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Field Experiences with the Division of Nutrition in the Florida State Board of Health

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To the Graduate Council:

I am submitting herewith a thesis written by Martha Hansard Roach entitled "Field Experiences with the Division of Nutrition in the Florida State Board of Health." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Mary Nelle Traylor, Major Professor

We have read this thesis and recommend its acceptance:

Jane R. Savage, Cyrus Mayshark

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

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

August 1, 1968

To the Graduate Council:

I am submitting herewith a thesis written by Martha Hansard Roach entitled "Field Experiences with the Division of Nutrition in the Florida State Board of Health." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Maury Nellie Traylor
Major Professor

We have read this thesis and
recommend its acceptance:

Jane R. Savage

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Accepted for the Council:

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Vice-Chancellor for
Graduate Studies and Research

FIELD EXPERIENCES WITH THE DIVISION OF NUTRITION
IN THE FLORIDA STATE BOARD OF HEALTH

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

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

by
Martha Hansard Roach

August 1968

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M. H. R.

ABSTRACT

This report is based upon observations and experiences during eight weeks with the Division of Nutrition in the Florida State Board of Health. The purpose of the field training was to supplement academic training in public health nutrition at The University of Tennessee and to complement concurrent field experiences in Knox County. A varied program of experiences aided the student in her study of nutrition activities in official health agencies. Information was obtained on history, organization, and programs of the Florida State Board of Health and the Division of Nutrition through selected reading, conferences, conversations, and observations, in addition to a planned orientation. Observation and participation in the programs in a local health department increased the student's knowledge of the practice of public health. During the field experience, the student gained an understanding of the activities of the bureaus and divisions of the Florida State Board of Health and observed the integration of nutrition services into the total public health program. She gained an increased awareness of the importance of planning nutrition programs to meet the needs of the population. Observation of several nutritionists increased the student's understanding of the role of the public health nutritionist at state, regional, and county levels.

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CHAPTER I

INTRODUCTION

This report is based upon observations and experiences during eight weeks of field training in the spring of 1968 with the Florida State Board of Health. The Director of the Division of Nutrition and a Regional Nutrition Consultant provided guidance for the field experience. The purpose of the field training was to supplement the student's academic training in public health nutrition at The University of Tennessee and to complement concurrent field experiences in Knox County.

Objectives of the student during the field experience were:

(1) to study the organization and functions of the bureaus and divisions of the Florida State Board of Health; (2) to recognize the place of nutrition in relation to other public health programs and to observe interrelationships among the programs at the local and state levels; (3) to become familiar with the planning and execution of nutrition programs at the local and state levels; and (4) to observe the nutritionist working in the community to better understand the contributions of community organizations to the development of nutrition programs. The student anticipated opportunities to improve her skills in teaching and diet counseling to individuals and groups.

Prior to the field experience, the student gathered information about the state and its health and nutrition programs by reading the Annual Report of the Florida State Board of Health for 1966 and other

books and pamphlets. Nutrition program plans gave the student further understanding as background for her field experience.

A varied program was planned by the Director of the Division of Nutrition and her staff to help the student accomplish her objectives for the field experience. The first three weeks were planned in Jacksonville, which is the location of the Florida State Board of Health. This period included a planned three and one-half day orientation to the Florida State Board of Health, as well as conferences, conversations, and observations which made the information presented at the orientation more meaningful. During this time, conferences with staff members of the Division of Nutrition and selected readings gave the student a more complete concept of the nutrition program in Florida. Because the student had not had working experience, it was considered important to become familiar with the function of a county health department. For this reason, four weeks were planned for the student in the Seminole County Health Department. This time included conferences with staff members of the county health department, home and school visits with public health nurses, visits with sanitarians, and observation and participation in well-baby, prenatal, mental health, dental, and immunization clinics and preschool roundups. In addition, the student accompanied the Regional Nutrition Consultant and the Director of the Division of Nutrition on trips to other areas within the state.

The student recorded information gained through observations, readings, and conferences throughout the eight weeks period. Since it is impossible to record the scope of such a large public health program

in this report, the information presented gives emphasis to the nutrition programs in the state.

The field experience is summarized in the following five chapters of this report. Chapter II describes the population of the state of Florida in relation to its health needs, including the physical, economic, and cultural environment and relevant vital and health statistics. In Chapter III is the history, organization, and function of the Florida State Board of Health. Chapter IV includes the history, organization, and activities of the Division of Nutrition. Chapter V is an analysis of the student's experiences and performance during the field experience. Chapter VI concludes with a summary and evaluation.

CHAPTER II

THE STATE OF FLORIDA

Physical, Economic, and Cultural Environment

Public health nutrition programs are dependent upon the needs of the population served. These needs can be better understood with a knowledge of the characteristics of the physical, economic, and cultural environment of the people to be served by the programs.

Florida is an area with abundant land and water resources. It is a peninsula of 58,666 square miles which is bounded on the north by Georgia and Alabama, on the south and west by the Gulf of Mexico, and on the east by the Atlantic Ocean. In addition to the sea on three sides of Florida, there are approximately 30,000 natural lakes within the state (1).

The pleasant climate of Florida is an asset to the state. January is the coldest month, with an average temperature of 63 degrees. The average summer temperature is 81 degrees (1). The climate has contributed greatly to tourism, a major element in the economy of Florida. Health programs have also facilitated the growth of the number of tourists, due to the control of malaria, yellow fever, hookworms, and mosquitos(2).

The mildness of the climate attracts large numbers of older persons to retire in the state. The limited incomes and chronic health

problems of this growing segment of the population are important to consider when planning public health programs.

The climate has influenced the agricultural development of Florida. The citrus fruit and winter vegetable crops, as well as food processing, are key factors in Florida's economy. The favorable climate for agriculture has many food and nutritional implications.

The seasonal needs for labor for these crops have resulted in a large transient population of migrant workers in Florida. The mobility of their work and sporadic income give rise to many health problems, including many of nutritional origin (3).

Other major elements in the economy of Florida are the lumber, cattle, defense, and space-age exploration industries. As the economy has expanded in Florida, it has generated income for better health programs.

The people of Florida offer contrasts in education and income levels. The median school years completed by persons 25 years old and older for the state was 10.9 years in 1960. The median for counties ranged from 7.5 to 12.1 years. In 1965 the personal income per capita in Florida was \$2,423, as compared with the value for the United States of \$2,746. In individual counties, this value ranged from \$974 to \$3,585 per capita (4).

The culture of the people in Florida is a blend of the Spanish, French, and English influences on the state. The northern portion of the state is more typical of the southeastern United States in culture. The more populous southern portion of Florida is more cosmopolitan,

since it has been developed by Americans from many different regions (2). The culture and social background of the people help to determine their attitudes, including their feelings about public health nutrition programs.

A cultural group in Florida with special health and nutritional needs is the Seminole Indian. These Indians were originally from Georgia, Alabama, and the Carolinas, but now number about 1,200 in southern Florida on four reservations—Big Cypress, Dania, Brighton, and Forty Mile Bend. Traditional living conditions, poor sanitation, poor food habits, and inadequate health care inhibit progress for these people. For these reasons, special public health and nutrition considerations are indicated for these people. Health clinics have been maintained on each of the federal reservations since 1960 when the United States Public Health Service contracted with the State Board of Health through the county health departments of Broward, Glades, Hendry, and Highland counties for these health services. Health services at Forty Mile Bend, a state reservation, are given by Dade County Health Department (5).

Vital and Health Statistics

Health statistics are valuable in showing an overview of the needs of a population. They also aid in establishing priorities for program planning.

Between 1960 and 1965, the average annual gain in population was 3 percent in Florida, double the United States average annual gain of

1.5 percent. In 1966 Florida was the ninth most populous state in the Union, with a total population of 5,941,000, of which 82.3 percent was white. In-migration accounted for approximately 67 percent of the increase in the population of the state between 1965 and 1966. Since the 1950's, this increase has been primarily retired white persons. The percentage of the population over 65 rose from 11.2 to 12.5 percent from 1960 to 1966 (6). This larger percentage of the population in the older age groups has many implications for public health and for nutrition. In addition to the special problems of older persons in regard to obtaining and preparing food, many of them have dietary problems caused by chronic diseases, which are especially prevalent among the older age groups.

In 1966 there were 102,542 births in Florida, for a birth rate of 17.3 per 1,000 population. The birth rate for the white population was 15.0 per 1,000 and for the nonwhite population was 27.8 per 1,000 population, both rates being the result of a gradual decline (6). This compares with a United States birth rate of 18.5 per 1,000 population in 1966 (7). The lower birth rate in Florida, especially in the white population, reflects the number of older persons in the population, because fewer persons are in the child-bearing age groups.

The percentage of births delivered in hospitals is showing an encouraging rise, from 94 percent in 1960 to an estimated 97 percent in 1966. Nonwhite deliveries outside of hospitals are substantially higher than white deliveries. Midwives handle over 80 percent of the births outside of hospitals (6).

Illegitimate and teenage pregnancies are at high-risk both from a health and nutrition standpoint. These mothers often do not receive adequate prenatal and postnatal care and have the added nutritional demands of pregnancy and teenage growth. In 1966 illegitimate and teenage births represented 13 and 4 percent of total births, respectively (6).

Maternal death rates have been declining to a low of 3.9 deaths per 10,000 live births in 1966. Infant mortality rates were 27.0 per 1,000 live births in 1966. The primary contributory cause for the infant deaths was immaturity (6).

Immaturity seems to be increasing, with 9.4 percent of all births considered immature in 1966, compared with 8.7 in 1961 and 8.6 in 1956. Immaturity is defined as a birth weight of less than 2,400 grams. Comprehensive maternity care, including nutrition counseling, should lead to a decrease in this rate (6).

The crude death rate per 1,000 population for whites has shown a steady increase, from 10.2 in 1965 to 10.5 in 1966. This uptrend has been continuous for the past ten years due to the increasing percentage of retirees in the population. The crude death rate per 1,000 population for the nonwhite population also increased from 9.5 in 1965 to 9.9 in 1966. Although the crude rate is 6 percent lower for the nonwhite population, the age-adjusted rate for nonwhites is over 50 percent above the rate for whites (6).

The ten leading causes of death in 1966 in descending order were: diseases of the heart, malignant neoplasms, cerebral vascular diseases,

all accidents, influenza and pneumonia, diseases of early infancy, emphysema, aortic aneurysm, general arteriosclerosis, and diabetes mellitus. In general, chronic diseases, in which the risk of death is closely related to aging, have shown rising rates (6). Of special interest is the fact that three of the ten leading causes of death are diseases with a major dietary component, heart disease, general arteriosclerosis, and diabetes mellitus, indicating a need for nutrition services for patients with these diseases.

CHAPTER III

THE FLORIDA STATE BOARD OF HEALTH

History

A bill was introduced in the Florida State Legislature in 1873 for the creation of a state board of health, but was rejected by that body. Similar measures were unsuccessfully introduced in 1885 and 1887. A yellow fever epidemic in 1888 precipitated the creation of the State Board of Health, in a special legislative session for that purpose in 1889.

Dr. J. Y. Porter, who served well for 28 years, was the first State Health Officer. He first gained wide public recognition for his efforts during the epidemic. Jacksonville was the birthplace of the State Board of Health and its headquarters have remained there though most state agencies function from Tallahassee, the state capital.

Early concerns of the State Board of Health in Florida were yellow fever, cholera, and smallpox. As a state with many port cities, Florida was particularly susceptible to epidemics of these diseases. Other concerns were vital statistics and problems of interrelationships among federal, state, and county health workers (2).

Major health concerns and public health programs have changed considerably since those early days. The State Board of Health has expanded greatly since its creation, with a pattern of intermittent growth. It has progressed from an organization working relatively alone

in the health field to its present cooperation with many government and voluntary agencies and organizations, as well as with industry.

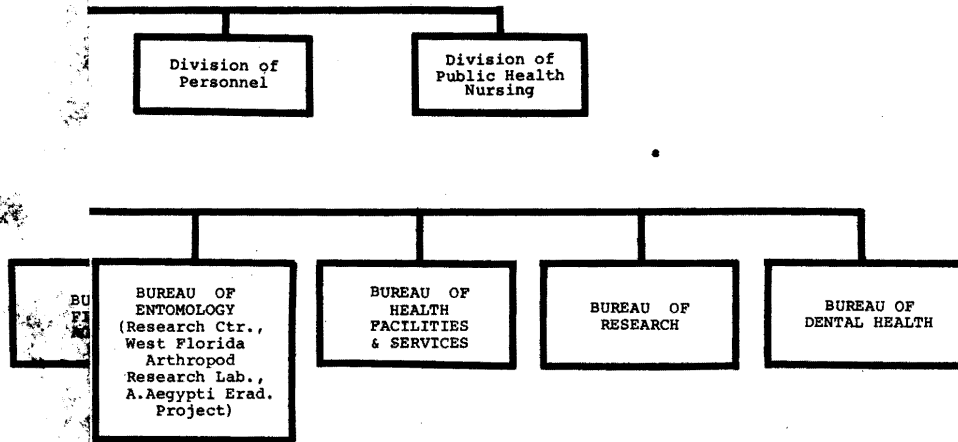
Organization

The name State Board of Health may refer to either the governing body or to the organization responsible for executing the policies of that board. The governing body is a board composed of five persons appointed by the Governor for terms of four years. The board is presently composed of two physicians, a veterinarian, a pharmacist, and a dentist. The State Health Officer serves as Executive Secretary to the board and as chief administrator for the agency. He is also appointed by the Governor for a four-year term. The present State Health Officer, Dr. Wilson T. Sowder, has served in this position for the past 23 years. He interprets the policies of the governing board and executes these policies through the bureaus and divisions of the state and county health departments (8). The present organizational chart of the Florida State Board of Health is shown in Figure 1.

County Health Departments

The county health departments are the local units from which services in public health are extended into the community. County health departments are joint ventures between the State Board of Health and the county commissioners, operating within policies established by the State Board of Health.

Each county in Florida has a health department, though some small counties may share a health officer or a director of nursing with one or

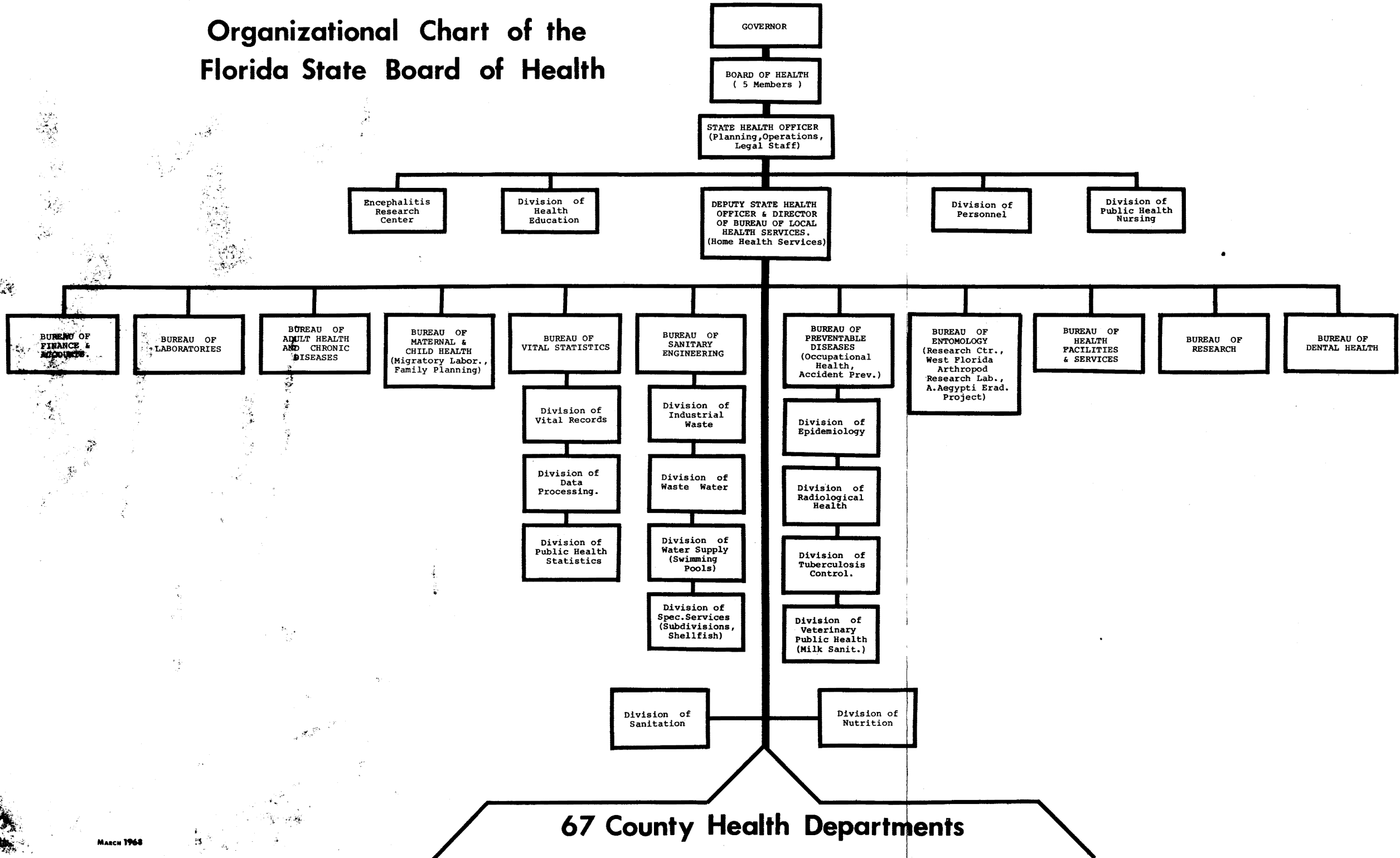


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Figure 1. Organizational chart of the Florida State Board of Health, 1968.

Organizational Chart of the Florida State Board of Health



two adjacent counties. In 1966 there were a total of 42 county health units for the 67 counties, with 25 single-county health departments, nine bi-county units, and eight tri-county units. Funds for county health departments are provided from federal, state, and county appropriations (6).

Function

A primary goal of the Florida State Board of Health as a public health agency is to promote positive physical and mental health and to prevent disease and disability. A main function of the State Board of Health is to set general policies. Other functions are to distribute state and federal funds, to operate programs prescribed by law, to review program plans, to provide vital statistics services, and to foster public health research. The State Board of Health offers consultation service to the county health departments in a wide variety of areas.

CHAPTER IV

THE DIVISION OF NUTRITION

History

Pellagra was a common cause of death in the early nineteen hundreds. By 1914 it was suspected that pellagra was of dietary origin. Dr. Porter, Florida's first Health Officer, stated the need for nutrition education in combating this disease and encouraged personnel to include dietary instruction in caring for patients. Within a year, deaths from pellagra were cut in half in Florida. However, as the incidence of pellagra declined, so did interest in nutrition (2).

Nutrition education was revived in 1941 as a part of maternal and child health services. In 1946 the Department of Nutrition Investigation and Services was established within the State Board of Health. Florida was the first state to establish a separate division for nutrition (2). The problem of anemia was the primary factor responsible for the establishment of this service. Its program resulted in the testing of over 2,000 school children. Supplementary school feeding and nutrition education programs were instigated as a result of the findings.

The same mobile field unit was used for both anemia and diabetes screening for a period, since the same blood sample could be used. This cooperation was followed by the establishment of the Division of Nutrition and Diabetes Control, which was maintained from 1950 until 1958. Since 1958, the Division of Nutrition has been placed in the Bureau of

Local Health Services. The Division of Nutrition can function effectively as a part of this bureau since services related to the county health departments are coordinated within it.

Staff

Staff members of the Division of Nutrition are responsible for implementing the nutrition program of the Florida State Board of Health. State nutrition staff positions include the Director, Training Coordinator, six Regional Nutrition Consultants, three Institutional Nutrition Consultants, one Nutrition Consultant in Maternal and Child Health, and three nutritionists assigned by the State Board of Health to county health departments. Of these fifteen positions, three are presently vacant—the Training Coordinator, a Regional Nutrition Consultant, and an Institutional Nutrition Consultant. Job specifications for these nutrition positions are found in the Appendix.

The state has been divided into six working areas or regions by the Division of Nutrition. These regions are determined in part by the population of the counties, the place of residence of the nutritionists, and distance to be traveled.

Other nutrition positions in the state of Florida include three positions with individual counties, nine positions with Maternity and Infant Care Projects, three positions with Children and Youth Projects, and three positions with Mental Retardation Projects. Six of these eighteen positions are unfilled, including three with Maternity and

Infant Care Projects, one with a Children and Youth Project, and two with the Mental Retardation Projects (9).

Since only 24 of the 33 positions for nutritionists are now filled, recruitment has become a major objective for the Division of Nutrition. A recruitment tool is the nutrition residency program. It is a one-year program which introduces the nutrition resident to the principles and practices of public health through the state orientation program, a two-month planned orientation program conducted in a county health department, conferences, and assignment to a local county health department for the rest of the year. At the end of the year the nutrition resident is encouraged to begin graduate study for the Master's degree, with financial assistance available.

Orientation and Education

An orientation to the State Board of Health is valuable to the nutritionist in seeing her position in relation to the total public health program. In Florida, a three and one-half day conference is held three times each year for orientation of new employees to the State Board of Health. New employees of all county health departments and state bureaus and divisions are invited to this conference. The program includes lectures by the directors of each bureau or division, tours, and question periods. The student attended this orientation conference during her field experience.

Within the Division of Nutrition, staff conferences are held four times a year for staff development and continuing education. These

conferences are especially valuable in Florida since nutritionists throughout the state are invited to the conferences, including state, county, and some project staff members. Communication among the nutritionists at these conferences facilitates harmonious working relationships. The nutritionists work together in committees to develop pamphlets and other materials. The sharing of ideas on these projects contributes to the development of quality materials which are acceptable for use by nutritionists throughout the state.

Nutrition staff members actively participate in local, state, and national professional organizations. This participation is valuable as a means of continuing education and public relations.

Nutrition Services

The objective of the Division of Nutrition is to improve the eating habits of Florida's citizens, helping them to meet nutritional requirements in health and disease and contributing to their maximum level of health and well-being (8). To meet this objective, nutrition services are provided by nutritionists employed by county health departments and by staff members of the Division of Nutrition including nutrition consultants with state-wide responsibility, Regional Nutrition Consultants, and nutritionists assigned to particular counties by the Division of Nutrition.

Requests for nutrition services may be initiated by individuals, voluntary organizations, community groups, or by members of the staff of local health departments or the State Board of Health. Because of

limited staff, priorities for nutrition services have been set. The high priority persons are those with special or increased nutrition needs. Women during pregnancy, infants, children, adolescents, older adults, and families with limited incomes have been found to have increased or special need for nutrition counseling. Persons, with conditions such as obesity, complications of pregnancy, metabolic errors, and chronic diseases, who require diets prescribed by a physician often especially need nutrition services (10).

In maternal and child health. The purpose of the nutrition program in maternal and child health is "to contribute to maximum growth, development, and well-being of the population by meeting nutritional requirements during pregnancy, childhood, and adolescence (11)." Nutrition has been found to play a vital role in the course and outcome of pregnancy and the development of children. It is believed that nutrition counseling to a mother during pregnancy is of benefit to the entire family, as well as to the mother and her infant. A healthier population would result if the present knowledge in nutrition were applied to mothers and children. For these reasons, mothers and children are priority groups for nutrition services (11).

Within the Division of Nutrition, a Nutrition Consultant is employed to coordinate and plan nutrition services in maternal and child health for the state. Emphasis is presently placed on the development of quality pamphlets and other materials for use throughout the state. Pamphlets on infant feeding and the feeding of infants and children with

phenylketonuria are currently being prepared. The student had the opportunity to read the draft of the phenylketonuria pamphlet and assisted in the calculation of phenylalanine exchange values of some fruits and vegetables for the pamphlet. The Nutrition Consultant provides consultation in maternal and child health nutrition to a variety of groups throughout the state. She gives primarily indirect service to mothers and children because of time limitations.

Florida has instituted the commendable procedure of distributing free Lofenalac, a casein hydrolysate from which 95 percent of the phenylalanine has been removed, through the Division of Nutrition. This procedure results in early knowledge by the Division of Nutrition of diagnosed cases of phenylketonuria and, consequently, early diet counseling to the mothers of these children, who really need instruction in this complicated diet.

Nutrition services in maternal and child health are provided by county and regional nutrition consultants and by nutritionists with special projects. Nutrition services within three of the larger county health departments are provided by nutritionists employed by the counties. Regional Nutrition Consultants give indirect nutrition services and consultation to county nutritionists within their region. Because the county nutritionists are able to devote their full time to one county, they are able to provide more direct service to mothers and children through clinics and home visits than the Regional Nutrition Consultants. By means of in-service education of health department staff members, education of community groups, and guidance to

nonprofessional persons providing services to families, the county and regional nutritionists are able to reach indirectly many mothers and children with nutrition information.

Special projects are of particular interest in the area of maternal and child health in Florida. Five Maternity and Infant Care Projects, two Children and Youth Projects, and two Mental Retardation Projects provide opportunities for nutrition services to mothers and children. All of these projects have positions for nutritionists, though all have not been filled at this time. The nutritionists with these projects are able to give much direct service to the populations served by the projects. The student observed in the maternity and well-baby clinics of the Maternity and Infant Care Project in Broward County.

Nutritionists cooperate with community groups and agencies who give services to mothers and children related to their nutritional needs. These include programs of the Office of Economic Opportunity, youth groups, and other community groups.

In migrant health. Nearly 100,000 migrant workers follow the Atlantic Coast Stream into Florida to harvest the crops each year. Many of the migrants live in tents or dilapidated houses or trailers, often without adequate sanitation. Lack of facilities, education, and money contribute to large sanitation, medical, and nutritional problems (3, 12). In 1962 the state began a sixteen-county Migrant Health Project, providing medical, nursing, dental, sanitation, and nutrition services.

About 40 percent of the migrants are now served, with priority given to mothers and children (3).

Since September, 1965, a position has been funded by the state-wide Migrant Health Project for a Regional Nutrition Consultant with primary responsibility for nutrition services to migrants. This responsibility is given to the nutrition consultant in the southwest region because the majority of the counties in the State Migrant Health Project are in this area of the state. This nutrition consultant provides generalized nutrition services to the counties in the region, as well as nutrition services to the migrants. The time he spends in generalized nutrition services is matched by equivalent service to the migrants from other members of the staff of the Division of Nutrition, including other Regional Nutrition Consultants with counties within their region in the State Migrant Health Project and by nutrition residents assigned to give service to the migrants. This plan eliminates the confusion to the counties of having more than one nutritionist as consultant.

The responsibilities of the Regional Nutrition Consultant in the Migrant Health Project include: (1) coordinating nutrition services within the State Migrant Health Project with the total state nutrition program; (2) planning a state-wide program for nutrition services to the migrants; (3) providing consultation in nutrition to all professional and nonprofessional persons and groups concerned with improving the health of agricultural migrants; (4) preparing pamphlets and audio-visual aids for the migrant population; and (5) improving the techniques used

to meet the nutritional needs of the cultural and ethnic groups in the migrant population of Florida (13).

Opportunities were available during the field experience to discuss migrant nutrition problems with this consultant, who has been in the position since February, 1968. Though orientation to the program has required much of his time, special problems have demanded his attention. Some children of migrant workers within his region recently received nationwide publicity as being "malnourished." He has visited the families of these children and reviewed their cases. He found that nutritional inadequacy was caused principally by a general lack of knowledge of foods necessary for good health, though poor sanitation and sporadic income complicate the problem. Efforts will be made to improve the nutritional status of the agricultural migrants through increased nutrition counseling and education.

In institutions. The purposes of the institutional nutrition program are "to assist group care facilities in Florida to provide nutritionally adequate, enjoyable meals that meet the appropriate needs of the population served at a reasonable cost and in a sanitary manner and to assist in nutrition and food service education for personnel, patients, and residents (14)." All group care facilities including hospitals, nursing homes and related facilities, child-caring facilities, and other group facilities, are responsible for meeting the nutritional needs of those who are dependent on their services. Training in diet

therapy, normal nutrition, and institution management is necessary for nonprofessional personnel.

Three Institutional Nutrition Consultants have state level responsibility. Two of the Institutional Nutrition Consultant positions are funded by and are assigned to the Bureau of Health Facilities and Services. One of these positions was filled at the time of the field experience. This consultant is administratively responsible to the Director of the Bureau of Health Facilities and Services and receives professional guidance from the Director of the Division of Nutrition. The third position, funded by the Bureau of Maternal and Child Health and assigned to the Division of Nutrition, was filled during March, 1968. This consultant is administratively responsible to the Director of the Division of Nutrition and receives professional guidance from the senior Institutional Nutrition Consultant.

The senior Institutional Nutrition Consultant has the responsibility for planning, developing, and supervising the total institutional nutrition consultation program. The institutional nutrition consultation program for child-caring institutions is planned and coordinated by the Institutional Nutrition Consultant in the Division of Nutrition.

Since the implementation of Title XVIII of the Social Security Amendments, hereafter referred to as Medicare, nursing homes and related facilities have dominated the institutional nutrition consultation program. The responsibilities of the second Institutional Nutrition Consultant in the Bureau of Health Facilities and Services include Medicare surveys and plans' review of dietary departments of institutions. Due

to the vacancy in this position, priorities have been set for services in the program. The senior Institutional Nutrition Consultant attempts to visit at least one institution with each hospital consultant to orient him in surveying dietary departments and in reviewing plans of food service departments. The institutional nutritionist is available for consultation when the hospital consultants find special problems in the dietary department of an institution.

Due to time limitations, the Institutional Nutrition Consultants give primarily indirect service to institutions, working with and through regional and county nutritionists. These nutritionists often assist institutions with special problems and occasionally participate in the surveys of the dietary departments of institutions for Medicare and licensure.

Other indirect services include planning educational programs, training personnel, and securing consulting dietitians for institutions wishing to participate in Medicare. The senior Institutional Nutrition Consultant has spent a considerable amount of time in developing the American Dietetic Association training program for food service supervisors. Upon completion of the training program, food service personnel are eligible for membership in HEIFSS (Hospital Educational Institutional Food Service Society). The consultant assists consulting dietitians with a myriad of problems through correspondence. The development of materials for use by those who give direct service to institutions is considered to be important. Examples are diet manuals, guidelines for planning food service, teaching aids, and reference materials. The

institutional nutritionist often finds it beneficial to work with professional organizations. As an example, recruitment of consulting dietitians and workshop planning has been done in cooperation with the Florida Dietetic Association.

With consultation and coordination from Institutional Nutrition Consultants, direct nutrition services to institutions are offered by a variety of personnel. These may be Regional Nutrition Consultants, county nutritionists, nutrition residents, or shared, part-time or consulting dietitians.

In adult health and chronic disease. The purpose of the nutrition program in adult health and chronic disease is:

. . . to promote adult health through the application of current knowledge of normal and therapeutic nutrition. This would include the use of dietary modification for management of those chronic diseases where diet functions as part of treatment and for rehabilitation (15).

Chronic diseases are more prevalent as age increases. Because of Florida's high percentage of older persons in the population, the rates of chronic disease are high. Diet has been found to be an important factor in some chronic diseases, such as heart disease, diabetes, and obesity.

The need for a nutrition consultant to have state-wide responsibility in planning and coordinating nutrition services in adult health and chronic disease has been recognized for several years in Florida. However, this position has not yet been established. Service is provided to the chronically ill through Regional Nutrition Consultants,

county nutritionists, and nutrition residents. Nutritionists give health department staff members information about dietary needs of those with chronic diseases. County nutritionists are often able to counsel individuals with a chronic disease having a therapeutic diet prescribed by their physicians.

The nutrition activities in adult health and chronic disease include preparing nutrition education materials, planning educational programs, assisting in screening programs, and giving consultation and assistance during camp sessions for persons with chronic diseases. Some examples of these services follow. Nutritionists cooperated in writing "What Everyone Should Know About Obesity," which describes the influence of obesity in precipitating chronic diseases, such as heart disease and diabetes. The Division of Nutrition supplies a column on menu planning or recipes for each issue of Timely Topics, a monthly publication for diabetics and interested persons. The Division of Nutrition often has the opportunity to cooperate with voluntary agencies in planning educational programs. The student attended a class for the public in a retirement community and a seminar for nurses on heart disease, both sponsored by the Florida Heart Association, and two Lay Diabetes Association meetings. A portion of the program of each was devoted to the role of diet in the disease. A "Diet Check List" developed by the Director of the Division of Nutrition has facilitated the determination of the approximate amount of carbohydrate each person has consumed prior to the administration of the blood test for diabetes screening. A nutritionist regularly attends the summer camp for diabetic children sponsored by the Florida Diabetes

Association and the camp for adult stroke patients sponsored by the Florida Heart Association.

Coordination With Nutrition-Related Agencies and Organizations

Coordination of nutrition education throughout the state is facilitated through the activities of the Field Agency Nutrition Service Committee (FANS). This committee is composed of professional workers, both nutritionists and home economists, who are interested in upgrading the nutritional status of Florida's populations. This committee has been meeting informally, approximately every two months, for the past six years and is now seeking formal recognition by the Governor as the nutrition committee for the State of Florida. The Division of Nutrition actively participates in the committee and the student was fortunate to be able to attend a meeting during her field experience.

Activities have included a workshop, "Nutrition Today and Tomorrow in Your Community," which was held in cooperation with the Florida Institute for Continuing University Study in 1965. Plans for a similar workshop are being developed for 1969. Of particular interest is this committee's role in involving teenagers in planning nutrition education. Workshops were held in 1967 and 1968 for selected youth leaders from youth organizations whose programs are at least partially health or science oriented. Leaders of these groups continue to meet with an advisor from FANS under the name of the State Organization for Nutrition (SONs). They are developing plans for another workshop in 1969.

These meetings enable persons involved in planning nutrition education to get to know one another, which facilitates communication and coordination in their respective programs. For example, associations of extension agents and public health nutritionists through FANS were instrumental in the development of the "Role of Extension Home Economics in Food and Nutrition Education," which was distributed to all County Extension Home Economics Agents and county health departments. It clarifies the role of the extension agent, specifying her responsibilities in normal nutrition counseling and guides her in referring persons requiring assistance with therapeutic diets to the public health nutritionist in the area. This communication facilitates a more appropriate division of responsibilities.

CHAPTER V

ANALYSIS OF EXPERIENCES AND PERFORMANCE

The activities of the student during the field experience offered many opportunities to appraise her abilities. Observation of nutritionists working in many capacities increased her understanding of the knowledge, abilities, and skills needed by the public health nutritionist. Participation in activities enabled her to evaluate her characteristics in light of these observations.

In Consultation

The student's experience with the consultation process was through observation rather than participation. Her observations were of consultation by the Director of the Division of Nutrition and her supervising Regional Nutritional Consultant.

The student traveled with the Director of the Division of Nutrition to the office of the Regional Nutrition Consultant in the southwest region of the state. The director offered professional consultation to the Regional Nutrition Consultant in the areas of program planning, itinerary planning, and reporting. The student was aware that these were areas in which she might need consultation when becoming oriented to a new position. The value of tactfulness and empathy in consultation was shown in this successful example of the process.

During the student's four weeks in Seminole County, she observed the Regional Nutrition Consultant in consultation with several public health nurses. The nurses sought consultation from the nutritionist about patients with diabetes, obesity, heart disease, and on low residue diets. The student was impressed with the frequency with which staff members of the Seminole County Health Department seek consultation with the nutritionist. A favorable attitude by the Health Officer in the county and a personable, knowledgeable nutritionist contributed to the good communication between the health department staff members and the Regional Nutrition Consultant.

The student did not have an opportunity to observe consultation to an institution by a nutritionist. She believes that experience in this area would be beneficial for her further development as a public health nutritionist.

In Working With Groups

Opportunities were provided for a variety of experiences in working with groups, involving the nutritionist in relationship to the staff of voluntary organizations, nonprofessional workers, groups of persons in the community, clinic patients, and a teenage club. The student traveled with the Director of the Division of Nutrition to a retirement community, Port Charlotte. The Charlotte County Health Department and the Heart Association cooperated in sponsoring an afternoon class for the community entitled "Happiness is Heart-y Eating." Program participants included a doctor, the Director of the Division of Nutrition, and

a home economist with the Florida Power and Light Company, who presented a food demonstration. The foods discussed and demonstrated were appropriate for a fat-controlled, sodium-restricted diet, with emphasis on making them tasty through the use of herbs and other seasonings. A tasting party followed the food demonstration. The student participated by preparing meringues and cookies without salt and using unsaturated fat prior to the class. She aided the Director of the Division of Nutrition by preparing a visual aid for use during her talk.

An impressive number of persons attended the class. The presence of 135 persons indicated that there was a real need for this type of information in this retirement community. The student derived a sense of accomplishment from her contributions to the class. The cookies and meringues were well liked by the persons who attended the class, as evidenced by favorable comments and the fact that they were nearly all eaten. The Director of the Division of Nutrition complimented the student on successfully preparing a very unusual cookie recipe. The visual aid was not as effective as it would have been with a smaller group. This was a learning experience, though, because it is not unusual for a public health nutritionist to be asked to speak before a group of unspecified size in an unfamiliar room or auditorium.

Another group experience involving the Heart Association was a seminar sponsored by the Florida State Board of Health and the Florida Heart Association entitled "Post-Hospital Care of the Patient with a Myocardial Infarct." Persons attending this seminar included nurses and nursing home personnel. Subjects presented during the day-long seminar

included a review of the physiology of the heart; structural changes, symptoms, and diagnosis of a heart attack; nursing care in the hospital; medical care at home; nursing care at home; and meal planning with the cardiac patient and his family. The last topic was presented by the Regional Nutrition Consultant. Attendance at the seminar was a valuable experience. The discussion of heart disease and care was good background knowledge for a nutritionist who will give diet counseling to patients with heart disease. The talk by the nutritionist was very informative for the student, especially since she had not yet had a course in diet therapy. This seminar was a good example of continuing education and cooperation among disciplines in the health field. Important results of this seminar were an increased awareness by the persons present of the significance of diet in heart disease and a greater understanding of the role of the public health nutritionist.

The student attended two meetings of the Lay Diabetes Association, one in Jacksonville and one in Fort Lauderdale. This association is composed of diabetics and persons interested in diabetes who want to learn more about the disease and who gain moral support from their associations with other persons with diabetes. The first meeting attended was in Jacksonville. This group was small, with approximately 10 to 15 persons in regular attendance. A nutritionist assigned to Duval County from the Division of Nutrition spoke to the group about the significance of dietary control and led a discussion afterwards. This meeting seemed to be effective for the persons who attended, but these were only a small percentage of the diabetics in Jacksonville. However, the size of

the group facilitated a lively and individualized discussion. The meeting in Fort Lauderdale drew a crowd of 60 persons. The Regional Nutrition Consultant presented the first three film strips of the series, "Just One In A Crowd," and discussed dietary control of diabetes. The student assisted by showing portion sizes of foods. The audience responded with many questions indicating a lack of understanding of their diet in many cases and a real desire to know more. The student could clearly see the need for dietary counseling for diabetics through her association with these persons in the Lay Diabetes Association meetings.

A class for Home Health Aides illustrates the wide range of skills which are helpful to a public health nutritionist. The aides met with the Regional Nutrition Consultant, a public health nurse from Indian River County Health Department, and the student on two consecutive evenings. The subject of these classes was cooking for the diabetic patient, using recipes which were also appropriate for most elderly patients. The aides participated in food preparation the first night, but food demonstrations were necessary the second night. The limited kitchen facilities made organization of the group very important. The student assisted the Regional Nutrition Consultant in any way she was needed, helping the class to progress smoothly. Background information on diabetes was presented by use of the first three film strips of the series, "Just One In A Crowd," for which the student was responsible. She also demonstrated and discussed five different foods. The value of careful planning and preparation was evident in this experience. The

ability to organize and lead a group is a useful skill for a nutritionist. A greater understanding and appreciation of the Home Health Aide was gained from this experience.

Preschool Roundups are held each spring for mothers who have children entering the first grade in the fall. The purpose of the roundup is to instruct mothers in the procedure for entering school, including information about the required physical examination. In schools in low income areas, a temporary clinic is set up by public health nurses, a doctor, and a dentist. The physical examinations are given during the preschool roundup in these schools. The student had the opportunity to participate in four preschool roundups in schools in Seminole County. She spoke to mothers at each of the roundups, varying her method and emphasis depending on the general economic level, the educational level of the mothers, and the size of the group. The student included general good nutrition, the importance of a good breakfast, and good snacks for the school child in her talks. She used a poster and flyers depicting the basic four food groups as visual aids. Her first experience was with a group of 35 mothers at a school in a low income section of Sanford. For this group, she emphasized the importance of general good nutrition. Because of the movement of the mothers from registration to clinic in the two smaller county schools, individual counseling to mothers was necessary. The student spoke to 13 mothers at these two schools, emphasizing general good nutrition. A city school in a higher economic area of Sanford provided experience in a school without a clinic. The student spoke to a group of 40 mothers, as one of a series of speakers.

This group gave the speakers their complete attention because there was no clinic operating simultaneously. The student emphasized the importance of a good breakfast and good snacks to this group. These experiences were valuable for several reasons. The student gained an increased awareness of the variety of conditions under which a nutritionist may speak to a group. It was good experience in speaking to a variety of groups and in adapting the same information for presentation to mothers at several economic and cultural levels.

The student gained greater insight into dietary problems of teenagers through her talk with a club of teenage girls. A group of five 13-year-old girls formed a club early in the spring with the goal of "good grooming and good nutrition." The Regional Nutrition Consultant had corresponded with the girls before the student arrived in Seminole County, and felt that speaking to them would be a good experience because of their expressed interest in nutrition. The student contacted the group and arranged to speak at a regular club meeting. Preparation for the talk included a discussion with the club president on the interests and problems of the girls. The 30 minute talk consisted of information on: general good nutrition, with suggestions for gaining and losing weight; a discussion of fad diets; and a discussion of the relative food value of their favorite foods, using share charts for emphasis. Several days after the talk, the student sent a questionnaire to the club members. Some progress by the girls could be detected in the answers to this limited questionnaire. It would have been more valuable in showing changes in concepts if it had been given to the girls as a pretest as

well as after the meeting. However, preparing the questionnaire was good experience. The guidance of the Regional Nutrition Consultant was valuable in structuring the questionnaire.

At two prenatal clinics in Seminole County the student spoke to groups of prenatal patients and individual patients as they were waiting to see the doctor. The student discussed food buying in relation to meeting nutritional needs with the aid of the pamphlet, "Buy More For Less Money," which was given to each patient. In preparation for the talks, the student observed in the clinics and talked with patients to become familiar with food buying patterns. She then priced foods commonly bought by these families in several Sanford grocery stores. She made an effort during her talks to elicit the patients' ideas for saving money on food and found that their ideas were often very good. The student found opportunities to share this information with other low-income patients during her experience in Seminole County. These informal talks were good experience for the student in learning to communicate effectively with the medically indigent patient.

In Conferences for Planning

The student participated in planning her itinerary and planning for specific experiences with the Director of the Division of Nutrition. The student's itinerary for the two months in Florida was tentatively arranged with the Director of the Division of Nutrition the first day of her field experience. This conference was valuable because it helped the student to have a framework within which individual experiences

could be planned. More detailed planning of her experiences in Seminole County was done with the Regional Nutrition Consultant. Planning in advance gave time for the student to prepare carefully for each experience. This planning also enabled her to include a variety of activities to meet her objectives for the field experience.

The student had the opportunity to observe a planning meeting for a conference on leadership training for dietitians, involving the nutrition director, a regional nutritionist, an institutional nutritionist, the President of the Florida Dietetic Association, a university representative, and a nutrition consultant with the United States Public Health Service. This meeting was called in order to make preliminary plans for a conference to be held next year. The student was impressed with the variety of persons involved in planning for this conference and by the fact that it was done far in advance. Planning was done in advance because of the need to apply for a grant to finance the conference. The sharing of ideas by these persons should result in more complete planning and a more effective conference.

In Counseling and Guidance of Nonprofessional Persons

Many opportunities were available for the student to observe and participate in counseling nonprofessional persons during her experience in Seminole County. She observed the Regional Nutrition Consultant when counseling mothers at immunization, prenatal, and well-baby clinics, and when counseling persons with special problems such as those with low-residue diets and heart disease. The student participated in counseling

patients in immunization, prenatal, and migrant clinics. At these clinics she discussed economical food buying to meet nutritional needs with the mothers present. At a prenatal clinic, the student counseled two mothers on avoiding excessive weight gain during pregnancy. She took a diet history on one of these patients, using a diet history form which has been developed and is being tested by nutritionists in the Division of Nutrition. The student assisted the Regional Nutrition Consultant in counseling a diabetic man and his wife in their home. She showed the couple portion sizes of the foods which they usually ate, using food models. In counseling, visual aids are important for effective teaching.

A clinic for teenagers sponsored by the health department in Jacksonville was a new experience for the student. She observed a nutritionist assigned to Duval County by the Division of Nutrition as she counseled the teenagers at the clinic. The primary problem of the teenagers referred to the nutritionist was obesity. Her plan for these teenagers included recording the food eaten, weighing regularly, and frequent contact by the nutritionist, including home visits when possible.

The student spent a day with the nutritionist assigned to Brevard County from the Division of Nutrition. She observed this nutritionist counseling patients at two prenatal clinics within the county. It was interesting to observe the techniques she used in communicating with the low economic level patient. The terms used in counseling were simple and many examples were used. Informal conversation with this nutritionist was valuable to the student. Because she was a young nutritionist, she was not far removed from the situation of the student. She gave the

student many pointers on problems the young nutritionist may face in a health department.

An especially valuable experience for the student, because of her lack of hospital experience, was a morning spent with a therapeutic dietitian in Seminole General Hospital in Sanford. An orientation to the hospital, to the dietary department, to the therapeutic diets, and to the responsibilities of the therapeutic dietitian were included in her experience. The student observed the dietitian counsel a young man on modifications for a diabetic diet before he left the hospital.

These experiences gave the student a more complete perspective of the people the public health nutritionist may serve. Observations of counseling were helpful because of the variety of techniques employed by the nutritionists and the dietitian to communicate effectively with the patients. The many opportunities of the student in counseling patients enabled her to increase her skill in this area.

In an In-Service Education Program for Public Health Nurses

An in-service training program was requested by the Broward County public health nurses on maternal and infant nutrition, using commodity foods, and buying foods economically. Participants in the program were the Nutrition Consultant in Maternal and Child Health, the Regional Nutrition Consultant, and the student. The topics presented by the student were buying foods economically and using commodity foods.

Planning for the in-service program by the student began almost two weeks before the event. The objectives formulated by the student

for her portion of the program were: (1) to help the nurses recognize the significance of commodity foods in meeting family nutritional needs and (2) to discuss the economical buying of additional foods needed by family members to reach the levels of the National Research Council Recommended Dietary Allowances. As background for this program, the student reviewed the area of maternal and infant nutrition. She became familiar with the specifics of the Florida donated commodity food program. For visual aids, she decided to use share charts, which show in bar-graph form the percentage of many nutrients which commodity foods provide for members of the average family. These charts were available in the Division of Nutrition office, so the student made a copy of them for her use and for later use by the Regional Nutrition Consultant. For the in-service program the student decided to have slides made of these charts. As a part of her preparation, she contacted a health education staff member to have these slides made.

During the in-service education program, the student presented a 15 minute talk to the 43 public health nurses. She began by emphasizing the role of the public health nurse in teaching nutrition to low-income families. The proportion of daily nutrient needs which can be met by commodity foods was illustrated with slides of the share charts. A discussion followed on less expensive foods which will supplement the nutrient levels of commodity foods to provide recommended dietary allowances. The nurses responded to the talk with interest. Many practical suggestions were made by the nurses for helping the families they served to extend their food dollar. Their questions and comments indicated

that they were able to apply the information presented to problems of their patients.

Concepts of the student which were further developed through this experience were: (1) visual aids are helpful in presenting an effective talk and (2) contributions by group members help individuals in the group to perceive practical applications of the information presented. Increased knowledge of the donated commodity food program and experience in speaking to a group of nurses were further assets of this activity. The student's observations of the success of the program were reinforced by favorable comments by the Nutrition Consultant in Maternal and Child Health, the Regional Nutrition Consultant, and the public health nurses.

CHAPTER VI

SUMMARY AND EVALUATION

Experiences and observations during eight weeks of field training with the Florida State Board of Health have been reported. Due to the wide variety of activities in which the student participated and the excellent guidance by nutritionists with the Division of Nutrition, the student was able to accomplish her objectives for the field experience.

The orientation program of the Florida State Board of Health contributed greatly to the student's understanding of its organization and functions. Reading, conferences, and conversations added depth to this concept. Observations of on-going programs in county health departments increased the student's knowledge of the practice of public health in Florida.

The understanding of the other divisions and bureaus of the state health department aided the student in understanding the interrelationships possible between them and the Division of Nutrition. The student observed the important role of nutrition in relation to maternal and child health, migrant health, institutions, and chronic disease. Several cooperative programs planned jointly by the Division of Nutrition and other divisions and bureaus illustrate the interrelationships among them. In her county health department experience, the student observed that many health disciplines consider nutrition to be a part of total patient treatment.

Planning of Florida nutrition programs is based on the needs of the population. Current health statistics are used as a basis for planning. Suggestions for priority programs are elicited from Division of Nutrition staff members over the state, based on their observations of nutrition problems. Reading program plans of current nutrition programs was good background for observation of the execution of these programs by nutritionists in the state. Observation of these nutritionists increased the student's understanding of the role of the public health nutritionist at the state, regional, and county level.

Observations by the student of the activities of nutritionists in Florida included many cooperative activities with community organizations. Many of these groups have special interests with a nutrition component. The nutritionist works with and through these organizations to serve the community. The relationship of the nutritionist to the community organization is reciprocal, in that each strengthens the program of the other.

Opportunities were available for the observation of several nutritionists while teaching and counseling. The student benefited from observing effective techniques used by these nutritionists. Participation in many activities gave the student valuable experience in teaching and counseling. Through teaching groups of several economic and educational levels, the adaptability of the student was increased. The field training offered many experiences which helped the student to better understand the medically indigent patients, thereby increasing her effectiveness in counseling them.

The field experience increased the student's concept of the environment and activities of the public health nutritionist. The public health environment is the setting for the activities of the nutritionist. As a part of the public health team, the nutritionist should work with a constant awareness of the common goal of improving community health and well-being.

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APPENDIX

JOB SPECIFICATIONS FOR NUTRITION POSITIONS

FLORIDA STATE BOARD OF HEALTH

PUBLIC HEALTH NUTRITION DIRECTOR

DEFINITION

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

DISTINGUISHING CHARACTERISTICS OF THE WORK

The employee in the position allocated to this class performs highly responsible administrative and consultative work in planning and directing the nutrition and dietetic program for the State Board of Health. Work consists of correlating and integrating the nutrition and dietary aspects of the public health program with other phases of the State public health program at both the State and local level. The employee in the position allocated to this class is also responsible for the selection and training of all subordinate members of the nutrition program.

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

EXAMPLES OF WORK PERFORMED

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

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

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

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

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

Recruits, selects, trains, and evaluates the nutrition staff.
Represents the State Board of Health at professional and other meetings.

Initiates and directs the development of nutrition educational materials.

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

Establishes and maintains cooperative relationships with educational, research, governmental, and other agencies concerned with foods and nutrition in order to strengthen, coordinate, and promote activities related to public health nutrition.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

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

NECESSARY SPECIAL REQUIREMENT

The probationary period for this class shall be one year.

PUBLIC HEALTH NUTRITIONIST

DEFINITION

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

DISTINGUISHING CHARACTERISTICS OF THE WORK

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

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

This class differs from that of Public Health Nutrition Consultant I in that the class of Public Health Nutritionist is responsible for performing direct nutrition education and diet counseling to individuals and groups of persons; whereas, the class of Public Health Nutrition Consultant I involves the responsibility for planning, developing and conducting the nutrition program for a small or medium size county health department or assisting a nutrition consultant of a higher level in planning, developing and coordinating a nutrition program in a large metropolitan county health department or a specialized county project.

EXAMPLES OF WORK PERFORMED

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

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

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

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

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

Prepares exhibits, posters, and literature for publicity and educational purposes; gives talks on nutrition and food service to schools and community groups.

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

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

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

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

NECESSARY SPECIAL REQUIREMENT

The probationary period for this class shall be one year.

PUBLIC HEALTH NUTRITION CONSULTANT I

DEFINITION

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

DISTINGUISHING CHARACTERISTICS OF THE WORK

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

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

This class differs from that of Public Health Nutrition Consultant II and that of Public Health Nutritionist in that the class of Public Health Nutrition Consultant I involves the responsibility for planning, developing and conducting the nutrition program for a small or medium size county health department or assisting a nutrition consultant of a higher level in planning, developing and coordinating a nutrition program in a large metropolitan county health department or a specialized county project; whereas, the class of Public Health Nutrition Consultant II involves the responsibility for planning, developing and coordinating the nutrition program within a large metropolitan county health department, the nutrition component of a specialized county project or serves as a regional consultant for nutritionist and professional medical personnel in a multi-county area; and the class of Public Health Nutritionist is responsible for performing direct nutrition education and diet counseling to individuals and groups of persons.

EXAMPLES OF WORK PERFORMED

(NOTE: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class.

The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.)

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

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

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

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

Plans and conducts nutrition education programs in schools.

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

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

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

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

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

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

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

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

NECESSARY SPECIAL REQUIREMENT

The probationary period for this class shall be one year.

PUBLIC HEALTH NUTRITION CONSULTANT II

DEFINITION

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

DISTINGUISHING CHARACTERISTICS OF THE WORK

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

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

This class differs from that of Public Health Nutrition Consultant I and Public Health Nutrition Consultant III in that the class of Public Health Nutrition Consultant II involves the responsibility for planning, developing and coordinating the nutrition program within a large metropolitan county health department, the nutrition components of a specialized county health project, or serving as a regional consultant for public health nutrition consultants and professional medical personnel in a multi-county area; whereas, the class of Public Health Nutrition Consultant I involves the responsibility for planning, implementing and conducting the nutrition program for a small or medium size county health department, or assists a nutrition consultant of a higher level in planning, developing and coordinating a nutrition program within a large county health department or specialized county health program; and the class of Public Health Nutrition Consultant III involves the responsibility on the State level for planning, developing, and coordinating the nutrition and dietetic components of State-wide programs or assisting the Nutrition Director in planning, developing and coordinating the State-wide nutrition program.

EXAMPLES OF WORK PERFORMED

(NOTE: These examples are intended only as illustrations of the various types of work performed in positions allocated to this class. The omission of specific statements of duties does not exclude them from

the position if the work is similar, related, or a logical assignment to the position.)

Plans, develops, and coordinates nutrition services for a large metropolitan county, or serves as chief staff nutritionist in a specialized county public health project.

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

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

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

Reports and summarizes activities and progress at regular intervals.

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

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

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

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

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

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

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

NECESSARY SPECIAL REQUIREMENT

The probationary period for this class shall be one year.

PUBLIC HEALTH NUTRITION CONSULTANT III

DEFINITION

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

DISTINGUISHING CHARACTERISTICS OF THE WORK

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

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

This class differs from that of Public Health Nutrition Consultant II in that the class of Public Health Nutrition Consultant III involves the responsibility on the State level for planning, developing, and coordinating the nutrition and dietetic components of State-wide programs or assisting the Nutrition Director in planning, developing, and coordinating the State-wide nutrition program; whereas, the class of Public Health Nutrition Consultant II involves the responsibility for planning, developing, and coordinating the nutrition and dietetic program within a large county health department, the nutrition components of a specialized county health project or serving as a regional consultant for public health nutritionists, consultants and professional medical personnel in a multi-county area.

EXAMPLES OF WORK PERFORMED

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

Plans, develops, and coordinates the nutrition and dietetic components of a highly specialized or selective State-wide public health program.

Assists the Nutrition Director in coordinating generalized nutrition services with that of a specified operating program of the State Board of Health, the specialized projects and county health department programs.

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

Plans, develops and conducts professional training programs, staff development, in-service education, and other educational programs for professional staff on a State, county, or regional basis.

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

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

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

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

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

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

Reports and summarizes activities and progress at regular intervals.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

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

Graduation from an accredited four-year college or university and seven years of progressively responsible full-time paid work experience in public health nutrition.

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

NECESSARY SPECIAL REQUIREMENT

The probationary period for this class shall be one year.

INSTITUTIONAL NUTRITION CONSULTANT I

DEFINITION

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

DISTINGUISHING CHARACTERISTICS OF THE WORK

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

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

This class differs from that of Institutional Nutrition Consultant II in that the class of Institutional Nutrition Consultant I involves the responsibility for consultative work in nutrition and dietetics in the nutrition and food service programs of various institutions in an assigned region of the State; whereas, the class of Institutional Nutrition Consultant II involves the responsibility for supervising and planning the Institutional Nutrition Consultation Program of the Division of Nutrition for the State Board of Health.

EXAMPLES OF WORK PERFORMED

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

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

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

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

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

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

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

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

Participates in developing, evaluating and selecting educational materials.

Reports and summarizes progress and activities at regular intervals.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

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

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

NECESSARY SPECIAL REQUIREMENT

The probationary period for this class shall be one year.

INSTITUTIONAL NUTRITION CONSULTANT II

DEFINITION

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

DISTINGUISHING CHARACTERISTICS OF THE WORK

The employee in the position allocated to this class is responsible for performing highly skilled nutritional and dietetic work in supervising, planning, and coordinating the Institutional Nutrition Consultation Program of the Division of Nutrition of the State Board of Health. Duties involve planning, developing and conducting studies and surveys related to food service in group care facilities to improve standards of nutrition and food service, consulting with officials of other State agencies and State level organizations to develop standards for care in institutions and State-wide nutritional and dietetic training programs for institutional food service personnel.

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

This class differs from that of Institutional Nutrition Consultant I in that the class of Institutional Nutrition Consultant II involves responsibility for supervising and planning the Institutional Nutrition Consultation Program of the Division of Nutrition for the State Board of Health; whereas, the class of Institutional Nutrition Consultant I involves responsibility for consultative work in nutrition and dietetics in the nutrition and food service programs of various institutions in an assigned region of the State.

EXAMPLES OF WORK PERFORMED

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

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

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

Interprets available nutrition and dietetic services and provides consultation to State level agencies and professional organizations

concerned with group care; establishes and maintains cooperative relationships with such agencies and organizations.

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

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

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

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

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

Develops, evaluates and selects educational materials.

Reports and summarizes progress and activities at regular intervals.

Performs related work as required.

MINIMUM TRAINING AND EXPERIENCE

(The following represents the minimum training and experience standards which will be used to determine the eligibility of applicants for admission to examinations.)

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

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

NECESSARY SPECIAL REQUIREMENT

The probationary period for this class shall be one year.

VITA

Martha Hansard Roach was born on September 10, 1945, in Knoxville, Tennessee. Her elementary education was in a Knox County school. Her junior and senior high school years were spent in Baton Rouge, Louisiana, attending schools in East Baton Rouge Parish. She graduated with honors from Robert E. Lee High School in May, 1963. The following fall she enrolled in The University of Tennessee at Knoxville. Her major extracurricular activities included Student Forum, the Student Government Association, Associated Women Students, and Phi Mu sorority. She was honored by being selected as a member of Mortar Board, "Who's Who in American Universities and Colleges," and a University of Tennessee Torchbearer. She graduated with honors in June, 1967, with a Bachelor of Science degree in Home Economics. Immediately thereafter, she began graduate study for a Master of Science in Nutrition and Public Health. She is a member of the American Home Economics Association, Omicron Nu, and Pi Lambda Theta. She was married to John Keller Roach on September 9, 1967.