



8-1972

## Field Observations and Experiences in the Division of Nutrition-- Pennsylvania Department of Health

Amy Jeanece Seals  
*University of Tennessee, Knoxville*

Follow this and additional works at: [https://trace.tennessee.edu/utk\\_gradthes](https://trace.tennessee.edu/utk_gradthes)



Part of the [Nutrition Commons](#)

---

### Recommended Citation

Seals, Amy Jeanece, "Field Observations and Experiences in the Division of Nutrition--Pennsylvania Department of Health. " Master's Thesis, University of Tennessee, 1972.  
[https://trace.tennessee.edu/utk\\_gradthes/3848](https://trace.tennessee.edu/utk_gradthes/3848)

This Thesis is brought to you for free and open access by the Graduate School at TRACE: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Masters Theses by an authorized administrator of TRACE: Tennessee Research and Creative Exchange. For more information, please contact [trace@utk.edu](mailto:trace@utk.edu).

To the Graduate Council:

I am submitting herewith a thesis written by Amy Jeaneece Seals entitled "Field Observations and Experiences in the Division of Nutrition--Pennsylvania Department of Health." 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.

Daniel Hubbard, Major Professor

We have read this thesis and recommend its acceptance:

Cyrus Mayshark, John T. Smith

Accepted for the Council:

Carolyn R. Hodges

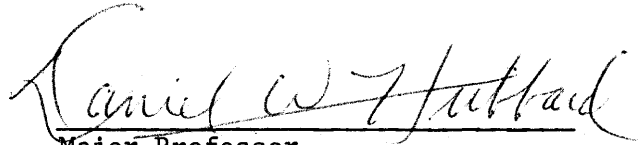
Vice Provost and Dean of the Graduate School

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


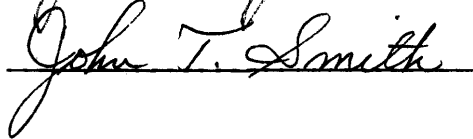
July 19, 1972

To the Graduate Council:


I am submitting herewith a thesis written by Amy Jeanee Seals entitled "Field Observations and Experiences in The Division of Nutrition--Pennsylvania Department of Health." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

  
Major Professor

We have read this thesis  
and recommend its acceptance:

Accepted for the Council:

  
Vice Chancellor for  
Graduate Studies and Research

FIELD OBSERVATIONS AND EXPERIENCES IN THE DIVISION OF  
NUTRITION--PENNSYLVANIA DEPARTMENT OF HEALTH

---

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  
Amy Jeanee Seals  
August 1972

## ACKNOWLEDGMENTS

The student wishes to express sincere appreciation to the Director Miss Sophia Podgorski and the staff of the Division of Nutrition, Pennsylvania Department of Health for providing a field experience which was both enjoyable and worthwhile. She is especially grateful to Mrs. Elenore Zinger and the staff of Pennsylvania Health Service Region I for providing the opportunity to observe and understand the roles of the various disciplines involved in the region's health care delivery system.

For his good humor and guidance in preparation of this paper, the student wishes to thank Dr. Daniel Hubbard, Department of Nutrition. Appreciation for their contributions and support is also expressed to Dr. John T. Smith, Department of Nutrition, and to Dr. Cyrus Mayshark, Department of Public Health Education.

The student is grateful to her parents, Mr. and Mrs. Herman C. Seals for their confidence and encouragement. A grateful acknowledgment is also extended to Miss Dorris Taylor, long time friend, who typed as diligently as the student wrote.

## ABSTRACT

In order to make nutrition education really effective, academic theories must be related to practical applications. The seven week field experience with the Division of Nutrition, Pennsylvania Department of Health provided this opportunity.

The student observed and participated in a variety of activities planned to orient her to the operation of a well developed nutrition program. The interrelationships of the nutrition program to the health department and the other health agencies in the community was also observed. Through conferences with health professionals, selected readings, and field observations in the health department and other health care facilities, the student gained an overview of the programs of the Division of Nutrition of the Pennsylvania Department of Health. The planned experiences and activities helped the student to broaden her understanding of public health philosophies and reinforced her concept of the role of nutrition in the health care delivery system.

## TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION . . . . .	1
II. FACTORS WHICH DETERMINE THE POLICIES AND PROGRAMS OF THE PENNSYLVANIA DEPARTMENT OF HEALTH . . . . .	3
III. THE PENNSYLVANIA DEPARTMENT OF HEALTH . . . . .	17
IV. THE DIVISION OF NUTRITION . . . . .	26
V. STUDENT'S ANALYSIS OF OWN PERFORMANCE . . . . .	41
VI. SUMMARY . . . . .	48
BIBLIOGRAPHY . . . . .	49
APPENDICES . . . . .	52
Appendix A . . . . .	53
Appendix B . . . . .	62
Appendix C . . . . .	64
VITA . . . . .	76

# LIST OF TABLES

TABLE	PAGE
I. Total Population and Growth Rate for Five Pennsylvania Counties in Region I . . . . .	5
II. Percent of Total Population by Age for United States and Pennsylvania in 1969 . . . . .	7
III. Proportion of Total Population in Percent of Pennsylvania Citizens by Age in 1960 and 1970 . . . . .	8
IV. Ten Leading Causes of Death in United States and Pennsylvania in 1970 . . . . .	9
V. Fetal, Neonatal, and Infant Death Rates for United States, Pennsylvania, and Counties in Region I . . . . .	10
VI. Infant and Neonatal Death Rates by Race for the Counties in Region I . . . . .	11
VII. Non-White Population of Pennsylvania, Region I, and Constituent Counties in 1970 . . . . .	13
VIII. Physicians, Hospitals, and Hospital Beds in the Five Counties in Region I . . . . .	16



## CHAPTER I

### INTRODUCTION

A new philosophy of public health care is evolving in the United States. Methods for preventing diseases have been expanded and treatment and rehabilitation have become integral parts of community health service delivery. This new approach is in direct response to the changing needs and demands of the community.

The public has become aware of the inequities in the quality and quantity of health services available to the lower economic segments of the society. Rectification of this mal-distribution will require an increasing number of qualified health professionals. In order to meet the expanding community needs, the concept of quality health services must be emphasized in educating students in the health field.

The introduction of legislation in Congress for a Health Maintenance Organization has made health delivery systems a political issue. To be able to function with any degree of success, the student must be well informed on current events and the intricacies of the political situation, as well as the philosophy of public health. This objective is partially achieved by the student's field experience. It provides the opportunity to work under close supervision and exposes one to various types of health personnel. Most important, however, academic principles and theories can be applied through active involvement in community health programs.

The objectives of the eight week supervised field experience are:

1. To study well-developed, generalized nutrition programs as they relate to nutritional needs and available resources at the state and local levels and to observe the role of the nutritionist in meeting these needs.
2. To observe the interrelationships between the official health agency and the voluntary health agencies and the coordination of nutrition services between these agencies.
3. To gain a thorough understanding of the mission, organization, and functions of a nutrition program within a health agency and of the nutritionist's role on the multifaceted public health team.
4. To gain insight into the intricacies of administration of a public health program.
5. To develop knowledge of the competencies required in assessing nutritional needs of the community, formulating programs which will meet these needs, and implementing the resultant programs.

## CHAPTER II

### FACTORS WHICH DETERMINE THE POLICIES AND PROGRAMS OF THE PENNSYLVANIA DEPARTMENT OF HEALTH

The health needs of a community are based on the individual characteristics of that community. The socio-economic characteristics of a population have their strongest impact on public health in the area of service. These characteristics are vital in determining the community's unique health problems and needs; therefore, they must be given consideration in the determination of the focus of health services developed for that community (1). Political forces may also have profound effects on the nature, type, and quality of health services including nutrition services that may be developed in a community (2).

#### I. POPULATION CHARACTERISTICS

Pennsylvania, which is popularly known as the "Keystone State" because of its central position among the thirteen original states, is one of the four officially styled commonwealths in the United States. Thirty-third among the fifty states in size; it has a total land area of 45,333 square miles. It is bounded on the north by Lake Erie and New York; on the east by New York and New Jersey; on the south by Delaware, Maryland, and West Virginia; and on the west by the panhandle of West Virginia and by Ohio (3).

### Vital Statistics and Biostatistics

Today there are over eleven million people living in Pennsylvania. According to the United States Bureau of Census, on April 1, 1970 the total population for the state was 11,793,909. Of this total population the census showed that 3,865,810 people lived in the five southeastern counties comprising Health Service Region I of the Pennsylvania Department of Health (4). This is the region in which the student spent a major part of her field experience. Table I shows the population for the individual five counties. Today the estimated population for the counties of Bucks, Chester, Delaware, Montgomery, and Philadelphia is over four million persons. These five counties represent 4.8 percent of the total land area in Pennsylvania and 34 percent of the population (5). Region I is a rapidly growing area. When contrasted with the growth rate of the state as a whole, the rate of growth for Region I has been greater for many years.

When the population of Pennsylvania is classified by residence into rural or urban, 71.5 percent are considered to be urban as compared to 71.6 percent in 1960 (6). However, 90 percent of the population in Region I is considered urban. As these statistics indicate this region is already considered urbanized; therefore, there is little population shift due to migration from rural to urban areas. A trend which these statistics do not indicate, however, is the movement of people from the densely populated inner city to the suburb. This is particularly true for Philadelphia County as evidenced by Table I. There has been a 2.6 percent decrease in the

TABLE I  
Total population and growth rate for five Pennsylvania  
counties in Region I

County	Population	Percent Change 1960-1970	Growth Rate	Density No. People / Sq. Mile
Bucks	415,056	34.5	106,489	767.7
Chester	278,311	32.1	67,703	369.0
Delaware	600,035	8.5	46,881	3,714.6
Montgomery	623,799	20.7	107,117	1,329.9
Philadelphia	1,948,609	-2.6	-53,903	15,816.3

Source: Pennsylvania Department of Health 1971 Regional Planning Information. Pennsylvania Department of Health. Harrisburg, Pennsylvania.

population of Philadelphia since 1960 as compared to the substantial increase in the surrounding counties (5).

Classification of the population by age in Table II shows Pennsylvania has larger numbers of persons in the age group over 35. Table III shows the proportion of the total population by age in Pennsylvania, Region I, and each of the five counties in Region I in 1960 and in 1970 (6). As can be noted, the proportion of citizens 65 and over is steadily increasing. This has had a definite impact on the type of health programs and services required. The movement of young adults from the inner city to the suburbs has increased health problems associated with this age group--particularly maternal and child health (1).

The higher death rates in Pennsylvania, relative to the United States as a whole, are probably a result of a greater ratio of elderly people. This is particularly significant with regard to the higher death rate due to chronic diseases. The annual death rate in 1970 was 10.7 per 1,000 population as compared to a national rate of 9.4 (7). A good example is diabetes mellitus. Table IV shows it to be the sixth leading cause of death in Pennsylvania but only the seventh leading cause of death in the United States (7).

Table V, which shows fetal, neonatal, and infant death rates for the United States, Pennsylvania, and the counties in Region I, indicates a great need for prenatal and infant health service. It becomes even more evident when the statistics are compared for white and non-white populations. The data in Table VI shows the black population of Philadelphia to have a greater problem of infant and

TABLE II  
Percent of total population by age for United States  
and Pennsylvania in 1969

Age Group	United States	Pennsylvania
Under 5	8.4	7.8
5-14	20.1	19.0
15-24	17.4	16.9
25-34	12.3	11.3
35-44	11.4	11.9
45-54	11.4	12.7
55-64	9.1	11.0
65+	9.9	10.4

Source: Community Services of Pennsylvania 1971 Population Characteristics. Community Services of Pennsylvania. Harrisburg, Pennsylvania.

TABLE III

Proportion of total population in percent of Pennsylvania  
citizens by age in 1960 and 1970

Place	1960			1970		
	Under 18	18-64	65+	Under 18	18-64	65+
Pennsylvania	33.7	56.3	10.0	32.6	56.6	10.8
Region I	33.2	57.4	9.4	33.0	56.8	10.2
Bucks	40.7	53.2	6.1	38.6	55.2	6.2
Chester	36.0	55.4	8.6	35.0	57.2	7.8
Delaware	35.6	56.2	8.2	33.6	56.6	9.8
Mongtomgery	34.3	56.7	9.0	33.6	56.6	9.8
Philadelphia	30.0	58.8	10.4	31.2	57.1	11.7

Source: Community Services of Pennsylvania 1971 Population Characteristics. Community Services of Pennsylvania. Harrisburg, Pennsylvania.



TABLE IV  
Ten leading causes of death in United States  
and Pennsylvania in 1970

United States	Pennsylvania
1. Heart Disease	1. Heart Disease
2. Malignant Neoplasms	2. Malignant Neoplasms
3. Cerebrovascular Disease	3. Cerebrovascular Disease
4. Accidents	4. Accidents
5. Pneumonia and Influenza	5. Pneumonia and Influenza
6. Certain Diseases of Early Childhood	6. Diabetes Mellitus
7. Diabetes Mellitus	7. Certain Diseases of Early Childhood
8. Arteriosclerosis	8. Arteriosclerosis
9. Cirrhosis	9. Cirrhosis
10. Bronchitis, Asthma, and Emphysema	10. Bronchitis, Asthma, and Emphysema

Source: Pennsylvania Department of Health 1971 1970 Natality and Morbidity Statistics. Pennsylvania Department of Health. Harrisburg, Pennsylvania.

TABLE V

Fetal, neonatal, and infant death rates for United States,  
Pennsylvania, and counties in Region I

Place	Death Rates		
	Fetal	Neonatal	Infant
Pennsylvania	22.9	15.8	20.2
Philadelphia	36.9	20.4	26.5
Bucks	18.7	11.1	15.2
Chester	22.3	16.8	21.8
Delaware	18.8	15.1	18.3
Montgomery	22.0	13.9	16.4
United States	15.8 <sup>a</sup>	14.9	19.8

Source: U.S. Bureau of the Census 1971 1970 Census of the  
Population Pennsylvania Advanced Report. U.S. Government Printing  
Office. Washington, D.C.

<sup>a</sup>Data from 1968.

TABLE VI  
 Infant and neonatal death rates by race for the  
 counties in Region I

County	Mortality Rates			
	Infant		Neonatal	
	White	Non-White	White	Non-White
Bucks	15.4	25.0	11.3	20.0
Chester	20.5	36.0	16.3	24.0
Delaware	17.4	32.0	14.3	27.0
Montgomery	15.6	44.0	13.3	38.0
Philadelphia	19.0	35.0	14.7	26.7

Source: U.S. Bureau of the Census 1971 1970 Census of the Population Pennsylvania Advanced Report. U.S. Government Printing Office. Washington, D.C.

neonatal deaths when those death rates are compared to the rest of the population living in the five counties of Region I (4).

#### Socio-economic Characteristics

The socio-economic characteristics of a population and its health status are often markedly interrelated. A family living at or below the poverty level cannot afford the cost of medical care, either preventative or curative, in America today. For this reason these characteristics are of utmost importance in determining the needs of a population.

The city of Philadelphia dominates the region economically, although commercial and industrial development has expanded outward to the suburban community (1). The heavily industrialized regions of Philadelphia present typical problems one would expect to find in a densely populated, low-income area. Programs in all areas of health care are needed including chronic disease, maternal and child health, communicable disease, chronic respiratory diseases, drug abuse, as well as family planning.

Thirty-three percent of the population in Philadelphia is black. Table VII shows the percentage of non-white population in Philadelphia, Region I, and its constituent counties. There is a trend of white population movement from the central cities into the suburbs with a corresponding increase in blacks in the cities. The state's thirteen cities with populations over fifty thousand contain 23.0 percent of the state's white population, 82.3 percent of the black population, and 51.4 percent of all other races (5).

TABLE VII  
Non-white population of Pennsylvania, Region I,  
and constituent counties in 1970

Place	Non-White Population			Percent of Total Population
	Total	Black	Other	
Pennsylvania	1,056,177	1,016,514	39,663	9.0
Region I	772,482	749,376	23,106	20.0
Bucks	9,585	8,332	1,253	2.3
Chester	22,388	21,119	1,269	8.0
Delaware	45,618	43,574	2,049	7.6
Montgomery	24,999	22,560	2,439	4.0
Philadelphia	669,892	653,791	6,101	34.4

Source: Pennsylvania Department of Health 1971 Regional Planning Information. Pennsylvania Department of Health. Harrisburg, Pennsylvania.

In 1970 there were 870,000 welfare recipients in Pennsylvania. Of these 870,000 only 456,000 or slightly more than 50 percent were receiving food stamps (8). Without food stamps it is virtually impossible for a family on welfare to afford the foods for a nutritionally adequate diet.

Unemployment rate is often an economic factor in determining health needs. The United States Department of Labor estimates the unemployment rate for the Philadelphia area in February, 1972 was 6.0. This is higher than the national rate of 5.7 (9), but it does not begin to show the rate for blacks and Puerto Ricans in the larger cities. Estimates have been made that the unemployment rate in the inner city might be as high as 30 percent.

In 1970 there were 3,705,410 households in Pennsylvania with an average of 3.10 persons per household. The corresponding average for the United States is 3.14 (4). The larger number of elderly families which have one or two members masks the significant number of large black and Puerto Rican families.

## II. HEALTH RESOURCES AVAILABLE

It is extremely difficult to obtain information about the health resources available in Region I, since few statistics have been compiled. The problem of collecting data in this area is made difficult by the dense population and complex governmental structure.

In 1970 there were 18,274 M.D.'s and O.D.'s in the state of Pennsylvania. This is a ratio of 1.6 physicians per 1,000 population.

Although this compares favorably with the ratio for the United States, the distribution of physicians is not proportionate because they are concentrated in the heavily populated urban areas. The distribution of physicians, hospitals, and hospital beds in the five counties in Region I is shown in Table VIII. The data shows Philadelphia again dominates the region; in addition, it has 78 long term care facilities and 45 out-patient clinics (10).

Five medical schools are located in the Philadelphia area. Each school operates its own hospital, clinics, and Children and Youth Project. There is also a school of osteopathic medicine located in this area. Three neighborhood clinics have been established in poverty areas in the center city. Two of these are funded by the Department of Health, Education and Welfare, and one by The Office of Economic Opportunity. In addition the Philadelphia City Health Department operates a Maternity and Infant Care Project with a catchment area which includes most of the city (8).

Another Maternity and Infant Care Project is located in the city of Chester in Delaware County. Chester also has a neighborhood health center.

TABLE VIII  
Physicians, hospitals, and hospital beds in the  
five counties in Region I

	Bucks	Chester	Delaware	Montgomery	Philadelphia
Total Physicians	432	382	1,335	1,930	4,713
Rate Physicians Per 1000 Population	1.0	1.4	2.3	3.1	2.4
Hospitals	5	13	11	19	64
Hospital Beds	916	6,181	4,023	6,394	23,102
Long Term Care Facilities	18	13	25	25	78
Outpatient Departments in Hospitals	1	3	5	8	45

Source: Pennsylvania Department of Health 1972 Licensed Health Personnel in Geographic Distribution. Pennsylvania Department of Health. Harrisburg, Pennsylvania.



## CHAPTER III

### THE PENNSYLVANIA DEPARTMENT OF HEALTH

The Roman satyrism Petronius once said ". . . in life we tend to meet any new situation by reorganization; and what a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralization." This is an appropriate description of the health care delivery system in the United States. It is also applicable to some degree to the Pennsylvania Department of Health.

#### I. HISTORY AND DEVELOPMENT

The Pennsylvania Department of Health was established under the Act of April 27, 1905, Public Law 312. The act states that it shall be the duty of the Secretary of Health "to protect the health of the State, and to determine and employ the most efficient and practical means for the prevention and suppression of disease (11)." On September 6, 1968, the Executive Board approved a new organization plan for the Department of Health. Then on January 19, 1971, the Department of Environmental Resources was created which removed all responsibility for environmental health programs from the Department of Health (12). Once again the Department of Health is under reorganization.

## II. ORGANIZATION

The Pennsylvania Department of Health has traditionally been a strongly centralized department. The Secretary of Health is the head of the department with full executive control. He is appointed by the Governor with the advice and consent of the Senate for a term of four years. Reporting directly to the Secretary of Health, the Deputy Secretary is responsible for five of the six bureaus, as shown in the organizational chart in Figure I (11).

The Deputy Secretary for Local Health reports to the First Deputy Secretary. His responsibilities include the Division of Medical Social Work, the Division of Laboratories, and the Bureau of Field Services which has direct supervision over the six state health regions. The six Common Health Service Regions are shown in Figure II (11). However, the Bureau of Field Services and the Office of Deputy Director for Local Health are soon to be abolished as a result of the Governor's Review Task Force Report. After implementation of Recommendation Four of this report the Regional Medical Director will report directly to the First Deputy Secretary of Health (See Appendix A).

Medical Director of Region I is the administrative head of the unit, as shown in the organization chart in Figure III. The Administrative Officer reports directly to the Director. The State Health Centers in Montgomery and Delaware Counties and the Health Services Staff have direct lines of responsibility to the Administrative Officer and then to the Regional Medical Director. There are

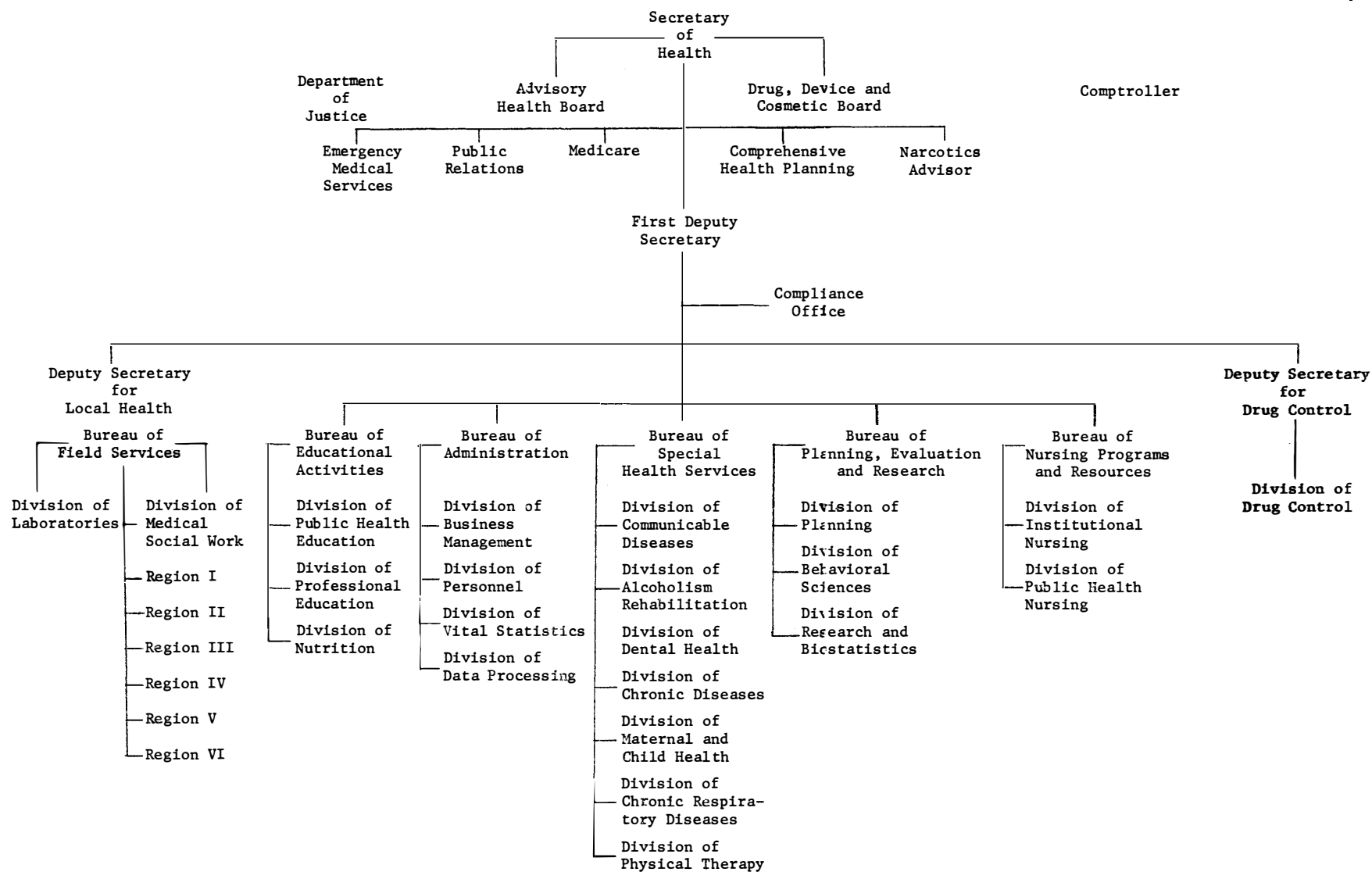


Figure I. The Organization Chart for the Pennsylvania Department of Health.

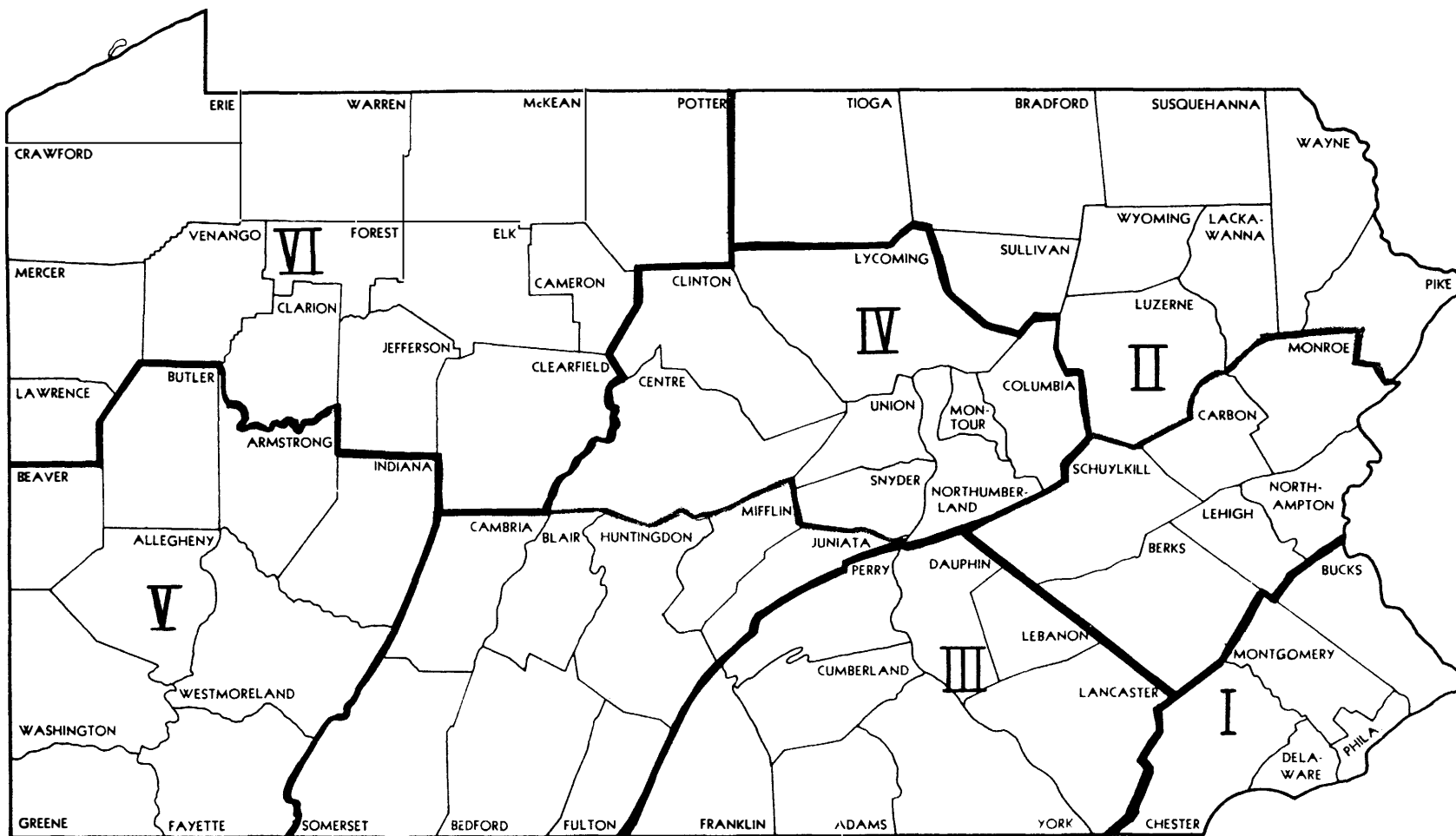


Figure II. The Map of Common Health Service Regions of the Commonwealth of Pennsylvania.

County Health Departments - - - - REGIONAL MEDICAL DIRECTOR - - - - Family Planning Committee

Bucks  
Chester  
Philadelphia

Administrative Officer

State Health Centers

Health Services

Delaware County

Montgomery County

Nutrition  
Dental  
Alcoholism  
Tuberculosis  
Immunization  
Venereal Disease  
Nursing

Social Work  
Communicable Disease  
Comprehensive Health  
Emergency Health  
Chronic Diseases  
Physiotherapy  
Health Education

Figure III. The Regional Organization Chart for Pennsylvania Department of Health.

two State Health Centers in Region I. The basic staff for these centers is a nurse and a clerk; however, the number of personnel are determined by the patient population and the size of the center. These personnel are considered to be a complement of the Bureau of Field Services and the program funding relates to that bureau (13). The regional consultants in the health services unit are administratively responsible to the Regional Medical Director and technically responsible to their program directors in the central office (2). The Regional Medical Director maintains liaison with the county health departments and Family Planning Committees but there is no direct responsibility (13).

Although the Regional Medical Director and the staff do maintain advisory and consultative relationships with the county health departments in Bucks, Philadelphia, and Chester Counties, each is a separate unit. In addition at the local level, each of the municipalities has a health officer who is responsible for restaurant inspection and sanitation in the municipality. These health officers are also independent of the regional office, except for certification.

### III. PROGRAMS OF THE PENNSYLVANIA DEPARTMENT OF HEALTH DESIGNED TO MEET HEALTH NEEDS

Due to the limited time available, the student did not have an opportunity to talk to all the program directors in the Department of Health. Therefore, the major health service programs were selected and effort was made to concentrate on programs in the Bureau of Special Health Services and the Bureau of Nursing.

Bureau of Special Health Services

With the exception of nutrition, most of the public health service programs are found in the Bureau of Special Health Services. One of the major program divisions is that of Chronic Disease. This division is the result of the growing problem of long term illness (12). At present the emphasis is on multiphasic screening to detect chronic diseases. Screening is being done throughout the state for the detection of diabetes, cancer, and glaucoma (14). A new program which has been initiated is in the field of renal diseases. The program provides patients suffering from renal diseases with funds to assure the availability of specialized personnel, resources, and equipment necessary for these persons to function. Stroke clinics have also been established to provide evaluation and rehabilitation (12).

In attempting to meet the varied health needs of children in Pennsylvania, the Division of Maternal and Child Health has developed many different programs. The infant and preschool section maintains child health centers in each region with emphasis on education for parents in better methods of child care and provision of continuous health supervision. The school health section is responsible for the provision of health services to all school children in the state. Diagnostic services for children with, or suspected of having, rheumatic or congenital heart disease are provided by the children's cardiac section. This section also provides surgical and hospital care for children with congenital heart disease and provides diagnostic and treatment services for children with cystic fibrosis. Children up to 16 years of age with cleft palate are provided with surgical,

dental, and speech treatment. A section for crippled children provides medical care and orthopedic appliances to children under 21. Also provided is hospital and surgical care by a state hospital for crippled children. The speech and hearing section provides diagnostic services for both preschool and school age children. Medical and surgical needs and hearing aids are also provided for needy children with hearing problems. The maternal care section is involved with special projects for the provision of prenatal care and hospitalization for needy mothers with high risk obstetrical complications (12).

The operation and supervision of the tuberculosis and chronic respiratory disease program is the responsibility of the Division of Chronic Respiratory Disease. Case detection of tuberculosis is accomplished through clinics, community x-ray surveys, a tuberculin testing program in schools, and x-ray surveys in homes of the aged. Clinics provide former patients and newly discovered cases with continued care, investigate contacts, and arrange hospitalization when necessary (12).

#### The Bureau of Nursing Programs and Resources

The Bureau of Nursing has responsibility for direction of all nursing activities in the department of health and coordination of these activities with those of other nursing agencies in the state. The Division of Public Health Nursing conducts a generalized public health nursing program including provision of consultation to local agencies, school districts, nursing homes, and health personnel and implementation of all health programs of the department of health (12).



At the regional level the various state programs are directed and coordinated by the consultant personnel in the regional office and the personnel at the state health centers. The regional consultant also attempts to coordinate state health programs with the existing programs offered by volunteer agencies.

## CHAPTER IV

### THE DIVISION OF NUTRITION

After the White House Conference on Food, Nutrition, and Health, it became apparent to everyone that even in the affluent society in America today hunger and malnutrition can and do exist. The Division of Nutrition has long been aware that such problems exist. The objective of this division is to establish and develop an educational program which will contribute to the improvement of the nutrition status of Pennsylvanians and to the prevention of disease and the promotion of good health (15).

#### I. DEVELOPMENT AND ORGANIZATION

The evolution of the Division of Nutrition parallels the development of the Pennsylvania Department of Health. Because the division is not a separate entity, it is influenced by the same considerations which determine health needs. The history of the Division of Nutrition shows the direction of program development as the division attempted to meet the health needs of the community.

#### History

There are no records for the Division of Nutrition prior to 1940. At that time Mrs. Anna DePlanter Bowes was employed as the director of the Division of Nutrition which was located in what was then the Bureau of Maternal and Child Health. In the period between 1940-1947, the staff consisted of three nutritionists, none of whom

had their Master's Degree, and Mrs. Bowes. During this time emphasis was placed on victory gardens, home canning and preservation of foods, retention of food nutrients, and use of alternates or substitutes for sugar, butter, meats, and fish which were rationed or supplies of which were limited, because of the import problem associated with World War II. During this time considerable emphasis was also placed on maintaining a liaison with and supplementing the programs and efforts of the state defense council and the state nutrition committee (2).

After the cessation of World War II, the nutrition staff was gradually expanded to the point at which there was one nutritionist in each of the seven region offices. One nutritionist served as an assistant to Mrs. Bowes and as the nutrition consultant for the region in which Harrisburg and Dauphin County were at that time located (2).

From 1947 onward a high priority was given to improving the staff by either providing opportunities for graduate study or recruiting staff who had a Master of Public Health or a Master of Science Degree in Community Nutrition. During this period emphasis was directed toward providing nutrition consultation to the professional staffs of official and voluntary health and welfare agencies, institutions, schools, colleges, and universities. The priority at this time was the incorporation of nutrition into the Community School Health Education Workshops, which were held annually at six state colleges and universities. Within this period of time also came the successful culmination of efforts to develop public health nutrition institutes which were held biannually in cooperation with the University of

Pittsburg School of Public Health. The first of these institutes was held in 1958. They were discontinued in the early 1960's partially due to austerity programs in the state health department and partially due to changes in staff in the Department of Nutrition at the University of Pittsburg School of Public Health (2).

Upon the retirement of Mrs. Bowes in December of 1959, the present incumbent was appointed as Director of the Division of Nutrition. Since 1960 positions have been established for an institutional consultant and nutrition trainees (2).

#### Organizational Structure

The state staff is comprised of the director of the division, an assistant director, and an institutional consultant. The Office of Medicare pays 80 percent of the salary and expenses of the institutional consultant while the remaining 20 percent is included in the Division of Nutrition budget. The institutional consultant's working time is proportionately allocated between the two units.

There are Regional Nutrition Consultants in each of the six state health services regions. Region II has been divided into Region II North and Region II South. There is a nutrition consultant in both these areas. The regional consultants are administratively responsible to the Regional Medical Director and technically responsible to the Director of the Division of Nutrition. However, a directive issued by the Secretary of Health on May 2, 1972, has raised questions among the state program directors as to their exact roles, responsibilities, and relationships with the staff in the regional offices

(See Appendix B). Public Health Nutrition Trainees are also employed who work under the direct supervision of the personnel in the state office or one of the regional consultants.

Well developed job descriptions and grades have resulted in a nutrition unit composed of highly qualified nutrition personnel. These grades have been jointly developed by the Director of the Division of Nutrition and the Division of Personnel of the state health department (See Appendix C). These job descriptions are approved by the State Civil Service Commission and the Governor's Office of Administration.

## II. MAJOR PROGRAMS AND ACTIVITIES OF THE DIVISION OF NUTRITION

The major portion of nutrition services by the Division of Nutrition are of a consultative nature. This is necessitated by the small number of nutritionists who are responsible for the nutrition services to over eleven million people. The nutrition program consists of consultation, education, and information services for each unit in the state health department, other departments in state government, other official and voluntary health agencies, welfare agencies, hospitals, nursing homes, day care centers, other group facilities, colleges, universities, other education systems, professional organizations, and community groups (2). The Division of Nutrition maintains a "Nutrition Exchange" with the nutritionists in the regional offices, county health departments, Maternity and

Infant Care Projects, Children and Youth Projects, and the Regional Office of the Department of Health, Education and Welfare, and in visiting nurse associations.

#### Material Development

Because the majority of nutrition service given is of the consultative or educational type, concise, well developed teaching and illustrative materials are essential. The nutrition staff develops nutrition teaching materials which are reviewed and revised periodically to insure that the information is current and factual. The division also maintains a literature list of all its current publications which may be obtained through either the state office or the regional consultants. Nutrition News is a newsletter published bi-monthly on nutrition topics of interest. This publication has a wide circulation to health professionals, educators, students, and private citizens.

#### Staff Development

Due to the limited amount of money available in the past few years, most of the staff development has been done through staff meeting at the central office. Guest speakers are invited who can bring up-to-date information on programs which have priority at the time. Nutritionists in other agencies are invited so that ideas and programs can be shared. Recent efforts have resulted in approval for continuing education credit by the American Dietetic Association.

The nutrition staff in the state office also review new literature and publications and receive information on forthcoming workshops

and institutes. The regional nutritionists are alerted to any program in their region which might be of interest.

#### Planning and Coordinating Field Experiences for Students

The excellent reputation of the Pennsylvania Division of Nutrition results in many requests for colleges and universities both at the graduate and undergraduate level to provide field experiences for students. Dietetic interns from Penn State University have a two-week affiliation with the division during which they receive a planned exposure to public health.

In addition the Division of Nutrition accepts responsibility for providing field training in public health nutrition for graduate students from various colleges and universities throughout the United States. Experiences are planned which help the student strengthen her philosophy and understanding of public health. The student is oriented to the administrative organization for public health nutrition in the central office. This is followed by planned experiences with one of the regional consultants to introduce the student to the actual practice of public health nutrition. The field training provides an integration of theory and practice.

#### Medicare

The institutional consultant works primarily with the surveyors who inspect the Medicare facilities for licensure. She reviews and evaluates the credentials of consultant dietitians and provides training for new inspectors on the qualifications of dietary consultants and what to look for with respect to a food service when inspecting a

facility for licensure. When the inspectors encounter problems in the field, they may phone the nutrition consultant and request information. If an inspector finds a problem which he is unable to handle, the nutrition consultant will make a follow-up visit with him to make needed recommendations. The institutional nutrition consultant is the focal point in the Division of Nutrition for institutional and group feeding programs. She provides consultation to the regional nutrition consultants and also maintains a liaison between the Division of Nutrition, the Pennsylvania Dietetic Association, and other related organizations and colleges that provide training for dietitians and food management specialists. She is also responsible for the preparation of a bi-monthly newsletter for consultant dietitians (16).

#### Governor's Management Review Report

On September 15, 1971, the Director of the Division of Nutrition made a ten minute presentation to the Governor's Review of Government Management task force. This Task Force was composed of 102 top executives in the field of business and industry and was formed for the purpose of evaluating the state government system and making recommendations to improve efficiency and cut costs. It was coordinated by the consultant firm of Warren King and Associates of Chicago (2).

The report was released late in March and contained seventeen recommendations concerning the state health department. A copy of this section of the report is included in this report (See Appendix C). The report contained some surprising recommendations, one which was Recommendation Six, "Eliminate the position of nutritionist in the six Department of Health regional offices (2)."



Since the release of the report, much of the time of the director of the Division of Nutrition has been directed to proving the inaccuracies and inadequacies of this report as it applied to the programs and services of this division and of the regional nutritionists. Considerable time and effort was also spent in preparing statements and justifications showing why this recommendation should not be implemented. At the same time the Division of Nutrition and the regional nutritionists received considerable support; over 125 letters opposing the implementation of Recommendation Six were sent to the Governor and Secretary of Health by physicians, dietitians, public health nurses, directors of day care centers, directors of visiting nurses associations, volunteer agencies, and college and university faculty members. By the early part of May the state health department had officially recommended to the governor's office that "no action" be taken in the implementation of Recommendation Six. The Governor's Health Service Director has also written in support of the regional nutritionist, and it seems reasonably certain that Recommendation Six will not be implemented (2).

### III. MAJOR PROGRAMS AND ACTIVITIES IN REGION I

The programs and activities formulated at the state level are put into actual practice by the consultative staff at the regional level. These consultants act as coordinators for the programs in the communities.

#### Public Health Nursing

Historically nutritionists and public health nurses have had

close working relationships to insure the best possible care for the patient. The regional nutritionist serves as a consultant to the public health nurses in the state health centers in Delaware and Montgomery Counties as well as to the public health nurses in voluntary and official agencies of Chester, Delaware, and Montgomery Counties. The nutritionist plans and conducts institutes, workshops, and seminars as well as providing teaching materials and in-service education for nurses. When the nurse encounters a particular nutrition problem, the regional nutritionist is available for care consultation.

#### Maternal and Child Health

Nutrition services given in Region I for maternal and child health are also of a consultative nature. Although the Pennsylvania Department of Health does not operate any maternity clinics in Region I, the regional nutrition consultant serves voluntary nursing agencies and community groups providing this care. She organizes interdisciplinary and inter-agency conferences and makes available appropriate materials to be used in teaching. She keeps up to date with the latest infant feeding practices and keeps personnel involved with infant care informed of pertinent changes (17).

The regional nutrition consultant is also involved with the crippled children's section of Maternal and Child Health. She serves as a resource person to the personnel involved in the orthopedic clinics and other phases of this program (17).

#### Chronic Disease Control

Because Pennsylvania has a large number of elderly people, a good chronic disease program is important. The regional nutritionist

works with nurses and other health professionals in the different program areas such as heart, diabetes, arthritis, stroke, and multi-phasic screening. Nutrition information is disseminated through in-service training, workshops, and care conferences (17).

#### Chronic Respiratory Disease

The regional nutrition consultant, as a part of the state-wide project, conducted a survey of family records in the TB clinics to determine the frequency of use of the one day diet records by the clinic nurses. She has also conducted classes on implication of diet in chronic respiratory diseases for student nurses (17).

#### Drug and Narcotic Control

The tremendous nutritional problems associated with drug addiction are well documented. There is a need for nutrition consultation and services to this program which cannot be filled at present due to the limited number of nutrition personnel available (17).

### IV. COORDINATION OF NUTRITION SERVICES WITH THOSE OF OTHER AGENCIES

In order for the public health nutritionist to make the most efficient use of her time, she must be knowledgeable of the other programs in the community. She can then plan her programs and activities so there is not an overlapping of services (17).

#### Penn State University Extension Division

The Expanded Nutrition Program which is set up through the Penn State Extension Division often calls on the regional nutrition consultant

to aid in training new nutrition aides or to present needed information at in-service training sessions (17).

#### Pennsylvania Department of Public Welfare

The Office of Child Welfare which is the office responsible for child care institutions and for licensure of day care centers requests the services of the regional consultant in providing staff in-service education programs and in making on-site inspection visits of day care facilities. The regional nutrition consultant is also called on for help in planning programs for nutrition education of day care personnel (17).

The Office of Adult Institutions is responsible for inspection and licensure of nursing homes. The regional nutrition consultant also assists in the on-site inspection of nursing homes and serves as a resource person for information on nutritional needs of elderly citizens (17).

When the welfare department initiated a program of Coordinated Community Child Care, the regional consultant was requested to provide training on the nutritional needs of children for personnel involved in the program. She prepared workshops for them (17).

#### Visiting Nurses Associations

The regional nutrition consultant provides in-service training and appropriate teaching materials for the Visiting Nurses Association in Region I. She serves as a resource person for technical nutrition information and is available for case consultation when necessary (17).

### Heart Association of Southeastern Pennsylvania

The Southeastern Pennsylvania Heart Association and the nutrition consultant in Region I have maintained a close working relationship for several years. Many materials on heart disease and diet are supplied by the Heart Association. The regional nutritionist is often requested to aid in planning and conducting institutes and seminars on diet and heart disease (17).

### Federal Food Stamp Program

When the food stamp program originated, the regional nutrition consultant organized meetings throughout the region for professional people in the field of health and welfare to explain the program. Since that time she has been requested to provide the same kind of information for groups of community workers or aides (17).

### Children and Youth Projects

Of the five Children and Youth Projects in Philadelphia only two have a full time nutritionist and one has a nutritionist part time. The regional nutrition consultant maintains a liaison with the project nutritionists and gives consultation to the projects when requested. She also provides current information and materials (17).

### Maternity and Infant Care Projects

There are two Maternity and Infant Care Projects in Region I. One is administrated by the Philadelphia Health Department. The other, in Delaware County, serves the city of Chester, and is affiliated with the Chester Crozer Medical Center. The Nutritionists

who are employed by both projects request information and materials from the regional consultant. A liaison is maintained between the regional consultant and the nutritionists with the projects. When the nutritionist for the Chester project was employed, the regional nutrition consultant provided orientation in relation to community agencies (17).

#### County Nutrition Committees

In three of the counties in Region I--Delaware, Chester, and Montgomery--the regional nutrition consultant has been instrumental in organizing county nutrition committees. The committees with guidance and suggestions from the regional consultant have planned and conducted three seminars on early childhood nutrition. Two of these were for elementary school teachers and one was for personnel in day care centers. The regional consultant is now assisting the nutrition committee in Delaware County in exploring ways of lobbying for legislation for mandatory nutrition education in schools (17).

#### Mobile Meals

At present a group of community church women in Delaware County are attempting to develop a meals on wheels program for elderly or incapacitated individuals in their township. The regional nutrition consultant serves as the technical advisor on the executive board. She suggested references and resource people to aid in the development of the program, visited county officials with members of the group in attempts to secure extra funding, and contacted vendors to gather information on food and equipment prices (17).

Director of Nutrition and Dietetics with Bucks County Health Department

The nutritionist in Bucks County and the regional nutrition consultant maintain an excellent working relationship. Materials and pertinent information are shared freely.

Nutrition Consultant with Philadelphia Community Nursing Service

The community nursing service of Philadelphia is the official nursing agency for the Philadelphia Health Department. The regional nutrition consultant and the nutrition consultant with community nursing service maintain a liaison to share materials and stay informed about developments within Philadelphia and the region. They frequently are members of planning committees for nutrition activities within the area (17).

Nutritionist with the PKU Program at Children's Hospital

Children's Hospital in Philadelphia is one of the two hospitals in the state which have clinics for children with phenylketonuria. All PKU children in the eastern half of the state are referred to this center for treatment. The regional nutrition consultant provides materials and consultation when requested (17).

Medicare

The state institutional consultant refers the dietary consultants for Medicare licensed facilities in Region I to the regional nutrition consultant for aid when problems arise. The regional nutrition consultant also works with dietary consultants to the nursing homes in Region I (17).

Nutrition Consultant with Maternal and Child Health, Health Services  
and Mental Health Administration, Region III

When the nutrition consultant joined the staff of Maternal and Child Health Services in Region III of the Department of Health, Education and Welfare in October, 1971, the regional nutrition consultant aided in providing orientation to the official health agencies and personnel in the area. She also prepares a yearly summary of nutrition activities to be included in the annual report for Maternal and Child Health from Region III.



## CHAPTER V

### STUDENT'S ANALYSIS OF OWN PERFORMANCE

The seven week field experience was planned to include a wide range of observations and activities. The student had the opportunity to talk with many professional people in the health field. Through the varied experiences provided, the student gained an overview of the Pennsylvania Department of Public Health and a detailed understanding of the Division of Nutrition.

#### I. ANALYSIS OF ABILITIES THROUGH OBSERVATION AND/OR EXPERIENCE

The nutrition student was introduced to professional public health employees at both the regional and state level. Through conferences with bureau chiefs, division directors, and regional consultants the student gained an over-all picture of public health in Pennsylvania. Although the student had no trouble in relating to and communicating with these individuals, she does need to develop the ability to ask key questions which will channel the discussion into the desired area.

The opportunity was also afforded the student to meet professional people in areas other than the health department through field observations, seminars, and workshops. Here again, the graduate student had no difficulty in relating to these individuals and felt at ease in the situation.

One definite gain which resulted from these conferences was a broadening and strengthening of the student's concept of public

health. The student was also fortunate in being exposed to varying beliefs and viewpoints which re-emphasized the idea that the concepts of public health are not stagnant, but rather are attempting to change to fit present needs.

A further realization on the part of the student was the vast political involvement in public health in Pennsylvania at all levels. The student came to appreciate the great amount of not only technical knowledge, but also statesmanship and diplomatic skill involved in planning and implementing a program.

#### In-service Education

On two separate occasions, case conferences were scheduled with public health nurses to give the nutrition student an opportunity to observe and participate in in-service education. However, on both occasions, the conferences had to be canceled.

The nutrition graduate student did accompany the regional nutritionist consultant to an in-service class of aides in the Agricultural Extension Expanded Nutrition Program. The student observed the presentation and participated in the question and answer period which followed. This activity gave the student a chance to note the nutrition education needs expressed by the aides and to compare them to the needs she had informally assessed during other field experiences and consultations.

#### Group Work with Other Professional or Non-professional People

The student had the opportunity to attend a workshop on early childhood nutrition education which was planned for teachers and day

care administrators and personnel. After the presentation, group discussions were held in which the graduate student had the opportunity to exchange ideas with people not only in her own profession, but also in other related professions.

The Delaware County Health Fair in which the Region I health unit participated gave the student a chance to function as a member of the health team. The student in an emergency took responsibility for conducting the nutrition presentation which was for all age groups attending the fair. The fair also gave the student the opportunity to see the other health services which were represented. In conversations with other professionals there, the student learned of the programs of the other agencies. The student was particularly interested in the nutrition component in several of these programs.

A program on food and nutrition services for children in Philadelphia, sponsored by the Philadelphia Dietetics Association, served as a good overview of the services available in Philadelphia. Since this program was near the end of the field experience, the student could relate information gained through observation at many of the agencies to the presentation being given. This helped to clarify and organize the different programs, their functions, and how they are interrelated.

#### Planning Conferences

Throughout the field experience the student was involved in planning conferences whenever possible, especially with regard to scheduling of activities for her. Through these conferences she

gained an awareness of conceptualizing needs and weighting alternatives to best meet the needs.

The student was fortunate in attending a planning conference in which the director of the Division of Nutrition and the nutrition consultant from Maternal and Child Health in HSMHA Region III explored with the Director of Continuing Education and Health Administration at the Columbia University School of Public Health the potential development of a workshop on the evaluation of nutrition services. Many of the problems in planning such an activity became apparent to the student. Until that time the student had very little knowledge of the amount of preparation, time, and money which goes into such a program. The student developed an appreciation of the many factors which must be taken into consideration.

Observations of planning sessions conducted by a group of churchwomen attempting to develop a Meals on Wheels program brought a realization of some of the problems that may be encountered when both professional and non-professional people are involved in planning.

#### Guidance and Counseling of Non-professional Groups

Although no experiences were planned particularly with guidance of non-professional groups as the major objective, the student did have the chance to do some counseling in the clinic setting. While attending a well child conference, the student gave informal counseling on infant feeding to two mothers. The student also counseled three prenatal patients on the importance of nutritionally adequate meals during pregnancy. These opportunities served to recall

communication skills the student had not used for some time. The student did not encounter any difficulty in establishing a good rapport with the patients.

## II. EVALUATION OF SPECIAL PROJECT

To fulfill the requirement for a special project or activity the student made a comparison of two Maternity and Infant Care Projects, one in Philadelphia, Pennsylvania and one in Gainesville, Florida in which the student had previously worked. The student formulated an outline to use as a basis of comparison. However, after visiting the Philadelphia Maternity and Infant Care Project it was apparent that the outline could not be followed in detail. Much of the needed data simply was not available. This experience made the student acutely aware of the difficulty in planning a project in an academic institution where the major factors can be controlled and in planning a project in an actual work experience where people, personalities, and politics play a large part.

The two projects have the same initial purpose, the provision of comprehensive prenatal care to women who might not otherwise receive medical care due to financial or other reasons. However, they differ greatly in the types of population served, and in the philosophy and goals of the personnel.

The organizational structures of the two projects are vastly different. The one in Florida is under the supervision of the Division of Health and the Bureau of Maternal and Child Health with medical services provided by Shands Teaching Hospital at the University of

Florida. The basic clinic team made up of nurses, nutritionists, social workers, clinic aides, and laboratory technicians who work out of a central office in Gainesville. This team along with a medical resident from Shands travels to the county health departments in the 13 counties in the project area. Thus the clinics are held in the individual county health departments with the county personnel assisting. The clinic patients are seen in familiar surroundings by people they know and trust.

The Philadelphia project which serves a large urban population is under the direction of the health department of the city of Philadelphia. Medical services are obtained by contracts with the five medical schools, two private hospitals, and one city hospital. Clinics are held in each of the eight hospitals and in two health centers. Each clinic is run by the personnel at that particular hospital or health center. What results is ten separate clinics with very little coordination. There are liaison nurses in each clinic who try to provide some coordination of services.

Another difference in the two projects is the requirements for eligibility. The Philadelphia project will not accept a patient past the first 27 weeks of pregnancy; in the Gainesville project there is no time limitation. The Gainesville project also conducts well-baby clinics for the first year of life while the Philadelphia project makes no provisions for infants. However, the differences in the amount and quality of nutrition services are even greater. In the two health center clinics and in one of the hospital clinics,

nutritionist services are provided regularly by project nutritionists or by an outpatient dietitian. In the other seven hospitals in Philadelphia, nutrition services are provided by hospital dietitians whenever they are available. This means that many patients in these clinics never receive nutrition services. The nutrition services in Gainesville are provided by three nutritionists who function as a part of the clinic team. These nutritionists coordinate their activities and programs and share information. An attempt is made to make sure that all information the patient is given on nutrition whether by the doctor, nurse, or nutritionist is in harmony.

The greatest surprise to the student was the lack and unavailability of information and statistical data in the Philadelphia project. The student was unsuccessful in even determining the number of project employees. In comparison, data from the Gainesville project is in tabulated form and is easily accessible. The student believes the primary difference to be in the fact that the Gainesville project is accountable to the Florida Division of Health while the Philadelphia project is accountable to the Philadelphia City Health Department which has limited supervision and control.

## CHAPTER VI

### SUMMARY

The student believes that she enjoyed a superior field experience which enabled her to make excellent progress toward meeting the objectives formulated in preparation for the field training. Her understanding of the role of the county public health nutritionist in the community has been broadened.

The student did not have time to develop as thorough a knowledge of public health administration as she had hoped. She did, however, have the opportunity to observe a highly capable administrator meet a crisis situation, the Governor's Management Review Report, and channel it into what will most likely be a very positive outcome. From this experience the student learned the importance of analyzing the situation, particularly in a crisis; of identifying strengths and weaknesses that exist in any circumstances; and of developing strategies that capitalize on the strengths and minimize the weaknesses.

As a result of consultations with many health professionals the student came to the realization that it takes both time and experience to gain insight into all the intricacies of public health programs and their administration. She will continue to build on the strong foundation gained from the study of the Division of Nutrition of the Pennsylvania Department of Health.



## BIBLIOGRAPHY

## BIBLIOGRAPHY

1. Pennsylvania Department of Health 1969 Human Service Regions of Pennsylvania. Pennsylvania Department of Health. Harrisburg, Pennsylvania. (Mimeographed.)
2. Personal conversations with Miss Sophia Podgorski, Director, Division of Nutrition, Pennsylvania Department of Health in April and May 1972.
3. \_\_\_\_\_ 1971 Encyclopedia Britannica. William Benton, Publisher. 17:562.
4. U.S. Bureau of the Census 1971 1970 Census of the Population Pennsylvania Advance Report. U.S. Government Printing Office. Washington, D.C.
5. Pennsylvania Department of Health 1971 Regional Planning Information. Pennsylvania Department of Health. Harrisburg, Pennsylvania.
6. Community Services of Pennsylvania 1971 Population Characteristics. Community Services of Pennsylvania. Harrisburg, Pennsylvania. (Mimeographed.)
7. Pennsylvania Department of Health 1971 1970 Natality and Morbidity Statistics. Pennsylvania Department of Health. Harrisburg, Pennsylvania.
8. Personal conversations with Mrs. Margaret Kornbleuh, Nutrition Consultant with Philadelphia Community Nursing Service in April, 1972.
9. \_\_\_\_\_ 1970 Monthly Labor Review. U.S. Department of Labor, Bureau of Statistics. 95:5.
10. Pennsylvania Department of Health 1972 Licensed Health Personnel In Pennsylvania Geographic Distribution. Pennsylvania Department of Health. Harrisburg, Pennsylvania.
11. Pennsylvania Department of Health 1969 Your Pennsylvania Health Department. Pennsylvania Department of Health. Harrisburg, Pennsylvania.
12. \_\_\_\_\_ 1971 The Pennsylvania Manual. George R. Brittingham, Jr., ed. Department of Property and Supplies. Harrisburg, Pennsylvania.

13. Personal conversations with Marc Yacht, Administrative Officer, Health Service Region I in April 1972.
14. Pennsylvania Department of Health 1971 1970 Annual Report. Pennsylvania Department of Health. Harrisburg, Pennsylvania.
15. Pennsylvania Department of Health. Introducing The Division of Nutrition. Pennsylvania Department of Health. Harrisburg, Pennsylvania. (Mimeographed.)
16. Personal conversations with Mrs. June McLaughlin, Institutional Consultant, Division of Nutrition, Pennsylvania Department of Health in March 1972.
17. Personal conversations with Mrs. Elenore Zinger, Regional Nutrition Consultant, Division of Nutrition, Pennsylvania Department of Health in April and May 1972.

## APPENDICES

## APPENDIX A

### THE DEPARTMENT OF HEALTH SECTION OF GOVERNOR'S MANAGEMENT

#### REVIEW REPORT

#### DEPARTMENT OF HEALTH

This department is charged with protecting the health of the people of Pennsylvania. It determines and employs the most efficient means for the prevention and suppression of disease.

#### CURRENT OPERATING METHODS

It is the goal of the department to return the administration of public health to the local communities. Clinical and administrative units are available in each county which does not have its own Department of Health. Regional offices provide advisory and consultation services to municipalities and counties which do have such departments. The headquarters staff consists of the Bureaus of Educational Activities, Administration, Special Health Services, Planning, Evaluation, and Research, Nursing Programs and Resources as well as the Division of Drug Control. Total personnel number 2,200 and operate with an annual budget of \$55-million of which \$41-million are federal funds.

Special grants are budgeted within the department, but it has no control over distribution which is done by legislative direction. Grants amount to about \$800,000 annually, chiefly for research in specialized fields such as cancer.

#### APPRAISAL OF OPERATIONS

Efficiency is hampered by a number of obstacles. The absence of authority in the line operation blocks program execution at the regional, county, and local levels. Channels of communication are too lengthy and result in an excessive number of steps between planning and implementation. Staff responsibilities are vague and sometimes redundant. A general lack of management evaluation programs is evident while the clerical force is overstaffed. Too much administrative work is done in Harrisburg and the computer facility is underutilized.

#### RECOMMENDATION

1. Institute a work measure program covering all clerical and secretarial personnel in the Department of Health.

Initiation of the proposed program will point the way to more efficient staffing practices and better allocation of manpower resources

within the various bureaus, divisions, regionals, and other staff organizations. A conservative estimate of the savings to be realized in terms of clerical and secretarial salaries is 15% of the present level. This would provide an annual savings to the state of \$447,000. Federal savings would be \$111,000 per year. The one-time cost of implementation is estimated at about \$12,000.

#### Bureau of Field Services

This organization provides the public with mandated services which are not administered centrally in Harrisburg or by city, county, or other departments' health units.

The bureau directs eight regional offices and the State Laboratory. The regional offices implement programs which are technically supervised through the Bureau of Special Health Services and Nursing Programs. Referrals to centralized programs are also made by the regional staff. Some functions require extremely close coordination with the Department of Environmental Resources.

Although the regional organization structure has been completed satisfactorily, equivalent decentralization of functional and administrative authority has not been sufficiently implemented. Problems encountered at the regional level include:

Overdirection and redundant review and authorization procedures on the part of the Harrisburg personnel. This perpetuates a health delivery system which is slow, ineffective, and costly.

Restrictions which limit discretionary application of funds by the regions.

Conflicting or overlapping responsibilities with other departments.

Slow and restrictive personnel, procurement, and reimbursement transactions at the central level.

Inappropriate policies and practices which keep the regions oriented to remedial rather than preventive health services.

#### RECOMMENDATIONS

2. Document regional responsibilities and authority and establish budgeting and performance standards.

To eliminate overdirection and redundant operating procedures on the part of the Harrisburg staff, the responsibilities and authority of the regional offices should be defined and documented along with their relationship to program and staff office functions. Further, standards of performance for regional operations--exclusive of program services

delivery--should be developed and used for personnel and operational appraisals. In addition, regional budgets should be established and each region permitted sufficient autonomy to operate effectively within budget confines. The resulting increase in productivity should result in annual savings of \$616,000 in state and \$924,000 in federal funds through personnel reductions.

3. Change the procurement practices in the regional offices to permit increased flexibility.

Currently, all expenditures require approval from Harrisburg. Delays can be significant. Therefore, a petty cash fund should be established for purchases of less than \$25. In addition, emergency procurement procedures should be authorized for purchases of \$100 which can be committed in advance of headquarters' approval. No savings are claimed, but implementation will result in increased productivity.

4. Eliminate the Office of Deputy Director for Local Health and the Bureau of Field Services headquarters section.

By allowing the regional medical directors to report directly to the First Deputy Secretary of Health, these two unnecessary organizations could be eliminated. The annual state saving would be \$54,000 while the federal saving would be \$159,000.

#### Bureau of Educational Activities

This bureau provides professional and technical support to the program activities of the Department of Health in the areas of professional education, public health education, and nutrition.

There are three divisions operating with a total budget of \$677,000 for fiscal 1971. The Division of Professional Education develops and implements educational programs for professional and technical employees within the Department of Health to qualify them for advancement. A total of 2,539 public health workers attended programs during 1970. Another 55 employees attended graduate programs at colleges and universities, receiving full tuition, transportation reimbursement for one round trip, and 90% of their current salaries. Specialized courses were attended by 2,237 employees.

The Division of Public Health Education handles education of the public concerning health matters and problems through a multi-faceted approach. Developing health literature for specific programs, preparing materials for printing, and providing visual aids such as slides, charts, and exhibits are among the services rendered. The fiscal 1971 budget was \$340,000.

The Division of Nutrition provides one nutritionist in each of six regions. These people work directly with dietitians, public health, school, and private hospital nurses.

Two of the three divisions are carrying out their responsibilities although much of their work overlaps with other departments. Professional competency is high, but the employee turnover rate averages 30%, increasing the operational costs.

#### RECOMMENDATIONS

5. Reduce the number, frequency, and distribution of periodicals, pamphlets, and other services provided by the Division of Public Health Education.

The annual report should be combined with the quarterly publication, Pennsylvania's Health. Further study should determine several targets for elimination of at least 50% of the division's 175 pamphlets, booklets, and other printed materials. Too many are out of date, redundant in light of federal and private publications of a similar nature, or of limited value in achieving department goals.

The employee publication, Health Highlights, cannot be justified on the basis of employee relations or educational use. Therefore, the content should be upgraded to reflect employee interests and goals. Similar examination of program consultation and media activities to eliminate redundant or ineffective material will result in a staff reduction of 10. Implementation will provide annual savings of approximately \$136,000.

6. Eliminate the position of nutritionist in the six Department of Health regional offices.

Elimination of the nutritionists can be accomplished without reducing the effective dissemination of information to those individuals, agencies, and institutions which require counseling. The present arrangement does not promote selectivity or efficiency in providing this service. The four nutritionists in the headquarters office would be able to prepare educational material for a newsletter and staff a counseling service as required. Implementation of this suggestion would provide estimated savings of \$74,800 per year.

7. Reduce the number of full-time students supported by the Division of Professional Education.

Paid training leaves, tuition, and fees are provided by this division to approximately 50 Department of Health employees seeking degrees in related career fields. More selectivity should be exercised in carrying out this program and the number of students granted leaves and funds each year should be reduced to three: one in public health studies, one in social work, and one in public health nursing. In addition, more use should be made of the short-term training programs provided by the division. Implementation will provide an annual saving of \$40,000.



8. Reduce and transfer the library and film library functions of the Division of Public Health Education.

Both of these activities are inefficient and should be streamlined and transferred to the State Library for better control. It is estimated that the film library's catalog should be reduced by as much as 75%. At present, the library does little more than place books on permanent loan to employees of the Department of Health and Public Welfare. Savings are claimed in the State Library report.

#### Bureau of Administration

This bureau coordinates, supervises, and provides leadership for special services administered through its divisions. It is responsible for the efficient use of the department's resources of money and manpower. The bureau includes the Divisions of Business Management, Personnel, Vital Statistics, and Data Processing.

Business Management activities include budget construction and monitoring, improvement of department methods, automotive management, provision of duplication services, and determining bureau activities. The Division of Vital Statistics collects, registers, preserves, and indexes birth, death, and fetal death records and files certifications of adoption and adoption annulments. The Division of Personnel reviews and recommends action to the agency chief in regard to matters of personnel administration. The Division of Data Processing generates 65 reports for the Department of Health, using more than 170 programs. It also provides report service to the Department of Environmental Resources.

Although relatively effective in achieving assigned goals, the bureau uses methods which are not as efficient as they might be. These include the use of clerical staff when EDP techniques could do a better, more economical job and establishment of in-house data processing facilities which duplicate existing capability in other facilities.

#### RECOMMENDATIONS

9. Establish a separate post office box for the Division of Vital Statistics.

Currently, all department mail comes to one box and must be sorted. Since the Division of Vital Statistics receives at least 2,500 pieces of mail daily, a separate box would facilitate department delivery and eliminate the need for one clerk. The total savings is estimated at \$10,000 per year.

10. Eliminate the Division of Data Processing.

Using industrial/commercial standards, this facility is only 33% utilized on the basis of an eight-hour day. Operations are of a routine statistical nature and could easily be absorbed into the excess capacity of another state-owned EDP facility such as the one maintained by the Department of Education. The annual saving would be \$648,000. The cost of providing an interface with this facility would not exceed \$239,000 annually including salaries for two programmers and an analyst.

11. Refile old records in a manner consistent with the current procedure.

During the period 1906-1911, birth and death certificates were filed under as many as five different methods. Record searches are thus time-consuming and costly. The cost of refiling these records is estimated at \$25,000. However, annual savings are estimated at \$100,000, assuming the elimination of a one-in-ten problem ratio.

Bureau of Special Health Services

The bureau is responsible for planning aspects of public health programs including research to define objectives, policies, and functions. It carries out its functions through the Communicable Diseases, Alcohol Rehabilitation, Dental Health, Chronic Diseases, Maternal and Child Health, Chronic Respiratory Diseases, and Physical Therapy Divisions. The fiscal 1971 budget was \$6.3-million. The 1972 budget is \$8.7-million including \$2-million for a program of renal analysis to study the use of artificial kidneys.

The bureau is staffed by capable, well-qualified personnel. However, execution still remains in the central office for the most part instead of being delegated to the field operation. There are 2.5 clerks to each technical person in three of the bureau's divisions.

RECOMMENDATION

12. Reduce clerical staff in the central office to a ratio of one clerk to each two technical people.

The ratio of clerical personnel to technical employees in the central office of the Communicable Diseases, Maternal and Child Health, and Chronic Respiratory Diseases Divisions is 2.5 clerks to one technical employee.

By delegating responsibility for program execution to the appropriate field activity, the central clerical staff can be reduced. Savings to be obtained have been claimed elsewhere.

### Bureau of Planning, Evaluation, and Research

The bureau is responsible for internal planning, conduct and support of public health research, program evaluation, and studies of behavior as they affect provision of health services. Resources are committed to development of a planning, programming, and budgeting system.

The bureau carries out its functions through three divisions: Planning, Behavior Sciences, and Research and Biostatistics. The fiscal 1971 operating expenditure totaled \$305,100. The 1972 budget is authorized at \$316,700. Federal grants for medical services for migrants and consumer product injury studies were \$209,900 in 1971. For 1972, funds are expected to amount to \$297,900.

Although this is a well-managed, efficient organization, the bureau is not fulfilling a basic department need for short-term and long-range health program planning.

#### RECOMMENDATION

13. Institute short-term and long-range planning techniques to increase the effectiveness of health program implementation.

A committee should be established to be responsible for overall department planning. It should meet frequently to set objectives, review progress, discuss implementation methods, and evaluate progress toward carrying out goals established by the Secretary of Health.

Under the committee's guidance, the Bureau of Planning, Evaluation, and Research should develop short-term and long-range plans to meet department objectives through its health programs. Plans should include guidelines for measuring progress as well as timetables. No savings are claimed.

### Bureau of Nursing Programs and Resources

This bureau promotes the establishment of extension of home health services and supports improvement of those already established. It is also responsible for coordinating nursing activities in the field.

The major goal of the bureau is to coordinate family and patient care in the community through integrated health nursing programs. Services were provided to the public during the past years in 62 counties by 323 nurses. A total of 196,352 home visits were made. The bureau has assumed supervisory responsibility for the nurses rendering these services.

Staffed with 13 employees, the agency has a budget of \$165,500 of which \$24,800 is federal funds for the administration of the health

agency certification program. The program covers 116 home health agencies in Pennsylvania.

The bureau discharges its responsibilities effectively. Personnel communicate well with regional counterparts and extend consultation services in a proper manner. However, supervision of field nurses by the bureau rather than by regional administrative staffs creates problems with regard to allocation, utilization, and coordination of nursing personnel.

#### RECOMMENDATION

14. Transfer administrative and supervisory responsibility for field nurses to the Bureau of Field Services.

Present lines of authority with regard to the field nurses are divided between the Bureaus of Nursing Programs and Resources and Field Services. Placing total responsibility within the regional office of the Bureau of Field Services should increase the efficiency of the nursing staff. No savings are claimed.

#### Division of Drug Control

Division responsibilities include investigation of illicit drug traffic, inspection and registration of manufactures, wholesalers, and pharmacies, as well as control of hospitals, nursing homes, physicians, and retailers to ensure that drugs are dispensed for legitimate medical purposes.

The division consists of Special Services and Plant Inspection, Drug Distribution and Narcotic Control, and Registration. The Harrisburg office employs 18 people. There are six regional offices with a total complement of 34 and the annual budget is \$687,000. The regional offices specialize in investigations, prosecution, commitment of addicts, and education of the public regarding drug abuse.

In the area of assuring that manufactures, wholesalers, retailers, and other legal drug dispensers comply with state laws and regulations, only superficial coverage is possible with present manpower levels. The two weakest areas are education and rehabilitation.

#### RECOMMENDATIONS

15. Lower the minimum employment age for drug investigators.

The nature of the undercover work done by these agents makes it necessary to employ people in the age groups most frequently subjected to drug traffic. The minimum age is now 21. This should be 18.

16. Revise license fees for drug and narcotics manufacturers, wholesalers, and retailers and enforce licensing of retailers.

The present fee schedule has not been changed since 1961 and should be systematically revised to a realistic level to offset administration costs. In addition, less than 10% of the retailers now comply with the requirement to secure a license. Implementation will provide additional annual income of almost \$1.5-million.

17. Eliminate the state reports on clinical drug studies.

The governing statutes should be amended to eliminate the state reports since these merely duplicate information provided to the federal government. The annual saving is estimated at \$67,000.

APPENDIX B

THE SECRETARY'S DIRECTIVE CONCERNING PERSONNEL COMMUNICATION CHANNELS

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
HARRISBURG

Secretary's Directive 72-8  
May 2, 1972

SUBJECT: Decentralization of Certain  
Personnel Actions

TO: Deputy Secretary  
Bureau Directors  
Division and Office Directors  
Regional Medical and Executive Directors  
Institutional Medical Directors

FROM: J. Finton Speller, M.D.  
Secretary of Health

The purpose of this policy is to reduce the number of channels in connection with the processing of routine personnel actions. Decentralization of certain elements of the certification and selection process is intended to expedite and streamline the appointment process.

The Division of Laboratories, Regional Offices and Institutional Directors are authorized direct communication with the State Civil Service Commission with regard to requesting and reporting on all employment and/or promotional certifications. Copies of these actions must be furnished to the Division of Personnel. Directors of field organizations will be responsible for the selection of all personnel to fill authorized vacancies.

All routine personnel actions initiated by the directors of field organizations will be transmitted directly to the Division of Personnel. Copies of such correspondence will be furnished to the next higher line authority.

All unusual personnel actions initiated by directors of field organizations will be routed to the Division of Personnel through appropriate line authority channels. Unusual personnel actions include but are

Secretary's Directive 72-8

- 2 -

May 2, 1972

not limited to such actions as: new or changed class specifications; adverse actions such as suspensions and dismissals; resignations; promotions without examinations and actions having a significant budgetary impact, such as creation, abolition and reclassification of positions.

Performance Evaluation of field personnel will be completed by the immediate supervisor and reviewed by the evaluator's supervisor within the line organization structure.

Due to the confidential nature of Drug Control activities, all personnel actions will be centralized in the Division of Drug Control. Performance Evaluation of field personnel will be completed by the immediate supervisor and reviewed by the evaluator's supervisor in the Drug Control Program.

Central Office program directors, upon request, will render staff assistance to the Directors of field organizations in the recruitment of specialized professional and technical personnel and will recommend staffing patterns necessary to implement new or expanded programs.

## APPENDIX C

### THE DIVISION OF NUTRITION JOB SPECIFICATIONS

#### PUBLIC HEALTH NUTRITIONIST TRAINEE

Definition: This is beginning level professional work in the field of public health nutrition.

An employe in this class participates in all phases of public health nutrition work through an orientation program. This program is designed to familiarize the employe with the over-all philosophy and organization of public health agencies and the relationship of nutrition services to various program areas as well as voluntary and other official agencies. Work is performed under the immediate supervision of a higher level public health nutritionist who reviews work through observation and evaluation of completed assignments.

Examples of Work Performed: Assists in planning and participating in workshops, institutes, meetings, classes, and discussion groups on public health and nutrition education.

Assists in developing and conducting demonstrations and instruction of individuals and groups in such areas as food selection, preparation, and budgeting.

Assists in providing services to hospitals and other group care facilities to improve standards of food service and nutrition.

Assists in the development of nutrition educational materials and visual aids.

Prepares and delivers talks on assigned nutrition topics to interested groups.

Searches designated sources for nutrition information and prepares copy for bulletins, periodic reports, and educational pamphlets.

Prepares preliminary news releases and special materials on assigned nutrition topics.

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

Participates in in-service educational programs for students, nurses, and other public health personnel.

Performs related work as required.

Required Knowledges, Skills, and Abilities: Knowledge of the basic principles of human nutrition, both standard and therapeutic.

Knowledge of the principles of institutional food service management.

Some knowledge of modern methods, materials, and equipment used in food preparation and service.



Some knowledge of common sanitary precautions in the handling and processing of foods.

Some knowledge of the functions of community health and welfare organizations.

Ability to present ideas clearly and concisely, orally and in writing.

Ability to establish and maintain effective working relationship with associates, community agencies, and the general public.

Minimum Experience and Training: Such training as may have been gained through graduation from a four-year college or university with major course work in foods and nutrition.

Est: 6-65

## NUTRITIONIST

Definition: This is specialized work in the field of public health nutrition.

An employee in this class promotes and conducts a program of community nutrition for people of all ages in an assigned geographic area. Duties include providing educational and consultative services in nutrition practices to health, social and welfare agencies, schools, institutions, and other interested groups. Work is performed under the supervision of an administrative or technical superior and is subject to review for conformance to established policies, techniques, and procedures through conferences, reports, and evaluation of results.

Examples of Work Performed: Analyzes community nutritional needs and develops nutritional services as part of a public health program in an assigned geographic area.

Provides consultative services in the field of nutrition and gives technical advice on diets to health, social and welfare agencies, schools, and institutions.

Participates in the orientation and in-service training for personnel in health, social and welfare agencies, schools, and institutions in the field of nutrition.

Participates in studies and surveys relating to food and nutrition.

Prepares talks and articles on nutrition for meetings, newspapers, radio, television, and other educational media.

Maintains records and prepares reports.

Performs related work as required.

Required Knowledges, Skills, and Abilities: Knowledge of the basic principles and practices of nutrition and dietetics, both standard and therapeutic.

Some knowledge of current developments in the field of public health nutrition.

Some knowledge of the principles and practices related to providing consultative services to institutions and group care facilities in the field of nutrition.

Ability to analyze nutritional problems of individuals, families, and groups.

Ability to present educational material through the use of various media such as exhibits, slides, motion pictures, lectures, and food demonstrations.

Ability to present ideas clearly and concisely, orally and in writing.

Ability to interpret public health nutritional policies, procedures, and techniques to individuals and community groups.

Ability to establish and maintain effective working relationships with professional and lay groups in developing educational nutrition programs at the local level.

Minimum Experience and Training: Two years of experience as a therapeutic or teaching dietitian, nutritionist, or home economist in a health or welfare agency, dietitian or nutritionist employed by a food clinic, or teacher of foods and nutrition; and such training as may have been gained through graduation from a four-year college or university with major course work in foods and nutrition. Graduate study to the level of master's degree in nutrition or public health that includes field training in an official health agency may be substituted for the required experience.

Est. 7-62

Rev: 6-65

## PUBLIC HEALTH NUTRITIONIST I

Definition: This is professional nutrition work of an educational and consultative nature in the field of public health nutrition.

An employe in this class is responsible for planning, promoting and conducting the nutrition program for people of all ages in assigned counties of a region. Duties may include giving technical supervision and guidance to employes of a lower grade. Work is performed with considerable independence under the general supervision of an administrative or technical superior and is subject to review for conformance to established policies, techniques, and practices through conferences, reports and analysis of results obtained.

Examples of Work Performed: Analyzes nutritional needs and plans, promotes, and conducts the nutrition program in assigned counties of a region.

Plans and conducts community nutrition surveys and demonstration projects; evaluates and interprets the results.

Advises local agencies on dietary standards for individual and group feeding and on methods for appraising the adequacy of the diets of population groups.

Plans and conducts community nutrition programs designed to prevent and control dietary deficiency disease.

Provides consultative and advisory services to personnel of health, social and welfare agencies, schools and institutions in the field of public health nutrition.

Establishes and maintains cooperative working relationships with local health agencies, community groups and others interested in the problems related to food and nutrition.

Organizes and conducts or assists in organizing and conducting nutrition workshops.

Participates in the orientation and in-service training for personnel of health, social and welfare agencies in the field of nutrition.

Provides technical supervision and guidance to employes of a lower grade.

Supervises field experience for graduate students in the field of nutrition.

Prepares or assists in the preparation of educational materials, articles, lectures or teaching media in the field of nutrition.

Participates in state, national, and international nutrition surveys and studies.

Prepares reports and maintains records.

Performs related work as required.

Required Knowledges, Skills, and Abilities: Thorough knowledge of the basic principles and practices of nutrition and dietetics, both standard and therapeutic.

Considerable knowledge of modern public health administration and public health objectives of the field of human nutrition.

Considerable knowledge of the principles and methods of nutrition education and their application and adaption to specific situations.

Knowledge of current developments in public health work as related to nutrition.

Knowledge of the functions of community health and welfare organizations.

Ability to work with professional and lay groups in the development of educational nutritional programs at the local level.

Ability to analyze the nutritional problems of individuals, families and groups.

Ability to prepare and deliver effective talks before professional and lay groups and to present material through the use of various media such as exhibits, slides, motion picture, food demonstrations, radio and television.

Ability to present ideas clearly and concisely, orally and in writing.

Minimum Experience and Training: Two years of experience as a nutritionist in a health agency or four years of experience as a hospital therapeutic, teaching, or administrative dietitian, home economist in a health or welfare agency, dietitian or nutritionist employed by a food clinic or teacher of foods and nutrition; and a bachelor's degree with major course work in foods and nutrition, supplemented by graduate study in nutrition or public health to the level of a Master's Degree. One year of either dietetic internship or additional graduate study in nutrition or public health may be substituted for one of the required years of experience.

## PUBLIC HEALTH NUTRITIONIST II

Definition: This is professional work of an educational and consultative nature in the field of public health nutrition.

An employe in this class is responsible for planning, integrating and coordinating the nutrition program in an assigned region in various fields such as maternal and child health, tuberculosis control, chronic disease, nursing and convalescent homes or group feeding or for a statewide program in one of the above specialties. Work is performed with considerable independence under the general supervision of an administrative or technical superior and is subject to review for conformance to established policies, techniques and procedures through conferences, reports and analyses of results obtained.

Examples of Work Performed: Provides technical assistance and consultant services in nutrition or food administration to professional and lay personnel in a region or in a specialized field on a statewide basis.

Determines nutrition needs and resources as a basis for program development in a region or in a specific field on a statewide basis.

Assists in the formulation of policies and standards pertaining to nutrition services in relation to group feeding and special programs.

Organizes and carries out in-service training programs for professional and lay staff of hospitals, institutions, health, welfare, and education agencies.

Prepares or assists in the preparation of educational materials, articles, lectures, or teaching media in the field of nutrition.

Cooperates with governmental agencies, professional and lay groups to coordinate the nutrition program with other programs.

Supervises field training for graduate students in public health in relation to the special nutrition program.

Cooperates with the public and private agencies and organizations, colleges and universities in planning and carrying out training institutes and other forms of in-service training for personnel concerned with nutrition or food administration and management.

Conducts surveys of food administration practices in hospitals, institutions, and industrial installations.

Prepares reports of surveys and makes recommendations for improvements in such areas as menu planning, food purchasing, food preparation, purchase and arrangement of equipment.

Prepares budget estimates, food cost analyses and other cost control studies.

Reviews therapeutic diet practices in hospitals and other institutions and makes appropriate recommendations.

Consults with architects on efficient food service layouts.

Performs related work as required.

Required Knowledge, Skills, and Abilities: Thorough knowledge of nutrition and dietetics in relation to health and disease.

Thorough knowledge of principles and techniques of therapeutic diets.

Considerable knowledge of current developments in public health work as related to nutrition.

Considerable knowledge of modern public health administration and public health objectives in the field of human nutrition.

Considerable knowledge of the operating principles and problems of small and large food service installations.

Knowledge of public health administration practices and principles.

Knowledge of in-service training principles and techniques.

Ability to plan, conduct, and evaluate nutrition surveys and studies.

Ability to establish and maintain effective working relationships with lay and professional groups.

Ability to present ideas clearly and concisely, orally and in writing.

Minimum Experience and Training: Four years of experience as a nutritionist in a health agency or six years experience as a hospital therapeutic, teaching or administrative dietitian; and a bachelor's degree with major course work in foods and nutrition, supplemented by graduate study in foods and nutrition or public health to the level of a Master's Degree. One year of either dietetic internship or additional graduate study in nutrition or public health may be substituted for one of the required years of experience.

Rev: 1/72

## PUBLIC HEALTH NUTRITIONIST III

Definition: This is responsible professional work of an educational and administrative nature assisting in the direction of the state-wide program in public health nutrition.

The employe in this class assists the nutrition director in the developing and administering a comprehensive and coordinated program in public health nutrition. Work includes providing technical aid and guidance to nutritionists of a lower level. The employe exercises a high degree of initiative and judgment and works with considerable independence in carrying out program responsibility. Work is reviewed by a professional superior through reports and conferences for achievement and program effectiveness.

Examples of Work Performed: Assists in planning, administering, and evaluating a state wide nutrition program.

Assists in integrating and coordinating the nutrition program with other state agency programs and outside public and private jurisdictions.

Assists in planning, administering, and evaluating special public health nutrition projects.

Assists in recruiting, selecting, and supervising a staff of nutritionists to carry out the state-wide nutrition program.

Assists in developing a program of continuing education for nutritionists in the department and other agencies.

Reviews and summarizes published nutrition research papers and reports, and interprets research findings to professional and lay groups.

Organizes and conducts nutrition workshops or institutes for professional personnel at state, regional, or county levels.

Cooperates with colleges and universities concerning content of nutrition courses in the curricula.

Prepares nutrition education materials, visual aids, and other teaching media for professional and lay groups.

Plans, conducts, evaluates, and prepares reports of dietary and nutrition studies and surveys.

Performs related work as required.

Required Knowledges, Skills, and Abilities: Thorough knowledge of nutrition and dietetics in relation to health and disease.

Thorough knowledge of current developments in public health nutrition and their application to state-wide, regional, and special programs.

Thorough knowledge of modern public health administration and public health objectives in the field of human nutrition.

Thorough knowledge of the facilities, media, methods, and techniques of preparing and disseminating nutrition information to health, welfare and social agencies, public and private schools, and institutions.



Ability to establish and maintain effective working relationships with professional and lay groups.

Ability to interpret and evaluate research findings.

Ability to plan and conduct workshops and institutes and to prepare necessary educational materials and visual aids to meet the special needs of such activities.

Ability to organize, implement, supervise, and evaluate nutrition surveys or studies.

Ability to prepare and deliver effective talks before interested professional and lay groups on public health nutrition.

Minimum Experience and Training: Five years of experience as a nutritionist in a health agency; and such training as may have been gained through graduation from a four-year college or university with major course work in foods and nutrition, supplemented by graduate study in nutrition or public health to the level of a Master's Degree. One year of either deitetic internship or additional graduate study in nutrition or public health may be substituted for one of the required years of experience.

Est: 7-62

Rev: 6-65

## PUBLIC HEALTH NUTRITIONIST IV

Definition: This is responsible professional work of an administrative and educational nature in planning and directing a state-wide program in public health nutrition.

An employe in this class is responsible for planning, organizing, and administering a comprehensive and coordinated program in public health nutrition on a state-wide basis. Duties include recommending policies relating to the public health nutrition program and the coordination of the program with other aspects of the total state public health program. The employe exercises a significant degree of independent judgment in directing the work of a staff of nutritionists engaged in a state-wide program of public health nutrition. Assignments and program objectives are outlined in directives and administrative orders which may be supplemented by conferences and staff meetings with administrative superiors. Work is reviewed by an administrative superior through reports, conferences, and an evaluation of program results for conformance to departmental policies and objectives.

Examples of Work Performed: Develops, implements, and administers a program for the improvement of nutritional practices on a state-wide basis.

Develops and directs a state-wide program in which a knowledge of nutrition is applied to the promotion of positive health, and the prevention and dietary control of disease.

Supervises a staff engaged in the public health aspects of nutrition and in the maintenance and improvement of the nutritional status of individuals and population groups.

Establishes and maintains cooperative working relationships with public and private agencies and groups to promote and coordinate activities related to public health nutrition.

Supervises the conduct of nutrition research studies and provides consultation to study groups.

Participates in educational activities including orientation courses, in-service training, and staff development programs.

Consults with and advises universities and colleges on academic and field training requirements for public health nutritionists.

Recruits and selects a professional staff of public health nutritionists.

Directs a field training program for graduate students in public health nutrition.

Cooperates with agencies concerned in setting standards for feeding in child caring institutions and agencies.

Performs related work as required.

Required Knowledges, Skills, and Abilities: Extensive knowledge of nutrition and dietetics in relation to health and disease.

Extensive knowledge of current developments in public health nutrition and their application to state-wide, regional, and special programs.

Thorough knowledge of the facilities, media, and techniques of preparing and disseminating nutrition information to health, welfare and social agencies, public and private schools, and institutions.

Ability to organize, direct, and evaluate a public health nutrition program and to supervise a professional staff of nutritionists.

Ability to establish and maintain effective working relationships with professional and lay groups.

Ability to conduct, evaluate, report, and interpret research.

Ability to plan and conduct workshops and institutes, and to prepare necessary educational materials and visual aids to meet the special needs of such activities.

Ability to prepare and deliver effective talks before interested professional and lay groups on public health nutrition.

Minimum Experience and Training: Six years of experience as a nutritionist in a health agency including at least two years in a supervisory or administrative capacity in a public health agency; and such training as may have been gained through graduation from a four-year college or university with major course work in foods and nutrition, supplemented by graduate study in nutrition or public health to the level of a master's degree. One year of either dietetic internship or additional graduate study in nutrition or public health may be substituted for one of the required years of experience.

Est. 7-62

Rev. 6-65

## VITA

Amy Jeanee Seals was born in 1947 in Sparta, Tennessee. She graduated from White County High School and received a Bachelor of Science degree in Foods and Nutrition from Middle Tennessee State University in 1969. In 1970 she graduated from a dietetic internship at Vanderbilt University Hospital in Nashville and took a position as a nutritionist with the North Central Florida Maternity and Infant Care Project #546. In September, 1971, she entered the Graduate School at The University of Tennessee to work toward a Master of Science degree in Nutrition.