8-1972

A Field Experience in Public Health Nutrition in Florida

Wanda Meers Venable
University of Tennessee, Knoxville

To the Graduate Council:

I am submitting herewith a thesis written by Wanda Meers Venable entitled "A Field Experience in Public Health Nutrition in Florida." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Mary Nelle Traylor, Major Professor

We have read this thesis and recommend its acceptance:

William H. Oliver, Mary Jo Hitchcock

Accepted for the Council:
Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

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

July 31, 1972

To the Graduate Council:

I am submitting herewith a thesis written by Wanda Meers Venable entitled "A Field Experience in Public Health Nutrition in Florida." I recommend that it be accepted for twelve quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Mary Nell Taylor
Major Professor

We have read this thesis and recommend its acceptance:

William H. Oliver

Mary J. Richards

Accepted for the Council:

Fulton G. Smith
Vice Chancellor for
Graduate Studies and Research

A FIELD EXPERIENCE IN PUBLIC HEALTH NUTRITION IN FLORIDA

A Thesis

Presented to

the Graduate Council of

The University of Tennessee

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Wanda Meers Venable

August 1972

ACKNOWLEDGEMENTS

The student wishes to express her sincere appreciation to her major professor, Miss Mary Nelle Traylor, for her guidance and assistance in writing this thesis and throughout the year of graduate study. Acknowledgement goes to Dr. Mary Jo Hitchcock, Department of Food Science and Institution Administration, and to Dr. Hoyt Oliver, Department of Health Education, for their assistance.

The student extends sincere thanks to Miss Mildred Kaufman, Administrator of the Section of Nutrition, in the Division of Health of the Florida Department of Health and Rehabilitative Services, to her staff, and to all who participated in planning for and providing an enjoyable and meaningful field experience. Special thanks go to Miss Gerry McRae, Regional Nutrition Consultant, and Miss Nancy Young, Escambia County Nutritionists, for their supervision of the field training.

For their encouragement and support, the student wishes to express sincere appreciation to her parents, Mr. and Mrs. Ben Z. Meers, and to her son, Ben A. Venable.

ABSTRACT

This thesis describes and analyzes the observations and experiences of the student nutritionist during eight weeks of field training with the Nutrition Section in the Division of the Florida Department of Health and Rehabilitative Services. Supervision was provided by public health nutritionists in Jacksonville at the state level, in the region around Tallahassee, and in Escambia County. The field experience was planned to supplement the student's academic training. In addition, an opportunity was provided for the student to assess the role of nutrition in public health by participation in public health programs.

Information was obtained on the history, organization, and programs of the Division of Health through conferences, selected readings, and observations. The student observed or took part in a variety of program activities at the state, regional, and local levels, contrasting the duties of the nutritionist at each level. The student observed nutritionists planning, coordinating, implementing, and evaluating programs, with professional and non-professional persons representing various agencies. Teaching and counseling patients strengthened professional skills.

Participation in these program activities increased the student's confidence in her ability to apply her academic knowledge. Such participation was helpful in developing the professional attitudes and skills necessary for a public health nutritionist.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	INTRODUCTION	1
II.	THE STATE OF FLORIDA	3
	Geography	3
	Population	4
	Economy	4
	Vital Statistics	7
III.	THE NATURE OF PUBLIC HEALTH IN FLORIDA	9
	History and Development	9
	The Division of Health	
	Office of the Director	12
	Section of Public Health Statistics	12
	Section of Health Education	14
	Section of Public Health Nursing	14
	Section of Child Health	15
	Section of Nutrition	16
	Bureau of Maternal Health and Family Planning	17
	Bureau of Preventable Diseases	18
	Section of Epidemiology	18
	Section of Radiological and Occupational Health	18
	Section of Veterinary Public Health	19
	Bureau of Entomology	19

CHAPTER PAGE

Bureau of Adult Health and Chronic Disease 20

Bureau of Tuberculosis Control 21

Hospitals Section 21

Community Programs Section 22

Bureau of Laboratories 22

Bureau of Local Health Services 22

Section of Sanitation 23

Section of Migrant Health 23

Bureau of Finance and Accounts 24

Bureau of Research 24

Bureau of Sanitary Engineering 25

Bureau of Dental Health 25

Bureau of Health Facilities 26

Bureau of Vital Statistics 27

IV. THE SECTION OF NUTRITION 28

History and Organization 28

Philosophy and Objectives 29

Staff 30

Programs and Services 31

Institutional Nutrition Consultation Program 33

V. ASSESSMENT OF ABILITIES NEEDED BY THE PUBLIC HEALTH NUTRITIONIST 36

In-Service Education 36

Planning 37

Weight-Watchers Club 37

CHAPTER PAGE

Use of "Hunger March" Funds in Tallahassee 39

Program Development 40

Group Work 41

Teaching Nonprofessional Groups 44

Counseling Nonprofessional Groups 45

Inspection for Licensure 46

A Diabetic Class in Panama City 49

Preparation 49

Planning 49

Participation 50

Evaluation 50

VI. SUMMARY AND EVALUATION 52

LITERATURE CITED 54

VITA 57

CHAPTER I

INTRODUCTION

The field experience in Public Health Nutrition was intended to help the author strengthen her philosophy and understanding of public health. Planned work experiences and observations were designed to give her a broader understanding of the practice of Public Health Nutrition. An opportunity to observe and work with professional colleagues within an agency and to explore the public health component of the services of allied agencies was particularly welcome in view of the students limited professional experience.

Some objectives of the supervised field experiences were:

1. To participate in a variety of program activities and to assess the role nutrition plays in these programs.
2. To contrast the duties of the nutritionist at the state, regional, and local levels.
3. To evaluate the food service in day care centers, nursing homes, and other institutions under the supervision of a nutrition consultant.
4. To be able to understand the administrative structure of a nutrition unit in an official health agency.
5. To adapt teaching skills and techniques to different educational levels.

6. To enable the author to evaluate her abilities and determine the area in which she can best make a contribution.

The eight weeks were spent with the Florida Department of Health and Rehabilitative Services observing and participating in public health programs at the state, regional, and local levels. Supervision was provided by public health nutritionists in Jacksonville at the state level, in the region around Tallahassee, and in Escambia County.

This report summarizes the student's field experience. Chapter II includes a discussion of the factors which determine the public health programs of Florida. Chapter III describes the Division of Health of the Department of Health and Rehabilitative Services. The Nutrition Section is described in Chapter IV. Chapter V deals with the author's evaluation of her abilities through participation in professional activities. Chapter VI evaluates the field experience in terms of the stated objectives.

CHAPTER II

THE STATE OF FLORIDA

An understanding of the needs of a population is necessary for the planning of health care programs. Geographical, cultural, economic, and demographic factors affect those needs. Analysis of statistical data concerning Florida will facilitate such understanding.

I. Geography

Florida is the southernmost state of the continental United States. Bounded on the north by Georgia and Alabama, the Florida peninsula is bounded by the Atlantic Ocean on the east and the Gulf of Mexico on the west. The state is 367 miles wide at the north, narrows to 144 miles below the panhandle, and extends southward 447 miles, ending in the islands of the Florida Keys. There is a total area of 58,876 square miles, of which 697 square miles is inland water area (1).

The topography varies from the Tallahassee hills and the ridge of central lowlands, which runs down the peninsula, to the Marianna lowlands and the coastal lowlands, which average under 100 feet in elevation. The highest point of elevation is 345 feet above sea level in Walton County. There are approximately 8,426 miles of coast, much of which is the sandy beach so attractive to tourists (1,2).

The climate is mild, averaging 70 degrees F., with more sunshine in the winter months than any other state east of the Mississippi and with summers tempered by the 53 inches of annual rainfall. There are occasional cold waves and hurricanes which sweep across the state from the Caribbean with resultant property damage and loss of life (1).

II. Population

According to the 1970 census figures, Florida had a population of 6,789,443, an increase of 37.1 percent over the 1960 census (3). Of these, approximately 850,000 persons were over 65 years of age (2). This disproportionately high number of elderly persons in Florida, compared to the nation as a whole, reflects the suitability of the climate of the state for retirement. Because the elderly segment of the population has a greater incidence of chronic disease, strong programs in this area are emphasized in Florida's public health services.

The influx of tourists causes a temporary increase in the population in the winter months. Also, the migrant agricultural workers, who follow the harvesting of the crops northward in the summar and fall, return home in winter.

III. Economy

In 1960, the Florida work force totaled 1,910,900 persons of whom 1,680,300 were employed in nonagricultural work. In 1970, the work force was 2,781,500 and of these 2,530,700 were nonagricultural

workers. This represents an increase of 45 percent in the work force (3). The preponderance of nonagricultural workers reflects the service types of employment expected in a state where tourism is the principle income-producing business. It is estimated that 22,500,000 tourists spend $6.2 billion dollars annually in Florida (4). Once a winter playground for the rich, Florida now enjoys year-round tourism due to air travel, better highways, and the advent of air conditioning (1). Added to the natural attractions of climate and beaches, entertainments such as hai-alai, horse and dog racing, and sports such as fishing and boating attract an ever-increasing flood of visitors. While tourism is important to Florida's economy, the great numbers of visitors in addition to an ever-growing population places a burden on the state's sanitation facilities. Increased demands are placed on sanitarians who must inspect the many restaurants and recreational facilities, such as swimming pools, which are needed to accommodate the tourists. Sanitary engineers must find ways to safely dispose of waste material and preserve the environment, an increasingly important public health factor.

Agriculture is an expanding industry in Florida. More than 60 varieties of vegetables and two-thirds of the nation's citrus fruits are grown in Florida. One of the major industries is "quick-freezing" of citrus juices. The citrus crop accounts for about 35 percent of total agricultural receipts (1).

Although Florida is a thriving state, there are pockets of poverty throughout the state with health problems associated with low

income. In the northern panhandle, where the regional nutritionist for the area is located, the economy is largely agricultural, with crops such as cotton and tobacco which are tended by tenant farmers. The tenant farmers are usually black and have incomes below the poverty index. In the richer truck farming and citrus crop areas of the central and southern parts of the state, migrant agricultural workers present economic and public health problems. Also, there is the elderly population of retired persons whose incomes, depleted by inflation, are not sufficient for their needs. To serve this poor segment strong programs in local health services and maternal and child health are necessary. It is recognized that infant mortality rates are high among populations of low income.

Florida's industrial growth has been slow and at the present time accounts for only about 1 percent of total industrial employment in the United States. However, it is diversified, both in type and area, with the pulpwood industry in the northern part of the state, food canning and preserving in the central area, clothing factories in the south, mining in Polk County, and the chemical industry in the Pensacola area. Commercial fishing is also an important industry, bringing in more than $30 million a year (1). Franklin, Wakulla, Bay, Gulf, and Walton Counties in north Florida are largely dependent on this industry.

Families who depend on commercial fishing for a living appear to have periods of poverty because of the seasonal nature of this industry. This is particularly true of north Florida because there is little income from tourism in the winter months.

IV. Vital Statistics

The provisional figures for 1971 show 116,453 births, an increase over the 114,400 births in 1970. This is an increase of 7 percent over 1969 figures. The birth rate of 16.7 is lower than that of the nation, 17.9 per 1000 live births (4). A disturbing trend is the increase in illegitimate births, which rose from 9.4 per 100 live births in 1959 to 14.5 in 1969. Birth data for 1969 show that 48 percent of all illegitimate births for whites and 56 percent for nonwhites were to mothers less than 20 years of age (5). The lack of maturity, which is one cause of this unfortunate situation, also makes the teen-age mother less able to take care of herself and her baby, before as well as after delivery. Programs in maternal and child health are increasingly important in this situation. The expectant teen-age mother, with the demands of pregnancy added to those of growth, requires nutritional counseling to help her understand the importance of an adequate diet and help in planning her diet.

Provisional data for 1971 shows the death rate as 10.8, with 75,860 resident deaths. This was an all-time high for the twenty-fifth consecutive year. The ten leading causes of death were:

1. Diseases of the heart
2. Malignant neoplasms
3. Cerebrovascular disease
4. All Accidents
5. Influenza and pneumonia
6. Bronchitis, emphysema and asthma
7. Diseases of early infancy
8. Cirrhosis of the liver
9. Diabetes mellitus
10. Arteriosclerosis (4)

The first three leading causes of death are the same as for the nation and have not changed in recent years (4). These are diseases of aging but also affect persons of all ages. To combat these diseases, early diagnosis and treatment are desirable. Present screening programs should be expanded.

A multiphasic screening program was started in Jefferson County in 1961. A demonstration program in hypertension was begun in Holmes, Walton, and Washington Counties in 1968, and a cardiovascular screening program was begun in 1967 as a result of a pilot screening program in Jefferson County. These counties are part of the region to which the student was assigned for field training. Through November, 1971, the cardiovascular screening program was established in 25 counties of Florida (6).

CHAPTER III

THE NATURE OF PUBLIC HEALTH IN FLORIDA

I. History and Development

The Florida State Board of Health was established in 1889. Epidemics of yellow fever, cholera, and smallpox plagued the state, with its subtropical climate and many seaports. The first priority was to be control of these dread diseases. General supervision of public health and control of other disease were considerations of secondary importance. During the early years, the emphasis in public health continued to be on control of infectious diseases.

Under the able direction of Dr. Joseph Y. Porter, Florida's first State Health Officer, public health services continued to expand after the conquest of yellow fever in the state. His concern with reliable data upon which to base public health programs led to the establishment of a Bureau of Vital Statistics in 1915. Although the period from 1917 to 1932 was plagued by budgetary difficulties, the Board of Health continued to expand (7).

At the end of 1932, the Florida State Board of Health had four bureaus: Communicable Diseases, Laboratories, Engineering, and Vital Statistics. There were five divisions consisting of Public Health Nursing, Malaria Control Studies, Library, and Drug Inspection.

In 1936, new services were established. These included a Division of Tuberculosis Control, a Bureau of Public Health Education,

Bureau of Dental Health, Bureau of Local and County Health Work, and a Bureau of Maternal and Child Health. During this decade, eight full-time county health units were formed. Emphasis was placed on developing local health departments, and by 1945, twenty-six units had been established, serving 80 percent of the population of the state (7).

The Bureau of Special Health Services was established in 1945 and provides programs for chronic disease control. Emphasis is placed on casefinding, diagnostic examinations, education of the public and of health professionals, and rehabilitative measures.

In 1960, with the establishment of a county health unit by St. Johns County, public health services were made available to all the citizens of the state. Improvement of these services is the objective of the Bureau of Local Health Services (7).

The expansion of public health services in Florida has kept pace with the changing needs of the state. Recent emphasis has been on preservation of the environment, an increasing problem with Florida's increasing population. Programs for control of air and water pollution and disposal of solid waste have been directed toward this problem. Also, of importance in preservation of the environment as well as of individual health have been programs in family planning (7).

On July 1, 1969, the State Board of Health became the Division of Health in the Department of Health and Rehabilitative Services. The powers, personnel, properties, appropriations, and allocations of funds were transferred to the new department. Other agencies now under the Department of Health and Rehabilitative Services include: the

Division of Mental Health, the Division of Mental Retardation, the Division of Vocational Rehabilitation, the Division of Youth Services, and the Division of Family Services (formerly the State Department of Welfare)(8), and the Division of Adult Correction.

The Crippled Children's Commission, which was formerly an independent commission, and the Council for the Blind, which are under the Division of Vocational Rehabilitation, are now included in the department as is Alcoholic Rehabilitation, under the Division of Mental Health. A Division of Administrative Services was established to take care of administrative functions which include both comprehensive health planning and comprehensive rehabilitative planning (8).

The policy-making body for the State Board of Health was the five-man Board of Health which became an advisory council to the Secretary of the Department of Health and Rehabilitative Services.

II. The Division of Health

Orientation to the Division of Health took place at the state offices in Jacksonville. It was largely through participation in the conferences arranged there with the state staff that a better understanding of the structure of the agency and its relationship to the nutrition program was gained.

The Division of Health determines the policies and priorities for public health services and also reviews and approves budgets and program plans for the counties. Distribution of state and federal funds, operation of programs required by law, and provision

of consultative services are also responsibilities of the Division of Health. Close cooperation is maintained with the 67 county health departments.

The Division of Health is divided into bureaus and sections. The present organization of the Division of Health is shown in Figure 1.

Office of the Director

The office of the Director includes the Office of Planning and Personnel. The Sections of Public Health Statistics, Health Education, Public Health Nursing, Child Health, and Nutrition are administratively responsible to the Office of the Director.

The primary responsibilities of the Office of Planning include the preparation and coordination of budgets and program plans for the state as required for state and federal funding; review of on-going programs; the preparation of reports for the Director; and preparation of plans for annual renewal by the Public Health Service of federally funded programs.

Section of Public Health Statistics

The Section of Public Health Statistics is responsible for publishing the Monthly Statistical Report and the Annual Report, and preparing special reports for interested departments. The main emphasis of these reports is on Florida residents but includes data concerning Floridians temporarily out of the state. This office also assists other sections or county health departments in designing a study or a survey and in interpreting and presenting data (8).

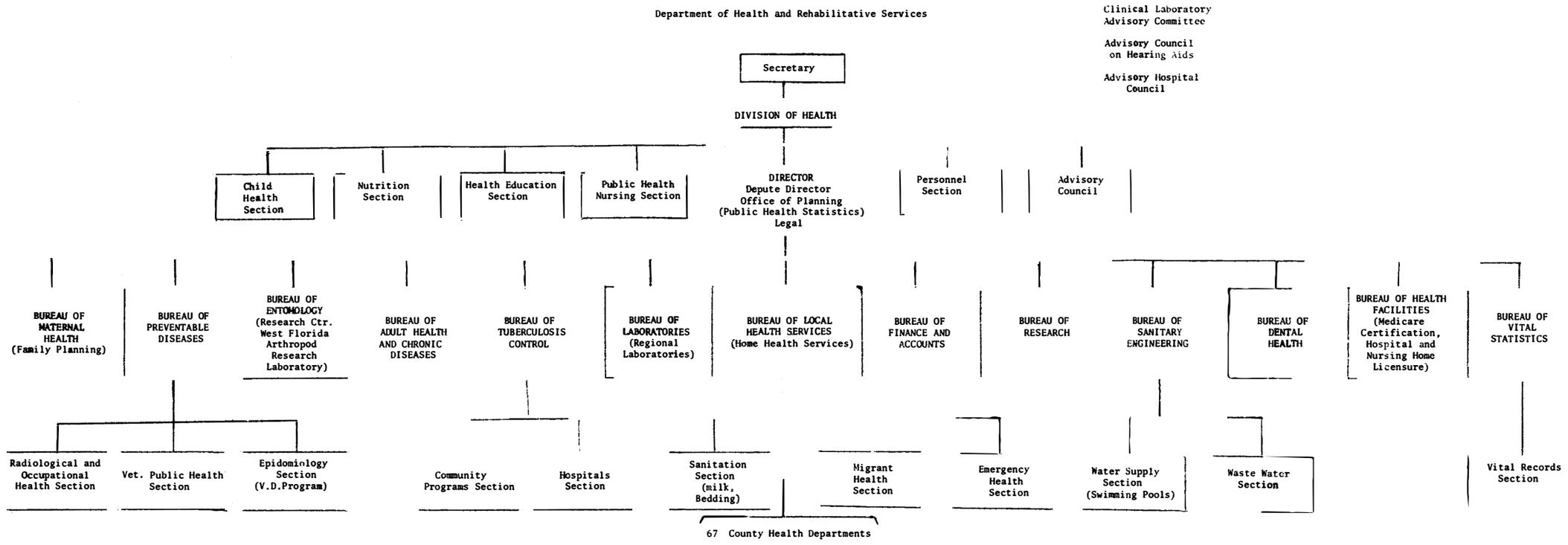

Figure 1. The administrative structure of the Division of Health of the Department of Health and Rehabilitative Services of the State of Florida, 1972.

Section of Health Education

The Health Education Section interprets through educational processes the programs and activities of the Division of Health to the public. Its objective is to teach the principles of sound health behavior so that people may be enabled to help themselves to better health. The staff works not only through the county health departments and the sections and bureaus of the Division of Health but also directly with schools, civic and fraternal organizations, official groups, voluntary groups, and universities. The Health Educators offer a variety of services in the dissemination of information. These include the development and distribution of pamphlets, books, and films and participation in conferences, workshops, training sessions, and meetings (8).

Nutritionists work with Health Educators in developing material with a nutrition component. The Nutrition Section also provides orientation to Health Education students.

Section of Public Health Nursing

The Public Health Nursing Section works closely with all bureaus and sections of the Division of Health which have programs which involve nursing services to coordinate and correlate these services. The objective of the section is to provide the best possible nursing service to all who are served by the division. To this end, in-service education and special workshops provide advanced information to the public health nurses (8). The Continuing Education Committee (a nine-member group which includes public health nursing directors and

supervisors as well as members from the nursing faculty of a junior college and a university) assists by developing materials for in-service training. The committee has also worked together in developing the Public Health Nursing Manual and The Guide for Orientation of Nurses New to Public Health (8).

Since public health nurses are the largest group of health workers and since the majority work directly with the patient, their contribution in the provision of health care to the people is of great importance. The functions of public health nurses are: supervision of maternity patients and infants; cooperation with boards of public instruction in the protection of the health of school children; the nursing care of the sick, chronically ill, and aged at home; supervision of midwives and health aides; and the rehabilitation services for patients who need them (9). It has been estimated that approximately 55 percent of the time of the public health nurse is spent in clinic services, 15 percent in school health services, 20 percent in home nursing services, and the remaining 10 percent in writing reports and in continuing education (10). Nursing consultants provide advice to county health departments in the areas of planning and evaluation of programs, and in decisions on community problems, and in setting up priorities for future services (9).

Section of Child Health

The Section of Child Health has responsibilities for programs which promote and safeguard the health of children. Programs of infant

and child health including school health programs are carried out through the county health departments. School health programs are carried out with the cooperation of the Department of Education and the School Health Medical Advisory Committee to the Department of Education and the Division of Health. The section also provides funds for the operation of the Dade County Developmental Evaluation Clinic and the Tampa Diagnostic and Evaluation Clinic. These clinics diagnose and evaluate developmental disabilities and make recommendations for treatment (8).

The Guthrie blood test for phenylketonuria is now mandatory in Florida. This testing program is carried out through the county health departments. Almost 55 percent of the tests are done in state laboratories, the remainder in private laboratories (8).

There are two Children and Youth Projects in Florida, both in Dade County. One serves children up to six years of age while the other gives services to persons up to 18 years of age (8).

Section of Nutrition

The services of the Nutrition Section have been largely directed toward maternal and child health with about two-thirds time in this area. Nutritionists function as consultants providing services through county health departments, schools, junior colleges, community agencies, schools of nursing, and professional groups. Nutrition consultation or direct counseling is also directed toward control of chronic disease such as diabetes (11). The organization and activities of the Nutrition Section will be discussed in detail in Chapter V.

Bureau of Maternal Health and Family Planning

The former Bureau of Maternal and Child Health has recently been reorganized and has become the Bureau of Maternal Health and Family Planning and the Section of Child Health. The increasing emphasis on family planning made the reorganization a logical one while child health programs will have greater visibility under a separate section (12).

The objective of the Bureau of Maternal Health and Family Planning is to reduce the morbidity and mortality of mothers in Florida. Both the quantity and quality of maternity care has improved as obstetric services continue to expand. This has been accomplished through a growing comprehensive program providing prenatal, postpartum, and interconceptional care as well as services in family planning and nutritional guidance. This program is planned and coordinated by the state office and implemented through the county health departments.

There are five Florida Maternal and Infant Care Projects. The objective of these projects is to identify the high-risk patients early in pregnancy and to prevent premature delivery which can cause mental retardation and increased incidence of morbidity and mortality in infants. The projects offer comprehensive care, including hospital care, medical consultation and treatment, dental care, social case work, nutritional counseling, day care, homemaker services, and transportation in addition to the routine clinic services. Federal funds supply approximately two-thirds of the budget for these projects while the remaining one-third is supplied by local funds (8, 13).

Bureau of Preventable Diseases

The Bureau of Preventable Diseases is divided into the three administrative sections of Epidemiology, Radiological and Occupational Health, and Veterinary Public Health. These are discussed separately.

Section of Epidemiology. The control of communicable disease is the objective of the Section of Epidemiology. Such control is accomplished through surveillance which includes the collection, tabulation, and analysis of communicable disease data from all county health departments, schools, and other sources. These morbidity reports are reviewed by epidemiological techniques. Implications for public health are seen and measures for control of the various infectious diseases are begun. This section publishes The Weekly Report of Common Communicable Diseases (8).

Under this section are the immunization program, infant immunization surveillance, and venereal disease programs. The staff works with community organizations and provides consultative services to county health departments. Information is disseminated by the staff through mass media to promote the programs of immunization and control of venereal disease (8).

Section of Radiological and Occupational Health. The Section of Radiological and Occupational Health is responsible for maintaining safe levels of radioactivity in the environment, prevention of radioactive hazards in industry, and the issuance of licenses for the possession and use of radioactive materials. The use of radionuclides

in medicine as well as production of electronic devices such as microwave ovens has increased tremendously in the last decade. This increased use of materials which emit radiation has brought increased need of surveillance. The second emphasizes training and education to keep abreast of this fast developing field (8).

Section of Veterinary Public Health. The Veterinary Public Health Section is responsible for the study and control of diseases which are communicable from animals to man. The section works closely with county health departments, private veterinarians, state and federal agencies, private organizations, and societies concerned with animal health. Consultants inform and assist county health departments and other agencies in the control of animal diseases affecting public health. The section also collects data on animal morbidity and reports on trends in animal disease (8).

Bureau of Entomology

Because of the mild climate of the state, Florida is plagued with a variety of insects which spread disease and/or constitute a nuisance. The responsibility of the Bureau of Entomology is arthropod control. To this end, four research laboratories are maintained to develop means of control of insects important to public health, the most important of which are mosquitoes and biting flies.

The bureau also issues licenses and identification cards to commercial pest control businesses. Periodic inspection of these firms and enforcement of the regulations pertaining to pest control are also a responsibility of the staff.

Insecticides and equipment are tested both for effectiveness and environmental acceptability. Results of all research are distributed to all arthropod control districts in Florida.

Some of the activities of arthropod control are diking, machine ditching, and fogging with insecticides from aircraft and land equipment. Sanitary landfills are a means of arthropod control with which entomologists are increasingly involved as the problem of solid waste disposal grows in Florida (8).

Bureau of Adult Health and Chronic Disease

The Bureau of Adult Health and Chronic Disease endeavors to increase the knowledge and awareness of the public of the problem of chronic disease, to inform the physician of advanced methods of prevention and treatment of chronic disease, and by means of screening programs, to promote early diagnosis and treatment of chronic disease. Some ongoing programs of the bureau are in aging, cancer, diabetes, hearing aids, heart disease, prevention of blindness, and smoking and health. These programs are carried out through the county health departments (8).

At the state level, the staff of the bureau plans and coordinates programs. The bureau cooperates with and assists other agencies interested in the prevention of chronic disease, such as the Florida Committee on Smoking and Health. The bureau staff also works closely with other bureaus and sections of the Division of Health, particularly the Health Education and Nutrition Sections. Nutritionists prepare the nutrition component in the monthly bulletin

for diabetics, Timely Topics, and articles for the arthritis newsletter which is published bimonthly by the Northeast Florida Arthritis Association (8).

At the county level, nutritionists provide in-service education for the staff in the dietary management of diabetes and other chronic diseases. They also provide individual dietary counseling in clinics and in home visits. Nutritionists conduct classes in management of diabetic diet, provide guidance to lay diabetic societies sponsored by the Florida Diabetes Association, and have participated in the diabetic camp for children held each summer (8).

Bureau of Tuberculosis Control

The Bureau of Tuberculosis Control is divided into the two sections of Hospitals and Community Services. These are discussed separately.

Hospitals Section. The Hospitals Section is responsible for the two state tuberculosis hospitals, W. T. Edwards Hospital at Tampa and A. G. Holley Hospital at Lantana. Although the average length of hospitalization per patient has decreased, the admissions and discharges have remained much the same for the past four years (8).

Both hospitals are engaged cooperatively with the Florida State College of Medicine in research concerning the use of anti-tuberculosis drugs. The hospital clinics also diagnose cases and provide therapy (8).

Community Programs Section. The Community Programs Section is responsible for programs designed to control the spread of tuberculosis. This involves three objectives: to prevent infection in healthy persons, to prevent disease in the infected persons, and to make diseased persons noninfectious. Emphasis is on early detection. These programs are carried out through the county health departments and through utilization of the four state-operated mobile X-ray units. Case registers of all tubercular patients are maintained. Life-time follow-up is recommended (8).

Bureau of Laboratories

The Bureau of Laboratories provides laboratory support for the service, regulatory, and research programs of county health departments and the bureaus and sections of the Division of Health. The bureau also offers diagnostic and reference services to physicians, hospital and independent laboratories, medical examiners, and law enforcement agencies (8).

Bureau of Local Health Services

The primary responsibility of the Bureau of Local Health Services at the state level is the coordination of the activities of the local health departments with the programs of various bureaus and sections of the Division of Health. Other duties include review of budgets and of personnel actions as well as recruitment of personnel (14).

Subdivisions of the bureau include the Sanitation Section, Migrant Health Section, Record Consultation Program, and the recently

assigned Health Mobilization--Civil Defense, Accident Prevention and Emergency Medical Services. Consultation is provided to county health departments from these units (8).

Section of Sanitation. The Section of Sanitation provides consultative services to county health departments and guides program planning for effective control of local environmental health problems. Areas included are: water supply, waste disposal, school sanitation, housing, swimming pools, rabies control, public buildings, recreation areas, child-care centers, and other facilities. Sanitarians also work as members of a team for licensure of hospitals, nursing homes, and extended care facilities (8).

Section of Migrant Health. The Migrant Health Section is concerned with development and implementation of programs for improvement of the more than 78,000 individuals in Florida classed as migrant agricultural workers. The section participates in a migrant health service referral system aimed at providing medical records so that the migrants may have continuing personal health care as they follow the crops north and south (15).

Family oriented health care is given the migrant agricultural workers by county health departments. Evening clinics are arranged for their convenience. Limited hospital services are provided on a contract basis with the migrant projects (15).

Bureau of Finance and Accounts

The responsibility of the Bureau of Finance and Accounts is the business and financial management of the Division of Health. The bureau provides assistance to the Division Director and the heads of all departments in planning the overall financial program for agency activities (8). A budget committee appointed by the Director assists by screening for duplication of programs and by preparing an estimate of actual financial needs (8).

Complicating the work of the bureau are the varied sources of funds used in the operation of the agency. Money is received from federal, state, county, city, and private sources, each with its set of regulations regarding use of the funds.

The bureau is also responsible for purchasing, property control, duplicating services, mail services, shipping, receiving, vehicle control and assignment, security, and custodial care. In addition, maintenance of the grounds and buildings of the Division of Health is a duty of the bureau (8).

Bureau of Research

The Bureau of Research promotes the development of studies which enable the Division of Health to improve the protection of health of the citizens of Florida. The bureau coordinates activities to prevent duplication of effort and provides for effective management of funds. The bureau may instigate investigations when the need arises.

Among the facilities with which the bureau is connected are the Entomological Research Center at Vero Beach, the West Florida

Arthropod Laboratory at Panama City, and the Epidemiological Research Center at Tampa. The bureau has been involved in such activities as direction of the efforts of the Community Pesticide Study and the Nutritional Study of Migrant Laborers (8).

Bureau of Sanitary Engineering

It is the primary responsibility of the Bureau of Sanitary Engineering to protect the health of the people of Florida by safeguarding the water supply and disposal of sewage and solid waste. In addition, the bureau supervises and administrates the program of the Division of Health for shellfish and crustacean sanitation (8).

Bureau of Dental Health

The objective of the Bureau of Dental Health is to prevent dental disease by programs of dental health education and to provide services to the indigent. Special emphasis is placed on children with an updated dental screening program which provides a permanent record for each child and a home report of each checkup (8).

On the state level, the bureau provides consultative services, and dental research is emphasized. Since the state law does not require fluoridation of Florida's water supply, a cheap and effective means of providing fluoridation treatment to children has been developed. This prophylactic treatment is self-administered by the children in the schools under the supervision of a dentist at a cost of about twenty cents per child (16).

Thirty-nine county health departments now have dental clinics. Many persons also receive dental care by means of mobile units operated by the counties (16). In counties where public health dental clinics are not available, those in need are referred to private dentists (16).

The bureau has instituted a dental demonstration plan to make dental services available to all underpriviliged mothers and children by 1976. The program was initiated to help counties who have a financial problem by paying the salaries of dentists assigned to operate dental clinics. After a two-year demonstration, the county will assume support of the program (8).

Bureau of Health Facilities

The Bureau of Health Facilities implements and administrates state statutes providing for the licensure of hospitals, nursing homes, and special service homes. In addition, the bureau certifies and classifies skilled nursing homes and intermediate care facilities wishing to participate in the Medicaide Program. Under the continuing contract of the Division of Health with the Social Security Administration, the bureau routinely surveys providers of health care for participation in the Medicare Program. The bureau also is responsible for the survey of health care facilities to evaluate their compliance with the Civil Rights Act of 1964 (8).

The Special Services Section of the bureau offers many services related to licensure of health care facilities and the implementation of professional components of bureau programs. These services include

program planning, implementation, and evaluation; development and coordination of consultative services; interpretation of regulations; conferences, seminars, institutes and training courses for staff and lay groups; surveys for licensure and certification; and development of educational and promotional materials. The institutional nutrition program is a cooperative program between the bureau and the Nutrition Section (8).

Bureau of Vital Statistics

The Bureau of Vital Statistics records the birth, death, fetal death, marriage, divorce, annulment, adoption, and legal change of name of citizens of Florida. The bureau publishes annually the Vital Statistics Scoreboard, a summary of data obtained from counties (8).

CHAPTER IV

THE SECTION OF NUTRITION

I. History and Organization

In 1909, the prevalence of pellagra in Florida prompted initiation of the first nutrition program in public health. The dietary origin of the disease was recognized and by means of health education, deaths from pellagra were reduced by 50 percent by 1916 (7).

After the conquest of pellagra, attention to nutrition was limited until 1941. At this time concern for maternal and child health prompted a concern for improved nutritional programs, and a nutritionist was employed at the state level. Continued concern with the prevalance of anemia, particularly in children, led to the organization in 1946 of the Department of Nutrition Investigations and Services within the State Board of Health. The first priority of the department was investigation, but services in education, demonstration, and consultation were offered also. From 1950 to 1958, Nutrition and Diabetes Control together formed a division. After 1958, the Division of Nutrition became a part of the Bureau of Local Health Services (7).

On July 1, 1969, the Florida State Board of Health became the Florida Department of Health and Rehabilitative Services (11). In 1971, the nutrition unit was removed from the Bureau of Local Health Services, given section status for greater visibility, becoming the

Nutrition Section administratively responsible to the Director of the Division of Health as shown in Figure 1, p. 13.

II. Philosophy and Objectives

The importance of nutrition in human growth and development and in the control of certain metabolic diseases is now widely recognized. Growing public interest in diet is evidenced by the prevalence of dietary fads and by the response to the commercial promotion of foods for which claims of enhanced nutritional value are made. Authoritative guidance in food choices, therefore, continues to be an important part of public health services.

Population groups most in need of nutritional services include: pregnant women, infants, children through adolescence, aged persons, persons with chronic diseases requiring therapeutic diets, and families of low income and poor education.

The objectives of the Nutrition Section are:

1. To promote understanding of the role of nutrition in health maintenance, health protection and disease control by providing authoritative information on diet and nutrition to both the public and to public health personnel.

2. To identify nutrition-related health problems existing at the local level.

3. To provide nutrition consultative services and nutrition education services to guide in the development of good food selection habits essential for health maintenance and disease control.

4. To participate in basic and continuing education of public health professionals, educators and sub-professional health personnel who can disseminate and apply nutrition information.

5. To provide consultation services to group care and day care facilities to help upgrade the quality, palatability, efficiency and sanitation of food services.

6. To coordinate public health nutritional services with related programs of other state agencies and community groups (17).

III. Staff

Nutritionists employed by the Division of Health and Counties are classified as Public Health Nutritionists, Public Health Nutritionist Consultant I, II, and III, Director, and as Institutional Nutrition Consultants I and II. Qualifications include a Bachelor of Science degree in foods and nutrition and the prescribed period of work experience in requisite areas. Most of the nutritionists on the staff hold graduate degrees in public health nutrition. The residency program which provides positions for four resident nutritionists encourages county healty departments to employ nutritionists with a B. S. degree. After one year the resident nutritionist may compete for educational leave for graduate study at full salary. Upon receiving her graduate degree, she repays her obligation to the state by serving as nutritionist on the staff for a minimum of two years.

The staff of the Nutrition Section at the State level includes the Administrator, Nutrition Training Coordinator, Maternal and Child Health Nutrition Consultant, Instituional Nutrition Consultant Coordinator, and an Institutional Nutrition Consultant. The Training Coordinator and Maternal and Child Health Nutrition Consultant also function as Regional Nutrition Consultants to areas of three counties each. Two other Institutional Nutrition Consultants are assigned to

the Nutrition Section from the Bureau of Health Facilities. The Maternal and Child Health Nutrition Consultant serves as coordinator of nutrition activities for the Nutrition Section and the Bureau of Maternal and Child Health. These nutritionists have offices in the Department of Health and Rehabilitative Services in Jacksonville.

Seven additional nutritionists on the state staff are assigned to geographical regions where their offices are located. These are scattered throughout the state.

IV. Programs and Services

The nutritionists at the state level have latitude in planning programs. While respecting the autonomy of county health departments, they work to coordinate the activities of the county and regional nutritionists. It is this guidance and direction, as well as the unusually large number of well qualified public health nutritionists employed in Florida, which contribute to the excellence of the nutrition programs in the state.

One of the objectives of the Nutrition Section is to provide uniform nutritional services throughout the state. To this end, all nutrition education materials are developed or adapted by the state staff of the Nutrition Section and distributed to the county and regional nutritionists from the state office. All nutritionists are urged to submit any materials or ideas which they have found useful so that they may be shared. Such contributions are circulated to each nutritionist in the Division of Health for criticisms or

approval before they are adapted for state-wide use. A packet of informational and educational materials is sent out from the state office each week to every nutritionist (13).

Nutritionists at the state level also work with various official and voluntary agencies to coordinate nutrition services; plan field experiences and training for graduate students and dietetic interns; participate in workshops for public health nurses; prepare publications such as the bimonthly newsletter "Nutrition in a Nutshell," or articles on diet for publications such as "Timely Topics," the monthly leaflet for diabetics. They also provide direct services to persons needing nutritional guidance and disseminate nutritional information through use of mass media. Nutritionists participate in surveys of institutions for licensure and certification. Evaluation of nutritional programs at the county and regional level is also a responsibility of the members of the state staff. Two of the nutritionists in the Jacksonville office also function as regional nutrition consultants, as mentioned before.

At the county and regional level, the needs of the area as evidenced by mortality and morbidity statistics and as seen by the medical officer and nursing supervisor are considered by the nutritionist in planning nutrition programs. Public health nutritionists work with the county health departments to incorporate nutritional information into such public health programs as maternal and child health, adult health and chronic disease, dental health, school health, migrant health, and health facilities. They plan in-service education,

participate in nutrition status studies, and plan with county medical directors, nursing supervisors and other health care professionals to meet nutritional needs in the county. They provide diet counseling for patients under medical supervision in clinics and home visits. Nutritionists may conduct classes for persons with weight problems, diabetes, heart disease or other chronic diseases requiring diet therapy. Such classes are planned with the assistance of local physicians to assure acceptability of the content and to encourage referral of patients. Public health nutritionists may teach low-income families about meal planning and food buying. The regional nutritionist also serves as a resource person to county nutritionists and provides supervision to nutrition residents in her area (18).

V. Institutional Nutrition Consultation Program

The Institutional Nutrition Consultation Program was begun in June of 1961, when a position was funded for a dietary consultant to nursing homes. Today, there are three Institutional Nutrition Consultants and the program has expanded to include hospitals, extended care facilities, child caring facilities, correctional institutions, portable meal services, and senior citizen's centers.

The purpose of the program is to improve the food service in these institutions, to assist them to serve nutritionally adequate and and enjoyable meals at reasonable cost, and to assist in food service and nutrition education for personnel of these facilities. Stated objectives of the program are:

A. To provide guidance to staffs of group area care facilities regarding:
   1. Normal and therapeutic nutritional needs of all patients and residents.
   Nutrition education for staff, patients and residents and families.
   3. Interpretation of food service as a part of continuing and total patient care.
   4. Menu planning, purchasing, storage, preparation and serving of food.
   5. Principles of food sanitation, warewashing and safety.
   6. Planning layouts of new or remodeled facilities and selecting equipment.
   7. Procedures for cost control, record keeping, personnel selection, training and supervision.

B. To assist health department personnel by:
   Participation in licensing and certification programs.
   2. Consultation to other bureaus and divisions on food service in group care facilities.
   3. Participation in planning, conducting, and evaluating training programs for personnel of health department and group care facilities.

C. To cooperate with other agencies and organizations by consultation in:
   1. Assisting in development of nutrition and food service sections of regulations of facilities licensed by agencies not employing nutrition personnel.
   2. Planning training programs for personnel for quantity food service.
   3. Recruiting and training of qualified food service personnel for group care facilities.
   4. Providing educational reference materials for use by group care and agency personnel (19).

Certification programs in which Institutional Nutrition Consultants participate include Medicare, Medicaid, and compliance with the Civil Rights Act. Licensure surveys are repeated annually in nursing homes and small hospitals to insure continued compliance with state regulations. Regional and county nutritionists assist by making surveys for licensure or certification in their geographical areas. Because of the Institutional Nutrition Consultation Program,

nursing homes in Florida are now required to employ trained food service supervisors. In many instances, persons acting as food service supervisors in nursing homes are presently receiving such training.

The position of Institutional Nutrition Consultant Coordinator has recently been created in the Division of Administrative Services to give consultation to most institutions in the department such as prisons, hospitals, and training schools and halfway houses. This action was inspired by the White House Conference on Food and Nutrition which recommended that government institutions be model facilities. The legislature funded the position in 1971 and it was filled in March, 1972.

The responsibilities of the Institutional Nutrition Consultant Coordinator are to write standard policies and procedures for food service, write nutrition specifications for different age groups, analyze job specifications for institutional food service personnel, write food specifications and ordering procedures, and set up cost accounting procedures. Regional and county nutritionists will provide consultation for small locally administered institutions after procedures have been set up by the Institutional Nutrition Consultant Coordinator (20).

CHAPTER V

ASSESSMENT OF ABILITIES NEEDED BY THE PUBLIC HEALTH NUTRITIONIST

An evaluation of the field experience is important not only as a sumamry of the learning experience but also to identify the strengths and deficiencies of the student's performance as a nutritionist. Such guidance is helpful in continuing professional development. To this end, the student participated in joint evaluations of her abilities with the nutritionists with whom she worked.

I. In-Service Education

The student observed two in-service programs for public health nurses in two different counties. The Regional Nutrition Consultant was responsible for both programs, each of which dealt with the Food Stamp Program. The format for the programs was different though the same material was presented.

The nursing supervisor of Holmes County had expressed to the nutritionist a need of the public health nurses for more information on the Food Stamp Program, recently instituted in several north Florida counties. The nutritionist arranged for a program specialist in the Food Stamp Program to speak to the nurses. The lecture, while it supplied the needed information, offered little opportunity for audience participation.

The nursing supervisor in Gadsden County had expressed a similar need, and the next week the Regional Nutritionist conducted the in-service program there. Rather than a lecture, the format was a round-table discussion with the Regional Nutritionist acting as leader. The same information was presented but discussion was encouraged. Many pertinent questions were asked. Regulations of the program were discussed in relation to particular families, known to all the nurses present. Because of their active participation and because the information given was linked to situations familiar to them, the student found that the round-table discussion was a more effective teaching method for the nurses than the lecture.

This experience points up the fact that there are many different ways of teaching and that professional persons profit by participation in the learning experience, as others do. While the nutritionist may sometimes be called upon to present nutritional information through in-service programs to groups too large for round-table discussion, other means can be utilized to link it to the job experience of her audience.

II. Planning

The student was able to observe several planning conferences. Those of special interest will be discussed.

Weight-Watchers Club

Obesity is a nutritional problem that has great impact on the psychological development of young people. Perhaps at no other

period in life are individuals so conscious of their appearance as in adolescence. Yet, there are few programs planned for this age group. It was a satisfying experience for the student to observe a planning conference for a weight-watchers club at Pensacola High School. The conference was held after school in the office of the guidance counselor. In addition to the guidance counselor, the county nutrition consultant, a psychologist from the Mental Health Clinic, and the student were present. The idea for the club originated with the nutritionist.

The planning group decided to enlist the aid of the Home Economics teacher and the teacher of Physical Education. Also, club meetings were scheduled with a different professional person to present the program at each meeting. Since obesity often stems from more than one cause, the integrated approach was seen by the nutritionist as most effective in guiding and in motivating high school students to lose weight. Plans were also made to have the psychologist discuss the social aspects of overweight and its effect on the personality. The nutritionist was to discuss diet and weight control, the Home Economics teacher was to give information on choosing attractive and appropriate clothing, and the Physical Education instructor was to help plan an exercise program for improved health and as an aid to weight loss. It was hoped that by taking into account each aspect of the problem of the obese teen-ager that interest and motivation might be sustained.

The end of the school term was near, so it was decided to make this a pilot program consisting of five meetings of the club, each with a well planned program. This would provide the basis for the continuation of the project in the next school term.

This is an example of a needed service to the community being offered through the concern of three professional persons representing three community agencies. It is not uncommon for many agencies to cooperate on large, important community projects which receive much public attention. But it is also gratifying to see how worthwhile, though unpublicized, programs may be initiated by a few persons who are aware of the need.

This observation pointed up the necessity of an adequate plan to initiate even a small program. The nutritionist was well aware of the need for diversification to sustain interest of the teen-ager members of the club and enlisted the interest of those who could complete and implement her plan.

Use of "Hunger March" Funds in Tallahassee

A conference was held at the Leon County Health Department to determine the best use of funds donated to the health department. These funds were collected by the students during a "Hunger March" in the spring. The students had requested that the funds be used to "feed hungry people." Present at the conference were the county health officer, the nursing supervisor, the regional nutritionist, a leader of the student "Hunger March," and the student.

This was an example of a situation in which the expertise of the nutritionist was recognized and utilized by her fellow professional workers. At the request of the county health officer, the nutritionist offered her opinion for the best use of the funds.

The regional nutritionist suggested that the population group at highest risk from malnutrition, which could easily be reached, was the student body of the special school for pregnant girls. A school lunch is supplied to these girls from the satellite lunch program which provides a lunch to all the public schools in the city. This school lunch is geared to the nutritional needs of the sixth grade student and is insufficient for the needs of a pregnant teen-ager. After the nutritionist cited her reasons for suggesting this group, she suggested that a high-protein food supplement for this group would represent the best use of the funds, and the plan was adopted.

When asked her opinion, the student suggested a morning snack because of the well-known tendency of the teen-ager to skip breakfast. The student found this conference very interesting and was glad she was able to make a contribution.

Program Development

Also of interest to the student were the planning conferences of the regional nutritionist with the health officer and/or the supervisor of nurses in the county health departments. The regional nutritionist had devised a program for each county, taking into consideration the needs of the county as evidenced by statistical information on morbidity and mortality and by personal observation. The program plan was then discussed in relation to the needs as seen by the professionals of the county health department. These program plans were well received and only minor changes were needed.

While the student profited from all planning conferences, perhaps the program development conferences were most instructive. These conferences illustrated one of the most important functions of a regional nutrition consultant in adapting the state nutrition program to meet the needs of the local health department.

The student welcomed these opportunities to confer with professional persons and felt that she made a contribution. She also gained insight into the planning of nutrition programs.

III. Group Work

During a week in Pensacola, the student had an opportunity to observe the Escambia County nutritionist in the role of coordinator, working with professional and nonprofessional persons.

Escambia County was to change from the Commodity Food Program to the Food Stamp Program on May 1, 1972. In Pensacola, Escambia County's largest city, many of the recipients of commodity foods were apprehensive about the new program. There was an obvious need to promote the Food Stamp Program and show its advantages over the Commodity Food Program, but the fact that many of the recipients were illiterate complicated the problem. However, by the last week in March, plans had been made to overcome the educational handicap of illiteracy in Pensacola by presenting classes on the Food Stamp Program. The home economist of the extension service of the University of Florida, the director of the Commodity Food Program, a representative of Family Services, and the county nutrition consultant planned

the educational program. Extension program aides and a group of volunteers also participated. The county nutritionist coordinated the program.

The student attended the final meeting before the plan was to be put into action. This meeting was held at the Escambia County Health Department. At this meeting educational materials and methods were reviewed. It had been decided that classes should be held at the commodity warehouse on the days when the recipients of commodities came to get their food allowances. The first class was for clients of Family Services who were in a training program. These classes were to be held by the volunteer workers who had been recruited by the county nutritionist. Extension program aides were to call on households which could not be reached in this manner.

Educational materials which were reviewed included the pamphlet prepared for the Food Stamp Program by the United States Department of Agriculture, entitled "You are in Good Company"; recipes emphasizing use of such foods as nonfat dry milk, prepared by the extension nutritionist; and a slide series based on the Food Stamp Program booklet, "Food for Your Table -- Let's Talk About It," which was prepared by the county nutritionist.

However, greatest emphasis was placed on preparing for the classes to be held and home visits to be made by the extension program aides. The content of the classes had been carefully prepared by the county nutritionist to give the required information in terms easily understood by those of limited education.

The director of the Commodity Food Program (who was also to be director of the Food Stamp Program) gave final details of the change-over which recipients of the food aid programs needed to know. He also discussed arrangements to be made at the commodity warehouse for the proposed classes.

The Escambia County nutritionist, who had planned with other agencies and coordinated their efforts, continued her role as coordinator. She assigned teams of volunteer workers to present their classes at the Vocational Rehabilitation Program and the commodity warehouse. Kits of visual aids were distributed among the volunteer workers. The nutritionist inspected the commodity warehouse and chose an appropriate area for the classes. Finally, she stored the hand-out material in a near-by office.

Often the success or failure of a program depends on the coordination of efforts. The county nutritionist, because of her location, knowledge of nutrition, and knowledge of the resources available in the community, was an excellent choice for coordinator. That she had used her talents, resources, and expertise to good effect was evident in the innovative educational program devised which was appropriate to the educational level of those for whom it was intended.

The student felt that this observation contributed toward realizing her objective of contrasting the duties of the nutritionist at the state, regional, and local level. This is the kind of activity which would be most appropriate to the nutritionist at the local level because of the large amount of time required for the coordination of

such a program. The regional nutritionist, responsible for the nutrition programs of several counties would need to recruit a local person to serve as coordinator. At the state level, the nutritionist would not be working directly with a local program such as this, but only with agency representatives.

In addition, this observation contributed to a realization of the objective of adapting teaching skills and techniques to different educational levels. The target group for the educational programs was largely those who were illiterate and would learn of the program from no other source. The aides, however, were of secondary school educational level, while the volunteers had college degrees.

IV. Teaching Nonprofessional Groups

In Pensacola, the student spoke to a group of approximately twenty people at the Vocational Rehabilitation Program on the subject of weight control. Many of the students were obese and faced the possibility of being dropped from the program unless they lost weight. This was an impromptu talk, completely unplanned. But because of the interest shown by the audience, it was a gratifying experience for the author.

The presentation was short, emphasizing the importance of using a food from each of the four food groups at each meal. The only visual aids used were plastic food models to illustrate portion size and a chart showing the four food groups. Limitation of fats and concentrated sweets was stressed. Audience participation was encouraged

early in the presentation, and many questions and comments were offered.

Teaching this weight control class was enjoyable because of the rapport between the audience and the student and because the student demonstrated the ability to "think on her feet." The student also demonstrated the ability to encourage active audience participation, yet remain in command of the situation. Since the student had felt that she lacked proficiency in public speaking, this successful, extemporaneous teaching experience was very welcome. This was also another opportunity to fulfill the objective of adapting teaching techniques to different educational levels.

V. Counseling Nonprofessional Persons

Much of the time of the regional nutritionist with whom the student spent five weeks was spent in the clinics of the thirteen counties of her region. These included prenatal, diabetic, well-child, and general clinics. At these clinics the nutritionist counsels patients referred to her by the physician, explaining therapeutic diet modifications prescribed by him, and helping the patient to plan such changes, taking into consideration such factors as food preferences and income. In addition, home visits were made at the request of the public health nurses. The easy, friendly manner of the nutritionist and her tactful way of asking pertinent questions readily elicited from patients the information so necessary for adequate dietary counseling.

Because the student was able to observe and participate in counseling persons in many different situations, this was an area of professional growth. The increased assurance and competence of the student in dietary counseling of patients was noted and commented upon by the regional nutritionist.

Home visits were made with the public health nurses in Bay County also. These were chiefly visits to prenatal patients. The student found these visits particularly interesting because of the opportunity to counsel patients in the home setting. The life-style of the patient is more easily evaluated in this setting. The student found that rapport was quickly established and dietary counseling was well accepted during home visits. Her genuine liking for people contributed to the success of these dietary counseling sessions.

VI. Inspection for Licensure

The purpose of hospital licensing is:

> . . . to provide for the development, establishment, and enforcement of standards: (1) for the care and treatment of individuals in hospitals, and (2) for the construction, maintenance and operation of hospitals, which, in the light of advancing knowledge, will promote safe and adequate treatment of such individuals in hospitals (21).

The Division of Health of the Department of Health and Rehabilitative Services is responsible not only for licensure of hospitals, nursing homes, and other health care and group care facilities but also for enforcement of laws which regulate them. Responsibility in this area includes licensure (a state statutory requirement and prequisite for participation in any federally-sponsored program),

licensure surveys at least annually for nursing homes and related health care facilities and small hospitals, recommendations for certification in federal and state programs, final approval of all plans for construction of new facilities or expansion, and transmission of reports of consultants and decisions on licensing to county health departments. The county health departments are responsible for: providing day-to-day surveillance of all facilities within the county through periodic visits, investigating complaints received locally or from the Division of Health, making recommendations to the Division of Health concerning construction plans for nursing homes and related facilities, distributing license applications to facilities, aiding in preparation of applications and recommending approval or disapproval of licensure to the Division of Health.

Licensure surveys for evaluation of institutions are carried out by a team of consultants. Heading the team is the hospital consultant. Other members of the team are the nursing consultant and the nutrition consultant. Frequently, the members of the team visit the health care facility together.

The student observed a survey of a hospital for licensure. It was a small hospital with 46 beds. The regional nutritionist served as the nutrtion consultant on the team. The acting food service supervisor, who had no previous training in food service, is enrolled in a correspondence course from the University of Florida. This is to conform to the new law, mentioned before.

Violations of regulations included a lack of written policies and procedures for the dietary department, lack of records of in-service education, no roster of patients and their diet orders kept in the dietary department, and a fifteen-hour span of time between the evening meal and breakfast.

Recommendations were made to achieve compliance with the regulations. It appeared, however, that the violations were a matter of record keeping rather than quality of service. In-service training was, in fact, being provided for dietary employees, but no record had been kept. Policies and procedures were in the process of being written with the aid of the consulting dietitian. The administrator was contemplating schedule changes to narrow the mealtime gap. It appeared to the regional nutrition consultant that the short tenure of the person in charge of the dietary department was the cause of most of the violations, since she had held the position only a few months and had not held a supervisory position before. Recommendation for licensure was made, but the regional nutritionist or the Institutional Nutrition Consultant will make follow-up visits to see that the changes which were recommended are made.

This was an interesting experience for the student. The problems of the small institution were illustrated. The tactful approach of the nutritionist to the problem enlisted the good will of both the food service supervisor and the administrator and assured their cooperation in the future.

VII. A Diabetic Class in Panama City

As a specific service activity, the student taught a diabetic class in Panama City. This was the first of two planned classes on the dietary management of diabetes and was held in the Bay County Hospital. These classes are sponsored by the county health department and are held periodically, as indicated by community need and interest.

Preparation

In preparation for teaching this class, the student reviewed the literature on diabetic diet. Also, appropriate visual aids were chosen for the class. A flip chart showing the different diabetic food exchange lists, a similar chart showing the caloric equivalents of foods, such as fats, honey, and sugar, and plastic food models of correct portions of different foods were selected.

Planning

Since this was the first diabetic class and was to introduce the use of food exchange lists to the audience, this was the primary focus of the class. In addition, the importance of reading labels to determine the suitability of commercially prepared foods for the diabetic diet and the danger of indiscriminate use of foods labeled "dietetic" were points to be stressed.

The planning of the class was complicated by the fact that the group would include persons of lower educational levels as well as those of higher levels. The student planned to distribute exchange

lists to the audience rather than the more commonly used leaflet picturing the four food groups which was planned principally for the illiterate patient. Recipes planned for the diabetic diet were also to be distributed. The film designed for diabetic classes, "Just One in a Crowd," was to be used at the beginning of the class. This film discusses diabetic diet and the food exchange lists and runs approximately twelve minutes. The remainder of the one-hour class was to be spent explaining and reinforcing the material presented in the film.

Participation

Approximately thirty persons attended the class. Included were newly diagnosed diabetics, diabetics of long standing, and interested family members. Also several members of a class for practical nurses were present.

The audience seemed interested in the film and the talk which followed. Many persons asked questions and made pertinent comments. Because of the lively discussion, time allotted for the class was exceeded.

Evaluation

This experience was an enjoyable one for the student, but she was disturbed because there was not enough time for discussion after the talk and because many persons seemed to have questions which were not fully discussed. This taught the student a lesson. It seems better to cover only as much material as there is time to discuss fully. The student believes that the first class in the management of the diabetic

diet should deal only with the diabetic food exchange lists, and the balance between food intake, activity, and medication. These are the areas of most importance to the dietary management of diabetes which are difficult for the newly diagnosed diabetic to understand. Subsequent classes should deal with shopping and cooking advice or eating in restaurants, while traveling, and on picnics. Because only two classes had been planned, shopping tips had to be included in this presentation. The student believes there was too much material to cover in such a short period.

The student took part in conducting a series of three diabetic classes at the Knox County Health Department. Each class was two hours in length with a break after the first hour when tea and coffee with noncaloric sweetners were served. The first hour, medical management of diabetes was discussed. The second hour dealt with dietary management. This format for the diabetic classes tied together the different factors in control of diabetes and tended to reinforce the necessity of the preservation of a balance between diet, activity, and medication. If a patient missed a class, there would not be as much information missed on either phase of the management of diabetes. For these reasons, the student found this to be the preferable format for diabetic classes.

CHAPTER VI

SUMMARY AND EVALUATION

Nutrition is a factor in the health of every individual. As national interest in diet increases, the need for the nutritionist to give the public reliable information on normal and therapeutic diets also increases. The field experience in Public Health Nutrition offered the student an opportunity to share in this endeavor.

The varied activities which were planned permitted the student to assess the role of nutrition in different public health programs and to observe the interaction of the divisions of the Department of Health and Rehabilitative Services. The specific objectives of the field experience were largely realized through participation in these activities. Orientation to the Division of Health in Jacksonville assisted in interpreting the role of a nutrition unit within an official agency. Observation of the duties of the staff members of the Nutrition Section in Jacksonville, of a regional nutrition consultant in her geographical area, and of two county nutritionists contrasted the duties of nutritionists at the state, regional, and local levels.

The objective of participating in the evaluation of food service in institutions was only partially realized. There was no opportunities to observe and evaluate food service in institutions in depth or to observe services provided by institutional consultants. However, there

was an opportunity to observe a nutrition consultant as she surveyed a small hospital for licensure.

Counseling patients in clinics and homes increased the student's competence in this area. Conducting two classes on diet and observing classes taught by other nutritionists demonstrated adapting teaching skills to audiences of different educational levels. Observation of educational materials developed by the staff of the Nutrition Section also assisted in this area.

The author believes that the field experience in Public Health Nutrition was a worthwhile learning experience. It served to reinforce her academic knowledge and to strengthen her understanding of the role of the nutritionist.

LITERATURE CITED

LITERATURE CITED

1. Florida 1968 Encyclopedia Brittanica, 9. W. Benton, Chicago.

2. Long, L. H. 1972 The World Almanac and Book of Facts. Newspaper Enterprise Association, Inc., New York.

3. U. S. Bureau of the Census 1970 Statistical Abstract of the United States. U. S. Bureau of the Census, Washington, D. C.

4. Division of Health 1971 Vital Statistics Summary Covering the Period January-December 1971. Florida Department of Health and Rehabilitative Services, Jacksonville.

5. Division of Health 1969 Florida Vital Statistics. Department of Health and Rehabilitative Services, Jacksonville.

6. Division of Health 1971 Health Profile Screening. Florida Health Notes, 63, No. 9. Florida Department of Health and Rehabilitative Services, Jacksonville.

7. Hardy, A. V., and M. Pynchon 1964 Millstones and Milestones: Florida's Public Health. Florida State Board of Health, Jacksonville.

8. Division of Health 1970 Annual Report. Florida Department of Health and Rehabilitative Services, Jacksonville.

9. Florida Division of Health 1970 A New Day in Public Health Nursing, Florida Health Notes, 62, No. 10. Florida Division of Health, Jacksonville.

10. Personal interview with Miss Sadie Reading, Nursing Consultant, Section of Public Health Nursing, Florida Division of Health, March, 1972.

11. Florida Division of Health 1970 The New Look in Florida's Public Health. Florida Health Notes, 62, No. 4. Florida Department of Health and Rehabilitative Services, Jacksonville.

12. Personal interview with Dr. Emily Gates, Administrator, Section of Child Health, Florida Division of Health, Jacksonville.

13. Personal interview with Miss Mildred Kaufman, Administrator, Section of Nutrition, Florida Division of Health, March, 1972.

14. Personal interview with Dr. David Crane, Chief, Bureau of Local Health Services, Division of Health, March, 1972.

15. Division of Health 1971 Health of the Migrant Farm Worker. Florida Health Notes, 63, No. 3. Florida Department of Health and Rehabilitative Services, Jacksonville.

16. Personal interview with Dr. Edward W. Farrell, Chief, Bureau of Dental Health, Florida Division of Dental Health, May, 1972.

17. Florida State Board of Health 1970 County Health Director's Program Guide. Florida State Board of Health, Jacksonville (Mimeographed).

18. Section of Nutrition 1971 Public Health Nutrition Services in Florida from the Florida State Division of Health and the County Health Departments. Florida Department of Health and Rehabilitative Services, Jacksonville (Mimeographed).

19. Bureau of Health Facilities and Section of Nutrition 1969 Institutional Nutrition Consultation Program. Florida State Board of Health, Jacksonville (Mimeographed).

20. Personal interview with Mrs. Clara Augustine, Nutritional Consultant Coordinator, Nutrition Section, Florida Division of Health, Jacksonville, May, 1972.

21. Division of Health 1971 Hospitals, Nursing Homes: Quality Patient Care. Florida Health Notes, 63, No. 7. Florida Division of Health, Jacksonville.

VITA

Wanda Meers Venable was born in Chattanooga, Tennessee, on June 23, 1925, the daughter of Cassie and Benjamin Zemra Meers. She attended school in Sunbright, Tennessee, and graduated from Sunbright High School. She was married to B. Joseph Venable in 1950. She was enrolled in the University of Tennessee in 1967 and received the Bachelor of Science degree in Food Science and Institution Administration in 1971. In the spring of 1971, she entered the Graduate School of the University of Tennessee to work toward a Master of Science degree in Nutrition.

The student is a member of Omicron Nu and Phi Kappa Phi honorary societies. She received the M. S. degree in August, 1972.