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A Field Experience with the Nutrition Section Dallas City Health Department, Dallas, Texas

Rebecca McNeill Mullis
University of Tennessee, Knoxville

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I am submitting herewith a thesis written by Rebecca McNeill Mullis entitled "A Field Experience with the Nutrition Section Dallas City Health Department, Dallas, Texas." 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.

Mary Nelle Traylor, Major Professor

We have read this thesis and recommend its acceptance:

John T. Smith, Cyrus Mayshark

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

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

CRANES CREST

A FIELD EXPERIENCE WITH THE NUTRITION SECTION DALLAS CITY
HEALTH DEPARTMENT, DALLAS, TEXAS

A Thesis
Presented to
the Graduate Council
The University of Tennessee

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

by
Rebecca McNeill Mullis

August 1971

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ABSTRACT

This thesis relates observations and experiences during an eight-week field experience while with the Nutrition Section of the Dallas City Health Department. The purpose of this field experience was to integrate academic theory and practical application in the field of public health nutrition. In addition, the field experience was to provide an opportunity to observe nutritional problems related to the various stages of the life cycle and to work with other ethnic groups, including blacks and chicanos.

The field experience was designed to allow the author to familiarize herself with the philosophy and principles of public health. Through observation and participation in the nutrition program, the author was able to develop her professional skills in public health nutrition. In addition, observation in the various community agencies increased the author's awareness of the programs provided by these agencies. Planning and implementation of a project provided an opportunity for professional growth and self evaluation of performance.

The field experience provided insight into the interdisciplinary approach to public health. Throughout the field experience the author was aware of the need for cooperation, coordination, good public relations, and flexibility when directing an effective nutrition program.

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CHAPTER I

INTRODUCTION

The field experience in Public Health Nutrition has as its primary purpose the integration of academic theory and practical application. As the author had had limited work experience in the field of public health, this experience provided her a period in which to evaluate her capabilities as a public health professional in an actual work situation. While in the field agency the author was able to develop a more comprehensive understanding of the philosophy and principles of public health.

The Dallas City Health Department was chosen for the field experience. This particular health agency was selected because it has a well organized health program with a strong nutrition component to provide the kinds of experiences necessary to meet the individual needs of the author.

The author's objectives for the field experience were as follows:

1. To gain an increased understanding of the philosophy and principles of public health.
2. To broaden her knowledge of the interdisciplinary approach to public health.
3. To explore the services provided by various health related agencies.
4. To expand her knowledge of nutritional problems related to various stages of the life cycle.

5. To gain experience in assessing the nutritional needs of various ethnic groups.

6. To implement her knowledge of program planning and evaluation.

7. To evaluate her capabilities as a public health professional.

This thesis analyzes the observations and experiences during the spring of 1971 while with the Dallas City Health Department, Dallas, Texas. Chapter II describes Dallas and the factors which play a role in determining the program of the Dallas City Health Department. The history, organization, and a brief description of the services of the Dallas City Health Department are related in Chapter III. The Nutrition Division is described in Chapter IV. In Chapter V the author analyzes her professional development. A summary and an evaluation of the field experience are presented in Chapter VI.



CHAPTER II

DALLAS

In considering the public health needs of a community it is necessary to examine its geographical, cultural, economic, and demographic characteristics. These factors influence community health needs and public health program planning.

I. GEOGRAPHICAL AND CLIMATIC CHARACTERISTICS

Dallas is the principle city of northern Texas and is the county seat of Dallas County. The city is situated 65 miles south of the Oklahoma border and 155 miles west of Louisiana. Dallas was largely rebuilt after World War II, and its business and residential districts occupy about 280 square miles along the Trinity River where the three forks of that river converge (1).

It is an area of prairie and gentle hills with low bluffs along the waterways. Dallas winters are mild, the normal temperature in January being 45.7°F., but the summers are long and hot. As a result, many Dallas homes and businesses are air conditioned (1).

II. CHARACTERISTICS OF THE POPULATION

Culture and Economy

The Caddoan Indians were the first to populate what is now Dallas. The tribe had long been attracted to this land because of

its black, waxy soil and the comparatively generous amount of rainfall. Here also were found the headwaters of the river which the Indians called the Arkikosa. The name of this river was later changed by the Spanish explorers to La Santissima Trinidad, or Most Holy Trinity (2).

It was on the east bank of the Trinity that the city of Dallas really began. Here in 1841, John Neely Bryan, a Tennessee lawyer and trader, built his cabin on the site of what is now Dallas. Bryan named the village for his friend Dallas, but it has never been established who that friend was. After the Republic of Texas had joined the United States, the state legislature created the county of Dallas, which was named for George Miffin Dallas, then Vice-President of the United States (3).

Even in the early days of its development the people of Dallas were an instrumental force in the growth of their city. Shortly after the founding of the settlement, Dallasites waged a successful campaign to have their village designated on the route of a wagon trail named "Central National Highway of the Republic of Texas." In 1846, when Dallas County was created, Dallas won the three-way battle for the courthouse over two nearby villages. However, the biggest test for pioneer Dallasites came when the first railroads decided to by-pass the town. The townspeople combined imagination, daring, pressure, and gifts of money and land to change the minds of the railroad officials. The entry of the railroads in the early 1870's first shaped the commercial destiny of the city (3).

From these early beginnings Dallas has continued to grow. Today Dallas is a city with a highly diversified economy. The profile of non-agricultural employment in Metro Dallas provides an illustration of this fact. Retail trade claims 17.4 percent of the total employment, while 9.2 percent of the people are employed in wholesale trade. Other segments of the economy employ 7.6 percent in banking, finance, real estate, and insurance; 5.6 percent in contractual construction; 6.2 percent in transportation and utilities; 8.1 percent in business and personal services; 9.2 percent in government; 6.3 percent in medical and professional services; 25.2 percent in manufacturing; and 1.4 percent in petroleum production (3).

Metropolitan Dallas now ranks as the sixteenth largest manufacturing center in the nation and is the largest manufacturing center in the southwestern half of the United States excluding Los Angeles. Metro Dallas ranks third nationally in the number of new manufacturing jobs created during the past two decades. Its 126,000 factory jobs are nearly one-third of the 347,100 created in all of Texas during the past twenty years (4).

Dallas has also benefited throughout its history from the influx of people of diverse origins and cultures. In 1858, the town profited from the failure of the French socialist colony at La Reunion, on the hills of west Dallas. From this failure the town gained scientists and artists as well as artisans. Later groups of Swiss and Germans settled in Dallas. In recent years many chicanos have moved into Dallas to take advantage of opportunities provided by a growing

economy. Because it has developed as a melting point, Dallas is neither "typically" Southern nor Southwestern, but is distinctively cosmopolitan in its outlook (3).

Population

The City of Dallas has steadily increased in population since its beginning. However, the city has experienced rapid population growth over the past two decades, thus the majority of persons now living in Dallas are relatively new residents. The metropolitan community averages an increase of some 16,272 persons each year by immigration. Natural population growth, excess of births over deaths, accounts for the balance of the average 37,243 per year population increase (4). The population of Dallas in 1960 was 679,684 (5). By 1970 the population of Dallas had increased to 844,401, making it the eighth largest city in the nation (6).

Vital Statistics

The Dallas birth rate has been declining over the past decade. In 1960 the birth rate was 34.0 and by 1969 it had dropped to 27.1 (7). However, even with the decline, the Dallas birth rate remained considerably higher than the national birth rate of 17.1 in 1969 (7).

The infant mortality rate in Dallas increased slightly from 25.6 in 1968 to 26.0 in 1969 (7). The increase was seen in the black and chicano segments of the population. The black infant mortality increased from 33.1 in 1968 to 35.9 in 1969. The chicano infant mortality increased from 17.2 to 21.9 from 1968 to 1969 (7). The

Dallas mortality rates for white infants declined from 22.4 in 1968 to 20.7 in 1969 (7).

The neonatal mortality rates reflect little change from 1968 to 1969. The Dallas 1968 neonatal mortality rate was 19.5 while in 1969 it was 19.6 (7), as compared with the national rate of 16.5 for 1968 (5).

The ratio of fetal deaths in 1968 was 15.8 per 1000 live births as compared with a ratio of 14.1 per 1000 in 1969 (7). This ratio not only declined in the total estimate, but the decline was seen in both the white and nonwhite segments of the population. In 1968 and 1969 the fetal death rate for the black population was 22.7 and 19.9 respectively, the chicano rate was 14.5 in 1968 and 14.0 in 1969, while the rate for the white population was 12.0 in 1968 and 10.8 in 1969 (7). The black fetal death rate was approximately 10.0 per 1000 live births higher than that for whites and 6.0 per 1000 higher than that for chicanos.

The rates for the 1968 leading causes of death in Dallas are compared with those for the city in 1969 in Table 1. As can be seen, deaths from hypertensive, arteriosclerotic, and other diseases of the circulatory system and homicide increased while the other leading causes decreased. It is also interesting to note that cirrhosis of the liver ranks in the leading causes of death.

TABLE 1
DEATH RATES FROM THE TEN LEADING CAUSES DALLAS, TEXAS,
1968-1969

Leading Causes of Death (Per 100,000 Estimated Population)	1968	1969
Diseases of the Heart	311.8	301.6
Malignant Neoplasms	202.2	178.6
Cerebrovascular Disease	109.8	104.8
Accidents	58.5	55.0
Birth Injuries and Other Diseases of Early Infancy	41.1	40.2
Hypertensive, Arteriosclerotic, and Other Diseases of Circulatory System	36.7	42.2
Pneumonia and Influenza	35.2	28.0
Homicide	25.4	28.5
Diabetes Mellitus	18.8	13.9
Cirrhosis of Liver	16.3	13.8

Source: Biennial Report 1968-1969 City of Dallas, Department
of Public Health, Dallas, Texas.

Social and Educational Characteristics

Dallas has long been recognized as a city of diversified races and cultures. The chicano influence is evident in the architecture and food practices. Many of the chicanos speak little or no English, thus much of the literature developed for Dallas citizens is printed in Spanish as well as English.

Blacks make up approximately one-third of the Dallas population. Thus they have become a major force in determining the policies and programs for Dallas. Blacks are taking advantage of opportunities to provide leadership in shaping the future of Dallas by serving on the City Council, in city government, and in the various health and welfare programs.

Approximately 55 percent of the families in Dallas own their homes, and the remaining 45 percent of the families rent their homes (8). Although poverty exists in all areas of the city, it predominates in the West, South, and Oak Cliff areas of the city. These areas are thus the recipients of much of the federal monies spent for housing, economic opportunity, and community improvement.

Concern for the quality of life in Dallas has stimulated the community's interest in education. This interest has focused both on the physical and qualitative factors in the expansion of the Dallas public and parochial school systems (3). There are 16 independent school districts and 322 public school campuses within Dallas County alone. There are nine senior colleges within the area and one junior college. Six additional junior college campuses are to be located so

that one or more will be within a few minutes normal driving time of every home in the county. These institutions of higher learning have been a major factor in attracting people to the Dallas area. They provide cultural as well as educational advantages to both students and residents. The University of Texas South Western Medical School provides access to leading medical and paramedical personnel who are valuable resources for the Dallas health agencies (4).

City Government

Dallas has a Council-Manager form of city government consisting of eleven elected council members and a City Manager appointed by the council. The former is responsible for setting up the policies, and the latter undertakes the administration of these policies. The City Manager is responsible for the appointment of the department heads, among whom is the Director of Public Health. The Dallas City Health Department is the official responsibility of the Assistant City Manager of Security (9). The skeleton organization of the city government can be seen in Figure 1.

All eleven members of the council, including the Mayor, are elected biennially by popular vote. All eligible voters living within the city limits can vote for every member of the council (9).

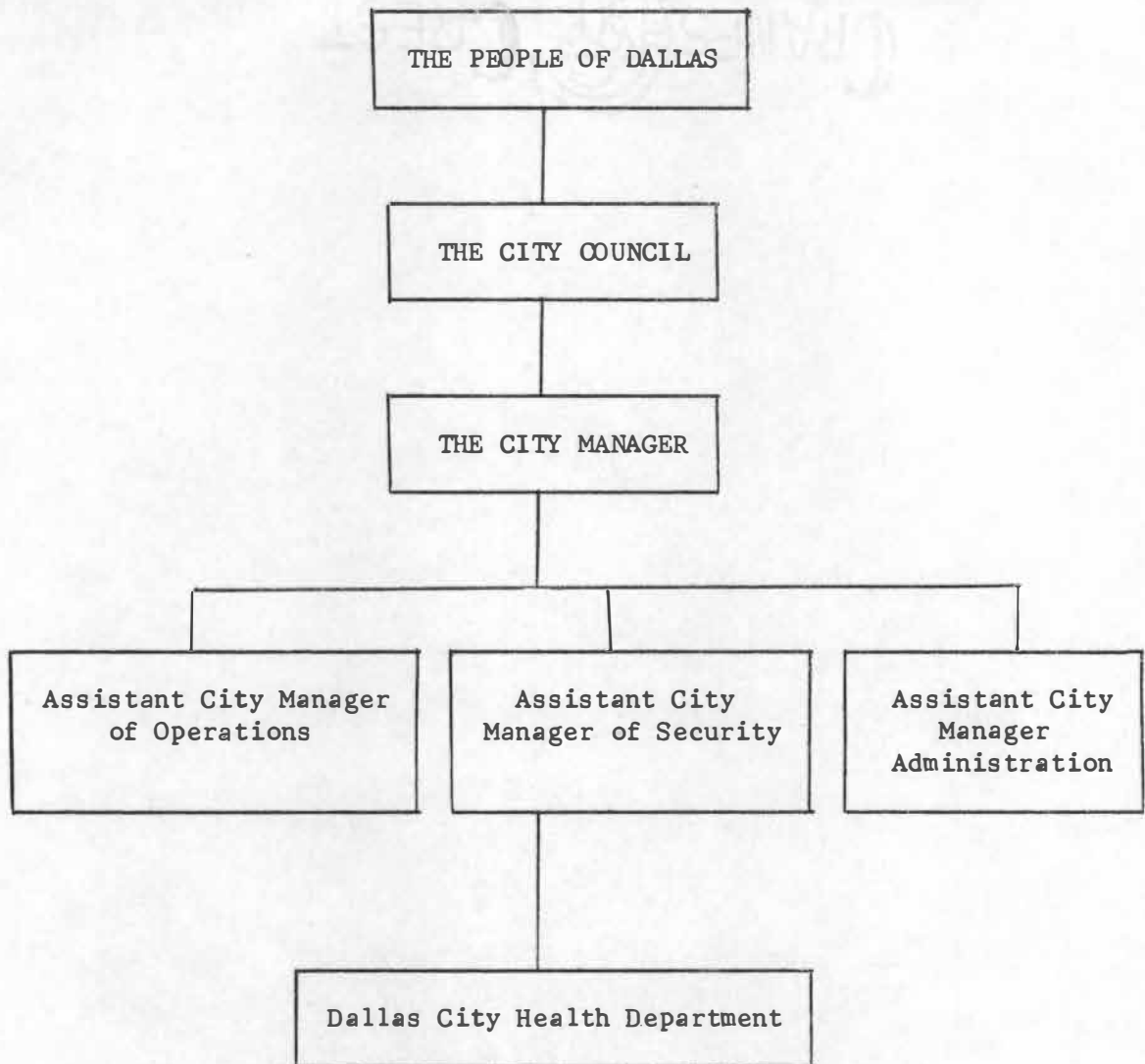


Figure 1. Organization of the Dallas City Government.

Source: Dallas City Health Department, Administrative File, Department of Public Health, Dallas, Texas.

CHAPTER III

DALLAS CITY HEALTH DEPARTMENT

History of the Department

It was on June 4, 1873 that the Dallas Herald, aroused by a threat of a cholera epidemic in the city, declared that it was "incumbent upon everyone to become his own health officer." One month later the City's first health officer was appointed and the Dallas City Health Department began. However, at that time there were no clearly defined health programs (10).

This is not to say that such health programs were not needed. The Dallas of 1873 was plagued with smallpox, yellow fever, typhoid, malaria, meningitis, and tuberculosis. At that time the most effective means of control was quarantine. Faced with this situation the Dallas City Health Department did not remain static. The early physicians were able to make progress in spite of the meager medicines and poor sanitation that existed during this period (10).

As the years passed one disease after another was conquered or controlled. Tuberculosis, the number one killer in 1873, is no longer listed as one of the ten leading causes of death. Diphtheria, smallpox, and malaria no longer plague Dallas citizens due to effective immunization, health education, and vector control (10).

Even though much progress has been made, many public health problems still confront the Dallas City Health Department. For

instance, accidents now rank in the top five leading causes of death in Dallas (see Table 1, page 8). Dental health is also a major problem. In addition, day care centers for children and nursing homes for the aged have been developed so rapidly that conditions in these institutions are often far from ideal (10). Today health programs are also aimed at controlling environmental pollution and this has become the challenge of our times (7).

The present services of the Dallas City Health Department are aimed at prevention rather than cure. In general, the department does not resort to treatment; however, Tuberculosis, Venereal Disease, and Ringworm Clinics where treatment is given, provide exceptions. Many of the services are educational in nature. Thus each division of the health department conducts an educational program along with other services (9).

As in the past, the Dallas City Health Department is striving to meet the changing community health needs through existing health services and development of new programs as the need arises. It is believed that these efforts will perhaps, in time, provide solutions to existing public health problems.

Organization and Administration

Public health administration involves the coordination of the varied disciplines for the purpose of protecting the health of the entire citizenship of the community. The expanding field of health services, with its increasing number of disciplines, requires frequent

reorganization, reorientation, and training of the staff to implement new concepts and programs emerging in the public health field (11).

Personnel management and budget are two of the primary responsibilities of the administration of the health department. Other functions include health education, administration and management of grants, procurement services, maintenance of facilities, public information, and coordination of health related activities with federal and state agencies, other city departments, and voluntary organizations (7).

The services of the Dallas City Health Department are divided into three functional areas: General Administrative and Service Division, Community Health Service Division, and Environmental Health Service Division (7). Positions of the various service sections in relation to these three major division areas are shown in Figure 2.

In addition to the central health department on Amelia Court, the department has five Community Health Centers: North Dallas, South Dallas, West Dallas, East Dallas, and Oak Cliff. These centers operate a number of neighborhood health clinics. The City Health Department also administers the City Hall Clinic, Crossroads Medical and Health Center, the City Animal Shelter, and a separate facility for Air Pollution and Vector Control activities (7).

Budget

The Dallas City Health Department had an operational budget of \$4,100,000 for the fiscal year 1970-1971. For funding and budgetary

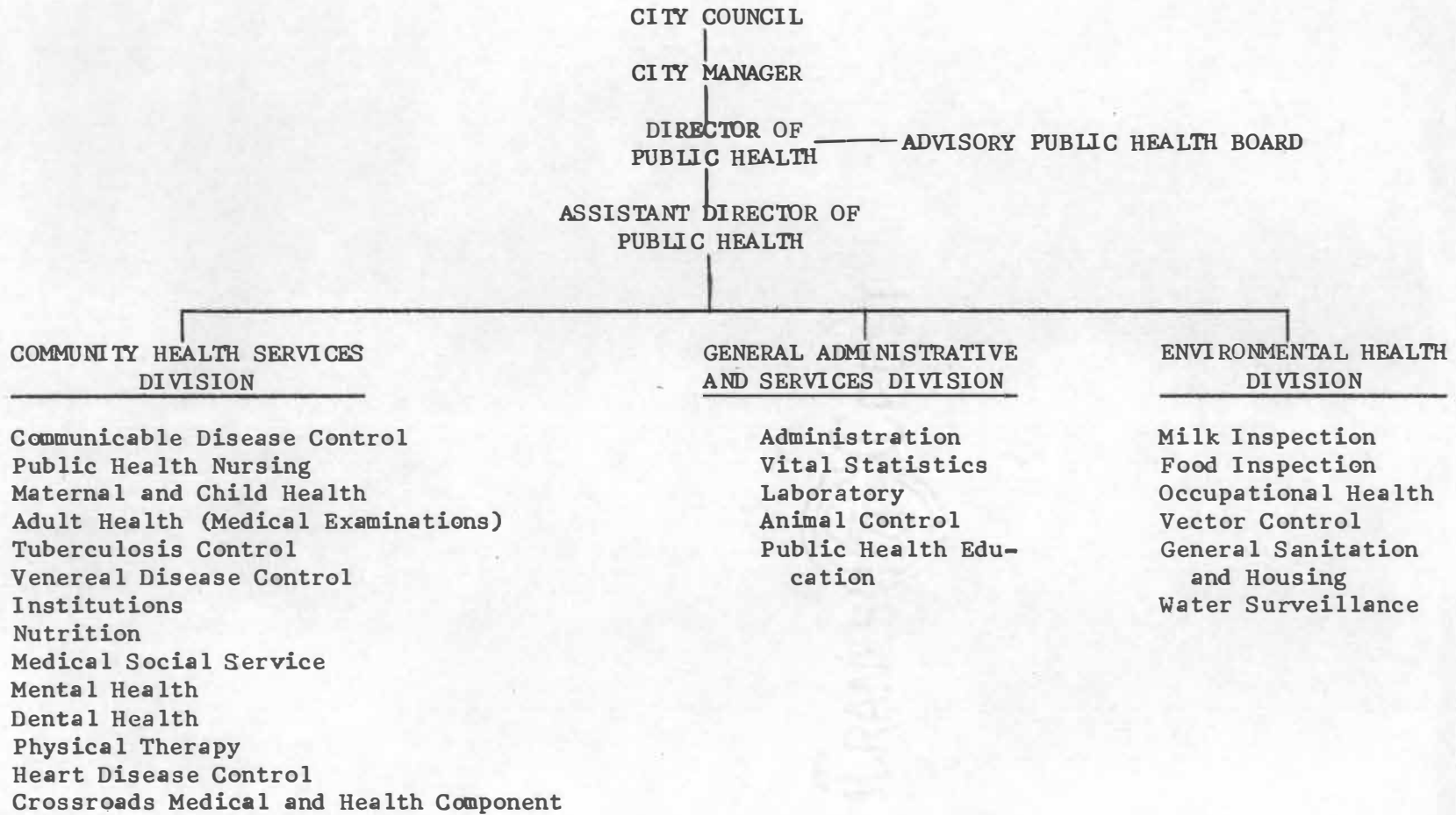


Figure 2. Dallas City Health Department Organizational Chart.

Source: City of Dallas Department of Public Health 1969 Organizational Chart. Department of Public Health, Dallas, Texas. (Mimeographed.)

management, the health department has ten city accounts supported solely by the City of Dallas. Each of these ten accounts is given a budget allotment and this forms the major portion of the operational budget of the health department. Any departmental expenses over and above the allotment is submitted as a Supplemental Budget Request. In addition to these ten accounts, the City Health Department maintains three accounts jointly with the county for Venereal Disease Control, Tuberculosis Control, and maintenance of the health administration building. The department receives federal funds for Air Pollution Control (13).

Several changes were incorporated into the annual budget process with the preparation of the 1971-72 budget request. The Health Department has adopted the Program Plan and Budget System. This process requires budgeting for programs rather than personnel and items. The budget can then be computer programmed and coded and thus more efficiently managed. As budgeting is and should be a continuous process, it is presumed that this system will allow for effective projection of future needs as programs grow and develop (13).

General Administrative and Service Division

Vital Statistics. Vital Statistics is an important component within the health department. The responsibilities of the Vital Statistics Section include registration and maintenance of accurate records of all births, still-births, and deaths occurring within the City of Dallas. Copies of such documents are issued upon request,

to persons who are entitled to them. The section also issues permits authorizing burials, removals, cremations, and disinterments (9).

In addition to these responsibilities, the Vital Statistics Section is responsible for the upkeep of the City Cemetery for pauper burials. A pauper must have had no visible means of support to be buried in the City Cemetery (9). The Registrar of Vital Statistics authorizes the burial permits (14).

One of the most important functions of the section is to compile weekly, monthly, fiscal, and calendar year reports for use in public health administration and to furnish statistical data to other official and semi-official organizations for their use in research and administration. The section also makes statistical studies in the field of public health including analysis of birth and death rates and studies of morbidity and population (9).

Laboratory. The Laboratory Section is an integral part of the Dallas City Health Department but is unique in that it serves as a regional laboratory for the Texas State Department of Health. Laboratory services are, therefore, available to the Dallas County Health Department and to other health jurisdictions, physicians, and individuals outside the city and county of Dallas (15).

The primary functions of the laboratory are related to the diagnosis and control of communicable diseases and the establishment of the sanitary quality of water, milk, and other foods. The laboratory performs bacteriological and serological examinations on specimens

submitted by physicians or health departments for the diagnosis and epidemiological follow-up of communicable diseases including enteric diseases, venereal diseases, diphtheria and streptococcal diseases, and tuberculosis (15).

Animal Control. The primary purpose of the Animal Control Section is to control or eliminate rabies. Skunk and bat complaints are given high priority service because these two animals are the principle wildlife reservoirs of rabies in Texas. Heads from all species of animals that die with symptoms of illness of the nervous system after having bitten humans, are shipped to the State Health Department Laboratory for rabies tests. The division also gives advice and assistance to the citizens of Dallas concerning animals (15).

Public Health Education. Health education is an essential function of the Department of Public Health. The objective of the Public Health Education Section is to provide a continuous and comprehensive health education program for the people of Dallas informing them of preventive measures and environmental factors which affect health and well being both in the individual and the community. The basic concept is that the better informed the people are, the better equipped they are to understand the problems of community and individual health and to successfully cope with them. Hence, an effective health education delivery system, both in theory and in practice, should be aimed at reducing to a considerable degree, the demand or need for health services provided by the responsible health agency.

Health education services are provided through the mass news media, to various agencies and organizations, and to individuals upon request (16).

Community Health Service Division

Communicable Disease Control. The Communicable Disease Control program is a diversified one. The program provides immunization clinics to protect against diphtheria, tetanus, pertussis, smallpox, typhoid, polio, measles, influenza, and yellow fever.

Maintenance of a Registry of Reportable Disease is required by law. Cases of specific diseases are reported by physicians or various hospitals as well as by the Community Health Centers. When necessary, epidemiological investigations and studies are made and control measures initiated (7).

In 1953 the program added a Ringworm Clinic for diagnosing and treating ringworm of the scalp in children. During 1968 and 1969, more than 2,800 patients were treated (7).

The program also operates a clinic at City Hall for the purpose of performing physical examinations for applicants seeking employment with the City of Dallas. In addition, this clinic examines food handlers, validates International Certificates of Vaccination, investigates suspected rape and assault cases as requested by the Police Department, and examines and treats prisoners in the City Jail (7).

Public Health Nursing. Public health nurses, under the direction of the physicians, play a vital role in all aspects of Community Health Service and furnish nursing services to all citizens of Dallas where needs exist. Nursing personnel in the Tuberculosis Control Clinic, the Venereal Disease Clinics, and Adult Health Clinics perform specialized services. Others function as generalized public health nurses and are frequently referred to as "Community Nurses" (7). The goals of the generalized public health nursing service are: to work with individuals and families to assess their immediate and long term health care needs, to counsel and to guide individuals and families in establishing healthful practices in the care of their well and ill family members, and to motivate individuals and families to utilize their own and community resources in coping with their health problems (16).

The services of the Nursing Section are decentralized. The City of Dallas is divided into five health districts with personnel assigned to each. A supervising nurse is administratively in charge of each unit in the districts and is responsible to the Director of Nursing Service for the public health nursing program within her respective health district. Each unit of personnel consists of a supervising nurse, seven to nine staff nurses, one clerk, and two licensed vocational nurses (9).

Services to individuals, nursing homes, family groups, private and parochial schools, day care centers, and foster homes are provided on a selective basis for the purposes of health supervision, health

education, rehabilitation, consultation, and demonstration of nursing procedures. Additional functions include health counseling and referral to other community agencies when necessary; case finding through visual, hearing, and dental screening in the homes and clinics; and the collection of medical data for research and statistical purposes. The nurses also assist in the control of environmental health hazards by inspection of day nurseries, foster homes, and through observation during home visits (7).

Maternal and Child Health. The maternal and child health program of the Dallas City Health Department is designed to meet the health needs of mothers and children. Prenatal medical care is essential to the health and well being of both the mother and the fetus. Early recognition of prenatal difficulties can deter long-term complications. Furthermore, high quality maternity care also helps to insure the health of the infant at birth.

However, even with the provision of health services to maternity and pediatric patients in Dallas, many health problems prevail in these two groups. Undernutrition, obesity, iron-deficiency anemia, and dental caries are frequently seen in both maternity clinics and in child health conferences. Each of these problems requires nutrition counseling and education. Due to the limited nutrition staff, nutrition counseling and education in these clinics is the responsibility of the public health nurses.

Maternity clinics offering both antepartum and postpartum care are conducted either in the health centers or in community centers in housing projects. Each antepartum patient is weighed and blood pressure is recorded by the licensed vocational nurse before the patient is interviewed by the staff nurse. At the time of the interview the staff nurse records any significant history in the patient's record and checks for current immunizations.

Following the nurse interview, the patient is seen by an obstetrical resident from Parkland Memorial Hospital. The majority of the maternity patients seen at the health department clinics deliver at Parkland for the hospital provides medical care for the indigent. The resident, examining the patient, notes nursing comments and checks the patient for any prenatal difficulties. Records on each of the patients are kept at Parkland in order to insure that at any moment a patient presents herself at the Emergency Room for delivery, the complete record is on hand. Great effort is being made both by the Dallas City Health Department and Parkland Memorial Hospital to effectively coordinate their services.

In addition to services for maternity patients, the Dallas City Health Department also sponsors Medical Child Health Conferences in each of the five health centers, the public housing projects, and the Outpatient Department at Parkland. The latter is exclusively for premature infants (17). Both infants and preschool children are seen at these clinics.

Upon the child's initial visit to the clinic, a complete health record is begun by the nurse. The nursing services at these clinics include a health appraisal service which encompasses a history of the child, counseling with and recommendations for parents regarding all aspects of health, such as growth, development, nutrition, and behavior problems. The nurse also administers necessary immunizations (16).

Following the nurse interview the child is seen by a pediatrician who serves under contract in these clinics. The pediatrician examines the child. Should the child require additional services not provided in the clinic, appropriate referrals are made. The nurse makes a home visit, on a follow-up basis, when indicated (16).

Adult Health. The adult health program of the Dallas City Health Department is at present limited to certification of food handlers and home visits by public health nurses. Food handlers are given skin and blood tests to assure their freedom from the contagious diseases of tuberculosis and venereal disease. In the past more extensive testing, including stool analysis, has been carried out (18).

Any adult, other than the prenatal patient, needing medical care is referred by the public health nurse to Parkland Memorial Hospital. Here the patient can receive medical care with his fee payment rated on a sliding scale for income. Following his treatment at Parkland, the patient will again be followed by the public health nurse as a preventive as well as a protective measure (18).

Tuberculosis Control. The Tuberculosis Control Clinic serves both the City of Dallas and Dallas County in detecting and diagnosing tuberculosis. Duties include screening patients for admission to hospitals, supervising nursing care after hospitalization, administering chemotherapy to patients not under the care of private physicians, and providing consultation with other health agencies. An important service is that of maintaining a registry of all active and inactive cases of tuberculosis. Known contacts, old cases, reactors to skin tests, and those with X-ray shadows can be periodically checked. Of all the infectious diseases occurring in the community, tuberculosis still remains the number one killer (7).

Venereal Disease Control. Venereal disease presents one of the most serious health problems of today. Therefore the venereal disease program is a joint effort of the City and County Health Departments. The program operates to control syphilis and gonorrhoea through case finding, examination, diagnosis, and treatment. Since an unborn child can be infected, special attention is given to the prevention of congenital syphilis in infants (7).

Institutions. The Inspector of Institutions approves licensing of child care centers and nursing homes. Duties include working closely with the Building and Fire Departments, the State Health Department, the State Department of Public Welfare, and other agencies. Building structure, as well as operational procedures of the institution, must conform to standards set forth by City ordinances, State

statutes, and Federal regulations. Periodic inspections help insure compliance with laws, rules, and regulations (7).

Nutrition. The services of the Nutrition Section will be described in Chapter IV.

Medical Social Services. It is increasingly recognized that, with the reciprocal influences of illness and social stress, the most advanced medical treatment is of little avail if the patient lacks ability or desire to comply with recommendations. Medical social service is concerned with the social, psychological, environmental, emotional, and economic factors affecting the patient and his illness and attempts to assist patients and their families in their adjustment to the illness (15).

Collaboration with other disciplines and services within the health department and with community social agencies is essential to the medical social service program. Participation in community social work activities and cooperation with the public health education effort in the presentation of talks to schools, church, and civic groups, represent other areas of responsibility (15).

Through the interview and casework process, an evaluation of the patient's feelings and attitudes relating to his diagnosis is obtained. Interpretation of long-term illness is given the patient and his family, with recognition of specific problems or complications which might interfere with medical planning. Following the assessment of need, the patient is referred to an appropriate social agency. The

patient and his family are helped to achieve maximum social adjustment through periodic clinic interviews and home visits. A social history with subsequent casework activity becomes part of the patient's clinic record; such information is often exchanged with hospitals and social agencies, insuring continuity of service to the patient. Case conferences are held with physicians, public health nurses, agency social workers, and hospital personnel, to gain broader understanding of the patient's situation. Throughout the period of medical care and social planning, a supportive and sustaining relationship with the patient and his family is maintained (15).

Mental Health. At present the mental health program of the Dallas City Health Department is very limited in scope. All mental health service is carried out through the nursing division. When a patient is seen who needs more service than that which can be provided by the public health nurse, he is referred to one of the various mental health clinics in the City. There is no established formal referral system. Patients are referred on an informal, individual basis. Patient contact is maintained by the public health nurse throughout the period of treatment as well as the post treatment period (18).

Dental Health. Dental health services are provided by Baylor University College of Dentistry as a contractual service of the Dallas City Health Department. Clinics are operated in three of the outlying health centers to provide dental care for children under thirteen

years of age from low-income families. Dental care is also given in these clinics to those prenatal patients participating in the Maternal and Child Health Program of the City Health Department (7).

Two fixed dental clinics are operated for the care of the indigent aged and chronically ill people of Dallas. For the handicapped or homebound indigent patients, gerodontic care is also available. Dental health personnel also provide public information and health education concerning the necessity and value of personal hygiene for preventing oral diseases (7).

Physical Therapy. In November, 1965 two physical therapists were added to the staff of the Dallas City Health Department through the Chronic Disease Division of the Texas State Department of Health. The physical therapists provide a special service in chronic disease which is brought directly to the patient in his home and consists of: exercise programs including gait training, administering paraffin baths to extremities, range of motion measurement, muscle testing, and teaching activities of daily living. A member of the family is also taught to assist the patient in carrying out this exercise program. Some patients fall into the category of post surgical cases requiring more frequent visits until they reach a maximum level of function (12).

A close working relationship with the physician and other personnel is most important. The physical therapists attend the outpatient clinic at Parkland Memorial Hospital each week, and a monthly meeting

is held with the director of the arthritis outpatient clinic, the orthopedic surgeon, and other allied health personnel (15).

Heart Disease Control. On a national and state basis cardiovascular diseases are the leading cause of morbidity and mortality. Based on estimates published by the American Heart Association, there will be 46,800 deaths from cardiovascular disease in Texas in 1971 and 778,000 persons over 20 years of age will have some definite heart disease. The City of Dallas ranks as high in the prevalence of cardiovascular disease as any other comparable metropolitan area in the United States. Based on the 1970 census, the City of Dallas contained approximately 7.6 percent of the population of the State of Texas, and it can be expected that more than 3,000 deaths from cardiovascular disease will occur in Dallas in 1971, and another 6,900 persons over 20 years of age will have some definite disease. Because of the magnitude of the problem, no single agency, either governmental or private, can provide the preventive and medical services needed. Rather, a cooperative effort of many health professions and agencies is essential. The role of the Department of Public Health is primarily one of identifying needs and coordinating services so that medical care for cardiovascular diseases is available for all who need it. The Texas State Department of Health provides a public health nurse and a medical records clerk for the City of Dallas to work in the Heart Program. The City provides office space in the West Dallas Health Center and equipment, supplies, and travel expense for the nurse (16).

A Cardiac Registry is maintained in the Heart Program office. An individual record is kept for each patient who has had some type of service through the City of Dallas Health Department. Information recorded provides a statistical study of cardiovascular disease by medical diagnosis, age, sex, residence, source of referral, source of medical care, and type of treatment including dietary prescription. This information is available to medical or community groups upon request to the Director of Public Health (16).

A public health nurse, or Nurse Coordinator, works full time in the program. Her role is to review the case load monthly, direct appropriate follow-up services, and channel new cases for proper supervision. A full-time medical records clerk is responsible for maintaining the Cardiac Registry (16).

Crossroads Medical and Health Component. In December, 1966, the City of Dallas was one of fourteen cities invited to participate in the Neighborhood Service Program, jointly sponsored by the Departments of Labor; Housing and Urban Development; Health, Education, and Welfare; the Office of Equal Opportunity; and the Bureau of the Budget. The purpose of this program was to develop outstanding examples of neighborhood center systems offering a battery of easily accessible, well-coordinated services to residents of underprivileged neighborhoods (19). The main objective of the program is to develop and deliver coordinated health services to those who need it most. Particular emphasis is placed on the linkage of service offered by established

community agencies, both federal and private, into an effective neighborhood "service system." Outreach into the community is principally through the use of locally employed aides working under the supervision of professional staff (7).

Although the invitation to be a part of the pilot project was unexpected, the concept it proposed was not new to Dallas City officials, who had been working on such a project for several months. In the fall of 1966, the Director of the City's Department of Urban Rehabilitation, after working with the Community Council of Greater Dallas, the City Council, the City Planning Department, the State Department of Public Welfare, and students of social work from the University of Texas to ascertain the feasibility of a multiservice center, had begun the process of applying for participation in Housing and Urban Development's Neighborhood Facilities Program. Before the application was completed, however, Erik Jonsson, then Mayor of the City of Dallas, was informed of Dallas' invitation to participate in the pilot Neighborhood Services Program (19).

The Crossroads Board of Directors, which established policies for the project, first met on May 10, 1968. Its membership was comprised of ten persons appointed by the City Council and ten elected from the target area of South Dallas. While the Board was planning the five-building complex which would house the center in the future, it also supervised the growth of the Crossroads' program which was being housed in renovated structures. Within the following year, offices providing administration, client intake and referral, medical

and health care, employment and welfare assistance, community organization, neighborhood and housing improvement, and day care services were established in temporary quarters until permanent quarters could be completed. At present the board is concerning itself with expanding the number of services offered by the Center, increasing resident participation in the program, restructuring Board composition and procedures in order to increase its efficiency, establishing definite goals and priorities for its programs, and providing attractive and functional buildings for the Center in order to serve the community well and to make Crossroads Community Center a model worthy of emulation by other cities (19).

Environmental Health Division

Milk Inspection. The milk control program of the Dallas City Health Department begins on the dairy farm. The dairy farmer must have a permit from the Dallas City Health Department before his milk can be processed and sold within the City of Dallas. Before this permit is issued, his herd, water supply, and facilities are inspected to be certain that the cows are not diseased and that he is equipped to operate his business in accord with the sanitary code. To insure maintenance of standards, his herd and facilities are periodically checked by health department inspectors (9).

Milk samples are taken a minimum of four times in six months from the dairies, the tank trucks, and the processing plants. These samples are then tested in the City Health Department Laboratory to

determine the safety and quality of the milk. Should the sample not meet the standards fixed by ordinance, the dairy's permit to operate may be revoked (9).

The dairy industries in Dallas have spent more than one and one-half million dollars in recent years for improving their plants and installing new, modern equipment. Their efforts, combined with those of the Health Department, have enabled the City of Dallas to receive excellent ratings regarding their milk supply (7).

Food Inspection. All establishments in Dallas handling, selling, or storing food must obtain a permit from the Environmental Sanitation Section to operate. All establishments must meet standards regarding screening, ratproofing, adequate equipment, and proper ventilation. After a permit is granted to an establishment, its operation is periodically inspected (9).

To further insure the safe quality of food handled, stored, or sold, each employee of the establishment must have a health card. While the physical examination may be given by a private physician, the health card has to be issued by the Health Department (9).

Occupational Health. A highly technical, industrial, and scientific economy has made the need for industrial hygiene programs obvious (7). Occupational Health is responsible for control measures involving public health in connection with air pollution, occupational hazards inside factories, radiation, civil defense, and swimming pools (15).

The City Health Department has taken steps to remain abreast of the field of occupational health. In 1958, Dallas became a part of the National Air Sampling Network and has carried on a schedule of air sampling since that time. Occupational health is also directing efforts in the area of noise pollution, a growing concern in Dallas. In addition, the division surveys all industries in the City for occupational hazards. In cooperation with the State Health Department, establishments having permits to handle radioactive material are inspected for compliance with state and Atomic Energy regulations (15).

Vector Control. The Dallas City Health Department protects the health of citizens through its Vector Control program. This program is concerned with restraining the spread of insects and animals that transmit diseases to human beings. Considerable attention is directed toward the control of mosquitoes, flies, roaches, ticks, fleas, rats, fungi, and plant diseases. However, since the program is not in competition with private industry, most vector control activities are directed toward City property. The program is also available on a consultative basis to private individuals (9).

General Sanitation and Housing. Other duties of the Environmental Health Division encompass those which are not included in the food, milk, occupational health, and vector control programs. These services deal with the inspection of private water supplies, sewage disposal systems, tourist and trailer courts, barber and beauty shops,

private garbage haulers, and a vast number of unsanitary and nuisance complaints (15).

In addition the General Sanitation Section serves in an advisory capacity to other departments of the City government. The division is concerned with garbage collection, the handling of refuse, and methods and techniques used at sanitary landfills. Recommendations are sometimes made to the Water Department for the extension of water and sewer facilities into areas where health conditions indicate the necessity for such a step (9).

Water Surveillance. The objectives of the Water Surveillance Section of the Dallas City Health Department are to protect the citizens of Dallas from communicable diseases by insuring a safe source of potable water, to maintain the quality of the water supply as to freedom from taste and odor, and to maintain and restore the ecological balance of streams, lakes and rivers in Dallas. In order to fulfill this objective, the division periodically tests samples from the City Water Supply as well as from streams, lakes, and rivers in Dallas. The division also handles complaints from Dallas citizens regarding the water supply (16).

The division monitors the pollution load going into the City's water reservoirs. This is done in an effort to protect against contamination by disease causing bacteria and to prevent deterioration from undesirable taste and odors. The division maintains that prevention of pollution will improve the aesthetic appearance of the streams and make them suitable for recreation (16).

CHAPTER IV

THE NUTRITION SECTION OF THE DALLAS CITY HEALTH DEPARTMENT

I. DEVELOPMENT AND ORGANIZATION

History and Organization

In July, 1953 the Dallas City Health Department created a position for a nutritionist trained in public health (10). From that time until the present the position has been filled by a competent nutritionist who was quick to visualize opportunities for service in the community. By taking advantage of these opportunities, the nutritionist has been able to establish an effective nutrition program.

Although the nutrition program of the Dallas City Health Department is flexible and adaptable with its function geared to meet the community needs and interests, it is limited in nutrition manpower. The Nutrition Section presently consists of one professionally trained public health nutritionist and a clerk-typist. The present Ten Year Plan of the Nutrition Section includes recommendations for additional professional staff to help meet the nutrition needs of the growing Dallas community (20).

Philosophy and Objective

Good nutrition is a prerequisite for good health at all stages of life. This fact is fundamental and established beyond dispute (21). Based on this philosophy, the goal of the Nutrition Section is to

attain for all the individuals and families served by the Dallas City Health Department, a state of complete nutritional, physical, mental and social well being, not merely the absence of malnutrition, hunger and disease. The ultimate objective of the Nutrition Section is to attain optimum nutrition for all citizens by providing leadership in and coordination of the nutrition services in the city (22).

Staff

The nutritionist is employed under the City of Dallas Merit System which is administered through the Civil Service Board. The job description for the position of Nutritionist may be found in Appendix A. This was first developed in 1953 and is now in the process of being revised and updated to meet current standards.

The background of the Dallas Public Health Nutritionist influences the nutrition services of the health department. The nutritionist received her Master of Science in Public Health from the Harvard School of Public Health and Simmons College, Boston, Massachusetts. Previous to this, she completed a dietetic internship at Walter Reed Hospital, Washington, D. C. Before coming to the Dallas City Health Department, she served as Nutrition Consultant, Diabetes Branch, United States Public Health Service. In addition to her duties at the Health Department, the nutritionist is presently a clinical instructor with the Department of Nutrition and Dietetics, School of Allied Health Professions, South Western Medical School (22).

II. PROGRAMS AND ACTIVITIES OF THE NUTRITION SECTION

The duties of the nutritionist involve administration, consultative and direct services, and public relations. Although direct nutrition services are available to all who need them, priorities are established for high risk or stress groups. These groups include pregnant and lactating women, infants and children, adolescents, and the elderly as well as individuals with diseases such as cardiovascular disease, diabetes, obesity, infections, errors of metabolism, nutritional deficiencies, allergies, and hematopoetic diseases which require modified diets as part of the treatment. The nutrition services for these groups include: (1) comprehensive assessment and evaluation of dietary intake, food habits, and the ability of the individual or family to carry out the dietary recommendations; (2) nutrition teaching and guidance; (3) assistance in procuring food and dietary supplements as necessary; (4) guidance in home management practices such as budgeting, marketing, storage and care of food, meal planning and preparation, and other defined areas of home living which affect health and influence the attainment of health goals. However, even with these high risk groups, in-depth nutrition services must sometimes be waived because of lack of nutrition manpower (20).

Intraagency Coordination and Communication

In order to perform her duties the nutritionist must effectively communicate and coordinate her activities with those of the other sections within the health department. Communication is facilitated

through formal and informal channels. Each week the directors of each of the sections within the health department meet on a formal basis to report past activities and to discuss current and proposed programs. As the Director of Public Health, Dr. Dewlett brings to this meeting information regarding public health programs and legislation at local, state, and national levels. This meeting also gives each division an opportunity to be informed concerning all the activities of the agency and to contribute to these when feasible.

Inter-Office Communications and a shuttle system provide a means of daily communication between the nutrition section and other divisions and stations in addition to the telephone. Included in Appendix B is an example of an Inter-Office Communication from the Nutrition Section concerning the Supplemental Food Program. In addition to these systems, the department maintains a system for literature circulation. Through this means, various section directors are given the opportunity to review the latest publications that apply to all public health professionals.

The nutritionist also participates in the Dallas City Health Department's Employees Association, an organization which is unique within the government of the City of Dallas. This association provides an opportunity for all employees of the Health Department to participate in its monthly program. Through this, community as well as departmental information is brought to the attention of the staff.

In all honesty it must be said that much effective communication is done via the noon hour and work breaks. This permits informal

discussion and efficient utilization of professional time in addition to promoting good human relations.

Consultative and Direct Services

Maternal and Child Health. According to current knowledge and thinking, expectant mothers and children are among those who most often experience nutritional difficulties. Thus, the nutritionist devotes approximately 55 percent of her time to maternal and child health services. Due to staff and time limitations, she is unable to see all those attending the various prenatal and Medical Child Health Conferences. Thus she serves as a resource person for nurses and physicians who do provide direct service to these patients. In addition, the nutritionist does provide nutrition counseling for those with special dietary problems upon referral for the public health nurse.

The nutritionist provides an in-service education program for the public health nurses at each of the five health centers where she presents nutrition information and materials concerning maternal and child health. At the meetings the nurses are encouraged to ask questions, and problem cases are discussed. In addition to the meetings with the group, the nutritionist is also available for consultation with the public health nurse on an individual basis when necessary.

Recently the nutritionist in collaboration with a home economist conducted a series of four one-hour classes for "Mothers Who Care." These classes were an experiment in teaching nutrition through sewing. The first half of each hour was devoted to making an infant garment.

The remaining one-half hour consisted of a discussion of the dietary needs of the mother and expected baby. This approach provided a cooperative approach to meeting existing needs.

In another project the team approach to maternal and child health was applied. This particular team consisted of the nutritionist, a social worker, and a public health nurse. The three team members conducted an informal discussion with the mothers concerning various aspects of maternal and child health. In this way it was possible for nutrition to be presented in focus with the other aspects of maternal and child health. All agreed this approach was very successful. However, neither of these activities has been presented a second time due to the lack of available professional staff.

The nutritionist also participates in the maternal and child health program at the state level by assisting with program planning. Through participation at this level she is able to provide insight into local problems and gain insight into the expanding role of the nutritionist in maternal and child health.

Group Care Facilities. To operate in Dallas, day care centers must be licensed by both the State Department of Welfare, Child Welfare Division, and the City of Dallas Department of Public Health. In January of 1965, the City of Dallas adopted a day care center ordinance which in a few respects has standards higher than the State minimum standards. Thus, a center which meets City standards will automatically meet State standards. Day care centers are subject to

continual inspection and must maintain minimum standards or have their license revoked (22).

Nursing homes must also be licensed by both the Nursing Homes Division of the State Health Department and the City of Dallas Department of Public Health. There is a city ordinance regarding nursing homes and the procedure for licensure is similar to that followed in the case of the day care centers (22).

The Dallas Public Health Nutritionist encourages upgrading the standards of institutions. As a member of the Texas State Nutrition Council's Committee on Nutrition and Feeding of Children, the nutritionist has assisted in developing a Food and Nutrition Reference Packet for use in day care center programs. One of the publications in this packet, the "How To Do It" book, was co-authored by the nutritionist and is designed to help those involved in food service for day care centers.

The Dallas Public Health Nutritionist frequently aids the Child Welfare field worker in licensing a new day care center by providing in-service education concerning the National Research Council's recommendations for children and the food habits of children. In addition, she may assist the field worker by evaluating menus and discussing questions concerning the menus.

At present the major role of the nutritionist is one of serving as a consultant to the staff nurses who work with the individual institutions. When the need arises the nutritionist conducts in-service education programs for the nurses as a group. These are very helpful

for they provide an opportunity to discuss current information regarding institutions as well as various problems encountered by the nurses in their respective institutions.

Dietetic Interns. Both the Dallas County Hospital District in cooperation with the School of Allied Health Professions, University of Texas Medical School at Dallas, and Baylor University Medical Center have dietetic internship programs. In order to provide dietetic interns with some experience in public health, a two-week period during their internship is set aside for this purpose. The nutritionist, in collaboration with the intership directors, plans an appropriate program for the two-week field experience. The nutritionist serves as the coordinator for this experience, however the intern is responsible for much independent observation.

During the two-week period the intern is exposed to an overview of the public health and public welfare programs. She makes home visits with a public health nurse who introduces her to a family who needs assistance with menu planning, food budgeting, or a dietary problem. The intern then interviews the family or homemaker to determine family food patterns and socio-economic as well as educational levels. The intern, under the supervision of the nutritionist, then prepares menus for one week designed to meet the needs of this particular family or individual. The intern makes a return visit to the family or individual with the public health nurse and explains the material she has prepared for them. Following the two-week field

experience the intern submits a report to the nutritionist concerning her activities. This report is reviewed by the nutritionist for interpretation and correction if necessary.

Literature. The Nutrition Section has compiled and maintained a literature file which contains both professional and lay oriented materials. Literature is filed according to the University of Michigan System of Classification and Retrieval of Subject Matter in Public Health Nutrition. The file serves as a resource to which the nutritionist can refer when necessary. It is the responsibility of the clerk-typist to keep the file up to date.

Pertinent nutrition literature is distributed to the five health centers and to physicians and other professionals within the health department. Literature is also distributed, upon request, to any person within the city.

The Nutrition Section is also responsible for the development of nutrition materials as needed. Thus literature has been prepared by the nutritionist concerning infant feeding, foods that contain iron, formula preparation, sodium restriction during the prenatal period, and various other topics.

III. COORDINATION OF NUTRITION SERVICES WITH OTHER AGENCIES

Several community agencies carry on nutrition related activities in an effort to upgrade the nutritional status of the citizens of Dallas. It is the responsibility of the public health nutritionist to

serve as coordinator, consultant, and resource person for these agencies in order that the needs of the community are served more efficiently and effectively.

Dallas County Public Welfare

Dallas County Public Welfare was begun in 1937 "for people who had no other means" and is supported by funds from Dallas County only. The program is one of limited general assistance to families in the Dallas County area. Any person needing long-term assistance is referred to the Texas State Department of Public Welfare. At present Dallas County Welfare serves approximately 500 families with its general assistance program (23).

Dallas County Welfare also acts as the distributing agency for the USDA Commodity Distribution Program. All recipients of welfare assistance programs and any other persons who meet the eligibility requirements may participate in this program. Some 9,752 families in Dallas County are served through the Donated Foods program (23).

The public health nutritionist works with Dallas County Public Welfare in various ways. In the past she has provided in-service training for the caseworkers on how to plan a food budget. The program was well received and will be continued if time permits. The nutritionist also acts as a consultant to Dallas County Welfare in matters requiring her special skills. Recently the nutritionist was called upon to do a cost evaluation of the low sodium diet of a welfare recipient. This cost evaluation by the nutritionist enabled the caseworker to better evaluate the recipient's needs.

Supplemental Food Program

The Supplemental Food Program began in Dallas in June of 1967. The purpose of this program is to supply supplemental foods to high-risk groups served by the health department. These groups include infants, preschool children, and pregnant and lactating women from low-income families. It is the policy of the State Welfare Agency that selected foods be made available to high-risk individuals in low-income families who need them to prevent or correct nutritional deficiencies. The authorization for these foods is made either by the public health nutritionist, the public health nurse, or the physician with the health department (24). The Dallas County Welfare Department is responsible for the distribution of these supplemental foods.

The Supplemental Food Program in Dallas served 1638 persons or 593 families during the month of April (25). Copies of all supplemental food forms come to the Nutrition Section of the Dallas City Health Department. Here forms are filed for reference and audit purposes. The Nutrition Section also prepares a monthly report regarding the number of persons participating in the program.

Homemaking Teachers of Adults

The Dallas Independent School District maintains a staff of eleven home economists who conduct a program of Home and Family Life Education for adults. The Dallas Independent School District provides 90 percent of the funds for this program and the remaining 10 percent of the funds are provided by the Dallas Housing Authority. The Housing

Authority provides office and classroom space for the Homemaking Teachers in the community centers of the housing projects. The services of these teachers are free to any individual or group residing within the Dallas Independent School District. Through the use of appropriate teaching techniques these teachers work to achieve improvement in the personal and family life of the people they serve. They work in all the broad areas of home economics with emphasis on the family and the family in the community (22).

The Dallas Public Health Nutritionist works quite closely with the Homemaking Teachers. Each month these teachers meet with the nutritionist to discuss current and proposed projects which relate to nutrition. The nutritionist also provides in-service education to these teachers concerning current knowledge in nutrition and discusses any questions they might have encountered in their work.

One of the recent cooperative efforts of the Dallas Public Health Nutritionist with the Homemaking Teachers of Adults has been "Micro Teaching." This involves preparation of a dish or dishes using Federally Donated Food, at the West Dallas Food Distribution Center. Persons coming to pick up their commodities at the center are then invited to taste the food which has been prepared and are also given copies of the recipes. This method has proved to be very successful both in terms of effectiveness and response.

The nutritionist was involved in the initial stages of this program both through planning and participation. Each month she reviews the recipes to be prepared by the teachers and makes suggestions concerning them.

Texas A and M Extension Division

The home economist with the Texas A and M Extension Division and the Dallas Public Health Nutritionist work closely together in a number of community projects. Both the nutritionist and the home economist are currently involved in the planning of a nutrition exhibit to be placed in the Dallas Health and Science Museum. The home economist also cooperated with the nutritionist in the nutrition and sewing classes that were mentioned previously.

The Texas A and M Extension Division participates in the promotion of nutrition through its Expanded Nutrition Program. This program employs and trains nutrition program assistants from low-income areas in order that these assistants may provide information to other low-income families in their respective communities. The nutritionist provides the orientation to public health nutrition for these assistants and is available as a resource person to the program when necessary.

Visiting Nurses Association

The Dallas Visiting Nurses Association's activities are limited to those patients in the City of Dallas under the direct care of a physician. Its services include direct bedside nursing, maternity and infant care, rehabilitation nursing and family instruction regarding the care of the ill. Payment for the service is based on a sliding scale with regard to the patient's ability to pay. One of the staff nurses from the Visiting Nurses Association is located at Parkland Memorial Hospital's Outpatient Department and coordinates all referrals

from the Outpatient Department to the appropriate community agency (22).

The Dallas Public Health Nutritionist acts as a consultant to the Visiting Nurses Association upon request. In addition to being available for consultation, she serves on their committee for portable meals. This service is of particular interest to the nutritionist as it is directly related to the total nutrition program of the city. The basic philosophy of the portable meals program is to supply one meal each week day which will supplement the individual's diet and in no way contribute to the shut-in state or make the recipient less independent. The recipient must have a definite health need and be under medical supervision. The TV lunches are heated at two locations and delivered by volunteers. The service is supervised by a visiting nurse (22).

American Diabetes Association and American Heart Association

The American Diabetes Association and the American Heart Association provide a voluntary educational program for the public and for those persons afflicted with these chronic diseases. As both of these programs have a nutrition component, the public health nutritionist cooperates with them whenever possible.

The Dallas Public Health Nutritionist serves as consultant for the Dallas Diabetes Association. Recently the Dallas Diabetes Association and the Dallas Dietetic Association co-sponsored a Nutrition Course for Diabetics. The nutritionist participated in this course

as a resource person and assisted in orienting the other nutritionist and dietitians who conducted the course (22).

The nutritionist cooperates and shares information with the Dallas Heart Association. However, at this point she is unable to participate directly in their program. The nutritionist acknowledges that possibilities for joint programs exist but due to manpower limitations she is unable to take advantage of these (22).

Dairy Council

The purpose of the National Dairy Council and its subsidiaries is to provide health education to the public. The Dairy Council which serves the Dallas area is located in Arlington, Texas approximately 15 miles from the city. However, liaison with various agencies in Dallas is maintained. At present the staff of the Dairy Council consists of three home economists.

The Dallas Public Health Nutritionist utilizes the literature prepared by the Dairy Council whenever possible in her teaching and often uses this literature in response to letters from persons seeking nutrition resource materials. The Dallas Public Health Nutritionist and the home economists at the Dairy Council work closely in reviewing current literature as well as collaborating on community projects.

Community Council of Greater Dallas

The Community Council of Greater Dallas is a central clearing house for problems of human improvement and community betterment,

community services, and activities concerned with the well being of the people in Dallas County. Working through laymen and professional staff under an elected board of directors, the Council utilizes panels and departments for service areas of Family and Children, Health, Group Work Recreation, Research and Volunteers. Through these, it provides central planning, promotes coordination among agencies, gathers facts concerning human needs, interprets these to the community, and promotes teamwork (26).

The Dallas Public Health Nutritionist has worked with the Community Council in an effort to help promote and coordinate nutrition services with the various community agencies. She has served in both the Family and Children and the Health areas of the Council. At present, she is involved with the Council through participation in its panel on aging.

Professional Organizations

The Director of Public Health encourages his professional staff to provide leadership in their respective professional organizations. Thus opportunities are provided for attendance and participation at professional meetings both in the state and out of the state. This administrative attitude allows the nutritionist to take advantage of many of the nutrition and public-health-related programs and conferences that are conducted throughout the year. Through this means it is possible to keep abreast of many new concepts.

The Dallas Public Health Nutritionist also serves on various committees at the national and state levels. These include the Nominating Committee, Food and Nutrition Section of the American Public Health Association; Governing Council and Nutrition Section of the Texas Public Health Association; and Public Relations Committee, Texas Dietetic Association of which she is chairman.

The nutritionist has been instrumental in organizing the Greater Dallas Community Nutrition Council. The Council has as its purpose the achievement of better nutrition for the people of the Greater Dallas area through nutrition education; through coordination of agencies, organizations and individuals involved in nutrition endeavors; through assistance in the identification of existing resources and potential needs in nutrition; and through the provision of advisory services in the field of nutrition (27). The Council is at present in its infancy. However, the nutritionist and others in the community believe that this Council will survive to accomplish its purpose and become a voice in the establishment of a nutrition policy for Greater Dallas.

CHAPTER V

PROFESSIONAL DEVELOPMENT

I. ANALYSIS OF ABILITIES THROUGH OBSERVATION AND EXPERIENCE

Consultation with Other Professional Workers

Consultation is one of the most common means of extending nutrition services. It is a problem solving process whereby the consultant and consultee's work together to strengthen the consultee's effectiveness in the work situation and thus improve health services. The author was able to observe the nutritionist as she acted as a consultant to a welfare caseworker and, later in the field experience, was herself able to serve as a consultant to the public health nurse. She has chosen these two experiences as examples to illustrate her knowledge and application of the consultative process.

A caseworker for the Dallas County Welfare Department requested the services of the Public Health Nutritionist to determine the cost of a low sodium diet for a particular patient. The primary interest of the caseworker was in evaluating the cost of the diet over and above the cost of a normal diet and in terms of the welfare recipient's income. The nutritionist and the author reviewed the diet and calculated its cost based on current food prices in Dallas neighborhood grocery stores. In addition to furnishing the caseworker with the cost of the diet, the nutritionist also reported that the cost could be reduced if permissible commodity foods were used. The caseworker stated that she planned to

use the cost analysis of the diet as a means to secure additional funds for the recipient if possible.

The nutritionist established rapport with the caseworker by expressing a genuine interest in the total problem rather than just the cost of the diet. This genuine interest encouraged the caseworker to communicate freely her thoughts concerning the case and this in turn, aided the nutritionist in her presentation of the cost analysis.

Through effective consultation with the caseworker, the nutritionist was able to enhance her rapport not only with the caseworker but also with Dallas County Welfare. This consultation also served to make the caseworker more aware of the services of the nutritionist and broaden her knowledge with respect to the cost of modified diets.

This experience enabled the author to observe a situation in which the nutritionist must use her communication abilities as well as her technical skills. The calculation of the cost of the diet was a simple matter but the communication of its importance in terms of the welfare recipient's health and well being required professional skill and competence.

Following this observation, the author served as a consultant to one of the public health nurses at the North Dallas Nursing Center. The purpose of the consultation was to discuss the feeding pattern of a six-week-old premature infant who had failed to gain weight at the expected rate. The nurse had had trouble determining the amount of food received by the infant but believed it was inadequate with respect to quantity. The author, upon determining from the nurse that the infant's mother

was intelligent, suggested that the nurse ask the mother to keep a 24-hour record of the infant's intake. When this suggestion was followed, the nurse discovered that the intake of food was adequate but that the infant was spitting up a portion of his food due to improper burping.

This experience increased the nurse's confidence in the author and enabled the author to evaluate her competence as a consultant. The author was easily able to establish rapport with the nurse as she had previously worked with her. However, as the author had had little previous experience in infant feeding, she did not exhibit the self-confidence of an expert in her position as a consultant, as had the experienced nutritionist. Fortunately, the nurse was approximately the same age as the author and was able to recognize this insecurity. As a result, the nurse provided the author with encouragement and support, thus enhancing the effectiveness of the consultation.

Through both observation and participation in the process of consultation the author became aware of the importance of establishing rapport, developing effective channels of communication, and exhibiting a sense of self-confidence. She also recognized that experience is valuable when one is acting as a consultant. The author believes that these two experiences provided insight into the characteristics of an effective consultant, and she will strive to retain these characteristics in developing her abilities as a consultant.

In-Service Education

In-service educational programs serve to compensate for lack of technical knowledge needed for a job and also to augment the understanding of a selected area. In addition, in-service programs provide a means of keeping the staff informed as to current developments in specific areas. Several approaches, including conferences, workshops, seminars, and staff meetings are used for conducting in-service programs. However, the choice of method should depend upon the needs of the particular situation.

Although the author was unable to participate in an in-service education program, she was able to observe the nutritionist conducting such programs. Each month the nutritionist provides a program of in-service education for the Homemaking Teachers of Adults as has been discussed previously. These home economists, although they provide a generalized program, have requested additional in-service education in the field of nutrition. At one of these sessions attended by the author, the nutritionist discussed the importance of iron in the diet and food sources of iron. In addition to this topic, the group also posed questions concerning better breakfasts and use of commodity foods.

The author was also able to observe the nutritionist as she provided a program of in-service education for the public health nurses dealing with the Supplemental Food Program. The nutritionist presented the purpose of the program and explained the new food authorization forms which were to be used. The nurses then participated in the discussion by asking questions which had confronted them during their work with the program.

It was observed by the author that during both of these in-service programs the discussion was open and free flowing. The atmosphere was relaxed and a genuine interest in the program prevailed throughout the presentation. The nutritionist was poised and responsive to the situation thus allowing for individual questions while maintaining the focus of the discussion.

Through these observations the author was able to recognize effective communication techniques for professional groups. These techniques include selecting a discussion topic which is of interest and concern to the group, encouraging group participation, and remaining responsive to the needs of the group throughout the presentation. These experiences also broadened the author's understanding of the nutrition education needs of the community as a whole, as was evidenced by the questions asked during the discussions.

Group Work with Nonprofessionals

In working with nonprofessional groups, the nutritionist is in a unique position to convey the importance of good nutrition in promoting and protecting health. There are various methods of presentation, however those methods which actively involve the group, either through discussion or actual participation, are usually the most successful. The author was able to observe the nutritionist as she carried on such a program as well as conduct such a program herself.

The public health nutritionist was called upon to assist a local bank group in beginning a weight-watchers program for bank employees.

The nutritionist met with the group to discuss ideas concerning this program. To encourage participation the nutritionist asked the group to describe their thoughts as to how the program should be organized. Several of the ladies present presented their ideas thus giving the nutritionist a base from which to work. The nutritionist made several suggestions to the group concerning the objective of the program, possible resource personnel, and pertinent nutrition literature which might be obtained for their use. The group was most receptive to these suggestions and requested that the nutritionist meet with them again to review their progress. Through this meeting, the nutritionist was able to provide leadership and resource material yet the group was able to plan the major portion of the program themselves in order to meet their individual needs.

The author was able to work with a nonprofessional group through the presentation of a program dealing with prenatal nutrition to a group of pregnant teenage girls. The program was conducted at one of the learning centers in Dallas where pregnant teenagers could continue their education. The presentation was made at the request of the school nurse.

The author began the program by giving the group a quiz dealing with normal nutrition during pregnancy. This quiz provided the author with a means of assessing the prenatal nutrition knowledge of the group and thus enabled her to better assess their particular needs. Following the quiz the author reviewed the questions from the quiz with the group. This encouraged group participation and thus improved

communication. In addition to information related to the diet during pregnancy, the group was interested in infant feeding and several questions were asked about this topic.

The presentation proved to be more successful than the author had anticipated. This was due to the genuine interest of the group and their active participation in the discussion. However, the author would have felt more at ease if the nurse had provided more information concerning the specific interests of these girls. It would then have been possible to have made additional preparation concerning infant feeding as well as provide a better basis for the presentation of prenatal nutrition. This experience emphasized the need for providing and obtaining as much background material as possible when outside speakers are brought into the group.

All these experiences increased the author's ability to plan and participate in nutrition related programs for nonprofessional groups. The author was made more aware of the importance of establishing rapport and encouraging group participation. In addition, the necessity of remaining flexible and adaptable was recognized by the author. Through effective communication with these groups, it was possible to provide nutrition education and also to discover areas which need emphasis in the total program of the Nutrition Section.

Program Planning

As mentioned previously, the Dallas City Health Department has recently adopted the Program Plan and Budget System. Each section in

the health department must now plan for their budgetary needs in relation to their program. During the author's field experience she had the opportunity to assist the nutritionist in her program plan for meeting community nutrition needs.

An outline for the program plan was provided by the health department. The plan was to include the objective of the program, the administrative organization of the program, the community need for the program, the estimated man hours needed to meet the community need, and how the effectiveness of the program will be measured.

The nutritionist and the author began developing a plan based on this outline. It was a slow and often frustrating process. One of the major problems encountered was the fact that there was no established system for statistical reporting of nutrition service rendered or for assessing the need for nutrition service in the City of Dallas. Thus the nutritionist, in estimating the nutritional needs of the community, was forced to rely upon nursing records and her professional knowledge of community needs. From this experience, the nutritionist decided that one of the community needs is to establish an effective nutrition reporting system for the health department.

The program plan for the Nutrition Section was not completed prior to the conclusion of the author's field experience. However from this limited experience in program planning the author recognized the need for identifying nutrition problems, determining objectives and community needs, and developing a means of evaluating the effectiveness of the program. She also observed that a program plan requires

revision and reevaluation as community needs change.

Counseling

During the field experience, the author was able to develop her skills as a nutrition counselor. One day of each week was set aside for participation in one of the Medical Child Health Conferences conducted at the North Dallas Nursing Center. The clinical experience provided the author with various opportunities for individual nutrition counseling with persons from various ethnic backgrounds.

The author counseled patients on a referral system from the nurses in the clinic. Before counseling the patient, the author was given an opportunity to review the patient's medical record and discuss any questionable points with the nurse who had seen the patient. Following the actual counseling, the author made pertinent comments in the patient's record in order that the physician and the nurse would have a record of the outcome of the conference.

Through these individual counseling sessions, the author was able to recognize the importance of establishing rapport, determining the scope of the problem before proposing a solution, and being a good "listener"; all of which are effective interviewing techniques. These sessions also provided an opportunity to work with the various ethnic groups and to evaluate their dietary needs in relation to their cultural backgrounds. For example, during one of the clinic sessions the author provided nutrition counseling to a chicano prenatal patient who did not speak English. Fortunately for the author, the patient had a

companion who served as her interpreter. The patient needed help in improving her diet as she had borderline nutritional anemia. The mainstay of the patient's diet was red beans and chili, traditional Mexican dishes. The author encouraged the patient to include some dark green leafy vegetables in her diet and to increase the amount of meat in the chili. The patient seemed receptive to these suggestions as indicated by the interpreter and by the facial expressions of the patient.

During the first clinic session the author felt ill at ease and found it difficult to communicate effectively with the patients. However, with practice and conscious effort she believes she has been able to improve her professional skills as a nutrition counselor.

II. ANALYSIS OF PARTICIPATION IN A SPECIFIC SERVICE ACTIVITY

Description of the Problem and Service

The most widespread nutritional deficiency recognized in the United States today is iron deficiency. The high incidence of iron deficiency anemia has long been recognized in the first two years of life and is known to be particularly common in low-income groups (28). At present, the question is not whether iron deficiency anemia can be prevented but rather which approaches to prevention are most practical (29).

There have been many studies dealing with the prevalence of anemia among different population groups. The data from projects

providing Comprehensive Health Services for Children and Youth illustrated that anemia was present in 28.5 percent of 1- to 2-year-old children, in 9.2 percent of 2- to 3-year-old children, and 2.8 percent of 3- to 6-year-old children (29). Among Negro children in Washington, D. C., Gutelius found anemia in 46 percent of 6- to 23-month-old children and in 12 percent of 2- to 5-year-old children. Results from other studies throughout the country are similar.

To determine whether the children served by the Dallas City Health Department followed the national pattern, the five outlying health centers of the health department are conducting a study of the hematocrits of children between the ages of two months and five years attending the Medical Child Health Conferences.

The author had access to the records of hematocrits kept by the North Dallas Nursing Center. An analysis of these records disclosed that 50 percent of the children had hematocrits below 35 percent, the level which marks the borderline of iron deficiency. The majority of the low hematocrit readings were in the 30 to 35 percent range. Parents of all children in this range are given nutrition instruction by the public health nurse. Should a child's hematocrit reading fall below the 30 percent mark, the nurse, in addition to nutrition counseling, instructs the parents to give the child medicinal iron.

From the previous data, it was evident that the public health nurses are called upon to provide much nutrition instruction concerning iron-rich foods which would be acceptable for infants and for young children. Prior to the author's field experience, the nurses had

requested that the nutritionist develop a pamphlet, specifically designed for use with parents of infants and young children dealing with anemia and iron-rich foods. The nurses believed such a pamphlet would be an effective means of conveying information and that it would also provide parents with printed material to which they could refer if necessary.

At the suggestion of the nutritionist, the author elected to develop such a pamphlet. The nutritionist provided guidance for the author throughout the development of the pamphlet.

Development

Before beginning the actual writing of the pamphlet the author found it necessary to review current literature dealing with iron deficiency anemia. She also familiarized herself with the available pamphlets concerning anemia and iron-rich foods. This review served not only as a means of bringing the author up-to-date but also assisted her in determining what information should be included in the pamphlet.

The author discovered through her review that there is a definite shortage of information for nonprofessional persons concerning sources of iron for infants. Thus the author, in collaboration with the nutritionist, developed a list of iron-rich foods for infants to be included in the pamphlet.

The first draft of the pamphlet utilized information from current literature and pamphlets and presented this information in a simple, direct form. The first draft was entitled "Fire-Up Your Baby with

Iron-Rich Foods;" however, this title was changed to "Perk Up Your Baby with Iron-Rich Foods" at the suggestion of the nutritionist. She believed that people in the Dallas area had little concept of the term "Fire-Up" due to their mild climate.

In addition to the nutritionist, the pamphlet was also reviewed by several of the public health nurses, the Regional Nutrition Consultant for Maternal and Child Health Services, the nutritionist with the Children and Youth Project in Dallas, and the pediatricians with the health department. Each of these persons appraised the pamphlet critically and made pertinent comments for improvement. For example, one of the pediatricians suggested that the phrase "full of energy" be omitted from the text. She had observed that many mothers had discontinued giving their child medicinal iron because the child became "too full of energy." Another suggestion, made by one of the nutritionists, was to add the word "enriched" when referring to the bread and cereal group.

The author made several changes in the pamphlet based on these suggestions. Following this period of review and revision, it was decided to field test the pamphlet.

Field Testing

The field test of the pamphlet provided an opportunity to determine its effectiveness in meeting the need for which it was developed. It was decided that the author and the nurses at the North Dallas Nursing Center would use the pamphlet in their clinics on a trial basis to determine whether changes in the pamphlet would be necessary before its actual printing.

Both the author and the nurses found the pamphlet to be a useful tool in communicating nutrition information concerning anemia and iron-rich foods to parents. The parents were most receptive and appreciated the suggestions made in the pamphlet.

During this period the author was able to identify several changes which, if made, would improve the readability of the pamphlet as well as clarify a few of the terms used. For example, the list of foods for infants was titled "Iron-Rich Foods." In order to clarify that this list was for infants, the title was changed to "Iron-Rich Foods for Babies Under One Year." In addition, it was decided to use "strained spinach and green beans" rather than "dark green leafy vegetables, strained" in the infant fruit and vegetable group.

Much of the preliminary layout and art work were done by the author. However, in order to give the pamphlet a more professional appearance, the author obtained the assistance of the health information specialist with the health department. He checked the layout and spaced the lettering for the cover of the pamphlet prior to its actual printing.

The pamphlet, in its final form, appears in Appendix C. It is now being used in the Medical Child Health Conferences of the Dallas City Health Department and is an effective aid for the nurses in their nutrition counseling.

Self Evaluation

Developing the pamphlet provided the author with an opportunity to develop nutrition literature to meet a community health need. It also permitted her to plan the pamphlet for a specific population group and thus make adjustments in the pamphlet, such as the change in the title, to fit the particular needs of the group.

In addition, the author was able to work with other disciplines, the nurse and the pediatrician, in the development of the pamphlet. Through this interdisciplinary approach, the author was able to place the pamphlet and the nutrition counseling in the clinic in its proper perspective.

Throughout the development of the pamphlet the author was aware of the need for review of the pamphlet by other professionals. During the initial stages of the pamphlet the author was very sensitive regarding proposed changes. However, as more evaluation of the pamphlet took place, the author came to realize the meaning of the phrase "constructive criticism." The author believes this lesson is a valuable one in terms of future endeavors in writing and in other areas.

CHAPTER VI

SUMMARY AND EVALUATION

The eight-week field experience in Public Health Nutrition strengthened the author's understanding of the philosophy and principles of public health, thus enabling her to increase her capabilities as a public health professional. The objectives of the field experience were accomplished through observation and participation in the planned experiences provided by the field agency.

The generalized field experience provided insight into the interdisciplinary approach to public health. The author also became aware of the need to coordinate health programs within public health agencies as well as with various other agencies.

An increased understanding of the function of a public health nutrition program at the local level was obtained during the field experience. By observing a nutrition program plan in action and through participation in program planning the author was able to implement her knowledge in this area. In addition, insight into the methods of program evaluation was achieved.

Participation in the health clinics provided a better understanding of the nutritional problems related to the various stages of the life cycle. The clinical experience also provided an opportunity for assessing the nutritional needs of the various ethnic groups. These

experiences along with in-service programs and group work with non-professional groups helped to establish professional skill and competence.

Throughout the field experience the author was aware of the need for cooperation, coordination, good public relations, and flexibility when directing an effective nutrition program. Furthermore, the need for continuous self-evaluation and continuing education to promote professional development was evident.

The field experience permitted an observation of a nutrition program and provided invaluable training in the field of public health nutrition. The author believes she is better prepared to assume her role as a nutritionist and will strive to improve her professional skills in order that she will be better prepared to meet the challenge of public health nutrition.

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LITERATURE CITED

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APPENDIXES

APPENDIX A

POSITION ANALYSIS

Operating Title: Nutritionist 11

1705-787

Department: Public Health--Communicable Disease Control

Summary of Duties:

Under administrative supervision of Assistant Director of Public Health, plans and develops Public Health Nutrition Program; acts as consultant to departmental employees, private doctors, and school officials. Plans and participates in programs of training and public education in nutrition. Represents department in meetings with outside groups, agencies and committees concerning nutrition.

Duties in Detail:

1. Plans and develops program to assist in dealing with dietary and nutritional problems of Public Health Department. Plans and conducts studies, surveys, and special projects to secure information and to assist in establishing local standards for Public Health Nutrition Program.
2. Acts as consultant to division heads and other employees of department in matters concerning nutrition. Assists Public Health Nurses in dietary problems in Well-Baby and Maternal Hygiene Clinics; assists Inspector of Institutions in improving diets for patients in nursing and convalescent homes; instructs diabetic patients under treatment at Parkland Hospital. Provides consultative services for private doctors and school personnel concerning diets, group feeding, school lunch programs, etc. to establish and maintain good public relations between outside agencies and department.
3. Plans and conducts training program in nutrition for members of department concerned with nutritional problems. Assembles, edits, and distributes educational material on nutrition. Participates in programs to improve public health through education of individual and groups in nutrition by means of radio, newspapers, films, etc.
4. Represents department in meetings with other groups, agencies, and committees in matters concerning nutrition.
5. Does such other details as are related to or are incidental to proper performance of this work as required.

APPENDIX B

CITY OF DALLAS

OFFICE MEMORANDUM

To: Hal J. Dewlett, M. D.
Director of Public Health

March 22, 1971

Subject: Supplemental Food Program
February, 1971

	<u>February</u>	<u>Last Month</u>	<u>Total for Year</u>
Number of Families Participating	501	601	1102
<u>Age Groups</u>			
1 to 3 months	167	207	374
3 to 12 months	291	269	560
1 to 6 years	903	872	1775
Mothers	443	463	906
Total Number of Recipients	1804	1811	3615

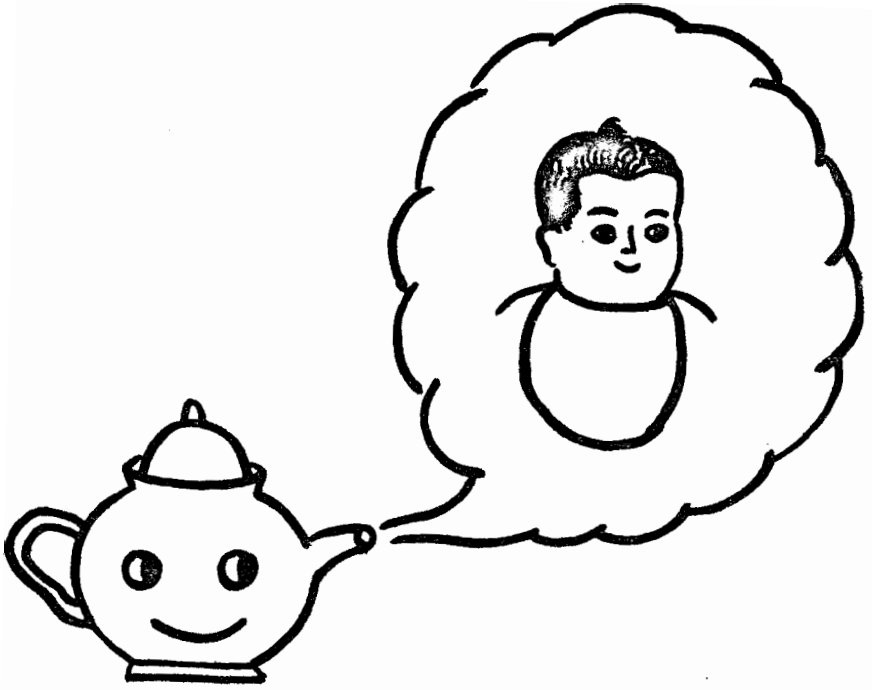
Rosa Adair, Director
Nutrition Service

RA:ds

cc: Miss Rose Lee Herring

The only reason you and I are here is to assist the people of Dallas.

APPENDIX C



**PERK UP
YOUR BABY
WITH
IRON RICH
FOODS**



WHY DOES BABY NEED IRON?

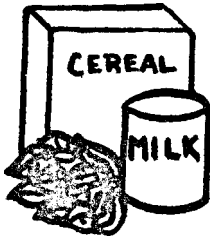
IRON IS IMPORTANT TO KEEP BABY HAPPY AND HEALTHY. IRON HELPS TO BUILD UP BABY'S BLOOD AND HELPS TO PREVENT IRON DEFICIENCY ANEMIA OR LOW BLOOD.

WHEN YOUR BABY DOES NOT GET ENOUGH IRON HE MAY FEEL TIRED. HE MAY ALSO LOOK PALE AND MAY BE SICK MORE OFTEN.

SO TO KEEP YOUR BABY "PERKED UP", FEED HIM IRON-RICH FOODS!

HOW DOES BABY GET IRON?

BABY RECEIVES IRON IN FOUR MAIN FORMS.



1. Iron Fortified formula
2. Iron Fortified precooked cereals
3. Foods rich in iron
4. Iron in liquid form

WHICH FOODS ARE RICH IN IRON?

THERE ARE SEVERAL FOODS FOR YOUR BABY THAT ARE RICH IN IRON. CHOOSE ONE OR MORE OF THESE IRON-RICH FOODS EACH DAY TO MAKE SURE BABY IS GETTING ENOUGH IRON.



IRON-RICH FOODS

FOR BABIES UNDER ONE YEAR

MEAT GROUP

Liver, any kind, strained
Strained baby meats of
any kind
Egg yolks, strained or
mashed
Dried beans, especially
Pinto beans, strained
or mashed

ENRICHED CEREAL GROUP

*Fortified baby cereal
Farina (USDA)
Quick Cream of Wheat
Quick Malt-O-Meal

FRUIT & VEGETABLE GROUP

Strained spinach and green
beans
Prunes, strained
Prune Juice (dilute this
with water for baby)

*Baby cereals in boxes are fortified.
Those in jars may not be. Check the
label to make sure!



DON'T FORGET

EVAPORATED MILK IS HIGH IN MANY HEALTH-
FUL THINGS BUT DOES NOT CONTAIN IRON.

ONLY A FEW BABY FORMULAS CONTAIN IRON.
CHECK LABELS ON CONTAINERS TO MAKE
SURE.

IRON-RICH FOODS FOR BABIES OVER 1 YEAR

MEAT GROUP

Liver, any kind
Lean red meat, any kind
Weiners - all meat
Bologna - all meat
Eggs
Scrambled egg mix
Dried Beans, especially
Pinto Beans

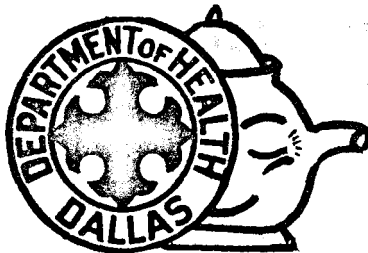
ENRICHED
BREAD & CEREAL
GROUP

Enriched Bread
Fortified Baby Cereals
Quick Cream of Wheat
Quick Malt-O-Meal
Farina (USDA)

FRUIT & VEGETABLE
GROUP

Mustard, Turnip, and
other Greens
Spinach
Prunes
Prune Juice
Raisins

CHOOSE THESE OFTEN FOR YOUR BABY TO KEEP HIM
"PERKED UP" WITH GOOD HEALTH.



Nutrition Service
Dallas City Health Department
5/71

للإستشارات

VITA

Rebecca McNeill Mullis was born August 5, 1948 in Jefferson, North Carolina. She attended Jefferson Elementary School and in 1966 was graduated from Ashe Central High School also in Jefferson, North Carolina. The following September she entered the University of North Carolina at Greensboro and in January, 1970 she received a Bachelor of Science degree in Home Economics.

In March of 1970 she was married to David W. Mullis, Jr. She was employed as an English instructor at Northwest High School in Warrensville, North Carolina from March until June of 1970.

She entered the graduate school at The University of Tennessee in September, 1970. In August, 1971 she received a Master of Science degree in Nutrition.

She is a member of the American Home Economics Association.