Community Nutrition in Action 8th edition Boyle Test Bank

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Name:_____ Class:_____ Date:_____

Chapter 01: Opportunities in Community Nutrition

True / False

1. A community is a grouping of people who reside in a specific locality and interact and connect through social structure to fulfill a wide range of daily needs.
   a. True
   b. False

ANSWER: True

2. Communities exist only on local and regional levels.
   a. True
   b. False

ANSWER: False

3. Community nutrition is a discipline that strives to improve the health, nutrition, and well-being of individuals and groups within communities.
   a. True
   b. False

ANSWER: True

4. Policy is an essential aspect of the work of a community nutritionist.
   a. True
   b. False

ANSWER: True

5. The leading causes of morbidity and mortality in the United States today are chronic diseases.
   a. True
   b. False

ANSWER: True

6. The scope of modern-day public health is restricted to matters of sanitation.
   a. True
   b. False

ANSWER: False

7. The aim of public health work is to protect, promote, and restore people's health through the application of science, practical skills, and collective actions.
   a. True
   b. False

ANSWER: True

8. The community nutritionist identifies nutritional needs in the community, but is not involved in planning new programming or services for the community.
   a. True
   b. False

ANSWER: False

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9. Most community nutrition positions require registration as a dietitian by the Academy of Nutrition and Dietetics.
   a. True
   b. False

ANSWER: True

10. Marketing is an important skill for the community nutritionist.
   a. True
   b. False

ANSWER: True

11. Community nutritionists are expected to plan, evaluate, manage, and market nutrition services, programs, and interventions.
   a. True
   b. False

ANSWER: True

12. In most cases, the practice setting of community nutritionists is limited to schools and public health departments.
   a. True
   b. False

ANSWER: False

13. Nutrition and dietetic technicians are restricted from working in community nutrition.
   a. True
   b. False

ANSWER: False

14. Medical nutrition therapy is outside the scope of practice for community nutritionists.
   a. True
   b. False

ANSWER: False

15. Community nutritionists are expected to be multiskilled practitioners.
   a. True
   b. False

ANSWER: True

Multiple Choice

16. Which of the following is an institutional–organizational-level setting?
   a. High school
   b. Public Park
   c. Residential district
   d. Family home

ANSWER: a

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17. Which of the following would be a job responsibility of a community nutritionist?
    a. Providing discharge instructions to patients leaving the hospital
    b. Formulating diet plans for inpatients recovering from surgery
    c. Estimating energy needs for ventilated patients in the ICU
    d. Assessing the nutrition status of local children and adolescents

ANSWER: d

18. What is entrepreneurship?
    a. the act of using community nutrition resources responsibly
    b. the marketing and delivering of a product or service
    c. the proposal to start a business
    d. the creation of something of value through the creation of organization

ANSWER: d

19. What is one of the essences of entrepreneurship?
    a. organization
    b. innovation
    c. marketing
    d. dependability

ANSWER: b

20. Examples of how community nutritionists engage in entrepreneurial activities include all of the following EXCEPT:
    a. recognizing opportunities to deliver health messaging
    b. developing a marketing plan
    c. building the team to deliver nutrition programs or services
    d. reading research

ANSWER: d

21. What is the focus of secondary prevention?
    a. prevention of disease by controlling risk factors
    b. treatment and rehabilitation of people who have suffered illness or injury
    c. support of individual factors such as knowledge and skills
    d. early detection of disease through screening and risk appraisal

ANSWER: d

22. Which of the following is a social determinant of health?
    a. Genetic predisposition
    b. Race
    c. Gender
    d. Education level

ANSWER: d

23. Which description best applies to *Healthy People 2030*?
    a. A national strategy for improving the health of the United States

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b. A set of goals and objectives that focuses on healthcare industry reforms
c. A plan to study the health statistics of the United States population
d. A bipartisan framework for disease prevention through genetic testing

ANSWER: a

24. Access to health services; educational and community-based programs; and health communication and health information technology are all what?
a. Basic focuses for entrepreneurs
b. Voluntary global targets for 2025
c. Components of sustainable food systems
d. *Healthy People 2030* topic areas

ANSWER: d

25. A community nutrition practitioner is providing nutrition advice to older adults in the community. These clients are uncomfortable with technology and are skeptical of providing any more personal information than is absolutely necessary. These clients are most likely from which generational cohort?
a. Millennials
b. Baby Boomers
c. Generation X
d. Matures/Traditionalists

ANSWER: d

26. A community nutrition practitioner is providing nutrition advice to parents in the community whose children are leaving for college. They find that these clients are inclined to aggressively question authority and want versatility and challenge in their lives. These clients are most likely from which generational cohort?
a. Generation Z
b. Matures/Traditionalists
c. Baby Boomers
d. Generation X

ANSWER: c

27. What occurs when a segment of the population bears a disproportionate incidence of a condition or illness?
a. Chronic disease
b. Bioterrorism
c. Pandemic
d. Health disparity

ANSWER: d

28. Which statement is true about current demographic trends in the United States?
a. The population is significantly decreasing their incidence of obesity
b. The country is becoming more ethnically diverse.
c. The proportion of older Americans has decreased significantly.
d. The birth rate has significantly increased.

ANSWER: b

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29. Which of the following is a leading cause of overweight and obesity?
    a. lack of nutrition education
    b. excess fiber intake
    c. physical inactivity
    d. lack of interest in health promotion

ANSWER: c

30. Production, processing, distribution, and consumption must all be integrated to maintain natural resources in order to achieve what?
    a. *Healthy People 2030* goals
    b. A sustainable food system
    c. Social determinants of health
    d. A built environment

ANSWER: b

31. A(n) ____ has four components: people, space, social interaction, and shared values.
    a. population
    b. community
    c. government
    d. ecosystem

ANSWER: b

32. The discipline that strives to prevent disease and improve the health and well-being of individuals is ____.
    a. epidemiology
    b. community nutrition
    c. food sciences
    d. public health

ANSWER: b

33. A ____ is a course of action chosen by public authorities to address a given problem.
    a. law
    b. regulation
    c. policy
    d. procedure

ANSWER: c

34. Programs are used by community nutritionist to ____.
    a. change laws
    b. maintain natural resources
    c. enact new policies
    d. promote behavioral changes that improve health

ANSWER: d

35. The leading cause of morbidity and mortality in the United States is ____.

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a. cancer
b. HIV
c. cardiovascular disease
d. diabetes mellitus

ANSWER: c

36. Nonchronic diseases include ____.
a. coronary artery disease and stroke
b. cancer
c. diabetes mellitus
d. influenza and pneumonia

ANSWER: d

37. Which intervention is considered a secondary prevention technique?
a. screenings and periodic examinations
b. treatment and acute care
c. rehabilitation
d. promotion of healthy behaviors and environments

ANSWER: a

38. A public health office is developing a program to reduce the risk of skin cancer in a local farming community. Which activity would be considered a primary prevention technique?
a. A nutritional program for people with skin cancer
b. A program that promotes the use of sunscreen
c. A wellness fair that provides skin cancer screenings
d. A program designed to help skin cancer survivors with self-management

ANSWER: b

39. Which set of characteristics is associated with lifestyle determinants of health?
a. age and race
b. housing and education
c. physical activity and diet
d. cultural beliefs and values

ANSWER: c

40. Health ____ focuses on changing human behaviors by encouraging people to eat healthy, be active, get regular rest and achieve balance in life.
a. promotion
b. intervention
c. prevention
d. awareness

ANSWER: a

41. The ____ model emphasizes the idea that all elements of society combine to shape an individual's health behaviors

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and chronic disease risk.

a. social–biological
b. social–psychological
c. social–ecological
d. environmental–ecological

ANSWER: c

42. According to the social-ecological model, interpersonal levels of influence include ____.

a. local, state, and federal laws
b. social norms and standards
c. family, peers, and health professionals
d. attitudes, beliefs, and behaviors

ANSWER: c

43. A city council makes plans to update recreational areas to promote and facilitate physical activity. According to the social–ecological model, this is an example of changes at the ____ level.

a. structures, policies and systems
b. community
c. interpersonal
d. institutional or organizational

ANSWER: a

44. Since the year 2000, almost no progress was made toward the *Healthy People 2020* targets for ____.

a. life expectancy
b. death rates for heart disease and stroke
c. nutrition and obesity
d. calcium intake

ANSWER: c

45. *Healthy People 2030* aims to redirect the focus of the national health agenda from health care to what?

a. healthcare reform
b. nutrition
c. health maintenance
d. social determinants of health

ANSWER: d

46. Which of the following is **not** an essential practice for a community nutritionist?

a. To participate in nutrition surveillance and monitoring of communities
b. To participate in screening activities
c. To work independently to develop nutritional programs
d. To conduct outcomes assessment of community-based food programs

ANSWER: c

47. Which term refers to community-based nutrition programs conducted by a government agency?

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a. public health nutrition
b. private policy nutrition
c. community nutrition
d. health care nutrition

ANSWER: a

48. In which workplace setting might you find a public health nutritionist?
a. fitness centers
b. daycare centers
c. hospitals
d. state health department

ANSWER: d

49. The minimum educational requirements for a community nutritionist include ____.
a. a bachelor's degree in nutrition or dietetics from an accredited college or university
b. registration with the Academy of Nutrition and Dietetics as a registered dietitian
c. graduate-level training in nutrition
d. an associate's degree in nutrition or dietetics from an accredited college

ANSWER: a

50. Registered dietetic technicians are most often employed in ____.
a. government agencies
b. public health research offices
c. food-service and clinical settings
d. universities

ANSWER: c

51. Which of these is an approach for creating interventions and prevention strategies to reduce health disparities?
a. Surveillance
b. Health promotion
c. Community-based participatory research
d. *Healthy People*

ANSWER: c

52. Which term refers to the process of enabling people to achieve their maximum potential for good health?
a. Intervention
b. Tertiary prevention
c. Health promotion
d. Surveillance

ANSWER: c

53. Which basic competency of the community dietitian addresses participation in public policy activities?
a. practice management and use of resources
b. clinical and customer services

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c. professional practice expectations
d. scientific and evidence base of practice

ANSWER: a

54. Which of the following is an example of how a community nutritionist might be involved in policy?
a. Connect with clients on social media
b. Deliver nutrition education in the community
c. Teach clients how to read nutrition labels
d. Advise their local governments

ANSWER: d

55. Which of the following is not a part of the public health system?
a. Grocery stores
b. Environmental agencies
c. Public health agencies
d. Healthcare providers

ANSWER: a

56. Why is health promotion that focuses on prevention increasingly important?
a. The leading causes of morbidity and mortality are nonchronic diseases.
b. The medical community is moving towards a holistic approach to health.
c. Genetic testing and screening will soon become mandatory.
d. Americans in general are increasingly committed to healthy diets and exercise.

ANSWER: b

57. What does the social–ecological model provide?
a. A list of goals for the nation's health
b. Guidance for developing successful health prevention and promotion programs
c. Recommendations for healthy eating
d. A structured approach to building public health organizations

ANSWER: b

58. A local community nutrition specialist designs a nutrition education program designed for individuals diagnosed with HIV. What is this program an example of?
a. public health
b. secondary prevention
c. primary prevention
d. tertiary prevention

ANSWER: d

59. Today's community dietitians will need to understand the characteristics of _____ to better serve the needs of the aging population.
a. Generation X
b. Baby Boomers

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c. Generation Y
d. Millennials

ANSWER: b

60. One of the major challenges facing community nutritionist in North America is ____.
a. the lack of population diversity
b. the decrease in educational levels
c. an aging population
d. a decrease in life expectancy

ANSWER: c

61. Among which group do health disparities, including the incidence of chronic disease, disability, and death, tend to be lowest?
a. American Indians and Alaska Natives
b. Black or African Americans
c. Hispanic or Latinos
d. Caucasians

ANSWER: d

62. Which of the following is a major lifestyle trend in the twenty-first-century United States?
a. decreased portion sizes served by fast food establishments
b. decreased amount of time spent in sedentary activities by children and adults
c. increased number of families living in communities that are not conducive to regular outdoor activity
d. increased number of vending machines offering juice and water

ANSWER: c

63. Which demographic category is expected to grow to reach nearly a quarter of the population by 2060?
a. children under 10
b. Caucasians
c. adults over age 65
d. American Indians and Alaska Natives

ANSWER: c

64. Which statement is correct regarding sustainability?
a. Demand for sustainably produced food products in the United States is increasing.
b. Awareness of sustainably produced food products is decreasing in the United States.
c. As interest in sustainability rises, global food insecurity is decreasing.
d. The amount of food waste produced by an individual has little impact on the larger community.

ANSWER: a

65. Which generation prefers being tech-savvy, multi-tasking, and working in collaborative efforts?
a. Generation Z (1997-2012)
b. Baby Boomers (1946-1964)
c. Generation X (1965-1980)

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d. Generation Y/ Millennials (1981-1995)

ANSWER: d

66. Which generation is focused on personal growth, and interested in removing outdated work models?
a. Matures/Traditionalists (pre 1946)
b. Baby Boomers (1946-1964)
c. Generation X (1965-1980)
d. Generation Y/ Millennials (1981-1995)

ANSWER: c

67. Which was the first generation to be born into a digital world?
a. Generation Z (1997-2012)
b. Baby Boomers (1946-1964)
c. Generation X (1965-1980)
d. Generation Y/ Millennials (1981-1995)

ANSWER: a

68. Which generation gives information on a "need to know" basis, and is respectful of authority?
a. Mature's/Traditionalists (pre 1946)
b. Baby Boomers (1946-1964)
c. Generation X (1965-1980)
d. Generation Y/ Millennials (1981-1995)

ANSWER: a

69. Which generation is interested in interpersonal communication, gently questions the status quo, and wants to see the big picture of the organization?
a. Mature's/Traditionalists (pre 1946)
b. Baby Boomers (1946-1964)
c. Generation X (1965-1980)
d. Generation Y/ Millennials (1981-1995)

ANSWER: a

70. Which of these is an approach to collecting data on a population's health and nutritional status in which data collection occurs regularly and repeatedly?
a. policy
b. surveillance
c. public health
d. intervention

ANSWER: b

71. A property of a group that consists of its sharing cultural traditions, having a common linguistic heritage, and originating from the same land is:
a. race
b. ethnicity

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c. culture
d. community

ANSWER: b

72. One who undertakes the risk of a business or enterprise.
a. business executive
b. entrepreneur
c. manager
d. healthcare worker

ANSWER: b

73. Health promotion activities are likely to have a greater impact if they focus on what?
a. Tertiary interventions
b. Policy-, system-, and environmental-level settings
c. Treatment of chronic diseases
d. Improving physical activity

ANSWER: b

74. Why is it important to identify risk factors that contribute to the development of chronic diseases?
a. Health professionals need to monitor them.
b. Genetic predispositions may be altered.
c. Many of them are preventable.
d. They vary by region of residence.

ANSWER: c

75. Anatomic integrity and the ability to perform personally valued family, work, and community roles are aspects of what?
a. Entrepreneurship
b. Social determinants of health
c. Health
d. Community

ANSWER: c

76. Street layout, zoning, transportation options, stairs, public and green spaces, and business areas are all elements of what?
a. Built environment
b. Sustainable food systems
c. Public health systems
d. Health

ANSWER: a

77. Which term describes a health promotion activity aimed at changing the behavior of a target audience?
a. policy
b. intervention

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c. public health
d. programs

ANSWER: b

78. A group of individuals with a common interest who agree to work together towards a common goal.
a. community
b. coalition
c. community action committee
d. practice group

ANSWER: b

79. Instruments used by community nutritionists to seek behavior changes that improve nutritional status and health.
a. policies
b. research studies
c. health promotion
d. programs

ANSWER: d

Subjective Short Answer

80. List three challenges a community nutritionist faces.

ANSWER:
- The challenge of improving the nutritional status of diverse groups of people with varying education and income levels and different health and nutrition needs
- The challenge of forming partnerships with colleagues, business leaders, and the public to advocate for change
- The challenge of influencing lawmakers and other key citizens to enact laws, regulations, and policies that protect and improve the public's health.
- The challenge of studying the scientific literature for new angles on how to help people make good food choices for good health
- The challenge of connecting food choice with sustainability of the food system and planetary health
- The challenge of mastering technologies to help meet the needs of clients and communities

81. List five different practice settings in which a community nutritionist may work.

ANSWER: Any five of the following: schools, worksites, cooperative extension agencies, universities, colleges, medical schools, nonprofit health organizations, public health departments, home health care agencies, daycare centers, residential facilities, fitness centers, sports clinics, hospital outpatient facilities, food companies, wellness programs, private practice.

82. What are the three arenas of focus for community nutrition?

ANSWER: People, policy, and programs.

83. List three ways in which a community nutritionist might be involved in public policy.

ANSWER:
- Letter writing to government officials
- Policy making at the local or state level
- Lobbying to legislators, advocating for a public policy change

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- Networking with other community nutritionists and health professionals on issues related to overall health and well-being

84. List the five goals of *Healthy People 2030.*

ANSWER: The five goals of *Healthy People 2030* are as follows:
Goal 1: Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury and premature death.
Goal 2: Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
Goal 3: Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.
Goal 4:Promote healthy development, healthy behaviors, and well-being across all life stages.
Goal 5: Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

85. Why is entrepreneurship an important skill for the community nutritionist?

ANSWER: Community nutritionists who want to change people's eating habits must be able to see new ways of reaching desired target groups. Creativity and innovation are hallmarks of entrepreneurs and these characteristics help the community nutritionist improve health for all by delivering relevant products, services, and health messaging.

Use the following case scenario to answer short answer items 86-89.
Aisha is a newly graduated registered and licensed dietitian who will begin her career as a WIC nutritionist in a small, rural Midwest community. In this role, she will be primarily responsible for a case load of 300 clients within her county. Answer the questions below based on this brief scenario.

86. Define the communities in which Aisha will be providing nutrition interventions.

ANSWER: Aisha will work in a variety of communities: pregnant, lactating, and postpartum low-income women; infants and children under the age of 5; her geographical community of the county; and perhaps low-literacy groups.

87. What policies might Aisha need to become familiar with as she starts her new job?

ANSWER: The policies of WIC; her county office's policies; WIC legislation; and reimbursement and qualifying guidelines are all examples of policies that Aisha would need to become familiar with.

88. What health disparities might Aisha need to be aware of in this role?

ANSWER: Aisha would need to be aware of the specific health disparities affecting the low income population, as WIC serves individuals below a certain income level. Aisha would also need to be aware of the specific racial and ethnic demographics of her clientele to determine if further health disparities may exist.

89. Which of the *Healthy People 2030* objectives might Aisha be most interested in reviewing?

ANSWER: Those objectives related to breastfeeding, healthy pregnancies, and the health and well-being of children, and perhaps those related to health disparities among low-income families.

Essay

90. Explain how the three arenas of community nutrition are interconnected.

ANSWER: The three arenas of community nutrition practices are people, policy, and programs. Policy is a course of action chose by public authorities to address a given problem. Programs are based on the needs identified by

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policy. Within the policy, target audiences (people) who have the greatest need for the programming are identified.

91. Define "health" and explain why it is imperative that the community nutritionist be familiar with the social determinants of health.

ANSWER: Health can be viewed as the absence of disease and pain, or it can be pictured as a continuum along which the total living experience can be placed. On this continuum, the presence of disease, impairment, or disability is placed at one end and freedom from disease or injury at the other. Many times, we define health simply as feeling "good," when in essence, health is inclusive of the physical, mental, and spiritual capacity to live, work, and interact joyfully with other human beings. The community nutritionist must recognize that the factors that influence health are complex and not as well understood as the factors that influence disease. Familiarity with the social determinants of health will give the community nutritionist an empathetic approach as they interact with the community.

92. Explain how community nutrition practice fits into the larger realm of public health.

ANSWER: Community nutrition is one piece of public health that focuses on the improvement of health, nutrition, and well-being of individuals within communities. Public health can be defined as an effort organized by society to protect, promote, and restore the people's health through the application of science, practical skills, and collective actions.

93. Describe three practice areas for the community nutritionist including the population served and examples of practice sites.

ANSWER:
- Aging: child and adult food programs, long-term care dietitian, Area on Aging Program director
- Child Nutrition: WIC, school nutrition director, Head Start dietitian
- Culinary: media, educator, researcher
- Global Health Nutrition: public health departments, Doctors Without Borders, UNICEF
- Government: USDA food and nutrition services, FDA consumer safety officer, research scientist, etc.
- Hunger/Food Insecurity: nutritionist for food bank, coordinator of community gardens
- HIV/AIDS: nutritionist for WHO, nutritionist for community agency serving HIV population
- Industry: spokesperson for industry partner
- Media: radio show contributor, writer/ blogger, podcast developer, spokesperson
- Military: RD for one of the branches of the armed forces
- Nonprofit: nutrition educator for health care organization
- Public Health: public health nutritionist for health department
- Private Practice: can focus on a variety of populations
- Public Policy/Advocacy: director of policy for nonprofit, public health nutritionist
- Research
- Retail: corporate or consultant retail dietitian
- Sports Nutrition: team dietitian, RD for university athletic department, consultant

94. Discuss how the "health continuum" could be utilized when planning health promotion.

ANSWER: The "health continuum" (see Figure 1-5) depicts health as a continuum from a well population to a population at risk to a population with an established disease to one with a controlled chronic disease. Health promotion is more effective when the programming is targeted to the level of health within the population. Primary prevention activities are best for those who are well whereas tertiary prevention activities are more appropriate for those with an established chronic disease.

95. Describe and give an example of each of the three levels of prevention.

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ANSWER: The three types of prevention efforts are primary, secondary, and tertiary. Primary prevention is aimed at preventing disease by controlling risk factors that are related to injury and disease. Heart-healthy cooking classes are an example. Secondary prevention focuses on detecting disease early through screening and other forms of risk appraisal. Public screenings for hypertension, diabetes, or anemia at a health fair are examples of secondary prevention efforts. Tertiary programs aim to treat and rehabilitate people who have experienced illness or injury. Education programs for people recently diagnosed with diabetes or heart disease are examples of tertiary efforts.

96. Briefly discuss the trend of sustainability in regards to our food systems and explain why this is important for the community nutritionist to understand.

ANSWER: Sustainability exists when something is maintained over the long term. A sustainable food system exists when production, processing, distribution, and consumption are integrated and related practices that regenerate rather than degrade natural resources, are socially just and accessible, and support the development of local communities and economies. Sustainability is gaining consumer attention and influencing consumer decision making. The Academy of Nutrition and Dietetics has authored a position statement on this encouraging dietitians to become educated on sustainability so we can guide consumers toward more sustainable food choices to conserve and protect the global food system.

97. Discuss the premise of the *Healthy People* initiative.

ANSWER: *Healthy People* is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the U.S. For the past four decades, *Healthy People* has provided a framework for promoting health and avoiding preventable disease.

98. Outline the educational requirements, practice settings, and roles and responsibilities of community nutritionists.

ANSWER: The minimum educational requirements for a community nutritionist include a bachelor's degree in community nutrition, foods and nutrition, or dietetics from an accredited college or university. Most community nutrition positions require the individual to be a registered and licensed dietitian. Community nutritionists practice in schools, worksites, cooperative extension agencies, universities, colleges, medical schools, voluntary and nonprofit health organizations, public health departments, home healthcare agencies, day care centers, residential facilities, fitness centers, and many other settings. Roles and responsibilities are numerous and include managing nutrition care interventions for diverse population groups across the life span; participating in nutrition surveillance and monitoring of communities; developing and implementing community-based food and nutrition programs; managing and marketing of nutrition information; conducting outcome assessment and evaluation of community-based food and nutrition programs; and participating in screening activities.

99. What is meant by the concept that community nutritionists are expected to be multiskilled?

ANSWER: Being multiskilled, or cross-trained, occurs when the community nutritionist performs more than one function, often in more than one discipline. The multiskilled community nutritionist knows how to conduct a needs assessment and provide dietary guidance as well as how to design and conduct a survey, use the Internet for marketing health messages, and obtain funding to support a program's promotional plan.

100. Describe the personality characteristics and personal competencies of the entrepreneur.

ANSWER: Entrepreneurs are achievers, setting high goals for themselves. They work hard, are good organizers, enjoy managing a project to completion, and accept responsibility for their ventures. They strive for excellence and are optimistic, believing that now is the best of times and anything is possible. Entrepreneurs have competencies in areas such as planning, marketing, networking, budgeting, and team building.

101. You are a community nutritionist who is working a pediatric outpatient clinic specializing in the management of pediatric overweight and obesity. Give an example each of a primary, secondary, and tertiary prevention effort you might

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initiate in this role. List the competencies that may be needed for each prevention.

ANSWER: An example of a primary prevention would be nutrition education for school-aged children on healthy habits; an example of a secondary prevention would be screenings for elevated BMI through school nurse; and an example of a tertiary prevention would be classes offered at your facility for children and families dealing with pediatric obesity. Competencies will vary based on intervention but include the following:

- Integration of research into practice
- Practice in compliance with current guidelines/ rules/ scope of practice
- Demonstrate professional writing skills
- Design, implement, and evaluate presentations to a target audience
- Use effective education and counseling skills
- Refer to other professionals
- Collaborate with other healthcare professionals
- Demonstrate negotiation skills
- Perform Nutrition care process
- Demonstrate effective communication
- Perform management functions
- Participate in public policy

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