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# Family & Community Health

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**Information for authors:** Readers interested in submitting articles for possible publication should send them to Jeanette Lancaster, FAAN, RN, PhD, Editor, *Family & Community Health*, School of Nursing, University of Virginia, McLeod Hall, P.O. Box 800782, 202 15th Street, SW (22903) Charlottesville, VA 22908-0782. Detailed author guidelines are available on request from Dr. Lancaster.

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## From the Editor



Trust, collaboration, adaptation, change, and adoption. These are all terms associated with innovation. The idea of innovation is not new to an organization that wants to make positive and long-lasting change in its structure and delivery of services. It is also not a new idea for those of us who know that we must stay abreast of the ever-increasing new information and technologies in our fields. Although most of us know that innovation is important, organizational members quite often find some obstacles to it in their various workplaces. The health field is no different.

Fortunately, there's a plethora of information and advice about innovation in the literature that is helpful for those of us who want to be members or leaders of innovative organizations. When it comes to innovation in the health care system, Plsek<sup>1</sup> noted the following:

- We must learn and adapt as we go along.
- Innovative ideas can come from anyone in the health care workforce.
- While we can be informed by what worked elsewhere, we must take account of local conditions when implementing change.
- Patterns of thinking and behavior are just as much a part of the system as are structures and processes.
- The spread of innovation is the result of the adoption process, not the other way around.
- The spread of innovation is primarily an issue of knowledge shared through social networks.
- There are nonlinear patterns in the social network that make some individuals more

essential than others to the spread of innovation.

- The organizational context with regard to change can differ across organizations, and this matters.

Specifically, Plsek<sup>1</sup> recommended that health care systems establish all-encompassing research and development functions, as well as allocate an ample amount of time networking with other health care systems.

Trust is also an important factor in any successful innovative function or project. Trust includes being authentic with one another—saying what you mean and doing what you say. It also means fulfilling promises, communicating effectively with one another, and remaining highly invested in the process of collaboration and innovation.<sup>2</sup>

The articles in this issue of *Family & Community Health* (27:2) are excellent examples of much of what Plsek discusses. As you will note, these articles cover many age, racial, and geographic groups who either have specific health problems or whose behavior places them at risk for health disruptions. The useful aspect of each article is that it is practical, readable, and can be applied to other communities. I hope you will read these articles in order to gain new knowledge and gather new ideas for innovative projects in your own organization. Like me, you may also gain some useful information that you can apply to your friends and neighbors, aging parents, teens, or your grandchildren. These articles truly are a “treasure trove” of good information—and to make it even better—they are interesting as well.

### REFERENCES

1. Plsek P. Complexity and the adoption of innovation in health care. Paper presented at: National Committee Quality Health Care conference, convened by the National Institute for Health Care Management Foundation; January 27-28, 2003; Washington, DC.
2. Customer Contact Corporation Headquarters (C3). *Collaboration, Trust, and Innovative Change* [Development Series Article]. Chapel Hill, NC: C3; May 2003.

*Jeanette Lancaster*

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# Foreword

Innovation is one of those illusive things that usually becomes apparent after it happens. This is particularly true when we, as health care and service providers, continue to implement new interventions to old problems. How many times have we sat through a lecture, read a journal article, or watched a television show and were struck by a new way to do something. I like to call this the “Ah-ha” phenomenon. We routinely see it in our students and our clients. However, it is very special when it happens to us.

This issue is devoted to innovations in community and family health topics. When asked to serve as an issue editor, I was unsure of what types of manuscripts would be submitted for this topic. However, as I fielded more and more inquiries from potential authors and received manuscripts for review, I was struck by a naturally occurring topical outline. The final issue gears itself across the life span. Each of the articles begins, basically, with an unanswered question to answer a community need. Clarity of the problem was the common rule. Someone once wrote: “Unquestioned answers are far more dangerous than unanswered questions” (anonymous). This issue of *Family & Community Health* (27:2) provides a series of problems with innovative suggestions for resolution (either partially or fully).

*Nutrition Education Aimed at Toddlers: A Pilot Program for Rural, Low-Income Families* reports on the Nutritional Education Aimed at Toddlers (NEAT) project. Family knowledge, attitudes, and dietary practices were studied, along with two variables: knowledge and behavioral skills for feeding toddlers. Of special interest are the findings as to what reinforces the positive eating habits of toddlers.

*Thunder, Lightning, and Rain: A Latino/Hispanic Diabetes Media Awareness Campaign* presents a community education program that educates an adult Latino/Hispanic community on the treatment and control of diabetes. This awareness campaign illustrates how a media campaign was established and also reports the follow-up findings.

*Dietary Deficiencies and Excesses: A Sample of African American Mothers and Daughters*

*Eligible for Nutrition Assistance Programs* evaluates dietary excesses and deficiencies in selected nutrients from 24-hour food recalls from a sample of low-income African American mothers and daughters and allows for recommendations for a better alignment between nutritional needs and nutritional assistance.

*Coping with Barriers to Vigorous Physical Activity during Transition to a University* examines barriers to vigorous physical activity among students transitioning from high school to their first year of attending a university. It addresses key variables such as interpersonal, institutional, community, and physical environmental barriers that can affect this population in being physically active.

*The Friendship Club: An After-School Program for Children with Asperger Syndrome* looks at how occupational therapy students were able to successfully initiate a parent support group for families with children with Asperger syndrome. The locally funded program demonstrates how students can find innovative ways in which to serve the community in an environment of shrinking resources.

*Wellness in Tillery: A Community-Built Program* is a qualitative study that describes a successful elder wellness program resulting from a collaborative effort between a community health agency and a university. In particular, this study addresses an occupational therapy student group's ability to successfully initiate and conduct a social efficacy program that resulted in a reported improvement in the participant's quality of life.

*Comparing Health Status with Healthy Habits in Elderly Assisted-Living Residents* studies how healthy habits (tobacco use, alcohol consumption, eating breakfast and healthy snacks, sleep, and hydration) impact on health and quality of life. This study reports on 1,079 residents of assisted living communities in the southeast.

*Tobacco Cessation in Young Adolescent Females in Appalachian Communities* examines issues that are relevant to tobacco cessation in girls between 12 and 14 years of age. It explores cultural themes and attempts to better understand the pressure that is associated with smoking cessation from a familial, peer, and community perspective.

The challenge of this issue was not to make these readings available to our readership. Rather, it is the challenge of our readership to review this information and to see the possibilities. Innovative thinkers are confronted with three phases in problems solving: (1) it can't be done, (2) it probably can be done, but it's

not worth doing, and (3) I knew it was a good idea all along!

—**Scott D. McPhee, MS, DrPH, OTR/L, FAOTA**  
*Associate Professor; School of Occupational  
Therapy Belmont University, Nashville,  
Tennessee Issue Editor*

### Wanted: Book Reviewers

*Family & Community Health* is in search of book reviewers. If you would like to become an *FCH* reviewer, please contact: Jeanette Lancaster, RN, PhD, FAAN, Editor, *Family & Community Health*, Dean and Professor, School of Nursing, University of Virginia, McLeod Hall, P.O. Box 800782, 202 15th Street, SW (22903), Charlottesville, VA 22908-0782, Tel. 434-924-0063, e-mail: Lancaster@virginia.edu.

The following books have been received by the editor and are currently awaiting review:

- *Bittersweet: Diabetes, Insulin, and the Transformation of Illness*, by Chris Feudtner
- *Chlorella: The Key to Health, Vitality and Longevity*, by Mark Drucker, M.D.
- *Fusion Management: Harnessing the Power of Six Sigma, Lean, ISO 9001:2000, Malcolm Baldrige, TQM, and Other Quality Breakthroughs of the Past Century*, by Dr. Stanley A. Marash with Paul Berman and Michael Flynn
- *Godless Medicine*, by Dr. Michael F. Wright
- *The Healing Heart—Communities*, Edited by Allison M. Cox and David H. Albert
- *The Healing Heart—Families*, Edited by Allison M. Cox and David H. Albert
- *The Living Ancestor: The Story of One Man's Journey . . . Another Man's Destiny*, by Kevin W. Fergusson, MD
- *Nursing-Sensitive Outcomes: State of the Science*, Edited by Diane M. Doran
- *The Politics of Youth, Sex, and Health Care in American Schools*, by James W. Button, PhD, and Barbara A. Rienzo, PhD
- *The Physician's Guide to Disease Management*, by James B. Couch
- *Preventing Youth Access to Tobacco*, Edited by Leonard A. Jason & Steven B. Pokorny
- *The Radiation Sonnets: For My Love, in Sickness and in Health*, by Jane Yolen
- *Sexual and Reproductive Health Promotion in Latino Populations*, Edited by M. Idali Torres and George P. Cernada
- *Women and Cannabis: Medicine, Science, and Sociology*, Edited by Ethan Russo, MD, Melanie Dreher, PhD, and Mary Lynn Mathre, RNB, MSN