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Help Control America's Weight

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Here's your challenge—

Help contro

by Dorothy Will

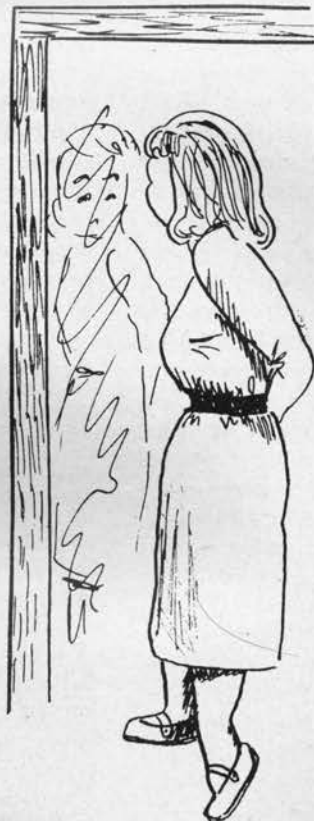
Technical Journalism Senior



If you're proud of your slim figure, keep it. By stepping on the scale every few days you'll be able to tell when you're overeating and should cut down on calories.

This—

or this?



A look in the mirror will tell you if you're overweight. Your friends judge by what they see, so should you.

AS A HOME ECONOMIST take a look at the American family. You can be proud of what you see. There's better food on the table and more labor-saving equipment in the home. But this new comfortable way of life has given you a new problem—that of controlling weight.

Authorities in the fields of nutrition, medicine and public health who met at a Weight Control Colloquium at Iowa State College in January to discuss the nation's growing waistline have turned to the home economist for help. They believe that one way to reduce the extra pounds is to have home economists spread more information about good eating habits to every member of the family.

All ages overweight

Startling statistics presented at the colloquium showed that overweight is a problem in every age group. Dr. Pearl Swanson, Director of Home Economics Research at Iowa State, studied women 30 years or older in Iowa to find out how they have been affected by having more food on the table. She found that about 275,000 of the 650,000 women in Iowa are overweight and are carrying around more than 6 million pounds or 3 tons of body weight that they'd be better off without.

Labor-saving devices are the cause of much of this overweight, according to Dr. Margaret Ohlson, Department of Food and Nutrition, Michigan State College. "The average young woman today needs to eat from 250 to 300 less calories per day to maintain her body weight than she did in 1900," Dr. Ohlson explains.

National data

National data on the prevalence of overweight shows that one-fifth of all Americans over 30 are eating too much and are sufficiently overweight to endanger their health.

Dr. James M. Hundley of the Laboratory of Biochemistry and Nutrition, National Institutes of Health, Bethesda, Md., reports, "Evidence suggests that overweight is becoming more frequent in white

America's weight

men and less frequent in white women. Colored women show a very high prevalence. Due to increase in our total population and the increased proportion of older people, the magnitude of the obesity problem will undoubtedly increase."

Even children have difficulties with excess weight. Dr. Lee Forrest Hill, pediatrician from Des Moines, points out that it's almost impossible to help obese youngsters to reduce. Most children reach dating age before they're at all interested in slimming down.

Weight control should begin during childhood, suggests Dr. Ercel Eppright, Department of Foods and Nutrition, Iowa State College. She reports that in recent years television and the automobile have cut down children's exercise and sent them indoors to play and eat high-calorie snacks.

As the authorities at the colloquium discussed weight control for every age group, they learned that helping the overweight individual calls for a complex program. Once the physician or nutritionist decides that a person is overweight, he not only has to prescribe the proper diet and amount of exercise, but he also has to keep the patient content and relaxed during the reducing period.

Scales versus mirrors

Most people believe that an individual can tell if he's overweight by stepping on a set of scales. But Dr. Ancel Keys, Director of the Laboratory of Physiological Hygiene, University of Minnesota, says that looking in the mirror is a much better method for determining how slim or fat you are.

"Simple body weight measurements have serious limitations in estimating how fat people are," he says. Keys explains that few football players are fat, but most of them prove to be "overweight" when checked with the so-called standard height-weight tables. Another example is the business executive who prides himself on not being overweight, but is actually over-fat; a look in the mirror would show him where he stands.

To diagnose overweight, Keys recommends that physicians and public health workers use standard-

ized skin calipers. The caliper is used to pinch the skin and measure the amount of fat under the skin.

Diet and exercise are the prescribed treatment for the individual who wants to lose weight. Dr. Ohlson and research workers at Michigan State College have developed a nutritionally adequate high-protein reducing diet that they have used with success on college students. The 1,500-calorie diet is made up of 90 grams each of carbohydrate, fat and protein. Tests have shown that this diet brings about weight loss without harm to body structure.

Dr. Ohlson has also found that there are enough calories in this diet so that familiar foods can be included. No dieter wants to eat unappetizing foods and forego his social activities because of his diet.

"Exercise is just as important as diet," reminds Dr. Jean Mayer, Department of Nutrition, Harvard School of Public Health. He warns that inactive people are the ones who are most likely to become overweight.

Exercise a necessity

Mayer and others at the colloquium agreed that almost any individual could reduce if he'd eat less and exercise more. The unfortunate part is that most people find it hard to restrict their diet. Group tests and psychiatric studies of the problem show how difficult it is.

A recent study of four groups of obese patients indicates this. Mayer says that 3 years ago, one group was left untreated, another referred to a hospital dietary clinic, the third subjected to group psychotherapy and the fourth to individual psychotherapy. When the four groups were checked again last year, no difference was apparent, and generally speaking, no improvements were noted. Short term effects of the various treatments had no lasting value.

Findings by Dr. Robert Suczek, Permanente Psychiatric Group, Kaiser Foundation Hospital, Oakland, Calif., agree with those of Mayer. He estimates that in group reducing programs only about one-half of the individuals lose any weight at all. Follow-up studies generally prove more discouraging because only a few of those who have lost weight maintain that weight or continue to lose more.

Group gives sympathy

"Perhaps the reason," Suczek explains, "is that while the group continues to work, the individual receives psychological substitutes for not eating. The group gives him comfort, sympathy and support. But as soon as the group stops meeting, the individual returns to his former eating habits. Changes in attitude are necessary to bring about and maintain weight reduction, and often the group approach doesn't supply this required ingredient." Still Suczek considers group programs worthwhile because of their educational value.

Giving the patient motivation to reduce and helping him do so have been of much concern to Dr. Char-

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Art on display

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con, '45, combined her talents with those of her husband's in a home workshop. Together they create silver jewelry in simple and contemporary forms to bring out the texture of the materials. Driftwood mobiles is another of their arts. They first used driftwood in table mobiles, then hanging mobiles and recently they started making driftwood jewelry.

Their work is contemporary in feeling, but it has been inspired by designs of other periods. They by no means reject the traditional, which is verified by their 1782 salt box house in Amesburg, Mass. In fact, some of their favorite pieces are inspired by other times.

The display cases for the exhibit were also made by women in the applied art field. The Iowa State Applied Art Department instructors built and finished all of the show cases in preparation for this, their largest exhibit.

Help control weight

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lotte Young, School of Nutrition, Cornell University. Dr. Young states that the nutritionist and physician can easily help the well-adjusted individual to reduce. These people are very willing to analyze and improve their eating habits so they can maintain good health.

"Individuals with 'superficial emotional problems' need more encouragement," Dr. Young says. This group composes a rather substantial portion of the overweight population, and they need a motivation to reduce. Often they eat to relieve the stresses and strains of everyday life.

In working with these individuals, she gives them frequent small goals in weight reduction that are easy to attain. She also helps them adjust to the negative comments of friends. Friends do more harm than good when they say they like you better the way you are and encourage you to eat just a little more.

For that reason Dr. Young recommends taking in your clothes as you reduce. "Friends are bound to tell you to eat if your clothes hang," she laughs.

She also stresses the importance of helping the patient to maintain his weight loss; the only worthwhile loss is a permanent one.

In summing up the work of the many speakers at the colloquium, Hundley emphasizes that nutritionists, physicians, social workers, psychiatrists, research workers and public health authorities will have to work as a team to solve the overweight problem.

Home economists are a part of that team, and their most important contribution will be to teach the American family good eating habits. You as a home economist can advise people of all ages — first of all your own family, then those you met on the job — children, junior high and high school students, homemakers, farm women, hospital patients and others. The best way for you to combat overweight is to prevent it.

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