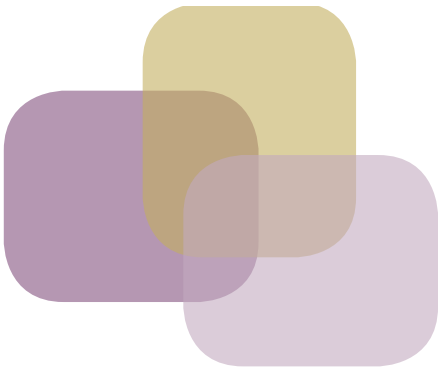


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# **STRENGTHENING PUBLIC HEALTH NUTRITION PRACTICE IN CANADA**

## **- Recommendations for Action -**



Prepared by  
The Pan Canadian Task Force  
on Public Health Nutrition Practice

October 2009

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## ACKNOWLEDGEMENTS

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## EXECUTIVE SUMMARY

The Pan Canadian Task Force on Public Health Nutrition Practice (the 'Task Force') was established in 2006 to provide strategic guidance and expert advice on enhancing public health nutrition practice in Canada.

### Task Force Recommendations:

**1. Use the following national definition to shape the future direction of public health nutrition practice.**

Public health nutrition practice requires the leadership of dietitians with expertise in nutrition, food systems and related public health sciences.

Public health nutrition practice encompasses the assessment, promotion, protection and enhancement of health and the prevention of nutrition-related diseases.

Using population health and health promotion approaches, strategies focus on the interactions among the determinants of health, food security, and nutritional and overall health.

**2. Update the dietetic competencies to strengthen the foundation for public health nutrition practice.**

The Partnership for Dietetic Education and Practice incorporate the work of the Task Force as they update the dietetic competencies. The Task Force proposes the integration of public health terminology and practice-based examples throughout the dietetic competencies and the following additions.

All dietitians should demonstrate understanding of:

- i) food systems and sustainable food practices as they relate to and influence population health,
- ii) how a public health perspective drives ethical decision making in food and nutrition related policies, programs, purchasing, partnerships, funding and sponsorship,
- iii) the role of policy and how food and nutrition public policy is developed in Canada,
- iv) food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research,

The updated dietetic competencies will capture the *Core Competencies for Public Health in Canada, Release 1.0* and strengthen the foundation for public health nutrition practice.

- v) the processes and roles of partnership, collaboration, community development and advocacy to improve the health and wellbeing of the population through food and nutrition strategies, and
- vi) the core attitudes and values shared by public health professionals.

Assuming that the updated dietetic competencies continue to include all of the elements of the dietetic sets assessed and upon addition of the above six areas, these updated dietetic competencies will capture the *Core Competencies for Public Health in Canada, Release 1.0* and strengthen the foundation for public health nutrition practice.

**3. Provide all dietetic students and interns in their education and practical training with public health experiences.**

Governments at all levels, national and provincial/territorial dietetic, nutrition and public health groups, dietetic education and internship practicum programs, and public health employers work collaboratively to enhance capacity for consistent public health nutrition education and training and build the infrastructure needed for meeting the updated dietetic competencies.

**4. Present opportunities for public health nutrition staff to strengthen their practice and lead to greater consistency nationally within the public health nutrition workforce.**

Public health employers, together with governments at all levels, educators and the public health and dietetic community, provide nationally standardized discipline specific and interdisciplinary training for the orientation of all new hires and the development of existing staff.

**5. Identify, promote and support advanced level public health nutrition practice.**

Building on work done to date by the Task Force and others, leadership and funding are needed to undertake a collaborative process to better understand, promote and support advanced level public health nutrition practice.

**Enhance capacity for consistent public health nutrition education and training**

**6. Effectively support public health nutrition practice and interdisciplinary public health workforce development through national level structures and mechanisms.**

Using a collaborative process, increase public health nutrition leadership and organizational supports to strengthen practice and provide strong national direction for public health nutrition workforce development which is consistent, sustainable and integrated with other disciplines and across the health system.

**Moving Forward**

Further work is needed to examine and address other workforce development issues such as ensuring there is adequate capacity within the public health nutrition workforce. Key leadership is needed to foster strong successful public health nutrition practice in Canada.

The previous work of the Task Force and the findings from the consultation process are available in a technical report at:

<http://www.dietitians.ca/publichealthnutrition>

## 1. PURPOSE

The Pan Canadian Task Force on Public Health Nutrition Practice (the 'Task Force') was established in 2006 to provide strategic guidance and expert advice on enhancing public health nutrition practice in Canada. It includes 16 leaders in public health nutrition from across Canada and organization liaisons that bring a variety of perspectives related to public health nutrition education, training, regulation, practice, research, and workforce related issues.

This document presents conclusions and recommendations emerging from the Task Force's research and consultation. This information has relevance to all public health nutrition stakeholders and is of particular interest to educators, employers, dietetic regulatory bodies, related professional associations and policy makers.

**The Task Force was established in 2006 to provide strategic guidance and expert advice on enhancing public health nutrition practice in Canada.**

## 2. BACKGROUND

The work of the task force began with the request by the Public Health Agency of Canada to identify discipline specific competencies as part of a large collection of activities designed to strengthen public health capacity. These Pan Canadian activities are guided by the human resource planning framework, *Building the Public Health Workforce for the 21st Century*<sup>1</sup>.

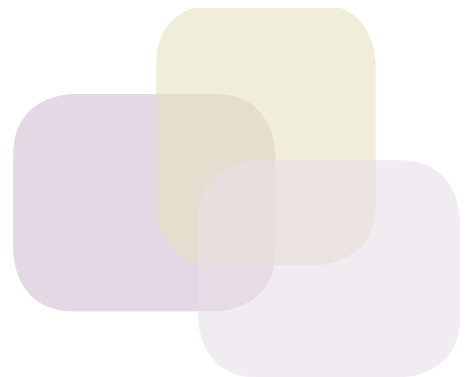
In 2007, the Task Force received three year funding from the Public Health Agency of Canada, through Dietitians of Canada, to identify discipline specific competencies for dietitians working in public health. From the onset the Task Force recognized that a definition of public health nutrition practice was needed to guide discipline specific competency work and that additional leadership and organizational supports might be desirable for public health nutrition.

## STRENGTHENING PUBLIC HEALTH NUTRITION PRACTICE IN CANADA

A discussion document, *Strengthening Public Health Nutrition Practice in Canada*<sup>2</sup>, generated informed dialogue primarily with community and public health dietitians and nutritionists, and also educators, employers, and health professionals, to ultimately:

1. develop a recommended definition of public health nutrition practice;
2. identify competencies for public health nutrition practice in Canada; and
3. obtain direction for national leadership and organizational structure for public health nutrition practice.

The discussion document was informed by a pilot consultation and built on the previous work of the Task Force including, a situational assessment<sup>3</sup>, a comprehensive review of the literature<sup>4</sup> and a series of interviews with key informants from across Canada<sup>5</sup>.



### 3. THE CONSULTATION PROCESS

The Task Force committed to an inclusive, transparent, flexible, meaningful, and rigorous consultation process to help inform its recommendations on a national definition of practice, discipline specific competencies and leadership and organizational structures for public health nutrition practice in Canada.

The *Technical Report on the Stakeholder Consultation* describes methodology, presents the aggregate results; and summarizes key findings. It is available at:

<http://www.dietitians.ca/publichealthnutrition>

Following a pilot consultation, the coast to coast consultation was launched in October 2008. A survey was used in conjunction with the discussion document, *Strengthening Public Health Nutrition Practice in Canada*. Both were available in English and French.

Public health nutrition professionals, employers, educators, health professionals and others could participate in a variety of ways:

#### 1. Participation in Discussion Groups

Discussion groups were held across Canada. At sessions (or via email), participants received hard copies of the survey with the option to complete it online or to submit hard copies at the end of the session or to send them in by post or fax.

#### 2. Independent Participation in Written Survey

French and English versions of the discussion document and survey were posted on the Dietitians of Canada website. These links were promoted through an e-mail broadcast to all members of the Canadian Public Health Association, Dietitians of Canada, provincial public health nutrition networks, and dietetic education, training and regulation groups. Stakeholders were invited to participate in the online survey or to complete a print version and submit by post, fax or e-mail.

**The Task Force committed to an inclusive, transparent, flexible, meaningful and rigorous consultation process.**

### 3. Written Submissions and Email Comments

The discussion document provided contact information for written submissions and discussion group participants were encouraged to send further reflections by email.

Angus Reid Strategies designed the online survey, housed the survey data and conducted quantitative analysis. All qualitative data (open ended questions, comments at discussion groups and written submissions) were compiled by the Task Force and were analyzed using a thematic approach. A secondary review of this qualitative data was conducted to enhance the trustworthiness of the interpretation.

#### Level of Participation

The pilot consultation reached 103 dietitians and educators (67 and 36 respectively).

The coast to coast consultation included twenty discussion groups, reaching every province and territory – some through teleconferencing options. Eleven emails were received, including a collective submission send on behalf of a provincial network.

All surveys were completed from October 22, 2008 to January 8, 2009. In total, 297 surveys were completed – most, but not necessarily all surveys were completed by discussion group participants. A sample size of 297 results in a margin of error of  $\pm 5.7\%$ .

The majority of survey participants (67%) indicated they were working in public health nutrition, the primary target audience for this consultation. Other target audiences were also represented: 18% of respondents indicated they were dietitians not working in public health or were other public health professionals, 9% were educators, and 8% were employers. Survey respondents' mean number of years of experience in public health, public health nutrition or other areas of dietetic practice was 15.2 years, with almost half of this time (7.3 years) being in public health nutrition.

Key findings are summarized in the following sections and all findings from the consultation were considered in drafting the recommendations.

**Public health nutrition professionals, employers, educators, health professionals and others could participate in a variety of ways.**

## 4. RECOMMENDATIONS FOR ACTION

The Task Force developed six recommendations in three areas: a national definition of practice, competencies for dietitians in public health nutrition and national leadership and organizational structures.

### A. Definition of Public Health Nutrition Practice

A draft definition of practice was developed by the Task Force for the coast to coast consultation:

**Public health nutrition practice encompasses promoting, protecting, and improving nutritional health and preventing nutrition-related disease in order to achieve the best possible health outcomes.**

**Using a population health promotion approach, the focus of activities is on the interactions between the determinants of health, food systems, and nutritional status.**

The definition of practice was influenced by a thorough examination of:

- a literature review<sup>4</sup>,
- key informant interviews<sup>5</sup>,
- Canadian public health system core functions<sup>6</sup>,
- an analysis of selected definitions of public health nutrition and international consensus-based descriptors<sup>2</sup>,
- feedback received through the pilot consultation<sup>7</sup>, and
- the work of the Public Health Nutritionists of Saskatchewan<sup>8</sup>.

### Findings from Consultation

The draft definition of practice was well received by respondents—93% agreed or strongly agreed that it reflects desired practice (n=297). The draft definition was considered to much more strongly reflect the desired practice of public health nutrition in Canada rather than current practices (70% strongly agreed that it reflected the desired practice vs. 17% strongly agreed it reflected current practice; n=297).

**70% strongly agreed that the draft definition reflected the desired practice vs. 17% strongly agreed it reflected current practice; n=297.**

Respondents were unclear as to the purpose of the draft definition of practice. When asked how to improve the definition, suggestions tended to focus on adding clarity rather than changing the content.

### Conclusion

Reaching consensus on a definition of practice was the most challenging area for the Task Force. Every review of the definition identified new possibilities and possible limitations. The Task Force concluded that given the high level of agreement, minimal changes should be made to what was originally proposed.

The original purpose of developing this definition was to help frame the development of public health nutrition competencies within the field of dietetics; however, the recommended definition below is intended to be relevant to all disciplines whose work contributes to the health of the population through food and nutrition and as such should be able to foster a common understanding about what is desired and can be expected from public health nutrition practice in Canada.

### Task Force Recommendation:

- 1. Use the following national definition to shape the future direction of public health nutrition practice.**

**Public health nutrition practice requires the leadership of dietitians with expertise in nutrition, food systems and related public health sciences.**

**Public health nutrition practice encompasses the assessment, promotion, protection and enhancement of health and the prevention of nutrition-related diseases.**

**Using population health and health promotion approaches, strategies focus on the interactions among the determinants of health, food security, and nutritional and overall health.**

**Foster a common understanding about what is desired and can be expected from public health nutrition practice in Canada.**

In particular, the Task Force recommends that:

- a) public health dietitians and nutritionists use this definition to describe their work;
- b) the Partnership for Dietetic Education and Practice<sup>i</sup> use this definition as they develop integrated competencies and standards for dietetic education and practice;
- c) other disciplines use this definition for understanding public health nutrition practice and for examining how they are or might contribute to this area;
- d) policy makers adopt and promote this definition to strengthen the public health nutrition workforce;
- e) provincial, territorial and national professional associations and regulatory bodies integrate this definition into their communications to foster greater understanding of this area of practice;
- f) university educators integrate this definition of practice into their teaching and use it to help inform curriculum development and to encourage students to consider this area of practice;
- g) internship/practicum program directors integrate this definition of practice into their program models and rotation descriptions and to encourage students and dietetic interns to consider this area of practice;
- h) employers use this definition as they develop nutrition programs, services, research, educational resources, and human resource planning; and
- i) researchers, writers and other authors use this definition to inform their work.

**Adopt and promote the national definition to strengthen the public health nutrition workforce.**

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<sup>i</sup> The Partnership for Dietetic Education and Practice was established in early 2009 to bring together representatives from the Alliance of Canadian Dietetic Regulatory Bodies, Dietitians of Canada and dietetic educators from academic and practicum programs across Canada to advance excellence in dietetic education and practice.

## B. Competencies for Dietitians in Public Health Nutrition

Competencies are the skills, knowledge, and attitudes required for a defined area of practice. Rather than assume that a new or unique set of competencies was required for public health nutrition practice in Canada, the Task Force committed to investigate and report on the need for discipline-specific public health nutrition competency sets/frameworks. The literature search identified five public health nutrition competency sets:

- a regional (Toronto)<sup>9</sup>,
- a provincial (Nova Scotia)<sup>10</sup>; and
- three national (Australia, UK, and US)<sup>11,12,13</sup>.

In addition three Canadian competency sets were considered:

- the *Core Competencies for Public Health in Canada: Release 1.0* (2007)<sup>6</sup>,
- the *Essential Competencies for Dietetic Practice* (2006)<sup>14</sup> from the provincial dietetic regulatory bodies and
- the *Competencies for the Entry-Level Dietitian* (1996) from Dietitians of Canada (DC)<sup>15</sup>.

In summary, over 200 existing public health, dietetic, and public health nutrition competency statements were examined and mapped. The combined Canadian competency sets (i.e. *Core Competencies for Public Health in Canada: Release 1.0* + two sets of dietetic competencies) were complete with the exception of six areas of practice that are described in the following section.

**Over 200 existing public health, dietetic, and public health nutrition competency statements were examined and mapped.**

Based on this review and with the support of participants in the pilot consultation, the Task Force presented the following approach during the fall 2008 coast to coast consultation.

*It is preferable to enhance the existing national dietetic competency sets (i.e. by adding competencies fundamental for public health nutrition practice to the Dietitians of Canada and the provincial regulatory bodies competency sets) and use these in conjunction with the Core Competencies for Public Health in Canada: Release 1.0, rather than to develop an independent set of competencies specific to public health nutrition practice.*

### Findings from Consultation

Eighty-eight percent (88% n=297) of survey respondents supported the enhancement of existing dietetic competency sets and to use these with the *Core Competencies for Public Health in Canada, Release 1.0* (66% strongly support; 21% moderately support; n=297).

Respondents raised the questions:

- Can preparatory education and training prepare new graduate dietitians for practice in public health?
- How should varying skill and ability levels, within public health nutrition, be acknowledged and differentiated?

Respondents identified enhanced education and training at the undergraduate, internship, practicum and graduate levels as critical success factors in this approach of working with the dietetic competencies.

All of the six competencies presented by the Task Force in the consultation process (left column in Table 1) were seen as important for public health nutrition practice—with “very important” ratings from 95% to 99%. At least half of the survey respondents felt that the competencies were “just right” in terms of scope. Others felt they were “too broad” rather than “too narrow”. Respondents provided suggestions to enhance clarity and scope. Additional competency areas were also suggested.

While the majority response was in favour of enhancing existing entry level competencies, there were strategic reasons named for a separate set of public health nutrition competencies which included the opportunity to use this competency set to advocate for increased recognition, better compensation, more staff, and in some cases, a means for identifying educational requirements and role differentiation.

**Respondents identified enhanced education and training at the undergraduate, internship, practicum and graduate levels as critical success factors.**

## STRENGTHENING PUBLIC HEALTH NUTRITION PRACTICE IN CANADA

**Table 1: Competencies identified as necessary for integration into the updated dietetic competencies**

COMPETENCY STATEMENT PRESENTED IN THE CONSULTATION PROCESS	COMPETENCIES RECOMMENDED FOR INTEGRATION INTO THE UPDATED DIETETIC COMPETENCIES
<p>a) Applies knowledge of food systems and how they affect nutritional status and health outcomes of individuals and populations (48% very clear)</p> <p>b) Demonstrates understanding of the inter-relationships between food practices and environmental and ecological integrity (30% very clear)</p> <p>c) Contributes to the acquisition of appropriate public (local, provincial, and federal) and ethical private resources for public health and food/nutrition policies, programs, and services (30 % very clear)</p> <p>d) Demonstrates understanding of federal, regional, state and local governmental structures, and the processes involved in the development of public policy, legislation, regulations, and delivery of services that influence food systems, food intake, nutritional status, and health of populations (48% very clear)</p> <p>e) Participates in food and nutrition surveillance and monitoring as it relates to food and nutrition for the purposes of planning, policy analysis, program evaluation, and trend forecasting (56% very clear)</p> <p>f) Demonstrates understanding of the influence of economic trends and factors on the determinants of a population's nutritional status (59% very clear)</p>	<p>Demonstrates understanding of:</p> <p>i) food systems and sustainable food practices as they relate to and influence population health</p> <p>ii) how a public health perspective drives ethical decision making in food and nutrition related policies, programs, purchasing, partnerships, funding and sponsorship</p> <p>iii) the role of policy and how food and nutrition public policy is developed in Canada</p> <p>iv) food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research</p> <p>v) the processes and roles of partnership, collaboration, community development and advocacy to improve the health and wellbeing of the population through food and nutrition strategies</p> <p>vi) the core attitudes and values shared by public health professionals.</p>

Concurrent to the Task Force's work on competency review the national Partnership for Dietetic Education and Practice was being formed. Its members identified as a priority the development of integrated competencies for regulation, education and accreditation.

Respondents and the Task Force recognized that public health nutrition practitioners do not work alone and expressed interest in the competency work of other public health disciplines and a desire to ensure that public health nutrition practice is appropriately situated within overall workforce development activities to ultimately foster effective interdisciplinary practice.

## Conclusion

The Task Force concluded that the existing dietetic competencies must be updated to strengthen dietetic practice in public health nutrition. This updating process should include:

- the addition of competencies related to the definition of practice such as those recommended in Table 1,
- terminology of public health philosophy, population health principles and health promotion approaches, and
- practice-based examples grounded in the realities of public health.

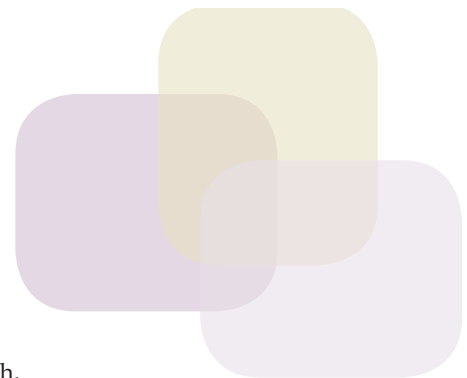
These updated competencies will provide direction for changes to the dietetic education and training system, resulting in a consistent foundation for public health nutrition practice. All dietetic students'/interns' will have some understanding and skill in public health nutrition which might be beneficial to other areas of dietetic practice.

Targeted or additional education and supports beyond the strengthened dietetic competencies is critical for certain roles within public health practice which require a higher level of proficiency than what can be expected for entry-level dietitians and those dietitians entering public health from another area of practice.

These enhanced competencies provide a starting point for the further work needed related to levels of proficiency in public health nutrition practice, especially for advanced practice<sup>ii</sup>.

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<sup>ii</sup> Advanced dietetic practice has been defined as encompassing both depth and breadth, including application of in-depth knowledge and skill; and diversified experience across practice settings and disciplines. Advanced level practitioners have been described as innovative leaders and agents of change who engage in interaction at the provincial, national or international level. Deborah Ellen (Boyko) Wildish (2008), International panel presentation on Advanced Practice at the International Congress of Dietetics in Japan.



**Task Force Recommendation:**

**2. Update the dietetic competencies to strengthen the foundation for public health nutrition practice.**

The Partnership for Dietetic Education and Practice incorporate the work of the Task Force as they update the dietetic competencies<sup>iii</sup>. The Task Force proposes the integration of public health terminology and practice-based examples throughout the dietetic competencies and the following additions.

All dietitians should demonstrate understanding of:

- i) food systems and sustainable food practices as they relate to and influence population health,
- ii) how a public health perspective drives ethical decision making in food and nutrition related policies, programs, purchasing, partnerships, funding and sponsorship,
- iii) the role of policy and how food and nutrition public policy is developed in Canada,
- iv) food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research,
- v) the processes and roles of partnership, collaboration, community development and advocacy to improve the health and wellbeing of the population through food and nutrition strategies, and
- vi) the core attitudes and values shared by public health professionals<sup>iv</sup>.

Assuming that the updated dietetic competencies continue to include all of the elements of the dietetic sets assessed and upon integration of the above six areas, these updated dietetic competencies will capture the *Core Competencies for Public Health in Canada, Release 1.0* and strengthen the foundation for public health nutrition practice.

<sup>iii</sup> One of the priorities of the Partnership for Dietetic Education and Practice is to develop integrated competencies for regulation, education and accreditation and undertake regular reviews and updating of the competencies as needed in a dynamic profession.

<sup>iv</sup> The *Core Competencies for Public Health in Canada, Release 1.0* (2007) states “Important values in public health include a commitment to equity, social justice and sustainable development, recognition of the importance of the health of the community as well as the individual, and respect for diversity, self-determination, empowerment and community participation.”

**The Task Force proposes the integration of public health terminology and practice-based examples throughout the dietetic competencies and some additions.**

The Partnership for Dietetic Education and Practice will need to develop implementation strategies to promote consistent understanding these updated competencies, and ensure the foundational knowledge component of the competencies include the following: the health status of populations, inequities in health, the determinants of health and illness, strategies for health promotion and population health, disease and injury prevention and health protection.

### **Task Force Recommendation:**

#### **3. Provide all dietetic students and interns in their education and practical training with public health experiences.**

Governments at all levels, national and provincial/territorial dietetic, nutrition and public health groups, dietetic education and internship practicum programs, and public health employers work collaboratively to enhance capacity for consistent public health nutrition education and training and build the infrastructure needed for meeting the updated dietetic competencies.

This could include:

- a) bursary, scholarship and other funding opportunities to support student placements in rural and remote areas,
- b) the identification of the infrastructure (e.g. sufficient and experienced staffing levels) needed on site to support student/intern experiences,
- c) enhancement of existing and creation of new public health nutrition undergraduate, internship and practicum experiences, and
- d) collaboration with the Public Health Human Resources Task Group<sup>v</sup> as they advocate for the inclusion of the public health competencies and experiences in practical training.

**Work collaboratively to enhance capacity for consistent public health nutrition education and training and build the infrastructure needed for meeting the updated dietetic competencies.**

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<sup>v</sup> The mandate of the Public Health Human Resources (PHHR) Task Group is to advance the implementation of pan-Canadian public health human resources strategies based on the Pan-Canadian Framework for Public Health Human Resource Planning.

**Task Force Recommendation:**

**4. Present opportunities for public health nutrition staff to strengthen their practice and lead to greater consistency nationally within the public health nutrition workforce.**

Public health employers, together with governments at all levels, educators and the public health and dietetic community, provide standardized discipline specific and interdisciplinary training nationally for the orientation of all new hires and the development of existing staff.

Staff development needs to be tailored to the different levels of proficiency within public health nutrition practice. Employers may need assistance to fully understand and facilitate opportunities for all levels of proficiency within public health nutrition practice.

For example, by:

- a) Facilitating interdisciplinary training related to the core competencies for public health and connections between the public health disciplines to create other joint learning opportunities;
- b) Strengthening and enabling consistent public health nutrition practice by assessing the needs of public health nutrition professionals, developing the tools and support materials to support practice and ensuring effective dissemination and application of these materials;
- c) Ensuring there is adequate capacity (i.e. expertise and staffing levels) in the current workforce to provide on site training, especially for new hires; and
- d) Creating incentives for participation in graduate programs.

**Task Force Recommendation:**

**5. Identify, promote and support advanced level public health nutrition practice.**

Building on work done to date by the Task Force and others, leadership and funding is needed to identify and support a collaborative process to better understand, promote and support advanced level public health nutrition practice.

This may involve the identification of advanced level competencies, the creation of a systematic approach to professional development, continuing education programs or the establishment of more employment opportunities where practitioners can apply these advanced skills.

**Employers may need assistance to fully understand and facilitate opportunities for all levels of proficiency within public health nutrition practice.**

### C. National Leadership & Organizational Structures

Recognizing that investment in education and training will have limited impact without supports to maintain and reinforce their effects<sup>16</sup>, the Task Force explored the potential leadership and organizational structures that might be needed to support public health nutrition practice in Canada at a national level.

Based on input from a pilot consultation and a thematic analysis of an environmental scan of existing dietetic and public health organizations, the Task Force identified a list of possible functions as important for public health nutrition practice in Canada.

#### Findings from Consultation

The large majority of respondents (77%; n=297) indicated a need for national leadership or a national organizational structure to support public health nutrition practice.

National leadership was envisioned as coming from existing organizations, such as the Canadian Public Health Association, Dietitians of Canada, the Federal/Provincial/Territorial Group on Nutrition and/or the Public Health Agency of Canada. Respondents identified the importance of having representatives from across the country and being inclusive of all public health nutrition stakeholders.

Strong provincial and territorial connections were seen by some respondents as essential in creating effective national supports. Provinces with public health nutrition groups include Alberta, British Columbia, Ontario, and Saskatchewan. National leadership was seen as necessary to facilitate the transfer of best practices between provinces and territories and strengthen practice in all jurisdictions.

**Investment in education and training will have limited impact without supports to maintain and reinforce their effects.**

All areas identified required additional support, with at least 88% of respondents indicating the need for some or a lot of support. The highest interest was in:

- a) advocating for a healthy population by identifying and responding to relevant issues at a national level,
- b) developing and promoting consistent standards of practice,
- c) supporting the education and training of public health nutrition professionals, and
- d) promoting and advocating for a competent and well supported Canadian public health nutrition workforce.

Some respondents suggested that membership fees or other costs to practitioners for this leadership and structural support might be a barrier to participation and yet it was also recognized that paid staff were necessary, rather than relying solely on volunteers. Using technology, especially the World Wide Web, to link and support people working in public health nutrition was also suggested.

### Conclusion

Defining public health nutrition practice and competencies alone are not the answer to a strong public health nutrition workforce – a national strategy for public health nutrition practice is needed. Strong partnerships and linkages with a variety of organizations and a commitment to collaboration will be necessary for effective national leadership in public health nutrition in Canada.

**National leadership was seen as necessary to facilitate the transfer of best practices between provinces and territories and strengthen practice in all jurisdictions.**

**Task Force Recommendation:**

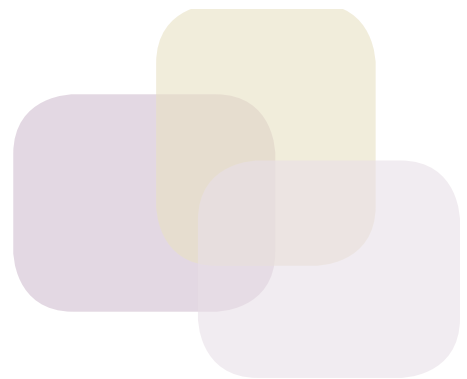
**6. Effectively support public health nutrition practice and interdisciplinary public health workforce development through national level structures and mechanisms.**

Using a collaborative process, develop mechanisms to foster public health nutrition national leadership and organization to support practice and provide strong national direction for public health nutrition workforce development which is consistent, sustainable and integrated with other disciplines and across the health system.

- a) Leaders in the public health nutrition community further explore options/models to capture the additional support desired at the national level by the public health nutrition community, especially in areas that respondents identified as requiring “a lot of support”:
  - i. advocating for a healthy population by identifying and responding to relevant issues at a national level,
  - ii. developing and promoting consistent standards of practice,
  - iii. supporting the education and training of public health nutrition professionals, and
  - iv. promoting and advocating for a competent and well supported Canadian public health nutrition workforce.
- b) Together with practitioner input existing groups such as the Canadian Public Health Association, Dietitians of Canada, Health Canada, the Public Health Agency of Canada can collaborate to identify interim mechanisms for promoting and supporting public health nutrition practice, for example, through the formation of a national public health nutrition network or communities of practice.
- c) The Public Health Agency of Canada provide leadership in workforce development by providing adequate supports to foster collaboration between disciplines and across provinces and territories.

**Provide strong national direction for public health nutrition workforce development which is consistent, sustainable and integrated with other disciplines.**

- d) The Public Health Human Resources Task Group<sup>vi</sup> incorporates the work of the Task Force as they fulfill their mandate, including the development of guidelines for workforce enumeration. Opportunities for accessing public health nutrition data include:
- i. An expansion of the annual call for census data by the provincial dietetic regulatory bodies based on the definition of public health nutrition practice and common set of data collection assumptions.
  - ii. An expansion of the Canadian Institute for Health Information work in the area of enumerating health human resources to include data on dietitians working in public health nutrition.



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<sup>vi</sup> The mandate of the Public Health Human Resources (PHHR) Task Group is to advance the implementation of pan-Canadian public health human resources strategies based on the Pan-Canadian Framework for Public Health Human Resource Planning.

## 5. MOVING FORWARD

When implemented, these recommendations for action will:

- create a common vision for public health nutrition practice;
- strengthen the knowledge, skills and abilities of dietitians entering into and already working within public health;
- encourage work needed in the area of advanced level practice in public health nutrition; and
- stimulate interest in national organizational leadership and structures for public health nutrition.

The ongoing engagement of the public health nutrition community and their support in the implementation of these recommendations is a critical success factor, so broad dissemination of this document is the first priority. The Task Force is developing a work plan and is reviewing its membership to facilitate national implementation and monitoring of these recommendations.

Further work is needed to examine and address other workforce development issues, in particular, ensuring there is adequate capacity within public health nutrition. Respondents in the consultation were encouraged by the work of the Task Force and saw this as a foundation for examining what are necessary staffing levels for public health nutrition. Health human resource strategies at all levels of government can then create plans to ensure that these important members of the public health team are available in the future. Key leadership will need to be identified to foster this work and bring it forward leading to strong successful public health nutrition practice in Canada.

**The ongoing engagement of the public health nutrition community and their support in the implementation of these recommendations is a critical success factor.**

**APPENDICES**

## GLOSSARY OF TERMS

**Core competencies for public health:** Core competencies are the essential knowledge, skills, and attitudes necessary for the practice of public health. They transcend the boundaries of specific disciplines and are independent of program and topic. They provide the building blocks for effective public health practice, and the use of an overall public health approach.<sup>6</sup>

**Determinants of health:** Definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health — not only those that are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services, and the physical environment. These, in combination, create different living conditions that impact on health.<sup>6</sup>

**Disease and injury prevention:** Measures to prevent the occurrence of disease and injury, such as risk factor reduction, but also to arrest the progress and reduce the consequences of disease or injury once established. Disease and injury prevention is sometimes used as a complementary term alongside health promotion. (A public health system core function)<sup>6</sup>

**Food security:** *Community food security* exists when all community residents obtain a safe, personally acceptable, nutritious diet through a sustainable food system that maximizes healthy choices, community self-reliance and equal access for everyone.<sup>17</sup> *Household food security* exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.<sup>18</sup>

**Food system:** A set of interrelated functions that includes food production, processing and distribution; food access and utilization by individuals, communities, and populations; and food recycling, composting, and disposal. Food systems operate and interact at multiple levels, including community, municipal, regional, national, and global.<sup>19</sup>

**Health promotion:** The process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental, political, and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and re-orient health services. (A public health system core function)<sup>6</sup>

**Health protection:** A term to describe important activities of public health, in food hygiene, water purification, environmental sanitation, drug safety, and other activities that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards. (A public health system core function)<sup>6</sup>

**Population health assessment:** Population health assessment entails understanding the health of populations and the factors that underlie health and health risks. This is frequently manifested through community health profiles and health status reports that inform priority setting and program planning, delivery, and evaluation. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic, and other factors that affect health. The health of the population, or a specified subset of the population, can be measured by health status indicators such as life expectancy and hospital admission rates. (A public health system core function)<sup>6</sup>

**Public health:** An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term “public health” can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise.<sup>6</sup>

**Public health sciences:** A collective name for the scholarly activities that form the scientific base for public health practice, services, and systems. Until the early 19th century, scholarly activities were limited to natural and biological sciences sometimes enlightened by empirical logic. The scientific base has broadened to include vital statistics, epidemiology, environmental sciences, biostatistics, microbiology, social and behavioral sciences, demography, genetics, nutrition, molecular biology, and more.<sup>6</sup>

**Surveillance:** Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death. (A public health system core function)<sup>6</sup>

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