Field Training with the Nutrition Section of the Division of Health, Wisconsin Department of Health and Social Services

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To the Graduate Council:

I am submitting herewith a thesis written by Linda Lane Smith entitled "Field Training with the Nutrition Section of the Division of Health, Wisconsin Department of Health and Social 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:

Cyrus Mayshark, John T. Smith

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)
July 19, 1972

To the Graduate Council:

I am submitting herewith a thesis written by Linda Lane Smith entitled "Field Training with the Nutrition Section of the Division of Health, Wisconsin Department of Health and Social Services." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Mary Hille Trauger
Major Professor

We have read this thesis and recommend its acceptance:

Cyrus Wayshark
John T. Smith

Accepted for the Council:

Linton A. Smith
Vice Chancellor for
Graduate Studies and Research
FIELD TRAINING WITH THE NUTRITION SECTION OF THE
DIVISION OF HEALTH, WISCONSIN DEPARTMENT
OF HEALTH AND SOCIAL SERVICES

A Thesis
Presented to
the Graduate Council of
The University of Tennessee

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
Linda Lane Smith
August 1972
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ABSTRACT

This paper is based on objectives accomplished during seven weeks of field training with the Nutrition Section of the Division of Health, Wisconsin Department of Health and Social Services. These objectives included studying the organization and function of the Nutrition Section, developing consultation techniques, identifying areas for professional development, and further defining a philosophy of public health.

Characteristics influencing health programs in Wisconsin, the organization of the Division of Health and the Nutrition Section, and the functions of the district nutritionist are discussed. Reviewing this material aided the student in her study of the nutrition program as a component of an official health agency.

Examples of activities from field training illustrate the roles of the public health nutritionist. The roles are defined as administrator, counselor, consultant, and educator. An analysis of the student's professional development in each of the defined roles is reviewed.

By analyzing the field training, the student defines the public health nutritionist as a member of the public health team who must combine idealism with practicality to provide effective nutrition education. The field training provided an excellent opportunity for the student to learn that she, too, can function as a nutritionist in a public health agency.
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CHAPTER I

INTRODUCTION

This report is based on the student's observations and experiences during seven weeks of field training with the Nutrition Section of the Division of Health, Wisconsin Department of Health and Social Services, in the spring of 1972. The student was assigned to spend a majority of her time with the nutritionist responsible for the Western District and part of the Southern District, which are located in the southwestern and south central portions of the state, respectively. The 11 counties found in the Southern District include Grant, Iowa, Green, Rock, Jefferson, Dodge, Columbia, Sauk, Richland, and Dane. The state capitol, Madison, is located in Dane County. The Western District includes Buffalo, Trempealeau, Jackson, LaCrosse, Monroe, Vernon, and Crawford counties.

The purpose of the field training was to complement the academic training in public health nutrition at The University of Tennessee and to supplement concurrent public health field experiences in Knox County. The student's objectives for her field experience were:

1. To understand the organization and function of the nutrition program within the Wisconsin Department of Health and Social Services.

2. To further develop methods and techniques necessary for nutrition consultation.
3. To identify areas for additional professional development as a public health nutritionist.

4. To define a more meaningful philosophy of public health.

Chapter II of this paper is concerned with general characteristics of the state of Wisconsin, the particular area to which the student was assigned, sociologic factors, population, and vital and health statistics which are known to influence health programs, particularly the health programs of the Southern and Western Districts. The organization and functions of the Wisconsin Division of Health are presented in Chapter III. Chapter IV includes the history, organization, purposes, and objectives of the Nutrition Section. Functions of the district staff nutritionist are analyzed in Chapter V. In Chapter VI field work is described as it relates to the student's functioning in the roles of the public health nutritionist. Chapter VII summarizes the student's field training.
CHAPTER II

CHARACTERISTICS INFLUENCING HEALTH PROGRAMS IN WISCONSIN

Known as America's dairyland, Wisconsin has long been a leader in industry, government, and education, as well as agriculture. Various characteristics including geography, climate, history, economy, sociologic factors, and population will be discussed because they influence the public health program. Vital and medical statistics indicate health needs.

Geography

Wisconsin is one of the north-central states. It is bound on the north by Lake Superior and the upper peninsula of Michigan. The eastern border is Lake Michigan. The state of Illinois is the southern border. Iowa and Minnesota are separated from most of Wisconsin's western border by the St. Croix and Mississippi Rivers. The state's greatest length is 305 miles; its greatest width is 253 miles. Wisconsin ranks twenty-sixth in area and fifteenth among states in population (1).

The land is generally rolling, interrupted only by sharper ridges, bluff lands, and isolated hills. Originally, 85 percent of the land was forest except for prairies in the south and west. The southwestern portion of the state is rugged and without natural lakes, but has much attractive scenery and fine rich soil (2).
Climate

The climate is influenced by storms moving eastward from Canada and northward up the Mississippi River. The mean annual temperature varies from 48°F in the far south to 39°F in the northern part of the state. Most of the rainfall comes in the growing season (May through August). The climate is ideal for agriculture (1).

History

In 1634 Jean Nicolet, a French explorer, is said to have been the first white man in the area which is now Wisconsin. Following Nicolet came other Frenchmen who were looking for a northwest passage, fur trade, and missions. The end of the French Indian War in 1763 found the area ceded to England. In the Second Treaty of Paris in 1783, the British ceded to the United States territory which included Wisconsin. However, actual English control did not end until the conclusion of The War of 1812 (3). While the sales of public lands in 1834 and 1835 brought settlers to the land around Lake Michigan, mining and fur industries were already booming in the southwest corner of the state. Wisconsin became the thirtieth state in 1848 (1).

Economy

Wisconsin's economy depends on industry and tourist trade as well as agriculture. But it is the agricultural economy which is important to many of the people living in the Southern and Western Districts.
Wisconsin's agricultural economy is largely dependent on the dairy industry. More than one-third of the milk produced is made into cheese; one-fourth of the milk is used for butter; one-eighth of the milk is shipped out of state; and the remainder is used for other milk products (1). According to 1970 data, the state ranked first among the states in production of cheese and milk (4).

Jackson and Monroe counties were the only two counties in the Southern and Western Districts in 1964 which did not have at least 75 percent of the land used as farm land. Statewide, 58.2 percent of the land is used for farming. For several years it has been noted that the average farm size has increased as the number of farms decreased. In 1969 there were 114,000 farms with an average size of 180.7 acres. The majority of farm workers are family members, and the realized net income per farm in 1968 was $4,568 (3).

**Sociologic Factors**

Wisconsin enjoys a reputation for responsive government and progressive legislation. The state participates in revenue sharing more than any other state. Thirty percent of the state's revenue from tax receipts is returned to the local government (2). Wisconsin pioneered in social legislation providing pensions for the blind (1909), aid to dependent children (1913), and old age assistance (1925). In labor legislation, it was the first state to enact an unemployment compensation law. Wisconsin had the first successful income tax law and the first statewide primary election law (4).

In education, the state has 42 public institutions of higher learning including the University of Wisconsin which is statewide.
This system is the third largest in the nation. The main campus is located in Madison. Approximately 42 percent of the population had attained four years of high school education or more in 1969 which ranked Wisconsin twenty-eighth among the states in educational level of the population. About 1 percent of the population is considered illiterate which places the state thirty-sixth in illiteracy (3).

**Population**

There have been a variety of ethnic groups which settled in Wisconsin and contributed certain characteristics to the culture (5). Before the settlers, several tribes of Indians lived in Wisconsin. The first important permanent white settlements were made after The War of 1812, when lead miners moved into southwestern Wisconsin. Soon afterwards immigration from the northeastern states began and by 1850, 96 percent of the population was of Yankee origin. The influx of Europeans changed the state's population rapidly during the next few decades; by 1870, one-half of the population was foreign born. Most of the late 19th century immigrants came from Germany. Other ranking immigrant groups included Norwegian, Canadian, Austrian, Irish, and Swedish. Early in the 20th century there was an influx from eastern Europe, particularly from Poland. By 1930 this group comprised 10 percent of the total state population. Today, Wisconsin has every important national group known to the United States (6).

There were 4,417,731 persons in Wisconsin according to the 1970 census (7). Ninety-six and four-tenths percent of this population was white leaving 3.6 percent of the population classified as nonwhite.
The nonwhite population was less than one-third the national level of 12.6 percent. The Negro population comprised nearly 81 percent of the nonwhite population. Other nonwhite groups include Indians and Asians. There were ten counties statewide with more than 1,000 nonwhite population. These ten counties included two counties within the Southern District; there are no counties within the Western District which have more than 1,000 nonwhite population (6).

The ten year span from 1960 to 1970 saw a substantial decline in both natural increase and in net outmigration of population within the state. In general, the Southern District has experienced more population growth and is more densely populated than the Western District (7).

The largest population group statewide and in the counties composing the Southern and Western Districts are those persons under 20 years of age. The school-age population (5 through 19) has grown from 800,000 in the 1940's and 1950's to nearly 1,400,000 in the 1970's. However, there will be more students leaving than entering school within the next few years, since the number of preschoolers is declining.

The 472,865 persons age 65 and over represented approximately 11 percent of the state's population. This was above the national average of 10 percent (7). Within the broad category of those 65 and over, there are changes occurring at different age levels. The population age 65 through 69 has increased slowly (28 percent from 1950 to 1970), those 70 through 74 increased nearly 50 percent, and those 75 and older increased 85 percent in 20 years.
**Vital and Medical Statistics**

Use of vital and health-related statistics are helpful in defining areas for program planning. Selected state statistics such as birth rate and mortality will further define health needs within the Southern and Western Districts.

The live birth rate in 1970 was 17.5 per 1000 statewide. The United States live birth rate in 1970 was 18.2 per 1000 population (4). In an average calculated for a five-year period, the rate for the white population was 17.4, the Negro rate was 31.0, and the Indian rate was 32.5 within the state.

In 1970 the crude death rate in the state was 9.2 (7). Crude mortality rates for Negroes and Indians were lower than the crude death rate for the white population because of the lower proportion of nonwhite population 65 years and over. The older age groups contributed disproportionately to the crude mortality rate (6).

The seven leading causes in death in Wisconsin according to 1970 data were: 1. diseases of the heart, 2. cancer, 3. cerebrovascular disease, 4. accidents, 5. influenza and pneumonia, 6. diabetes, and 7. other circulatory disease. Between ages 35 and 64 coronary thrombosis accounts for 38.8 percent of the deaths of Wisconsin men and 18.5 percent of the deaths of women (7). Atherosclerosis and diabetes mellitus are diseases associated with a need for nutrition services.

**Relationships to Southern and Western District Programs**

How do these data relate to the health programs, specifically the nutrition programs, within the Southern and Western Districts?
An analysis of factors as they relate to the health and nutrition programs will begin at this point and continue throughout the paper.

Because dairying is very popular in the Southern and Western Districts, much of the population is rural. Many of these families are borderline, low-income groups. The student's project was an activity designed to help meet the needs of the rural poor.

Since many of the rural communities are widespread, the district staff spends a large amount of time traveling. The nutritionist in the Southern District is temporarily responsible for the Western District nutrition program; he must plan carefully so that activities may be as coordinated as possible.

It may be noted that the location of the Southern District's office in Madison influences this district's activities. Since Madison is the state capitol, the state's central offices, which include the Division of Health, are located here. The Southern District's nutritionists are more easily involved in programs requiring liaison with representatives of various agencies which are located in Madison.

The majority of the population within the Southern and Western Districts is white. Only two counties, Rock and Dane, have more than 1,000 nonwhite population. Since higher birth rates, illegitimacy, and prematurity occur among the nonwhite, these indicators are used to direct services within the Southern and Western Districts to areas of greater priority.

The aged are considered a primary target group. Work is being done to meet the needs of the elderly who are a large population group
in Wisconsin. Evidence of the priority concern for the aged in program planning is seen in the numerous activities carried out by the Southern and Western District staffs in the many nursing homes.

The chances of developing heart disease and diabetes are known to increase with age. Because there is a large elderly population in the Southern and Western Districts, attention is given to the control and prevention of these diseases. It is known that heart disease and diabetes are influenced by diet; therefore, the nutritionist gives emphasis to the control and prevention of these diseases.

The process of changing food patterns must begin with the present dietary habits. Many of the citizens of Wisconsin enjoy a high consumption of dairy foods. According to the American Heart Association, dairy foods high in saturated fat content should be restricted as a preventive measure against heart disease. However, the Wisconsin Heart Association takes a different position; this association recommends restricted dietary intake only when advised by the physician. It is likely that the position of the Wisconsin Heart Association is influenced by the large dairy industry and increased emphasis on case findings. In providing nutrition, it must be remembered and was often said, "The dairying industry is Wisconsin's bread and butter."

The incidence of diabetes is a factor determining programming done by the community nurses and nutritionists. Statistics indicate that diabetes is increasing in Wisconsin (7). The increased occurrence has been noted by health professionals. For instance, a Grant County nurse stated that the number of known diabetics within that county had doubled during the last year.
By planning effective weight control programs, the incidence of heart disease and diabetes may be lessened. Both diseases are associated with obesity. The nutritionist with whom the student worked, considered weight control, specifically of children, a major focal point in his activities within the Western and Southern Districts. By teaching a child, there is more time to build good eating habits. Too, Wisconsin's largest population group includes those persons who are younger than 20 years of age.
CHAPTER III

WISCONSIN STATE DIVISION OF HEALTH

History

In 1876 the State Board of Health was created by the Wisconsin Legislature. Its original purpose was to control disease through sanitation and quarantine. The legislature enacted a law in 1967 which provided for the reorganization of the state agencies. The reorganization established the Department of Health and Social Services from the former State Board of Health, Department of Public Welfare, and Commission on Aging (8). Only four State Health Officers directed the activities of the Division of Health from the date it was created as the State Board of Health in 1876 to 1972. Such leadership has promoted continuity of programs.

Organization and Function

The governing body of the Department of Health and Social Services is the Health and Social Services Board. The nine-member board is appointed for a six-year term by the Governor. The Council on Health, which was the former State Board of Health, is composed of seven members appointed for seven-year terms. The council advises the Health and Social Services Board and the Division of Health, approves the appointment of the administrator of the Division of Health as State Health Officer, and approves proposals made by the State Health Officer.
The Department of Health and Social Services has responsibilities in the areas of physical and mental health, family services, vocational rehabilitation, and services to the aging. The variety of services provided are to prevent and treat the many aspects of dependency and to reduce its effects on others in society. These goals are reached by providing direct services, working with various agencies, and providing an institutional care program (9).

The Division of Health is one of seven divisions of the Department of Health and Social Services. Prevention of disease and prolongation of life in an environment conducive to healthful living are the main objectives of the Wisconsin Division of Health. Consultation for planning and coordination are available to agencies, other groups, and individuals. Other activities are enforcement of state health regulations, health education, and collection, analysis, and dispersement of health statistics.

The work of the Division of Health is carried on by representatives of various bureaus primarily through the eight district health offices. The bureaus include General Administration, Local Health Services and Program Planning, Comprehensive Health Planning, Medical Facilities and Services, Preventable Disease, Community Health Services, Environmental Health, and Health Statistics.

District Health Offices

The eight district health offices provide indirect health services and advice to more than 1,800 local part-time health officers.
and health units in the villages, towns, cities, and counties. Figure 1 shows the eight district divisions. Representatives of the various bureaus and sections of the Division of Health provide consultation and education in their fields of expertise in each of the eight districts. Members of the district staff are responsible for providing advisory and educational services in the areas of chronic disease, rehabilitation, accident prevention, maternal and child health, child behavior and development, dental health, nutrition, school health, public health nursing, community organization, food and lodging sanitation, patient care practices, environmental sanitation, and communicable disease. The personnel of the district office are given administrative direction by the district administrative officer who also has responsibilities as a sanitary engineer.

It is important to note two distinct characteristics of the districts as they influence health programs. One, the district is composed of several counties. Therefore, many of the services offered must be indirect. For example, most of the nutrition services are provided indirectly through the public health nurse. A second characteristic of the district office which is thought to influence the health program is that the district administrator is a sanitary engineer with dual responsibilities. His field of expertise is environmental health rather than personal health services.

The Bureau of Community Health Services

The Bureau of Community Health Services functions to coordinate and correlate interacting program activities as they relate to the
Figure 1. District Divisions in Wisconsin.
health of the family in the community setting (9). In addition to the Nutrition Section, the bureau includes these sections: Maternity and Child Health, Dental Health, Community Education, and Child Behavior and Development. The section of Maternity and Child Health provides medical and nursing consultation to professional and lay groups to aid families in reaching their potential. Improvement of statewide dental health is the basis for the program administered by the Section of Dental Health. The Community Health Education Section assists in developing and improving educational programs directed to personal and community health needs. Identifying the needs of children as family members is the central aim of the Section of Child Behavior and Development (8).

**Communications**

To facilitate programming and coordination of activities within a complex organization such as the Division of Health with its varied activities and decentralized district offices, attention must be directed toward effective communication. Within the Division of Health, there are weekly meetings of the bureau directors and the State Health Officer. The bureau directors are responsible for communicating with the section chiefs. Communication within each district is aided through regularly scheduled monthly staff meetings and through composite monthly narrative reports which summarize activities of each staff member. The primary purpose of the reports is to inform the central office staff of the activities of the district staff members.
CHAPTER IV
THE NUTRITION SECTION

History

Nutrition services were established as part of the Bureau of Maternal and Child Health in 1938 (8). One of the first activities was to initiate a survey to determine nutritional needs of the population. The survey results were the basis for the initial state program planning in nutrition. The first requests for nutrition service came from the Bureau of Public Health Nursing. It was, and is currently, through the public health nurse that many nutrition services are provided directly to the individual.

Organization

Programs are established through plans developed at the district level with coordination and supervision from the central office. There are 11 positions in the Nutrition Section, nine are located at the district level throughout the state and two are in the central office. At present there are two vacancies; one is the Deputy Chief position, the other is a staff position in the Western District. Responsibilities for nutrition programs within the Western District are assigned to one of the two nutritionists assigned to the adjacent Southern District on a temporary basis. The Nutrition Section is administered by the Section Chief from the central office. The one nutrition staff member located in the central office has dual responsibilities. She functions as a specialist in institutional consultation.
for food service facilities and provides liaison with the Section of Hospital and Related Facilities as well as having responsibilities for a district.

Nutrition staff members have had training and experience as qualified dietitians and are members of The American Dietetic Association with additional training and experience in nutrition and public health at the graduate level. The staff is active in The American Dietetic Association, The American Public Health Association, The American Home Economics Association, and The Wisconsin Dietetic Association. Professional meetings inform the nutritionists of new developments and trends and are helpful in maintaining professional contacts. The continuing education provided by these organizations is important to health professionals because of the need to be knowledgeable in the fast changing health field.

Communications

The success of the decentralized nutrition program appears to depend significantly on good rapport between the chief of the section and the district staff nutritionists. There are several methods for communication within the Nutrition Section. One method is the narrative reporting of each field visit. The report provides identification of the visit, observations made, educational materials used, and an evaluation of the success of the visit. Follow-up plans are also included in these reports. The narrative reports keep the Section Chief informed and provide a record of services given in the district. Other communication methods include statistical reports, conferences with the chief, and the chief's monthly report to the staff.
Nutrition Section staff meetings are held quarterly for a two-day period. They provide an opportunity to share ideas among the nutrition staff members and to work on projects of a statewide nature such as development of educational materials and program planning. The agenda is determined partially by the activities of previous staff meetings and by suggestions from the staff members and the Section Chief. The staff meeting chairmanship rotates. By having the opportunity to plan the agenda and to chair the meeting, the nutritionists have input into their staff meetings.

Six times a year, the Nutrition Section publishes a newsletter, "Nutrition News for Nurses in Community Health Services." This publication reviews nutrition information which might be useful to the nurse. A copy of the newsletter which was developed by the student on the subject of mobile meals is included in the Appendix.

Although the Nutrition Section makes wide use of printed materials from other sources, it produces literature of its own when there is a need. For example, there is a pamphlet available from the Nutrition Section explaining the need for using iodized salt in Wisconsin. The materials developed are for statewide use; therefore, care is taken to develop suitable materials. After a piece of material has been planned, it is edited by an expert in journalism before going to press.

Purpose

Although extreme nutrition deficiencies are rare in Wisconsin, there is evidence that borderline conditions do occur particularly in times of stress such as rapid growth periods, pregnancy, illness,
and aging. Obesity, a predisposing factor in many diseases, including heart disease and diabetes, is prevalent. Food habit surveys and observations indicate inadequate diets may be found at all economic levels, though they are found more frequently in low-income groups.

The programs offered by the Nutrition Section are based on the concept that good nutrition is basic to the health of all individuals of every age. The primary purpose is to provide a more positive approach to good health throughout the life cycle by means of better nutrition. To develop nutrition services in the state which will enable the population to apply the knowledge of nutrition for improvement of their health, objectives are being defined jointly by the staff. At present, the tentative objectives for the Nutrition Section are:

1. To collate existing information and to secure needed information, not now available, on the nutritional needs of the population as they relate to nutritional status of individuals and groups in Wisconsin.

2. To provide consultation and assistance on a group and individual basis to personnel in programs providing service to high risk groups.

3. To serve as a resource to school personnel related to nutrition for the school age child.

4. To develop and/or participate in programs providing knowledge of the role of nutrition in prevention of chronic diseases and the application of appropriate nutritional care procedure.

5. To provide consultation and development of educational programs for the personnel in health care facilities relative to improved food service systems and nutritional care of patients served.

6. To provide consultation and advice for proposed new or the remodeling of health care facilities food service systems.
7. To develop the practicum in educational programs for future members of the nutrition profession.

8. To maintain an educational program for section staff which will provide an ongoing up-dating of nutrition science research and practical application to human nutrition.

9. To maintain a program of activities which will provide coordination and unification of programs containing a nutrition component within state and voluntary agencies (10).

These objectives are to be further developed for use statewide. Because of the rural, low-income families, the large number of children and older citizens, the increasing incidence of diabetes and heart disease, and the importance of weight control; it seems that much of the program planning done by the nutritionist in the Southern and Western Districts centers around these factors.
CHAPTER V

FUNCTIONS OF THE DISTRICT STAFF NUTRITIONIST

The public health nutritionist is a health professional; he or she is first a member of the public health profession. The nutritionist functions as an administrator, a counselor, a consultant, and an educator. Indicated areas of interest and priority of the district staff nutritionist (low-income families, child nutrition, weight control, diabetes, and geriatric nutrition) will be used to illustrate the development of these roles.

Administrative Role

The administrative role of the nutritionist centers on program planning. Because of increased accountability being demanded by the public, it is an important function.

The importance of child nutrition has been observed to influence programming. For instance, the nutritionists within the Southern District are active participants in Head Start workshops. Statewide, the entire Nutrition Section staff will be working with the Wisconsin Department of Public Instruction to gather data on food habits of school children and to evaluate these data. This information along with information collected from principals, teachers, and lunch room supervisors will be used to plan nutrition education for Wisconsin school children. The staff located in the Madison area (the Department of Public Instruction is located in Madison) have developed the survey tool to be used with the school children.
Program planning usually involves coordination and integration with other services. Development of the county health profile is an excellent example of teamwork within the Southern District. Not only a nutritionist, but a physician, a health educator, a physical therapist, and a public health nurse worked to develop a tool for assessing the health services needed and provided. The committee identified health needs in terms of their effect on mortality, morbidity, and suffering. Next, they began assessing the extent these needs were being met. It is hoped that this tool may be used by any county within the state to define health needs and services.

The nutritionist depends on others, particularly the public health nurses, to provide direct services. There were indications that the nurses were doing a good job in some areas and there were indications for improvement in others. The supervisory nurse in Grant County was very conscious of the importance of nutrition. Nutrition pamphlets were on display in the Grant County office. However, in another county there were indications that nutritional needs were not being met. Expanded Nutrition Program Aides were being asked questions about modified diets.

If the people are well informed about their specific dietary restrictions, would there be questions for the program aide? This question prompted the district nutritionists to plan a meeting with nursing services and the Expanded Nutrition Program as a step towards more effective and better coordinated nutrition education programs.

**Counselor Role**

Because the nutritionist must serve more than one county, much
of the services provided are indirect. Therefore, the opportunities for the nutritionist to serve as a counselor are limited and occupy a smaller percentage of time than the other roles demand. However, in special circumstances, perhaps to serve as a demonstration to the nurse, dietary counseling is provided. Since diabetes is an area of interest, the nutritionist worked with a diabetic receiving commodity food to help this person cope with his diet while selecting foods from a limited supply. The public health nurse and the Expanded Nutrition Program Aide who have the diabetic as part of their case loads helped with this activity. They were able to provide continuing help to the client. By working together, the nutritionist, nurse, and program aide recognized how they could coordinate activities to help other clients in similar situations.

Consultative and Educative Roles

The two major inclusive functions of the nutritionist within the district are consultative and educative. Since the activities involving these roles often overlap, they will be discussed together. Consultation promotes the solution of defined problems; nutrition education teaches a body of knowledge.

The public health nutritionist provides consultative and educative services in several different areas. The nurses in community health service comprise one of the most important groups with whom the nutritionist works. Therefore, it is of utmost importance that their knowledge of nutrition and its application be current. The nursing staff working in the community include school nurses, occupational health nurses, home health agency nurses, visiting nurses,
as well as nurses employed by cities and counties and outreach agencies such as the Office of Economic Opportunity. Supplementation of their nutrition knowledge is through individual conferences and in-service training programs.

The importance of weight control as a priority in planning done by the nurse and the nutritionist was observed in an in-service education session and in a consultation. In the first example, the subject of weight control was brought to the nutritionist's attention by several of the nurses in the group. Although the session was planned to present general information and resources, the nutritionist eagerly began discussing methods of counseling a variety of people about weight control. A school nurse requested a consultation to assist her in planning a weight-control program for several elementary school children who were overweight. In this case, the nutritionist was able to suggest several activities including a game that the nurse might use in such a program.

The elderly population is receiving increased attention nationwide. As has been stated before, there are many elderly people in Wisconsin, and these senior citizens are considered a priority group. It is understood that there is a link between isolation and poor nutrition. Each contributes to the other. Lonely people will not usually prepare food for themselves.

How does one help the elderly people who insist upon staying in their homes? In Wisconsin mobile meals programs have been organized to supply a hot, nutritious meal to the aged or homebound person unable to cook for himself. And as a bonus, the homebound person receives a
daily visitor. Currently, there are over 35 programs in the state. Often the nutritionist offers needed guidance in organizing such programs which fit the needs of the community. For example, to help the elderly food stamp recipients, Richland Center's mobile meals program is the second program in the nation approved to use food stamps as payment.

Promotion of good nutrition by the Nutrition Section, beginning with the unborn fetus and continuing throughout the life cycle, reflects the aim of the Division of Health to prevent disease and to prolong life in an environment conducive to healthful living for the people of Wisconsin. It may be noted that provision of services to all age groups indicates a broad, generalized nutrition education program. Such a program gives the district staff nutritionist a chance to develop a wide range of interests. By fostering the development of these interests, the Nutrition Section encourages the district nutritionist to be an active member of the health team in whatever role he or she may select.
CHAPTER VI

AN ANALYSIS AND EVALUATION OF THE STUDENT'S PERFORMANCE

The student's activities during the seven weeks of field training provided opportunities for observation of the district staff nutritionist and participation by the student. The purpose of this chapter is to analyze the student's performance and the effects of her experience upon her development as a public health nutritionist. To accomplish this analysis specific examples from the field training illustrate how the student relates to the roles of the public health nutritionist as defined in this paper. Therefore, the reporting of the student's activities is not inclusive.

I. AN ADMINISTRATIVE ROLE EXAMPLE: SOUTHWESTERN WISCONSIN COMMUNITY ACTION PROJECT

In a broad, generalized nutrition program, such as the program in Wisconsin, planning is critical. It enables the nutritionist to scrutinize priorities, define activities, and evaluate effectiveness. Such planning provides direction to the nutrition program in the district. The district nutrition program in turn serves as a basic block in building the entire pyramid of the Nutrition Section program throughout Wisconsin.

The project was planned with Southwestern Wisconsin Community Action Program (which will be referred to as SW-CAP). During this project the student functioned as a public health nutritionist in a
variety of roles: by chance, she counseled a diabetic member of the homemaker group; in the two class sessions, she taught the homemakers; while planning, she consulted with the county representatives. But because the student planned, executed, and evaluated this project, it will be analyzed as an activity related to the student's functioning in the administrative role of the public health nutritionist.

Objectives

The objectives of the project were: (1) to plan a component of a nutrition education program to serve the needs of the people within SW-CAP; (2) to help the individual group member define her need for nutrition education; and (3) to give the student an opportunity to apply nutrition knowledge in a community project.

Background

SW-CAP is a private, non-profit organization established in 1966 under the Economic Opportunity Act of 1964 to fight the War on Poverty at the local level by developing community programs to fit community needs using community resources and leadership (11). SW-CAP projects include emergency food and medical services, Head Start, organized activities for senior citizens, Neighborhood Youth Corps, Operation Mainstream, and alcoholism services.

To help in the development of specific projects and to coordinate community action programs, community action centers are located within each of the four counties SW-CAP serves: Grant, Iowa, Lafayette, and Richland County. According to 1969 data, the median family income for the state was $10,952. The median income within this four-county
area was approximately $6,000 (12). More than half of the people employed within the SW-CAP area were farmers. Traditionally the farmers have been known to be conservative and proud. Such attitudes influenced the student's project planning.

Three of the counties had community center groups organized for homemakers. Richland County did not, but it did have a senior citizens group. All four groups were composed of representatives of low-income families. The activities of the center were coordinated by the county representatives employed by the community action program.

From the Director of SW-CAP came a request for a nutrition education program. At a conference with the director and the Grant County Representative, the needs for a nutrition education program were further defined. It was decided that the student would work with the Grant County Representative to plan a nutrition education program suitable for all community center groups within the SW-CAP area and to execute this program with the Community Center Group in Grant County as a demonstration for the other SW-CAP county representatives.

Assessment of Need

To have an effective nutrition education program, it is essential to assess needed and desired information. After reviewing generalized areas in which nutrition education was thought to be needed, it was decided that a project would be developed centering on purchasing the best nutritional buys for a limited food budget. This topic was chosen because many of the families within the area were borderline, low-income families, not eligible for economic assistance.
Implementation

To initiate the program, a presentation was planned using two quizzes and a food buying skit. These quizzes helped the group members identify their needs for nutrition education as related to food buying practices. Each member evaluated herself so that no one would be judged by the whole group. A skit showing the food purchases of a "wise" and an "unwise" shopper emphasized specific food buying practices. (A copy of the two quizzes and skit are included in the Appendix.)

There were several questions on the first quiz which were marked incorrectly. This was easily determined by glancing at the quiz papers. Too, the group members made comments about various questions which indicated their viewpoint. The number and variety of incorrect responses on the first quiz indicated a need for the program to the group members, county representatives, and student. The second quiz, which was given at the end of the presentation, covered the same information as the first test. The group members kept the two quizzes to remind them of the information presented.

As a result of this presentation, the Grant County Community Center Group decided to bring their favorite recipes to the next meeting and determine the cost of preparing these recipes. The student was invited to return to the next meeting.

At the second meeting, the student introduced a concept for food selection based on three groups, developed originally for use with diabetics. The foods are divided into meat and milk, fruits and vegetables, bread and starch. Inclusion of food selected from
each of the three groups provides a nutritious meal. The three-food-group concept had been successfully used with diabetics. Although not proven, the advantages were thought to be:

1. The use of this concept, which was entitled "magic meals" was selected because studying three food groups is not as complex as studying four.

2. The idea of three food groups is not widely used; it would offer a different framework for teaching nutritious meal and snack planning.

3. Three food groups can more easily be worked into a snacking pattern than a four-food-group concept.

Following the introduction of "magic meals," favorite recipes supplied by group members were priced and classified as to which "magic meals" group the food belonged. By adding a vegetable such as celery to a favorite fish casserole, it was an example of "magic meals" because the casserole contained a meat, vegetable, and starch.

Suggestions were made by the student and the group to increase the nutritional value of the recipes. For instance, iodized salt should be used in preparing the fish casserole.

Plans were made to create a cook book of favorite recipes with suggestions for buying the more economical and nutritious foods. Hints were given on wise menu planning using the "magic meals" concept. This cook book was a project developed by the members of the community center groups within SW-CAP.

It was decided that the best way to teach the county representatives a method of developing a nutrition education program was to
present the program to one group and invite the other three county representatives to observe. After the first session plans were made by the two representatives, who had similar groups within their centers, to conduct meetings following the format presented by the student. The student modified the program to include foods and menus easily prepared for one or two persons for the senior citizens in Richland County.

Evaluation

Administering the two quizzes at the first group session provided a mechanism for evaluating the project. The first quiz identified a need; the second quiz identified how well the information had been learned by the group. Both quizzes were designed to test the same knowledge. By developing and using the quizzes, the student was able to objectively assess her presentation. Although the results were not statistically sound, the use of the two quizzes did indicate the knowledge of the homemakers and their need for further learning. The first quiz indicated 43 incorrect responses; the second quiz showed only one incorrect response.

It may be noted that the quizzes were true-false. Too, they might have been interpreted to elicit a certain response. These quizzes were designed to reach homemakers who had the equivalent of a high school education. From the responses given by the group members, the county representatives, and the district staff nutritionist, it was judged to be a successful way of stimulating interest.
The group's continued enthusiasm in this activity further indicated their interest and need. Evidence of continuing activity is a means of evaluating the appropriateness of the topic.

Summary

The project served both to introduce basic nutrition concepts to the group members and to demonstrate a program to be used with other groups. The student attempted to make the introduction of a nutrition education program more successful by building upon the knowledge and good habits the homemakers already had. Since these groups have indicated an interest in nutrition education by continuing activities, perhaps the next step in presenting nutrition concepts to this group would be planning nutritious low-cost menus using the recipes contributed by the group members. By furnishing the recipes and menu ideas, the members of the group would have input into the project which would help to strengthen their motivation to use better nutrition principles in their homes.

Analysis

It will be necessary for the student to be involved in program planning as a public health nutritionist. The more effectively she can plan, execute, and evaluate her programs, the better she will function in this age of increased accountability.

It is in this role, the student thinks she needs the most development. By identifying this need, seeking experience, and analyzing her performance, she will further develop herself as an administrator.
In analyzing the SW-CAP project, the student considers it a successful activity. Why was it successful? One factor was that the leaders of the agency considered a nutrition education project to be needed and as a result, they supported the student. Such support gave the student confidence in her ability to develop the project.

Planning was another factor in the project's success. The student sought a project topic which was most needed by the homemakers. As a result of investigation and conferences with the county representative and the district nutritionist, the project centered on purchasing the best nutritional buys for a limited food budget. Basing the project on a priority need of the homemakers was a primary factor in its success.

However, the student's planning also included the methodology used to present the material. The quizzes were designed to appeal to the homemakers. The skit was about two homemakers. Homemakers can more easily identify with other homemakers. Using the buying practices of the homemakers in the skit as examples, shopping methods could be recognized without focusing on any group member. At the same time, the group members could identify their own practices. In planning the presentation, the student developed educational material which illustrated some suggestions for buying foods on a limited budget.

But how did the student know the project was successful? Program planning necessitates planning an evaluation to judge its success. The two quizzes provided an evaluation tool.
Perhaps in analyzing her performance, a question the student might ask herself is "Do I consider the planning, execution, and evaluation of this project so successful that I will use the same factors in future program planning?" The answer is affirmative. In the administrative role as a public health nutritionist, the student will consider the readiness of the people, the nutrition needs of those people, the best identified methods for implementation, and an appropriate tool for evaluation. At best, the student views program planning as a difficult but essential process. With practice and analysis of her planning, the student may further develop the administrative role.

II. A COUNSELOR ROLE EXAMPLE: WORKING WITH A PHENYLKETONURIC CHILD

As mentioned previously, most of the services provided by the district staff nutritionist are indirect. Therefore, there is less opportunity to serve as a counselor.

In counseling done as a therapeutic dietitian, the student identified four factors she considered essential to effective counseling. As a counselor it is necessary to develop security for the person receiving the counseling. Changing food habits involves changing life styles which may bring insecurity. The counselor must assess the person's needs. The individual must be guided to recognize his needs and how these can be interwoven into his existing life style. In guiding the individual, the student believes it is essential to begin with the person's current way of living. Finally, the individual
being counseled must indicate his commitment to the changes he can make.

A home visit will be analyzed for factors the student had identified as necessary in effective counseling. In reviewing the entire project, it is thought the home visit was a key event.

**Background**

The Head Start director requested the district nutritionist's advice about the possibility of allowing a treated phenylketonuric child to participate in a Head Start program planned for June, 1972. Knowing the student's interest and enthusiasm for a similar project in Knox County, the nutritionist asked the student to work with the director.

The student planned conferences with many professionals to gain necessary information. She met with the Head Start director. In this meeting plans were made for dietary instruction of the cook. Next, the student consulted with the nutritionist in the University of Wisconsin Pediatric and Neurology Clinic who had instructed the child's family regarding his diet. The nutritionist supplied a meal and snack pattern suitable for the child while attending Head Start. The student met with the county nurse who has the family as part of her caseload and visited the family with the nurse. From the nurse the student gained insight into the child's medical, dietary, and social history.

With this information, the student instructed the cook in preparing menus and food for the child. The cook was cross-checked
to assess her understanding of the diet by questioning and having the cook make sample menus. Such intensive cross-checks were done because the cook would be a key person in determining the success of the project. If she did not understand the dietary modifications, she could not prepare a suitable menu.

Underlying Factors

Before discussing the home visit there were some underlying factors which need mentioning. One of these factors was the family, and in particular, the mother, who had been known to make forbidden food available to the child. For example, there were reports of the child eating cake which he was not allowed. The family had not provided blood samples as often as requested. As a result the nutritionist at the Pediatric and Neurology Clinic and the county nurse had thought the family uncooperative.

The second factor was the child's relationship with his mother. He is the youngest of five children. The siblings and parents are not phenylketonuric. The mother has thought she was responsible for the child's condition. As a result of these guilt feelings, she has treated the child as a sick individual. Except for his being phenylketonuric, the child appeared to be normal physically and mentally. However, to develop socially, he needed to be viewed as a normal individual with certain limitations, and he needed the stimulation of peers. Therefore, the mother's attitude towards her child needed to be modified as much as possible.
The Home Visit

The counseling goal was to help the mother realize how normal her child was, using his enrollment in the Head Start Program as confirmation. After talking for a few minutes, the student asked the mother for a 24-hour recall of what the child had eaten. Using the recall, the student pointed out the good examples of food choices provided by the mother. For example, the mother prepared a frozen whipped topping in a sugar cone for her son while the other family members ate cake.

The student then discussed the Head Start program. She reassured the mother that her child would get proper care because he was like the other children in many ways. His food would be similar to that of the other children in the program since the cook would select the child's foods using the menu she planned for everyone. Her son would be treated as much as possible like the other children because he was a healthy child.

During the visit the mother indicated that it was difficult to buy so many special foods. Her husband resented the large grocery bill. This homemaker seemed to be expressing a request for help by offering this information. The student suggested two foods that the mother could use in planning meals for her entire family. The mother agreed to try these two foods.

Analysis

The suggestions were tasks the mother could handle. They were based on the entire family's current habits and were applicable to
the child. The mother's agreement to try the two suggestions was a commitment. Afterwards, the nurse agreed to continue offering food suggestions that were applicable to the whole family. In this way the mother realized how much the child was like his family. The home visit gave the nurse a method to use in counseling the family about the child's diet.

In reviewing her role as a counselor, the student thinks she is most competent in this role. Because of her previous professional experience, it is a role that she knows well and one in which she functions successfully. There are two reasons to which the student attributes her success in this role. One reason is she has the ability to relate to others easily. The second reason is that she makes a conscious effort to begin with the lifestyle of the individual and build upon the good food habits that each individual has. The successful functioning as a counselor will contribute to the student's success as a public health nutritionist, particularly when she is providing direct service.

III. A CONSULTATIVE ROLE EXAMPLE: OBSERVATION OF A NURSING HOME VISIT

Although the student was not an active participant in this consultation, it was analyzed for methods necessary in a consultative process. By analyzing this consultation, effective techniques were identified.

One of the objectives of the student's field work was to further develop methods and techniques necessary for nutrition
determining patients' acceptance was to check the charts for unusual weight loss.

It was the responsibility of the administrator to investigate patient acceptance of the disposable food service. Because consultation is a voluntary process, the nutritionist does not have the authority to demand investigation of patient acceptance.

In this consultation the problem was defined, two methods were used in assessing the problem, and a recommendation was made in one meeting. In helping the consultee, the student noted that the nutritionist suggested a specific method to check patient acceptance. It is the student's opinion that specific suggestions help the consultee to define further plans.

One method of exploring the problem which was not used in this consultation, but was observed as helpful in others, was the use of examples. Often the nutritionist used examples as a means of illustrating problems or solutions. However, the use of disposables was unique.

Much of the district staff nutritionist's time is spent in consultation. Therefore, it is an important role for the public health nutritionist who serves a large geographic area with a broad, generalized program.

How will the student function as a consultant? Although her performance as a consultant was not analyzed, she did function as a consultant during the field training. As a consultant, she recognized that she did have sufficient knowledge of nutrition and experience in food service to function as a consultant to other professionals.
By observing the nutritionist, the student identified specific methods which can be used in consultation, such as questioning to define the problem. One of the most helpful techniques is the use of specific suggestions to guide the consultee in future planning. Such suggestions give the consultee confidence in planning.

Because of its newness, the student is unsure of herself as a consultant. Further experience as a consultant will help the student feel secure in this role of the public health nutritionist.

IV. AN EDUCATIVE ROLE EXAMPLE: PARTICIPATION WITH THE DIABETIC PANEL

In addition to the role of consultant, the public health nutritionist functions primarily as an educator in a broad, generalized program. Reviewing observations and participation helped the student to more clearly define methods of teaching and to differentiate between the consultative and educative roles of the nutritionist. The major difference between the two roles is the equal, voluntary relationship of the consultant and consultee as compared to the hierarchial obligatory relationship between student and teacher. Another difference is that consultation is not effective for conveying a body of information. The teaching process may involve four steps: preparation, presentation, application, and evaluation.

The role of educator is demonstrated by a lecture-discussion series designed for health professionals in the community who were interested in educational programs for persons with diabetes. In
this series, the nutritionist cooperated with other health professionals to develop a program designed to provide a means by which health professionals could meet and jointly consider ways of planning a community-wide program for the diabetic. The student participated in a panel discussion which was aimed towards activating the community to initiate an ongoing diabetes educational program. Perhaps by taking the student's panel presentation and analyzing it for the four steps she identified as an approach to teaching, further definition of this process and of the educative role may be accomplished.

In preparation for the presentation the student met with other panel members. This made her aware of their topics and methods of presentation. An example of one community's program was presented to indicate possible organizational plans.

This community, Darlington, was an excellent example of what an interested community could do. The two county nurses in this small rural, farming community organized most of the diabetic program activities. The nurses involved people from the Division on Aging and the Division of Health, which made the activities intra-agency and multidisciplinary. They took advantage of the special knowledge of a trained food service supervisor and a dietary consultant who worked in the community to present dietary information to diabetics in the Darlington area. And to get the attention of Darlington's citizens, circulars were placed everywhere, including the local taverns.

For the panel presentation which centered on the activities in Darlington, the student was asked to discuss two specific topics,
travel tips for the diabetic and insurance problems which had been raised as concerns by patients in Darlington. The student contacted airlines and travel agencies to find out what special attention a diabetic could obtain while traveling. She also thought about snack foods which were packable. To find out about car, life, and hospitalization insurance, the student contacted both state and private agencies. She discussed her plans for presenting the information with the district nutritionist.

The panel presented its information to an audience of nurses, dietitians, and nutritionists who worked within the Southern District. Because no visual aids were used, the student stated the two topics to be discussed and then discussed them in the order stated to give more continuity. To introduce the first topic, travel tips, the student asked a panel member, who happened to be a diabetic, what she thought about traveling. The use of the diabetic's response linked the student's presentation to the panel's discussion.

An opportunity for actual application of what the audience learned was not developed. Perhaps by dividing into small group planning sessions and giving these groups specific topics, an exercise in application would have helped the group in learning how to develop a diabetic education program.

These simulated planning sessions would have offered an opportunity to immediately evaluate the program presented. One means of evaluation was the response of the audience in establishing programs. Such a method of evaluation must extend for a period of time.
The student used the opinion of other professionals to assess her performance. She was told by the nutritionist and the Nutrition Section Chief that she presented her material clearly. Questions from the audience indicated attention and interest in the student's presentation.

As an educator, the student has had experience and thinks she is capable of handling the role. Her confidence in her ability to function as an educator helps her anticipate teaching as a rewarding means of providing nutrition information.
CHAPTER VII

SUMMARY

An analysis of the student's field training with the Nutrition Section, Division of Health, Wisconsin Department of Health and Social Services, has been presented. Examples of participation and observations have indicated that because of the guidance provided by the Nutrition Section staff and the variety of activities experienced, the student was able to accomplish her field training objectives.

For understanding the organization and function of the total nutrition program within the Wisconsin Division of Health, conferences with the Nutrition Section Chief, the Bureau Director, and the Southern District administrator provided needed orientation. Analyzing factors which determine policies and programs aided the student in her identification of the components of the nutrition program. The district staff meetings and county health profile meetings provided an opportunity for the student to observe the integration of the nutrition program into the public health program.

Through observations of the district staff nutritionist and actual participation as a consultant, the student was able to further develop methods and techniques necessary for nutrition consultation. In consultation, it is necessary to be knowledgeable, to establish rapport, and to define the problem.
In reviewing the various roles of the public health nutritionist and in evaluating her performance, the student was able to identify areas for additional professional development. She functions well as a counselor and an educator, but needs further experience as an administrator and a consultant.

It is difficult to measure the last objective, to define a more meaningful philosophy of public health. The student's seven weeks of field training helped her to increase her knowledge of the application of public health by observations and practice within a public health agency.

Public health is a process of using science and art to prevent disease, prolong life, and promote health in the community. Health care is the right of each citizen within the community; its provision is a governmental responsibility. To provide health care services to meet the needs of everyone within a given area is an idealistic goal. Planning measurable, effective programs to provide these services is a practical limitation. As public health programs are based on idealistic aims within practical limitations, the student concludes that the public health practitioner must possess idealism combined with practicality to be effective.

In summary, it is thought by the student that her seven weeks field training were invaluable. It has been through the field training that the student has evaluated her adequacy as a public health nutritionist and found that she will be able to function as a nutritionist in a public health program.
LITERATURE CITED
LITERATURE CITED


APPENDIX
Do you know what Mobile Meals, Home Delivered Meals, or Meals on Wheels are about? Mrs. Mildred Zimmerman, Consultant with the Division on Aging says community nurses have been an important part of the mobile meals program within Wisconsin.

Statewide there are about 35 programs serving citizens in 40 communities. The first program in Wisconsin was begun in Milwaukee with the help of the Visiting Nurse Association. One of the basic aims of every program throughout the state is to deliver a hot meal at noon which contains 1/3 of the recommended nutrients needed daily.

Although many people enrolled in a mobile meals program are senior citizens, the handicapped and convalescent may qualify. Did you know that on any given day an estimated 500 people per 100,000 population will be homebound because of illness or disability? Of these 500, there will be 200 who could use some aspect of home care. Throughout our country today individuals suffer from malnutrition because they are unable to provide a satisfactory diet for themselves.

Is there a mobile meals program within your community? Does your community need such a program? There are several ways to assess a community's need for mobile meals.

One way is to survey nursing caseloads. Another is to ask ministers of the churches in your area about people who might need this service. Senior citizen groups in the community would also be a most important contact.

Interested citizens, hospital and nursing home personnel, and community agency representatives may help in determining the need for a mobile meals program. After determining the need, qualifications, methods of service, and financing could be planned. Since it is recommended that the hot lunch supply 1/3 of the nutrients needed daily, most programs obtain their food from a community hospital or nursing home which has food service equipment and personnel. Too, there are people who might need mobile meals, but must have a modified diet such as a diabetic. A hospital or nursing home can easily serve a modified diet.

The advantages of a mobile meals program are many. Such service can prevent premature institutionalization of senior citizens, encourage earlier release from hospital to home, insure a balanced diet, provide
a daily visitor for a person being served, and add an additional home-care service within the community. $10.00 a week spent to provide a mobile meals delivery is far less than $25.00 a day to obtain a bed in a nursing home.
QUIZ ONE

HOW MUCH DO YOU KNOW ABOUT YOUR FOOD $?

Answer these true-false questions and see how you rate!

T F 1. It's a waste of time to pay attention to grocery ads and specials.
T F 2. It's a waste of time to make a shopping list.
T F 3. Specials are always the best buy.
T F 4. The largest package is the best buy.
T F 5. It makes no difference if you buy iodized or non-iodized salt.
T F 6. All milk is fortified.
T F 7. Dried milk and evaporated milk usually cost the same as whole milk.
T F 8. Fortified margarine is not as good a nutritional buy as butter.
T F 9. Eggs, cheese, and milk are not good protein substitutes for meat even though they are cheaper.
T F 10. Large eggs are always the best buy.
T F 11. Peanut butter is not a good substitute for meat occasionally even if it's cheaper.
T F 12. The number of servings from meat does not change because there is more bone.
T F 13. A "frying" chicken is more expensive than ground beef when the price per pound is 3/4's or less the price of ground beef.
T F 14. You should always buy fresh fruits and vegetables when they are in the store.
T F 15. Fresh carrots are not a good economical source of vitamin A when they are not in season.

T F 16. Untrimmed, non-packaged vegetables give you more for your money than packaged ones.

T F 17. Enriched and whole grain breads and cereals are more expensive than the nonenriched ones.
QUIZ TWO

HOW MUCH DO YOU KNOW NOW ABOUT YOUR FOOD $?

Answer these true-false questions and see how you rate!

T · F 1. A good way to stretch your food $ is to pay attention to the specials.

T · F 2. It's good to make a shopping list of things you need before going to the grocery store.

T · F 3. Specials are not always the best buy.

T · F 4. It may save money to check the cost per serving; the largest package may be more expensive.

T · F 5. Iodized salt is better for you than non-iodized salt.

T · F 6. All milk is not fortified.

T · F 7. Usually dried milk and evaporated milk are cheaper than fresh whole milk and contain the same amount of calcium per serving.

T · F 8. Fortified margarine is usually cheaper than butter.

T · F 9. Eggs, cheese, and milk are good substitutes for meat.

T · F 10. Recipes usually require medium-sized eggs, which are usually cheaper.

T · F 11. Peanut butter is a good food to use instead of meat occasionally.

T · F 12. Even though you don't eat the bone, you pay for it when you buy meat.

T · F 13. A fryer chicken is cheaper than ground beef when the price per pound is 3/4's or less the price of ground beef.
T F 14. Fresh fruits and vegetables are usually a better buy when they are in season.

T F 15. Trimmed, packaged green leafy vegetables give you more for your money than the untrimmed, non-packaged ones.

T F 16. Breads and cereals made with enriched flour are often the same price as those made with nonenriched flour and are better for you.
FOOD BUYING SKIT

CAST: Jane, wise shopper, mother of two young children.
      Judy, unwise shopper, also mother of two young children.

SETTING: Jane's home. Both Jane and Judy have returned from their weekly grocery shopping.

Jane: "Hello, Judy, glad you stopped by. It looks like you've been to the grocery store. Come in."

Judy: "Yes, I'm loaded and I need to rest a little. I'm really beat today." (Noticing the other bags) "Have you bought groceries this morning, too?"

Jane: "Yes, I spent $7 for this. (points to two bags of groceries) I was just about to put it away."

Judy: "Just $7 for so much? I spent $9 and have only one bag. How did you do so well?"

Jane: "I can show you as I put things away." (She takes out her meat: Tuna, one can; checken, one whole; ground beef, one pound.) "Did you get any meats?"

Judy: (Taking out two sirloin steaks; two TV dinners) "Yes, I got these yummy steaks. Don't they look good? Only $1.58 for one and $1.29 for the other."

Jane: "You and Jim must be planning on celebrating one night soon. I bought some hamburger to make a meatloaf which will feed the four of us."
Judy: "Hmmm. I see you got more for your money, but these steaks will make a good meal."

Jane: "I'm going to add oatmeal to this pound of ground beef to make it go further. But the ground beef has the same food value as these two steaks."

Judy: "These two TV dinners, they're sure handy when I don't feel like cooking."

Jane: "Yes, they are, but so expensive. I hope you feel like cooking most of the time. I got a can of tuna for 39¢. Did you ever try it with noodles and a can of celery soup? That's almost as easy as TV dinners."

Judy: "That's all my meat. Do you have any more?"

Jane: "No, but I have two foods that are good substitutes for meat—dried beans and peanut butter. We love bean soup and the children eat peanut butter often for lunch."

Judy: "My family likes those foods, too. Maybe I'll get them next time. Did you get any potato chips? My kids can eat a ton of them."

Jane: "No, I got my potatoes this way—10 pounds for 97¢. What did your chips cost?"
Judy: (Looking to see) "This bag cost 49¢. You really beat me there! You won't scold me for buying bread, will you?" (She takes out a loaf of fancy dark bread) "It's a pound loaf of dark bread, the very best diet bread, and only 42¢."

Jane: "I got this one and one half pound loaf of enriched white bread for 35¢."

Judy: "You didn't! I'm surprised that you'd buy white bread though. Isn't dark bread better?"

Jane: "It has a little more food value, but enriched white bread has a lot, too, and when it is so much cheaper, I can't see buying the fancy kinds. As for the lower calories per slice it looks to me as if they have just sliced your bread thinner. What else did you buy?"

Judy: "I have a dozen eggs, the grade A jumbo kind. That's good, isn't it?"

Jane: "I get them sometimes, but I usually get medium eggs. They have about the same food value and are a few cents less."

Judy: "I bet you'll think me a good shopper for getting this half gallon of milk, won't you?"

Jane: "Milk is good for us, of course, and everyone in my family needs 2 to 3 glasses every day. (She pulls a box of dry milk out of her sack) I'll have to pay 24¢ for a half gallon. My children
have learned to like drinking this, but if yours haven't yet, you could mix it half and half and make your half gallon go twice as far. I don't think they could taste the difference, especially if you mixed it well and served it very cold.

Does your husband drink milk?"

Judy: "Not very often."

Jane: "My husband doesn't either so I add the dry milk to foods that I cook like this chocolate pudding. Then he gets some milk every day."

Judy: "How do you know so much about food?"

Jane: "Oh, I don't think of all of the ideas myself. I had home economics in high school and I read magazines and talk to people. Even the newspaper has ideas I can try, and I get some from TV. You can do the same things, too."

Judy: "Maybe I will." (Takes out her six pack of pop) "I hate to show you this!"

Jane: "You should! You know that has no food value. When the family asks for a drink at my house they get this." (She takes out a large can of frozen orange juice) "This orange juice has lots of vitamin C in it and they need some of that every day to have healthy gums, teeth, and bones. Other fruits such as oranges, grapefruit, and tomatoes or their juices are also good sources of this vitamin. The cokes you bought have only calories."
Judy: "Did you get any cereal today?" (She takes out her variety pack cereal) "I got this so the children could all choose what they want."

Jane: "Yes, I got this cereal to cook. I'll have 3 bowls of mine for about what you paid for one bowl of yours."

Judy: "I can't win!" (Taking out a pound of butter) "I had to have butter today. Did you?"

Jane: "I got margarine. Butter costs about 3 times as much and we like this just as well. Did you get any vegetables?"

Judy: "I got some English peas. My family likes them."

Jane: "Yes, they are good. I got peas, too." (She takes out a can of lesser quality and looks at the price on both cans.) "Mine was 10¢ less than yours. I'll admit yours will look prettier and taste better, but they don't have any more food value."

Judy: "Did you get any dessert? I got this snack pack of chocolate pudding that doesn't need any preparation for 63¢."

Jane: "I got the chocolate pudding I showed you a few minutes ago for 15¢ a package. I'm going to add some powdered milk to it when I cook it to increase the protein. I also bought some apples since they are still in season. Plain fruit is good for snacks and dessert because it has food value and you know, its lower in calories, if you are watching your weight."
Judy: "That takes me to the bottom of my sack. Here's a head of lettuce for 29¢."

Jane: "Yes, I have a head of cabbage for 12¢ a pound. Cabbage is great for cole slaw and for cooking. And it's a bonus food, too. It has both vitamin A and vitamin C in it."

Judy: "Next time, how about going shopping together. I need some of your ideas."
VITA

Linda Lane Smith was born in Knoxville, Tennessee, on September 6, 1946. She is the oldest daughter of Clyde P. and Mary Emma Lane Smith. After graduation from East High School in Knoxville, she majored in Food Science and Institutional Management at The University of Tennessee to obtain a Bachelor of Science degree. Following a dietetic internship at Baylor University Medical Center in Dallas, Texas, she was employed for two years at The Methodist Hospital, Texas Medical Center, Houston. As a dietitian she counseled patients with heart disease. In September, 1971, she entered the Graduate School of The University of Tennessee to work toward a Master of Science degree which she completed in August, 1972.