

GUIDELINES

for

Community Nutrition Supervised Experiences

2nd Edition

Public Health/ Community Nutrition Practice Group
American Dietetic Association
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Guidelines for Community Nutrition Supervised Experiences

Purpose

In 1995 the American Dietetic Association's Public Health Nutrition Practice Group responded to demand for guidance on training experiences from those working in public health nutrition. *Guidelines for Community Nutrition Supervised Experiences* was offered as the first comprehensive curriculum for enhancing the capacity of public health nutrition personnel to respond to the broad range of responsibilities demanded from this field.

The purpose of *Guidelines for Community Nutrition Supervised Experiences 2nd Edition* is to update the guidelines in consideration of the changes in public health nutrition over the past decade. This purpose maintains the original intent, which was to provide guidelines for supervised experiences for community nutrition personnel in community nutrition programs that promote the health and well being of individuals, families, and communities. These guidelines are the essential starting point for personnel working in community nutrition programs who seek to enhance their level of practice, be they Nutritionists, Community Nutrition Educators, or Clinical Nutritionists and whether or not they are a Registered Dietitian or Dietetic Technician Registered. Enhanced education and training are considered critical to recruiting and retaining qualified community nutrition professionals.

Guidelines for Community Nutrition Supervised Experiences is intended to help community nutrition personnel not only enhance their current practice for client-focused personal nutrition services, but also transition to a practice that will be more population/systems focused. Although the rate at which this transition occurs will vary across the country, it is imperative that public health and community nutrition personnel clearly understand and assume their responsibilities consistent with public health's mission, to assure conditions in which people can be healthy.

Target Audience

These supervised experience guidelines are intended for Bachelor's- and Master's-level Registered Dietitians (RDs), Associate-level Dietetic Technician Registered (DTR) and Bachelor's-level personnel who lack training and/or supervised experiences in community nutrition, but who work in community nutrition positions providing primarily client-focused, individual nutrition services. The supervised experiences are intended to assist these personnel in acquiring needed community nutrition skills. In addition, education of future dietetic personnel in the Community Nutrition Training Areas will ensure a qualified incoming workforce.

The three audiences most likely to benefit from *Guidelines for Community Nutrition Supervised Experiences* are:

- Nutrition personnel, Registered Dietitians, and Dietetic Technicians Registered seeking additional preparation in public health;
- Public health and nutrition administrators striving to employ qualified nutrition personnel in their community programs and agencies; and
- Dietetic Program Directors, Dietetic Internship Directors, Public Health Nutritionists, and others who educate future dietetic professionals on community nutrition topics.

Personnel in Public Health Nutrition for the 1990's (1), published in 1991, does not describe a position title for Bachelor's-prepared community nutrition personnel who are not Registered Dietitians. Therefore, in recognition that many community nutrition programs employ skilled personnel with Bachelor's degrees to provide nutrition education and counseling for low risk clients, a position title of *Community Nutrition Educator* is used to identify individuals with this academic preparation (please see the Glossary of Terms in Appendix A).

The supervised experience guidelines are not intended for Master's-level Registered Dietitians who have specialized public health training that includes graduate course work in biostatistics, epidemiology, environmental sciences, public health policy and administration, social/behavioral sciences and education, and advanced nutrition consistent with the curriculum outlined in *Strategies for Success: Curriculum Guide for Graduate Programs in Public Health Nutrition* (2) and recently revised competencies for entry-level Public Health Nutritionists (3). The training described in this document provides knowledge and skills to work primarily with population/systems-focused nutrition programs and services. Consistent with the terminology described in *Personnel in Public Health Nutrition for the 1990's* (1), the term 'public health' in nutrition titles is reserved for positions requiring this academic public health preparation.

Introduction

Public health and community nutrition professionals are members of community health agency staffs and community health programs, who are responsible for nutrition services that emphasize community-wide health promotion and disease prevention and address the needs of individuals. The programs include a variety of nutrition personnel, each of whom has different functions that can be described along a continuum of emphasis from population/systems focus to the client or individual focus. This continuum is described in *Personnel in Public Health Nutrition for the 1990's* (1). These nutrition professionals establish linkages with related personnel involved with the broad range of human services, including child care agencies, services to the elderly, educational institutions, and community-based research. They focus on promoting health and preventing disease in the community using a population/systems focus and a client-focused, or personal nutrition service, approach.

Over the past decade myriad and dramatic changes have occurred that impact how the work of public health nutrition is accomplished. These include changes in the demographic profile in the United States; changes in food purchasing and preparation habits; food production practices; availability and use of technology; and our understanding of nutritional biochemistry and molecular biology. Demographic data show the US population is aging, becoming increasingly obese and culturally diverse (4). The poorest Americans are becoming poorer, with approximately one fifth of American children living in poverty (5,6). Dramatic changes in how America eats occurred during the last 35 years. Almost half of family food purchases are for foods eaten away from home, with a full one third for fast foods (7). Biotechnology and sustainable agriculture influence food production in the US (8). The information technology revolution has enhanced the availability of nutrition and health information to consumers, professional communications, and our ability to advocate for effective nutrition policies. Perhaps most amazingly, completion of the sequencing of the human genome by the Human Genome Project may soon enable individuals to regulate their genes at the molecular level through dietary factors such as phytochemicals (9). To assimilate and advance these emerging trends, public health nutritionists must have up to date expertise and experience in a broad range of topic areas.

According to the Institute of Medicine in *The Future of Public Health*, the mission of public health is to assure conditions in which people can be healthy (10). To accomplish this mission three core functions will need to be emphasized, and community nutrition professionals will shift from a client-focus to a population/systems focus. The population/systems approach demands competence in program planning, skills in coalition-building, assets mapping, behavior change strategies, and cultural competency, including sensitivity to both the resources and needs of population groups from different cultures, religions, and socioeconomic and educational strata. These competencies help ensure that community-based interventions are designed to meet community needs and priorities effectively by enlisting community resources. Public health practice will require technical expertise in using community-based data sets to monitor and evaluate health status and outcomes, establish practice guidelines, and monitor and promote quality systems of care. Tools such as the Geographic Information System (GIS) will allow users to map resources and assets in relation to where community groups live, work, and play. Public health nutritionists must be policy and advocacy experts, as they develop and promote policies to address nutrition concerns for the population. The shift from a client to a population/systems focus will occur at different rates. In communities where access to clinical preventions and therapeutic services is limited, the transition will be slow. Public health and community nutrition professionals will need to be proactive and creative in assuming their responsibilities.

Assumption of these responsibilities requires an understanding of the core public health functions and how they are related to community nutrition practice. These functions can be described as:

- 1) *assessing* the nutrition problems and needs of the population, monitoring the nutritional status of populations and related systems of care, and processing

- information back into the assessment functions;
- 2) *developing* policies, programs, and activities that address highest priority nutritional problems and needs; and
- 3) *assuring* the implementation of effective nutrition strategies.

The core functions are interrelated and accomplished through essential services, as reflected in Figure 1.

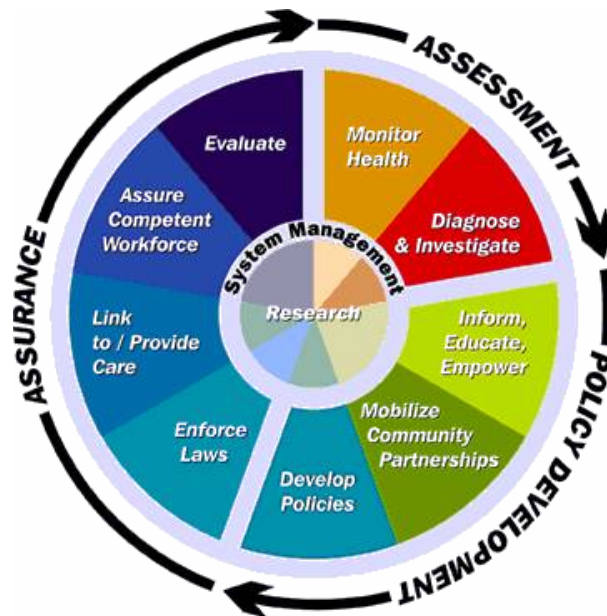


Figure 1: Core Functions and Essential Services of Public Health (11)

Assessment activities include surveillance, needs and resource identification, collection and interpretation of data, identification of population needs, monitoring using diverse and multiple data sets, forecasting trends, estimation of threats to the food supply, and evaluation of outcomes. Geographic Information Systems will facilitate a better understanding of how resources, assets, environmental factors, and health concerns are related within neighborhoods and communities. Assessment also includes evaluation of how interrelated systems, such as health, education, human service, food supply, and financial or insurance systems, impact communities' health status.

Policy development in public health nutrition includes setting priorities, developing and implementing community nutrition plans, assuming leadership in developing policies that relate to nutrition goals and objectives, and advocating, convening, negotiating, and brokering for nutrition components in new and existing programs. Administrative roles, such as fiscal management, supervision, and program administration, are important parts of policy development.

Assurance involves access and quality in the implementation of public health and community nutrition plans. It implies the development and maintenance of services and

activities needed to maintain safety, access, and adequacy of the food supply for optimal nutrition and health of populations. It includes maintaining the capacity to respond to food and nutrition crises, as well as supporting crucial services such as nutrition monitoring and surveillance; population-based, culturally competent nutrition education; individual and group nutrition services to high risk, under-served, and culturally diverse populations; nutrition counseling for individuals with nutrition-related conditions and disease; mobilizing nutrition resources; emergency preparedness; marketing; provision of public information about nutrition issues; and encouragement of private and public sector action concerning nutrition issues through incentives and persuasion. Assurance includes setting standards and maintaining quality assurance for services and activities that are provided in both private and public sectors. It also includes setting standards for nutrition personnel in recognition that different levels of education and credentialing are necessary for different position responsibilities. Finally, assurance includes maintaining accountability to the community by setting objectives and reporting progress.

Science-based research provides the foundation for these core functions and essential services of public health. New insights and innovative solutions to health problems are critical to success in public health and result from rigorous investigative processes. Collaboration among academic and public health nutrition practice sectors can lead to applied research to benefit the population served. Therefore, study design, implementation, and data analysis are integral in the training of public health personnel.

In *Moving to the Future* (12) Probert lists the essential public health nutrition services, which support the Core Functions and Essential Services of Public Health outlined in Figure 1. Essential public health nutrition services include:

- assessing the nutritional status of specific populations or geographic areas;
- identifying target populations that may be at nutritional risk;
- initiating and participating in nutrition data collection;
- providing leadership in the development of and planning for health and nutrition policies;
- recommending and providing specific training and programs to meet identified nutrition needs;
- raising awareness among key policy makers of the potential impact of nutrition and food regulations and budget decisions on the health of the community;
- acting as an advocate for target populations on food and nutrition issues;
- planning for nutrition services in conjunction with other health services, based on information obtained from an adequate and on-going data base focused on health outcomes;
- identifying or assisting in development of accurate, up-to-date nutrition education materials;
- ensuring the availability of quality nutrition services to target populations, including nutrition screening, assessment, education, counseling, and referral for food assistance and follow-up;
- participating in nutrition research, demonstration, and evaluation projects;
- providing expert nutrition consultation to the community;

- providing community health promotion and disease prevention activities that are population-based;
- providing quality assurance guidelines for personnel dealing with food and nutrition issues;
- facilitating coordination with other providers of health and nutrition services within the community; and
- evaluating the impact of the health status of populations who receive public health nutrition service.

Background

High employment levels reported by nutritionists participating in a recent American Dietetic Association membership survey demonstrate the continued demand for food and nutrition services (13). Of the 49,000 jobs held by nutritionists and dietitians in 2000, more than 1 in 10 were in state and local government – mostly health departments. According to the US Bureau of Labor Statistics, the employment of dietitians is expected to grow through 2010 at the same rate as the average for all occupations. This growth will result from increasing emphasis on disease prevention through improved dietary habits. “A growing and aging population will increase the demand for meals and nutritional counseling in community health programs and home healthcare agencies. Attrition presents another occupational flux. Job openings will result from the need to replace experienced workers who leave the occupation” (14). Employment by social service agencies is expected to grow quickly, although employment growth for dietitians and nutritionists may be somewhat constrained by employers’ utilizing other workers, such as health educators and dietetic technicians.

Personnel Availability and Expertise

The field of public health nutrition and community nutrition is currently suffering from both a shortfall in the number of personnel and a lack of training in public health and community-based nutrition. In 1994 there were approximately 2,393 full time public health nutritionists working in the US (15). “The recommended staffing ratio is 1 public health nutritionist per 50,000 people (1). Application of this ratio to the 1990 population residing in the states and territories that participated in this census survey, suggests that 4,379 public health nutritionists with population/systems-focused responsibilities are needed for the United States, an 83% increase from the current level” (15).

While the Supplemental Nutrition Program for Women, Infants, and Children (WIC) accounts for the vast majority of the public health and community nutrition workforce, public health nutrition expertise within the WIC workforce is limited. Preliminary results of the 2000 Association of State and Territorial Public Health Nutrition Directors (ASTPHND) Work Force study show that of those working in WIC, 19% have Bachelor's degrees in a *variety of disciplines outside nutrition*, including family and consumer sciences and health education among others. Fifty-four percent have Bachelors degrees in *nutrition or dietetics* and 12% have Master's degrees in *nutrition or dietetics*.

Less than 7% of the WIC nutrition workforce has a Bachelor's or Master's degree in *public health nutrition* or *community nutrition*. Of the non-WIC public health nutrition workforce, 26 % have Bachelor's degrees in fields *other than nutrition*. Seventy percent have Bachelor's degrees in *nutrition* or *dietetics* and 28% have Master's degrees in *nutrition* or *dietetics*. Two percent and 14% of the non-WIC public health nutrition workforce have a Bachelor's degree or a Master's degree in *public health nutrition* or *community nutrition*, respectively (16). There is likely some overlap between those with Master's degrees and those with Bachelor's degrees in public health or community nutrition. The shortage of professional staff at WIC agencies is expected to worsen in the coming years, because a large portion of the experienced WIC workforce will retire in the next few years (17).

Preliminary results on the sources of funding for public health and community nutrition positions from the 2000 Association of State and Territorial Public Health Nutrition Directors Workforce study (16) indicate that WIC funded 81% of public health and community nutrition positions in state and local government, up from 78% reported in 1994. Title V Maternal and Child Health Block Grants continued to decline as a funding source funding only 1.9% of the positions, down again from 3.4% reported in 1994 and 8% to 9% reported in 1987 (16,18). This continuing trend is notable because, "although WIC is an important public health nutrition program, it focuses on direct services for a select population subgroup" (15). Funding for chronic disease prevention is also declining, as evidenced by the decline in FTE positions funded by preventive health and health services block grants to .6% of all FTE positions. "If official health agencies are to shift to public health core functions that are population-based and system-focused, then a notable proportion of the public health nutrition workforce must not only change how they practice but they must also obtain the knowledge and skills to perform these functions" (15).

A competent workforce depends on didactic and continuing education that is sensitive to the core knowledge and ancillary skills needed for public health and community nutrition. Preliminary research findings from the ASTPHND 2000 Public Health Nutrition Workforce Study (16) indicate the top ten training needs include:

1. nutrition for children with special health care needs
2. breastfeeding
3. infant and preschool nutrition
4. prenatal nutrition
5. nutrition counseling, behavior change, and client education
6. high-risk clients, including HIV and addiction
7. childhood nutrition
8. eating disorders
9. supplemental and alternative dietary therapies
10. use of current information technology, including computers.

While these training needs are predominantly nutrition content-related, additional emerging areas requiring expertise have been defined in a recent General Accounting

Office report (17). They include, for example, navigating the changing health and welfare system under managed care, and assessing clients' levels of readiness for changing health behaviors. Public health and community nutrition training needs are clear; it is the provision of training that is limited. This General Accounting Office report (17) also indicates that while WIC regulations require state agencies to provide in-service training, a more defined commitment from the US Department of Agriculture (USDA) to improve training opportunities for WIC staff is forthcoming. In order to alleviate selected staff training issues, USDA has recently created the 'WIC Works' website as a resource for WIC staff and is developing online learning modules for WIC staff that address a variety of nutrition and program related issues.

Recruitment and Retention

Recruitment and retention of qualified staff is essential to maintaining the quality of community nutrition services. Well-trained nutritionists are important to the public health community because they contribute to the mission of public health and attainment of health objectives for the US population, such as *Healthy People 2010: Understanding and Improving Health* (19). Staff retention and recruitment is one of the top emerging areas of concern for state and territorial agency nutrition units (16).

Barriers to recruiting and retaining community nutrition professionals include a low level of job satisfaction related to salary levels and inadequate benefit packages, which are lower and more inadequate than those of other allied health professionals and nutrition professionals in other roles. Although the estimated median annual income for dietitians working in community nutrition increased by 8.9% since 1997, at \$37,990 community nutritionists continue to earn substantially less than RDs in food and nutrition management, consultation and business, and education and research (13). "Personnel skilled in population-focused responsibilities find limited opportunities in public health agencies for professional growth and development" (15). It has been hypothesized that qualified candidates do not apply for WIC positions due to the routine nature of the work and the rural locations of many agencies (17).

The *Recruitment Strategies for Public Health and Community Nutritionists Workshop* (20), held in January 1994 and sponsored by government and private organizations, provided an impetus to develop strategies to address difficulties the state and local agencies were experiencing in recruitment and retention. One of the priority recommendations of the national, interorganizational workshop, *Call to Action: Better Nutrition for Mothers, Children, and Families*, was to increase the number and improve the quality of personnel (professional and paraprofessional) providing nutrition services (21). Despite efforts to improve the situation, recruitment and retention of qualified public health and community nutrition staff continues to be a growing concern a decade after the Maternal and Child Health Interagency Nutrition Group (MCHING) and Recruitment Strategies workshops. In fact as recently as 1998 approximately half of all WIC agencies reported having difficulty recruiting and hiring professional staff (17).

The most recent comprehensive WIC workforce data were collected in 1994 and are

outdated. While updated workforce survey results are pending (16), no information on the demand for nutritionists and dietitians in underserved areas will be provided. For these reasons, the General Accounting Office (GAO) capstone report, *Food Assistance: WIC Faces Challenges in Providing Nutrition Services*, includes a recommendation to “conduct an assessment of the staffing needs of state and local WIC agencies.” The GAO hopes that the resulting data will assist Congress and the USDA in identifying strategies to address challenges relating to recruiting and retaining qualified staff (17).

Community Nutrition Practice

Public health and community nutrition practice ranges from a population/systems focus to a client focus. This is reflected in the public health and community nutrition team positions described by Kaufman (22). Very few community nutrition practices focus exclusively on public health services; most provide a combination of public health and personal nutrition services.

Prevention plays a prominent role in community nutrition practice. In this document, prevention is defined comprehensively to include a wide array of interventions, which can be categorized as three essential components of prevention:

- individually-based,
- community-based, and
- systems-based.

Each component has a distinct role, importance, and focus. Individually-based efforts deal with prevention issues at the personal level. Community-based prevention messages are targeted at groups. Prevention at the systems level focuses on changing policies and law so that the goals of prevention practices are achieved. Community nutrition practice involves making appropriate and coordinated use of each.

For each of the three components of prevention, there are three levels of prevention.

- Primary prevention involves health promotion to maintain a state of wellness and focuses on changing or enhancing the environment, community, family, and individual life styles and behaviors.
- Secondary prevention consists of risk appraisal and reduction and includes interventions that include screening, detection, early diagnosis, treatment, and follow-up.
- Tertiary prevention is directed at managing and rehabilitating persons with diagnosed health conditions to extend their years of productivity.

Table 1 presents the three essential components of prevention and provides examples for the three levels of prevention in community nutrition practice.

Table 1: Essential Components and Levels of Prevention in Public Health and Community Nutrition Practices

Levels of Prevention:	Components of Prevention:		
	Personal	Community	System
Primary Prevention	Food Guide Pyramid education at health fair	Local “5 a Day” campaign in association with the farmers’ market, schools and grocery stores Use of local produce in school lunch program	School lunches required by law to be consistent with the Dietary Guidelines for Americans Folic acid fortification of foods
Secondary prevention	Work site nutrition education for high-risk employees Nutrition education for high-risk WIC clients	Health fairs with screening and referrals to primary care providers	Food labels required to include information on particular nutrients, including calories
Tertiary Prevention	Medical nutrition therapy	Diabetes classes offered by local health departments	Legislation requiring medical nutrition therapy for identified diseases

Adapted from AL Owen, PL Splett, GM Owen. *Nutrition in the Community: The Art and Sciences of Delivering Services*. Boston: WCB/McGraw-Hill; 1999.

Kaufman’s ‘Conceptual Framework for Public Health,’ shown in Appendix C, adds a third dimension to the delivery of prevention in public health nutrition practice - that of ‘stages in life’ (22). The framework thereby demonstrates how public health and community nutrition services are delivered across the lifecycle and are focused at primary, secondary, and tertiary levels of prevention at each of these stages. In this model, the delivery mode for preventive services also follows a continuum ranging from those delivered to individuals to services focused at communities or a population/systems focus. For example, in WIC a prenatal woman might meet with the Community Nutrition Educator about how to feed her baby. This would be an example of primary prevention delivered to a prenatal woman and using an individual delivery mode. The National High Blood Pressure Education Program might develop national public service announcements targeting adults across the United States. This would be an example of secondary prevention with a national adult population focus. A hospital may establish a summer camp for youth learning to live with diabetes, which would be an example of tertiary prevention for the adolescent population at the city or county level.

The process in which nutrition care is provided across the three levels of prevention and at the personal and community levels is described by the American Dietetic Association's nutrition care process (Standardized Nutrition Care Process and Model, March 1, 2003, American Dietetic Association). This process includes nutrition screening/referral, nutrition assessment, nutrition diagnosis, nutrition intervention, nutrition documentation, nutrition outcomes, and outcomes and management systems. It is a standard process for nutrition care that can be applied by dietetics professionals who are Registered Dietitians and Dietetic Technicians, Registered, in a variety of public health and community practice settings including, for example, primary prevention for health promotion and individual or group nutrition education for secondary prevention.

It is necessary for community nutrition professionals to be aware of all levels and components of preventive practices and to incorporate them into their daily work activities. Coordinating the various levels and components of prevention will result in the following:

- prevention of unnecessary duplication of services;
- promotion of the broad concept of prevention as one that includes a range of services and programs that affects individuals, communities, and systems; and
- increased cost effectiveness of combined individual preventive services as they influence the general health of the population; for example, maintaining nutritional status of at risk clients may make them less likely to contract communicable diseases.

Curriculum Development

The Community Nutrition Training Areas are listed on page 16. The Guide for Curriculum Development, which begins on page 18, lists expected target behaviors, suggested work-related and learning activities, and examples of resources for each of the Community Nutrition Training Areas. It is assumed that the trainee and supervisor will use appropriate textbooks and other recognized resources related to the training area. A self-assessment, like the one in Appendix D, provides the practitioner and supervisor information on the practitioner's strengths and weaknesses.

Application of the guidelines

Training and Length

Guidelines for Community Nutrition Supervised Experiences is designed to provide ideas for supervised community nutrition experiences. Training areas are to be used selectively by the individual supervising the particular trainee. For example, a Registered Dietitian working with high risk prenatal women will have different needs and responsibilities compared to a Bachelor's level non-Registered Dietitian working with food stamp nutrition education participants. The training should be individualized for the trainee,

taking into account his/her nutrition/dietetic education or experience. The length of the training is determined jointly by the supervisor and trainee and will vary according to the specific needs and strengths of the trainee.

Supervision

The supervisor of the trainee should be a Public Health Nutritionist who is willing to provide leadership and direction to enable the trainee to fulfill his/her training goals. It is recommended that the supervisor have at least two years experience in public health nutrition.

Evaluation

The Self-Assessment Tool for Public Health Nutritionists (Appendix D) can be used at the beginning and end of the training as a useful evaluation for the trainee. The supervisor and trainee may identify other evaluative methods to complete during and at the conclusion of the training.

Suggestions for Use

To summarize, the intended audiences for *Guidelines for Community Nutrition Supervised Experiences* are:

- Nutrition personnel, Registered Dietitians, and Dietetic Technicians Registered seeking additional preparation in public health and community nutrition;
- Public health and nutrition administrators striving to employ qualified nutrition personnel in their community programs and agencies; and
- Dietetic Program Directors, Dietetic Internship Directors, Public Health Nutritionists, and others who educate future dietetic professionals on community nutrition topics.

With the roles of public health nutritionists becoming more complex and the population/systems focus expanding, practicing community nutrition professionals may come to recognize the need to increase their own skills in a broad range of public health topic areas. The training areas will assist them in developing plans for continuing education. Similarly, public health nutrition professionals who are Registered Dietitians may access the training areas to fulfill their continuing education requirements using the Commission on Dietetic Registration's new Professional Development Portfolio system. By selecting training areas that will further their professional abilities, RDs will have a pre-developed set of target behaviors, learning activities and resources to accomplish professional continuing education requirements. Because specialty certification is not required for various aspects of dietetics, Registered Dietitians will move between clinical, food service, and community nutrition practice positions. Utilizing the Community Nutrition Training Areas will serve to smooth this transition. A self-assessment tool, such as the one found in Appendix D, will aid in identifying priority areas for training.

Competencies have been successfully used in the public health sector to write Public Health Nutrition position descriptions. By connecting performance evaluations to the training areas, agencies are able to justify continuing education expenses and evaluate individual accomplishment using the training areas as objective measures (23). State or locally conducted assessment of training needs may indicate a need for continuing education in the public health-related areas of food and nutrition science, research and evaluation, communication and culture, and management and leadership. The training areas defined and detailed in this publication offer professionals and their supervisors guidance for the development and completion of successful comprehensive inservice training experiences, helping to ensure qualified nutrition personnel. The training areas may be used in their entirety or may be used to tailor experiences for agency divisions or individual staff members.

Educators responsible for preparing future nutrition professionals have used this document with both dietetic interns and students at undergraduate and graduate levels to ensure required experiences cover the basics of public health and community nutrition (23-27). Used in conjunction with the Commission on Accreditation of Dietetics Education's Community Emphasis Competencies (28), the Community Nutrition Training Areas detailed in this publication offer specific ideas for relevant experiences (25, 27).

Distribution of the Guidelines

Guidelines for Community Nutrition Supervised Experiences is available in electronic (.pdf) format on the American Dietetic Association's Public Health/ Community Nutrition Practice Group Website at www.phcnpg.org. *Guidelines for Community Nutrition Supervised Experiences* will be of interest to public health and community nutrition personnel, educators, and administrators. Announcements via listserv and organizational newsletters and in-service events, as well as hyperlinks on public health and nutrition agencies' and organizations' websites will serve to inform potential users of this resource.

The User Survey in Appendix E will allow for future updates of *Guidelines for Community Nutrition Supervised Experiences* to address real-world applications and issues to better prepare public health and community nutrition personnel for their role in assuring the health of Americans through nutrition, public health, and social/behavioral sciences and education.

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Community Nutrition Training Topic Areas

Nutrition Training Topic Areas

1. Knows issues related to establishing nutrient requirements and dietary recommendations
2. Assesses and prioritizes nutritional problems of individuals from various age and population groups using appropriate anthropometric, biochemical, clinical, dietary, and socioeconomic assessment techniques
3. Uses nutrition and physical activity research findings in developing and/or implementing nutrition programs
4. Knows and applies factors that impact the accessibility, adequacy and safety of the food supply system (production, processing, distribution and consumption) and the relationship of those factors to community health
5. Knows the principles of food science, preparation and management and translates them to meet food needs of various population groups
6. Knows how to evaluate emerging and controversial food and nutrition claims for accuracy and practical implications

Public Health Training Topic Areas

7. Knows federal, regional, state and local governmental structures and the processes involved in the development of public policy, legislation, and regulations that influence and relate to nutrition and health services
8. Participates in organized advocacy efforts for health and nutrition programs
9. Understands political and ethical considerations within and across organizations and their impact on agency planning, policy, and decision-making
10. Knows management principles for effective community assessment, program planning, implementation, and evaluation and applies them to community-based public health nutrition programs
11. Knows how nutrition services are integrated into overall mission, goals, and plan of the health agency
12. Understands resource management, including grant application, identifying funding sources, and reading fiscal reports
13. Knows the principles of personnel management, including recruiting, staffing, supervising, performance appraisal, staff development, and conflict resolution
14. Understands descriptive statistics, principles of data collection and management, monitoring and surveillance reports, and basic computer applications for data compilation and analysis
15. Knows the principles of an epidemiologic approach to assess the health and nutrition problems and trends in the community
16. Knows principles of research and evaluation

17. Knows relationships of the environment to public health, risk assessment, and biological, physical, and chemical factors that effect the nutritional status of the public
18. Knows processes of monitoring, technical assistance, guidance, consultation, and collaboration within and across agencies and organizations
19. Selects and appropriately uses group process and group facilitation techniques (brainstorming, focus groups, nominal group process) to achieve goals and objectives of food and nutrition programs and services
20. Is familiar with the role and operation of agency and/or community boards, committees, task forces, coalitions, and partnerships in public health
21. Develops skills in functioning as a multidisciplinary and interdisciplinary team member or leader within and across disciplines

Social/Behavioral Sciences and Education Training Topic Areas

22. Knows and applies skills in selecting and/or developing nutrition education materials and approaches appropriate for individuals or small groups within the target population
23. Effects behavior change through knowledge and application of behavioral, social, and education theories
24. Communicates accurate, scientifically based information- both oral and written- at levels appropriate for various audiences: clients, general public
25. Uses media strategies in various print, broadcasting, and telecommunications channels, such as video and the Internet, to reach population groups

Revised from:

Public Health Nutrition Practice Group of the American Dietetic Association.
Guidelines for Community Nutrition Supervised Experiences. Chicago, IL:
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Guide for Training Program Development

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>1. Knows issues related to establishing nutrient requirements and dietary recommendations</p>	<ul style="list-style-type: none"> • Uses appropriate resources for dietary recommendations to determine nutrient requirements for specific populations 	<ul style="list-style-type: none"> • Analyze menus to determine if they meet the relevant needs of specific populations • Investigate the Dietary Guidelines for Americans to determine the strengths and weaknesses of the recommendations • Study the <i>Dietary Guidelines for Americans</i> to become familiar with the interrelationships between nutrition and physical activity • Analyze individual dietary intake of a pregnant or breastfeeding woman and make dietary change recommendation • Compare the Dietary Guidelines for Americans to specific consumption patterns of a population group or community 	<ul style="list-style-type: none"> • Dietary Reference Intakes. Food and Nutrition Board, National Academy of Sciences. www.nal.usda.gov/fnic/etext/000105.html • <i>Dietary Guidelines for Americans</i> 5th ed. USDA and US Department of Health and Human Services. USDA Home and Garden Bulletin No. 232. Washington, DC: USDA, 2000. www.usda.gov/cnpp/Pubs/DG2000/Index.htm or www.health.gov/dietaryguidelines/dga2000/dietgd.pdf • Dietary assessment software: www.nal.usda.gov/fnic/etext/000053.html Interactive Healthy Eating Index: www.usda.gov/cnpp • Food Guide Pyramid: www.usda.gov/cnpp/pyramid2.htm www.pueblo.gsa.gov/cic_text/food/food-pyramid/main.htm www.nal.usda.gov/fnic/Fpyr/pyramid.html • Food Pyramid for Children 2-5: www.usda.gov/cnpp/KidsPyra/index.htm or www.usda.gov/cnpp/using.htm • <i>Celebrating Diversity: Approaching Families Through their Food</i>. DC Eliades, CW Suitor. Arlington, VA: National Center for Education in Maternal and Child Health; 1994. • <i>Bright Futures in Practice: Nutrition</i>. National Center for Education in Maternal and Child Health: www.brightfutures.org/

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>2. Assesses and prioritizes nutritional problems of individuals from various age and population groups using appropriate anthropometric, biochemical, clinical, dietary, and socioeconomic assessment techniques</p>	<ul style="list-style-type: none"> • Interprets and compares growth data to standard growth curves • Interprets and compares dietary assessment results to norms • Uses appropriate dietary assessment methodology • Completes feeding assessments and recommends appropriate intervention • Completes physical activity assessment and recommends appropriate action • Demonstrates appropriate anthropometric measurement techniques • Understands dependence of surveillance on accurate individual assessment • Uses the American Dietetic Association's Nutrition Care Process and Model for personal health care community nutrition activities (RDs only) 	<ul style="list-style-type: none"> • Review health records of various age and population groups, e.g. medical and school records • Evaluate anthropometric and biochemical measures of various age and population groups • Review standardized anthropometric measurement techniques • Apply quality assessment standards, e.g. Pediatric Practice Groups Standards • Utilize surveillance data, e.g. Pediatric Nutrition Surveillance System (PedNSS) data, for internal quality assurance and improvement • Complete online training on CDC growth charts and Dietary Guidelines for Americans • Reviews the American Dietetic Association's Nutrition Care Process and Model 	<ul style="list-style-type: none"> • Patient/client records • Vital records • <i>Journal of the American Dietetic Association</i> • Handbook of Lab Values: MT Daily: Medical Transcription Networking Center www.mtdaily.com/mt1/lab.html • <i>Nutrition Throughout the Life Cycle</i>. Worthington-Roberts B, Williams Sr. 4th Ed. Boston: McGraw Hill; 2000. • Software for nutrient analysis: www.nal.usda.gov/fnic/etext/000053.html Interactive Healthy Eating Index: www.usda.gov/cnpp • <i>Bright Futures in Practice: Nutrition</i>, National Center for Education in Maternal and Child Health: www.brightfutures.org/ • <i>Maximizing Resources for Results! Extending Bright Futures Through Community-Based Nutrition Planning</i>. S Gregory; 2001. http://nutrition.he.utk.edu/max_resources/maximize/ • <i>Bright Futures in Practice: Physical Activity</i>: www.brightfutures.org/physicalactivity/pdf/index.html • CDC Growth Chart training: www.cdc.gov/growthcharts. • Lacey K, Pritchett E. Nutrition care process and model: ADA adopted road map to quality care and outcomes management. <i>J Am Diet Assoc.</i> 103: 1061-1072; 2003.

Training Topic Area Continued	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>2, continued Assesses and prioritizes nutritional problems of individuals from various age and population groups using appropriate anthropometric, biochemical, clinical, dietary, and socioeconomic assessment techniques</p>			<ul style="list-style-type: none"> • <i>Moving People and Communities - Applying Bright Futures in Practice: Physical Activity</i>. H Mixon; 2002. http://nutrition.he.utk.edu • <i>Kids Count</i>. www.aecf.org/kidscount/rightstart/index.htm; • <i>Kids Count 2000</i>. www.aecf.org/kidscount/kc2001/ • Community Health Status Indicator Project. US Department of Health and Human Services, Health Resources and Services Administration. www.communityhealth.hrsa.gov/ • Child Health USA. MCH Information and Resource Center. www.mchirc.net/ • FedStats: www.fedstats.gov/ • <i>Cross Cultural: A Guide for Nutrition and Health Counselors</i>. Alexandria, VA: USDA/USDHHS, Publication No. FNS-250; 1986. • <u>Diversity Rx</u>: Promoting language and cultural competence in healthcare: www.diversityrx.org • CDC Surveillance Systems: www.cdc.gov/nccdphp/dnpa/surveill.htm <ul style="list-style-type: none"> – Behavioral Risk Factor Surveillance System (BRFSS) Youth Risk Behavior Surveillance System (YRBSS) – Pediatric Nutrition Surveillance System (PedNSS) – Pregnancy Nutrition Surveillance System (PNSS) • CDC Division of Nutrition and Physical Activity: www.cdc.gov/nccdphp/dnpa/physicalactivity.htm • <i>Dietitian's Desk Reference</i>. A Bennett. Tri-county Health Department; 1999.

Training Topic Area	Expected Outcomes	Suggested Learning Activities	Example Resources
<p>3. Uses nutrition and physical activity research findings in developing and/ or implementing nutrition programs</p>	<ul style="list-style-type: none"> • Recognizes elements of sound research and evaluation • Applies sound research when developing nutrition interventions • Implements a community project, e.g. 5-A-Day for Better Health Program, as part of the agency nutrition plan • Recognizes the interrelationship between nutrition and physical activity in promoting health and preventing disease • Understands and demonstrates in practice the interrelationships between nutrition and physical activity in promoting health and preventing disease 	<ul style="list-style-type: none"> • Review research applicable to a specific population group • Choose ongoing community project and determine if program components are based on science-based research • Conduct a literature search for a specific target population, e.g. <ul style="list-style-type: none"> – Preliminary research demonstrates an association between antioxidant vitamins and cancer – An epidemiological study further demonstrates that increased consumption of fruits and vegetables reduces the risk of certain types of cancer – Demonstration projects are designed and implemented to increase fruit and vegetable consumption • Complete case study from current, published literature on a community-based intervention 	<ul style="list-style-type: none"> • Research articles in peer reviewed publications • Nutrition interventions based on scientific research e.g. National 5-A-Day for Better Health Programs <ul style="list-style-type: none"> – 5-A-Day Program Evaluation Report: http://cancercontrol.cancer.gov/5ad_exec.html and http://cancercontrol.cancer.gov/5aday_12-4-00.pdf – National Institutes of Health: www.NIH.gov – CDC 5 A Day Web page: www.cdc.gov/nccdphp/dnpa/5ADay/index.htm • USDA Center for Nutrition Policy and Promotion: www.usda.gov/cnpp • Kids Walk to School: www.cdc.gov/nccdphp/dnpa/physicalactivity.htm • <i>Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services</i>. MMWR – Physical Activity Comprehensive Guide: www.cdc.gov/mmwr/preview/mmwrhtml/rr5018a1.htm • <i>Bright Futures in Practice: Physical Activity</i>, National Center for Education in Maternal and Child Health: www.brightfutures.org/physicalactivity/pdf/index.html • Wise Woman: www.cdc.gov/wisewoman • <i>Blueprint for Breastfeeding</i>: www.cdc.gov/breastfeeding/report-blueprint.htm • USDA Food and Nutrition Services Website: www.fns.usda.gov/fns/

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>4. Knows and applies factors that impact the accessibility, adequacy and safety of the food supply system (production, processing, distribution and consumption) and the relationship of those factors to community health</p>	<ul style="list-style-type: none"> • Describes the food supply system including grocery stores, farmers markets, etc. • Identifies family assistance resources available to population groups, e.g. social service programs • Knows eligibility rules and benefits for food assistance programs • Knows rules and location of emergency food systems • Understands the Thrifty Food Plan • Uses information about nutrients and contaminants in the food supply and relates these factors to community health indicators • Interprets food and nutrition surveys and relates these factors to community health indicators 	<ul style="list-style-type: none"> • Analyze availability, cost and quality of foods in food stores in various geographic areas of the community • Compare food costs and food access of neighborhoods with a variety of incomes, available transportation, ethnicities • Compare cost of comparable foods available at food stores, restaurants, and fast food • Analyze Thrifty Food Plan for adequacy • Develop weekly menus for a culturally diverse population • Evaluate impact of school-based Child Nutrition Programs, Food Stamps, WIC, day care homes or nursing centers, congregate feeding on adequacy of food supply for family 	<ul style="list-style-type: none"> • Restaurant/ fast food menus and nutrient analysis • Thrifty Food Plan: www.usda.gov/cnpp_or www.usda.gov/cnpp/FoodPlans/TFP99/Index.htm • Family Economics and Nutrition Review: www.usda.gov/cnpp/FENR.htm • National Center for Health Statistics: www.cdc.gov/nchs • National Health and Nutrition Examination Survey (NHANES): www.cdc.gov/nchs/nhanes • Hispanic Health and Nutrition Examination Survey (HHANES): www.cdc.gov/nchs/fastats/hisfacts • Dietary Reference Intakes. Food and Nutrition Board, National Academy of Sciences: www.nal.usda.gov/fnic/etext/000105.html • <i>Dietary Guidelines for Americans</i>. 5th ed. USDA and US Department of Health and Human Services. USDA Home and Garden Bulletin No. 232. Washington, DC: USDA, 2000. www.usda.gov/cnpp/Pubs/DG2000/Index.htm • Head Start Program Performance Standards: http://headstartinfo.org/publications/publicat.htm • FDA guidelines for processed foods and seafood: www.fda.gov

Training Topic Area Continued	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>4, continued Knows and applies factors that impact the accessibility, adequacy and safety of the food supply system (production, processing, distribution and consumption) and the relationship of those factors to community health</p>	<ul style="list-style-type: none"> Utilizes federal and state food safety resources, e.g. Extension, Food and Drug Administration, Food Safety and Inspection Service 	<ul style="list-style-type: none"> Use data from the Current Population Survey and its Household Food Security Questionnaire to understand the coping strategies of those who are food insecure and/or hungry. Plan a monthly family budget, including rent, transportation, food and welfare resources, e.g. Food Stamps, WIC, Housing, School Food Service, etc. Accompany environmental health specialist to a day care center, grocery store, and restaurant to observe inspections Visit with food and drug administration enforcement officer or USDA food safety education specialist Analyze a food facility's HACCP plan with an environmental health specialist 	<ul style="list-style-type: none"> USDA meat and produce inspection guidelines www.usda.gov State Extension Service: www.reeusda.gov/1700/statepartners/usa.htm National Nutrition Monitoring Data: www.cdc.gov/nchs Food Surveys Research Group: www.barc.usda.gov/bhnrc/foodsurvey/home.htm American Public Health Association: www.apha.org American Academy of Pediatrics: www.aap.org <i>Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs</i>. American Academy of Pediatrics, National Resource Center for Health and Safety in Child Care, American Public Health Association, United States Maternal and Child Health Bureau. 2nd Ed. Elk Grove Village, IL; 2002. http://nrc.uchsc.edu/CFOC/ CDC growth charts: www.cdc.gov/growthcharts <i>USDA's Guide to Measuring Household Food Security</i>: www.fns.usda.gov/fsec/FILES/FSGuide.pdf

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>5. Knows the principles of food science, preparation and management and translates them to meet food needs of various population groups</p>	<ul style="list-style-type: none"> • Demonstrates an understanding of the cultural and developmental priorities, needs, and assets of the various population groups and is able to apply to practice • Evaluates shopping and food preparation skills of homemakers and makes appropriate recommendations in practice • Applies the principles of food science, preparation, and management to meet the food needs of the population served 	<ul style="list-style-type: none"> • Participate in training on cultural food habits/dietary habits • Participate in training on age-specific and developmental issues related to food intake and food safety • Develop Hazard Analysis Critical Control Points (HACCP) plan for a day care center feeding site • Participate in community-based field experiences, e.g. food banks, homeless shelters, soup kitchens, congregate feeding program or child care feeding site • Develop a one-week set of menus for a congregate feeding program or child care feeding site • Modify a recipe to meet a special nutritional need of the target population and test it for acceptability • Develop a one-week set of menus for a pregnant teen in an alternative school for pregnant teens • Develop a one-week set of menus for a family receiving both food stamps and WIC benefits 	<ul style="list-style-type: none"> • State and Licensing standards for Day Care and Long Term Care Facilities • Head Start Program Performance Standards http://headstartinfo.org/publications/publicat.htm • <i>Food Service Organization: A Managerial and Systems Approach</i>. 4th Ed. Spears, MC. New York: Macmillan Publishing Company; 2000. • Food and Nutrition Information Center: www.nal.usda.gov/fnic • Community-Based programs, e.g., Expanded Food and Nutrition Education Program (EFNEP), Head Start, food banks, congregate food sites • Agency video tapes and training materials, Hazard Analysis Critical Control Points (HACCP) manual • National Food Service Management Institute: www.olemiss.edu/depts/nfsmi/ • <i>The Provider's Guide to Quality and Culture</i>. Management Sciences for Health. http://erc.msh.org/quality&culture • <i>Nutrition Education for New American Populations</i>. Dept of Anthropology and Geography, Georgia State University. http://monarch.gsu.edu/nutrition

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>6. Knows how to evaluate emerging and controversial food and nutrition claims for accuracy and practical implications</p>	<ul style="list-style-type: none"> • Uses standard criteria to evaluate claims and literature • Defines clearly the difference between food and nutrition fact and fiction • Presents a cogent argument to refute inappropriate claims • Differentiates between what are safe and unsafe food and nutrition practices • Presents scientific rationale clearly 	<ul style="list-style-type: none"> • Review literature on supplements and botanicals • Interview providers and promoters of nutrition supplements • Survey health food store products and claims • Investigate and respond to health and nutrition information and misinformation (TV, radio, newspapers, books, Internet) in a proactive manner • Review popular diets/ nutrition practices and determine recommendations, providing rationale • Identify sources of reliable nutrition information 	<ul style="list-style-type: none"> • American Dietetic Association’s National Center for Nutrition and Dietetics: www.eatright.org/ncnd.html • State Health Department Nutrition Programs • National Council Against Health Fraud: www.ncahf.org/ • <i>The Health Robbers: Close Look at Quackery in America.</i> S Barrett. Buffalo, NY: Prometheus Books; 1995. • <i>The Vitamin Pushers: How the 'Health Food' Industry Is Selling America a Bill of Goods.</i> S Barrett, V Herbert. Amherst, NY: Prometheus Books; 1994. • Clinical Indications of Drug-Nutrient Interactions and Herbal Use. Roche Labs. Order from www.rochedietitians.com • Learning Resource for Classroom and Independent Study. Roche Labs. Order from www.rochedietitians.com • National Center for Alternative and Complementary Medicine: http://nccam.nih.gov/

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>7. Knows federal, regional, state and local governmental structures and the processes involved in the development of public policy, legislation, and regulations that influence and relate to nutrition and health services</p>	<ul style="list-style-type: none"> • Has strong familiarity with federal nutrition and health programs • Understands the system used to develop legislation, regulation, and public policy and to appropriate funding • Explains legislation accurately to consumers and other professionals • Is able to participate actively in support of nutrition related legislation • Understands how policies can be designed to support nutrition and health related programs 	<ul style="list-style-type: none"> • Visit federal government nutrition and health Websites • Review organizational charts at federal, state, and local levels • Access educational resources on how to deal effectively with legislators • Identify where authority lies for nutrition and food programs at Federal, State and local levels • Observe a committee meeting in state legislature • Read and write comments on proposed nutrition-related regulations from the Federal Register • Attend a Board of Health meeting • Track a bill through passage to implementation • Identify specific agency activities that support Healthy People 2010 objectives • Review regulations of food and nutrition programs available in agency, e.g. WIC, Food Stamps • Identify policies that support or promote improved nutrition and regular physical activity 	<ul style="list-style-type: none"> • USDA Food and Nutrition Services: www.fns.usda.gov/fns/ • USDHHS Maternal and Child Health Bureau: www.mchdata.net • <i>Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity</i>: www.astphnd.org/programs/00Nupawgfm.pdf • Legislative newsletters • American Dietetic Association's Policy Initiatives and Advocacy Web page: www.eatright.com/gov/ • Federal Register www.gpo.gov • National Conference of State Legislatures: www.ncsl.org • State or local personnel manual • <i>Nutrition and the Community</i>. A Owen, P Splett, and G Owen. Boston, McGraw Hill, 1999. • <i>Healthy People 2010: Understanding and Improving Health</i>. 2nd ed. USDHHS. Washington, DC: U.S. Government Printing Office, November 2000. www.health.gov/healthypeople • League of Women Voters Organization www.lwv.org/

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>8. Participates in organized advocacy efforts for health and nutrition programs</p>	<ul style="list-style-type: none"> • Understands agency advocacy policy • Is familiar with strategies to influence the awareness and thinking of public stakeholders and policy makers • Is able to identify advocacy opportunities and initiate action • Knows basic food and nutrition issues and their impact on nutrition programming, as well as impact of physical activity on nutritional status 	<ul style="list-style-type: none"> • Participate in an activity (forum, telephone tree, letter writing campaign) for individuals or groups to bring issues to the public for support and influence legislative and public policy, for example, breastfeeding support through public assistance programs • Assess agency and community for nutrition advocacy opportunities • Develop talking points on a selected topic area 	<ul style="list-style-type: none"> • Local social and welfare agencies and advocacy groups • Nutrition Week, Community Nutrition Institute Newsletter, Consumer Reports • Legislative newsletter, American Dietetic Association: www.eatright.org • <i>National Conference of State Legislators</i>: www.ncsl.org • <i>Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services</i>: www.cdc.gov/mmwr/preview/mmwrhtml/rr5018a1.htm • <i>Bright Futures in Practice: Physical Activity</i>, National Center for Education in Maternal and Child Health: www.brightfutures.org/physicalactivity/pdf/index.html • <i>The Community Tool Box</i>. University of Kansas: http://ctb.lsi.ukans.edu/ • Food Research and Action Center: www.frac.org • Bread for the World: www.bread.org • Center for Science in the Public Interest: www.cspinet.org

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>9. Understands political and ethical considerations within and across organizations and their impact on agency planning, policy, and decision-making</p>	<ul style="list-style-type: none"> • Understands the development and/or policy approval process • Understands types of skills to influence policy • Able to develop or assist in developing nutrition policy • Understands the consequences of policy actions at the individual, family, and community levels 	<ul style="list-style-type: none"> • Identify key player(s) responsible for agency/program planning • Review agency policy manual • Assess political milieu of organizational structure • Attend political briefing in agency • Attend community coalition meeting • Interview agency staff responsible for involving community in planning, policy and needs assessment • Apply a model like the Socio-Ecological Framework to a program decision 	<ul style="list-style-type: none"> • Organizational charts • Agency and program plans • Agency policy manuals • <i>Nutrition and the Community</i>. A Owen, P Splett, and G Owen, Boston, McGraw Hill, 1999. • <i>Community Tool Box</i>, University of Kansas: ctb.lsi.ukans.edu • <i>Moving to the Future: Developing Community-Based Nutrition Services</i> (Workbook and Training Manual). KL Probert, ed. Washington, DC. Association of State and Territorial Public Health Nutrition Directors. 1997. Order from www.astphnd.org • American Public Health Association - Code of ethics: http://apha.org • American Dietetic Association - Code of ethics: www.eatright.org

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>10. Knows management principles for effective community assessment, program planning, implementation, and evaluation and applies them to community-based public health nutrition programs</p>	<ul style="list-style-type: none"> • Applies effective management principles in the implementation of community-based public health nutrition program • Demonstrates the importance of obtaining and utilizing customer/ community input and feedback in the assets mapping and needs assessment processes 	<ul style="list-style-type: none"> • Identify short and long term priorities in the management process • Participate in annual or other short range planning as well as strategic planning that utilizes surveillance data for decision making • Observe and interview various individuals involved in the planning process, including agency and community representatives • Compile information on the community food, nutrition and health programs • Identify criteria for implementing a Continuous Quality Improvement plan for the local agency and/or community • Define customer service and identify examples in community based public health nutrition programs 	<ul style="list-style-type: none"> • Interdisciplinary team members • Community-based programs • Resources on effective management strategies, e.g. Total Quality Management, Continuous Quality Improvement • Local newspapers • Community Needs Assessment Guides • County profile data • State profiles- DHHS Bureau of Maternal and Child Health: www.mchdata.net/Reports_Graphs/summenu.htm • CDC Surveillance Systems: www.cdc.gov/nccdphp/dnpa/surveill.htm • <i>Building Communities from the Inside Out</i>. JP Kretchmann and JL McKnight. Chicago: Northwestern University; 1993. • <i>Mobilizing for Action through Planning and Partnership</i> (MAPP). National Org of City & County Health Officials: http://mapp.naccho.org/MAPP_Home.asp • <i>Healthy People 2010 Toolkit</i>: www.health.gov/healthypeople/state/toolkit/default.htm

Training Topic Area Continued	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>10, continued</p> <p>Knows management principles for effective community assessment, program planning, implementation, and evaluation and applies them to community-based public health nutrition programs</p>		<ul style="list-style-type: none"> • Participate in a community-based planning process that includes assets mapping, needs assessment, and establishing community priorities • Conduct a simple cost analysis of a nutrition service • Develop an evaluation plan for a community program based on Framework for Program Evaluation in Public Health • Observe meeting of a local health council and interview members 	<ul style="list-style-type: none"> • <i>Framework for Program Evaluation in Public Health</i>. Centers for Disease Control and Prevention. MMWR Sept 17, 1999/ Vol 48 No RR11;1 www.cdc.gov/eval/framework.htm or www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm or http://search.cdc.gov/search97cgi/s97is.dll • <i>Cost-Effectiveness Analysis for the Real World</i>. A Ellis, M Green, B Haughton. http://nutrition.he.utk.edu/cea • <i>Costing Nutrition Services: A workbook</i>. Splett P, Caldwell M; 1985. • <i>Moving to the Future: Developing Community-Based Nutrition Services</i>. KL Probert, ed. Washington, DC: Association of State and Territorial Public Health Nutrition Directors; 1996. • <i>Maximizing Resources for Results! Extending Bright Futures Through Community-Based Nutrition Planning</i>. S Gregory; 2001. http://nutrition.he.utk.edu/max_resources/maximize/ • <i>A Program Evaluation Tool Kit: Excerpt - Program Logic Model</i>. The Community Health Research Unit, University of Ottawa. www.uottawa.ca/academic/med/epid/excerpt.htm • <i>Nutrition and the Community</i>. A Owen, P Splett, and G Owen. Boston, McGraw Hill, 1999.

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>11. Knows how nutrition services are integrated into overall mission, goals, and plan of the health agency</p>	<ul style="list-style-type: none"> • Participate in developing mission, vision, and goal statement for nutrition unit that are consistent with the organization • Compares nutrition plan with agency plan • Understands nutrition's role, mission and goals in agency 	<ul style="list-style-type: none"> • Review the mission, vision statement and goals of the health agency • Compare the mission, vision, and goals statement of nutrition services or programs to the agency goals • Assess integration of nutrition in various programs within the agency 	<ul style="list-style-type: none"> • Strategic plans from state agency, health departments, and nutrition programs • Workshops on planning, including development of mission statements, vision statements, and goals • Written materials on planning • <i>Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity:</i> www.astphnd.org/programs/00Nupawgfm.pdf

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>12. Understands resource management, including grant application, identifying funding sources, and reading fiscal reports</p>	<ul style="list-style-type: none"> • Demonstrates ability to apply several financial management principles • Knows potential funding sources 	<ul style="list-style-type: none"> • Read a financial statement • Interview a program development manager to investigate resource management • List potential funding sources for nutrition programs • Assist with writing a grant application • Participate in reviewing grant applications • Complete a sample program budget 	<ul style="list-style-type: none"> • Agency's grants, financial statements • Federal Register • Foundations Directory • University faculty and their respective research offices • <i>Program Planning and Proposal Writing</i>. Expanded Version. NJ Kiritz. Los Angeles: Grantsmanship Center; 1980. • Nutrition.gov 'Funding Agency' Web page: www.nutrition.gov/framesets/frameset.php3?topic=resources&subtopic=funding%20agencies • Nutrition.gov 'Grant Opportunities' Web page: www.nutrition.gov/framesets/frameset.php3?topic=research&subtopic=grant%20opportunities • Food Stamp Nutrition Education Grants: www.nal.usda.gov/foodstamp/program_facts.html#grants • Team Nutrition Training Grants: www.fns.usda.gov/tn/Grants/index.htm • Seniors Farmers' Market Nutrition Program (SFMNP) grants: www.fns.usda.gov/wic/CONTENT/SFMNP/SFMNPmenu.htm • Fundraising and Grant Writing Resources www.fundsnetervices.com/grantwri.htm • The Grantsmanship Center: www.tgci.com/

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>13. Knows the principles of personnel management, including recruiting, staffing, supervising, performance appraisal, staff development, and conflict resolution</p>	<ul style="list-style-type: none"> • Understands the relationships between positions in a unit or agency • Knows the components of a job description • Writes and conducts performance appraisals with subordinates • Is knowledgeable about training • Understands Affirmative Action and organization's corrective disciplinary procedures • Demonstrates one or more conflict resolution techniques 	<ul style="list-style-type: none"> • Draw an organizational chart • Write a job description • Participate in an interview of nutrition staff candidate • Develop sample interview questions for a position • Review criteria for and role-play a performance appraisal • Develop a training plan for growth and development of subordinates • Develop staff in-service program using a presentation software program, such as Microsoft PowerPoint, based on documented training needs • Assess own public health & community nutrition training needs and develop own plan for professional development • Read Affirmative Action plans of agency • Attend conflict resolution workshops • Identify and bring a conflict to surface, and work toward insight resolution 	<ul style="list-style-type: none"> • Administrative manual • Performance expectations used by agency/organization • <i>Self-Assessment Tool for Public Health Nutritionists</i>. Public Health Nutrition Practice Group of the American Dietetic Association; 1988. • <i>Personnel in Public Health Nutrition for the 1990s</i>. J Dodds, M Kaufman. Washington, DC: The Public Health Foundation; 1991. • Current performance appraisal form used by agency/organization • Agency's Affirmative Action Plan • <i>First Things First: To Live, To Love, To Learn, To Leave a Legacy</i>. SR Covey, AR Merrill, RR Merrill. New York: Simon and Schuster; 1994. • <i>The Seven Habits of Highly Effective People</i>. SR Covey. New York: Simon and Schuster; 1989. • <i>SSNAPS</i>. J Dodds. Chapel Hill, NC: University of North Carolina-School of Public Health; 1996. • <i>Difficult Conversations. How to Discuss What Matters Most</i>. D Stone, B Patton, S Heen. New York: Penguin Books; 1999. • <i>Nutrition and the Community</i>. A Owen, P Splett, and G Owen. Boston, McGraw Hill, 1999.

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>14. Understands descriptive statistics, principles of data collection and management, monitoring and surveillance reports, and basic computer applications for data compilation and analysis</p>	<ul style="list-style-type: none"> • Identifies and prioritizes nutritional problems of various age and population groups • Understands how data are used in developing program plans • Evaluates quality of data • Understands basic descriptive statistics 	<ul style="list-style-type: none"> • Interview statistics and/or epidemiology personnel at a local and a state health agency • Review published morbidity and mortality data; identify areas that have nutrition components • Design and implement a simple survey; conduct analysis of the data • Devise a systematic data collection process in routine nutrition services • Review surveillance data, e.g., Pediatric and Pregnancy, Behavioral Risk Factors Surveillance System (BRFSS), National Health and Nutrition Examination Survey (NHANES), Cancer, etc. • Use online resources from related sites to determine national and state health issues • Complete online training modules on basic statistics 	<ul style="list-style-type: none"> • Short courses in biostatistics • <i>Morbidity and Mortality Weekly Reports</i>: www.cdc.gov/mmwr • County profile data • WIC participant and program data • Breastfeeding data • Epi-info 2000: www.cdc.gov/epiinfo/ • Data sets of various groups <ul style="list-style-type: none"> – Community Childhood Hunger Identification Project: www.frac.org/html/publications/pubs.html – National Health and Nutrition Examination Survey: www.cdc.gov/nchs/nhanes – Continuing Survey of Food Intakes by Individuals: www.barc.usda.gov/bhnrc/foodsurvey/Cd98.html • Online data training modules: www.sph.unc.edu/toolbox/ • CDC Surveillance Systems: www.cdc.gov/nccdphp/dnpa/surveill.htm <ul style="list-style-type: none"> – Behavioral Risk Factor Surveillance System – Youth Risk Behavior Surveillance System – Pediatric Nutrition Surveillance System – Pregnancy Nutrition Surveillance System • Title V Information System: www.mchdata.net

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>15. Knows the principles of an epidemiologic approach to assess the health and nutrition problems and trends in the community</p>	<ul style="list-style-type: none"> • Understands basic epidemiologic concepts and processes • Assesses nutritional risks of a specific population group 	<ul style="list-style-type: none"> • Review existing epidemiologic data from the community • Complete a literature review of nutrition risk factors (i.e., obesity) within a selected population group • Identify major nutrition problems of selected risk groups in the population served • Interview an epidemiologist • Conduct a case study on an outbreak of food borne illness 	<ul style="list-style-type: none"> • Centers for Disease Control and Prevention: www.cdc.gov • University of North Carolina online training modules: www.sph.unc.edu/toolbox/ • CDC WONDER: http://wonder.cdc.gov • Epi-Info 2000: www.cdc.gov/epiinfo/ • National Center for Health statistics (NCHS): www.cdc.gov/nchs • State and local health departments (use online resources) • <i>Prevalence of Overweight among Children and Adolescents: United States, 1999.</i> National Center for Health Statistics, Centers for Disease Control and Prevention, 2001. www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>16. Knows principles of research and evaluation</p>	<ul style="list-style-type: none"> • Critiques research (outcomes evaluation) projects in an applied setting, e.g.: <ul style="list-style-type: none"> – case studies – chart/record review – analysis of surveillance or other data – research designs • Has knowledge of the purposes of and differences between research and evaluation • Assesses how to incorporate a new research article into an existing body of evidence 	<ul style="list-style-type: none"> • Compare and contrast several published research findings <ul style="list-style-type: none"> – Examine study methodology and strengths and weaknesses of research • Review available or potential resources of data: <ul style="list-style-type: none"> – surveillance – written records – local and state prevalence data – morbidity and mortality data • Select a program or project to evaluate. Develop a statement clarifying the purpose of the evaluation and the evaluation questions • Review an evidence-based prevention guideline (eg, obesity, hyperlipidemia from US Preventive Services Task Force • Evaluate one new research article related to the evidence-based guideline reviewed 	<ul style="list-style-type: none"> • Published research articles • Food and Nutrition Information Center, National Agriculture Library: www.nal.usda.gov/fnic • <i>Research: Successful Approaches</i>. E Monsen, ed. Chicago, IL: American Dietetic Association; 1003. • <i>Costing Nutrition Services: A Workbook</i>. Splett P, Caldwell M. 1985. • <i>Framework for Program Evaluation in Public Health</i>. Centers for Disease Control and Prevention. MMWR 1999; 48(No. RR-11). www.cdc.gov/mmwr/PDF/rr/rr4811.pdf • <i>Cost-Effectiveness Analysis for the Real World</i>. A Ellis, M Green, B Haughton. http://nutrition.he.utk.edu/cea • Myers EF, Pritchett E, Johnson EQ. Evidence-based practice guides vs. protocols: What's the difference? <i>J Am Diet Assoc</i>. 2001;101:1085-1090.

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>17. Knows relationships of the environment to public health, risk assessment, and biological, physical, and chemical factors that effect the nutritional status of the public</p>	<ul style="list-style-type: none"> • Knows state and local environmental issues and notes argument pros and cons • Discusses and evaluates issues based on current scientific knowledge • Understands the types of preventive measures and plans that can be implemented to increase preparedness in the event of emergency or natural disaster 	<ul style="list-style-type: none"> • Meet with staff who work on environmental issues • Read case studies of environmental topics • Read case studies in the following areas: <ul style="list-style-type: none"> – Physical – natural disaster, sanitation, E coli outbreak – Biological/Biotechnical - genetically engineered foods, bovine growth hormone, food safety and bioterrorism – Chemical - food additives such as BHT or guar gums • Prepare a press release on a chemical food additive, e.g., BHT or guar gums, for a community- based publication 	<ul style="list-style-type: none"> • Epi-Info 2000: www.cdc.gov/epiinfo • CDC WONDER: http://wonder.cdc.gov • Food Safety Website: http://foodsafety.gov • State and local health departments • Public Health Emergency Preparedness and Response: www.bt.cdc.gov/ • Biological Incidents: Health and Human Services Preparedness and Response: Department of Health and Human Services www.hhs.gov/hottopics/healing/biological.html

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>18. Knows processes of monitoring, technical assistance, guidance, consultation, and collaboration within and across agencies and organizations</p>	<ul style="list-style-type: none"> • Knows appropriate situations to use monitoring, technical assistance, guidance, consultation, and collaboration • Determines appropriate action in response to nutrition consultation 	<ul style="list-style-type: none"> • Define and compare monitoring, technical assistance, guidance, consultation, and collaboration processes • Observe and interview nutritionist in community carrying out these tasks • Read selected materials on these processes • Read a written report and provide response to a nutrition consultation on a public health project/program • Participate in a community intervention project, collaborating with other agencies 	<ul style="list-style-type: none"> • <i>The Competitive Edge</i>. KK Helm, JC Rose. Chicago, IL: American Dietetic Association; In Print, 2002. • <i>Nutrition in the Community: the Art and Science of Delivering Services</i> 4th edition by A Owen, P Splett and G Owen, 1999. McGraw-Hill Publishers, Boston. • <i>Flawless Consulting</i>. P Block. San Francisco, Jossey-Bass Pfeiffer, 2000. • <i>Coordination Strategies Handbook: A Guide for WIC and Primary Care Professionals</i>. Washington, DC: U.S. Department of Agriculture, Food and Nutrition Service; 2000. • <i>Consulting on the Inside</i>. B Scott. American Society for Training and Development, Alexandria, VA, 2000. www.astd.org

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>19. Selects and appropriately uses group process and group facilitation techniques (brainstorming, focus groups, nominal group process) to achieve goals and objectives of food and nutrition programs and services</p>	<ul style="list-style-type: none"> • Successfully demonstrates knowledge of group process and group facilitation techniques 	<ul style="list-style-type: none"> • Observe individuals using specific techniques • Complete a project using selected techniques • Complete online module on qualitative methods 	<ul style="list-style-type: none"> • Articles and text on Nominal Group Process, Focus Groups • <i>Focus Groups: A Practical Guide for Applied Research</i>. RA Krueger. Thousand Oaks, CA: Sage Publications; 1994. • Qualitative methods: <ul style="list-style-type: none"> – www.worldbank.org/poverty/impact/methods/qualita.htm – www.sph.unc.edu/toolbox/ • <i>The Skilled Facilitator: Practical Wisdom for Developing Effective Groups</i>. R Schwarz. San Francisco, CA: Jossey-Bass Inc. 1994. • <i>Essential Manager's Manual</i>. R Heller, T Hindle, London, England: Dorling Kindersley. 1998.

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>20. Is familiar with the role and operation of agency and/or community boards, committees, task forces, coalitions, and partnerships in public health</p>	<ul style="list-style-type: none"> • Understands role and importance of coalitions in public health nutrition programming • Describes techniques for successful networking or coalition building • Lists allies that might be mobilized around key food and nutrition issues 	<ul style="list-style-type: none"> • Attend a wide variety of political, community and professional meetings, conferences, and social events, <ul style="list-style-type: none"> – Maternal and Child Health Conference, – Healthy Mothers Healthy Babies, – hunger groups, – breastfeeding coalition, etc. • Provide written or verbal analysis of various community coalitions • Develop and present a nutrition related program to a board, task force, or community agency committee 	<ul style="list-style-type: none"> • Human and Nutrition Service directories • Advocacy groups, e.g. Food Research and Action Center: www.frac.org; Children's Defense Fund: www.childrensdefense.org • <i>Healthy Communities. New Partnerships for the Future of Public Health.</i> Executive Summary. Committee on Public Health, Institute of Medicine. Washington, DC: National Academy Press; 1996. • <i>The Community Tool Box.</i> University of Kansas. http://ctb.lsi.ukans.edu/ • <i>A Manual for Building Local Leadership for Community Nutritional Health.</i> M. Crave, 1996. University of Wisconsin-Extension-Family Living Program • <i>Healthy People 2010 Toolkit: A Field Guide to Health Planning.</i> www.health.gov/healthypeople/state/toolkit/default.htm • <i>Moving to the Future: Developing Community-Based Nutrition Services</i> (Workbook and Training Manual). KL Probert, ed. Washington, DC. Association of State and Territorial Public Health Nutrition Directors. 1997. Order from www.astphnd.org

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>21. Develops skills in functioning as a multidisciplinary and interdisciplinary team member or leader within and across disciplines</p>	<ul style="list-style-type: none"> • Understands how nutrition services are integrated into comprehensive health and social services • Recognizes importance and value of areas of public health, community, and society outside of nutrition • Understands role of case manager and paraprofessionals in coordination and collaboration 	<ul style="list-style-type: none"> • Assess and analyze agency to identify multidisciplinary program and approaches to delivery of services • Participate in team assessments/ case conferences with other health care providers, the client/patient, and family members • Interview members of team, including paraprofessionals; write a description of roles and responsibilities • Provide appropriate client referrals to other team members and other health care and social service agencies • Conduct an in-service for other members of the health care team • Participate in/ lead team building within and across disciplines 	<ul style="list-style-type: none"> • Other members of health care team • Professional organizations with which other team members are affiliated • <i>Personnel in Public Health Nutrition for the 1990s</i>. JM Dodds, M Kaufman. Washington, DC: The Public Health Foundation; 1991. • Comprehensive Nutrition and Physical Activity: www.astphnd.org and www.astphnd.org/programs/00Nupawgfm.pdf • <i>Coordination Strategies Handbook: A Guide for WIC and Primary Care Professionals</i>. Washington, DC: U.S. Department of Agriculture, Food and Nutrition Service; 2000. • <i>WIC and Head Start, Partners in Promoting Health and Nutrition for Young Children and Families</i>. USDA, USDHHS, October 1999.

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>22. Knows and applies skills in selecting and/or developing nutrition education materials and approaches appropriate for individuals or small groups within the target population</p>	<ul style="list-style-type: none"> • Accesses research-based, field-tested nutrition education materials • Selects and develops nutrition education materials appropriate for the target population • Successfully utilizes a variety of communication techniques, e.g. interviewing, counseling, presenting an educational session • Utilizes a variety of current technologies in materials development and presentations • Understands the different roles & responsibilities of public health nutrition personnel based on educational preparation & credentials 	<ul style="list-style-type: none"> • Evaluate appropriateness of education materials to client’s culture, diagnoses and family needs • Evaluate agency's nutrition education materials using standard criteria • Develop and implement nutrition education program for clients/ patients to include strategy, materials development, field testing, and evaluation • Determine the appropriate literacy level for the population and how to determine level • Participate in training on adult learning theory • Use presentation software program, such as Microsoft Power Point, to develop a presentation to individuals and families • Use desktop publishing software to update or create a nutrition pamphlet or publication for a target population • Evaluate the reading level of a client education material 	<ul style="list-style-type: none"> • Food and Nutrition Information Center: www.nal.usda.gov/fnic • Client education materials • Computer programs to evaluate literacy level • <i>Teaching patients with Low Literacy Skills</i>. CC Doak, LG Doak, JH Root. Philadelphia: JP Lippincott Company; 1996. • <i>Evaluating Nutrition Education Materials</i>. Bureau of Nutrition & WIC, Iowa Department of Public Health. www.nal.usda.gov/wicworks/Sharing_Center/RQNS/rqns_15.pdf • <i>Diversity Rx</i>: Promoting language and cultural competence in healthcare: www.diversityrx.org • <i>Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies</i>. DHHS. Oct 1999, HCFA Pub # 10145. • <i>Clear & Simple</i>, National Institutes of Health, Publication #95-3594. • <i>The Provider’s Guide to Quality and Culture</i>. Management Sciences for Health: http://erc.msh.org/quality&culture

Training Topic Area Continued	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
22, continued Knows and applies skills in selecting and/or developing nutrition education materials and approaches appropriate for individuals or small groups within the target population		<ul style="list-style-type: none"> • Determine nutrition education resource for materials for non-English speakers or English as a second language speakers 	<ul style="list-style-type: none"> • <i>A Handbook for Developing Multicultural Awareness</i>. P Pedersen. Alexandria, VA: American Counseling Association; 2000. • <i>Nutrition Education for New American Populations</i>. Department of Anthropology and Geography, Georgia State University. http://monarch.gsu.edu/nutrition

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>23. Effects behavior change through knowledge and application of behavioral, social, and education theories</p>	<ul style="list-style-type: none"> • Applies effective counseling and group facilitation techniques • Uses appropriate instructional and learning theories in nutrition education • Demonstrates knowledge of psychosocial theories of health behavior and their application to eating behavior • Uses appropriate theories of cognitive, social, and emotional development in nutrition education • Applies appropriate theories and techniques from the behavioral sciences for modifying behavior such as: <ul style="list-style-type: none"> – attitude-change theories – persuasive communication concepts – social learning and other cognitive-behavioral theories – behavior modification techniques – concepts of social marketing – client-centered strategies 	<ul style="list-style-type: none"> • Use a counseling checklist while observing a counselor • Observe and critique a nutrition education session • Videotape a nutrition education session or case study; evaluate counseling and identify positive and negative aspects • Practice/ explore alternate interviewing approaches, such as motivational interviewing • Assess the education needs of a target population using appropriate methodologies, e.g., focus groups, interview-surveys • Review methodologies for assessing education needs of a population • Review social behavior theories: Health Belief Model, Stages of Change, Social Marketing, Precede-Proceed, Diffusion Theory 	<ul style="list-style-type: none"> • Counseling guidelines • Workshops on marketing and education • <i>Nutrition Centered Counseling Skills for Medical Nutrition Therapy</i>. LG Snetselaar. MD Gaithersburg. Aspen Publishers, Inc; 1997. • <i>A Handbook for Developing Multicultural Awareness</i>. P Pedersen. Alexandria, VA: American Counseling Association; 2000. • <i>How to make nutrition education more meaningful through facilitated group discussion</i>. R Abusabha, J Peacock, C Achterberg. <i>J Am Diet Assoc</i>. 1999;99:72-76. • <i>Health Behavior and Health Education: Theory, Research and Practice</i>. 3rd Ed. K Glanz, , FM Lewis, BK Rimer (Eds). San Francisco: Jossey Bass Publishers; 2002. • <i>Celebrating Diversity: Approaching Families Through Their Food</i>. DC Bliades, CW Sutor. Arlington, VA: National Center for Education in Maternal and Child Health; 1994. • WIC Works Resource System: www.nal.usda.gov/wicworks • Motivational interviewing videotapes: www.motivationalinterview.org/training/videos.html

Training Topic Area Continued	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
23, continued Effects behavior change through knowledge and application of behavioral, social, and education theories	<ul style="list-style-type: none"> • Assesses current marketing strategies to develop education programs for targeted audiences • Uses culturally appropriate education strategies • Discusses social behavior theories in relation to public health nutrition interventions 		

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>24. Communicates accurate, scientifically based information- both oral and written- at levels appropriate for various audiences: clients, general public</p>	<ul style="list-style-type: none"> • Identifies accurate, scientifically based nutrition information and incorporates content into nutrition education strategies • Selects and develops effective strategies to best communicate message to the target population 	<ul style="list-style-type: none"> • Research and write a nutrition article/communiqué on a selected nutrition issue • Assess appropriate literacy and cultural preferences • Develop a press release • Assist a public health nutritionist in planning and presenting a series of family- centered nutrition classes for parents of young children in a local community • Develop and present an education session to target audience 	<ul style="list-style-type: none"> • Case studies • Food Guide Pyramid: www.usda.gov/cnpp/pyramid2.htm • Media tapes • <i>Making Health Communication Programs Work: A Planner's Guide</i>. US Department of Health and Human Services, Public Health Service, National Institutes of Health. NIH Publication #92-1493; 1992. https://cissecure.nci.nih.gov/ncipubs/details.asp?pid=209 • <i>Communicating as Professionals</i>. R Chernoff, ed. Chicago, IL: American Dietetic Association; 2nd Ed. 1994. • International Food Information Council: www.ific.org • CDCynergy: www.cdc.gov/cdcynergy/ • National Council Against Health Fraud: www.ncahf.org

Training Topic Area	Example Target Behaviors	Suggested Work-Related & Learning Activities	Example Resources
<p>25. Uses media strategies in various print, broadcasting, and telecommunications channels, such as video and the Internet, to reach population groups</p>	<ul style="list-style-type: none"> • Demonstrates ability to identify media strategies appropriate to target population groups • Utilizes effective media strategies to reach target population 	<ul style="list-style-type: none"> • Participate in various public education campaigns that emphasize community health promotion and disease prevention, e.g., breastfeeding promotion, 5-A-Day for Better Health, food labeling, etc. • Describe the key points or objectives for a promotional topic and three facts you want the public to remember • Practice a media interview with the American Dietetic Association's state media representative and videotape for critique 	<ul style="list-style-type: none"> • Public Relations Firms • <i>Healthy People 2010: Understanding and Improving Health</i>. 2nd ed. USDHHS. Washington, DC: U.S. Government Printing Office, November 2000. www.health.gov/healthypeople • <i>Introduction to Media Relations</i>. ASTPHO and Public Health Foundation. www.trainingfinder.org/search.cgi?action=view_course&course_id=10920 • <i>Media Advocacy and Public Health: Power for Prevention</i>. L Wallack, L Dorfman, D Jernigan, M Themba. Newbury Park: Sage Publications; 1993.

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www.nal.usda.gov/fnic/pubs/bibs/gen/ethnic.html

Materials for All Audiences

www.fns.usda.gov/tn/Resources/index.htm

Native American Materials

www.fns.usda.gov/fdd/programs/fdpir/fdpir_pubs.htm

Parent Materials

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Appendix A
Glossary of Terms

Glossary of Terms

The following are definitions of terms used in this document.

Community Nutrition

Community Nutrition is the branch of nutrition that addresses the entire range of food and nutrition issues related to individuals, families, and special needs groups living in a defined geographical area. Community nutrition programs include those programs that provide increased access to food resources, food and nutrition education, and health-related care in a culturally competent manner.

Community Nutrition Educator

A Community Nutrition Educator is defined as an individual with a baccalaureate degree with a minimum of 15 hours course work in nutrition from a regionally accredited college or university.

Community Nutritionist/Dietitian

A Community Nutritionist/Dietitian is defined as an individual with a baccalaureate degree and is a Registered Dietitian or registration eligible.

Registered Dietitian

A Registered Dietitian has completed a baccalaureate degree in dietetics or a related area at an accredited US college or university, completed a supervised clinical experience, and passed a national examination administered by the Commission on Dietetic Registration, which is recognized by the National Commission for Certifying Agencies. To retain RD status, continuing education activities are required. Registered Dietitians are qualified to perform nutrition screening, assessment, and treatment.

Public Health Nutritionist

The title Public Health Nutritionist is reserved for positions that require dietetic registration status, and graduate-level public health preparation in biostatistics, epidemiology, social-behavioral sciences, environmental sciences, health program planning, management, and evaluation. The term is usually used for an individual with a Master's degree in Public Health Nutrition.

Appendix B

Self-assessment Tool for Public Health Nutritionists

Self-assessment tool for public health nutritionists

“The public health nutritionist is that member of the public health agency staff who is responsible for assessing community nutrition needs and planning, organizing, managing, directing, coordinating and evaluating the nutrition component of the health agency’s services. The public health nutritionist establishes linkages with community nutrition programs, nutrition education, food assistance, social or welfare services, child care, services to the elderly, other human services, and community based research.”

From Kaufman, M. Ed. et al Personnel in Public Health Nutrition for the 1980s, Washington, DC, ASTHO Foundation, 1982

This tool is designed to help me implement the ADA Standards of Practice (#4) and objectively assess my expertise in the five general areas of public health nutrition and then use the assessment to develop a career development plan. It is important to complete each item even though the particular skill or knowledge may not be required in my present job.

For the purpose of this self-assessment, the following definitions are used for guidance:

1. Expert - possess this knowledge/skill as a result of training and/or experience and feel able to speak and act with authority in this area.
2. Competent - feel knowledge/skill exceeds the average but is less than the level of “expert”.
3. Adequate- consider knowledge/skill is satisfactory or average.
4. Beginner - feel knowledge/skill is characterized by uncertainty and lack of confidence.
5. Unqualified - assess knowledge/skill as inadequate and performance in area would be difficult without technical assistance; assistance would be needed if required to apply this knowledge/skill.

Prepared by the Department of Nutrition and the Learning Resources Center, School of Public Health, University of North Carolina at Chapel Hill.

Public Health Nutrition Practice Group of the American Dietetic Association, © 1988

I. Nutrition and Dietetics Practice

	Expert	←	→	Unqualified
• Knowledge of the principles and practice of nutrition throughout the life cycle				
– normal nutrition	1	2	3	4 5
– therapeutic nutrition	1	2	3	4 5
– meal planning, food selection, preparation, processing and service for individuals and groups	1	2	3	4 5
• Knowledge of human behavior, particularly health and diet-related behaviors	1	2	3	4 5
• Knowledge of techniques for effecting behavior change	1	2	3	4 5
• Skill in process of interviewing and counseling	1	2	3	4 5
• Knowledge of the cultures and lifestyles of ethnic and socioeconomic groups represented in the community	1	2	3	4 5
• Knowledge and skill in nutrition assessment techniques:				
– anthropometric	1	2	3	4 5
– biochemical	1	2	3	4 5
– clinical	1	2	3	4 5
– dietary	1	2	3	4 5
– socio-economic	1	2	3	4 5
• Skill in the interpretation and use of data from nutrition assessment for:				
– individuals	1	2	3	4 5
– populations	1	2	3	4 5

II. Communications

	Expert		←→	Unqualified	
	1	2	3	4	5
<ul style="list-style-type: none"> • Skill in communicating scientific information at levels appropriate for different audiences, both orally and in writing: <ul style="list-style-type: none"> – consumers/public – health professionals – the media 					
<ul style="list-style-type: none"> • Skill in using various communication channels and working with the media: <ul style="list-style-type: none"> – printed media (newspapers, magazines, newsletters) – radio – films/videos – television 	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
<ul style="list-style-type: none"> • Knowledge of methods to outreach to prospective clients to enhance their participation in health and nutrition programs 	1	2	3	4	5
<ul style="list-style-type: none"> • Knowledge of the principles of social marketing for use in health and nutrition programs 	1	2	3	4	5
<ul style="list-style-type: none"> • Skill in negotiation and use of group process techniques (brainstorming, focus groups, nominal group process) to achieve goals and objectives 	1	2	3	4	5
<ul style="list-style-type: none"> • Skill in participating effectively as a member of agency and/or community boards, committees, and task forces 	1	2	3	4	5
<ul style="list-style-type: none"> • Skill in using the consultation process 	1	2	3	4	5

III. Public Health Science and Practice

	Expert		←→	Unqualified	
	1	2	3	4	5
• Knowledge and understanding of the epidemiologic approach to measure and describe health and nutrition problems in the community					
• Knowledge of biostatistics, including principles of:					
– data collection and management	1	2	3	4	5
– statistical analysis and inferences	1	2	3	4	5
– computer applications for data compilation and analyses	1	2	3	4	5
• Knowledge of research design and methodology	1	2	3	4	5
• Skill in interpreting research and its implications for the practice of public health and nutrition	1	2	3	4	5
• Skill in conducting a community health and nutrition needs assessment, including:					
– knowledge of local community including community networks and power structures	1	2	3	4	5
– knowledge of available data sources and their use	1	2	3	4	5
– skill in soliciting input on perceived needs from clients, community leaders, and health professionals	1	2	3	4	5
– knowledge of community health and human service programs and of appropriate resources for client referral	1	2	3	4	5

IV. Management

	Expert		←→	Unqualified	
	1	2	3	4	5
• Skill in community organization.					
• Skill in translating community assessment data into agency program plan for nutrition services, including:					
– prioritizing goals	1	2	3	4	5
– development of measurable objectives	1	2	3	4	5
– development of achievable action plans	1	2	3	4	5
– use of quality control measures	1	2	3	4	5
– development of evaluation systems	1	2	3	4	5
• Skill in integrating plan for nutrition services into overall mission and plan of the health agency	1	2	3	4	5
• Skill in organizing and prioritizing work	1	2	3	4	5
• Knowledge of quality assurance methodology, including the writing of measurable health outcomes and nutrition care standards	1	2	3	4	5
• Skill in applying the principles of personnel management, including:					
– recruiting	1	2	3	4	5
– staffing	1	2	3	4	5
– supervising	1	2	3	4	5
– performance appraisal	1	2	3	4	5
– staff development	1	2	3	4	5
• Skill in applying principles of financial management of health services, including:					
– forecasting of fiscal needs	1	2	3	4	5
– budget preparation and justification	1	2	3	4	5
– reimbursement systems	1	2	3	4	5
– control of revenues and expenditures	1	2	3	4	5
• Knowledge of available funding sources for public health and public health nutrition programs	1	2	3	4	5
• Skill in grant and contract management, including:					
– preparation	1	2	3	4	5
– negotiation	1	2	3	4	5
– monitoring	1	2	3	4	5
• Skill in applying principles of cost/benefit and cost effectiveness analysis	1	2	3	4	5

V. Legislation and Advocacy

	Expert				Unqualified
	1	2	3	4	5
• Knowledge of current and emerging public health and nutrition problems	1	2	3	4	5
• Skill in identifying economic and societal trends which have implications for the health and nutritional status of the population	1	2	3	4	5
• Knowledge of the political considerations involved in agency planning and decision making	1	2	3	4	5
• Knowledge of the legislative base for public health and public health nutrition programs	1	2	3	4	5
• Knowledge of federal, state, and local governmental structures and the processes involved in the development of public policy, legislation, and regulations that influence nutrition and health services	1	2	3	4	5
• Knowledge of the purposes, function, and politics of organizations in the community, which influence nutrition and health	1	2	3	4	5
• Skill in participating in organized advocacy efforts for health and nutrition programs	1	2	3	4	5

My Career Development Plan

To help me implement The American Dietetic Association Standards of Practice this outline for a career development plan will aid me in planning to strengthen the areas I identified as needing improvement. The relative priority to work on any item will be determined by my individual needs and career goals. Setting a target time frame for each area will be based on my priorities. Establishing a time frame will enhance the usefulness of this tool for my professional growth and development as a public health nutritionist.

1. My personal career goal is: _____

2. As I review my responses on the self-assessment tool, I identify three items that are most critical to my career goals.

My first priority is: _____

My plan will include the following courses, activities, consultations.	My time frame(s)
1. 2. 3.	
Notes:	

My second priority is: _____

My plan will include the following courses, activities, consultations. 1. 2. 3.	My time frame(s)
Notes:	

My third priority is: _____

My plan will include the following courses, activities, consultations. 1. 2. 3.	My time frame(s)
Notes:	

Self-Assessment Tool for Public Health Nutritionists

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Appendix C

Guidelines for Community Nutrition Supervised Experiences **User Survey**

Guidelines for Community Nutrition Supervised Experiences
User Survey

Please complete and return to the ADA Public Health/Community Nutrition Dietetic Practice Group, C/O ADA Practice Team, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995.

1. Individual completing survey
(Name; Credentials; Title): _____

2. Agency/ organization name: _____
address: _____

telephone: _____
FAX: _____
3. The Guidelines lend themselves to a wide variety of applications. How were they used in your situation? Please select all that apply.
 (1) Training curriculum development to ensure qualified nutrition personnel
 (2) Student or new employee orientation
 (3) One time or periodic reference document
 (4) Other: _____
4. Which of the following best describes the individual who supervised the community nutrition supervised experience?
 Public health nutrition practitioner seeking specialty training
 Public health employers seeking to ensure qualified nutrition personnel
 Practitioners and educators providing community nutrition training
 Other: _____
5. Which of the following best describes the individual who used the guidelines to enhance his/her competence?
 Public health nutrition practitioner seeking specialty training
 Registered Dietitian seeking continuing education
 Dietetic student seeking ADA registration eligibility
 Other: _____