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To the Graduate Council:

I am submitting herewith a thesis written by Bobbette A. Price entitled "Field Experiences with the Office of Public Health Nutrition, Nassau County Department of Health, Nassau County, New York." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Mary Nelle Traylor, Major Professor

We have read this thesis and recommend its acceptance:

Mary Rose Gram, Irshad Ahmad

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

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

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Mary Nellie Traylor
Mary Nellie Traylor, Major Professor

We have read this thesis
and recommend its acceptance:

Mary Rose Gram
Ischad Ahmed

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Victor R. Smith
Vice Chancellor
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FIELD EXPERIENCES WITH THE OFFICE OF PUBLIC HEALTH
NUTRITION, NASSAU COUNTY DEPARTMENT OF HEALTH,
NASSAU COUNTY, NEW YORK

A Thesis
Presented for the
Master of Science
Degree
The University of Tennessee

Bobbette A. Price

August 1974

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The student would like to thank the following people who have assisted in different ways in the preparation of this thesis. First of all, Miss Mary J. Pfeffer, Director of the Office of Public Health Nutrition, planned and provided a field experience for the student which afforded her with the opportunities to establish her own philosophy about public health and public health nutrition, to explore the many roles of the public health nutritionist, and to grow professionally.

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ABSTRACT

The purpose of this eight-week field experience was to provide the student with an opportunity to integrate course theory learned at the University of Tennessee with the actual practice of public health in Nassau County, New York. It also allowed the student to compare programs in health departments, specifically the functions of public health nutrition in such agencies.

Varied experiences in the Nassau County Department of Health contributed to the student achieving this purpose. The characteristics of Nassau County, as well as its people, were studied. Findings revealed health problems and needs unique to the county. Orientation to units within the health agency allowed the student to understand its organization and to view the role the health department performed in solving the community's health problems.

Conference periods and cooperative work with the Director of Nutrition and her staff made the student aware of the responsibilities of the nutrition unit within the health department and the relationship of nutrition services to various community agencies. Observation of and participation in a variety of activities typical of a public health nutritionist made the student realize the many different roles the nutritionist must assume in order to tailor nutrition services to the community.

This experience emphasized for the student the idea that the nutritionist cannot function alone in solving the nutritional problems

of the community she serves. She is only one among many in the public health field striving ultimately to reach a common goal. Therefore, the health department offers an ideal setting in which the interdisciplinary approach to solving health problems can be used effectively.

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INTRODUCTION

Who is a public health nutritionist? The public health nutritionist is the member of a public health team who assesses community nutrition needs, plans, organizes, directs, coordinates, and evaluates the nutrition component of health services (1).

What is the motivation for choosing such a profession? As a potential public health nutritionist, the student can present a sequence of factors that have stimulated her to enter the profession.

Her initial interest in public health nutrition originated during undergraduate years. Three summer practicums provided her with the opportunity to gain work experience within the Nutrition Section of the Florida Division of Health and Rehabilitative Services. For the first time, the student was introduced to the role of the nutritionist as a member of a public health team. Through these experiences and observations, the student developed a concern about the community's health as it is affected by nutrition and about the role the nutritionist should assume in planning for health care. She also cultivated an interest in the vast amount of legislation involving nutrition and in the methods of teaching others sound nutritional practices.

These new areas of interest, in addition to the contact with nutritionists and other health professionals who were so influential, motivated the student to enter the graduate program at the University of Tennessee to prepare for work in public health nutrition. This academic program was adapted to the training and background of the

student. Course work and nutrition field experiences in the Knoxville area provided the student with not only theory but also observation of and participation in the practice of public health.

This background prepared the student for an eight-week field experience in Nassau County, New York, during the spring of 1974. The student established that this field experience would provide the basis for a critical evaluation of her role as a potential public health nutritionist. She set the following objectives for her experience:

- (1) to examine the organization of the Nassau County Department of Health and the relationship such structure has to the agency's function,
- (2) to study the demographic and geographic characteristics of the community in relation to health needs and thus, (3) to observe how the health program contributes to meeting these needs, especially in nutrition, (4) to gain an understanding of the responsibilities of the nutrition unit within the Nassau County Department of Health, (5) to observe how the nutrition services rendered are related to and are coordinated with other community agencies, (6) to explore the many roles of nutritionists in public health, (7) to increase self-confidence in personal abilities through involvement in activities relating to public health nutrition, and (8) to evaluate performance in the field.

This thesis is an analysis of the field experience. Chapter I presents a brief history of Nassau County and its governmental structure, both of which influence many existing health programs. Health needs of the people are examined in Chapter II. Chapter III describes the Nassau County Health Department. The Office of Public Health Nutrition,

as a basic functioning unit of the department, is discussed in Chapter IV. Chapter V is an evaluation of the student's activities in relation to her objectives for the experience. Brief conclusions and a summary of the field experience are included in Chapter VI.

CHAPTER I

NASSAU COUNTY - A PROFILE

In the early history of planet Earth, a great glacier covered large portions of the northern hemisphere. As the ice retreated north over thousands of years, it gouged a tremendous finger out of that part of the world destined to become New York State. This great depression filled with water by the melting glacier, and in time became known as Long Island Sound. It took its name from the 120-mile long split of land off the mainland . . . a lush, verdant place to be called Long Island. The great glacier left its mighty imprint in the hills and valleys of the north shore of Long Island, while leaving relatively unaffected the flatlands to the center and south of the Island (2).

The earliest inhabitants of Long Island were native Indian tribes, whose identities have come down through the centuries in the landmarks and communities of today. However, with the coming of the Dutch and British to Long Island, these red-skinned sachems gradually began giving up their land to the white settlers. It was not long before the Dutch were ousted from possession of both New York and Long Island by the British. All of Long Island up to the Suffolk County line (fig. 1) was then renamed Queens County. In time, Long Island became a great farming community from one end to the other, serviced by its thriving seaports. The British took little note of these Long Island colonists (2).

It was not long before the storm cloud of the American Revolution cast its shadow on Long Island, splitting the loyalties of the colonists. The Tory strength, favoring the cause of Great Britain, generally ran throughout the central and southern part of the Island;

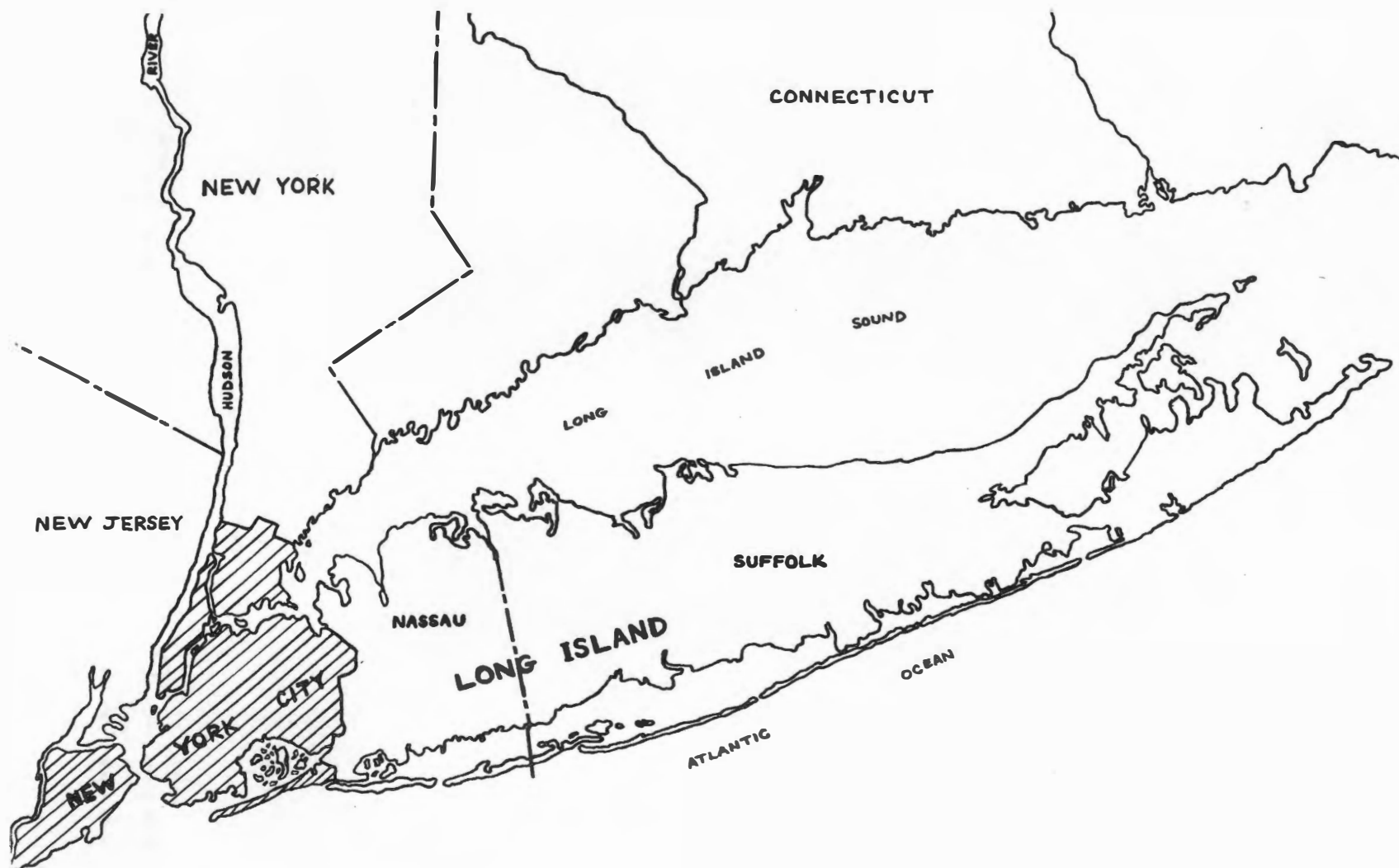


Figure 1. Map of Long Island.

while the Whigs who opted for freedom and a new nation were along the northern shore. Antagonism raised by these divided loyalties caused the northern portion of the Town of Hempstead to break away, forming the Town of North Hempstead. The southern part became the Town of South Hempstead and was subsequently renamed the Town of Hempstead. With the passage of the years, the antagonisms of the Revolution faded and Long Island settled down to become a thriving farming community which sold its produce in the growing metropolis to the west, New York City (2).

When the Civil War broke over America, the Town of Hempstead dispatched a regiment of Union troops to fight on southern battlefields. The industrial boom of the Civil War brought a flood of population to the western edge of Queens County, resulting in a shift of the county seat from Mineola to Long Island City. This caused growing sentiment among local communities in favor of secession from Queens County. Finally in 1896, the matter was brought to a head by the creation of the metropolitan district of Greater New York; and the three eastern towns of Queens County--Hempstead, North Hempstead, and Oyster Bay--chose to form a new county. On January 1, 1899, the State Legislature enacted a bill establishing the county of Nassau (2), named in honor of William II of England, son of William II of Nassau (3).

The new county of Nassau moved into the twentieth century much as it had been, generally a rural area given over principally to farming. Many communities along the south shore supported their existence by fishing and harvesting clams and oysters. One of the first manufacturing

industries was to be found in a potato starch factory in the City of Glen Cove. In the 1930^s, a growing population saw marked changes in the county. The Nassau County Charter was approved in 1938 by the voters and the present County Executive form of government was established (2). In this same year, the Nassau County Department of Health was created (4).

A widespread transformation of Nassau County began immediately after World War II when home builders eyed the vast open fields of Long Island; soon subdivisions began developing where potatoes once grew. The flood gates of the population tidal wave opened in the late forties, and the human tide peaked in the fifties, as new community after community was formed. Thus the twentieth century passed its midpoint with Nassau as the fastest growing county in America (2).

Today in the decade of the seventies, Nassau County's 300 square mile area contains almost 1,500,000 residents. It is the most populous suburban county in the nation and outranks fifteen entire states and all but six cities (2).

Between 1950 and 1960, migration from New York City constituted the major factor in Nassau's growth rate of 93.7 percent. As the county neared saturation, migration declined and the population of Nassau increased only 9.9 percent between 1960 and 1970. This rate was still higher than that of New York State (8.4 percent) (5).

Serving this growing population is a complex network of local government jurisdictions. Under the supervision of the county administration, the governments of three towns, two cities, numerous villages

(fig. 2), incorporated areas, and special districts are all united into an interlocking system of partnership governments, each of which has its own specific role to play in serving the citizens of Nassau County (2).

The county is divided geographically into three towns, Hempstead, North Hempstead, and Oyster Bay, each larger than many of the cities in the nation. Each town has its own government to deliver the services which are its responsibility. Supervisors sit as the administrative heads of the municipalities for two-year terms (2).

The two cities, located within the towns, are wholly outside the jurisdiction of the towns and have their own local governments and elected officials. The City of Glen Cove elects a mayor for a two-year term; the City of Long Beach elects a supervisor every four years. These five chief executives sit on the County Board of Supervisors as representatives of their constituents. This board acts as the legislative branch of the county government (2).

The chief administrator of the county government is the Nassau County Executive. He not only administers the day-to-day affairs of the county, but also shapes its future through his budget and planning responsibilities. He appoints many department heads, commissioners, and special citizens advisory commissions to counsel government on specific problems. He also presides as chairman of the County Board of Supervisors. The county executive is elected to office every four years by a countywide constituency (2).

A characteristic feature of Nassau County government is its very

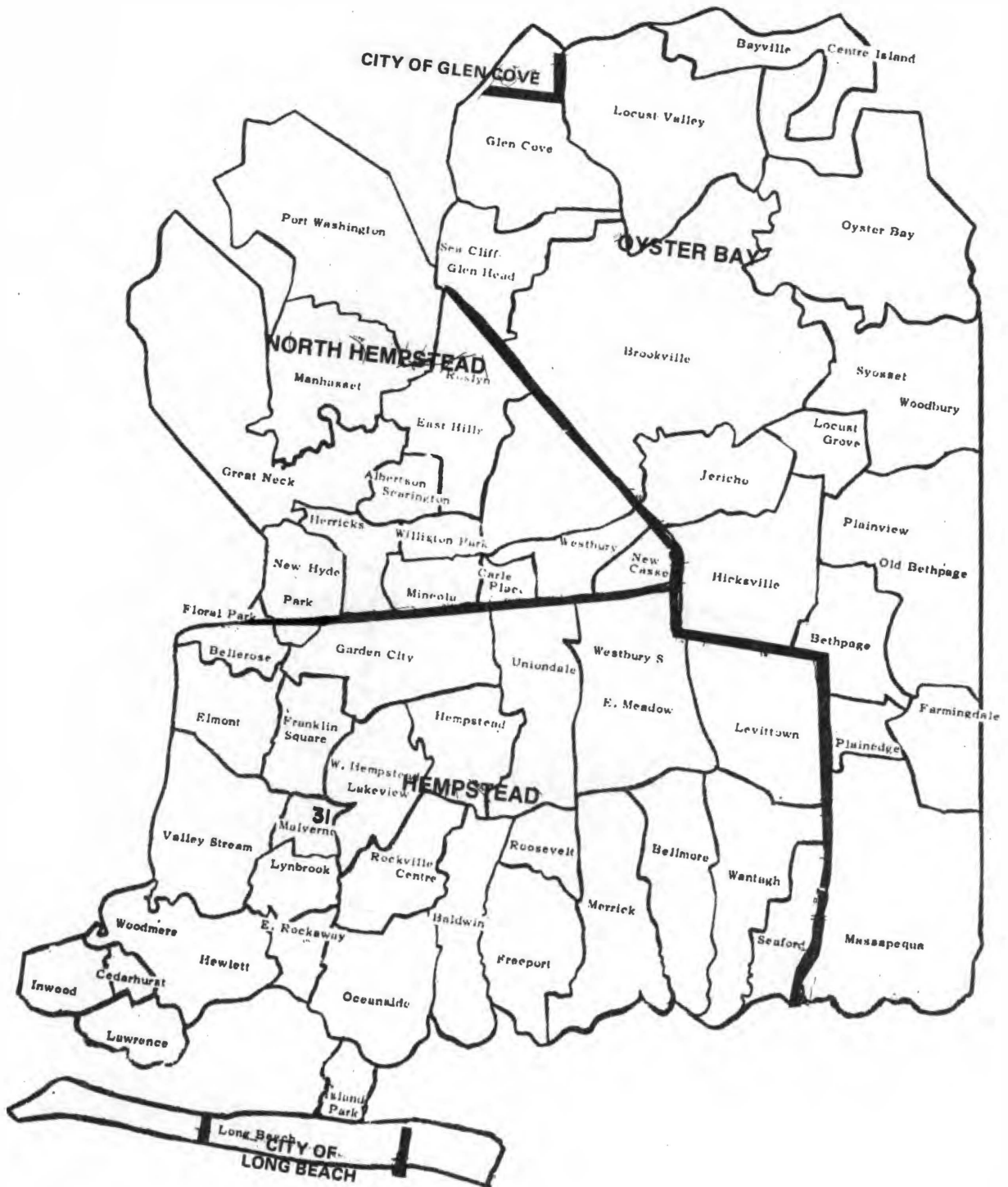


Figure 2. Map of Nassau County

limited involvement with the public school system. Each school district is administered by locally elected school boards, votes its own annual school budget, and determines its own tax rates. In this way, the county does not assume legal responsibility for school age children (2).

Nassau County today is known as the "bedroom of New York City." However, with its growing complex of business and industry, Nassau provides jobs and incomes for an increasing number of residents and a shrinking number of commuters to New York City (2).

"Nassau County - A Profile" presents a brief picture of Nassau from its beginnings to the present day. This development has influenced many of Nassau's existing health problems. The following chapter will look more closely at this feature.

CHAPTER II

NASSAU COUNTY - ITS PEOPLE

As the population of any county grows and changes, the scope of health planning should expand to render a broader range of services and to meet pressing health needs. Looking at the past history of Nassau County, the great influx of people alone has required an increased volume of health services and an increased number of professional and paraprofessional staff to implement necessary programs.

Nassau houses within its borders families of diversified social, socio-economic, and ethnic backgrounds. One example which can be cited would be fairly representative of the social diversity in Nassau. The North Shore community was once a homogeneous community of millionaire estate dwellers. The conversion of a number of estates into residential subdivisions brought a large number of less affluent, middle and lower-middle class people into the area. Thus, as the housing of the North Shore community became heterogeneous, so its social structure became diversified (6).

This diversification included a wider range in median family incomes. In the Kings Point community, the median family income is \$40,971; while in Lido Beach and Point Lookout it is \$9,016 (7).

Nassau's population is mainly white (94.9 percent). The remaining is nonwhite, 4.6 percent Black and 0.5 percent other (8). A sizeable number speak only Spanish fluently. Those providing health

services and information to this group must overcome this language barrier.

Primarily, this nonwhite population constitutes the twelve poverty pockets in Nassau County (fig. 3) (9). Although the income of Nassau ranks third in the counties of the nation with a median family income of \$14,632 and first in the state of New York (8), poverty does exist. Where a very wealthy segment of the population has resided, there has emerged the poverty population--the Blacks, the Spanish, even the whites, playing the servant role. The rise of factories and industries in Nassau brought with it dimensions of poverty. As mentioned in the first chapter, one of Nassau's first industries, a potato starch factory, was in the City of Glen Cove. However, the factory's closing down after many years of operation contributed to the present existence of the poverty pocket found in and around the city. In 1969, 4.4 percent of the county's population was living below federal poverty guidelines (7). This group creates a demand for health and welfare services. Within any population, those benefiting from public welfare payments and food assistance programs are a focus for health and nutrition services.

The aging population is also an important segment that should be dealt with when establishing priorities for health care. In 1970, Nassau's over 65 population increased from 6.2 percent in 1960 to 7.9 percent (10).

The infant mortality rate has been steadily declining in recent years. The 1970 rate of 16.0 dropped to 14.6 per thousand live births in 1972.



Figure 3. Poverty tracts found in villages of Nassau County.

However, for the nonwhite population, the infant death rate of 32.6 per thousand was almost triple that for the white population (12.3) (11). The higher rate for the nonwhite population should cause major concern when developing community programs in the county. A prime consideration might be that poor maternal nutrition is a risk factor in unsuccessful outcomes of pregnancy.

The continuing decrease in the birth rate is not surprising with health agencies becoming more involved in family planning plus the adoption of legalized abortion by New York State. In 1972, the crude rates was 9.7 per thousand; the rate for 1973 is estimated to be even lower at 8.8 per thousand population (11).

This decreasing birth rate or the increasing senior citizens groups might have had an effect on the crude death rate's slow increase. From 1960 to 1970, the rate shifted from 6.9 to 7.8 per thousand population. Since that time little change has occurred; in 1973, Nassau's estimated crude death rate stood at 7.9 (11), substantially below both the U.S. population death rate of 9.4 and the New York State rate of 10.0 (12, 13).

Of all these resident deaths, 43.5 percent are attributed to heart disease. Malignant neoplasms rank second followed by cerebrovascular disease, accidents, pneumonia and influenza, cirrhosis of the liver and diabetes mellitus (11). Nutrition is a common risk factor in four of the ten leading causes of mortality in Nassau County, heart disease, cirrhosis of the liver, diabetes mellitus, and arteriosclerosis. Therefore, nutrition should be considered an integral factor in the services and programs offered to the community by the health agency.

The overall picture of health resources in Nassau County is above average. The population's medical requirements are met by approximately 200 doctors and 87 dentists per 100,000 population (2, 14) in comparison to 170 doctors and 48 dentists per 100,000 for the U.S. as a whole (15). But as in many situations, the services are unevenly distributed and found largely in the high-income areas (9). This then creates a definite responsibility for the Nassau County Department of Health in planning for the health of persons with unmet medical needs, as well as for the general health needs of its community.

Looking at Nassau's population as a whole, the poor and the aged referred to earlier, comprise only 12 percent of the population. Granted, many health programs and services are designed primarily for the medically indigent and the vulnerable groups. But how is the health department meeting the needs of the remaining 88 percent of the population (middle and upper classes)?

The Tuberculosis Control Program conducts Chest Diagnostic and Treatment Clinics; Cancer Detection Centers are located in some of the county-operated health centers (fig. 3, p. 13). Certification of all hospitals, nursing homes, and related facilities is the function of the health department to insure quality care for all individuals. Immunization clinics are open to any school children who need mandated immunizations against preventable diseases. Public health nurses offer bedside care and teach others to take care of their family members. The department controls pollution of the air, land, and water; it surveys and inspects all medical and dental X-ray facilities to reduce public

exposure to unnecessary radiation. The department certifies competent lifeguards for all recreational waters. Food and general sanitation of all food establishments is controlled by the department. Nutritionists individualize diets for the public upon request of their physicians. Public health information and education is provided as required by the public to make responsible decisions about their own health and a sanitary environment. These are some of the primary services offered to aid in meeting the needs of all Nassau County residents.

The product--health, the recipient--the public, these are the two factors which influence ongoing public health services. A complete knowledge and understanding of the one is pointless without corresponding knowledge and understanding of the other. By understanding as thoroughly as possible the population of Nassau County, and other factors which ultimately affect this population, the health department can tailor suggestions and programs within the accepted framework which is peculiar to its community. This means then that department efforts toward attaining optimal "health" for Nassau's "public" are necessarily custom-built (16).

CHAPTER III

NASSAU COUNTY DEPARTMENT OF HEALTH

The public health movement dates back about a century. The initial purpose of this public concern for health has been accompanied by such a spectrum of social reforms--public education, public welfare, humane care of the mentally ill--that there has occurred a gradual extension of its original concept. Public health work has expanded from its initial concern with gross environmental insanitation to communicable disease control to prevention of disease and, more recently, organization of comprehensive health services (16).

Among the first organizations to be concerned with the people's quality of health were the local boards of health. These groups directed many cities and states in the establishment of functional health departments (16).

Nassau County itself is a good example of the public's concern about health matters, for prior to 1938, there were 67 separate health departments in the county. These departments varied greatly in efficiency. Where the health officer was dedicated and had the support of his community, fairly good service resulted (4).

However, the New York State Department of Health and the Nassau County Medical Society emphasized the need to establish a county health unit. Thus, in 1933, the Nassau County Board of Supervisors provided funds in the 1934 budget for a new county hospital and a county health

department. It was not until the new Nassau County Charter was adopted in 1938 that the health department was organized (4).

With the establishment of the county health department, the 67 departments and their local boards of health were abolished. The Nassau County Department of Health began operating under the jurisdiction of the New York State Health Department and the Public Health Law of the state. By the end of its first year, the new department had organized the divisions of Nursing, Sanitation, and Communicable Diseases. Also a Public Health Ordinance for Nassau County had been approved and established (4).

Little expansion occurred in personnel or programs until after World War II. In 1949, the new Division of Laboratories and Research began to function. During the fifties, Nassau's population almost doubled, increasing the need not only for extended services but also for additional personnel to implement such programs (4).

The development which has occurred within the department moves parallel to public health theory. Today, with a staff of some 800 persons, expansion of its initial programs and services provides for a coordinated and integrated health care system, cooperating with voluntary health agencies, hospitals, nursing homes, and other health related facilities (17).

Directing the health department is the Commissioner of Health, appointed by the County Board of Health. The Board of Health consists of five members, all Nassau County residents, two of whom must be physicians. This five-member board is appointed by the County Executive,

and it assumes legal responsibility for the public's health. With the approval of the New York State Public Health Council, the board has the responsibility of appointing a Commissioner of Health, who must be a qualified physician with extensive training and experience in public health practice. Through the activities of the department, the Commissioner and his staff strive to enforce the Nassau County Public Health Ordinance, the New York State Public Health Law, and the State Sanitary Code (18).

Directly responsible to the Commissioner of Health are the deputy commissioners and directors of nine units within the health department (fig. 4). The small number of such units in the commissioner's direct organizational contact seems very desirable for it allows him to supervise all phases of the department's programs (16). Together, these different units function to solve health problems requiring multiple services.

The range of services provided by the Nassau County Department of Health will be discussed in relation to each functioning unit.

I. OFFICE OF BUSINESS ADMINISTRATION

The Office of Business Administration directs and supervises personnel activities, fiscal management, and all general services of the department (e.g., mail service, duplication, ordering and purchasing). The health department receives 50 percent state aid for all programs meeting state approval. The state aid comes to the department through this office. Reimbursements from Medicare and Medicaid for home care

NASSAU COUNTY DEPARTMENT OF HEALTH

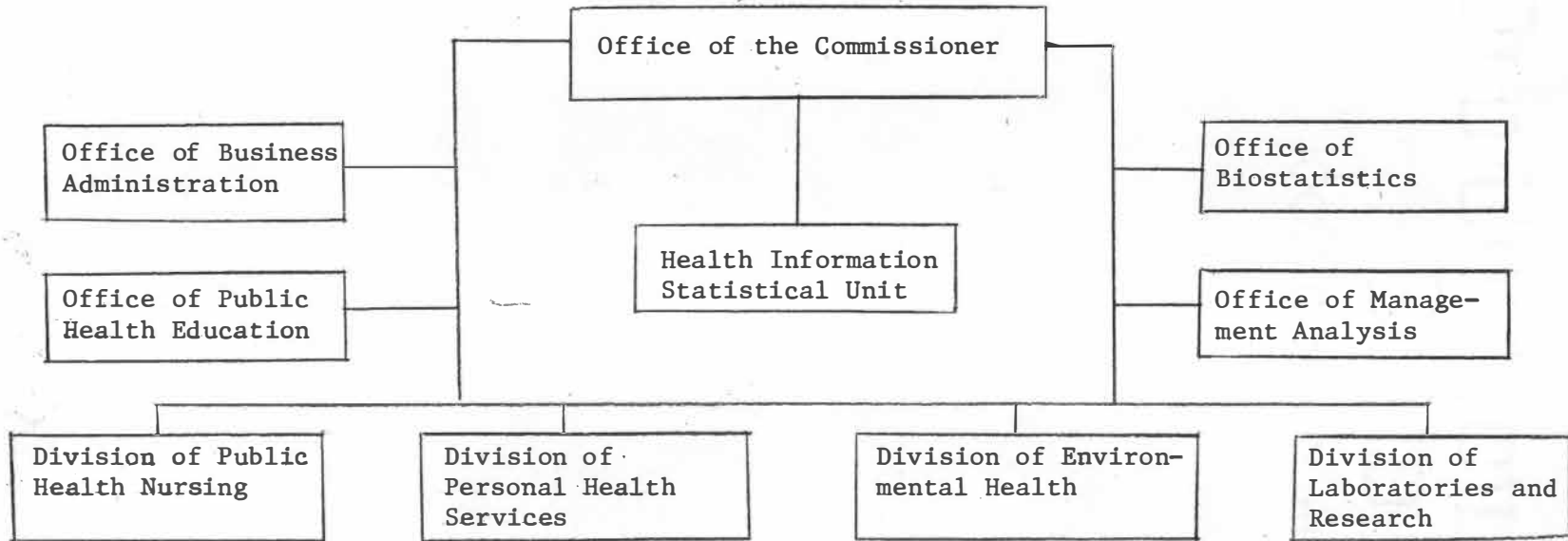


Figure 4. Organization of the Nassau County Department of Health, 1974.

visits, clinic visits, and laboratory examinations are also received by this unit. Recently, the public health reference library for public health personnel and the community was placed under the supervision of this unit (19).

II. OFFICE OF BIOSTATISTICS

The Office of Biostatistics serves as the health department's statistician and consultant to all units and community agencies on statistical information. The collection and compilation of morbidity, natality, and mortality statistics are also processed in this office. Its data processing system can be made available to units within the department for performing special studies. Participation in program planning and evaluation for the entire department is another of its functions (20).

III. OFFICE OF MANAGEMENT ANALYSIS

The Office of Management Analysis develops new procedures, reports, and organizational patterns within the department. To evaluate the effectiveness of such innovations, methods of work measurement are also developed. Preparation of the line item budget for the department, as well as budgets for various health programs; monitoring and analyzing department expenditures and program budgets; establishing procedure manuals for the department; and maintaining a forms control program which provides for efficiency in clerical work are the primary functions, which involve this unit in continual program planning and evaluation for the health department (21).

Its most recent responsibility is the development of an Encounter Form which will be used with all recipients of health department services. Information recorded on the form will be coded for computer storage. In this way, data could be formulated, billing arranged, and patient load determined (21). Information on patient load could be potentially beneficial to the nutritionist. She could use it as one criterion in establishing which health center has priority for her services.

IV. OFFICE OF PUBLIC HEALTH EDUCATION

Health education in some form has always been an important activity of public health personnel. It was not until the second quarter of the century, however, that it formally became recognized as a speciality and a major function of public health. With the development of the newer interpretations of public health, an appreciation of the need to motivate people to accept an increasing responsibility for their own health has emerged. New York's Governor Franklin Roosevelt saw this need as well when he said in the foreword of The Report on Public Health in New York State (1931), "It [public health] involves the fullest use of public health education, so that citizens may understand and cooperate with activities necessary for their own welfare" (16). The Office of Public Health Education has the major responsibility for providing health information to the public. By developing publications related to various department programs or by distributing basic health pamphlets, public health information is made available to the

public and to department personnel. This unit also provides consultation and information about health department services to the community.

A small film library is kept by the office for public and staff use. Equipment has been acquired to produce video-tapes which can be televised in the health clinics as a more modern means of disseminating the message about "good health" (22). Nutritionists need to learn to use this medium more effectively when planning programs involving nutrition education.

V. HEALTH INFORMATION STATISTICAL UNIT

Also directly answerable to the commissioner is the newly established Health Information Statistical Unit. This is a federally funded Cooperative Health Statistics Project which operates in the three areas of central reporting, processing, and dissemination of statistics which relate to the utilization of health services in Nassau County (23).

VI. DIVISION OF PUBLIC HEALTH NURSING

One unit which merits special consideration in the department is the Division of Public Health Nursing. Aside from the fact that a very large proportion of public health funds and positions are devoted to them, nurses probably have closer personal contact with greater numbers of the public than does the rest of the professional staff of the health department. They reduce the work of the organization to the lowest common denominator, direct service to the individual in his home. As a matter of fact, many health departments owe their start to communities

having been convinced of the value of the services rendered by one or two visiting nurses (16).

This unit employs 155 public health nurses who staff all departmental health centers, affiliated and satellite clinics and provide services to individuals and families in the areas covered by the centers. Also, public health nurse coordinators are assigned to most of the hospitals in the county. These nurses provide counsel and guidance to those patients who are able to leave the hospital by aiding in the selection of suitable extended care facilities or by arranging for home health services. Most of this bedside care is covered by the Visiting Nurses Association, if there is one in the area. This allows departmental nurses to offer more generalized services to the community (24).

The unit is involved in educational activities. Field experiences for nurses from surrounding colleges and universities are coordinated, and the Homemaker-Home Health Aide Training Program is planned and conducted (25). This latter program involves numerous areas of instruction. Nutrition is specified as one of these and is taught by the nutritionist.

As public health has seen a definite change in the pattern of disease, so the role of the nurse has changed. In the early years of Nassau's health department, emphasis was on communicable disease and its control. Today, public health nurses in Nassau devote themselves to the care and prevention of chronic illnesses, especially in the senior citizens; psychiatric care; genetic counseling, particularly with the Negro population on sickle cell anemia; and programs of

rehabilitation, implemented cooperatively with vocational rehabilitation (24).

VII. DIVISION OF LABORATORIES AND RESEARCH

The department operates one of the largest and most modern public health laboratories in the nation. The Division of Laboratories and Research assists not only the health department but also public authorities and private physicians in detecting diseases and health hazards through the operation of three laboratories, cytology and clinical pathology, medical microbiology, and environmental health.

The cytology and clinical pathology laboratory performs diagnostic examinations of body tissues and fluids for evidence of malignant diseases and implements procedures involving hematology and urinalysis. Health problems which involve bacteriology, serology, immunology, or biomedical research are handled by the medical laboratory. Lastly, the environmental health laboratory performs chemical and bacteriological tests on water, milk, sewage, and industrial wastes. This laboratory is also responsible for determining the nature and extent of air pollution problems in Nassau County.

A medical library is also located in this division. It provides personnel with an opportunity for study and research (23).

VIII. DIVISION OF ENVIRONMENTAL HEALTH

Activities aimed at the preservation and the improvement of the environment will always represent a major part of community health

programs. Such activities seem to be the most firmly established, the most readily supported, and the most vigorously demanded of the many constituent parts of public health programs (16).

The department has traditionally been concerned with the impact of all actual and potential hazards in the environment and the effect on the individual (17). Thus, the responsibility for insuring that residents are protected against environmental health hazards and that the problems of the environment are recognized and controlled lies with the Division of Environmental Health (2). However, the health department prefers that the resolution of problems be obtained more by voluntary community action than by the application of regulatory power. In this way, the unit can also offer the services of community education, consultation, planning, and review in many special areas to aid in both problem prevention and problem solving (17).

The division is divided into two program areas, (1) environmental conservation concerned with controlling the pollution of the air, land, and water, and (2) environmental health, which deals with man's interaction with man and his environment. Specific examples of the second program would be controlling the quality and adequacy of Nassau's water supplies; monitoring the water quality and safety of all public beaches, lakes, and pools; certifying lifeguards; performing all environmental health services related to housing, rodent control, lead control, nuisances; inspecting all medical and dental X-ray equipment to reduce exposure to unnecessary radiation; and conducting an accident prevention program (26).

The bureau within this unit which has an indirect relationship to nutrition is the Bureau of Food and Beverage Control. Its primary function is the inspection of over 7,000 food establishments to insure sanitary control over all food, milk, and beverages that move from processor to consumer. The 35 sanitarians in this bureau also investigate all complaints, and if these are verified, they promote correction of the problem through consultation, education, and law enforcement (27).

IX. DIVISION OF PERSONAL HEALTH SERVICES

Involved in the Division of Personal Health Services are numerous units (fig. 5), offering a variety of services to the community. A staff of professionals and paraprofessionals provide these services which range from prevention, diagnosis, treatment, follow-up, and rehabilitation to services involving outreach, referral, and consultation (28). All the offices within this division will not be discussed because of the student's limited contact with them and because of the limited relationships these offices have with nutrition.

The Bureau of Ambulatory Care provides the direction, coordination, and supervision for the department's four health centers. The centers are spaced throughout the county to provide as wide a geographical coverage as possible (fig. 3, p. 13). Each center provides pediatric, maternity, family planning, dental, gynecological, general medicine, chest screening, speech and physical therapy clinics, and referrals are made to central tuberculosis and venereal disease clinics. Other equally important services available to citizens in the health

DIVISION OF PERSONAL HEALTH SERVICES

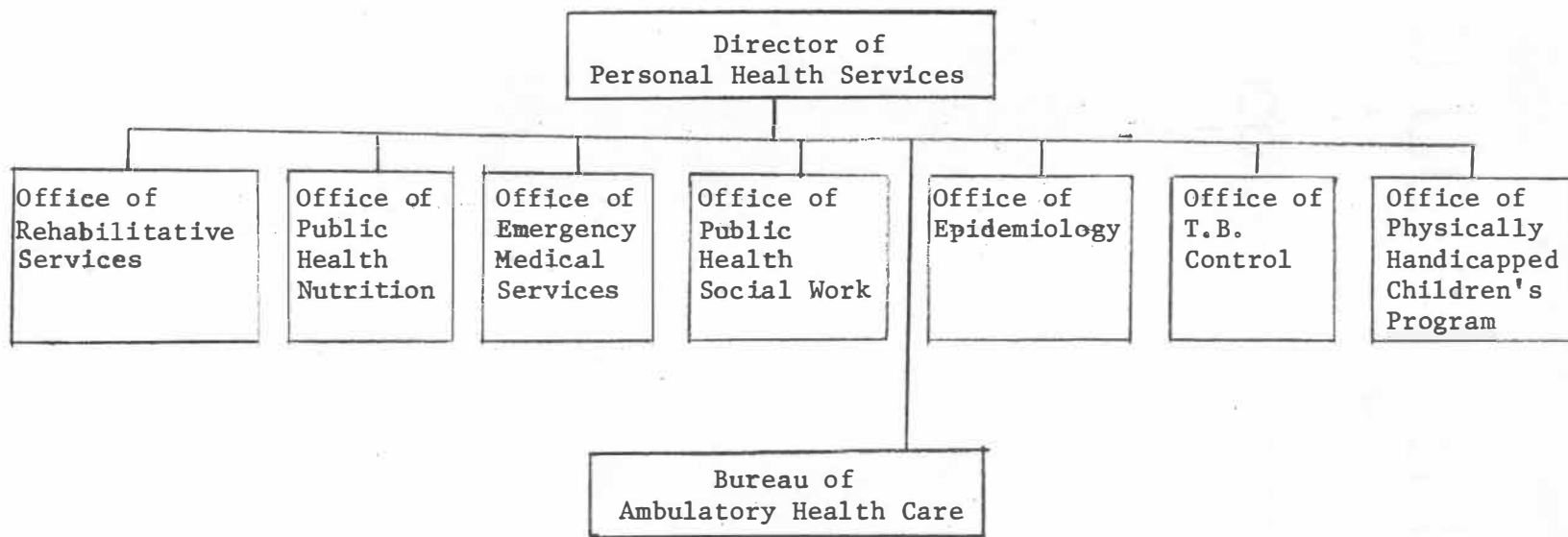


Figure 5. Organization of the Division of Personal Health Services, Nassau County Department of Health, 1974.

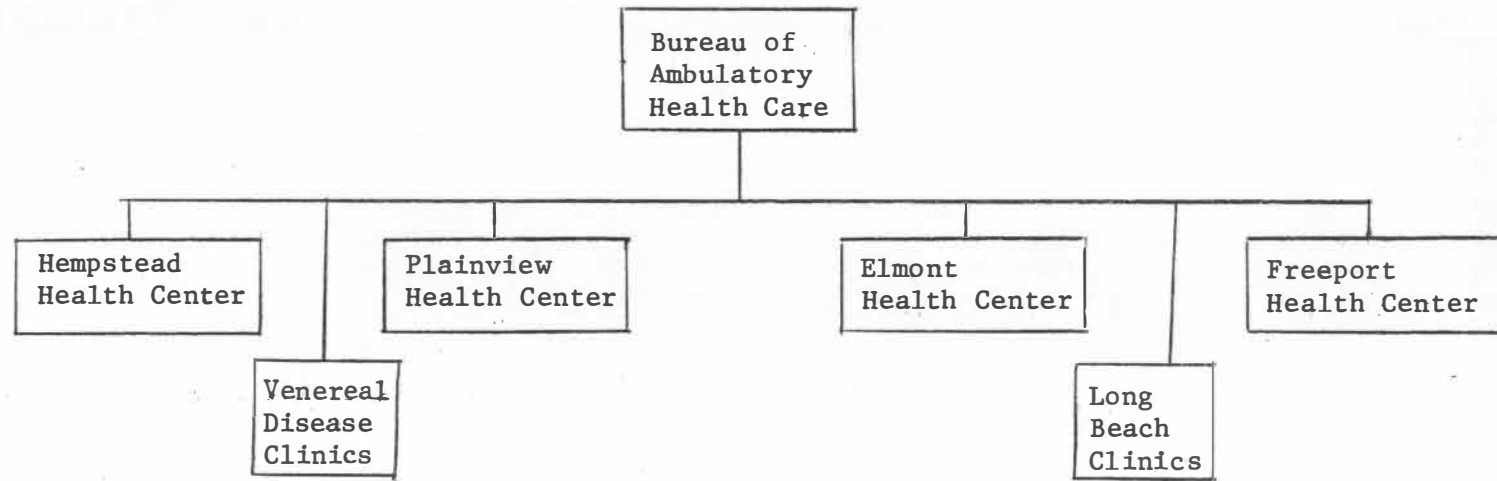


Figure 5. (Continued)

centers are those from a nutritionist, social worker, and health educator. The citizens receiving this medical care are those financially eligible; that is, they are unable to afford the care given in private practice. In 1971, 40 percent of the 50,000 visits made to the health centers were made by Medicaid recipients (28).

By evaluating input from local health councils, periodic assessment of statistical information from the Office of Biostatistics, and "visible" health needs of population groups (e.g., the number of pregnant women being served by the health centers), priorities for health services can be established. For 1974, the Division of Personal Health Services has set maternity, pediatric, and geriatric services as its priorities (28).

It is anticipated that the Division of Public Health Nursing will be incorporated into the Division of Personal Health Services. At such time, two new bureaus, the Bureau of Home Health Care and the Bureau of Clinic Nursing, will be established.

Thus, as the Nassau County Department of Health strives to fulfill its purpose--to maintain, protect, and improve the general health and welfare of the community--it requires the joint efforts of its constituent divisions and subdivisions, including the nutrition subdivision. The following chapter will examine more closely the nutrition input into health department programs and the relation of nutrition to selected health problems in Nassau County.

CHAPTER IV

OFFICE OF PUBLIC HEALTH NUTRITION

Nutrition services should be considered an important factor in any health department striving to deliver quality health care because adequate nutrition is a prerequisite for establishment and maintenance of good health at all ages and because good health is necessary for the full realization of a useful, enjoyable life.

The Nassau County Department of Health added a public health nutritionist to its professional staff in 1959 (4). Prior to this time, the regional nutritionist provided nutrition services for the county on a limited basis (29).

For many years after its establishment in the department, the Office of Public Health Nutrition was directly responsible to the Commissioner of Health. This was very advantageous because the Director of Nutrition was able to attend all administrative staff conferences and to provide direct input into planning health programs for the county. Since 1970, the unit has been functioning within the Division of Personal Health Services, and the nutrition director reports to the director of the division (29). Such a move made the line of communication to the Commissioner less direct so that the unit's input into program planning has become limited.

With this reorganization, changes also occurred in the services provided. Formerly, the public health nutritionists served as

consultants to professionals in direct contact with clients. Now they are expected to deliver more direct services within the health care system of the department's health centers (29).

Since its beginnings in 1959, the nutrition unit has expanded to include, besides the director, three positions for public health nutritionists (fig. 6). The job description of nutritionists at each level can be found in Appendix A.

The Director of Nutrition recognizes that there is a critical need to evaluate nutrition services and to determine which services could be delegated to personnel other than nutritionists. For example, Health Guides, who are paraprofessionals, work in the departmental health centers. Not only do they assist professionals in the centers, but also they make home visits within the community served by the center to discover health needs and to refer people to existing services. Plans are being made to train these Health Guides in basic nutrition concepts so that they can provide nutrition information directly to the families with whom they work. Many of these health guides serve as interpreters within the centers for the Spanish speaking population.

The Office of Nutrition has established a goal and numerous objectives, adapted to the needs and demands of Nassau County. The goal is to educate the citizens of Nassau County in nutrition so as to establish, improve, and maintain sound nutritional habits throughout life, thereby fostering the promotion of nutritional health and prevention of disease. To achieve this goal, specified objectives have been established. They are as follows:

OFFICE OF PUBLIC HEALTH NUTRITION

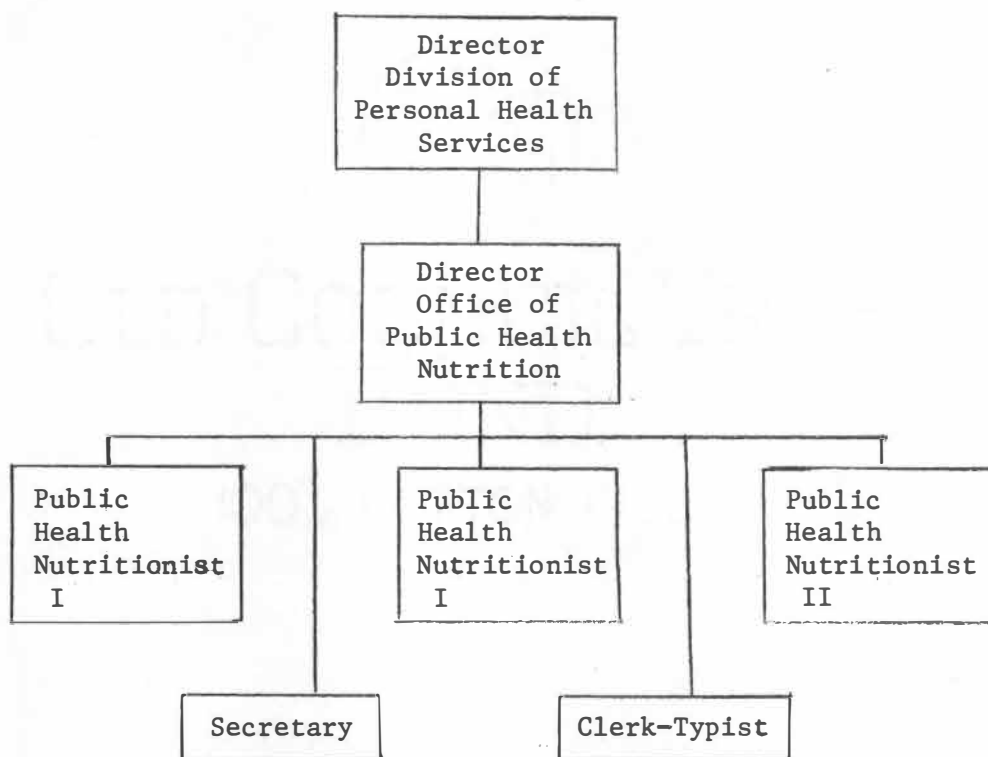


Figure 6. Organization of the Office of Public Health Nutrition, Nassau County Department of Health, 1974.

1. To integrate and coordinate nutrition services with all other appropriate services and programs within the health department and community agencies.
2. To provide consultation services on nutrition problems, on developments in nutrition research, and on administration of nutrition aspects of programs within the health department to health department personnel and professional personnel in the community and other agencies.
3. To emphasize nutrition services for those populations at nutritional risk.
4. To develop, evaluate, and promote the use of nutrition education materials.
5. To provide direct nutrition services where indicated.
6. To participate in (or conduct) studies on the relationship of dietary factors to health and disease.
7. To evaluate continually the effectiveness of the public health nutrition programs.
8. To record, report and/or summarize progress and activities at regular intervals (29).

Keeping in mind these objectives, the nutrition unit can develop programs and activities unique to the population's diverse needs. In order to describe these various programs and activities, the following divisions will be used: community activities, educational activities, organizational activities, and departmental activities.

I. COMMUNITY ACTIVITIES

By the various interests it expresses, the community of Nassau influences many of the services provided. Invariably, contact is made with all age groups and with all types of groups. Depending on the age of the group, the nutritionist chooses the specific areas of nutrition appropriate to the needs and concerns of the group. Senior citizens might express interest in nutrition as it relates to heart disease while a younger audience would want information on vegetarian diets. Community agencies or established organizations contact nutritionists when they

desire to integrate nutrition into some of their existing or developing programs. The student observed this situation during her field experience. The Department of Senior Citizens Affairs requested the Director of Nutrition to act as the qualified nutrition authority in implementing their "Nutrition Program for the Elderly."

Other community services which might often be overlooked are the telephone conferences and correspondence from both lay and professional persons. This service offers a mechanism for consumer input into planning nutrition programs by keeping the staff alert and informed about the public's current interest in new products, new fad diets, and misinformation. During the student's field experience, requests came through the office for information on vegetarian diets, "nutrition doctors," and weight losses through hormone injections, in addition to many other subjects.

II. EDUCATIONAL ACTIVITIES

The nutrition unit serves to instruct professionals, paraprofessionals, and students in nutrition-related areas. An ongoing program for paraprofessionals requiring continual nutrition input is the Homemaker-Home Health Aide Training Program. This program is designed to train local citizens to assist with the care of individuals in their own homes. It is sponsored jointly by the Division of Public Health Nursing, Nassau County Department of Health and the Cooperative Extension Association.

Professionals such as teachers or those in health careers need

continuing education which involves the subject of nutrition. The nutritionist is called upon to present a class or an entire course on nutrition.

Graduate students in the field of public health nutrition require the professional advice of the public health nutritionist. This unit arranges experiences in the health department for students from across the country, who are under the direct supervision of the Director of Nutrition. From these experiences, students are able to compare programs in health departments and, more specifically, the public health nutrition functions within the agencies.

III. DEPARTMENTAL ACTIVITIES

Since one of the major priorities of the health department is to serve the medically indigent of the county through comprehensive health services at the health centers, public health nutritionists provide as much direct service as possible in the pediatric, child health, general medicine, maternity, and family planning clinics in these centers. Most of the patients seen by the nutritionist are referred by the doctor or the public health nurse.

Other major activities occurring within the department include participation in departmental orientation programs for new employees; in-service education for public health nurses, sanitarians, and dental hygienists; staff conferences of the Division of Personal Health Services; and certain administrative functions such as interviewing applicants for positions, evaluating new employees, and preparing monthly and annual reports, program goals, and budget requests.

Serving such an affluent county that has many and varied resources, the nutritionists find it very important to stay alert to the latest concerns in food, nutrition, and public health. Review of literature and journals relating to these areas is a routine activity. A reference file on materials relating to nutrition is maintained by the unit itself as another resource.

Each nutritionist keeps a log of her daily activities. A coding system is in operation for reporting all activities (Appendix B). The clerical staff tabulates the activities for use in preparing monthly and annual reports (tables 1 and 2). This technique of reporting nutrition activities provides an evaluative measure for the unit as well as a tool for justifying implementation of new nutrition programs.

Public health nutritionists, along with others in the field of public health such as nurses and sanitarians, have done a good job of documenting their activities by counting inputs. The number of clinic consultations, home visits, and food establishment inspections are all inputs. These inputs, however, have not been translated into outputs (results) of the services with determination of health outcomes. The reason for this lies in the difficulty of measuring such complex concepts as health, nutritional health, and morbidity. It has been difficult for nutritionists to prove that the performance of nutrition services has resulted in the attainment of an improved state of health by the recipients. For this reason, it is very important that public health nutritionists develop planning and evaluative techniques sufficient to convince those in authority that their nutrition services should receive health priority (27).

IV. ORGANIZATIONAL ACTIVITIES

Nutritionists maintain membership and provide leadership in several local and professional organizations--the Nassau County Nutrition Council and the New York State Nutrition Council; the Long Island, New

TABLE 1
STATISTICAL REPORT OF NUTRITION ACTIVITIES

Type of Activity	1973	1974
Case conferences	78	148
Consultations	739	716
Staff education, orientation sessions	5	2
Planning sessions (for case conferences, educational and training programs, community and professional activities)	110	222
Talks and/or participation in community programs	7	18
Weight Control Program sessions	34	44
Other community training programs and citizen education programs	16	20
Clinic consultations to patients	1,297	1,328

Source: Pfeffer, M. (1973) Annual Report of the Office of Public Health Nutrition. Office of Public Health Nutrition, Nassau County Department of Health, Mineola, New York.

TABLE 2
NATURE OF CONSULTATIONS HELD

	1973	1974
Normal nutrition	30	37
Nutrition during pregnancy	3	5
Nutrition during childhood	36	33
Adolescent nutrition	14	11
Nutrition of aged	15	14
Weight control	192	258
Modified diets and nutrition in disease	305	222
Food composition	71	46
Nutrition education materials	27	31
Professional employment and training	15	10
Other	31	49
Total	739	716

Source: Pfeffer, M. (1973) Annual Report of the Office of Public Health Nutrition. Office of Public Health Nutrition, Nassau County Department of Health, Mineola, New York.

York State, and American Dietetic Associations; and the New York State and American Public Health Associations. Through these organizations, an effort is made to coordinate nutrition activities with other community organizations; to be involved in statewide problems and activities related to nutrition and public health; and to keep professionally alert to new trends, research, methods, and products.

By describing the different activities of the nutrition unit, the student has attempted to demonstrate where nutrition places its input in the functioning of the health department. More specifically though, what is the relation of nutrition to selected health problems in Nassau County? As mentioned earlier, the Division of Personal Health Services has established priorities in maternity, pediatric, and geriatric services, and these priorities also hold for the Office of Public Health Nutrition. Nutrition's relationship to these vulnerable groups is vital.

V. MATERNITY SERVICES

In no phase of the public health program is nutrition more important than in the area of maternal health. Studies by prominent workers in this field all point in one direction. Poorly nourished women who have poor diets during pregnancy tend to have more complications than do well-nourished women who have good diets during pregnancy (31). Although many questions in this field remain unanswered, researchers have adequate knowledge of the relation of nutrition to the health of both the mother and the baby to encourage the best state of

nutrition possible in all pregnant women. Adequate nutrition during pregnancy requires adequate nutrition before pregnancy.

The student observed the nutritionist in the clinics as she explained to maternity patients their nutritional needs during pregnancy and lactation. She also pointed out some of the above knowledge that is known about nutrition and its effect on pregnancy. The student became aware that one reason for wanting to direct additional nutrition services to this vulnerable population was that an entire family could be affected by educating the mother in proper nutrition. The student also observed how much more contact the nurses had with these patients than the nutritionist. For this reason, nurses should be keenly aware of the opportunity they have to impart nutrition information that is important for a healthy pregnancy and baby.

Thus, the student recognizes that it should be the role of the nutritionist to assume this responsibility for interpreting the nutritional needs of pregnancy and lactation to women individually or in maternity classes. This responsibility should be shared with the public health nurse.

VI. PEDIATRIC SERVICES

Infants and children are another population recognized as at risk nutritionally. In this period of life, a child is very dependent upon others to provide for his food needs. Most often, what is fed to a child, he will eat. So if poor nutrition practices are present within the family, the child learns these poor habits. These habits will

remain with him throughout his life, unless he is highly motivated to change.

Pediatric and child health clinics provide opportunities for the nutritionist to discuss eating habits with mothers and children. She explains that proper foods, supplying adequate nutrition, are fundamental to the physical, mental, and emotional growth and development of the child.

The nutritionist recognized that food meant more to the child than nutrition alone. Many times it was the factor that created social acceptance by the child's peers. For example, "the gang" was found at the nearest pizza parlor during the school lunch hour. No child wants to be left out of his friends' activities, even when a weight problem exists. At other times food was an escape from boredom, frustration, or unhappiness. These uses of food might explain why the majority of children seen by the nutritionist were overweight.

By taking these and other factors into consideration, the student observed techniques used when the nutritionist counseled mothers with infants and the child and mother. Each was an individual case with peculiar needs that required the nutritionist to respond differently to each.

VII. GERIATRIC SERVICES

The third population group established to receive priority health care is the aging population. One of the greatest concerns with regard to this group is nutrition. Some of the factors that may be obstacles

to adequate nutrition are as follows: (1) limited income; (2) inadequate dentition; (3) decreased appetite; (4) reduced activity, increased fatigue, and weakness; (5) living alone; (6) loneliness, unhappiness, and anxiety; (7) diminished acuity of sight and smell; and (8) lessened motor skills (32). Two of the most common nutritional problems which public health nutritionists observe developing out of the above factors are overweight or obesity and underweight or excessive leanness. The student was able to observe evidence of overweight and underweight as she and the Director of Nutrition participated in the Nutrition Program for the Elderly and as the student visited an elderly patient's home with a public health nurse.

Here again, it seems public health nurses have the greatest contact with these clients. The health centers offered the student very little contact with the senior citizens. If the nurse is to provide sound health counseling to her patients, it has become increasingly obvious that understanding and knowledge about nutrition as it relates to health maintenance of the aged is essential (32).

In light of these facts, the student perceives the nutritionist suggesting to the nurse techniques for nutrition counseling during patient visits, helping the nurse or social worker to recognize complex nutritional problems and working with them on possible solutions, devising nutrition education materials for groups of older persons as in the Nutrition Program for the Elderly, and assessing and selecting suitable educational materials for nutrition education and counseling (32). While the Nutrition Program for the Elderly is not a program

administered by the health department, the need for nutrition services by such a program demonstrates that in planning comprehensive services, nutritional needs must be considered.

The nutritionist provides her expertise directly to clients and to units within the health department and community agencies. She contributes to the achievement of the goals of the health department by serving not only the vulnerable groups which require priority health services but also the total population of Nassau County.

CHAPTER V

EVALUATION OF ACTIVITIES IN RELATION TO OBJECTIVES OF THE FIELD EXPERIENCE

As the student re-examines the activities which she observed and participated in during her field experience, she can identify how and to what degree the objectives she had set were met. She can also begin to identify her competencies and to analyze why she feels less secure in certain functional areas.

I. EDUCATION

Through educational activities, the student observed the wide range of citizens, both lay and professional, whom the nutritionist was able to contact. The nutritionist looked at the characteristic features and nutritional interests or needs of each group. Then, using these factors as guides, she could determine what information to present.

As mentioned in the preceding chapter, the Homemaker-Home Health Aide Training Program is designed to train local citizens to assist with the care of individuals in their own homes. Planning and preparing meals are an essential part of the job.

With this in mind, the nutritionist led a two-hour session discussing with the group the basic four food groups; nutrients found in each group and their functions; modified diets; food purchasing, storage, and preparation; and availability of nutrition resources. The student

found the discussion approach used with this group to be very effective, for the group varied in ages, and this method brought out the differences in thinking on nutrition and food practices.

During the student's experience, a continuing education course entitled "Critical Health Issues" was offered for health education teachers in one school district. The nutritionist participated as a panel member, along with a clinical nurse specialist and a registered dietitian, in a session on current nutrition topics. In this community presentation, one panel member read her entire presentation. In contrast, the nutritionist discussed with the audience her topics of interest. The student realized from the audience's response that the latter approach used by the nutritionist was the better. The style of presentation is critical in maintaining the attention of the audience and in assuring that the information to be relayed is not lost.

Another activity involving instruction was a presentation the nutritionist made to a local school of nursing. She was asked to speak on the philosophy of nurses and nutritionists working together and on the basic techniques of working with patients relative to food needs. However, as the lecture proceeded and the group acknowledged that they knew very little about basic nutrition, the nutritionist had to change her emphasis to provide nutrition content material.

From all these activities, the student gained insight into the importance of adaptability and flexibility in meeting the needs of groups. The nutritionist's role as "teacher" became apparent. Nutrition services as they relate to other organizations or groups in the

community were understood better. Through observations, the student increased her knowledge of nutrition, learned how to make practical application of nutrition information, and broadened her understanding of the needs and interests of Nassau County residents.

II. CONSULTATION

Consultation is a useful process for the nutritionists because of limited staff. Nutritionists do not usually provide direct services to home-based patients needing nutritional care. The public health nurse is the liaison between the nutritionist and the patient. This involves, however, case conferences between the nutritionist and the nurse. A three-day food record kept by the patient and the physician's diet order are two musts for any case conference. Through examining the food record, the nutritionist can become acquainted with the patient's eating habits. Thus she can individualize his diet to fit his life style. The nurse draws on the expertise of the nutritionist for both content and method of presentation. The nutritionist is available to the nurse at any time further problems with the patient's diet arise.

The practice of consultation reassured the student of the existing bridge between disciplines. It also brought into focus the team approach which has to be used many times in providing total health care for a patient.

The Regional Nutritionist was also observed in consultation with the Director of Nutrition. Periodically, visits are made by the Regional Nutritionist where new information, experiences, and problems are shared.

In this visit, the consultation process was used in discussing the current legislation involving nutrition and the proposed qualifications for nutritionists to be included in the New York State Sanitary Code. This gave the student a clearer picture of the relationship of the Bureau of Nutrition in the New York State Department of Health with the nutrition unit in Nassau County. This process also clarified relationships between federal, state, and local level public health nutritionists. As the Nassau County Health Department is an autonomous department, no administrative mandates come from the state level. However, the Regional Nutritionist does provide consultation to the nutrition director, consultation which may or may not be applied at the local level.

Nutrition Program for the Elderly

This field experience provided the student with a prime example of the Director of Nutrition in a consultant role with a community agency. The Department of Senior Citizens Affairs had the responsibility for administering and implementing the Nutrition Program for the Elderly.

The primary purpose of the nutrition program is to design appropriate ways for the delivery of food services which enable older persons to enjoy adequate palatable meals that supply essential nutrients needed to maintain good health. Purposes that are an integral part of the program are the opportunities for socializing with friends and companions, participation in leisure time activities, consumer and nutrition education and counseling and assistance in utilizing other community resources. . . . The specific objective of the . . . nutrition program is to study and demonstrate methods of providing appetizing and nutritionally adequate meals in settings conducive to eating and social interaction with peers (33).

The input of the Director of Nutrition was to provide nutrition consultation to the staff. The student began to understand this nutrition input by attending meetings, visiting feeding sites, and observing the nutrition director as she consulted with all those involved in nutrition education, evaluation and assessment of menus, portion control, and assessment of health gains.

Through involvement in this program, the student came in contact with a population with which she had had little exposure. So a dual purpose was achieved here. She learned about the needs common to almost any aging population; and she saw how the nutritionist cooperates with other community agencies to assist in rendering nutrition services.

Through this activity, the student realized a need for more knowledge of the principles of food service administration. Also a group such as the aging demands creativity in developing materials on nutrition education.

One question which the student raises is the method to be used in evaluating such a program. Baseline data are needed on this population being fed, so that after a period of time, health gains as a result of improved intake could be identified.

III. INSPECTION AND LICENSURE

The student participated in a survey of both a skilled nursing facility and an intermediate care facility. The survey team which has the responsibility of conducting annual surveys in all hospitals, skilled nursing facilities, intermediate care facilities, and diagnostic

treatment centers is located in the Office of Hospital Affairs. Although this unit is situated within the health department and is responsible to a deputy commissioner, it is funded under a contract between the New York State Department of Health and the Nassau County Department of Health (34).

The survey team consists of a hospital administrator consultant, environmental health consultant, nursing services consultant, and a nutrition consultant (34). The nutrition consultant is a public health nutritionist, however she is not responsible to the Office of Public Health Nutrition.

The team began the survey in conference with the administrator, director of nursing, consultant dietitian, and food service director of the facility. The recommendations from the previous survey were discussed to see how corrections or improvements had been made.

The team then toured the facility and each member investigated the area of his responsibility. The student accompanied the nutrition consultant. The student observed the nutrition consultant as she inspected the kitchen; observed meal service; talked with patients; and reviewed the cycle menus, the time span between feedings, the diet manual, and the policies and procedure manual of the dietary department. She read patients' charts for notes on any special nutritional care they were receiving, and she gave in-depth consultation to the food service director and dietitian consultant.

The standards used in the survey were the State Hospital Code, Title 19 (Medicaid), and Title 18 (Medicare). All deficient areas

reported by each team member are described in a letter to the administrator of the facility, who in turn submits a letter to the unit stating plans for corrections. The results of such surveys are also filed in the local Social Security Office for public disclosure. Furthermore, any public complaints on any facility must be investigated by the team. A reply is sent to the person who made the complaint to verify investigation (34).

Through this activity, the student became aware that even though the terms nutritionist and dietitian are often used synonymously, the roles of these two professionals can be quite different. In this situation, the nutrition consultant for institutions is very specialized. In addition to her background in nutrition, she must possess expertise in food systems management in order to be able to study the food service practices and facilities of an institution and to make recommendations for improvement. The student realizes that she has not had adequate education or experience in food service to perform in this role.

The differences that exist between a hospital and such extended care facilities (ECF) were also re-emphasized for the student. For example, the level of care within an ECF is less sophisticated and less intensive than the care administered within a hospital. The number of specialized services are reduced in an ECF. Also, patients in an ECF are usually long-term cases as opposed to the short-term or acute cases within a hospital.

The activity also provided an opportunity to observe how the health department, using the expertise of the public health team,

inspects medical facilities which contribute to meeting the health needs of the community.

IV. COUNSELING AND GUIDANCE

Counseling and guidance are services the nutritionist offers mainly in conferences with clinic patients, telephone calls, and letters. The student herself had chances to participate in this area by providing some diet instruction to prenatal mothers in the clinics. Also health department personnel who became close acquaintances of the student freely questioned her on fad diets, health foods, and weight loss. The student's direct involvement with these individuals increased her self-confidence in her personal abilities to relate to others nutrition information on a practical basis.

As the student observed the nutritionist in counseling sessions, in clinics or on the telephone, she became aware that this was one way in which the nutrition unit responded to the immediate needs of the community. Most of the clinic sessions involved only one patient and such sessions must be used selectively for the best use of professional time. Where group classes might have been more efficient in terms of professional time, the limited space in most of the centers prevented the use of the group approach.

The student was informed initially that the health centers used the interdisciplinary approach to health care. However, through much observation in all four centers, the student would have to disagree. For example, the policy established by the nutritionist with the public

health nurses was that a maternity patient would be referred to the nutritionist on her initial visit. The implementation of this policy was very lax and the nutritionist frequently had to review the charts herself. Another example is physicians who do not refer anemic children or adults or overweight patients to the nutritionists. The student expresses concern not only about the effective utilization of the nutritionist's services in these health centers, but also about the lack of training that many disciplines, including nutrition, have received in functioning as a member of an interdisciplinary team.

In these clinic situations and by exposure to the community through social situations, the student became aware of a definite health problem in Nassau County--obesity. Requests by health department personnel concerning this problem caused the nutrition unit to establish a Weight Control Program for the employees. The program is based on the philosophy that the individual will accept new food intake patterns based on his life style (taking into account social, economic, cultural, and religious aspects).

As the program enters its second year, the group meets every two to four weeks with the nutritionist for counsel and guidance. By talking with members of the program and by attending several classes, the student observed an increased awareness of proper nutrition which had influenced food purchasing, preparation, and consumption patterns. Many admitted to the student that when they were "fat," their interest in the latest quick-weight-loss diets and health foods increased. The student saw this program as meeting a definite need of the community. It also made

the student realize that on occasions the actual health improvements, such as weight loss, can be measured. For example, in 1973, the Weight Control Program consisted of 24 members. Of these 24, 18 or 67 percent were overweight. Of those overweight, 14 or 77 percent lost weight, from 1-1/2 to 16-3/4 pounds (29).

V. ADMINISTRATION

It was in the area of administration that the student gained an understanding of the responsibilities of the nutrition unit within the health department. In two staff conferences of the Division of Personal Health Services, the student witnessed budget discussions and the presentation of plans for a fifth health center, a Hypertension Screening Clinic, and a Women's Health Screening Center. As the director, through such conferences, becomes aware of the overall priorities of the division, she has a better understanding of how to justify her budget requests. For example additional staff would be needed to cover the new clinics.

The Director of Nutrition also consults with her own staff. She keeps them informed in new areas and solicits their opinions on procedures and changes which occur in the office because of division mandates.

Administrative responsibilities of the nutrition director prevent her from being involved with many direct services to the public, for her primary responsibilities lie in planning nutrition programs, evaluating such programs, establishing program goals consistent with health department goals, and preparing the budget. Exposure to these

administrative duties has made the student aware of the skills and responsibility required in such a position.

VI. COORDINATION

In striving to upgrade the nutritional health of Nassau County residents, the Nassau County Nutrition Council maintains an awareness of current nutritional problems and needs and provides coordination of nutrition activities among community organizations concerned with nutrition education. The director of the Office of Public Health Nutrition, representing the Department of Health, sits on this council as an active member.

Participation in a council meeting led the student to an activity involving the Expanded Nutrition Education Program (ENEP). This program, funded by the United States Department of Agriculture through Cornell University, is administered by the Home Economics Unit of the Cooperative Extension Association of Nassau County. The primary function of this program is to disseminate nutrition information to a predominantly lower socio-economic group. In 1973, in the Village of Roosevelt alone, over 1,300 families were reached (35). The nutrition aides employed by ENEP receive continual in-service training to aid them in their field work with such families.

Exposure to ENEP made the student realize the value of such a program. Not only is it very beneficial to those families receiving the services, but also it could serve to advantage for the public health nutritionist. The coordination of services between the aides

and the nutritionist could prevent duplication of nutrition services to the community.

During the field experience, the student also attended the annual meeting of the New York State Dietetic Association. She recognized that the goals of the American Dietetic Association overlap those set by the nutrition unit. This demonstrated to the student how efforts among professionals are coordinated for a common action or purpose. The student, as well as others present, also received in-service training in her own professional area.

VII. PREPARATION OF TEACHING AIDS

One recent trend in childhood nutrition is the increased concern about overweight and obesity. During the student's field experience, a need was recognized to reinforce counseling in this area. Thus the student developed the special project of writing a pamphlet on portion sizes appropriate for ages 1 to 12. In line with this responsibility, the student developed another pamphlet on infant nutrition which dealt with the introduction of solid foods. In order to illustrate the procedure used in developing the pamphlets, the student will use the first pamphlet, Food for Children 1 to 12 (Appendix C, fig. 7), as an example.

A pamphlet such as the above was needed in the health centers. Nurses, as well as nutritionists, wanted a teaching aid for mothers. Primarily then, the pamphlet was designed to help the mother select portions of food appropriate for her child's age. Also, it was intended

that the information in the pamphlet be helpful in preventing overeating and overweight.

With these objectives in mind, the student searched the literature and publications from various agencies to find and compile sound information on the subject. After the subject matter had been gathered, the student considered the audience for her teaching aid. She weighed their level of understanding; their needs, interests, and ambitions; their culture; and their economic level. Taking into account these factors, the student began her task and produced the draft found in Appendix C.

The student developed her own method of testing this teaching aid. She visited several prenatal clinics and shared the pamphlet with the mothers present, a group similar to those with whom the pamphlet would be used eventually. She also discussed the information in the pamphlet with the staff who would be utilizing it as a teaching aid in the clinics. With both groups, the student asked basically the same questions. Was the information in the pamphlet meaningful to the users? Was it suited to their educational level? Did it help solve a problem? Was it scientifically sound, factual, and timely? Was it presented attractively? Could it be improved?

Both groups received the pamphlet well and responded favorably to all of the above questions. The staff and the mothers saw this pamphlet filling two definite needs. One was the need expressed by the nurses and nutritionists for such a teaching aid; the other, the need by the mothers for a guide in feeding their child proper amounts. However, due to the time element, the pamphlet was not evaluated by the various

department heads before the student returned to Tennessee; thus no decision was reached on the final form.

This project gave the student an understanding of the process involved in developing teaching aids. She realized it was important to find a means of sharing her knowledge with the people in a way they could understand. Research on the subject being dealt with is vital if the information to be presented is to be current and accurate.

The student also recognized that, when developing teaching aids, this was an area in which the nutritionist would draw on the skills of another professional within the health department--the media specialist. He could help her specifically with the art work within the pamphlet and generally with the overall layout, so that a more professional teaching aid would be produced. The creativity and ingenuity used in producing these pamphlets made the student aware of her ability and her interest in developing written materials.

By participating in this project and in many other tasks typical of a public health nutritionist, the student was exposed to the latest trends and developments in nutrition. Nutritionists, in order to be proficient, must be cognizant of the latest information in the science of nutrition. These trends and developments must be evaluated by the nutritionist. Then, she can incorporate or modify this new information into activities of the nutrition unit.

CHAPTER VI

SUMMARY AND CONCLUSIONS

Nassau County, New York, extended an opportunity to the student to study its characteristics and its people. Findings revealed health problems and needs unique to the county. Orientation to units within the health agency, as well as observation of and participation in activities, allowed the student to view the role the health department performed in solving the community's health problems.

Furthermore, the student gained an understanding of the role of nutrition in the public health program. Conference periods and cooperative work with the Director of Nutrition and her staff made the student realize that public health nutritionists have the unique role of assuming leadership in defining the nutritional needs of the community, mobilizing resources, and planning and coordinating programs to meet these needs. Also other roles--consultant to other disciplines and agencies, administrator, advisor to students, coordinator, educator, counselor to lay persons, politician--must be assumed in order to tailor nutrition services to the community.

By analyzing the roles of the public health nutritionist, the student defined areas of strength and weakness. Activities involving consultation to other health professionals on current nutrition findings and on the practical application of nutrition to personal and community health problems enabled the student to learn methods and techniques

necessary to be an effective consultant. With her knowledge of nutrition, the student recognized she could function adequately in this role.

However, when subjects arose that required specialized knowledge and skill from another discipline, the student realized she would have to consult those qualified in that particular field. Planning, organizing, directing, coordinating, and evaluating nutrition programs requires a skill which must be developed over time. The student acknowledged the need for much more experience in this area in order to perform competently. In the role of nutrition educator, she developed her ability to plan, implement, and evaluate a teaching aid. Involvement in this function provided an excellent outlet for her creativity and her enthusiasm about nutrition. Effective counseling involves communication skills that develop with practice and the student recognized that her skills will improve with more professional experiences. Alertness to and involvement in supporting legislation dealing with nutrition programs will provide opportunities for growth in the role of nutritionist as politician. Overall, every experience has enhanced the student's developing professionalism.

The eight weeks which the student spent in the field agency has contributed to a better understanding of the philosophy of public health and public health nutrition. Today, the perimeters of public health extend to community-wide and statewide planning for comprehensive neighborhood health services. Public health nutrition strives to erase nutritional poverty, to maintain normal nutritional status, and to seek out diseases that have nutritional components. Also the field experience

enabled the student to integrate course theory learned at the University of Tennessee with the actual practice of public health in Nassau County. Although the student possesses a certain amount of idealism, she has come to realize the limitations placed upon her and her profession by the practical realities of life. For example, in spite of the excellency of nutrition programs and the competency of the nutrition staff, there will always be numbers in the population which will not be reached by nutrition services. Also, nutrition is only one discipline among many in the public health field. In order to solve community health problems and to tailor programs and services aimed at improving the health status of the community, cooperation among all disciplines is essential.

The varied experiences in Nassau County Department of Health were beneficial not only in contributing to the student's development as a public health nutritionist but also in causing her to evaluate her potential as a future member of the profession. This field experience, supplemented by her academic background, has defined for the student that she has a place in the professional world and that she can function as a practitioner of public health nutrition. Hawthorne once said, "Every individual has a place to fill in this world, and is important in some respect, whether he chooses to be so or not."

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APPENDIXES

APPENDIX A

JOB SPECIFICATIONS FOR NUTRITION POSITIONS

NASSAU COUNTY DEPARTMENT OF HEALTH

A. DIRECTOR OF PUBLIC HEALTH NUTRITION

General Statement of Duties

Performs responsible professional public health nutrition work of an administrative and supervisory nature; performs related duties as required.

Complexity of Duties

Under general supervision, the duties require the use of considerable independent judgement in planning, organizing, implementing, and directing the total nutrition program in accordance with public health policy.

Typical Duties

1. Plans, organizes, evaluates the total nutrition program to subordinates and the public.
2. Establishes program objectives consistent with goals of the entire health department.
3. Plans effective budget management and personnel utilization.
4. Plans and advises on the nutritional and dietary aspects of research studies.
5. Conducts in-service training programs.
6. Prepares articles and speaks before community and professional groups.

Qualifications

Knowledge, Skills, and Abilities

1. Extensive knowledge of the principles and practices of dietetics and nutrition.
2. Extensive knowledge of nutritional requirements of individuals of varying ages and occupations and special diet requirements in a wide range of diseases.
3. Thorough knowledge of community health organizations and resources.
4. Ability to organize and direct the activities of others.
5. Ability to establish and maintain cooperative relationships.
6. Ability to express ideas, both orally and in writing.

Training and Experience

1. Master's degree with a major in nutrition or public health nutrition; and
2. Satisfactory completion of an approved dietetic internship; and
3. Five years of successful paid experience in nutrition or public health nutrition, three years of which should include administrative and supervisory responsibility.

B. PUBLIC HEALTH NUTRITIONIST I

General Statement of Duties

Assists in the conduct of a public health nutrition program; performs related duties as required.

Complexity of Duties

Under general supervision, the duties are professional and require the use of considerable judgement.

Typical Duties

1. Conducts case conferences with public health nurses to calculate diets prescribed by physicians.

2. Assists in nutrition education program for professional and lay groups.
3. Advises citizens in individual matters relating to nutrition.
4. Prepares digests of articles from current literature.
5. Assists in the conduct of an in-service training program.
6. Keeps records and prepares reports.

Qualifications

Knowledge, Skills, and Abilities

1. Considerable knowledge of the principles and practices of dietetics and nutrition.
2. Considerable knowledge of nutritional requirements of individuals of varying ages and occupations and special diet requirements in a wide range of diseases.
3. Knowledge of community health organizations and resources.
4. Ability to develop educational and instructional materials.
5. Ability to express ideas orally and in writing.
6. Ability to keep records and prepare reports.

Training and Experience

1. Bachelor's degree with major courses in foods and nutrition and substantial preparation in the basic sciences; and
2. Completion of 30 graduate credit hours including public health nutrition, nutrition education, foods and nutrition or institutional management; and
3. Satisfactory completion of an approved dietetic internship; and
4. Two years of experience as a nutritionist in public health or as a specialist in foods and nutrition.

C. PUBLIC HEALTH NUTRITIONIST II

General Statement of Duties

Plans and conducts a public health nutrition program; performs related duties as required.

Complexity of Duties

Under the general supervision of the Commissioner of Health, the position is professional and administrative and the duties require the exercise of independent planning and judgement.

Typical Duties

1. Develops, conducts and evaluates all phases of a local public health nutrition program.
2. Coordinates nutrition services with other appropriate services within the Department of Health.
3. Provides a nutrition education program for professional and lay groups.
4. Cooperates with other agencies in establishing and conducting nutrition programs.
5. Conducts an in-service training program.
6. Prepares reports and articles for publication.

Qualifications

Knowledge, Skills, and Abilities

1. Thorough knowledge of the principles and practices of dietetics and nutrition.
2. Thorough knowledge of nutritional requirements of individuals of varying ages and occupations and special diet requirements in a wide range of diseases.
3. Considerable knowledge of community health organizations and resources.

Training and Experience

1. Bachelor's degree with major courses in foods and nutrition and substantial preparation in the basic sciences; and
2. Completion of 30 graduate credit hours including public health nutrition, nutrition education, foods and nutrition or institutional management; and
3. Satisfactory completion of an approved dietetic internship;
and
4. Four years of successful paid experience in nutrition work including at least two years in public health or community nutrition service.

CODING SYSTEM FOR REPORTING NUTRITION ACTIVITIES

I. CASE CONFERENCES

A. Diabetes	1) c.c.	2) prep.	3) plan. conf.	4) read.	5) other
B. Obesity	1) " "	2) "	3) " "	4) "	5) "
C. TB	1) " "	2) "	3) " "	4) "	5) "
D. G.I. Diseases	1) " "	2) "	3) " "	4) "	5) "
E. Cardiac	1) " "	2) "	3) " "	4) "	5) "
F. Other	1) " "	2) "	3) " "	4) "	5) "
G. AP&PP	1) " "	2) "	3) " "	4) "	5) "
H. Family Food Mgt.	1) " "	2) "	3) " "	4) "	5) "

II. OTHER CONSULTATIONS

A. Normal Nutr.	1) c.c.	2) prep.	3) plan. conf.	4) read.	5) other
B. Ntr. dur. Preg.	1) " "	2) "	3) " "	4) "	5) "
C. Ntr. dur. Child..	1) " "	2) "	3) " "	4) "	5) "
D. Ntr. dur. Adol.	1) " "	2) "	3) " "	4) "	5) "
E. Ntr. of Aged	1) " "	2) "	3) " "	4) "	5) "
F. Food Comp.	1) " "	2) "	3) " "	4) "	5) "
G. Weight Control	1) " "	2) "	3) " "	4) "	5) "
H. Ntr. in Disease	1) " "	2) "	3) " "	4) "	5) "
J. Food Fad & Fallac.	1) " "	2) "	3) " "	4) "	5) "
K. Career Guidance	1) " "	2) "	3) " "	4) "	5) "
L. Ntr. Prob.&Prog.	1) " "	2) "	3) " "	4) "	5) "
M. Don. Foods&Food Stp.	1) " "	2) "	3) " "	4) "	5) "
N. Food Ser.	1) " "	2) "	3) " "	4) "	5) "
O. Ntr. Ed. Mater.	1) " "	2) "	3) " "	4) "	5) "
P. Service of P.H. Ntr.	1) " "	2) "	3) " "	4) "	5) "
R. Prof. Empl.&Train.	1) " "	2) "	3) " "	4) "	5) "
S. Dental Health	1) " "	2) "	3) " "	4) "	5) "
T. Culture&Rel. Food Patterns	1) " "	2) "	3) " "	4) "	5) "

CODING SYSTEM FOR REPORTING NUTRITION ACTIVITIES (Continued)

III. COMMUNITY AND PROFESSIONAL ACTIVITIES

A. WRP	1) session	2) prep.	3) planning	4) read.	5) other
B. H.H. Aides	1) "	2) "	3) "	4) "	5) "
C. Homemaker	1) "	2) "	3) "	4) "	5) "
D. Head Start	1) "	2) "	3) "	4) "	5) "
E. Health Guides	1) "	2) "	3) "	4) "	5) "
F. Other	1) "	2) "	3) "	4) "	5) "
G. Talks	1) "	2) "	3) "	4) "	5) "
H. Part. in Program with others	1) "	2) "	3) "	4) "	5) "
J. Comm. Org.	1) mtgs.	a) att. b) cond. c) spkr.	2) confs.	3) corres.	
	4) prep.	5) other (NCNC&NYSNC)			
K. Prof Org.	1) mtgs.	2) att. b) cond. c) spkr.	2) confs.	3) corres.	
	4) prep.	5) other			
L. Training Courses for Prof. Adv.	1) session	a) att. b) cond. c) spkr.	2) confs.	3) corres.	
	4) prep.	5) other			

IV. DEPARTMENTAL ACTIVITIES

A. Staff Education	1) session	2) prep.	3) plan. conf.	4) other	5) obs.
B. Orientation	1) "	2) "	3) " "	4) "	
C. Field Experience	1) plan.conf.	2) "	3) conf. w/stu.	4) repts.	5) corres.
	6) other				
D. Meetings	1) att.	2) cond.	3) prep.	4) corres.	5) other
E. Conferences	1) dept.pers.	2) Reg.Ntr.	3) other	4) secy.	5) dept.ntr.
	6) stud.				
F. Reports					
G. Correspondence					
H. Memos					
J. Mail					

CODING SYSTEM FOR REPORTING NUTRITION ACTIVITIES. (Continued)

K. Reading

L. Clinic

1)well child a) conf.w/pts. b) consult. to MDs c) consult.to
PHNs d) observation e) prep. 2) maternity a) conf.w/pts.
3) pediatric a) conf.w/pts. b) consult. to MDs c) consult.to
PHNs d) observation e) prep. 4) medical 5) geriatric
6) chest diagnostic 7) dental 8) other

M. Miscellaneous

APPENDIX C



Figure 7. Food for Children 1 to 12.



**F
O
R**



CHILDREN

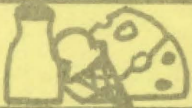
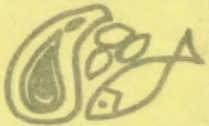


1

TO

12

THE AGES FROM 1 TO 12 ARE VERY IMPORTANT YEARS OF YOUR CHILD'S LIFE. DURING THESE YEARS, HE WILL BECOME VERY MUCH OF AN INDIVIDUAL IN THE WAY HE THINKS, FEELS, ACTS, GROWS, AND EATS.

EVERY DAY YOUR CHILD NEEDS FOODS TO PROVIDE FOR HIS GROWTH, HIS ENERGY NEEDS, AND GOOD HEALTH. AS A PARENT IT IS YOUR RESPONSIBILITY TO TEACH YOUR CHILD EARLY IN LIFE TO EAT THE PROPER KINDS AND AMOUNTS OF THESE FOODS. BY SERVING YOUR CHILD A VARIETY OF FOODS, HE CAN LEARN TO KNOW AND LIKE THE DIFFERENT FOODS HE WILL NEED ALL HIS LIFE. BY KNOWING WHAT IS A PROPER SIZE SERVING FOR YOUR CHILD, THE PROBLEM OF OVEREATING CAN BE REDUCED. THIS SIZE AND PORTION GUIDE SHOULD HELP YOU.

FOOD GROUP	FOOD	SERVING SIZES FOR AGES		
		1 - 3	3 - 6	6 - 12
	MILK	$\frac{1}{2}$ - $\frac{3}{4}$ c.	$\frac{1}{4}$ c.	1 c.
	CHEESE	$\frac{1}{2}$ - 1 oz.	1 $\frac{1}{2}$ oz.	2 oz.
	ICE CREAM	1 - 2 T.	$\frac{1}{4}$ c.	$\frac{1}{2}$ c.
	MEAT/FISH/POULTRY	$\frac{1}{2}$ - 1 oz.	1 $\frac{1}{2}$ oz.	2 oz.
	COLD CUTS	$\frac{1}{2}$ - 1 oz.	1 $\frac{1}{2}$ oz.	2 oz.
	EGGS	1	1	1
	PEANUT BUTTER	1 T.	1 - 2 T.	2 T.
	FRUIT - FRESH	$\frac{1}{2}$	$\frac{1}{2}$ - 1	1
	- CANNED	$\frac{1}{4}$ - 2 T.	2 - 4 T.	$\frac{1}{2}$ c.
	FRUIT JUICES	$\frac{1}{4}$ - $\frac{1}{2}$ c.	$\frac{1}{2}$ c.	$\frac{1}{2}$ c.
	VEGETABLES	1 - 2 T.	2 - 4 T.	$\frac{1}{2}$ c.
	BREAD	$\frac{1}{2}$ sl.	$\frac{1}{2}$ - 1 sl.	1 sl.
	CEREAL - DRY	$\frac{1}{2}$ c.	$\frac{1}{2}$ c.	$\frac{1}{2}$ c.
	- COOKED	2 T.	$\frac{1}{4}$ c.	$\frac{1}{2}$ c.
	BEANS/POTATOES/RICE	1 - 2 T.	$\frac{1}{4}$ c.	$\frac{1}{2}$ c.
	BUTTER/SALAD DRESSING	$\frac{1}{2}$ t.	$\frac{1}{2}$ t.	1 t.
	WATER	--- A S	D E S I R E D ---	

T=tablespoon; t=teaspoon.

VITA

Bobbette Allyn Price was born in Mobile, Alabama on September 21, 1951. She attended elementary, junior, and senior high schools in Jacksonville, Florida and was graduated from Robert E. Lee High School in 1969. The following September, she entered Limestone College in Gaffney, South Carolina on a scholarship. In December of 1972, graduating cum laude, she received a Bachelor of Science degree in Home Economics. She was honored by being selected to Who's Who Among Students in American Universities and Colleges.

In January of 1973, she accepted a traineeship from the University of Tennessee and began graduate study for a Master of Science degree in Nutrition with a minor in Public Health Education.

She is a member of the Nutrition Today Society and Delta Zeta Sorority.