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The Oxford Encyclopedia of  
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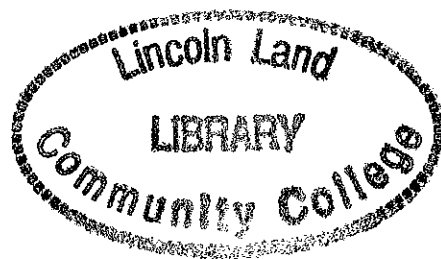
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Andrew F. Smith

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formation in plain sight. Stores must also display "a succinct statement concerning suggested daily caloric intake." These federal standards replace the differing regulations and laws that a growing number of cities, counties, and states have passed over the past few years.

[See also Adulteration; Baby Food; Chemical Additives; Combat Food; Department of Agriculture, United States; Eating Disorders; Food and Nutrition Systems; Health Food; Hunger Programs; Labeling; Meals on Wheels; Pioneers and Survival Food; Politics; Prison Food; Pure Food and Drug Act; Richards, Ellen Swallow; School Food; Ship Food; Soup Kitchens; Vegetarianism; Vitamins.]

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Andrew F. Smith

## NUTRITION CLASSES AND CLINICS

The nutrition class, also known as the nutrition clinic, helped undernourished children to achieve

and maintain good health through a combination of routine medical examination and care, supplemental feeding, instruction in foods and nutrition, and social work. Along with other public health nutrition initiatives developed during the Progressive Era, such as school meal programs, anthropometric assessment of nutritional health, and extension work in foods and nutrition, nutrition classes were a response to public and professional concern about malnutrition in the first decades of the twentieth century.

The first nutrition class was conducted in 1908 by William R. P. Emerson, professor of pediatrics at Tufts Medical School and an eminent nutritionist. He selected fifteen poorly nourished children who had been attending the children's department of the Boston Dispensary to determine whether group instruction was more effective than working with each child individually. After a complete physical examination each child received a notebook to record the details of his or her diet, bathing, sleep, and exercise, and a social worker visited the homes and reported on the quality of the living conditions using a standard form. Emerson then spoke with the children and their parents as a group, giving lectures on general hygiene, diet, care of the teeth, exercise, and rest.

Over the following year the children and their parents attended the nutrition class every Saturday morning for one hour. Emerson and his assistants weighed each child as he or she arrived and seated the children according to how much weight they had gained. The primary method of instruction involved the public examination of each child's notebook and weight record and subsequent discussion of the causes of weight loss or gain in each case. After the first year eight children graduated from the nutrition class, coming up to normal weight and improving in overall health; all the remaining seven children had improved, but they were still below normal weight. Emerson's initial study provided the model for conducting nutrition classes, and over the next two decades the class method gained popularity with school and public health authorities.

It is difficult to ascertain just how widespread nutrition classes were. Based on the published literature, they were common in Boston, Chicago, Milwaukee, Minneapolis, New York City, Philadelphia, Salt Lake City, and San Francisco and likely in many other cities as well. Beginning in February of 1920, for example, the Milwaukee Health Department, with funds contributed by the American Red Cross, established twenty nutrition classes at city public and parochial schools, serving approximately sixty children per school; the following fall, the department expanded the program to thirty-one additional schools. Children in the classes received a half pint of milk and a graham cracker along with lectures on nutrition and health, and nurses weighed the children on a weekly basis to measure their progress. Many smaller towns also adopted elements of Emerson's basic model. The Parent-Teacher Association of the Sixteenth Street School in Columbus, Georgia, for instance, organized a nutrition class in 1921 for fifty malnourished children. The school's physician and nurse conducted weekly meetings where they weighed and examined each child and gave lectures to the children and their parents. By 1923 there were ninety-six nutrition classes in forty-four Georgia counties, and at least twenty-four hundred children had attended.

Nutrition classes also proved valuable to working teenagers. In Illinois, which had some of the most stringent child labor laws in the United States, children were required to obtain work permits until the age of sixteen, and they could only do so if deemed physically fit for work. Medical examiners in Chicago typically found up to 30 percent of the applicants unfit; most were given free medical care, including dental and optical work, and malnourished children were referred to nutrition classes. At the Rush Medical School, for instance, over one hundred children attended weekly evening nutrition classes in 1920. Successful children not only gained medical clearance to work but were also rewarded upon graduation with a small gift, such as a fountain pen or book.

In general, nutrition classes led to substantial improvements in children's health, with reported

success rates typically over 75 percent. Success was measured by physical examination and gains in weight; if a child exhibited no signs of disease and came to within 7 percent of the average weight for his or her height and age, he or she was typically considered well nourished and graduated from the class. Follow-up studies indicated that while children did not maintain all the benefits of the class once they left, they maintained better nutritional health than children who had never been enrolled in nutrition classes. Furthermore, evidence suggested that the lessons learned in nutrition classes were passed informally to friends and family.

Despite the relative success of the nutrition classes, their popularity dwindled considerably after the late 1920s. The stigmatization of being singled out as malnourished—for both the child and his or her parents—combined with the competitive nature of the classes led many health authorities to seek alternative methods of nutritional improvement. In addition, the nutrition class was costly in time, money, and expertise. A single class typically accommodated no more than twenty children but required the services of a physician and a dietitian or nurse, as well as home visitations by a social worker or public health nurse. Because of the labor-intensive nature of the nutrition class, medical and nutrition experts eventually began to focus more effort on training schoolteachers in the basics of food and nutrition, so that they might teach nutrition in the classroom to all children, not just the malnourished ones. Health and nutrition authorities also began to promote universal, egalitarian nutrition initiatives, such as school meal programs, instead of the individualized approach of the class method. By the end of the 1930s the nutrition class had ceased to be a prominent feature of public health nutrition programs.

[See also Nutrition.]

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A. R. Ruis

## NUTRITIONISM

Nutritionism is a term sometimes used to describe the dominant ideology or paradigm that has framed nutrition science and dietary advice in the United States and in many other countries. Nutritionism—or nutritional reductionism—is characterized by the reductive focus on, and interpretation of, nutrients within scientific research, dietary guidelines, food labeling, and marketing practices.

In nutrition science research, nutritionism is evident in the attempt to explain the healthfulness of foods primarily on the basis of the current understanding of the role of particular nutrients and other food components, such as vitamins, fats, and cholesterol. There is often a further reductive focus on single nutrients. This nutritional knowledge is reductive to the extent that it takes nutrients out of the context of the particular foods and dietary patterns in which they're consumed; ignores interactions between nutrients; exaggerates and simplifies the role of these nutrients in health; and exaggerates the degree of precision and certainty of scientists' knowledge. The vilification of fat, saturated fat and cholesterol, and the celebration of protein, carbohydrates, omega-3 fats, and fiber, represent aspects of this reductive interpretation of nutrients over the past century.

The vilification of fat that dominated nutrition research and dietary guidelines in the 1980s and 1990s exemplifies this reductive and simplified approach to dietary advice. In the early 1960s the nutrition scientist Ancel Keys vilified saturated fat for raising

blood cholesterol levels—or low-density lipoprotein (LDL) cholesterol levels—claiming that this raised the risk of heart disease. This was the basis of the consequent reductive distinction between “good fats” (polyunsaturated fats) and “bad fats” (saturated fats). By the late 1970s this “good” and “bad” fat distinction was further simplified by some nutrition experts and institutions to the “all fats are bad” message. The low-fat recommendation was decontextualized in the sense that people were advised to reduce fat consumption, regardless of what type of food the fat was found in. The consumption of reduced-fat varieties of highly processed foods was consistent with this decontextualized single-nutrient advice.

The promotion of margarine as a healthier spread than butter based on its fatty acid profile is an example of how nutritionism can undermine concerns with the quality and level of processing of a food. From the early twentieth century margarine has been produced by solidifying vegetable oils using the chemical processing technique of partial hydrogenation, which transforms some of the polyunsaturated fatty acids into novel types of *trans*-fats. Nutrition experts have recommended margarine over butter on the basis of its polyunsaturated fat content, thereby ignoring the poor quality of margarine in terms of its highly processed ingredients. By the early 1990s new studies identified some of the possible deleterious effects of *trans*-fats, thereby exposing the limitations of this nutritionally reductive comparison of margarine and butter. Margarine manufacturers have since responded by using alternative techniques for chemically reconstituting and solidifying vegetable oils that reduce or eliminate the *trans*-fats.

Nutritionally reductive scientific knowledge has also been translated into reductive dietary guidelines and nutritional advice, particularly since the 1960s. The shift to nutricentric dietary guidelines in the United States can be dated to the Dietary Goals for the United States released by the Senator McGovern Committee in 1977, and followed by the first Dietary Guidelines for Americans issued by the United