STENOGRAPHIC TRANSCRIPT

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

CHILDREN'S BUREAU

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Meeting of

AD HOC GROUP ON THE GRADUATE TRAINING OF
NUTRITIONISTS AND DIETITIANS FOR MATERNAL
AND CHILD HEALTH AND CRIPPLED CHILDREN'S
SERVICES

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Provided by the Maternal and Child Health Library, Georgetown University
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SERVICES

Room 4691
DHEW Building, North
Washington, D.C.
Tuesday, October 5, 1965

The meeting was convened at 10:00 o'clock a.m.,
Miss Mary Egan presiding.

PRESENT:

Miss Mary Egan, Chairman
Dr. Ingeborg MacKellar
Dr. W. F. Mayes
Dr. Philip White
Dr. Grace Hussey
Miss Ruth Gordon
Miss Wilma Robinson
PRESENT (Continued):

Mrs. Alice Smith
Dr. Samuel Fomon
Dr. Charles U. Lowe
Dr. Lura Odlund
Dr. Robert Deisher
Miss Adelia Beeuwkes
Dr. Louis Spekter
Mrs. Helen Hille
Miss Mary Ishii
Miss Frances Shoun
Dr. Alice Chenoweth
Mr. Rudolph Hormuth
PROCEEDINGS

MISS EGAN: I think I will start the meeting, since you're all so prompt, and tell you that we're very pleased to have you with us this morning, and we certainly appreciate your willingness to help the Children's Bureau in trying to really chart the future in terms of the support of the graduate training of nutritionists and dietitians.

I thought since many of you are new to each other we might take a few minutes and go around the table. You have a list of the participants, but I will let you each identify yourself and the organization or the State or what-have-you that you represent.

Dr. Lowe, shall we begin with you?

DR. LOWE: I guess I represent the American Academy of Pediatrics. Would that be correct?

MISS EGAN: And tell them what you are really chairman of.

DR. LOWE: The Committee on Nutrition of the Academy, which, as you can imagine, has a real interest in the program Miss Egan has brought us together to discuss.

DR. WHITE: I'm Philip White, Secretary of the Council on Foods and Nutrition of the American Medical Association.

MISS ROBINSON: I'm Wilma Robinson with the American Dietetic Association.
MRS. SMITH: I'm Alice Smith, nutritionist from the State Department of Health in Michigan, but I'm representing the Association of State and Territorial Nutrition Directors.

DR. MAYES: I am Fred Mayes. I'm Dean of the School of Public Health at North Carolina. I had to get that commercial in. (Laughter)

But I'm not here in that capacity. I'm representing the American Public Health Association Committee on Professional Education.

DR. SPEKTER: Louis Spekter of the Division of Health Services.

DR. DEISHER: Bob Deisher from the University of Washington, not representing anybody I guess.

MISS EGAN: Oh, you really are, Dr. Deisher. You're going to talk about mental retardation, I hope.

DR. DEISHER: All right.

MISS BEEUWKES: I'm Adelia Beeuwkes from the University of Michigan, representing the Directors of Graduate Training Programs in Public Health Nutrition.

DR. MacKELLAR: I'm Ingeborg MacKellar from the University of Connecticut, head of the Department of Nutrition there, but I'm representing the National Committee of College Teachers of Foods and Nutrition.

DR. ODLUND: I'm Lura Odlund from the University of Tennessee representing colleges of home economics which train
nutritionists for some of these programs.

DR. FOMON: Sam Fomon, State University of Iowa, non-representative.

DR. HUSSEY: Grace Hussey, Director of Maternal and Child Health, Massachusetts Department of Public Health.

MISS GORDON: Ruth Gordon, University of Kansas Medical Center. I'm Director of the Dietetic Internship Program.

MISS EGAN: And I'm Mary Egan in the Nutrition Section of the Children's Bureau.

I think you'd like to meet the rest of the nutrition staff of the Bureau.

MISS SHOUN: I'm Frances Shoun from the central office, Nutrition Section staff.

MRS. HILLE: Helen Hille, Institution Consultant.

MISS ISHII: Mary Ishii, Therapeutic Nutrition Consultant.

MISS EGAN: We are going to ask Dr. Spekter to say a few words to you, and I know he needs no further introduction. He's the Director of the Division of Health Services in which Nutrition is located in the Bureau, and he is my superior officer.

He's a very good guide for all of us in relation to the nutrition component of Children's Bureau programs.

DR. SPEKTER: The job of an executive officer I think
is being a good listener and to learn what your staff tells you. So I'm learning a lot about nutrition at the Federal level and through the staff here. I have learned a great deal about nutrition when I was in the State of Connecticut, because the consultation from the Children's Bureau penetrates all parts of the country down to the lowest level we think.

These are exciting times, and what Miss Egan and her staff have prepared today in your agenda and background materials will illustrate what we are going through these days.

It is especially helpful, in view of these newer developments, that we will have the help of each of you.

This also is my function as an executive of the Division of Health Services to make a brief introduction and keep quiet and learn something.

MISS EGAN: Thank you, Dr. Spekter.

Dr. Chenoweth, who is Chief of Program Services Branch in the Children's Bureau -- and the Program Services Branch is where nutrition is located -- just came in.

Dr. Chenoweth is over here.

And also Dr. Alice Turak who is the consultant in maternity care projects.

They told me there's going to be a fire drill, so you may hear the bells clanging at any moment. They told me we could not be disobedient, but everybody had to leave this room.
MISS EGAN: I thought we might review the organization of the meeting. We have decided that we would break at 12:30, and we have reserved two tables in the executive dining room in this building, which is on the first floor, and we will reconvene at one-thirty.

I guess we have to leave now.

(Fire drill.)

MISS EGAN: I think I started to tell you a little bit about the organization of the day and the fact that we will adjourn at 12:30 for lunch. Two tables have been reserved downstairs in the executive dining room on the first floor.

We will reconvene at one-thirty, and hopefully the meeting will end at five o'clock, because I know some of you have plane reservations and what-have-you for return home.

All of you have received a packet of material which we really sent with the hope that we could get down to business actually in the five hours that we had today.

As you noted, the objective, as spelled out, of this meeting was really to review with us the types of graduate training for nutrition personnel which we presently support, and then, on the basis of current trends, to project a bit with us and give us the benefit of your suggestions and recommendations which we can use as guidelines for future
Now, I thought it might be helpful if very briefly I went over some of the material that you have already been sent, mainly to point out that up until about two years ago the major kind of training that we supported was one year of graduate training in those schools of public health or graduate schools in colleges of home economics which led to an M.S. or an M.P.H. degree.

About two years ago we branched off into three other kinds of training activities because of demands and interest.

Those three newer programs are:

The combined 19-month dietetic internship-master of public health program at California. You have received a description of this.

A still newer one is the 18-month training program in maternal and child nutrition at Western Reserve.

And then a plan at Chapel Hill at the School of Public Health, University of North Carolina, for what we call the funding of two leadership traineeships which were primarily intended for girls on the job who wanted advanced training in a specific area either because they were going to take on additional responsibilities or new responsibilities.

So that actually up until two or three years ago the major activity of the Bureau in relation to the training of nutritionists and dietitians was the M.P.H., M.S. graduate
I would also like to share with you that we are faced with innumerable questions as the result of new legislation. Some of these particularly relate to the training which will be done in the university-affiliated centers.

Now, in the packet of material you did not have anything on the university-affiliated centers, but I left at each place three additional pieces of material, one the APHA reprint on educational qualifications of nutritionists in health agencies, second a listing of university-affiliated centers which have been approved to date, and the third piece of material is an article by Mrs. Schiffer on the Children's Bureau staff in relation to training of personnel, a variety of health personnel, in the area of mental retardation.

I'd like to tell you that you really represent three specific areas today -- service agencies, training institutions or educational institutions, and professional organizations concerned with training.

We know that each of you represents a wide experience in the use of people who have come through training programs in the actual preparation of nutritionists and dieticians, and we hope that you will speak freely and contribute in any way you see fit.

I might tell you that there is a stenotypist and there will be notes taken. There will not be any official
report of this meeting. Whatever comes from the stenotypist will be purely a working document for the Bureau.

So in that context rest assured that we're not going to make any wide distribution of any publication from this meeting.

Yes, Dr. Mayes?

DR. MAYES: Copies will be available to this group?

MISS EGAN: We hadn't planned on that, Dr. Mayes.

I think we looked upon this primarily as an advisory group to the Bureau in this matter.

DR. MAYES: We just take our own notes then?

MISS EGAN: Yes, I think it's probably better if you want to be sure you have notes.

Now, although we had listed for the purposes of the session today five major questions which we hope by the end of the day to have some answers to, this doesn't mean you are restricted to those.

You will notice in the packet of material you received, at the very end of it, we for the sake of being sure that we come out with answers to some of the immediate questions we had, have listed specific questions to be considered. But please don't look upon these as the only areas in which we want discussion. It's just that it's a guide so that we don't completely neglect any of these.

I'm wondering if it might be well for us to start
discussion in terms of the graduate training programs which we probably have supported for the longest period of time.

I might say that when we organized the session today we did not look upon this as a kind of a group from which we would get answers in terms of: What should the content of training be? Should the nutritionist have 20 hours of biochemistry or 15?

That's not the purpose of this session. The purpose is really to come forth with some general guidelines in terms of kinds of people that should be trained, length of training, and so on.

Are there any questions about all of this?

Do any of you have any questions that came up as you read the material in preparation for the meeting?

DR. LOWE: I have two questions if I may.

First of all, if you go back to the questions you sent out, item one, the relationship between the Children's Bureau and the university, in other words, how this works is not clear. I'd appreciate some information on that.

And, secondly, on the handout of today, university-affiliated facilities, --

MISS EGAN: We'll spend a lot of time on the university-affiliated facilities.

DR. LOWE: All right.

MISS EGAN: I think if we could leave this for the
afternoon, Mr. Hormuth will be back with us, and Dr. Deisher and Mr. Hormuth can probably speak more to this point.

In relation to your first question, Dr. Lowe, do you want to discuss the relationship, Dr. Spekter, between the Children's Bureau and the university in relation to the special project training grant?

DR. LOWE: The existing programs.

MISS EGAN: Yes. This mechanism. I think this is what Dr. Lowe is asking.

DR. SPEKTER: This is a recent authorization for us. Prior to that our funds would go only to State health departments or crippled children's agencies who are not with State health agencies, or they might go to universities, institutions of higher learning, via State health departments through this and other mechanisms whereby funds go to the State health department and then they make a contract or arrangements with a university for training or for services or this sort of thing.

But with the new authorization that we have, recent authorization, we have been able to provide funds directly to institutions of higher learning for training.

Now, this training may embody services. To develop the training program they may have some service programs on which the training will rest.

So that we have quite a number, about a hundred, such
training grants covering all professional personnel, graduate professional personnel. Some are for individual professions. Others are multi-disciplinary, this sort of thing.

But this is what it is in essence, and it means an application to the Children's Bureau with a project proposal.

DR. LOWE: Let me try to rephrase my question. Is the Children's Bureau, for example, subsidizing the students? Is it paying the salaries of instructors? Is it endowing departments? It's not clear from the material we have received just how this is done.

DR. SPEKTER: This varies. Some places it is just for fellowships, and these funds are given to the institution of higher learning, and the institution selects the candidates. We do not provide fellowships directly to individuals.

DR. LOWE: The basic mechanism is through fellowships? Is that right?

DR. SPEKTER: That is one method. Another method is the provision of funds for the staffing of a teaching institution directly related to the subject in question. There are these two mechanisms. We don't staff a whole university or whole department.

It's to supplement what a department may need with relation to the subject to be done, the job to be accomplished.

DR. LOWE: Thank you.

MISS EGAN: Any other question about the mechanism?
I think we tried to outline this on the first page of this historical perspective in which we defined the use of special training grants to provide fellowships.

On the summary sheet you will see that for the current year, fiscal year, for example, we are providing 13 fellowships in nutrition.

I might say actually that a large amount of the money that we are providing goes into the second item, which is salaries -- to pay salaries of faculty or consultants to provide special course content.

And then the third item is the supporting services such as clerical, travel for staff, and so on and so forth.

Yes, Dr. Mayes?

DR. MAYES: On the fellowships, is that limited to one year? Or may it be possible for, say, a post-baccalaureate candidate to go clear on through to a Ph.D. if it takes two or three years?

DR. SPEKTER: Do you want to answer this in relation to nutrition?

MISS EGAN: Usually we have thus far restricted them to one year, although keeping in mind that some of the training programs we now are supporting are longer than one academic year. There is the 19-month one at California. There is the 18-month one at Western Reserve.

However, we have had a couple of Ph.D. candidates
supported on our traineeships by having them apply each year. I can think of one at the moment, for example, who has received a Children's Bureau fellowship for two years of her Ph.D. study.

We haven't gone out widely for the support. And you will notice that this is one of the questions we hope to spend some time on today. Do we need to take a new look at this?

And from where you sit in educational institutions, in service agencies, in professional organizations, how do you see needs, how do you see trends, and what direction do you think we should be moving?

DR. SPEKTER: In our other training programs for other professional personnel we have rarely gone beyond the master's level. But we do have some fellowships for three years, for example. That's what they are doing at Berkeley. Training persons in mental retardation to get public health degrees, which is a matter of two or three years.

By and large our fellowships are for a year, some for two, and in very rare instances do they go as long as three years. But these are post-graduates, physicians who have had their M.D. degree and they may get an M.P.H. in the process.

MISS EGAN: Some of you who have been concerned with the training of this bulk of students thus far, how do you feel about this? Do you have students who need support for whom there are not fellowships available?
With the increasing amount of money made available under the Public Health Service traineeships which wasn't available when the Children's Bureau initiated support in this area, is there less need for support of this training?

I think it would be helpful if some of you who have been perhaps more directly concerned with these kinds of training programs might wish to speak to this point.

MISS BEEUWKES: Well, I can speak from long experience with and without money.

At the University of Michigan, with a very large student body, I think the dean and the executive committee have been most generous to nutrition. But you would be having more nutritionists ready to go into the field by next fall, Mary, if we had had more funds to support them.

So that I cannot hope that the traineeship funds will be adequate to meet the needs of good candidates. We have more good applications than we can assist.

Secondly, I have been fretting within the strait-jacket of time on this Public Health Service arrangement for so long, and I think as long as the notes are going to stay in the Children's Bureau that I'd like to say that I think we're going to break those bonds. We're going to lose our minds if we don't.

We cannot do a job in 12 months. And I would see in the field of public health nutrition a minimum of 15 months.
This raises real questions about financing. This year one worked out beautifully for 15 months with a Public Health Service for 12 months and a State health department graciously -- and they well should -- picking her up for the rest of the time.

But I think the limitation of time is a very very restricting thing really, so that I would wish we might have more flexibility and use judgment.

All students don't come to us with the same needs and the same background.

And in answer to your first question, which sort of relates to this, I would wish personally to see an extension of funds on the general traineeship grants, have more money for more general, and I would like also to have the opportunity to have money from the Children's Bureau and set them up so that we could use judgment on time.

You might even have a student that would go 18 months. But I'm thinking in the overall possibly of 15. And this would include two months of field experience.

It's wonderful, I think, to have reached the point to say we have more good applicants than we can possibly satisfy. This is encouraging.

DR. FOMON: Could I ask a question?

MISS EGAN: Sure.

DR. FOMON: If there are only 78 per cent of the
available fellowships filled by qualified applicants, does this 
relate to just a few of the schools? Clearly it does not re-
late to all of them.

MISS EGAN: That's right. And that's since they 
were initiated, Dr. Fomon, in 1947.

DR. FOMON: So would the experience in the last 
couple of years be better than 78 per cent of positions filled? 
MISS EGAN: I think so, yes.

And another factor which I probably should have men-
tioned in relation to this is that although over 75 per cent 
of them have been employed in public health agencies at some 
time or other following completion of their study, this doesn't 
mean that the other 22 per cent went off in a completely dif-
ferent direction.

Some of them, for example, went into large medical 
centers where they are doing work primarily in pediatrics.
Some of them went into college teaching.

So that we don't consider it a loss. Actually I 
think -- and Dean Mayes, I don't know what statistics APHA 
has on this -- but I think that the nutritionists come out 
pretty well in terms of going into the field for which they 
have been prepared at some time or other.

DR. MAYES: Yes, that's my impression.

But I see there is a difference now in what is 
considered public health agencies. A few years back when that
was stated you thought of the official State or local health
department. That is no longer true.

So if you are thinking in terms of comprehensive
health services, then this 78 per cent would be way off. It
would be up in the 90's.

MISS EGAN: That's right.

MISS BEEUWKES: Well, I had a feeling that maybe
this question of whether or not Federal funds are used for
good purposes would come up, you know. It sometimes does. And
so I have a listing, if any of you want it, of all of our 67
graduates in public health nutrition, and you can see that
Dr. Mayes' point is a point well taken.

If you want a copy to see where they go, I have it.
Many of them go into pediatrics. We do not have nutrition.
We really don't.

DR. ODLUND: I too happen to have some notes with
me, and you might be interested. Of the 176 master's degrees
which we have granted in nutrition at the University of Ten-
nessee, approximately 83 graduates have held positions in the
field of public health nutrition, and we have many now in
State and local health departments, in the United States Public
Health Service, many in college teaching, some going on for
doctoral degree programs.

I too am concerned about this matter of time, though.
But it is hard to push up the length of time required in
I think the trend now is towards early identification of student and pushing downward some of that training and even experience into the undergraduate level that they might formerly have had at the graduate level.

I think too in this particular area that the idea of going directly from a bachelor's degree through a doctoral degree level is not so good perhaps because of the extreme importance of work experience.

And so for students in this particular area we would not be thinking particularly really about having students go directly from the bachelor's degrees to the doctoral degree level without knowing more about what the actual field conditions are.

I thought I had a brilliant idea last weekend of maybe identifying students at the end of their sophomore year and then sending them out for field experience between the junior and senior years, giving them some real field experience, and then bringing them back for advanced nutrition courses, public health and community nutrition courses, in their senior year that usually they might be making up in their master's degree level, and then going on, giving them this working experience early right in the undergraduate years and pushing the time down this way.

This is what is being done in many professional
fields.

MRS. SMITH: May I ask what you would be crowding out as you put this in? What would you be replacing?

DR. ODLUND: Well, we are in a very fortunate position. I'm speaking individually, and I shouldn't. But the trend is to be more specific in the development of undergraduate curricula.

We have recently revised our curricula to allow 33 percent electives in our straight nutrition program, and then these community and public health nutrition courses can just be blocked right in there. There's no problem.

MRS. SMITH: As electives?

DR. ODLUND: Well, as electives. Well, these are free electives selected by the adviser. (Laughter) Free controlled electives.

But it would work out nicely. And this is the trend in undergraduate curricula, to provide more specific --

MRS. SMITH: What is it replacing in the old conventional curricula?

DR. ODLUND: Well, I'm speaking about home economics across the board. We used to think everybody could do everything, and we just can't anymore. So that we are having --

MRS. SMITH: You take out clothing and textiles and things of that kind?

DR. ODLUND: Yes. We have developed a core of
family-oriented courses in textiles and clothing, for example. They do no construction. They have a course on consumer economics, and that's in textiles, clothing.

MRS. SMITH: This is not replacing any of the basic sciences or even some of their behavioral sciences?

DR. ODLUND: Oh, no. These have all been increased if anything.

MISS EGAN: Dr. MacKellar, do you want to add to this since you have been closely connected with a group of college teachers of foods and nutrition?

DR. MACKELLAR: I think there are two trends here in universities throughout the country that are somewhat in conflict.

One is this desire which everyone talks about to single out people earlier and start them earlier. And this is in conflict with the philosophies of some universities for a general education, a two-year general studies kind of thing, which again we have at Connecticut, and would make this other deal impossible.

They are not supposed to take any professional courses until their junior year.

I hope this will change, frankly. I'm all for general courses, but I have worked under systems where in one instance you took it all at once, and in the other you still took the same number of courses but scattered throughout, and
I much prefer the other system.

DR. ODLUND: We have about 50 per cent general education.

DR. MacKELLAR: Ours have to take --

DR. ODLUND: Oh, you have to take all the others?

DR. MacKELLAR: Yes. Well, no, we don't take all the home economics courses. We don't have any required core at all. But we have -- and this is a university regulation -- no professional courses until the junior year. This is very difficult.

DR. ODLUND: Yes.

MISS EGAN: Are there any other trends discernible in relation to the undergraduate teaching of foods and nutrition which this group should be aware of other than what you said?

DR. MacKELLAR: I would say one other thing. When I said these two trends are in conflict, they are frequently in conflict in the statements of people administrating the university, where they will come out for this earlier recognition and moving ahead and the better student getting in, and at the same time they will still insist on this two years of general education. And these are in conflict.

The other thing that has bothered me is the increasing prerequisites for what we call the support of courses in nutrition, in chemistry, biochemistry, and so forth, and also
in the behavioral sciences.

As specialization gets more prominent, each department is really looking at its own department and not at its service contributions. And as their knowledge is increasing, they are increasing the number of courses prerequisite to the ones that have served us in the past, which again puts an increasing load on the nutrition curriculum.

MISS EGAN: Do any of the rest of you wish to speak to this point?

DR. WHITE: Mary, it does seem to me there could possibly be conflict here within all universities involved, because I think the trend, as I detect it around the Chicago area -- and Chicago went downhill in nutrition and I think is slowly coming up again -- has been to put more emphasis on the basic sciences as necessary preparation for specialization in nutrition.

This eliminates the professional aspect of the early training in school. And I am quite sure a number of department heads would say, "I have no interest in anything except giving my students the very best science background that I can, and thus they will be equipped to go from there or to go on to graduate school for specialization."

So I am a little confused, Mary, for example, by the program at Western Reserve, because it leads to something which would almost be a certificate. It is very special train-
ing for a very special job.

I would wonder how many applicants there would be for something like this.

MISS EGAN: This is a brand new program. It just started as of this fall.

There were two fellowships made available. One of them is filled by a girl who is returning to a position, somebody who has had some work experience in a public health agency and will be returning to a position where she will be carrying quite a bit of responsibility in relation to maternal and child health and crippled children's programs.

The plan is -- at least in the project proposal -- to increase these gradually. And from talking to Dr. Huncher on the telephone just the other day, I gathered that she has had a good many inquiries and interest in this.

Now, I don't really think that we can judge fairly on the fact that only one of the two was used this year, because the funds just became available, and they really didn't have ample time to make the course widely known and recruit for it, in all fairness.

DR. WHITE: Have you given consideration to recruiting before the graduate level?

It seems to me that part of the problem here is lack of identification of this as a field of endeavor even at the high-school level.
It does seem to me that a student may have to give up something in order to meet these requirements, and I would certainly be against that.

I don't look upon universities and colleges as having a professional obligation necessarily except where they are leading to licensure, as for example in the case of physicians.

But the problem is going to be met, it seems to me, early in the academic career, not at the time the student is making a career decision as a junior or senior. Because you will be competing almost directly with the American Dietetic Association, for example, which --

MISS BEEUWKES: We are not competing. We are supplementing each other.

DR. WHITE: Yes and no. You will be competing for much the same student body really. And it is my understanding that you aren't able to fill all the positions that you have available in dietetics now.

MISS BEEUWKES: Yes, but many of the students who gain experience in hospital dietetics and then come into public health nutrition go back into the kind of position where their backgrounds in dietetics and public health together really place them in leadership positions where their influence is rather great.

DR. WHITE: Would you expect them to take what we might call a refresher course? You wouldn't, would you?
MISS BEEUWKES: Well, one of the avenues that has been rather typical in schools of public health—Well, there are students who come without an internship, but I think if we did a study that the majority of students would have had a dietetic internship and a couple of years of experience and then come in to get a master's degree in public health.

For example, a girl who goes out with a master's and experience in public health plus her dietetic experience into the teaching in a collegiate school of nursing is really helping the field of public health in its broadest sense, because nutrition is also public health nutrition in that collegiate school of nursing, and these girls are going out to first-level jobs in public health.

So that I don't feel in the least apologetic for the fact that many of our girls have an internship, because with the public health they go back and strengthen internships in many instances.

DR. WHITE: But the program as now designed would not necessarily lead to a master's degree.

MISS BEEUWKES: What program?

DR. WHITE: The program we are discussing today.

Is that correct?

MISS EGAN: Oh, yes.

MISS BEEUWKES: Yes, it does. Academic.

MISS EGAN: Yes, it does.
I think I mentioned this earlier to one individual. We are not concerning ourselves with in-service training because we do have a lot of this. State health agencies do a lot of it. Schools of public health and other groups do. And rather than get bogged down in this area of in-service training, we decided to stay away from that and think more of actually what we support with our special project training funds which usually lead to a degree, with the exception of the two leadership training short-term two quarters at North Carolina. And those were set up for a specific purpose.

Do any of the dietitians wish to speak on Dr. White's point about competition between public health and the dietetic area?

MISS ROBINSON: I think I might, Miss Egan.

I wondered too if it would be apropos and if everyone might not know that in dietetics we do have experiments going on in both directions, that is, the undergraduate level and the post-graduate level. Would you think it might be well to review --

MISS EGAN: Very helpful.

MISS ROBINSON: Going back to Dr. Odlund's point of early identification, there is a program at Ohio State University which is a combined dietetic internship with the undergraduate program. This has been going on now for about six years.
It is a little early to evaluate it, but it is a very interesting concept, and we think one particularly interesting factor in regard to this is its identification with medicine, because it is in the school of preventive medicine.

Then I think too I would agree with Miss Beeuwkes that we don't feel there is any competition here between dietitians and nutritionists. In other words, the general goals are in a sense the same. And we would hope that is merely another avenue of service.

So that the program at the University of California that you have information about, which leads to a master's in public health nutrition, is here again a combination of dietetics and public health nutrition which we feel is a forward step.

At Western Reserve there is another new program this year. There are now three dietetic internships in the area of the campus that are cooperating in a coordinated class program leading to a master's degree.

So that we feel that we are working toward greater cooperation rather than less, and we hope to see it go in this direction.

MISS EGAN: Would someone like to speak to the point of what is happening in public health in relation to preventive medicine and medical care? That might be pertinent here because I think this greatly influences the kinds of
training programs we will support.

DR. HUSSEY: I think as far as our agency is concerned in Massachusetts we are just coming in to the area where we are going to need people at the level of a supervisor or consultant who will work with hospitals and with local agencies.

This will be in terms of the new maternity and infant care grants where hospitals will receive money to establish maybe satellite clinics to attract people who would otherwise not get prenatal care, and hopefully this would carry over with your preschool services so that you would be giving anticipatory guidance and there would be the broad range of types of things.

With your new money in Medicare coming into our regular funds, we will be doing special research projects as well on a community level.

So I think you need the broad training for the girls who will be relating to the people who will actually be giving these services.

MISS EGAN: Does anybody else besides Dr. Hussey wish to speak to this?

MRS. SMITH: I think in the field there are many agencies that won't employ a nutritionist unless she has a dietetic internship because of the broad nature of the services they render.

They need this kind of background experience both
in terms of institution food service and dietherapy.

We in our State have done a great deal of counseling on dietherapy for patients of private physicians, not just clinics.

Over a long period of time it would be very difficult to have nutritionists who didn't know something about this and didn't have that kind of broad preparation.

And what the new Medicare is going to do is something else.

But even our referrals from the Crippled Children's Commission were the pediatrician and the orthopedist together. You really have to have some of this broad type of experience to function effectively.

Now, this is perhaps a little different than some agencies are doing, but I think we have come to the point where we have to stop saying that the public health nutritionist is a consultant that refers. We have to say: Who is she referring to? You can't refer to some service that doesn't exist.

And I think the public health nutritionists are going to have to do more of this specialized kind of counseling and advice, because there aren't any other people around qualified to refer to.

I think we have to keep this in mind in training our people in the field and academically, but particularly
academically is the good base ground to operate from.

MISS EGAN: Yes, Dr. Mayes?

DR. MAYES: The departments of preventive medicine in medical schools are certainly going through changes, as they have been for the last ten or 15 years.

To be more specific, the AMA specialty programs in preventive medicine -- that is, the Boards in preventive medicine -- have recognized recently more sub-specialties, that is, for example, in epidemiology, in maternal and child health, in international health, and so on, in addition to the older sub-specialties.

This is one thing that is happening that is broadening the outlook and the responsibility of departments of preventive medicine.

But in addition to that there are some of the new developments just in the last year or two. There is the new Institute of Child Health and Human Development. Its program is just beginning to get under way. There are the new grants of the Children's Bureau and new funds for mental retardation, and so forth.

I think there is already evidence that departments of preventive medicine with departments of internal medicine, pediatrics and others, and where there are schools of public health on the same campus, are developing joint programs of training that go far beyond the imagination of five years...
So I think in the years immediately ahead the nutritionists and dietitians will inevitably have a wider range of responsibilities and perhaps more specialties within nutrition, and the expectations from nutritionists both of the medical, public health and other related health professional schools and of the public will be quite different.

So if you want to really use your imagination and try to help chart what this course is going to be, and I judge that is part of the reason for this conference today -- there are so many possibilities that there is a danger also of undertaking to do everything, you know, and be stretched too thin.

So I think this is one of the dangers, to not react, you know, with an explosive reaction toward every opportunity, because there will be more opportunities for professional development and specialization and higher levels of graduate training and to the doctorate level for nutritionists than were ever possible before.

MISS EGAN: Does anyone have any questions or comments?

Please feel free to interrupt or ask questions of anyone. Actually this is a real informal session.

Go ahead, Dr. Lowe.

DR. LOWE: I have several questions, because I find
it difficult not being among the initiated. I am not, after all, in the school of nutrition or dietetics.

There are a lot of areas of uncertainty which make it difficult for me to focus on the problem.

Could I raise some questions, please?

MISS EGAN: Surely.

DR. LOWE: First of all, as I have gone over this, is this a question we are asked to consider this morning:

There is $150,000 appropriated in the budget of the Children's Bureau in the coming year for these special programs in nutrition, and this is to be used -- and I take your words to try to meet the wide discrepancy between demands and the number of nutrition personnel available to meet them. This is the pro and the con in a way. Is that the issue?

MISS EGAN: Dr. Spekter, do you want to speak to the $150,000 approximately?

DR. SPEKTER: Only the special projects budget of this year, but we have set no limits on nutritionists or physicians or anyone else. And we would assume that we would do everything in our power to supply the need.

Now, for example, the new legislation on training in the field of handicapped, especially retardation, has a lot more money authorized. So that we would look to supporting additional fellowships, additional training programs for nutritionists and dietitians.
DR. LOWE: Then it is only the second part of the discrepancy between demand and available personnel that is the number one issue before us? Is that --

MISS EGAN: No. That's one of the problems at the moment. And I don't think the nutritionist is peculiar in this respect. This personnel shortage really is across the board in most of the groups of health personnel.

The issue at the moment, Dr. Lowe, I think, is to take a look at what we are now doing or what we have been doing for almost 20 years. We have been supporting one academic year of training which leads to either an M.S. or an M.P.H. degree. These programs have been located either in schools of public health or in a few instances in colleges of home economics.

It's only been within the last two years that we have done anything different other than this. And the newer programs, the 19-month program at California which Miss Robinson mentioned which combines in 19 months the dietetic internship and the M.P.H. program -- ordinarily this would take approximately 24 months of training --

MISS ROBINSON: That's right.

MISS EGAN: They have meshed these two types of training together to produce in 19 months what ordinarily would take you 24 months to produce.

The other new venture is the 18-month program at
Western Reserve which still leads to a master's degree but
gives the candidate more experience directly in areas of
maternal and child health, both clinical and community.

So that I think really the major issue today is to
take a look at what we have been doing, and from where you sit
do you think this is enough? Do you think it is the wrong
kind of thing to continue supporting? Do you see other needs?

Do you think we should be putting funds in other
areas in relation to training of nutrition personnel?

We have done practically nothing, for example, with
the pediatric dietitian per se other than those who might be
coming in to one of the existing graduate programs.

We haven't really gone after the pediatric dietitian
as a special person who would be returning to this setting to
function. Do we have a responsibility here?

Do those of you who sit in large children's medical
centers see a need for this?

So I think really that's the kind of thing we are
hoping to get from you today.

DR. LOWE: Let's take the 102 fellowships. Is this
the total number which have been granted over 13 years, or
have you now reached a level of 102 per annum?

MISS EGAN: Oh, no. No. The 102 covers that whole
period of 13 years.

DR. LOWE: So then what is the current rate?
MISS EGAN: The current is on this chart. The number of fellowships included in the grant is 13 at the moment.

DR. LOWE: That's all?

MISS EGAN: That's right.

DR. LOWE: What relation does this bear to the number of students currently engaged in training of the general type you have described? Are there 100 a year? 1,000?

You see, I'm completely lost in understanding the magnitude of the problem. Is an answer available? How many students are being trained?

MISS EGAN: This has gone up and is going up each year.

For example, on an average, it almost doubles -- which isn't many -- but it did -- from 15 we'll say to about 35. Last year there was a much higher number in training.

This year we are just in the process of compiling the replies from the 12 programs that usually train for this field, and it looks like the number is going to be well above 75, so that it is increasing.

Dr. MacKellar, am I right that the majors in foods and nutrition are also increasing?

DR. MacKELLAR: Yes. Are you talking about the undergraduate level?

MISS EGAN: I'm talking about undergraduates.

DR. MacKELLAR: Yes.
MISS EGAN: Because this is the pool we draw from.

DR. MacKELLAR: I think it can be increased much more, as well as the master's program in nutrition in general.

MISS EGAN: In other words, what you are really saying is that the potential isn't being utilized to the fullest possible extent?

DR. MacKELLAR: Yes, I am, both with public health nutrition and with other kinds of nutrition specialities.

Our program, for example, does not prepare specifically at the graduate level for public health nutrition. It is one of my aims that it do so at least in relation to what I call community nutrition.

I thought I had my terms correct, but in talking with other people in the past every time I said "public health nutrition" it was wrong because this meant a public health agency. So I switched to "community nutrition" in my mind being the person who deals with people and serves them with nutritional knowledge whether it is a public or private agency.

Ours is what I might call the science nutrition, with research. It's my belief that the combination of them both together enhances each other in that the ones who are planning for nutrition research going on in that level need to know the problems of those who serve primarily and that those who serve primarily need to keep their feet strongly in
science after they're out.

DR. LOWE: Then we are training about 75 a year now? Is that it?

DR. MacKELLAR: Not all nutrition, no.

DR. LOWE: No. What estimate can anyone provide -- and this is obviously a gross speculation -- on projected needs this year, next year? I mean are we talking about 500 a year needed, a thousand a year? Is there any estimate of what the national needs are?

MISS EGAN: No, unfortunately we don't have a ratio of number of nutritionists to population as do some of the other disciplines in terms of public health administration.

We do know that at the present time vacancies are averaging, and have for the past number of years, about 17 per cent, between 15 and 17 per cent.

So you always --

DR. MacKELLAR: That is public health nutrition?

MISS EGAN: I'm talking about public health nutritionists now. This does not take into consideration any of the vacancies in the hospital dietetics field, and I don't know whether Miss Gordon and Miss Robinson can speak to this point at all. But from what level I know I suspect it's high.

MISS GORDON: This year it has not been. We are full. And haven't we been --

MISS ROBINSON: In the dietetic internships we now
are filling our quota. But as far as positions available, there are innumerable positions available.

MISS GORDON: Never enough.

MISS ROBINSON: We list in our credential service bulletin between 200 and 300 every month. Some of these are repeats, I mean, month after month. But this is just not a total number of positions available.

DR. LOWE: So 500 might be in the range of need and 75 in the range of available? Is that it?

MISS ROBINSON: Then if you think in terms of all the new possibilities that are opening up, then this is the thing that makes this—I hope I'm not speaking out of turn, Miss Egan, but I think this is the thing that makes this such a tremendous problem. The possibilities for the future are terrific.

MISS GORDON: There is something that is happening in nursing. And I don't know how much we have relied upon nursing for nutrition education, but certainly we in the hospital have done quite a bit of this. And in the nursing field there is, it seems to me, a trend toward nursing throwing out nutrition. Is this right? Not requiring nutrition?

I mean I was interested in what you were saying.

MISS BEEUWKES: Not throwing it out, Ruth, but integrating it quite differently.

MISS GORDON: This is right. Really what they are
MISS BEEUWKES: Well, except that in the collegiate school program with which I am most fully acquainted, now in the collegiate school program, although it may not appear as as many hours on a transcript, the opportunity if you have people trained to know how to work in a coordinated fashion in the case studies and all of this-- Well, I talked with our faculty at the school of nursing about a week ago, and they felt there was as much opportunity as there had been be-fore, but, as in public health nutrition, in an agency the working mechanism was very different.

Of course, we have to realize that in a collegiate school of nursing the basic sciences have been upgraded tre- mendously.

MISS GORDON: This is right. And this is what is happening in our place.

MISS BEEUWKES: So you don't have to back up in to nutrition in some of these things. The students are ready to jump.

There is one other thing about numbers we ought to be aware of. That is, in public health many people call me and say they really are discouraged that maybe they have budgeted a position for a public health nutritionist for several years and haven't filled it and now they are losing it, and
did I have any idea when they ought to try fighting again.

So I think that numbers of vacancies in public health
nutrition is not a true measure of the demand if we could
supply them.

DR. LOWE: Do you agree in tackling a problem you
have got to have some framework? If we are talking about
100,000 people, you make one series of plans; if 500 to 1,000,
a completely different set. And this is what I need somehow to
look at.

Let me ask you a question if I may. Are we talking
about a person trained to each? Are we talking about a person
trained in direct patient services -- in other words, a one-to-one type service? Are we talking about service at the
administrative level?

This also somehow has escaped me. Which area are
we in, or are we in all of them?

MISS BEEUWES: All three.

DR. LOWE: The same person going through the same
course is prepared to do all three? Or do they specialize
in the process of training?

MISS GORDON: I think that's the problem. This is
one of the problems.

DR. LOWE: What?

MISS GORDON: That they really aren't trained in
all areas. This just can't be, can it?
DR. LOWE: Well, --

DR. MAYES: That's what this first question asked: Should the support of graduate training programs leading to a master's degree, and so on, and designed to prepare generalized nutrition consultants for health agencies be continued as at present or expanded or changed?

I think your questions, Dr. Lowe, indicate that if in the past they have been trained or the assumption is made that they have been trained to do all three of these functions equally well, that there is something wrong, that this isn't satisfactory, entirely satisfactory, and if the field demands more people then perhaps there is a necessity for more specialization.

I'm reading more into it --

DR. LOWE: I understand the question, but I am not familiar with the training program, and that's why I bring it up.

But I gather from your answer that really a person who finishes your course now, 15 months presumably, --

MISS BEEUWKES: It isn't 15 months yet.

DR. LOWE: Oh. I thought you said you had gone to--

Well, whatever it is. That they in theory can fill any of the 200 jobs?

MISS BEEUWKES: No, no, I wouldn't say that at all. You take the student who comes to you with her background of
experience, her maturity, and her abilities, and some of the students out of 13 this year would be quite prepared, or one or two I can think of right now could be quite prepared to be a nutritionist in a multi-county unit, assuming they would have more orientation and leadership from the State health department. But they'd be ready for rather a large unit.

I think a couple of the girls at this point have had such limited experience and opportunities to mature in working with people that they would better be in perhaps one of the direct service types of experiences through Children's Bureau operation at this moment for a year or two to get a little more experience of working directly on a one-to-one basis.

MISS EGAN: Under supervision.

MISS BEEUWKES: Yes, under supervision, at the same time as she is developing more skills in administration.

Really there is nothing homogeneous about the back-ground of people who come to school. Some of them will be ready for great leadership positions, and some will not.

DR. LOWE: Are they all women? We have been talking as if the total pool of personnel is women.

MISS BEEUWKES: They are. In public health nutrition they are.

MRS. SMITH: So far.

DR. LOWE: Is there a reason for it? I mean is this structured to attract women? Or is it just chance that this
MRS. SMITH: This is not for the record but most men wouldn't work for the salary that public health nutritionists work for.

MISS BEEUWKES: I think it's within the group of the helping professions where the majority of people have been women. I don't know any reason why they should be.

MRS. SMITH: I don't know whether this helps, Dr. Lowe, or not, but in the light of what Dr. Mayes has just said of what is on the horizon and in the immediate future, programs are going to become much more diversified than they are as of today. But it doesn't mean that they are going to eliminate some of the baseline things that we have been doing.

We do have to have some people that start at the beginning level and can work under fairly close supervision. But you're going on into specialization.

Well, for example, our people came up the other day and said, "We want somebody now that is going to be assigned for migrants and will work with a coordinated level and can do this elaborate kind of program." Well, this is certain mothers and children, but it's a specialized kind of thing.

Well, now, a girl that is right out of school who has done nothing but hospital dietetics and has a master's degree is going to have to have a lot of guidance to go into this. But she is going to get some experience, and finally she
is going to be able to develop this program and have some
vision and go on to become a leader in this.

And the bigger the State and the more they have the
need for this, the more you need a specialized kind of person.
This is going to vary across the country.

The nutrition directors in State health departments
are getting quite concerned because some of the folks like
myself who do not have doctor's degrees -- there are very few
of them who have done this. We came up the experience way
with a master's degree, worked hard and got in and developed
some of these things -- are saying, and maybe we're being
selfish, but we are saying, "Who are we training to come on
and take on the positions that go beyond where we are now,
that pick up where we are and go on?"

We feel that the person with just a master's degree
and a generalized program which she needs isn't enough. Be-
cause even the person that is going to direct a program is
going to have specialists under them. You are going to have
people who know more about mental retardation than anybody
else, who know more about the low income families than any-
body else, who know more about the culturally deprived,
whether it's a Mexican or Puerto Rican or what, than anybody
else.

We are going on into these specialized things.

If the trend is as Dr. Mayes has just referred to --
and it seems to be here, and it will probably get greater be-
fore it gets less -- then I think this is one of the things we
are faced with. It is not a question of dropping what we have
been doing. I think we have to do some of this. But we have
to go beyond.

DR. TUREK: Those who teach in home economics, do
they have Ph.D.'s?

MRS. SMITH: Many of them.

DR. TUREK: Well, who supports this training?

DR. ODLUND: You mean the university instructors?

Yes, they are mostly Ph.D. levels now in universities.

DR. TUREK: Is this something they have paid for
themselves? I'm thinking in terms of all basic sciences. You
can get a Ph.D. in any science and somebody is paying for you
all the way.

MRS. SMITH: Three former staff members of mine
now have Ph.D.'s teaching at universities.

DR. TUREK: This is from what? Public Health Serv-

MRS. SMITH: They have fellowships of various kinds.
No, they didn't get Public Health monnies, because there were
none available. They had to go to the universities or go
somewhere else and look for it.

They did not get any Public Health money or Chil-
dren's Bureau money for those. I think I'm correct in that.
DR. ODLUND: Most of them are supported by university grants or by grants to the universities for research projects and are research fellows for the period that they are studying.

DR. LOWE: Could someone distinguish between home economics, dietetics, and nutrition? This is one of the questions I have down. This seems to me the appropriate time.

I'm confused between areas of authority for teaching, for training in the broad sense that Miss Gordon has used.

DR. ODLUND: Well, we, for example, have a college of home economics within which we have a department of nutrition offering nutrition at the undergraduate and graduate level through the doctoral degree level.

We also have a department of food science and institutional management where dietitians --

DR. LOWE: Food science under home economics?

DR. ODLUND: Yes. And institutional management. And the institutional management means that this is where the dietitians receive their undergraduate training.

DR. LOWE: Do you distinguish between a dietitian and a nutritionist?

DR. ODLUND: No, there is a very fine line.

MRS. SMITH: Oh, I can't agree with you on that.

DR. ODLUND: Well, some of the basic training procedures are very much alike. But there are specialization courses for nutritionists who go more into metabolic studies
and the dietitians who go into more food service courses.

DR. LOWE: Well, we aren't really all speaking the same language then, are we, in terms of the person we are talking about?

MISS EGAN: I think we are. You are asking an oft asked question.

DR. LOWE: What kind of question?

MISS EGAN: An often asked one. And I think it might be helpful to hear Miss Gordon, Miss Robinson, some of the people who are really closely associated with the training of dietitians speak to this, and then maybe those of you who are working more closely with the nutritionists in public health can clarify a bit more for Dr. Lowe.

Miss Gordon.

MISS GORDON: Go ahead, Wilma.

MISS ROBINSON: I was going to say, "Go ahead, Ruth."

(Laughter)

I always hate to get this one, because this is very difficult.

I think this is something that has developed, shall I say, without a really well defined plan. Many dietitians have gone on to become nutritionists, or having a specialty in the public health nutrition area. Others have gone directly into -- well, have come perhaps with the basic background in home economics and then have gone on to get a
master's degree in public health nutrition.

And the emphasis has been on the science of nutrition alone in that respect.

But for the dietitian there has also been emphasis on food service management. In other words, the dietitians usually have a dual background. They have experience and training in management of food service units as well as training in therapeutic nutrition.

I'm sure I'm not doing this well, because I don't know how to do it. It's really very difficult.

So that there is a lot of coordination here, a lot of going from one area to another, so to speak.

And so I'm sure you are just as confused as you were before.

DR. LOWE: What I want to know is: Either background could lead to, let's say, a master's degree at the University of Michigan?

MISS ROBINSON: That's right.

DR. LOWE: There is no conflict here?

MISS ROBINSON: Well, we don't think so.

DR. ODLUND: No.

MISS ROBINSON: Except we can't explain it. I mean this is our problem.

MISS BEEUWKES: As long as there is this common thread of adequate background in the science of nutrition and
also some of the areas of application, whether it be in diatherapy.

And Mary Schwartz Rose said it so simply a long time ago -- that in the field of dietetics our primary concern is feeding people, sick or well, and that in the field of public health nutrition we build on this basic concept of the relation of food to man whether he is sick or well.

DR. LOWE: So that home economics is an administrative concept rather than a doctrinaire concept?

DR. ODLUND: Oh, yes.

MISS EGAN: Yes.

MISS BEEUWKES: When the first schools of home economics were developed, when you look back, there was no other place for a person with a major interest in foods and nutrition. And our early leaders, therefore, came through schools of home economics. And then those who wished to go on for doctoral programs and were interested in nutrition did them in biochemistry.

But they were a strange kind of biochemist. They were biochemists who always wanted to relate the needs and the research back to the whole human being.

DR. WHITE: This is perhaps not the place to bring this in, but it seems to me with some of the present trends in specialization leading to a dietetic internship that they would not necessarily be qualified for graduate study in a school of
nutrition which is based on science.

Dr. MacKellar, I'll just bet you'd have difficulty accepting, without considerable makeup, some of the students who qualify for dietetic internships.

DR. MacKELLAR: This is true. And what they have to do is go back and make up. We also at the same time have candidates for the graduate level who have had no nutrition but have gotten interested in it and have the basic sciences, and they have to go back and make up their nutrition.

DR. WHITE: I bring this up to try to clarify for Dr. Lowe that you cannot always make a clear distinction. You cannot always join nutritionists and dietitians as they emerge from the baccalaureate requirements.

At the same time nutritionists would not be qualified to carry out the services performed by a dietitian. Because the field of dietetics is broken almost into two fields, one dietetic administration, institutional management, and so forth, and the other would be therapeutic dietetic or therapeutic nutrition.

So at least this is distinctive, isn't it? And I think from that point we might be able to decide then which way would the people go who would end up ultimately in public health nutrition.

Whether this clarifies it for you or not, Charles, I don't know, but this is the situation we face.
We also have the person who goes through what we call a basic chemical science curriculum, as my wife and I did, leading ultimately to degrees in nutrition. Neither of us is qualified in dietetics. I took my advanced degree in public health nutrition, my wife in chemistry, nutritional physiological chemistry. She is teaching foods and nutrition at Northwestern now, and she never had a course in nutrition in her life.

But she is running into this thing. You all are. The departments that provide service courses to the departments of food and nutrition change their curricula, their own pre-requisites change, so it is becoming more and more difficult to provide for the undergraduate student all the courses you would like to have them have because they have to do so much more to qualify for the basic physiology or biochemistry courses.

So we are in a period right now of great change in preparation for people who we ultimately call nutritionists.

I think it is a good change from the standpoint of getting good people but it may be a handicap for those who are interested in getting people as quickly as possible into the service side of community nutrition.

MISS BEEUWKES: But you are going to have, I think, in society for a long time hospitals small enough that they will require the services of one dietitian. And so, as in general practice in medicine, I think we have a need for some
general practice in dietetics.

And I see the generalized public health nutrition
graduate program as the generalist in public health nutrition.

DR. WHITE: This is something you can't accomplish in
a short time. This takes a considerable amount of training.
Wouldn't it?

Don't look down your nose at the general practitioner.

MISS BEEUWKES: I am not.

DR. WHITE: He's as well qualified as any specialist.

MISS BEEUWKES: I'm not, and, as I say, the general-
ist in public health nutrition or general hospital dietetics
is a person who in some ways has a more difficult job than the
specialists.

DR. WHITE: Why is it difficult? Because she has to
be both an administrator and a food scientist?

MISS BEEUWKES: I think a pediatrician in this
hospital for a hundred beds, when he meets Mary in the hall,
says, "Now, you know, I was awfully excited today. We might
have a baby with maple syrup urine disease. Isn't that wonder-
ful?"

And she jolly well better know something about this
special thing.

Or she gets a call from the administrator of the
hospital, "Can you come down and review with me the union
regulations regarding overtime on Saturday night of Mary Peterson?"
I mean, I tell you -- (Laughter)

May I say something that would help the pediatricians in this room perhaps to understand a problem that we face in the field of dietetics and public health nutrition?

You know, the administrative dietitian is responsible for a fabulous amount of money in the hospital. And would the dietitians say that perhaps the salary levels across the board for the administrative dietitians are considerably higher than for your therapeutic dietitian on pediatrics or the one who works with o.b.?

MISS GORDON: Definitely.

MISS ROBINSON: That's right.

MISS BEEUWES: So we have a real problem. This is a realistic problem. And this is the place to talk about it.

You get a bright girl who wants to stay and develop a leadership role. I get calls all the time: "Where in the United States can we find three or four top-notch therapeutic dietitians in pediatrics?"

So then the question comes back: "Well, then, why don't you girls in the field do some specialized training in pediatrics?"

Well, now, where are dietitians trained? In medical centers. And I think it's going to be a very interesting day when through some Government agency -- it's going to happen -- we find out just how the patient cost per day is arrived at.
We have done some rough figures on the cost to the university hospital for training dietetic interns per year. It's fabulous. Where does the money come from? Penny by penny from those patients in beds.

Well, we cannot afford in medical centers -- now, maybe you can at Iowa, or maybe you can at other places -- to add additional staff related only to the education of pediatrics dietitians. The hospital will staff to the point of having the patients served, you see. This is the responsibility.

But I think this is a very big problem. It is one of the questions that Mary has presented to us. Pediatrics dietitians.

And in this fast-growing age of specialization we need them. I don't know if some medical center could get enough funds to do a bang-up job. It's going to take some more faculty. It's going to cost money to turn out some top-notch pediatrics dietitians. I don't know whether the teaching centers themselves are willing to pay the salaries and give her the status that she deserves.

DR. SPEKTER: I think there might be some easing up on the problem of funding this sort of thing. Under the maternal and child health amendment, the new legislation, and also the total Medicare bill, there is provision for payment of inpatient hospital services at "reasonable cost."

And this "reasonable cost" now is that in determining
that cost they will now allow-- This is according to the dis-
cussion in Congress. This "reasonable cost" should include
a certain proportion -- this is not yet determined -- of the
training costs for physicians, for other people who are trained
in this particular hospital.

MISS BEEUWKEES: Are dietitians spelled out there?

DR. SPEKTER: I don't think so, but I think it's
going to be across the board. I think it will be training in
all fields.

MISS BEEUWKEES: Well, --

DR. SPEKTER: So the hospital costs will reflect
some of this training, whereas prior to this certainly
maternal and child health and crippled children's services
costs have been reimbursable -- actual average cost per patient
-- but the training was excluded from this determination.

MISS BEEUWKEES: That's right.

DR. SPEKTER: But now this is going to change.

MISS BEEUWKEES: I hope your assumption is correct
that dietitians will be included.

DR. SPEKTER: We might look to see if they are in-
cluded by name.

MISS EGAN: No, they are not included by name,
Dr. Spekter, but it's "and other." And the other disciplines
consider themselves included under "and other."

MISS GORDON: If this is so, this will be the first
time, will it not?

MISS EGAN: I wouldn't be surprised.

MISS BEEUWKES: We have been "and other" for a hundred years.

MISS GORDON: If you want to stay in this field you have got to do something else, you know, to get a fellowship to go on for a doctorate. I suppose you can get it in nutrition, but certainly not in therapeutic dietetics.

DR. WHITE: I wasn't satisfied with the answer that Dr. Lowe received relative to the probable number of people required, nor was I satisfied with the answer he received -- I think he put the question, or I put it myself mentally -- of what is the present requirement in the field of dietetics and public health nutrition.

It's a lot more than 500 I'm sure. I have heard figures in the thousands of vacancies that need to be filled.

There must be an estimate of this figure. Is it one, five, ten, 15,000? What is the figure?

MISS EGAN: I have told you I think, Dr. White, that at the present time there are about 500 nutritionist positions in local and State official public health agencies.

DR. WHITE: There is a considerable turnover here because women have a tendency to get married.

MISS EGAN: The vacancy rate has been running for the past five years between 15 and 17 per cent.
Now, Miss Beeuwkes, I think, made the point that this may not be a true estimate because oftentimes when a job is vacant year after year the agency abolishes it, and it is not counted as a vacancy. It just is no longer in existence because they become discouraged by the fact that they have been recruiting for umpteen years without any success.

As far as the dietitians are concerned, I think that Miss Robinson mentioned the estimate of anywhere between 200 and 300 a month in terms of vacancies.

MISS ROBINSON: No, that isn't a true figure. I agree that isn't a true figure.

We used to use a figure of 2,000. But really it's very hard to develop a figure, because we don't know how many positions would be open to dietitians if people knew they could employ them.

But there have not been enough, so people don't make an effort to employ any.

So this is one thing we lack. We need statistics that will tell us more than we know about the need.

DR. LOWE: How would you go about acquiring them?

MISS EGAN: Yes, there are, Dr. Lowe. And to be truthful with you, I am very glad this question has come up. Because at the moment there is great concern about manpower for the health professions.
And some of us have been struggling for a long time to get the nutritionists and dietitians included in any work on manpower studies. And we have really had a struggle with this.

So that I think any of you who could lend support to the need for accurate statistics and information in this area, your support is welcome.

There have been manpower studies of physicians and of nurses, and the most recent one is social workers. But actually in so far as some of the other disciplines have been concerned, there has not been movement in study of manpower.

DR. LOWE: Is this a study which the Children's Bureau is in a position to undertake?

MISS EGAN: No. At the moment a manpower task force has been appointed department-wide in the Department of Health, Education, and Welfare. And this means that not only the Children's Bureau will have an interest and concern with this but the Public Health Service, Food and Drug Administration, Vocational Rehabilitation Administration, and all of those agencies who utilize the health professions in one way or another.

So that I think if any of you feel strongly -- and I do -- about the lack of accurate information in this area, we need support. If you know people to voice this to, I think it would be well to do so.
MRS. SMITH: Are you saying this is such a manpower study under way but they are not looking at nutritionists and dietitians?

MISS EGAN: The manpower task force was just created, and it is our understanding -- and this has come up before in various other manpower studies that have been done -- they have not looked at nutritionists and dietitians.

MISS BEEUWKES: We were close to it about three years ago. We did a study in the American Dietetic Association at no cost to anybody but the association.

It was when I was president. And Dr. Peterson at that time was very encouraging and hopeful. And I wouldn't have gone through this tremendous study as a baseline to prove the need for a study if I had known that when it was finished people would have changed positions.

Something happened and we didn't get the manpower studies. But we were close, awfully close.

MISS EGAN: You might want to put Dr. Peterson in place. He was in the Public Health Service --

MISS BEEUWKES: Yes, at that time.

MISS EGAN: -- concerned with I think statistics and working on manpower studies of the other disciplines.

MISS BEEUWKES: You see, one of the figures that gets quoted to us occasionally, and it's a figure without value, is the listing of the number of dietitians employed
in the American Hospital Association publication. Isn't it in hospitals? Because, as I understand it, the cook in the kitchen or somebody can say she is a dietitian. So to take these figures does not reflect qualified dietitians in hospital service.

This is one reason we really wanted a manpower study. It was on the basis of qualified dietitians, not persons not qualified.

The other figures that you could ask about are through the Census Bureau. And if the lady who runs the hot-dog stand says, "I am a dietitian," that's the figure that comes back to the ADA.

So we don't have any figures that are worth anything.

DR. WHITE: Well, it seems clear to me that with the changes that are taking place at the present time under Medicare program and other such programs that the need for rather specialized services is going to increase tremendously.

MISS BEEUWKES: That's right.

DR. WHITE: Certainly since more and more of these services will be directed to the older people.

And also above and beyond the social changes, I think there is a change occurring in the practice of medicine itself. But I am not really qualified to speak about it, but at least I will initiate the discussion.

I think there is going to be a greater trend toward
the clinic type of practice in which positions grouped together, not as sort of coverage for time off or vacations but to represent within the same unit different specialties.

Within that I visualize there will have to be the services of nutritionists as well as laboratory support and so forth, all of the ancillary services to medical practice.

There are still unfilled positions in the food industry, in service organizations, calling for specialization in nutrition science.

In food science, what used to be called food technology, they do not refer to themselves as nutritionists, and yet they are still looking for people who have the chemical engineering type of background as well as the concept of nutrition in the biological sciences.

So that, Charles, the figure -- and I don't know what figure to use -- is far greater than I think you probably imagined of the present need and the anticipated need. It will run well into the thousands, five or ten thousand, I would suppose.

DR. LOWE: Well, that's a completely different order of magnitude.

DR. WHITE: Well, it is. And I would only hope whatever discussion is presented today is broadened, because this isn't the only agency which will be involved.

MISS EGAN: No, this is true, Dr. White, but we are
on the needs of the programs for which we are responsible, --

DR. WHITE: Right.

MISS EGAN: -- which are the maternal and child health and crippled children's programs.

And even if you include the other aspects of public health, this doesn't consider the whole area of food technology which you have raised questions about.

DR. WHITE: I raise that only to give the broad aspect.

MISS EGAN: It's important, but I think we have to focus on what we have immediate legal responsibilities for, which are maternal and child health and crippled children, without shutting the door on some of this other.

Dr. Deisher?

DR. DEISHER: I was just going to say, in line with new provisions -- and we will probably discuss this this afternoon -- but the whole area of mental retardation is one that is certainly going to open up and require a lot of help along these lines at various levels.

I think we will be discussing the affiliated centers themselves which are more in line for training. But there will also be the clinics located in the community which will need to have some service of this sort.

And I think that although they are only getting started, the need for nutritional help in these clinics is becoming more apparent.
Also as the States develop their own State planning, this is going to result in many other uses, particularly the community programs -- and I'm not speaking so much of diagnostic centers but perhaps small residential homes and the like -- which will require a lot of these people.

I would hope that the sort of people we can supply them would not be the person who has only a hospital-oriented dietetic focus but who knows something about this kind of children and has, as somebody mentioned already, a broader background.

I think we have to think about preparing this sort of person.

MRS. SMITH: Of course, as far as need is concerned, the minute you have a few dollars for positions, your need just zooms.

DR. WHITE: I think that is what Mr. Parkinson said, wasn't it? (Laughter)

MISS EGAN: Dr. Mayes.

DR. MAYES: Do you want this group any time today to make any kind of formal recommendation on any subject? Or do you just want discussion?

MISS EGAN: No, we want suggestions and recommendations. And before you leave at the end of the day we will pin you down on those five areas.

I think it's wise to probably discuss the gamut, and
then maybe this afternoon we will pinpoint.

DR. MAYES: I wanted to get some idea as to what you were leading up to, because I think it makes a difference in the way we discuss these subjects.

I would like to make a couple of comments on manpower studies, because I was in the Bureau of State Services and was staff to at least some of these studies.

Five or six years ago when the first Surgeon-General's Committee on Medical Manpower was set up -- we have all had reports since then -- the minute it was started the most obvious profession to start with was the medical profession.

But then the first thing that had to be decided was: What is the goal? What is the objective? How many physicians should there be in the country? And there is no means of telling this, because the patterns of practice are changing so rapidly.

So it was adopted that, since for the past 30 years the doctor-to-population ratio had stayed almost the same, within a few hundred, although it may be far from ideal, this would be the basis for decision, an arbitrary decision, that this then should be projected in the future.

Now, this is only one of the problems that you would have when you start talking about a manpower study in nutrition. There would be some basic things you have to decide. But the comment I wanted to make was that immediately after this was
authorized a national committee or commission was set up with funds, a staff, for a period of a year or 18 months or whatever it was, in order for a report to come back. And then the same thing that is happening here took place. The nurses, the dentists, the pharmacists, and so on, and many others.

There had been quite a few of these other manpower studies completed and recommendation made in each one. In each profession there was a national committee or commission.

Of course, you know all this. But although the Children's Bureau's program is limited legally to maternal and child health, including crippled children's services, the definition of crippling is changing rapidly, and the kind of services recognized as need and also the kind of services being provided for mothers and children are changing.

So there isn't any more appropriate Federal agency to initiate a manpower study in nutrition than the Children's Bureau. This is the way it would seem to me.

There isn't any recognized unit in the same sense in the Public Health Service, for example, in nutrition. There are individual nutritionists. There are individual programs within the Public Health Service that employ nutritionists. But there isn't a nutrition program --

MRS. SMITH: That's true.

DR. MAYES: -- or a nutrition section as such.

So it would seem to me that some time during the day
when the time is appropriate and when the discussion has covered enough of the basic areas, that this group should make some recommendation either to stiffen the position of the Children's Bureau, to support the position, or to clarify the position and the appropriateness of initiating such a manpower study.

So this is as far as I wanted to go right now.

MISS EGAN: Dr. Spekter, do you want to speak to the Department manpower study at all? You were gone when I mentioned the fact that this whole question is coming up within the Department as a whole.

DR. SPEKTER: I don't think I'm prepared to talk on it.

MISS EGAN: There is a task force? Am I right on that?

DR. SPEKTER: Yes.

MISS EGAN: And it is a department-wide task force?

DR. SPEKTER: Yes.

MISS EGAN: Any other questions about manpower?

DR. WHITE: Mary, we have heard discussion of pediatric nutritionists. What is a pediatric nutritionist or pediatric dietitian? What are we talking about?

Are we talking about someone who is concerned with the maternity section of the hospital, or are we concerned about someone who specializes in infant and child nutrition?
up to whatever it is where the child is no longer considered to be in the pediatric area?

    The examples you used, Adelia, were primarily concerned with infant --

    MISS BEEUWKES: I'm thinking of infant and child.

    MISS EGAN: I think this is the context, Dr. White, in which the reference has been made actually primarily in relation to the pediatric units of a hospital.

    DR. FOMON: I would guess that if we could supply well-trained people capable of working in these areas that there would be immediately available some 200 to 500 positions in teaching pediatric units in the country.

    That is, I think you could start out and say there are probably at least 40 pediatric diabetic clinics that could well utilize the full-time services of a well-trained person. Then there are, oh, I suppose over 150 teaching departments, teaching units of pediatrics, that have residency programs. Do you know the number, Charles?

    There are 80-some medical schools plus a lot of non-medical school pediatric teaching.

    DR. LOWE: About 250 I think it is hospitals that consider themselves teaching hospitals.

    DR. FOMON: Many of these would greatly benefit by having a person well trained who could advise them in the treatment of a child with an inborn error of metabolism.
or the child who comes in with failure to thrive.

Usually the pediatricians have limited knowledge in this area and really could benefit by the cooperation and support of someone trained more in nutrition.

I think working together this would be a profitable association for both the pediatricians and the nutritionists.

DR. WHITE: The problem here is financial resources? Is that correct?

DR. FOMON: Well, I think the problem is partially financial resources and partially the lack of available people. Now, what is often done in a diabetic clinic is that the person running the clinic will take some nurse and give her a limited knowledge of what he wants communicated to the patient, and this will be done in sort of a technical sense rather than with real understanding.

But I think the need in pediatrics would be exceptionally great. I think the need is there. The question is to find the people to fill it and to make available the positions. But this would be a large number just in pediatrics.

DR. LOWE: Well, I have tried to cast some figures. Maybe these are completely wrong. But I simply have to figure in terms of numbers.

I think there are 2500 counties in the 50 States --

DR. MAYES: 3300 before Alaska and Hawaii were added.
MRS. SMITH: More now.

DR. LOWE: All right. Let's say 3000 to make it easy, because some counties can share.

But fundamentally you would like to see one nutritionist of some sort involved in the nutrition in each county. That may be a pious hope in a county that only has 150 people out West. Clearly this is unreasonable.

MRS. SMITH: We'd have to have 83 in Michigan.

DR. LOWE: I was thinking of election returns. So say 3,000 there. And you certainly need somebody in the State office of every State and probably a much higher level person in terms of training.

Then there are roughly -- and I'm using round numbers now -- 100 medical school units, and you need at least five per medical school. This will provide teaching personnel as well as administrative personnel.

Then there are -- What? 6,000 accredited hospitals? Is that a round number? Now, you need a dietitian. I'm not sure of the definition here, the distinction between dietitian and nutritionist.

MISS EGAN: Right. Dietitian.

DR. LOWE: But you need at least 6,000 people there. Again they may share responsibilities in communities where there are several small units.

That's 12,000 people we are talking about using the
roughest type of figures. And you tell me we are training
75 per year.

MISS EGAN: These are public health nutritionists.

DR. LOWE: My next question was: Of these positions,
how many require the training that you are giving in Michigan?
That was the next question. Because obviously there are different
levels of expertise required.

So we are talking about a total of 12,000 positions
in the country.

DR. WHITE: Your number is small, Charles. There
are more dietitians than that in practice now, aren't there?
16,000?

MISS ROBINSON: We have almost 18,000 members, but
all aren't practicing.

DR. LOWE: We have come the back door, but we are
in the range of the people.

DR. WHITE: You have gotten beyond the vestibule.

DR. LOWE: We come back then to this smaller number
that Mary gave us of 300 or 400.

MISS EGAN: I gave you the number of approximately
at the present time 500 positions actually established.
Vacancies about 17 per cent.

Now, with all of the new legislation, as Dr. Deisher
and some of the other people have already mentioned, with
much more money becoming available, there is going to be more
service provided with this money. It is going to mean more
people needed, more well-trained hands to do the work.

Now, it's very difficult to project exactly how
many will be needed. We have some agreement amongst us, for
example, that in each of the university-affiliated centers
ev eventually it is planned there will be about 22 of these.

But in each of these there should be at least one
well-trained nutritionist.

But to take what we now have available on manpower
and make this kind of a projection, the base is so sketchy,
Dr. Lowe, that it is very difficult really. We have no idea --
I don't think we do -- of the number, for example, who have
already been trained who are not presently employed.

There is an untapped reservoir here with maybe girls
who married, who have a lot of background of both experience
and good training, who are not presently working that might be
brought back into the labor market. We have no idea of what
this potential is.

There are a lot of facets of this, and I really
think that to come up with a figure of 12,000 or whatever it
may be is questionable.

MISS BEEUWKES: No matter what figures you dream up,
the reality of the situation is to expand and to develop new
resources for training people.

DR. LOWE: How many places are there where the training
can be offered in the country? Twenty-five?

MISS BEEUWES: No, not in public health nutrition.

DR. LOWE: What is the number?

DR. WHITE: Maybe ten.

MISS EGAN: About 12. About a dozen. This is public health nutrition.

DR. WHITE: But more than that, I would think of people who would get a training that would pretty well equip them to, within a very short time, act very fitly as public health nutritionists. And this would represent most of the schools that are training dietitians.

MRS. SMITH: No, no.

DR. ODLUND: No.

DR. WHITE: What is so mystical about a person getting --
(Brief pause while stenotypist changed paper.)

DR. WHITE: I was just saying that in reviewing your proposal or your present requirements for training it seems to me that a person with a good background in nutrition could in a relatively short time do a very adequate job in the kinds of positions that are filled in public health nutrition.

Now, there is a lot of head-shaking up and down and a lot of head-shaking sideways, and it seems to me that maybe we are being unrealistic if we expect a person to come out of college and immediately start producing.

I don't think this is going to be true in any situation
except a person who is in the basic sciences.

For example, in the City of Chicago we have I think 435 nursing homes, and these are serviced by the nutritionists in the Public Health Department. Also these same nutritionists are involved to some extent in accreditation for licensure. So they are not very well equipped to give much assistance in menu planning, in economics, in kitchen management, this sort of thing.

They don't have adequate time to institute good jobs in therapeutic nutrition for people in nursing homes who are truly convalescent cases.

We have done some studies through the Chicago Heart Association Nutrition Committee to determine whether a sheer dietitian program would work, and it would appear it could. So we visualize, given the funds and proper authority, there is a place there for at least 15 or 20 dietitians working just with these nursing homes.

This whole thing is going to change too.

MISS EGAN: Mrs. Hille, did you wish to speak to that?

MRS. HILLE: The people you are talking about are commonly what are called dietary consultants in public agencies, and these are people primarily who come up through the dietetic background who have not had public health training who are providing consultation services to a variety of group care facilities.
They are in the count of public health nutrition positions I think that Miss Egan gave, are they not?

MISS EGAN: That's right.

MRS. SMITH: I don't know whether I could clarify this at all, but, for example, we in our agency have three positions budgeted for dietary consultants. Two of them are filled. Now, those people's backgrounds are institution administration in food. They could not function as our community nutritionists.

They are members of the American Dietetic Association. They are qualified people. They work primarily with institution food service, whether it's camps or whether it's children's institutions or hospitals or nursing homes. They may start with the planning committee. They work with the architects. They work with the superintendent. They work with the purchasing agent. They write job descriptions. They are concerned with employee instruction, somewhat with patient education, but they are more likely to refer patient education to the nutrition consultant.

DR. WHITE: I don't consider such people to be nutritionists.

MRS. SMITH: We don't call them nutritionists, but they are grouped in. They are employed by Public Health. Of the 300 hospitals in Michigan, a very small percentage of them have dietitians. But they are taking care of mothers and
children.

And so we are feeling that this is one part of health service to see that they get good food. They are employed by Public Health because there is no other way for them to get any service or any consultation service.

So that although those people came up by way of dietetics and they are employed in the nutrition unit of a health department, they are not qualified to do what the nutritionists do any more than the nutritionist is qualified to do what they do.

DR. WHITE: This would mean then that only that part of the graduating dietetic class that would be considered as therapeutic dietitians would really fit well into the program that we are discussing now. Is this correct?

MRS. SMITH: Unless you are a small agency and you want someone who can do both. There are some agencies who probably can't employ both kinds of people but have to have someone who can work with institution food service as well as with individual and family education.

MISS EGAN: Who is equipped to do this.

MRS. SMITH: And who is equipped to do both. Some States actually set up their requirements so that their nutritionist has to be able to do some institution food service.

We don't happen to do this. Many of our people could do it and could do some things, but they don't do the
things that the institution administration major is especially equipped to do because it would not be good use of their time.

MISS GORDON: The therapeutic dietitian could do this, could she not?

MRS. SMITH: The therapeutic dietitian could do some of this. I think the therapeutic dietitian would have to learn on the job how to do something other than they learned in the hospital, because what you do in the hospital is very different than the reality of working with people once they are at home and in their families.

MISS GORDON: Except you have this carryover when you get into clinic work and in the home care units which are now coming.

MRS. SMITH: An awful lot of people come through without any appreciable really good clinical experience.

DR. LOWE: I'd like to pursue Dr. White's unacceptable statement. He said, "Well, but a lot of schools could be tooled up to join the twelve." Now, how many schools are there, for my information, that presumably if funds were available and personnel to fill it— How many schools are there that could join the twelve? We are talking about another five or 50?

MISS GORDON: Your potential is really the internships, isn't it?

MISS ROBINSON: No.
DR. WHITE: Schools of home economics with good depart-ments in foods and nutrition, and this must be 30 or 40. What is it?

DR. MacKELLAR: It seems to me I have to agree with Dr. White that certain of the basic foundations in the sciences and in the understanding of nutrition and also in the understanding of food composition, the behavioral sciences, on people, all of this is the basic core regardless of whether you go into therapeutic in the hospital or whether you go into nutrition in a public agency. This becomes a specialty.

And it seems to me that for quite a while we could make some plans through the Public Health Service to emphasize this fact and somewhere provide the few specialized courses that the Public health people would need.

DR. ODLUND: There would have to be an organized attempt to bring in the public health groups in the community to help to provide this clinic experience and special public health courses.

DR. MacKELLAR: Yes.

DR. LOWE: What is the number now? Thirty? Are we talking about 30 potential schools?

DR. WHITE: More maybe.

MISS GORDON: More.

MRS. SMITH: If you count all the land grant colleges that have strong nutrition.
DR. LOWE: How many land grant colleges?

DR. ODLUND: Fifty-three.

MISS EGAN: But, Dr. Lowe, I think Dean Odlund's point is well taken. Here again I think you would have to exercise some selection, because some of those are located in situations quite far distant from medical centers.

The very pattern of the land grant institution, the development of them, put them off sometimes in a very rural setting far away from a medical center.

Now, hopefully, if this girl is going to come out where she will be working in a health program with medical and other paramedical personnel, it's very important that some of her training be related to these other disciplines and draw upon health agencies and health resources.

DR. MacKELLIAR: I agree.

MISS EGAN: So you can't just take the figure of 50 colleges of home economics if you want to and state that every one of these are a potential.

DR. LOWE: Can we take 30 or 25?

MISS EGAN: I really would hesitate to take a figure out of the air myself without looking at these, where they are, what other resources they have available to them, what kinds of faculty they have.

I think that if Miss Beeuwkes wishes to speak to the point, one of the problems in the course director's group has
been that sometimes the desire to set up one of these training programs -- and Dean Mayes may wish to speak to this since he is on the accreditation committee for APHA -- that sometimes people wish to set these up without looking at all the implications and what really would be desirable components.

DR. MacELLAR: I think, Dr. White, though, has a point -- that still in home economics or in other units, at the undergraduate level first and then at the graduate level, you do have, if you have a good department, the basic, fundamental academic knowledge.

And I certainly wasn't meaning to imply that this alone would do it. But I think that with this as the basis and the biggest part of it as the basis, then from here it might be possible, if it was looked at, to go on and develop the specialized thing for the public health as we have, for example, for the dietitians.

DR. WHITE: This is where we get to the problem that I think is giving us difficulty right now -- that is, those places where the nutrition graduates would go for this training. How many such centers are there that could provide that kind of service?

This question we haven't really approached. And at the present time we think we can mention from maybe eight to 12. Is that correct?

MISS EGAN: Yes, for public health nutrition.
DR. WHITE: Yes. There are probably more, Charles, but eight to 12.

MISS BEEUWES: It is a very expensive program. At one time Simmons had really-- I guess we could consider really the first program was Simmons College in Boston. Then when Harvard was established in nutrition it seemed appropriate that Harvard would do all of it.

But Harvard does not train public health nutritionists at the master's level for community service programs that we are talking about today.

So Simmons is out of business, and Harvard isn't doing it. Harvard is doing doctoral programs, and we need those too.

Syracuse University at one time made a contribution. The cost was so great for the number of students involved that they had to give it up.

I think the first place to look actually is where you have your public health faculty. If we had extensive programs in all the schools of public health, Dr. Mayes, it would increase our pool tremendously.

At the present time the burden of this graduate training is falling on very few shoulders.

DR. MacKELLAR: How many people in public health are employed as nutritionists that did not have public health, formal public health nutrition training?
MISS BEEUWKES: Well, many of us of the old school, because there was no formal training available.

DR. MacKELLAR: Also of the newer ones coming along too?

MISS BEEUWKES: Not too many.

MISS EGAN: No, actually if you look at the requirements set up, Dr. MacKellar, by the States, most of the States have a range of positions varying from a high level requiring considerable experience as well as usually at least master's level and sometimes more than that to the beginning level positions.

And more of the States are bringing in at the beginning level B.Sc. candidates who may work under close supervision for a year or two and then be sent to school for graduate training.

So that taking any one health agency, you may find a range of positions requiring different levels of training.

DR. MacKELLAR: If I may speak to one point again, this in a sense gets back to the manpower and whether the Children's Bureau can initiate a study also related to this.

The fact that there isn't any central agency for nutrition is one problem. But at the same time each little piece of the pie asking for its need or stressing its need for nutrition is not as good as an overall push on nutrition.

I have found it a handicap not to be able to quote
figures either for nutrition or for the dietitian, because
when you try to support your university administrative budget
this is one of the things they ask for: What is the need for
these people?

And you say, "Well, I don't have any figures," and
they just look at you.

Let me use another illustration. The Air Force
recruitment office for dietitians came up, a special one,
from New York, to see if I had anything. And, of course,
the answer was there weren't. And the Navy one came up, and
he said, "We're getting in a panic."

I said to the Air Force man, "Why don't the Armed
Forces get together with everybody else and everybody work
for the dietitian?"

"But we don't need that many."

I couldn't get over the point that with the Armed
Forces and the hospitals it was a concentrated effort to get
it in front of the public. Every person that wanted a special-
ized aspect of dietetics and nutrition I think would benefit
if we could get it before the public, because it would pull
more people into the overall program, and many of them can
make switches between.

MISS EGAN: Is this a good stopping point for lunch
at 12:30 downstairs?

We will come back to this room about one-thirty, and
this afternoon I think perhaps we will focus pretty much
on the questions that are on that last page, because I think
this morning has been helpful in giving us a framework and
background and more knowledge with which to perhaps make recom-
mendations this afternoon.

(Whereupon, at 12:20 p.m., the luncheon recess was
taken.)
AFTERNOON SESSION

1:45 p.m.

MISS EGAN: I think even though two of our people are going to be coming a few minutes late, since we do have a rather crowded agenda, we'll move ahead.

Dr. Chenoweth was just mentioning the fact to me that it might have been helpful for some of you who are new to MCH and CC programs to have some background of where we were when we first started in maternal and child health and the way this has changed.

I perhaps should ask Dr. Chenoweth if she wishes to make any comment in this regard before we move on to the hearing of Dr. Deisher and Mr. Hormuth, who is the specialist in mental retardation with the Bureau, whom I have asked to speak to the point of the university-affiliated center.

Dr. Chenoweth, you sat here all morning, and you may think of things that would help to clarify some of these questions.

DR. CHENOWETH: I thought maybe you would give something on the historical background.

Well, I didn't know whether many of the group knew — am I right about this? Because I thought you could say this better — that the Children's Bureau did start the nutrition program as far as the public health agencies were concerned, and nutrition was in maternal and child health divisions which
are all in State health departments.

I know when I was a maternal and child health direc-
tor, all the nutritionists that were in the State health de-
partment were in my division, because we were the ones who were
paying for it.

With our more traditional programs there has been,
of course, then this expansion with the new amendments which
you have heard about through the materials that Mary has given
you.

Well, I think this may not be appropriate now.

MISS EGAN: I think it is. Maybe some of them have
specific questions.

DR. CHENOWETH: But our traditional, you know,
maternal and child health programs were prenatal clinic and
the well child conference kinds of activities.

Now with the amendments there is quite a difference.

Well, for instance, as Mr. Hormuth will tell you,
I think when Congress first earmarked a million dollars in
1956 for mental retardation programs we had four special pro-
jects. Right? And now there are something like 120 clinics,
94 or 95 or 96 or something that we have some funds in.

Well, this is just one development. And, of course,
you have been hearing about maternity and infant care and the
child health projects that will be coming along.

MISS EGAN: Does anyone have any questions that they
would like to pose in relation to this?

DR. LOWE: Will there be any reorientation of these existing programs in relation to new ones? Or are we going to continue, as we said before simply to build on?

MISS EGAN: Reorientation of nutrition training or maternal and child health programs?

DR. LOWE: I'm thinking of maternal and child health programs, the existing ones. Because, after all, this bears upon any judgments which we might make.

DR. CHENOWETH: Say this again -- your question.

DR. LOWE: Well, there are a group of programs in which the Children's Bureau is now interested which have to do with maternal and child health. And what I'm asking is the following: Is the attitude of the Bureau that these programs are serving the purpose, functioning well, and they will sit, and then added to these programs will be a group of new programs?

Or do you envisage the possibility of re-examination of the existing programs to try to improve them in relation to newly available funds?

DR. CHENOWETH: Well, I hope that it's the latter, that we do re-evaluate. And I hope that all of these programs in a way are being integrated into what I think is fundamentally very sound.

I mean we have, I think, no preconceived notion.

For example, the Children's Bureau never would say what is
a maternal and child health program for the reason that we thought that these developments should take place I mean as there were advances, let's say, in maternity care or what-not, that these programs would have an opportunity to expand.

The same way with the crippled children's program. We did not define what was a crippled child. As far as we're concerned, any kind of a handicapped child, whether the handicap is social or mental as well as physical, should be eligible for care if the child needs care.

DR. LOWE: Well, take an example. The well baby conference is a unique opportunity to train professional people in a variety of levels. One of the possibilities is to use it as a tool of training nutritionists.

Well, I could imagine the provision of funds by the Children's Bureau for the purposes that we are discussing today, which would stipulate that use must be made of existing programs which would be available to further nutrition training, you see. So that you would begin to integrate rather than duplicate.

Am I getting beyond what you are --

DR. CHENOWETH: I think you're getting into something that most of our disciplines are quite interested in -- the field experience of public health workers.

For example, the medical social workers have what they call field training units that they support under some of
these training grants that we are talking about, and what they mean by this, as I understand it, is that they have the supervisor who goes with the student into a field experience.

I think we have some doubts as to whether all of our well child conferences and all of the prenatal clinics or whatever are good field experiences. We'd like to look at some of these to discover whether we think these are good for training purposes.

But, yes, we are interested very much in field experience.

MISS EGAN: And I think this is done in the field of nutrition de novo. Dean Odlund, would you want to speak to the situation at Tennessee where funds are actually provided for the placement of a field supervisor in a sense in the health agency?

DR. ODLUND: We have funds which come to the university which are used in support of fellowships and also in support of services from the local health unit so that our students may work in the health unit for varying periods of time observing different activities of the county health program.

Then too I don't know if you meant to go into this, but in the field experiences the people who are working for a master's degree go out for one quarter to work in a State public health unit and come back and write a thesis, a review
of their experiences there.

So that our undergraduates are getting some experience in our local health offices through support of the Children's Bureau to some extent, and then the graduate students through the more extensive work on the site for three months.

Is this what you meant?

MISS EGAN: Yes. I think this was related somehow to Dr. Lowe's question about maternal and child health services for field work and orientation.

DR. ODLUND: Yes.

MISS EGAN: And I think there is a movement--- This year for the first time I think there were three institutions that used some of their funds to bring in the field work supervisors for a conference in relation to planning for these students and desirable kinds of experiences and evaluation. And we think this is a good thing to do. Three other training projects did that this year.

DR. ODLUND: May I offer a testimonial on that? I attended the conference where our field supervisors came in at the University of Tennessee, and it was very helpful and helped in the coordination and continuity of the overall program.

MISS EGAN: Mr. Hormuth and Dr. Deisher, we thought in terms of time that maybe we would jump to the university-affiliated centers since these are posing some immediate problems.
And if both of you could set the framework I think as a basis of discussion it would be very helpful.

Mr. Hormuth, maybe you would give it from a national point of view, and then Dr. Deisher is a man right on the scene.

I think I told everyone Mr. Hormuth is the specialist in mental retardation with the Bureau.

MR. HORMUTH: I think to get a framework of this thing it might be useful to go back just a little bit in terms of the reference that Dr. Chenoweth made.

As you may recall, in 1955 at the hearings there was a presentation to Congress by the National Association for Retarded Children, particularly to Congressman Fogarty's Committee, in terms of the needs for clinical services for retarded children, particularly preschool level, and the need to develop a facility and a service which would provide evaluation, diagnosis, interpretation of such findings to parents, and the kind of assistance that parents needed to maintain these children at home.

On this basis, Fogarty increased the MCH program by $4 million and earmarked $2 million of this for mental retardation services.

One million of this was distributed to the States as a part of their formula, with the second million in our reserve B fund for special project grants for clinical services.
Starting from that point we began to work with the maternal and child health program in the States and have developed, as Mary indicated, approximately 139 or 138 clinics, stimulated development of clinical services, with some 84 of these now being supported with maternal and child health and crippled children's funds.

These are team approaches with a multi-disciplinary staff, in all but two instances headed by pediatricians, focusing on the preschool child.

The staff usually includes social work, nutrition, psychology, public health nursing, speech and hearing, and a variety of consultants.

In developing these programs, I think questions were raised at various points in relation to the role and function of the nutritionist in such a setting.

We were not too clear as to what the role might be. I think we were faced with some basic shortages of such personnel, and it seemed unrealistic in many instances where there wasn't a nutritionist on a State level to attempt to locate and place one in the clinic on a full-time basis.

So that as these programs evolved, by and large, nutrition functioned on a consultant level in these clinical programs, with the public health nurse by and large being the one who went into the home, who transmitted whatever nutrition help this mother needed in terms of actually working in the
There were a few clinical programs in which there was more direct contact.

Starting in 1959 and 1960 we became extremely interested in problems of inborn errors in metabolism in relation to screening programs. And as you know there has been a growing interest in this area.

We at the moment have 32 States with laws in relation to screening of newborn infants in relation to PKU. States are expending approximately $1 million of maternal and child health funds for such screening programs, and no screening program is worth very much unless it is tied in with treatment and management of the children that are so detected.

As a part of this we have been developing in some States special units, metabolic clinics or clinic teams, which do intensive followup of these children, and usually there you find a much more direct involvement of the nutritionist with the actual assistance in management of individual cases.

In some instances the existing clinic for retarded children has taken on this function, and again this has highlighted the role of nutrition in these programs.

In the 1963 amendments, Public Law 88-164, which really arose as a result of the recommendations of the President's panel, the need for training of personnel was
one of the recognized needs. And one of the problems that
universities seemed to face in providing training was the
facilities within which such training could be carried out.

So that you had, as part of Public Law 88-164,
under Title I, three provisions, A, B, and C, for construction
of various facilities.

Title I, Part A, related to the construction and
assistance, Federal assistance, in the construction of research
facilities at universities.

Part B related to the construction of university-
affiliated centers in which personnel, professional personnel,
would be trained.

Part C related to the construction of community
facilities through which services would be provided for the
mentally retarded.

As you know, under Part D, the university-affiliated
centers, there was a matching requirement of 25 per cent to the
75 per cent of Federal funds. The amount of money available
under this provision has been estimated to be sufficient to
construct or to assist in the construction of 22 of these
university-affiliated centers.

The bill at that point provided no funds for staffing
of these facilities that were to be constructed.

The Children's Bureau in the hearings had indicated
that at that point we had grants directly or indirectly to
universities which were operating clinical services, some 34
of these, with an annual investment of about $3.5 million.

So that essentially what we were saying was that
we expected out of these 34 medical schools and universities
some of these would be applying for construction of university-
affiliated centers and the existing clinical programs would
become part of the core of this university-affiliated center
and that this represented an investment already of $3.5 million,
which we could expect to increase, but that we would essentially
require by next fiscal year some additional funds in order to
provide staffing for these university-affiliated centers.

I think a decision at that time was also made by
the Department and supported by NARC and some other groups that
the staffing of these university affiliated centers should be
a shared responsibility, that they did not want to see a
university-affiliated center focusing on one specific area
of training which might occur if all funds for support of
staff were channeled through a single agency.

It was on this basis that there was agreement that
staffing of the university-affiliated centers essentially
would involve the Children's Bureau, Bureau of State Services
of Public Health Service, Vocational Rehabilitation Administra-
tion, and Office of Education, and that between these agencies
using their appropriate authority and appropriate funds to
support pieces of the university-affiliated center staffing
that you would get a more rounded program.

The pattern which is emerging on the university-affiliated programs which have begun to plan for staffing at the moment appears like each of these will have a core unit which represents a multi-disciplinary approach to the problem of mental retardation, this core unit in general being medically directed, multi-disciplinary in nature, and this core unit providing services which will be used for training, services being of an outpatient and an inpatient nature.

Most of these university-affiliated centers have anywhere from 20 to 60 inpatient beds. So that the core service unit would be providing service which in turn would be used for training both on an undergraduate and graduate level.

And then, as adjuncts to this, in addition to support for this core team, there would be grants going to individual departments within the university or to professional schools that are in the area for the support of stipends, fellowships, who would be trained within this university-affiliated center, who would be making use of this center.

So that, for example, this core team might involve or will involve a public health nurse who will function as a part of this team, who will be of a quality and of a kind of experience that what she can teach to medical students, to psychology people in relation to public health nursing.
will be acceptable to her own professional group.

In addition to this, there may well be a grant to a school of nursing within the university complex or related to it through which teaching staff, an associate professor for example in that school, will be supported, through which stipends will be provided, and the school of nursing would select candidates for stipends who in turn will be trained in this center.

Likewise in relation to, say, social work, the social worker on the core team would be the kind of person who would be acceptable and would have the qualifications for teaching, and there would also at the same time be a grant to the appropriate school of social work to provide field work supervisors, stipends for students, and so on, who will be located at the center and who would carry out training.

In terms of nutrition, I think you can see the implications of this.

I think as long as we are talking about a complex which will involve outpatient and inpatient, we kind of get involved in terms of not only use of the center in terms of nutritionists and dietitians, that you were discussing this morning, in terms of even if you don't train any of these people we want to have the kind of people represented on this team that could present the image and the proper image of what this person is like to the other professional disciplines,
but then I think we get into the problem of to whom within
the university complex do you channel funds for training of
dietitians and nutritionists, at what level, and so on, in
order to carry out that training program.

As I said, the intent is to develop 22 of these
centers in the universities, and I think there is some material
in your packet which indicates where they are and who is plan-
ing it, which ones have been funded.

Dr. Deisher reminded me that even though his univer-
sity has initially applied for a research grant for construction
that this has since been shifted, and part of this will be
a university-affiliated center as well.

I think the additional problem that we need to con-
sider also relates to Part C of Title I of 88-164, and I
notice some material that was given out to you in relation to
that.

Part C will be handled very much in the same way as
your hospital facilities construction Act. In other words,
a Governor will designate or has designated a State agency who
by law is required to carry out a survey of what kind of
facilities are available. This State agency, then, on the
basis of the survey, sets priorities in terms of what kind
of construction they will support, gets an allotment of funds
from the Public Health Service, and then, on the basis of
the priorities and the applications received by the State
agency, will approve construction of facilities which provide essentially one or all of services such as diagnosis and evaluation, day training, vocational rehabilitation, and so on.

I think we initially felt that in the development of these service centers some of them will be built in areas in which we have existing clinical services. Because many of the clinic programs that we are now supporting are operating in very inadequate physical plants which are hampering whatever they are able to do.

As these plans have come in from the States, it becomes quite evident that the States are giving high priorities to areas within each State in which there are no services and no facilities.

We estimate that from this activity there will be probably 100 centers built in the next few years, three out of four of which will house a diagnostic and evaluation team.

These will be built in areas in which there are no services, which means that the demand and the request for clinical teams dealing with mentally retarded children will be increased by at least 75.

Again in this area I think we are faced with the problem of what do we do about nutrition.

I think this is kind of the background of this thing.

MISS EGAN: Thank you very much, Mr. Hormuth.

Now, does anyone have any questions that they would
like to pose to Mr. Hormuth in relation to anything he said?

DR. LOWE: Two questions. In relation to Public Law 89-97, as identified on this mimeographed sheet, are the funds to be matched in any way? I didn't catch your statement on this.

I understand in 88-164 there is a matching component. But is there matching in the staffing?

MR. HORMUTH: No, not in that.

DR. LOWE: Not in that title?

MR. HORMUTH: No.

DR. LOWE: And, secondly, you discussed 89-97 only in relation to mental retardation. Is this simply within the context of our discussion here, or is the law so defined or does the law so define the services as to exclude anything but mental retardation?

MR. HORMUTH: In relation to 89-97 and the five million, ten, and seventeen-and-a-half million which is provided for training of professional personnel in relation to handicapped and to crippled children, we do need to use this money with a priority in relation to staffing of the university-affiliated centers for the mentally retarded.

Now, we don't necessarily have to use it only for that. I think we can use it in a broader way.

I think what we do need to bear in mind is that the construction act -- the words as they appear in Public Law
88-164 in terms of Title I, Part B -- is quite specific and quite restrictive in terms of mental retardation.

So that the building needs to be constructed, justified, specifically on mental retardation.

In so far as the Bureau is concerned, within the framework of maternal and child health and crippled children, our definition of mental retardation has usually been quite broad, so that many of these clinics which originally started off as services for retarded children in effect at this point are really services for multiply handicapped children. And we have encouraged this.

Fundamentally we approach mental retardation pretty much as Leonard Mayo even indicated in the President’s Panel Report. We see it as a convenient handle through which we can basically strengthen, further develop the basic MCH and CC program.

I think one of the questions we usually raise in terms of any mental retardation project is: To what extent will this further the basic MCH or CC program? If it doesn't do this, I don't think we are interested.

So I think you do need to keep in mind that the building language is quite specific and quite restrictive. The program that we may become involved in within that building as far as we are concerned can be quite broad.
DR. ODLUND: Mary, I didn't quite get it, but is there some sort of hidden question on the nutritionist? That is, whether they should be trained by medical schools or by, say, colleges of home economics? You said: "To whom do you channel funds to train nutritionists and dietitians?"

I know there are some dietetic programs starting up in medical schools, and there are the ongoing ones in the colleges of home economics, and so on.

Isn't really the pressure for personnel so strong that we need every well-trained person that we can get and every well-qualified training program that can be developed?

Is it an "either/or" that is putting a block? Or --

MR. HORMUTH: No, I don't think it is an "either/or."

I do think in some of these universities you do need to make a choice. If you deal with one group you might exclude the other.

I'm not quite sure how you work this out.

DR. ODLUND: Well, we have a medical school in Memphis and another campus of the university in Knoxville, and I think the two could work together very closely in developing the joint program. In fact, we are doing so now.

If there are any barriers that seem to be impeding this, they should be worked out.

Is this a problem?

MR. HORMUTH: I don't know. We haven't --
MISS EGAN: No, I think that is really why you are here today -- one major reason -- is for you to let us have some of your thinking on this.

Because this is the very kind of a question that is facing us at this moment. What kinds of training should be provided for nutritionists and dietitians in these centers? What is --

MR. HORMUTH: And to what extent can the centers be used in accomplishing a broader kind of training?

DR. ODLUND: Yes.

MR. HORMUTH: Remembering that in some of these the exposure will be primarily in relation to mental retardation.

I think the other problem that we are facing is that most of the people that are at the moment doing the planning either for construction or for program content I'd say by and large really haven't thought about how nutrition might be involved.

MISS EGAN: Well, a few have, because we have had, for example, three specific requests, and I know that Dean Odlund has been involved with the medical director in planning in her area.

DR. ODLUND: Yes.

MR. HORMUTH: Yes.

MISS EGAN: So that I think there has been some thinking in relation to this.
But I think there is no set answer. And hopefully we can come out with some guidelines here.

Dr. Deisher, would you like to speak to this point since you come from a setting in which there will be one of these centers?

DR. DEISHER: Well, the University of Washington has had for over ten years now one of the diagnostic clinics for retarded children and was one of the first universities to have an affiliated center or at least have one approved.

Now, we are already developing the program that we plan to carry out in the affiliated center, although the building itself will not be finished for approximately two years.

I think this is something that probably many places are going to do, because you don't necessarily need to wait until you have a building before you start anything.

Specifically, our relations with nutrition have always been close. Back in 1947 a demonstration child health conference which was set up for the purposes of teaching at the university had on its staff a nutritionist, and since 1947 all programs dealing with child health in the medical school have had a nutritionist on their staff.

Mrs. Smith has trained one of the people that we had.

Now, we have always maintained a very close relationship with the school of home economics, and the people who
have worked in our clinical unit, both in our well child demonstration conference and in our mental retardation diagnostic unit, have always had faculty appointments in the school of home economics.

I think this is most important, because this has allowed us to get better people probably than we could have done had we gone out by ourself.

And the other extremely important thing is that it has made it possible for them to send their graduate students to us for field experience, and sometimes they have done their thesis work in our unit -- a number of them have done this -- knowing, of course, that the person responsible for their training or overseeing their thesis was a member of their own faculty.

This same relationship actually has existed with all of the departments represented in our diagnostic unit with the one exception of psychology. We for some reason have never been able to be quite so close to this department as we have the others, I guess mostly because they see themselves as rat men rather than clinicians.

DR. Mackellar: That's true.

DR. Deisher: I think this is sort of true with many departments of psychology.

DR. Mackellar: Yes.

DR. Deisher: In universities.
Our program in the affiliated center is not to be one in which everything will be carried out within the center itself. We have always worked very closely with the State department of health and have been assisting them over the past five years in setting up a series of what we call community clinics.

These are diagnostic clinics located in smaller cities around the State, usually on a part-time basis, consisting of local people who have had in most cases some experience in mental retardation, though I must say in most cases not very much, and they then serve as the evaluation committee in their own community, being able to refer some of the more difficult cases in to the center.

Now, we plan to continue this and to expand it.

The university's responsibility to the clinic is for training of personnel and consultation to them for some of their more difficult cases.

Our nutritionist in our clinic serves as a consultant. In other words, most of these small community clinics have no nutritionist on their staff, although there are a couple of them who do, finding in the community a nutritionist who is there but married and who is willing to give a small amount of time for this.

But essentially our nutritionist provides the consultation they need, working principally through the public health nurse. Of course, this is the one person that they have.
I feel very strongly that the nutritionist has to be part of this team. When you are dealing with retardation there are a number of problems where you need the service of someone highly trained in this field.

Now, I think it is obvious if you are working with some of the metabolic conditions where mental retardation is a part, such as PKU, the need for a nutritionist is pretty obvious.

But I think also there is another area that is extremely important, and that is that most of these children that are retarded -- and we looked into this from the large number we have seen -- do have poorer than average diets. In other words, a comparable group of children coming from the same socioeconomic level have better diets.

Also the more severely retarded child, many of whom might well be in an institution if we had institutions available to take them, is at home. And these children are a real serious problem in nutrition, in feeding.

And I don't think that the clinic has on its staff either physician or public health nurse who either has the time or the training to deal with this kind of a problem.

Our nutritionists are, I would say, an essential part if you're really going to carry out a good demonstration program.

I think that you have an excellent opportunity in
these affiliated centers to provide training, extremely good
field work, because there I think you can see the nutritionist
functioning as a team member, and also have an opportunity to
work with a variety of cases where nutrition is very important.

I would certainly second Rudy's statement about broad-
ening this mental retardation to include other handicaps. Be-
cause certainly other handicaps have basically the same needs
for this approach as the retarded. And we are certainly not
going to go around and develop separate programs with a separate
team for every variety of handicap.

Well, that's perhaps enough. Is there anything else
that you'd like?

MISS EGAN: That's very helpful, Dr. Deisher, to hear
from someone who has both worked closely with the nutritionists
over a period of years and also is intimately involved in a
clinical program as well as a university-affiliated center.

Does anyone have any more questions that they would
like to ask either Dr. Deisher or Mr. Hormutl in relation--
Yes, Dr. Mayes?

DR. MAYES: I'd like to ask Dr. Deisher a couple of
questions.

One, it's my understanding that your center there
at Seattle is also serving on a regional basis as well as just
within that State?

DR. DEISHER: Yes.
DR. MAYES: In some of the training, field training. The other one is: To what extent do the degree people or might the degree people in nutrition utilize your facilities? I mean could this be stepped up?

If there were programs of graduate level training for the master's or even the doctor's degree in the field of nutrition or in the specialties of nutrition, could you actually incorporate this kind of a program into your facilities?

DR. DEISHER: I think the answer to your last question is certainly yes. We have had I think every year, as long as I can remember, students at least working for a master's who have spent usually time connected with their thesis in our unit. All of them have had some experience with this unit.

We have been fortunate, at least to the present time, we have two full-time nutritionists both with Ph.D.'s. And this has made a lot of this possible that might not be otherwise.

We could expand, and I think we are definitely planning to expand this.

Going back to your first question, this is true. We have acted for a long time as a regional center, partly because the Northwest is not overstocked with facilities. I think some of you in more populated parts of the country find resources much closer. We're the only medical school really for three States. I mean we serve particularly Montana and
Idaho, because neither of them has a medical school.

We have nutritionists come for training for various programs throughout the western region I would say.

We have just finished last week a two-week in-service experience for two nutritionists from Colorado.

DR. MAYES: You have the advantage there of having both the hospital, clinical setting, from the standpoint of medical care, and then you have the broad public agency, both health department and other agencies. So that whichever kind of specialty the nutritionists will be studying, preparing for, you'd be able to accommodate this kind of a setting for actual clinical experience?

DR. DEISHER: There isn't a very definite separation. While our unit because of its size is not located in the university hospital, it works very closely with it. For instance, any member of the pediatric department may want our nutritionist to perhaps help them with a metabolic study, and this has been done many times.

Some of you may know our nutritionist. Dr. Lowenberg has been with us since leaving Pennsylvania and has added I think a lot to the program.

DR. WHITE: Dr. Deisher, let's suppose that a student finished a baccalaureate and a master's course in what we would call nutrition but was really involved with the experimental aspects of science of nutrition but became intrigued

Provided by the Maternal and Child Health Library, Georgetown University
with the possibilities for public health nutrition. Would it be possible for him or her to come out to your center in a sense on a training grant and work and become experienced in this?

DR. DEISHER: Yes.

DR. WHITE: How long do you think it would take for a person with that background to become useful in the kind of programs we were talking about this morning?

DR. DEISHER: Your term "useful" is a little bit hard to handle. (Laughter)

I would say that she would become more useful the more time that she put in, just offhand, and I would say that with a period of, say, six months with this type of background she could --

DR. WHITE: My term "useful" meant before she could qualify for one of the three or perhaps the top two classifications we were given here in our homework.

DR. DEISHER: I'm not sure I'm in the best position to answer that. Maybe some of you --

MISS EGAN: I'd like to ask Dr. White to explain a little bit more about the background, because this is one of the questions that is coming up right now, Dr. Deisher -- the length.

DR. WHITE: Well, there are those of us who have already expressed ourselves that we would hope nothing would
happen which would dilute the science background of those who are getting into nutrition by starting early in their academic career with indoctrination into public service or sociology and this sort of thing, but hope they could, in fact, concentrate on the basic sciences and then specialize, and that if this is a reasonable approach a person would come with a good academic background but with relatively little comprehension other than what they would pick up in course work of what is involved in the kind of thing that is described somewhere in here of what we could call a public health nutritionist who could work in the centers or could work in local or State health departments.

DR. DEISHER: Well, we would hope that if we are going to go into this matter seriously that we would be able to work out with the center and with the department of home economics a training program which, as I look over those that are listed now in existence, probably would correspond a little more to the thing that is being done in Western Reserve.

This seems to me to fit in more with what we could offer.

I have discussed this both with our chairman of the department of home economics and our own nutritionist, and their feeling is that were we to offer training to nutritionists we would like to have them have their dietetic internship and then take a period of 18 months in addition to
this to give them what they feel they should have to function at this higher level.

DR. WHITE: Mary, I have opened another problem that I understand is a rather serious problem, and that is that if we were to pursue the idea of a basic background in nutrition there is the problem of recruiting. I understand that so many of the people coming into the field do not wish to go into that depth of the biological sciences.

Now, those at the universities can answer this question, but isn't this a problem to you?

DR. MacELLAR: Well, to express the problem differently, I was talking with Miss Robinson about this and it seems over the years more and more that we are getting students who are interested either in one or the other.

That is, those that are very much interested in the biological sciences and do well in them are not interested in the food service aspect.

Those that are interested in the food service administration and who do well in it do very poorly in the biological sciences.

It is having an effect that we are losing people, because there is no row where they can enter into this without going through both, and we are losing some. I lost two just last week, one food administration who couldn't do biochemistry, and one who liked biochemistry and biology and just hated
food service administration.

DR. WHITE: It is possible that I'm wrong that --

DR. FOMON: Being a new thing? (Laughter)

DR. WHITE: Yes. (Laughter) By my expressing of

a basic science background I may be all wet. And I'd like to

know if I am. Maybe we are setting the sights too high.

But I would think that this would be routine from an academic

situation they would want to have their people with this kind

of background.

And this means, I suppose, in terms of the dietetic

program, that we are talking about those who would go into

therapeutic nutrition, not the others.

DR. MacELLAR: But this is a requirement. Food

service administration courses are a requirement for entrance

into almost all the internships.

MISS ROBINSON: I haven't mentioned this, but we

have developed new standards, internship standards, for an

emphasis in the therapeutic areas. We did not have any pro-

grams in it. We have to find some place to get the programs.

DR. MacELLAR: This is why you can't recommend at

this stage that a student go that direction, because there

isn't any place for her.

MISS ROBINSON: Boston Dispensary is the only place.

DR. MacELLAR: One place.

MISS ROBINSON: That's right.
thing we need to know really. Is this a block? Is this some-
thing that we should be helping you with?

This is really one of the purposes of this meeting
today -- to take a look at needs and blocks and things that we
might be doing in order to overcome some of these.

DR. WHITE: This is one of the reasons I mentioned
this morning, Mary, that starting in the middle of the college
career may be much too late.

DR. ODLUND: Right.

DR. WHITE: The emphasis may have to come in high
school years. If the girl has already made her decision by the
time she has gotten to college, it's too late then.

I have not struck any bonds with you at all today,
Adelia. This distresses me greatly.

MISS BEEUWERES: Oh, dear Philip, you have.

Look, Phil, a nurse who is going to be a public
health nurse is first a nurse. A physician who is going to be
a public health medical officer is first a physician.

And so I think there is the same logic in our field.
The person who is going to go into public health nutrition
has the need to have a great deal of knowledge in the field of
nutrition.

I think one of the impasses that we are faced with
professionally today is the question that has just been
thrown out, and that is whether or not at the college level
and then at the graduate level we really don't-- I think we
do have need for specialization either into this broad field
of management -- it's getting to be a fabulous field --
management of food service on one side or therapeutics and
science on the other.

I see in the field of public health the need for
people with this background and with that background, and I
also see need for people, thinking of Kentucky-- I think of
one of our graduates from Kentucky, a girl who is a generalist
and has some understanding in food service and some understand-
ing of dieterapy but is really not a specialist in either.

DR. Mackellar: So we need three rows, and we only
have one.

Miss Beeuwkes: I see three. It's nice we can talk
about it openly. Wilma will remember back in 1945 at the
American Dietetic Association, when I raised the question,
my head was all but chopped off in a thousand directions be-
cause we could never have specialty.

But specialties are upon us. They are here. And
we had jolly well better recognize it.

But I go along with you, Phil, totally on your desire
for everyone of us in our field to have a good science back-
ground. No question.

What is happening in schools of public health, at
least in my experience, the last few years, is the girls who
have come from colleges within the last two or three years are coming with much better basic science than they ever did before, and we can go into further depth.

I think Dr. Mayes is shaking his head.

We can go into further depth in the science within the period of time we have them than we ever could before, and this is very exciting and satisfying.

MRS. SMITH: I think there is one thing. We have had experience with students who have come for supervised field work and people who have come for internship in public health nutrition. I think of two right offhand who definitely said early in their career they wanted no part of dietetics, so they went through the science of nutrition.

And before they finished their training they were back at school asking for some of the things that they needed in food service.

Now, they didn't want to go into depth in food service, but they had to know enough about food service to know when to refer and to know when to ask for help and what kind of help to ask for.

MISS EGAN: Dr. Mayes?

DR. MAYES: I think that it might be appropriate to point out the similarity between what is about to happen or that I think you are certainly approaching with nutrition, with the nutritionist field, and other professions that have
at least come to schools of public health.

In trying to review the criteria for accrediting schools of public health, which criteria haven't been revised for 15 years really thoroughly, these are some of the issues that go across all the professions.

That is, should the person coming to a graduate school of public health— And that's what most of them are now. Very few schools of public health have any undergraduate degrees, although there are still some, but they are phasing out. Even the last ones are phasing out. So they are becoming almost completely graduate schools of public health.

Now, this means that the first level professional degree must be back of the person.

Now, this is all the way from a bachelor's degree to a doctor's. There are some professions in the health professions where a bachelor's degree is the first professional degree, nursing, engineering, pharmacy, education, and so on. There are at least half a dozen examples where the bachelor's degree is recognized in that profession as the first professional degree.

Then there are master's degrees, like social work and others.

Then, of course, the medical, dental, veterinarian and that whole group, plus Ph.D.'s in social science and some of the others that are particularly germane to public health.
So in thinking in terms of graduate level education and what should precede that -- and I think this is one of the points being discussed here -- from the standpoint of the schools of public health they are trying to agree on a general rule or criterion that would apply to all professions without stating it has to be a certain level profession.

But if it's less, say, than a master's degree, then there would be more emphasis on being sure that certain basic sciences were included in that bachelor's degree, and sometimes this almost goes beyond what is possible to work in to a bachelor's degree.

This is part of the strain that is facing you, I think, right now.

Do you have people coming with a baccalaureate degree in nutrition who could academically and from a standpoint of maturity, say, as a person, stand up to the professional, the first level profession, of the master's and the doctor's level?

So these are some of the other aspects that have to be considered.

Now, the schools of public health are trying to face up now to the fact that for a number of years they have been preparing people for both the service or professional personal service type of activity, and the teaching, research, investigation type of activity which sometimes can be joined in one person and frequently cannot.
So you have both the idea of what would be the satisfactory basic profession, first-level profession attainment, and then which way, because there are these two major directions. And from what you said about nutrition, this fits pretty well nutrition.

Either there would be the service, the clinical type service, whether it be in a hospital or in a community agency, which is not quite as important, or whether it be planning, management, administration, personnel, placing people and this sort of thing. There must be nutritionists who are able to do this in the field of nutrition.

DR. MacELLAR: Plus the research.

MISS EGAN: Plus the research and teaching.

DR. MAYES: And the research and teaching is then the third segment, really.

MISS EGAN: Right.

DR. WHITE: Isn't there rather wide variation in the academic requirements for completion of a master's degree with specialization in nutrition?

DR. MacELLAR: Not any more.

DR. WHITE: In some schools it's one year, in some schools two years, and in some schools three years. It seems to me that is quite a bit of variation.

DR. MacELLAR: Well, now --

DR. WHITE: Some require original research. Others
require library research.

DR. MacKellar: This is true of things other than nutrition. Most of the master's programs or Ph.D.'s are left up to committees to decide. This is pretty common in most areas.

So even within a single college or university you can have some people getting a master's degree with very different backgrounds and requirements.

MISS EGAN: Before we go into some of these other areas I'd like to go back to a point that Dr. Deisher raised, because it is a question facing us.

That is the point he was making about their thinking in relation to an 18-months program in this university-affiliated center in cooperation, if I'm right, Dr. Deisher, with the college of home economics. Did I hear you correctly?

DR. DEISHER: Yes.

MISS EGAN: Now, some of the questions we are being asked are: Should this person be prepared as a specialist in mental retardation, or should this specialist be prepared in the general field of pediatric nutrition widely, broadly, including something in mental retardation?

Do any of you have any thoughts on this?

DR. FOMON: I think it would be a terrible mistake to try to train somebody in mental retardation and then five years from now, when we know six times as much about mental
retardation as we do now, they have to start all over again
because they haven't ever really come through the basis on
which the decisions are made.

I think this would be an awful mistake.

DR. LOWE: In addition to this, wouldn't it be important to add -- and I think somebody stated this -- that these institutes which are to be created should at best be source material -- that is, patient, laboratory, teacher source material for training -- but that the basic responsibility for the program, hence the academic responsibility, probably should rest with whichever group has the right to give degrees, that is, home economics, department of biochemistry, or nutrition.

But it should never be -- Well, let's just take the first one. What is it?

MISS EGAN: Johns Hopkins University.

DR. LOWE: Johns Hopkins Rehabilitation Institute should never have the full responsibility for giving a degree in nutrition. This would protect against the thing which Sam mentioned.

DR. FOMON: Right.

DR. LOWE: At least speaking for myself, I think it would be a big mistake.

MISS BEEUWKES: In the field of education we would hope that the student who graduates next summer is going to be making a successful contribution five years from now and ten
And so I think there can be specialty, but I think it has to be on a very broad basis of education.

DR. DEISHER: I'd just like to say that in these affiliated centers I'm not sure how this is going to be but I feel very strongly about the experiences that should be offered. And if they are limited just to mental retardation -- in other words, this is the beginning and the end -- I have great question of their value.

It seems to me that anyone trained in them is going to have to have a very broad background so that they could go out and perhaps not work with retarded children at all, but work with children with other problems.

Now, the most important part of our present training I think is in normal growth and development, normal behavior, and with normal children. Because anyone who works with retarded children and doesn't know this I feel has no business working with retarded children at all.

I do sometimes get concerned when a clinic starts just for this type of child and ends with service to this type of child.

MISS BEEUWKES: Yes.

DR. DEISHER: Now, there is no reason for this, because the affiliated centers are in university centers.

They have to be. They are tied in with medical schools. And
there is no reason why they should not have a broad basis of training.

Therefore, it seems to me your nutritionist or anyone else should be qualified to work in many fields.

I would just like to add on another subject talking about what training we might offer.

The suggestion was, from people who were talking about this, that this 18-month period following the dietetic internship should lead to an M.S. degree and the required courses which would be in this training would be 22 credit hours which would be in nutrition, in biochemistry, with about 18 credits falling in the broad area of public health course work and 20 credit hours in field work and allied subjects.

I just throw this out because I --

MRS. SMITH: Isn't Dr. Deisher saying that we take what we have and add a six-month specialization, putting it in one good package? I mean we have a year now.

DR. DEISHER: Right.

MRS. SMITH: Then when they want something more, they go back for it. But if you do it in 18 months, you can give this broad base but you can also concentrate in one area, which is the handicapped child, superimposed on your broad base.

DR. DEISHER: That's right.

MRS. SMITH: I'm all for that.
DR. FOMON: I'd like to go back and pick up the point that Dr. White made, because it worries me that the only avenue currently available, or the usual avenue, for becoming certified in nutrition is the same for people who are going to specialize in food service and who really need to know administration.

Really this is in large sense a part of their training and a very important part -- business administration and certain closely related topics of learning.

And if they don't have a strong background in biochemistry, it probably isn't too serious.

I'm sure that there may be some disagreement with this, but to me it doesn't seem that if they are not too strong in biochemistry that that's too serious.

Now, on the other hand, I would feel very sympathetic towards the person who was excellent in the biochemical field, was anxious to do either therapeutic nutrition or to be a public health nutritionist or therapeutic dietitian, I guess you'd say, but who really didn't want to learn about the logistics of getting food around the hospital or something of this sort.

And unless they were willing though at the present time to take the necessary courses and to probably go through a dietetic internship, the way things are set up now, it would be very difficult for them to get a master's degree and
to go on and do the thing for which they are most suited and where we badly need people.

So that it looks to me if we are going to think broadly about this and if we are going to say how things should be changed, one of the things we ought to look at is the possibility of separating these two avenues of approach to the two types of specialists that we need.

MISS GORDON: Would this not be done on the master's level? Could not this be done?

I happen to be one of the ones that believes that you do need biochemistry as an administrator.

DR. WHITE: Sam, you step on the same land mine I did this morning -- that there is a need for the dietitian who can do both --

MISS EGAN: Yes.

DR. WHITE: -- to supply the small hospital.

Now, I don't know the total numbers involved in this. But, fine, perhaps some provision will have to be made for that kind of individual.

But if we are speaking now of people who as nutritionists can perform at a level Dr. Mayes was talking about of working with the physician and working with the nurse, and so forth, she will have to have some different training somewhere along the line than would the single hospital dietitian.
DR. FOMON: I'm worried about the two girls that dropped out because they didn't want to go facing up to all the problems of carting food around the hospital. And I can see these are fascinating problems to some people and repulsive to other people.

DR. ODLUND: It's not essential for the students to go through an internship. We have a separate program for nutritionists per se which does not include the food service or the therapeutic aspects.

These students can go straight through and get a doctorate without going into an internship.

MISS BEEUWKES: It only took two months for Kay Dillon, who didn't want an internship, to come and say, "Miss Beeuwkes, could we make special arrangements next summer?"

This is our experience. If they haven't had an opportunity to work in a multi-disciplinary team in the care of the sick, they feel ill at ease in the multi-disciplinary team in preventive medicine.

DR. ODLUND: You can't provide everything for everybody simultaneously. And this is why some sort of individuality is needed in the program planning.

I don't personally think a dietetic internship is necessary or has been found as a need by all of our students though.

MISS BEEUWKES: Who go into public health nutrition.
MISS EGAN: There is great variation in the States. I think one has to recognize that preventive medicine and medical care are moving closer and closer together, that the relationship between home, hospital and community is becoming more and more one.

And, being realistic, we know that some States just cannot support a multiplicity of specialists, nor is this desirable in areas where, for example, there are some small hospitals with few people, for example.

It may be that we will still need this girl who can serve broadly across the board. At the same time we will also need specialists.

I think that is what we are really saying here.

DR. MACKELLAR: I hope so.

MISS EGAN: It's not a case of one or the other, but it's a case of permissiveness so that a girl can travel any one of these routes really.

DR. ODLUND: Yes.

DR. LOWE: Why is there such great reluctance -- at least it appears to me to be reluctance -- to engage in what industrialists call job classification?

I mean it seems everyone is sort of shying away from this. Is there a basic reason in the whole field of nutrition that this is unsound?
MISS ROBINSON: No.

MISS EGAN: No. We have job classifications.

MRS. SMITH: We have it.

DR. LOWE: Isn't this, in part, the solution to the land mine that Phil mentioned?

MRS. SMITH: In 1937 we had one job description. Now we have-- What is it? Six?

DR. LOWE: Isn't this the place to begin then?

MISS EGAN: Yes. I think, Dr. White, if I may speak to your question -- and others have already spoken to it -- I think that there is a large need not only for consultation to nursing homes but I think Mrs. Hille can attest to the fact there are large numbers of group care facilities for mothers and children that are in dire need of consultation and that we will continue to have needs in public health programs because the services are provided from the public health agency to these kinds of facilities.

So that I think that it is important to keep this in mind that this food service administrator, if you will, or this girl who is expert in this area, still has a role to play and a contribution to make.

And the number of what we call dietary consultants in public health programs seems to be increasing as public health and medical care are moving closer and closer together.

I don't know, Dr. Mayes, whether you wanted to speak
to anything that --

DR. MAYES: Could I put something on the board?

MISS EGAN: Yes.

DR. MAYES: I think this losing of people, you know, hits me too, because --

MISS EGAN: Before you do that, someone wanted to know the schools where they are now thought of as training public health nutritionists, and I listed those on the board. California, the School of Public Health at Berkeley and Los Angeles.

Minnesota at the School of Public Health.

University of Michigan School of Public Health.

North Carolina at Chapel Hill.

Harvard.

Columbia University School of Public Health.

And Pittsburgh is a question mark because they have recently lost staff, so I am not sure what they will do.

Cornell.

Western Reserve.

University of Tennessee.

Penn State.

And Teachers College at Columbia University.

DR. MACKELLAR: Is that Cornell Medical?

MISS EGAN: Cornell at Ithaca, College of Home Economics, have been preparing people, yes.
DR. WHITE: How about the School of Public Health at Puerto Rico?

MISS EGAN: Yes, Puerto Rico.

MISS BEEUWKES: They don't have a master's for nutritionists yet, unless they have it this fall.

MISS EGAN: It's in the planning, Adelia, it's about ready to leave the board.

DR. MAYES: (At the blackboard) In all the professions that are coming in the schools of public health, and I guess there are 15 or 20 at least now, this same problem goes throughout. And we are trying to reconcile or to see whether it is possible to educate and train all three of these types of people -- that is, the clinicians and all of these professions who are working directly in personal services, or the researchers and investigators and teachers, and the administrators.

And there are courses, general courses, the so-called professional courses -- that is, in public health, the master of public health.

It was assumed all through these years to be able to prepare a person to do any of these things, and it has become recognized more and more this isn't possible certainly in one year.

But simultaneously there have grown up other master's degrees that indicate depth in a technical sense, like master
of science in hygiene, the master of science, or the master of science in public health, as in contrast to the master of public health or a doctor of public health.

The one way of trying to show how this works out in developing, say, a curriculum—And don't pay attention to the lopsidedness of the thing. It isn't supposed to be that way.

But one way is to try to reconcile the possibility of having one faculty engaged in teaching these graduate students with specializing interests depending upon their career that is ahead of them, and also on what has happened to them before, all in the same institution, all at the same time with the same faculty.

Now, that doesn't mean one faculty person teaches all three, but within a faculty of 60 or 80 people you have enough training in the professions, and then these particular categories, to match the requirements of the students.

But if we made some arbitrary indications here, which have to be flexible, say this side would represent the emphasis on academic and the research, perhaps teaching interests, and this side would represent the emphasis on administration and clinical service in the broadest sense, and perhaps a generalist which is a little bit different than the administrator, but this is really not separate from the other.

So you see there is contrast if you go to the two ends of the spectrum.
What actually happens is that in individual instances it appears desirable that those who are going to be in the academic or research or teaching aspects of public health or of community health must have some understanding of the administrative process, some understanding of what the clinical services are, and demands, and some understanding of the team -- that is, of blending in to one functional unit people of different clinical specialties.

So in actually devising, then, a curriculum, something like this takes place:

That is, that for those who are specializing in administration, they would really have to have some orientation into the research methodology, understanding of teaching principles or procedures and so on. And then for those who are going to be research specialists or investigators, they have to know something about the field in which they are investigating.

So that you can't have them separate from each other, but they must be overlapping.

So this might be represented then something like this (Indicating at the board), so the ones then that would have the majority-- Well, these would be courses. These would be the so-called core courses that any graduate student in a school of public health would be required to take.

Now, in the past there has been a much greater
Then there would be what someone described this morning as a sort of "volunpulsory" kind of thing. You know, it's a "required elective." That's the way it was expressed. (Laughter)

This would be very small, maybe one course only, say on man and his environment, or human ecology, or some such course that includes the relationship of man to his environment, but also the history and philosophy of public health or community health.

But then this person then would elect, with the advice of faculty, say three out of five or five out of seven or five out of nine possible courses, but he would be required or she would be required to take some courses beyond this line that is the everyday requirement.

She would have to be exposed to research methodology or something in depth.

This also would permit specialization say in maternal and child health, although it's an M.P.H.

So on this side, then, this would be the M.P.H., or in Canada the D.P.H., the diploma of public health, and the doctor of public health primarily. And these are primarily referred to as professional degrees in public health.

And these (Indicating) would be, say, the master of science or the master of science in hygiene or the master of...
science in public health. These are three different very common master's degrees that are given by schools of public health.

And then here the Ph.D. or the doctor of science.

So this group would still be exposed to a certain amount of this kind of orientation, and the administrator, the clinical service person and the one who might have to serve in several capacities in small organizations would have some orientation and exposure here.

So this is sort of an ideal thing, but this is possible in almost every school of public health to take this view.

And this does provide at least an approach to an answer to some of these very perplexing questions. That is, you can't be all this or all that. There must be some orientation and understanding, and yet you don't have to have all of everything in order to qualify for the degree.

This is sort of an oversimplified schematic approach, but we have been struggling with this for three years in our committee, and we have a document to discuss this fall.

DR. LOWE: Before you leave the board, isn't the implication of this scheme that the training in terms of time for each of these is identical?

DR. MAYES: No. I mean it could be.

DR. LOWE: I mean that would be the way I would read
your diagram.

DR. MAYES: Yes, unless you had further explanation.

No, this represents the total relative exposure or content for each individual person, but the duration actually, depending on whether it's a master's or a doctor's level, would go anywhere from a minimum of one academic year, which is nine or ten months, to three or four years for the doctor of science or Ph.D. or doctor of public health.

DR. LOWE: Couldn't you draw lines this way (indicating) and have length a function of the cut of the pie?

DR. MAYES: Yes, but I was afraid if I got much more in here it would confuse the picture.

DR. LOWE: This bears on job classification.

DR. MAYES: That's true.

DR. LOWE: And how you tool up to get people.

DR. MAYES: Yes. It's true that these portions would be different for different individuals. But the principle is that within one institution, one graduate school—but this requires also going outside the school of public health I might say. This permits taking courses especially at the doctorate level in any part of the university. And this is taking place in all of the university schools of public health now.

There are very few doctors of public health or Ph.D.'s or doctors of science that would limit all of their course work
to a school of public health. Even the master's degree. The master of public health is becoming awfully tight now because all these new areas, new content areas, come in you see, and everybody is reluctant -- it's like the medical school -- to drop off anything.

So what is taking place is that it's almost impossible to get both the general background and any specialized training in the MPH in one year, so they are actually spilling over for field work. We are using the summer school, for example, as a third semester right now, I mean without any apology. It's necessary.

And beyond that sometimes we have to arrange for field work for two or three months, from one to three months, depending on the person's background and experience.

And these 18 month courses are serving both ways -- that is, to permit you to put more academic and investigation and field experience into what was formerly one year, or you can look at it the other way that you are cutting short some of the things that are not necessary from what was formerly a two-year program.

So it serves at least during the next few years as a very useful thing to have about a year and a half.

But I think it won't be long until all the schools of public health will come to a flat two-year M.P.H. requirement and then have a little bit broader and a little bit deeper
education. But the master of public health would mean more than it means now.

But, you know, this hasn't been quite faced up to yet as being a necessity.

I don't know whether this helps.

MISS EGAN: It's very helpful, Dr. Mayes, and I think what you are really telling us in terms of our immediate question today, support, is that we will probably have to look forward to fellowships which are of longer duration.

DR. MAYES: I don't think there is any doubt about that.

MRS. SMITH: I think so too.

DR. MAYES: If one agency doesn't provide it, someone else will have to. We will have to patch it up.

But the teaching institution will have to find more than one year for many of the people.

MISS EGAN: I guess that there is coffee outside. Am I right, Mrs. Hille?

MRS. HILLE: Yes.

MISS EGAN: So can we take about a ten-minute break?

(Whereupon, a recess was taken.)

MISS EGAN: At the risk of sounding like a hard taskmaster -- I'm really conscious of that fleeting clock, and I know Dr. White is going to have to leave us at four o'clock -- there is one area we should touch on.
We will come back to mental retardation, because I think there are still some questions here which we would like to have considered further. But before Dr. White leaves we do have a question which was posed in relation to the special groups that might need training, and particularly the medical nutritionists.

I think that since Dr. White has been most concerned probably with this group, it would be helpful to have the benefit of his thinking before he leaves on this.

Is this an area in which the Children's Bureau has a responsibility? Is there a need for more of these kinds of people? Are there other resources to provide for their training?

Dr. White, do you want to lead off?

DR. WHITE: Well, I think it is probably clear that what we now know as medical nutritionists are those which have tended to evolve from the large number of metabolic units that have been established around the country.

A medical nutritionist is, to my way of thinking, a physician who is interested in nutrition and metabolism. And I feel that this area is in a period of flux right now.

The man who is involved with intermediary metabolism or abnormal metabolism is, in a sense, a nutritionist too, but he doesn't think of himself as that.

The biochemist is a nutritionist, but he doesn't
think of himself as that either.

There is not very much at the present time going in the medical profession of people who consider themselves to be nutritionists to the extent that they handle nutrition problems, obesity, very specific aspects, non-research aspects of diabetes or that sort of thing.

There are some people working with heart disease and that sort of thing. But I think in general the field of clinical nutrition as such is not very big. We have about 140 members in clinical nutrition, and not really all of them are in clinical nutrition. It is almost entirely now a research oriented field.

There have been efforts in various universities to establish programs where people could specialize in clinical nutrition. Henry Sebrell's efforts at Columbia are a good example. There is Grace Goldsmith at Tulane. Perhaps Bob Olson at Pittsburgh.

And, subject to correct, I will say they have not been very successful. They have not attracted the students they had hoped for. There is money available for them on training grants on NIH.

So I would say that this approach is probably too sterile to produce very much excitement.

I am at a loss to go much further, because again I think I am handicapped by not being able to define this
field really very adequately, define what is meant by medical nutrition.

We were discussing a few moments ago why more men didn't get involved in public health nutrition or even get involved with medical nutrition, and some people said to me they don't feel it's a very attractive field because it has a female identification and one cannot be verile and also work in nutrition.

Some people I know have big families and work in nutrition.

We are, in AMA, struggling because nutrition is not recognized as a specialty or even a sub-speciality.

So that we, at least people in my department and with the council, don't have any real identity except as we fall on the fring of almost all phases of medical practice.

We have encouraged and tried to identify clinical nutrition, for example, by way of the Goldberger award by supporting medical student research fellowships and have, I guess, put about 115 or 120 students through these three-months program which gets them at least into some phase of clinical nutrition research.

I don't know, Mary, what more I can say. But it seems to me with the two pediatric specialists here that this is an area where perhaps they can identify better than I can the need and the opportunities.
I know Charles has very definite opinions on this sort of thing.

MISS EGAN: Dr. Lowe?

DR. LOWE: I wasn't formulating any definite opinion. I had a question for Phil.

Are you not defining or did you not define in your introductory remarks essentially openings in nutrition for people who have already passed the level of M.D. in terms of training?

DR. WHITE: I did.

DR. LOWE: But isn't this rather different from what we were talking about?

DR. WHITE: I would like to ask Mary if that is what you have in mind.

MISS EGAN: Yes, it is. The M.D. we are thinking about, because we have actually had a question from one institution about the possibility of funds to train young pediatricians and internists in a specialty in nutrition.

And I am really asking you people, who are more knowledgeable about needs in this area, as to how you would look at this.

Do you see this as something that is needed? Are there other resources to take care of the few who might be interested in nutrition?

DR. FOMON: I can answer that I think. I think I
would say there are other resources for that.

We have a training grant from NIH, and I know of
other training grants from NIH that different people have in
internal medicine, in pediatrics, and there isn't a lot of
trouble getting these if it's a good program. I think you can
get it funded.

There are certain problems. That is, you are restricted in the stipend you can pay to an unrealistically low figure which makes it hard to compete for fellows.

But I think since there is a mechanism for that level of training that this is not the most urgent place the Children's Bureau's funds should go.

I think, in relation to what Phil said about medical nutritionists, Bob Hodges made the statement recently that he can't get residents in medicine to specialize in nutrition because they say, "When we get through, if we are a cardiologist, you know, we say internal medicine, sub-specialty cardiology, and people will come in, but if we say internal medicine, sub-specialty nutrition, we'll starve, you know."

But in pediatrics I think we could sell it to some extent.

DR. WHITE: Yes. We sat down one day and tried to list the individuals that we thought might be willing to support a petition to establish a sub-specialty classification in the AMA listing of physicians, and we came up with about
125. This didn't seem like a number to us that would justify
a petition, since they like to have about three to four hundred
before they even consider it.

It hasn't stopped there. But this was just the ones
we could immediately identify.

And we had Sam-- They were all named Sam, by the way.
(Laughter) But I know that Sam Thyler had posed this question:
What would be involved in establishing a sub-specialty of
nutrition as a classification.

Now, Charles, you asked I think --

DR. FOMON: You mean Sam Lowe? (Laughter)

DR. WHITE: Perhaps I should say something about
the non-M.D. or non-Ph.D. training for research in nutrition
or preparation of teachers in nutrition. Did you want me to
say something about that?

DR. LOWE: I'm learning a lot. I'd be interested in
anything.

The question I raised had to do with three types of
service which I visualize -- teaching, one-to-one service,
and one-to-group service. Those are the three classifications
which I had in mind.

DR. WHITE: It does seem to me there is an area
where the Children's Bureau might get involved, and that is
this:

If the desire is going to be to teach more people to
fill new positions, then something will have to be done to
generate faculty. And at the present time you can attract the
good teachers by means of research facilities. And this has
merit and likewise doesn't have merit.

Now, I, for one, am not in tune with the idea of
the Federal government supporting, directly supporting, faculty
positions. I don't suppose that's in the books. But I would
think something would have to be done to assist the university
in providing additional teaching faculty for these newly
geared up programs. I don't see any way around it.

And then before I go I do want to say that I would
hope that efforts can be made to upgrade the income and the
status of people working public health nutrition in the Public
Health Department.

I confess I don't know what the starting salaries are
or what the possibilities are, but they seem to me to be de-
pressingly low to attract the quality of people that we have
been talking about today.

Am I not correct about that?

DR. MAYES: Yes.

DR. WHITE: It's fun to spend a day talking about
preparation, and so forth, but we may be ten years ahead of
time in doing this because we are obviously not going to
attract the kind of people away from the glamor of hospital
dietetics into the rather difficult and energetic work in
public health nutrition where you really get out in the field and work, when the salaries are not equal.

I would certainly hope we can increase salaries of dietitians too.

At the same time, though, until we get good academic background for the people, they are not going to be of the status that they can demand the salary and demand reasonable acceptance by the medical staff in the hospitals, and so forth. And the same would be true of the medical staff in the health department.

So that I would hope that the time can come when people in nutrition would have at least the master's degree level and more, but then they are going to have to be paid better.

MISS EGAN: I think, Dr. White, that the time has arrived when a very high proportion of them -- and I am speaking largely now about public health nutritionists, have at least a master's degree. I think we are there.

There are still some who do not, but these are in the minority.

I think a very high proportion have at least this level of training.

Now, before you leave, I think that some people here have expressed some need or know of needs in relation to medical nutritionists who might be involved in directing of
public health nutrition programs and also in heading up training programs in schools of public health.

I have gathered that there is a need for this kind of person.

Now, I don't know whether we should be concerned about this. I don't know whether any of you wish to speak to this point but I have gathered here and there that there has really been searching about for --

DR. WHITE: Sure. There's no doubt that in public health departments such as New York State and New York City and in Chicago, and I'm sure others that I won't attempt to mention, these have doctors who are head of them involved with nutrition and running big and I think for the most part good programs.

Then we have a change taking place also in many universities with men as heads of departments of nutrition or heads of what used to be called schools of home economics. So this will help bring more men into the field.

I think the program at Berkeley, for example, certainly ought to provide more men for the directorships of programs.

I think Cal Woodruff went to the University of Missouri. This was perhaps too bad. By that I mean he lost identification with Michigan.

I think there was a chance with Nicholson and others
to bring more men into the field.

MISS BEEUWKES: One of the problems at the schools of public health is that you are not apt to have physicians interested in specializing in nutrition except the foreign-born.

DR. WHITE: Yes.

MISS BEEUWKES: And this does create some problems, don't you think, Dr. Mayes?

DR. MAYES: Yes.

MISS BEEUWKES: Because if you have a physician who is oriented to the American scene, he may not feel completely at home with the developing country. If you have a faculty member who is entirely a developing country, he may not feel at home with the relationship of nutrition to the various specialty groups in the United States.

It is a very difficult problem.

DR. WHITE: Yes, it is.

MISS BEEUWKES: I think the fact that medical nutrition as a specialty has not developed in all of these years is telling us something.

I think that the man who is interested in a kind of chronic disease becomes interested in the nutritional aspects related to the disease. I think that pediatricians are natural to have a major interest in nutrition, because it's so basic in pediatrics.

But for the general practitioner kind of a physician,
many of whom come in to a school of public health and decide to go into public health, I find their interest in nutrition, unfortunately, is extremely limited.

DR. WHITE: Adelia, I don't believe we should give the impression that all pediatricians are well prepared in nutrition. This is far from the case.

MISS BEEUWKES: No, no, but take a look at the list of people who have great interest in nutrition. The majority of them have a pediatrician background. I took a list of about a hundred last year.

DR. LOWE: It's interesting, at least at the level where policy is made in nutrition, this is not the accepted point of view. We have had considerable administrative problems, let's say, with the National Research Council, their committee on recommended dietary allowances, to try to get a group of established nutritionists from the field of internal medicine to accept the idea that the child is not a little man. And we have failed completely over the last ten years.

So it isn't quite as simple-- Well, you know it isn't. But I am trying to emphasize the point.

MISS BEEUWKES: No, it isn't simple.

DR. LOWE: The establishment in nutrition does not consider the pediatrician as the mainstay of American nutritional teaching and the source of dissemination of information.

DR. WHITE: You people are not going to be alone,
Mary, in the emergence of nutrition as an important public service and also research and teaching-oriented science. Because with the new directives from the President that have rather drastically changed the emphasis given to our AID program, for example, this is going to generate again opportunities.

And the total emphasis on nutrition in public health above and beyond the Children's Bureau again is going to, I hope, generate interest, and we hope that the academic world can provide people to fill those positions.

So that I would hope, as someone mentioned earlier, that there can be some kind of coordination in the Federal government of nutrition, and whether the development of the nutrition section of Barney Shaffer's in international research is a nucleus, I don't know.

But nutrition, as you are all very well aware, is a field that has ups and downs, and it depends on the person who is in the chair at the moment how important it is. It either means nutrition is emerging or submerging. I don't know which. I hope it's emerging.

DR. MAYES: Before Dr. White leaves, if we are not going to make him late for his plane, I would like to raise two aspects that haven't really been brought out but have been inferred or mentioned in passing that seem to me to be rather important for the future of the kind of programs we have been discussing today.
First, the necessity for a physician to be in the picture, and a physician who knows this field.

Now, he may not have started in it, but he must know it.

And here are two reasons. There are many others, but there are two that I was thinking of as Dr. White was talking.

One is we can see on the immediate horizon all of the specialized fields and new programs of service, new patterns of service that will require the different levels of nutritionists we have been talking about and the different varieties.

But if in the teaching institution we are going to apply this kind of an approach to the field of nutrition -- and we already are to some extent -- the professional person most readily accepted by all groups and who would have a professional entree into any of the groups and also in other countries is the physician, and the one who can be the bridge between clinical in the personal sense and clinical in the community sense.

So that from the teaching institution standpoint, it is almost essential.

To give you a specific example, at our school right now Dr. Hughes Bryan, as you all know, is reaching the retirement point, and I am trying to get a medical nutritionist to...
replace him. Well, this is very very difficult.

DR. WHITE: Yes. Well, you are competing also with probably half a dozen pharmaceutical houses that can pay twice as much.

DR. MAYES: As you said, it may be submerging, and yet I think you can see it may be just the opposite.

This is one. From the teaching institution standpoint, and with the future of nutrition looking as it seems to look, with all these demands, it would seem absolutely essential at the university level to have a physician in the picture.

Now, the other one is that all the schools of public health at least are international agencies now. Even in our school, which is not specialized in international work and has only 10 per cent of the student body, we have students from 14 countries, and we have faculty in four or five of the big countries actually assigned.

Now, one of the things that goes throughout all of these developing countries is this urgency for nutrition, the population explosion and all the rest. Well, this is not going to be limited to foreign countries pretty soon.

As a matter of fact, we live in a 'have-not' part of the United States -- the Southeastern part of the United States, as far as health and nutrition and what-not are concerned, if you want to go on a population basis. So the
problem is already there, very urgently there.

Now, I think that since the schools of public health are involved not only in this broad spectrum of preparing people from many professions to concern themselves with population groups, they also need to be better prepared to consider the United States a part of the rest of the world. And there are many opportunities to learn about the problems that we have right under our noses and don't recognize because they aren't so glaring perhaps as they are in some other countries.

But for both of these two reasons, the international aspect which we are getting more intimately involved in every day and the immediate range of nutrition specialists that could rally around a physician easier than each other-- Maybe this is wrong, or maybe it isn't appropriate, but I think it's being realistic.

MISS EGAN: Yes.

DR. WHITE: I'm not so sure it's being realistic, because I believe that the Ph.D. nutritionist who has had good background in physiology, biochemistry and bacteriology, that are basic medical sciences, is just as acceptable now as a physician is in these areas we have been talking about.

He is involved now with the teaching in medical schools. He is a part of the research team. Many of them are running their own research units in cooperation with or with physicians on their staffs.
I think this may be a more optimistic approach than to say we really can't get into high gear until we get physicians into that position.

DR. MAYES: I wouldn't carry it that far. I believe it would be desirable. I don't believe yet the Ph.D. is accepted in the community agencies to the extent he is in medical schools, for examples.

I think this is coming, but it may be another five or ten years.

DR. WHITE: Knowing the difficulty we have had with getting physicians to identify in this field and knowing the difficulty that the schools of public health have had in getting people to take the doctor of public health or the doctor of science with specialization in nutrition, it would seem to me to be more optimistic to think in terms of the basic scientist working into that position even in the community setup.

DR. MAYES: This is why I wanted you to be here.

DR. LOWE: Phil, can I disagree with you?

DR. WHITE: No. (Laughter)

DR. LOWE: I think that one of the issues which faces the nutritionist, in addition to salary, is a lack of status. At least this is my own experience working with nutritionists in a medical environment. These people have no status.
DR. WHITE: What kind of nutritionists are you talking about?

DR. LOWE: M.D.'s. I'm talking about nutritionists as defined --

DR. WHITE: Are you talking about people? Let's mention names.

DR. LOWE: I can't mention names.

DR. WHITE: Mark Hagestadt or George Briggs?

DR. LOWE: Oh, no, no. We are talking about people in operational environments.

DR. WHITE: I'm talking about these people, you see.

DR. LOWE: You're selecting. I think this isn't fair. Mark Hagestadt is going to fulfill no national need -- we are talking about national need -- except as a derivative of --

DR. WHITE: When I spoke of the Ph.D. --

DR. LOWE: Fundamentally we are talking about a service operation. And when I see nutritionists functioning in a service operation, which is I think what we are talking about, there is a lack of status.

And I think Dr. Mayes' point appeals to me that one of the things you have got to do is improve the status. And you do this in part by salary and in part by bringing in to the environment people who have status in the community. And these happen to be physicians in this context.

I find patients reluctant to take advice, for example,
from a nutritionist, well-trained as she may be. But if a
doctor comes in and says what Miss Jones says is right, that
settles it.

DR. WHITE: We aren't quite talking at the same level,
but I think people understand.

DR. FOMON: I don't think that there is a disagree-
ment really.

DR. LOWE: This was Dr. Mayes' point. If you are
going to upgrade departments of nutrition, because of the
curious structure of our society you are going to do so more
effectively if you put an M.D. in.

MISS EGAN: He's talking within the framework,
though, Dr. Lowe, of an educational institution, a training
program.

DR. LOWE: That's right. Well, this is --

DR. MAYES: Yes, I think that's true. And when I
said it's more realistic, really it's more realistic in one
way and less in another.

It's more realistic in a sense I think of the popular
concept of health services, no matter whether it's health
education, nutrition or what. If there isn't a doctor -- and
I mean what people call a real doctor -- in the picture some
place, you know, to sort of anchor to, even if he isn't seen
very often, there's something lacking.

But, on the other hand, we have all seen the entree
of the social scientist in the whole medical and health field
as well as the biological scientist and chemical scientist,
and so this is the trend of the future. And we certainly are
doing this in schools of public health.

DR. WHITE: May I just try to clarify a point very
quickly? I don't disagree with you in your principle. I
felt, though, that the probability of filling the positions
with physicians is much less than is the probability of filling
these with physicians and the excellent nutritionist. This
is what I was referring to.

DR. LOWE: You take Fred Stare away from Mark Hage-
stadt --

DR. WHITE: Which would fall?

DR. LOWE: I think Mark would fall. As a public
image. I think there is no question about it.

I'm not debating the value and virtue of either. But
I think Fred Stare has created the image of Harvard School of
Public Health for nutrition, that aspect of it, and I think
this is what the public --

DR. WHITE: As far as the public is concerned, yes.
I use Mark and George Briggs and Nicholson and others as ex-
amples of the kind of people I was talking about.

DR. LOWE: If TIME MAGAZINE wants a question answered,
who does the public read about? Fred Stare, not Mark Hagestadt.

MISS EGAN: Before Dr. White runs off, I wonder if
there is consensus on priority of Children's Bureau support
in relation to this area?

We recognize there are needs. Am I right in sensing
that most of you feel probably this would receive lower
priority in terms of funding than would training of some
other kind of a --

DR. WHITE: We have not really started to talk about
the problem in child health, have we, in terms of our large
urban complexes?

It seems to me there is established a phenomenal
need for superior services that are not being provided. And
whether you can argue that infection or malnutrition is most
important and the other is less I don't know. But the fact
is we are going to have to somehow find a way to provide
better services for these people, just as we are now trying
to find ways to provide services for people elsewhere in the
world.

This is going to create tremendous demand, and these
programs are being geared for that. And we have got to pro-
vide the people.

They don't have to all be highly trained people.
They would fit into the classification that you have.

It would seem to me, if I am correct, there is not
sufficient manpower to fill the need. This will have to be
generated. And that is why you can become involved. I think that is perfectly clear.

MISS EGAN: Does anyone wish to add any comment to this whole area of the so-called medical nutritionist? Any further comment about the need, the desirability, the training, the priority?

DR. WHITE: Well, it's true, I think, that in the sciences they will probably all some day be a five-year program or be utilizing 11 of the 12 months for the four years of college, which I happened to do when I went to school early in the war, and it wasn't bad.

DR. FOMON: Slow learner. (Laughter)

DR. WHITE: Slow learner. (Laughter)

But at the present time there would be an opportunity for training during the summer months for experience to meet some of these job opportunities that are generated.

MRS. SMITH: May I ask Dr. White one question. How much is this need for medical nutritionists related to the study that the AMA did on teaching of nutrition in schools of medicine as of today?

DR. WHITE: Well, we have great hopes that we can bring about a significant improvement in the teaching of nutrition, and at the present time there are not enough individuals in the country in the medical schools that we can identify as coordinators of nutrition who would have stature
in schools such that they could help to improve the exposure to
nutrition in all of the pre-clinical and clinical years.

So that there will be a need for this sort of thing.

I would suppose Sam would say that perhaps 25 of
the schools have recognizable individuals who have the statute
to bring about coordination, and this still leaves 50 to 60
to go.

MRS. SMITH: And until that is stepped up, then,
it's going to be harder to find them to go into the areas
beyond and get involved in the graduate programs for community
nutrition and for service programs?

DR. WHITE: Yes. But please don't give the impres-
sion that these positions are waiting to be filled. We have
to continue to try to generate interest in establishing the
positions.

MRS. SMITH: We have to find the people to put into
them too.

DR. WHITE: Or to find the person already on the
faculty who can be so identified.

MISS EGAN: Any other points in relation to this
area?

(No response.)

Well, then, I think maybe, since we have just about
an hour left and we really have covered quite a few of the
questions on page five, I would like to go back to the handi-
capping conditions for a moment, which is point (c) under (2), because we raised three specific questions there.

Should training opportunities such as the following be developed and financed in university affiliated centers, clinical mental retardation programs, et cetera?

Dr. White, thank you very much for all of your time and help.

DR. WHITE: I am terribly sorry I have to leave now.

MISS EGAN: We understand.

MISS BEEUWKES: I was very interested, Mary, in your inclusion of (a) and (b) under (c), because I think continuing education is one thing, a week or two, but the short periods of training are really quite out of context in relation to (a), (b) and (c) in the larger sense.

MISS EGAN: Right. And the reason they are, Adelia, is because we have had specific questions in relation to the university-affiliated centers. We wanted really to cover the waterfront in relation to the university-affiliated centers since we have immediate need for some of your thinking on this.

Now, I think that there has already been an expression that there is a possibility of long-term, 18-month training programs leading to a master's degree with a broad base and maybe a focus on maternal and child nutrition in this kind of a setting.
There has already been an expression, I think, that you don't see a graduate program leading to a degree in mental retardation, nutrition mental retardation.

We haven't spent any time on the possibilities of rotating through these centers for short periods dietetic interns and graduate nutrition students. And is this something, as we are asked questions, that we should mention to groups as a possibility?

Nor have we spent any time on the clinical fellowships of varying lengths of time.

So that if you have any thoughts on these, we would appreciate them.

Miss Robinson and Miss Gordon, you may particularly wish to speak to the possibility of some tying in during the dietetic internship with these centers, whether you see a possibility or even the need or how you view this.

MISS ROBINSON: Well, I am wondering if there could be an opportunity for graduate credit here. Graduates of dietetic internships might be interested. Is this what you had in mind? At the conclusion of the internship?

MISS EGAN: No. I'm asking now about a short orientation during the period of the internship.

MISS ROBINSON: Oh, During the period of it?

MISS EGAN: Whether in pediatrics there is a possibility.
MISS GORDON: This is being done in our rehabilitation center. We do rotate dietetic interns through this unit.

MISS BEEUVKES: For how long?

MISS GORDON: Well, it's done at different times, but altogether it's approximately six weeks, Adelia.

MISS ROBINSON: Well, there are in all hospital dietetic internships blocks of time for experience we call experience in community nutrition. Now, I don't know why there would be any reason that this could not be substituted or used in that context.

Usually that's only two to three weeks.

MISS EGAN: Well, it really is a little bit different than community nutrition. It's a clinical setting where there will be training provided in terms of working with children with multiple handicapping conditions, many of whom will be retarded.

They really will not get the same kind of experience in this setting that they would, say, get in the public health agency or the community health agency.

MISS ROBINSON: No, I'm sure it would be different, but I would think there might be a possibility that it could be substituted for it. I mean from the standpoint of the fact that it would be related.

I don't know. This is just a thought.

MISS EGAN: Do any of the rest of you have feelings
about this? Because this is something we're being asked by some of the men responsible for planning. Should they talk to the internship directors about the possibilities in this area? Dr. Deisher?

DR. DEISHER: Well, I would certainly be for any opportunity possible to make students at almost any level more conscious of the problem of handicapped children and their needs.

I think this is going to have to be done in different ways in different places.

There is one problem it raises, however. You can't just dump unlimited quantities of students with little background into clinical programs or anything else and have them get much out of it.

It seems to me that what the Children's Bureau should recognize would be the need in specific programs which could be used by a lot of students for in-service, for perhaps a period of the dietetic internship, whatever time was deemed appropriate by the person in charge of the program. But they should be able to do this, and there should be what you might call a coordinator who would take the student with little background perhaps in small groups and give them enough preparation and give them limited opportunities for observation or something else rather than just saying, "Well, go down and, you know, sort of make out as best you can."
Usually the staff in these places is a little bit thin, and they usually have pretty much full-time commitments. And I think it is very difficult for them on a very large scale to give students a very useful experience.

I think it could be. But I think some consideration has to be given to a coordinating person to do this.

DR. FOMON: If we are speaking of the person who is still working toward their master's degree at about this level, it would seem to me that participation and involvement in activities with handicapped children would be desirable to the extent that this could act as an example of how special nutrition needs are met and might provide stimulus, a little extra incentive, to the student.

But to the extent that they would get deeply involved in management of handicapped children to the expense of learning general nutrition, I think it would be undesirable.

So, as I read, under (c), (a), (b) and (c), that last (c)(c) worries me a little, because it suggests that maybe there is going to be—Well, this suggests perhaps an undue emphasis for that phase of training.

MISS EGAN: Yes, I think that you mentioned this earlier, if I heard you right, and I thought the consensus was that, rather than this major in mental retardation or a great deal of emphasis on it, it be more broadly based, say in maternal and child nutrition or pediatric nutrition or what-
But what I'm really asking, I think, is when some of the planners of the university-affiliated centers write in or when they talk to some of you or some of our counterparts in the field, should we say to them that, "There are graduate students in nutrition, there are dietetic interns being trained to fill various kinds of positions. Now, could your resource be used or should this resource be used for providing them some orientation, assuming that there is a person in nutrition on the staff of the university-affiliated center who could relate to the program director, the internship director, the graduate nutrition director?"

Is this a kind of possibility that you would encourage or discourage? Or how do you feel about it?

MRS. SMITH: Well, I would encourage the graduate nutrition student get this if it's feasible and possible. I'd say that would be number one.

But from working with dietetic interns for the past umpteen years, I would say that this would not be a routine procedure, that if you did it for dietetic interns it ought to be done on a selective basis.

Knowing that you have limitations as to how many people you can absorb, and if you have to set up priorities, my priority would be for the graduate nutritionist first, who is probably going to become involved in this or is more likely
to become involved in the near future.

MISS BEEUWKES: I would think it would be better if there were one, two or three university-affiliated centers with whom you might make arrangements to finance any additional staff they need to do it, to have a center as a place where a qualified dietitian or public health nutritionist could come for three or four months of concentrated work.

For example, at the NIH metabolic unit. This is what I think Edith Jones has done now, hasn't she? That is, there are times set aside when Physician X from County Y can send a nutritionist for a concentrated period of time.

But I think that you run into very great risks, and you have referred to some of them really, Dr. Deisher. And that is that just because a program and service is in operation doesn't necessarily mean that there is a person in there who has the time and the facility to make three or four months, whatever it is, really meaningful.

I am thinking, for example, at the medical center at Ann Arbor, Children's Hospital is coming up. But unless there were a person who had the time to direct this program, the hospital couldn't take on another educational program to charge to the hospital care, no matter what the legislation says.

DR. ODLUND: Our faculty thought this idea extended further, so that those who were in the academic program
teaching courses say in maternal and child health could go to this center for a specified time when it was convenient, was superb.

MISS EGAN: This would be a clinical fellowship kind of thing.

DR. ODLUND: Yes.

MISS EGAN: So I gather some of you see a real need for this kind of training situation.

DR. ODLUND: Supporting a person within the institutional center.

MISS EGAN: Selective.

DR. ODLUND: Yes.

MISS BEEUKES: But limiting it to a reasonable number.

DR. ODLUND: Yes.

MISS BEEUKES: So the Children's Bureau would feel that they were confident that the facilities were all there to do a good job.

I would rather have one good one and send a few people than to have 12 that are just not capable of handling the problem.

DR. MAYES: I think this has been mentioned, but I don't want to leave any question about it. That is, when educational institutions, universities, and especially in the professional schools, send their students as part of the
degree requirement for a clinical experience, whether it be a medical internship or some other thing— And more of the schools of public health and more of the departments now are actually setting aside from one to three months for clinical experience in the field. Last year we had to search all over the country to get 43 different locations for various types of public health people.

And you know how it is with the nutritionists. We bring them in for three or four days of orientation of a person in the field, in the institution, the operating agency or the clinical setting or whatever it is, to become a part of the academic teaching process, although they are in the clinical aspect or application.

Now, it's these people that I am concerned about as much as the students. Now, it's one thing for the Children's Bureau or any other agency to make it possible for the student to have a stipend and travel expenses and make it possible for him or her to go and get this experience. But the part I want to emphasize is that in the clinical setting, whether it be a public health agency or a hospital setting or what-not, on the home teaching institution it requires additional time and additional technique, methodology, for this kind of teaching.

And these people have to be supported. Because they can't do justice to their full load of everyday work,
whether it be teaching or clinical service, and do this too
and do it well.

So this is the part I want to emphasize.

MISS EGAN: Fine.

DR. MAYES: It's the teacher.

MISS EGAN: Dr. Chenoweth?

DR. CHENOWETH: Well, this is the kind of person that
is being supported in some of our training projects.

DR. MAYES: Yes.

DR. CHENOWETH: And we too think this is very im-
portant, because maybe neither the faculty person nor the
person at the clinical level who has a big clinical load has
the time for this other kind of supervisory training job.

DR. MAYES: Right.

There may be something else missing too, and that
is the talent.

DR. CHENOWETH: That's right.

DR. MAYES: The ability as well as the time.

DR. CHENOWETH: That's right.

DR. MAYES: So this brings me to another axe which
I'll save for a few more minutes.

MISS EGAN: All right. Meanwhile I'll ask you
another direct question if I may.

If we establish these short-term clinical fellow-
ships for faculty members, for people on the job who want
additional training, these probably would be post-masters
or may even be post-doctoral. They may be varying lengths
of time.

DR. ODLUND: Or part of the master's.

MISS EGAN: Or part of. It's conceivable.

Now, some of the physicians in these centers, the
directors, have raised a question about wanting to "bother"
-- and I use that in quotes I guess -- with, say, taking some-
body for three months, because they feel that in three months
they really cannot give this person the kind of training
that they need, and they really would like to focus on a
longer period of training as much as to one year as is done
for some of the physicians.

Now, I would like any of you who wish to speak to
this point to do so. How do you feel about financing a
clinical fellowship in one of the university-affiliated centers,
we'll say, which would run for a year without a degree or
certificate or what-have-you?

DR. FOMON: This would be a post-master's?

MISS EGAN: Or post-doctoral or a part of.

DR. FOMON: In our training program for physicians
we take only post-doctoral, post-M.D. physicians who have
completed their residency training -- that is, an internship
and two years of residency.

And in general we don't take anyone for less than
two years.

I would be very much opposed in my program to take someone in for less than one with a nutrition background. I think that in less than one year they would probably get relatively little. And our expenditure of time and effort would be terribly great.

MISS EGAN: Now you are speaking about the physician?

DR. NOMON: No, I'm speaking of a nutrition person with a master's degree who wanted to have some fellowship in medical problems, medical nutrition problems.

If they were going to work in our program-- Now, it might be quite different if they were going to work on our pediatric ward for three months. To the extent that this might contribute to their education, maybe three months would be enough.

MISS EGAN: All right. Dr. Deisher?

DR. DEISHER: I think I would be inclined to take the other side of this. I would agree that certainly our physicians who come in to the, well, embryonic affiliated center program we do not take for less than a year.

But I think if our interest really is better service to children, then I think we have to be somewhat flexible, because there are many people who would say, "Yes, I can come for three months, but I cannot come for a year."
And I think we exclude, then, a lot of people who are going back to a job where they have a lot of responsibility and are in a position to do a lot of things for these children, and I think we have turned them away.

Now, I would certainly give a higher priority to a longer period of training and would encourage them if at all possible to come for a longer period.

But many of these people have jobs in service agencies and they simply are not able to get away from this job for longer than this.

And to have them, say, resign with the idea that they will find another job somewhere is not always the answer.

I would like to see enough flexibility so that we could support people for as short a period as three months. I doubt much less than that would be of much benefit. But I'd give, as I say, priority to a longer period of time.

MISS EGAN: Dr. Odlund.

DR. ODLUND: Well, I am just practically expiring trying to be horribly realistic on this and suggesting that maybe this be deferred until this manpower survey is made and just see where you would be if you suggested a minimum of one year and whether or not, say, our nutrition majors might go into dietetics or food research, into some of the other programs that would not have these demands on them.

And, truthfully, most of these women who are in these
programs right now are probably women who have come back into the labor market after their children are in school.

That's where the majority of the community and public health nutritionists are from.

MISS EGAN: Maybe in your setting. I don't think this is universally true.

MRS. SMITH: No.

DR. ODLUND: But I think there is a competitive market here that is something to deal with.

I would be in favor of a minimum of three months but optimistically a year.

DR. FOMON: I don't think I am in conflict with Dr. Deisher. I think it depends on the program.

If a program can contribute something substantial to the nutritionist in three months, then I think the minimum time should be three months.

If a program cannot give much to an individual in three months, then it is unrealistic to take them for that period of time.

And all I was saying is that I can sympathize with those individuals who have expressed concern about a three-month period, because in our case this would be practically impossible.

But that doesn't mean that that would be true of all programs.
DR. MacKELLAR: Would it make a difference on the level of the person coming in on background in nutrition?

DR. FOMON: In our case I don't think it would. I am sure in many cases it would, but, as I say, we can't really do too much with a physician who has finished his residency coming in for one year. And even though a nutritionist might be able to pick up the nutritional aspects of our program much quicker, I think to do it in less than a year would be --

DR. CHENOWETH: Well, is there a difference in the objective of the two training programs here?

DR. FOMON: Oh, yes. Yes.

DR. CHENOWETH: This is really what --

MISS BEEUWKE: If you had a public health nutritionist with ten or 15 years of experience, she has been dealing with many many problems of children with handicapping conditions, and it would seem to me that she could take a pretty concentrated dose of current research and thinking within a period of three months.

It depends on the background of the person coming in.

MRS. SMITH: This is what I was about to say. If you are going to take a graduate student, you can't do for her in three months what you do for a person who has a master's degree and has had some work experience.

I think now if we assume the affiliated center is what the word really means -- affiliated with a learning
institution or an institution of higher learning -- this is
going to be at a high level, and she should be able to do it
I would think in three months.

I think if you are going to take the people who
will need this-- Because it seems to me with the Public
Health Service proliferating we're going to have to take some
of the people that are generalists and become specialists.
I think this is inevitable. This is where the agency would
have to start.

And if you ask somebody to go for a year, it means
that you can't fill that position for a year, because you are
not going to offer a job to a qualified person for a year,
because they won't take it.

So you have got that realistic point of view -- to
have a vacancy for somebody on leave for a year. A good person
is not going to come in and work for a year. So you are with-
out service.

But you could do this, I would think, for three
months.

MISS EGAN: Am I right, in just trying to sum this
up, that what many of you are saying is that we should be
flexible in setting these up, that we may set up three months
or as long as a year in selected situations, being sure that
there is competent faculty there to handle the student load?

Am I right in this, that these are some of the kinds
of things that you have been saying?

DR. ODLUND: Yes.

MRS. SMITH: Yes, I think so.

MISS EGAN: All right.

I'm being real undemocratic, but there is one other area I wish we could spend some more time on, and that is the pediatric dietitian. Because we had some expression of needs in this area earlier.

I don't know whether we have explored it to the fullest, and I don't know whether we heard all of your thinking on this.

As we have pointed out, there is this movement of preventive medical services and medical care programs closer and closer together. People in hospital positions are being called upon to staff outpatient clinics and also extend themselves sometimes into community programs. And likewise people in community programs are being called upon for some more of a clinical type of service.

Miss Robinson and Miss Gordon and anyone else who wishes to speak, and the pediatricians who are here who have observed needs, unmet needs or too many training programs or too many demands or what-have-you, I think it would be helpful to hear about them.

We have done very little actually with the training of pediatric dietitians per se.
Is there anyone who wants to speak?

DR. LOWE: Well, I keep having the feeling that we are dealing with the periphery of the basic problem, and this is why I am reluctant to get into the need in this particular area.

We spent the whole morning trying to define how many people we need. And I know this isn't what you wanted to do.

But pediatric dietetics is only a small part of a great national need.

MISS EGAN: Right.

DR. LOWE: And to identify this may not serve the major purpose.

MISS EGAN: Well, this is what I'm asking you, Dr. Lowe. You sit in a medical center, a children's hospital, where you have been dealing with pediatric dietitians over a period of time. Now, as a person in this kind of setting, do you see the need for some advanced training for these people? Are these advanced training opportunities available?

What do you all think about this?

DR. LOWE: First of all, the average pediatrician is not, by virtue of his training, prepared to accept the pediatrician nutritionist, let alone dietitian. His thinking tends to put her down in the formula room instead of part of an effective child care program.

And probably before you can upgrade pediatric
dietitians or nutritionists we have got to get to these
physicians and explain what can be accomplished by a well-
trained person in child care.

This is some of the talking, reasoning, we have
discussed.

Do you agree with that, Sam?

DR. FOMON: No. Well, at least I don't know what
the general findings, general situation would be throughout
the country. This would not be true in our institution.

I think that our residents, for example, turn freely
to the pediatric dietitian for help, and they get it, and
they appreciate it, and they think they learn, and I think
they do.

Dr. Dunfee's comments were that our need is for
people trained in special areas who start out in pediatric
nutrition and then help us where we have a big clinic in
diabetes or in inborn errors, and we could use a pediatric
dietitian in each one of these areas in addition to our ward.

So that we do have quite a great --

DR. LOWE: Well, you are in sharp contrast, then,
with what I have observed in about three or four different
settings.

I think Iowa is in many ways unique in relation to
nutrition. Because there is a tradition there of strong
nutrition teaching which is not present in many other places.
DR. FOMON: You see, we have it in medicine and pediatrics.

DR. LOWE: This is in the Iowa tradition.

MISS EGAN: Some of the rest of you may wish to speak to this.

MISS BEEWKES: Well, I think rather than to dream further than we can realistically meet the dreams, I would at the moment say that if we could enlarge specialty programs, public health nutrition—maternal and child health specialty, and have longer than, you know, this old traditional binding, 10 or 12 months -- and this is coming surely -- I have found with our graduates from a program in the school of public health who have gone into pediatrics positions, instructor in pediatrics and so on, that the combination of their hospital experience plus their public health experience has provided them with good background to go into pediatrics dietetics as a specialty.

Now, I see another need, and that I mentioned earlier this morning, and that is not only for the training of the dietitian but to assist the medical student, the nurse and the social worker and everyone else in training in a medical center, and that would be to have the funds to have at least one nutritionist supported outside of hospital money, out of patient money, to be a nutritionist in the outpatient clinic of a medical center.
Because if the medical center is near the school of home economics or near the school of public health, you have then enhanced your teaching opportunities from the academic standpoint, and at the same time the Children's Bureau is doing a real service in education to more than hospital dietitians.

Perhaps if this kind of status position occurred more frequently, we would be in a better position to encourage more dietitians to seek graduate training to become specialists in maternal and child health. I don't know.

But the thing that Dr. Mayes talks about up here, the direction we probably are going in schools of public health, I can envision M.S.-Maternal and Child Health Nutrition, you see, so that the student would get a really good bit of depth in the whole area of pediatrics as well as in the broad field of public health.

These are the people that I think a hospital would be delighted to bring back if the person came to public health with hospital experience in the first place.

MISS EGAN: Dr. Hussey, do you want to say anything about the person who might have had public health training or I should say a community point of view in training functioning in the clinical setting?

DR. HUSSEY: Yes. We have used our own nutritionist in relation to Children's Hospital in setting up the inborn
errors of metabolism clinic, and she has functioned very well. We have been very happy with the relationship.

Now, eventually, we anticipate that she will train the hospital dietitian to take over this service.

But the advantage of putting our own people into the clinic initially was that they would in turn relate to our district nutritionist and get your community aspects and help to the patient.

You see, this was one center for the entire State, and we wanted somebody there to indoctrinate the other people and the public health nurses in the community setting to help with this problem. I think we have been very successful with it.

Children's Hospital has been very happy with it, and we have been quite pleased with the experience.

I think that very often the State agency has something to contribute as well as the reverse where the hospital contributes to us.

I was thinking of another aspect in relation to social workers. We do have a training program for social workers where they graduate from Simmons and various colleges and then come on with the health department for a year's period for experience. And I think this provides something very valuable, and we do have somebody there who provides the training.
Now, we probably are not prepared at this point to
give enough experience to a nutritionist, but I could see some-
one who was going to work in a public agency setting might,
in addition to the clinical, profit by a good experience.

MISS EGAN: Miss Gordon?

MISS GORDON: Well, we are doing such entirely dif-
ferent things. But I would think that the hospitals, or some
hospitals at least, would be in a position to give some good
training to a person of this sort. You have all the facilities.

And I would think that this would be something that
the hospitals could cooperate with in the training of both
the public health nutritionists and also in the hospital
field.

MISS EGAN: Miss Gordon, from where you sit in a large
medical center, have you had requests at all— Maybe this is
unfair to ask you, but I am thinking back to two questions
that came in to us this year from children's hospitals, large
medical centers, where large numbers of children are being
cared for where there was interest of the girl who had res-
ponsibility for pediatric dietetics going on for advanced
training with specialization in this field. And when you start
to look for this, it's hard to find.

Now, how do you feel about this? Have you ever had
requests of this kind? Do you see a need for it? Do we
need to do something?
The Western Reserve program needs a bit of that, but is there a need for more of that?

MISS GORDON: You mean, for example, if I needed a pediatric dietitian, where would I go to get one?

MISS EGAN: No, no. If you have a girl covering pediatric dietetics and supposed you're going to be adding, we'll say, a non-university-affiliated center, and you might be adding more work in the metabolic unit and what-have-you in which she may have fixed responsibilities, and you feel she needs more training. Have you ever had this question asked of you: Where would she go?

MISS GORDON: Well, I don't know.

MISS EGAN: You don't.

MISS ROBINSON: I have once or twice. I have been asked this question, and I have not known an answer. You're right. This has raised a question in my mind as to whether or not there is a need for a specialty in this area, whether or not there is a need to think in terms of something like the program that Miss Gordon had, and these other 18-month programs that offer specialties, whether or not this should be in our thinking.

But the number of requests has been so limited that I have not really given this very much thought. Maybe other people have, but I have not myself.

MRS. SMITH: Mary, I'm confused. Could you clarify
the difference between the 18-month program at Western Reserve, the kind of program that Dr. Deisher visualized that he and Dr. Lowenberg had been thinking through in terms of training 18 or 19 months with the affiliated center, and the kind of program that Adelia just talked about, M.S.-M.C.H.?

MISS EGAN: Do you want to speak to this?

DR. DEISHER: I don't know enough about Western Reserve.

MISS BEEUWES: I think they are rather different. I think that the program that I envision will have a rather major core in public health broadly and may have less clinical experience.

I think from talking to Dr. Huncher that her program will have a great deal of clinical experience, and I gather from yours (Addressing Dr. Deisher) that you would have a great deal of clinical experience.

Now, it may be that Dr. Huncher could take a student in -- I don't know -- who did not have a dietetic internship. But I would not take a student without dietetic internship and a good bit of experience into this kind of specialty program.

We need them all.

DR. LOWE: Isn't the answer that there is no core of knowledge known as pediatric nutrition? There is no dogma which you can identify?
I think it was Sam who said this morning that this is probably the critical thing. We need well-trained nutritionists in the broadest sense, and they specialize by virtue of job opportunities.

You want a well-trained nutritionist, and you happen to have an opening in pediatrics. Then this broadly trained person comes in and develops.

But I don't know how you could put down a core of knowledge known as pediatric nutrition, let alone mental retardation nutrition.

DR. MacKELLAR: You certainly couldn't train anyone from the beginning in that narrow specialty. It would be just impossible.

DR. LOWE: I think a person has to go out and find a position and develop in relation to the community and hospital opportunities that exist. And if properly trained, he will improve his or her knowledge in this area.

MISS BEEUWKEE: This discussion really goes into another question you raised of us. Rather than use the term "nutrition faculty," I would rather use the term "faculty level doctoral," because I quite agree with Alice that we need very desperately to go into doctoral training, and this is where some of the greater depth in special problems in pediatrics could be studied.

But we need to have people ready for agency level
as well as faculty level with education beyond the master's
degree.

Maybe what we are all asking for when we are talking
about this term "pediatrics dietetics" is something that is not
too reasonable at the ultimate level until we create oppor-
tunities for doctoral study for leadership positions in this
area.

MISS EGAN: This could be, except I think, Adelia,
that in relation to these two instances they were pretty
specific where the girl was functioning as the pediatric
dietitian. In one instance she had a master's degree with a
major in institution management, we'll say, and she wanted
some depth now in maternal and child nutrition.

In the other instance I can't recall the background,
but she also was post-master's.

Now, the point is where to suggest these people go
for training. And I think that several of you have indicated
that if you were asked this question you wouldn't know where
to send them.

DR. MacKEllAR: What kind of training did she need?

MISS EGAN: More depth in maternal and child
nutrition to go back into this job and function.

DR. HUSSEY: Wouldn't it be a little child growth
and development too?

DR. MacKEllAR: It would be.
DR. HUSSEY: How children at different ages respond.

Because it's different whether you're working with an aging group.

MRS. SMITH: Isn't the thing that North Carolina is doing along that idea -- that people that are already trained can go back and get something of this sort.

They have made this a tailor-made curriculum.

Now, if somebody spelled out something a little more specifically and it were tailor-made for pediatrics, could this be done?

DR. MAYES: Sure. Theoretically at least. Practically, as part of what she is talking about, --

MRS. SMITH: Practically, if we have institutions that are well staffed and have the broad spectrum and the institution can do it, then shouldn't this be the kind of thing they should finance?

DR. MAYES: I think Dr. Lowe said something a minute ago that ties in with this, and that is job opportunity.

The health departments in the traditional sense are changing rapidly to adjust to a new world in which comprehensive health services is the theme. Hospitals in the traditional sense are adapting their programs and becoming health centers.

Both agencies are taking responsibility for the middle ground -- that is, of home care services.
So rather than think in terms of a clinical setting institution or a community setting institution, if you think of the community itself as the institution which has clinical centers and other kinds of centers within it, but the whole community as the institution, then there will be developing new job opportunities.

We have been discussing this really all day, some aspects of this.

But one of the big gaps that I keep seeing is teaching the teacher. And this is the other axe I was talking about.

Whether this teacher person be in a clinical setting which reaches out into the community or in a public health or community agency which is taking on more clinical responsibilities doesn't matter.

But the faculties, the ones who have to do the teaching-- That is, (e) and (f) and No. 3 on page two all have suggestions in this direction, that there need to be Ph.D. level or faculty level, new people that aren't in existence now to add to what we have in order to catch up with this terrific demand for teaching, whether it be in the academic setting or in the clinical setting, and whether the clinical setting be individual care or group approaches, population groups.

And then No. 3 there on fellowships for faculty
members or for members of clinical teams, that they would
take off three months to a year as a sabbatical leave or as
annual leave or whatever it may be.

These things I think go together. That is, the new
kind of jobs for the practitioners -- that is, the various
levels of nutritionists -- but the demand for the core of
teachers and supervisors and coordinators within this rapidly
changing community setting.

So, now, how to sort this out I don't know. But
you can't really separate these pieces. I don't see how you
can emphasize the teaching of more nutritionists and more
specialties within nutrition without emphasizing also both
the facilities in which they are going to get their clinical
and practical experience, and the people who are going to
teach them, because the teachers for some of these new job
demands don't exist either at the present time.

So you have to fight on all of these fronts, not
just one.

MISS EGAN: In other words, if I interpret you
correctly, Dr. Mayes, you are hesitant about setting priorities
in relation to some of these areas.

DR. MAYES: No, I think realistically, politically
or financially, or however you want to approach it, you will
have to do some of this priority setting, because you have
limited funds and you have a limited legal responsibility.
So within that you have to set priorities.

But when you are setting priorities I think, coming back to these basic things, it is not ruling out the general scientific background, it is not ruling out the broad growth and development preparation, whether it be for health or disease, but it is emphasizing a special field which permits the broad and general background thing.

And this is what you said earlier today or what the man was saying as I came in at noon -- the finances.

While the facility has to be defined in terms of mental retardation, say, it is generally understood that it couldn't be limited to mental retardation.

MISS EGAN: I would like to ask Mrs. Hille if she wants to speak to the issue of the dietary consultant at all, because this is one person that we haven't concerned ourselves much with.

MRS. HILLE: Well, it is listed on here, and I think there is a need to provide training that will give these workers a better understanding of public health in combination with some advanced dietetic areas.

When I first started in a public agency in the early '50's, I felt very unknowledgeable about public health and felt a great need for some training in this area. And when I started to go back to school, I found there really was no place I could go and get some training in public health and
some in institution work.

And to my knowledge there still isn't today.

MISS ROBINSON: That is what California is supposed to do.

MRS. HILLE: They are really preparing a different kind of worker, Wilma. They are preparing public health nutritionists who can provide some service to institutions rather than a dietary consultant who does nothing but work with --

MISS ROBINSON: That's right. You mean major emphasis on the dietary?

MRS. HILLE: Yes.

MISS ROBINSON: This concerns me greatly too, because I realize there isn't anything really.

MRS. SMITH: We have provided stipend for a student to do this, and she took her work at two schools. She took the core of public health at the school of public health, but she did the rest of her graduate work in administration and management in foods in a university that was home economics with nutrition major, not public health.

She has come out with what we call a tailor-made master's degree, but she had to go to two different places to do it.

MISS EGAN: Do you see a need for some initiative in trying to get something established which may still utilize two different schools within one university setting or could
be provided in one school perhaps in a particular situation.

Do you see a need for some programs in this area?

MRS. SMITH: I think this comes back again to setting up priorities and what the manpower needs are, how many dietary consultants you are going to need in relation to nutritionists.

And if you have to set up some priorities, are you going to start with one or are you going to do three of one to one of the other or five or how?

I'm sure that it's still just as true that it is difficult to get this, but I do think you have to look at it in terms of the whole program, and I am very much in sympathy, as I say, because I have three positions in my own budget for dietary consultants, and I have had one vacant for almost a year because there aren't any such people to be had.

MISS EGAN: The other thing we would need to keep in mind is that we have already been supporting training for some of these other kinds of people, the generalized public health nutritionists, and more recently the longer training programs providing some depth in maternal and child nutrition.

Now, to date, we haven't done anything for the dietary consultant, the person who will be primarily concerned with consultation to group care facilities usually on a State-wide level and have some responsibility for planning as well as consultation to other disciplines in this regard.
Do any of the rest of you have thoughts on this?

MISS BEEUWKE: I think there is a need, and I don't quite know how it can be solved, because I think if you want to combine a school of public health with a specialty in institutional management, they don't happen to be in the same cities. It is a geographical problem.

As Alice says, it's possible to work it out between two locations. Many students will not accept this when it is suggested to them.

MRS. SMITH: I think we have to look at where public health nutrition is going too. I think we sit here today and we talk about the legislation and the expanding and the specialization. Whether we like it or not, I think specialization is here. It may change, but it certainly is here.

And I am afraid if we don't provide it, somebody else is going to that we may not be very happy about.

DR. MacKELLAR: That is what is happening in the actual working situation, is that some of the projects we have been talking about that are going to need either nutritionists or dietary consultants are already in effect and working, and there is no nutritionist connected with them, nor have the people working ever thought of having a nutritionist.

I was thinking of the mental retardation program, the tremendous amount of research at universities, at ours in
particular, that is going on in connection with the Mansfield Training School which is next door, and they don't even have a nutritionist on their staff at the training school.

DR. ODLUND: Our faculty suggested with this item that maybe students could be recruited who were ADA members with experience, and that this would give them the dietary background, and then superimpose the public health training in a situation like this.

MRS. HILLE: This is really the road that the dietary consultants come through now.

DR. ODLUND: Yes, and that this could be expanded in our institution and maybe others too.

MRS. SMITH: I think there is a very realistic thing here too. A hospital dietitian has her roots in our place, and there is a certain amount of satisfaction for a woman being able to live that way instead of out of a suitcase. And consultants travel, and this is a very real problem.

MISS ROBINSON: That's right.

MRS. SMITH: And it is not rewarded remuneratively or any other way at this point.

DR. HUSSEY: I'd like to bring up the new charge that is coming to us through day care and Head Start programs. I think we have a real opportunity here. I think it is putting new demands on MCH for nutritionists.

MISS GORDON: The people to be used in this too,
or at least in our area, are the pediatrics people, pediatrics
dietitians, in this Head Start program.

They didn't plan to have a nutritionist, but they
call on you and they get in trouble.

MISS EGAN: Well, I think that, as I reflect on all
I have heard today, I have heard a great deal that has been
stimulating and helpful, and I am sure will be useful as we
think through where we go from here.

Now, I would like to ask other members of the nutrition
staff whether or not they have any particular questions
they would like to pose before we adjourn, and I would also
like to ask Dr. Chenoweth if she has any questions that you
think should be covered before we let people go, Dr. Chenoweth.

Miss Ishii, do you have any comment to make?

MISS ISHI: No, thank you.

MISS EGAN: Do you have any comments in relation to
the pediatric dietitian as you have known some of them and
worked with them?

MISS ISHI: Well, I think there is a need for dieti-
tians either in the hospital itself or in a clinical setting
to really have much more depth in knowledge in normal growth
and development in order to be able to help these families
function better and to be able to live better than they can
just get out of a very general one-year program.

MISS EGAN: Mrs. Hille?
MRS. HILLE: No. I was just thinking this would be in large part a pediatric dietetic training, advanced.

MISS EGAN: Growth and development.

DR. MacKELLAR: Have you considered at all the fact that many of these programs dealing with children today from Federal funds and so forth are being handled, many of them, by child psychologists?

MISS EGAN: You are talking about mental retardation now?

DR. MacKELLAR: Yes, I am, or handicaps, or day care centers, or so forth, with no training in nutrition and actually no training in normal growth and development, physical growth and development.

I think this is a very important thing to consider. Now, whether you in public health can support any kind of program that will help to train— Maybe this is your pediatric nutritionist. But I am very concerned about this.

I have talked with the child psychologists about it, and they say there isn't anybody trained anymore in child growth and development.

MISS EGAN: Do any of the pediatricians wish to speak to this point?

DR. FOMON: It makes me very sad since my program is entirely growth and development. (Laughter)

DR. MacKELLAR: It makes me sad too, but I think
it's critical.

DR. LOWE: It is, I think, a lack of comprehension on the part of the nutritionists on the role of a body of learning known as nutrition in relation to pediatrics.

MISS EGAN: I think what she is saying, Dr. Lowe, if I heard correctly, is that so many of these programs providing various facets of child care are handled by child psychologists.

DR. LOWE: I understand that, but you can't get the support you need from the pediatrician because of this gap.

The Head Start program --

DR. MacKEILLAR: It was a shock to me to realize that child development people, who call themselves child development, were really child psychologists and didn't have any training in development. This was a shock.

MRS. SMITH: Isn't this one of the swings in fashion? For a while you couldn't get anything in public health even unless it was mental health, and this was where everybody went. You'd set up groups and you'd call one mental health and everybody went there.

Then you set up retardation, and everybody goes there.

Then you set up alcoholism, and everybody goes over to alcoholism.

Some of this is inevitable as to where the emphasis
is at the moment.

I agree with you. In fact, I sat in a meeting of child growth and development people, and one of them said, "My face is read to admit that a child's hyperactivity might have a physiological basis."

MISS EGAN: Miss Shoun, do you have anything?

MISS SHOUN: I don't think I could add more, Mary. We have enough challenges to last us a couple of years I think. Dr. Odlund left some material if you care to look at it.

MISS EGAN: Maybe we could pass that around so that each of you could take it if you wish.

Dr. Chenoweth, is there anything you would like to say?

DR. CHENOWETH: Well, I don't believe there is. I have been putting down points that I thought were recommendations, and two of those that I think I heard were to train faculty level people and also not to neglect to train our service oriented people.

So I think these are two different levels.

But I have some other points here also that I think we can --

MISS EGAN: Pull out.

DR. CHENOWETH: Pull out, yes.

MISS EGAN: Dr. Spekter, I noticed you are back.
I think we are at the end of a long, busy day, and I really
think that the group have been most helpful to us, and I
wondered if you had anything that you would like to say to
them before we adjourn for the day.

DR. SPEKTER: I'm with Dr. Mayes. His alarm clock
told us it's time to quit. (Laughter)

MISS EGAN: In case any of you are interested,
there are a few extra copies of things here. There is a copy
of a North Carolina program here if any of you are interested
in it.

You received the dietetic internship announcement,
and you also received the Western Reserve.

And Dean Odlund has given you some of the material
on Tennessee for you to take along.

I really thank you a thousandfold for your special
efforts you all made, in view of busy schedules I know, to
spend a whole day with us, and I'm sure that it will be very
useful as we move on in terms of the graduate training of
people to serve our programs in maternal and child health and
crippled children.

I know I speak for Dr. Chenoweth and Dr. Spekter.

Does anyone else have anything they would like to
say before we adjourn?

DR. MAYES: In your last question you said, "Do you
have any other suggestions?" That is with an exclamation
point. I thought there were quite a few already.

MISS EGAN: I think when we go through Mr. McLaughlin's report we will find a lot of material there.

Thank you again.

(Whereupon, at 4:55 p.m., the meeting was adjourned.)

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