. In doing so, *The Journal* hopes that all physicians will be stimulated to give their active support to programs being carried on in their respective communities or to initiate such programs where none is now in operation.

tory and give a course in basic nutrition to each new diabetic patient. The new patient, seeing a waiting room full of other patients, is reluctant to tell his physician of the dietary problems that puzzle him. However, he will usually discuss them in a group of patients with similar problems where there is a period of time devoted to discussion.

A few other counties and cities are planning to begin classes for diabetics. Physicians can speed up the development of such plans for their communities by indicating their interest to local health commissioners.

Nutrition in Tuberculosis

Although every effort is made to give the tuberculous patient an optimum diet while he is in the hospital, and physicians, nurses, and dietitians encourage him to eat the diet served to him, patients after being discharged have reverted to poor dietary patterns. In 1955, a few TB hospitals in Ohio had made substantial progress toward meeting this problem through a regular program of nutrition education for their patients; however, this was not true in all the twenty-two sanatoria scattered throughout the state.

The Ohio Department of Health employed a nutrition consultant to work especially in the areas of chronic diseases and tuberculosis. Her first efforts were devoted to a study of educational methods being used in TB hospitals having established educational programs including nutrition. The results of her observations were evaluated and with

the assistance of the Ohio TB Hospital in Columbus, a series of nutrition classes were taught to TB patients as a pilot study. From this series and from later classes taught at Oak Ridge and Franklin County TB Hospitals, lesson plans and visual materials have been developed which are now used in 14 sanatoria in the state.

In initiating the classes, the nutrition consultant assists the hospital staff in locating and training a competent teacher in the community. If practical, the hospital uses a qualified member of its own dietary staff, but often the teacher is a dietitian (or home economist with nutrition training) who lives in the community and can devote part of her time to this type of activity. In the 62 series of classes thus far held, approximately 980 patients have received basic information on what constitutes a good diet in terms of ordinary foods, how to get an adequate diet on a low income, and some knowledge of the more important food values. In most hospitals nutrition class teaching is "fortified" by information coming from physicians, nurses, and hospital aides who are in frequent contact with the patient.

In general, patients and hospital personnel have given a gratifying response to nutrition classes and many show a sustained interest in learning about nutrition in relation to health. Patients frequently suggest that information be given to their families and this is being carried out in many areas through the home visits of public health nurses. When the family physician lends his support to this program, the TB patient returning to his home has an even greater incentive to continue his efforts to eat an adequate diet.

Infectious Hepatitis

Outbreaks of infectious hepatitis have presented unusual problems in many Ohio communities during the past few years. Dietary treatment during a long convalescence, especially for school children, has seemed impractical though highly desirable. Nutritionists and nursing personnel of the Ohio Department of Health prepare local public health nurses to give assistance to mothers in following the physician's diet instructions. Also, materials are available to assist schools in supplementing the normal diet to meet the needs of children recovering from infectious hepatitis.

Weight Control

Nutrition services for groups interested in weight control, especially those interested in losing weight have been provided in many parts of the state. In Cleveland this resulted in a cooperative effort of several community agencies including the Cleveland Diabetes Association, the Cuyahoga

County and Cleveland Departments of Health. In other sections of the state it was accomplished as a joint enterprise of local health departments and Agricultural Extension workers, with assistance from their medical societies. Most active among these groups have been those established in Greene County in 1955 and somewhat later in Ashtabula County. A high percentage of participants in weight control discussion are women who are homemakers. Generally, emphasis is placed upon teaching the "would be" reducer the fundamentals of a balanced diet, something about food values, and how to plan and prepare meals that will help the individual to achieve and maintain optimum weight.

The TOPS organization (Take Off Pounds Safely) is active in several of Ohio's urban communities and has used the services of nutritionists, dietitians, and physicians whenever available. In a few communities weight control classes for young men have been sponsored by voluntary agencies and similar services for obese adolescents have been provided in a few schools.

Prevention, the best answer to the problem of obesity, is the aim of much of the nutrition teaching done in elementary and secondary schools.

At best, Ohio's program for weight control reaches only a small portion of the group needing it most, i. e., those who are just beginning to put on excess weight. Physicians see few at this point, (unless they happen to have other medical problems) and have little opportunity to do much about prevention, except through their cooperation with community nutrition programs such as those described above.

A great hindrance to the success of any sound program on weight control is the ever-increasing amount of reducing pills, appliances, and fad diets being advertised on all mass media. The old "get rich quick" schemes are being replaced in our culture by equally fallacious "get slim quick" schemes. Interest in health in relation to weight is high in Ohio's population but ways of reaching large numbers of people with sound information seem to be scarce. The physician's ideas and assistance are needed to solve this problem in his community.

Nursing Homes and Homes for Aged

It is not news to physicians that only a small percentage of the approximately 900 nursing and rest homes in Ohio employ dietitians. (Indeed, with the present shortage of dietitians almost 100 of our smaller hospitals have been unable to hire a dietitian.) Under these circumstances it is little wonder that therapeutic diets are a source of much

difficulty to the physician, his patients, and nursing home personnel. To partially meet this problem nutrition personnel of the Ohio Department of Health and the Ohio Dietetic Association, with advice from members of allied professional groups, developed the Ohio Diet Manual for use in nursing homes and small hospitals not having trained dietary personnel. The Manual gives normal diets and suggested menu patterns for various age groups. Using the same menus the writers show how each of the usual types of dietary modification may be made. The purpose and basic principles of each type of modification are given in non-technical language.

Nutritionists of the Ohio Department of Health, working with the nursing consultants of the Ohio Department of Welfare (the state licensing agency for nursing homes) have held 14 meetings during the past year to explain the use of the Ohio Diet Manual to nursing home operators and their food service managers. Thus far, copies of the Manual have been placed in more than 150 nursing homes. In addition, many hospitals have obtained copies. Physicians who would like a copy of the Diet Manual may obtain one by writing to: Nutrition Chief, Ohio Department of Health, Columbus. A physician who has his own office copy will find it a time-saver in giving dietary instructions by ~~telephone to nursing home operators using the Manual.~~

In three of Ohio's larger cities consultation is being provided for most nursing homes and rest homes by local nutritionists. In Cincinnati and in Dayton it is given by a nutritionist employed by the City Health Department and in Cleveland by a dietary consultant employed by the Welfare Federation. In Toledo a program of in-service training including nutrition is being conducted for nursing home personnel by the Toledo Health Department, utilizing the part-time services of a nutritionist provided by the Ohio Department of Health. Later it is expected that Toledo will be able to add a full-time nutritionist to the health department staff. Columbus began the licensure of nursing and rest homes in January 1959. It is not known whether the licensure procedure will include the provision of dietary consultation, since the Columbus City Health Department, the licensing agency, employs no nutrition or dietary personnel.

Hospitals Without Dietitians

It is known that more than one hundred hospitals in Ohio operate without the services of a trained dietitian. Most of these are small institutions with a capacity of less than 75 beds. A standing committee of the Ohio Dietetic Associa-

tion has assisted a few of these hospitals in locating trained dietitians to work on a part-time or "shared" basis. If this small beginning can be developed and expanded it should do much toward meeting the problem. It is believed that the distribution and use of the Ohio Diet Manual described under the Nursing Home Section can give valuable assistance to this group of hospitals in providing therapeutic diets.

Another service designed to aid this group is that rendered by a dietary consultant employed by the Ohio Department of Health. Upon request, a consultation visit of from one to three days is made to study the operation of a hospital's dietary department and then recommendations for improvement of the service are made. Usually, these visits deal principally with problems of dietary administration such as menu planning, food purchasing, storage, scheduling, and service to patients, but often the service has included teaching demonstrations of such details of food preparation as the use of a vegetable steamer which had stood idle for months, because kitchen personnel were afraid of it, or how to make good coffee.

The dietary consultant also assists hospitals and larger nursing homes and children's homes in planning layout and equipment for new or remodeled kitchens. Occasionally a consultant participates in the opening of a new hospital dietary department and works a few days with kitchen personnel to help achieve a smooth operation.

Unfortunately, many eligible hospitals have not taken advantage of the services described due to the lack of information regarding the availability of this help. Physicians meeting frequent difficulties with respect to therapeutic diets may wish to promote action toward the use of these services by the small hospital's dietary department.

Children's Homes

During the past ten years approximately 150 licensed children's homes in the state have been visited annually by a nutritionist to evaluate the food service in terms of nutritional adequacy. During the visit, the nutritionist usually observes the preparation and serving of at least one meal, goes over menus of meals served for at least one week, examines storerooms, purchase orders, etc. However, the visit is a "consultation" rather than an "inspection" and usually is so regarded by all concerned. The superintendent, matron, cook and other personnel usually hold a conference session with the nutritionist for a discussion of her recommendations. Later, the nutritionist submits a written report of her findings and recom-

mentations which are passed on to the licensing agency for follow-up.

There is a very large group, more than 4000 in number, of non-licensed, small, (usually fewer than 10 children) boarding homes for children in the state which provide care for approximately 25,000 children. Very little nutrition service has been provided directly for this group. However, through nutrition services to the local health and welfare workers who visit these homes some assistance is being provided with problems of feeding.

Crippled Children

Services for crippled children are provided on different bases in different parts of the state. In the large southeastern area they are provided through itinerant clinics held in the fall and spring months. From time to time, as need indicates, many of these clinics are provided with a nutrition consultant to discuss special feeding problems with the child's parents. If the public health nurse who visits the family cannot participate in the discussion, notes for follow-up are given to her by the nutritionist later. Many of these children have very good nutrition, but a substantial group are troubled by problems of over-weight, and coupled with an orthopedic handicap, this usually presents a major difficulty. Nutrition services are needed and appreciated in these circumstances.

Infant, Pre-School and Maternal Nutrition

Many local health departments and other agencies sponsor well-child conferences for low income areas of the larger cities or rural areas where the need is great and physicians in short supply. In Dayton, these conferences are served regularly by a nutritionist, but in other areas consultation on special feeding problems is provided by a physician. Public health nurses serving in these conferences, with teaching materials and in-service training from district nutrition consultants, give mothers assistance with normal diets for infants and pre-school children.

Most information on the pre-natal diet is given by physicians. In some cities, hospitals or health departments supplement physicians' advice at their request with general information on diet in pregnancy given in a series of parent's classes. The Division of Nursing of the Ohio Department of Health, with assistance from allied personnel including a nutritionist, has prepared a manual and suggested lesson plans for such classes.

Public health nurses, in their regular home visits, advise mothers in regard to family nutrition. This help is especially effective for families on welfare (or with similarly low income) and

those in the moderate income group with health problems that make heavy demands on the family budget.

Nutrition in Schools

A high percentage of public and parochial schools have a lunch program through which children are given an opportunity to obtain a balanced lunch providing at least one-third of the day's food requirements. In most of these schools this program receives federal financial support and administrative and supervisory services through the Division of Public School Lunch of the Ohio Department of Education. Although the maintenance of good nutrition for the school child is a main objective of the lunch program, it offers, also, an opportunity to help the child establish good food habits and often serves as a "laboratory" for classroom nutrition teaching.

Elementary teachers usually teach nutrition as part of health at each grade level. In junior and senior high schools it is taught as part of health and physical education and as a part of science courses. Unfortunately, the extent and effectiveness of nutrition teaching varies tremendously from one school system to another and, of course, with the interest and preparation of individual teachers. To help overcome this handicap in our system we have many public health nurses, school nurses, and dairy council nutritionists prepared to assist teachers in developing suitable classroom projects and in obtaining visual aids to teach nutrition. In addition to her basic training which includes nutrition, the public health or school nurse usually has available the consultative services of a District Nutritionist employed by the Ohio Department of Health. When several teachers or entire schools are involved, the Nutrition Consultant often is called on to assist in setting up surveys to determine specific areas of need in nutrition teaching and to provide in-service training for nurses and teachers.

High school athletic coaches have a strong interest in nutrition and its immediate effects on physical performance. They are in an unusually good position to motivate high school boys toward improved food habits, but unfortunately few have had sufficient training in nutrition and growth and development to do an effective job. This group needs more assistance from physicians and nutritionists.

Education for General Public

World War II focused much public interest on nutrition which has decreased but little during the past decade. A quick glance into almost any popular magazine reveals a "special" diet to lose weight, to prevent heart trouble, or to regain

lost youth. People are interested in nutrition and if not directed by professionals with sound nutrition training often fall under the influence of the food faddist or nutrition quack. Agencies employing nutritionists and dietitians are devoting an increasing amount of attention to television and radio programs and literature designed to keep the public informed. The American Medical Association is now engaged in a new program designed to counteract directly the influence of the "modern medicine man." It is hoped that local medical societies will use this opportunity to help their communities increase resistance to the door-to-door vitamin pill salesmen, the health lecturer, and the health food stores providing "nutrition consultation" by persons with no training.

Physicians' Help Needed

Professional personnel with basic training for understanding and applying nutrition research are scarce. The success of nutrition programs of a state are directly dependent upon the active co-

operation of all who have such training. Physicians graduate with an excellent foundation in nutrition, but finding it difficult to keep up to date in all phases of medicine many neglect to read journals or attend seminars dealing with the subject. Consequently, they give attention to diet only when it appears as a major problem in a patient. Normal nutrition, although basic to good health, is discussed with the patient much less often than immunizations, drugs, or exercise. Far reaching results might be obtained if physicians were to begin giving as much attention to the patient's long term dietary habits as to his aches and pains.

Physicians singly, or in groups can do much to promote the success of a community's nutrition programs; first, by learning what is being done and who is doing it; second, by lending a helping hand through exhibits, talks, and conferences; and third, by sponsoring and participating in seminars and institutes on nutrition.

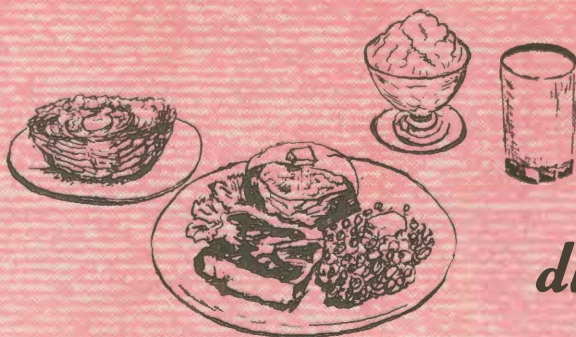
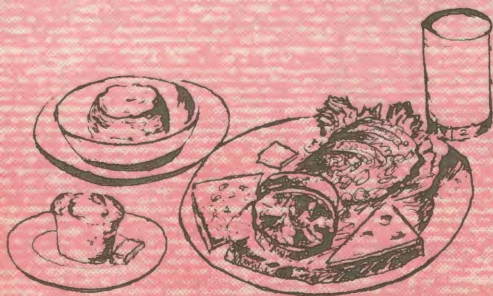
Family Food Plan

Family Food Plan












breakfast

lunch



dinner

BASIC FOOD GROUPS — MINIMUM QUANTITIES RECOMMENDED

GREEN and YELLOW VEGETABLES 	NORMAL ADULTS	PREGNANT WOMEN	NURSING MOTHERS	CHILDREN	MEAT, POULTRY, FISH 	NORMAL ADULTS	PREGNANT WOMEN	NURSING MOTHERS	CHILDREN
	1 Serving	1 Serving	1 Serving	1 Serving		1 Serving (Liver, once each week for everyone)	1 Large Serving	1 Large Serving	1 Serving
ORANGES, TOMATOES GRAPEFRUIT or RAW GREEN CABBAGE or RAW GREENS 	1 Serving	2 Servings	2 Servings	1 Serving	EGGS 	4 Each Week	1 Every Day	1 Every Day	4 Each Week
POTATOES and other VEGETABLES and FRUITS 	2 Servings	2 Servings	2 Servings	2 Servings	COTTAGE CHEESE 				
					DRIED BEANS NUTS PEANUT BUTTER				
MILK and MILK PRODUCTS 	1 Pint	1 Quart	1½ Quarts	¾ Quart	BREAD, FLOUR and CEREALS (Enriched or Whole Grain) 	3 or More Servings Daily	3 or More Servings Daily	3 or More Servings Daily	3 or More Servings Daily
					BUTTER and FORTIFIED MARGARINE (with added Vitamin A) 				

OTHER NEEDS

VITAMIN D

Cod Liver Oil	For: Pregnant Women
Vitamin D Milk	Nursing Mothers
Vitamin D Capsules, etc.	Children

IODINE

The use of iodized salt supplies enough iodine for normal needs.	For: Normal Adults Pregnant Women Nursing Mothers Children
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The recommended number of servings of the Basic Food groups should never be limited except under your doctor's directions. Other foods may be eaten in addition to the basic or protective foods, but may need to be restricted to avoid excessive weight gain.

Your doctor knows what's best for you. He will want you to ask questions if there is something you do not understand in following his directions.

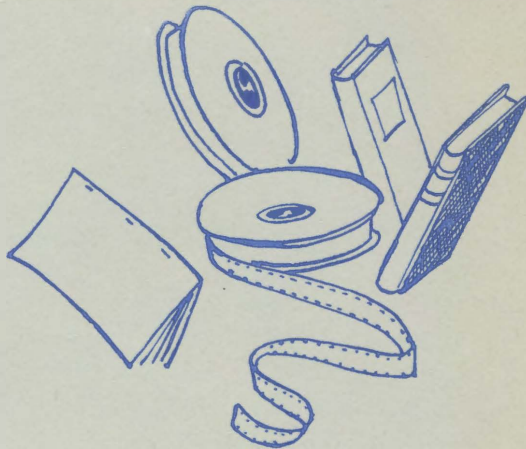
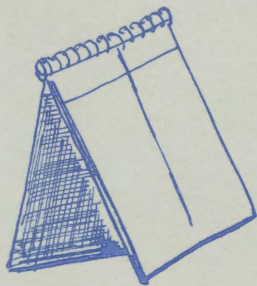
Aids and Sources on Nutrition

AIDS AND SOURCES ON NUTRITION

For • Teachers in Elementary and secondary Schools....



OHIO DEPARTMENT OF HEALTH



INTRODUCTION

This is a partial list of materials available to teachers interested in helping students establish good eating habits and learn the importance of nutrition to good health.

The list includes student leaflets, booklets, posters, puzzles, teaching guides and references, films and film strips with a brief description and suggested grade level. Most of the materials are free. However, some require a nominal fee.

Sending for sample copies will aid in helping you select the best material to suit your classroom needs. Place your order several weeks in advance to insure having them for your planned classroom use.

Agencies publishing materials frequently discontinue some items and add new publications. If you ask to be placed on their mailing list, samples of new material will be sent as published.

A central file of sample materials for the entire teaching staff can save time and effort in selecting the most useful nutrition teaching aids.

District nutrition consultants of the Ohio Department of Health have samples of most of the recommended materials and will show them to teachers on request. Consultant services should be requested through the county or city health department.

TEACHING AIDS - Listed by Source

FREE UNLESS PRICE IS LISTED

Ohio Department of Health, Columbus 15, Ohio
and local health departments

It would be best to contact the local health department as a first step in obtaining these materials. Many departments keep a supply of leaflets on hand for distribution.

"Foods Your Children Need" — Teachers and Parents.

This is a small booklet describing the food needs of children. It is suitable for enclosing with report cards, or letters to parents.

"Good Health or Poor" — Teachers and Parents.

This is a guide to be used by nurses, teachers, or parents to help determine the need for nutrition teaching in elementary grades.

"Breakfast's Ready" — Upper Elementary and Junior High School.

This leaflet is useful for any group studying the importance of breakfast.

"Food for Fitness" — Upper Elementary and Junior High School.

A leaflet explaining the four basic food groups and their role in planning daily meals.

"Essential Daily Foods for Adequate Dental Nutrition" — Upper Elementary and Parents.

One page outline.

"Snack Suggestion of Low Carbohydrate Foods" — Teachers, Upper Elementary and Parents.

One page outline.

"Principles of Good Nutrition" — Junior and Senior High School.

This booklet describes the functions in the body of the most important food nutrients and gives food sources of each.

"Check Your Food Facts" — Junior and Senior High School, Adults.

A leaflet designed to correct false impressions given to the public by food faddists as well as misleading claims of advertising.

"An Invitation to Prevent Simple Goiter" — Upper Elementary Grades, High School, and Adults.

This leaflet outlines the need for iodine in the diet and how it may be obtained.

"The Packed Lunch" — A leaflet giving suggestions for the homepacked lunch for the working man and the school child.

Ohio State Department of Education, Division of Public School Lunch,
220 Parsons Avenue, Columbus 15, Ohio.

Material pertinent to conducting the school lunch program.

American Medical Association, 535 North Dearborn Street, Chicago 10,
Illinois. % The Order Department.

The following 12 booklets are publications reprinted from recent issues of **Today's Health**, American Medical Association publication.

"Knowledge of Nutrition", by Elmer Verner McCollum, Ph.D. — 15¢

"Food for Energy", by Hazel M. Hauck, Ph.D. — 15¢

"Our Protein Needs", by H. H. Mitchell, Ph.D. — 15¢

"Our Chief Mineral Needs", by Genevieve Stearns, Ph.D. — 15¢

"Why Vitamins", by C. A. Elvehjem, Ph.D. — 15¢

"What is Good Nutrition?", by Ruth M. Leverton, Ph.D. — 15¢

"Keeping the Values in Food", by Bernice K. Watt, Ph.D., and
Hazel K. Stiebling, Ph.D. — 15¢

"Adolescent Nutrition", by Margaret A. Eppright, Ph.D. — 15¢

"Underfed or Poorly Fed?", by Grace A. Goldsmith, M.D. — 15¢

"What Should Oldsters Eat?", by Helen L. Gillum, Ph.D. — 15¢

"Diet for Mothers-To-Be", by Icie G. Macy, Ph.D., Sc.D. — 15¢

"How to Eat Well and Reduce Sensibly!", by Helen S. Mitchell,
Ph.D. — 15¢

"Today's Health", Dept. O, 535 North Dearborn Street, Chicago 10,
Illinois. Published monthly by the American Medical Association. One year \$3.00.

The easy-to-read articles will keep you up-to-date on personal and family health.

"The Healthy Way to Weigh Less", Council on Foods and Nutrition.

This pamphlet is a guide to finding your correct weight and how to obtain it.

"Health Aspects of the School Lunch Programs", 1956. 32 pages
— 50¢

"Physical Growth Chart for Boys (Girls)", — Record Sheet.

"Individual Height — Weight Record Card", — 10¢ or 10 copies for
50¢. Form used for making a graph of height and weight changes.

**American Dietetic Association, 620 North Michigan Avenue,
Chicago 11, Illinois.**

"Food Facts Talk Back" — 50¢ a copy. Lists of common food fallacies and the true facts about the foods.

Children's Bureau, United States Department of Health, Education and Welfare.

These booklets should be ordered from the Superintendent of Documents, United States Printing Office, Washington, D.C.

"Nutrition and Healthy Growth" — Children's Bureau Publication No. 352 — 20¢ per copy. Gives the basic factors affecting nutrition of the child at each age level from the prenatal period through adolescence and practical ways of obtaining good nutrition.

"Your Child from 6 to 12" — Children's Bureau Publication No. 324. 1949 — 20¢ per copy. Although not a nutrition booklet, it gives in brief form the general factors affecting the child in the elementary school years.

"The Adolescent in Your Family" — Children's Bureau Publication No. 347. 1954 — 25¢ per copy. This booklet is designed to assist adults in understanding the adolescent and his problems. Although dealing only briefly with nutrition, it provides excellent information basic to obtaining good nutrition.

**Nutrition Association of Greater Cleveland, 1001 Huron Road,
Cleveland, Ohio.**

This agency produces a wealth of teaching aids, at small cost. These include resource units, booklets, coloring books, work sheets, puzzles, and suggestions for integrating nutrition in social studies. Write for a complete list and prices.

Resource Units for Primary Teachers

Community Helpers with Work Sheets for Pupils — 25¢.

Animal Friends at Home and School with Work Sheets for Pupils — 25¢

Seasonal Experiences — 10¢

Book of Samples of Arithmetic Worksheets for Primary Grades — 25¢

Food Makes a Difference — the Hamsters

A Good Lunch

A.School Picnic
Shopping with Mother
A Breakfast Party
A Picnic Lunch
Three Good Meals A Day
Breakfast Puzzle
Products of Ohio Puzzle
Vegetables and Fruit

Aids for Integrating Nutrition in Social Studies — Various Levels.
Food in Washington's Boyhood'(Early Colonial Life) — 10¢
Food in Lincoln's Time (Pioneer Life) — 10¢
Foods in the Easter Tradition — 10¢
Suggestions for Skits for Upper Elementary Grades —10¢

**American Institute of Baking, Consumer Service Department,
400 East Ontario Street, Chicago 11, Illinois.**
(Free material limited to 100 copies per order.)

"Score with Breakfast" — Junior and Senior High Schools.

Booklet for teenagers emphasizing the importance of breakfast.

"Map Your Meals" — Junior and Senior High Schools.

Booklet for pupils (and teachers' guide) written to interest teenagers in choosing foods for best health.

"Food Sense — Not Nonsense" — Junior and Senior High Schools.

Sketches and cartoons on different minerals and vitamins. Suitable for bulletin board or notebook.

"Enriched Bread" — Senior High Schools.

Leaflets on history, ingredients and nutritive value of bread.

"Bread In the Making" — plus a Teachers' Guide — Upper Elementary Grades.

Story of bread making and a guide with references to a unit in nutrition.

"Eat and Grow Slim" — Senior High School.

Booklet on weight reduction with proper nutrition.

"Food Mobile" — Thirty-one food models that may be used in mobile or in meal planning — one per classroom.

"Foodway to Follow" — 20" x 25" poster in color. The essential foods are placed in the four basic food groups. Notebook leaflets available.

"The Pack-It-Meal" and a **"Teacher's Handbook"** — Grades 1 through 9.

Basic nutrition information and suggestions for correlating food for school with activities in the classroom and at home.

Cereal Institute, Inc., Educational Director, 135 South LaSalle Street, Chicago 3, Illinois. (Free material)

"Breakfast Source Book" — one copy to a teacher.

This booklet gives a comprehensive view of breakfast covering current practices, scientific studies and school and community breakfast programs.

"Good Breakfast for a Good Morning" — Grades 1, 2, 3; Teachers. Manual and poster.

"A Classroom Breakfast Party and Other Classroom Activities" Lower Elementary.

A 19-page booklet designed for the teacher.

"A Good Breakfast to Start a Good Day" — Grades 4, 5, and 6. Teacher's manual and posters.

"A Basic Breakfast Pattern" — Junior and Senior High Schools. Nutritional information on breakfast and its importance to teenagers and adults. Teacher's source book and poster.

Kellogg Company, Battle Creek, Michigan.

"Good Health Record — Day to Day" — Upper Elementary.

Chart for the child to record daily food and health habits for a month.

"Foods for Growing Boys and Girls" — Upper Elementary and Junior High School.

Leaflets on essential daily foods for children.

National Dairy Council, 111 North Canal Street, Chicago 6, Illinois.

The Dairy Council, at its national headquarters or branch offices, offers a wealth of nutrition materials that are adaptable to all age levels of school children. Materials are free if there is a local dairy council in your community. The following are but a few of the Council's booklets and teaching aids.

"Food Models" — 171 life-size, color, food models at \$3 per set.

Food values and their contribution to teenage recommended daily allowances are on the back of each item.

"Animal Feeding Demonstrations for the Classroom" — Upper Grades — Booklet price — 1 to 100 — 20¢ each.

Tested animal feeding studies emphasize top-notch diet.

"Every Day — Eat the 1-2-3-4-Way" — 5 panels of posters — 35¢ To help motivate primary pupils to eat proper foods.

"Physical Fitness Posters" — 11 color poster at 12¢ each.

Animated cartoon characters show the importance of good food and health.

"It's Always Breakfast Time Somewhere" — Booklet — 16¢ each.
Chart — 32¢.

Food Models for Breakfast — 75¢ per set.

Comparison in story form of breakfast from six countries — Intermediate Grade.

"How Am I Doing?" — 2 student folders and teacher's guide — Set — 10¢

Question sheet to analyze physical, emotional and social growth.

"Eat a 'Square' Lunch" — Poster — 1¢ each.

Menu suggestions on back of poster.

"My Reflections" — Upper Grades — Second Edition — Booklet — 10¢.

Information on self-evaluation and helpful hints for improving.

"Who — — Me?" — Booklet — 14¢ each.

Cartoon illustrations encourage self-improvement of health practices including use of proper food.

"An Inside Story of You . . . and Your Food" — 9¢ each.

Booklet contains form to check week's food intake.

"A Girl and Her Figure" — 15¢ each.

Booklet is designed for personal use of all girls for a better understanding of good nutrition.

**American Dry Milk Institute, Inc., 221 North LaSalle Street,
Chicago 1, Illinois.**

"How Nonfat Dry Milk Contributes to Good Health for the Whole Family."

This booklet explains the processing of the milk, how it can be used in our foods, and the nutritive value of the milk. Poster available also.

Nutrition Foundation, Inc., 99 Park Avenue, New York 16, New York.

"Nutrition Education in the Elementary and Secondary Schools"
— \$1.00 per copy.

"A Balanced Diet" — 25¢ per copy

Suggested for menus to provide a balanced diet.

"Activities In Nutrition Education" — Kindergarten Through Sixth Grade. \$1.00.

The foundation offers other suitable materials in nutrition education. Send for catalog and price list.

Swift and Company, Agricultural Research Department, Chicago, Illinois.

"Eat Right to Win" — Upper Elementary and Junior High School.
Comic booklet depicting the value of good nutrition for a young athlete.

Elementary science booklets for elementary and junior high school:

"The Story of Soil"

"The Story of Plants"

"The Story of Animals"

"Meat and the Mississippi River"

"The Story of Poultry"

"Counting Pennies and Arithmetic Anecdote"

Superintendent of Documents, United States Government Printing Office, Washington 25, D.C.

"The School Lunch. Its Educational Contribution" — Teachers.

Booklet discussing the Type A lunch and how the school lunchroom can be utilized as a laboratory for nutrition classroom teaching — 25¢

"Hamster Raising" — Leaflet No. 250 — Teachers.

The history and care of the hamster. Useful when planning hamster experiments — 5¢.

"Nutrition Charts" — Upper Elementary, Junior and Senior High School.

Ten wall charts (18 x 23) depicting laboratory studies of white rats. — \$1.25

Teaching Nutrition in the Elementary School — Teachers — 25¢

Home Economics Catalog; Foods and Cooking — Teachers.

Catalog and price lists of available nutrition materials.

Florida Citrus Commission, School Education Program, Lakeland, Florida.

Posters: Upper Elementary, Junior and Senior High School.

"Citrus Fruit is an important part of the Four Food Groups."

"Citrus Fruit is one of the Protective Foods."

"The Nutrition Ladder" — High School

Booklet and ladder on the place of citrus fruits in the total dietary needs.

"Citrus as an aid to Health and Beauty" — High School and Adults.

Leaflet on the importance of Vitamin C to the health of all ages.

Metropolitan Life Insurance Company, 1 Madison Avenue, New York City 10, New York.

Teen-ager Nutrition Display — Two-color folding display 60 inches wide by 28 inches high.

To stimulate interest in good eating habits and weight control.

Lent without cost. Request well in advance.

"For a Prettier, Peppier You" — Leaflet to be used with display.

American Bakers Association, 20 North Wacker Drive, Chicago 6, Illinois.

"What Am I?" — Puzzle book on the nutritive value of bread — Upper Elementary Grades.

"What Enriched Bread Does For Me" — Jigsaw puzzle on bread — Upper Elementary Grades.

United Fresh Fruit and Vegetable Association, 777 14th Street, N.W., Washington 5, D.C.

"Health from Field and Orchard" — for grades 5, 6, and 7. Thirty-five copies and teachers guide cost 25¢. Send to Instructor Educational Service, Dansville, New York.

The booklet tells the story of fresh fruits and vegetables.

Sunkist, Box 2706, Terminal Annex, Los Angeles 54, California.

"There Comes a Day."

How nutrition affects health, appearance and personality.

National Livestock and Meat Board, 407 South Dearborn Street, Chicago 5, Illinois.

"Tips for Teens."

Information on the food needs of teen-age boys and girls — 2¢. Send for catalog and price list. Many other excellent leaflets are available.

Stevens Publications, 139 East 53rd Street, New York 22, New York.

"Food Facts for Health" — 15¢ per copy under 100.

Facts about each food constituent and the amounts required each day.

PERIODICALS

Free to teachers who request that their names be placed on the mailing list.

Quaker Quotes — Quaker Oats Company, Merchandise Mart Plaza, Chicago 54, Illinois.

School Nutrition Topics — The Borden Company, 350 Madison Avenue, New York 17, New York.

Nutrition News — National Dairy Council, 111 North Canal Street, Chicago 6, Illinois.

Food and Nutrition News — National Livestock and Meat Board, 407 South Dearborn Street, Chicago 5, Illinois.

Nutrition Notes — United Fresh Fruit and Vegetable Association, 777 14th Street, N.W., Washington, D.C.

BOOKS

Teaching Nutrition. By Pattison, Mattie; Barbour, Helen; and Eppright, Ercel. 1957 — \$3.75.

Basic nutrition information given in an easily understood form, and educational procedures of teaching nutrition to different age groups. Available from Iowa State College Press, Ames, Iowa.

Nutrition in the Elementary School. By Godshall, Frances R. 1958 — \$2.75.

The principles of nutrition for the youngster presented so that the college student who has studied little science will understand. Plus specific methods by which nutrition can be presented to children in elementary schools to establish good nutritional standards. Available from Harper and Brothers, 49 East 33rd Street, New York 16, New York.

Robert's Nutrition Work with Children. By Martin, Ethel Austin. 1954 — \$7.50.

Reference book on the nutrition of children, the effects of malnutrition, and nutrition programs in schools and communities. Available from the University of Chicago Press, Chicago 37, Illinois.

Nutrition and Physical Fitness. By Bogert, L.J., Sixth Edition. 1954 — \$4.50.

An excellent textbook written to present a wide range of facts about nutrition in language understandable to those without previous knowledge of chemistry. It is useful to the teacher who needs a ready reference for "refreshing" her memory and for answering students' questions. Available from W. B. Saunders Company, Philadelphia.

* It may be advisable to ask your district nutrition consultant of the Ohio Department of Health to show you copies of these items before you order.

FILMS

Films listed below are available from the Ohio Department of Health through the local health department. For additional information on films on all health subjects, see the Ohio Department of Health film catalog on file in your local health department. The films are 16 mm. with sound.

Food as Children See It. Eighteen minutes; color. This film portrays the problems met by most parents in feeding children and gives practical suggestions for the approach to, and solution of, these problems. Senior high and adults.

You — — And Your Food. Eight minutes; color. This Walt Disney production compares a living machine — — the body — — to a manufactured machine to explain the uses of food in our bodies. It also demonstrates the foods that make up a balanced diet. This is an excellent film for elementary and junior high grades.

Food that Builds Good Health. Fifteen minutes; color. Gives emphasis to the value of the different food groups to children in the growing period. Junior high, senior high and adults.

More Food For Your Money. Eleven minutes; color. This film shows how to divide the food dollar to assure balance in food supply and how best to take advantage of new types of frozen and packaged foods. Shows junior high boys and girls cooking at home for their friends.

Losing to Win. Eleven minutes; color. Tells in an entertaining way the story of Mr. and Mrs. Chubby and their struggles to reach normal weight. Adults.

Weight Reduction Through Diet. Fifteen minutes; color. This film shows that intelligent dieting under medical guidance is effective in weight reduction. It gives emphasis to the fact that weight can be lost steadily on satisfying meals of everyday foods. Senior high and adults.

And So They Learn. Thirteen minutes; black and white. A recording of actual day-by-day experiences in a nutrition education workshop conducted for elementary grade teachers. How nutrition information can be integrated into regular classroom studies is demonstrated by laboratory school activities which include children's participation in in planting a garden, designing, and painting a mural, planning picnic menus, and conducting animal experiments in relation to balanced diets. Senior high students and adults.

It's All in Knowing How. Thirteen and one half minutes; color. This film challenges young people to apply their knowledge of health and nutrition in everyday living. It presents an interpretation of the relationship of desirable health habits, especially food habits to: full enjoyment of everyday activities — making the most of training

and natural abilities, at work and at play — physical and emotional well-being and the subtle influences of these aspects of development on social adjustments. It presents principles of practical everyday food selection, the why and the how — in a graphic and realistic manner. Senior high, college, adults.

I Can Run Like the Wind. Ten minutes; color. With the help of Old Thumper the Rabbit, Breezy the Deer, Rooty the Gopher, and fresh fruits and vegetables, Whaffor learns to “run like the wind”. Elementary Grades.

I Feel Great. Ten minutes; color. The young animals on the farm help Mrs. Cow teach Whaffor that “milk is marvelous” and makes animals and little boys “feel great”. Elementary.

Fundamentals of Diet. Eleven minutes; black and white. This film describes the basic types of foods needed in daily diet, and explains the contributions made by each food type to body building. It shows the interchange of energy among plants, animals, and man, and describes the results of controlled experimental feeding. Senior high and adults.

Fun In Food. Eleven minutes; color. Deals with the need for proper selection of food, the basic nutrients in food, their function in the human body and the foods in which they are found. Introduces the primary nutritive elements — iron, calcium, protein, carbohydrates, fats, vitamins — by showing their source in nature, their subsequent role as blood, bone and tissue builders in the body, and how they furnish energy and protect health. Junior and senior high.

Principles of Cooking. Eleven Minutes; black and white. Emphasizes the fundamental principles of the simple cooking processes — boiling, broiling, roasting, and steam cookery. Each process is illustrated to show how food properties are changed by applying heat in this manner. The process is described in terms of its effect on nutritive values and palatability of foods. Junior, senior high school and adults.

Something You Didn't Eat. Ten minutes; color. This is a Walt Disney film dealing with the seven basic food groups and emphasizing the importance of the selection of a good diet. Suitable for upper elementary, junior and senior high school and adults.

Meal Planning. Eleven minutes; color. Film shows planning of meals that are within the budget, that are attractive, adequate and prepared in the time available. Junior and senior high school.

Films are also available through other agencies in most communities. contact your public library to review their film list and the nearest Dairy Council office to utilize the films they provide for community use.

The Medicine Man. Available from the Film Library of the American Medical Association, 525 North Dearborn Street, Chicago 10, Illinois. This is a black and white, 27 minute, sound, 16 mm. film. The film is adapted from factual material on nutrition quacks gathered by federal and public service agencies. The story is real and the message is urgent! Suitable for community organizations, church groups, and high schools.

FOOD FOR HEALTH SERIES

These films were prepared for television and are now available for general use. They are 16 mm. black and white, sound.

Food for the Preschooler. Film #1. Time: 29.38 minutes.

What kinds and amounts of foods does the preschool child need? This program attempts to answer that question in terms of the two- to five-year old's abilities and skills. Mother is shown the four major food groups from which menus should be planned, correct portions of food for the child, and an actual day's menu. Some feeding problems parents may have — — and some ways of preventing them — — are discussed by Mrs. Martha Nelson Lewis, Associate Professor of Home Economics and Associate Professor of Preventive Medicine and Nutrition, Ohio State University.

Food for the School Age Chi H. Film #2. Time: 29.35

Attention is focused on the 6 to 12-year-old child . . . his food needs, the importance of breakfast, suggested lunch patterns at home and at school, ways of incorporating between-meal snacks into the day's eating pattern. Dr. Mary Brown Patton, Associate Professor, School of Home Economics, Ohio State University, also discusses what is known about the nutrition of Ohio school children — — what and how well they eat, signs of nutritional deficiencies, how the children grow, and the condition of their teeth.

Food for the Teen-agers. Film #3. Time: 29.30

Eating habits and nutritional needs of the energetic teenagers are the main points of discussion. The influence of parents and schools on the eating habits of this age group comes out when a teenage boy and girl visit with Miss Evelyn Gordon, Dietitian at University School, Ohio State University. The pair discuss the eating habits of their classmates. Advice is given on how to help teenagers realize the importance of good diets, and how to motivate this age group.

Nutrition for the Homemaker. Film #4. Time: 29.39 minutes.

Mom wants to learn how to prepare good meals, while purchasing and preparing the necessary foods with the least effort. Advice on this is given to her in this film. Good nutrition is important for the home-

maker herself; it is emphasized in a discussion between the hostess and Miss Irene Netz, Nutrition Specialist for the Agricultural Extension Service. Miss Netz demonstrates techniques useful in packing lunches for all members of the family.

Food for the Senior Citizen. Film #5. Time: 29.39 minutes.

Objective of this film is to help the older person, or those preparing food for him, to realize the food needs of the aged, cope with poor appetite, meet physical limitations, and recognize food fads and fallacies. These points are discussed by the hostess and Miss Charlotte Smith, Nutrition Consultant for the Ohio Department of Health. Another guest is an older man who describes his reactions to nutritious meals, and tells how they influence his sense of well-being and activities. Suggestions are also given on how the senior citizen who lives alone can easily prepare adequate meals for himself.

Nutrition and Health. Film #6. Time: 29.25 minutes.

The homemaker learns the importance of weight control, and how to achieve it without unpleasant dieting. She is advised on ways of preventing over-weight in her husband. And she learns how she can be sure she's getting sound nutrition information. All this is presented in a dialogue between Dr. Ralph E. Dwork, Director, and Miss Izola Williams, Nutrition Chief, Ohio Department of Health. The last ten minutes of the program are devoted to a discussion of the relationship of food and family food habits to dental health. In this, Mrs. Millholland interviews Dr. Hamilton B. G. Robinson, then Associate Dean and Professor, College of Dentistry, Ohio State University.

FILM STRIPS

The following film strips may be obtained by contacting your district nutrition consultant. Other nutrition film strips are available; contact your district consultant for information about them.

Judy's Family Food Notebook – Upper Elementary, Junior and Senior High School.

Sixty frames with script. Judy, a freshman in high school, shows her family of Mike, Jane, Charles, and their parents the foods they need.

Skimpy and a Good Breakfast – Lower Elementary Grades.

Skimpy, a puppet, learns about a good breakfast and what it will do for him.

Let's Teach Better Nutrition – Teachers and Parents.

This is a strip film and 33 1/3 rpm. r recording showing how three different schools gained community interest and aid with nutrition problems. Teachers and parents.

A B C's of Baby Feeding – Senior High and Adults.

Outline of the basic principles of good nutrition and the foods providing these nutrients for the infant. There is a discussion of other factors affecting the baby at feeding time.

Food for Life – This film was prepared to help teachers (1) stimulate the pupil's interest in good nutrition, (2) present the basic facts of nutrition, and (3) motivate the child to choose the foods that will provide the proper diet.

Food for Fitness – The daily food requirements recommended by the United States Department of Agriculture are explained using the four major food groups.

What is Nutrition? – Canada's food rules and pattern for meals are featured in this film strip. It includes a simple explanation of a balanced diet and how certain nutrients aid various parts of the body.

Why Eat A Good Breakfast – This film is aimed at the high school student to present the scientific facts supporting the need of individuals to eat a good breakfast.

NOTE: Send requests for films at least one month in advance of the date to be used, and list a second choice of film or date whenever possible.

INDIVIDUAL DIET RECORD

Survey Group _____ Date _____
 (School, Civic Group, Institution) (Mo. Day Year)

Place _____ Urban _____ Rural _____
 (Town or City) (County)

Age _____ Sex _____ Height _____ Weight _____
 (Years, Months)

FOODS EATEN

(If you ate food raw, write RAW after that food. Tell how food was cooked. Tell how much you ate of each food. If you did not eat anything, write the word "NOTHING".)

(Do not write in this space)

KIND OF FOODAMOUNT

For breakfast _____

Between breakfast and noon meal _____

For noon meal _____

Between noon and evening meal _____

For evening meal _____

After evening meal _____

Supplements _____

REPORT OF NUTRITION EVALUATION AND RECOMMENDATIONS

Date _____

Name of Home Address County

Name of Operator Name of Administrator

Personnel involved in food services:

Cook	Hours	Duties
Others	Hours	Duties

Meals served daily (resident and personnel):

Trays	Dining Room	Other
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Hours of meals and snacks:

What foods are served for snacks:

To how many:

Appearance of meal service: Quantity

Quality

Atmosphere for dining: Bed Patients

Ambulatory Residents

Substitutions or individual catering:

Modified diets:

Staff meal service: Menu

Where

Facilities for food preparation: Stove

Refrigerator

Cooking Utensils

Mixes

Pot and Pan Sink

Dishwashing Facilities

Freezer

Facilities for storage:

Dry Food

Canned Food

Utensil

Preparation Practices: Use of recipes, time tables, temperature charts

Method of cooking meats

Vegetables

Menu Planning:

In Advance

Menu records, attach one week

Adequacy

Buying practices: Wholesale

Retail

Abundant Foods

By Whom?

Amounts: Meat
Eggs

Fruit
Bread, Cereal

Vegetables
Butter or Margarine

Milk
Cheese

Nutritionist

Attach findings and recommendations.