

VI. Training Suggestions

This section of the *Workbook & Training Manual* identifies the "attitudes" necessary to successfully accomplish each step of the process of developing community-based nutrition services. It includes two attitudes that nutrition service planners should have even before they open the book: 1) nutritionists must believe that nutrition is important and cost-effective, and 2) they must believe the planning process is valuable and important.

Under each attitude, categorized by chapter, you will find a short list of suggested group training activities. The activities listed are designed to help trainees develop respective attitudes. You can also design training activities that help develop the knowledge and skills to successfully implement community-based nutrition services using the worksheets in Chapters I-IV. The attitudes and suggested training activities begin on page 142.

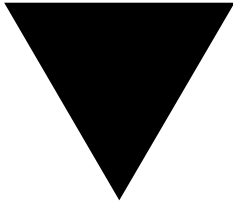
Adult learning theory tells us that adults need knowledge, skills, and attitudes to learn and make change. The current health care environment is encouraging providers to change from providing one-on-one patient care to working with the community and improving the community's health. To help health practitioners make this transition, ASTPHND published the handbook, *Moving to the Future: Developing Community-Based Nutrition Services*, which provides the knowledge to design and implement nutrition services based on the needs and desires of communities. This companion publication, *Moving to the Future: Developing Community-Based Nutrition Services (Workbook and Training Manual)*, is designed to help practitioners develop the skills and attitudes necessary to implement successful community-based nutrition services.

Tailor Training to Audiences Needs

Like the process outlined for developing community-based nutrition services (conducting assessments, developing goals and objectives, planning, implementing, monitoring and evaluating), the success of training efforts will be dependent upon the training design process, which should incorporate the same process. In addition, the success of any training program is enhanced when potential trainees are involved in each step of the process.

The first step in designing a training program is to develop a pre-training survey. This survey should include questions that assess the knowledge of the trainee audience. Also include questions asking potential trainees about specific issues related to developing community-based nutrition services that they would like to address. Having potential trainees assist in the design of the pre-training survey may help ensure that questions are appropriate and relevant to potential trainees.

Develop goals and objectives based on results of the pre-training survey. As emphasized in the "Priorities, Goals, and Objectives" chapter of this publication, be realistic about what can be achieved in a training session or series. For example, if an audience has minimal experience working in a community and you are planning a one-day training session, a realistic objective might be: "Participants will begin to think about community members and organizations with which to partner in efforts to develop nutrition interventions." The expectation here is to stimulate creative thinking.

**Training
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Next, design an agenda that includes training activities that will meet the identified goals and objectives. Tailor the activities to the audience's experience and include as many experiential learning opportunities as possible. The more people are involved and engaged in the activities, the more they will learn. It is also a good idea to design multiple activities that achieve the same objective. This gives everyone a "chance to learn" as adults have different learning styles.

Monitoring and evaluating the training effort is essential to its success. Trainers should constantly be monitoring the interest, learning, and involvement of trainees. And, more importantly, the training session or series should be modified immediately if any of these elements are not living up to expectations. Be sure to develop an evaluation that will directly measure the program objectives. More on evaluation is found under "ASTPHND Training Tips" below.

If the above steps are followed during the development of a training session or series, it is likely that every training program will be different. For this reason, this section of the *Workbook & Training Manual* provides suggested group training activities that should be tailored to your audience's needs.

ASTPHND Training Tips

The following recommendations are based on previous *Moving to the Future* training sessions conducted by the Association of State and Territorial Public Health Nutrition Directors (ASTPHND).

Group size

The ideal group size for *Moving to the Future* training programs is around 30. This size allows the group to get to know each other, but it is still large enough to encourage a diversity of ideas and opinions. It also allows the trainer to break participants into groups of 5 or 6.

Room Setup

How the room is set up will depend on the content of the training. However, a good setup for most training environments includes: 1) round tables for trainees with adequate working and writing space for each person, 2) newsprint at every table with plenty of markers and tape, 3) wall space to hang newsprint on, and 4) space between the tables so trainers can easily circulate among the tables.

Instruction Sheets

For each activity, an instruction sheet should be developed — even for the simplest of activities. Review the instructions orally at the beginning of the activity, referring trainees to the instruction sheet. This prevents trainees from relying on oral instructions and prevents lengthy discussions to clarify instructions among participants. It also helps to ensure that the activity is conducted as intended.

Colored Paper

A full day of training or more will require many training handouts. Printing the activities and their instruction sheets on color-coordinated paper helps trainers and trainees stay organized.

Creativity and the Honesty

Encouraging creativity increases the success of any training. It is also important to create an environment that allows trainees to be honest in discussing barriers or fears where relevant.

Review Goals and Objectives and Agenda

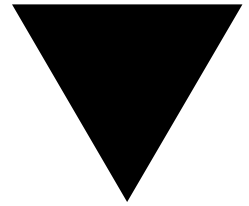
Provide trainees with a hard copy of the goals and objectives for the training. Review them orally with the group at the beginning of the training session and make sure the group agrees with their intentions. Do the same with the agenda. It is common to include the agenda in a training packet, but it is more important to allow the trainees time (5 minutes) to review the agenda. If there is a gap between trainees' expectations and planned activities, modifications may need to be made to the agenda. Also, this information may be useful in planning future training programs.

Evaluation

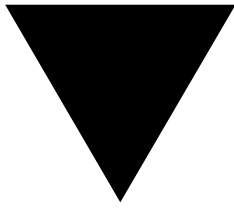
Allow adequate time (approximately 45 minutes) to review activities with trainees. Include time in the agenda for trainees to complete a written evaluation. An "interactive evaluation," which allows trainees to share what they learned with others is also an effective way to stimulate learning. One example of an interactive evaluation might be to place three pages of newsprint with the following headings on the walls of the meeting room: 1) "My thinking has changed in the following way:" 2) "One thing I will do different in the next 6 months is:", and 3) "One thing I will do different over the next 2 years is:". Ask trainees to write their responses on colored index cards and tape them to the respective newsprint sheet. Also, encourage trainees to discuss their responses with each other.

Hint: Be creative about how you label the evaluation activity on the agenda. Terms like "evaluation" or "debriefing" might give participants the impression that they can leave before an activity is finished. Instead, try "Where we've been," "where we're going," "What do you think?," "Assessing our progress," or "Let's assess our progress."

Training Suggestions



**Attitudes
and Activities**



Attitudes and Activities

Prior to opening the book ...

Attitude: Nutrition interventions improve health and are cost effective; intervention planners should be able to convince supervisors and colleagues of that effect.

Possible Group Activities:

Role Play: Design a role play activity where a nutrition service planner must convince a supervisor that nutrition should be represented in the health planning efforts. Groups can write their own dialogue or it can be provided by the trainer.

Large Group-Small Group Activity: Lead the larger group through a brainstorming session on the reasons why nutrition is generally not a part of the organization’s planning process or is not a priority. Then, break the group into smaller groups and assign one of the identified reasons to each small group, asking the small groups to list ways to neutralize this barrier and convince supervisors that nutrition is a priority and should be included in the planning process. At the end of the small group time, ask one person from each group to report their findings to the larger group.

Large Group Activity: Work through cost-effectiveness exercise(s).

Attitude: The process of developing community-based services is valuable and important.

Possible Group Activities:

Individual Activity: Use a “What’s In It For Me?” exercise. Design a worksheet with two or three four-square tables.

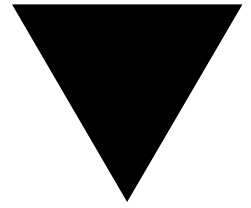
Action Step	Benefit to Me
Barrier	How I Can Neutralize

In the “Action Step” square, trainees identify one step they can take to implement community-based nutrition services. In the “Benefit to Me” square, they explain how that will benefit them personally. The bottom two squares provide space for recording possible barriers to action steps and how to overcome those barriers. After trainees have had adequate time to complete this exercise individually, have them ‘pair up’ to exchange action steps.

Group Activity: Lead the group through a discussion about the pros and cons of their jobs as nutritionists or dietitians or their work with nutrition-related services. Record the pros and cons on newsprint or on overhead transparencies. Review the cons with the group to see if the process of developing community-based services can help turn these into pros. This could also be designed as a Large Group-Small Group activity.

Community Assessment: Attitudes and Activities

Attitudes and Activities



Attitude: The community's perceived health needs should be considered when planning any nutrition intervention.

Possible Group Activities:

Role Play: Design a role play where two players have a non-negotiable position. One participant is a health professional who has health data that documents health needs in the community. The other participant is a community member who has a health concern that is based on less objective data. Have each participant argue their cases without seeking a resolution. After the role play, lead the group in a discussion about the two perspectives and have participants try to identify ways to resolve the differences.

Small Group Activity: Provide each small group with a “health expert position” and a “community member position” related to health and nutrition needs in a community. (Each group should have different positions.) Have small groups try to identify three ways to bridge the gap between positions. Afterward, have representatives from the small groups report their resolutions back to the larger group.

Attitude: “Community” should be broadly defined. This includes being comfortable with letting go of power and working collaboratively with partners to plan, implement, and evaluate programs.

Possible Group Activities:

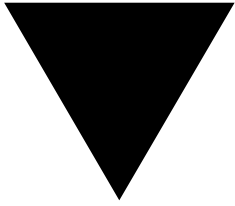
Small Group Activity: Using the worksheet on pages 3 and 4, in “Community Assessment,” give trainees five minutes to complete the chart individually. Then, break the group into smaller teams where each small group represents a different type of nutrition professional and completes the chart based on that perspective. At the end of the small group session, ask one person from each group to share results.

Brainstorming Activity: Lead the group through a brainstorming session where members identify ways in which non-traditional partners can promote nutrition.

Small Group Activity: Provide each small group with a “situation” that puts them in the position of working with new partners. In small groups, have participants identify three solutions to the “situation.” For each solution, they should also identify how power is lost, gained, and traded as a result of partnering. Have representatives from the small groups report discussion results to the larger group.

Attitude: Intervention planners should be comfortable with data. (The goals here are to help trainees reduce their fear of data and address the reality that numbers can be overwhelming to many people.)

**Attitudes
and Activities**



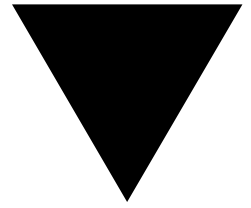
Possible Group Activities:

Small Group Activity: Design an activity that helps trainees come up with new ways of working with data. Give each group the same data, asking one group to try to simplify it using colors. Have a second group try to make the data more user-friendly using bullets, stars, and dots, while a third group works with only fonts (size, bold, caps, underline, or italics).

Success Stories: Form a panel of nutritionists who are highly comfortable with data. Have them make a presentation on how using data has enabled them to do their jobs better.

Priorities, Goals, and Objectives: Attitudes and Activities

Attitudes and Activities



Attitude: Goals and objectives should be outcome-oriented.

Possible Group Activities:

Small Group Activity: Using examples of process and structure objectives from a local plan, have groups rewrite objectives making them more outcome-oriented. Or, have them then write outcome objectives that should result from the process and structure objectives.

Large Group Activity: Design a quiz with true/false and multiple choice questions about process, structure, and outcome objectives. Have trainees complete the questionnaire individually. Then, lead the group through a discussion about quiz results.

Large Group-Small Group Activity: Lead the group through the steps of writing an outcome objective. Assign each small group with a specific disease and provide them with data relevant to that disease. Then, have small groups write health outcome objectives for the disease.

Attitude: Changing health status takes time and happens in small increments.

Possible Group Activities:

Large Group-Small Group Activity: Lead participants through a brainstorming session to generate a list of reasons why some program goals and objectives of a nutrition intervention may not have been met. Assign each small group with one of these barriers. Then, have small groups identify ways for overcoming these barriers to achieving goals and objectives.

Mock Debate: Divide the group into “low-goal” and “high-goal” teams. The “low goals” believe that the health outcome objective should be “to reduce adolescent obesity by 0.5 percent in two years;” the “high-goals” believe that the health outcome objective should be “to reduce adolescent obesity by five percent in one year.” Give the teams 35 minutes to develop their positions. Then, facilitate a debate where each team argues its position. Allow 20-25 minutes at the end of this activity to discuss what participants have learned.

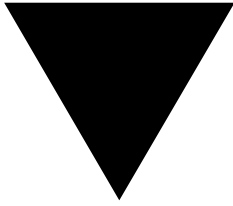
Large Group Activity: Design a worksheet that includes baseline data on a health outcome (e.g., low birth weight). Lead the group through the process of writing realistic objectives that translate percentages into real numbers of individuals affected.

Attitude: Establishing priorities is essential to the success of any intervention.

Possible Group Activities:

Brainstorming Activity: Lead the group through a brainstorming session about the difficulties of identifying priorities and staying focused on them.

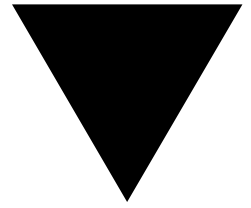
**Attitudes
and Activities**



Small Group Activity: Design a mock coalition meeting. Create a sheet listing perceived needs, health status, and nutrition status data, and available nutrition services in the community (local data is preferable). Give the same instructions, situation, and coalition member organizations to each group. Each group member represents a different organization (chamber of commerce, health department, church group, hospital, local industry, etc.). Have the coalition determine its target audience, identify what each organizations' interests are, list what each organization can provide to the coalition, and develop two objectives. At the end of this activity, have each group share its coalition's results with the larger group.

The Nutrition Plan: Attitudes and Activities

Attitudes and Activities



Attitude: There is no substitute for a thorough written plan.

Possible Group Activities:

Group Activity: Conduct a mock debate or brainstorming session about the pros and cons of writing plans.

Success Story Panel: Ask participants to share success stories about how they used a nutrition plan to raise money, justify a new program, etc. (A list of nutrition plan uses can be found on page 25 of *Moving to the Future: Developing Community-Based Nutrition Services*.)

Attitude: A complete assessment should be conducted prior to planning an intervention.

Possible Group Activities:

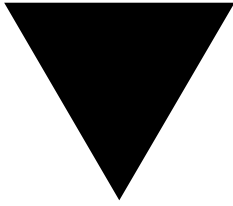
Small Group Activity: Divide the group into two teams. Provide Team I with actual community assessment data and ask them to plan an intervention. Ask Team II to plan an intervention without providing them with the community assessment data. Afterward, have representatives from each of the teams report results back to the larger group. After reports from both teams have been presented, invite the whole group to discuss the results.

Role Play: Have three participants play the roles of two nutritionists and a supervisor. One nutritionist has community assessment data, goals and objectives, and an intervention plan that will cost \$150,000 to implement. The other nutritionist has an intervention to implement that also costs \$150,000, but has no assessment data. The two nutritionists go to the supervisor (or board) to request funding for their interventions. Facilitators can either prepare the report/request for each nutritionist or let the small groups prepare their own.

Attitude: Planning for monitoring and evaluation ensures that ample time and resources will be dedicated to this step.

Possible Group Activities:

Brainstorming Activity: Lead the group through a brainstorming session where participants identify — based on their own experiences — why monitoring and evaluation activities are often neglected. Then, lead the group through a discussion about how planning and scheduling these activities in advance can ensure that they receive the time and attention they require.

**Attitudes
and Activities**


Implementation: Attitudes and Activities

Attitude: Non-traditional interventions should be considered.

Possible Group Activities:

Small Group Activity: Provide each group with one objective. Have groups design two interventions — other than offering counseling or group education — that would achieve the objective. To stimulate creative thinking, provide participants with examples of non-traditional interventions (environment-based interventions) at the beginning of the activity. (See page 70 of this publication for a description on environment-based interventions.)

Small Group Activity: Provide each group with an environment-based intervention and ask them to: 1) identify the skills necessary to carry out the intervention, 2) determine which of these skills they possess, and 3) list ways in which they can further develop their skills. Have representatives of the small groups report results back to the larger group. Record the findings on a flip chart.

Attitude: Intervention planners should feel comfortable asking for funding for their programs.

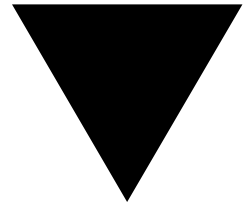
Possible Group Activities:

Small Group Activity: Design a small role playing situation that involves a nutritionist and a funder. Have participants act out one situation where a nutritionist approaches a funder seeking financial assistance for an intervention. Each small group is given an intervention for which they are to raise money. Assign trainers to the small groups to help the trainees act out their request.

Small Group Activity: Divide the group into teams that will play the roles of “funders” and “nutritionists.” Have the “nutritionists” solicit financial commitments from the “funders.” Allow 35 minutes for the funders to prepare their questions and criteria for funding and for the nutritionists to prepare their nutrition plans. After the role playing activity, lead the larger group in a discussion about lessons learned.

Monitoring and Evaluation: Attitudes and Activities

Attitudes and Activities



Attitude: Monitoring and evaluation is critical to the development a successful intervention and to improving the health of a community.

Possible Group Activities:

Large Group-Small Group Activity: Lead the group through a question and answer session that identifies the pros and cons of monitoring and evaluation. Then divide the group into smaller teams and assign each with the task of identifying ways to turn a specific con into a pro.

Small Group Activity: Give half of the group a report that includes objectives, a description of the intervention, and the results of the evaluation. Give the other half objectives and a description of the intervention. Have the teams identify five ways they would improve the program in the upcoming year.

Attitude: Evaluation should be linked to assessment so that the process of developing community-based nutrition services builds upon itself from one program year to the next.

Possible Group Activities:

Brainstorming Activity: Identify ways that evaluation is similar to assessment.

Small Group Activity: Assign small groups one step in the process (assessment; priorities, goals, and objectives; the nutrition plan; implementation; and monitoring and evaluation). Have them come up with five ways in which that step helps to improve the health of a community.