8-1960

A Report of Nutrition Field Experiences with the Nutrition Consultant of the Delaware State Board of Health

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To the Graduate Council:

I am submitting herewith a thesis written by Elizabeth Terry Byars entitled "A Report of Nutrition Field Experiences with the Nutrition Consultant of the Delaware State Board 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, Florence L. MacLeod

Accepted for the Council:
Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

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

THE UNIVERSITY OF TENNESSEE

THE GRADUATE SCHOOL

ABSTRACT OF EDUCATIONAL RESEARCH STUDY COMPLETED

Author of Study Elizabeth Jenny Lyons Date June 29, 1960

Title of Study A Report of Nutrition Field Experiences with the Nutrition Consultant of the Delaware State Board of Health Course Number [illegible]

Under direction of what department [illegible] Date Completed July, 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 thesis is based upon the student's observations and experiences during a period of 7 weeks' field training with the Nutrition Consultant of the Delaware State Board of Health, Dover, Delaware.

The purpose of the field experience was to help relate the academic training to actual experience and to integrate the student's knowledge of nutrition into a total health program. More specifically, the purpose was to observe the methods of one nutritionist as she functioned in a health department program.

Six weeks were spent learning about the organization, functions and program of the State Board of Health on the state level and one week on the county level. The student observed and participated in nutrition activities and conferred with State Board of Health and other health agency personnel. Some activities included in the experience were visits made to hospitals, institutions, clinics; professional, evaluation and other health related meetings; and field visits made with local health staff.

The student became familiar with the integration of nutrition throughout the entire program. She also became aware of the importance of good public relations on the part of the nutritionist, the importance of a nutritionist's professional advancement, and the importance of research studies in a health program. The student feels that she accomplished her objectives. As a result of these experiences, she feels she may become a better nutritionist.

June 23, 1960

To the Graduate Council:

I am submitting herewith a thesis written by Elizabeth Terry Byars entitled "A Report of Nutrition Field Experiences with the Nutrition Consultant of the Delaware State Board 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.

Bess Duncan
Major Professor

We have read this thesis
and recommend its acceptance:

Harold H. Walker

Florence MacLeod

Accepted for the Council:

Dean of the Graduate School

A REPORT OF NUTRITION FIELD EXPERIENCES WITH THE NUTRITION CONSULTANT OF THE DELAWARE STATE BOARD 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

Elizabeth Terry Byars

August 1960

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E.T.B.

TABLE OF CONTENTS

	PAGE
INTRODUCTION AND OBJECTIVES	1
DESCRIPTION OF DELAWARE	3
Size and population	3
Existing health problems and conditions	4
THE DELAWARE STATE BOARD OF HEALTH	6
History	6
Organization	7
Division of maternal and child health	9
THE NUTRITION SERVICE	11
Philosophy	11
History	11
Organization	11
Integration of the nutrition program with health department divisions	12
Local health	12
Nursing	13
Vital statistics	15
Public health education	15
Tuberculosis control	16
Maternal and child health and crippled children	17
Nutrition consultation service for other agencies	20
Public instruction	20

PAGE

Public welfare. 21

Extension service 21

Visiting nurse association. 22

Children and youth commission 22

Institutions. 23

Direct nutrition programs 24

Services with individuals 24

Mass communication media. 25

Health department studies in which nutrition service is active 26

Activities which contribute to the nutritionist's professional growth 26

EVALUATION. 28

BIBLIOGRAPHY. 30

APPENDIX. 32

LIST OF FIGURES

FIGURE PAGE

1. Organization Chart of the Delaware State Board of Health, 1960. 8

INTRODUCTION AND OBJECTIVES

This thesis is based upon the student's observations and experiences during a period of 7 weeks' field training with the Nutrition Consultant of the Delaware State Board of Health. At the end of her academic training, the student plans to do public health nutrition work in a county or a small region. Therefore, there was an interest and a need to gain some public health experience in a similar area. Delaware's size made it possible to observe both state and county health activities typical of a small region or county.

The student hoped to accomplish the following additional objectives:

1. To relate academic training to actual experiences and to integrate her knowledge of nutrition into a total public health program.

2. To observe one nutritionist's methods of keeping abreast of recent developments in nutrition, solving problems, handling requests, and making reports.

To help accomplish these objectives, 6 weeks were spent with the nutritionist in her daily routine of conferences, teaching, planning programs, and making reports. The student participated informally in discussions and assumed the nutritionist's role on two occasions. During this time conferences were held with health department division and sub-division heads concerning their programs with emphasis on how nutrition is integrated into these programs.

One week was spent in a county health unit to observe the work of the State Board of Health on a county level. During this time,

conferences were held with the Director of the Kent County Health Unit and the Nursing Supervisor. The student accompanied the sanitarian on inspection visits, participated in home visits with nurses, and observed clinics in the department.

Throughout the experience the student recorded information gained through observations, meetings, and conferences and this information was summarized at the end of each day. The summarized material is presented under three headings in this report.

Immediately following is a description of Delaware and some health problems and conditions in the state. The second heading, The Delaware State Board of Health, includes details of the organization with emphasis on the Division of Maternal and Child Health. The final heading, The Nutrition Service of the Delaware State Board of Health, gives information about the indirect service given through divisions and other agencies, the direct service to individuals, the use of media for communication, and the means of obtaining professional growth.

A fourth heading is included which evaluates the information presented in the three headings.

DESCRIPTION OF DELAWARE

Size and Population

Delaware is known as "The First State" and "The Diamond State." It was called "The First State" because it was first to ratify the Constitution of the United States in 1787. The name, "The Diamond State," resulted when it was referred to as a jewel by Thomas Jefferson and as a diamond by a Delaware poet, John Lofland (Delaware State Highway Department, '60).

Delaware is an Atlantic Coastal Plains State with a total area of 2,415 square miles. Roughly shaped as an inverted boot, it is from 9 to 35 miles wide and 110 miles long. The state is composed of New Castle, Kent, and Sussex Counties (Delaware State Board of Health, '56). It was estimated that by July, 1959 the population would total 470,000 inhabitants, including 63,375 non-white (Delaware State Board of Health, '50).

The population increase in Delaware in the last 10 years has been 46 per cent as compared with 15 per cent for the United States. Immigration is largely responsible for this increase. The total increase is three times greater than the percentage of estimated natural increase for this period. The Dover Air Force Base, reactivated and enlarged since 1950, and new industry have stimulated immigration.

Delaware is distinctly divided into "up-state" and "down-state" by both interest and population. About one-fourth of the part north of the Chesapeake and Delaware Canal is "up-state." It includes the largest

concentration of the manufacturing industry and about two thirds of the total population (Delaware State Board of Health, '50). "Down-state" is a farming area including some marshland and beaches.

Delaware's diversified farms produce poultry, dairying, and beef cattle. Fruit and vegetable farms produce asparagus, green peppers, peas, cucumbers, sweet corn, potatoes, peaches, and strawberries. The majority of the farm production is under contract to commercial food processors. Mushroom growing is a small but well-established industry of the state.

Existing Health Problems and Conditions

Health units are located in each of the three counties and in the city of Wilmington. The incorporated towns in these counties are responsible for their own sanitation. Eight towns in Delaware have populations ranging from 2,500 to 10,000 inhabitants (Delaware State Board of Health, '58). Wilmington, the only city with a population larger than 10,000 has 115,857 inhabitants (Delaware State Board of Health, '50).

As previously stated, immigration is largely responsible for a rapid population increase in Delaware. Since housing has not kept pace with immigration, problems created by crowding are seen in the trailer camps that have mushroomed over the state. Large numbers of migrants, brought in to harvest crops, have increased health problems due to differences in food habits, language barriers, and low income status.

A nutritional health problem is indicated for the teenagers. Evidence of increasing numbers of high school students not eating

breakfast or lunch has been reported by school nurses. An increasing number of girls become pregnant while still in their "teens." This makes it difficult to provide nutritionally for their growth needs and for fetal growth. The situation is further complicated by problems growing out of illegitimacy as evidenced by several illegitimate pregnancies reported in one high school in one year.

A problem has been recognized in the increasing number of senior citizens. Lack of sufficient supervision in the planning and carrying out of an adequate feeding program in nursing homes is evident.

Mosquitoes are a recognized health problem in Delaware. The marsh areas are ideal breeding grounds and new strains, with resistance to current methods of extermination, are continually bred.

THE DELAWARE STATE BOARD OF HEALTH

History

Concern for public health protection was recorded in 1764 in an ordinance preventing unhealthy persons to enter the Borough of Wilmington. Legislative action established the Delaware State Medical Society in 1789 with the intention of keeping its members informed of advances in the fields of medicine and hygiene (Worden, '58).

Wilmington again took the lead by establishing a Board of Health in 1793. Four years later, probably influenced by a yellow fever epidemic which spread from Philadelphia, a health office was opened. (Worden, '58.) This office was maintained so that physicians could report deaths and diseases within the city limits as prescribed by a new ordinance. The early Wilmington Board of Health program was largely one of communicable disease control.

As reported in A History of the Delaware State Board of Health (Worden, '58), local control of health protection was changed to state control by General Assembly action with the establishment of a State Board of Health in 1879. A 7-man governing board, all physicians appointed by the governor, was selected. Three represented New Castle County and two each represented Kent and Sussex Counties (Worden, '58).

Work of this Board brought successful legislation for compulsory vaccination and control of birth and death registration. Attention was also given to the need for improved sanitation in schools, milk production and distribution, and public water supplies.

By 1919, the Health Office was officially moved from Wilmington to the State House in Dover (Worden, '58). Health centers, located in some of the larger towns, were maintained for clinics. The State Health and Welfare Commission combined the State Board of Health, the Welfare Commission, and the Child Welfare Commission in 1923. By legislative act, in 1925, this operating board became the State Board of Health. County health units, staffed and maintained by the State Board of Health, were established in each of the three counties in the period from 1926 through 1928. (Worden, '58.)

The divisions of the State Board of Health have doubled in the years from 1921, when 6 were listed, to the present 12 and one institution (fig. 1). As a result of this growth, offices for the divisions were scattered in various locations in Dover. This year, with the completion of a new building, the Delaware State Board of Health offices are centrally located under one roof. Space is allocated for the Kent County Health Unit also, thus offering modern health services that are easily accessible to the people of Delaware.

Organization

Delaware's 8-member governing board of health is Governor appointed. Two members are appointed each year. The term of office is 4 years, with provision made for interim appointments if vacancies occur. The appointments are made as follows (Delaware State Board of Health, '56):

> . . . four licensed physicians, one from each of the three counties and one from the City of Wilmington; one licensed dentist; one woman interested in child health; one woman interested in business; one woman interested in tuberculosis.

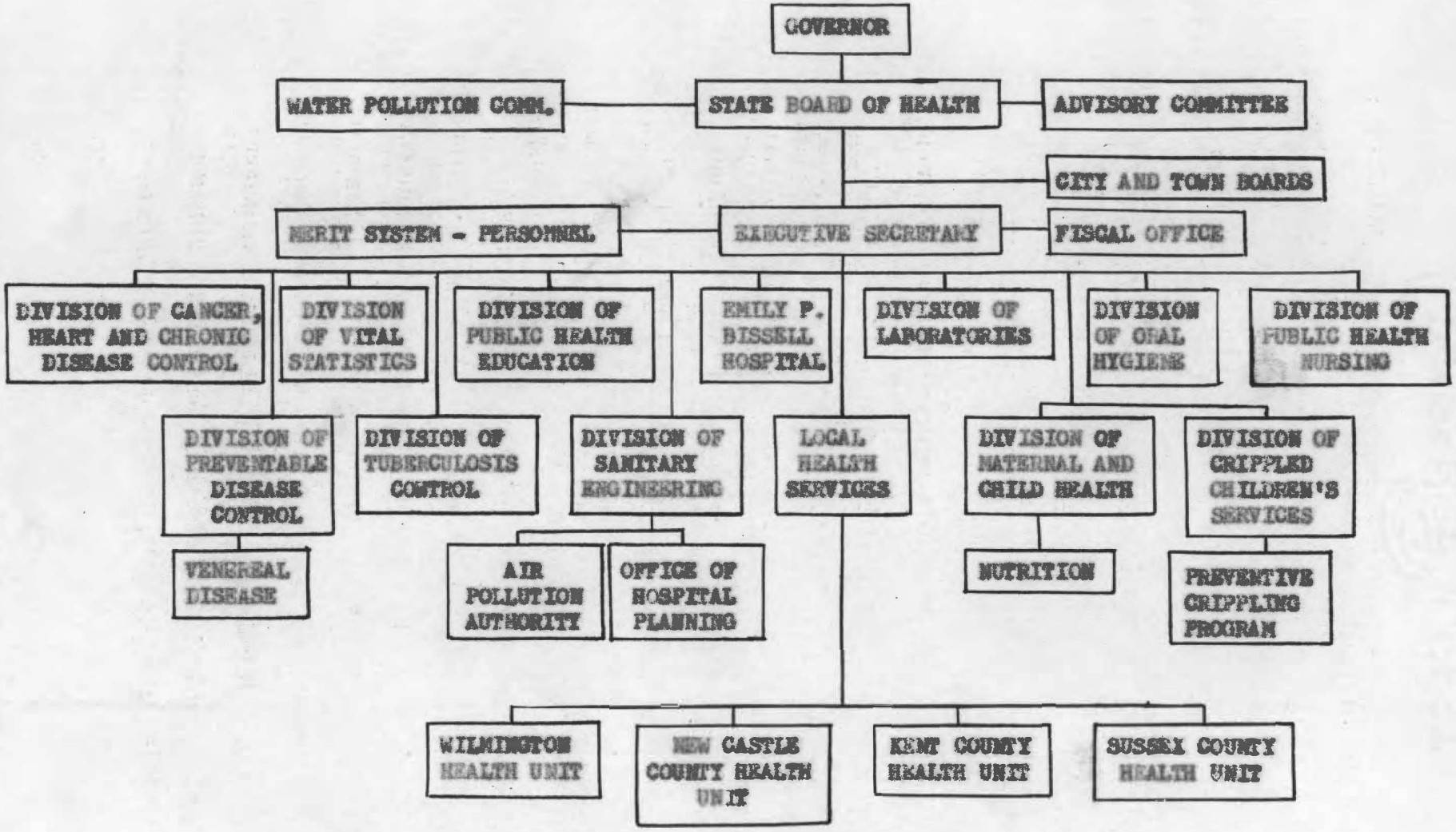

Fig. 1 Organization Chart of the Delaware State Board of Health, 1960.

The broad health powers given this Board include: lawful authority to adopt regulations on public health matters, to approve policies and programs or changes, and to employ an Executive Secretary, with approved qualifications, as the state health officer.

New policies or programs may be initiated by suggestions of a public health specialist or by a 7-member General Advisory Committee. The responsibility of implementing improved policies and programs is assumed by the Executive Secretary and his staff (Delaware State Board of Health, '56).

The State Board of Health operating staff is selected according to the merit system of personnel administration. The merit system council is composed of three members who are appointed by the 6 agencies which participate jointly in the system. (Delaware State Board of Health, '56.)

As previously stated, the present organization of the operating staff (fig. 1) is composed of 12 divisions and one institution. The divisions are: Cancer, Heart, and Chronic Disease Control; Laboratories; Maternal and Child Health; Crippled Children's Services; Oral Hygiene; Preventable Disease Control; Local Health Services; Public Health Education; Public Health Nursing; Vital Statistics; Sanitary Engineering; and Tuberculosis Control. The institution is the Emily P. Bissell Hospital for tuberculosis and allied pulmonary diseases.

Division of Maternal and Child Health

The Nutrition Consultant and the Clinical Psychologist are placed in the Division of Maternal and Child Health. The Division of Maternal

and Child Health and the Division of Crippled Children's Services are under one director. Both the nutritionist and the psychologist, as well as their director, are represented in the monthly staff meetings held by the Executive Secretary.

THE NUTRITION SERVICE

Philosophy

The Nutrition Service's philosophy is prevention of sub-optimal health, maintenance of optimal health, and ultimate reduction of the incidence of diseases related to poor nutrition in the population. The program includes nutrition instruction and application of the basic and newer knowledge of nutrition to increase the vitality and resistance of those whom the nutritionist serves. Emphasis is placed on maternal and child health. However, other requests cannot be ignored and the service is extended to other divisions where the need is indicated.

History

Organized child health service in Delaware, which had its beginning historically in 1921 for midwife instruction, received full state appropriations after 1929. The Nutrition Service was made permanent in 1938 as a result of a nutrition demonstration conducted in Kent County by the University of Delaware Extension Service. The service received funds which the United States Congress granted to states from 1943 to 1948 through the Emergency Maternity and Infant Care Program. (Worden, '58.)

Organization

One Nutrition Consultant is employed by the Delaware State Board of Health. Administratively the Nutrition Service is placed under

Maternal and Child Health, a division jointly directed with the Division of Crippled Children's Services.

Integration of the Nutrition Program With Health Department Divisions

Local Health

Four health units, staffed and maintained by the State Board of Health, are administratively placed under the Local Health Services. As previously stated, these include the units in each of the three counties and in the city of Wilmington. The Director of the Local Health Services is also the Director of the Kent County Health Unit. As director of the combined services, he attempts to coordinate the services of the 4 units. Each local unit is composed of a director, nursing supervisor, nurses, a nurse's aide or licensed practical nurse, sanitarians, and a secretarial staff.

The health unit staff is responsible for public health education as they perform their duties. Tuberculosis, venereal disease, prenatal, well-child, and cancer detection clinics are held by each unit. In addition to participation in the clinics, public health nurses make home visits in carrying out their duties. The sanitarians are responsible for the enforcement of sanitary regulations through inspections, review and approval of plans, and through consultation. Other state consultants, not permanently attached to the individual health units, give service in the units.

The student observed a tuberculosis clinic and a well-child

clinic. Routine visits were made with the sanitarian in inspecting the facilities of a farmer who sells milk, a poultry processing plant, a dairy, a restaurant, a dairy bar, and a trailer camp. The student and sanitarian inspected a group of shanties which the State Board of Health had condemned and ordered vacated. The sanitarian wanted to see that the order had been obeyed.

Home visits were made with public health nurses. At one nurse's request, the student discussed the food budget with the mother of a low-income family and made suggestions on food buying and preparation. Public health nurses make home visits to prenatal and postnatal patients as referred by doctors and birth cards from vital statistic registration. All home visiting is approved by the family physician. Visiting a patient or a family with a reportable disease is done by the nurses. Their work in the schools is limited since some schools in Delaware employ school nurses. This relieves the public health nurses for other duties.

Kent and Sussex Counties have a nurse's aide; New Castle County has a licensed practical nurse. Their assistance in clinics releases the public health nurses for more specialized duties.

Nursing

The nutritionist works with the Division of Nursing at all levels. She has routine monthly meetings scheduled with the Director of Nursing to discuss any ideas or problems related to both divisions.

The Director of Nursing, the nursing supervisors, and supervisor-consultant from the health units schedule meetings as needed. The

nutritionist may be invited to attend these meetings when consultation is needed on a problem relating to nutrition.

The public health nurses, in the health units, are assigned to a district in the county. They help further the health program through home visiting, assisting in clinics and epidemiological investigations, and instructing groups. The nurse gives nursing care; supervises, teaches, and assists family members in carrying out medical instruction; and helps families secure early medical diagnosis and treatment. (Worden, '50.)

In many cases it is the nurse who recognizes and solves nutritional problems with or without the help of the nutritionist. The nutritionist does not give direct consultation service to families without consulting the nurse for the district in which the family lives. In making home visits with or without the nurse, the nutritionist supplements the nutrition work of the nurse in that home.

Each new nurse is given nutrition orientation during the first few months of service. Emphasis is placed on preventive measures as the nutritionist discusses ways she can serve the nurse and her patients. Material, which supplements the discussion, is given to the nurse. Suggestions for explaining a special diet prescribed by a doctor, the Basic 4 food groups, nutritional needs of various age groups, nutritional needs of those with sub-optimal health, and how nutritional needs are met are given in the orientation.

The nutritionist attends some clinics in the state to instruct patients individually and to give demonstrations. The suggestions

given by the nutritionist at these clinics are discussed with the nurse as she will be responsible for any follow-up needed with the patient at successive clinics. For a demonstration on the use of dried skimmed milk at a prenatal clinic, the student participated by preparing and serving a peanut butter confection.

In-service education is offered annually by the nutritionist to the nurses in each unit. The student participated in an in-service education class for the New Castle Unit nurses by reviewing studies and leading discussions on nutrition in pregnancy. Additional information was reviewed and a discussion was led by the nutritionist. The discussion included nutritional problems the nurses had encountered, films, and new nutritional literature.

Vital Statistics

Information collected by the Division of Vital Statistics is important to all divisions. Statistics are used in the public health program as a basis for strengthening or revising the program. Twice monthly the nutritionist receives a copy of the correct status of reportable diseases as compared with the total for the same time last year. No nutritional diseases are reportable. The nutrition service is interested specifically in statistics relating to maternal and child health.

Public Health Education

The Division of Public Health Education has available for loan or distribution to all other divisions audio-visual aids such as films,

filmstrips, recordings, and slides.

New material, brought to the attention of this division, is ordered, previewed by the staff, and discussed for its merit in the Delaware public health program. If there is general agreement that it is needed, the request for purchase is made to the Executive Secretary by the director of the division to which it applies. The student assisted with previewing of films on accident prevention and body changes during pregnancy.

The division performs regularly scheduled broadcasts, in skit form, on health subjects. The Nutrition Service is consulted when a nutrition program is being prepared. However, the health education division does the actual preparation.

This division gives the nutritionist and other staff members help in preparing new pamphlets. The student participated in the evaluation of a booklet, "Your Child Won't Eat? Well---" (see Appendix, pages 33-37), which was written by the Nutrition Consultant, the Clinical Psychologist, and the Director of Public Health Education. The Dale-Chall formula for readability was used and the information was found to have a readability of 7- to 8-grade level. The health educator stated that this grade level is most likely to meet the needs of the public served. This booklet is in the process of being printed.

Tuberculosis Control

The Emily P. Bissell Hospital, originally a sanatorium for tuberculosis, has added to its services of diagnosis, treatment, and

rehabilitation, care for patients with allied pulmonary diseases. The nutritionist meets monthly with the dietitian of this hospital for consultation. Through information provided by the nutritionist, one member of the dietary staff took a correspondence course which will help her to meet dietetic responsibilities. This course of study is under the supervision of the nutritionist.

Maternal and Child Health and Crippled Children

The Clinical Psychologist is administratively placed in the Division of Maternal and Child Health. The services are for the mentally retarded preschool child. About one-third of the psychologist's time is spent testing children to determine their mentality. Some of the mentally retarded children have additional handicaps such as cerebral palsy. The psychologist and the nutritionist collaborated on a child-feeding booklet which will be available in well-child clinics.

The Division of Crippled Children's Services works with handicapped children up to 21 years of age. Program emphasis is placed on orthopedic services and plastic surgery, cerebral palsy, speech and hearing, cleft palate and orthodontia, prevention of crippling, and medical social service (Worden, '58).

The crippled children's program has the advantage of close cooperation with the A. I. duPont Institute, a privately endowed institution in Delaware. The facilities of this well-staffed and well-equipped institution are available to the State Board of Health. Cerebral palsy and cleft palate clinics are held in the Institute where the services

of nationally known specialists are available to patients referred by the State Board of Health.

The student attended a cerebral palsy clinic in which Dr. Winthrop M. Phelps, a nationally known authority in this field, was a consultant. The student also attended a cleft palate clinic at the Institute. Medical social service workers, speech therapists, public health nurses, a surgeon, and 4 orthodontists examined or evaluated referrals. After the examination and evaluation period, a joint discussion of each case was held and recommendations were made.

The nutritionist's work with the Division of Crippled Children's Services is often concerned with problems related to obesity. Correct weight is necessary, for example, in correctly fitting braces, or in crippling conditions where movement is difficult. Feeding problems of cerebral palsy cases are often those resulting from poor muscular control which cause the patient to have difficulty in feeding themselves. The physical therapist works with these cases. The cleft palate child often offers feeding problems. The nutritionist made a study of the feeding of cleft palate children and the results were published by the Delaware State Board of Health. Copies of this booklet are available upon request.

The crippling prevention program stresses home and child safety through education to help eliminate the causes of accidents, unsafe conditions and unsafe practices. The Delaware Poison Information Service, established at the Delaware Hospital in Wilmington, may be called 24 hours a day for poison treatment information. (Kenyon, '57.) The

nutritionist secured the help of the Preventive Crippling Consultant in writing a newsletter on the subject of "Kitchen Safety" while the student was in the state.

The medical social service program helps relieve social problems connected with medical care of crippled children, gives consultation to other staff personnel, and acts as a liasion agent with welfare. The student read case histories in which nutritional problems were involved.

The student attended a case conference in which the Director of the Division of Crippled Children's Services, a medical social consultant, a public health nurse, a school nurse, a representative of the Delaware State Hospital, a representative of the family relations court, a member of the state welfare agency, and a member of the Welfare Council of Delaware, Incorporated were present. A family with 5 children was discussed. The father had deserted the family and the mother had given little evidence of concern for her children's social and physical development. Four of the 5 children were or had been in either a state mental or juvenile institution. The child in the home was being neglected by the mother. It was felt that the case conference might reveal a way to prevent the child in the home from becoming an inmate of a state institution, thus helping him and saving the state funds. Each agency represented had information about this family which gave a total picture of the social problems involved.

The speech and hearing program includes diagnosis, therapy, and counseling. A child may receive hearing aids, surgery, and

hospitalization as needed if the handicap is connected with speech and hearing. A large part of the work is with cerebral palsy and cleft palate children.

Nutrition Consultation Service for Other Agencies

Public Instruction

One of the nutritionist's areas of work in the Department of Public Instruction is with the School Lunch Program. The three main interests of the School Lunch Program in Delaware are type A lunches, the extra milk program, and surplus commodities. The Director of the School Lunch Program asked the nutritionist for help in planning and carrying out in-service education for school lunch supervisors. She may also help with school lunch personnel workshops. The nutritionist and school lunch director exchange newsletters regularly.

The nutritionist teaches one class in each series of foods and nutrition classes given to practical student nurses of the Brown Vocational Program. The nutritionist's assistance is requested by the high school home economics teacher who teaches the series. The student attended one class. Filmstrips on diabetes showing the planning, buying, and cooking of a diabetic diet were shown and discussed.

Little consultation or cooperative work is done with the State Home Economics Supervisor. However, after a conference with the supervisor, it was felt that they have established rapport and exchanged ideas of value to each other. The nutritionist has participated in high school career days.

The Delaware State Board of Health accepts graduate nutrition students for field training from universities in other states. This student was one of several from Tennessee who have done field training in Delaware.

Public Welfare

The nutritionist assists the welfare department in determining the cost of both general and special diets. The special diets prescribed for welfare patients by their doctors are sent to the nutritionist for cost analysis. This enables the welfare department to determine the amount of financial help which should be provided in addition to the regular allotment.

Extension Service

Although the Delaware Extension Service has a nutrition specialist, the Nutrition Consultant is often called upon for consultation and cooperation. The extension service sponsored a weight control program in which the nutritionist assisted. At one of these meetings, the student and the nutritionist calculated the nutrients for a day's diet for each participant. Iron, thiamine, niacin, ascorbic acid, vitamin A, and calories were calculated and compared with the recommended daily allowances.

The extension nutritionist invited the Nutrition Consultant to collaborate with her in filling a doctor's request for a prenatal diet for distribution to patients. He specified a 1500 calorie diet which would give adequate dietary allowances without supplementation. The doctor requested sample menus rather than a food pattern plan.

Suggestions for preparing the foods were included. (See Appendix, pages 38-44.) The student participated in planning these menus.

Visiting Nurse Association

The Visiting Nurse Association of Wilmington, Incorporated, gives a series of 8 classes for expectant mothers. The Nutrition Consultant teaches one nutrition class in each series. The classes are continuous except for the summer months. The student observed one of the nutrition classes. A flannel board and food models were used to plan well-balanced meals, dry skim milk was prepared as a banana milk drink for tasting, and posters were used to illustrate the relative nutritive value of the various food groups and how they supplement each other.

Children and Youth Commission

The Commission on Children and Youth supervises 4 correctional institutions for boys and girls in Delaware. The nutritionist is available on request for consultation on menus, meal preparation, and equipment. These institutions had been without a trained dietitian when the nutritionist's services were first requested. She was instrumental in obtaining a qualified dietitian who supervises the dietary department of all 4 institutions. The nutritionist has continued supplementing the work of the dietitian at the request of the commission. The student visited the Ferris School for boys at lunch and observed the meal service.

Institutions

The nutrition services are available for small institutions, if requested. The nutritionist may help with menu evaluation, food purchasing and service, equipment buying, and modified diets. She may give in-service education or help with workshops.

The nutritionist attends a monthly planning conference at the State Prison for menu evaluation. The prison system has no qualified dietitian. The menus evaluated at this conference have been planned for three correctional institutions over the state which serve the same menus. Since these institutions grow much of their own food and have a food budget as well, these factors are considered in the evaluation. The student attended one of these evaluations. The all-male members of the committee, having become interested through these conferences, asked many questions about nutrition.

A second state-supported institution which the student visited was the Hospital for the Mentally Retarded at Stokley. Here the student observed the food service in a decentralized system. The dietary facilities are located in a separate building, and the hospital is composed of several smaller cottages and a new clinic building.

The student observed the food service in a Day Care Center for mentally retarded children in Dover and visited another located on the grounds of the Hospital for the Mentally Retarded at Stokley. These centers have less than 10 children and their food is prepared in the center. Special diets may be sent from home. An example was the diet of 6-year old twins with phenylketonuria. Their diet consisted

of green beans, potato soup, orange juice, pretzels, potato chips, and chopped lettuce.

The student visited two small hospitals, Kent General and Nanticoke, neither of which had qualified dietitians. A nurse was in charge of the dietary department in one hospital. She consulted with the nutritionist about selective menu service for the patients. The food service was observed in the second hospital and special diets were discussed.

The Florence Crittenton Home in Wilmington is one of many homes located in several states. It provides confidential care for unwed, pregnant girls. The nutritionist conducts a continuing series of 5 nutrition classes for new groups as they enter the home for their confinement. The student observed the first in a series of classes in which the Basic 4 was discussed and the film, "Something You Didn't Eat," was shown. The student assumed the nutritionist's role for the third class in the series. A test, covering information discussed in the first two classes, was given and answers to the test were discussed.

Direct Nutrition Programs

Services with Individuals

Most of the nutritionist's direct service with individuals is in answer to requests of other staff members. However, the request may come from the individual. The nutritionist discusses the request with the public health nurse before answering the request and makes home visits with her when necessary. The student accompanied the nutritionist in following up a request. The family did not have a folder

in the nursing files; therefore, the nurse did not accompany us. The purpose of the visit was to explain a diabetic diet to a woman whose husband had diabetes. The wife and two married daughters were interested in learning how to plan a meal and how to make substitutions using the diabetic exchange list. The nutritionist suggested ways in which the exchange list could be used in preparing daily and vacation meals.

Mass Communication Media

The nutritionist writes a quarterly Nutrition Newsletter. The newsletter has a regular mailing list and is also sent on request. She often relates nutrition to the program of the other divisions and requests assistance from those staff members in preparing this material.

Pamphlets and other materials compiled by the Nutrition Consultant or in cooperation with other staff members are for distribution in the various clinics throughout the state. This material is planned to meet current or anticipated needs. Commercial material is obtained for distribution when there is a need.

The nutritionist shares new material and information obtained from professional journals. As she visits institutions, she takes any new material she may have received that may be helpful to the dietary department. The material is then passed on to other institutions. The material often stimulates questions, enabling the nutritionist to be of further service.

Films and other material available from the Division of Public Health Education are used extensively by the nutritionist in group teaching.

Health Department Studies in Which Nutrition Service is Active

The Nutrition Consultant is an active participant in two studies which are currently in the planning or beginning stages. They are:

1. A study of aid given to dependent children to determine how such money is spent by families and to ascertain if sufficient money is being granted in such cases. It is planned to include some specific nutritional status studies, but which studies to include have not been determined due to insufficient knowledge about the facilities and personnel which will be available. A Nutrition Consultant from the Children's Bureau, Washington, was present for a two-day conference which included discussion of methods for carrying out this study.

2. A study in the various maternal and child health clinics is being planned to determine the kind of information that is being taught. This study may help in developing new materials for clinic distribution and in coordinating information being taught throughout all health units. The first studies will be done in the prenatal and well-child clinics.

Activities Which Contribute to the Nutritionist's Professional Growth

The nutritionist is affiliated with several national and state professional associations and service groups which help to contribute to her professional growth. She takes an active part in the State Associations of the American Home Economics Association and the American Dietetic Association. She is also a member of the American Public Health Association, the Delaware Diabetic Association, and the Delaware Association for Retarded Children.

The student attended one of each of these state association meetings with the nutritionist. The Delaware Home Economics Association used the theme, "Communications," for the Spring meeting. The members were made aware of how effective or ineffective their communication of information may be to the public. A film, a discussion, and a symposium were effectively used. This film was seen and discussed by the members of the Delaware Dietetic Association which the student attended. The Delaware Diabetic Association presented Dr. Henry Cornman, Assistant Professor of Metabolic Diseases, Temple University, Philadelphia, Pennsylvania, as the speaker. His subject was "Surgery and Pregnancy in Diabetes." The Delaware Association for Retarded Children, which is active "up-state," presented a program in Dover in an attempt to gain interest and participation in the "down-state" area. Information about the history of the association in Delaware, services, institutions, and the levels of severity of mental retardation were given.

The nutritionist attends national meetings as funds and schedule permit.

EVALUATION

The student's experiences in field training with the Delaware State Board of Health have helped her to place herself as a nutritionist in public health more realistically than she had been able to do previously. The 7 weeks have heightened her enthusiasm and interest in public health nutrition.

In conferences with staff members of the State Board of Health, directors of allied agencies and institutions, and discussions with others, the student was able to visualize the public health program as a whole, the nutrition program as a part of the whole, and the integration of nutrition into the entire program.

The week spent with a county health unit helped the student understand the public health program in a local setting. Here the direct service given in public health is more evident as compared with a greater emphasis on indirect or consultant service on the state level. The student's observation in clinics helped her see and hear evidences of the need for the work of a nutritionist. It is felt that the field experiences presented situations which the student is likely to encounter as a nutritionist in a county or small region.

The student feels that she gained valuable help regarding nutritionists' methods of introducing and circulating new material. The nutritionist's method of keeping a daily record to simplify writing quarterly reports, of filing reference information for solving problems, and of answering requests with literature and teaching will serve the student as excellent examples for future use.

The amount of reading the nutritionist does in addition to her attendance at various meetings to keep up-to-date impressed the student. The nutritionist's willingness to spend some personal time for nutrition work and her tact in working with personalities has been observed. The student also became aware of the nutritionist's skill in gaining acceptance for herself and the nutrition program.

The student feels that this field experience will help make her a better nutritionist when she has a position in the public health field.

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APPENDIX

	Page
Your Child Won't Eat? Well—	33
Low Calorie Diet	38

YOUR CHILD WON'T EAT? WELL—

by

Delaware State Board of Health

The establishment of good eating habits begins with infancy and continues throughout life.

Usually a healthy child wants food. It is something that he should enjoy. The parent's role is not to make the child eat, but to let him eat.

When Growth Slows Down

Infants grow very rapidly the first year. Since food is necessary for growth - the more rapid the growth, the more food is needed. The average infant will more than double his birth weight during his first year.

In the second and third years the speed of growth slows down, thus the need for food is not as great. Quality of food is very important, since the appetite usually decreases during this period.

Activity Needs Vs Growth Needs

From 1-1/2 to 6 years of age it is normal for a child to want less food.

This may be misunderstood because he probably is more active than he was as a baby, thus parents feel that he needs more food. However, active play does not create the demand for food that growth does. When growth slows down, the child's appetite probably will slow down too.

Mechanics of Eating

The development of the child's mechanical ability is infinitely more important than manners during his early years. Parents should not be too concerned about the lack of social graces of a child as he is learning to feed himself.

The normal activity of the one year old may make it difficult for him to sit long enough to eat his meals. There is no cause for alarm when he interrupts his eating—he will make up for it at his next meal if he is hungry. Let him be the judge.

At age 15 to 18 months he will probably want to feed himself but may not have mastered this ability. Of course, during his learning period his oatmeal and applesauce will be all over his face, in his hair, and on the floor. This is not a happy state of affairs for the mother, but certainly it is part of his trial and error in learning to hit the target. During this period his fingers are more effective than any utensils. He will probably accept being fed foods that need to be taken by spoon, if he can have a cup or spoon of his own to handle.

Each child is an individual who develops according to his own pattern. Children vary one from another in acquiring skills and habits. Comparisons often are not valid.

At about 21 months he starts to be discriminating in his eating. He may accept only one brand of baby food, or he may become partial to a favorite bib, a certain spoon, or dish. If the parent does not recognize these desires, the child may cry and refuse to eat.

At this age he has an acute awareness of his surroundings. He may be so distracted by all that is going on around him that he will need to eat by himself. On the other hand a child may eat better with company. Mixing all foods together is a characteristic trick of this age child; however, he may not like the new concoction. Serving only one food at a time will eliminate this activity.

During the 2 to 3 year period the child may have a finicky appetite. He may want foods served separately without one food touching another on his plate. He may go on food jags--wanting the same thing day after day. This age shows definite food preferences. Foods such as carrots and beets may be the preferred vegetables for both color and sweetness. Meat usually becomes a real favorite, because he is learning to chew better.

His appetite probably will range from very poor to very good. Pouring his milk himself from a little pitcher into a small cup may motivate him to drink his milk more readily than if it is poured for him.

At 3 years he feeds himself more efficiently, but parents often overrate his ability and expect too much of him.

Food to the 4-year old may not be too important. His increased awareness of things outside himself tend to attract his attention. He needs a reason to eat. He might want to eat to get big, to race with another child or to finish within a certain time allotment. What four does, he does with speed, even to the drinking of his milk.

At 5 and 6 a child's choice of food is wider. He can eat more acceptably with the family. His food choices are influenced by radio, television, neighbors and, very definitely, by other members of his own family. The appetite usually increases at this age because another growth spurt is beginning. When the child enters school additional influences affect his eating habits.

Emotions Affect Food Intake

Although food is very important for nourishment, it is also important in the emotional life of an individual.

Feelings influence appetite. Poor appetite may occur because:

(1) The child associates mealtime as a period when his misdeeds are discussed.

(2) Quarrelling at mealtime between members of the family upsets him.

(3) Refusing food gets him more attention. This could indicate that he needs more love and affection.

(4) Scolding and nagging arouse a dislike for food.

(5) Parents discuss their dissatisfaction with his poor eating habits.

(6) Food is forced on him when he is not hungry, or when he is ill or convalescing.

(7) Emphasis on good table manners too soon may lead him to associate eating with unpleasantness.

(8) Exciting events before the meal may divert his interest in food. It might be well to give him time to calm down before expecting him to eat.

(9) Unfavorable comments concerning food influences his choice.

(10) Fatigue or sleepiness may cause a child to lose interest in food. (Missing an occasional meal will do no harm.)

(11) Large portions of food sometimes discourage eating.

(12) His appetite may vary from one meal to another and from day to day.

(13) Unfavorable comparison with other children makes him feel inferior.

(14) Parents disagree on the details of his eating. Nothing upsets a child so much as inconsistency.

From A Poor Eater To A Good Eater

Time and patience are necessary to change a child's eating pattern. The parents should not give up if they cannot see significant improvement in a few days.

Some suggestions to overcome poor appetite:

1. Experiment with very small servings of all foods (1/2 to 1 teaspoon).

2. If he has been eating alone, try letting him eat with the family; on the other hand, if the family has been too diverting, let him eat alone.

3. Try to maintain a calm, unworried attitude toward the child's eating.

4. Let him have some choice in selection of food if possible, and have patience to let him feed himself to the limit of his ability.

5. Avoid serving him rich foods and sweets.

6. Between meal snacks may need to be eliminated.

7. Serve foods the child can handle and chew easily.

8. Serve milk and liquids at the end of the meal if they reduce the appetite for other foods.

9. Be sure the child is comfortable in his chair and that his utensils are suitable for his age and skill.

"Habit is habit and not to be flung out the window by any man, but coaxed downstairs a step at a time"--

Mark Twain

The Kind of Food and Its Preparation Make a Difference

Prepare food for eye and taste appeal because unpalatable foods will not be eaten.

Mixtures, such as casserole dishes, are usually unpopular.

Avoid high seasoned foods.

Gravies and sauces are often rejected.

Temperature of food is important--not too hot or too cold.

Use only one strong-flavored food in a meal, such as cabbage, onion or kale.

At every meal serve one soft food, one chewy food and one crisp food.

Food Guide

The child should be encouraged to like a wide variety of foods. The following is a suggested guide:

Milk--3 to 4 cups daily. Some will be used in cooking and on cereal. In addition to fresh and evaporated milk, dry skim milk may be used in cooking.

Eggs--at least 4 or 5 a week--1 a day preferred.

Meat, fish or poultry--one serving a day if possible, or 4 or 5 servings a week. Include liver, kidney or heart once a week. Use another egg, cheese or baked beans on days meat is not served.

Potato--1 or more daily. Bake or boil in skin to preserve food values.

Other Vegetables--2 or more daily. A leafy green or yellow vegetable 3 or 4 times a week.

Orange, grapefruit or tomato--one serving daily. Canned, frozen or fresh may be used, and offer variety.

Bread and cereal--3 or 4 servings daily.

Margarine or butter--small amount daily on bread and vegetables.

LOW CALORIE DIET

Delaware Agricultural Extension Service

In order to lose weight, dietary restriction is absolutely necessary. The following menus suggest a satisfactory adequate diet with intake of about 1500 calories a day. See notes on page 42 for substitutions. These menus meet the NRC requirements of protein, calcium, iron for pregnant women. To adjust for needs of average adults and for ways of preparing some of these starred (*) foods see pages 43-44. These figures do not include butter or margarine used to season vegetables. Use fresh or unsweetened fruit.

	MONDAY	Cal.	TUESDAY	Cal.
B				
R	Orange Juice, 1/2 cup	55	Grapefruit, one-half	75
E	Soft Cooked Eggs, 2	150	Poached Eggs, 2	150
A	Toast, 1 slice	65	Toast, 1 slice	65
K	Butter, 1/2 T.	50	Butter, 1/2 T.	50
F				
A	Mid-morning:		Mid-morning:	
S	1 cup skim milk	85	1 cup skim milk	85
T				
L	Tunafish, 1/2 cup	170	Boiled Ham, 3 oz.	340
U	Lettuce, 1/4 head	17	Lettuce, 1/4 head	17
N	Tomato, 1 med.	30	Tomato, 1 med.	30
C	Wholewheat bread, 1 slice	55	Spinach, 1/2 cup	22
H	Butter, 1/2 T.	50	Wholewheat bread, 1 slice	55
	Apple, 1 med.	75	Butter, 1/2 T.	50
	Buttermilk, 1 cup	85	Fruit cup	90
			Skim milk, 1 glass	85
4:00				
PM	Skim milk, 1/2 cup	43	Skim milk, 1 glass	85
	Tomato Juice, 1/2 Cup	25	Beef Liver, 3 oz. fried*	177
D	Chopped Steak, 3 oz.		Baked Potato, med.	95
I	(cooked wt.)	315	Mushrooms, 1/2 cup	14
N	Asparagus, 5 stalks	20	Salad - lettuce, 2 leaves	5
N	Carrots, steamed, 1/2 Cup	23	1/2 cucumber, 1/2 cup	
E	Green Salad	13	grated carrots	22
R	Low Calorie Dressing	10	Berry Pink Cloud, 1/2 serv.	65
	Coffee			
bed	Corn flakes, 1 cup	95	Use dessert if not with	
time	Skim milk, 1/2 cup	43	dinner	
	TOTAL CALORIES FOR DAY	1484		1587

Calculations from U. S. Department of Agriculture Handbook No. 8.

	WEDNESDAY	Cal.	THURSDAY	Cal.
BREAKFAST	Orange slices (med.)	70	Grapefruit Juice, 1/2 cup	45
	Bran Flakes, 1 cup	115	Bacon (broil, crisp) 2 slices	97
	Skim milk, 1 glass	85	Egg, soft cooked	75
	Toast, 1 slice	65	Toast, 1 slice	65
	Butter, 1/2 T.	50	Butter, 1/2 T.	50
	Coffee		Coffee	
LUNCH	Grapefruit Juice, 1/2 cup	45	Cottage Cheese, 1/4 cup	51
	American cheese (1-1/2 oz.) melted	172	Peach halves, 2	46
	Toast, 1 slice	65	Lettuce, 1/4 head	17
	Hard cooked Egg, 1	75	Celery, 2 stalks	10
	Lettuce, 1/4 head	17	Skim milk, 1 glass	85
	Tomato, 1 med.	30	2 Soda Crackers	45
	Carrot, raw	21	Buttermilk, 1 glass	85
4:00 PM	Melon cup, 1/2 cup	15	Skim milk, 1 glass	85
	Skim milk, 1 glass	85		
DINNER	Sword Fish (broiled) 3x3x1/2"	223	Broiled Chicken	332
	Broccoli, 1/2 cup	22	Baked Sweet Potato, 1/2	91
	String Beans, 2/3 cup	19	Cranberry Sauce, 1 T.	34
	Salad - 2 lettuce leaves, 1 slice canned pine-apple	95	Green Beans, 1/2 cup	12
	Buttermilk, 1 glass	85	Cole Slaw, 1/2 cup	12
	Vanilla ice cream, 1/2 C.	80	Baked Apple	75
			Raisins, 1/4 cup	108
			Coffee	
bed time			Skim milk, 1 glass	85
	TOTAL CALORIES FOR DAY	1434		1505

	FRIDAY	Cal.	SATURDAY	Cal.
BREAKFAST	Orange slices (med.)	70	Grapefruit Juice, 1/2 cup	45
	Bran Flakes, 1 cup	115	Pork sausage, 2 oz.	170
	Skim milk, 1 glass	85	French Toast, 1 slice	59
	Toast, 1 slice	65	Preserves, 1 T.	55
	Butter, 1/2 T.	50	Skim milk, 1 glass	85
	Coffee			

	FRIDAY	Cal.		SATURDAY	Cal.
L	Shrimp, 1 doz.	150		Corned beef hash, 4 oz.	160
U	Cocktail Sauce, 2 T.	35		Egg, poached	75
N	Hard cooked egg	75		Raw vegetable salad	
C	Lettuce, 1/4 head	17		1 tomato	30
H	Tomato (med.)	30		1/2 cucumber	
	Wholewheat bread, 1 slice	55		2 lettuce leaves	5
	Butter, 1/2 T.	50		Wholewheat toast, 1 slice	55
				Butter, 1/2 T.	50
4:00	Buttermilk, 1 glass	85		Skim milk, 1 glass	85
PM	Fresh fruit (berries preferred)	90		Fresh fruit, melon or apricots	55
D	Halibut Steak,			Clear broth, 1 cup	9
I	4x3x1/2, cooked	228		Baked ham, 3 oz. cooked	219
N	Brussel Sprouts, 1/2 cup	30		Baked Potato	95
N	Spanish Rice, 1/2 cup	125		Spinach, 1/2 cup	23
E	Salad - 3 lettuce leaves,			Apple, 1/4, Raisin 2 T.	
R	1 T. Cottage Cheese	12		Salad, lettuce leaf	72
	1/2 peach	22			
	Coffee				
bed	Skim milk, 1 glass	85		Bran flakes, 1/2 cup	60
time	with 1 T. molasses	50		Skim milk, 1 glass	85
	TOTAL CALORIES FOR DAY	1524			1491

SUNDAY

B			L	Roast Beef, 3 oz. cooked	265
R	Grapefruit half	38	U	Cauliflower, 1/2 cup	15
E	Poached Eggs, 2	150	N	Mashed Sweet Potatoes,	
A	Chopped Ham, 1 oz	73	C	1/2 cup	126
K	Toast, 1 slice	65	H	Green Salad, 1/4 cup	25
F	Butter, 1/2 T.	50		Strawberry Ice Cream,	
A	Skim milk, 1 glass	85		1/4 cup	75
S				Coffee	
T					

D	Split Pea Soup, 1/2 cup	70
I	Double saltines, 2	68
N	Salad - lettuce, radishes,	
N	cucumber, cottage cheese,	
E	1/4 cup	27
R	Stewed Prunes, unsweetened	
	1/2 cup	155
bed	Skim milk, 1 glass	85
time	with 1 T. dark molasses	50
	TOTAL CALORIES FOR SUNDAY	1422

These menus are designed to be low-cost menus. More details for cost cutting follow:

Adjustments of Menu for Average Weight-Watcher Adult

Each day omit 1 glass of skim or buttermilk. Omit molasses in milk unless you like it. Use 1 egg for breakfast instead of two, if desired. Use many other cereals besides bran flakes. This will reduce your daily calorie intake about 200 calories.

DO'S

Remove gross fat from meats before cooking.
Condiments (salt, pepper, spices, herbs, vinegar) may be used as desired.
Coffee or tea without cream or sugar may be taken at will.

DON'T

Don't use butter, shortening or oil in cooking or preparation of food.
Don't use sugar--saccharin may be used to sweeten.
Avoid high carbohydrate foods (except in quantities allowed in the diet chart): rolls, bread, candy, cake, cookies, corn, cereal products, macaroni, potato, noodles, spaghetti, pancakes, waffles, sweetened or dried fruits, lima beans, navy beans, dried legumes, molasses, sugar, syrup, rich puddings, bananas.
Avoid high fat foods (except in quantities allowed in the diet chart): butter, cheese, chocolate, cream, ice cream, fat meat, fatty fish, fish canned in oil, fried foods of any kind such as doughnuts and potato chips, gravies, olives, nuts, oil, pastries, salad dressing.
Avoid rich beverages such as malted milk, carbonated beverages with syrup, cola drinks, liquor.

Adjustments in Menu for Entire Family

There need not be careful control on size of serving for non-dieting family members.

Milk - Children should have 3-4 cups of milk a day. This can be whole milk. To cut costs, use instant non-fat dry milk and evaporated milk. Some people like to stretch fresh whole or skim milk by adding instant non-fat dry milk to it. You can have "double" milk in 1 cup. That is, use 1/3 cup instant milk for each cup of fresh milk. 1 tablespoon non-fat dry milk = 30 calories. Cottage cheese is high in food value and low in cost.

Eggs - Each family member needs 4-7 eggs a week. Cereals and nuts can be substituted for eggs, at times.

Meat - Liver and other variety meats are "meats." Pork, lamb beef liver are higher in food value and less expensive than calves liver. Liver sausage is a good buy.

Don't overlook poultry and fish of all kinds. Peanut butter and dried beans and peas are good low-cost protein foods. However, protein quality is not as good as in meat and eggs.

Vegetables - Compare costs of fresh, frozen and canned vegetables. and buy the cheapest. There little difference in nutritive value. Cabbage, potatoes, spinach, kale and carrots are consistently low in cost; high in food value. Canned tomatoes are a reliable vegetable, high in vitamins A and C, and low in cost.

Bread and Cereals - All family members, except one on diet, can have mo than one slice. Cooked cereals are low in price, especially oatmeal. Use in cookies and bread.

Salads - When salads are made, mayonnaise or salad dressing can be used. For example, tuna fish on Monday can be mixed with mayonnaise, celery and pickle to stuff a tomato. Mayonnaise is more expensive.

Desserts - When fruit is served, the family could have it made into a pie or other type of dessert.

Sources of iron:
(Best)
- Liver
- Oysters, other shellfish
- Beef, Pork, Lamb
- Poultry
- Egg Yolk

(Good)
- Dried beans and peas
- Leafy green vegetables - Dandelion greens, mustard greens, spinach, parsley
- Dried Fruits - raisins or peaches are usually the least expensive
- Enriched breads and cereals - bran flakes, oatmeal, shredded wheat are some of the better ones
- Dark Molasses

Sources of Calcium:

(Best) Milk
Cheese, Cheddar or Cottage
Oysters

(Good) Dried beans and peas
Bread, depending on amount of milk in it
Oranges, Grapefruit and Figs
Vegetables - ____iflower, kale, spinach, carrots
Cabbage, celery and turnips

Special Low-Calorie Dressing

3/4 cup water
2 teaspoons cornstarch
2 tablespoons salad oil
1/4 cup vinegar
3/4 teaspoon salt
1-1/2 teaspoons granulated sugar
1/4 cup catsup
1/2 teaspoon paprika
1 teaspoon bottled horseradish
1/2 teaspoon Worchestershire Sauce
1-1/4 teaspoon prepared mustard
1 peeled clove garlic

Cook the water and cornstarch together in a saucepan over low heat, while stirring constantly, until clear and thickened--about 5 minutes. Remove and cool. Then add all remaining ingredients except garlic, and beat with hand or electric beater until smooth and well blended. Add garlic, store, covered, in the refrigerator, and use as needed, shaking well before each use. Makes 1-1/4 cups. This is especially good on a raw vegetable salad.

French Fried Beef Liver Twists

Cut 1/2-inch slices of beef liver into strips about 1/2 inch wide. Dip in seasoned flour or seasoned corn meal. This may be done ahead of time and the prepared liver stored in the refrigerator until time to fry.

Fry in hot shortening 350°F. about 1 minute. Keep strips separate and do not overload the fry kettle. The temperature of the fat should remain between 325°F. and 350°F. so the liver cooks and browns uniformly.

Drain on absorbent paper.

Serve hot--for luncheon or dinner. Serve with catsup or a tart barbecue or chili sauce.

Berry Pink Cloud

1 2-ounce package dessert-topping mix
Few drops red food coloring
2-1/2 cups sliced unsweetened strawberries
1 No. 2 can (2-1/2 cups) dietetic-pack pineapple chunks, drained

Prepare the dessert-topping mix according to package directions. Tint pale pink with food coloring. Fold in strawberries and pineapple; chill. Stir before serving (add a little milk if mixture is too thick). Trim with strawberries. Makes 6 servings. Calories per serving: 125.

Whipped Topping

1/2 cup instant non-fat dry milk
1/2 cup ice cold water
3 tablespoons lemon juice
3 tablespoons sugar

Place non-fat dry milk in a one-quart bowl. Add water, then lemon juice, mix. Beat in sugar. Chill 30 minutes. Makes 2-1/2 cups.