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To the Graduate Council:

I am submitting herewith a thesis written by Roberta Jean Hine entitled "Field Experiences with the Nutrition Section of the Division of Health, Wisconsin Department of Health and Social Services." 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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FIELD EXPERIENCES WITH THE NUTRITION SECTION OF THE DIVISION OF HEALTH, WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES

A Thesis

Presented to

the Graduate Council of

The University of Tennessee

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

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by

Roberta Jean Hine

August 1971

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R. J. H.

ABSTRACT

This thesis is based upon observations and experiences during eight weeks with the Nutrition Section of the Division of Health, Wisconsin Department of Health and Social Services. The purpose of the field training was to complement academic training at The University of Tennessee and to supplement concurrent field experiences in Knox County.

A variety of experiences aided the student in her study of the nutrition program as a component of organized health services. Information was obtained on history, organization, and programs of the Division of Health and the Nutrition Section through selected readings, conferences, conversations, and observations. Observations of and participation in the activities of the Nutrition Section increased the student's knowledge of the role of the public health nutritionist.

During the field experience, the student gained an understanding of the bureaus and sections of the Division of Health and observed the integration of nutrition services into the total public health program. She had the opportunity to participate in a project involving health professionals and staff from the Southwest Community Action Program. An increased awareness was gained of the importance of planning nutrition programs to meet the needs of the population served. The field training provided an excellent opportunity to examine the unique expertise the public health nutritionist brings to the public health team.

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CHAPTER I

INTRODUCTION

This report is based upon the student's observations and experiences during an eight-week period of field training with the Nutrition Section of the Division of Health, Wisconsin Department of Health and Social Services in the Spring of 1971. Wisconsin was selected because the student was interested in gaining an understanding of the function of a nutrition program as a component of organized health services. The purpose of the field training was to complement academic training at The University of Tennessee and to supplement concurrent field experiences in Knox County.

Objectives of the student during the field experience were:

1. To study the organization and functions of the Division of Health, Wisconsin Department of Health and Social Services;
2. To recognize the relationship of the nutrition program to other public health programs;
3. To gain an understanding of how a state nutrition program is modified to fit the needs and interests of the districts;
4. To observe and participate in interdisciplinary as well as intradisciplinary planning;
5. To have an opportunity to apply the principles of nutrition in a broad, generalized public health program; and

6. To observe methods and techniques utilized by public health nutritionists.

Prior to and during the period of field training, the student gathered information concerned with characteristics of the state, its population, and its health programs. Program plans for the 1971-1973 biennium gave insight into the goals and objectives of the Nutrition Section.

A varied program was planned by the Chief of the Nutrition Section and her staff to help the student accomplish her objectives for the field experience. Following an initial orientation at the central office of the Division of Health in Madison, the student spent approximately six weeks working closely with the district public health nutritionist in the Madison and LaCrosse areas. Opportunity was also provided for the student to travel to Eau Claire for a week to observe how the nutrition program might vary in the different districts due to the needs of the population served.

The student recorded information gained through observations, readings, and conferences throughout the eight weeks of field training. Because it is not possible to record the scope of such a comprehensive public health program in this report, the information presented herein gives emphasis to the nutrition component of the Division of Health.

The field experience is summarized in the following six chapters of this report. Chapter II describes the state of Wisconsin relative to its health needs and includes not only vital and health statistics, but a description of the physical, economic, and cultural environment as

well. Chapter III discusses the Wisconsin Division of Health in terms of its history, organization and function, and communications. Overall program planning is treated briefly. This chapter goes into some detail regarding the Bureau of Community Health Services because the Nutrition Section is located within this bureau. Chapter IV includes the history, staff qualifications and orientation, communications, and activities of the Nutrition Section. Chapter V is an analysis of the students observations and experiences in addition to the evaluation of performance during the period of field training. Chapter VI provides a summary and overall evaluation of the field work.

CHAPTER II

THE STATE OF WISCONSIN

Physical, Economic, and Cultural Environment

Public health nutrition programs must be designed to meet the needs of the people they serve if they are to be effective. These needs can be more fully understood with a knowledge of the physical, economic, and cultural environment of the people to be served by the programs.

Wisconsin is a land of great natural beauty and abundant recreational resources. It is one of the North Central states and is bounded on the North by Lake Superior and the upper peninsula of Michigan, on the East by Lake Michigan, on the South by Illinois, and on the West by Iowa and Minnesota.

The Frenchman, Jean Nicolet is believed to have been the first explorer to reach the Wisconsin region; he landed on the shores of Green Bay in 1634 (1). Wisconsin was a part of the Northwest Territory and was admitted to the Union as the thirtieth state in 1848.

The state's climate is characterized by extremes of heat and cold, and sharp changes are caused by cyclonic storms that move across the region from west to east (2). Only the eastern edge of the state benefits from the moderating influence of Lake Michigan. The mean annual temperature ranges from 48 degrees in the southwestern corner to

39 degrees on the northern border. The climate is ideal for agriculture, and Wisconsin is an important agricultural state.

The chief crops by acreage are hay, oats, corn, peas, barley, wheat, rye, potatoes, and tobacco (1). Small portions of the crops are marketed directly because much is fed to livestock on the farms, and the farmers receive their income chiefly from livestock production. Wisconsin ranks first in the nation in value of dairy products produced and is particularly famous for the production of cheese.

Despite the fact that Wisconsin is an important agricultural state, its population is now largely urban. The farm population has declined slowly but steadily since 1920; by 1960, it was only 36.2 percent rural compared with 60 percent in 1900 (2). The population has become concentrated in the industrialized eastern and southeastern sections of the state.

Manufacturing has become the chief industry of Wisconsin, with nonelectrical machinery production ranking first in order of importance (2). The pulp and paper industry is also of major significance. The state ranks eleventh in the nation in value of manufactures (2).

Tourist trade has been a major contributor to the economy of Wisconsin. Water sports, hunting and fishing, and other forms of recreation provided in the state attract tourists on a year-round basis.

In 1960, 6.7 percent of Wisconsin's residents had four or more years of college education (4). The state ranked twenty-eighth educationally among the states with 41.6 percent of the population over twenty-five having four years of high school or more.

The per capita income in the state in 1969 was $3,647 compared with the United States average of $3,680. In per capita income, Wisconsin ranked eighteenth among the states (5).

Cultural influences in Wisconsin are varied. The first permanent settlements were established after the war of 1812 when lead miners from Southern states immigrated to Southwest Wisconsin. Soon afterward immigration from the Northeastern states began, and by 1850 the Yankee influence was very strong. Most of the late 19th century immigrants came from Germany. Milwaukee became a center of the German culture. Other ranking immigrant groups were Norwegian, Canadian, Swedish, Austrian, Irish, and Swiss. A group of Swiss settled in Monroe and it has come to be known as the "Swiss Cheese Capital of the World." The early 20th century brought an influx of immigrants from eastern Europe, particularly Poland, and by 1930, this group comprised 10 percent of the state's population.

There are members of several Indian tribes in Wisconsin including the Winnebago, Chippewa, Menominee, and Sauk tribes (2). The Menominee Indians are owners of a garment factory and lumber mill and as a group are better off economically than the other tribes.

The social and cultural backgrounds of people help to determine their attitudes toward food. Several examples of interesting foods and terminology pertaining to food were observed during the period of field work. In Mineral Point, the bakeries all advertised "pastys" which are square shells filled with a delicious meat mixture. While reviewing some menus at the Chippewa County Hospital, the student noticed that

desserts were frequently "pear sauce" or "plum sauce." The consulting dietitian to the facility laughed when she was asked to explain and pointed out that fruit sauce is the local jargon for canned fruit. In planning public health nutrition programs, the preferences as well as the needs of the people served should be carefully considered.

Vital and Medical Statistics

Health statistics are valuable in their ability to show an overview of the needs of a population. They can also be helpful in establishing priorities for program planning for health services.

The official population count of Wisconsin as of April 1, 1970 was 4,417,933 (6). This represents an increase of 466,156 or 11.8 percent since the 1960 census. The population is concentrated in the highly industrialized Southeastern District of the state where the population is 669 per square mile (7). In contrast, the Northwestern District of the state has a population density of 14.6.

According to the 1970 census report, Wisconsin's population is 96.4 percent White and 3.6 percent nonwhite. The Negro population represents only 2.9 percent of the total state population compared with 11.2 percent of the population of the United States (8). Milwaukee County approximates the nation, with 10 percent of its population being Negro.

There were 74,324 live births in 1969. For a five-year period from 1965-1969, the overall birth rate per 1,000 population was 18.4, the White rate for this period of time was 17.9, the Negro rate 30.3, and the Indian rate 33.1 per 1,000 population (8). The United States'

birth rate for 1969 was 17.7 per 1,000 population, Wisconsin's birth rate was 17.2.

Illegitimate and teen-age pregnancies are at risk both from a health and nutritional standpoint. Early child bearing has been shown to be related to the "culture of poverty" with its characteristics of low income, high unemployment, bad housing, and lack of education (8). Frequently, young mothers do not receive adequate prenatal care and have the nutritional stress of both pregnancy and growth. In 1969, 9.2 percent of the live births were out of wedlock. Wisconsin law forbids marriages of women under sixteen, so nearly all births to mothers of this age are illegitimate. High infant mortality rates are associated with out-of-wedlock birth status. The United States infant death rate per 1,000 live births was reported to be 20.7 in 1969. The infant death rate in Wisconsin for the same year was 17.2 (9).

The incidence of prematurity has decreased since 1965. The percentage of nonwhite premature births (12.8) is nearly double that of 6.5 for white premature births. Maternal deaths per 10,000 live births have been declining since 1953, and in 1968 the rate was 1.2 per 10,000 live births (10).

The crude death rate compiled for 1969 was 9.6. Crude mortality rates for the Negro and Indian population are lower than the crude death rate for the white population because of the lower proportion of nonwhite population aged 65 and over. The older age groups contribute disproportionately to the crude mortality rate.

The leading causes of death in Wisconsin in 1969 were: (1) diseases of the heart, (2) cancer, (3) cerebrovascular disease, (4) accidents, (5) influenza and pneumonia, (6) atherosclerosis, and (7) diabetes mellitus. Of special interest is the fact that several of the seven leading causes of death, particularly diabetes and atherosclerosis are diseases with a major dietary component, thus indicating a need for nutrition services for persons with these diseases.

CHAPTER III

THE WISCONSIN STATE DIVISION OF HEALTH

History

The State Board of Health was created by the Wisconsin Legislature in 1876 and was the eleventh such agency in the country (10). Public health legislation in Wisconsin, however, dates back to 1839 when the territorial Legislature provided for the establishment of local boards of health. The high death rate attributed to communicable diseases and the subsequent efforts of medical societies to combat disease culminated in the legislation which created the State Board of Health.

The early emphasis in public health work was on the control of communicable diseases through sanitation and quarantine. Through the years, the significant causes of illness and death have changed and numerous additional responsibilities associated with promotion of health and prevention of illness have been assigned to the Board of Health.

A law providing for a change in the organization of state agencies was enacted by the Legislature in 1967. As a result the new Department of Health and Social Services was created. The Department of Health and Social Services is composed of the former State Board of Health, Department of Vocational Rehabilitation, Department of Public Welfare, and Commission on Aging.

Organization and Functions

The policy making body of the Department is the nine member Health and Social Services Board. Members of the board are appointed for six-year terms by the governor. The former State Board of Health has become the Council on Health. The Council on Health consists of seven members, appointed for seven-year terms. The Council on Health advises the Health and Social Services Board and the Division of Health, approves the appointment of the administrator of the division as State Health Officer, and approves rules proposed by the State Health Officer.

The Department of Health and Social Services provides a wide range of services to prevent and treat dependency in its many forms and to reduce its impact on families and individuals. These goals are reached through supplying direct services, working with public and voluntary agencies, and through providing an institutional care program. The department's responsibilities are in the areas of physical and mental health, services to the aged, vocational rehabilitation, and family services.

The Division of Health, in cooperation with units of local government, is responsible for preventing disease, prolonging life, and enhancing physical and mental health. Planning, coordination, and consultation are provided by the Division for Health for agencies and facilities throughout the state. Other functions include: enforcement of state health regulations; education for positive health practices; consultation to local government and private and voluntary health

personnel; and the collection, analysis, and dissemination of health statistics.

The current organizational chart for the Division of Health is shown in Figure 1. The work of the Division of Health is carried on by the various units which are organized into the following Bureaus.

1. General Administration
2. Local Health Services and Program Planning
3. Comprehensive Health Planning
4. Medical Facilities and Services
5. Preventable Diseases
6. Community Health Services
7. Environmental Health
8. Health Statistics.

The central office of the Division of Health is located in Madison. The state is divided into eight districts in an effort to regionalize health care services. The division of the state is done on the basis of geography and population. From time to time, redistricting takes place in response to health needs and population shifts. The most recent change in district boundaries occurred in 1970. Figure 2 shows the eight districts and indicates the city in which each district office is located.

The district offices are staffed with professionals trained in public health. The district staff positions are counterparts of those found in the bureaus and sections located at the central office. Originally, each district had a public health physician, public health

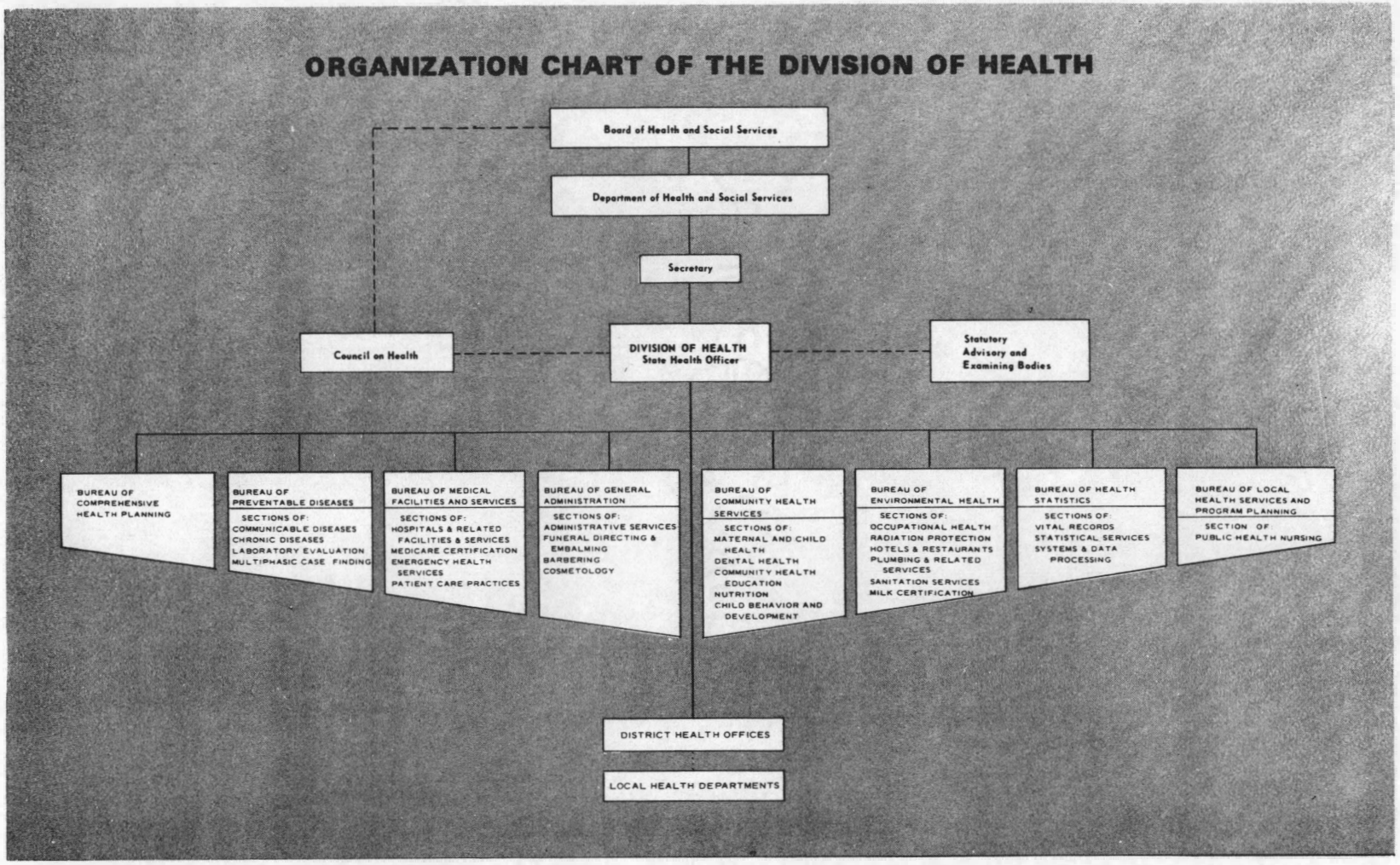

Fig. 1. Organization of the Division of Health.

*Due to the large geographic area covered by District 7 there are two offices, one in Rhinelander and one in Wisconsin Rapids. District 8 is served out of the District 6 office in Eau Claire.

Fig. 2. District offices of the Division of Health.

nurse, and a sanitary engineer. Other professionals have been added to the district staffs as the need for their services arose. Although each district office does not now have a full complement of professional staff, it is hoped that when qualified personnel are available and existing programs are expanded that all of the offices will exhibit growth.

In the past, the administrator of each district office was a public health physician; however, at present, the environmental engineers serve as administrative officers in the districts. Physicians serve the district offices in an advisory capacity.

The district program exists to provide consultation and demonstrations to local health staff, to help in evaluating and assessing health problems, to train local personnel, and to promote improved health care systems. Local health agencies are not currently well developed in the state as a whole. At the present time, only a few city, county, or city-county health departments are in operation, but the Division of Health is attempting to foster the growth of local programs.

Planning to Meet Health Needs

The Division of Health has taken numerous factors, including statistical information, into account in assessing health needs and available resources in Wisconsin. According to John J. Hanlon, "At any given moment or place there are many different health problems, always many more than can be attacked adequately with available resources. Some

problems must obviously take precedence over other" (11). When priorities are determined, overall program development begins.

Some currently recognized priorities of the division are as follows:

1. The state is working to provide more services to high-risk mothers and infants.
2. There is a need for more effective health services for the state's elderly population.
3. Health services available to Indians and migrants need to be improved.
4. There is a problem with unequal distribution of health personnel within the state.
5. There is a need for better delivery of health services in rural areas.
6. A program of continuous health care for the entire state is needed.
7. There is a need for more well developed local health ervices at the county level.

Five High Risk New Born Centers have been established throughout the state to reduce the incidence of infant mortality. There has also been an increased emphasis on the importance of educating the expectant mothers through prenatal classes.

Significant efforts have already been made in the direction of providing health services for senior citizens. In addition to the attempts made to upgrade the services offered in hospitals and nursing

homes, the division plays an important role in assisting the elderly who are still independent in meeting their health needs.

The Indians and migrants have received substantial attention, and there will be a continuing focus on these groups. The migrants are served primarily by the health personnel from two districts because they are highly concentrated in the region covered by these districts.

As the urban population has increased, there has been a greater emphasis on the development of intercity health-related programs. With increased urbanization, the shortage of trained health personnel in rural areas has posed several problems with respect to delivery of health services. In one instance observed by the student, an extended care facility was not permitted to open because the facility was unable to employ a sufficient number of health professionals.

The Bureau of Local Health Services and Program Planning was established in 1968 to promote coordinated planning and evaluation for provision of health services in communities. The major responsibility of this bureau is to assist in the development and expansion of city, county, or multi-county health departments.

An important program operating within the state to detect the early signs of chronic diseases, when medical management can have a significant effect on the outcome of the disease, is the Multiphasic Case Finding program. The screening program is carried out by the Bureau of Preventable Diseases through the use of three mobile survey units. Services include chest X-ray, blood pressure measurement, and analysis of a blood sample for twelve biochemical parameters. Data collected are

used in developing community action to control these diseases. The program promotes good health through encouraging the habit of having regular check-ups and aids in the assessment of health needs.

Unfortunately, an eight-week period of field training seems to merely "scratch the surface" regarding the complexities of program planning within the Division of Health; but, nonetheless, leaves one with an appreciation of the factors which must be considered when coordinated planning is undertaken. In 1966, the Division of Health was designated as the health planning agency to implement PL 89-749, the Comprehensive Health Planning Act (Partnership for Health). The Bureau of Comprehensive Health Planning was created to administer the comprehensive health planning functions. This bureau coordinates health planning with other agencies, enables the state to identify problems and needs, establishes goals and objectives, and promotes efficient use of health manpower, services, and facilities. Comprehensive health planning is characterized by its integrated nature, comprehensive scope, and long range perspective.

Bureau of Community Health Services

The Bureau of Community Health Services plays a prominent role in planning to meet the health needs assessed in the community. It is discussed to a greater extent than the other bureaus, because the Nutrition Section is a part of this bureau, and some understanding of the activities of this bureau is necessary before the Nutrition Section is discussed as a separate entity.

The sections comprising the Bureau of Community Health Services are: Section of Dental Health, Section of Maternal and Child Health, Section of Child Behavior and Development, Section of Community Health Education, and the Section of Nutrition.

The activities of the bureau are directed toward assisting communities establish services based on the needs of children and families for attaining optimal health and adjustment to life (12). The Section of Dental Health develops and administers a statewide program for the improvement of the dental health of the state population. Providing medical and nursing consultation to professional and lay groups in order to help families reach their potential is the emphasis of the Section of Maternal and Child Health. The program of the Child Behavior and Development Section stresses the needs of children as family members. The Health Education Section assists in developing and improving educational programs directed toward better personal and community health. Planning and promoting good dietary practices in all age groups is the goal of the Nutrition Section.

All sections comprising the Bureau of Community Health Services work together for the benefit of the community. There is cooperative planning among the sections to provide coordinated advisory and educational services.

Communications

Effective communication is highly important at every level of an organization. The Division of Health promotes good communication in

several ways. The meetings formerly scheduled for the health officer, bureau directors, and section chiefs has been under examination since February of this year when a new State Health Officer became the administrator of the Division. There have been some changes in former policies. Currently, he meets with only the bureau directors on a weekly basis. The bureau directors are then responsible for communicating with the section chiefs.

Communication within each district is facilitated through regularly scheduled monthly staff meetings and through composite narrative reports which recount the monthly activities of each staff member. The composite narrative reports are available to any district staff member who wishes to read them, but the primary purpose of these reports is to inform the central office staff of the activities of the district staff members.

The Division of Health publishes a quarterly magazine, "Wisconsin's Health." The publication describes current activities of the division and has recently included such topics as the information service for expectant parents.

CHAPTER IV

THE NUTRITION SECTION

History

The Nutrition Section was established as a part of the Bureau of Maternal and Child Health in 1938 (13). The section was placed in the Bureau of Maternal and Child Health because funding became available from the Children's Bureau in Washington, D. C. The nutritionist who was employed when the section was organized served as Chief of the Nutrition Section until her retirement in 1969.

According to a historical sketch of the development of the section, "a survey of the nutritional needs of the population was made and this was used as a basis for program planning." Efforts were made to assess needs and to investigate the status of nutrition activities within the state in preparation for planning the state nutrition program.

The initial request for nutrition services came from the Bureau of Public Health Nursing. Consultation to public health nurses was organized and promoted through that bureau, and the nutritionist participated in in-service programs for the local public health nurses. The Nutrition Section has always recognized the important role that can be played by the public health nurse in providing individual nutrition counseling to her patients.

Four additional nutritionists were employed between 1942 and 1947. Due to war conditions, the staffing pattern fluctuated. A major change in the section occurred in early 1950 when the nutrition services were decentralized. Until that time, all of the nutritionists were located in the central office but worked through district offices. There were nine districts in 1950 and only five staff members; consequently, all staff members covered more than one district.

The 1949 centennial issue of The Wisconsin Blue Book described the functions of the Nutrition Section as follows:

> The nutrition division provides an advisory service to communities, health departments, and other state agencies in the organization of nutrition programs and in the solution of their nutrition problems. Literature and exhibit material is prepared for distribution and use as demonstration material and in teaching (14).

Today, the Nutrition Section is administered from the central office by the Section Chief. Good rapport between the chief of the section and the district nutritionists seems to be a significant factor in the success of a decentralized nutrition program. All but one of the eight nutrition staff members work out of the district offices. The other nutritionist is located at the central office because she has dual responsibilities. She serves a district and also functions as a specialist in institutional consultation for dietary facilities.

Staff Qualifications and Orientation

The nutrition staff has eleven budgeted positions. At the present time, nine positions are filled, and there are two vacancies.

There are four job titles for the positions which have been established on the Nutrition Section staff, Public Health Nutritionist 1 through 4.

Public Health Nutritionist 1 is the beginning level position which requires a Master's degree in public health nutrition and completion of a hospital dietetic internship; or graduation from a college or university with a major in foods and nutrition, completion of a hospital dietetic internship, and two years of experience in dietetics and nutrition. An equivalent combination of training and experience would also be accepted. The equivalency of training and experience holds true for all of the steps within the Public Health Nutritionist classification.

All public health nutritionists need considerable knowledge of the science of food and human nutrition, and it is essential that they be able to make practical application of this knowledge. An understanding of the relationship of nutrition to the overall public health program is also necessary. Nutritionists should have knowledge of social and economic problems and their influence on nutrition programs.

The Public Health Nutritionist 2 position also requires a Master's degree and dietetic internship and, in addition, at least one year of experience in a recognized public health agency or three years' experience in dietetics and nutrition, including one year in a consultative, supervisory, or teaching capacity. All of the district public health nutritionists fall into the category of Public Health Nutritionist 1 or 2.

Highly specialized consultative work in certain specialized areas of public health nutrition is the major responsibility of the Public Health Nutritionist 3. The employee in this category would serve either as a statewide consultant in an area of expertise or as the Deputy Chief Nutritionist. The person functioning as a Public Health Nutritionist 3 works closely with and under the supervision of the Section Chief. This position requires a minimum of four years of experience, including at least two years in a teaching, supervisory, or consultative capacity.

The Chief of the Nutrition Section is a Public Health Nutritionist 4 and is primarily responsible for the coordination and administration of the statewide nutrition program. She engages in overall program planning based upon the needs communicated by each of the district nutritionists. She works closely with other sections and bureaus for the purpose of integrating nutrition into the state public health program. The Section Chief keeps accounts of the activities of her staff through narrative reports of field visits, monthly narrative reports, and the monthly statistical reports filed by each nutritionist. She also makes visits to the district offices periodically for individual conferences. The district staff members also come to the central office to discuss programs and projects with her.

The Nutrition Section provides a highly individualized orientation for new staff members. The content and length of orientation depend greatly upon the previous experience of the public health nutritionist. An effort is made to familiarize all new ataff with the organization of

the Division of Health and to demonstrate how nutrition is related to the total program of the Division and the Bureau of Community Health Services. Each new staff member is introduced to the district personnel and has an opportunity to become acquainted with the ongoing programs and projects in the district to which the assignment will be made. Annually, the Division of Health sponsors a three-day orientation for all persons who have joined the staff during the year. During this period, the new employees are exposed to discussion of all sections of the Division.

Communications

The communications aspect of the Nutrition Section is handled in a variety of ways. For instance, each district nutritionist writes a narrative report of each field visit. The narrative reports provide input by identifying the date and location of the visit, the observations made, educational materials used, and an evaluation of the success of the visit. Any plans for follow-up are also included in these reports. The narrative reports keep the Section Chief informed and serve as a record of services given in the district. They also help to give continuity to the nutrition services. If a new nutritionist is covering a district, they let the nutritionist know what had been done in the past which might influence future plans.

Nutrition Section staff meetings are held four times yearly for a two-day period. They provide an opportunity for an interchange of ideas among the nutrition staff members. Staff meetings are frequently

combined with a program for in-service education. For example, at the nutrition staff meeting attended by the student, a nurse consultant from the Section of Maternal and Child Health spoke on the subject of maternal, prenatal, and early infant care. The speaker discussed recent developments in her field and in so doing updated the nutritionists knowledge in this area.

In order to keep the staff up-to-date on current news in the field of nutrition, the Section Chief periodically circulates among the nutritionists the Nutrition Exchange Packet which she receives from the nutritionists in Maternal and Child Health Services of the Health Services and Mental Health Administration of the United States Public Health Service.

There is much encouragement to participate in professional organizations, and the public health nutritionists are active in a wide variety of professional organizations such as the American Dietetic Association, American Public Health Association, American Home Economics Association, and Wisconsin Dietetic Association. The Wisconsin Dietetic Association spring meeting was held in Oshkosh in April and the student attended. Professional meetings are helpful in keeping nutritionists advised of new developments and trends in the field of nutrition and in maintaining professional contacts. Continuing education is important to all health professionals because of the rate with which the health field is changing.

Quarterly, the Nutrition Section publishes a newsletter for nurses engaged in community health work. The newsletter is entitled

"Nutrition News for Nurses in Community Health Services." The March-April issue of the newsletter discussed the role and development of the Wisconsin Nutrition Council. The publication also announces the availability of new nutrition resource materials which might be helpful to the nurse.

Although the Nutrition Section does make extensive use of printed materials available from other sources, it also produces literature of its own when the need arises. Recently, a pamphlet on prenatal nutrition was developed in cooperation with the University of Wisconsin Extension Home Economists in response to numerous requests for information on this subject. A new brochure discussing the role of the public health nutritionist was available for distribution in June. This brochure was developed because professionals and lay persons frequently ask public health nutritionists to delineate their role in comprehensive health care. The development of materials is usually a rather slow process, because it is essential that printed materials developed at the state level be appropriate for statewide use. For this reason, materials are developed by more than one person and, prior to going to press, are reviewed by an expert in the field of journalism.

A recent major undertaking of the Nutrition Section was the revision of the "Diet Manual for Small Hospitals and Nursing Homes." The manual is used extensively by nursing homes and small hospitals throughout the state. This third revision was made in order to up-date information on therapeutic diets, in response to requests for additional

information and new diets submitted by personnel from the facilities using the manual.

In addition to the extensive literature available from the Nutrition Section, there are several nutrition-related films which are kept in the film library of the central office in Madison. The nutritionists can preview any film to determine if it is appropriate for use by merely giving advance notice to the central office to make certain the film is not checked out. Slides and filmstrips are available as well.

Nutrition Section Activities

Each district nutritionist must plan a program to meet the needs of the people. More than one method may be used to accomplish similar objectives. District 1 covers a fairly small area in comparison with Districts 6 and 8 which are combined for service by one nutritionist and encompass a rather large geographical area. The portion of the state in Districts 6 and 8 is not densely populated. The District 1 nutritionists have effectively used in-service programs for public health nurses because there are many of these nurses in the district, and they meet frequently. Districts 6 and 8 are primarily rural areas. There are not as many public health nurses in these districts, and those who are there are widely scattered. Thus, the public health nutritionist serving the area concentrates more on providing consultation to individual public health nurses. Flexibility is an essential part of an effective, decentralized district organization.

The two major overall functions of the Nutrition Section are consultative and educational. Demonstration of direct service serves an educational function. Consultation may be defined as a two-way exchange of ideas which leads to resolving specific problems or broadening thinking of consultant and consultee for further planning and action.

The public health nutritionist provides consultative and educational services in several different areas. One of the most important groups that the nutritionist deals with is the nurse in community health services. It has been recognized that these nurses come in contact with so many patients that it is highly important that their knowledge of nutrition be kept current. This group of nurses contains not only those who are employed by cities and counties, but visiting nurses, school nurses, occupational health nurses, and home health agency nurses as well. Efforts are made to supplement their nutritional knowledge through individual conferences, group conferences, and in-service training programs.

One of the high priorities of current programs is the upgrading of food service in institutions, especially in those serving the elderly. This is in accord with the priorities of the Division of Health. Improvement in the quality of food and nutritional services is fostered in a number of ways.

The public health nutritionists had been providing rather extensive consultation to hospitals and nursing homes prior to the passage of Medicare legislation which has been interpreted to require that those facilities certified for participation must have a minimum of eight

hours consultation monthly from a qualified dietitian or equivalent. A qualified dietitian or equivalent as defined by Medicare standards is a professional dietitian who meets the American Dietetic Association's membership standards or a person holding a Bachelor of Science degree with a major in Foods and Nutrition. Currently, most facilities employ their own dietitians on a consultant basis.

In-service programs planned by nutritionists promote the consultant's professional development. These programs provide an opportunity for continuing education of the dietary consultants and also allow them to share their experiences in the facilities where they consult.

Wisconsin has accomplished much in the area of training food service personnel. The Division of Health, the Nutrition Section, the State Board of Vocational, Technical, and Adult Education, and the State Board of Home Economics Supervisors cooperated in developing a statewide course for Food Service Supervisors. The course was approved by the American Dietetic Association. It is aimed at training competent supervisory personnel for responsible positions in the dietary departments of institutions throughout the state.

Many institutions are currently involved in building or renovation programs. The nutritionists respond to requests to review plans for new or remodeled kitchen facilities from administrators and architects. When the nutritionist learns what type of food service is planned and how many persons will be served, then it is possible to

determine whether the proposed plans will meet the needs of the institution.

Consultation and in-service education are provided for official and voluntary health and social service agency personnel, who provide services to infants, preschool and school age children, as well as to parents and older age groups. This is accomplished through workshops or individual and group consultation. The consultative services of the nutrition staff are also available to the Office of Economic Opportunity for Community Action Programs. Extensive work has been done in one district in cooperation with the Department of Public Instruction to plan a health component for migrant school personnel.

Work with day care centers, Head Start programs, and nursery schools has been developed by the staff. A major accomplishment in this area has been in the preparation and distribution of the pamphlet "Safe Food For Children in Group Care" which was requested by the Division of Family Services.

The Nutrition Section in cooperation with health educators and representatives of the Department of Public Instruction provides assistance in counseling and training local teachers, school administrators, and other personnel concerned with nutrition education in the schools. The White House Conference on Foods, Nutrition, and Health in 1969 challenged nutritionists to focus on working with educators to develop strong nutrition education programs.

The increased emphasis on providing nutrition services to high-risk groups has encouraged program development within a variety of

agencies and organizations having a nutrition component. This has resulted in a need for improved communication and program coordination among agencies and organizations to improve quality of services, to prevent duplication of services, and to reinforce areas of greatest needs. The Nutrition Section has worked closely with such groups as the University of Wisconsin Agricultural Extension, University of Wisconsin Department of Nutritional Sciences, and the University of Wisconsin Center on Mental Retardation and Related Aspects of Human Development.

It is highly important that the public health nutritionist be available to respond to requests from individuals which come into the district offices. Many times, the nutritionist will guide them to the most reliable source of information in which they are interested, but at other times will schedule an individual conference or mail some requested materials. Through responding to these requests from the community, the nutritionist can gain more insight into some current needs and interests within the district.

In summary, the Nutrition Section seeks to provide consultative and educational services particularly to those who are experiencing periods of rapid growth or stress such as pregnancy, infancy, childhood, adolescence, during periods of illness, and in the later years. The philosophy of the Nutrition Section emphasizes the potential of serving more of the state's population through working to supplement the nutritional knowledge of allied professionals such as nurses in community health services and educators, who, in turn, have many opportunities to convey this knowledge to those with whom they work in the community. The

purpose of the Nutrition Section is to promote a more positive approach to good nutrition for all, beginning with the unborn fetus and continuing throughout the life cycle. The priorities of the Nutrition Section strongly reflect the overall emphasis of the Division of Health, particularly in the areas of providing services to high-risk groups and in attempting to facilitate the delivery of health care to people throughout Wisconsin.

CHAPTER V

ANALYSIS OF OBSERVATIONS AND PERFORMANCE

The activities of the student during the field experience afforded several opportunities not only to observe the staff nutritionists functioning but to participate as well. Observations of the nutritionists in a variety of working situations increased her understanding of the knowledge, skills, and techniques necessary to function effectively as a public health nutritionist. Participation in activities enabled her to evaluate her own abilities in light of these observations.

Consultation

The student observed the public health nutritionists assuming the role of a consultant on numerous occasions. Consultation is frequently employed to solve food service problems and thus promote the upgrading of food service in institutions. A striking feature of consultation is the fact that the nutritionists work with such a wide variety of persons, both professionals and nonprofessionals, including some who are not directly related to the health field, such as architects.

In Madison, the student observed the nutritionist providing consultative services to a nursing home administrator, dietary consultant, and food service supervisor. The discussion centered around the feasibility of changing from a three-meal-a-day pattern to a four or

five-meal-a-day plan. Prior to the visit, the consultees had been provided with articles from recent publications which brought forth both advantages and disadvantages of the four or five meal plans. The nutritionist commented that such a change in meal schedule should be given careful consideration, particularly in light of patient acceptance. He explained also that implementation of the four or five meal plan would probably involve making changes in the employees schedule. The consultees agreed that more exploration of the meal plans was warranted before making a decision and requested that the nutritionist set up an appointment for them to visit a nursing home where the five meal plan was currently in operation. This experience demonstrated the value of consultation in terms of suggesting to the consultee a variety of possible alternatives and yet allowing the consultee to reach his own decision.

A nursing home in the LaCrosse area was confronted by the need to purchase new equipment for the dietary department. When the public health nutritionist and the student arrived at the facility, they were told by the administrator that he had forgotten the appointment and would only be able to meet for a short period of time due to his busy schedule. The nutritionist reviewed materials illustrating various kinds of closed carts available for patient tray delivery with the administrator and dietary consultant. He also emphasized the importance of regularly scheduled in-service meetings for dietary department employees. The dietary consultant had previously related to the nutritionist that the administrator was resistant to such meetings and viewed

them as a waste of time instead of a helpful educational tool. Because the administrator indicated that he was in a hurry, another meeting was scheduled to discuss adequacy of refrigeration and freezer space within the food preparation area. The value of tact and flexibility in the public health nutritionist was confirmed by this visit.

The public health nutritionists are requested to provide consultation frequently to nursing home administrators who are attempting to locate a dietary consultant for their facility. The Nutrition Section maintains a file on dietary consultants in each district. A nursing home administrator in Blair had asked for assistance in locating a dietary consultant and was seeking advice on the proposed expansion of the dietary department. Initially, the nutritionist explained how the dietary consultant functions and how her role complements that of the food service supervisor. The administrator previously had understood that since he had sent his supervisor to the LaCrosse Vocational and Technical School Supervisor's Course that it would not be necessary to employ a dietary consultant. The nutritionist agreed to assist in locating a person who would be appropriate and acceptable as a dietary consultant and indicated that he would be in touch with the administrator. This experience showed how the nutritionist can function in interpreting regulations and the importance of keeping up-to-date on resources available in the community.

The student attended a meeting involving two nutritionists and an architect who was drawing up plans for a nursing home in Reedsburg. The architect presented the dietary department plans to the nutritionists

and awaited their evaluation of the layout of the department in terms of operating an efficient food service. For the most part, the nutritionists appeared to be pleased with the space made available for food preparation, but did make several suggestions regarding food storage facilities and, in addition, made some recommendations concerning the equipment planned for the dietary department. The session with the architect helped the student to appreciate the importance of knowledge of layout and equipment for the public health nutritionist.

The student observed the two District 1 nutritionists providing consultation to the Dane County Home Economics Extension Agent in preparation for the initiation of the Expanded Nutrition Program in Dane County. Program aides had been recruited to work directly with families served by the Expanded Nutrition Program and the Extension agent was searching for ideas on how to present a pre-service program to her staff emphasizing practical application of the principles of nutrition. She had assembled a number of printed materials which she brought to share with the nutritionists and asked if there were any further suggestions for resource materials which might be useful in working with the new program aides. The guide for training program aides was reviewed by the Extension agent, who then asked if the two nutritionists would be willing to present part of the orientation and to answer any nutrition related questions the aides might pose. The nutritionists recommended that the Extension agent provide the leadership for the training session, but agreed to present a limited portion of the program. This experience

demonstrated that to a great extent consultation involves a sharing of ideas and knowledge.

On another occasion, a public health nutritionist provided consultation to the Extension agent from Crawford County who was seeking effective ways of providing in-service programs for her program aides. The Extension agent expressed interest in learning more about educational materials and methods which might be used effectively with the families served by the Expanded Nutrition Program. The nutritionist suggested some pertinent pamphlets pertaining to food purchasing, menu planning, and the importance of eating a wide variety of foods for good health and vitality. The use of visual aids and guest speakers was discussed as a method of stimulating interest in the in-service meetings planned for the program aides. The Extension agent also mentioned a monthly publication which is distributed to all the families served by the Crawford County Program. This newsletter, "Nutrition News," contains food buying and cooking tips, and recipes. The newsletter is dependent to a large extent upon the contributions of these families participating in the Expanded Nutrition Program. The contact with the Extension agents working with the Expanded Nutrition Program pointed up the advantages of good relationships with other agencies.

The public health nutritionists maintain good rapport with the dietary staff from University of Wisconsin Hospitals in Madison and they are sometimes called upon to follow up a patient who has been dismissed from the hospital and is being referred to nursing personnel in his home community for continuing health care. On one such referral, the

nutritionist met the public health nurse working with the family and accompanied her to the home for a regular visit. The referral from the hospital stated that the patient was obese (425 pounds) and that he would probably need a significant amount of professional support to enable him to continue adhering to the prescribed diet. The primary purpose for the individual counseling was to demonstrate to the public health nurse the techniques which might be utilized to assist the patient in following the diet regimen over an extended period of time.

The student was scheduled to make some home visits with a public health nurse from the Eau Claire City-County Health Department. The purpose of these visits was to demonstrate to the nurse ways in which she might attempt to assess and solve nutrition-related problems. The public health nutritionist accompanied the student to the health department office where the nurse had been asked to provide patient records. The public health nurse stated that she had no patients with nutritional problems. The nutritionist later explained to the student that some public health nurses do not recognize the nutrition component of a case unless the patient is on a therapeutic diet. She pointed out that it is the responsibility of the nutritionist to help the nurse to see that she has many opportunities to apply knowledge of normal nutrition. Even though the student did not make home visits with the nurse, the meeting with the nurse was valuable from the standpoint of demonstrating that nutritionists need to work with nurses to enable them to recognize the importance of good nutrition for patients.

While the public health nutritionists always encouraged the public nealth nurses to play an active role in supplying nutrition information to patients, they made it clear that should the nurses encounter complicated problems they were ready to provide additional consultation or would do some individual counseling for demonstration purposes.

The student's observation of the public health nutritionists providing consultation to a variety of professionals helped her see some of the attributes of a good consultant. Judging from the field experience, it would appear that one of the best traits a consultant can have is to be a good listener and be able to objectively interpret the problem. An effective consultant discusses a number of alternative solutions with the consultee and assists the consultee with gaining more perspective on the situation. Nonetheless, the decisions are left to the discretion of the consultee. The consultant should be careful not to assume the role of a supervisor and tell the consultee precisely what solution to apply to the problem. Work experience in the field of public health nutrition would be helpful in providing the student with a greater depth of knowledge which would enable her to present alternative solutions to the consultee when called upon to function as a consultant.

In-service Education

In-service education for public health nurses is perhaps one of the most important areas of responsibility of the public health nutritionist. The Nutrition Section recognizes that these nurses daily have

many opportunities to provide their patients with nutrition information. Despite the fact that all nursing school curriculums contain some course-work in the area of nutrition, it is essential to keep the nurse informed of new developments in the field as well as reviewing some of the principles of nutrition.

Many times, the nurses are most concerned with problems of patients on therapeutic diets. Many nurses seem to feel competent in handling the more conventional diets such as bland or diabetic, but they may request assistance in counseling an individual on a combination diet such as low sodium, diabetic. The nutrition staff recognizes that such diets may be confusing but emphasizes that the nurse encounters many more patients who are in need of practical information about normal nutrition. For example, a nurse could emphasize the importance of including iron-rich foods in the diet to a mother with several young children. The nurse also needs to be familiar with food distribution programs (such as the Commodity Food Distribution and Food Stamp Programs) so she can advise eligible families on how to apply for these programs.

During the field training, the student participated in an in-service program for public health nurses in Rock County. This program was the second of a two-part series on nutrition which had been requested by the nurses. Some of the topics discussed were meal planning using commodity foods, realistic methods of helping low-income families, recent developments in nutrition, diabetes, and the cholesterol controversy.

Several Wisconsin counties do not currently participate in the Food Stamp Program; these counties use the Commodity Food Distribution

Program. Rock County is using commodity foods and there has recently been discussion of changing from this program to the Food Stamp Program. The student gave a brief presentation on the Food Stamp Program and answered several questions from the group pertaining to the program. On the whole, the group seemed to favor switching to food stamps because this program offers more choice to the recipient and, therefore, may fit the needs of the people better than the commodity program. Slides were used in conjunction with discussion about diabetes to demonstrate portion sizes of various foods. Printed materials pertaining to topics discussed were distributed to the group. This in-service program provided an excellent example of a combination of teaching methods. It combined an oral presentation with visual aids, which effectively held the interest of the nurses.

In the Southwestern part of the state, a group of hospital administrators, dietary consultants, and food service supervisors meet regularly to discuss ways in which cooperation among the members of this group can help in problem solving and can promote efficient delivery of health care services. At the March meeting of this group, a luncheon was served by a food supply company that was encouraging the use of convenience food items in these institutions. Following the meal, the administrators met together and there was a joint meeting of the dietary consultants and food supervisors. The public health nutritionist led the discussion concerning the appraisal of the convenience items. The group consensus seemed to be that most of the products would not be

acceptable to the patients and that the cost of the convenience foods was prohibitive.

At this meeting, the student was introduced to the University of Wisconsin telelecture series for food service supervisory personnel. A telelecture was scheduled on the subject of food purchasing. The programs originate from the university in Madison. The audio portion of the program is transmitted to hookups throughout the state where those participating can listen to the lecture. Each person enrolled in the telelecture series receives an outline of each lecture which can be used for taking notes. At each receiving station, there is a specially equipped telephone which is available so that anyone in the audience who wishes to ask a question at the conclusion of the lecture may do so. The telelectures are also available on tapes which may be played on any portable tape player. The only missing feature when the tapes are used is that the audience does not have the option of phoning in questions. The telelecture series has the advantage of reaching large groups of people scattered throughout the state. It is a helpful tool for continuing education. The only possible disadvantage that was observed was that it is rather difficult to gear a program to a diversified audience composed of dietitians, food service supervisors, and dietary consultants.

The nutritionist also took advantage of this in-service meeting to introduce the newest edition of the "Diet Manual for Small Hospitals and Nursing Homes." The meeting provided a good way for these food

service people to share ideas, problems, and solutions which might be of aid to them in their own facilities.

A meeting of the District 1 dietary consultants was held in the District 1 office with the two district nutritionists leading the group discussion on in-service meetings, which the consultants plan for their dietary employees. The nutritionists were able to skillfully elicit discussion from the group. The consultants displayed visual aids they had used in developing in-service programs. It was recommended that the dietary consultants continue to encourage qualified persons to enroll in the food service supervisors course. This is an excellent manner in which to up-grade the quality of supervisory personnel.

Several participants in the meeting suggested ways in which to involve food service employees in in-service meetings. A suggestion which was frequently heard was to make the meetings brief and informal, yet informative.

One consultant noted that she had been successful in holding the interest of her employees on the subjects of meal planning and service by requesting that each employee plan the menus for the facility for a one-week period. These meals were then served to the residents. Several helpful reprints of recent articles on in-service meetings were distributed to the group along with other printed materials which the public health nutritionists felt might be useful to the consultants. The public health nutritionists seemed to function as a catalyst in this situation and were apparently successful in encouraging an exchange of ideas among the members of the group.

Attendance at in-service meetings impressed upon the student the importance of the nutritionists acquiring teaching skills. The student needs to improve her oral communications and would profit by learning more about how to organize an in-service program incorporating a variety of teaching techniques.

Group Work

The experience of working with both professional and nonprofessional groups was particularly meaningful to the student. Often, the groups that the nutritionist works with are determined to a large extent by the requests which come from other members of the district staff. The physical therapist in District 1 had worked rather extensively with multiple sclerosis patients. When the Multiple Sclerosis Society scheduled a meeting for the patients and their relatives, the physical therapist asked several district staff members to participate. The nutritionist gave a short presentation on the importance of good nutrition for the multiple sclerosis patient and also devoted some time to discussing the problems of overweight and underweight which are frequently encountered in patients with this disease. Disciplines also represented at the meeting in addition to physical therapy and nutrition, were social work, occupational therapy, home health nursing, and speech therapy. This was an excellent opportunity to observe the health team working together.

Teen-agers are always a challenging group with whom to work. A request from a high school home economics teacher from a consolidated

school in a predominantly rural area resulted in the nutritionist and the student developing a dialogue designed to hold the interest of this group. An attempt was made to discuss mainly the areas of nutrition which might be considered most relevant by the students including such topics as weight reduction and chemicals in foods. Although the students were invited to ask questions or make comments at any time during the dialogue, there were few questions posed until weight control as it relates to athletes was discussed. At the end of the class period, some pamphlets were distributed which emphasized nutrition in relation to appearance and physical fitness. The presentation to the class was instrumental in helping the student to recognize the need to search for methods and techniques which will stimulate interest in nutrition among teen-agers. Good nutrition is important in this group because of rapid growth during the teen-age years and because teen-age pregnancies are increasing.

At the Eau Claire Vocation and Technical School the student not only had the opportunity to observe a class being taught to food service supervisors but was called upon to give an impromptu description of what a public health nutritionist is and how the nutritionist functions. The student discussed the variety of the responsibilities of the public health nutritionist and talked about the role of the nutritionist on the health team.

Many requests come from the community in conjunction with the elderly persons. Most commonly, the requests come from senior citizens groups and nursing homes. A highlight of the field work was attending

the meeting of a senior citizens group to observe the nutritionist and other members of the interdisciplinary team present a program entitled, "Senior Power" which pointed out the many ways in which seniors can remain independent. The nutritionist spoke about the importance of including a wide variety of foods in the diet to insure an adequate intake of nutrients. Suggestions were made on planning, marketing, and serving meals for one or two. The home delivered meals program was discussed as a possible way in which to assist those who are not able to prepare their own meals. Many times, the sole reason that a person must be put into an extended care facility is because of the inability to get adequate nourishment in the home.

Patients already in nursing homes present some different problems as compared to those experienced by the elderly person at home. During the period of field training, the nutritionist and other team members responded to a request from a group of small nursing homes. The personnel from these extended care facilities were interested in improving the services that they offer to patients. Due to the small bed capacity, these homes are able to provide a significant amount of individualized service to the residents. The nursing homes had come together previously and had hired an activities coordinator.

A meeting with representatives from the homes was also attended by the coordinator. The consultants from the district staff, including the nutritionist, commented on the ways in which they felt they could be instrumental in assisting the homes in providing more personalized care for the residents. In several of the homes, an effort had already

been made to honor requests from patients regarding food preferences. It was pointed out to the group that small facilities have an advantage in being able to respond more to individual taste in food and meal schedules. These extended care facilities personnel will continue to attempt to meet the needs of the residents, encouraged by the consultative services of the district office health professionals.

The public health nutritionists spend a significant portion of their time engaged in group work. In addition to those groups previously discussed, the nutritionists have worked with school personnel, social workers, and a variety of other professionals and nonprofessionals.

Planning Conferences

Although we live an an action oriented society, it is essential to take the time for planning and coordination of activities. The student's experience in the area of planning was primarily through observation rather than participation.

It was fortunate that the student was able to observe public health nutritionists from three districts and the Chief of the Nutrition Section participating in planning conferences. There were several planning meetings scheduled for discussion of the Southwest Community Action Program, hereafter referred to as SWCAP. These planning conferences will be treated in depth elsewhere in this report.

The health educator, the director of the West Community Action Program (which serves part of District 8, hereafter referred to as West

CAP), and the nutritionist in the Eau Claire office were in the process of developing a job description for a home economist whom West CAP is planning to employ as a Vista Volunteer. This volunteer would be primarily responsible to the nutritionist for technical advice and would work with West CAP outreach workers to assist families who needed advice on foods and nutrition.

There was also contact with some Vista volunteers who were operating a day care center in a low-income neighborhood in Madison. They had requested some assistance in planning for the purchase of new equipment for their tiny kitchen using United States Department of Agriculture funds. The nutritionist surveyed the kitchen area, made suggestions, and recommended that rather than purchasing institutional equipment for such a small kitchen they purchase a home size range, refrigerator, and separate freezer unit. Due to the limitations on space in the kitchen itself, it was proposed that the separate freezer unit be purchased and kept locked in a room adjacent to the kitchen.

Planning attempts to develop programs to meet the needs of the population served and thus planning varies somewhat from district to district depending on the population. For example, the district with offices in Fond du Lac serves several thousand migrant workers annually. This year, the district nutritionist is planning with others on the health team to assist with providing a nutrition component within a Migrant Project. The planning meeting which the student attended was also attended by the Chief of the Nutrition Section who was listening and reacting to some of the ideas proposed for consideration by the

district nutritionist. This would possibly fall more within the realm of preplanning but was instrumental in making the student aware of the importance of preparation for a planning conference.

Observation of the task force on nutrition at the Wisconsin Conference on Aging provided the student with some insight into the work which goes on at the local and state levels in preparation for a meeting like the White House Conference on Aging which will be held in December. A wide variety of interests were represented on the nutrition task force which included both professionals and senior citizens. It was interesting to note the abilities of the professionals and in interpreting the needs expressed by the consumers. The senior citizens expressed concern with optimal nutrition and requested that labeling requirements be expanded so that producers must include the nutrient content of a product on the label.

It was difficult for the student to categorize all of the observations and experiences during the field training. Other activities certainly merit mention. Among these were accompanying the Medicare Inspection team from one of the district offices to a small hospital that had recently added an extended care unit, for an evaluation of staff and facilities. Since the nutritionist does not function in the dual role of consultant and inspector in Wisconsin, it is important for the nutritionist to work closely with the sanitarian who is responsible for inspecting the food preparation areas in hospitals and nursing homes. The student attended a meeting in Green Bay planned in cooperation with the local School Lunch Program, Division of Health, and the

Department of Public Instruction to discuss nutrition education in the schools. The meeting and the evaluation of the meeting demonstrated how much interest and participation can be generated when several groups are involved in developing a program format.

It is frustrating and difficult, at best, to attempt to describe such a comprehensive nutrition program in so brief a report. In this thesis, the student attempts to give only an overview of the scope of the very excellent program developed by the Nutrition Section Chief with input from the staff. Through coordination with other agencies, an effort is made not to duplicate other nutrition programs. A significant step toward coordination of all of Wisconsin's nutrition related activities was the recent formation of the State Nutrition Council which will be instrumental in bringing together those groups involved in nutrition activities throughout Wisconsin to establish some overall goals for the state.

Southwest Community Action Project

During the period of field training the student participated in a project with the SWCAP. This was an interdisciplinary team project; team members consisted of consultants from the Child Behavior and Development Section, Health Education Section, and the Nutrition Section. A request for developing a health component in the SWCAP program had come from its director. The team goal was to establish an integrated program of health education to be conducted in low-income, multipurpose centers.

The objectives for the student's work with SWCAP were discussed and agreed upon by the district public health nutritionist and the student. First, there was a need to evaluate the food and nutrition needs of the Wisconsin citizens to be served by the centers located in Boscobel, Richland Center, Mineral Point, and Darlington. Secondly, these nutrition needs were to be related to improved health. The student was to work with state and county health professionals in the planning and initiation of an integrated health education program and was to be responsible for developing the nutrition portion of the program.

The initial meetings that the student participated in were held in Boscobel and Mineral Point on the same day. The purpose of the meetings was to discuss health needs of persons served by SWCAP. The two meetings held that day were very similar in content with different center directors and outreach workers attending each meeting. The assistant director of the SWCAP and the team members attended both meetings. The SWCAP representatives had apparently not been informed why the interdisciplinary team had come to meet with them and appeared unclear about what the professionals had to offer. The people from SWCAP expressed the hope that the team could provide them with some tangible services such as teaching classes for low-income homemakers.

During the meeting, the team members emphasized the importance of planning and coordinating a program of health education. In addition, they explained that their function was primarily in the area of providing consultation to those working in the centers who would, in turn,

implement their own program, carefully designed to meet the assessed needs of the clients. The consultants indicated they recognized that programs are most effective when developed from within and when the unique needs of the people to be served are considered.

In contrast to the interdisciplinary team, the SWCAP representatives spoke more in terms of the need for solution of urgent health problems. The team suggested that the SWCAP take some time to explore some of the health-related needs which they observed in their communities and to construct a list of the needs which they considered to be of high priority. The list of priorities was communicated to the team by telephone. Only one center of the four represented at the meetings made a concrete effort to communicate their health-related priorities. The Boscobel center staff indicated that the needs in their area, as expressed by their organized homemakers' group, were for classes on such subjects as first aid, family finances, child care, and home canning. Thus, it seemed that the staff from the other centers did not perceive health problems which might be solved through health education. The SWCAP personnel appeared to be motivated only to the extent of solving existing problems. They seemed not to recognize that in addition to solving these problems steps might be taken to prevent their recurrence. For example, they may have felt that the families served by their centers needed more food because children were going hungry. This is a crisis situation and can be best solved by helping the family to obtain more food either by supplying them with food or with the money with which to purchase it. In providing food or money, only the immediate

problem is solved and is likely to recur. On the other hand, a nutrition education program might aid the homemaker in planning and budgeting to feed the family nutritious meals and in so doing prevent the family from running out of food. One approach deals with solving current problem situations, while the other emphasizes prevention of these crises. On the other hand, the crisis must be met before thought is given to education and planning.

The team from District 1 spent many hours meeting to discuss ways in which helpful consultation might be provided to the SWCAP staff. Some consideration was given to undertaking the project as a demonstration in providing direct services to the centers over a period of time during which leadership for continuing services initiated by the team could be developed among the center personnel. In view of the fact that the Boscobel center had requested some direct service, this might have been an effective approach.

During this period of deliberation by the interdisciplinary team, the nutritionist presented a program to the Boscobel homemakers' group. One of the reasons that he agreed to teach the class was to have an opportunity to assess whether the health priorities as reported to the team by the center staff were reflective of the needs expressed directly by the homemakers. He returned, confirming that the list of priorities submitted by the Boscobel center staff was accurate.

At this point, it appeared there were two factions involved in this project, each with a different perspective. The center personnel were action oriented and expressed a desire for tangible services while

the interdisciplinary team had a planning orientation and hoped to assist in planning a health education program for the future. In looking back, the student could see that it might have been beneficial to have discussed specific long and short-range objectives with the SWCAP staff. This would have taken into account the action oriented perspective of the agency, and activities might have been planned which would have shown some tangible results within a relatively short period of time. The importance of sound long-range planning could have been stressed, as well as the fact that major changes and well thought out programs do not develop overnight.

In re-evaluating the goals of the project the team decided that it would be advisable to continue to provide tangible services such as speakers for the homemakers' meetings. It was also proposed that the professionals consider assisting the SWCAP staff to write and to submit a grant proposal for a day care center to be located in the area served by SWCAP. The idea of a day care center had been brought up frequently, particularly by the Boscobel people, and the SWCAP staff and interdisciplinary team members seemed to agree that establishment of such a facility would meet a need.

At a meeting with the SWCAP director, an attempt was made to consider the factors which might be involved in establishing a day care center. Two primary concerns were location of the center and parental acceptance of such a facility. Adequate staffing was also discussed. The child behavior and development consultant agreed to make some inquiries regarding funding, and the SWCAP director indicated that he

would contact the staff from the Boscobel center to arrange for a meeting to discuss the feasibility of locating a day care center in that community. Unfortunately, this meeting had not yet taken place when the student completed her field experience.

During the period that the student worked with this project, the team members always made her feel that any contributions from her during the planning sessions were welcomed. For example, the student was made responsible for spending a day with an outreach worker in order to gain some understanding of the kinds of direct services an outreach worker is called upon to provide to the families with whom she works.

The outreach worker was very frank, regarding both her client's problems and the initial impression that the interdisciplinary team had made on her. She commented that the most obvious nutrition related problems that her clients face is having neither enough food nor the means with which to purchase it. She showed the student that substandard refrigeration and cooking facilities also pose a major problem. Later in the day, she added that many of the people she serves do not have sufficient knowledge about nutrition to select an adequate diet.

It was discouraging to the student that in several of the homes visited the animals had the appearance of being in better health than either the children or parents. In more than one house where there was no food available for the family, the dog and cat dishes were filled. Sanitary conditions on the whole were very poor. Few of the homes visited had indoor plumbing. Several families were using wood-burning stoves, and refrigeration was either poor or non-existent.

The student discussed with the team the observations made during the day with the outreach worker. The team members were instrumental in helping the student to see that while the outreach workers were coming up with solutions for the daily crises which they encounter, there was a need for some long-range planning in order to get to the roots of these problems. They pointed out that SWCAP reportedly had a history of transient leadership and that the agency was not in the habit of doing much long-range planning to achieve objectives.

Much potential for future work with the SWCAP agency exists. If the student were to continue working with the project and could assume the role of the public health nutritionist, she would attempt to increase the outreach worker's knowledge of foods and nutrition so that they would be better equipped to serve the families who have problems relating to these areas. This might be achieved through making arrangements for the Extension agent to provide the outreach workers with a demonstration on canning. Perhaps, with the approval of the SWCAP director, monthly meetings could be scheduled to provide the outreach workers with information on foods and nutrition which might have practical application for them. The first of such meetings might be devoted to asking the outreach workers what they see as kinds of information that would be valuable. The rest of the meetings would be planned with these requests for information in mind. Perhaps providing limited direct services to some families served by the outreach workers would most effectively demonstrate the methods and techniques which can be used by the outreach workers to solve food and nutrition related

problems. Frequently, nutrition could be incorporated into discussions about family finances or child care. If the outreach worker has to secure an emergency food voucher for a family, she could be encouraged to take the homemaker to the grocery store and to make suggestions regarding wise selections for stretching the food dollar.

Another significant contribution that the nutritionist could make at this point would be to develop a series of programs on subjects that the Boscobel homemakers had requested and if these are successful to promote the organization of homemakers' groups at the other centers and design some programs to meet their needs. Nutrition could be effectively integrated into other kinds of programs or discussed as a separate subject. For instance, if a class on home canning was requested, it would be very easy to incorporate some information about the nutrients contained in the vegetables and fruits which are canned. Canning and food preservation could be discussed from the standpoint of conserving nutrients through use of proper techniques.

Despite the fact that time limitations did not permit the student to observe the results of the work of the interdisciplinary team and the SWCAP agency, much was learned from this experience. The exposure to interdisciplinary planning was highly valuable and working closely with the other team members gave the student an increased understanding of their roles. An appreciation was developed for the importance of re-evaluating the goals and objectives of an ongoing project. During the work with the SWCAP agency there was a shift in emphasis from a health education program to the establishment of a day care center which

constituted a re-evaluation of objectives. The re-evaluation of the objectives occurred because it appeared that the original objective of the project, the health education program, would not best meet the needs of the population served. Working with an action-oriented agency was helpful in providing the student with some practical background for future endeavors with Community Action Program and other similar agencies. This experience demonstrated that when working with such an agency, professionals can profit by recognizing the need to provide some concrete results quickly in order to stimulate the group's interest in long-range planning. Above all, working on this project gave an indication to the student of the importance of fitting nutrition into the total health picture.

CHAPTER VI

SUMMARY AND EVALUATION

Observations and experiences during eight weeks of field training with the Nutrition Section of the Division of Health, Wisconsin Department of Health and Social Services, have been reported in the preceding pages. Because of the wide variety of activities and the excellent guidance provided by the Chief of the Nutrition Section and her staff, the student was able to accomplish the objectives for the field experience.

The student's understanding of the organization and function of the Division of Health and Nutrition Section was greatly increased through conferences with the Director of the Bureau of Community Health Services and the Chief of the Nutrition Section. In addition to the demographic and statistical information which was reviewed prior to the student's arrival in Wisconsin, other pertinent publications were made available to the student throughout the period of field training. Informal conversations with staff members of other sections aided in gaining some insight into their function within the framework of the Division.

The understanding of the other bureaus and sections of the Division of Health enabled the student to see the interrelationships between their programs and that of the Nutrition Section. The student observed the important role that nutrition played in relation to the

Bureau of Hospitals and Related Services, Section of Maternal and Child Health, and the Section of Child Behavior and Development. Interdisciplinary projects planned jointly by the Nutrition Section in cooperation with other bureaus and sections helped to illustrate the interrelationships among the programs. The student was impressed by the interdisciplinary emphasis within the Division which was demonstrated by the District I staff who worked together on projects to meet community needs. One such project attempted to strengthen the patient services in a group of small nursing homes in the central Wisconsin community of Stoughton. The work with these nursing homes illustrated how several disciplines can work together and how the work is directed toward better health care for the elderly, one of the priorities of the Division of Health.

Planning of the Wisconsin nutrition programs is based not only on the needs of the state as a whole but allows emphases in each district which best meet the needs of that portion of the population. Current health statistics are examined in preparation for program planning. Each district public health nutritionist has an opportunity to assess and communicate the priority needs of the district served. Staff meetings provide a means for sharing the needs of each district and for coordinating the objectives for the state as a whole. Observation of the nutrition program in several districts increased the student's understanding of the role of the public health nutritionist functioning as a consultant at the district level.

The student observed the public health nutritionists participate in numerous community activities with community organizations including a senior citizens organization and the Multiple Sclerosis Society.

The relationship of the nutritionist to community organizations is reciprocal because while the nutritionist provides some valuable input into the organization, at the same time there is occasion for the nutritionist to profit from the association with the community group as well.

Particularly impressive was the caliber of the in-service programs that were presented to public health nurses. The programs were very informal and seemed to have been designed to stimulate the interest of the audience through the use of a variety of educational methods. The student benefited from observing the effective techniques utilized by the staff. Participation in several activities gave the student valuable experience in assuming, in part, the role of the public health nutritionist. The flexibility of the student was increased through contact with a variety of persons and agencies who had expressed the desire for nutrition information.

The field experience was effective in increasing the student's knowledge of the role of the public health nutritionist as a member of the health team. The public health setting is the environment of the activities of the nutritionist. Functioning as a member of the health team the nutritionist can work with a constant awareness of the common goal of preventing disease and prolonging life in an environmental conducive to healthful living.

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Roberta Jean Hine was born in Chicago, Illinois on November 25, 1942, the daughter of Donald Richard and Mary Elizabeth Feyder Hine. She graduated from Central High School in Sioux City, Iowa and received a Bachelor of Science degree from the University of Kansas, Lawrence, Kansas. After graduation from college, she completed a dietetic internship at Barnes Hospital in Saint Louis, Missouri. Interest in the area of mental retardation was pursued through acceptance of a Nutrition Fellowship at the Child Development Mental Retardation Center at the University of Washington in Seattle. In September of 1970, she entered the Graduate School of the University of Tennessee to work toward a Master of Science degree in Nutrition.