

Public Health and Community Nutrition Role Statement

Role Statement for Accredited Practising Dietitians practising in the area of public health and community nutrition

Developed by members of the Public Health and Community Nutrition Interest Group

Introduction

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals and groups on nutrition related matters.

APDs have sound university training accredited by DAA, undertake ongoing professional development and comply with the DAA guidelines for best practice. They are committed to the DAA Code of Professional Conduct and Statement of Ethical Practice, and to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

Purpose of this Role Statement

The purpose of this Role Statement is:

- To define the role an APD may fulfil when working in the area of Public Health and Community Nutrition
- To promote the knowledge and expertise of an APD, broadly and in the area of Public Health and Community Nutrition
- To advocate for APD's in Public Health and Community Nutrition roles in support of primary prevention services

Knowledge and skills in this area of practice

Entry level dietetic competencies ensure all APDs can work effectively in a range of roles and settings. Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled.

Entry level competencies cover public health and community nutrition. In this area of practice, dietetic work varies considerably and can be described as a continuum of practice, from clinical and community dietetics to community and public health nutrition. These roles often overlap, which is advantageous in providing seamless care within different settings. APDs therefore may perform a combination of community dietetics and community nutrition roles. This role statement focuses on the public health and community nutrition role of the dietitian.

The following is a list of skills and knowledge required to work in the public health and community nutrition area:

Skills:

- Ability to collect, assess, and interpret relevant information on public health nutrition issues and translate it into effective interventions and practice
- Competence in population level programme planning, implementation and evaluation that is responsive and contributes to the public health nutrition evidence base
- Ability to engage key stakeholders across a range of sectors and establish and maintain collaborative partnerships for action on identified public health nutrition issues
- Interpersonal communication skills and the ability to adapt communication styles to a range of audiences, including professional and community stakeholders as well as funding bodies
- Written communication skills, ranging from professional report preparation to the development of health information that is inclusive and appropriate to target populations
- Ability to strategically and effectively advocate for identified public health nutrition issues.

Knowledge:

- Economic, environmental, social, cultural, political and behavioural factors that influence food supply, choice, access and consumption
- The purpose and application of the Dietary Guidelines for Australians, the Australian Guide to Healthy Eating, the Nutrient Reference Values and other standards
- Local, state and federal data, policies and strategic documents relevant to the food system
- Application of a systems approach to identifying and addressing population food and nutrition issues
- Capacity building and community development frameworks and their integration into intervention planning and management
- Application of the core principles of health promotion, including the five action areas in the Ottawa Charter, and a commitment to addressing health inequities and disparities of access.

Activities entry level APDs would conduct:

- Application of primary prevention principles to public health nutrition interventions

- Assessment and monitoring of the determinants of nutrition and health and their impact on populations to identify priority issues and leverage points for intervention
- Delivery of evidence informed public health nutrition interventions at the population or community levels
- Facilitate skill development and training to build public health and community nutrition capacity in health and other sectors (e.g. Nursing, Health Promotion, Aboriginal Health)
- Engage community and inter-sectoral stakeholders in collaborative action on nutrition issues.

Activities APDs working at a higher level would conduct:

- Plan and manage the implementation and evaluation of a broad range of public health nutrition interventions, including the management of human and financial resources
- Provide leadership and supervision to personnel and tertiary students undertaking public health nutrition activities, including research and evaluation
- Provide public health nutrition leadership, implement capacity building initiatives, promote collaborative practice, and manage inter-sectoral partnerships
- Advocate for sustainable system changes, effective food and nutrition-related legislation and a sufficient public health and community nutrition workforce
- Assessment of the impact of public policy on nutrition and health, and leading strategic advocacy for policy improvement, as required.

Activities APDs working in this area do not usually undertake:

- Dietitians working solely in Public Health or Community Nutrition roles do not usually undertake:
- Early intervention, tertiary prevention, chronic disease management activities or individual client consultation
- Clinically-based food service roles.

References:

- [Link to entry level competencies](#)
- Hughes, R & Somerset, S. (1997) Definitions and conceptual frameworks for public health and community nutrition: a discussion paper. *Australian Journal of Nutrition and Dietetics*, 54, pp40-45
- Hughes, R (2003) Public health nutrition workforce composition, core functions, competencies and capacity: perspectives of advanced-level practitioners in Australia. *Journal of Public Health Nutrition*, 6 (6), pp607-613
- Delphi Study (2011) Consensus on core public health nutrition functions and competencies: Report from the Curriculum Renewal in Public Health Nutrition (CRIPHN) Project.
- Hughes & Margetts (2011) *Practical Public Health Nutrition*, Wiley-Blackwell

Appendix 1 - Background

Dietetic work in the area of Public Health and Community Nutrition (PHCN) varies considerably and can be described within a continuum of dietetic practice:

	Clinical Dietetics	Community Dietetics	Community Nutrition	Public Health Nutrition
Setting	Hospitals	Community	Community	Community & systems
Reach	Individuals & Small Groups	Individuals & Small Groups	Population sub-groups	Populations
Prevention	Early Intervention and Tertiary		Primary and Secondary	
Paradigm	Illness		Wellness	
Key Personnel	Dietitians and health practitioners – multi-disciplinary		Dietitians, Nutritionists and other stakeholders – trans-disciplinary and inter-sectorial	
Determinant of Activity	Health Worker Referral and Community Health Service directives		Directives from the community & all levels of government policy	
Timeframe	Short to medium		Medium to long	

Adapted from Figure 1: Hughes, R & Somerset, S. (1997) Definitions and conceptual frameworks for public health and community nutrition: a discussion paper. Australian Journal of Nutrition and Dietetics, 54, pp40-45

This role statement describes a practitioner (qualified dietitian or nutritionist) who is employed to conduct PHCN practice either at the community or broader population level. The differing requirements of these roles are described below:

- A. **Community Nutrition** – “The planning, implementation and evaluation of a mix of nutrition services and activities for local communities based on needs, public health indicators and policy. It addresses local population health issues through food and nutrition-related health promotion strategies” (Hughes & Somerset, 1997, p41)

- B. **Public Health Nutrition** – “The art and science of promoting population health status via sustainable and equitable improvements in the food and nutrition system. Based upon public health principles, it is a set of comprehensive and collaborative activities, ecological in perspective and inter-sectorial in scope, including environmental, education, economic, technical and legislative measures” (Hughes & Somerset, 1997, p41)

NB: This role statement does not describe Community Dietetic practice. Community Dietetics is described by Hughes & Somerset (1997, p41) as “the application of dietetics in community settings including continuity of care for discharged patient populations”. Please refer to the Clinical Dietitian Role Statement for a description of community-based medical nutrition therapy.

Practitioners working within the area of PHCN apply a ‘systems-thinking’ approach that considers the individual within a broader context. The Socio-Ecological Model below describes this approach:



Figure 2: Socio-ecological model -Institute of Medicine. (2003). *The Future of the Public’s Health in the 21st Century*. Washington, D.C.: National Academies Press.

To improve the health of the whole population, action needs to go beyond individual behaviour change and create multilevel policy, systems, and environmental change - a systemic response. Systemic responses make individual behaviour change more likely to succeed.

Systemic approaches recognise that factors in the broader system influence health outcomes and may create health inequities. Health inequities are unfair differences in health outcomes between population groups. Factors influencing health in the broader system are known as the Social Determinants of Health and include education, employment, and food access.

PHCN professionals specifically address broader factors in the food system and consider issues of gender, equity and culture on health. This work both complements and strengthens work undertaken in clinical settings to support long term improvements to population health.

This relationship can be understood through the Prevention Continuum (Refer to ‘Prevention’ in Figure 1), the components of which are listed below:

- **Primary Prevention** – activities that aim to prevent diseases in populations before they occur
- **Secondary Prevention** – activities with at-risk populations to prevent the onset or progression to disease
- **Early Intervention** – targeted activities in individuals or groups with early signs of disease to prevent progression
- **Tertiary Prevention/Chronic disease management** – the prevention of disease recurrence in unwell individuals

As articulated in Figure 1, Public Health Nutrition focuses on the primary or secondary prevention of disease in populations or communities through actions on the food system. Public Health Nutrition does

not target individuals or involve medical nutrition therapy, however complements the important role that community and clinical dietitians play in early intervention and tertiary prevention.