



Nutrition for Family Living

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September, 2000 Topics

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How America's Eating Has Changed Since The Beginning Of The 20th Century

Electronic Food Rap

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Volume 23, Issue 1 (January - April 2000) of "Food Review," the magazine published by USDA's Economic Research Service, is entirely dedicated to the theme of "Eating in the 20th Century." It includes interesting historical information on what Americans eat (now and in the past) and why they eat certain foods. An electronic version of the publication can be accessed at <http://www.ers.usda.gov/epubs/pdf/foodrevw/jan2000/>. This eFR is a compilation of some of the information contained in that publication.

HOW AMERICA'S EATING HAS CHANGED SINCE THE BEGINNING OF THE 20TH CENTURY

When the 20th Century was young, America was mostly made up of rural populations. Rural Americans were very active physically, and their main reason for eating was to provide fuel for the human machinery.

Opinions concerning nutrition were rooted in the philosophies brought by European settlers. There was a general belief that a good diet meant good physical and mental health and that protein was important to the maintenance of muscles, but that was the extent of nutrition knowledge.

Vitamins had not yet been discovered, and some recommendations emphasized protein at the expense of all other nutrients. Early nutritionists saw little value in fresh fruits, and opposed the consumption of greens as not worth the energy expended in eating them.

Food choices were very limited, but the food supply was quite abundant. New immigrants wanted to blend in as soon as possible. In fact dietary assimilation was a mark of pride. So, ethnic cuisine



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was not popular. Consequently, the American diet in the early part of the century consisted largely of meat and potatoes.

In 1900, only 20.6% of women over the age of 15 were in the paid labor force and only 5.6% of married women worked outside the home. Meals were elaborate if not in selection, in the time devoted to preparing them. Data from 1920 reveals that 44 hours were spent on preparing meals and cleaning up after them each week.

In 1912 vitamins began to be discovered, and in the next few years the country went "vitamin crazy." Fruit, vegetables and milk gained much higher status than they had in the early years of the century.

By 1920, food processing had become the largest manufacturing industry in the United States. By the mid-20s, less than 30 hours were spent each week in meal preparation.

Major changes in the way Americans ate occurred in the 1940s and 50s. In 1941, the federal government established the first Recommended Dietary Allowances (RDAs), and the concept of basic food groups was introduced. This period was also the "golden age for food chemicals" with hundreds of additives and preservatives brought to market for the first time. Convenience was most important, and by the 1950s, a large variety of convenience foods made meal preparation easier than ever before. Advancements in technology also led to faster meal preparation. The 1958 Delaney Amendment to the Pure Food & Drugs Act was the only departure from the growing trend to add more additives to food to enhance convenience. It required the FDA to test new food additives for safety.

The trend toward convenience echoed the changes occurring in the workplace as well as technological advancements. In 1944, 25% of married women were in the paid labor force. In the 1950s 20 hours per week were spent on food preparation and cleanup. By 1960 the number of married women working outside the home had risen to nearly 32%.

During the 1960s the trends towards eating out grew as more and more moderately priced restaurants as well as fast food restaurants opened their doors. In 1965, 30% of the food dollar was spent on food eaten away from home.

During the late 50s and 1960s, American's attitudes towards nutrition changed as scientific research and other factors combined to heighten awareness.

In 1959 came the discovery that eating polyunsaturated fats might lower serum cholesterol. This was followed in 1961 by further evidence linking cholesterol with arteriosclerosis. By 1962, nearly 25% of American families said they had made dietary changes that included less cholesterol.

That same year, Rachel Carson's book, *Silent Spring*, provided fodder for the debate concerning the possibility of synthetic chemicals reaching humans through the food chain. There was controversy about food chemicals in general, and the modern consumer movement was launched in 1965 following publication of Ralph Nader's book *Unsafe At Any Speed*.

Nutritional opinions continued to evolve throughout the 1970s and 80s. Organic farming concepts of the 60s influenced the broader aspects of society like the widespread preference for "natural" ingredients. In 1977 the Senate Nutrition Committee issued "Dietary Goals for the United States,"



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and nutrition agendas became public policy. Based on these goals and the 1979 Surgeon General's Report, in 1980 the Department of Health and Human Services (DHHS) jointly issued the first "Dietary Guidelines for Americans" with the United States Department of Agriculture (USDA).

In 1975, nearly 1/2 of American women over the age of 16 were in the labor force, and only 10 hours per week were spent on food preparation and cleanup. Much of this decrease in time spent in the kitchen could be attributed to technological advancements. For example, the microwave oven had been used on a widespread basis since 1980.

In 1999, nearly 65% of married women were members of the paid labor force. The trend to spend less and less time on meal preparation has continued to the present. However, technology is not so much the reason as lack of time.

By the last decade of the 20th Century, Americans had become much more adventuresome eaters. Variety of choice was nearly unbelievable. Ethnic cuisine, once shunned, enjoyed increasing popularity, and the new foods introduced via that route, added greatly to the variety of food choices. The trend toward eating out had continued to grow, and in 1998, 47% of the food dollar was spent away from home. However, the concern for nutrition was higher than ever, and that fact probably contributed to keeping some meals at home.

Looking back over the last 100 years, it isn't difficult to see how everyone's life has been affected by the numerous technological and social changes concerning nutrition and food preparation that have occurred.

Articles used:

Bowers, D.E. Cooking Trends Echo Changing Roles of Women. *Food Review*, 23(1): 23-29.

Dyson, L.K. American Cuisine in the 20th Century. *Food Review*, 23(1): 2-7.

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Major Increases in Diabetes Among Adults Occurred Between 1990 and 1998

Diabetes among adults increased dramatically during the last decade across all U.S. regions, demographic groups and nearly all states. Approximately 800,000 new cases of diabetes are diagnosed each year; in 1998, the total number of adults with this serious condition was 16 million. Diabetes is the seventh leading cause of death in this country and a major contributor to health problems such as heart disease, stroke, blindness, high blood pressure, kidney disease, and amputations.

Data collected as part of the Behavioral Risk Factor Survey were used to compare 1990 and 1998 rates of diabetes. In 1998, nearly 150,000 individuals in all but seven states and the District of Columbia completed the survey. Nationally, there was a 33% increase in diabetes rate for all adults completing the survey. Data released by the Centers for Disease Control and Prevention (CDC) show the following increases for selected subgroups:

<i>Subgroup</i>	<i>Percent increase in diabetes rate</i>
Age 30-39	70%
Age 40-49	40%
Age 50-59	31%
Some college education	63%
College graduates or more education	47%
Whites	29%
Hispanics	38%
Blacks	26%

Researchers found the prevalence of obesity has also increased significantly. This will most likely have a major impact on future rates of Type 2 diabetes and other chronic diseases since obesity is a risk factor for Type 2 diabetes; however, there is a substantial delay between the onset of obesity and the onset of diabetes. This delay is particularly relevant to educators, who can encourage healthy eating patterns and daily physical activity as a way to help people avoid weight gain and lower their diabetes risk.

For more information on diabetes, visit the CDC's web site at <http://www.cdc.gov/diabetes>. Information on diabetes will be posted on the training section of the WNEP website by the end of September. In addition, audiotapes and print materials from the June 20 "Diabetes Update" compressed video program will be available from the Cooperative Extension Media Collection (800-353-3514) or <http://www.uwex.edu/ces/media> by mid-September.



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Preconceptional Health: A Perinatal Health Challenge for the 21st Century

From the desk of Sherry T.:

Summary of a presentation entitled "Preconceptional Health: A Perinatal Health Challenge for the 21st Century" given by Dr. Karla Damus, Associate Professor at Albert Einstein College of Medicine, at Bolz Auditorium in Madison on August 17, 2000.

Dr. Damus began her talk by telling us the overwhelming statement that 40% of women are pregnant at least once before they are 18 years of age and most of these pregnancies result in miscarriage. Of these miscarriages, 25% are due to genetic defects. Birth defects are the leading cause of infant mortality in the United States. The infant death rate in the United States is 7.3 per 1000 live births, which is higher than 24 other nations. Moreover, the fetal death rate is 6.9 per 1000 and one-half of these deaths is caused by neural tube defects.

Biology and behavior work together to determine health. Quality health care is still not available to everyone in the United States. In fact, according to the National Center for Health Statistics, on an average day in the United States 415 babies are born to mothers who receive late or no prenatal care. Moreover, 35 million* Americans do not have any form of health insurance.

Even with the convenient availability of contraceptive methods in our society, one-half of all pregnancies are unplanned. By the time a woman misses her period critical stages of fetal development have taken place, making it too late to prevent some forms of birth defects. That is why preconception counseling is very important but currently overlooked by our educational system and health care management.

Dr. Damus listed the following as minimum areas to discuss during preconception counseling with a doctor or nurse:

- Fundamental readiness to be pregnant
- Health conditions which may lead to gestational diabetes
- Family history of disease and complications of pregnancy
- Lifestyle choices which have been shown to have damaging effects on the fetus, i.e. tobacco use, alcohol consumption, stress and drugs (both illegal and legal)
- Workplace exposure to certain chemicals and irritants
- Overall nutrition and weight
- Folic acid intake
- Up-to-date immunizations of the potential mother to measles/mumps/rubella (MMR), diphtheria/tetanus/polio (DTP) and hepatitis B
- Prevention of toxoplasmosis from handling raw meat and feces in cat litter.

In Healthy People 2000, the goal was to have 60% of primary care providers delivering age-appropriate preconception care and counseling. However, when surveyed only 27% of women said that they had received preconception counseling.

As a nation, we have made no progress in the prevention of low birth weight (LBW) during the last decade. An infant is considered LBW if he/she weighs <2500 g (5.5 lb) at birth. Presently, 7.6% of all births are LBW. Moreover, 1.5% of all infants weigh <1500 g (3.3 lb) and 50% of these births result in death within the first year of life. Some of the incidence of LBW is due to



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multiple births. The rate of multiple births has risen an overwhelming 400% with 50% of twin births being LBW and 90% of triplets or other multiples being LBW. The infant death rate in African Americans remains two times higher than in the remainder of the population, the leading causes being birth defects and pre-term, LBW babies.

You may be wondering about Wisconsin. In Wisconsin during 1997, 76.2% of women had adequate prenatal care; 6.4% of babies were born less than 2500 g (5.5 lbs); and 6.6% of infants died before reaching the age of one year. While Wisconsin fares a little better than the rest of the nation, we are still far behind the U.S. Year 2010 Objectives for adequacy of prenatal care (goal = 90%), LBW infants (goal = 5%) and infant mortality (goal = 4.5%). Barriers to early and adequate prenatal care include lack of health insurance, transportation, or child-care; inconvenient health care provider service hours; unplanned pregnancy; and cultural and personal factors. The known risk factors for LBW infants include previous LBW birth, preterm delivery, multiple birth, short interpregnancy interval, smoking and inadequate maternal nutrition. The major contributors to infant mortality in Wisconsin are birth defects, LBW/prematurity, sudden infant death syndrome and respiratory distress syndrome. Approximately 2700 babies are born in Wisconsin each year with a birth defect. Up to 70% of neural tube defects (birth defects of the brain and spine) may be prevented if women consume 400 micrograms of folic acid daily, prior to and during the early weeks of pregnancy.

As nutrition educators, giving sound nutritional advice is important at all stages of the life cycle, especially before and during pregnancy. The average person has to hear a message several times before they learn it. Our educational programs have more potential to make a difference in client behavior when they complement or strengthen messages from other sources (WIC, medical clinics and schools). More information about your county's birth rate statistics can be found at: <http://www.communityhealth.hrsa.gov>.

* The New York Times estimated this number to be 43.4 million Americans in February of 1999 (New York Times, February 26, 1999, [Americans Without Health Insurance Run the Gamut](#)).



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Health Status Reports For All US Counties Now On The Web

Officials and residents in over 3,000 U.S. counties can now access a snapshot of their county's health status on the Web. The U.S. Department of Health and Human Services has posted statistics on causes of death, infectious diseases, teen mothers, and a host of other indicators at www.communityhealth.hrsa.gov.

This unique collection of data covering the period from 1988-1998 is found in the *Community Health Status Indicators Reports*. City, county, state and public health representatives were involved in producing the reports and helping guide the process. The reports can be part of the needs assessment data that we use in planning nutrition education and other Family Living programs.



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National 5-A-Day Week September 10-16

September 10-16 is National 5-A-Day Week. This year's theme is "Fruits and Vegetables, By Popular Demand." For more information, check out www.5aday.gov.