

DEVELOP A NUTRITION PLAN

A proposed nutrition plan, as a component of the overall health plan, requires careful preparation to make sure objectives are met as rapidly and cost-effectively as possible. Therefore, a well thought-out and written plan is needed to help keep the process focused and organized. The plan serves as:

- a method of systematizing the planning process;
- a justification for the proposed program and for its budget;
- a statement of health priorities and goals and objectives;
- a description of activities to be undertaken;
- a description of proposed methodologies to be used in the interventions, assessments, and evaluations;
- a schedule of completion dates for activities;
- an inventory of resources available to carry out the program; and
- a potential fundraising document.

Developing a comprehensive nutrition plan is the best way to ensure that the program is well-conceived and -executed. This is the ideal stage during which to identify and overcome potential obstacles to success, including methodological problems and resource shortages. In addition, the quality of the plan may determine whether or not an intervention is approved and funded, regardless of the quality of the program.

During the planning period, it is vital to reach out to the community for potential sources of information, funding, and advocacy. By involving community members in the process, you can take advantage of their expertise and line up the support necessary for carrying out a successful program.

It is particularly important to study the community health plan in which the nutrition program will play a part. The

What should the nutrition plan contain?

- ◆ a **description of the community**, including its demographics and its health and nutrition status based on the community assessment (Chapter III);
- ◆ a **needs statement** that describes why a nutrition intervention is necessary given the existing community health status;
- ◆ a statement of **goals and objectives**, as described in Chapter IV;
- ◆ a list of planned **intervention activities** and a timeline explaining how and when objectives will be met (possible intervention activities are described in Chapter VI);
- ◆ a description of specific **policies and procedures** or practice guidelines that will guide the intervention activities and the evaluation; and
- ◆ a description of the **evaluation methods** to be used (Chapter VII).

chance of gaining financial and administrative support are greater if the nutrition program can bolster existing health care priorities. If the existing community health plan is written in a specific format, it would be wise to use that format in developing the nutrition plan. For example, if the health agency in your jurisdiction puts high priority on its program to decrease infant mortality and uses a 12-step model to carry it out, a smart strategy is to build the nutrition plan around an analogous 12-step model that includes nutrition intervention to reduce infant mortality.

If a community or organizational health plan is already in place, the information in this section will be helpful for integrating nutrition into the plan. If one does not exist, use the following model to develop a nutrition plan.

DESCRIPTION OF THE COMMUNITY'S STATUS

Open the plan with a brief report of the community assessment including the community's perceived needs, health and nutrition status, and resources. Community assessment is described in Chapter III. In the description, highlight the community's assets.

Example: The town of Mountain View has a population of 15,000, 40 percent of whom fall below the poverty line. Racial composition is largely Caucasian, with less than five percent of the community composed of other racial groups — primarily African American. Because the town was once a bedroom community for the now closed steelworks in Bronxville, unemployment is more than 30 percent and many of the young people have left the area. Sixty percent of the current population is over 50 years of age.

A review of the town's death records reveals that coronary heart disease, various cancers, and emphysema are the three major causes of death. Heart disease is number one, killing 150 per 100,000 — ten percent higher than the national average. A review of client records at the Keystone Clinic revealed that 43 percent of adult women and

39 percent of adult men are overweight. An informal survey of health professionals at several clinics identified poor diet as a major factor in the high levels of heart disease. State nutrition data indicate the population in this section of the state consume a high-fat, low-fiber diet with 40 percent of calories from fat, and 25 percent from saturated fat. Fruit and vegetable consumption is 2.1 servings per day. Community members actively participated in the assessment and want to continue their involvement in the nutrition intervention activities. Few nutrition interventions focusing on improved dietary habits are currently available to community residents.

The description does not need to be more than a few paragraphs in length.

NEEDS STATEMENT

The needs statement briefly explains what nutrition intervention is necessary to improve the nutrition and health status of the community. The statement highlights the nutrition-relevant data from the description, interprets this data, and either states how the nutrition intervention will improve the community's health status or predicts the consequences of no nutrition intervention.

The needs statement can include subjective information such as:

- opinion polls of health professionals or of the general public, or
- informal interviews with clients.

It can also include objective information such as:

- actual proportion of people in the community who need nutrition intervention; for example, "a clinic survey found that 43 percent of adult women were overweight;" or
- estimated numbers of people in need of nutrition intervention, derived by extrapolating from state or national baseline numbers; for example, "the national prevalence of overweight in women aged 20 and older is 27 percent, from which one could estimate that the percentage of overweight low-income women in Mountain View is also 27 percent."

The needs statement includes only nutrition-specific data and observations, interprets this data, and predicts the effect of a nutrition intervention.

These kinds of data should be organized into formal statements of need. Below is an example of such a statement. Note that, in addition to describing the population and its health status, the needs statement also predicts how an intervention would affect the population:

Example: Medical chart reviews indicate that 43 percent of the women clients over 20 years of age are overweight — 59 percent higher than the national average of 27 percent. Discussions with the clients suggest that overweight is of concern to them. A majority of nurses at the Keystone Clinic have requested nutrition intervention. State data indicates a high-fat (40 percent of calories), high-saturated-fat (25 percent of calories) diet, and low fruit and vegetable consumption (2.1 servings per day), all of which are possible factors in the development of heart disease. Intensive nutrition intervention, including family counseling and group education, can help reduce the percentage of women who are overweight. Current education efforts are inadequate. Without the proposed intervention these overweight women will remain at greater risk for heart disease.

The preceding is an example of a statement of need for one identified nutrition-related health problem. More interpretation of the community assessment data may be necessary, depending on the number of nutrition-related health problems and the amount of data collected in the assessment.

PRIORITIES, GOALS & OBJECTIVES

For a program to be maximally efficient, the health priorities and nutrition goals to be addressed must be identified. These should be determined based on the community assessment (Chapter III) and on the health priorities and goals listed in the community health plan. In the case of Mountain View, a nutritionist might identify "reducing heart disease" and "reducing the prevalence of overweight in people 20 years of age and older" as two priorities.

Once health priorities and goals have been decided, outline specific nutrition objectives to guide program activities. Each objective should identify a specific activity that has a realistic numerical target and a deadline. For example: "reduce the proportion of overweight women in the population by two percent within five years." See Chapter IV for more information on determining priorities and writing goals and objectives.

IMPLEMENTATION PLAN

This section of the plan details the specific activities to be undertaken to achieve the written objectives. It should begin with a brief description of the proposed interventions, then list all proposed activities and include a timeline showing when each activity will take place.

Description of the Intervention

Write an overview that briefly describes the intervention, including the methodology to be used, location, and evaluation process. Here is an abbreviated example:

We will undertake a program of medical nutrition therapy with individual dietary counseling at the Keystone Clinic four days a week for two years. We will screen patient records to identify patients who meet our definition of overweight and provide counseling to these patients. Patients will be weighed at regular six-month checkups. Results will be evaluated according to the objective, which is to have two percent of the overweight clients reach healthy body weight. We will also work with the local print and broadcast media to encourage them to feature articles or news stories on healthy eating.

The description might also include information on partner organizations, funding sources, and other relevant facts.

List of Major Activities

Describe and list all major activities. Methodologies used should be described if they are nonstandard. The following is a sample list of intervention activities:

- Review clinic records to identify individuals that are overweight according to the established criteria.
- Undertake a second screening to identify those with high blood pressure so that patients at greatest risk of heart disease receive priority.
- Work with the clinic staff to determine the best time for nutrition counseling.
- Identify the location where nutrition counseling will take place.

This is only a partial list of activities. Description or detail should be added as needed so that anyone reading the plan

will fully understand what is proposed. Chapter VI contains more information on implementation.

Timeline

Putting activities into a timeline or Gantt chart that identifies deadlines and estimated time to complete each activity, including those activities associated with evaluation, is extremely helpful. Adhering to a timeline is an excellent way to keep an intervention focused and on track.

POLICIES AND PROCEDURES FOR IMPLEMENTATION

Successful interventions must be guided by carefully thought-out policies and procedures. A policy is a governing principle, plan, or course of action and is more general than a procedure. A policy typically states priorities for action, the reason for the action, and when the action will take place.¹ For example, a nutrition policy could state that "Heart disease is the largest cause of mortality in Mountain View, therefore, a top nutrition priority for the next five years shall be to reduce the prevalence of overweight."

Procedures state how each policy will be carried out, including step-by-step instructions and who will carry it out. Using the Mountain View example, procedures could establish a clinical definition for "overweight" and specify which methods should be used for screening and treating patients. Procedures would also describe how weight, height, and other anthropometric measures are taken and which staff member performs these functions.

The terms "policies" and "procedures" are often used interchangeably. What may be considered a policy in one organization may be considered a procedure in another and vice versa.

The trend in health delivery is to use more standardized policies and procedures, allowing for better comparison of interventions and evaluation of effectiveness. A growing number of health agencies and organizations, especially managed care organizations, use terms, other than "policies" and "procedures," for providing the road map for intervention. These include "outcome or performance measures," "quality of care indicators," "practice guidelines," and "standards of care." These and other terms each have their own definitions and purposes. It is up to the nutrition program planner to know and understand the appropriate language in order to imple-

ment a successful intervention. If, for example, many clients in the Mountain View clinic had non-insulin-dependent diabetes mellitus (NIDDM), the nutrition practice guidelines for management of NIDDM³ should be included in the nutrition plan. The document, *The Guide to Clinical Preventive Services*,² is an excellent resource providing standard guidelines for health interventions.

EVALUATION METHODS TO BE USED

Evaluation methods must be carefully planned at the start of this process to strive for successful interventions. Evaluation should take place during the course of the intervention, as well as at the end, so that problems can be identified in time to make mid-course corrections. This is called monitoring. Evaluation data are also necessary to document effectiveness and cost benefits in order to justify current and future programs. The evaluation can be:

- an internal assessment performed by nutrition or other health professional staff, and/or
- an external assessment using college or university faculty, state or regional health officials, or a private consultant.

It should always include economic evaluation, including cost effectiveness studies and cost benefit analyses. Cost effectiveness means a program achieves the desired outcomes at a cost lower than another approach. Cost benefit analysis tells whether the dollars invested into the program produces a positive return in dollars. For more information on cost effectiveness studies and cost benefit analysis, see *The Practitioner's Guide to Cost Effectiveness Analysis of Nutrition Interventions*⁴ and other resources listed in Appendix D.

The evaluation section of the nutrition plan should summarize the program evaluation system, including a description of the data management system and the methods to be used for reporting and retrieving data. It is also important to describe the reports that will be generated. Will they be narrative, statistical, or graphic? Will they be monthly, quarterly, or annual? To whom will the reports be disseminated to gain visibility and garner support?

In addition to each objective listed, in the "goals and objectives" section of the plan, a description of data needed and how it will be collected and analyzed to measure the achievement of each objective should also be included. Examples of possible methods of evaluation include audits of medical or program records, client or consumer surveys, activity logs,

and tests taken before and after the activity. For more information on monitoring and evaluation see Chapter VII.

RESOURCES REQUIRED FOR IMPLEMENTATION

Under this heading are several items that should be appended to the plan as attachments. They include a list of resources needed to complete the activities and meet the objectives, a personnel schedule, a budget, and a list of collaborating partners in the community.

Resources Needed

List all the resources needed to execute the intervention and meet the objectives. Be sure to consider:

- nutrition personnel, including public health nutrition consultants, public health nutritionists, and nutrition technicians;
- other personnel, including health educators and planners, public relations firms, social workers, data analysts, or administrative assistants, etc.;
- office space, equipment, postage, supplies, phone or other communication expenses, printing, continuing education, travel, and focus group costs; and
 - in-kind contributions expected from partners or collaborators.

Are all these sections of the nutrition plan necessary?

Maybe yes, maybe no. Definitely yes, if the organization/agency or funder thinks they are necessary.

How long will it take to develop a nutrition plan?

Not long if a good community assessment was done. In addition, other disciplines, like dental health, may have developed a plan that can serve as a guide.

Who can help with this?

Community or organization health plan developers, colleagues, supervisors, public health nutritionists in state departments of health, and public health nutrition faculty in universities.

Personnel Schedules

Prepare personnel schedules that show assignment of staff to carry out the proposed activities, including time for preparation, research, reporting, evaluation, and continuing education.

Budget

Prepare a complete budget for the intervention(s). A budget begins with the anticipated revenue (initial funds and/or revenue generated) for the program and includes costs of all resources, including personnel required to carry out the planned activities. See the chapter on implementation for a detailed discussion of the budget.

List of Partners

Complete a list of all public and private partners — individuals and organizations — both inside and outside your agency who will collaborate on program activities.

OTHER CONSIDERATIONS

How often should a plan be changed?

The nutrition plan should be reviewed, revised, and rewritten on the same time cycle as the agency's health plan and budget. It could be an ongoing process or it may be done every five or ten years. The plan should be flexible so that it can be modified as needs, priorities, resources, agency personnel, philosophies, and legislation change, creating new opportunities or requiring cutbacks.

Who should be involved in planning?

Community — To obtain a comprehensive picture of community problems, resources, and attitudes about nutrition, solicit input from individuals and groups representing diverse health and human service agencies, consumers from various socioeconomic and cultural groups, and professional organizations and community leadership.

Advisory Committee — Set up an advisory committee to help plan and implement nutrition services. The committee can help ensure that services are culturally sensitive, appropriate, and convenient for the populations served. Members might include nutritionists and dietitians, other health professionals, business leaders, consumers, and interested representatives of the public. Having at least one committee member who is unfamiliar with nutrition problems and resources can be important in getting the layperson's perspective.

Health Agencies/Facilities/Other Providers — Try to involve all the health and nutrition organizations in your community. It is particularly important to consult state and local health agencies because the nutrition program plan must complement the existing community health plan. Local public, non-profit, and for-profit health organizations and facilities may also find the nutrition unit of their state department of health helpful in the planning process.

Nutritionist and Administrator — While many health disciplines can contribute to planning for nutrition services, the nutritionist and the program administrator should have

major responsibility for developing the written nutrition plan for inclusion in the overall plan for health services. If there is no nutritionist assigned to the agency or project, request assistance from public health nutritionists in state or local health agencies or regional offices of the Department of Health and Human Services.

References

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2. Report of the U.S. Preventive Services Task Force. (1996). *The Guide to Clinical Preventive Services*. Alexandria, VA: International Medical Publishing, Inc.
3. Monk, A., et al. (1995). Practice Guidelines for Medical Nutrition Therapy Provided by Dietitians for Persons with Non-Insulin-Dependent Diabetes Mellitus. *Journal of the American Dietetic Association*. 95:999-1006.
4. Splett, P.L. (1996). *The Practitioner's Guide to Cost Effectiveness Analysis of Nutrition Interventions*. Arlington, VA: National Center for Education in Maternal and Child Health.