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A Field Experience In Public Health Nutrition With the Florida Department of Health and Rehabilitative Services

Becky Lynn Huff
University of Tennessee, Knoxville

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

Mary Nelle Traylor, Major Professor

We have read this thesis and recommend its acceptance:

Jane R. Savage, Cyrus Mayshark

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Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

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

145
July 7, 1971

To the Graduate Council:

I am submitting herewith a thesis written by Becky Lynn Huff entitled "A Field Experience In Public Health Nutrition With the Florida Department of Health and Rehabilitative Services." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree Master of Science, with a major in Nutrition.

Mary Kelle Traylar
Major Professor

We have read this thesis and
recommend its acceptance:

Jane R. Savage

Cyrus Maybank

Accepted for the Council:

Vice Chancellor for
Graduate Studies and Research

A FIELD EXPERIENCE IN PUBLIC HEALTH NUTRITION WITH
THE FLORIDA DEPARTMENT OF HEALTH AND
REHABILITATIVE 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

By
Becky Lynn Huff
August 1971

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B.L.H.

ABSTRACT

This thesis describes and analyzes a field experience in Public Health Nutrition with the Florida Department of Health and Rehabilitative Services. The purpose of the field experience was to supplement a background in academic principles with knowledge acquired through practical work situations.

Conferences and interviews with public health professionals were planned to increase understanding of public health organization. The broad scope of Florida's nutrition program provided a unique opportunity for the author to observe and participate in a variety of the responsibilities of a Public Health Nutritionist. Portions of the field experience were spent in four different parts of the state to exemplify nutrition programs designed for rural and metropolitan counties, and for groups with specific health and nutritional needs such as the migrant agricultural workers.

The overall field experience showed the author that flexibility, cooperation, planning, coordination, and evaluation are key principles in public health. Communication and planning skills were improved through practice in counseling, teaching, in-service education, and consultation. The author also learned to establish good rapport with the black and Spanish-speaking populations through her work with the Migrant Nutrition Outreach Team. In applying public health principles as a nutritionist she found that her decision to pursue a career in Public Health was reinforced.

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CHAPTER I

INTRODUCTION

The field experience in Public Health Nutrition was designed to supplement a background in academic principles with knowledge acquired in a variety of practical work situations. This variety of supervised experiences was particularly important to the author since her previous professional background in Public Health Nutrition was limited to volunteer work in the Head Start Program and concurrent field experiences in Knox County.

The Division of Health of the Florida Department of Health and Rehabilitative Services, Jacksonville, Florida was an ideal choice for the field experience training. Its nutrition program is an excellent one with well-planned, diversified activities carried on throughout the state. In traveling to Jacksonville, Tallahassee, Tampa, and Lantana during the eight-week period, the author had the opportunity to observe and participate in state, county, and regional public health nutrition programs, as well as in programs for specialized projects such as Migrant Health.

More specifically, the objectives of the field training were:

1. To increase the author's competence in carrying out the responsibilities of a professional in Public Health Nutrition.
2. To develop a clearer understanding of the rationale behind nutrition program planning at the state and county levels.

3. To increase the author's knowledge of the administrative hierarchy of a public health department and its nutrition component.
4. To develop a greater appreciation for the role of a nutritionist in the coordinated efforts of an overall public health program.
5. To more fully understand the sources of financial support for public health programs.
6. To develop an awareness of community resources available to health-related agencies.
7. To participate in a special project related to particular ethnic groups.
8. To help determine the type of employment in which the author could work most effectively by observing and participating in the responsibilities associated with a variety of Public Health Nutrition positions.

Because of the extensive itinerary during the field experience, this thesis will not attempt to delineate all activities. Instead, specific examples of observations, or participation will be used as they apply to the author's professional development, or to the accomplishment of the overall objectives of the field work.

Chapter II contains demographic information about the State of Florida. Geography is discussed, as well as population, vital statistics, and the economy. Research on this material was conducted before the field experience in order to establish the background for the priorities demonstrated in Florida's Public Health Programs.

Chapter III presents the Florida Department of Health and Rehabilitative Services, with emphasis on the organization and roles of the Division of Health and its components. The nutrition component is treated separately in Chapter IV, where its staff, organization, and activities are discussed.

Chapters V and VI are concerned with the author's evaluation of her abilities through observation and/or actual participation in various professional activities. Chapter V analyzes her abilities in consultation with other professional workers, in-service education, planning and other administrative conferences with professionals, and teaching and counseling of nonprofessional persons. Chapter VI analyzes the author's participation in a nutrition education program for migrant agricultural workers in Palm Beach County.

Chapter VII is a summary and evaluation of the overall field experience in terms of meeting the stated objectives of the field work.

CHAPTER II

THE STATE OF FLORIDA

The first step in planning meaningful public health programs is to assess the needs of the population to be served. These needs are partially determined by the geography, culture, demography, and economy endemic to the area. An analysis of these factors and related health statistics establishes the needs of the community and subsequently the priorities for developing public health programs and services.

I. GEOGRAPHY

Florida extends southward 500 miles between the Atlantic and the Gulf of Mexico (1). It covers a 58,560 square mile area divided into 67 counties, and it ranks 22nd in size among the states. The topographical regions of the state include the coastal lowlands, the hilly western highlands, the Marianna lowlands, the Tallahassee hills and the central highlands or the ridge of the peninsula proper. Islands, the Florida Keys, stretch southward from Biscayne Bay, past Key West to the Dry Tortugas Islands. The widest portion of the state is its northern panhandle, 367 miles wide; the capital city, Tallahassee, is located in this region. Below this panhandle the state is never more than 144 miles wide; no point is more than 70 miles from either the Atlantic Ocean or the Gulf of Mexico (2).

Florida presented an everchanging panorama to the author traveling across the state. Contrasts in color, vegetation, and geometric design were prominent. The sandy shores and palm trees of the beaches gave way to the rich soils and agriculture of the interior. Vast inland plains were dotted with cattle grazing on some ranches, while other ranches supported neat rows of citrus groves, flowers, or sugar cane. Occasional cypress swamps and endless chains of shimmering flood control canals were reminders of how low much of the land is.

Florida is known officially as the "Sunshine State," reflecting its climatic assets. In winter there is more sunshine than in any other state east of the Mississippi. The average temperature is 70⁰, but cold waves occasionally occur. The annual rainfall is about 43 inches, most of which falls from April to November. This attractive climate has been largely responsible for the influx of tourists and retired people to the state in recent years (2).

II. POPULATION

Preliminary population figures indicate that Florida had a population of 6,671,162 in 1970. This represents a 34.7 percent increase over the 1960 census, and an elevation from 10th to 9th rank in the country. Seven of Florida's 67 counties are listed under the 25 fastest growing counties in the country for 1970, and the state has 7 cities with over 100,000 people (1). Growth has been rapid but geographically irregular, with the major population explosion occurring in the coastal areas to the south and in the central belt of the peninsula (3).

More than half of the population of Florida is comprised of persons

who have moved from other states. With the exception of the Cubans there are very few foreign-born residents (3). The white population accounted for 82.3 percent of the state's total population in 1969 and continues to expand as a result of in-migration. The nonwhite population is made up primarily of Negroes, but a small group of Seminole and Miccosukee Indians, estimated to be 1200 in 1964, are also in residence (3,4).

The proportion of the population residing in rural areas has declined sharply over the years. In 1890, 80 percent of the people lived in rural areas, in 1930 it was approximately 50 percent, while in 1960 it had dropped to only 26 percent.

Urbanization and in-migration have been marked by a steady increase in the percentage of the aged in the population. In 1940 Florida's 131,217 elderly people represented 6.9 percent of the population, while in 1970 this percentage had risen to 14.5. The state's total population, had increased 257.8 percent since 1940, but the number of older people had increased 651.2 percent by 1970 (5).

During the winter months, Florida's population increases temporarily as migrant farm workers and tourists move into the area for the season. While these groups require emphasis on different health services, they both create additional needs during the winter season which must be considered in developing health programs. The migrants are a unique blend of cultures and backgrounds. They may be white or black workers from the continental United States, or they may come from Puerto Rico, Mexico, or the West Indies. This blend of ethnic groups and languages, as well as the migratory way of life presents a real challenge to public health workers (6).

Many of Florida's tourists are older people who spend most of the winter in the state. Younger families and students come for shorter visits on weekends and holidays. As restaurants and recreational areas open to

accommodate the tourists, increased demands are placed particularly on sanitarians and sanitary engineers working in environmental health.

III. VITAL STATISTICS

Provisional data from 1969 showed an increased birth rate of 17.1 per 1,000 population compared with 16.5 per 1,000 population in 1968; or 168,364 births in 1969 and 100,971 in 1968. Adjusted birth rates have declined steadily since 1956. It can be assumed that recent social and economic changes, along with the availability of more effective contraceptives are being reflected in these changing fertility patterns (7).

Once again based on provisional data, 72,952 deaths occurred among Florida residents in 1969. The 1969 death rate (11.5 per 1,000 population) reflects a rising trend which began in the mid-1950's and has set 23 successive records for deaths in the state. In comparing this rate with that of the nation as a whole, the figures must be adjusted to take into account the population in the older age group. With this consideration, Florida experienced slightly lower rates for the white population and slightly higher rates for the nonwhite population than the rest of the country. New highs were reported for both races in Florida in 1969, with 62.170 white and 10,782 nonwhite deaths. The higher rate for the white population is explained by the estimate that 15 percent of this group are over 65 years old, compared to 7 percent of the nonwhite (7).

The 1969 provisional data rank the following conditions as the 10 leading causes of death in Florida:

1. Diseases of the heart
2. Malignant neoplasms
3. Vascular lesions of the central nervous system

4. All accidents
5. Influenza and pneumonia
6. Bronchitis, emphysema and asthma
7. Certain causes of mortality in early infancy
8. Diabetes mellitus
9. Cirrhosis of the liver
10. Arteriosclerosis (7).

For the United States as a whole, the first five leading causes of death are the same. Diseases of early infancy ranks sixth, however, diabetes, seventh; arteriosclerosis, eighth; cirrhosis of the liver, ninth; and other diseases of the circulatory system, tenth (1).

Cancer, heart disease, and stroke have been the leading killers in Florida and throughout the nation for a number of years. Each year these diseases have caused a larger proportion of total deaths and the rate is increasing. Since these are predominantly diseases afflicting the elderly, a portion of the rising death rate is due to an aging population. However, the fact that medical science has been relatively less successful in eradicating these conditions compared with infectious diseases is also a factor (7).

Accidental death has maintained its position as the fourth leading cause of death in Florida and the nation for more than two decades and is important at all age levels. Changes in rank, on the other hand, have occurred for respiratory diseases (including bronchitis, emphysema, and asthma), which rose from eleventh to sixth place from 1959 to 1969, and for cirrhosis of the liver, which rose from twelfth to ninth position during this time. The only cause listed under the top ten which declined in both rate and ranking was mortality for early infancy. Between 1959

and 1969 the rank dropped from fifth to seventh, and the rate fell 46 percent. Both the white and nonwhite populations established record lows in 1969 with rates of 18.3 percent and 35.7 percent respectively. It must be remembered, however, that despite the general decline in Florida's infant mortality rates, they remain about 9 percent above those of the nation (7,8).

There were 15,573 illegitimate births among Florida residents in 1969. This represents a 41 percent increase over the 10,544 that were reported in 1959. During this same decade the illegitimacy ratio (the number of illegitimate births per 100 total live births) rose from 9.4 to 14.5. Adjusted ratios show that illegitimacy ratios continue to be higher among nonwhite births, (38.7 nonwhite versus 6.5 white in 1969). Age specific ratios show a disturbing trend toward increased incidence of illegitimacy among teen-agers. Between 1959 and 1969 the ratios among white persons under 20 years of age rose from 6.3 to 18.2 and for the nonwhite teen-age groups it climbed from 47.5 to 65.2. To further indicate the extent of this problem, the 1969 birth data showed that 48 percent of all illegitimate births among the white population and 56 percent of illegitimate births from the nonwhite population were among teen-age mothers, compared with 39 percent for both races in 1959 (8).

In the past few years estimated statistics have been advanced for the number of overweight people in the country. Persons 10 percent above their desirable weight (as determined by height and body frame charts) are considered overweight. In 1968, this method of evaluation

showed that approximately 20 million people, out of a population of 200 million, were overweight. At a ratio of 1:10, this implied roughly that 600,000 Floridians were overweight at that time (9).

IV. ECONOMY

Florida's largest income-producing business is tourism. This industry has expanded rapidly since the early 1900's as thousands of vacationers and retired oldsters have flocked to the state's many miles of beaches and semi-tropical climate. In 1927 about 1,800,000 visitors spent approximately \$201,000,000. Today these figures have jumped to more than 22,500,000 visitors spending some 6.2 billion dollars annually in Florida (1,2).

Agriculture is another important industry. Florida produces most of the country's oranges and grapefruit; the 1969 output was estimated to be 5,836,000 tons of oranges and 1,695,000 tons of grapefruit. Fresh vegetable production ranks second only to that of California. Other crops include avocados, watermelons, limes, tangerines, sugarcane, peanuts, cotton, and tobacco. Chickens are raised in large numbers and the cattle industry has grown in importance. Farm receipts for 1969 were \$1.3 billion (1).

Manufacturing industries have grown and diversified to the point where they now provide even more income than agriculture. Leading industries, in terms of value added by manufacturing, are food processing; chemicals; paper and paper products; printing and publishing; stone, clay, and glass; transportation equipment; machinery and metal products. Florida leads the nation in production of phosphate rock, is second to

New York in titanium, and third in rare-earth metals. In 1969 the total mineral production value was estimated to be \$301,922,000 (1).

Seafood is among Florida's renewable resources. The commercial catch of fish and shellfish is worth over \$40,000,000 a year, ranking high among the states. In 1969 the figures showed that the year's catch had decreased slightly in volume but increased in value (10).

V. SUMMARY OF PRIORITIES FOR DEVELOPING OF PUBLIC HEALTH PROGRAMS

Demographic information helps provide documented justification for priorities in the development of public health services. In Florida, a large segment of the population is made up of elderly people and, therefore, a strong program in the field of chronic diseases is indicated. Some of the leading causes of death, such as heart disease, cancer, stroke, diabetes, and arteriosclerosis, support this contention. Programs for screening the population for chronic diseases should be continued and expanded. Supportive services should include health education, in relation to contributing factors such as obesity and smoking, in an effort to reduce the high mortality from these diseases.

Other population groups warranting priority are the Indians, the migrant agricultural workers, and the low-income groups. Services needed run the gamut from nutrition guidance to immunizations. These people present special challenges to health-care delivery due to ignorance, fear, superstition, frequent shifts in location, lack of transportation, and language barriers.

For the population as a whole, but particularly the low-income and nonwhite population, a strong program in maternal and child health services is indicated. Health services are needed in pregnancy, infancy, childhood, and adolescence. The services promote mental and physical growth, development, and well-being, and help to reduce the incidence of perinatal and maternal mortality, morbidity, prematurity, and mental retardation. Emphasis on this program is lowering infant mortality every year. Overall infant mortality, however, still runs above the national average as indicated in the discussion of vital statistics. Illegitimacy rates are increasing. Both the infant mortality and illegitimacy rates support a continued high priority for maternal and child health services (11).

Screening and immunizations for preventable diseases also maintain continuing importance to the public's health. Surveillance and prevention through epidemiological research, health education, and immunizations are important parts of serving the community in this area.

An Environmental Health Program is important to the whole state, its people, and its tourist industry. Water and sewage treatment plants, health facilities such as hospitals and nursing homes, restaurants, parks, mobile homes, and grocery stores are just a few of the places where sanitarians and sanitary engineers provide services for the public's welfare.

Since tourism and citrus fruit production are two of the leading industries in the state's economy, a Bureau of Entomology is highly justified in the health organization. Protecting visitors as well as residents from insect pests, and preventing pest-caused crop damage assumes a high priority.

Other disciplines provide services which are important to all

population groups and ages. Nutritionists, dentists, and public health nurses often provide supportive services in several program areas such as chronic diseases and maternal and child health. Services from these members of the health team ideally should be provided by all county health departments, or by special projects and clinics.

Working with health facilities such as nursing homes has become increasingly important in Florida's health program. The large number of older people in the state has increased emphasis on upgrading nursing home care. Medicare and Medicaid programs, requiring certification of institutional applicants, and state regulations requiring licensure of health facilities have all helped to justify the need for a strong Bureau of Health Facilities and Services.

Florida has long recognized the importance of supportive units within the overall health program. Accordingly, it has provided a Bureau of Laboratories, a Bureau of Vital Statistics, and a Bureau of Research. The state also maintains supportive units important to the operational efficiency of the health organization. Examples include the Bureau of Finance and Accounts, and the Advisory Council. Such units have become increasingly important in the past few years as greater emphasis has been placed on program planning and the justification of budget entities.

Florida's present public health organization was gradually developed through expansion and reorganization to efficiently meet the everchanging needs of its population. In Chapter III the history of this organization, the Department of Health and Rehabilitative Services, is discussed. The activities of the Division of Health are emphasized to

show how **services** based on health priorities and operational considerations can be integrated into an organization to efficiently serve the public.

CHAPTER III

FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

I. HISTORY AND DEVELOPMENT

The birth of the Florida State Board of Health was a direct result of successive ravaging epidemics culminating in the Jacksonville Yellow Fever epidemic of 1888. The state realized the acute need to protect itself from the introduction of such epidemics from other countries and to control the spread of diseases among counties. Accordingly, the legislature met in a special session in 1888 to create a three-man State Board of Health and to authorize the establishment of county boards of health. Dr. J. Y. Porter was chosen as the first State Health Officer.

In its early years, the board was primarily concerned with the control of epidemic and other infectious diseases. There was also a great interest in compiling accurate vital statistics and in promoting health education through publications such as Florida Health Notes, which was first published in 1892 (3).

The years 1901-1917 marked a time of early development of organized public health. Bureaus were created within the state Board of Health and responsibilities were distributed among these bureaus, thus laying the framework for the present day organization of public health in Florida. On-going programs during this period were concerned with controlling yellow fever and smallpox; eradicating hookworm; establishing a district nursing

service to care for tubercular patients; and establishing a Division of Veterinary Medicine to study and treat diseases in livestock and to study the interrelationship of diseases of animal and man. Other activities included the initiation of services for indigent crippled children, the development of a laboratory, and the authorization for the establishment of a Bureau of Sanitary Engineering (3).

Between 1917 and 1932 the State Board of Health was hampered by inadequate budgets, and activities in many programs were curtailed. In spite of this, there were several important new developments. A Division of Venereal Disease was created with extensive educational and treatment programs, a statewide mosquito control project to reduce the incidence of malaria was initiated, and extensive emphasis was devoted to maternal and child health. In addition, three full-time health departments were inaugurated in Taylor, Leon, and Escambia Counties, and nutritional deficiency was first recognized as the cause for pellagra (3).

The years 1933 to 1945 marked the beginning of a public health renaissance for Florida. Depression and relief programs provided financial assistance and authorized a variety of projects, including some health projects, for different types of individuals needing employment. The Division of Public Health Nursing rapidly expanded, and major projects in sanitation, mosquito control, and maternal and infant care were undertaken. Particular emphasis was placed on the establishment of county health units, and by 1945, 37 counties were served by 26 full-time health units. Although migrant laborers began to come into the state during the 1920's, it was not until this time that the newly-formed county health departments were able to provide services to these workers,

as well as to permanent residents (3).

In 1945 Florida's public health program came under the direction of its present leader, Dr. Wilson T. Sowder. Dr. Sowder developed a very favorable relationship between public health and practicing physicians, between federal and state health agencies, and between state and local health agencies. He also emphasized the importance of overall planning and has worked closely with professional organizations and agencies in the health field.

Since World War II, Dr. Sowder has led in the growth of Florida's public health organization to its present level. Sections for Personnel, Tuberculosis Control, Laboratories, Finance and Accounts, Industrial Hygiene, and Nutrition have been established. Surveillance programs for insect-borne diseases have been created as increasingly effective controls were developed. Similarly, the concern for epidemic and other communicable diseases has given way to maintenance of safe immunization levels. Tuberculosis screening and hospital facilities have been improved and previously established programs in such areas as Venereal Disease Control, Maternal and Child Health, Vital Statistics, Sanitary Engineering, Laboratories, and Dental Health have been carried forward. Further new developments have been the establishment of the Bureau of Entomology and a section responsible for radiological and industrial health activities (3).

In 1968, a revision of the State Constitution provided for reorganization of state agencies, and the State Board of Health and the position of State Health Officer were abolished. In their place, the Division of Health, with a director and an Advisory Council, was created within the giant department of Health and Rehabilitative Services. (The reorganiza-

tion has facilitated a referral system and a sharing of information among health disciplines.) Figure 1 shows the present organization of this Department of Health and Rehabilitative Services (5).

II. THE DIVISION OF HEALTH

Figure 2 shows the current organizational chart for the Division of Health within the Department of Health and Rehabilitative Services. The division is arranged into bureaus and sections which work very closely with the sixty-seven county health departments. The state staff function primarily as consultants, while public health services are provided through the county health departments (3). The following discussion defines the responsibilities of the bureaus and sections within the Division of Health.

Office of the Director

Directly within the Office of the Director are the Office of Operations; Office of Planning; Legal Office; Office of Registration and Drug Administration; and the Epidemiology Research Center. The Operations Office provides professional assistance to the Director of the Division of Health on certain routine matters and problems, and is also in charge of professional recruitment. In addition, the Operations Office coordinates the state's Poison Prevention Program. It formerly coordinated the Accident Prevention Program and the Health Mobilization Program, (concerned with the survival of citizens in times of disaster), but jurisdiction over these programs has been transferred to the Bureau of Local Health Services.

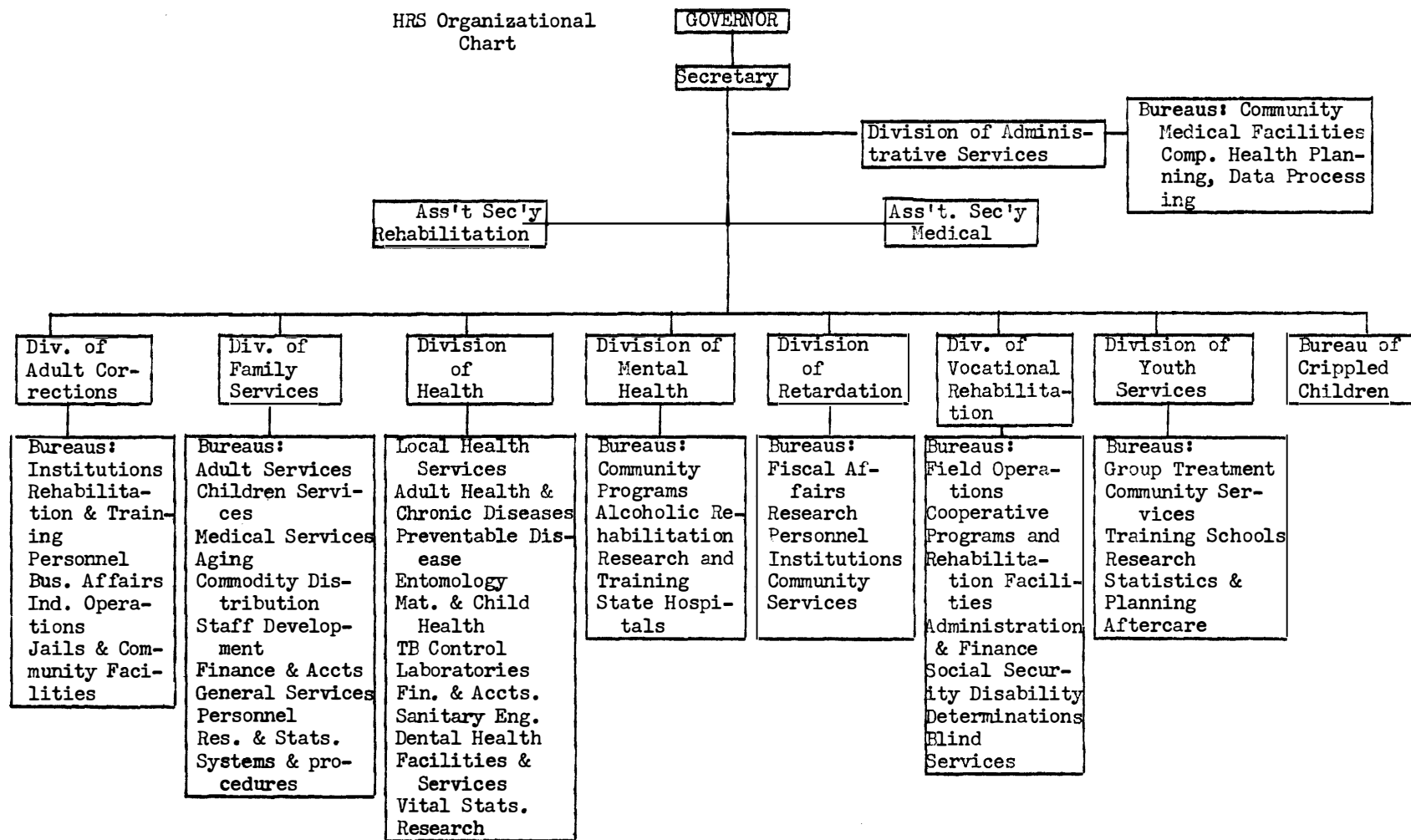


Figure 1. Organizational chart of the Florida Department of Health and Rehabilitative Services, 1969.

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

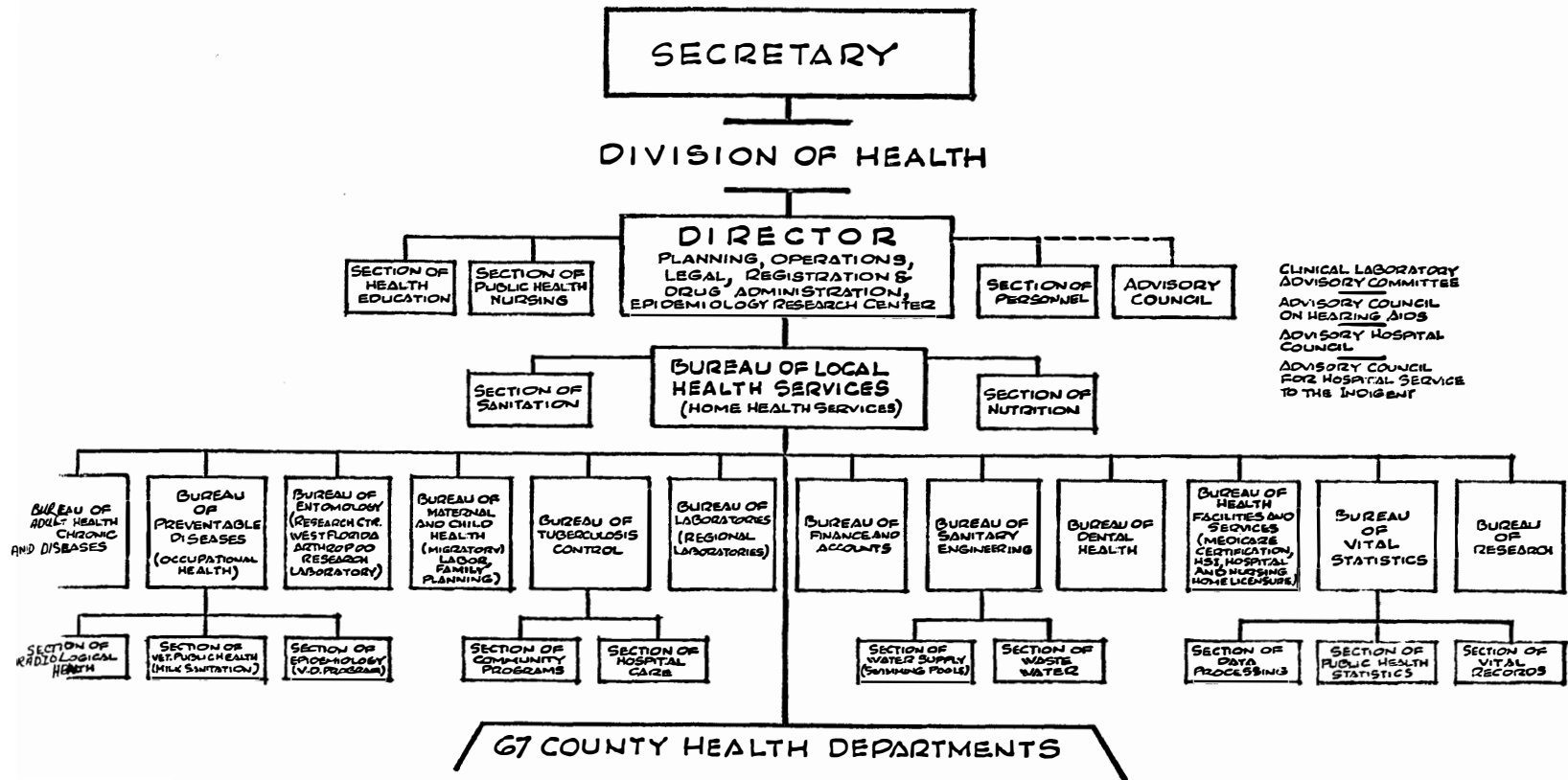


Figure 2. Organizational chart of the Florida Division of Health, 1969.

Office of Planning. The Office of Planning assists the Division Director and bureau chiefs with the responsibilities of planning, budgeting, and the administrative review of grants, contracts, and agreements. In addition, it coordinates program activities into a state plan as a requisite for federal and state funding, it periodically reviews ongoing programs and their administration, and it collects and prepares specific information requested by the Division Director, Dr. Sowder. The Planning Office is also responsible for the narrative portion of the Division of Health's Program Planning Budget System (PPBS). This system combines budget entities and groups them under programs. Its purpose is to show justification for the money coming into the Division of Health (7).

Office of Registration and Drug Administration. The Office of Registration and Drug Administration provides administration, inspection, and enforcement throughout the state for certain laws. These include the issuance of permits to persons who perform alcohol tests; the registration of practitioners of the healing arts; the issuance of narcotic licenses; the inspection of drugstores; the registration of clinical laboratories and personnel; and the administration and enforcement of the drug and cosmetic regulations of the Food, Drug and Cosmetic Law. The responsibility for the administration and enforcement of the Bedding Inspection Law has been transferred from this office to the Sanitation Section of the Bureau of Local Health Services (7).

The Legal Office. The Legal Office, or Office of General Counsel, enforces health rules and laws; provides legal counseling to the advisory councils and staff members; assists in drafting laws, regulations,

and documents; and responds to public inquiries of a legal nature. The office's enforcement policy is to attempt resolution, out of court if possible, to use administrative litigation if the problem cannot be solved informally, and to litigate in court only when administrative action does not bring results (7).

Section of Health Education. The role of the Section of Health Education is to motivate people to want better health, and to accept responsibility in preventing disease and disability. Health Education narrows the gap between technical knowledge and the ability to apply that knowledge effectively. In carrying out its role, the Section of Health Education projects a philosophy of helping people to help themselves. It serves and maintains a close liaison with the county health departments, the State Department of Education, voluntary and official health agencies, local schools, PTA's, universities, colleges, junior colleges, hospitals, schools of nursing, professional groups, church civic groups, and other groups and individuals. Services offered to these groups include access to a medical library, circulation of audio-visual aids, distribution of pamphlets, and assistance with graphic art and photography. Requests are handled on a first come, first served basis as personnel, time, and materials permit (7).

Section of Public Health Nursing. The Section of Public Health Nursing works closely with all bureaus and sections of the Division of Health to coordinate and correlate nursing services for all projects and programs having a nursing component. As the largest group of health

workers, the public health nurses play an important part in planning and implementing community health programs at the local as well as the state level.

The major responsibility of the state section is to offer nursing consultation to the county health departments in all phases of their nursing programs. Particular emphasis is placed on assisting the local agencies in the area of continuing education for staff at all levels. In order to develop educational materials for this training, the Continuing Education Committee, composed of public health nursing directors, supervisors, and a representative from the public health nursing faculty of a university, was formed. In the past few years the committee has completed such publications as the Public Health Nursing Manual and An Orientation Guide For Baccalaureate Degree Nurses New To Public Health.

The other most time-consuming activity for the state nursing consultants is the Medicare Program. A survey is conducted before an agency can be recommended for Medicare certification. In helping agencies meet the required standards, consultative visits are often made, particularly to assist in doing the Time and Cost Studies needed to validate the cost of services rendered by public health nurses (7).

The Section of Personnel. The administrative responsibilities of the Section of Personnel include the implementation, application, and interpretation of the personnel rules and regulations of the Division of Health, approved and published by the State Personnel Board. The section is also responsible for leave and attendance, insurance programs, retirement, Social Security, Workmen's Compensation, and the

distribution of warrants for employees. The section provides information on salaries when budgets for the Division of Health are being developed (7).

The Advisory Council. In the 1969 reorganization of Florida's public health agency, the five-man Board of Health became an Advisory Council. The old Board formerly established policies and adopted regulations. The Council, however, recommends to the Division Director and through him to the Secretary of the Department (7).

Bureau of Local Health Services

The primary function of the Bureau of Local Health Services is to coordinate the activities of the county health units with programs of the various bureaus. Other responsibilities include consultation in sanitation, nutrition, home health services, and records. The bureau also exercises budget control and reviews personnel actions of the county health departments (7). The Migrant Health Project has been transferred to this bureau from the Bureau of Maternal and Child Health. The project provides medical, dental, nutritional, health education, sanitation, and nursing services in the counties with the heaviest concentrations of migrant workers and their dependents. The work with the migrants is discussed more fully in Chapter VI.

Section of Sanitation. The primary attention of the Section of Sanitation is directed toward consultative services to the environmental health programs within the county health departments. The activities of the county health departments are related to water supply, liquid

and solid waste disposal, school sanitation, housing, swimming pools, nuisance abatement, rabies control, hospitals and nursing homes, child care centers, recreational areas, public buildings, food hygiene, common carriers, and other facilities (7).

Section of Nutrition. The state Section of Nutrition provides consultative services to county health departments and regional projects such as the Migrant Health Project. Direct nutrition services are provided to the public through these special projects and the county health departments. Nutrition staff function in various bureaus within the Division of Health. The overall nutrition program of the Division of Health is discussed in the next chapter (7).

Bureau of Adult Health and Chronic Diseases

The Bureau of Adult Health and Chronic Diseases examines the nature and extent of the problems of various chronic diseases which plague the population. Education and training programs are emphasized in order to increase the public's knowledge and awareness of chronic diseases. The bureau is also active in keeping physicians informed of the newer methods of prevention, diagnosis, treatment, and rehabilitation of patients with chronic diseases.

Ongoing programs within the bureau include those for aging, cancer, diabetes, hearing aids, heart disease, prevention of blindness, smoking and health, and cooperation with related agencies such as the Florida Regional Medical Program. Throughout these programs particular emphasis is placed on early case-finding services for the public. These activities are carried out through the clinics of the county health departments (7).

Bureau of Preventable Diseases

The Bureau of Preventable Diseases is divided into three sections: Epidemiology, Radiological and Occupational Health, and Veterinary Public Health. The activities of each section are discussed separately.

Section of Epidemiology. The goal of the Epidemiology Section is to improve community health through the control of communicable diseases. The section maintains a surveillance system using the collection, tabulation and analysis, and feedback of communicable disease data from the state's 67 counties. The significance of the data is defined and appropriate control measures are instituted.

A weekly report of Common Communicable Diseases is published throughout the state. The section also serves in a consultant role, advocating and providing information on currently accepted preventive measures and practices for controlling communicable diseases. Surveillance of the immunization status of infants and young children, and a statewide Venereal Disease Control Program are also responsibilities of the Epidemiology Section.

Section of Radiological and Occupational Health. The Sections of Radiological and Occupational Health were combined in 1969. The section protects the public from the harmful effects of radiation exposure. Licenses for the use of radioactive materials are issued, and radiation-producing machines are registered by the staff. Surveys have been conducted to determine the potential hazards of television and microwave ovens and environmental surveillance is provided for atomic

power plants. The section maintains an ongoing program of in-service training for its staff members. It is also active in consultative work and statewide health education.

Section of Veterinary Public Health. The Section of Veterinary Public Health surveys, studies, and controls animal diseases transmissible to man. This task is handled by a staff of two milk consultants, a biologist, and a veterinarian who is also the Section Administrator. Epidemiological study techniques are used to determine the public health significance of the different diseases. After these data have been gathered, professional personnel and organizations are informed so that corrective action may be undertaken. The section provides almost continuous consultative services to the county health departments, and these units, in turn, provide assistance in conducting field studies (7).

Bureau of Entomology

Since tourism is Florida's major industry, arthropod control is vitally important to the state's economy. Accordingly, the Bureau of Entomology is a large multiphasic organization with an extensive program and operating budget. The bureau maintains an Arthropod Control Program throughout most of the counties in the state. The program includes source reduction operations such as diking, sanitary landfills, and machine ditching; and temporary control measures including destruction of adult insects and larvae on the ground and from aircraft. The bureau also maintains a staff of engineers and regional entomologists for general consultation, investigating proposed landfill sites, reviewing operational plans, investigating complaints, and making recommendations

for correction of unsatisfactory conditions. The staff also issues licenses and identification cards to commercial pest control firms, inspects licensees, and enforces pertinent laws and regulations.

Four laboratories are operated by the bureau. The Arthropod Identification Laboratory identifies and reports the number and species of mosquitos taken in light traps, identifies and pools mosquitos taken live in traps for virus surveillance, and responds when individual citizens request insect identification. The Entomological Research Center carries out mosquito research supported by grants from the National Institute of Health. Projects include biting characteristics, population dynamics, dispersal characteristics, comparative biology, reproduction, growth, metabolism, and biology of larvivorous fishes. The West Florida Arthropod Research Laboratory develops, through research, effective control methods for insects of public health importance. The research program is divided into two sections, Mosquito Control and Biting Flies. The Biting Flies Section also conducts biological studies of some insects, especially the dog fly, Stomoxys calcitrans. Results of the program are translated into practicable recommendations which are distributed by memoranda to all arthropod control districts of Florida. The fourth laboratory, the Winter Haven Midge Research Laboratory, conducts biological and control studies on various species of midge (7).

Bureau of Maternal and Child Health

The Bureau of Maternal and Child Health encompasses programs in family planning, phenylketonuria, special maternal and child health service projects, and mental retardation. Consultation and assistance are

provided by state staff members in the procurement of space, equipment, and personnel. Consultation is also provided in program planning and developing pre-service and in-service education. Local services are provided through the county health departments in the areas of prenatal, post partum, infant and child care, and family planning services.

The Maternal and Child Health Service Projects provide comprehensive clinic services including nursing care, social case work, nutrition services, transportation, hospital care, and expert medical consultation and treatment to medically indigent mothers and children. Special emphasis is devoted to the identification of high-risk patients early in pregnancy so that care may be provided to reduce complications and premature deliveries.

The bureau has a very strong nutrition component throughout its programs. In fact, a major part of the nutrition services provided through county health programs, schools, professional groups, and other community agencies are related to maternal and child health. These nutrition activities are more specifically discussed in Chapter IV (7).

Bureau of Tuberculosis Control

The Bureau of Tuberculosis Control was established in 1969. It is divided into two sections, a Section of Hospital Care and a Section of Community Programs.

Section of Hospital Care. The Section of Hospital Care is responsible for the two facilities in the state, the W. T. Edwards Tuberculosis Hospital in Tampa and the A. G. Holley State Hospital in

Lantana. The hospitals provide medical care, vocational rehabilitation, and social services to their patients. Medical staffs participate in public education programs and in research in addition to providing patient care.

Section of Community Programs. The Section of Community Programs includes the activities of the county health departments. Clinic work at the county level has been increasing in recent years as the average length of hospitalization decreases. The emphasis in current programs is on preventing primary infection and active disease, and treating diseased persons. This present emphasis contrasts with that of less than two decades ago when prevention of death held top priority (7).

Bureau of Laboratories

The purpose of the Bureau of Laboratories is to provide laboratory support for the service, regulatory, and research programs of the county health departments and the bureaus and sections of the Division of Health. Reference and diagnostic services are made available to physicians, hospitals, independent laboratories, medical examiners, and law enforcement agencies through the central laboratory in Jacksonville and eight regional laboratories. Screening for phenylketonuria, using the Guthrie method, is conducted in Miami and Jacksonville. Other types of work conducted in the laboratories include serology, diagnostic bacteriology, sanitary bacteriology, parasitology, mycology, chemistry, radiological chemistry, viral serology, viral isolations, and various special projects such as analyzing blood samples taken during the Migrant Nutrition Survey (7).

Bureau of Finance and Accounts

It is the responsibility of the Bureau of Finance and Accounts to care for the business and financial management of the Division of Health. Assistance is rendered to the Division Director, bureau chiefs, section administrators, and program heads in planning and executing the overall financial program for agency activities. The staff is carefully kept up to date on program expenditures in relation to budgeted funds.

The varied sources of funds involved in the operation of the agency make this bureau's job a complicated one. Funds are received from federal, state, county, city, and private sources with each source having its own set of rules, laws, or regulations governing the administration and expenditure of the funds. The operation of the county health departments is largely funded by the County Health Units Trust Fund, which combines state and county money. Another large area of activity is the Grants and Donations Trust Fund. The federal portion of the grants support such projects as maternity and infant care, children and youth services, tuberculosis control, migrant health, and family planning. Funds are also allocated for a general public health budget for state level operations. Similarly, the state tuberculosis hospitals have their own budget, as does fixed capital outlay for the state Division of Health Office (7).

These five budget documentations of General Public Health, Grants and Donations, County Health Unit Trust Funds, Tuberculosis Hospitals, and Capital Outlay, are supplemented by a Planning, Programming, Budgeting System (PPBS) document, and a "Crosswalk." PPBS organizes Division

of Health activities into programs, and links the cost of these programs with operating plans and benefits derived by these programs. The "Cross-walk" is a crossfiling reference for locating program entities within the various budget documents (12).

Bureau of Sanitary Engineering

The purpose of the Bureau of Sanitary Engineering is to assure that the state's expanding population will be protected with adequate, satisfactory water and sewage services. The bureau is divided into the Section of Water Supply and the Section of Waste Water.

Section of Water Supply. The Section of Water Supply evaluates plans for new construction of public water supply and swimming pool facilities. It also carries on a program of water works operation surveillance, including review of water fluoridation programs and common carrier supplies. An ongoing program to provide improved water supplies for rural and remote areas is maintained and the impact of herbicides and pesticides on public water supplies is being investigated.

Section of Waste Water. The role of the Section of Waste Water encompasses review of plans and evaluation of operation for domestic waste facilities, and continuing evaluation of the existing sewage effluent discharges and their adequacy. Activities directly related to air and water pollution control have been transferred to the Department of Air and Water Pollution Control (7).

Bureau of Dental Health

The purpose of the Bureau of Dental Health is to promote improvement in dental health for all citizens of the state by carrying on a pro-

gram designed to increase dissemination of educational information and utilization of preventive and corrective services. Consultation is provided to county health departments, county school systems, colleges, universities, dental organizations, civic groups, community action groups, parent-teacher organizations, and to other bureaus and sections.

In recent years the bureau has conducted many dental clinics across the state, testing for Lactobacillus Acidophilus to indicate caries susceptibility, analyzing oral cytology smears for malignant cells, and providing other more routine dental services. By 1976 the bureau hopes to make dental services available to underprivileged mothers and children in all parts of the state through bureau-supported two-year pilot projects to be taken over and supported by the counties as they develop.

The bureau has also been active in supporting legislation to provide for the fluoridation of community water supplies and in responding to requests for information and assistance concerning community water fluoridation. At the present time, sixty-eight cities and towns have controlled fluoridation, while another twenty-four cities use water supplies with sufficient natural fluorides. In all, a population of about 1,540,488 are currently receiving the benefits of fluoridation (7).

Bureau of Health Facilities and Services

The Bureau of Health Facilities and Services is responsible for the implementation and administration of state statutes for the licensure of hospitals, nursing homes, homes for the aged and special

service homes, and hospitalization of indigent persons. It also serves as the certification unit for the licensure and classification of skilled nursing homes and intermediate care facilities interested in participating in the Medicaid program. In addition, the bureau certifies providers of Medicare services including hospitals, extended care facilities, home health agencies, rehabilitation clinics, approved independent laboratories and portable X-ray units. The administration of health services for Florida's Seminole and Miccosukee Indians is still another responsibility of the bureau. Consultative services are also provided in a continuing effort to upgrade health care and related facilities. Nursing consultants and institutional nutrition consultants are included on the staff. The activities of the nutrition consultants are included in Chapter IV (7).

Bureau of Vital Statistics

The Bureau of Vital Statistics is comprised of the Sections of Data Processing, Public Health Statistics, and Vital Records. These sections provide valuable supportive services and data for the Division of Health.

Section of Data Processing. The Section of Data Processing is primarily a service section which provides systems and data processing support to all other bureaus, sections, and county health departments, as well as special public health projects. The fiscal and statistical data are available for use on an agency-wide basis in project planning and program evaluation.

Section of Vital Records. The Section of Vital Records is responsible for the statewide system of collecting and processing records of birth, death, fetal death, marriage, divorce, annulment, adoption, and legal change of name. Such data are used in planning and evaluating health programs.

Section of Public Health Statistics. The Section of Public Health Statistics analyses and publishes data from the Section of Vital Records as well as from special studies. It also provides statistical support and consultative services to all bureaus and sections of the Division of Health (7).

Bureau of Research

The Bureau of Research encourages the development of research in other bureaus, sections, and county health units, and assists in the direction of these activities. It also facilitates communication to avoid duplication of efforts among those who are planning or conducting investigations. Public health research is important in analyzing programs for cost and benefit, in measuring the quality and quantity of medical care, and in developing, comparing, and modifying alternative methods of delivering medical care services (7).

CHAPTER IV

THE NUTRITION SECTION

I. HISTORY AND DEVELOPMENT

The first nutrition program was initiated in Florida in 1914 when the state's first health officer, Dr. Porter, recognized that pellagra was associated with dietary deficiency. Public health physicians and nurses were encouraged to provide diet instructions and this disease soon decreased in prevalence. As pellagra came under control, attention shifted to anemia and malnutrition among young children and in 1941 nutrition services became a part of maternal and child health programs. In 1946, a Department of Nutrition Investigations and Services was established to study anemias and their causes, and, as a program of education, demonstration, and consultation was instituted, a noticeable reduction of anemia cases occurred. In 1950, a diabetes screening program was added to the anemia detection program and nutrition services were offered from a combined Division of Nutrition and Diabetes Control.

In 1958, a nutrition unit was created within the Bureau of Local Health Services of the Division of Health. Since that time, emphasis has changed from investigation to consultation and education. In recent years, the staff has increased, and nutrition services have expanded rapidly at the county level (3,15).

II. PHILOSOPHY AND OBJECTIVES

Nutrition is recognized as a vital environmental factor affecting human mental and physical development. Both deprivation in diets and dietary excesses have been shown to be closely associated with a variety of clinical disease conditions. Diet has become increasingly important in the treatment and control of metabolic errors as well as nutritional deficiencies. Commercial advertising and promotion of dietary fads and special dietetic foods; research on labeling and ingredients; and the relationship between dietary excesses, obesity, and degenerative diseases have all contributed to increased public interest in nutrition.

Authoritative guidance in food selection, both in health and disease, is therefore an integral part of public health services directed toward the maintenance and protection of the public's health. Guidance should particularly be directed to certain "high-risk" population groups including: pregnant women, infants, children through adolescence, aged persons, persons with chronic diseases requiring therapeutic diets, and disadvantaged families with low incomes and poor education.

Nutrition services at the county level should be based on the identified health problems of the county to be served. The overall public health program of the county must also be considered, along with the time available from the nutritionist, and the suggestions of health department staff members and representatives from involved community agencies. The nutritionist must educate and assist other members of the public health team to provide dietary guidance to the popu-

lations served by the health department.

The objectives of the Nutrition Section are:

1. To promote understanding of the role of nutrition in health maintenance, public health protection and disease control. To provide authoritative information on nutrition and diet to concerned health personnel and the public.
2. To identify nutrition related problems existing in the county through discussions with informed staff and study of pertinent records of clinical observations, laboratory findings and nutrient evaluation of diet histories.
3. To provide nutrition consultation services to professional staff, and nutrition education services to people to motivate changes in food selection essential for health and/or disease control.
4. To provide consultation to group care facilities to upgrade the nutritive quality, palatability, efficiency, and sanitation of food services.
5. To coordinate public health nutrition services with related nutrition education programs, group feeding and home economics programs of other community agencies, (e.g., schools, daytime programs for children, agriculture extension service, community hospitals, and economic opportunity programs.
6. To participate in the basic and continuing education of public health and other professional and nonprofessional workers who can disseminate and apply authoritative nutrition information (13).

III. NUTRITION STAFF

Nutrition positions exist in two branches of the state Division of Health, the Bureau of Health Facilities and Services and the Nutrition Section of the Bureau of Local Health Services. In addition, nutritionists serve county health departments across the state. Several metropolitan counties have their own nutritionist, whereas rural counties with fewer people are generally served by regional nutritionists

assigned to a group of counties.

The Nutrition Section serves as the administrative unit which coordinates the nutrition activities within other bureaus of the Division of Health. The staff of the Nutrition Section also provides consultation to county health departments and special regional projects, directs field experiences and training for dietetic interns, public health nutrition graduate students, and resident staff nutritionists, develops pamphlets, and publishes a newsletter called Nutrition in a Nutshell (7,14).

Nutritionists serve as consultants to special projects such as Maternity and Infant Care, or work as consultants to institutions such as nursing homes. One nutrition consultant in the Nutrition Section serves as coordinator between the Bureau of Maternal and Child Health and the Nutrition Section of the Bureau of Local Health Services. The Bureau of Health Facilities and Services employs two of the Institutional Nutrition Consultants, while one is under the Nutrition Section. The activities of these consultants are coordinated with those of the regional and county nutritionists through the state Nutrition Section of the Bureau of Local Health Services.

All nutritionists employed by the state or by county health departments are classified as Public Health Nutritionists, Public Health Nutrition Consultants I, II, or III, or Institutional Nutrition Consultants I or II by the State Division of Personnel and Retirement. Job specifications for each position are found in the Appendix.

Figure 3 shows the organizational chart for the nutrition staff. This staff is one of the largest in the country, and it continues to

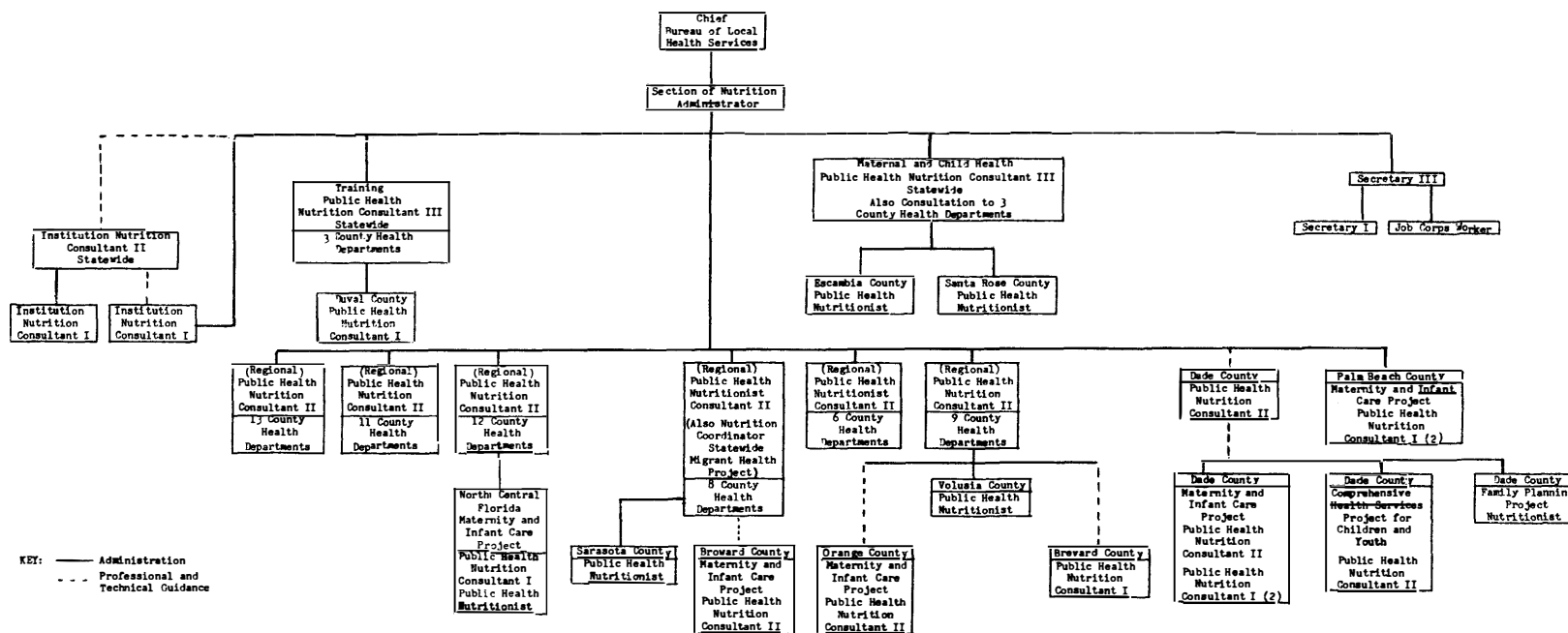


Figure 3. Section of Nutrition Organizational Chart.

Source: Adapted from Division of Nutrition 1969
 Division of Nutrition Operational Chart. Florida Department
 of Health, Jacksonville. (Mimeographed)

expand as more individual counties establish positions for nutritionists. In 1970, 32 nutritionists provided consultation, counseling, and educational services to approximately 85,000 professional persons, patients, students and the general public in 64 counties. Personnel and services are continuing to increase with the growing awareness of nutrition as a significant health factor. The staff of the Nutrition Section provides technical guidance in planning, developing, and coordinating these expanded services.

To assist in recruiting personnel for its expanding staff, Florida has established a Residency Program. Young college graduates in food and nutrition work as beginning nutritionists for at least one year under the supervision of a regional nutrition consultant. During their second year of residency they are encouraged to apply for graduate study in public health nutrition using state or federal training funds. Completion of graduate study makes the residents eligible to return to Florida to work in a position of greater responsibility.

IV. NUTRITION PROGRAM AND SERVICES

The organization of the nutrition component in Florida's Division of Health is based on the premise that nutritionists should work in the smallest geographical area that is fundable, but should work broadly across programs in a consultant role (15). The county health department has proven to be the most desirable unit in which to provide nutrition services and nutritionists are employed by the county or assigned by the state to serve one or more counties in the state preferably as generalized nutrition consultants. This arrangement has made it possible to

serve more people at less cost, integrating nutrition services into several public health and related agency programs. Another advantage has been that the nutritionists are not tied down to one type of work, and their jobs are interesting and varied. With nutrition services being provided on a county level, the state and regional staff of the Nutrition Section provide materials, coordinate activities of personnel across the state, and provide consultation and services to counties not employing nutritionists.

At the present time, nutrition consultants provide nutrition services through programs in Maternal and Child Health, Adult Health and Chronic Diseases, Dental Health, Health Facilities and Services, Migrant Health Programs, Health Education, and other programs and agencies where they are needed. As indicated previously, the work schedule of the nutritionist does not permit her to personally conduct all these nutrition services in her region or county. Many activities in her region must be delegated to other public health workers such as nurses and educators. Therefore, in order to assist other members of the health team with these activities, and be sure that the public receives authoritative and realistic information and services, nutritionists emphasize consultation, in-service education, group classes and demonstrations, and individual diet counseling on a referral basis (13).

In the area of Maternal and Child Health, nutritionists, nurses, and doctors all provide nutrition services through county health departments and special projects. Services for mothers focus on the provision of prenatal diet counseling for health maintenance, weight control, and necessary diet modifications. In addition, nutrition education has been

incorporated into school programs for pregnant teen-agers. Services for children include counseling on feeding and food habits for infants and preschool children; diet counseling for children with chronic or handicapping conditions requiring diet therapy; diet counseling and distribution of Lofenalac for children with phenylketonuria; and nutrition education and consultation in school health classes, school food services and child caring institution food services. Other nutrition services related to Maternal and Child Health include: counseling on family meal planning and guidance in food buying and budgeting for low-income families, assistance to eligible families in obtaining and using commodity foods, and assistance in interpreting food distribution programs to community planning groups.

In the area of Adult Health and Chronic Diseases, nutrition services are provided by consulting nutritionists and by doctors and nurses as a part of the programs in health maintenance, diabetes, heart disease, kidney disease, and smoking and health. These services include: weight control and weight reduction programs for adults, nutrition counseling for older persons and meal planning on a limited budget, programs to combat food faddism, instruction on carbohydrate loading for diabetes screening programs, and individual and group diet counseling and instruction to patients on therapeutic diets prescribed by a physician. Nutritionists also contribute articles to such publications as "Timely Topics for Diabetics."

The program in the Bureau of Health Facilities and Services has a strong nutrition component. Institutional nutrition consultants provide services including the evaluation of food service for licensure and

certification in such institutions as hospitals and nursing homes, recruitment of consulting dietitians, and consultation on various food service aspects for administrative and food service personnel. Institutional Nutrition Consultants also assist with planning the architectural design and equipment for new or renovated food service facilities, and conduct education programs on food service in the community including training for all levels of food service personnel.

In the field of Health Education, nutrition consultants select, prepare, and guide the use of nutrition teaching materials and audio-visual aids. Nutritionists also participate in community programs and prepare material for newspapers and radio and television broadcasts.

In the field of Dental Health, nutrition services are primarily devoted to counseling and education concerning the role of diet in controlling dental caries and maintaining good overall dental health. Migrant Health Programs offer the services described in the previous programs, with emphasis on family nutrition guidance and educational programs for migrant children and adults.

Nutrition services are integrated into ongoing county public health services through Maternal and Child Health and other health programs listed above. The nutrition services mentioned are provided by consulting nutritionists, as time permits, but more often by other designated health team members, with consultative assistance from a nutritionist. Nutrition services are not confined to the examples cited above; consultative services are also provided to other health programs and nutrition related community agencies as they are needed.

During the course of the field experience, the author observed and participated in several of the responsibilities of Public Health Nutritionists. In Chapter V, the author's abilities in these roles are analyzed.

CHAPTER V

ANALYSIS OF ABILITIES THROUGH OBSERVATION AND PARTICIPATION

One of the most important objectives of the field experience was to increase the author's competence as a Public Health Nutritionist. In order to accomplish this, opportunities were provided for her to observe other nutritionists functioning in various roles. The author also participated in some of these roles herself. An excellent, extensive schedule of participation and observation was provided during the field work, and it would not be practical to enumerate each experience here. A few examples will serve to illustrate the author's professional development in providing consultation, in coordinating in-service education, in confer-ring about program planning and other administrative activities, and in teaching and counseling nonprofessional persons.

Consultation With Other Professional Workers

On a visit to Jackson County with the Regional Nutrition Consultant, the author participated in an evaluation of the six-week cycle menu that the Food Service Director of the Dozier School for Boys prepared for the Girls School in Ocala. Throughout the consultation visit it was important to maintain a friendly, tactful, attitude and to be helpful, not just critical. Suggestions were made to increase the sources of vitamins A and C, but the foods substituted were carefully chosen within the budget limitations. The Food Service Director and his assistant provided valuable insight into the eating habits and preferences

of their young residents, thus playing an important part in the overall conference.

Working with food service directors is just one situation where the nutritionist serves as a consultant. Consultative services are provided at the request of another professional. The nutritionist suggests alternatives for solving some problem in the work setting, and the consultee makes the final decision on a course of action. In Florida, nutritionists serve as consultants to personnel in health facilities, the food services departments of institutions, county health departments, and special projects such as Migrant Health. This emphasis on consultative services makes it possible to provide authoritative nutritional advice on a broad scale, particularly to institutions and agencies not employing qualified nutrition personnel.

The author has the potential to function effectively in consultation. She relates well to different types of people, has a good command of communication skills, and is self-confident. She needs to increase her technical competence and experience, however, particularly in institution management activities including school food service.

In-service Education

At the Bay County Health Department in Panama City, the author participated in a nurses in-service program with the Regional Nutrition Consultant. The subject was infant feeding with special emphasis on preventing iron deficiency in infants. In preparation for the discussion, a conference was held with the Nursing Supervisor to establish the points to be covered and the format for the meeting. Current literature on infant feeding was also reviewed.

The in-service session itself was similar to a round table discussion. The informal atmosphere encouraged a lively exchange of ideas and active participation by all who were present. The author was very impressed with the format of this meeting and would certainly prefer to use it in the future as physical facilities and the number of participants permitted. She does not object to the role of individual speaker, but prefers to talk with her group rather than to them whenever possible.

In-service education can be accomplished in other ways besides informal discussion as the needs of the audience vary. For example, the nutritionist may be asked to conduct a class for food service employees or sanitarians on some aspect of the nutritional component of their jobs. Demonstrations can be used as a method for in-service presentations. The development of written orientation materials and guidelines for carrying out nutrition services within the different public health programs is also a means of providing in-service education. Radio and television programs are other methods that may be used.

Teaching and Counseling Nonprofessionals

During her visit in Tampa with the Hillsborough County Health Department, the author spoke to a group of approximately forty people at a Neighborhood Service Center on the subjects of Diabetes and Heart Disease. Since this is a broad area, the author limited her talk to basic statements directed to teaching the importance of diet in the treatment and prevention of the diseases and to the importance of seeing the doctor regularly and following his orders. In planning her talk, the author considered that her audience would be primarily indigent black people,

middle-aged and older. She decided to speak for about half an hour and to allow plenty of time for questions. She reviewed pertinent literature and utilized other resource materials such as visual aids in poster form which compared the nutrients in selected meats, vegetables, and beverages.

The receptiveness of this audience will always be remembered by the author. The majority of the people asked questions or contributed helpful, pertinent comments during the speech or at its conclusion. Everyone seemed attentive and interested as indicated by their expressions, and the speaker felt very much at ease. The author believes that short presentations presented at the level appropriate for the audience and delivered informally with ample encouragement of audience participation will be the presentations most readily received.

The nutritionist with the Hillsborough County Health Department provided the author with opportunities to observe and participate in teaching kindergarten and elementary children, as well as prenatal and obese patients. The author was very grateful for these experiences. They helped her to develop efficient plans for preparing talks to different kinds of audiences, to relax in front of a group, and to enjoy presenting the information.

The author also had the opportunity to observe and participate in teaching individuals and groups of patients about therapeutic diet modifications. It was noted that instruction on modified diets can be given to a patient when a doctor has prescribed such a diet, but the nutritionist may not do any prescribing on her own authority. It was also noted that a friendly, sincere attitude, while maintaining objectivity, seemed to promote good rapport between patient and nutritionist. It was also important to present instruction at an appropriate level for the

patient and in limited amounts per session.

Counseling with patients usually follows instruction sessions. In this role the nutritionist provides supportive assistance to patients and their families in helping them adjust to the dietary modifications which have been outlined. Effective counseling demands a careful study of the living conditions and food habits of the family, and the food preferences and medical history of the patient.

The author conducted private counseling sessions in Panama City and Tampa. Two of these patients had multiple problems including high cholesterol, hypertension, overweight, and diabetes. In these cases it was necessary to establish priorities for which dietary modification should be discussed first. Diabetes was chosen since failure to control this condition by not complying with the diet regimen could constitute the most immediate threat to the life of the patient.

The author enjoyed working with patients both in groups and individually due to her interest in people and her enjoyment of responsibilities closely associated with the medical profession. She regrets that she was unable to see a patient more than once. It would have been helpful to follow the progress of one or more patients on successive clinic visits. The fact that personal followup was not possible in this case taught the author a lesson, however. It is very important to record the content of an interview with a patient. Dietary instruction given and pertinent background information about the patient should be noted, and recommendations for follow-up should be made as indicated. In this manner, the next health professional to see the patient will know what information to present in succeeding instruction or counseling sessions.

Conferences With Professionals Concerning Program Planning and Other
Administrative Activities

The author attended a Regional Nutrition Staff Conference in Tampa dealing primarily with program planning. In accordance with Florida's new Planning, Programming, and Budgeting System, nutritionists had written program plans for their areas based on community studies to reveal priorities. Samples of completed program plans were read, and the process of how they had been drawn up was discussed. Then the Administrator of the Nutrition Section made general comments about program planning. She indicated the importance of justifying priorities through actual study of the community to be served. She also stressed the necessity for setting up measureable objectives based on documented evidence and then outlining methods to accomplish these objectives. This conference in Tampa was an excellent supplement to the author's academic background in the principles of program planning. Increased understanding was gained of the process, purpose, and increasing importance of program planning in all public health programs.

The author also had the opportunity to participate in some planning conferences during the portion of the field experience with the Migrant Nutrition Outreach Team. Daily team conferences were held to discuss the previous day's activities and any problems that had occurred and to plan the schedule for the following day. On Friday longer discussions were held with team members and the supervisor participating. Plans were made for such activities as developing new health education materials, conducting in-service training, and recruiting new community health workers.

The varied activities provided by the field agency met the objectives of the field experience. In Chapter VI, attainment of one of these specific objectives, working on a project related to particular ethnic groups, is discussed as the author analyzes her week's assignment with the Migrant Nutrition Outreach Team.

CHAPTER VI

FIELD EXPERIENCE WITH THE MIGRANT NUTRITION OUTREACH TEAM

IN LANTANA, PALM BEACH COUNTY

I. INTRODUCTION

Migrant agricultural workers have been wintering in Florida since the turn of the century, and the state has recognized the need to provide personal and environmental health care services to these people; but shortage of funds, erratic public support, and lack of understanding and education by workers and growers hindered the development of such projects. The Palm Beach County Health Department pioneered such services in the early 1950's, working to upgrade living conditions and medical services of the migrant workers. Gradually other projects were set up to define the health needs of the migrants and to develop and implement multi-phasic programs to meet these needs. Palm Beach County was the geographical area of emphasis for those projects.

In 1963, the first state-wide migrant health project was started in Florida. It was funded through the United States Public Health Service and is still providing medical, dental, nutritional, health education, sanitation, nursing, and hospitalization services to counties with the largest groups of agricultural migratory workers and their dependents. Comprehensive health care services are also offered by the county health departments throughout the state; but because of transportation

problems, fear, suspicion, limited education, language barriers, and superstition the migrants sometimes fail to take advantage of these services (6).

II. MIGRANT NUTRITION SURVEY AND OUTREACH PROGRAM

In 1970, a project emphasizing nutrition was negotiated with the National Center for Disease Control. Its purpose was to round out information obtained during the National Nutrition Survey which had indicated that a high incidence of malnutrition exists among migrant groups. The project plan included provision for an appraisal of nutritional status and a nutrition intervention program. Survey methods were pre-tested in St. Lucie County for the succeeding work in Palm Beach and Lee Counties. The objectives of the project were:

1. Appraisal of Nutrition Status

To identify the prevalence, kinds, magnitude, and potential causes of malnutrition, utilizing the basic methodology employed in the National Nutrition Survey, (Clinical, anthropometric, dental, biochemical, dietary, and social economic parameters.)

2. Nutrition Intervention Program

To initiate an intervention program directed toward improving the nutritional status of migrant workers in Florida with specific emphasis on treating and preventing nutrition problems identified by the survey, three approaches will be utilized:

(a) Follow-up therapy for individuals identified as being serious nutritional risks as identified by clinical and biochemical assessment.

(b) Consultation and instruction in proper food purchase and preparation based on actual family resources, and,

(c) Providing assistance and guidance in getting the needy into health, welfare, and/or food donation programs (16).

The nutrition survey portion of this project has been completed, and data are being tabulated. The nutrition education outreach component of the nutrition intervention program, coordinated with community food and health services, is being carried out by teams with the aid of two vans equipped with kitchens and demonstration materials such as posters and slide projectors. The outreach team stationed in Lantana, Palm Beach County, provided the author's special interest project for her field experience.

III. OBSERVATION AND PARTICIPATION

During the week of May 3-7, the author had the opportunity to work with the Migrant Nutrition Outreach Team stationed in Lantana, Florida. This experience met one of the overall objectives of the field course, participating in a project related to particular ethnic groups. Co-workers in the field were: a Nutritionist, a Health Educator, and two Community Health Workers. The Chief Nutritionist supervised the visit.

Visits were made to migrant camps, housing projects, a mission, and a school presenting the film strip, "How Food Affects You;" presenting the skit, "Stretching Your Food Dollars," (using audience volunteers); or introducing the community to the team, the van, and the purposes of the outreach program. Work with the team included: helping to load the van with materials for each day's activities; assisting in the serving of a commodity food, such as orange juice;

assisting with discussion, questions, and group presentations; and talking individually with the migrants.

At the office in Lantana, the author participated in conferences with the team. Short sessions reviewing the previous day's activities were held daily. A longer discussion was held on Friday (designated "staff day") to allow time for exchanging ideas on nutrition education materials and activities, management of groups of children in the van, attracting migrants with defined nutritional problems to the van presentations, recruiting Community Health Workers, and providing in-service staff training.

In general, the author observed that lessons in the camps could be shorter and more restricted to one specific point (for example, just iron--its importance and sources). The presence of an indigenous Community Health Worker proved to be very valuable at all times to help create a favorable climate for learning and to dissipate suspicion and hostility among the migrants to be served. These Community Health Workers have also been the most important link with the communities in seeking out persons with identified nutritional difficulties and encouraging them to attend the outreach lessons.

The author found that the migrants responded quickly to a smile, sincere interest, and an attempt to speak their language. Simple terms used to describe foods, and short, concise presentations with ample audience participation received the best reception. Continuing emphasis was indicated in encouraging adolescents and adults to attend presentations.

The field experience with the migrants showed the author that when working with any ethnic group it is important to learn and respect their language, food habits, social structure, and living conditions. Developing such an understanding greatly facilitates general communication with the group: rapport is established faster, appropriate programs and demonstrations can be planned, and groups of children can be managed effectively. It is also important to be flexible and easygoing when working with ethnic groups who are accustomed to a more relaxed pattern of living. Ample time should be allowed to just get acquainted with the population to be served before any counseling or instruction is attempted. Children and pets are two effective topics to initiate conversation, but the presence of an indigenous Community Health Worker proves to be the most valuable ice-breaker.

CHAPTER VII

SUMMARY AND EVALUATION

The field experience in Public Health Nutrition strengthened the author's understanding of the principles of public health and provided her with valuable experience in carrying out the various responsibilities of a Public Health Nutritionist. Specific objectives of the field experience were accomplished through the carefully planned observation and participation opportunities provided by the field agency.

Interviews with public health personnel representing nutrition, sanitation, public health nursing, health education, finance and accounts, and other divisions of Florida's health organization clarified the author's knowledge of public health administration and increased her understanding of the role of the nutritionist in the coordinated efforts of an overall public health program. Attendance at a regional staff conference as well as observation and participation in nutrition programs designed for rural counties, metropolitan counties, and special projects such as Migrant Health increased the author's appreciation for the importance of planning programs to meet the needs of a specific population and of developing objective methods of program evaluation.

Observation and participation increased the author's competence in counseling, teaching, conducting in-service education, and consulting. Skills were improved in planning appropriate presentations for different types of audiences and in establishing rapport with patients.

The field experience with the Migrant Nutrition Outreach Team was particularly valuable in learning to establish good rapport with patients from different ethnic groups and cultures. The overall field experience showed the author that flexibility, cooperation, planning, coordination, and evaluation are key principles in public health. The author will strive to utilize these principles in her future work experience.

The author believes that the field experience made a very valuable contribution to her professional development. It was an excellent supplement to the author's academic background, and it reinforced her decision to pursue a career in Public Health Nutrition.

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LITERATURE CITED

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APPENDIX
JOB DESCRIPTIONS

APPENDIX

JOB DESCRIPTIONS

PUBLIC HEALTH NUTRITIONIST

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

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

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

EXAMPLES OF WORK PERFORMED

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

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

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

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

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

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

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

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

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

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

INSTITUTIONAL NUTRITION CONSULTANT I

DISTINGUISHING CHARACTERISTICS OF WORK

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

An employee in a position allocated to this class performs consultative services in an assigned geographical area of the State or a special program area of the Public Health Nutrition Program involving nutrition and food services for such institutions as hospitals, rehabilitation institutions, and other State and county institutions; provides nutrition and dietary consultation to employees of group care institutions to improve food service and dietetic care provided by institutional facilities; and renders consultative services pertaining to food purchasing, preparation, menu planning, budgeting, therapeutic diets, work organization, employee training and supervision, and other activities related to food service.

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

EXAMPLES OF WORK PERFORMED

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

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

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

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

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

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

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

EXAMPLES OF WORK PERFORMED (Continued)

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

Participates in developing, evaluating and selecting educational materials.

Reports and summarizes progress and activities at regular intervals.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

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

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

PUBLIC HEALTH NUTRITION CONSULTANT I

DISTINGUISHING CHARACTERISTICS OF WORK

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

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

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

EXAMPLES OF WORK PERFORMED

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

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

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

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

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

Plans and conducts nutrition education programs in schools.

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

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

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

EXAMPLES OF WORK PERFORMED (Continued)

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

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

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

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

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

PUBLIC HEALTH NUTRITION CONSULTANT II

DISTINGUISHING CHARACTERISTICS OF WORK

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

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

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

EXAMPLES OF WORK PERFORMED

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

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

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

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

Reports and summarizes activities and progress at regular intervals.

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

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

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

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

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

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

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

PUBLIC HEALTH NUTRITION CONSULTANT III

DISTINGUISHING CHARACTERISTICS OF WORK

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

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

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

EXAMPLES OF WORK PERFORMED

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

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

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

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

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

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

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

EXAMPLES OF WORK PERFORMED (Continued)

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

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

Reports and summarizes activities and progress at regular intervals.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

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

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

INSTITUTIONAL NUTRITION CONSULTANT II

DISTINGUISHING CHARACTERISTICS OF WORK

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

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

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

EXAMPLES OF WORK PERFORMED

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

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

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

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

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

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

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

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

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

Develops, evaluates and selects educational materials.

Reports and summarizes progress and activities at regular intervals.

Performs related work as required.

INSTITUTIONAL NUTRITION CONSULTANT II (Continued)

MINIMUM TRAINING AND EXPERIENCE

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

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

DIRECTOR OF PUBLIC HEALTH NUTRITION

DISTINGUISHING CHARACTERISTICS OF WORK

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

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

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

EXAMPLES OF WORK PERFORMED

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

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

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

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

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

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

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

Initiates and directs the development of nutrition educational materials.

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

Establishes and maintains cooperative relationships with educational, research, governmental, and other agencies concerned with activities related to public health nutrition.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

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

Effective: 7-1-68

VITA

Becky Lynn Huff was born on November 19, 1946, in Madison, Wisconsin, the daughter of Whitford Lynn and Ida Bechtold Huff. She received her elementary and secondary education in Madison, and was graduated from West Senior High School in June, 1964. The following September she entered Arizona State University, Tempe, Arizona, where she majored in Home Economics and was a member of the Choral Union, the Varsity Golf Team, and the International Student Relations Board. In June, 1968 she received the Bachelor of Arts degree in Home Economics.

In the fall of 1969 she entered the University of Tennessee and began graduate study in Nutrition and Public Health. She received the Master of Science degree in August, 1971.