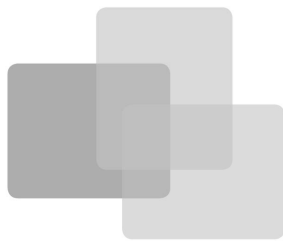


PUBLIC HEALTH NUTRITION PRACTICE SCENARIOS



**A WORKFORCE DEVELOPMENT AND
PROFESSIONAL PRACTICE TOOL**



Prepared by: Dietitians of Canada
on behalf of The Pan Canadian Task Force
on Public Health Nutrition Practice

July 2010



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TABLE OF CONTENTS

Introduction	1
Definition of Practice	1
Recommended Public Health Nutrition Competencies	1
Background.....	2
Method.....	2
<u>Scenarios:</u>	
ONE: Developing National Resources	3
TWO: Serving a Vast Geographic Area	5
THREE: Focusing on Prenatal and Infant Nutrition Needs	7
FOUR: Implementing Culturally Appropriate Diabetes Prevention Programs	9
FIVE: Advocating for Health Equity	11
SIX: Coordinating Diverse Programming at the Regional Level.....	13
SEVEN: Working With Sectors Across Government	15
EIGHT: Supporting Traditional Food Practices.....	17
NINE: Influencing Public Policy by Using Data	19
Summary	21



INTRODUCTION

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 leaders in public health nutrition and organization liaisons from across Canada who share perspectives related to education, regulation, practice, research, and workforce-related issues. The work of the Task Force was funded by the Public Health Agency of Canada and administered by Dietitians of Canada.

In 2009, the Task Force launched a definition of public health nutrition practice and identified the need for 6 additional competencies, not currently included in entry level dietetic competency sets. Both the definition and competency recommendations emerged from extensive research and consultation and are listed below.

Definition of 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.

The definition and competency recommendations emerged from extensive research and consultation.

Recommended Public Health Nutrition Competencies

In addition to existing dietetic competencies, the task force recommends that dietitians demonstrate an understanding of:

1. food systems and sustainable food practices as they relate to and influence population health
2. how a public health perspective drives ethical decision-making in food and nutrition related policies, programs, purchasing, partnerships, funding and sponsorship
3. the role of policy and how food and nutrition public policy is developed in Canada
4. food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research
5. the processes and roles of partnership, collaboration, community development and advocacy to improve the health and well-being of the population through food and nutrition strategies
6. the core attitudes and values shared by public health professionals

In 2010, the Task Force created a series of scenarios aimed at bringing the newly developed definition of public health nutrition practice to life. Based on individual interviews with 9 dietitians, scenarios were developed to illustrate ways in which nutrition professionals embody the definition and competencies in their practices.

The purpose of this document is to present these scenarios so that they can:

- support the work of the Partnership of Dietetic Education and Practice as they develop new entry to practice dietetic competencies;
- serve as a tool for dietetic educators to use with current and prospective dietetic and nutrition students;
- inspire employers (e.g. Regional Health Authorities, Managers, Professional Practice Leaders) as they develop their workforce and meet their population's unique needs; and
- motivate public health nutrition practitioners as they plan their professional development and career advancement.

This document and the previous work of the Task Force are available at <http://www.dietitians.ca/publichealthnutrition>.



METHOD

The Task Force identified the names of recent graduates of dietetic education programs who are currently practicing in different public health settings and experienced professionals who had made significant contributions to practice and were seen to be leaders in their provinces and/or regions. Potential interviewees were selected based on geographic representation, inclusion of local, regional, provincial and federal roles and availability. These professionals were contacted by email and invited to participate. All agreed and provided written consent.

The scenarios were compiled from information gathered through interviews, selected site/community visits and review of relevant documents such as job-descriptions and organizational web-sites. Five interviews were conducted via telephone and audio-recorded, and 4 were carried out in person, and not recorded. The interviewer took detailed notes during all 9 interviews. The interviewer also reviewed relevant websites prior and after the interviews in order to orient herself to the participants' employer organizations and to specific projects and initiatives described.

Draft summaries of each interview were written and distributed to participants for review of accuracy and to confirm their agreement with the content. All summaries were revised according to the feedback provided by the participants.

The scenarios describe selected components of each dietitians' role, in order to demonstrate particular aspects of the definition and competencies, and are not intended to present comprehensive job descriptions.

OVERVIEW

The Task Force has developed 9 scenarios to help bring to life the definition and proposed competencies. The scenarios reflect not only the functions that each participant fulfills, but also the unique talents, interests and expertise they bring to their roles.

The first 4 scenarios feature recent graduates of dietetic education programs who are currently practicing in different public health settings. Joëlle Zeitouny's role at Health Canada considers the health of the entire Canadian population while Stephanie Leavitt focuses specifically on the prenatal and infant nutrition needs within Kingston and the surrounding area. Sarah Frank's responsibilities as a regional nutritionist in Labrador include a broad spectrum of programming across a vast geographic area, while Melinda Figliano-Lamarche is responsible for implementing one specific diabetes prevention program in culturally diverse communities in Toronto.

Settings vary, as do the dietitians' roles and levels of proficiency, however the definition and proposed competencies provide a common practice perspective that unites them as public health nutrition professionals.

Scenarios 5 through 9 illustrate the complex roles and important contributions provided by experienced nutrition professionals to health promotion and public health practice in Canada, at the local (Whitehorse), regional (Saskatoon, Montreal) and provincial (British Columbia, New Brunswick) levels. Lise Bertrand has devoted her career to exploring health inequities related to nutrition and has honed sophisticated research and surveillance skills that provide evidence to support her advocacy efforts. Twyla Markham shares her enthusiasm and organizational experience in the coordination of diverse nutrition initiatives with community groups, government departments and other public health disciplines. Lisa Forster Coull draws upon her education background, political insight, and exuberant dedication to work across government sectors to optimize the impact of public health programming in BC. Suzanne Clair functions fluently in both English and French to apply her in depth understanding of managing public systems to public health nutrition work. Laura Salmon not only supports traditional foods and cultural practices among First Nations peoples, but is also committed to sharing these efforts with students and other dietitians through mentorship and volunteer leadership.

The settings vary, as do the dietitians' roles and levels of proficiency, however the definition and proposed competencies provide a common practice perspective that unites them as public health nutrition professionals.



SCENARIO ONE: DEVELOPING NATIONAL RESOURCES

Dietitian:

Joëlle Zeitouny, RD

Position:

Junior Nutritionist

Employer:

Office of Nutrition Policy and Promotion
Health Canada,
Ottawa, Ontario

**Career Path:**

Joëlle grew up in Lebanon where she completed her undergraduate degree in Nutrition and Dietetics. Fluent in three languages, she came to Canada to complete a Master of Science degree in Nutrition at McGill University in Montreal, Quebec, followed by the Stage dietetics program. Joëlle spent one of her community health stage rotations at Health Canada and became interested in population health approaches to nutrition promotion. Since initiating her career at Health Canada in 2008, Joëlle has worked at the First Nations and Inuit Health Branch(FNIHB)-Ontario Region, the First Nations and Inuit Health Branch, and the Health Products and Food Branch. Joëlle currently works in the Office of Nutrition Policy and Promotion (ONPP).

Current Role:

Joëlle's role at ONPP has two foci: 1) Providing support for the Sodium Working Group and 2) Compiling current information on food security based on the most recent results from national surveys. The Sodium Working Group will be launching a report this year that recommends a national strategy for optimizing the sodium intake of Canadians. Joëlle plays an active role in providing support to help compile this important document. Through her work on food security, Joëlle will help provide health professionals with current information on food security in Canada.

Living the Definition:

Joëlle highlights this food security work as an example of the importance of understanding the social determinants of health, an important element of the definition of public health nutrition practice. In compiling current information on food security, Joëlle feels that the complex issues that impact food security must be considered. Examples of the health protection aspect of the definition can be seen in her previous work at FNIHB where she helped to develop resources that included information on dental and oral health, food safety, breastfeeding, and infant feeding concerns such as choking and allergies. In each practice situation, Joëlle draws upon her nutrition and food systems expertise to contribute to health promotion.

**Demonstrating Competencies:**

In her work at FINHB, Joëlle explains that it was essential to understand local food systems¹ within First Nations and Inuit communities so that resources and programs reflected local cultural practices, food availability, storage capacity, and community food preferences. This work also involved consideration of ethical decision making² such that the National Aboriginal Organizations and other appropriate stakeholders, were actively involved throughout the process.

Joëlle's involvement with the National Sodium Working Group has enabled her to further her understanding of how food and nutrition policy is developed in Canada³. It has also helped her understand how findings from health surveys such as the Canadian Community Health Survey and other surveillance tools⁴ can be used to identify current nutrient intakes and monitor them over time.

One project that Joëlle found to be particularly interesting was one that aimed to understand how Health Canada could better support groups not currently being reached by usual resources and services. Joëlle notes that she drew upon her understanding of public health values such as equity, social justice, community participation and self-determination⁶ and that these values were important drivers of this initiative.

While most of the initiatives that Joëlle is involved with take place over many months, she can see that her work will contribute to making a significant impact on the health of the Canadian population in the long term. The opportunity to work with people from many parts of the country to achieve this goal is very satisfying to her.

Footnotes refer to demonstrating an understanding of the following specific competencies (see page 1 for a complete listing of the proposed competencies).

¹ food systems and sustainable food practices as they relate to and influence population health

² how a public health perspective drives ethical decision-making in food and nutrition related policies, programs, purchasing, partnerships, funding and sponsorship

³ the role of policy and how food and nutrition public policy is developed in Canada

⁴ food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research

⁶ the core attitudes and values shared by public health professionals



SCENARIO TWO: SERVING A VAST GEOGRAPHIC AREA

Dietitian:

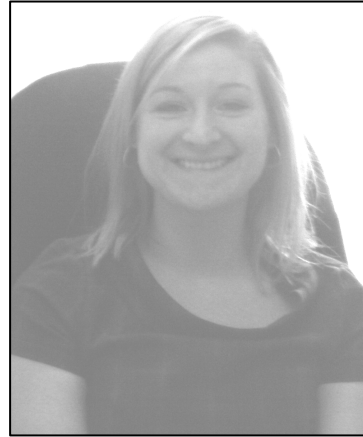
Sarah Frank, RD

Position:

Regional Nutritionist

Employer:

Labrador-Grenfell Regional Health Authority
Labrador City, Newfoundland and Labrador

**Career Path:**

Sarah grew up on a farm on Manitoulin Island in rural Ontario, and studied Food and Nutrition at the University of Guelph. She went on to complete a Master of Public Health degree in Community Nutrition at the University of Toronto. In 2009, she began her dietetics career in Labrador City covering both clinical and public health roles in the region. In January 2010 she assumed a full time position as regional nutritionist for the Northern Region of Labrador, providing a broad range of local, regional and provincial public health functions and services.

Current Role:

Labrador-Grenfell Health provides services to a population of nearly 37,000 people and covers the communities north of Bartlett's Harbour on the Northern Peninsula and all of Labrador. It is an integrated health and community services board, providing both primary and secondary health services. In the aboriginal communities, Labrador-Grenfell Health is joined by Nunatsiavut Department of Health and Social Development, two Innu Band Councils, the Labrador Métis Nation, Health Canada and private practitioners in delivering community health programs that meet the needs of residents in the region.

Labrador City, where Sarah lives, is home to Canada's largest iron-ore mining operations, the Iron Ore Company of Canada. Sarah spent the first few months in Labrador getting to know her local community, regional counterparts and provincial colleagues, all of whom, despite significant distances between some of them, work together to support each other's efforts. As the sole regional nutritionist for Labrador North, Sarah's role involves development of resources and programs, leadership, consultation and advocacy related to nutrition issues across the lifecycle, nutrition policy development, chronic disease prevention strategies, nutrition and physical activity programming, implementation of food safety awareness initiatives, and promotion of food security.



Living the Definition:

Sarah feels that her role involves each of the components of the proposed definition of public health nutrition practice. She is responsible for assessing the nutrition programming needs of the communities in her region and developing and implementing health promotion, protection and disease prevention initiatives. She works with other public health professionals and community members to use a wide variety of strategies that reflect a population health and determinants of health perspective. Assessment work ranges from identifying the overall needs of community groups to evaluating the appropriateness of specific resources to be used in programs. Protection work focuses on promoting breastfeeding as a means of protecting infant health and providing support on infant feeding practices through infant and child feeding programs.

Food security is a major concern in the region and Sarah participates in a number of working groups that are trying to address this issue. Social determinants of health such as education, income and social support are important considerations in this work.

Demonstrating Competencies:

In a vast geographic region, where resources may be limited and socio-economic status varies considerably, Sarah has been confronted with the need to figure out how best to provide services equitably². Sometimes it is necessary to prioritize provision of programs to communities most in need, work extensively with community networks and partners⁶ to extend her reach, and to continue to advocate for enhanced support.

The region has recently adopted an administrative policy that supports breastfeeding. As a result, Sarah has been working with other health professionals to provide communication and education on how to implement the World Health Organization Baby Friendly breastfeeding initiatives in three main sites in the region³. Another policy-related initiative is the Eat Great and Participate Project that is funded by the Public Health Agency of Canada. Through this initiative, Sarah has been able to work with a local recreation centre director to extend the school nutrition guidelines into canteen services at the recreation centre. Sarah is also involved with regional efforts to influence school curriculum so that school age children are exposed to diabetes prevention strategies and health promotion activities within the school curriculum.

Sarah anticipates that supporting sustainable food systems¹ will become an increasingly significant part of her job as the region has begun efforts to promote traditional food practices and consumption of local foods such as wild meat and berries.

Sarah feels that her rural roots serve her well in her current role and she loves working in a community where she can readily participate in outdoor activities. The broad scope of her job and opportunity to work with a supportive and enthusiastic team provide an ongoing source of inspiration.

Footnotes refer to demonstrating an understanding of the following specific competencies (see page 1 for a complete listing of the proposed competencies).

² how a public health perspective drives ethical decision-making in food and nutrition related policies, programs, purchasing, partnerships, funding and sponsorship

⁶ the core attitudes and values shared by public health professional

³ the role of policy and how food and nutrition public policy is developed in Canada

¹ food systems and sustainable food practices as they relate to and influence population health



SCENARIO THREE: FOCUSING ON PRENATAL AND INFANT NUTRITION NEEDS

Dietitian:

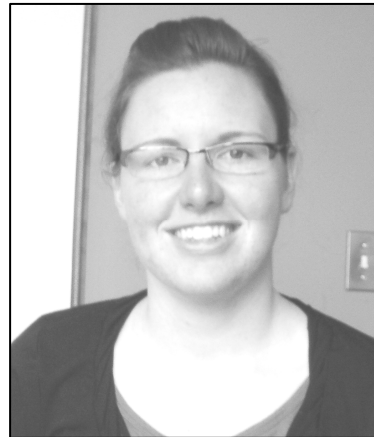
Stephanie Leavitt, RD

Position:

Public Health Dietitian

Employer:

Kingston, Frontenac, Lennox & Addington (KFL&A)
Public Health
Kingston, Ontario

**Career Path:**

Stephanie studied nutrition and dietetics at St. Francis Xavier University in Antigonish, Nova Scotia, and graduated in 2007 with BSc degree in Human Nutrition. She completed the Southeastern Ontario Dietetic Internship Program in 2008 where she was able to pursue her interest in community nutrition practice. One month after finishing the internship, Stephanie was thrilled to accept a full time position at KFL&A Public Health where she is close to her hometown of Picton, Ontario and is providing front-line nutrition programming in the community.

Current Role:

KFL&A Public Health provides public health services to over 180,000 residents in south-eastern Ontario. The region includes a range of large and small towns and agricultural and recreational communities as well as the city of Kingston. Stephanie is part of the Family Health Division at the health unit, and her work focuses on promoting prenatal health and nutritional well-being for children under the age of 6 years. Stephanie collaborates with a team of public health nurses, lactation consultants, family resource workers, volunteers and various community organizations involved with child health, as well as with another public health dietitian whose focus is family health.

Stephanie's main role is to plan and implement programs that promote healthy eating for pregnant women, infants and young children. This involves working with a variety of community groups to identify needs and develop appropriate education initiatives. Stephanie works with prenatal and new mothers groups, and day care providers, to create educational resources, deliver in-service sessions and provide on-going educational support. Stephanie also works with the KFL&A Public Health Dial-a-Dietitian service where she addresses community inquiries about prenatal, infant and childhood nutrition. Stephanie continues to share and develop her expertise through her volunteer role with the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) where she co-chairs the Family Health Nutrition Advisory Group.



Living the Definition:

Stephanie's work with community groups involves assessment, health promotion and protection, which are key elements of the definition of public health nutrition practice. For example, Stephanie spends time with local daycare providers to identify how she can assist them in providing nutritious meals and snacks for children. In response to their request for menu planning tools, Stephanie has developed a resource binder, compiled recipes, created a menu planning checklist and connected the daycare providers with credible menu-planning websites and local resources. In addition, she provides both health promotion and food safety workshops to daycare workers and organizations.

Stephanie also works with community groups to develop and implement infant feeding workshops and breastfeeding promotion initiatives. She assists the dietitian in nearby Napanee to provide counselling services to teen mothers, recent immigrants and low income mothers who participate in the Canada Prenatal Nutrition Program.

Demonstrating Competencies:

Stephanie describes an important new surveillance and monitoring initiative at her health unit⁴ that she hopes will inform her program planning efforts. The research department at KFL&A Public Health is gathering data and compiling a report that identifies how people in the region are feeding their babies. This information will enable Stephanie to identify educational and skill development needs of families, establish priority areas for programming and opportunities for promoting breastfeeding and healthy infant feeding practices.

The success of Stephanie's work is dependent upon her ability to develop relationships with community groups⁵. For example, Stephanie extends the reach of her programs by engaging a network of community leaders and volunteers who participate in a Community Food Advisory Program. Stephanie trains and supports these leaders who in turn provide food skills workshops to families in the community.

Stephanie also partners with a local high school to provide infant feeding and food skills workshops to teen mothers, who are often coping with complex social and economic situations.

Stephanie notes the cultural diversity of clients and community groups she serves and draws upon public health principles of equity, self-determination, and social justice⁶, in her efforts to ensure that all KFL&A residents have access to relevant and appropriate infant and child feeding support. She explains that engaging the expertise of local leaders, listening as people identify their needs and respecting cultural food-related practices help her in this regard.

Stephanie loves working in the KFL&A community and appreciates the opportunities that her job presents to work both collaboratively with other health professionals and community partners as well as independently within her own area of expertise.

Footnotes refer to demonstrating an understanding of the following specific competencies (see page 1 for a complete listing of the proposed competencies).

⁴ food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research

⁵ the processes and roles of partnership, collaboration, community development and advocacy to improve the health and well-being of the population through food and nutrition strategies

⁶ the core attitudes and values shared by public health professionals



SCENARIO FOUR: IMPLEMENTING CULTURALLY APPROPRIATE DIABETES PREVENTION PROGRAMS

Dietitian:

Melinda Figliano-Lamarche, RD

Position:

Public Health Dietitian

Employer:

Toronto Public Health
Toronto, Ontario

**Career Path:**

Melinda completed her undergraduate degree in food and nutrition at Ryerson University followed by a dietetic internship at the University Health Network in Toronto ON. She practiced as a clinical dietitian for a year before joining the North York Family Health Team. Working in primary care sparked her interest in community nutrition, and Melinda returned to school to complete the MScCH Public Health Nutrition program at the University of Toronto. Since graduating in 2009, Melinda has been working at Toronto Public Health in the Chronic Disease Prevention Program.

Current Role:

Toronto Public Health provides health promotion, protection and disease prevention services to over 2.4 million residents. Toronto is considered to be one of the most multicultural cities in the world with over 140 different languages and dialects spoken by city residents. Over 30% of new immigrants to Canada live in Toronto. With a staff of approximately 60 full and part-time nutrition professionals, Toronto Public Health is one of the largest employers of registered dietitians in Canada.

Melinda has been hired on contract to work on a specific diabetes prevention project funded by the provincial government. The project targets two priority communities in the city and consists of the delivery of nutrition, physical activity and diabetes prevention education along with food skills and cooking sessions. The sessions are based on the needs of each community and the resource materials and learning activities have been developed specifically to serve the participating communities. As the only dietitian on the team, Melinda's role is to work with the team to conduct needs assessment focus groups, develop the food and nutrition resource materials and cooking skills programs, and deliver the education skill development sessions. In the second phase of the project, Melinda will evaluate the program and revise accordingly to better meet the needs of the communities. The next phase will also include community development and environmental strategies.



Living the Definition:

Melinda identifies the assessment, health promotion and disease prevention elements of the definition as key aspects of her work. She notes that the needs assessment that was compiled by holding focus groups with community members and leaders, was a critical element of the program design. Not only did the team find that needs and wants varied considerably among communities, but that different groups within the same community expressed diverse concerns and issues. Participating in the planning and running of the focus groups enabled Melinda to tailor the education sessions and foods skills programming according to needs of each group.

Considering broad determinants of health, including education, culture, income and social support also influenced the content of and approach to program design. While the participants were originally identified as being at high risk of developing diabetes due to biological determinants, the public health team approached program planning by considering social determinants of health as well.

Demonstrating Competencies:

Melinda notes that helping to build food skills within culturally diverse communities enhanced her appreciation of the complexity of local food systems¹. Learning about culturally appropriate foods, available in season and at affordable prices was a challenge that improved her programming. Subsequent stages of the project might involve partnering with community groups such as FoodShare, a local food advocacy organization, to encourage establishment of community gardens and food markets.

An important outcome of the program to date is the finding that public policies are preventing some community members from feeling food secure³. The next phase of the project will therefore define a role for a community advisory committee that will engage in advocacy work around food security.

Melinda points to the role of the Neighbourhood Advisory Committees that have been instrumental in helping the team understand the communities served by the project. By partnering with local residents and leaders⁵ during each phase of the project, the immediate concerns of residents are made known and relevant issues are addressed. Melinda explains that as someone who has not lived immigrant experiences nor lived in the communities served by the program, learning first hand from residents was a vital component of her planning process and will continue to inform the way the program evolves.

Melinda enjoys getting to know community members and providing food skills education programs for different groups. She finds it especially gratifying to support community members who are taking leadership roles in educating their own communities.

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¹ food systems and sustainable food practices as they relate to and influence population health

³ the role of policy and how food and nutrition public policy is developed in Canada

⁵ the processes and roles of partnership, collaboration, community development and advocacy to improve the health and well-being of the population through food and nutrition strategies



SCENARIO FIVE: Advocating for Health Equity

Dietitian:

Lise Bertrand, dt.p., MPH

Position:

Agente de planification, et de recherche
Environnement urbain et santé

Employer:

Agence de la santé et des services sociaux de Montréal
and McGill University Health Centre
Montréal, Quebec

**Career Path:**

Lise completed a baccalaureate degree in nutrition at Université Laval, Québec, followed by a masters degree in Public Health Nutrition at University of California, Berkeley. Lise credits her experiences at Berkeley with informing her world view and shaping her career direction in public health. Following her graduate studies, she returned to Québec to work for the Ministry of Health at the regional level, in Montréal. Lise has been instrumental in implementing the Ottawa Charter of Health Promotion in nutrition program planning and has devoted her career to addressing health inequalities. In addition to this work, Lise has been involved in major provincial and national nutrition surveys and research projects.

Current Role:

Lise's current role involves partnering with government and community groups to advocate for policies and programs that enhance health, improve nutrition, and address social inequalities at the regional level. Lise currently oversees 17 initiatives that involve partnerships with citizens as well as community groups, decision makers, and borough administrators to improve food access, healthy eating and sustainable food systems. She is also involved in research on food disparities and access to food, in food consumption monitoring, and is actively working with other nutritionists, researchers and activists in this area.

Living the Definition:

Lise explains that the French term "l'alimentation" incorporates not only the concept of nutrition, but also food production and eating itself. This supports her efforts to focus on food systems not just food choices, and to explore issues such as food trade, food production, and food security. Lise notes that the City of Montréal has identified the need to improve healthy food access as a high priority health issue. Through the Health Agency of Montréal, she works with community organizations and the city to plan and implement initiatives at the local level.



Demonstrating Competencies:

Early in her career, Lise worked with schools to identify best practices for providing low income families with information and resources related to healthy eating. This led to more extensive research, advocacy and programming to support economically disadvantaged groups. For example, Lise has worked with students and interns to study socioeconomic differences in her region, map food availability and assess food access in different sectors (competencies 1 and 4). This, she feels, enabled students to move beyond health education functions to better understand the role of economic inequality as a determinant of health.

Lise's commitment to improving food access and the food environment led her to use media to enhance the understanding of Montréal residents of food security and their need to readjust food and environment-related practices.

Lise credits her involvement with the National Nutrition Survey and other provincial surveys that have identified food intake, as an important contributor to her appreciation of (competency 4). Lise worked with a colleague from Université de Montréal to develop and validate a food monitoring instrument. This food frequency questionnaire has been used since 2002 as part of a poll that is conducted twice a year by the Public Health Office to survey the Montréal population on different health topics. Knowing what and how people are eating has allowed Lise to identify high risk groups, develop programs specific to the needs of various populations and monitor, compare and evaluate outcomes.

Lise has experimented with different approaches to changing the food environment and suggests that we need to seize opportunities that further our health goals. She cites the Healthy Cities movement of the 1990s as an example of this. Lise worked with others in the city, but outside of health, to develop a food committee and indicators of food access that would support health promotion efforts (competencies 1,4,5).

More recently, the City of Montréal adopted a sustainable development action plan. The Montréal Public Health Office has also adopted the perspective of sustainable development in its program planning. Along with colleagues in her agency, Lise is involved with issues that go beyond food to explore car use, physical activity and lodging. Lise has worked on initiatives related to food merchandising. This work includes developing policies that encourage local vendors to sell fresh fruits and vegetables, and to make these foods available throughout communities (competencies 1,3,5).

Lise loves the challenges that present themselves at the regional level and feels this is where she can test her ideas and influence health, and where she can use research findings to advocate effectively.

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¹ food systems and sustainable food practices as they relate to and influence population health

³ the role of policy and how food and nutrition public policy is developed in Canada

⁴ food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research

⁵ the processes and roles of partnership, collaboration, community development and advocacy to improve the health and well-being of the population through food and nutrition strategies



SCENARIO SIX: Coordinating Diverse Programming at the Regional Level

Dietitian:

Twyla Markham, RD

Position:

Supervisor, Health Promotion Department

Employer:

Public Health Services, Saskatoon Health Region
Saskatchewan

**Career Path:**

Twyla studied Home Economics at the University of Saskatchewan and completed a dietetic internship at the University Hospital program in Saskatoon. Twyla has 28 years of dietetics experience, the first three of which were in clinical pediatrics. Twyla has worked for 25 years in Public Health, 16 years as a staff nutritionist and the last nine as a supervisor.

Current Role:

Twyla currently oversees a multidisciplinary team of nutritionists, a community developer, health educators and kinesiologists, who are responsible for breastfeeding, infant and preschool nutrition, food security and healthy living initiatives. Twyla's role involves implementing practice standards, human resources management functions, providing budget input, coordinating media work, providing staff orientation and in-services, helping staff obtain resources and understanding and applying public health policies. The commitment of senior management to population health promotion approaches has greatly enhanced her ability to move ahead with advocacy and policy initiatives that address health inequities and build healthy environments.

Living the Definition:

Twyla points to her involvement in the development of the Saskatoon Health Region Food Charter as an example of implementing community development and food systems approaches. The multi-sector committee met for 2 years to establish 5 basic principles for the food charter, and now is proceeding to create a healthy food and beverage policy that will be implemented in the Saskatoon Health Region.

Twyla also suggests that the Ministry of Health's "Healthier Places to Live, Work and Play" document provides important support for her work in the health region. One of the key principles of this strategy is accessibility to nutritious food, and this has enabled Twyla's team to apply the principles in their everyday work with the 166 schools in their region.



Demonstrating the Competencies:

Returning to her role after a three month secondment as an H1N1 staffing schedule coordinator, Twyla commenced co-writing a paper on food deserts that she will take to the community to identify strategies for addressing food access through GIS mapping and other techniques (competencies 1,4). Twyla hopes that this work, along with a media fundraising campaign, will support Saskatoon's "Station 20 West – Good Food Junction" initiative to build an independent grocery store in the inner city, complete with a green roof and other innovative healthy community features.

Twyla points to her work with the Food Charter as an example of the complexity of ethical decision-making in public health work. While one of the aims of the food charter was to promote local food, the food inspection system made it difficult to get local food into institutions. The group promoting the charter found themselves wanting to promote local food but also food safety. Addressing this issue requires the involvement of many stakeholders involved in agriculture, health inspection and the food storage and distribution system and continues to be a focus of the Food Charter group (competencies 1,2,3,5).

Twyla has also been a lactation consultant, and emphasizes that implementing the "Baby-Friendly Initiative in Community Health Service" has been vitally important to her efforts to implement policy and programs that support breastfeeding. By following the self-appraisal questionnaire, progress is monitored (competencies 3 and 4).

Twyla explains that in multidisciplinary teams, attitudes and values get shared. In her department, which is relatively new, education and development of teams has been seen as an effective strategy for bringing staff together to identify common goals and values. The social determinants of health are viewed as a central focus for their education and form the foundation for shared values and perspectives (competencies 2,5,6).

Footnotes refer to demonstrating an understanding of the following specific competencies (see page 1 for a complete listing of the proposed competencies).

¹ food systems and sustainable food practices as they relate to and influence population health

² how a public health perspective drives ethical decision-making in food and nutrition related policies, programs, purchasing, partnerships, funding and sponsorship

³ the role of policy and how food and nutrition public policy is developed in Canada

⁴ food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research

⁵ the processes and roles of partnership, collaboration, community development and advocacy to improve the health and well-being of the population through food and nutrition strategies

⁶ the core attitudes and values shared by public health professionals



SCENARIO SEVEN: Working With Sectors Across Government

Dietitian:

Lisa Forster Coull, RD

Position:

Provincial Public Health Nutritionist

Employer:

British Columbia Ministry of Health
Victoria, British Columbia

**Career Path:**

Lisa studied Home Economics at the University of British Columbia and taught this subject for several years before pursuing a graduate degree in Community and Public Health Nutrition at the University of Guelph. Lisa worked at the community and regional government levels in Ontario, Nova Scotia and British Columbia before moving to the provincial level. She has worked for the Ministry of Health in BC for over twenty years and has served in her present position as provincial nutritionist, for the past six years. This is a unique position in Canada and Lisa notes that British Columbia is the only province to have established this corporate nutritionist role.

Current Role:

Lisa's role involves strategic planning and working with key stakeholder groups to set the vision for public health nutrition for the province. An important feature of Lisa's role is to provide leadership for the nutrition file across government. In fact, Lisa explains that her success is measured in terms of how influential she can be in cross sector work, both within and beyond government.

Living the Definition:

Lisa points to her efforts to create a culture of healthy eating in schools as an example of applying nutrition, food systems and public health expertise. By exploring intervention options from policy, communications and environmental perspectives, Lisa's group identified available resources and supports, enablers and barrier to food access, and high risk and vulnerable groups. Schools were then provided with resources that made it easier for teachers to incorporate food and nutrition into the required curriculum and for schools to provide food for hungry kids. Lisa notes that BC was one of the first provinces to implement guidelines on foods for sale in schools, demonstrating major progress in building healthy food environments.

In BC, food security is considered to be a determinant of health. Through provincial partnerships between agriculture, education and health, Lisa and her team established a fruit and vegetable program that reaches all school children in the province. The program not only provides children with 2 servings of fruit and vegetables per week, but also influences children's willingness to eat these foods, promotes sustainable food production, storage and distribution, and enhances access in northern and remote communities.



Demonstrating the Competencies:

Lisa points to her cross-sector work with non-governmental organizations, and private sector groups as a practice situation in which she thinks about the ethical implications of decision-making (competency 2, 3, 5). While her mandate is to do what is in the best interest of the public, partner organizations may have other priorities. She cites restrictions on advertising to children as an example of a public health policy that may be at odds with revenue generation goals of partnering groups.

Lisa emphasized that understanding how policy is developed and enforced is extremely important for nutrition professionals. She suggests that this consists of communicating scientific evidence, understanding the policy process, and knowing how to connect with politicians who want to be associated with positive health change (competency 3). She points to efforts to increase nutrition labeling in restaurants as an example.

Lisa also views surveillance and monitoring as vital components of planning and evaluation, suggesting that “what gets measured gets done” (competency 4). Lisa notes that having survey data such as the Canadian Community Health Survey data provides a base line look at food intake, against which progress can be measured, and helps identify where interventions can have the largest impact.

Lisa can’t imagine working in public health without being passionate about partnership, collaboration, community development and advocacy and notes that virtually all of her work is undertaken from this perspective (competency 5, 6).

Lisa finds the broad scope of practice at the provincial level of government to be rewarding and feels she has much to contribute. She appreciates the opportunity to work with highly dedicated government colleagues, all of whom are focused on serving the public good.

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⁴ food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research

⁵ the processes and roles of partnership, collaboration, community development and advocacy to improve the health and well-being of the population through food and nutrition strategies

⁶ the core attitudes and values shared by public health professionals



SCENARIO EIGHT: Supporting Traditional Food Practices

Dietitian:

Laura Salmon, RD

Position:

Traditional Diet Coordinator

Employer:

Yukon Hospital Corporation
Whitehorse, Yukon

**Career Path:**

Laura grew up in Vancouver and traces her First Nations ancestry to central British Columbia. She studied food and nutrition as a mature student at the University of British Columbia and moved north to complete the Yukon First Nations Dietetic Internship Program in Whitehorse. Laura has worked in her current role at the Yukon Hospital Corporation for ten years and now considers the Yukon to be home. Laura also completed a Master of Science degree at McGill University where she studied diabetes prevention among First Nations children.

Current Role:

The Yukon Hospital Corporation provides a broad range of health services including culturally and traditionally appropriate programs that meet the needs of First Nations people. As the traditional diet coordinator, Laura is responsible for administering a specialized menu of wild game dishes to First Nations clients. She also oversees the provision of diabetes prevention and management services to First Nations people in the territories, and is actively involved with the Yukon First Nations Dietetic Internship program as an advisory committee member, preceptor and community nutrition research mentor. In her volunteer role as co-chair of the Dietitians of Canada Aboriginal Nutrition Practice Network, Laura shares her expertise with other dietitians and promotes networking and resource development.

Living the Definition:

Laura notes that her role involves various aspects of dietetic practice, including administration, disease prevention and management, and community development. She approaches her work from a holistic perspective through which she tries to understand individual and community contexts. She explains that assessing and monitoring health must go beyond statistics to consider the people involved. This approach enables her to consider social determinants of health such as culture, education, income, and geography in planning and developing resources.



Demonstrating the Competencies:

Laura consults with First Nations people on an on-going basis to ensure that the wild game dishes served at the hospital are culturally appropriate (competency 5). The food is acquired, stored and prepared in ways that are not only safe and nutritious, but also respect the land where food comes from and the cultural teachings of the community (competency 1, 2, 6).

Laura works closely with students and interns to foster an understanding of successes of First Nations peoples in the Yukon in establishing self-government agreements (competency 3, 5, 6). Laura sees her role as supporting community groups and respecting their leadership (competency 5). When mentoring students with research projects, she is guided by the principles of First Nations ownership, control, access, and possession (OCAP) of the work, and she encourages students to adapt approaches that promote capacity development in communities (competency 6).

Laura points to a new community gardens initiative, the development of a traditional foods resource, a train-the-trainer tool for diabetes prevention, and advocacy efforts to improve food security in the Yukon as examples of health promotion activities that required on-going partnership and collaboration with community groups, governments, local agencies and individual community members (competency 1, 3, 5).

Laura's role is multifaceted and she enjoys the communications challenges that are inherent in each component. Transforming scientific, technical and cultural information about food and health into tools and resources that are engaging and meaningful to the communities she serves is particularly rewarding to her (competency 5, 6).

Laura sees abundant opportunity for dietitian involvement in her community. She is committed to serving those needs in culturally appropriate ways, and to helping new dietitians to do the same.

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SCENARIO NINE: Influencing Public Policy by Using Data

Dietitian:

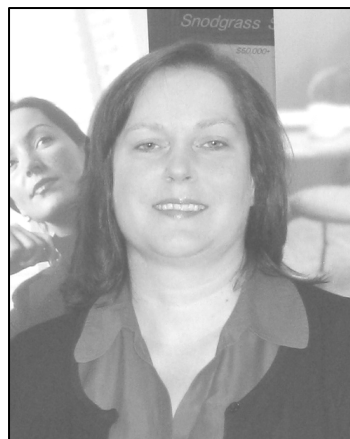
Suzanne Clair, RD

Position:

Program Advisor, Office of the Chief Medical Officer of Health

Employer:

New Brunswick Department of Health
Moncton, New Brunswick



Career Path:

Suzanne grew up in Fredericton, New Brunswick where her mother tongue is French, although she speaks both official languages fluently. She completed a BSc degree at the University of Guelph majoring in Human Biology and then pursued studies in Nutrition and Applied Human Nutrition at the same university. She returned to New Brunswick to complete a dietetic internship at the Moncton Hospital. Suzanne began her career in 1994 as a public health nutritionist at the regional level. She later became involved in data analysis, monitoring and reporting for Public Health programs at the Department of Health. She recently completed the Public Service Management Program at the University of New Brunswick. In 2005, New Brunswick moved to a regional health authority model, and Suzanne became a senior program and policy advisor in the office of the Chief Medical Officer of Health.

Current Role:

Suzanne's current role is to provide support and leadership with regard to nutrition policies and programs in order to improve the nutritional health of the people of New Brunswick. Suzanne also advises the Deputy and Assistant Deputy Ministers and works across sectors in collaboration with other groups. Suzanne frequently draws upon her data management and analysis skills and because of this valuable expertise, is often involved with projects under the Chief Medical Officer, that are not necessarily nutrition-related.

Living the Definition:

In her current role, Suzanne plans, implements and monitors programs and policy related to health and nutrition. Suzanne uses a number of provincial databases as well as research evidence, best practice literature and national data such as that collected through the Canadian Community Health Survey, during planning. For example, Suzanne uses childhood obesity data specific to New Brunswick, in her work with Public Health Regions and other provincial departments and stakeholders, to promote healthy eating to parents of young children.

Suzanne is also working with the Department of Social Development and the Health Protection Branch of the Office of the Chief Medical Officer of Health, to update guidelines and support the work of health inspectors so that they can promote the provision of nutritious as well as safe food, in the licensed day care centres they inspect. Suzanne believes that there is a great deal that can be done within the provinces own programs to improve health, and she works with others across departments to identify these opportunities.

Suzanne explains that considering the social determinants of health is an important part of public health work. As part of her leadership role with the Baby Friendly Initiative, she worked with early childhood programs to better understand how education, income and other determinants of health were impacting breastfeeding and child development in New Brunswick.



Demonstrating the Competencies:

Suzanne's understanding of food systems is evident through her involvement in the New Brunswick Food Security Action Network. This group, which has representation from the Department of Health, developed a three pronged approach to enhancing food security that included a public education strategy, advocacy for income levels that sustain food security, and promotion of sustainable agriculture in the province (competencies 1,2,3,5).

Suzanne cites her experience promoting breastfeeding as an example of decision making that required consideration of public health ethics. While the WHO Baby Friendly guidelines that she was promoting prohibit the dissemination of free baby formula or coupons for formula, the Department of Health's Early Childhood Initiatives program distributed infant formula coupons to low income parents. Families who had been depending on these would be economically challenged if they were suddenly discontinued. Suzanne and her colleagues worked with the department of Social Development to provide financial support, rather than coupons, to the mothers (competencies 2 and 3).

Suzanne's involvement with policy at the provincial level can be seen in the requests she receives to advise the Deputy Minister of Health on the impact of federal policies on the province. For example, Suzanne analysed federal recommendations on trans fat and identified implications for food produced in New Brunswick and food served in restaurants. Suzanne will also be advising the Deputy Minister on the implications of the federal sodium working group report, for the New Brunswick Department of Health (competency 3).

Suzanne's data analysis expertise enables her to contribute to the surveillance work that is done in public health. Suzanne's team was able to assess that current fruit and vegetable intake among clients participating in Prenatal and Early Childhood programs low, develop interventions that target specific population groups, monitor changes in intake, and evaluate the effectiveness of programs and strategies (competency 4).

Suzanne cites the Early Childhood program as one that embodies core public health values and attitudes. Suzanne notes that this program is founded upon self-determination principles and the belief that individuals are part of communities and have the right to choose the course of action that is right for their communities (competency 6).

Suzanne enjoys the diverse range of issues and opportunities that arise in her work and especially values the opportunity to influence healthy public policy.

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SUMMARY

The first four scenarios illustrate some of the ways in which four recent dietetics graduates demonstrate the new definition of public health nutrition practice and proposed competencies, within diverse public health settings and roles. Sarah Frank's role spans geographically dispersed communities, while Melinda Figliano-Lamarche's efforts are focused on densely populated urban neighbourhoods. Joëlle Zeitouny is concerned with the wellbeing of Canadians in general, while Stephanie Leavitt provides programs for specific population groups.

The subsequent five scenarios illustrate some of the ways in which experienced public health nutrition professionals demonstrate the new definition of practice and the proposed competencies through their varied roles. Lisa Forster Coull coordinates efforts across government sectors to maximize the reach of provincial programming. Twyla Markham works with community groups and partners with stakeholders to provide an extensive range of programming that meets the specific needs of her region. Suzanne Clair applies her in depth understanding of public management to provincial nutrition issues. Lise Bertrand generates data through monitoring and surveillance that support her food security and health advocacy efforts. Laura Salmon leads by example as she supports the traditional food and cultural practices of local community groups and engages students and future professionals in this work.

These scenarios can support and inspire regulators, educators, employers and public health nutrition professionals to adopt and use the new definition to strengthen public health nutrition practice in Canada. This work continues the efforts of the Pan Canadian Task Force on Public Health Nutrition Practice to explore, document and enhance practice in Canada and highlights unique professional contributions to health promotion that extend well beyond nutrition.