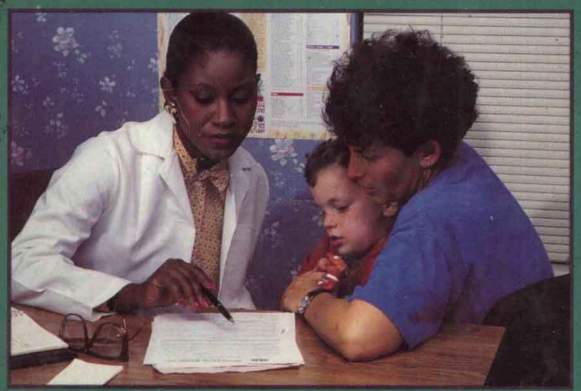
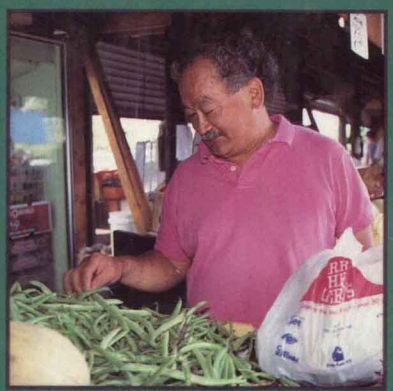
THIRD EDITION

Nutrition in the Community

The Art of Delivering Services





FRANKLE • OWEN

Nutrition *in the* Community

The Art of Delivering Services

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Third Edition

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Healthy People 2000: Nutrition Objectives

Healthy People 2000 is a broad-based initiative that seeks to improve the health of all Americans over the next decade. The 22 areas of high public health priority listed below encompass 298 objectives.

Priority Areas for Healthy People 2000

Health Promotion

1. Physical Activity and Fitness
2. Nutrition
3. Tobacco
4. Alcohol and Other Drugs
5. Family Planning
6. Mental Health and Mental Disorders
7. Violent and Abusive Behavior
8. Educational and Community-Based Programs

Health Protection

9. Unintentional Injuries
10. Occupational Safety and Health
11. Environmental Health
12. Food and Drug Safety
13. Oral Health

Preventive Services

14. Maternal and Infant Health
15. Heart Disease and Stroke
16. Cancer
17. Diabetes and Chronic Disabling Conditions
18. HIV Infection
19. Sexually Transmitted Diseases
20. Immunization and Infectious Diseases
21. Clinical Preventive Services

Surveillance and Data Objectives

22. Surveillance and Data Systems

Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Washington, DC: U.S. Department of Health and Human Services, 1990.

Healthy Communities 2000: Model Standards

Steps for Putting Model Standards to Use

Activities for Implementation

- Assess and determine the role of one's health agency
- Assess the lead health agency's organizational capacity
- Develop an agency plan to build the necessary organizational capacity
- Assess the community's organizational and power structures
- Organize the community to build a stronger constituency for public health and establish a partnership for public health
- Assess the health needs and available community resources
- Determine local priorities
- Select outcome and process objectives that are compatible with local priorities and the *Healthy People 2000* Objectives
- Develop communitywide intervention strategies
- Develop and implement a plan of action
- Monitor and evaluate the effort on a continuing basis

Healthy Communities 2000: Model Standards. Guidelines for Community Attainment of the Year 2000 National Health Objectives. Washington, DC: American Public Health Association 1991.

Preface

Through two editions, NUTRITION IN THE COMMUNITY has addressed the critical public health issues of the time. The first edition (1978) looked at the role of public health nutritionist, the art of program planning, community assessment programs, behavioral change, and evaluation. The second edition (1986) referred to as a "survival kit," was designed to guide students, teachers, and practitioners into the art of management with emphasis on managing both the internal and external environment to achieve health outcomes. The new third edition arrives at a time when there is scientific consensus on how people should eat to improve their chances for a healthy life. Presently, there is a trend toward recognition of the important role that diet plays in disease prevention, but surveys indicate that many people lack the knowledge, skills, and motivation to act effectively on this information.

In response, the third edition is a "strategic" approach designed for undergraduate and graduate students, nutritionists, dietitians, health educators, social workers, psychologists, community workers and others to understand the complexities of developing effective programs to improve dietary patterns for all segments of society.

Four important publications substantiate the importance of this new approach—The Future of Public Health (1989), Institute of Medicine; Healthy People 2000 (1990), the National Office of Health Promotion and Disease Prevention (ODPHP); Healthy Communities 2000—Model Standards, 3rd edition (1991), American Public Health Association; and Improving America's Diet and Health (1991), Institute of Medicine.

Hopefully, a new era beckons us. From the neglect of the early 1980s when our government went from the largest credit nation to the largest debt nation, the 1990s are fragile. With $260 billion in interest payments per year on our huge debt, human services have become downsized with the responsibility of health care delegated to local health departments. Health in the United States has become a fragmented patchwork of service.

Public health's promise for the future is inextricably related to efforts which maximize human potential and which realize the world's interdependence. Public health challenges are not only constant and complex, but are frequently surrounded by political issues.

Risk reduction through preventive and health promotion activities is the primary focus of public health but implementation is often dependent upon society's understanding the willingness-to-pay for such services—the consumer's frame of reference. In this environment, public health is empowered through its multidisciplinary approach. Americans must be concerned that there are adequate public health services in their community; they must voice their concern to their elected representatives; they must get involved in their own communities to address present health concerns, now and for the sake of future generations.

This text addresses the major health initiatives for the 1990s and beyond. It provides student, faculty member, and practitioner with guidelines for management and delivery of nutrition services.

NEW TO THIS EDITION

New to the third edition are six chapters that emphasize the approach of the text. Chapter 1, "The Changing Environment," focuses on how our environment has evolved over the past decade and the strategies that are needed to meet the challenges head on.

In recognition of the diversity of our society, the third edition includes a new chapter on how to deal with population groups with special needs (Chapter 2) and another on multi-cultural groups (Chapter 5). The new edition also looks at our food supply from development to consumption (Chapter 3) and guides us to work the communication process—getting the food to consumers (Chapter 4).

Also recognized in the third edition is the major role that the private sector (Chapter 11) plays in helping consumers select health promoting foods. We have finally realized that the private sector—from producer to retailer—greatly influences what people purchase and consume.

PEDAGOGY

Various learning aids are employed to enhance the usefulness of this text by students and faculty.

General Concept. Each chapter begins with a brief opening paragraph that provides an overview of the chapter.

Objectives. The major learning objectives for each chapter are stated to reinforce their significance for the student.

Chapter Opening Illustrations. All new illustrations open each chapter to help identify and reinforce the concepts covered in the chapter.

Figures and Tables. Strong visual materials are used in each chapter to illustrate important points.

Chapter Summaries. Each chapter ends with a brief summary that is particularly valuable for quick review of the subjects discussed in that chapter.

References. Each chapter provides current references to allow the reader to gain further information.

ACKNOWLEDGMENTS

Numerous persons have made significant contributions to this edition. Without their experience, guidance, and advice, this book would not have been completed. Receiving continual feedback from colleagues, practitioners, and students helped us create a truly teachable textbook. A special thanks and public acknowledgment should be made to the contributing authors, who provided materials, consultations, and their precious time:

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Today's health issues are more visible and more complex. Health professionals have a role to play in forging the future. A new era beckons. Thus, the third edition is dedicated to the people—seeking their input, their participation, and their leadership.

Reva T. Frankle
Anita L. Owen

To
Harold H. Fischer and Joyce and Jonathon Yamaguchi
and grandchildren
Joshua and Jennifer

Reva T. Frankle

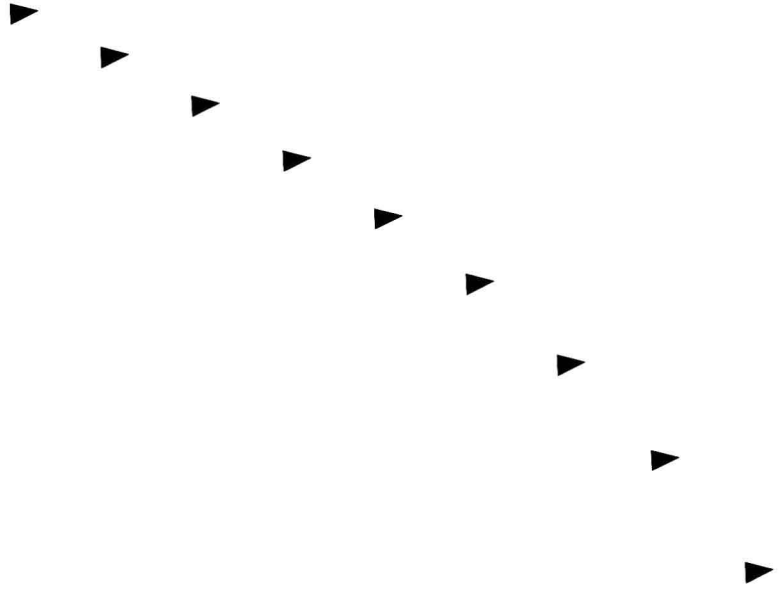
To
George, Gregory
and my mother
Evelyn Vangarelli

Anita L. Owen

PART 1

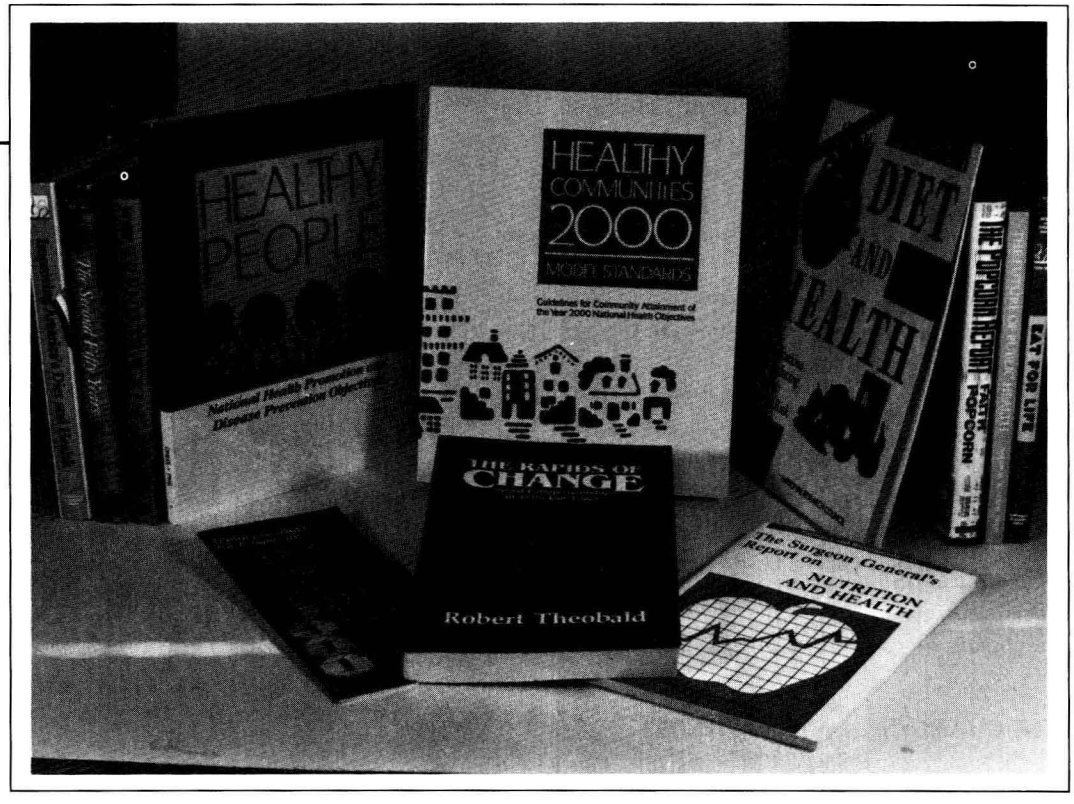
Contents

Forging the Future: Identification of Problems



CHAPTER

1 The Changing Environment: Nutrition Issues



Courtesy of Laura Edwards

GENERAL CONCEPT

The external world surrounding community nutrition is important in stimulating change. The context for the nutrition educator is the milieu in which nutrition education and communication take place. It is also the environment in which our recommendations are interpreted and implemented by the people whose lives we wish to influence.

Consensus has developed about the role of diet in the etiology and prevention of chronic diseases. National documents provide authoritative reviews of the evidence relating dietary factors to health and disease and give us guidance for nutrition education programs. Preventive practices that can improve health, extend life, and reduce medical costs are already well known. The challenge is to apply them better.

Community nutrition is at a critical watershed, a turning point, as the economic and social environment has been changing. As time passes, the nature of the challenge changes. The dietitian-nutritionist, the change master, will envision a new reality and take a *leadership role* in the translation to the changing times, a departure from tradition.

OUTCOME OBJECTIVES

When you finish this Chapter, you should be able to:

- **Describe context–environment in which the dietitian or nutritionist works and environment in which recommendations are interpreted and implemented—and how it differs from the past.**
- **List present-day health problems and societal concerns.**
- **Review and discuss national documents that have provided authoritative reviews of the evidence relating dietary factors to health and disease. These documents help shape nutrition education programs.**
- **Adopt the skills of change—the creation of new knowledge structures and communications with linkages between systems and new directions for innovation.**
- **Define the blueprint for the future—the role of the dietitian and nutritionist in creating and interpreting today's food and health environment.**

THE CHANGING ENVIRONMENT

As change agents, or social entrepreneurs, as termed by Theobold,[24] we—the dietitians and nutritionists—will need to start with the skills that we have, use them as well as we can, watch the patterns that emerge, and then see where we can be most effective in terms of next steps. We need to dream and implement. Our messages will change to be current and meet the needs of society. We will need to encourage our constituency to listen to information that helps give meaning to their lives, even as it disrupts past thinking. Although we should maintain the old whenever we can to give people a sense of continuity, our ability to create the future will be based on a review of where we are and where we have been. People will learn they have the potential to change. People will experience personal empowerment, the capacity to define, analyze, and act on their own problems.[11] Empowered people believe that they are capable of achieving difficult goals and begin to take responsibility for their lives. Once personal improvement has occurred, people will be willing to strive to change their futures. Positive change can happen only as we alter our visions of what we want to achieve and as we commit ourselves to creative activities. Human survival depends on this sense of personal responsibility.

CONTEXT CHANGE

- The American family has changed; we are a more heterogeneous society than ever before
- The population is aging and diverse in race, role, and culture, creating new opportunities for nutrition educators
- Hunger, homelessness, food scarcity, and a relatively high rate of unemployment are real issues in much of our country
- The food supply is dynamic and will continue to be as new technology appears at a rapid pace; *fast* and *convenient* are the watchwords of working parents
- Marketing of foods and new food products surrounds us

The values of the late 1990s are going to be different from the decade of the 1980s, known as the "Me-now-generation." The 1990s values are more like the values of the 1960s, only more pragmatic. People have more realistic economic expectations. They still want money, but they expect less. They want other things. They want rewarding work, free time, good health, satisfying relationships, and, above all, control over their lives. We see a greater sense of social responsibility and broader consensus on vital issues, because people from all age brackets, all socioeconomic levels, and all ethnic groups share concern for the future.[3]

As we move toward this value-based society, bureaucracies will inevitably be replaced by networks and linkages. These linkages will be made on the basis of competency and knowledge, with the most competent person having maximum influence on decision making.[24]

The Family

Families are the quintessential institution of our nation, providing both biological and social continuity, and are shaped by the larger society. Fam-

ilies are also the locus of consumption, savings, and some production activities that are vital to our overall economic well-being. They bear special responsibilities for nurturing and educating the nation's future work force, a critical function that is not well served by the deterioration of the nuclear family over the past 25 years or more.[32]

American families have changed in many ways as the population has adapted to evolving technologies, economic conditions, and social trends. Changes were particularly pronounced during the 1960s and 1970s as the baby-boom generation reached adulthood. Today there is no such thing as a "typical" family. In a nation as heterogeneous as the United States, the characteristics of families vary dramatically by race and ethnicity; education, age, and income of the adult members of the family; religious affiliation; region of the country; and by the interplay of these and other demographic, social, and economic factors. Relatively fewer of us are living in family households, and particularly in "traditional" nuclear families, than earlier in the twentieth century. The trend toward living in nonfamily households (usually alone) is associated with widowhood at older ages, the increased incidence of divorce among adults of all ages, and delayed marriage among young adults.

Women in the United States are bearing fewer children during their lives, and they are doing so later in their reproductive years. Consequently, the average size of families today is smaller than it has ever been before. The nation's total fertility rate—the number of children the average woman would be expected to bear in her lifetime—has been below the replacement level since 1972.[32]

Reflecting underlying changes in social attitudes and behavior, many more of today's new mothers are unmarried at the time their children are born than was the case in earlier generations. A basic problem of single parenthood is that children of single parents are much more likely than the children of intact marriages to be living in poverty. In 1988, for example, the poverty rate for married-couple families with children was 7.2%, but the rate for families maintained by women alone was 44.7%. In large part, this difference means more children in poverty, over 20% of all children—one of every five—were living in poverty during 1988, compared with 10.7% for persons 18 or more years of age.[1]

Those who live in family households—still a very substantial majority of the population—live in less stable, more heterogeneous families than did earlier generations. Kinship networks now often include former spouses and former in-laws, stepchildren, and, with increased life expectancy, more generations than were typical earlier in this century. Economic roles within the family have shifted significantly in the post–World War II years. In particular, regardless of the presence of children, including infants, women are now more likely to work outside the home than to work solely as homemakers.[32]

Aging Population

The aging of our population—the so-called graying of America—represents a major demographic shift with a powerful influence on this country's present and future course. The increase in the number of people living to old age has caused major shifts in the need for services for the elderly. The age of 65, used as the age of eligibility for Social Security and retirement benefits, is the cutoff point to classify individuals as *older adults*, *senior citizens*, or *elderly*. In 1900, persons over 65 made up less than 5% of the population. In 1980, more than 12% of the population were over 65, with a ratio of three women to every two men. In the year 2040, this age group is projected to reach 21% of the population as the baby boomers age.[31]

This aging of the U.S. population clearly brings with it many important social and economic implications. In 1984 the United States spent $387 billion on health care, which represented approximately 11% gross national product of the (GNP). Roughly one third of this amount went to care for the elderly. Per capita health expenditures for the elderly are 3.5 times those of the younger population.[22]

Health promotion activities for older people focus on six important areas where changes in behavior help older people reduce their risk of dis-

abling disease and enable them to lead healthier, more productive lives. They are exercise, nutrition, safe use of medications, injury prevention, smoking cessation, and appropriate use of preventive services. There are many approaches to health promotion and disease prevention for the elderly. However, success should be measured not so much in terms of increasing longevity as in terms of improved health and quality of life. Our goals should be to foster the knowlege and skills necessary for an older individual to seek an independent and rewarding life in old age, not limited by any health problems that are within our capacity to control.[14]

Hunger and Food Security

Hunger is a priority issue for which definition and measurements are not currently available. *Hunger* has usually been defined by the dietitian or nutritionist as insufficient food to provide the calories and nutrients needed for activity, body function, and growth. A definition of *hunger* that has been suggested recently is lack of food security, food security being a condition in which people have access at all times to nutritionally adequate food from the customary food distributors, such as markets, gardens, restaurants, or fast-food outlets.[4] Food security includes both purchasing power and food availability. Another definition relates hunger to the federal poverty guidelines. Because these guidelines are linked to a family's ability to purchase a nutritionally adequate diet, households living on income below the poverty level index risk hunger. Families with incomes above the poverty level index may also risk hunger when high costs for housing, utilities, or excessive medical bills reduce the amount of money they have left to buy food.

The poverty rate is a controversial measure intended to reflect the percentage of Americans living below a threshold of minimal need, estimated at $13,359 for a family of four in 1990. It is not adjusted for regional variations in the cost of living. Many conservatives have said that the measurement, which includes noncash benefits like food stamps and health insurance, exaggerates the extent of poverty. In 1990 the poverty rate rose to 13.5% from 12.8% a year earlier. Median household income fell 1.7% to $29,943.

The poverty rate for children also rose to 20.6% in 1990 from 19.6% the previous year (in 1964 the poverty rate for children was 16.6%). Communities can work to achieve food security by encouraging eligible families to use federally funded food stamp, child nutrition, WIC, and elderly meal programs in combination with local food banks, soup kitchens, and food pantries. Although aggressive government actions are necessary to alleviate domestic hunger and to achieve food security for all citizens, local and community efforts are equally important in the fight against hunger.

Consumers and the Food Supply

The food habits of Americans are changing. These changes reflect such varied factors as declining birth rates, new methods of processing foods, concerns about health, and changing tastes and social patterns, such as eating out more frequently. Although 95% of Americans believe balance, variety, and moderation are the keys to healthy eating, many individuals fail to apply their nutritional knowledge when selecting foods, according to a national Gallup survey released at a news conference February 10, 1990.[5] The survey, commissioned by the International Food Information Council (IFIC) and the American Dietetic Association (ADA), reveals that more than two thirds of Americans choose foods based on "good" or "bad" perceptions, contrary to advice from nutrition and health experts. Although 83% recognized that what they ate may affect their future health, 35% were unsure if there was any difference between dietary cholesterol and blood cholesterol. Americans are surprisingly knowledgeable about nutrition and health, but when it comes to translating facts into food choices most people still opt for quick fixes and the latest health fads.

Many Americans report they do not find eating pleasurable because they worry about fat and cholesterol, 50% say they gain weight when they eat what they like, 45% say foods they like are not good for them, and 36% feel guilty about eating the foods they like. New foods have appeared in response to