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To the Graduate Council:

I am submitting herewith a thesis written by Bettie Chapman Hawkins entitled "Nutrition Field Observations and Experiences With the Florida State Board of Health." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

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NUTRITION FIELD OBSERVATIONS AND EXPERIENCES

WITH THE FLORIDA STATE BOARD OF HEALTH

A Thesis

Presented to

The Graduate Council of
The University of Tennessee

In Partial Fulfillment

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by

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B. C. H.

ABSTRACT

This report describes and analyzes the observations and experiences of the student during eight weeks of field training with the Division of Nutrition in the Florida State Board of Health. The purpose of the training was to supplement the academic education in public health nutrition at The University of Tennessee and the previous background of the student. The experience was designed to increase her understanding of the function of the Institutional Nutrition Consultant in the total public health program in a state agency.

Through selected readings, conferences, and a planned orientation, data were obtained on the State of Florida; the history, organization, and programs of the Florida State Board of Health and the Division of Nutrition. Through the cooperative efforts of the staff, the student observed and participated in a variety of activities at the state, regional, and local levels. Information was gained by observing the techniques used in consultation, in communication, in program planning, in training programs, and in program evaluation.

The variety of experiences provided the student with an overview of the total state health program and the role of nutrition in the program. She gained an increased awareness of the importance of planning nutrition programs to meet the needs of the population. The scope of events broadened her perspectives and contributed to her professional development.

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CHAPTER I

INTRODUCTION

The following report covers eight weeks of field training in Public Health Nutrition with the Florida State Board of Health. The field experience was planned by the nutrition faculty of The University of Tennessee and by supervising nutritionists in the Florida State Board of Health to supplement the academic education and previous background of the student. Prior to graduate study the student was employed as Dietary Consultant with the Tennessee Department of Public Health, the position to which she expects to return.

Though the curriculum was focused on the institutional phase of nutrition consultation, the broad goal of the student for field experiences was to increase her understanding of the function of the Institutional Nutrition Consultant in the total public health program of a state agency. The Florida State Board of Health with a well-organized nutrition division and institutional nutrition program, could provide appropriate field experiences and was chosen for field training.

Specific objectives of the student were: (1) to study the total organization of the Florida State Board of Health and the functions of each of the bureaus and divisions, with special emphasis on those having a nutrition component; (2) to observe and actively participate in nutrition consultation and services to gain insights for more effective program planning, implementation, and evaluation; (3) to supplement and support

the academic education in nutrition with experiences and observations to develop a broader understanding of the work of nutritionists at the state, regional, and local levels; (4) to gain insights in the institutional nutrition program by observing different techniques and by participating in a variety of activities.

The student's previous background and experiences in a similar health agency, coupled with the theories and principles learned during the academic year, added impetus and meaning to the field training. She has a vital interest in the total nutrition program and realizes the importance of the coordination of activities at the local, regional, and state level through the director of the division of nutrition.

To accomplish the objectives of the student, field experiences were planned jointly by the Director of the Division of Nutrition and the senior Institutional Nutrition Consultant. Throughout the eight weeks the student was based at the state office in Jacksonville but frequently made daily or weekly trips to other parts of the state.

The field experience is summarized in the five following chapters of this report. Immediately following, in Chapter II, is a description of Florida and its people, followed by information about the Florida State Board of Health in Chapter III. The history, organization, and activities of the Division of Nutrition and of the Institutional Nutrition Consultation Program are included in Chapter IV. Chapter V is an analysis of professional development and Chapter VI, the closing chapter, is a summary of the experience.

CHAPTER II

THE STATE OF FLORIDA

To understand public health problems in a community, it is essential to have some knowledge of the culture, the economy, and the physical environment of the population. The use of health statistics may be an invaluable tool in assessing the needs of the population and in establishing priorities for effective program planning.

I. GEOGRAPHY AND CLIMATE

Florida, the southernmost state in the United States, is a peninsula some 100 miles wide and 350 miles long, bounded on the west by the Gulf of Mexico and on the east by the Atlantic Ocean. It has a 150 mile tail of islands, the Florida Keys, at its southeastern tip. To the north the land extends as an arm or panhandle on the Gulf of Mexico, approximately 400 miles from the east coast, and is bounded by Georgia and Alabama. The state covers a total area of 58,666 square miles (1). Tallahassee, located in the northwest panhandle area, is the capital city.

Florida has a mild climate with an average rainfall of 53 inches per year. The topography of the state is flat with an elevation of from 40 to 325 feet above sea level. It has approximately 4,000 square miles of lakes and waterways, and a sandy soil. The many waterways, lakes, and approximate 2,000 miles of coastline provide excellent fishing

opportunities, for sport and for commercial gain. The state is subject to hurricanes in the summer months and early fall which can cause destruction of property and loss of life (2).

The climate is similar to the tropics, and on the average there are only one to nineteen days of freezing weather for the entire state. In January the normal mean temperature is 60 to 70 degrees, and the hottest months are from June to September with a mean temperature of 80 to 83 degrees (2).

Because of the mild winter climate, recreation facilities, and increasing attractiveness during the summer months, Florida is popular as a vacation and retirement center. The influx of all age groups has implications for a variety of public health and nutritional considerations.

II. CULTURE, GROWTH, AND ECONOMICS

Florida has a long and varied history, and five flags have flown over it. Many years before the explorations of Ponce de Leon and others, its inhabitants were Indians. In 1819 the United States purchased it from Spain, and it became a state in 1845 when its population numbered approximately 57,951 (1).

Florida's original ethnic and cultural heritage is that of Spanish, English, Negro slave, and Indian ancestry (3). Today, except for Cuban immigrants, there are few foreign-born citizens. Florida is often described as a "melting pot" of various ethnic, cultural, and religious backgrounds.

A cultural group with special health and nutritional needs, the Seminole and Miccosukee Indians, number approximately 1,200. They reside on four reservations--Brighton, Big Cypress, Dania, and Forty Mile Bend. County health departments in Dade, Broward, Highlands, Glades, and Hendry Counties, plus doctors who are under contract with the federal government, take care of the Indians' health needs (1). The reservation land is tax exempt, but the Indians are citizens of Florida and not wards of the federal government. Adequate sanitation and health care are inhibited by patterns of the past and diseases are common among this group. Hookworm, diarrhea, and "gripe," probably attributed to poor sanitation; malnutrition, attributed mainly to poor food habits; and carious teeth, caused by poor hygiene and poor food habits; are some of the problems encountered. The Indians' diet consists largely of fish, grits, sweet potatoes, corn, squash, fried or boiled meat, and sweets. Occasionally, however, they eat bananas and citrus fruits because they grow in their yards (4).

In 1890 Miami, Fort Lauderdale, or West Palm Beach did not exist and the recorded population of what is now a three-county area including these cities was less than 1,000 (1). When railroads began to supplement the slow-moving steamers, new people, builders, farmers, and "health-seekers," came to an old land.

The growth in population has been outstanding. From under 400,000 in 1890, the number of Floridians increased to almost one million in 1920, to two million by 1940, and to five million by 1960. Growing at the rate of 200,000 a year, the present Florida population is estimated

at just under six million. It is concentrated around five counties, Dade, Duval, Hillsborough, Pinellas, and Broward, which contain one-half of the population of the State. There has been an explosive growth of the coastal areas, whereas some of the inland areas are more sparsely settled (5).

There are six state universities and numerous private colleges. Florida, a leader in the development of community junior colleges, hopes to have a junior college within commuting distance of everyone. Both the elementary and secondary schools have elevated their status, and it is interesting to note that the median years of education completed by persons 25 years old and older was 10.9 in 1960 (6).

It has been estimated that approximately 18 million visitors or tourists converge on Florida each year contributing two billion dollars to the economy. Thus, tourism is one of the major industries. Much of the credit for the development of tourism in the state lies with the expansion of public health programs for the eradication or control of diseases such as malaria, tuberculosis, and yellow fever and also for the control of insects such as the mosquito and other pests (1).

Another chief source of income is agriculture. Major resources are the production of citrus, sugar cane, vegetable, beef, and dairy products (3). To denote their engagement in seasonal farm work, the Negro migrant farm workers use the phrase "on the season" (7). Along the Atlantic Seaboard, farm migrants are on the season from southern Florida to upstate New York, moving from place to place in response to the demands of seasonal farm activities. The migrant farm laborers and

their families have a proportionately higher number of health problems, associated with housing which is frequently inadequate and unsanitary coupled with their unsettled way of life (8).

Florida, the southern terminus of the stream, is considered to be the "home base" of Atlantic Coast migrants since they spend six to eight months each year in the state (9). During this extended time, Florida has more opportunity to help these people than the other states of the migrant stream. Health problems, including many of nutritional origin, are enmeshed in a number of complicating factors which make solutions difficult to reach (7).

Cape Kennedy, located in Brevard County, is a major site for the National Defense and Space Age Exploration Program. Other industries include movie making, clothing manufacturing, electronics, food processing, and paper making. Through the Florida Development Program the state is making an effort to attract many other industries.

III. HEALTH NEEDS AS REFLECTED IN STATISTICS

The growth in population in Florida between 1960 and 1965, at an annual gain of 3 percent, is double the United States average annual gain. In 1966 Florida ranked as the ninth most populous state in the United States, with an estimated population of 5,941,000 (5). Of this number 1,048,600 or 17.3 percent were classified as nonwhite. The nonwhite population has decreased from 42 percent in 1890 to the present level, reflecting a 24.7 percent decrease. One must consider the nonwhite population to be much greater than indicated by these census figures as

approximately 80,000 migrant farm laborers and their families, largely Negroes, are not counted as residents (7). In the past 15 to 20 years the increase in resident population primarily has been retired white persons and does not include the group of elderly citizens who spend many months out of the year in Florida.

Births to Florida residents in 1966 totaled 102,542. The rate of 17.3 births per 1,000 population in 1966 continues a downward trend since 1956 when the peak rate was 24.7 (5). This 1966 rate is slightly lower than the United States birth rate of 18.5 per 1,000 population (10). The lower birth rate is attributed partly to the large number of persons outside of childbearing ages and partly to an effective family planning program. During the 10 year period from 1956 to 1966 the white birth rate dropped from 22.2 per 1,000 to 15.0, and similarly the nonwhite declined from 37.3 to 27.8 (5). In 1966 births to women between the ages of 15 and 19 were 124 per 1,000 (11). When it is recognized that these mothers have the added nutritional demands of pregnancy and teenage growth, the need for nutritional services is underlined.

Midwifery is licensed and practiced under the supervision of the county health departments to a small extent today. The trend continues away from the midwife toward the use of hospitals and physicians. Deliveries in hospitals have increased from 94 percent in 1960 to an estimated 97 percent in 1966 (5).

Prematurity of infants is defined in Florida as birth weight of less than 5 pounds; 8 ounces. In 1966 premature births were 6.9 percent white male, 8.2 percent white female, 13.0 percent nonwhite male,

and 15.1 percent nonwhite female (11). These statistics show that the rate is substantially higher for nonwhites. Work with these groups has a high priority since the primary cause of infant deaths was prematurity (11). The infant mortality rate in 1966 was 27.1 per 1,000 live births. The nonwhite rate was 42.1, and the white rate 21.2, or approximately one-half of the nonwhite rate (11).

The maternal death rate has been declining and in 1966 was 39.8 per 100,000 live births. The nonwhite deaths were almost three times as great as the white, with a rate of 75.4 per 100,000 live births compared to 25.8 for the white population (11).

The above information points to areas of needed emphasis to improve the health status of mothers and infants. By improving their health the total family health level can be elevated.

The crude death rate in Florida for whites has shown a steady increase from 9.4 per 1,000 population in 1956 to 10.5 in 1966 (5). This upward trend is attributed to the increasing percentage of retirees in the population which is reflected in an increased need for nursing home beds.

The ten leading causes of death in Florida in 1966 in descending order were: diseases of the heart, malignant neoplasms, cerebral vascular diseases, all accidents, influenza and pneumonia, diseases of early infancy, emphysema, aortic aneurysm, general arteriosclerosis, and diabetes mellitus (11). Most of these are associated with the older segment of the population, and programs ^{for} ~~from~~ the chronically ill and aging are of prime importance. Program planning is indicated for the

prevention, early detection, and treatment of the diseases causing death. Heart diseases and diabetes mellitus are diseases which may be prevented or controlled by dietary measures and therefore nutrition services are indicated for patients with these diseases.

Nutritional problems are present in all age groups, and poor nutrition is associated with many of the disease conditions prominent in Florida. Nutrition education is an area for additional emphasis to improve the health status of the Florida population. The nutrition service is working with other units to find solutions to these problems.

CHAPTER III

THE FLORIDA STATE BOARD OF HEALTH

I. HISTORY AND GROWTH

The birth of the Florida State Board of Health in 1889 was a dramatic event. The epidemic of yellow fever which occurred in Jacksonville in 1888 stimulated the establishment of the State Board of Health. At that time there were 26,800 residents in Duval County and 10,000 of them fled. Of those who remained, approximately 5,000 reported cases of yellow fever which resulted in approximately 400 deaths (1). Dr. J. Y. Porter who worked with the yellow fever epidemic was chosen as the first State Health Officer, and Jacksonville, the site of the epidemic, was selected as headquarters. Since that time, there have been only nine health officers. The first county health department was formed in 1930 and the last of the 67 counties organized a department in 1960. The Florida State Board of Health provides services to the general public through the 67 county health departments. The counties are shown in Figure 1.

Since the early days of public health when the focus was on prevention of epidemics, health needs and programs have undergone many changes. Progress and growth have accelerated the pace of achieving the present goal of the Florida State Board of Health--to promote positive physical and mental health and to prevent disease and disability (12).

Figure 1. Map of Florida showing the 67 counties.

STATE OF FLORIDA



In the ten year period from 1957 to 1966, personnel at the state level expanded from 528 to 929 and at the local level from 1,235 to 2,769. The total increase in personnel more than doubled during this period (5).

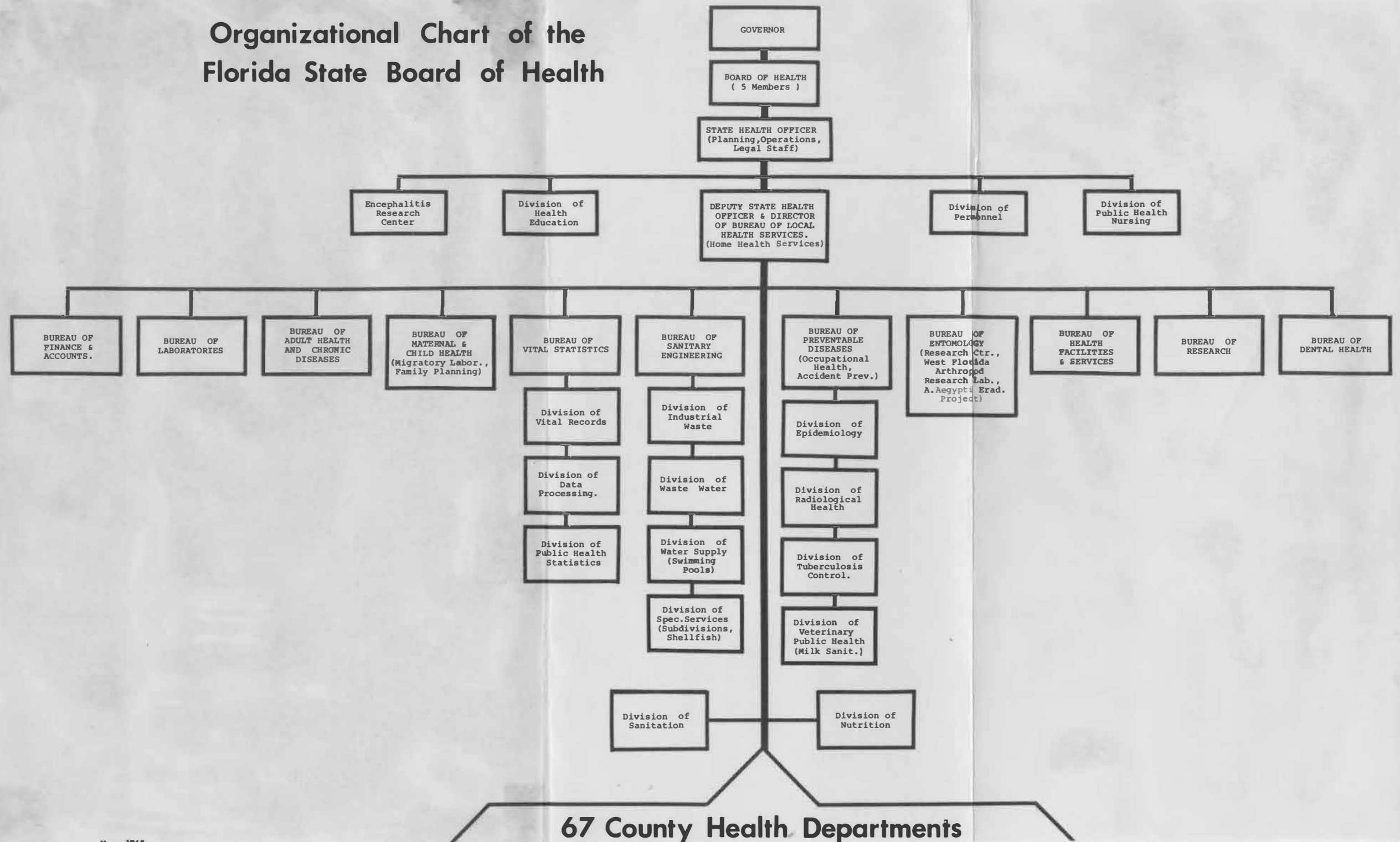
II. ORGANIZATION

The Florida State Board of Health refers to the governing body or to the organization responsible for executing its policies. The official policy-making board is made up of five members appointed by the Governor for four-year terms. This governing body usually meets bi-monthly to determine the broad policies that the organization will follow.

As a public agency, many of the responsibilities of the organization are set by the state legislature. One law in regard to the function of the board of health states: "The board shall be a policy-making body and the duties, policies, rules and regulations of the board shall be carried out by and through the executive secretary and state health officer" (12). After the board decides on policies, the State Health Officer interprets the policies and executes them through the bureaus and divisions of the Florida State Board of Health and the county health departments. The present organizational chart is shown in Figure 2. Dr. Wilson T. Sowder, appointed State Health Officer in 1945, has served in this position for the past 23 years.

Each of the 67 counties has a health department, but small adjoining counties may share the services of a physician-health officer. The basic staff, in addition to the health officer, is one or more public

Organizational Chart of the Florida State Board of Health



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Figure 2. Organizational chart of the Florida State Board of Health, 1968.

health nurses, a sanitarian, and a clerk. In many of the larger counties there is additional staff which may include health educators, nutritionists, dentists, and others. Though the county health departments plan their own programs and operations, each functions within policies established by the State Board of Health, and their activities are coordinated at the state level by the Bureau of Local Health Services.

Jacksonville has the only city health department. Plans for consolidation of this department with the Duval County Health Department are presently under way.

The State Board of Health conducts a three-and-one-half-day conference three times a year for orientation of all new employees at the state and the county levels. One such conference was held in the early weeks of the student's field experience. The program included lectures by the director of each bureau or division and informal discussions. The program, coordinated by the office of the State Health Officer, was presented in an interesting and informative manner through the intermittent use of visual and audio-visual aids as well as tours throughout the State Board of Health building. The program enables the new employee to obtain a more complete concept of public health, especially his position in relation to the total program in Florida.

CHAPTER IV

THE DIVISION OF NUTRITION

I. HISTORY AND PHILOSOPHY

Nutritional problems were first recognized in Florida in 1909 when the State Health Officer declared that pellagra had become a major problem. By 1915 there were 502 known cases which Dr. Porter considered to be less than half those occurring in the state. At that time pellagra was a relatively common cause of death exceeded only by cardiovascular renal diseases, cancer, and tuberculosis. Aggressive measures were aimed at improving the diet of the population. Pellagra, virtually unknown in Florida today, pushed the state's first nutrition program into action. The initiation of this program contributed to a sharp decline in deaths from pellagra from 41.1 per 100,000 in 1915 to 22.6 in 1916 (1).

With the decline in the prevalence of pellagra there followed an interval of limited attention to nutrition. In 1941 specific efforts to improve nutrition were revived primarily through educational programs in the area of maternal and child health. A Department of Nutrition Investigation and Services, within the state board of health, was established in 1946 largely because of the problem of anemia. Florida was the first state to organize this type service (1). Epidemiological investigation was the focus, but techniques for effective nutrition education, demonstration, and consultation also were developed. The findings of the

investigation resulted in the instigation of supplementary school feedings and nutrition education (1).

Screening for diabetes was done along with the hemoglobin concentrations for anemia since one blood specimen could be used for both tests. Because of this cooperative activity, nutrition services and diabetes control functioned as the Division of Nutrition and Diabetes Control from 1950 to 1958. Since 1958, the administrative placement of the division has been in the Bureau of Local Health Services (1). The Division of Nutrition functions effectively as a part of this bureau because services related to the county health departments are coordinated.

The underlying philosophy of the Division of Nutrition is to improve the eating habits of Florida's citizens, help them to meet their nutrition requirements in health and disease, and contribute to their highest possible level of health and well-being (12).

II. STAFF

Qualifications

The Florida State Personnel Board specifications are used to classify all nutrition service positions. These are currently being reviewed and revised by the new State Personnel Board which recently replaced the Florida Merit System (13). The classification is dependent on educational and professional background, size of area served, and supervision of other professional persons. The levels of nutritionists are: Public Health Nutritionist; Public Health Nutrition Consultants I, II, and III; Institutional Nutrition Consultants I and II; and Director

of Public Health Nutrition. Qualifications proposed for these levels of nutritionists are shown in Appendix A.

Organization

Administratively the Division of Nutrition is placed under the Bureau of Local Health Services. The rapidly expanding demand for nutrition services has been tremendous, resulting in 35 nutrition positions in the state with 16 at the state level. The state staff positions include a Director, a Training Coordinator, a Maternal and Child Health Nutrition Consultant, three Institutional Nutrition Consultants, six Regional Nutrition Consultants, and four nutritionists assigned to counties. Two of these positions, for Institutional Nutrition Consultants, are assigned to the Bureau of Health Facilities and Services. Three of these 16 positions are unfilled--the Training Coordinator, a Regional Nutrition Consultant, and an Institutional Nutrition Consultant (13).

Since there is no regional structure within the state health department, the Director of Nutrition assigns the staff by the amount of work to be done as well as the concentration of the population. The number of counties in each region, therefore, is not equal. The nutritionist in one of the regional positions serves as the coordinator for the nutrition services of the Statewide Migrant Health Project (13).

The other 19 positions for nutritionists in the state include nine positions with Maternity and Infant Care Projects, three positions with county health departments, one with a county Head Start Program,

three with Children and Youth Projects, and three with county mental retardation projects. Only 26 of the 35 positions in the state are filled (13).

Recruitment, Training, and Staff Development

With nine vacancies for nutritionists at various levels of responsibility, recruitment has become a priority in the objectives of the Division of Nutrition. The one-year Nutrition Residency Program provides one method of recruitment. The objectives of the program are to interest qualified young graduates in the field of public health and to extend the nutrition services in the county health departments. Those eligible for the program are graduates with baccalaureate degrees and a major in foods and nutrition. Though a dietetic internship is not required, it is highly desirable. This experience will hopefully stimulate the resident to study for a Master's degree in nutrition and/or public health, which is necessary for more advanced nutrition consultant positions. Financial assistance is available to members of the staff for graduate study.

Field experiences for graduate students in Public Health Nutrition also are provided by the Division of Nutrition. The variety and quality of nutrition services offered in Florida make this a popular as well as meaningful program.

The summer training program is still another method of recruitment. During the summer months college students are employed by the Florida State Board of Health to gain experience in public health, and

the Division of Nutrition has students in this program. Summer trainees often enter the professional field and may return to the staff (13).

The division has cooperated with the Florida Home Economics Association in high school career guidance programs. The audio-visual library of the Division of Health Education has the American Dietetic Association recruitment film, "View From The Mountain," available for showing without charge.

Two-and-one-half-day nutrition staff conferences, held four times a year, are planned for staff development as well as continuing education. One such conference was held just prior to the student's field experience.

The Bureau of Local Health Services conducts a seminar for staff development periodically. This seminar is for state level consultants within the bureau.

During the student's field experience she attended a seminar on "Infections Control in Hospitals and Institutions: Administrative." At the request of her Agency Advisor, she developed a written summary of the meetings which was submitted to the Orange Blossom, an official publication of the Florida Dietetic Association, for possible publication. A copy of this summary is included in Appendix B.

A policy on continuing education enables all nutritionists to attend one out-of-state convention, seminar, or workshop each year. They also are encouraged to attend pertinent professional conferences held within the state.

III. PLANS FOR SERVICE

The Division of Nutrition plans, directs, coordinates, and provides nutrition and dietetic services to many state and county public health programs, for nutrition is an essential component of many of the programs. The goal of the division is to improve the eating habits of Florida's citizens, helping them to meet nutritional requirements in health and disease and contributing to their maximum level of health and well-being (12). To accomplish this objective, nutrition services are provided by the staff of the Division of Nutrition, nutritionists employed by county health departments, and those on special projects.

With limited though increasing staff, priorities for services continue to be persons who have increased or special nutritional needs: pregnant women, infants, preschool and school-age children, individuals with chronic conditions, the aged population, and families with limited incomes. Services also are provided for persons requiring diets prescribed by a physician for treatment of conditions such as obesity, complications of pregnancy, metabolic errors, and chronic diseases (14, 15).

A monthly statistical report of the number of persons reached in each of the areas of nutrition services is submitted by each nutritionist. A copy of the report form is included in Appendix C.

A budget proposal is submitted to the Florida State Board of Health Budget Committee by the Division of Nutrition one year prior to the beginning of the biennium. A statement of total program objectives accompanies this proposal to substantiate the need for funds (13).

The Division of Nutrition has planned cooperatively with several units to initiate more extensive and appropriate nutrition services in ongoing programs. These programs include Maternal and Child Health, Health Facilities and Services, Adult Health and Chronic Disease, and the Migrant Health Program. Periodic evaluation reviews are written into all the program plans to determine the appropriateness and effectiveness of the nutrition services being offered. The nutrition program is discussed in the following pages.

Maternal and Child Health

A primary focus of nutrition services is in the area of maternal and child health. Services are designed to contribute to maximum growth, development, and well-being of the population by meeting nutritional requirements during pregnancy, childhood, and adolescence (16).

A nutrition consultant works through the Bureau of Maternal and Child Health coordinating nutrition services throughout the state. This consultant and the Regional Nutrition Consultants give largely indirect nutrition services to mothers and children through consultation with county nutritionists and through in-service education programs for health department staff and community groups who provide services to families. Direct services are provided by nutritionists in counties and in special projects. Counseling for individual patients and groups of patients in the maternity clinics is a major activity. In addition to these activities the scope of nutrition services provided includes: well-child conferences; school health programs; crippled children's clinics; health services to special children, such as premature infants and children with

phenylketonuria; work with special projects including Maternity and Infant Care Projects, Project Head Start, Office of Economic Opportunity, Children and Youth Projects, Migrant Health Project; and services to mental retardation centers, such as the Child Development Center in Miami and the Diagnostic and Evaluation Center in Tampa. The student's field experiences included observation and participation in many of these activities, some of which will be discussed later.

Migrant Health

The Florida Migrant Health Project was initiated in 1963 with a grant from United States Public Health Service. The purpose of the project was to develop a basic program of health services for migrant farm workers and their dependents in 15 counties where the migrant population is greatest (8, 17).

In September, 1965, a position was funded by the project for a Nutrition Consultant. As the program developed it seemed more realistic for this nutritionist to provide generalized services in this region, with other nutritionists giving equivalent time to services for migrants. The implementation of this plan for services resulted from the thesis that more can be accomplished through the use of the equivalent of one consultant than by the assignment of one full-time consultant (17). Since most of the counties in the project are located in the southwest region of the state the nutrition consultant in this region is given the responsibility for planning the program and coordinating the total state nutrition services to migrants.

Adult Health and Chronic Disease

The objective of the nutrition program in adult health and chronic disease is to promote adult health through the application of current knowledge of normal and therapeutic nutrition (18). The prevalence of chronic diseases increases in the older segment of the population. Since Florida has a high percentage of older persons, it follows that the rates of chronic disease are high. Diet has implications in diabetes, heart disease, and obesity. The arthritic often is plagued by food faddists who promise get-well-quick remedies.

Though need for a nutrition consultant to plan and coordinate nutrition services in adult health and chronic disease has been recognized in the state, such a position has not been established. Nutritionists in the state do, however, participate in a myriad of activities in this program, some of which will be pointed out. They provide diet counseling and nutrition education and consultation to individuals as well as to professional workers, groups, and institutions. Other activities include preparing and ordering educational materials, assisting in screening, and participating in camp sessions.

The Director of the Division of Nutrition developed a "Diet Check List" for use in diabetes screening. This tool has facilitated the determination of the approximate amount of carbohydrate ingested by each individual prior to the administration of the blood test. Nutritionists teach classes for diabetic patients and give individual diet instructions to clinic and private patients. They speak at Lay Diabetic Society meetings, one of which the student attended. They also provide in-service

education to health department staff and evaluate diet histories as a teaching mechanism. Personnel contribute to the monthly publication of Timely Topics, a leaflet for the diabetic individual. Nutritionists also coordinate their activities with Camp Immokalee, the summer camp for diabetic children.

Heart disease control is another area in which nutritionists provide in-service training to health department staff and diet counseling to clinic and private patients. Educational materials are developed for sodium-restricted diets and suggestions are offered for recipes and cooking techniques for these patients. The Florida Heart Association sponsors a one-week camp for stroke patients at Camp Challenge. As a member of the health team, a nutritionist participates in this educational and rehabilitative program. Of special interest to the student, who spent one-half day at the camp, was the group dynamics displayed in one of the sessions. The group, led by one of the therapists of the medical team, consisted of individuals who care for the stroke patient. The informal setting and arrangement of the group were contributing factors to group dynamics. The way in which the session opened encouraged rather than inhibited participation. The leader began by relating to the common interests of the group thereby leading to the topic of discussion, the sharing of ideas and techniques for rehabilitating the stroke patient. By means of permissive leadership, she elicited active participation. Carefully selected comments, as needed, kept the group from going too far afield. The student sensed an emotionally therapeutic value for the participants as they shared information.

Obesity, related to chronic diseases, to the complications of pregnancy, and to the life span, presents implications for nutrition education. Nutritionists give talks on weight reduction and weight control to numerous groups of people including TOPS (take off pounds sensibly) clubs, teen-agers, senior citizens, school groups, and pre-natal patients. Examples of nutrition education materials developed include: "What Everyone Should Know About Obesity," a leaflet which describes the influence of obesity in chronic diseases; a series of the 1968 issues of the newsletter, Nutrition In A Nutshell, on obesity and weight control including "Obesity and Pregnancy" and "Weight Control for the Prime of Life." Visual and audio-visual teaching aids such as "The Song of Arthur," a film on obesity, are previewed and procured when appropriate.

Nutritionists provide information and develop educational materials to combat food fads and fallacies including those related to arthritis. The student arranged a display and participated on a program of the Arthritis Foundation, Northeast Florida Division. As a member of the medical team she spoke on "Diet and Arthritis" to an audience of approximately 200 persons and answered questions on nutrition presented to the panel. A copy of her presentation may be found in Appendix D.

Division of Nursing

The public health nurse in her day-to-day contact with the public is able to disseminate much nutritional information and is an invaluable person in gathering information for nutritionists. Nutritionists conduct

in-service education programs and conferences with nurses and other staff on nutritional needs and programs. They provide the nutrition component of in-service orientation of new public health nurses. By participation in these conferences the nutritionists have the opportunity to describe the services of the Division of Nutrition and to relate how she can help the nurse with family nutrition, school health, institutional nutrition services, and community education. The nutritionist further describes how the public health nurse can help a nutritionist by: describing the problem completely; collecting as much information as possible about individual and family eating habits, food buying, and preparation; and providing information on physician's order for a therapeutic diet, diagnosis, and pertinent facts about care.

Other Agencies and Groups

Work with other agencies and groups in the state has brought about effective coordination of nutrition education and services. A prominent group in this cooperative endeavor is the Field Agency Nutrition Service Committee (FANS). This committee, composed of nutritionists, dietitians, and home economists, has facilitated communication and clarified the division of responsibilities in nutrition education. The Division of Nutrition actively participates in FANS with representatives attending the meetings which are held every other month. During her field experience the student attended one of the county meetings (Co-FANS) in Miami.

Other groups with whom the Division of Nutrition works are: the Florida Citrus Commission; the South Florida Dairy Council; the Extension

Service; Public Utilities; the Florida Dietetic Association; School Food Service; the State Department of Education; Department of Public Welfare; Office of Economic Opportunity; community health councils; and colleges and universities. All of these agencies and institutions have common interests in solving nutrition problems in Florida.

IV. INSTITUTIONAL NUTRITION CONSULTATION PROGRAM

The Institutional Nutrition Consultation Program is a specialized phase of the total nutrition program. The purpose of the program is: "to assist group care facilities to provide nutritionally adequate meals that meet the appropriate needs of the population served at a reasonable cost and in a sanitary manner; and to assist in nutrition and in-service education for personnel, patients, and residents" (19). To accomplish this purpose specific objectives for the program were formulated and include: (1) giving guidance to staffs of group care facilities, (2) assisting health department personnel in their work with group-care facilities, and (3) cooperating with other agencies and organizations through consultation. Special activities to meet these objectives are enumerated in the program plan in Appendix E. Used as a reference guide for services by state and county health department staff, the program plan clarifies the responsibilities of both the institutional and generalized nutritionists in the total program.

Recent Social Security legislation, Title XVIII of the Social Security Amendments of 1965, hereafter referred to as Medicare, has given new impetus to the consultation and recruitment part of this program. A statutory requirement of Conditions of Participation for Certification

of Hospitals and Extended Care Facilities is employment of a dietitian or regularly scheduled consultation from a dietitian who is eligible for membership in the American Dietetic Association. A nonmember is qualified if evidence is submitted of a baccalaureate degree with a major in foods, and nutrition, food service management, or institution management.

Background Information

The Florida Hospital Licensure Program began in 1947 with licenses being issued on a self-evaluation basis, without formal inspection. Inspections began in 1957 (1). At the close of 1967 there were 192 hospitals licensed with a bed capacity of 25,608. There was a net increase of two hospitals over 1966 with an increase of 2,000 beds which reflects the closing of many smaller hospitals. Approximately 172, almost 90 percent, were approved for participation in the Medicare Program. Table 1 shows that the largest number of hospitals have a bed capacity of 51-100 beds but that the largest number of beds are provided by hospitals with a capacity of over 200 beds. The size of the facility has implications in the plans for food service.

In the United States as a whole the population over 45 years of age has multiplied approximately 14 times since 1870, whereas Florida's population over 45 has multiplied 158 times. In 1965, one third of Florida's population was 45 years of age or older (1). The need for nursing home beds has increased much faster than homes can be constructed.

Nursing homes were not licensed prior to 1953 when a fire cost the lives of 32 people in Pinellas County (St. Petersburg). The

TABLE 1

HOSPITALS LICENSED IN FLORIDA
FISCAL YEAR 1967-68

Size of Hospital (Bed Capacity)	Classification						Total Beds	Total Bassinets	Type of Ownership					
	Totals by Size	General	Medical	Medical-Surgical	Psychiatric	Pediatric			State	County	City	Tax District	Private	Non-Profit
1 - 25	15	14	0	0	1	0	316	44	0	1	1	1	10	2
26 - 50	46	44	1	0	0	1	1,736	308	0	17	1	3	13	12
51 - 100	56	47	2	0	6	1	3,941	427	2	13	1	4	15	21
101-200	32	30	0	0	1	1	4,437	417	1	5	0	3	4	19
201 plus	43	43	0	0	0	0	15,178	1,474	1	9	1	5	5	22
TOTALS	192	178	3	0	8	3	25,608	2,670	4	45	4	16	47	76

Note: Tabulation data--November 30, 1967.

authority of the licensure program is used conservatively with few being closed and with gradual improvement of many others. Education and persuasion have been the rule (1). Actually the small frame-constructed home under 15 beds is being closed and replaced with larger and better constructed facilities. This is reflected in the increase of only seven licensed homes in 1967 over the 1966 number, whereas the number of beds increased 2,000. Combined nursing homes, homes for the aged, and homes for special services totalled 357 in 1967 with 23,061 beds. The category of the 51-100 bed home is the mode as indicated in Table 2. Both the total number of homes and the total beds are greatest in this size facility. At the close of 1967 there were 151 nursing homes, an increase of 62 over the previous year, meeting certification requirements for Extended Care Facilities in the Medicare Program. The student enthusiastically and actively participated in the surveys in hospitals and nursing homes for licensure and for Medicare. Consultation visits also were made to a large number of facilities with the Institutional Nutrition Consultant, Hospital Consultants, Public Health Nurse Consultant, and several sanitarians.

Day care centers are not licensed in most of the counties in Florida. In some counties licenses are issued by the Department of Public Welfare, in others by the county health department, and in a few by a county licensing board. A bill pending in the legislature to require statewide licensure will establish the agency responsible for licensure and supervision.

TABLE 2

FLORIDA STATE BOARD OF HEALTH, BUREAU OF HEALTH FACILITIES AND
SERVICES, HOMES LICENSED UNDER THE FLORIDA NURSING
HOME LAW BY CATEGORIES OF BED CAPACITIES

Bed Capacity	1-25	26-50	51-100	101-200	201-300	301-400	401-500	Over 500	TOTAL
Nursing Homes	51	72	99	47	5	1	1	0	276
Beds	899	2,689	6,778	5,942	1,225	322	426	0	18,281
Homes for Aged	39	10	8	4	1	4	1	1	68
Beds	596	334	553	443	230	967	400	852	4,375
Homes for Special Services	6	5	1	1	0	0	0	0	13
Beds	64	169	52	120	0	0	0	0	405
Total Homes	96	87	108	52	6	5	2	1	357
Total Beds	1,559	3,192	7,383	6,505	1,455	1,289	826	852	23,061

Note: Tabulation data--December 31, 1967.

In 1961 a position was funded for a dietary consultant to provide services to nursing homes and homes for the aged. The position was on the table of organization of the Division of Nutrition but assigned to and funded by the Division of Hospital and Nursing Homes in the Bureau of Special Health Services. Few nursing homes and related facilities received any assistance from professional dietitians while a large number of hospitals employed dietitians. No dietary policies, job descriptions, or work schedules were developed and most of the food service personnel had little or no training. Meals, frequently planned a day at a time, often were repetitious, nutritionally inadequate, and unappealing. Through the years, food service guides for nursing homes and day care centers, diet guides and menu planning forms, sample cycle menus, guidelines for dietary service policies, teaching aids, and other materials have been developed for use. Many training courses also have been made available. These tools of management have been valuable in the continued attempt to upgrade food service standards from the minimum to the desirable level.

Organization

The Bureau of Health Facilities and Services was established December 5, 1965, as a result of the Florida State Board of Health being designated as the single agency to administer the Medicare Program. This bureau replaced the Division of Hospitals and Nursing Homes in the Bureau of Special Health Services. Two of the three Institutional Nutrition Consultants, all of whom work at the state level out of

Jacksonville, are administratively placed in this bureau and receive technical guidance from the Director of the Division of Nutrition as shown in Figure 3. One of these positions is filled whereas the other, with major responsibilities for Medicare surveys and review of plans for dietary departments of institutions, has never been filled.

The third position, funded by the Bureau of Maternal and Child Health and recently filled, is assigned to the Division of Nutrition. Responsibilities of this consultant include providing nutrition services to child-caring institutions such as children's homes, juvenile homes, day care centers, nursery schools, kindergartens, summer camps, and residential schools. Since this consultant assumed her duties only a few weeks prior to the student's field experience, the opportunities to observe and participate in activities with her were limited. She, too, was being oriented into the program. Visits with her were made to two Economic Opportunity Day Care Centers, one Head Start School, and one residential school.

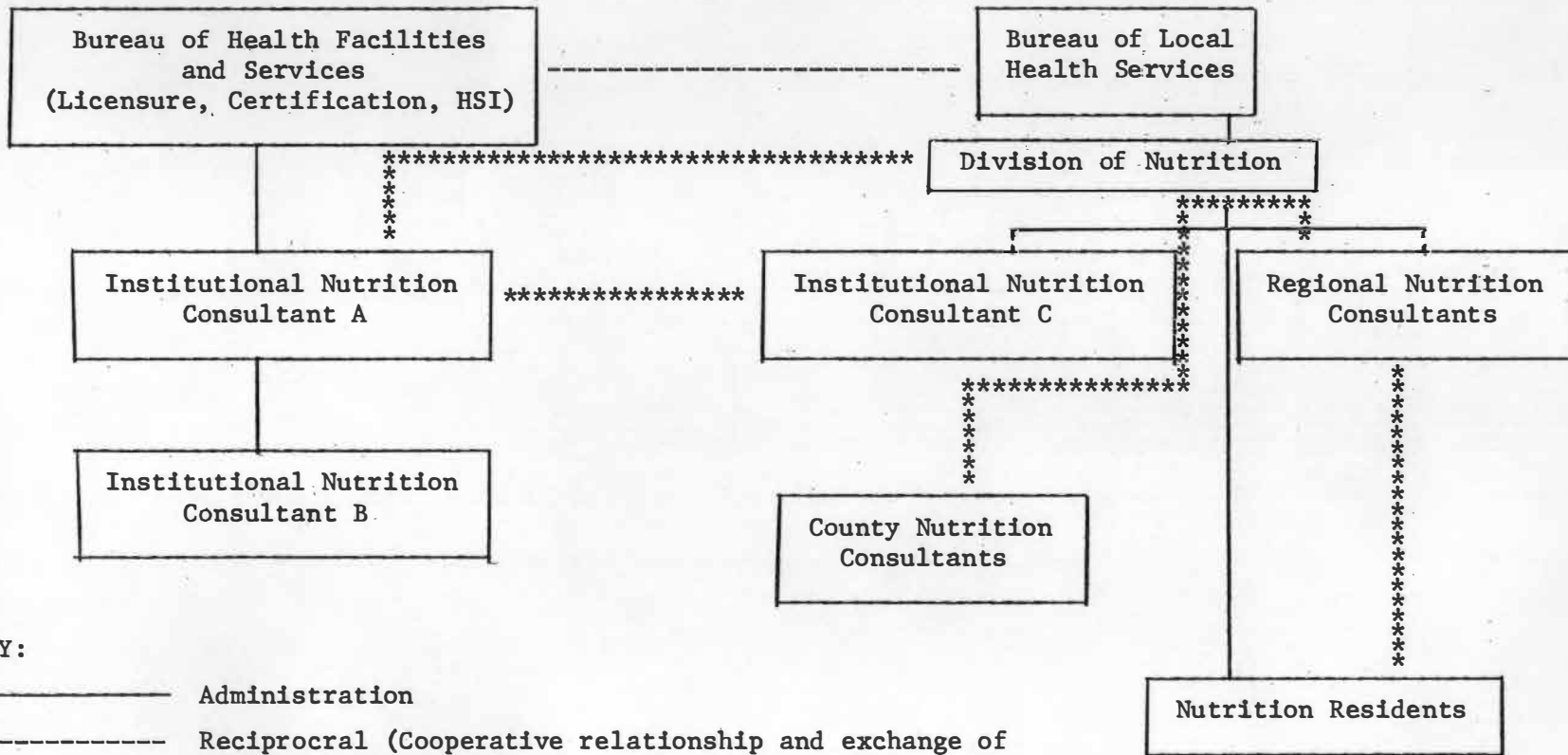
Plans for Service

The senior consultant supervises and coordinates the entire institutional nutrition program. This includes planning, developing, and evaluating the program as well as recruitment. Since the implementation of Medicare, services to nursing homes and related facilities have been the primary focus of the Institutional Nutrition Consultation Program.

Standards for dietary facilities in any licensure or certification regulations are based on principles for quality food service to meet

FLORIDA STATE BOARD OF HEALTH

INSTITUTIONAL NUTRITION CONSULTATION PROGRAM



KEY:

- Administration
- Reciprocal (Cooperative relationship and exchange of information)
- ***** Professional and technical guidance
- County Nutritionists are responsible to the County Health Department

Figure 3. Organizational chart of Institutional Nutrition Consultation Program, Florida State Board of Health.

nutritional needs. Standards for licensure of hospitals presently are being revised by the Institutional Nutrition Consultant. For all institutions to meet standards, the cooperative efforts of many people are necessary. Personnel limitations inhibit direct services to institutions. For this reason these institutional nutritionists serve as consultants to a variety of health department personnel: dietitians, architects, prospective builders, and equipment specialists.

The vacancy of the second institutional consultant position in the Bureau of Health Facilities and Services has necessitated the setting of priorities for service. The Hospital Consultants survey most of the dietary departments for licensure and for Medicare. The senior institutional consultant attempts to visit at least one institution with each of these consultants to orient him in surveys of dietary departments. She is available for consultation when they encounter special problems in the dietary department. In some areas a county or regional nutritionist may accompany the Hospital Consultant on surveys, but this is not always possible.

It is a policy of the Bureau of Health Facilities and Services that all plans for construction submitted will be reviewed and returned to the architect within 30 days after receipt. Since the institutional nutrition position is not filled, Hospital Consultants review overall plans, including the plans for food service. The senior institutional nutritionist gives limited assistance to these consultants. A guide and check list was developed by the Institutional Nutrition Consultants for their use in the review of plans for food service. This "Guide to Food Service Planning for Health Facilities" also was developed for the use

of architects and prospective builders. Many of the plans submitted for approval reflect little or no pre-planning before the plans are drawn. This tool and occasional seminars have been developed to help in improving food service plans.

To have an effective program, continuous communication is necessary with persons giving direct services to institutions, such as Regional Nutrition Consultants, county nutritionists, nutrition residents, and full-time, shared, part-time or consulting dietitians. Through these contacts, the Institutional Nutrition Consultant has an opportunity to keep abreast of activities relating to food service and to keep these generalized consultants up-to-date on new legislation, policies, procedures, reference material, and training programs.

Recruitment and training programs for dietitians. With the implementation of Medicare recruitment of qualified dietitians to act as consultant dietitians has been a major function of the institutional program. Though the total number of dietitians in the state has been small, the number actively working in the profession has been much less. The homemaker, for instance, who may not have worked as a dietitian for several years, may be able to work on a part-time or consulting basis. The need for refresher courses for these potential consultants was recognized. Courses were developed and priorities in providing services were identified. This continuing program in recruitment, training, and placement has entailed the intensified and cooperative efforts of the Division of Nutrition, the Bureau of Health Facilities and Services, the Florida Dietetic Association, the Florida Hospital Association, and the Florida

Nursing Home Association. Plans with colleges and universities also have been developed for refresher courses for the reinstatement of dietitians in the American Dietetic Association.

The qualifications of persons desiring to act as a consultant dietitian are reviewed by the senior institutional consultant when the person is not a member of the American Dietetic Association. She maintains an up-to-date file on all consultant dietitians employed by institutions in the state and disseminates pertinent information to them.

Recruitment and training of other food service personnel. The recruitment and training of food service personnel for supervisory positions continues to be an area of emphasis in the institutional nutrition program. The consultants assist in the coordination of the 12-month American Dietetic Association Correspondence Course for Food Service Supervisors. Upon completion of the course, food service personnel are eligible for membership in the Hospital, Institution, Educational Food Service Society (HIEFSS). HIEFSS is an active organization in the state, and the student had the opportunity to attend one of the regular monthly meetings of the Tampa Bay area group held at the St. Petersburg Junior College. At the close of April, 1968, 33 students were enrolled for the correspondence course beginning in June, 1968. Institutional Nutrition Consultants work with junior colleges and vocational schools to promote the establishment of courses to prepare persons to become food service supervisors or food service personnel. An interesting experience for the student was attending one of the three-hour night classes for food service personnel at St. Petersburg Junior

College. The text used for this course was Food Service in Institutions by West, Wood, and Harger.

Program Evaluation

Methods for measuring the quality and impact of institutional nutrition services are fundamental to program evaluation. Periodic reviews of services to institutions identify the type and the number served. The effectiveness of the recruitment program for dietitians is exemplified by the substantial increase in the number of institutions employing dietitians and meeting the requirements for certification.

The enrollment of 33 students to begin the American Dietetic Association Correspondence Course for Food Service Supervisors in June, 1968, is indicative of the progress in this training program. Dietitians to act as preceptors for these students also were recruited.

The effects of direct consultation to institutions are more easily measured than indirect services. Specific observations and recommendations are written following each visit. On the return visit it is relatively simple to determine if recommendations have been followed.

Information received at the weekly staff meetings of the Bureau of Health Facilities and Services is still another means of evaluation. Periodic review with the Division of Nutrition, with the Bureau of Maternal and Child Health, and with county health departments assists in the determination of the adequacy and appropriateness of institutional nutrition services.

CHAPTER V

PROFESSIONAL DEVELOPMENT

The field experiences of the student offered many opportunities for professional development and for self renewal. Through an analysis of the activities observed and of those in which she participated, the student is able to assess their value for her self growth. Possibly one of the major contributions of the training is the realization of a need for continual self evaluation. With an awareness of weaknesses and strengths, specific measures may be employed in the process of continuing professional development.

I. ANALYSIS OF EXPERIENCES IN PUBLIC HEALTH NUTRITION

The student's experiences in Public Health Nutrition in Florida were invaluable in reinforcing her background of work and academic training. Through orientation, observation, and active participation in many functions, she was able to broaden her perspective and skill in the practice of Public Health Nutrition in the community.

Licensure and Certification

An opportunity was provided to observe and participate in the annual dietary licensure and Medicare survey of two large hospitals with the survey team and county health department staff. One of the hospitals had slightly under 500 beds, whereas the other had over 1,250 beds. The survey team, all of whom worked out of the central office, consisted of

two Hospital Consultants, a Public Health Nurse Consultant, the senior Institutional Nutrition Consultant, and the student. Though the student has participated in many surveys in her work as Dietary Consultant, she gained further insights through these experiences. The student could especially appreciate the professional manner in which the Institutional Nutrition Consultant conducted the survey of dietary services.

The survey of the small hospital will be discussed first. As a means of furthering her experience, the field advisor asked the student to draft the letter of observations and recommendations to the administrator. The editing of the letter by the field advisor proved to be extremely beneficial to the student. It increased her awareness of the necessity for tactfulness in the written communication to the administrator. The student now experiences a sense of confidence in this responsibility.

The survey of the larger hospital was extensive. With only one day allocated for the dietary survey of such a large and complex facility, the Institutional Nutrition Consultant and the student surveyed as much as time permitted. It was a learning experience in the scheduling of time.

Since this was the most complex food service survey the student had ever participated in, she gained a vast amount of information through working closely with the institutional nutritionist. The consultant discussed with the student observations which she had made, and the ones the student had made. Together they made recommendations. Through this experience, the student recognized that her judgment was accepted and respected.

At the beginning and at the conclusion of a survey, the entire team has a conference with the administrator. The initial conference is

usually one in which the administrator provides information for the group, whereas the closing one is a question and answer period concerning the findings of the survey. From the questions directed at the student by various consultants, it was evident that the group recognized her abilities as an institutional nutritionist. Because of the continuing quest to increase her skill in consultation, the student was grateful for the insights received during these experiences.

Consultation

Consultation is the means most frequently employed to extend nutrition services. A request must be made for these services. The newly hired administrator of a nursing home under construction requested assistance on the organization of the food service. Not desiring to wait until the home was completed to ask for help, she was interested in knowing what work needed to be done before opening. The student observed the Institutional Nutrition Consultant function as a consultant. First, the consultant determined specifically the help the administrator wanted and obtained background information. A decision on the type of method for food service had not been made and a consultant dietitian had not been employed. Second, she offered suggestions on different types of service and gave names of facilities in the area where these systems could be observed. She left the decision to the administrator. She encouraged her to employ a consultant dietitian. By pointing out the advantages and disadvantages, the administrator became desirous of doing this as early as possible. This experience in observing effective

techniques was beneficial to one who has functioned in the capacity of a consultant.

To be able to relate well to those of other professional disciplines is necessary for effective consultation. Following participation in the surveys with Hospital Consultants, they frequently requested consultation from the student in the office when dietary problems arose. Through this means of active participation, additional skills were developed in this important function as evidenced by comments of the Hospital Consultants on the information and assistance received.

In-Service Education

Attending a number of sessions of the Institute in Food Service Management for managers and supervisors sponsored by the Catholic Hospital Association gave the student an opportunity to observe the techniques used in conducting such a workshop. The program content and its impact on the group was of particular interest to the student, since she has coordinated and participated in a number of similar workshops. Her tentative plans to coordinate more workshops made this an even more meaningful experience. It was interesting to note that even with a charge of \$50.00 for registration, an impressive number of persons were in attendance. Some of the sessions attended included "Are We Reaching Our Employees?"; "The Places and The Uses of Standardized Recipes"; "The Current Status of Convenience Foods"; "Selection and Preparation of Meat"; "Cost and Control of Accidents"; and "Nutrition Needs of the Geriatric Patient." Throughout all the meetings, depth was given to

the presentations by the effective use of teaching aids such as a black-board, visual and audio-visual materials, and demonstrations. Ideas gained in this experience may be useful for future workshops.

The seminar on infections control in hospitals, mentioned earlier, was of special significance to the student. This multi-million dollar problem in institutions has implications in food service, the extent of which the student was unaware. The student considered the development of a summary of the meeting, termed excellent by the Director of the Division of Nutrition, a valuable means of increasing her writing skill.

Still another experience in in-service education was the student's attendance at the meeting of State Medicare Agencies in Region IV. Through attending several of the sessions, the student learned that each of the states in Region IV employs different methods in the implementation of the Medicare Program. This exemplified to the student that more than one method may be used to reach a common goal.

Group Work

As an observer, the student attended a meeting of the Lay Diabetes Association in Jacksonville. The association is composed of diabetics who want to learn more about the disease. Members also, from their association with other persons with diabetes, gain moral support. At first the student was disappointed, considering the size of Jacksonville, to see only eight to ten persons in attendance. The nutritionist who led the group did an outstanding job by means of turning the session

into an active group discussion. If the group had been too large, this would not have been possible. This experience demonstrated the need for flexibility and adaptability in work with groups of unknown size.

An emergency situation arose in the Division of Nutrition two or three days prior to the annual meeting of the Arthritis Foundation, Northeast Florida Division. The meeting was scheduled for all of Sunday afternoon. On the Thursday preceding the meeting, the student was approached to set up a display and participate on the medical panel, "Ask Your Doctor." As a participant on the panel, a brief talk on "Diet and Arthritis" was to be developed and given. The student accepted the challenge, checked nutrition principles, identified objectives, and selected an appropriate method for her participation on the program. The enthusiastic response of the audience and the program director demonstrated that the student's performance was well done. The Director of the Arthritis Foundation requested a copy of the presentation. A report of all activities at the meeting also was developed for the Division of Nutrition files. The report submitted, along with a copy of the presentation, was considered good by staff. The need for adaptability in making changes in schedules was demonstrated in this experience.

A visit to the Salvation Army Home for Unwed Mothers was another experience in group work. The student, with a public health nurse, observed and participated in this regularly scheduled activity. It was a learning experience to see the effective means of communication used by the nurse with this group of 16 girls. Because of their confidence in her judgment, almost every one of the girls requested a private conference

with the nurse following the group discussion on weight control. The student actively participated in the discussion, and later, did individual, though not private, counseling with each of the girls. The value of this experience lay in a realization that the strong relationship between the nurse and the group had resulted from her previous actions, attitudes, and communication skills.

Guidance and Counseling

Planned nutrition services do not always materialize. An experience at a prenatal clinic with a nutrition consultant from the North Central Florida Maternity and Infant Care Project underlined the need for stimulating persons to take advantage of nutrition services. Though a number of women came to the clinic to see the physician, none came for counseling with the nutritionist. On questioning the nutritionist, the student learned that the clinic nurse tells the patient that she may talk to the nutritionist if she wishes. After waiting for quite awhile to see the physician, or when in a hurry to get home, or when the nutritionist is unknown, the patient does not always take advantage of the opportunity for nutrition services. This experience served to arouse the thinking of the student on possible measures to promote active participation in this service.

Work with public health nurses is stimulating and beneficial. In her day-to-day contact with families, she is aware of many of the needs in the community. A capable nutritionist can adapt her counseling to meet these needs. The student made four home visits with a public

health nurse and counseled individuals and families on normal adult nutrition, childrens' nutrition, obesity, and diabetes. In advance preparation with the public health nurse, the student familiarized herself with each situation. She learned that the economic and educational level of each of the families varied. This information on each family situation enhanced her ability to meet the needs of these families.

Administrative Functions

Administrative functions are vitally important for effective program planning, development, and evaluation. In her quest for insights in this area, particularly in planning, the student was provided several opportunities to observe the Director of the Division of Nutrition in action.

At the conference for planning her itinerary for field experiences, the student gained understanding in planning to meet the individual needs of students. The plans for training were comprehensive, yet flexible. Through this conference with the director, the student gained an awareness of the need for advance planning to enable her to prepare for each experience and to enable her to meet her objectives for field training.

Of special interest to the student was a preliminary planning meeting concerning a workshop for dietitians. This meeting on strengthening administrative and counseling skills was held at the University of South Florida. Attending were: the program advisor for continuing education at the university; the Nutrition Consultant for Region IV, United States Public Health Service; the Director of the Division of

Nutrition; the chairman for continuing education for the Florida Dietetic Association; the program analyst for the Florida State Board of Health; the President of the Florida Dietetic Association; a consultant dietitian; and two graduate students. The variety of persons involved in this planning meeting were noted by the student. Tentative plans are to present this workshop in 1969. Advance planning for this workshop was necessary because of the need to apply for a grant to finance the workshop. This group also discussed the planning of a five-year continuing education program for Florida dietitians.

The Director of the Division of Nutrition must participate in the quarterly orientation of all new health department employees to the Division of Nutrition. Through observation of this function, the student noted the comprehensive, yet clear picture presented of nutrition services in the state.

Still another administrative function is to give assistance and guidance to staff in the planning for program evaluation. The student met with the Director of the Division of Nutrition, the Nutrition Consultant in Maternal and Child Health, and nutritionists in a Maternal and Infant Care Project to observe the discussion on plans for the revision of the summary form for reporting nutrition services in maternal and infant care. Accurate reporting is important in program evaluation. To observe the sharing of ideas by these nutritionists in this activity was a valuable experience for the student.

II. FOOD SERVICE PROJECT

The vacancy of one Institutional Nutrition Consultant in the Bureau of Health Facilities and Services necessitates that food service plans for hospitals and nursing homes, submitted for approval, are reviewed by Hospital Consultants, who receive a limited amount of assistance from the senior Institutional Nutrition Consultant. Some of these men have had little background and experience in food service planning; therefore their knowledge of layout and equipment is limited. With the realization that the guide and check list, developed the preceding year, was not being used, the field advisor requested that the student develop a tool which would be useful to these consultants, thereby increasing their efficiency. The need for accuracy in reviewing plans is underlined when it is recognized that extremely costly changes, to increase efficiency and reduce manpower, may have to be made later. The objective of the student was to develop a comprehensive, yet concise check list for Hospital Consultants to use in reviewing plans for food service in hospitals and nursing homes.

Work with Hospital Consultants in the review of plans was scheduled during the seventh week of field training. However, throughout the weeks prior to this time, the student did extensive reading and began to develop such a check list. From previous experiences, the student recognized a need to observe and evaluate the present procedures and to identify the problems encountered by the consultants before making any definite suggestions. Also, the tool was to be developed for use by Hospital

Consultants. It was, therefore, important for them to have a part in the planning for its development.

The student learned that plans are submitted twice for approval. Preliminary plans are vitally important to space requirements. Recommendations for changes in the construction of walls almost have to be made on these plans. When final plans are submitted, it is too late.

The student gleaned information in many ways: she reviewed food service plans; observed the consultants review the same plans; had conferences with architects and equipment specialists; and conferred with the Hospital Consultants. Progress reports of these activities were incorporated in memorandum form to the field advisor who was out of the city during during the initial week of the student's work on the project. At the time, the student was unaware that her field advisor had purposefully left her alone to permit her to obtain a clear picture of the existing process and to see what initiative she displayed in developing a useful tool.

Through observation of the techniques used, the student thought that a comprehensive, concise check list was needed. The individual and group conferences refuted this thinking. Through questioning the consultants as to why the guide and check list developed the preceding year was not used, she learned from some that it was too lengthy and from others that they had not seen it. She attempted to use it with the latter group. All consultants were cooperative and helpful but pointed out the tight schedule under which they operate. They really wanted a check list and would use it if one could be developed that was

no longer than one page. Following further conferences with the Hospital Consultants, the objective of the project was changed to that of developing a single check sheet of information which would be most helpful in the review of preliminary plans. Should the consultants find the tool to be useful, additional items might be added later. This seemed a realistic approach to the situation. The greatest need appeared to be for information on space requirements in the kitchen and in the dining room, with attention also being directed at efficient work flow. Based on further extensive reading and on personal experiences, the student developed the check list shown in Appendix F. It contains a desirable estimate of space requirements for a 50, 100, 200, and 400 bed nursing home or Extended Care Facility (ECF). The plan for its use is that the consultant write in the space provided the proposed square feet for each area. Should space be deficient, the figure would be circled. Because of the expense involved in moving non-mobile kitchen equipment, the space requirements for the total kitchen area is of prime importance and is first on the list. For dining and recreation areas, the Florida State Board of Health regulations relative to nursing home licensure read: "The spaces shall be developed on the basis of at least nine (9) square feet per bed" (20). The student's tool was developed on the basis of desirable rather than these minimum standards. Because of the use of wheel chairs and tray stands, it is realized that at least 25 square feet of dining space per patient is desirable. The differentiation of 20 square feet per 200 and 15 per 400 was based on the projection that less than 75 percent of the bed capacity would eat in the dining room

but that a greater number of staff would need to be accommodated, especially for the noon meal.

The student began the project with an awareness that, due to time limitations, the usefulness of the tool could not be determined. The development of it was particularly beneficial to the student and substantiated her belief that considerable time, trial, and testing are necessary in the development of materials which will be effective. The field advisor commented that the student's work on this project demonstrated her ability to analyze existing needs through observations and consultations and to make appropriate adaptations. She further stated that the student's sensitivity and flexibility were especially evident throughout the project. In spite of the time limitations, the student showed a determination to complete the project and to include suggestions for the field testing. The student found her work with this group satisfying and thinks the project was successful as a learning experience.

CHAPTER VI

SUMMARY AND EVALUATION

The student-nutritionist has reported observations and experiences during an eight weeks period of field training in the Florida State Board of Health. Through the cooperative efforts of the staff, the student was provided an opportunity to observe and participate in a variety of activities. Nutrition services cannot be considered a separate entity in public health; they must be considered as an important part of the total services in the community to promote the health and well-being of the public. As a part of this whole therefore, organization, leadership, comprehensive planning, effective communication, and program evaluation become necessary elements.

The major portion of the field experience focused on the institutional phase of the nutrition program, but the training also encompassed invaluable observations and experiences in the generalized nutrition program, thereby enabling the student to achieve the goals set forth in her objectives. Of particular value was the observation of techniques used in consultation, in program planning, and in training programs for professional and nonprofessional people.

Communication skills were strengthened through writing memoranda of activities, reporting services, drafting of letters, developing a program summary, observing and participating in counseling, and giving

oral presentations. The student benefited from the application of various feedback techniques in the communicating process.

Through the orientation program and through observations, the student developed a deeper understanding of the interrelationships of other bureaus and divisions with the Division of Nutrition. The variety of experiences encountered with nutritionists at the local, regional, and state level increased her concepts of their functions. A broader view was gained of work with professional organizations and community agencies through the many experiences provided in this area. Useful information was gleaned from counseling with various economic and educational levels.

Work on the food service project increased her skills in reviewing food service plans. The need for flexibility and adaptability in work with others was well illustrated in work on the project. Though a realistic approach must be used, the student was ever mindful of optimum goals.

The field experiences of the student substantially supplemented her previous background and her academic training. In the brief interim of field training, the student accomplished the overall objectives for professional development. Though she has greatly increased her knowledge of nutrition and of the practice of public health nutrition, she realizes that professional competence will continue to increase through education, professional reading, and the application of knowledge. The student derived much pleasure and satisfaction from the practice of her profession in Florida with the public health staff.

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BIBLIOGRAPHY

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APPENDIXES

APPENDIX A

JOB SPECIFICATIONS FOR NUTRITION POSITIONS

FLORIDA STATE BOARD OF HEALTH

DIRECTOR OF PUBLIC HEALTH NUTRITION

Distinguishing Characteristics of Work

This is highly responsible administrative work involving the directing and planning of nutrition and dietetic programs for the Division of Nutrition of the State Board of Health.

The employee in this class performs highly responsible administrative and consultative work in planning and directing the nutrition and dietetic program for the State Board of Health, and correlates and integrates the nutrition and dietary aspects of the public health program with other phases of the State public health program at both the State and local level.

Work is performed under general administrative direction of the Director of the Bureau of Local Health Services.

Examples of Work Performed

(Note: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude them from the positions if the work is similar, related, or a logical assignment to the position.)

Plans, develops, and directs a nutrition program throughout the State for the promotion of positive health, prevention of ill health, and the dietary aspects of the control of disease.

Serves as a specialist in nutrition to the State Health Officer and all bureaus of the State Board of Health, Nutrition Consultants, local health officers, and upon request, to other State agencies.

Plans and participates in special research studies relating to the nutrition of the State population.

Plans, coordinates, and participates in public health field activities for graduates and undergraduates such as nutritionists, dietitians, and other professional health workers.

Recruits, selects, trains, and evaluates the nutrition staff.

Represents the State Board of Health at professional and other meetings.

Initiates and directs the development of nutrition educational materials.

Prepares articles for professional journals, magazines, newspapers, and radio and television programs.

Establishes and maintains cooperative relationships with educational, research, governmental, and other agencies concerned with foods and nutrition in order to strengthen, coordinate, and promote activities related to public health nutrition.

Performs related work as required.

Minimum Training and Experience

A master's degree in nutrition, community nutrition or public health with a nutrition major and five years of progressively responsible full-time paid work experience in public health nutrition, two years of which must have been at the level of a Public Health Nutrition Consultant II.

INSTITUTIONAL NUTRITION CONSULTANT II

Distinguishing Characteristics of Work

This is highly professional work in supervising and planning the Institutional Nutrition Consultation Program for the Division of Nutrition of the State Board of Health.

The employee in this class is responsible for performing highly skilled nutritional and dietetic work in supervising, planning, and coordinating the Institutional Nutrition Consultation Program of the Division of Nutrition of the State Board of Health.

Work is performed under the general supervision of the Director of Public Health Nutrition.

Examples of Work Performed

(Note: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)

Serves as a specialist in nutrition, food service, and group care facilities for the State Board of Health and coordinates the program with the program of the Division of Nutrition and other operating programs in the agency and in the county health departments.

Participates in the preparation and interpretation of regulations for licensure and standards for certification for food service in group care facilities.

Interprets available nutrition and dietetic services and provides consultation to State level agencies and professional organizations concerned with group care; establishes and maintains cooperative relationships with such agencies and organizations.

Plans, develops, and conducts a program to improve standards of nutrition and food service as they relate to group care facilities.

Plans and conducts studies and surveys related to food service in group care facilities.

Provides consultation and instruction to nutrition staffs and other professional staffs such as physicians, nurses, social workers, and dietitians in dietary, nutrition, and food service facilities.

Provides consultation to staff of State Board of Health and county health departments, building committees, administrative officials, architects, engineers, equipment specialists, and others in planning and evaluating food service departments and building plans for food service facilities.

Participates in public health field activities for graduates and undergraduates in such fields as nutrition, dietetics, and other professional health work as it relates to group care.

Develops, evaluates and selects educational materials.

Reports and summarizes progress and activities at regular intervals.

Performs related work as required.

Minimum Training and Experience

A master's degree in nutrition, public health nutrition or institutional management and three years of full-time professional, technical experience in a hospital, school, or other food service program, two years of which must have been in a consultative or institutional administrative capacity; or

Graduation from an accredited four-year college or university with major course work in food and nutrition or institutional administration, plus a one-year dietetic internship approved by the American Dietetic Association or membership therein, and four years of full-time professional dietetic experience in a hospital, school, or other institutional food service program, two years of which must have been in a consultative or institutional administrative capacity.

PUBLIC HEALTH NUTRITIONIST

Distinguishing Characteristics of Work

This is nutrition education and diet counseling work with individuals and groups in the field of public health nutrition.

An employee in a position allocated to this class is responsible for educating and counseling individuals and groups of persons in food and diets in a program of public health nutrition; provides nutrition education and prepares diets for individuals or groups of persons with specific nutritional problems or diseases; plans and prepares diets for use by professional public health personnel, and conducts group demonstrations and classes on special phases of diet and nutrition in public health clinics.

Work is performed under supervision of a public health nutrition consultant.

Examples of Work Performed

(Note: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)

Provides specific nutrition instruction and diet counseling to individuals referred through local health department offices, specialized public health projects, and health department clinics.

Develops and carries out food demonstrations and teaching in areas such as food selection, preparation and budgeting for individuals and groups.

Makes home visits to assist public health nurses in providing services to patients and families having specific food and nutrition problems.

Plans and provides assistance with nutrition, food service and meal planning to employees of hospitals and other group care facilities.

Prepares exhibits, posters, and literature for publicity and educational purposes.

Assists public health nurses, teachers and school food service personnel in teaching nutrition to school children.

Participates in studies and surveys on the relationship of dietary factors to health and diseases.

Performs related work as required.

Minimum Training and Experience

Graduation from an accredited four-year college or university with major course work in foods and nutrition, dietetics or institutional administration.

PUBLIC HEALTH NUTRITION CONSULTANT I

Distinguishing Characteristics of Work

This is responsible nutrition and dietetic work in conducting a nutrition program for a small or medium size county health department or assisting in a large metropolitan county health department or specialized county project.

An employee in this class performs responsible work in planning, developing, and conducting a program of public health nutrition in a small or medium size county health department or assists Public Health Nutrition Consultants of a higher level in planning, developing and coordinating the nutrition components of a specialized county health project or the nutrition program within a large metropolitan county health department. Conducts and evaluates the nutritional services provided for the community and provides nutrition consultation services to professional staff such as physicians, nurses, social workers, teachers and allied community agencies.

Work is performed under the supervision of a public health nutrition consultant of a higher level or a county health director.

Examples of Work Performed

(Note: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)

Plans, develops, and conducts nutrition services as part of the total public health program for a small, medium, bi-county or tri-county health department.

Serves as a consultant on nutrition and dietetics to the county health officer, public health nurses, sanitarians and other health department staff.

Interprets public health nutrition services and maintains cooperative relationships with civic, educational governmental research, and other groups concerned with food and nutrition to achieve coordination of nutrition services.

Plans and provides consultation on food service to employees of group care facilities.

Plans and conducts nutrition education programs in schools.

Prepares exhibits, posters, and literature for use in educational programs, gives talks on nutrition and food service to professional, school, community, and other groups.

Supervises the work of lower level Public Health Nutritionists providing direct counseling and dietary services.

Participates in preparing and conducts in-service education programs for professional workers such as medical and paramedical personnel, teachers, and welfare workers.

Assists with and participates in studies and surveys on the relationship of dietary factors in health and disease.

Performs related work as required.

Minimum Training and Experience

A master's degree in nutrition, community nutrition, or public health nutrition and one year of post-master's or two years of pre-master's experience in public health nutrition; or

Graduation from an accredited four-year college or university with major course work in foods and nutrition, dietetics, or institutional administration and three years of progressively responsible work experience in public health nutrition.

A one year dietetic internship approved by the American Dietetic Association may be substituted for one year of the required experience.

PUBLIC HEALTH NUTRITION CONSULTANT II

Distinguishing Characteristics of Work

This is advanced nutrition and dietetic work in directing the nutrition program in a large metropolitan county health department, as a consultant in nutrition and dietetics for a region of the State, or in planning and conducting the nutrition and dietetic components of a specialized county health program.

An employee in a position allocated to this class is responsible for planning, developing, and coordinating the nutrition program within a large metropolitan county health department; serves as chief staff nutritionist for a specialized county project; or serves as a regional nutrition consultant for a multi-county area. Plans, develops, and coordinates a nutrition program or project by evaluating existing services, implements and directs the nutrition program within the assigned area, or provides expert technical nutrition consultation for a region of the State to Public Health Nutritionists, Public Health Nutrition Consultants and professional medical and public health personnel in the areas of program planning and implementation.

Work is performed under the general administrative supervision of the Director of Public Health Nutrition, or a county health department or project director.

Examples of Work Performed

(Note: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)

Provides technical guidance as a regional consultant to public health nutritionists and nutrition consultants in counties and projects through periodic visits and conferences.

Coordinates nutrition services with the operating programs of the State Board of Health, and with other civic, educational, governmental and research groups concerned with food and nutrition.

Evaluates the nutrition program and recommends policies, standards and services to meet needs of the various population groups served.

Reports and summarizes activities and progress at regular intervals.

Provides nutrition consultation services to professional staff such as physicians, nurses, social workers, teachers of public health and allied community agencies.

Participates in preparing and conducts in-service educational programs for new staff and for professional staff such as physicians, public health nurses, dentists, social workers, therapists, and teachers.

Participates in public health field training activities for graduate and undergraduate students such as nutritionists, dietitians, and other professional health workers.

Performs related work as required.

Minimum Training and Experience

A master's degree in nutrition, community nutrition, or public health nutrition and two years of post-master's or four years of pre-master's full time paid work experience in public health nutrition; or

Graduation from an accredited four-year college or university with major course work in foods and nutrition, dietetics, or institutional administration and five years of progressively responsible work experience in public health nutrition.

A one year dietetic internship approved by the American Dietetic Association may be substituted for one year of the required experience.

PUBLIC HEALTH NUTRITION CONSULTANT III

Distinguishing Characteristics of Work

This is highly responsible nutrition and dietetic work at the State level assisting the Director of Public Health Nutrition in the areas of planning and training for the Division of Nutrition, Florida State Board of Health, or serving as a consultant to a specialized State-wide public health program.

An employee in this class performs highly responsible consultative work in nutrition and dietetics in serving as the assistant to the Nutrition Director on the State level in planning, organizing and coordinating the State-wide nutrition programs, or serves as a nutrition and dietetic consultant for a specialized or highly selective State-wide program by planning, developing, and interpreting the nutritional components of the program. Duties include the evaluation of available nutrition services and providing consultation to medical personnel and nutritionists at the State level, in county health departments, and specialized county health programs. Duties may also involve the responsibility for planning and conducting a comprehensive orientation and in-service training program for the Division of Nutrition.

Work is performed under the general administrative direction of the Director of Public Health Nutrition and/or directors of specialized State-wide programs.

Examples of Work Performed

(Note: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)

Prepares, reviews, and selects nutrition educational materials for various communications media and for use in the recruitment and training of public health nutrition personnel.

Plans, develops, and conducts professional training programs for staff on a State, county, or regional basis.

Interprets nutrition components and available nutrition services to staff of State Board of Health, related community agencies and professional organizations, and maintains cooperative relationships with a variety of State agencies and professional organizations.

Provides nutrition consultation services to highly responsible professional staff such as physicians, nurses, social workers, and therapists in State public health agencies.

Cooperates with and assists schools of home economics and departments of home economics in basic programs in preparing students for work in public health nutrition and dietetics.

Plans and supervises public health field training activities for graduate and undergraduate students such as nutritionists, dietitians, and other professional health workers.

Plans and conducts studies and surveys on the relationship of dietary factors to health and diseases.

Designs and prepares grant applications for special projects and short and long term training programs to develop new services to improve and extend nutrition services as part of the overall State-wide public health services.

Reports and summarizes activities and progress at regular intervals.

Performs related work as required.

Minimum Training and Experience

A master's degree in nutrition, community nutrition, or public health with a major in nutrition and three years of post-master's or six years of pre-master's full-time paid work experience in public health nutrition.

A one year dietetic internship approved by the American Dietetic Association may be substituted for one year of the required experience.

INSTITUTIONAL NUTRITION CONSULTANT I

Distinguishing Characteristics of Work

This is professional consultative work in nutrition and dietetics in the Institutional Nutrition Consultative Program of the State Board of Health.

An employee in a position allocated to this class performs consultative services in an assigned geographical area of the State or a special program area of the Public Health Nutrition Program involving nutrition and food services for such institutions as hospitals, rehabilitation institutions, and other State and county institutions; provides nutrition and dietary consultation to employees of group care institutions to improve food service and dietetic care provided by

institutional facilities; and renders consultative service pertaining to food purchasing, preparation, menu planning, budgeting, therapeutic diets, work organization, employee training and supervision, and other activities related to food service.

Work is accomplished under the general supervision of the Institutional Nutrition Consultant II.

Examples of Work Performed

(Note: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)

Participates in planning and conducting training for food service workers for group care facilities.

Participates in planning, developing and conducting a program to improve standards of nutrition and food service as they relate to group care facilities.

Provides consultation and instruction to dietary staffs and other professional staffs such as physicians, nurses, social workers, and dietitians in dietary, nutrition and food service facilities.

Participates in interpreting regulations for licensure or standards for certification for food services in group care facilities to public health staff and personnel in the facilities.

Assists in providing consultation to building committees, administrative officials, architects, engineers, equipment specialists, and others in planning and evaluating food service departments.

Participates in public health field activities for graduates and undergraduates in such fields as nutrition, dietetics, and other professional health work as it relates to group care.

Provides consultation to administrators and the staff of group care facilities on menu planning, food purchasing, storage, preparation and service, budgeting and cost control, modified diets, work organization, recruitment of staff, training of employees, and other activities as related to food service.

Participates in developing, evaluating and selecting educational materials.

Reports and summarizes progress and activities at regular intervals.

Performs related work as required.

Minimum Training and Experience

A master's degree in nutrition, public health nutrition, or institutional management and two years of full-time professional, technical experience in a hospital, school, or other institutional food service program, one year of which must have been in a consultative or institutional administrative capacity; or

Graduating from an accredited four-year college or university with major course work in food and nutrition or institutional administration, plus a one-year dietetic internship approved by the American Dietetic Association or membership therein, and three years of full-time professional dietetic experience in a hospital, school, or other institutional food service program, one year of which must have been in a consultative or institutional administrative capacity.

APPENDIX B

SUMMARY OF SEMINAR

INFECTIONS CONTROL IN HOSPITALS AND INSTITUTIONS--ADMINISTRATIVE

Infections in hospitals and institutions are a multi-million dollar problem. A seminar on infections control in hospitals and institutions was held at the Florida State Board of Health on March 26-28, 1968, for approximately 150 persons from hospital administration, medical and public health fields. It was sponsored by the Florida State Board of Health, the Florida Medical Association, Florida Hospital Association, Florida Nurses Association, the Florida Division of Community Hospital and Medical Facilities and the U. S. Public Health Service. Highlights of the presentation given at the seminar are briefly summarized.

There are between 8,000 and 9,000 hospitals in the United States today giving short term care to approximately 25 million patients per year. The scope of the problem is shown when we realize that over 2 million of these 25 million patients will be infected during their hospital stay this year. The economic toll is enormous and some infections result in death. Administration has a responsibility to ensure that the policies and techniques in all departments have close examination, and are acceptable in the light of current knowledge, since the hospital as well as the physician may be liable for damages.

Two types of infections occur in hospital patients: the nosocomial infection hospital acquired and occurring during hospitalization, after hospitalization or during subsequent hospitalization; and the community acquired infection apparent on admission, or incubating on admission.

Infections may be transmitted by a human who carries the infection, or it may be an airborne infection. Other common vehicles for spreading of infections are: salmonella contaminated foods, medicines or solutions. The most susceptible individuals are those whose immunity has been reduced. These include: the newborn infant, and especially the premature infant; the post-operative patient; the patient with leukemia, agranulocytosis or irradiation, who lack the resistance mechanism; the patients with severe viral infection; the diabetic; the patient with cystic fibrosis; the patient receiving steroids or antibiotics; the geriatric patient; the patient with a break in the skin or mucous membrane.

It was reported during the seminar that staphylococcus and E. Coli are the most common pathogens, accounting for up to 34 percent of infections. It is staggering to realize that 80 percent staphylococcus infant infection is transmitted by failure to do hand-washing by nursing personnel. According to one of the program participants, the pseudomonas is the most difficult organism to treat. Salmonella food poisoning may occur from eggs, poultry, milk, cheese and meat of infected cattle. Another speaker said some people shed up to 3,000,000 microorganisms per minute. However, 95 percent to 99 percent of these are not harmful and many of these are necessary for well being.

Special emphasis was placed on the need for personnel, including physicians, washing hands between patients, and on providing soap and towels at hand washing sinks. Liquid hexachlorophene is one of the most effective soaps used. It may be used as a local antiseptic and detergent for application to the skin. Chlorhexidine solution and various iodine solutions are reliable antiseptics for final skin preparation for surgery.

Airborne contamination may be reduced by reducing non-essential traffic; maintaining proper housekeeping; proper venting of air conditioning systems constructed so as not to permit air from the contagion area to circulate in other parts of the hospital especially the kitchen, the O.B. unit, operating room and recovery room. Air should come in from the ceiling and move down to the floor. The use of ultra-violet light is of limited value in reducing the incidence of airborne diseases.

The floors of a hospital are the largest horizontal structure where bacteria can settle from the air. In all areas of the hospital, and especially in the kitchens, floors should be mopped frequently. In the operating room, it is desirable for all equipment, with the exception of ceiling and wall-mounted, to be mobile, so that it may be moved out for cleaning. Under the Hill-Harris program, floor drains are not permitted in the operating room or delivery room. The drain may become dry resulting in sewer gas seeping in the room. The only places floor drains were recommended were in the autopsy room, and under the steam jacketed kettles in the kitchen.

Control of hospital infections can be accomplished by epidemiology, surveillance, education of all staff in personal health and aseptic practices, cultures of all infections and immunization.

Epidemiology is that medical discipline which is concerned with the evolution, distribution and characteristics of a disease in population groups. It is concerned with the prevention of disease in population groups. The epidemiologist may be a member of the house staff, or in the local board of health, or a member of the local medical society.

The hospital surveillance program is a relatively new approach to control of infections, and has been in effect only four or five years.

The methods of doing surveillance are determined by the size of the hospital and available personnel. An active, sophisticated, energetic, infections control committee should be formed with representatives from various services so as to have broad representation. The committee could include a bacteriologist, a pediatrician, a surgeon, an internist, a nurse, a dietitian, the housekeeper, and a hospital administrator. The committee must have the responsibility and authority for initiating recommendations. It would function in the monitoring of infections, and in establishing a surveillance program which would include patients reports, bacteriological reports, ward record reports, personnel health culture surveys (food handlers, epidemics), autopsy record, out-patient records, etc. The magnitude of the problem is never known until it is thoroughly examined. The nurse usually acts as surveillance officer. The committee should establish policies for reporting, for immunization, isolation, as well as for the development of a training program for all employees, each of whom had undergone a pre-employment physical. Should a diabetic be employed, he would not for instance, be used as a technician in the T.B. laboratory. Employees with cuts, bruises and abrasions should not work with food equipment, utensils and service.

Employee education and training programs will provide orientation to personnel on handwashing, how to handle food, trays, glasses, dishes, silver, etc. A written procedure manual should also be developed. Employees should know policies on hospital visitors. Who do they exclude? Where are they permitted? How many visitors may go in a room at one time? What traffic is permitted in the kitchen?

Dietitians in hospitals and other insitutions need to be aware of the hazards of infection and the need for infection control. The seminar spotlighted several areas where infections are spread through food and/or food service workers. It is hoped that dietitians would take an active role in plans made for infection control in their institutions.

Prepared by:

Bettie C. Hawkins
Graduate Student from The
University of Tennessee on
Field Experience
Division of Nutrition
Florida State Board of Health

Physicians attending this seminar received credit for 16 elective hours by the American Academy of General Practice.

APPENDIX C

MONTHLY STATISTICAL REPORT

Nutrition Consultant _____ County Served _____ Dates of Service _____

Monthly Statistical Report of Number of Persons Reached With Nutrition Services

*Identify Project 1. MIC 4. Diag & Eval. 2. C&Y Center 3. Migrant 5. Other, Specify	Direct Services						Indirect Services								TOTAL		
	Clinic		Home Visit		School Stud- ent	Other	TOTAL	Health Dept. Staff	Other Agency Staff	School Person- nel	Insti- tution Person- nel		Other	TOTAL		Tele- phone	Corres- pondence
	Proj	Other	Proj	Other													
											I	P					
Maternal and Child Health																	
<u>Maternity</u>																	
<u>Child Health</u>																	
<u>School Health</u>																	
<u>Other, Specify</u>																	
Mental Health																	
Dental Health																	
Adult Health and Chronic Diseases																	
<u>Cardiovascular</u>																	
<u>Diabetes</u>																	
<u>Normal Diet</u>																	
<u>Weight Control</u>																	
<u>Other, Specify</u>																	
Home Health Services																	
Health Facilities and Services - Food Service																	
<u>Hospitals</u>																	
<u>Nursing Home</u>																	
<u>Extended Care Facility</u>																	
<u>Child Caring</u>																	
<u>Other, Specify</u>																	
Nutrition Education(General)																	
Planning and Evaluation																	
Other, Specify																	
TOTALS																	

Figure 4. Monthly statistical report of persons reached with nutrition services.

APPENDIX D

PRESENTATION FOR ARTHRITIS FOUNDATION

DIET AND ARTHRITIS*

Everyone is interested in food and health. But when you have a special health problem you become concerned.

Because arthritis is painful and lasts a long time, many people will grasp at anything that promises relief. Arthritics throw away approximately 250 million dollars on quack remedies each year. That means the average arthritic tossed away \$50.00 on phony diets, foods, and devices. Imagine that! Fifty dollars for nothing! Fifty dollars that could have been spent on good food, medical care and recreation.

The person who becomes a victim of the fast talking promoter soon finds himself in a vicious circle, stumbling from one remedy to another. He's trapped by highly publicized fads. Best selling books, expensive health food stores, door to door salesmen; everywhere, he's surrounded by incredible tales of vinegar and honey, "immune milk," cod liver oil and orange juice, and natural foods. None of these claims is supported by medical science. None is the answer. These food fads can only bring unhappiness and cause a delay in receiving proper medical care. So don't jump into food faddism. Don't be taken in by claims of quick, easy cures for arthritis. There are no special foods or known combinations of foods that cause, cure or relieve arthritis. Get reliable information. Your doctor, public health nutritionist, hospital dietitian or public health nurse will be glad to provide you with sound information. They are happy to answer questions about what to eat and how to prepare it. In St. Petersburg and in other cities there is a Dial-A-Dietitian Service. You can simply call and get an accurate answer within 24 hours by a member of the local dietetic association.

Today no therapeutic diets are routinely prescribed for any type of arthritis.

It is most essential that the arthritic patient partake of an adequate and well-rounded diet so that he can more effectively fight the

*Material for this presentation taken from: Kaufman, Mildred, 1965 Fare and Feeding for Patients with Arthritis, 19-281, U.S. Public Health Service, 1965, Diet and Arthritis, Script for Visual Presentation before Lay Audiences, Diabetes and Arthritis Program, Div. of Chronic Diseases, U.S. Public Health Service, Washington, D. C.

ravages of the disease. Though rheumatologists generally agree that there is no specific diet or dietary constituent now known that can directly influence the course of most types of arthritis, an optimal state of nutrition and control of body weight can influence the patient's general health and help him to maintain his highest level of well-being and function.

"A Daily Food Guide" serves as a standard in planning to meet the nutrient needs for individuals. This guide outlines four groups of foods which are the major sources of essential nutrients. I have a copy for each of you on the display table, but will briefly go over the four food groups.

1. The Milk Group--Each adult needs the equivalent of 2 or more cups each day. This group includes fluid, evaporated and dry milk products, cheese, and ice cream. These provide recommended amounts of high quality protein and riboflavin.
2. The Meat Group--Two servings a day provide recommended amounts of high quality protein. Some of these foods include beef, veal, pork, poultry, fish and eggs.
3. The Vegetable, Fruit Group--Four servings a day. One should be a citrus fruit to provide Vitamin C. Dark green and deep yellow vegetables and fruits are high in Vitamin A and are suggested for use 3 or 4 times each week.
4. The Bread, Cereal Group--Four servings a day. This group includes whole grain or enriched cereals, macaroni, crackers and other baked products. These supply protein, iron, several B Vitamins and calories.

For the arthritic, extra pounds can mean an extra burden on weight bearing joints. Additional strain on joints frequently intensifies pain and speeds the progress of the disease. When you're in pain you usually don't exercise as much. So watch those calories to keep from gaining too much weight.

Many people with osteoarthritis are overweight, and the doctor tells them to lose weight. If you need to cut calories, you can use nonfat milk and cut out rich desserts and some fats.

Sometimes people with rheumatoid arthritis are underweight, undernourished, and anemic. They've just lost their zest for eating. Do you have this problem? If so, you might try to eat smaller meals more frequently. Then you won't have to face a large amount at one sitting.

Today doctors treat gout with a variety of drugs. Low purine diets are not generally used. Many doctors advise their patients to avoid

foods high in purine content, such as liver, kidney and sweet breads. If you must reduce, reduce gradually under medical supervision. Starvation or too rapid weight loss can lead to gouty attacks.

Then for some of you special devices may be useful to make eating less difficult. Some of these may be improvised at home; others must be purchased. The physical and occupational therapist can help you decide about these self-help devices and tell you where to get them.

Remember, the poster on the display table! DDT! Doctor, Dietitian, Therapist. And call on your local health department. You'll be able to slam the door in the face of profit-seeking promoters of phony cures!

APPENDIX E

FLORIDA STATE BOARD OF HEALTH

DIVISION OF NUTRITION

AND

BUREAU OF HEALTH FACILITIES AND SERVICES

INSTITUTIONAL NUTRITION CONSULTATION PROGRAM

- I. PURPOSE: To assist group care facilities in Florida to provide nutritionally adequate, enjoyable meals that meet the appropriate needs of the population served at a reasonable cost and in a sanitary manner.

To assist in nutrition and food service education for personnel, patients and residents.

II. OBJECTIVES:

- A. To provide guidance to staffs of group care facilities regarding:
1. Normal and therapeutic nutritional needs of all patients and residents.
 2. 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:
 - 1. 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.

III. BACKGROUND:

Since June 1961 when a position was funded for a dietary consultant to nursing homes, the institutional nutrition program has mainly focused on providing service to nursing homes and homes for the aged. Small hospitals were visited on request. An average of 50 visits to institutions were made each year by the consultant with additional visits made by regional and county nutritionists, but due to continued vacancies in the regions it was difficult to plan a coordinated program. Work with the nursing homes was mostly carried out in cooperation with the county health department staffs. Several workshops were conducted for nursing home food service personnel as a method to reach a larger group of homes. Some materials have been developed such as the diet manual for nursing homes, diet guide and menu planning forms, food service guides for nursing homes and day care centers.

Since training of supervisory food service personnel appeared to be of prime importance, a project to develop programs for the training of food service supervisors was undertaken and the American Dietetic Association Correspondence Course for Food Service Supervisors was conducted in 1965 with the cooperation of the Florida

Dietetic Association, Florida Hospital Association and the Florida Nursing Home Association. This course which is being repeated in 1967 led to the establishment of one year courses for the training of food service supervisors in three junior colleges in 1966. Two year programs are under development.

Consultation and guidance has been given to health department staffs, to builders and to architects on food service facilities for hospitals and nursing homes. On a limited basis plans submitted for construction have been reviewed.

Need for dietary consultation to child care institutions and hospitals has been recognized but not available. Now with three budgeted positions for institutional nutrition consultants, with five regional and two county nutrition consultants and the nutrition resident program, an organized program to provide service to all types of group care facilities can be planned.

IV. GROUP CARE FACILITIES TO BE SERVED:

Since all group care facilities take upon themselves the responsibility for the care of those who are dependent and unable to care for themselves, meeting nutritional needs of individuals in the facility is part of this responsibility. This includes all of the following facilities:

A. Hospitals

1. General
2. Children's
3. Psychiatric
4. Alcoholic Rehabilitation
5. Tuberculosis
6. Chronic Disease

B. Nursing Homes and Related Facilities

1. Nursing Homes
2. Extended Care Facilities
3. Rehabilitation Centers
4. Homes for the Aged
5. Maternity Homes
6. Homes for Mentally Retarded and Physically Handicapped

C. Child Caring Facilities

1. Children's Homes
2. Juvenile Homes

3. Day Care Centers
4. Nursery Schools
5. Kindergarten
6. Summer Camps
7. Residential Schools

D. Other Group Facilities

1. Senior Citizen's Centers
2. Portable Meal Service
3. Correctional Institutions

V. PLAN FOR SERVICES

Standards for dietary facilities in any license or certification regulations are based on principles for quality food service to meet nutritional needs. Assistance is needed so that all institutions meet standards and serve appealing nutritious foods. Sources of institutional nutrition consultation are:

- A. Institutional Nutrition Consultants
- B. Regional and County Nutrition Consultants
- C. Nutrition Residents
- D. Referral to Shared, Part-time or Consultant Dietitians

A. Institutional Nutrition Consultants

1. State Level Responsibilities

There are three positions funded for institutional nutrition consultants. (INC-A, INC-B, INC-C). Two of these positions (INC-A and INC-B) are funded by and assigned to serve the Bureau of Health Facilities and Services in cooperation with the Division of Nutrition. The third position (INC-C) is funded by the Bureau of Maternal and Child Health and assigned to the Division of Nutrition. To coordinate consultation services and provide uniform application of standards, the consultants will work cooperatively on the program planning, development of regulations, training programs, teaching aids, reference materials, and evaluation tools. Examples are diet manuals, guidelines for planning food service policies, writing job descriptions, making notations on medical charts, surveying food service departments, purchasing and cost accounting. Training programs will include recruitment and training of dietitians and food service supervisors.

- a. Position INC-A is administratively responsible to the Director of the Bureau of Health Facilities and Services, receives professional and technical guidance from the Director of the Division of Nutrition.

Responsibilities of this position include planning, developing and supervision of the total Institutional Nutrition Consultation Program. This will involve assistance to health department personnel in the evaluation of dietary services of health facilities, development of standards, educational and training programs; assistance to health department staff in reviewing food service department plans submitted for construction. The incumbent will serve as liaison person with the Florida Dietetic Association, the Florida Hospital Association, the Hospital, Institution, and Educational Food Service Society and other official and voluntary agencies concerned.

b. Position INC-B is administratively responsible to the Director of the Bureau of Health Facilities and Services, receives professional and technical guidance from the incumbent of position INC-A. She will have the responsibility for interpreting nutrition and dietary standards to supervising and survey staff of the Health Insurance for the Aged Program (Medicare) administered by the Bureau of Health Facilities and Services; for orienting survey staff to uniform procedures for evaluation of dietary services; assisting surveyors in preparation of reports, certification reviews and development of recommendations. Provides the institutional nutrition consultation programs information and communication related to conditions of participation and the compliance of providers of service. She will serve as liaison with the Florida Nursing Home Association and the Florida Council on Aging.

c. Position INC-C is administratively responsible to the Director, Division of Nutrition for planning and coordinating the institutional nutrition consultation program for child care institutions with the Bureau of Maternal and Child Health, but will receive professional and technical guidance from the incumbent of position INC-A. She will be the liaison person with the State Department of Public Welfare, Child Welfare Section; State Department of Education. School Lunch Section, the Florida Association for Children under Six and other agencies interested in the welfare of children in group care.

2. Field Services

a. The three Institutional Nutrition Consultants will plan for the provision of services to all types of group care facilities within a designated geographical region in consideration of available resources. They will offer consultation services to institutions when other resources are not available. Geographical distribution for institutional nutrition consultants:

(1) Division areas for two consultants based on Regional Nutrition areas:

Area I--Northwest, North Central, Northeast

Area II--Southwest, Southeast

(2) Division areas for three consultants:

Area I--Northwest, North Central

Area II--Northeast, Southeast

Area III--Southwest

b. The three Institutional Nutrition Consultants will serve as resource people to the regional and county nutrition consultants and will coordinate their activities with the state institutional nutrition program. For example:

- (1) Provide for continuing relationship with dietitians, who are furnishing part-time services to group care facilities, through periodic workshops, dissemination of reference materials, cooperative efforts in training programs for food service workers.
- (2) Provide for such relationships and consultation services for full-time dietitians in institutions as may be requested.
- (3) Plan cooperatively to provide for nutrition services to institutions on request.
- (4) Maintain continuous communications with regional and county nutritionists keeping them up-to-date on new legislation, policies, and procedures related to institutional nutrition programs, surveys for licensure and certification being conducted in their geographical areas, and reference materials and teaching aids useful in institutional nutrition programs...
- (5) Stimulate educational programs for personnel of group care facilities.

B. Regional and County Nutrition Consultants

1. Refer all correspondence concerning the institutional nutrition program to the Institutional Nutrition Consultant-A.

2. Cooperate with the institutional nutrition consultants in planning and providing services to group care facilities.
3. Provide direct service for requests of a routine and/or urgent nature that require immediate response.
4. Promote, organize, conduct and participate in nutrition and food service training programs for public health personnel and staff of institutions.
5. With institutional nutrition consultants work with educational and official agencies to promote the establishment of curricula in colleges, junior colleges, vocational and technical high schools and adult education programs to prepare persons to become dietitians, food service supervisors or food service personnel.

C. Nutrition Residents

Under the supervision of the regional or county nutrition consultant the nutrition residents can provide assistance to group care facilities in the geographical area to which they are assigned.

D. Referral to Shared, Part-Time and Consulting Dietitians

1. The Division of Nutrition and Bureau of Health Facilities and Services participate in a continuing project with the Florida Dietetic Association, Florida Hospital Association, and the Florida Nursing Home Association in the recruitment and placement of the shared, part-time and consulting dietitians for employment in group care facilities.
2. Participate in offering training programs, refresher courses, and special consultation to these persons and provide pertinent resource materials on a continuing basis.

VI. PROGRAM EVALUATION:

- A. Periodic review of nutrition services to institutions to identify type and number of institutions served.
- B. Periodic evaluation of the quality of nutrition services to the institutions and their impact on the institutions through development and use of appropriate tools and judging quality of services.

- C. Periodic surveys of institutions to determine effectiveness of the cooperative recruitment program for utilization of part-time dietitians.
- D. Periodic reviews by the Bureau of Health Facilities and Services, the Bureau of Maternal and Child Health, county health departments, and the Division of Nutrition to determine the adequacy and appropriateness of the insitutional nutrition services in ongoing programs in the State Board of Health which have responsibilities related to population of group care facilities.

APPENDIX F

PRELIMINARY PLANS REVIEW--NURSING HOME OR ECF

CENTRALIZED FOOD SERVICE*

Desirable Minimum Estimate of Space Requirements

NAME _____ BED CAPACITY _____	NUMBER OF BEDS				Sq. ft. planned - Circle if Deficient
	50	100	200	400	
	SQUARE FEET				
TOTAL - KITCHEN AREAS	1250	2000	3000	4000	
(All areas below except dining)					
Sq. ft. per total bed	25	20	15	10	
<u>Receiving</u> - Loading Platform	60	60	60	90	
Checking Area	40	60	80	110	
<u>Storage</u> - Dry Bulk	150	260	400	700	
Non-Food Dietary Supplies	25	60	125	200	
Refrigeration - 32-40°F					
Walk-In		90	128	240	
Reach-In	36	18	81	144	
Freezer - 0-10°F					
Walk-In			80	144	
Reach-In	18	36	45 ^{or}	81 ^{or}	
<u>Main Kitchen</u> (cooking)					
Bakery, Veg. & Salad prep)	335	475	700	1000	
Pot Wash & Storage	55	60	70	90	
<u>Serving</u>					
Tray Set-Up	130	225	250	300	
Truck Storage	110	150	250	400	
<u>Dishwashing</u>					
Soiled Dishes	85	175	225	250	
Clean Side	40	75	100	125	
Janitor Closet	35	50	50	70	
<u>Office</u>	90	90	90	125	
<u>Employee Locker Rooms</u>	50	90	140	200	
TOTAL-DINING AREAS	935	1875	3000	4500	
(calculated 75% bed capacity)					
Sq. ft. per person	25	25	20	15	

* Does layout permit continuous or efficient work flow with minimum back-tracing and criss-crossing? Receiving → Storage (Dry, Vegetable, Meat, Milk) → Main Kitchen (Salad, Cooking, Bakery, Pot and Pan) → Serving (Dining and Pt. Room) → Dishwashing (and Storage).

VITA

Bettie Chapman Hawkins, a native of West Tennessee, received her B. S. degree with a major in Foods and Nutrition and Institution Management from Texas State College for Women (now Texas Women's University) in 1942. Her dietetic internship was completed at Vanderbilt University Hospital in 1943. She accepted the newly established position of Dietary Consultant for the Tennessee Department of Public Health immediately following the internship.

During World War II she served as a Medical Department Dietitian in the United States Army. Following the war she was appointed Head Dietitian at the Veteran's Administration Hospital in Memphis with administrative and therapeutic responsibilities. She also participated in the training program for dietetic interns.

In 1953 she was married and joined her husband in business. Following his death a few months later, she continued to manage the business until 1964 when she returned to the Tennessee Department of Public Health as Dietary Consultant. She was granted educational leave to work on her Master's degree and will return to her position as Dietary Consultant.