

The University of Manitoba

Community Development and Leadership Skills

Required by Caribbean Nutritionists & Dietitians

- The Practitioners' View -

by

Linda Corby

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of the Requirments for the Degree

of Master of Education

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COMMUNITY DEVELOPMENT AND LEADERSHIP SKILLS  
REQUIRED BY CARIBBEAN NUTRITIONISTS & DIETITIANS  
- THE PRACTITIONERS' VIEW -

BY

LINDA CORBY

A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba  
in partial fulfillment of the requirements of the degree of

MASTER OF EDUCATION

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## **Abstract**

### **Community Development and Leadership Skills Required by Caribbean Nutritionists & Dietitians - The Practitioners' View -**

Analysis of trends in health care in developing countries, including the Caribbean, reveal a shift from institutionally-based, disease-oriented treatment approaches to community-based, health promotion methods. It has been proposed that dietitians and nutritionists who have been trained in a more traditional medical model, may lack the knowledge and skills to practice in this new environment. In particular, skills in community development and leadership have been identified as potential deficiencies. The purpose of this research was therefore to identify and document the felt needs of members of the Caribbean Association of Nutritionists and Dietitians (CANDi), currently residing in the Caribbean, with regard to community development and leadership skills. Specifically, the research questions included 1) what knowledge and skills, regarding community development and leadership do Caribbean dietitians and nutritionists perceive they personally need to provide nutrition services to their communities? 2) what are the factors that would support participation in a professional development program aimed at enhancing leadership and community development skills? and 3) what are the barriers or deterrents to participation in such a professional development program? To obtain the data a written questionnaire was designed and mailed according to the Dillman Total Design Method for surveys to 61 potential members of the current CANDi roster. Forty completed questionnaires were returned, a response rate of 67.8%. Responses were received from all the member territories, with the exception of the Bahamas. For that reason, it is believed that the data was reflective of the membership needs throughout the Caribbean. Community development skills and leadership skills were categorized in the survey into four subclassifications, namely, planning skills, management skills, teaching skills and communication skills. Analysis of the data revealed that the membership does perceive the need for professional development in these four key areas; priority for specific skills within each of the key areas was also determined. Supporting factors for CANDi members to participate in such a training program, in order of priority include, financial support for travel and tuition; low cost to participants and relevance of training to current work roles; paid time off

work; holding the event at a time of year that did not conflict with work, family or personal responsibilities; and holding the program in a convenient location. The most popular time frame for training was felt to be between July and September; the first and second most desirable locations were Trinidad / Tobago and Barbados. Further supporting factors were duration and frequency of training, where participants appeared willing to participate in events lasting two to five days and occurring once or twice per year. The greatest obstacle for participants to attend a professional development program was lack of personal financial resources. Based on the findings of this research, it is recommended that CANDi pursue the development and implementation of a professional development program for its members, focusing on community development and leadership skills. Because of limitations in financial resources, it is also recommended that the development of the training program be undertaken in conjunction with other partners, namely the Canadian Dietetic Association, the PanAmerican Health Organization and the Caribbean Foods and Nutrition Institute.

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Medical Centre whose flexibility allowed the time away from work for necessary trips to the Caribbean as well as to complete the academic program. Finally, special thanks to my husband, Allan, whose love has been an essential supporting and sustaining factor in pursuing my studies and completing this research.

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## **Chapter 1**

### **An Introduction to the Problem**

#### **Rationale**

The Caribbean Association of Nutritionists and Dietitians (CANDi) has been the national and regional voice of the dietetic profession in the Caribbean region (also known as the West Indies), since its inauguration in 1972, providing professional support to its approximately 70 members. CANDi's mission (Candi, undated) includes a commitment to the promotion and encouragement of continuing education for its members as well as the promotion of the status of nutritionists and dietitians in the Region (See Appendix I). Towards this aim, the Association initiated, in conjunction with the Canadian Dietetic Association (CDA), the development of an international collaborative project to address mutual health-related concerns, including diabetes, obesity, hypertension and heart disease (Miller, 1983).

As is the case in Canada (Health and Welfare Canada, 1986), there is a trend in health care in developing countries, including the Caribbean, to shift to community-based, health promotion programs from those focusing on institutionally-based, disease-oriented treatment approaches (WHO, et. al., 1986). Since "health for all by the year 2000" has been adopted as a goal of the World Health Organization's (WHO) member states, community-

involvement in health has been seen as fundamental to its achievement and as a way of improving the health services available to the majority of people. The WHO Study Group (1991) has suggested that methodologies for re-educating and re-orienting health staff towards more active community involvement have not been very effective, and education and training of health personnel in the principles and practices of community-based health care are urgently needed.

As the majority of Caribbean dietitians complete their practical internship training in institutional settings, it has been proposed that, they too, may lack the knowledge and skills needed to meet changing health care delivery demands in the Region. CANDi has sought support and assistance from its northern counterpart throughout its establishment and growth as a professional body. Consequently, further collaboration with CDA to meet the changing professional needs of CANDi members was a logical step.

The collaborative project was spearheaded by two project coordinators and a committee consisting of representatives from both professional associations. Initially a conference was held in Grenada, West Indies, with joint sponsorship including funding and/or speakers from CDA, CANDi, the University of Toronto, the Canadian International Development Agency

(CIDA), the PanAmerican Health Organization (PAHO), and the Caribbean Foods and Nutrition Institute (CFNI). The conference theme - Sharing Responsibilities for Health . . . Focus on Diabetes - provided a forum for sharing knowledge, skills, and experience among conference delegates working in the fields of diabetes research, treatment, and education. Speakers and workshop leaders highlighted the similarities facing dietitians and other health professionals in Canada and the Caribbean. They emphasized the desirability of changing educational approaches from treatment-oriented, institutionally-focused methods to community-based, health promotion initiatives in which professionals work as facilitators of change instead of experts, and share responsibility for change with the community. This paradigm shift necessitates actively involving communities in identifying health needs and developing programs to meet these needs (Hoffman & Dupont, 1989).

Community development and adult education methods are unfamiliar to many health personnel, including nutritionists and dietitians, whose training has been grounded primarily in the medical model (Gillis, 1990; WHO Study Group, 1991). Although most would agree in principle with this shift in focus to a community-based practice model, many have little conception of how to proceed with its implementation. Indeed, much of the

professional training and socialization, which has been oriented towards reinforcing the professional as an expert, runs counter to these basic notions of shared power and partnerships between professionals and their client groups (Hoffman & Dupont, 1989). There is, therefore, an indication that an educational need exists, not only regarding health personnel now in training but, just as important, for those already trained. To address this proposed need, a working group met throughout the Grenada conference week and drafted a three-phase collaborative professional development project with the following goals (CDA, 1991):

a) "to foster communication and close working relationships between CANDi and CDA in health promotion and disease prevention";

b) "to assist CANDi members and other Caribbean dietitian/nutritionists to learn community development strategies, that could be applied to community-based health promotion." It was anticipated that development of these skills would enable dietitian/nutritionists to assume a leadership role in responding to new demands in delivery of health and nutrition services; and

c) "to develop CDA's capability and assess CDA's capacity for international development initiatives."

As a member of the Grenada conference planning committee,

workshop leader and a working group member, I have a professional interest and investment in assisting to implement this project. Phase I of the project, focusing on enhancing communication between the Associations, has already been initiated through the formation of a support network between CANDi and CDA members in the form of a joint newsletter. The newsletter will provide a vehicle for sharing resources and successful educational programs, profiling dietitians in community-based practices in the Caribbean and Canada, and providing technical updates through professional literature abstracts (Smith, 1993).

Phase II, which aims at professional skill development, was the focus of this research project and will be elaborated shortly. Phase III is more tentative but may include the development of opportunities for internships or practicums for students in both Canada and the Caribbean in order to enhance the understanding of health problems in the respective countries.

The Grenada working group envisioned Phase II of the project as a professional development program, incorporating the theory and application of community development and adult education strategies that would enhance the effectiveness of dietitian/nutritionist practitioners in health promotion initiatives. In spite of this vision projected by the Grenada conference working group, it was not known whether the Caribbean

dietitian/nutritionists shared this viewpoint and identified with the prescribed need for skill development in this area. Griffiths (1976) has suggested that potential participants in community development/leadership training will be more interested in attending if they perceive the training to be relevant to their professional role in the community, currently, or within the near future. This consultation is especially relevant in adult education as a motivator for learning and participation (Bottum, et. al., 1975; Newstrom & Lilyquist, 1979), and is also essential to education in the context of community development. It implies that one starts where the community is at and advances at the pace and in the direction defined by the community as its members relate their felt needs to other factors that influence those needs.

Even if CANDi members feel the need to enhance their knowledge and skills regarding community development strategies, individuals may still resist professional development as it could be construed as an admission of inadequacy or as an imposition by superiors. To overcome this impression, Griffiths (1976) suggested that educational programs must be presented and recognized as a prestigious experience and not as a remedial exercise. They should aim to improve the morale and self-confidence of participants so that they are encouraged to think of change as opportunities for professional growth, rather than as threats to their

positions. This places responsibility on the designers and organizers of such a professional development program to ensure that it meets the needs of the participants as they themselves see them.

In addition to identifying if there is sufficient support for the concept of professional development, other barriers to participation require consideration. These include learning preferences, travel, finances, timing and personal concerns such as family responsibilities/supports. As well, it was considered to be valuable to determine what leadership skills already exist within the CANDi membership in order to build upon these skills and utilize these people as resources, trainers, and providers of ongoing support to the rest of the membership. In this way, local supports can be built into the program to minimize reliance on outside facilitation, thus providing greater sustainability to the initiative.

Funding for the planning and implementation of a professional development program is potentially a further barrier to success of this initiative and provides an additional impetus to conduct a needs assessment. Such a proposal for funding submitted to an external funding agency will likely be viewed more favourably if evidence of need has been properly documented.

Accordingly, the purpose of this research was to identify and document

the felt needs of CANDi members, currently residing in the Caribbean Region, with regard to skills in (a) community development and (b) leadership. The Caribbean territories in which CANDi members currently reside include: Aruba, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St. Kitts, St. Lucia, St. Thomas, and Trinidad and Tobago. Therefore, the study focused on the assessment of felt needs of CANDi members from those specific countries.

### **Definition of Terms**

*Need* is a general term for a value judgement, referring to the measurable gap or discrepancy between a present state of affairs and desired state of affairs as asserted either by an owner of need or by an authority on need (Beatty, 1981; McKillip, 1987). It is the difference between an aspiration and reality (Knowles, 1982). *Educational need* is a more specific term, defined as a gap or discrepancy between a person's present capability or competency and a desired capability or competency, where competency may include the requisite knowledge, abilities, capabilities, skills, judgement, attitudes and/or values (Gale & Pol, 1975; Kowalski, 1988; Sork, 1994). Both definitions have two essential components: a description of the existing condition or capability and a description of the

more desirable condition or capability.

Needs are further delineated by the adjectives *prescribed educational needs* and *felt educational needs*, where the former are considered educational needs that arise when an educator or group decides that another individual, group or community falls short of some identified ideal or standard (Brookfield, 1986). *Felt* educational needs, on the other hand, are self-identified and represent a conscious awareness by the learners of needs they desire to gratify (Brookfield, 1986; Monette, 1977). According to Knowles (1982), felt needs are one of the strongest motivators that urge people to enrol in programs.

*Needs assessment* is any systematic procedure for identifying needs, setting priorities, and making decisions about the allocation of resources to meet the needs (English & Kaufman, 1975; Witkin, 1984). As Scissions (1982; p. 21) has asserted, "the process of needs assessment is inferential, based on the analysis of data." Needs are inferred on the bases of the values and philosophical orientation of the individuals involved in the assessment and the information that is collected as part of the process. Therefore significant differences in needs may be identified, depending upon who was involved in the assessment and how the measurement of needs was made.

For the purpose of this project, *community* was defined as a social group with a common sense of identity, such as values, attitudes or interest, which brings people closer together (Batten, 1953; Dean and Dowling, 1987). This definition may, or may not, refer to an area defined by geographic boundaries (Christenson, et. al., 1989). Another way of stating this concept is that the concern or issue defines the community (Bottum, et. al., 1975). Defining "community" in terms of an affinity of interests supports coalition building and favours the idea of working on many issues simultaneously (Labonte, 1987).

*Community-based* services are those that are decentralized and autonomous. Decisions about the services and how they are delivered are made locally, by the people receiving them. Such services are holistic in approach, taking into consideration the economic, cultural and occupational circumstances and focused on prevention and health promotion (Canadian Council on Social Development, 1985). By their nature community-based services are not static, but evolve, based on the current needs of the community. Another term closely linked to that of community-based services is *primary health care*, meaning that the community is the first level of access to the health system (WHO, 1985; 1987).

Although there are numerous definitions of *community development*

(Cawley, 1981; Four Worlds Development Project, 1984; Hoen, 1990; Lotz, 1977), in essence, it is "a planned and organized effort to assist individuals to acquire the attitudes, skills and concepts required for their democratic participation in the effective solutions of as wide a range of community improvement programs as possible, in an order of priority determined by their increasing levels of competence" (Mezirow, 1961; p. 16). The concept is based on the philosophy that the clients or learners are the best judges of their own needs and those of the community, and they have a right to participate in decisions which impact on their well-being (Bottum et. al., 1975). Identification of community needs would involve community members from a bottom-up, rather than a top-down approach (Rifkin, 1983), with the primary goal of creating conditions in which people become empowered to improve their social and economic situation (Christenson et. al., 1989), through concern with public policies, government actions, economic activities and institution building. When viewed in the context of health and health promotion, community development is a means by which community members begin to take control of, and responsibility for, their own health care.

Community development is one strategy central to the concept of *health promotion*, defined by WHO as "a process of enabling people to

increase control over, and to improve their health" (WHO, 1984; pg. 2). Health promotion is a mediating strategy between people and their environments, synthesizing personal choice and social responsibility in health to create a healthier future (WHO, 1984). It aims to promote public participation, focusing on problem-definition and decision-making skills, both individually and collectively (Harvey, 1988). The framework for health promotion put forward in the federal document "Achieving Health for All" (Health and Welfare Canada, 1986), highlights three mechanisms for health promotion: self-care, mutual aid and healthy environments - and three implementation strategies: fostering public participation, strengthening community-health services and coordinating healthy public policy.

The linkages apparent through the definitions of these concepts of community-based health care, health promotion and community development identify a common ground for determining the practice needs, and therefore, the knowledge, skills and attitudes that might be required for CANDi members working in the Caribbean.

According to Bennis and Nanus (1985), there are over three hundred and fifty definitions of *leadership* found in the literature, but no universally accepted one (Bryman, 1986; Kotter, 1988). For this study it was desirable to select a definition that fit with the practice of community development.

Therefore, one was formulated based on the concepts from several writers (Bennis, 1989; Bryman, 1986; Hersey & Blanchard, 1988; Lassey & Fernandez, 1976). *Leadership* is the art of bringing together people with diverse talents, interests, ideas and backgrounds to voluntarily participate in a shared approach towards common or compatible goals.

### **Statement of the Problem**

In response to changes in the health care delivery system, it has been suggested by the Grenada conference working group that dietitian/nutritionists in the Caribbean, who have been primarily trained to work in institutional settings, need knowledge and skills in community development and leadership to meet the challenges that community-based health care and health promotion demand. This perception may not be shared by the CANDi membership, a factor which may limit participation in a professional development program. Furthermore, even if this target population feels the need to develop these skills and knowledge in community development and leadership, other barriers to participation need to be identified and overcome. Accordingly, the purpose of this research was to identify and document the felt needs of CANDi members, currently residing in the Caribbean, with regard to community development and

leadership skills. The specific questions that were answered by this research are:

1. what knowledge and skills, regarding (a) community development and (b) leadership, do Caribbean dietitian/nutritionists perceive they personally need to provide nutrition services to their communities?;
2. what are the factors that would support participation in a professional development program aimed at enhancing leadership and community development skills?; and
3. what are the barriers or deterrents to participation in such a professional development program?

### **Significance of the Study**

As this study has identified the professional development needs of Caribbean nutritionists and dietitians, regarding skills in community development as well as leadership, it holds significance to those planners and decision-makers responsible for continuing education of dietitians and nutritionists in the Caribbean. Documentation of the limitations in knowledge and skills of current practitioners living in the West Indies can also be of assistance to curriculum planners for modifying university curriculae in the Caribbean as well as Canada where many Caribbean

dietitians are trained. More immediately, the results of the needs assessment can be used to form the basis for a funding proposal to support a professional development initiative, based on the needs that CANDi members perceive would be to their benefit to enhance their leadership and community development skills.

Finally, since one the of the goals, not of this research, but of the overall collaborative project, is to develop CDA's capability and assess CDA's capacity for international development initiatives (see page 4), the needs assessment component of the project will expand the experience of CDA in the international arena and is therefore of significance for an ongoing professional liaison between CDA and CANDi.

### **Limitations**

1) Inherent in this study is the assumption that Caribbean dietitian/nutritionists can provide a reliable and valid assessment of their own level of competence in community development and leadership skills. This requires self-awareness on the part of the study group, as well as a degree of confidence to acknowledge and identify personal strengths and weaknesses (Adamow, 1982). Sork (1987) has suggested that due to the limited research on the competency of individuals to make such self-

assessments, it may not be wise to assume clients can do so. Knox (1986) and Kowalski (1986) have concurred with this view. On the other hand, (Adamow, 1982) has stated that self-assessment is an effective means to evaluate performance and several surveys of dietitian/nutritionists have been conducted recently, based on the premise that this group can effectively assess their own professional development needs (Anderson et. al., 1992; Gatchell et. al., 1992; Miring'u & Mumaw, 1993; Schwartz, 1986). Furthermore, one of the hallmarks of adult education is the ability to self-assess and be self-directed in learning (Mezirow, 1983).

While acknowledging the potential limitations of self-assessment that was utilized in this study, the alternative of determining what would be an acceptable level of performance or competence, and then devising an objective method to evaluate competence, is a difficult task (Gatchell, et. al., 1992). Although the profession has defined graduate competencies for community nutrition practice (CDA, 1988; CANDi, undated), they are general in nature and they lack established standards of performance which could be used as an objective reference point (see Appendix 2).

2) The membership in CANDi, currently 66 members of which 65 live in the Region, is scattered throughout the Caribbean Islands. This makes it difficult to obtain feedback from dietitians regarding their felt

needs. To achieve a sufficient response rate, that made it possible to draw valid conclusions about educational needs of the population, the Total Design Method for survey development and distribution, developed by Dillman (1977), was used. This method has successfully achieved a response rate ranging from 77 to 90%.

3) Results of this survey are particular to the population being studied, that is, CANDi members living in nine Caribbean territories, namely: Aruba, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St. Kitts, St. Lucia, St. Thomas and Trinidad and Tobago. Although some of these individuals have been professionally educated in the Caribbean, many have received their professional accreditation in the United States or Canada. One cannot necessarily assume that the felt educational needs of Caribbean dietitians will be the same as other dietitian/nutritionists currently working in Canada, nor vice versa.

### **Delimitations**

This study addressed the felt needs related to skills in (a)community development and (b)leadership of CANDi members, a professional group of dietitian/nutritionists in eleven Caribbean territories. All CANDi members have completed, at the minimum, an undergraduate degree, majoring in

Foods and Nutrition, from an accredited university, and have completed a one year dietetic internship, also from an accredited institution. In addition to determining felt educational needs, the data has identified the components and appropriate methods for addressing these needs for this specific population. It does not suggest needs for dietitians residing outside the Caribbean territories, although it may be useful for identifying educational needs of future dietitian/nutritionists who will practice their profession in the Caribbean. It does not deal with pre-service training or undergraduate university training needs.

The following chapter will address the literature that was reviewed, relevant to this study.

## **Chapter II**

### **Review of Related Literature**

What is the setting or context in which Caribbean dietitians and nutritionists practise their profession? What are the tasks or skills in both community development and leadership that apply within this context? This review will consider the literature that relates to the contextual factors including the nature of the Caribbean society, the community development experience of the region, and the nutrition and health problems that dietitians and nutritionists must address in their work. As well, it will examine the literature regarding the ethical considerations of utilizing community development methods to achieve the goals of better nutrition and health of the population. The review will also delineate the knowledge and skills needed to utilize community development strategies, as well as the tasks which are considered essential to assume a leadership role. Finally, it will examine the process for determining felt needs of the target group regarding leadership and community development knowledge and skills.

### **Community Development within the Caribbean Context**

#### **The Nature of the Caribbean Society**

The Caribbean region, also known as the West Indies, consists of an

archipelago running more than 2000 kilometres from Cuba to Trinidad and Tobago, and encompassing the three Guianas (French Guiana, Guyana and Surinam) in South America, as well as Belize in Central America (Clark, 1991) (see Appendix 3). The Caribbean achieves its regional coherence largely through the historical influence of three interrelated institutions - colonialism, the sugar plantations and slavery. These same factors, which knit the region together, have also been the cause of social diversity, forming a stratified class structure built on race, colour and ethnicity (Clark, 1991). Such a multiracial, multicultural mix most certainly has yielded differing values and power structures, thus influencing the cohesiveness of the community and the ability of its members to define common goals and to work together to achieve them. Smith (1990) has contended that underneath the facade of modernization in the Caribbean persists the basic components of the colonial society. Although there is general agreement among social scientists of the existence of this social stratification, there is less consensus on the relative importance of colour, race and ethnicity in defining the hierarchy, as it varies according to each region. Clark (1991) has suggested four Caribbean societal typologies that provide further insight into the potentially divisive force of pluralism in each of the Caribbean territories under study (see Table 1).

Table 1

**Caribbean Societal Typologies and Their Characteristics\***

- a) plural - stratified society:
  - characteristic of Barbados, Grenada and Jamaica
  - predominantly Creole (black) society with white and mulatto elites
  - stratified order arising from colonial times when ranked cultural sections were legally defined and largely correlated with colour. This hierarchy continues to exist for colour, culture and class, posing barriers to social mobility.
- b) plural - segmented society:
  - characteristic of Guyana and Trinidad
  - East Indian/Creole segmentation
  - colour distinction of minor significance, while race and culture provoke a fierce competition for power
- c) class - stratified:
  - characteristics of Aruba, Bahamas and St. Thomas
  - culturally homogeneous mix arising from the combined use of slavery, indenture and impoverished free labour during colonial times
  - socially unequal and exploitative, but individual positions are not fixed by racial or cultural characteristics, although blacks still are considered disadvantaged
- d) folk society:
  - none of the territories under study fit this typology; Barbuda, Nevis and Anguilla are examples
  - comprised of socialist communities with a weak resource base
  - no major differences or else clear delineation ie. white - black or brown - black
  - lacks cultural pluralistic features & class stratification; culturally homogeneous
  - internally egalitarian

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\*Clark, C. (1991). Introduction: Caribbean Decolonization - New States and Old Societies. In: Clark, C. (Ed.). Society & Politics in the Caribbean. New York: St. Martin's Press.

This pluralistic society must be considered as a critical factor in program development generally (Smith, 1990), and for community development

specifically. It presents a challenge to promote common interests and goals related to nutrition and health, while dealing sensitively with differing cultures, customs and values. Wilkinson (1989) has suggested that inequality, such as that evident in the class stratified structure of the Caribbean, may work against the success of community development strategies, since inequality suppresses contacts among people whose lives are interrelated. Therefore, regardless of the findings of the needs assessment, community development skills may not provide dietitians and nutritionists with a successful strategy to enhance nutrition and health care delivery practices.

### **The Community Development Experience in the Caribbean**

The notion of "modernizing" or developing indigenous societies arose during colonial times with European rulers imposing political rule and largely exploitive economic policies (Ewert, 1989). At the same time, the church was instrumental in starting schools, building health care facilities and introducing technologies to promote agricultural production. Together, these forces of colonial rule and missionary efforts subverted local initiative and set the stage for dependence on foreign aid.

International community development programs originated with the end of colonialism (Lotz, 1977; Voth & Brewster, 1989), with people seeking

more freedom to control their own destinies and adapt to new demands of independence (Van Niewenhuijze, 1953). Community development activities and techniques were introduced to the Caribbean countries primarily as a component of specialized technical services such as agricultural extension programs targeted towards rural people (Henderson & Patton, 1985). However, difficulties with unclear roles and objectives, technical inadequacies, organizational and managerial weaknesses and inadequate support resources have limited their past effectiveness. More recently, the Caribbean Agriculture Extension Program (CAEP) was initiated to address these problems. It was aimed at empowering rural people to participate fully in the revitalization of rural communities (Henderson & Patton, 1985). If CANDi members feel there is a need for them to enhance their community development skills, formation of linkages between CANDi and extension workers may enable Caribbean dietitians and nutritionists to learn from others' experience in applying community development strategies to the health and nutrition field.

### **Nutrition and Health Problems**

The wide diversity in social structure in the Caribbean is also reflected in the nutrition and health problems of the region. Those with large families from the lower class are more prone to energy-protein malnutrition (EPM),

iron deficiency anaemia, obesity and its related diseases of coronary heart disease, diabetes and hypertension (McIntosh & Manchewm 1985; Miller, 1983; Sinha & McIntosh, 1992). EPM primarily affects infants and children. It results from the combined insufficiency of food energy and protein, seemingly related more to the maldistribution of food among segments of the population and within households, rather than due to a shortage in the national food supply (CFNI, 1992; McIntosh & Manchew, 1985).

There is a high prevalence of iron deficiency anaemia, particularly among infants, children, and pregnant and lactating women (McIntosh & Manchew, 1985). Poor absorption of iron and/or inadequate intakes are causal factors. The nature of the Caribbean diet likely contributes to the problem, since many of the foods commonly eaten by low income people, such as rice, other grains, dried peas and plantain, tend to be low in iron and may also be high in phytates which act to inhibit iron absorption. The health consequence of iron deficiency anaemia is a high mortality rate among children and reduced productivity and work capacity for the adult population so afflicted.

Other major public health concerns, including obesity, diabetes and heart disease, affect both the older population as well as those in their middle years (CFNI, 1992). For this latter age group, these health problems are

important causes of premature death, disability and loss of productivity (McIntosh & Manchew, 1985; Miller, 1983; Sinha & McIntosh, 1992). Food and nutrition misbeliefs, particularly pertaining to children and pregnant/lactating women, are common among segments of the Caribbean population (CFNI, 1992). These beliefs may prevent people from selecting a health-promoting diet, resulting in serious consequences for nutritionally vulnerable groups. Examples of common misbeliefs, that reveal why their practice poses potential problems, are illustrated in Table 2.

**Table 2**

**Common Misbeliefs About Food & Nutrition in the Caribbean\***

- sick children should not be fed
- young babies under 18 months should not get any food after 12 noon
- if a breast feeding women gets into a temper, or becomes hot from working in the sun  
her milk will become sour and is not good for the baby
- good food will kill a malnourished child
- liver makes a baby's tongue heavy
- all the goodness of the meat comes out in the soup
- skim milk powder could give you diarrhoea
- too much rice will cause you to be light in weight
- if you have an ulcer do not eat rice, fish, ripe banana or avocado pear as they will give  
bad blood and cause the sore to worsen
- bush tea warms the stomach and takes the rawness off the chest

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\*CFNI. (1992). Nutrition Handbook for Community Workers in the Tropics. Jamaica:CFNI/MacMillan. p. 190.

Dietitians and nutritionists working in the Caribbean are not unfamiliar with these nutritional problems, nor do they lack knowledge about community-based health care as a means of delivering services to high risk

groups (CFNI, 1992). Rifkin (1986) has contended, however, that the common method utilized by community health workers in developing countries is not a "community development approach" but rather is a "health services approach". She has suggested that the latter refers to the view that health is essentially the result of the appropriate delivery of health services and it relies on the mobilization of community people to take an active part in the delivery of these services. This method, as is the case with the more traditional medical approach, focuses on health services as the most important factor in health improvement, and overtly or tacitly suggests, that health professionals should decide what programs should be offered, to whom, and how they should be delivered. This is one of the factors identified by the WHO as to why many health development strategies have not had substantial impact on promoting community involvement in health care (WHO Study Group, 1991).

On the other hand, a community development approach subscribes to the belief that health is achieved through focusing on the determinants of health, such as better nutrition, improved living conditions, a sanitary water supply, education and employment opportunities (CFNI, 1992; Rifkin, 1983). It does not necessarily begin with health services activities since community people may not see health as a priority need and may therefore not be

motivated to participate in what traditionally has been viewed as health activities. Community development is based on the belief that people's perceptions of health and their motivation to change health care are the critical factors; it stresses the importance of community people learning how to decide the ways in which change can best be achieved (CFNI, 1992; Rifkin, 1983). Rifkin (1986) has offered the following Community Participation Continuum (see Figure 1) which further clarifies the differences between a health services approach and a community development approach. She has suggested that these differences are evident in how people respond to three basic questions regarding health care:

- why participate?
- who participates?
- how do they participate

Figure 1

**Rifkin's Community Participation Continuum\***

<b>Question:</b>	<b>Health Service</b>	<b>Community Development</b>
	-----	
1. Why participate?	*Because it improves health service delivery	*Because it empowers the poor
2. Who participates?	*Defined target groups	*All community members, especially the poor
3. How do they participate?	*As beneficiaries of the program	*Through involvement, decision making, planning, implementing & evaluating programs

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\* Rifkin, S.B. (1986). Lessons from Community Participation in Health Programmes. Health Policy & Planning 1:249.

The following example further clarifies this distinction between a health services approach and a community development approach to health care. In addressing the problem of iron deficiency anaemia among children, commonly seen in the Caribbean (CFNI, 1992; McIntosh & Manchew, 1985), a dietitian/nutritionist taking a health services approach may focus on encouraging mothers to breast feed their infants or suggest that parents select food higher in iron content from those locally available. On the other end of the continuum, a dietitian/nutritionist using a community development approach may see this, and other forms of malnutrition, arising from the decisions made by others with more power and different priorities (Kent,

1988). Malnutrition would not be treated as if it was a problem of individuals lacking knowledge, but a problem of power distribution within the social order. Its remedy, therefore, would lie in empowerment or increasing people's capacity to define, analyze and act on their problems. The objective would be, not to simply convey new information about high iron foods or to promote specific changes in behaviour, but rather, would be to support people in making their own analyses so that they could decide for themselves what was the best course of action (Kent, 1988; Werner & Bower, 1991). Gomes (1985) has suggested that economic and social development are the factors that will have the greatest impact on nutritional health in the Caribbean and that this will not be achieved without securing the active participation of those persons whose needs are to be satisfied. This approach to improving the nutritional status of Caribbean residents can be likened to Freire and Macedo's (1987) philosophy of empowerment related to literacy. Where these authors have suggested that literacy means reading, not only the word, but also the world, so teaching nutrition from a community development perspective means examining the world that generates nutrition problems (Kent, 1988).

Several nutrition and health education resources that utilize a community development approach have been developed, some specific to the

Caribbean (CFNI, 1992), and others for use in developing countries generally (CUSO, undated; Marshall, undated; Save the Children, 1982; Werner & Bower, 1991; WHO, 1989). This illustrates that community development is not a practice that is foreign to the Caribbean, but one that has been identified, by Caribbean health workers, as appropriate to that context. However, for a variety of reasons, one of which may be inadequate training, the practice has not been fully embraced. Indeed, data from Canadian and American surveys regarding self-perceived needs of practising dietitians have suggested educational needs that might be shared by Caribbean dietitian/nutritionists. For example, a survey of Canadian public health nutritionists revealed that there is a strong positive correlation between age and time in the profession with self-perceived leadership, facilitation and communication skills (Gatchell, Woolcott & Evers, 1992; Schwartz, 1986). Respondents in the study by Gatchell et. al. (1992), indicated that, although their undergraduate preparation had included course work in program planning pertinent to the community setting, these courses were often introductory and were not sufficiently indepth to provide entry-level expertise. Furthermore, Schwartz (1986) found that dietitians in British Columbia also wished to receive continuing education in other behavioral and socio-cultural sciences including effective interviewing and

counselling skills, teaching methods and adult education principles. A further survey of American dietitians, working as diabetes educators, revealed that process skills for assisting patients to make behavioral changes were most highly rated as continuing education needs (Anderson et. al., 1992).

Since many Caribbean dietitians have graduated from Canadian and American training programs, one can speculate that they may share these same limitations in expertise identified by their American and Canadian counterparts. The long-range objective would be to ensure that practitioners receive adequate preparation at the university and internship level to meet the challenges in health care. Indeed, a recent report prepared for CDA on recommended strategies for delivery of nutrition services (CDA, 1992), included amongst its recommendations that training in community development, health promotion, program planning, advocacy and lobbying be given careful consideration and included whenever possible in curriculum planning and internship programs. Furthermore, it was suggested that continuing education programs coordinated by the CDA should include the areas of negotiating, conflict management, leadership, marketing, team building and communication skills.

### **Ethical Considerations of Community Development**

The use of community development strategies for enhancing nutrition and health care in the Caribbean is aimed at improvement of the quality of life of citizens through empowerment, that is, developing skills for identifying, analyzing and solving problems which impact on nutrition and health of the community. These seem like noble goals, yet there is another side to be considered. "Development" itself is a value-laden, pejorative term, since it implies that countries, such as the Caribbean, are "underdeveloped", according to a nonobjective, Western standard. Whatever is intended in the name of development can be appropriate and effective only if it comes from inside the community and is fully adapted to the characteristics of that community (Van Nieuwenhuije, 1953).

Participation in decision-making is at the root of community development. One might assume that the target population will also participate equally in benefits that arise from involvement in decisions (Pigozzi, 1982). However, given the heterogeneity of culture and class structure within the Caribbean community, inequities in benefits are likely to occur. The very empowerment of individuals that builds and enhances a sense of community solidarity can also feed ethnic and racial antagonisms, destroy individuality and discourage personal efficacy (Rubin & Rubin, 1992).

While participation of community members can be a means of gaining a sense of control over decisions that affect the community, it can also result in raising expectations when the essential resources or local support systems to enable change are absent (Ewert, 1989). In such circumstances, people may become disappointed and disillusioned. By emphasizing the development of "process" skills, such as critical thinking and problem-solving abilities, rather than strictly focusing on content and outcomes, there is a better chance for sustainability of programs. This approach also provides an infrastructure that facilitates locally-controlled development (Pigozzi, 1982). As this needs assessment revealed that CANDi members wish to enhance their skills in community development, they must consider their role of as educators in development. They will need to be cautious of developing a dependency relationship between the community and themselves as facilitators, and always work towards building independence in decision- making and administration.

### **Community Development Skills**

To revisit the definition of community development as it relates to health promotion, it is a planned and organized effort to assist individuals to acquire the attitudes, skills and concepts required for their democratic participation in effective solutions which will impact on their health. As a

result of participation in decision-making, they begin to take control of, and assume responsibility for, their own health care. This is a much different form of practice, requiring a different conceptual model from that by which dietitians have traditionally been trained. Table 3 outlines a comparison between conventional health care and community involvement methodologies which are indicative of the practice shifts needed and the skills required to make this shift (WHO Study Group, 1991).

**Table 3**  
**Methodological Comparison between Conventional Health Care**  
**and Community Involvement Strategies\***

Conventional Health Care	Community Involvement
Use of individual leaders	Development of group links
Education as the delivery of knowledge	Education as a joint exploration of knowledge
Central role of community health worker operating through individual contacts	Community health workers as a group resource
Individual home visits	Workshops & seminars on health problems & issues
Individual consultation	"Open-door" consultation as an involvement mechanism
Verbal & written communication of knowledge	Use of participatory educational methods such as games & drama in communication on health issues

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\*WHO Study Group. (1991) Community Involvement in Health Development. Challenging Health Services. WHO Technical Report Series. 809. p. 11.

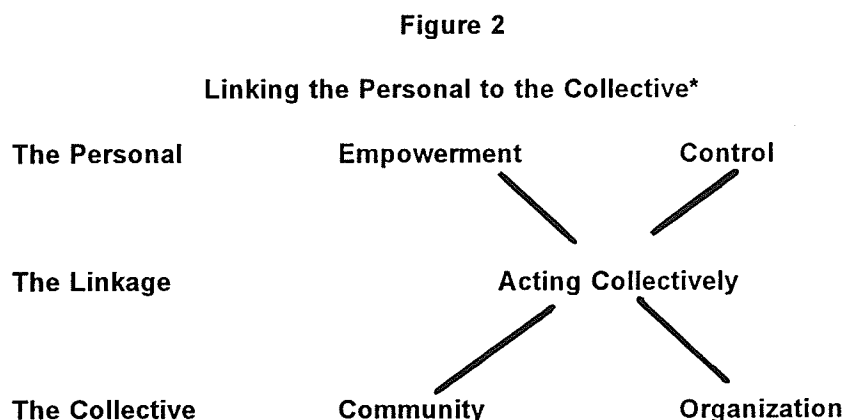
The essential concepts, which comprise the body of knowledge considered necessary for effective community development practice, were delineated in 1975 by a Task Force on Community Development Curriculum and Training Needs (Bottum, et. al., 1975). The Task Force report provided a useful guide for self-study, orientation, inservice, undergraduate and graduate training of community development professionals. The following concepts were identified in the report:

- \* Community development as a concept
- \* Political concepts
- \* Learning concepts
- \* Economic concepts
- \* Sociological concepts
- \* Feasibility concepts
- \* Geographic concepts
- \* Property rights concepts

An understanding of these community development concepts and strategies is necessary for dietitians and nutritionists who wish to utilize a community development approach effectively in their nutrition practices.

Many researchers have proposed models of community development which attempt to explain the components and practices of this social action mechanism (Biddle & Biddle, 1965; Braithwaite, et. al., 1989; Cary, 1973; Cawley, 1981; Dean & Dowling, 1987; Lauderdale and Peterson, 1971; Rubin & Rubin, 1992; Schnert, 1960). The model proposed by Rubin and Rubin (1992) clearly indicates the position of the community development

worker within the community development process, that is, working towards empowering people to gain access and control of resources within communities. This function suggests the tasks or competencies that would be needed to perform effectively in that role. For that reason it has been chosen as the conceptual model for this study and is illustrated in Figure 2.




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\*Rubin, H. J. and Rubin, I. S. (1992). Community Organization & Development. Toronto: Maxwell Macmillan Canada. p. 43.

In explaining their model, Rubin and Rubin (1992) have suggested four roles for the community development worker - catalyst, teacher, facilitator and "linker." To assume the catalyst role, the community development worker must be able to help community members recognize problems and opportunities, bring them together around mutual concerns and assist them

in clarifying and prioritizing issues. For this role, one needs to get to know the community and establish a trusting and credible relationship (Braithwaite et. al., 1989). As a teacher, the worker needs to model respect for other's views, teach skills in program planning, implementation, evaluation, problem solving and leadership. A facilitator helps to ensure community participation in all facets of the program planning process, a critical factor for empowerment of the community members, as it encourages self-help, self-reliance and ownership of concerns and strategies to address them. The facilitator's role is also to harmonize the actions, ensure all views are heard and considered, and ensure follow-through on tasks. The role of "linker" lies in identifying appropriate resources, including financial and technical, and assisting the group to access them.

In an attempt to describe all the skills suggested by these roles, one is struck by such a wide range of tasks (Warner, 1989) - possession of written and oral communication skills; ability to collaborate, form coalitions, analyze and solve problems and act as an advocate; possession of strong interpersonal skills, and a knowledge of group dynamics; expertise in group process, team building, needs identification, objective setting, participatory planning and implementation, training, conflict resolution, marketing, research and evaluation (British Columbia Ministry of Health, 1989; Cary,

1989; Dignan & Carr, 1992; Fischer, 1989; Lassez & Fernandez, 1976; Ontario Ministry of Health, 1990; Piette, 1990; Rubin & Rubin, 1992, Siegel, Attkisson & Carson, 1987; Wileden, 1976). These are the skills for which CANDi members will be asked to assess their needs. While it is recognized that not all community development workers will require all of these skills, they will need to draw from a wide repertoire, depending on the diverse and changing needs of the community with which the individual works. For that reason, regardless of the practice setting of the respondents, they will all be asked to assess their needs for the same group of skills.

### **Leadership Skills**

It is one thing to become proficient at applying community development strategies within a health promotion context. It is another matter to be able to assume a leadership role in this regard. Since this aspect of assuming leadership is one of the goals set by the CDA/CANDi Collaborative Project Planning Committee, it is important to determine, from the literature, the characteristics of effective leaders, and to identify which leadership skills can be developed through training. The need for this set of skills can then be assessed in this study.

For this study *leadership* has been defined as the art of bringing together

people with diverse talents, interests, ideas and backgrounds to voluntarily participate in a shared approach towards common or compatible goals. It is leadership that gives an organization its vision and its ability to translate that vision into reality (Bennis & Nanus, 1985). These authors have made a distinction between leadership and management. Although the two functions may overlap in some of the knowledge and skills required, the process by which they accomplish goals is different. Leadership involves influence and guidance in direction, course, action, opinion, whereas a manager takes charge and has ultimate responsibility for outcomes. The management position is one of formal authority or power; leadership, on the other hand, may arise without this formal recognition, at any level in an organization. It is an influence over individuals who elect to follow voluntarily. This concept of leadership versus management has implications for highly bureaucratized structures, with top-down communications, commonly seen in the Caribbean (Henderson & Patton, 1985). This hierarchial structure with rigid rules and reporting lines may discourage leadership from developing at levels of an organization or within a community, other than at those levels specifically designated to make decisions.

Lassey and Fernandez (1976) have supported the notion of developing

informal leaders and have postulated that the source of leadership is important in determining how much participation in decision-making occurs at the community level. They have suggested that there are four sources of leadership, which are widely diffused in the population of most communities, namely - institutional leaders, power leaders, situational leaders and pluralistic leaders. Institutional leaders are those holding professional roles for which they have been appointed or elected. Power leaders arise from their status as long-term office holders. Lassey and Fernandez (1976) have contended that reliance on these types of leadership styles limits participatory involvement and that it is more desirable to identify pluralistic leaders who represent several dimensions of the community in order to improve participatory involvement. Furthermore, it is their belief that leadership training can enhance this pluralistic approach, broaden leadership structure and increase effectiveness.

These authors have outlined the following six key areas of knowledge and skills in which leadership improvement is possible: problem identification and refinement; planning and problem-solving processes; decision-making processes; location and acquisition of resources; program management; and action or implementation processes. They suggested that individuals who have systematically acquired this set of knowledge and

skills, and have had the opportunity to apply these skills in a practice setting, will be more effective in realizing and capitalizing on opportunities available to their communities. Therefore, it is important to include this set of leadership skills in the needs of assessment.

A similar set of knowledge and skills of effective leaders has been identified by other authors (Gordon, 1977; McDade, 1987; Pitters-Strachan, 1986; Vick, 1989). Gordon (1977), in his book entitled Leader Effectiveness Training, suggested that studies of leaders in organizations reveal a requirement for two separate sets of skills - those to meet group members' needs, including team building, understanding group dynamics and development of self-esteem among group members, along with skills to meet organizational needs such as motivational techniques to help the group achieve goals, skills of planning, coordinating, problem-solving and resource allocation. Vick (1989) expanded the leadership dimension list further, with the inclusion of the ability to establish networks with others. Networking and formation of collaborative partnerships recognize that individual effort limits accomplishments, whereas people working interdependently are able to be creative, to improve and be innovative beyond the total of their individual, but separate, capacities (Covey, 1992). Understanding of the social system, that is, the interactions, power

distribution, relationships, within a community, enhances the community developer's ability to network effectively (Bennett, 1973; Bottum, et. al., 1976).

Kouzes and Posner (1990) agreed with other authors that the major competencies and capabilities of leadership are observable and constitute a learnable set of practices; even those natural endowments a person brings to the role of leader can be enhanced. It is a myth that leaders are only born, not made. Kouzes and Posner (1990) have contended that the belief that leadership cannot be learned is a far more powerful deterrent to development of leadership skills than is the nature of the leadership process itself. Kotter (1988) has proposed a model, illustrating the aspects of leadership that he believed are innate, or present at birth and those that are developed due to life experiences. The majority of traits of effective leadership fall within the latter category, that is, they are developed through education and career experiences. These development opportunities include new job assignments, task force or committee assignments, mentoring or coaching from other recognized leaders, attendance at meetings outside one's core responsibility, special projects, as well as formal training programs designed specifically for skill development. Training should not be substituted for experience, nor should experience be discounted as a valid

and valued means of skill development. The impact on confidence and self-esteem, enhanced by career challenges, and subsequent growth as a professional, encourages individuals to become risk takers, a factor viewed as characteristic of effective leaders (Vick, 1989).

Through interviews with over 550 recognized leaders, Kouzes and Posner (1990) have developed one of the most comprehensive lists of dimensions integral to leadership. Their inventory brings together many of the same characteristics and themes that have been discussed previously in this review (see Table 4).

**Table 4**  
**Dimensions of Leadership\***

1. Ability to challenge the process
  - searches for opportunities
  - innovates, experiments and takes risks
2. Ability to inspire a shared vision
  - envisions the future
  - defines a mission and sets goals
  - enlists other's support
3. Ability to enable others to act
  - fosters collaboration
  - empowers others
  - develops a sense of ownership for the project
4. Ability to model the way
  - develops detailed plans
  - steers the project
  - measures performance and takes corrective action as needed
5. Ability to "encourage the heart"
  - provides recognition of individual contributions
  - celebrates accomplishments

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\*Kouzes, J. & Posner, B. (1990). The Leadership Challenge: How to Get Extraordinary Things Done in Organizations. San Francisco: Jossey-Bass Publ.

Although authors may differ slightly or greatly in their philosophy about leadership, and the skills required of an effective leader, one thing appears to be common to all - there is no simple formula that will create a leader overnight, nor, for that matter, in weeks or a year. The process is complex and evolving (Strachan, 1983). It requires a long term commitment and opportunities to apply and practice the skills and to observe others in effective leadership roles (Bennett, 1973; Kouzes & Posner, 1990; Vick, 1989).

The kind of skills needed to apply community development strategies, when compared with those needed to be an effective leader, reveal considerable overlap. These skills can be categorized into four subject or task areas, namely, communication, planning, teaching/facilitation and management. The specific tasks or skills which fall within each category are summarized in Table 5.

**Table 5**  
**Community Development and Leadership Skills**

**Communication**

- \* advocating
- \* listening
- \* lobbying
- \* negotiating
- \* providing feedback
- \* speaking in public
- \* writing for public (media, pamphlets)
- \* writing memos, letters, reports

**Planning**

- \* assessing community needs
- \* setting program goals & objectives
- \* developing program plans
- \* identifying & accessing resources
- \* implementing program plans
- \* promoting programs to community
- \* setting priorities
- \* evaluating program outcomes

**Teaching/Facilitation**

- \* applying appropriate teaching techniques
- \* developing teaching resources
- \* facilitating group process
- \* leading groups
- \* motivating others
- \* selecting teaching resources
- \* using different leadership styles

**Management**

- \* developing budgets
- \* administering program funds
- \* developing & presenting program proposals
- \* making decisions
- \* managing time
- \* problem solving
- \* resolving conflict
- \* team building
- \* conducting meetings
- \* facilitating change

Two aspects of leadership which are not accounted for within this framework of skills are the issues of authority and self-confidence needed to assume a leadership role in the implementation of community development strategies to enhance health care delivery. Since confidence is largely built over time, through progressively challenging experiences, it would be unrealistic for the CANDi organization to expect a significant change in leadership initiative by its membership in the short term, simply by virtue of participation of its members in a professional development program. However, if additional supports, such as a mentoring program,

program. However, if additional supports, such as a mentoring program, were included in the long-range developmental plan, the goal of members assuming leadership roles may be more likely to be attained. In a study of self-perceived competency of Canadian public health nutritionists (Gatchell, Woolcott & Evers, 1992), those who had other role models available through their work rated their own competence for communication and interpersonal skills significantly higher.

Assuming leadership can be quite a threatening undertaking for many people. Included in the needs assessment questionnaire will be questions designed to identify individuals who feel more comfortable in a leadership role because of experience, either as a result of their professional role or through community service. These individuals may be potential candidates for more intensive training in the process of mentorship, thereby building in local supports for long-range leadership development.

### **Assessment of Felt Needs**

Assessment of needs is considered an integral step of the program planning process in adult education (Barbulesco, 1980; Brookfield, 1986; Knox, 1986; Knowles, 1982; Sork, 1987; Witkin, 1984) in order to identify gaps between participants' current and desired competence, to determine the context in which potential participants work and to prioritize the needs

identified (English & Kaufman, 1975). Indeed, the starting point in program planning, according to Knowles (1982), should always be a determination of needs from the learners' perspective, that is, their felt needs.

Scissons (1982) has also proposed that an assessment of the relevance of knowledge and skills to one's situation and the motivation or stated desire to improve in ability for those skills are other important dimensions of the process. He has suggested that it is not enough to simply identify gaps in competence; even if the individual believes the skill important to the job, one may still lack the motivation to remediate. Therefore all three dimensions should be included in an assessment of needs.

According to Witkin (1984, p. 29), "there is no one model or conceptual framework for needs assessment that has been universally accepted, and there is little empirical evidence of the superiority of one approach over another." The choice of the model, and the procedures and instruments that will be used, should be guided by the purpose and context of the assessment and the decisions to be made based on the findings (Witkin, 1984).

Sork (1987) has proposed the following framework which <sup>was</sup> ~~will be~~ utilized to guide the process of the needs assessment for this study.

*Step 1. Specify the areas of concern.*

The assessment should focus on a limited range of knowledge, skills or competencies relative to the subject under study, in this case leadership and community development. These have been determined in the review of literature and are summarized in Table 5. Although some of the contextual factors have been described, such as the nature of the Caribbean society, the experience with community development in the region, the major nutrition and health problems addressed by dietitian/nutritionists in their work, the number and location of practitioners as well as the minimum educational attainment, other factors will be determined as part of the data collection process. These include age distribution, factors which act as supports and barriers to professional development, learning preferences and work experience.

*Step 2. Decide who will be involved in the assessment.*

This may include either the "owner" of needs or the "authority" on the needs, depending on whether one is interested in felt needs or prescriptive needs. For this study, the felt needs of CANDi members are of interest, and all members, residing in the Caribbean Region, <sup>were</sup> ~~will be~~ surveyed.

One may be tempted, for the purposes of developing leadership skills among CANDi members, to only target those individuals who already have

some leadership abilities, as recognized by others in the organization. The limitation of this process would be that many people with potential for leadership would be excluded because they are not recognized as having this ability by their peers. Freeman, et. al. (1976) has indicated that it is unreliable to select reputed leaders when attempting to identify leadership potential, since reputation derives largely from position rather than participation, and being in a leadership position does not always equate with effective leadership practice. For this reason it is felt that it is important to give all CANDi members the opportunity to determine their perceived needs for leadership and community development training.

*Step 3. Decide how the present state of affairs will be determined.*

Witkin (1984) described four general methods of collecting data for a needs assessment, namely survey methods such as questionnaires and interviews; social indicators or records and reports that characterize the population under study; group processes including public hearings, forums and focus groups; and futures methods such as the Delphi technique which is useful for determining consensus of opinion among experts regarding future needs. There are advantages and limitations to all of these methods (Knowles, 1982), although surveys are the most widely used procedure in needs assessment (Witkin, 1984).

*Step 4. Describe how the desired state of affairs will be determined.*

This component of the needs assessment is based on value judgements; it cannot be determined by observation or analysis (Sork, 1987). No known objective standards for measuring leadership and community development skills exist, however, some graduate competencies have been identified by CDA, CANDi and the American Dietetic Association for some aspects of the skills in question (see Appendix 2). These skill areas, and others identified in the literature review, have been defined and endorsed by the expert group involved in the development of the collaborative project. The competence level for each skill, to which the respondents aspire, will be considered as the desired state of affairs.

*Step 5. Plan how data will be processed and prioritized*

Data must be consolidated into prioritized needs statements, providing a clear focus for programming. Priority setting is a crucial and final step in the assessment process, since most needs assessments reveal more needs than there are resources to fulfil them. Scissons (1984) has suggested that this is one of the most poorly operationalized steps in needs assessment. Priority may be assigned based on several criteria which fall into two general categories - importance and feasibility of meeting each need (Sork, 1987; 1994). Importance criteria include factors such as the

number of people affected, the degree to which the need contributes to organizational and individual goals, the requirement for immediacy in meeting the need, the instrumental value (whether meeting one need will impact on others), and the magnitude of the discrepancy between the present and desirable state of affairs (Sork, 1987). Issues related to feasibility include educational efficacy, or the degree to which an educational intervention can contribute to eliminating the needs, the availability of resources necessary to meet the need and the commitment of relevant people to eliminate the need. Kemerer and Schroeder (1983) have cautioned against premature closure in decisions on the importance of needs when feasibility criteria are introduced during the priority setting process. They have suggested that these judgments be reserved until program development is more advanced and a better study has been made of the factors influencing needs.

Various authors have proposed methods of producing a final list of priority needs (Baker, 1984; Kemerer & Schroeder, 1983; McKillip, 1987; Sork, 1994). One such method proposed is the use of a filter or screen based on pre-established criteria and constraints (Baker, 1984). However, the author suggests this method can be unduly bureaucratic and paternalistic in relation to community educational program delivery.

Sork (1994) has outlined a two-dimensional graph of importance and feasibility. Those needs which are judged high on both dimensions of the graph receive the first priority for attention, while those that are ranked low on both criteria, would be given lowest priority. Sork (1994) also proposed a ranking system whereby those making decisions about priorities would select criteria and determine a weighting of each; they would then rank each need under each criterion. A weight of "one" would be given to the criterion that carried the lowest priority, while higher numbers would give proportionally more weight to a criterion. When all needs had been ranked within each criterion, the assigned rank would be multiplied by the weighting factor for that criterion. Thus, an absolute number of priority would be determined. It has been suggested that this technique is most appropriate when there are no more than a dozen or so needs to be ranked; otherwise it becomes quite unmanageable (Sork, 1994).

These are only examples of priority-setting methods and by no means are the only approaches possible. The point is that it is essential to adopt a method that meets an organization's requirements for accountability and is manageable, given the resources available (Sork, 1994).

The following section will address the research methods that were utilized for this study.

## **Chapter III**

### **Research Methods**

The purpose of this study was to identify and document the felt needs of CANDi members currently residing in the Caribbean Region, with regard to community development and leadership skills. The specific questions that were addressed are:

1. what knowledge and skills regarding (a) community development and (b) leadership do Caribbean dietitian/nutritionists perceive they personally need to provide nutrition services to their communities?
2. what are the factors that would support participation in a professional development program aimed at enhancing leadership and community development skills? and,
3. what are the barriers or deterrents to participation in such a professional development program?

### **Sources of data**

#### Population

In order to assess the felt needs for development of leadership and community development skills of Caribbean nutritionists/dietitians, a survey was conducted, including the entire membership of 61 professionals living in the Caribbean Region. The 1994-95 membership roster of CANDi was

used to access the study population. While there may be dietitians working in the Caribbean who do not belong to CANDI, the needs of the Association's membership was of greatest concern for this survey. Although it is more usual in survey research to draw a representative sample, from which inferences can be made about the population (Babbie, 1973; Jaeger, 1988), given that the population is small, and needs may vary between members of the various territories, it was believed desirable to include the complete population living in the Caribbean in order to characterize the needs of the membership more completely. Table 6 indicates the distribution of the membership by Caribbean region.

**Table 6**

**Distribution of CANDi Membership by Caribbean Territory**

<b>Territory</b>	<b>Number of CANDi Members</b>
Aruba	2
Bahamas	2
Barbados	4
Dominica	1
Grenada	1
Guyana	4
Jamaica	17
St. Kitts	1
St. Lucia	1
St. Thomas	1
Trinidad & Tobago	27

Furthermore, the survey included dietitians working in clinical, administrative and community settings, rather than just targeting those

currently working as community nutritionists. There are two reasons for this. First, it was desirable to identify people with leadership skills among the membership who might assume mentorship and training roles locally. These people could be drawn from any facet of dietetics. Secondly, the shift in health care services from institutional to community-based settings may require dietitians to be redeployed into new roles, necessitating the development of new skills, including those of community development.

Although it was known that all CANDi members possess an undergraduate degree in foods and nutrition and a dietetic internship, as a condition of membership, it was not known how many members have advanced university degrees, and whether or not that factor would influence their knowledge and skills regarding community development and leadership. Therefore the survey included questions to determine highest academic achievement.

## **Design**

### **Research Instruments**

A mailed survey was developed to determine the felt needs of Caribbean dietitian/nutritionists. Face-to-face interviews have been shown to elicit greater cooperation in response to surveys and have the advantage of allowing the researcher to probe responses for clarification (Jaeger,

1988). However, to obtain feedback from the wide geographically dispersed population, a mailed survey was more practical, and less expensive means of collecting data for this study. A questionnaire, rather than a personal interview was more convenient to the respondents as it could be completed at their own time and pace (Berdie & Anderson, 1973). It also afforded more anonymity in responses which is important when asking respondents to provide an assessment of their competence. The disadvantages of using a written questionnaire are that there may be insufficient responses to make valid inferences from the data (Berdie & Anderson, 1973). It may also limit provision for free expression of unanticipated responses and it is difficult to get at causes of problems that may suggest possible solutions (Knowles, 1982; Sork, 1993). Furthermore, the researcher may be uncertain whether the intended respondent or someone else actually completed the questionnaire (Berdie & Anderson, 1973).

The survey was developed and administered according to Dillman's Total Design Method (Dillman, 1978). When used in its entirety, this technique has been shown to effectively obtain an average response rate of 77 per cent, while response rates of 90 per cent have not been unusual for specialized groups such as home economists. This method is based on social exchange theory (Blau, 1964; Homans, 1961; Thibault & Kelley,

1959), postulating that people's actions are motivated by what they expect to receive in return and that the return must outweigh the "cost" of action. Based on this theory, Dillman (1978) has proposed three important considerations to improve response rate, namely, minimize the cost of responding; maximize the rewards for doing so; and establish trust that those rewards will be provided.

Although there are many ways of providing rewards to respondents (Dillman, 1978), those that were incorporated into this design included establishing positive regard for the respondents by including individual salutations and an original signature in the covering letter, setting a consultative tone in the covering letter and questionnaire, and emphasizing the importance of each response in order to establish valid inferences about professional development needs.

Time is a major cost for many respondents, although Dillman (1978) has asserted that the number of minutes that are required to actually complete a questionnaire may not be as important as the perception of difficulty in doing so. Therefore, efforts were directed towards constructing the questionnaire in a clear and concise manner to promote its ease of completion. Asking respondents to reveal personal information about themselves, in this case about their perceived competence in leadership

and community development, may be anxiety-provoking. Ensuring confidentiality is one way of reducing anxiety in this regard. Finally, the price of including a self-addressed, return envelope, although small in dollars and cents, represents a very tangible cost (Dillman, 1978).

The final component in the social exchange theory is that of establishing trust between the respondents and researcher (Dillman, 1978). The fact that this researcher is known to many of the respondents by virtue of their attendance at the collaborative conference held in Grenada in 1990, may have been a positive factor in establishing credibility of the study. Trust was further enhanced by informing respondents of the involvement and support of PAHO, CFNI and CDA in addition to their own professional organization, CANDi. Respondents were also informed that the results of the survey would be published in their Network Newsletter and would form the basis for the CANDi board to design a professional development program to meet their needs.

Attention to meeting the criteria for social exchange is only one aspect of obtaining a good response rate to the questionnaire (Dillman, 1978). Effective administration of the survey, that is, the field procedures, are just as crucial to its success (Dillman, 1978; Jaeger, 1988). This process includes development of a detailed plan identifying each task, its

order of implementation, and the method for doing so. This plan as implemented appears in Appendix 4.

Determination of the kind of information to be obtained from the questionnaire was the first step in its construction. Dillman (1978) has suggested that there are four categories of information - that pertaining to attitudes (what people say they want); beliefs (what people think is true); behaviour (what people do); and attributes (what people are). Based on the research questions, this study focused on determining respondents' beliefs about their professional development needs and the barriers or deterrents to meeting those needs. Information regarding attributes or personal and demographic characteristics was also collected in order to more fully characterize the population.

The survey instrument, including the wording, ordering and formatting, was constructed according to guidelines in the survey literature (Babbie, 1973; Babbie, 1975; Berdie & Anderson, 1974; Converse & Presser, 1986; Dillman, 1978; Maher & Kur, 1983; Jaeger, 1988; Woodward & Chambers, 1991). The questionnaire consisted of three parts, the first of which collected information on beliefs of respondents regarding the importance of specific skills to their work, their present skill level and their desired skill level. These skills were categorized according to four skill

areas - communication, planning, management and teaching, with space provided for respondents to include other task areas for each category.

The second segment of the survey sought information about factors which affect participation in professional development programs. These factors included the need or availability of financial support for attending events, the time of year and location in which programs are offered, the duration of the program, cost, relevance of the topic to the work setting, and the importance of family or personal responsibilities as a deterrent to participation.

The final section of the questionnaire collected demographic data about the respondents which was of assistance in characterizing the respondents and enabling identification of potential mentors and resource people who could be included in the implementation phase of the professional development program, once it was found to be desirable by the CANDi membership.

In addition to the survey, a covering letter was prepared, explaining the purpose and sponsors of the survey, the potential benefits to the respondents, how each respondent was selected, assurance of confidentiality of answers and the feedback that will be provided (see Appendix 5). Three reminder letters were also prepared in accordance with

the TDM (Dillman, 1978). These were mailed to those respondents who had not returned their questionnaires within two weeks, four weeks, and six weeks, respectively, following the original mailing. Included with each reminder letter was another copy of the questionnaire, as the first may have been misplaced or discarded. The TDM also recommends that a fourth and final follow-up letter be considered. This was not utilized in this study.

The questionnaire was pre-tested with three groups - the users of the data, that is, members of the CANDi Board; a subcommittee of CANDi, responsible for the overall collaborative project; and selected members of the original collaborative project planning group from CDA, CANDi, PAHO and CFNI, chosen based on their availability at a meeting specifically planned for pre-testing purposes. This latter group was included to establish the face validity of the survey, that is, whether the items included will elicit the intended information (Nothey & Tepperman, 1986), as the members of this group presumably have the greatest understanding of the study's purpose.

All respondents to the pre-test, 10 people in all, were asked to provide feedback on whether the questions in the survey were clear, understandable, and suitable for the intended cultural group; whether instructions for completing the instrument were free from ambiguities, and

whether the covering letter and follow-up reminder letters were also worded appropriately (Jaeger, 1988). Respondents were also asked to complete the questionnaire to determine how much time was required to do so. The survey instruments were then revised, based on the pre-test feedback.

This pretest took place at a face-to-face meeting with the researcher, and so was utilized to build support for the study and to promote cooperation in obtaining the necessary response rate. This is a critical step in the needs assessment process, since those involved must have an understanding of the process and the kinds of administrative and instrumental decisions that will be made with the data in order to be supportive (Barbulesco, 1980).

## **Data Analysis**

### Coding

Each questionnaire was assigned an identifying, double digit code number to ensure that an individual's survey was not recorded twice and so that a check back to the questionnaire for errors could be made. Codes on each questionnaire were also used to ensure confidentiality of respondents, while maintaining a record of returned surveys. Coding was also be utilized to determine which surveys have been returned and which individuals should receive the follow-up reminder letters. As well, each question and

answer category was assigned a code to facilitate computerized data entry. Responses to open-ended questions were analyzed and grouped by major themes and coded accordingly.

#### Maintenance of Confidentiality of Data

All data collected in the study was stored in a locked cabinet at the researcher's office and was only be accessible to those directly involved in the study, that is, the data coder, the thesis committee and the researcher. Data was stored in its original questionnaire form as well as transcribed, for analysis purposes, onto computer diskette. None of the respondents' names were identified with the data collected, nor will their names appear in any reports or published articles arising from the study. The coding list, identifying the questionnaires with the specific respondents, was destroyed once all attempts had been made to obtain as many responses as possible through the follow-up reminder letters. All raw data on the questionnaires was also destroyed, once computer coding was complete.

#### Analysis

Questions 1-7 in the survey provided the data required to identify the knowledge and skills regarding (a) community development and (b) leadership that Caribbean dietitians and nutritionists feel they need. Specifically, the size of the gap between the present level of ability and the

desired level of ability, for each identified skill was determined, as well as the perceived importance of each skill to the respondents' work. From this information, needs statements were developed for each skill.

Barriers or deterrents to participation in a professional development program and the factors that would support participation were obtained from Section II of the survey, specifically, questions 8-15. Simple frequencies of responses for each question were tallied in order to determine the most common barriers and supports.

Finally, the data from Section III regarding leadership and work experiences was also tallied to characterize the population and to identify potential leadership expertise that already existed among the membership.

#### Priority Setting

The final component of the needs assessment was establishing of priorities for the identified needs according to the importance of the need and the feasibility of fulfilling the need. This was a value judgment process in which importance was determined by such criteria as the number of people affected by the need, the contribution to organizational goals if the need was met, the immediacy of the need, its instrumental value (that is the impact of meeting that need on other needs) and the magnitude of discrepancy between the perceived present and desired capability (Sork,

1994). Feasibility criteria included the educational efficacy (that is, can the need be met by an educational program), the availability of resources (including human and financial), and the commitment to change by the stakeholders, in this case, CANDi and CDA.

As part of the pre-test, respondents reached a consensus on the relative weighting to be assigned to the importance criteria, with the highest weight accorded to the number of people affected by the need, followed by the magnitude of the discrepancy between the perceived present and desired capability, the contribution to organizational goals of CANDi, and the impact of meeting one need on the other needs. These weighting factors, were used to establish the order of priority for addressing training needs identified from the survey.

According to Kemerer and Schroeder (1983), it is advisable to reserve judgments on feasibility until after priority setting is complete. Since one of the issues of feasibility is the availability of external funds to support a professional development program, this can not be determined until a future date.

The following chapter will describe the results of this study and the implications for designing a professional development program focusing on community development and leadership skills for CANDi members.

## **Chapter IV**

### **Results and Discussion**

The questions that were addressed by this research were as follows:

1. What knowledge and skills, regarding a)community development and b)leadership do Caribbean dietitians and nutritionists perceive they personally need to provide nutrition services to their communities?
2. What are the factors that would support participation in a professional development program aimed at enhancing leadership and community development skills? and,
3. What are the barriers or deterrents to participation in such a professional development program?

This section will address the answers to those questions in sequence, preceded by the demographic information obtained from the survey.

#### **Response Rate**

While 66 nutritionists and dietitians were included in the CANDi membership roster, current addresses were unavailable for 4 individuals; 1 member resided outside of the Caribbean territories. Therefore all 5 of these individuals were excluded from the survey, leaving 61 potential respondents in the initial mailing. Two individuals returned uncompleted

questionnaires, indicating that they had retired and requested to be excluded from the survey. Forty completed questionnaires were returned, for a response rate of 67.8 per cent. The distribution of responses by territory is summarized in Table 7.

**Table 7 Distribution of Survey Responses  
(N=59)**

<b>Territory</b>	<b>Number of CANDi Members</b>	<b>Completed Returns</b>
Aruba	2	1
Bahamas	2	0
Barbados	4	4
Dominica	1	1
Grenada	1	1
Guyana	4	4
Jamaica	17	9
St. Kitts	1	1
St. Lucia	1	1
St. Thomas	1	1
Trinidad/Tobago	25	17

An average response rate of 77 per cent was predicted, using the Dillman Total Design Method for survey administration. However, the lower response of 67.8 per cent obtained in this study is felt to be adequate for characterizing the need for leadership skills and community development skills of CANDi members since the total population, rather than a sample of the membership, was surveyed. Furthermore, as responses were received from all territories, with the exception of the Bahamas, this enhances confidence that data are reflective of the membership needs throughout the Caribbean.

### Characteristics of Respondents

Eighty per cent of respondents indicated full time (5 days per week) employment, while only 5 per cent indicated that they worked part time. The remaining 15 per cent were retired. None of the respondents were unemployed. Tables 8, 9 and 10 summarize the work setting of respondents, their specialty area of work and their years of experience, respectively.

**Table 8 Work Settings of Respondents  
(more than 1 response possible)**

Work Setting	Per cent Response
Hospital	27.5
Community Nutrition Unit/ Program	27.5
Government/Central	40.0
Private Consultant	17.5
Other	22.5

As can be seen in Table 8, while health care trends indicate a shift from institutional to community-based health care, this shift has not yet been realized in the Caribbean as 27.5% of the membership indicated that they currently are employed at the community level; 66.5% of respondents classified their work setting as hospitals or the central government level. Furthermore, 35% of the members indicated that there was a community or public health focus to their work (Table 9).

**Table 9 Work Specialty**  
(more than 1 response possible)

<b>Specialization</b>	<b>Per cent Response</b>
Clinical	15
Administration	35
Clinical/Administration	27
Community/Public Health	35
Research	15
Other	30

**Table 10 Years of Experience**

<b>Years Experience</b>	<b>Per cent Response</b>
never employed	5
1- 4	10
5-7	3
8-14	18
15	63

As evident in Table 10, the majority of CANDi members have many years of experience in their respective fields, with 81.6% indicating they had been employed from 8 to greater than 15 years. While all members had as a minimum, a baccalaureate degree, 17 of the 40 respondents (42.5%) also held a masters degree in either public health or business administration and one respondent indicated having a doctoral degree.

### **Needs in Community Development and Leadership Skills**

To reiterate the earlier definition of an educational need, it is a

measurable gap or discrepancy between a person's present capability or competence and a desired capability or competence (Gal & Pol, 1975; Kowalski, 1988; Sork, 1994). The analysis of data from this survey of needs related to leadership and community development skills of CANDi members has revealed where self-identified gaps exist between perceived and desired capability. These gaps are therefore interpreted as professional development needs of the membership. These needs will be discussed according to the subclassification of skills, that is, communication, planning, management and teaching. Respondents were asked to rank their present and desired level of capability, for each of the skills within these four subclassifications, on a 4 point Likert scale, with 1 and 2 representing a low level of present or desired capability, and 3 and 4 a high level. Each of the tables pertaining to gaps in professional development needs (Tables 11-19; 21-28; 30-39; and 41-49) should be interpreted in the same manner, with the total of each row representing the number of respondents ranking their present level of capability from 1-4 and the total of each column providing the number of respondents ranking their desired level of capability from 1-4. For example, in Table 11 it is apparent that out of 40 respondents, 9 ranked their present level of capability at level 1 or 2, while the majority, (31 respondents), ranked their present capability as level 3 or 4. On the other

hand, all 40 individuals ranked their desired capability as level 3 or 4. Gaps are evident from this data when there are differences between the present and desired level of capability. These gaps would then be interpreted as perceived needs by the membership.

### Communication Skills

Tables 11-19 summarize the data regarding the need for specific communication skills.

**Table 11 Communication Skills:  
Speaking in Public  
Present vs Desired Capability  
(N=40)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	1 50.00 25.00	1 50.00 2.78	2
2	0 0.00 0.00	0 0.00 0.00	1 14.20 25.00	6 85.71 16.7	7
3	0 0.00 0.00	0 0.00 0.00	2 7.69 50.00	24 92.31 66.7	26
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	5 100.00 13.89	5
Total	0	0	4	36	40

\*Frequency

\*\*Row Per cent

^Column Per cent

In interpreting these data, gaps in capability are evident in self-perceived public speaking skills for a total of 9 out of 40 respondents who ranked their current capability at a low level (ie. 1 or 2 on the Likert scale) and their desired level at 3 or 4. An additional 26 individuals ranked their current level of capability relatively high (ie. 3), and of those, 24 respondents indicated a strong desire (ie. level 4) to further enhance their capabilities. In all, there was a gap between the current and desired level of capability for 33 of the 40 respondents (84.6%).

Twenty-three respondents out of 39 ranked their current skill level in writing for the public as low (1 or 2) and their desired level as 3 or 4 (see Table 12). Another 15 individuals ranked their current capability as 3 and wished to increase their competence in this skill beyond that ranking. There were 38 people (97.4%) for whom a gap existed between their current and desired capability in writing skills that would enable them to communicate to the public.

**Table 12 Communication Skills:  
Writing for Public (Media, Pamphlets)  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	0 0.00 0.00	2 40.00 40.00	3 60.00 8.82	5
<b>2</b>	0 0.00 0.00	0 0.00 0.00	3 16.67 60.00	15 83.33 44.12	18
<b>3</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	15 100.00 44.12	15
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 2.94	1
<b>Total</b>	0	0	5	34	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Out of 39 respondents, only 7 perceived that their skill level was low (1 or 2 ranking) for writing letters, memos and reports (see Table 13), and wished to enhance their capability. An additional 29 people ranked their current capability at a higher level (ie. 3), and of those 28 wished improve their current ability. There was a total of 35 respondents (89.7%) for whom a gap between their current and desired capability existed.

**Table 13 Communication Skills:  
Writing Letters, Memos, Reports  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0
<b>2</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	7 100.00 18.42	7
<b>3</b>	0 0.00 0.00	0 0.00 0.00	1 3.45 100.00	28 96.55 73.68	29
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	3 100.00 7.89	3
<b>Total</b>	0	0	1	38	39

\*Frequency

\*\*Row Per cent

^Column Per cent

While 8 individuals ranked their current capability for negotiating skills at level 1, 7 of these respondents wished to improve their skills to a 3 or 4 level (Table 14). Of 17 respondents who ranked their current skill at level 2, 15 wished to enhance their skill to level 3 or 4; one respondent indicated a need for a lower skill level than she currently possessed. Of the twelve individuals who ranked their current capability at level 3, nine wished

to enhance their capability. In all there existed a gap between the present and desired capability for enhanced negotiating skills among 31 respondents (81.5%).

**Table 14 Communication Skills:  
Negotiation  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	1* 12.50** 50.00^	0 0.00 0.00	2 25.00 15.38	5 62.50 22.73	8
2	1 5.88 50.00	1 5.88 100.00	8 47.06 61.54	7 41.18 31.82	17
3	0 0.00 0.00	0 0.00 0.00	3 25.00 23.08	9 75.00 40.91	12
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 4.55	1
Total	2	1	13	22	38

\*Frequency

\*\*Row Per cent

^Column Per cent

Thirty-seven out of 38 CANDi members (97.3%) ranked their present skills in networking below their desired level (see Table 15). Of this total, 16 people ranked their current ability at the lower level of the Likert scale (ie. 1 or 2).

**Table 15 Communication Skills:  
Networking  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	2 66.67 40.00	1 33.33 3.03	3
2	0 0.00 0.00	0 0.00 0.00	3 23.08 60.00	10 76.92 30.30	13
3	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	21 100.00 63.64	21
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 3.03	1
Total	0	0	5	33	38

\*Frequency

\*\*Row Per cent

^Column Per cent

The majority of CANDi members perceive their skills in providing feedback to be quite well developed (see Table 16). Only 5 of 39 respondents ranked their capability at a 1 or 2 level and desired to improve. Twenty-seven individuals ranked their ability at a 3 level, and of those, 25 wished to develop this skill further. Overall, 30 of the 39 respondents (76.9%) expressed a gap between their present and desired capability to provide feedback.

**Table 16 Communication Skills:  
Providing Feedback  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	2 100.00 5.56	2
2	0 0.00 0.00	0 0.00 0.00	1 33.33 33.33	2 66.67 5.56	3
3	0 0.00 0.00	0 0.00 0.00	2 7.41 66.67	25 92.59 69.44	27
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	7 100.00 19.44	7
Total	0	0	3	36	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Table 17 summarizes the data on how CANDi members perceived their skills in advocacy. Five of 36 respondents ranked their current capability at level 1, while 3 of these individuals wished to enhance their skill level. Thirteen respondents ranked their current capability at level 2, and of those, 12 wished to increase their skills in advocacy. Of the 18 respondents who ranked their current capability at level 3, 15 wished to enhance their skill level. All told, 30 respondents (83.3%) wished to

become better advocates.

**Table 17 Communication Skills:  
Advocating  
Present vs Desired Capability  
(N=36)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	2* 40.00** 100.00^	1 20.00 50.00	1 20.00 12.50	1 20.00 4.17	5
<b>2</b>	0 0.00 0.00	1 7.69 50.00	4 30.77 50.00	8 61.54 33.33	13
<b>3</b>	0 0.00 0.00	0 0.00 0.00	3 16.67 37.50	15 83.33 62.50	18
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0
<b>Total</b>	2	2	8	24	36

\*Frequency

\*\*Row Per cent

^Column Per cent

Only 7 out of 38 people indicated a low level of listening skills and wished to improve (see Table 18); another 22 respondents ranked their current ability to listen at level 3. Of those, 19 wished to upgrade their ability to listen. In all, 26 respondents (68.4%) perceived their current listening skills to be less than they desire.

**Table 18 Communication Skills:  
Listening  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0
2	0 0.00 0.00	0 0.00 0.00	1 14.29 25.00	6 85.71 17.65	7
3	0 0.00 0.00	0 0.00 0.00	3 13.64 75.00	19 86.36 55.88	22
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	9 100.00 26.47	9
<b>Total</b>	0	0	4	34	38

\*Frequency

\*\*Row Per cent

^Column Per cent

Lobbying (Table 19) was ranked at a level 1 of capability by 14 out of 38 respondents; of these, 11 wished to increase their capability. An additional 18 members indicated a desire to increase their current capability beyond level 2. Six individuals assessed their current capability for lobbying at level 3; 4 of these wished to enhance their skills, while 1 individual indicated she required less skill than she currently possessed. All together, 33 people (86.8%) wished to achieve a higher capability in lobbying skills.

**Table 19 Communication Skills:  
Lobbying  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	3* 21.43** 100.00^	1 7.14 50.00	5 35.71 50.00	5 35.71 21.74	14
<b>2</b>	0 0.00 0.00	0 0.00 0.00	4 22.22 40.00	14 77.78 60.87	18
<b>3</b>	0 0.00 0.00	1 16.67 50.00	1 16.67 10.00	4 66.67 17.39	6
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0
<b>Total</b>	3	2	10	23	38

\*Frequency

\*\*Row Per cent

^Column Per cent

The preceding data and discussion has identified the various communication skills for which gaps exist between the present and desired capabilities of CANDi members. The final step in assessing the needs was to prioritize them, utilizing the ranking system described by Sork (1994) in the research methods section (see p. 64). Accordingly, an importance criteria was assigned by the CANDi advisory committee, namely, the highest priority was given to the skills required by the greatest number of

people, and allocated a weighting factor of 4 out of 10. This was followed in priority by the skills where there was the greatest gap in capability, with a weighting factor of 3 out of 10. Contribution of the skill to organizational goals of CANDi was weighted as 2, and the impact of meeting one need on the other needs was weighted as lowest in priority (weighting factor of 1). Table 20 summarizes the results of this prioritization process for the communication skills assessed in this survey. For example, for Criterion A - number of people affected by the need, 38 out of 39 respondents (97.4%) indicated that there was a gap between their current and desired capability for writing for the public. Therefore, this skill was ranked as having the first priority regarding that criterion. Likewise, other skills were ranked, then each was multiplied by the weighting factor of 4.

Criterion B in Table 20 refers to the magnitude of the gap between perceived present and desired capability. In comparing the data, there was the greatest gap for lobbying skills, therefore it was assigned the first priority according to that criterion. Similarly, other skills were ranked, then multiplied by the weighting factor of 3.

Criterion C in Table 20 refers to the contribution of each skill to organizational goals of CANDi. Organizational representatives felt all skills were equally important in achieving their goals, therefore each was

assigned the same priority of 1 and multiplied by the weighting factor of 2. Finally, Criterion D, the impact of meeting one need on the needs of others was prioritized and multiplied by the weighting factor of 1. An overall weighted ranking for each skill was obtained by summing the rankings and identifying the lowest sum, indicative of the highest priority. Tables 29, 40 and 50 should be interpreted in this same manner.

**Table 20**  
**Priority Ranking for Addressing Needs in Communication Skills**

Needed Skills	Criteria Weighting (Wt.)*				Sum of Weighted Rank	Final Rank
	A. Wt.= 4	B. Wt.= 3	C. Wt.= 2	D. Wt.= 1		
Public Speaking	#5^ (20)	#6^ (18)	#1^ (2)	#3^ (3)	43	5
Writing for Public	#1 (4)	#2 (6)	#1 (2)	#4 (4)	16	1
Writing letters, memos	#3 (12)	#7 (21)	#1 (2)	#1 (1)	36	4
Negotiating	#7 (28)	#3 (9)	#1 (2)	#8 (8)	47	6
Networking	#2 (8)	#4 (12)	#1 (2)	#6 (6)	28	2
Providing Feedback	#8 (32)	#8 (24)	#1 (2)	#5 (5)	63	8
Advocating	#6 (24)	#5 (15)	#1 (2)	#7 (7)	48	7
Listening	#9 (36)	#9 (27)	#1 (2)	#2 (2)	67	9
Lobbying	#4 (16)	#1 (3)	#1 (2)	#9 (9)	30	3

**\*Criteria Weighting**

- A. Number of people affected by the need
- B. Magnitude of the gap between perceived present and desired capability
- C. Contribution to organizational goals of CANDi
- D. Impact of meeting one need on the other needs

**^Rank of need for skill**

Following are the needs statements derived from the data on communication skills, in order of importance.

### **Need #1 Writing for the public**

*Present capability (PC):* Presently, 23 out of 39 respondents (59.0%) ranked their capability at writing for the public as low (1 or 2); another 15 individuals (38.5%) assessed their present ability at level 3, while 1 person (2.6%) ranked their capability at the highest level.

*Desired capability (DC):* While only 35% of respondents indicated that the major focus of their work is in public health/community nutrition (Table 9), 100% of respondents indicated that their desired capability to prepare written educational materials for the public was high (level 3 or 4). Thirty-eight of 39 respondents (97.4%) expressed the need to enhance their writing skills for the public.

### **Need #2 Networking**

*PC:* Sixteen of the 38 respondents (42.1%) ranked their present capability to network at a the 1 or 2 level on the Likert scale. Another 21 people (55.3%) ranked their present capability as 3, while 1 person (2.6%) ranked their present ability at the highest level.

*DC:* None of the respondents indicated that networking skills should be at the lower level (ie. 1 or 2), while 5 members (13.2%) identified the desirable

level of skill as being 3. The majority of respondents (33 of 38, or 86.8%) felt the desirable level for networking skills was 4. All members (100%) expressed the need for networking skill development.

### **Need #3 Lobbying**

*PC:* Thirty-two out of 38 CANDi members (84.2%) ranked their present lobbying capability at a 1 or 2 level, while another 6 respondents (15.8%) assessed their capability to be at level 3. None of the respondents perceived that their present capability was as high as possible.

*DC:* Five respondents (13.2%) felt that the desired level of capability for lobbying was at level 1 or 2, while 10 of the 38 respondents (26.7%) indicated that level 3 was sufficient for lobbying skills. The majority of members (23 or 60.5%) identified level 4 as desirable. In all 33 respondents (86.8%) identified lobbying skills as a needed area of professional development.

### **Need #4 Writing letters, memos, reports**

*PC:* Seven of the 39 respondents (17.9%) ranked their present level of capability as low (1 or 2) while an additional 28 people ranked their ability at a 3 level. Three members (7.7%) indicated that they were presently at the highest skill level of writing letters, memos and reports.

*DC:* One respondent (2.6%) indicated that the desirable capability for this

skill was level 3; the majority, that is 38 respondents (97.4%), ranked the desired level of capability as level 4. A total of 35 respondents (89.7%) expressed a need for developing skills in writing letters, memos and reports.

#### **Need #5 Speaking in Public**

*PC:* Nine of the 40 respondents (22.5%) ranked their present capability at a 1 or 2 level, while a further 26 individuals (65.0%) assessed their present capability to be at level 3. Five respondents (12.5%) ranked their public speaking capability at the highest level.

*DC:* All 40 respondents (100%) indicated that the desired level of capability for public speaking was high ( level 3 or 4). A need for the development of public speaking skills was identified by 33 members (84.6%).

#### **Need #6 Negotiating**

*PC:* Twenty-five respondents (65.8%) ranked their present capability as level 1 or 2 and 12 individuals (31.6%) perceived their capability at a 3 level. One person (2.6%) ranked their present ability to negotiate at a 4 level.

*DC:* Three respondents (7.9%) suggested that level 1 or 2 was sufficient for negotiating skills. Thirteen people (34.2%) felt that level 3 was desirable, while a majority of 22 respondents (57.9%) recommended that level 4 was desirable to achieve for negotiating skills. Thirty-one of 38

respondents (81.5%) indicated that a need existed for enhancing negotiating skills.

### **Need # 7 Advocating**

*PC:* Eighteen out of 36 respondents (50.0%) ranked their present capability for advocating at the lower levels, while the other 18 respondents (50.0%) perceived their capability to be at level 3.

*DC:* Four out of 36 members (11.1%) suggested that level 1 or 2 was desirable for advocating skills. An additional 8 people (22.2%) recommended level 3 as desirable. The majority of respondents (66.7%) felt that the highest level of capability in advocacy was considered desirable. In all, 30 members (83.3%) suggested that there was a need for skill development as advocates.

### **Need # 8 Providing Feedback**

*PC:* Five of 39 CANDi members (12.8%) ranked their current capability as 1 or 2. A further 27 people (69.2%) consider their present capability to be at level 3. Seven members (17.9%) ranked their present capability at the highest level.

*DC:* Three respondents (7.7%) recommended that level 3 was desirable for feedback skills, while the remaining respondents (36 or 92.3%) felt that members should be at level 4 in this skill. All together, 30 respondents

(76.9%) indicated that there was a need to develop skills in providing feedback.

### **Need #9 Listening**

*PC:* Listening skills are considered to be well developed among CANDi members since 31 of 38 respondents (81.6%) ranked their current skills at level 3 or 4. The remaining 7 individuals (18.4%) ranked their current ability in listening at level 2.

*DC:* All 38 members (100%) indicated that listening skills needed to be highly developed; level 3 was recommended by 4 respondents (10.5%) and level 4 by 34 individuals (89.5%). The need for development of listening skills was identified by 26 members (68.4%).

### **Planning Skills**

Tables 21 to 28 summarize the data regarding the need for specific planning skills. As indicated in Table 21, present level of skill in community needs assessment was ranked at level 1 by 8 respondents, 7 of whom wished to enhance their skills to level 3 or 4. Another 13 individuals ranked their current level of skill as 2 and wished to attain level 3 or 4. Furthermore, 15 respondents considered themselves to be at level 3 with respect to needs assessment skills, all of whom aspired to a higher skill

level. In all, there was a gap between the present and desired skill level for 35 out of 38 respondents (92.1%).

**Table 21 Planning Skills:  
Assessing Community Needs  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	1* 12.50** 100.00^	0 0.00 0.00	5 62.50 62.50	2 25.00 6.90	8
2	0 0.00 0.00	0 0.00 0.00	3 23.08 37.50	10 76.92 34.48	13
3	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	15 100.00 51.72	15
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 6.90	2
<b>Total</b>	1	0	8	29	38

\*Frequency

\*\*Row Per cent

^Column Per cent

Fourteen of 38 respondents ranked their current skills in setting goals and objectives as low, either 1 or 2 (Table 22). All of these individuals wished to increase their skill level to that of 3 or 4. Another 18 survey participants appraised their level of skill as 3 but wished to further increase their ability to set goals. Out of 38 respondents, 32 (84.2%) perceived that

their skill level in setting goals and objectives was less than their desired capability.

**Table 22 Planning Skills:  
Setting Goals & Objectives  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	1 100.00 2.78	1
<b>2</b>	0 0.00 0.00	0 0.00 0.00	2 15.38 100.00	11 84.62 30.56	13
<b>3</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	18 100.00 50.00	18
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	6 100.00 16.67	6
<b>Total</b>	0	0	2	36	38

\*Frequency

\*\*Row Per cent

^Column Per cent

Present ability to develop program plans was ranked at level 1 or 2 by 19 respondents (Table 23), who also wished to enhance their skill level to 3 or 4. Fifteen additional CANDi members wished to increase their skill level from 3 to 4, for a total of 34 out of 39 (87.2%) wishing to increase their skills in program planning.

**Table 23 Planning Skills:  
Developing Program Plans  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	1 100.00 2.70	1
2	0 0.00 0.00	0 0.00 0.00	2 11.11 100.00	16 88.89 43.24	18
3	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	15 100.00 40.54	15
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	5 100.00 13.51	5
<b>Total</b>	0	0	2	37	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Present capability to Identify and access resources was ranked at level 1 or 2 by 19 survey participants (Table 24); these same individuals wished to increase their skill level to that of 3 or 4. A further 16 respondents assessed their current level as 3, while 14 of those people wanted to obtain more skill in this area. In all, 33 of 39 respondents (84.6%) expressed a gap in their skills for identifying and accessing

resources.

**Table 24 Planning Skills:  
Identifying & Accessing Resources  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	3 100.00 9.09	3
<b>2</b>	0 0.00 0.00	0 0.00 0.00	4 25.00 66.67	12 75.00 36.36	16
<b>3</b>	0 0.00 0.00	0 0.00 0.00	2 12.50 33.33	14 87.50 42.42	16
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	4 100.00 12.12	4
<b>Total</b>	0	0	6	33	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Sixteen CANDi members ranked their current level of skill in implementing program plans as level 1 or 2 and wished to increase their capability to level 3 or 4 (Table 25). Another 18 out of 20 respondents wished to increase their skill level from a 3 to 4, for a total of 34 out of 39 (87.2%) expressing a gap between current and desired skills for implementing program plans.

**Table 25 Planning Skills:  
Implementing Program Plans  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				Total
	1 (Low)	2	3	4 (High)	
1 (Low)	1* 25.00** 100.00^	0 0.00 0.00	1 25.00 20.00	2 50.00 6.06	4
2	0 0.00 0.00	0 0.00 0.00	2 16.67 40.00	10 83.33 30.30	12
3	0 0.00 0.00	0 0.00 0.00	2 10.00 40.00	18 90.00 54.55	20
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	3 100.00 9.09	3
<b>Total</b>	1	0	5	33	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Twenty-two CANDi members ranked their present capability for promoting programs at level 1 or 2 (Table 26). Of these respondents, only one did not express a desire to enhance her current ability to level 3 or 4. Another 14 of 17 respondents wished to increase their ability from level 3 to 4. In all, a total of 35 out of 39 individuals (89.7%) expressed a gap between their current and desired capability to promote programs.

**Table 26 Planning Skills:  
Promoting Programs  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	3 60.00 30.00	2 40.00 7.14	5
2	0 0.00 0.00	1 5.88 100.00	4 23.53 40.00	12 70.59 42.46	17
3	0 0.00 0.00	0 0.00 0.00	3 17.65 30.00	14 82.35 50.00	17
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0
<b>Total</b>	0	1	10	28	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Out of 39 respondents, 10 ranked their current capability to set priorities at level 1 or 2 and wished to increase their skill level to 3 or 4 (Table 27). Another 24 people wished to increase their current level from 3 to 4, for a total of 34 (87.2%) identifying a gap in the skill of priority setting.

**Table 27 Planning Skills:  
Setting Priorities  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	1 50.00 50.00	1 50.00 2.70	2
2	0 0.00 0.00	0 0.00 0.00	1 12.50 50.00	7 87.50 18.92	8
3	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	24 100.00 64.86	24
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	5 100.00 13.51	5
<b>Total</b>	0	0	2	37	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Table 28 summarizes the data regarding present and desired level of skill in evaluating program outcomes. Seventeen respondents ranked their desired capability at level 3 or 4, compared to their current level of 1 or 2. Another 19 of 20 individuals wished to enhance their current level from that of 3 to 4. In all, 36 out of 39 respondents (92.3%) identified a gap in their desired compared to present ability to evaluate program outcomes.

**Table 28 Planning Skills:  
Evaluating Program Outcomes  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	0 0.00 0.00	1 25.00 33.33	3 75.00 8.33	4
<b>2</b>	0 0.00 0.00	0 0.00 0.00	1 7.69 33.33	12 92.31 33.33	13
<b>3</b>	0 0.00 0.00	0 0.00 0.00	1 5.00 33.33	19 95.00 52.78	20
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 5.56	2
<b>Total</b>	0	0	3	36	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Table 29 summarizes the prioritized planning skills utilizing the criteria set by the CANDi advisory committee described previously.

**Table 29**  
**Priority Ranking for addressing Needs in Planning Skills**

Needed Skills	Criteria Weighting (Wt.)*				Sum of Weighted Rank	Final Rank
	A. Wt.= 4	B. Wt.= 3	C. Wt.= 2	D. Wt.= 1		
Assessing needs	#2^ (8)	#2^ (6)	#1^ (1)	#1^ (1)	16	1
Setting objectives	#6 (24)	#6 (18)	#1 (1)	#3 (3)	46	8
Developing program plans	#4 (16)	#3 (9)	#1 (1)	#4 (4)	30	4
Identifying resources	#5 (20)	#3 (9)	#1 (1)	#5 (5)	35	5
Implementing plans	#4 (16)	#5 (15)	#1 (1)	#7 (7)	39	6
Promoting plans	#3 (12)	#1 (3)	#1 (1)	#6 (6)	22	2
Setting priorities	#4 (16)	#7 (21)	#1 (1)	#2 (2)	40	7
Evaluating	#1 (4)	#4 (12)	#1 (1)	#8 (8)	25	3

\*Criteria Weighting

A. Number of People affected by the need

B. Magnitude of the gap between perceived present and desired capability

C. Contribution to organizational goals of CANDi

D. Impact of meeting one need on the other needs

^Rank of need for skill

Following are the needs statements derived from the data on planning skills, in order of importance.

**Need #1 Assessing needs**

*Present capability (PC):* Presently, 21 out of 38 respondents (55.3%) ranked their capability at assessing community needs as low ( 1 or 2). Another 15 people (39.5%) assessed their present ability at level 3, while 2 individuals (5.3%) perceived their present capability as level 4.

*Desired capability (DC):* Only 1 individual (2.6%) did not perceive it desirable to increase skills in needs assessment beyond the lowest level. Eight respondents (21.1%) indicated that level 3 was desirable, while another 29 people (76.3%) felt that it was important to be at the highest level of skill in assessing community needs. In all there was a need expressed to enhance community needs assessment skills by 35 out of 38 respondents (92.1%).

**Need #2 Promoting programs**

*PC:* Five individuals (12.8%) assessed their current level of skill in promoting programs as level 1; another 17 people (43.6%) ranked their present capability at level 2. A further 17 respondents (43.6%) assessed their present ability at level 3. Nobody perceived that they had the highest skill level.

*DC:* None of the 39 respondents ranked the desired level of skill for program promotion as I; however, one person (2.6%) felt that level 2 was

adequate. The majority, or 28 respondents (71.8%), ranked the desired level as 4, while an additional 10 people (25.6%) indicated that level 3 was appropriate for program promotion. Thirty-five CANDi members (89.7%) expressed a need for enhanced skills in this area.

### **Need #3 Evaluating program outcomes**

*PC:* Seventeen respondents (43.6%) indicated that their present level of capability for evaluating program outcomes was low (1 or 2). Another 20 members (51.3%) assessed their present capability at level 3, while 2 people (5.1%) ranked their current ability as level 4.

*DC:* None of the 39 respondents felt that the desired level of capability was 1 or 2. Three people (7.7%) perceived level 3 as appropriate for program evaluation skills, while the majority of respondents, 36 or 92.3%, indicated that level 4 was desirable. Thirty-six people (92.3%) expressed a need for professional development in program evaluation.

### **Need #4 Developing program plans**

*PC:* One person (2.6%) assessed her current level of capability for developing program plans as 1, while another 18 people (46.2%) indicated they considered themselves to be at level 2. Fifteen respondents (38.5%) ranked their present capability as level 3 and the remaining 5 people (12.8%) ranked their capability at the highest level.

*DC:* All 39 respondents indicated that the desired level of capability for developing program plans was level 3 or 4, with the majority, 37 or 94.9%, indicating that level 4 was the most desirable. Thirty-four respondents (87.2%) expressed a need for professional development in program planning.

#### **Need #5 Identifying and accessing resources**

*PC:* Nineteen people (48.7%) ranked their current level of skill as 1 or 2. Sixteen respondents (41.0%) indicated that their skills level was 3, while a further 4 people, or 10.3%, ranked their present ability for identifying and accessing resources at level 4.

*DC:* All 39 respondents ranked the desired level of capability at a 3 or 4, with the majority (33 or 84.6%) suggesting that level 4 was the most desirable. Thirty-three respondents (84.6%) identified a need for skill development in identifying and accessing resources.

#### **Need #6 Implementing program plans**

*DC:* Sixteen CANDi members (41.0%) ranked their skill level as 1 or 2 for implementing program plans. Another 20 people (51.3%) perceived their skill level at 3, while 3 individuals (7.7%) assessed their skill at level 4.

*PC:* One person (2.6%) suggested that level 1 was an adequate skill level for implementing program plans, while the majority of respondents (33 or

84.6%) felt that level 4 was most appropriate. The remaining 5 respondents (12.8%) indicated that the desirable skill level was 3. In all, 34 (87.2%) identified a need to enhance their ability to implement program plans.

### **Need #7 Setting Priorities**

*PC:* Ten respondents (25.6%) ranked their present capability at setting priorities as level 1 or 2, while another 24 people (61.5%) assessed their skill at level 3. Only 5 people (12.8%) felt they had achieved the highest level of skill in priority setting.

*DC:* The majority of individuals (37 or 94.9%) indicated that level 4 was desirable to achieve in setting priorities; the remaining 2 people (5.1%) felt that level 3 was sufficient. A total of 34 respondents (87.2%) expressed a need for developing greater skills in setting priorities.

### **Need #8 Setting goals and objectives**

*PC:* Fourteen people (36.8%) ranked their current ability to set goals and objectives at level 1 or 2. Eighteen individuals (47.2%) indicated that their skill level was 3; a further 6 people (15.9%) ranked their current ability at level 4.

*DC:* All respondents indicated that the desirable skill level for setting goals and objectives was level 3 or 4, with 36 people (94.7%) suggesting that the highest level was the most desirable. A need for skill development in this

area was expressed by 32 or 84.2% of respondents.

### **Management Skills**

The following tables (30 to 39) summarize the data comparing respondents' present with desired capability for specific management skills. In particular, Table 30 identifies the gaps in capability for budget development, where 15 respondents ranked their current capability at a low level (1 or 2) and wished to increase their capability to a 3 or 4 level. Twenty people considered that their current skills were at level 3, and of those, 16 wished to enhance their ability further. Overall, a total of 31 survey participants (79.5%) expressed a gap between their present and desired capability for developing budgets.

Respondents ranked their ability to administer program funds similarly poorly (Table 31). Ten individuals ranked their present capability at level 1, all of whom wished to increase their capability to a higher level. Eight respondents perceived their current skill level to be a 2 ranking, while 7 of those desired a higher capability. Furthermore, 18 respondents ranked their current ability as level 3, with 14 of those people wanting to achieve level 4 in capability. A total of 31 respondents (77.5%) desiring to increase their capability in administering program funds.

**Table 30 Management Skills:  
Developing Budgets  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	4 66.67 40.00	2 33.33 6.90	6
2	0 0.00 0.00	0 0.00 0.00	2 22.22 20.00	7 77.78 24.14	9
3	0 0.00 0.00	0 0.00 0.00	4 20.00 40.00	16 80.00 55.17	20
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	4 100.00 13.79	4
Total	0	0	10	29	39

\*Frequency

\*\*Row Per cent

^Column Per cent

**Table 31 Management Skills:  
Administering Program Funds  
Present vs Desired Capability  
(N=40)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	2 20.00 66.67	5 50.00 41.67	3 30.00 12.00	10
<b>2</b>	0 0.00 0.00	1 12.50 33.33	3 37.50 25.00	4 50.00 16.00	8
<b>3</b>	0 0.00 0.00	0 0.00 0.00	4 22.22 33.33	14 77.78 56.00	18
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	4 100.00 16.00	4
<b>Total</b>	0	3	12	25	40

\*Frequency

\*\*Row Per cent

^Column Per cent

Ninety-four per cent (37 respondents) indicated that there was a gap between their current and desired level of skill for developing program proposals (Table 32). Of those identifying a gap in their ability, 25 respondents ranked their present capability as low (1 or 2) while the other 12 people considered their current capability to be at level 3.

**Table 32 Management Skills:  
Developing & Presenting Program Proposals  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	2 28.57 100.00	1 14.29 33.33	4 57.14 11.76	7
<b>2</b>	0 0.00 0.00	0 0.00 0.00	2 11.11 66.67	16 88.89 47.06	18
<b>3</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	12 100.00 35.29	12
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 5.88	2
<b>Total</b>	0	2	3	34	39

\*Frequency

\*\*Row Per cent

^Column Per cent

On the other hand, only 1 respondent considered herself to have poor decision-making skills, ranking them currently at level 2, but wishing them to be at level 4 (Table 33). Five individuals felt their present ability for this skill was at level 3, while 3 of those wished their skill level to be higher. The majority of respondents (84.2%) considered their current ability at level 4, while one of these individuals felt her capability only needed to be at

level 3. A total of 4 people (10.5%) expressed a desire to increase their decision-making skills from their present level.

**Table 33 Management Skills:  
Making Decisions  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0
2	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	1 100.00 2.86	1
3	0 0.00 0.00	0 0.00 0.00	2 40.00 66.67	3 60.00 8.57	5
4 (High)	0 0.00 0.00	0 0.00 0.00	1 3.13 33.33	31 96.88 88.57	32
Total	0	0	3	35	38

\*Frequency

\*\*Row Per cent

^Column Per cent

Time management was considered an area for which CANDi members perceived gaps in their current, compared with their desired, capability (Table 34). Twelve respondents ranked their present capability at level 1 or 2 and wished to attain level 4 in their capability. Twenty

people perceived their current level as 3, while 17 of those wished to enhance their time management skills further, for a total of 29 respondents (76.3%) identifying a gap in their time management skills.

**Table 34 Management Skills:  
Managing Time  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	1 100.00 2.86	1
2	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	11 100.00 31.43	11
3	0 0.00 0.00	0 0.00 0.00	3 15.00 100.00	17 85.00 48.57	20
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	6 100.00 17.14	6
<b>Total</b>	0	0	3	35	38

\*Frequency

\*\*Row Per cent

^Column Per cent

Table 35 summarizes the responses of survey participants regarding their problem solving capability. Ten people ranked their current capability at level 1 or 2 and wished it to be higher, that is level 3 or 4. Twenty-eight

respondents felt their current problem solving capability ranked at level 3; 2 of these individuals felt that was adequate, while one person indicated that it was desirable to be at level 2. Overall, 35 respondents (87.5%) ranked their current ability lower than their desired skill level

**Table 35 Management Skills:  
Problem Solving  
Present vs Desired Capability  
(N=40)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	2 100.00 6.06	2
2	0 0.00 0.00	0 0.00 0.00	4 50.00 66.67	4 50.00 12.12	8
3	0 0.00 0.00	1 3.57 100.00	2 7.14 33.33	25 89.29 75.76	28
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 6.06	2
Total	0	1	6	33	40

\*Frequency

\*\*Row Per cent

^Column Per cent

Conflict resolution (Table 36) was a further management skill identified by CANDi members for professional development, with 3 people

ranking their current capability at level 1 and their desired level as 3 or 4. Sixteen people felt they were currently at level 2, while 15 of those wished to achieve level 3 or 4. An additional 18 respondents ranked their current capability at level 3; 15 people in that group wished to enhance their skills further in conflict resolution. A total of 33 people (82.5%) identified a gap between their present and desired capability.

**Table 36 Management Skills:  
Resolving Conflict  
Present vs Desired Capability  
(N=40)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	2 66.67 15.38	1 33.33 3.85	3
2	0 0.00 0.00	1 6.25 100.00	8 50.00 61.54	7 43.75 26.92	16
3	0 0.00 0.00	0 0.00 0.00	3 16.67 23.08	15 83.33 57.69	18
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	3 100.00 11.54	3
Total	0	1	13	26	40

\*Frequency

\*\*Row Per cent

^Column Per cent

The majority of respondents felt their team building skills were well-developed (Table 37). Only 4 people ranked their current capability at level 1 or 2 and wished to enhance it to level 3 or 4. Seven respondents felt their present skill level was 3, but of those only 4 wished it to be higher. Twenty-eight people ranked their current capability at the highest level, and one of those individuals felt a 3 level was adequate. In all, 20.5% (8 respondents) expressed a gap between their current and desired capability for team building.

**Table 37 Management Skills:  
Team building  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	2 100.00 33.33	0 0.00 0.00	2
2	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 6.06	2
3	0 0.00 0.00	0 0.00 0.00	3 42.86 50.00	4 57.14 12.12	7
4 (High)	0 0.00 0.00	0 0.00 0.00	1 3.57 16.67	27 96.43 81.82	28
<b>Total</b>	0	0	6	33	39

\*Frequency

\*\*Row Per cent

^Column Per cent

The ability to conduct meetings effectively is another skill area which CANDi members, on the whole, feel they have adequate skills (see Table 38). Only 1 person ranked their current ability at level 1 and wished it to be higher, at level 3. While seven people ranked their current capability at level 2, only 4 of those respondents wished to have a higher capability. Likewise, of the eight people who ranked their present capability

at level 3, only 1 person wished to have more advanced skills in conducting meetings. In all, 6 people (15%) expressed a desired to obtain a higher skill area than they currently possessed.

**Table 38 Management Skills:  
Conducting Meetings  
Present vs Desired Capability  
(N=40)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	0 0.00 0.00	1 100.00 12.50	0 0.00 0.00	1
<b>2</b>	1 14.26 100.00	2 28.57 22.22	4 57.14 16.67	0 0.00 0.00	7
<b>3</b>	0 0.00 0.00	3 37.50 33.33	4 50.00 16.67	1 12.50 16.67	8
<b>4 (High)</b>	0 0.00 0.00	4 16.67 44.44	15 62.50 62.50	5 20.83 83.33	24
<b>Total</b>	1	9	24	6	40

\*Frequency

\*\*Row Per cent

^Column Per cent

Three people ranked their current capability at facilitating change at level 1 and wished to enhance their skill to level 2, 3, or 4 (Table 39). Fourteen respondents perceived their present capability to be level 2; 13 of

those wished it to higher. Of the 20 people who ranked their present capability at level 3, all wished to enhance their skills to level 4. A total of 36 respondents (92.3%) identified a gap between their current and desired skills in facilitating change.

**Table 39 Management Skills:  
Facilitating Change  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	1 33.33 50.00	1 33.33 25.00	1 33.33 3.33	3
2	0 0.00 0.00	1 7.14 50.00	3 22.22 75.00	10 71.42 30.30	14
3	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	20 100.00 60.60	20
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 6.06	2
<b>Total</b>	0	2	4	33	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Table 40 summarizes the prioritized management skills utilizing the criteria set by the CANDi advisory committee described previously.

**Table 40**  
**Priority Ranking for Addressing Needs in Management Skills**

Needed Skills	Criteria Weighting (Wt.)*				Sum of Weighted Rank	Final Rank
	A. Wt.= 4	B. Wt.= 3	C. Wt.= 2	D. Wt.= 1		
Developing budgets	#5^ (20)	#3^ (9)	#1^ (1)	#1^ (1)	31	5
Administering funds	#6 (24)	#3 (9)	#1 (1)	#1 (1)	35	6
Managing time	#7 (28)	#4 (12)	#1 (1)	#1 (1)	42	7
Making decisions	#9 (36)	#7 (21)	#1 (1)	#1 (1)	59	9
Presenting proposals	#1 (4)	#1 (3)	#1 (1)	#1 (1)	9	1
Conducting meetings	#9 (36)	#8 (24)	#1 (1)	#1 (1)	62	10
Resolving conflict	#4 (16)	#2 (6)	#1 (1)	#1 (1)	24	3
Facilitating change	#2 (8)	#3 (19)	#1 (1)	#1 (1)	19	2
Problem solving	#3 (12)	#5 (15)	#1 (1)	#1 (1)	29	4
Team building	#8 (32)	#6 (18)	#1 (1)	#1 (1)	52	8

\*Criteria Weighting

- A. Number of People affected by the need
- B. Magnitude of the gap between perceived present and desired capability
- C. Contribution to organizational goals of CANDi
- D. Impact of meeting one need on the other needs

^Rank of need for skill

Needs statements derived from the data on management skills follow in order of priority.

### **Need #1 Developing and presenting program proposals**

*Present capability (PC):* Presently, 25 CANDi members (62.5%) identified their capability for developing and presenting program proposals as low (level 1 or 2), while 12 respondents (30%) indicated that they considered their skills to be at level 3. Two members (5%) indicated that they possessed the highest skills level.

*Desired capability (DC):* The majority of members, 34 out of 40 (85%) felt the desired capability for this skill was level 4; an additional 3 people (7.5%) indicated that level 3 was appropriate. Only 2 respondents (5%) assessed the desired level of skills at level 2. Overall, 37 respondents (94%) identified a need for enhancing their skills in developing and presenting program proposals.

### **Need #2 Facilitating change**

*PC:* Seventeen respondents (43.6%) ranked their present capability to facilitate change as level 1 or 2, while an additional 20 people (51.3%) assessed their current capability at level 3. Two members (5.1%) felt their capability was at level 4.

*DC:* Thirty-seven CANDi members (92.5%) ranked the desired skill level

as 3 or 4; two respondents (5.1%) indicated that level 2 was appropriate. A total of 36 survey participants (92.3%) indicated that there was a need for professional development in facilitating change.

### **Need #3 Resolving conflict**

*PC:* Nineteen respondents (47.5%) perceived their present capability to resolve conflict as level 1 or 2; another 18 people (45%) ranked their current skill level at 3. Three members (7.5%) felt they possessed highly advanced skills in conflict resolution.

*DC:* Thirty-nine respondents (97.5%) felt that conflict resolution was needed at a highly developed skill level (3 or 4). Only 1 member (2.5%) suggested that level 2 was adequate. Thirty-three people (82.5%) desired to develop their skills further.

### **Need #4 Problem solving**

*PC:* The majority of CANDi members (30 out of 40) or 75% see their current ability to problem solve as highly developed, that is at level 3 or 4. Only 10 members (25%) assessed their present capability as level 1 or 2.

*DC:* Thirty-nine of the 40 respondents (97.5%) ranked the desired level of skill at problem solving as level 3 or 4. The one remaining respondent (2.5%) felt level 2 was appropriate. Thirty-five members (87.5%) felt they possessed a need to develop their problem solving skills.

**Need #5 Developing budgets**

*PC:* The present skill level for budget development is low (1 or 2) for 15 members (38.5%). The remaining 24 people (61.5%) ranked their current skill at level 3 or 4.

*DC:* All respondents (100%) ranked the desired capability for developing budgets at level 3 or 4, while a total of 31 people (79.5%) identified a need for skill development.

**Need #6 Administering program funds**

*PC:* Only 4 respondents (10%) ranked their present capability at the highest level; an additional 18 people (45%) assessed their current capability at level 3. A further 18 respondents (45%) ranked their current capability at level 1 or 2.

*DC:* The majority of respondents, 37 or 92.5%, felt that the desired capability for administering program funds was level 3 or 4; only 3 people (7.5%) suggested that level 2 was appropriate. Overall, 31 respondents (77.5%) identified a need for further training in this area.

**Need #7 Managing time**

*PC:* Many CANDi members feel they have good time management skills, since 26 or 68.4% ranked their present capability at level 3 or 4. However, 12 respondents (31.6%) ranked their current capability at level 1 or 2.

*DC:* One hundred percent of respondents indicated that level 3 or 4 was appropriate for time management skills. Twenty-nine survey participants (76.3%) indicated that they needed further training in time management.

#### **Need #8 Team building**

*PC:* The majority of respondents saw their team building skills as well-developed, with 35 or 89.7% ranking their current capability at level 3 or 4. Only 4 people (10.3%) assessed their current level as 1 or 2.

*DC:* While respondents felt positive about their team building skills, they also see this as an important capability, as 100% of the members ranked the desired level as 3 or 4. Only 8 respondents (20.5%) identified team building as a needed area for skill development.

#### **Need #9 Making decisions**

*PC:* Decision-making skills were also well rated by CANDi members; 37 people (97.4%) ranked their current capability at level 3 or 4. Only one person (2.6%) indicated their present capability was level 2.

*DC:* One hundred percent of respondents ranked the desired level of skill in decision making at the 3 or 4 level. Only 4 people (10.5%) felt they needed training in this area.

#### **Need #10 Conducting meetings**

*PC:* Likewise, CANDi members see their current ability to conduct

meetings as well developed, with 32 out of 40 respondents (80%) ranking level 3 or 4 in capability. Only 8 people (20%) assessed their present capability at level 1 or 2.

*DC:* Most respondents, 30 or 75% felt level 3 or 4 was appropriate, while 9 people (22.5%) ranked the desired level as 2. In all only 6 people (15%) expressed a need for developing their skills in conducting meetings.

### **Teaching**

Tables 41 to 49 summarize the data pertaining to present and desired level for teaching skills. As illustrated in Table 41, eleven respondents ranked their current ability to utilize appropriate teaching methods as level 2 and their desired capability at level 3 or 4. Another 21 participants in the survey ranked their current level at 3, 20 of whom desired to be at level 4. While 7 individuals indicated that their current ranking of capability was level 4, one of these indicated that their desired level was only level 3. In all, 21 respondents (53.8%) identified a gap between their current and desired level in being able to use appropriate teaching methods.

**Table 41 Teaching Skills:  
Using Appropriate Teaching Methods  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0
<b>2</b>	0 0.00 0.00	0 0.00 0.00	5 45.45 71.43	6 54.55 18.75	11
<b>3</b>	0 0.00 0.00	0 0.00 0.00	1 4.76 14.29	20 95.24 62.50	21
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	1 14.29 14.29	6 85.71 18.75	7
<b>Total</b>	0	0	7	32	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Eighteen out of 40 respondents ranked their current capability to develop teaching resources as low (level 1 or 2) and their desired capability as level 3 or 4 (Table 42). Another 20 people perceived their present capability as level 3, while 18 of those wished their ability to be at level 4. In all, 36 respondents (90.0%) identified a gap between their current and desired ability to develop teaching resources.

**Table 42 Teaching Skills:  
Developing Teaching Resources  
Present vs Desired Capability  
(N=40)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
<b>1 (Low)</b>	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	1 100.00 3.03	1
<b>2</b>	0 0.00 0.00	0 0.00 0.00	5 29.41 71.43	12 70.59 36.36	17
<b>3</b>	0 0.00 0.00	0 0.00 0.00	2 10.00 28.57	18 90.00 54.55	20
<b>4 (High)</b>	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 6.06	2
<b>Total</b>	0	0	7	33	40

\*Frequency

\*\*Row Per cent

^Column Per cent

Seventeen out of 38 CANDi members assessed their present group facilitation skills at level 2; all of these respondents indicated that the desirable level was 3 or 4 (Table 43). Eighteen people felt they were currently at level 3 in their capability, and of those people, 16 wished to be a level 4. Thirty-three members (84.6%) identified a gap in their current versus desirable facilitation skills.

**Table 43 Teaching Skills:  
Facilitation Group Process  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0
2	0 0.00 0.00	0 0.00 0.00	8 47.06 80.00	9 52.94 32.14	17
3	0 0.00 0.00	0 0.00 0.00	2 11.11 20.00	16 88.89 57.14	18
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	3 100.00 10.71	3
<b>Total</b>	0	0	10	28	38

\*Frequency

\*\*Row Per cent

^Column Per cent

The ability to lead groups was ranked at level 2 by 9 people, who also desired to be at level 3 or 4 (Table 44). While 26 people ranked their capability at level 3, 22 of them felt their skills should be more advanced. Thirty-one out of 39 respondents (79.5%) indicated that there was a gap between the desired and current skill level for leading groups.

**Table 44 Teaching Skills:  
Leading Groups  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	0
2	0 0.00 0.00	0 0.00 0.00	4 44.44 50.00	5 55.56 16.13	9
3	0 0.00 0.00	0 0.00 0.00	4 15.38 50.00	22 84.62 70.97	26
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	4 100.00 12.90	4
<b>Total</b>	0	0	8	31	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Five respondents perceived their ability to motivate others at level 1 or 2 and the desired level as 3 or 4 (Table 45). An additional 30 people identified their capability as level 3, while wishing to be more skillful. There was a gap identified between the present and desired capability for motivating others for 35 of the 38 respondents (92.0%).

**Table 45 Teaching Skills:  
Motivating Others  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	1 100.00 100.00	0 0.00 0.00	1
2	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	4 100.00 10.81	4
3	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	30 100.00 81.08	30
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	3 100.00 8.11	3
<b>Total</b>	0	0	1	37	38

\*Frequency

\*\*Row Per cent

^Column Per cent

Of the two individuals who ranked their present capability to select teaching resources at level 1, one person felt that was also the desired level of ability, while the other indicated that level 4 was desirable. (Table 46). Another 7 people ranked their current capability at level 2 and the desirable level as 3 or 4. Of twenty-four respondents who ranked the present capability as level 3, 22 felt it should be at level 4. Overall, 30

people (78.9%) suggested that a gap existed between their present and desired capability for selecting teaching resources.

**Table 46 Teaching Skills:  
Selecting Teaching Resources  
Present vs Desired Capability  
(N=38)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	1* 50.00** 100.00^	0 0.00 0.00	0 0.00 0.00	1 50.00 3.13	2
2	0 0.00 0.00	0 0.00 0.00	3 42.86 60.00	4 57.14 12.50	7
3	0 0.00 0.00	0 0.00 0.00	2 8.33 40.00	22 91.67 68.75	24
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	5 100.00 15.63	5
<b>Total</b>	1	0	5	32	38

\*Frequency

\*\*Row Per cent

^Column Per cent

Table 47 outlines the responses of survey participants regarding their present and desired capability to train others. Four people ranked their current capability at level 1 or 2 and their desired level as 3 or 4. Twenty-eight of the 30 CANDi members who assessed their skill level as 3, felt it

should be at level 4. One of the 30 individuals felt that level 2 was the desirable level, while another felt that level 3 was appropriate. A total of 32 people (80.0%) expressed the opinion that a gap existed between their present and desired capability for training others.

**Table 47 Teaching Skills:  
Training Others  
Present vs Desired Capability  
(N=40)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	0 0.00 0.00	2 100.00 5.25	2
2	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 5.26	2
3	0 0.00 0.00	1 3.33 100.00	1 3.33 100.00	28 93.33 73.68	30
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	6 100.00 115.79	6
Total	0	1	1	38	40

\*Frequency

\*\*Row Per cent

^Column Per cent

Eighteen respondents ranked their current level of skill at using different leadership styles at level 1 or 2 and desired to achieve level 3 or

4 (Table 48). A further 18 people felt they presently were at level 3 in this skill and 17 of those wished to further develop their skills. There was a gap identified in skill level for 35 people (92.1%).

**Table 48 Teaching Skills:  
Using Different Leadership Styles  
Present vs Desired Capability  
(N=40)**

Present Level of Capability	Desired Level of Capability				Total
	1 (Low)	2	3	4 (High)	
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	1 100.00 10.00	0 0.00 0.00	1
2	0 0.00 0.00	0 0.00 0.00	8 47.06 80.00	9 52.94 32.14	17
3	0 0.00 0.00	0 0.00 0.00	1 5.56 10.00	17 94.44 60.71	18
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	2 100.00 7.14	2
Total	0	0	10	28	38

\*Frequency

\*\*Row Per cent

^Column Per cent

Counselling skills (Table 49) were ranked at level 1 for 2 people; these same individuals desired to achieve level 3 or 4. While another 7 people ranked their current level of skill at a 2, one felt that was adequate

and the others desired to achieve level 3 or 4. Of the twenty-three people assessing their skill at level 3, 22 wished to obtain a greater ability. In all, there was a gap in skill level identified by 30 respondents (76.9%).

**Table 49 Teaching Skills:  
Counselling Individuals  
Present vs Desired Capability  
(N=39)**

Present Level of Capability	Desired Level of Capability				
	1 (Low)	2	3	4 (High)	Total
1 (Low)	0* 0.00** 0.00^	0 0.00 0.00	1 50.00 16.67	1 50.00 3.13	2
2	0 0.00 0.00	1 14.29 100	4 57.14 66.67	2 28.57 6.25	7
3	0 0.00 0.00	0 0.00 0.00	1 4.35 16.67	22 95.65 68.75	23
4 (High)	0 0.00 0.00	0 0.00 0.00	0 0.00 0.00	7 100.00 21.88	7
Total	0	1	6	32	39

\*Frequency

\*\*Row Per cent

^Column Per cent

Table 50 outlines the prioritized teaching skills utilizing the criteria set by the CANDi advisory committee described previously.

**Table 50**  
**Priority Ranking for Addressing Needs in Teaching Skills**

Needed Skills	Criteria Weighting (Wt.)*				Sum of Weighted Rank	Final Rank
	A. Wt.= 4	B. Wt.= 3	C. Wt.= 2	D. Wt.= 1		
Teaching methods	#9^ (36)	#3^ (9)	#1^ (2)	#3^ (3)	50	7
Developing resources	#3 (12)	#1 (3)	#1 (2)	#5 (5)	22	2
Facilitating groups	#4 (16)	#2 (6)	#1 (2)	#8 (8)	32	4
Leading groups	#6 (24)	#4 (12)	#1 (2)	#7 (7)	45	5
Motivating others	#2 (8)	#6 (18)	#1 (2)	#2 (2)	30	3
Selecting resources	#7 (28)	#5 (15)	#1 (2)	#4 (4)	49	6
Training others	#5 (20)	#7 (21)	#1 (2)	#6 (6)	49	6
Varying styles of leadership	#1 (4)	#1 (3)	#1 (2)	#9 (9)	18	1
Counselling	#8 (32)	#6 (18)	#1 (2)	#1 (1)	53	8

**\*Criteria Weighting**

A. Number of people affected by the need

B. Magnitude of the gap between perceived present and desired capability

C. Contribution to organizational goals of CANDi

D. Impact of meeting one need on the other needs

^Rank of need for skill

Following are the needs statements derived from the data on

teaching skills, in order of importance.

### **Need #1 Using different leadership styles**

*PC:* Out of 38 respondents, 18 (47.4%) ranked their present skill as level 1 or 2, while 20 people (52.6%) chose level 3 or 4 as their current capability for using different leadership styles.

*DC:* All respondents (100%) felt that the desired level of capability was level 3 or 4. Thirty-five or 92.1% of respondents identified a need for training in utilizing different leadership styles.

### **Need #2 Developing teaching resources**

*PC:* Eighteen survey participants (45.0%) ranked their present capability for developing teaching resources as low (level 1 or 2). Twenty respondents (50.0%) indicated they possessed level 3 capability. Only 2 people (5.0%) ranked their capability at level 4.

*DC:* One hundred percent of respondents ranked the desired level of capability for developing teaching resources at level 4, while 36 people (90.0%) actually perceived a need for skill development in this area.

### **Need #3 Motivating others**

*Present capability (PC):* Currently, 5 people (13.2%) assessed their skills to be at level 1 or 2, while another 30 people (78.9%) felt they had

achieved level 3 in their ability to motivate others. Three respondents (7.9%) felt their current ability was at its highest level.

*Desired capability (DC):* All respondents (100%) ranked the desired capability for motivating others at level 3 or 4. In all, 35 people (92.0%) identified a need for further skill development in motivating others.

#### **Need #4 Facilitating group process**

*PC:* Seventeen members (44.7%) ranked their present ability as group facilitators as level 2; the other 21 of 38 respondents (55.3%) perceived they possessed a 3 or 4 level in capability.

*DC:* All 38 survey participants (100%) ranked the desired level of skill at facilitating group process as level 3 or 4. Thirty-three members (84.6%) indicated that they had a need for further professional development in this area.

#### **Need #5 Leading groups**

*PC:* The majority of CANDi members perceive their group leadership skills as well developed, with 30 respondents (76.9%) indicating they were at level 3 or 4 in capability. Only 9 people (23.0%) assessed their capability at the lower level of 2.

*DC:* Level 3 or 4 was considered to be the desired degree of capability by all respondents, while 31 members (79.5%) felt they should enhance their

skills beyond their current level of capability.

**Need #6 Selecting teaching resources**

*PC:* Twenty-nine out of 40 respondents (95.0%) felt their current capability for selecting teaching resources was highly developed at level 3 or 4. Only 9 people (23.7%) felt they were at level 1 or 2.

*DC:* All respondents (100%) ranked the desirable level as 3 or 4 for selecting teaching resources. Thirty-two people (80.0%) felt there was a need to obtain professional development in this skill.

**Need #6 Training others** (two skills received the same weighted priority of 6)

*PC:* Four respondents (1.0%) indicated that their present capability for training others was at level 1 or 2. The majority of CANDi members, 30 out of 40 (75.0%), ranked their skills at level 3, while a further 4 people (1.0%) assessed their capability at level 4.

*DC:* The ability to train others is seen by CANDi members as being important to have highly skilled developed skills, with 39 members (97.5%) indicating level 3 or 4 as desirable. Only one respondent (2.5%) suggested that level 2 was adequate for training others.

**Need #7 Using appropriate teaching methods**

*PC:* Twenty-eight of the 39 respondents (71.8%) ranked their current capability at the higher levels of 3 or 4. Eleven members (28.2%) perceived themselves to be at level 2 in capability.

*DC:* All 39 respondents (100%) ranked the desired capability for using appropriate teaching methods at level 3 or 4. Twenty-one or 53.8% of the membership felt they needed training to use appropriate teaching methods.

**Need #8 Counselling individuals**

*PC:* A total of 30 respondents (76.9%) assessed their current capability to counsel individuals at level 3 or 4, while only 9 people (23.1%) ranked their present skill level at 1 or 2.

*DC:* Thirty-eight of the 39 respondents (97.4%) indicated that level 3 or 4 was desirable regarding skills for counselling individuals. Only one person (2.6%) ranked the desired level as 2. In total, 30 CANDi members (76.9%) felt they needed to become more skilled in counselling individuals.

**Supports and Barriers to Participation in Professional Development Activities**

While it is clear that CANDi members have many professional development needs regarding leadership and community development

skills, survey participants also identified factors supporting their participation in such programs as well as barriers that would deter them from participating. Table 51 summarizes the data regarding level of importance assigned by respondents to various factors that would impact on their participation.

**Table 51**  
**Factors Affecting Participation**  
**in Professional Development Programs**

Factors Affecting Participation	Level of Importance			Total
	Not Important	Somewhat Important	Very Important	
Paid time off work	13 (33.3%)	13 (33.3%)	13 (33.3%)	39
Financial support tuition/travel	0 (0.00%)	10 (25.0%)	30 (75.0%)	40
Time of year of event	15 (37.5%)	16 (40.0%)	9 (22.5%)	40
Relevance of topic to work	1 (2.6%)	12 (31.6%)	25 (65.8%)	38
Location of event	16 (42.1%)	11 (28.9%)	11 (28.9%)	38
Duration of program	6 (15.4%)	23 (59.0%)	10 (25.6%)	39
Cost	1 (2.5%)	13 (32.5%)	26 (65.0%)	40
Family/ personal responsibility	15 (38.5%)	17 (43.6%)	7 (17.9%)	39

As can be seen in Table 51 financial support to attend professional development activities is the most important factor in determining participation, since 100% of respondents rated it as either somewhat or very

important. This factor was followed by the cost of the activity with 39 out of the 40 respondents (97.5%) rating it as somewhat or very important. Table 52 outlines the kinds of financial support normally received by CANDi members to attend professional development programs. Since few people receive financial benefits for this purpose, it is not surprising to find that respondents rated the provision of financial assistance as a critical factor influencing their participation in training programs.

**Table 52**  
**Financial Support to Attend Professional Development Program**  
**N=40**

Type of Support	Frequency of Response
Paid time off work	19 (47.5%)
Part course fee	4 (10.0%)
All course fee	3 (7.5%)
Part travel/accommodation	4 (10.0%)
Full travel/accommodation	5 (15.0%)
No contribution	17 (42.5%)

A third factor impacting on participation was the relevance of the topic to the individual's work, where 37 or 97.4% of survey participants indicated it was somewhat or very important in determining their attendance. Other factors considered as either somewhat or very important, in order of priority, included paid time off work (66.6%), time of year of the event (62.5%), family or personal responsibilities (61.5%) and location of

the event (57.8%).

Regarding relevance to work, respondents were asked to rank the importance of each skill set. Table 53 summarizes this data relevant to communication skills.

**Table 53 Communication Skills  
Importance to Work**

Skill	Importance Ranking				Total
	1 (Low)	2	3	4 (High)	
Speaking in public	1 (2.5%)	4 (10.0%)	7 (17.5%)	28 (70.0%)	40
Writing for public	2 (5.0%)	10 (25.5%)	9 (22.5%)	19 (47.5%)	40
Writing letters/ reports	0 (0.0%)	5 (12.5%)	4 (10.0%)	31 (77.5%)	40
Negotiating	6 (15.4%)	7 (17.9%)	15 (38.5%)	11 (28.2%)	39
Networking	0 (0.0%)	4 (10.3%)	10 (25.6%)	25 (64.1%)	39
Providing feedback	0 (0.0%)	2 (5.0%)	11 (27.5%)	27 (67.5%)	40
Advocating	5 (13.5%)	5 (13.5%)	11 (29.7%)	16 (43.2%)	37
Listening	0 (0.0%)	0 (0.0%)	6 (15.0%)	34 (85.0%)	40
Lobbying	8 (20.5%)	7 (17.9%)	13 (33.3%)	11 (28.2%)	39

Regarding communication skills, listening was considered by respondents as the skill most important to CANDi members' work as 100% ranked it as level 3 or 4 in importance and no one ranked it at level 1 or 2. This was followed by the skill of providing feedback, where the majority of survey participants (95.0%) felt it ranked as level 3 or 4 in importance to their work. Networking was also ranked highly at level 3 or 4 by 89.7% of respondents and writing letters/reports and speaking in public were ranked equally by 87.5% of respondents as level 3 or 4 in importance. The remaining skills in this category were ranked at the higher end of the importance scale as follows: advocating (72.9%), writing for the public (70.0%), negotiating (66.7%) and finally lobbying (61.5%).

Table 54 outlines the data derived from the importance ranking for the set of skills categorized as planning.

**Table 54 Planning Skills  
Importance to Work**

Skill	Importance Ranking				Total
	1 (Low)	2	3	4 (High)	
Assessing needs	4 (10.5%)	8 (21.1%)	7 (18.4%)	19 (70.5%)	38
Setting objectives	1 (52.6%)	0 (0.0%)	4 (10.3%)	34 (87.2%)	39
Developing program plans	1 (2.6%)	2 (5.1%)	6 (15.4%)	30 (76.9%)	39
Accessing resources	1 (2.6%)	4 (10.3%)	12 (30.8%)	22 (56.4%)	39
Implementing plans	2 (5.1%)	0 (0.0%)	10 (25.6%)	27 (69.2%)	39
Promoting programs	2 (5.1%)	5 (12.8%)	9 (23.1%)	23 (59.0%)	39
Setting priorities	0 (0.0%)	1 (2.6%)	7 (17.9%)	31 (79.5%)	39
Evaluating outcomes	1 (2.6%)	1 (2.6%)	6 (15.4%)	31 (79.5%)	39

Setting objectives ranked the highest in importance to CANDI members' work in the planning category of skills, with 97.5% of the respondents ranking it as 3 or 4 on the importance scale. This skill was followed closely in importance by the skills of setting priorities (97.4%), evaluating outcomes (94.9%) and implementing program plans (94.8%). Developing program plans ranked fifth with 92.3% of the membership

indicating it was at level 3 or 4 in importance to their work. Identifying and accessing resources, promoting programs and assessing community needs were at the higher end of the importance scale by 87.2%, 82.1% and 68.4% of members respectively.

Rankings of importance to CANDi members' work in the category of management skills appears in Table 55. Making decisions and managing time were ranked equally important by respondents, with 97.5% indicating these skills were at level 3 or 4 in importance to their work. A close second in importance was the skill of facilitating change (92.5%), followed by team building and problem solving, each of which was ranked by 90.0% of survey participants as being at level 3 or 4 in importance to their work. Other management skills, in order of importance ranking were the skills of conducting meetings (80.0%), resolving conflict (76.9%), developing/presenting proposals (73.75), developing budgets (69.2%) and finally, administering program funds (50.0%).

**Table 55 Management Skills  
Importance to Work**

Skill	Importance Ranking				Total
	1 (Low)	2	3	4 (High)	
Developing budgets	7 (17.9%)	5 (12.8%)	10 (25.6%)	17 (43.6%)	39
Administering funds	12 (30.0%)	8 (20.0%)	3 (7.5%)	13 (32.5%)	40
Developing \presenting proposals	5 (13.2%)	5 (13.2%)	7 (18.4%)	21 (55.3%)	38
Making decisions	0 (0.0%)	1 (2.5%)	6 (15.0%)	33 (82.5%)	40
Managing time	0 (0.0%)	1 (2.5%)	8 (20.0%)	31 (77.5%)	40
Problem solving	0 (0.0%)	4 (10.0%)	8 (20.0%)	28 (70.0%)	40
Resolving conflict	3 (7.7%)	6 (15.4%)	13 (33.3%)	17 (43.6%)	39
Team building	2 (5.0%)	2 (5.0%)	8 (20.0%)	28 (70.0%)	40
Conducting meetings	1 (2.5%)	7 (17.5%)	18 (45.0%)	24 (60.0%)	40
Facilitating change	2 (5.0%)	1 (2.5%)	9 (22.5%)	28 (70.0%)	40

Table 56 outlines the importance rankings to the work of CANDi members for teaching skills.

**Table 56 Teaching Skills  
Importance to Work**

Skill	Importance Ranking				Total
	1 (Low)	2	3	4 (High)	
Using appropriate methods	1 (2.5%)	2 (5.0%)	10 (25.0%)	27 (67.5%)	40
Developing resources	1 (2.5%)	3 (7.5%)	7 (17.5%)	29 (72.5%)	40
Using group process	2 (5.1%)	7 (17.9%)	10 (25.6%)	20 (51.3%)	39
Leading groups	2 (5.1%)	6 (15.4%)	6 (15.4%)	25 (64.1%)	39
Motivating others	1 (2.5%)	0 (0.0%)	4 (10.0%)	35 (87.5%)	39
Selecting resources	2 (5.0%)	3 (7.5%)	12 (30.0%)	23 (57.5%)	40
Training others	1 (2.5%)	3 (5.0%)	7 (17.5%)	30 (75.0%)	40
Varying leadership styles	1 (2.6%)	6 (15.8%)	10 (26.3%)	21 (55.3%)	38
Counselling individuals	2 (5.0%)	4 (10.0%)	6 (15.0%)	28 (70.0%)	40

Motivating others was considered the skill to be most important to CANDi members' work in the teaching category, with 97.5% of respondents giving it a 3 or 4 ranking on the importance scale. Using appropriate teaching methods and training others were the next two skills ranked highly

by 92.5% of survey participants. Developing resources was ranked in importance by 90.0% of members, followed by selecting resources (87.5%), counselling individuals (85.0%), using different leadership styles (81.6%), leading groups (79.5%) and facilitating group process (76.9%).

In summary, the skills considered to be most relevant to CANDi members in their current work capacity were listening skills in the communication category, setting objectives in the planning category, time management and decision making in the management category and motivating others in the teaching category. Survey respondents also ranked the priority in which they felt each category of skills should be addressed (Table 57), with planning skills being ranked at level 1 or 2 in importance by 66.7% of respondents. This was followed by communication skills, ranked by 56.4%, management skills ranked by 51.3% and teaching skills, ranked by 25.7% at level 1 or 2 in importance.

**Table 57**  
**Overall Priority of Professional Development Categories**  
**N=39**

Skill	Priority Ranking			
	1 (Most)	2	3	4 (Least)
Communication	15 (38.5%)	7 (17.9)	16 (41.0%)	1 (2.6%)
Planning	8 (20.5%)	18 (46.2%)	10 (25.6%)	3 (7.7%)
Management	9 (23.1%)	11 (28.2%)	10 (25.6%)	9 (23.1%)
Teaching	6 (15.4%)	4 (10.3%)	4 (10.3%)	25 (64.1%)

The majority of respondents also perceived it as being very important for CDA and CANDi to sponsor a professional development program focusing on community development skills (Table 58) and leadership skills (Table 59) to enhance their capability in their current jobs as well as to prepare them to fulfill community-based roles.

**Table 58**  
**Importance of Sponsoring Training Programs**  
**in Community Development**  
**N=39**

Importance Ranking	Frequency of Response
Very Important	29 (74.4%)
Somewhat Important	9 (23.1%)
Not at all Important	1 (2.6%)

**Table 59**  
**Importance of Sponsoring Training Programs**  
**in Leadership Skills**  
**N=39**

<b>Importance Ranking</b>	<b>Frequency of Response</b>
Very Important	27 (69.2%)
Somewhat Important	11 (28.2%)
Not at all Important	1 (2.6%)

Duration of the training program was rated as somewhat or very important by 84.6% of respondents (Table 51). Respondents were asked to indicate both the maximum amount of time they would devote to professional development programs at each occasion as well as how often they would attend a training event. Tables 60 and 61 summarize the respective responses to this inquiry. Events lasting between 2 and 5 days appeared most popular, occurring once or twice per year.

**Table 60**  
**Time Allocated to Professional Development**  
**N=40**

<b>No. of Days</b>	<b>Frequency of Response</b>
1/2 day	0 (0.0%)
1 day	1 (2.5%)
2-3 days	16 (40.0%)
4/5 days	16 (40.0%)
other	7 (17.5%)

**Table 61**  
**Frequency of Professional Development Programs**  
**N=40**

<b>Program Frequency</b>	<b>Response Frequency</b>
once per year	15 (37.5%)
twice per year	20 (50.0%)
three times per year	1 (2.5%)
four times per year	3 (7.5%)
other	1 (2.5%)

Time of year was felt to be a somewhat or very important factor by 62.5% of respondents in determining attendance at professional development functions (Table 51). Table 62 summarizes responses to timing preference stated by survey participants. As can be seen, 40.0% of members would favor training events to take place in July to September. However, almost one third indicated no preference as to the time of training.

**Table 62**  
**Timing of Training Event**  
**N=31**

<b>Time of Year</b>	<b>Frequency of Response</b>
January-March	1 (2.5%)
April-June	5 (12.5%)
July-September	16 (40.0%)
October-December	1 (2.5%)
No preference	13 (32.5%)

Location of training events was ranked as somewhat or very important by 57.8% of respondents (Table 51). Respondents were asked

to rank their first, second and third choices for venue within the Caribbean territories. The summary of preferences for location appears in Table 63, with Trinidad and Tobago being the most popular first choice, followed by Barbados as the second choice venue.

**Table 63**  
**Location Preference**

Territory	Frequency of Ranking		
	1st	2nd	3rd
Aruba	2	2	2
Bahamas	1	2	7
Barbados	6	21	5
Dominica	1	0	1
Grenada	0	2	5
Guyana	2	0	1
Jamaica	9	1	7
St. Kitts	1	0	0
St Lucia	2	0	4
St. Thomas	0	3	1
Trinidad & Tobago	19	7	5

The final section will outline conclusions which can be drawn from this research as well as recommendations regarding how identified needs may be addressed.

## **Chapter V**

### **Summary, Conclusions and Recommendations**

#### **Summary**

While it had been proposed that a need existed in the Caribbean for professional development of dietitians and nutritionists regarding community development skills and leadership skills, it was not known whether members of CANDi shared this viewpoint. Therefore, the purpose of this research was to identify and document the felt needs of CANDi members, currently residing in the Caribbean Region, with regard to skills in community development as well as leadership. The specific questions that were posed were:

1. what knowledge and skills regarding a) community development and  
b) leadership do Caribbean dietitian/nutritionists perceive they personally need to provide nutrition services to their communities?
- 2). what are the factors that would support participation in a professional development program aimed at enhancing leadership and community development skills? and,
- 3). what are the barriers or deterrents to participation in such a professional development program?

Regarding the first question, the results of this survey clearly

document the perceived needs for training in community development and leadership skills. As there was considerable overlap in the specific expertise associated in the literature with these two topics, the skills were grouped under four broad categories and prioritized by survey respondents as planning skills, communication skills, management skills and teaching skills respectively. Within each of the four broad categories skills were also prioritized. Table 64 outlines the order of priority, from highest to lowest, assigned by survey respondents for each of the skills classified under the four broad categories. For example, under planning skills "needs assessment" was considered to have the highest priority for professional development; this particular skill falls under the designation of a community development (CD) skill. "Promoting plans," the second priority for training under planning skills, falls under the designation of both CD and leadership (L) skills.

**Table 64**  
**Prioritized Professional Development Needs**

**Planning Skills**

- \*needs assessment (CD)^
- \*promoting plans (CD/L)^
- \*evaluating program outcomes (CD)
- \*developing program plans (CD/L)
- \*identifying resources (CD)
- \*implementing program plans (CD/L)
- \*setting priorities (CD/L)
- \*setting goals & objectives (CD/L)

**Communication Skills**

- \*writing for public (CD)
- \*networking (CD/L)
- \*lobbying (CD)
- \*writing letters, memos,  
& reports (CD/L)
- \*public speaking (CD/L)
- \*negotiating (CD/L)
- \*advocating (CD)
- \*providing feedback (L)
- \*listening (CD/L)

**Management**

- \*presenting program proposals (L)
- \*facilitating change (CD/L)
- \*resolving conflict (CD/L)
- \*problem solving (CD/L)
- \*developing budgets (L)
- \*administering funds (L)
- \*managing time (L)
- \*team building (CD/L)
- \*making decisions (CD/L)
- \*conducting meetings (CD/L)

**Teaching**

- \*varying leadership styles (CD)
- \*developing resources (CD)
- \*motivating others (L)
- \*facilitating group process (CD/L)
- \*leading groups (CD/L)
- \*training (CD)
- \*selecting resources (CD)
- \*using appropriate teaching  
methods (CD/L)
- \*counselling (CD)

^CD = community development; L= leadership

The second research question pertained to identifying supporting factors that would enable CANDi members to participate in a professional development program of this nature. These factors, in order of priority, included financial support for travel and tuition, low cost to participants and relevance of training to current work roles. The most relevant skills were considered to be skills in setting objectives, listening, time management, decision making and motivating others. Other supporting factors identified

were paid time off work, holding the event at a time of year that did not conflict with work, family or personal responsibilities and holding the program in a convenient location. The most popular time frame for training was felt to be between July and September; the first and second most desirable locations were Trinidad / Tobago and Barbados. Further supporting factors were duration and frequency of training, where participants appeared willing to participate in events lasting two to five days and occurring once or twice per year.

Any of the above mentioned supports, if not addressed, would be considered as barriers for participants to attend a professional development program. The greatest obstacle appeared to be the lack of personal financial resources that would allow participation in training events. In fact, if this barrier is not overcome, even if attention were given to surmounting other barriers, it would be very unlikely that efforts to launch a training program would prove successful.

## **Conclusions**

The completion of this research project marks an important milestone in the collaborative project initiated five years ago between CANDi and CDA. Its success in identifying professional development needs of CANDi members hinged on the collaborative process itself, through sharing of

knowledge and expertise of both partners. This approach is important in many facets of education and training, but is particularly critical in furthering the professional development efforts of nutritionists and dietitians in the Caribbean. The results of this study have confirmed the great need for professional development in community development and leadership skills. The findings also provide the basis for the design and implementation of a professional development program for Caribbean dietitians and nutritionists. Furthermore, the study sets the stage for further collaboration between the two organizations as they jointly seek funding for program design and implementation. Finally, it points the way for future collaboration through research aimed at evaluating the training component and its outcomes.

### **Recommendations**

Recommendations arising from this research are as follows:

#### **Recommendation 1**

A professional development program should be designed jointly by CANDi and CDA to address the prioritized needs identified by CANDi members regarding community development and leadership skills. Supporting factors that would enhance participation should be incorporated into the design of the program.

**Recommendation 2**

As the subcategory of planning skills was identified as holding the highest priority of need for CANDi members, this professional development program should begin with training in that specific area, followed by communication skills, management skills and finally teaching skills.

**Recommendation 3**

Lack of financial resources were identified as the greatest barrier to Caribbean nutritionists and dietitians for furthering their professional development. Therefore, in order for this professional development program to take place, funding for its development and implementation will need to be sought, as neither CANDi nor CDA have the financial resources that would be required. This funding proposal should address, not only the design elements of the program, but should also incorporate funding or sponsorships to support travel and expenses of participants. As funding for the initiation of the original collaborative project between the two organizations was shared with CIDA, PAHO and CFNI, these are potential agencies to approach for further support. The results of this needs assessment will provide the necessary data to support such a proposal.

**Recommendation 4**

Because of the extent of the training needs identified and the limitations that

potential participants have specified on the frequency and duration of their attendance, it will be necessary to build the expertise of CANDi members over an extended period of time. It is also important to recognize that the self-confidence necessary to assume a leadership role is largely built over time, through progressively challenging experiences. Therefore, consideration should be given to designing the professional development program in a manner that would optimize its sustainability. For example, a program that would train trainers within the Caribbean, or would identify mentors to help encourage and reinforce newly acquired skills, would provide for both initial and ongoing support to dietitians and nutritionists in the region. Several Caribbean dietitians have already volunteered during the survey to become trainers, should the program proceed.

**Recommendation 5**

Program planning would not be complete without an evaluation component. Therefore it is recommended that this be built into the professional development project to ensure that participants are not only developing the needed skills that were identified, but that they also are able to apply the skills in their work settings. The funding proposal for the project should include financial resources to support this evaluation.

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**APPENDIX 1**

**MISSION STATEMENT OF THE CARIBBEAN ASSOCIATION  
OF NUTRITIONISTS & DIETITIANS**

**The Caribbean Association of  
Nutritionists and Dietitians (CANDi)**

**Mission Statement**

To promote excellence in the practice of Nutrition and Dietetics thereby contributing to the improvement of the nutritional status and overall health of the people of the Caribbean.

**Objectives**

Inaugurated in 1972, the main objectives of the Caribbean Association of Nutritionists and Dietitians (CANDi) are:

- Collaboration with other disciplines in the improvement of the nutritional status of the people of the Region.
- Improvement of the standard of practice of nutrition and dietetics in the Region.
- Promotion and encouragement of continuing education in nutrition and other allied fields.
- Promotion and encouragement of the status of nutritionists and dietitians in the Region.
- Establishment of standards for nutritionists and dietitians and auxiliary personnel.

In pursuance of these objectives, CANDi has been involved in a number of

projects which include collaboration with other associations and bodies.

CANDi is committed to regional training and since its inauguration in 1972 has participated in discussions on the formulation of plans for the establishment of a degree programme in Nutrition, Dietetics and Related Areas at the University of the West Indies. More recently CANDi has participated in the development of the curriculum for the nutrition/dietetics option of the Allied Health Sciences degree programme at the College of Arts, Science and Technology (CAST), Jamaica. CANDi also developed and conducted the first dietetic internship programme to be undertaken in the Caribbean. Graduates of this programme are eligible for membership in the Canadian Dietetic Association, on completion of a qualifying examination.

CANDi has established a formal liaison with the Canadian Dietetic Association (CDA) since its inception and in 1990 a joint meeting of these two Associations took place in the Caribbean. One of the outcomes of this joint conference has been the establishment of a Caribbean-Canada network. The purpose of this newly-formed network is to encourage an exchange of information and experiences between dietitians/nutritionists of the two regions. The network will also strengthen the longstanding partnership between the two professional associations. Further opportunities to be explored include: identification of regional resource people in various

practice areas of dietetics for exchange of information and resources across the two regions and the development of joint projects.

Over the years, CANDi has collaborated with the Caribbean Food and Nutrition Institute (CFNI)/Pan American Health Organization (PAHO) and other national and regional institutions in a number of activities which includes:

- The conduct of workshops for education and training of nutrition and other health personnels at all levels.
- The production of educational materials for the prevention and management of diabetes, hypertension, obesity and heart disease, as well as for pregnant and lactating mothers, infants and children (see Annex).
- The development of management tools for hospital dietetic services, including job descriptions for Nutritionists, Dietitians and other nutrition and dietetic personnel.

The members of CANDi meet annually. At this time, technical update sessions are organized to which health and other related personnel are also invited. At these annual meetings the business of the Association is discussed and programme plans made. Programmes include providing technical support to national programmes aimed at significantly reducing

protein-energy malnutrition and nutrition-related chronic diseases caused by excesses or imbalances in food consumption, promoting and supporting nutrition education and media programmes to raise public awareness and to encourage appropriate self-care behaviours of the public.

**APPENDIX 2**

**GRADUATE COMPETENCIES FOR COMMUNITY NUTRITION  
PRACTICE  
CDA & CANDi**

## Graduate Competency Requirements -

### Community Concentration

#### Competence Statement

#### Examples of Enabling Activities to Demonstrate Competence

#### Nutrition Competence

N.1 Apply knowledge of health promotion mechanisms and implementation strategies to the delivery of comprehensive care of individual and group in the community

- course work in health promotion
- development of a proposal for a school nutrition policy
- facilitate the organization of a self-help group
- participate in a Nutrition Month Campaign

N.2 Apply knowledge of nutrition and disease prevention throughout the life cycle to the comprehensive care of individuals and groups in the community.

- experience in nutrition consultation
- development of high risk screening tools
- development of a nutrition resource

N.3 Assess and coordinate community assessment of nutrition and diet related health problems and resources to determine current needs in the target population

- development of a needs assessment questionnaire
- review of literature on nutrition needs of a target group
- critical review of epidemiology data with respect to a specific disease
- community survey of existing nutrition resources and services aimed at specific target groups or problems
- research project (thesis) which includes community needs assessment component

N.4 Develop, implement and evaluate a nutrition program plan based on the identified needs of a group in the community.

- practicum experience
- course work assignment
- thesis research

### Management Competence

- |  |   |
|--|---|
| <p>M.1 Identify federal, provincial and local governmental structures and processes in development of public policy, legislation and regulation and their impact on nutrition and health services.</p>                                       | <ul style="list-style-type: none"> <li>- review of relevant provincial and federal impact on nutrition and health services</li> <li>- review of policies, procedures and guidelines which impact on nutrition and health services</li> </ul>  |
| <p>M.2 Identify the principles involved in strategic planning.</p>   | <ul style="list-style-type: none"> <li>- course work</li> <li>- review of strategic planning process in an organization</li> <li>- review of strategic planning process in the national or provincial dietetic associations or an allied discipline</li> <li>- attendance at strategic planning workshop</li> </ul> |
| <p>M.3 Apply the principles involved in the development of an organization's operational plan for nutrition services to include problem statements based on assessment, priority goals, objectives, action plans and evaluation systems.</p> | <ul style="list-style-type: none"> <li>- critique operational plans for an organization's nutrition service</li> <li>- develop a component of an operational plan</li> <li>- develop a research/grant proposal of a target group</li> </ul>   |
| <p>M.5 Identify factors involved in making recommendations to administrators on nutrition policies, program plans, staffing and operational requirements.</p>  | <ul style="list-style-type: none"> <li>- course work</li> <li>- field experience</li> <li>- review of relevant resource materials on operational plans, program based budgets, etc.</li> </ul>  |
| <p>M.6 Apply knowledge and skills of human resources management to the provision of community nutrition programs.</p>  | <ul style="list-style-type: none"> <li>- organize lay leaders to deliver nutrition services</li> <li>- develop personnel requirements and job specifications for a particular nutrition program</li> <li>- conduct orientation training, supervision and/or evaluation of student or research assistant</li> </ul>  |
| <p>M.7 Apply knowledge and skills of financial management to the administration of community nutrition programs.</p>   | <ul style="list-style-type: none"> <li>- prepare an operational budget for a nutrition project</li> <li>- prepare a budget for a research/grant proposal</li> </ul>   |

M.8 Identify requirements for a management information system for a community nutrition program.

- review of nutrition management information systems.

### **Communication Competence**

C.1 Apply oral and written communication skills to all aspects of community nutrition services.

- group presentations
- press releases
- media interview
- theses defence
- seminars
- teaching assistantship
- report writing
- interprofessional collaboration

### **Educational Competence**

E.1 Apply principles of education to the education component of nutrition programs for comprehensive nutrition services to the community.

- plan a nutrition education program to include:
- assessment of nutrition education needs
- development of learner objectives
- development of educational approaches
- evaluation

E.2 Apply principles of education to select and develop nutrition education materials for community.

- develop a nutrition resource for a specific target group
- assess readability of sample nutrition resources

### **Professional Competence**

P.1 Practice dietetics in accordance with the CDA Code of Ethics, 1987.

- understand CDA Code of Ethics

P.2 Evaluate personal strengths and limitations in practising dietetics.

- conduct a personal evaluation of practicum or field experience
- conduct personal evaluation of seminar presentation, thesis defence, teaching assistantship.

- |   |   |
|---|---|
| <p>P.3 Demonstrate personal behaviour which compliments the performance of professional responsibilities.</p> | <ul style="list-style-type: none"> <li>- management of thesis project</li> <li>- practicum experience</li> <li>- teaching assistantship</li> </ul>  |
| <p>P.4 Use research techniques and findings to advance community dietetics.</p>                               | <ul style="list-style-type: none"> <li>- presentation and/or publication of research findings</li> <li>- critical appraisal of community nutrition research literature</li> <li>- thesis research</li> </ul>  |
| <p>P.5 Identify the political processes which affect the practice of dietetics.</p>                           | <ul style="list-style-type: none"> <li>- review the role of government, political agencies and professional associations in the provision of comprehensive nutrition services eg. District Health Council, Government Relations Committee</li> <li>- review examples of lobbying activities of community health professionals, professional associations</li> </ul> |

### **CANDi Community Nutrition Graduate Competencies**

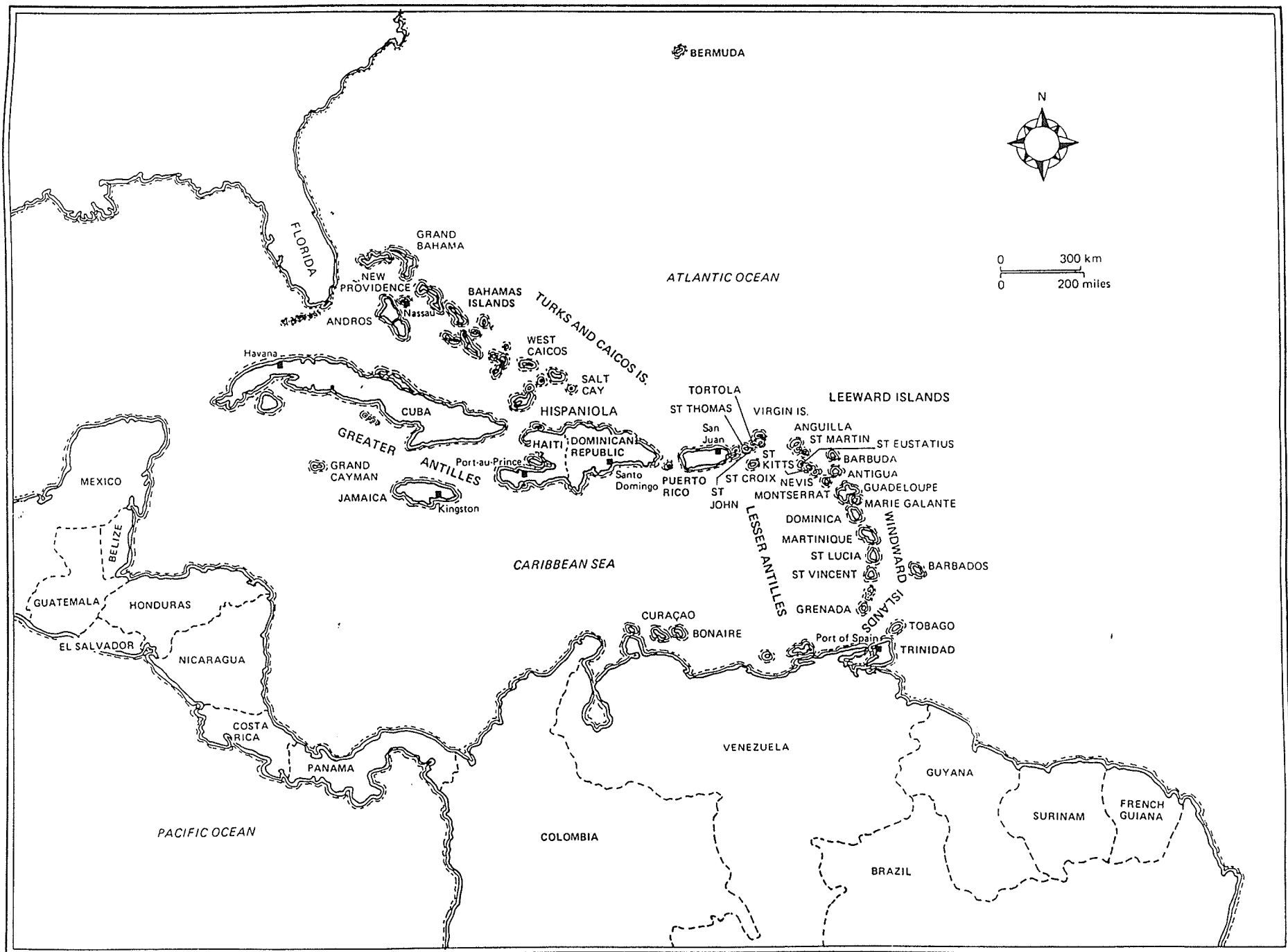
1. Plan, implement and evaluate nutrition programmes which are designed to solve nutritional problems identified by data/information collected.
2. Identify the types of data needed for a community profile.
3. Analyze and interpret data to identify food and nutrition problems.
4. Use appropriate communication resources for nutrition education programmes.
5. Develop and implement mechanisms for nutrition surveillance at the community level.
6. Identify local committees, organizations and individuals who should be

involved in programme planning and implementation.

7. Discuss the functions and activities of local, regional and international bodies involved in developing and implementing Food and Nutrition policies and programmes.
8. Explain the effects of physical, socio-cultural, economic and political factors on nutrition.
9. Discuss the interrelationship of nutrition with other disciplines and the importance of intersectoral and multisectoral approaches.

## **APPENDIX 3**

### **THE CARIBBEAN REGION**



## **APPENDIX 4**

### **OUTLINE OF FIELD PROCEDURES**

Activity / Procedure	Date
Questionnaire distribution	
Identification & recording of returns by code number	
1st reminder letter mailed to nonrespondents	2 week following 1st mailing
Identification & recording of returns by code number	
2nd reminder letter mailed to nonrespondents with 2nd copy of questionnaire & self-addressed envelope enclosed	4 weeks following 1st mailing
Identification & recording of returns by code number	
3rd and final reminder letter mailed to mailing nonrespondents	6 weeks following 1st mailing
Identification & recording of returns by code number	

## **APPENDIX 5**

### **SURVEY INSTRUMENTS**

**Covering Letter**

**Follow-up Letter #1**

**Follow-up Letter #2**

**Follow-up Letter #3**

**Questionnaire**

May 16, 1994

Dear «SALUTATION»:

The Caribbean Association of Nutritionists and Dietitians and the Canadian Dietetic Association have undertaken a joint program to address mutual health care concerns. These include obesity, diabetes, hypertension and heart disease. Traditional hospital-based treatments have met with limited success in reducing the incidence of morbidity and mortality from these conditions. Consequently, there is a trend towards utilizing a community-based, health promotion and disease prevention approach.

It has been proposed that health care practitioners, including dietitian/nutritionists, may need to develop new skills in leadership and community development to meet this challenge of changing health care needs. However, it is not known how practitioners, themselves, feel about this proposed need. Therefore, I am requesting your assistance in completing the enclosed questionnaire to determine the viewpoint of CANDi members on this issue. The results will be used by myself towards obtaining a masters degree in education. Since CANDi has a relatively small membership, your opinion is critical to enable me to obtain a complete picture of the membership's felt needs. However, your participation in this study is totally voluntary. The responses to this survey will be of value to CANDi in determining the need for a professional development program in leadership and community development.

It will take approximately 30 minutes to complete the questionnaire. I assure you that your response will be kept in confidence. Although an identification code appears on your questionnaire, this code will only be utilized to assist me in determining when your questionnaire is returned. Once I have received your questionnaire, the coding list will be destroyed so that there will be no way to identify which questionnaire corresponds to your name. You will not be identified in any way in reports or articles that may be published as a result of the survey.

Should the membership confirm there is a need to develop leadership and community development skills, external funding to support the development and implementation of this initiative will be sought. The results will be published in a future issue of the CANDi/CDA Network newsletter.

Should you have questions regarding the survey, please contact Barbara Rajah, Chair of the CANDi/CDA Network, 28 Damian Street, Woodbrook, Trinidad. Telephone (809) 625-2296. Or contact the researcher, Lynda Corby 1499 Wellington Crescent South, Winnipeg, Manitoba Canada R3N 0B6. Telephone (204) 632-3452; FAX (204) 694-5697.

Thank you for your assistance.

Sincerely,

Lynda Corby MSc., R.D., F.C.D.A.  
Graduate Student, University of Manitoba

[Follow-up letter #1]

[Date]

Dear [Name of CANDi Member]:

Two weeks ago a questionnaire was mailed to you, seeking your viewpoint about your needs for professional development in leadership and community development skills. Your opinion is being sought as a member of the Caribbean Association of Nutritionists and Dietitians.

If you have already completed and returned it to me, please accept my sincere thanks. If not, I am requesting your assistance to do so today. Although your participation in this survey is voluntary, it is important that I receive as many responses as possible in order to obtain a complete picture of CANDi members' needs regarding leadership and community development skills.

If by some chance you did not receive the questionnaire, or it has been misplaced, another copy is enclosed.

Sincerely,

Lynda Corby MSc., R.D., F.C.D.A.  
Graduate Student, University of Manitoba

[Follow-up letter #2]

[Date]

Dear [Name of CANDi member]:

About four weeks ago, I wrote to you seeking your viewpoint on your need for professional development in leadership and community development. As of today, I have not yet received your completed questionnaire.

Although your participation in this survey is voluntary, I am requesting your response because I believe that the opinions of CANDi members should be taken into account in determining the need for a professional development program. Each response is significant in order to obtain a complete picture of needs expressed by the CANDi membership.

In the event that your questionnaire has been misplaced, a replacement copy is enclosed. If you have already returned your questionnaire, please accept my thanks. Your assistance is greatly appreciated.

Sincerely,

Lynda Corby MSc., R.D., F.C.D.A.  
Graduate Student, University of Manitoba

[Follow-up letter #3]

[Date]

Dear[Name of CANDi Member]:

I am writing to you about the survey of CANDi members' needs for professional development in leadership and community development skills. The large number of questionnaires that have been returned is very encouraging. However, I have not yet received your response. Although participation in this survey is voluntary, it is important that I hear from you to enable me to accurately describe how CANDi members feel, as a whole, about this important issue. This is because experience indicates that those who have not yet sent in their questionnaire may hold quite different viewpoints about professional development than those who have.

This is the first professional development project of this magnitude that has been undertaken by CANDi in conjunction with the Canadian Dietetic Association. Its outcome will determine whether future collaborative efforts are feasible between the two associations. Of particular importance is the demonstration of our ability to accurately reflect the needs of the respective members in designing professional development programs that are relevant.

It is for these reasons that I am sending this final request that you complete the questionnaire and return it to me today. Your contribution to the completion of this study is greatly appreciated. If you have already returned your questionnaire, please accept my sincere thanks.

Sincerely,

Lynda Corby MSc., R.D., F.C.D.A.  
Graduate Student, University of Manitoba

Code:

**COMMUNITY DEVELOPMENT AND LEADERSHIP  
A NEEDS ASSESSMENT SURVEY**

**CONDUCTED FOR:**

**THE CARIBBEAN ASSOCIATION OF NUTRITIONISTS AND DIETITIANS  
AND THE CANADIAN DIETETIC ASSOCIATION**

**ENDORSED BY:**

**CARIBBEAN FOODS AND NUTRITION INSTITUTE  
PANAMERICAN HEALTH ORGANIZATION**

**FOR FURTHER INFORMATION ABOUT THIS SURVEY CONTACT:**

**LYNDA CORBY  
1499 WELLINGTON CRESCENT SOUTH  
WINNIPEG, MANITOBA  
CANADA  
R3N 0B6**

**(OR)**

**BARBARA RAJAH  
CHAIR, CANDI/CDA NETWORK  
28 DAMIAN STREET  
WOODBROOK, TRINIDAD  
WEST INDIES**

**Instructions:**

Please read each question carefully and follow the instructions for answering. The questionnaire is divided into three sections.

- |             |  |
|-------------|--|
| Section I   | Community Development and Leadership Skills                          |
| Section II  | Factors Affecting Participation in Professional Development Programs |
| Section III | Leadership & Work Experiences  |

For most questions you will be asked to indicate your response by circling a number that corresponds to your response. For other questions you will be requested to rank order your response or to provide a written answer.

If you require more space to answer any questions, please use the back of the page. Be sure to indicate the number of the question to which you are responding.

Please return the survey by **June 6, 1994** in the enclosed self-addressed envelope to:

Lynda Corby  
1499 Wellington Crescent South  
Winnipeg, Manitoba  
Canada  
R3N 0B6

Please turn the page to begin...

### **Section I Community Development and Leadership Skills**

Community Development and Leadership skills can generally be divided into four categories: communication, planning, management and teaching.

- Q 1.** In the following table there is a list of skills related to Communication.  
 For each skill listed, place a circle around the number on the scale that indicates your rating for the importance of that skill to your work, your present level of ability to perform the skill and your desired level of ability to perform the skill.

<b>Communication Skills:</b>	<b>A. Importance to my work</b>				<b>B. My present level of ability</b>				<b>C. My desired level of ability</b>			
	Low			High	Low			High	Low			High
Speaking in public	1	2	3	4	1	2	3	4	1	2	3	4
Writing for public (media, pamphlets)	1	2	3	4	1	2	3	4	1	2	3	4
Writing letters, memos, reports	1	2	3	4	1	2	3	4	1	2	3	4
Negotiating	1	2	3	4	1	2	3	4	1	2	3	4
Networking	1	2	3	4	1	2	3	4	1	2	3	4
Providing feedback to others	1	2	3	4	1	2	3	4	1	2	3	4
Advocating	1	2	3	4	1	2	3	4	1	2	3	4
Listening	1	2	3	4	1	2	3	4	1	2	3	4
Lobbying	1	2	3	4	1	2	3	4	1	2	3	4
Other, specify*...	1	2	3	4	1	2	3	4	1	2	3	4
	1	2	3	4	1	2	3	4	1	2	3	4

\*Please print other skills in the empty box above

Please turn the page to continue...

**Q 2.** Next is a list of skills in the Planning category. Respond in the same manner as the previous question by circling the number that best matches your response in each column.

Planning Skills :	A. Importance to my work				B. My present level of ability				C. My desired level of ability			
	Low		High		Low		High		Low		High	
Assessing community needs	1	2	3	4	1	2	3	4	1	2	3	4
Setting program goals & objectives	1	2	3	4	1	2	3	4	1	2	3	4
Developing program plans	1	2	3	4	1	2	3	4	1	2	3	4
Identifying & accessing resources	1	2	3	4	1	2	3	4	1	2	3	4
Implementing programs plans	1	2	3	4	1	2	3	4	1	2	3	4
Promoting programs	1	2	3	4	1	2	3	4	1	2	3	4
Setting priorities	1	2	3	4	1	2	3	4	1	2	3	4
Evaluating program outcomes	1	2	3	4	1	2	3	4	1	2	3	4
Other, specify*...	1	2	3	4	1	2	3	4	1	2	3	4
	1	2	3	4	1	2	3	4	1	2	3	4
	1	2	3	4	1	2	3	4	1	2	3	4

\* Please print other skills in the empty boxes above

Please turn the page to continue...

**Q 3.** Now read the list of skills in the Management category. As in the previous two questions, circle the number that best describes your response in each column.

<b>Management Skills :</b>	<b>A. Importance to my work</b>				<b>B. My present level of ability</b>				<b>C. My desired level of ability</b>			
	Low			High	Low			High	Low			High
<b>Developing budgets</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Administering program funds</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Developing &amp; presenting program proposals</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Making decisions</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Managing time</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Problem solving</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Resolving conflict</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Team building</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Conducting meetings</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Facilitating change</b>	1	2	3	4	1	2	3	4	1	2	3	4
<b>Other, specify*...</b>	1	2	3	4	1	2	3	4	1	2	3	4

\*Please print other skills in the empty box above

Please turn the page to continue...

**Q 4.** This next list describes skills in the Teaching category. Once again, circle the number that best matches your response in each column.

Teaching Skills :	A. Importance to my work	B. My present level of ability	C. My desired level of ability
	Low                      High	Low                      High	Low                      High
Using appropriate teaching methods	1    2    3    4	1    2    3    4	1    2    3    4
Developing teaching resources	1    2    3    4	1    2    3    4	1    2    3    4
Facilitating group process	1    2    3    4	1    2    3    4	1    2    3    4
Leading groups	1    2    3    4	1    2    3    4	1    2    3    4
Motivating others	1    2    3    4	1    2    3    4	1    2    3    4
Selecting teaching resources	1    2    3    4	1    2    3    4	1    2    3    4
Training others	1    2    3    4	1    2    3    4	1    2    3    4
Using different leadership styles	1    2    3    4	1    2    3    4	1    2    3    4
Counselling individuals	1    2    3    4	1    2    3    4	1    2    3    4
Other, specify*...	1    2    3    4	1    2    3    4	1    2    3    4
	1    2    3    4	1    2    3    4	1    2    3    4

\*Please print other skills in the empty boxes above

Please turn the page to continue....

- Q 5.** Please review the four categories of community development and leadership skills - communication, planning, management and teaching. Rank them from 1 to 4 to reflect your priority of need for training, with 1 being the most needed, to 4 being the least needed.

\_\_\_\_\_ COMMUNICATION  
\_\_\_\_\_ PLANNING  
\_\_\_\_\_ MANAGEMENT  
\_\_\_\_\_ TEACHING

- Q 6.** How important overall is it for CANDi and CDA to sponsor a professional development program for CANDi members regarding community development skills?

Please circle the number beside your answer.

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT AT ALL IMPORTANT
4. NO OPINION

- Q 7.** Please explain why you answered question #6 the way you did. Use the back of this page if you need more space.

- Q 8.** How important overall is it for CANDi and CDA to sponsor a professional development program for CANDi members regarding leadership skills?

Please circle the number beside your answer.

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT AT ALL IMPORTANT
4. NO OPINION

- Q. 9.** Please explain why you answered question #8 the way you did. Use the back of this page if you need more space.

Pleaseturnthepagetocontinue...

## **Section II Factors Affecting Participation in Professional Development Programs**

**Q 10.** Following is a list of factors which may affect your participation in professional development programs. For each factor, circle the number which indicates how important that factor is in determining your participation in professional development events.

	<b>Not Important</b>	<b>Somewhat Important</b>	<b>Very Important</b>
a. Paid time off work	1	2	3
b. Financial support for tuition & travel	1	2	3
c. Time of year of the event	1	2	3
d. Relevance of the topic to your work	1	2	3
e. Location of the event	1	2	3
f. Duration of the program	1	2	3
g. Cost	1	2	3
h. Family/ personal responsibilities	1	2	3
i. Other, specify _____	1	2	3
j. _____	1	2	3
k. _____	1	2	3

**Q 11.** Please list below the factors from question 10 which you indicated as being somewhat or very important. For each factor that you listed, describe what would be of assistance to you to support your attendance at professional development events. Use the back of this page if you require more space.

Please turn the page to continue...

**Q 12.** What is the maximum amount of time you can devote to professional development programs at each occasion. Circle the number corresponding to your response.

1. 1/2 DAY
2. 1 DAY
3. 2-3 DAYS
4. 4-5 DAYS
5. OTHER, PLEASE SPECIFY \_\_\_\_\_

**Q 13.** How often would you attend a professional development program? Please circle the number beside your response.

1. ONCE PER YEAR
2. TWICE PER YEAR
3. THREE TIMES PER YEAR
4. FOUR TIMES PER YEAR
5. OTHER, PLEASE SPECIFY \_\_\_\_\_

**Q 14.** What time of year would you prefer to attend professional development programs? Circle the number beside your response.

1. JANUARY - MARCH
2. APRIL - JUNE
3. JULY - SEPTEMBER
4. OCTOBER - DECEMBER
5. NO PREFERENCE

**Q 15.** Following is a list of Caribbean countries in which CANDi members are located. Indicate your top three choices with the #1 indicating your first choice of location for professional development programs.

- |                |                         |
|----------------|-------------------------|
| _____ ARUBA    | _____ JAMAICA           |
| _____ BAHAMAS  | _____ ST. KITTS         |
| _____ BARBADOS | _____ ST. LUCIA         |
| _____ DOMINICA | _____ ST. THOMAS        |
| _____ GRENADA  | _____ TRINIDAD & TOBAGO |
| _____ GUYANA   |                         |

Please turn the page to continue...

**Q 16.** What type of financial support do you usually get from your employer to attend professional development programs? Please circle as many as applicable.

1. PAID TIME OFF WORK
2. PART COURSE FEE
3. ALL COURSE FEE
4. PART TRAVEL/ACCOMODATION COSTS
5. ALL TRAVEL/ACCOMODATION COSTS
6. NO CONTRIBUTION

**Q 17.** Aside from your employer, do you have any other source of funding to attend professional development programs? Please circle your answer.

1. YES, PLEASE SPECIFY SOURCE \_\_\_\_\_
2. NO

### **Section III Leadership & Work Experiences**

Now I would like to ask you some questions about your work and leadership experiences. Please circle the answer that best describes your situation.

**Q 18.** Your employment status is:

1. FULL TIME ( \_\_\_\_ DAYS PER WEEK)
2. PART TIME ( \_\_\_\_ DAYS PER WEEK)
3. RETIRED (SKIP TO QUESTION 21)
4. UNEMPLOYED (SKIP TO QUESTION 21)

**Q 19.** Your work setting can best be described as:(circle as many as apply)

1. HOSPITAL
2. COMMUNITY NUTRITION UNIT/PROGRAM
3. GOVERNMENT OR CENTRAL LEVEL
4. PRIVATE CONSULTANT
5. OTHER, PLEASE SPECIFY \_\_\_\_\_

Please turn the page to continue...

**Q 20.** Your work speciality can best be described as:(circle as many as apply)

1. CLINICAL
2. ADMINISTRATIVE
3. CLINICAL/ADMINISTRATIVE
4. COMMUNITY-BASED/PUBLIC HEALTH
5. RESEARCH
6. OTHER, PLEASE, SPECIFY \_\_\_\_\_

**Q 21.** How many years have you been employed as a dietitian/nutritionist?

1. LESS THAN 5 YEARS
2. 5-7 YEARS
3. 8-14 YEARS
4. 15 YEARS OR MORE
5. I HAVE NEVER BEEN EMPLOYED AS A DIETITIAN/NUTRITIONIST

**Q 22.** Please list your degrees and years of graduation below.

**Q 23.** Please list below any leadership positions that you have held at work or as a volunteer in organizations or the community within the past two years.  
Use the back of this page if you need more space.

Please turn the page to continue...

- Q 24.** Please list below any training programs related to leadership skills that you recall attending within the past two years. Beside each program that you list, please indicate the sponsor and date of the training event. Use the back of this page if you need more space.

TOPIC	ORGANIZED BY / DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Q 25.** If you wish to make any further comments about a professional development program that would best meet your needs, please do so in the space below. Use the back of this page if you require additional space.

Please turn the page to continue...

- Q 26.** If there is a need for professional development training in community development and leadership skills and you would like to be trained as a facilitator for conducting training in the Caribbean, please write your name and address in the space provided below. This page will be detached from your questionnaire to preserve confidentiality of your other answers.

I wish to be trained as a facilitator for conducting leadership and community development workshops in the Caribbean.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this questionnaire. Your answers will be kept in confidence and will be of assistance in developing a professional development program for the Caribbean, based on the needs identified. You will be informed of the results of the survey in the Caribbean/Canadian Network newsletter. PLEASE RETURN THE COMPLETED SURVEY BY **June 6, 1994** IN THE SELF-ADDRESSED ENVELOPE PROVIDED TO:

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