

VI Implement the Intervention

At this point, it is time to implement a nutrition intervention that will meet the objectives. This chapter will review the components necessary to implementing a successful intervention. These components are:

- determining the type of intervention or combination of interventions (e.g., nutrition education, individual dietary counseling, mobilizing community resources for nutrition and food assistance, coordination and referral system, policy, and social marketing);
- financing the nutrition intervention;
- building coalitions; and
- marketing the program.

DETERMINING THE TYPE OF INTERVENTION

Many factors identified in the community assessment will determine which intervention will be most effective. Along with requirements and restrictions of the health delivery system consider whether the intervention should be individual-based, environment-based, or both. (These were briefly described in Chapter II, “Overview of Nutrition Program Planning.”) That is, if a managed care organization is expanding its membership to include Medicaid recipients, the recipients may have greater need for obtaining food than for participating in a group nutrition education class on healthy eating. Or, if a health clinic expands its services to the entire community, nutrition interventions may include an environment-based intervention, such as a catering policy for agency-sponsored meetings and conferences that include healthy food choices for breaks and meals. Page 87 lists the responsibilities of public health nutrition. While all of these are not possible for one agency or organization to do, they do provide guidance in developing community-based nutrition services.

By now the nutrition program planner should have a sense of the community’s readiness for the planned intervention. Community “buy-in” before the intervention begins is essential to the success of the intervention.

As health care services become integrated, the interventions described in this chapter will become more homogenous. The long-term goal is to move toward a coordinated system of services or seamless system of care between public and private services.

This chapter discusses the common types of interventions, including nutrition education and medical nutrition therapy with its individualized dietary counseling component. It also reviews steps for implementing some less common interventions such as developing policies that promote healthy eating or launching a media campaign to promote healthy eating.

Case Management/The Coordination and Referral System

Coordination and referral are essential to maximum program effectiveness. Managed Care is based in this system. Often coordination and referral, or case/care management, take place within a network or in a closely associated one. In this handbook, coordination and referral is reviewed and strongly encouraged to go beyond familiar networks. Coordination involves getting nutrition programs already in existence to work together and becoming familiar with each others' programs. Referral is getting recipients, clients, or patients to use all the services they need and for which they are eligible.

A coordination and referral system may be part of another intervention — such as nutrition education classes — or it may itself be the intervention. If, for example, the assessment phase revealed many excellent nutrition programs throughout the community, but found that few programs were aware that other services existed, the intervention that would best achieve the objectives might be to coordinate all these services and establish a referral system among them. A community system that is working collaboratively will strengthen all available nutrition services, prevent duplication of programs, and reduce the distribution of conflicting information to the public.

Coordination

Below is a list of the nutrition service providers and programs that should be coordinated within the community.

- **Nutrition personnel of state and local health agencies and special projects such as Maternal Child Health (MCH), WIC, high-risk perinatal projects, community health centers,**

and services for children with special health care needs.

Close working relationships with one another make it possible to share information and coordinate goals, objectives, program plans, standards, and criteria for service.

- **Nutritionists and other personnel in other agencies such as the human services department, schools, or extension service.** Such agencies have educational or service programs that will be supportive of health plans for individuals and families in areas such as menu planning, food preparation, and home management.

- **Nutritionists and dietitians in ambulatory health programs, treatment centers, rehabilitation centers, home health programs, and other group care facilities.** Linkage with treatment centers is necessary for appropriate follow-up of clients on special dietary regimens who return home.

- **Nutritionists and other health care providers within the program.** An organized internal system of interdisciplinary referral for nutrition counseling is essential even in a small project.

Referral

Referral procedures are essential for continuity of care and for efficient use of services available from other resources. Establish jointly agreed upon procedures for referral and for monitoring progress. A standard nutrition referral form, or computerized system, used by all nutrition program can help ensure coordination of services. To make sure the form or system is used, allow all users to help develop it. Include the following minimum information:

- client identification (name, age, address, telephone);
- name of referring professional or agency with address and telephone;
- reason for referral or diagnosis;
- type of service needed;
- specific diet prescription (if applicable);
- location to which nutrition services report should be sent; and
- identification of other consulting professionals currently or recently dealing with the patient.

Consider the confidentiality regulations of all agencies and organizations involved in the network when developing a referral system.

Healthy People 2000 includes a measurable objective for primary care providers to provide nutrition assessment and counseling and/or referral to qualified nutritionists or dietitians in traditional and emerging health care settings and private practice.¹ This is indicative of the importance and widespread need of referral as an intervention.

Nutrition Education

Nutrition education is a cost effective way to improve the dietary habits of a group of people who have similar dietary needs or similar health goals. One of the advantages to nutrition education is that it can serve as an automatic support group for class members and the interactive teaching that takes place between class members contributes to the effectiveness of the intervention. The obvious disadvantage is that people do not receive the individual attention they may need to change their eating habits. Nutrition education classes can be one component to a nutrition intervention that includes individual counseling. It can also serve as a stand-alone nutrition intervention.

Nutrition education is traditionally offered as part of a health promotion and disease prevention program where class members have the same health goals. However, nutrition education classes offer more than just teaching healthy eating. Some group education techniques also build client self-esteem, making this intervention an excellent way to encourage nutrition in non-traditional places. For example, a health priority of a community may be to reduce domestic abuse. The health center may lead classes or seminars on prevention or sponsor a home where abused women stay. Offering healthy cooking classes at these locations may help the women build confidence in a new area of their lives — which may be an objective of the interventions planned for reducing domestic abuse. At the same time, healthy eating is encouraged.

Healthy People 2000 includes two objectives specific to nutrition education. The objectives call for increased nutrition education in schools from preschool through the 12th grade and for worksites to offer nutrition education and/or weight management programs for employees.² These national objectives can help justify the need for nutrition education and can help focus the nutrition education efforts.

Steps for developing nutrition education classes

- 1) Determine content needs of the nutrition education class, considering the population's needs and wants; set objectives

for the course; and determine the technique that will best accomplish those objectives.

2) Ensure that the food served in a clinic, worksite, or hospital meets the Dietary Guidelines for Americans. Such food services are a powerful example of recommended eating practices and serve as an excellent reinforcement to healthy eating. *Healthy People 2000* has two health objectives that challenge out-of-the-home eating establishments to prepare meals that meet the Dietary Guidelines for Americans: restaurants and institutional food service operations, and school lunch and breakfast services and child care food services.³

3) Establish a coordination and referral system to ensure long-term effectiveness and survival of the nutrition education program. (See the previous section, "Case Management/The Coordination and Referral System.")

4) Determine evaluation methods.

Tips for successful content and education materials

Content

- Concepts have been developed at the national level to serve as guidelines for the selection of content, learning experiences and teaching materials in nutrition education programs. The 5 A Day campaign is an example of this. These concepts can be adapted to meet the educational, economic, social, and cultural needs of different groups of people.
- Consistent, convincing, and scientifically sound nutrition messages must be delivered through health professionals, grocery stores, places of worship, health spas, schools, media, advertisers, food labels, and food services by coordinating all community resources in a coalition to promote health and treat and prevent disease.
- Changing eating behavior is a difficult and slow process requiring the delivery of messages from many sources over an extended period of time. Whenever possible, interpersonal channels of communication — between instructor and learner or between two learners — should be linked with other channels of message delivery. Effective media develop awareness and interest. Friends, family, and neighbors are most influential in the evaluation, trial, and adoption stages. In the adoption process, the professional is less influential than other information sources. If a consistent message is delivered from all these sources, behavior is more likely to change.

Know the audience as well as you know the subject.

- Involving the community in developing a nutrition education program fosters success. Focus on the health problems both as the data show and as the people perceive them and understand their significance. Establish realistic goals cooperatively with the people concerned. Focus on specific problems, one at a time, and allow group input in decision-making. Evaluate progress and make decisions for continuation or change in practice in consultation with the group.

- Use community resources for nutrition education and food assistance. Keep abreast of community resources that can be utilized to improve the diets of individuals and families.

- Develop coalitions with public and private health and human service agencies to share and pool personnel, facilities, and equipment costs. Building coalitions requires developing new working relationships and goodwill between administrators as well as between professional peers. Contracts or memorandums of understanding must be written to clarify and formalize relationships. See the section in this chapter on building coalitions.

- Understand the audience/clients as well as you understand the subject. Be cognizant of participants' perceptions of their own problems and be aware of their financial and other resources for meeting their needs. Also, try to assess their ability to evaluate the advertising information presented to them by the media.

- Based on the nutrition education objectives, monitor the intervention's progress. After the first class for mothers of infants with Down Syndrome, do they know what feeding difficulties to expect in the first three months? Are they ready to learn about the next six months? Monitoring class participants' progress and tailoring courses to match that progress will likely result in a successful, effective intervention. At completion of the nutrition education intervention, evaluate its overall effectiveness.

Education materials

- Educational aids are supplements, not substitutes, to teaching individuals or groups. Resource materials, if wisely chosen to fit the population being served, can be useful in dispelling the many confusing, inaccurate, and possibly harmful notions picked up from unreliable and sensation-seeking sources. Wisely chosen or creatively prepared resource materials are useful to summarize major teaching points and provide take-home reminders to share with family

and friends. In preparing teaching aids, the target audience's life-style, values, ethnicity, reading level, income, and interests must be considered. A useful reference for developing materials is *Making Health Communication Programs Work, A Planner's Guide*.⁴

- Keep in mind that many of the bulletins, posters, movies, and other aids available for use in nutrition education programs today have not been developed for use by the people who need them most — those with little reading ability, poor vision, and low income. These issues should be considered when developing materials.

Medical Nutrition Therapy and Individual Dietary Counseling

Medical nutrition therapy is the assessment of a client's nutritional status followed by therapy. This handbook reviews diet modification therapy through individual dietary counseling. Counseling is an interactive process or exchange of information between the client and/or family and the health care provider to clarify a problem and to identify an approach to a solution.⁵ Counseling usually takes place in a clinical setting for clients who have a specific nutrition-related health problem.

Medical nutrition therapy is one of the most common nutrition interventions used today. It is so widely used because it is effective in treating disease and preventing disease complications for large cities and small clinics alike. For example, a city may have a high percentage of high-risk pregnant teens who lack access to dietary intervention, while an outpatient clinic may have clients with food intake and eating habits that are unusual, inadequate, excessive, or unbalanced. In either case, counseling is indicated because specific dietary modification is necessary.

In a counseling session practitioners can:

- obtain more information about the individual and his/her family;
- teach new information;
- review and strengthen acquired knowledge and desirable habits; and
- help the individual set goals and make his/her own decisions.

In the current health care climate of limited funds, programs must be ever more efficient. Following, are suggestions to help develop a successful individual dietary counseling intervention.

Steps to dietary counseling

1) Determine who will be selected for nutrition counseling based on those in greatest need. Screening will help with this step and is discussed in the chapter on community assessment.

2) Decide which member(s) of the team will be responsible for what aspects of the counseling considering need for medical nutrition therapy, levels of staff expertise in normal and clinical nutrition, the level of risk of the client, and state licensure laws. If the type of intervention is limited to distributing and briefly discussing the Dietary Guidelines for Americans, a registered dietitian is probably not required.

3) Develop standards of care or use practice guidelines for the management of nutrition-related health problems, such as high-risk pregnancy, feeding of low and normal birth weight infants, weight control, hyperlipidemia, hypertension, and diabetes. Such standards should be developed, endorsed, and used by all members of the health team including physicians, dentists, nurses, nutritionists, registered dietitians, dietetic technicians, therapists, health educators, home economists, lactation counselors, and social workers.

4) Determine evaluation methods.

Tips for effective counseling

- Dietary counseling is based on the needs of the individual and family. Counseling should support desirable food habits, suggesting as few changes as possible. When changes are required, focus should first be to solve a specific problem where reasonable success can be anticipated based on current eating habits. Additional problems can be addressed as the client and/or family appear ready.

- Counseling must be culturally appropriate. This includes more than making healthy ethnic food recommendations. Understanding the culture involves learning about such things as family structure and decision-making authority and will greatly affect social interaction between the practitioner and the client. An excellent resource for practitioners working with ethnically diverse populations is *Celebrating Diversity: Approaching Families Through Their Food*.⁷

- Nutrition counseling is an interactive process or exchange of information between the client and/or family and the health care provider. In counseling, listening is more important than speaking, questions should be answered as well as asked in order to determine the best solution to the client's problems.
- Printed materials related to counseling efforts should be appropriate to the client's needs and abilities considering his/her reading level, the preferred and culturally appropriate foods, and the ability to obtain and prepare foods. Printed materials must be eye-catching, colorful, clear, and interesting so that the client and family will read them.
- Having the same nutrition counselor at each visit helps to establish rapport, trust, and continuity. When there must be different team members counseling the individual, each must reinforce the other's comments and recommendations with correct information. Standards of care and practice guidelines will help ensure that consistent messages are delivered.
- The importance of adequate documentation cannot be overstated. All medical nutrition therapy and counseling must be recorded clearly, completely, and concisely in the client's medical record.

Medical nutrition therapy includes accurate, thorough documentation in the client's medical record. This record serves many purposes:

- It serves as the written communication system between providers that helps to ensure continuous, consistent care by all of the health care providers.
- It is used as the basis for audit in quality assurance.
- The record is also used for legal protection whenever care procedures are questioned.
- It can help the counselor and client monitor long-term success of dietary change.
- The record serves as a tool to help analyze the cost-effectiveness of individual dietary counseling.
- It may be used in peer review to assess standards of care.
- The record contains data on selected indices of nutritional status that may be used in nutrition surveillance.

More information on documentation can be found in Appendix B.

Healthy People 2000 has one objective specific to dietary counseling, which is to increase to at least 75 percent the proportion of primary care providers who provide nutrition assessment and counseling and/or referral to qualified nutritionists or dietitians.⁶ This national nutrition objective can be used to justify the need for individual dietary counseling or medical nutrition therapy.

Mobilizing Community Resources for Nutrition and Food Assistance

Mobilizing resources includes activities such as establishing a WIC clinic in a neighborhood or city, getting food assistance money or goods to populations that need them, or relocating food and nutrition services. This type of intervention is less common because it requires such a large investment of resources. However, the most effective intervention in a community may be to relocate a service — such as the food stamp office or WIC clinic — or change the hours of service so that the target population is better served.

Keep updated information about current community resources that could be utilized to improve the diets of individuals and families, including who administers such programs in the community. Memorandums of understanding for a mode of referral between programs may be helpful. See Appendices B and D for lists of resources for nutrition information and food assistance programs.

Policy and Standard Practices

How effective is a series of nutrition lessons in the school health education curriculum if the student council sells candy bars during six months of the school year? This type of inconsistency between the environment and the education is an ongoing struggle in the effort to encourage healthy eating among Americans. Although policy is not often considered a nutrition intervention, it could be a barrier to the effectiveness of all nutrition interventions in a community. It is, therefore, crucial in the assessment phase to determine policies or traditional practices that may be barriers to healthy eating. Developing policy or standard practices that promote healthy eating is a nutrition intervention that should be pursued more often than it is.

This section provides information on policymaking skills, realistic policies, steps to develop or affect policy, and policies you can institute. Unfortunately, there are some program policies that can't be changed. While this section focuses primarily on policies, a less formal step — such as changing a traditional practice — may be sufficient. For example, getting the recreation center to offer "healthy" snacks at the snack bar and in the vending machines may not require a policy, just some encouraging. Developing and changing a policy or standard practice require the same steps.

Be sure to assess the food and nutrition policy or standard practices that prevent healthy eating in a community.

Policymaking skills

Policymaking at all levels requires skills in:

- analytical thinking,
- priority setting,
- negotiation,
- networking and coalition building, and
- effective oral and written communication.

Nutritionists develop these skills by working in collaboration with their staffs and peers on policies for traditional nutrition programs and related programs within their health agency. Another way to develop these skills is to join food, nutrition, and health and human service policy-making groups in the community and at the state and national level. Examples of these groups include:

- hunger coalitions at the local level,
- public policy or legislative committees in professional societies,
- consumer groups,
- places of worship,
- League of Women Voters, and
- Food Research and Action Center, Community Nutrition Institute, and Center for Science in the Public Interest — all in Washington, DC.

Contacts made in these advocacy groups can prove beneficial in implementing the nutrition intervention. They offer a forum for developing a network with individuals, leaders, and

"movers and shakers" who can be influential partners in developing and supporting proactive nutrition policy.

Realistic policies

Realistic policies are generally arrived at through compromise by as many people as possible. Nutrition policies must be consistent with other program and community policies. For example, consistent policies for breastfeeding should be adopted by the public health agency, the WIC program, hospitals, private practitioners, breastfeeding support groups such as La Leche League, the media, and industry. Some examples of other areas where policies need to be coordinated within and between agencies include child day care, prenatal care, well child health services, health promotion and disease prevention, chronic disease interventions, and services to older adults.

Steps to develop or affect policy

At the agency, local, state, or national level, the general steps to developing policy are as follows.

- Document needs through community assessments, direct observations, communications from consumers, scientific studies, and government reports.
- Mobilize a broad-based grassroots constituency.
- Draft a preliminary policy statement using past and existing policies as models.
- Seek and gain support from key administrators and policymakers.
- Invite public and professional comments and refine the statements to reflect this input.
- Implement the policy and monitor its application to the community to ensure that programs operate according to their intent.⁸

Policies you can affect

In general the easiest policies to affect or create are called "environmental policies." These are policies related to a program's periphery. For example, it may be easier to encourage school children to drink more skim and one percent milk and less whole milk during school meals rather than changing the national school meal policy. It is also easier to develop a policy or change a practice in a program that is not under federal, state, or local government authority. For example, you

may be able to encourage local 4-H and other youth clubs to serve more fruits and vegetables as snacks during meetings.

For federal and state funded programs, the local policy is based on the federal and state legislation, regulations, standards, and guidelines or from the administering agencies. Because of this, changing local policy to improve the program may be difficult. However, understanding current policies and monitoring changes in the federal and state policies may translate into greater program flexibility. Again, traditional practices, as opposed to policy regulations, may be dictating practices.

Writing comments or testifying in person on proposed legislation and regulations presents opportunities to participate in local, state, and federal policymaking and to resolve issues and communicate concerns to the appropriate agencies, legislators, and policymakers. Many federal and state funded programs (e.g., Maternal and Child Health Block Grant, Prevention Block Grant, WIC) require a written health plan that must be presented at one or more public hearings. Testifying at these hearings or enlisting representatives of professional organizations and consumers to testify can provide strong nutrition input into important policies and have a significant impact.

Social Marketing

Social marketing is a popular and successful nutrition intervention, particularly at the national level. Campaigns to promote healthy eating, such as 5 A Day, is an example of a social marketing campaign. This type of campaign can focus on changing the "environment" or on providing individuals with information and skills to make healthful behavior change.⁹ While business marketing focuses on fulfilling customers' needs and desires, social marketing focuses on changing personal or social behavior for the benefit of the public — even when the public may not initially recognize or desire the change. Social marketing is used to accomplish three major objectives.

Eight-Step Social Marketing Model

- 1) Identify the target market (potential customers) and product line (single product/service or group of related products).
- 2) Conduct market research using data from the community needs assessment along with consumer focus groups and a situational analysis of the strengths, weaknesses, opportunities, and threats.
- 3) Set measurable and realistic goals and objectives.
- 4) Determine major strategies.
- 5) Develop an action plan and assign responsibilities.
- 6) Establish a financial reporting system.
- 7) Measure and evaluate results.
- 8) Enlist organizational commitment.¹⁰

- Disseminate new data and information on practices. For example, inform the public about the role for saturated fat and cholesterol in the prevention of heart disease.
- Offset the negative effects of a practice or promotional effort by another organization or group, i.e., offset the promotion of megavitamin supplements.
- Motivate people to move from intention to action. For example, motivate clients to take control of their weight by becoming involved in a diet and exercise program.¹¹

Resources with more information on social marketing are listed in Appendix D.

KNOWING WHICH INTERVENTION TO USE

There may be an opportunity to implement more than one or only part of one intervention. Compare various ways of meeting objectives in terms of their cost and their effectiveness and consider the following when determining which intervention to use:

- Which intervention is lacking in the community?
- Which one will have the greatest impact in the community?
- Are resources available to implement more than one?
- Can you support or build on one component of an existing intervention?

Below is an example of various ways to achieve a single objective.

Objective: Reduce, by two percent, the number of infants whose weight for length is less than the fifth percentile over the next five years.

Alternatives

- 1) Provide intensive medical nutrition therapy to parents of all infants at risk of or identified as being retarded in growth.
- 2) Develop a food supplement program to assure that all such infants receive an adequate diet.
- 3) Identify potential high-risk families at time of delivery and set up a hospital-to-community health program referral system.
- 4) Extend home visiting services by community health aides to families with infants.

Some of these issues, and others, were reviewed at the beginning of this chapter.

FINANCING NUTRITION INTERVENTIONS

Whether a program has full or partial funding, or the funding for the nutrition program needs to be justified, understanding how financial issues play themselves out is vital. Reduce expenses, help ensure continued financial support of the program, and generate revenue from additional sources by understanding how the financing works. This section has information on types of funding available and how to obtain it, keys to successful financing, and what to consider when developing a budget.

Getting Your Program Funded

In the current tight economic climate, nutrition programs and services compete for limited federal, state, local, and private agency funds. To convince funders to invest scarce dollars in nutrition services, the program manager must be able to respond to the following questions:

- Why is the program or service needed?
- Is the program integrated with the existing community health plan and/or other health services?
- Who in the community supports the service?
- Is the project appropriate for your organization or coalition?
- What groups in the community may help support the program? Is it possible to link up with an existing program or service?
- Who are the competitors for the available money? How does this project stand out from the competition?
- What potential does the proposed service have to generate income for the sponsoring agency?
- What are the anticipated sources of support for maintaining the service or program in the future?
- What services that have been offered by the agency at no cost could be supported by a fee-for-service or a contract with another agency whose clients benefit from the service?^{12,13}

Getting nutrition services reimbursed or covered by health insurers, including managed care organizations, is a complex process. Contact the state dietetic association, which each have a nutrition services payment systems (NSPS) or reimbursement representative who can assist with state regulations and requirements. The American Dietetic Association also has some excellent references available on this subject. See the “Financing and Costing Nutrition Services” section in Appendix D for references.

Potential Revenue

To finance health and nutrition services in the United States, a mosaic of federal grants and contracts, state and local revenue, private insurance, private industry and foundation funding, and fees for services from clients and consumers is used. To expand nutrition services to meet currently assessed community needs and future emerging needs, it is necessary to mobilize multiple funding streams.

While a variety of public and private sources must be used to initiate and sustain public health nutrition services and programs, federal and state agencies are still the major sources of program funding. Legislators should be continuously informed about the use of these funds and the benefits to their constituents. Dialogue with legislators can keep them apprised of the findings of the community assessment, the successful achievements of funded programs, and the cost benefits that can be accrued through health promotion activities.

“The public health nutritionist must take the initiative to seek funds to support expanded nutrition services.”

Keeping abreast of existing or potential funding sources requires diligent monitoring by health program managers. The public health nutritionist must take the initiative to seek funds to support expanded nutrition services. Within state or local agencies, there is usually administrative staff designated to identify available funding sources. This person can provide consultation to the nutrition program manager. University faculty are also great resources who can help identify potential funding sources. They often keep abreast of funding opportunities through their research offices. Faculty and practitioners can both benefit from working together.

A particularly useful reference on financing nutrition and other public health services is *Locating Resources for Healthy*

People 2000 Health Promotion Projects, available from the Office of Disease Prevention and Health Promotion, Public Health Service, U.S. Department of Health and Human Services in Washington, DC.¹⁴ It lists potential local and state agencies that fund health promotion projects and provides the names and addresses of a wide range of federal agencies. It also lists major national private sector foundations, foundation centers, and clearinghouses, providing their addresses and telephone numbers. In addition, the publication discusses writing the proposal and includes a sample grant form used by a federal agency.

Grant Proposals

Writing grant proposals requires time, patience, perseverance and skill that comes with experience. Even experienced grant writers submit numerous proposals for each one that competes successfully. The secret is to keep trying and to always ask for feedback from the potential funder when a grant proposal is turned down.

Keys to Successful Financing

- Maintain flexibility and integrate a variety of funding resources.
- Assign adequate personnel to meet current program funding priorities.
- Ensure that careful cost accounting is maintained for each funding source.
- Explore all potential public and private funding sources.
- Inform legislators of success in government funded programs.
- Use small seed grants to initiate demonstration projects and gain program visibility and viability so that expanded funding may be pursued.
- Cost-share with other organizations for space, materials, staff time, clerical support, or technical assistance.

Outline of the Main Sections of a Grant Proposal

- ◆ Statement of the problem
- ◆ Goals and measurable outcome objectives
- ◆ Program description
- ◆ Program evaluation
- ◆ Management plan
- ◆ Budget
- ◆ Summary / Abstract
- ◆ Cover letter

*Locating Resources for Healthy People 2000 Health Promotion Projects*¹⁵ describes these issues in more detail.

- Form coalitions or partnerships with other agencies and organizations to expand the pool of knowledge and financial resources and to secure more ambitious public and private funding.¹⁶

Developing a Budget

A budget is the written plan expressed in dollars.

Revenue

A budget includes and starts with the revenue sources available. Identify all sources of revenue and their financial contributions, including expected revenue generated by the program.

Expenses

The program manager who strives to translate objectives into action must request, justify, and negotiate a budget and then control expenditures of the allocated funds. The following line item expenses should be included in the budget for nutrition services:

- salaries and fringe benefits for nutrition personnel (Salary ranges for state personnel are usually determined by state merit system agencies. Information about salaries for positions classified under that system can be obtained from such agencies. Local and state dietetic associations and state health departments can be helpful in providing assistance and information.);
- salaries and fringe benefits for clerical and auxiliary personnel;
- space and facility rental and maintenance;
- utilities;
- equipment (e.g. office equipment, scales, skinfold calipers, measuring boards, copiers, computers, video players, projectors, food models, etc.);
- supplies for both staff and clients (educational materials, food, office supplies, software);
- travel/mileage, automobile or van, and maintenance;
- communications (telephone, fax, postage, electronic communication technologies and/or services, and printing);
- staff training and continuing education;

- other (e.g. consultant fees, contract staff, etc.); and
- indirect costs, if appropriate.

In addition to ascertaining program expenses, the program manager must know the cost of delivering each service or producing each product. This is called cost finding. Cost finding is defined as a rational process for identifying and justifying the costs associated with delivering a service or product. This involves assigning a dollar value to all resources utilized. These include personnel time, materials used, facilities rental and maintenance, etc. Cost finding is necessary to determine fee schedules, for negotiating with contractors, and to use in cost benefit and cost effectiveness analyses.¹⁷ Three useful references are *Planning and Financing an Integrated Nutrition System*,¹⁸ *Costing Nutrition Services: A Workbook*,¹⁹ and *The Practitioner's Guide to Cost Effectiveness Analysis of Nutrition Interventions*.²⁰

BUILDING COALITIONS

Throughout this handbook the need for a coalition building has been noted directly and indirectly. The Iowa Department of Public Health has developed a document that guides breastfeeding advocates through the steps of building community-based coalitions to promote breastfeeding. Although the document is developed specifically for breastfeeding promotion, *Community-Based Coalition Building for Breastfeeding Promotion*²¹ provides excellent guidelines that can be applied to other issues.

Community health problems cannot be solved by one agency or organization or by several working independent of each other. Nutritionists must reach out to other community groups to establish the cooperation required to solve major community health and nutrition problems.

Coalition building is considered a formal process. Networking, by contrast, is informal. Implementing the *Healthy People 2000* objectives requires building many types of both informal networks and formal coalitions. Nutritionists will also want to build informal and formal working relationships

Forming Successful Coalitions

The following items need to be in place for a coalition to succeed:

- ◆ staff support,
- ◆ focal point of coordination,
- ◆ specified system of communication,
- ◆ actively involved community leaders,
- ◆ strong relationships between private and public sector groups,
- ◆ communication networks within the community need to be created, and
- ◆ a constituency for public health that can advocate for resources and for the attention of elected officials.

Steps for Coalition Building

- ◆ Assess
- ◆ Organize
- ◆ Negotiate/Plan
- ◆ Design/Develop
- ◆ Implement/Evaluate
- ◆ Revise/Report/Recognize

Nutrition Intervention in Chronic Disease: A Guide to Effective Programs is a complete guide to coalition building for nutrition intervention, including three detailed sections: Section I: Understanding Nutrition Intervention Partnerships; Section II: Making Nutrition Intervention Partnerships Work; Section III: Nutrition Intervention Partnership Settings and Strategies.²²

with their peers in their own health agency. In this section, the benefits of coalitions, responsibilities in coalitions, forming successful coalitions, and the steps to building a coalition are discussed.

Coalitions may include a large number of organizations or as few as two, depending on why they formed. Coalitions are used in the community to share resources in the community assessment, to study and prioritize the community's health problems, to set objectives for collaborative interventions, and to help in the implementation, monitoring, and evaluation. Other purposes are to achieve visibility and develop the "clout" necessary to get action and resources from the community's power structure.

Coalitions may function on a long- or short-term basis. It is important to set clear goals at the inception of the coalition so that the evaluation of its effectiveness can be meaningful. Equally important is building in checkpoints at the

outset to stop and look at what has been accomplished, what it has cost, and what has changed as a result. If a coalition succeeds in its mission, members should not be afraid to call it a success and promptly disband it. If it works, they should continue to explore the power of cooperation and collaboration in tackling new problems or aspects of the original problem around which the coalition was formed.²³

Roles of Coalitions

- **Solve or monitor a problem or coordinate a special event that an individual organization might not otherwise take on due to limited resources.** Coalitions offer a means of extending limited resources and of adding something important to an overburdened agenda without putting full resources behind it.
- **Exchange or coordinate information.** In a coalition, there are more insiders and more outposts. Health care and disease prevention is a constantly changing picture. These additional information sources facilitate earlier identification of problems and needs.

- **Advocate for legislation.** Not only is there is clout in numbers, but a little diversity can go a long way. For example, if nursing home administrators and the American Association of Retired Persons both ask for the same thing, it is more likely to happen than if they each stand alone.

Assign Responsibility

When developing public-private partnerships, the role of the initiating health agency or organization should include assuming responsibility for monitoring the status of specified health problems, acting as convenor of community groups to address these health problems, and/or assisting with the coordination of responsibilities for addressing community health problems. In most cases these responsibilities will require agency staff support.²⁴

Nutritionists are responsible for building coalitions with other nutrition personnel in the community and with the food and nutrition agencies and organizations at the local, state, and national levels. To maximize their power and spread their influence most widely, however, nutritionists must reach out far beyond the nutrition community and participate in coalitions in the public and private sector that are concerned with health and human services, education, food marketing, food quality, and the environment. Coalitions with voluntary health agencies, educational institutions, food marketers, the media, places of worship, worksites, and spas, may offer new opportunities. Before developing new coalitions, existing coalitions should be explored for their interests and possible involvement.

MARKETING STRATEGIES

Marketing the nutrition intervention is easier if all the steps leading to this one have been taken. Through assessment, priority setting, securing funding, building a coalition, and implementation, natural marketing strategies are in place. Marketing is defined as identifying a need, assisting potential clients in recognizing that need, and then fulfilling the need. Needs are identified through market research and environmental and situational analysis. Advertising and promotion focus the attention of potential clients on the goods and services being provided to meet their needs.²⁵ The steps up to the last sentence in this definition are the same as the steps involved in developing and implementing a nutrition intervention. Nutrition programs generally don't have the funding to do large-scale advertising and promotion. However, there are

creative ways to advertise and promote a nutrition program and the nutritionist, including:

- nutrition hotlines publicized in the community through the media spotlighting the community nutrition expert;
- "nutrition assessment day" at the state legislature that may include media coverage;
- healthy food tasting parties at the agency management team meeting;
- launching a high-profile, multi-media, community-wide preventive weight management program (the promotion for this one event can draw attention to other services provided by the agency or organization); and
- designing more user-friendly nutrition services for high-risk clients who will "get the word out" and increase participation in your program.

In all efforts for visibility, nutritionists must be consistent role models, always demonstrating positive food choices and health practices to the public. Networking and coalition building are important to the successful application of the marketing model as in other areas of public health nutrition program development.

Making Health Communication Programs Work is a valuable reference from the National Cancer Institute, providing more detailed guidance in designing and implementing an effective communications plan — a powerful marketing tool for the public health nutritionist.²⁶

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