

LECTURE IN HONOUR**Dietitians Association of Australia 31st National Conference: Lecture in honour of Judith Walker OAM**

It gives me very great pleasure to present this lecture in honour of Judith Devine Walker. The annual Lecture in Honour at our national conference provides us with an opportunity to hear the stories of the elders of our profession and reflect upon their legacy.¹ When we begin our careers, we never know where the road will lead us, and this is the story of a road less travelled.

Born Judith Devine in Brisbane, Judy Walker believes that every part of her life has influenced her work as a nutritionist, and, conversely, her work in nutrition has influenced her life. During the Second World War, Judy and her sister went to live on her aunt and uncle's farm, where they learned a lot about producing and preparing food—raising chickens, milking cows, making butter, and growing fruits, vegetables and nuts. Judy's mother and aunts later operated the café on Mt Cootha. These early experiences contributed to Judy's interest in food. Judy's family ran a news agency and her first job at age 10 was helping her father on the newspaper run. From her involvement with the family business, Judy developed an interest in financial and business management.

As a high-achieving student, Judy was the first person in her family to attend university, supported by a legacy scholarship. She completed a science degree, majoring in biochemistry and physiology at the University of Queensland. However, Judy was not sure what to do following her degree until she discovered dietetics when her father was treated at Greenslopes Hospital with a low-salt diet by the only dietitian in Queensland. In 1957, Judy graduated from the Royal Newcastle Hospital with a Graduate Diploma in Dietetics. After a locum at Royal Newcastle, Judy worked on a research project at the Sydney Dental Hospital, examining children's diets in relation to tooth decay.

Having sampled hospital work and research, Judy chose to pursue a career in public health nutrition. In 1958, Judy was appointed to the role of nutritionist at the South Pacific Health Service based in Fiji. Her first project in the Pacific was undertaking a nutrition survey in the Cook Islands. Two young Cook Island women were employed as survey assistants and translators, and they also shared a small house with Judy. Judy's next project was a study conducted by Dunedin University, comparing the heart health of islanders in the most westernised area of Rarotonga with those living a more traditional lifestyle on an outer island. Fish and coconuts, breadfruit and taro were key components of the traditional

physically active South Pacific lifestyle. Imported rice, sugar, tinned meat and ghee were added in the more westernised areas. Unsurprisingly, the traditional lifestyle was associated with indicators of better heart health.

While working in Fiji, Judy met Eric Walker, a surveyor. They were married in 1959, and had two daughters. In 1963, Judy returned to work as a dietitian/nutritionist for the Fiji Government and the Fiji School of Medicine. Her work included teaching nutrition and dietetics to nurses, medical students and student dietitians. Judy worked with Fijians, Cook Islanders, Indians, Chinese and European, and became familiar with the dietary patterns of these groups. Judy developed a book of food composition tables for South Pacific foods. She contributed to a United Nations food balance project, developing standard diets for all the ethnic groups to assist with forecasting future food supply requirements. Judy and Eric's idyllic life in Fiji ended when Fiji became independent in October 1970 and they returned to Australia.

The second phase of Judy's career was as a dietitian at the National Heart Foundation, Queensland Branch, from 1979 to 1986. In collaboration with Barbara Harman, home economist with the Gas Cooking School, Judy wrote the Heart Foundation publications *The Guide to Healthy Eating* volumes 1 and 2, *Cooking for Few*, *Cooking for Plenty* and *Healthy Eating for Your Heart*. These publications were widely used by dietitians in the 1980s and 1990s.

The Australian Nutrition Foundation (ANF) was founded in 1979 by Jo Rogers, Chief Dietitian of the Royal Prince Alfred Hospital. ANF became incorporated in 1981 as a non-profit, non-government community nutrition education organisation, and commenced trading as Nutrition Australia in 2001.

As a friend of Jo Rogers, Judy established the Queensland Division of ANF in the late 1980s. As a result of her early experiences in small business, Judy had excellent financial management skills. She negotiated a funding agreement with Queensland Health that provided core funding for ANF Queensland for over 20 years; secured grants to review menus for Meals on Wheels; set up Nutrition Advisory Services for nursing homes, child care centres and school tuckshops, and nutrition workshops for child care workers.

ANF Queensland forged ahead of other state divisions. Mark Walquist, former Chair of ANF Committee of Management, recognised that Judy's leadership would benefit ANF nationally and appointed her to a new position as National Executive Officer.

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Judy collaborated with the universities, providing student placements and volunteer work experience opportunities for new graduates. She served on the QUT Nutrition and Dietetics Advisory Committee and the DAA Queensland Branch Executive. Judy continued her writing career at Nutrition Australia²⁻⁴ and served as editor of the Nutrition Australia newsletter *Pabulum*.

Judy has long had an interest in sustainable agriculture. She and Eric lived for many years on acreage in Brisbane's Western suburbs, where they grew an edible garden, with tropical fruits, vegetables, herbs, taro, coffee and tea. Judy was a 'locavore' long before the term was coined, and in retirement she was an active member of the Slow Food movement.

In 1996, Judy was awarded an Order of Australia Medal for services to community health through nutrition education. Judy secured the future of Nutrition Australia by establishing enduring partnerships and funding streams, both in Queensland and nationally, and Nutrition Australia continues to be the peak body for nutrition education in Australia more than two decades later.

In learning about Judy's story, I found many parallels to my own story. Like Judy, I was always interested in prevention, but spent 20 years in clinical and community dietetics before finding a niche in public health nutrition. The highlight of my work in clinical dietetics was in 1992 at Royal Brisbane Hospital. A Brisbane medical student was rescued in Nepal after being lost for six weeks without food in the Himalayan snow and was subsequently admitted to my surgical ward at Royal Brisbane and Women's Hospital (RBWH). He had lost around 25% of his body weight and on commencement of feeding during his rescue he had developed neurological signs of thiamine deficiency. It was a great privilege to be involved in such a classic case of malnutrition and refeeding syndrome.⁵ The story of James Scott's survival against all odds, and his sister Joanne's story of his rescue, is an enthralling read.⁶

In 1999, I was appointed to the newly created position of public health nutritionist for Central Regional Public Health Unit based in Rockhampton. From 2001 to 2012, I had the privilege of working with a team of health promotion officers and nutritionists in Queensland Health's Healthy Living Branch. During this period, Queensland went from getting the Dirty Ashtray Award to winning the ANZ Obesity Society's Gold Medal Award for action on obesity three times in four years.

During the late twentieth century, Queensland had little government investment or activity in public health and community nutrition. Community and public health nutrition activities in Queensland were led by universities and non-government organisations (NGOs).

During the 1990s, there was increasing recognition of Indigenous health issues in Australia.⁷⁻⁹ In 1992, Dympna Leonard was appointed as the first public health nutritionist for North Queensland. Dympna's work revealed the poor nutrition and inadequate food supply of Aboriginal and Torres Strait Islander people living in rural and remote Queensland.^{10,11}

In 1995, Queensland Health funded the University of Queensland to develop the *Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy* (QATSIFNS), which identified nutrition as a key determinant of the poor health outcomes of Indigenous Queenslanders and advocated for the development of an Indigenous-focused nutrition workforce.¹² The QATSIFNS influenced the later development of the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan*.¹³

The Australian Institute of Health and Welfare estimated the cost of preventable diet-related disease in Australia and Queensland Health epidemiologists applied this to Queensland.^{14,15} Jackie Steele drew on this evidence to advocate for the establishment of a Queensland workforce to address primary prevention of chronic diseases.¹⁶ Funding to advance Indigenous health was secured in 1998 to implement the recommendations of the QATSIFNS, including creation of public health nutritionist positions in the new branch Public Health Services.

In 2002, the Queensland Government publicly recognised the challenges facing the health system due to population growth, the ageing population and the obesity epidemic.¹⁷

In 2001, Queensland Health funded the development of a public health food and nutrition plan in response to *Eat Well Australia*.¹⁸ *Eat Well Queensland 2002–2012: Smart Eating for a Healthier State* (EWQ)¹⁸ was auspiced by the Queensland Public Health Forum, a strategic alliance of 18 public health-related organisations. I was employed as the Senior Project Officer coordinating the development of the strategy which was led by Dr Amanda Lee, with a working group of key stakeholders including DAA (Dietitians Association of Australia).

During the following decade, we used EWQ to influence other strategies and action plans.¹⁹⁻²¹ Premier Peter Beattie held an Obesity Summit in 1996, announcing an additional \$21 million in funding and a cross-government working party to address childhood obesity.

The Queensland Government's Toward Q2 program had an aspirational health goal of reducing rates of obesity by 25% by 2020, with sub-goals regarding fruit and vegetable consumption and physical activity participation, requiring annual progress reporting.²²

A review of the implementation of EWQ in 2007²³ found that achievements included: the *Go for 2 fruit and 5 veg* program; the Eat Well Be Active Campaign; the Healthy Kids Queensland Nutrition and Physical Activity Survey of 3691 children;²⁴ the Smart Choices Healthy Food and Drink Supply strategy for Queensland schools; the A Better Choice food and drink strategy for Queensland Health facilities; the Healthy Food Access Basket Survey;²⁵ a breastfeeding campaign and improved breastfeeding rates; the expansion of the Lighten Up to a Healthy Lifestyle program; and Queensland Government support for food literacy programs including Jamie's Ministry of Food. The Queensland workforce in primary prevention nutrition grew rapidly creating a statewide network of over 137 community and public health nutritionists, healthy lifestyle coordinators,

and Aboriginal and Torres Strait Islander nutrition promotion workers.

What were the success factors? This was a period of great opportunity for nutrition promotion, including the national priority of Indigenous health, a time of prosperity, the 'discovery' of the obesity epidemic in the popular press, and a state government that was interested in prevention. The EWQ strategy helped us surf this wave of opportunity using the strategy and the evidence base to argue for increased funding whenever an opportunity arose.

This wave crashed in 2012 when a change of state government coincided with the national health reforms and restructuring of Queensland Health. The budgetary impact of the global financial crisis and natural disasters led to defunding of many state programs. Being aligned with the Q2 agenda of the previous government was now a disadvantage. The number of nutrition prevention positions funded by Queensland Health was slashed from 137 in 2009 to 14 in 2013. The major employers are now Medicare Locals, Hospital and Health Services, Aboriginal Health Services and other NGOs.²⁶ Much of this work is funded under the National Preventive Health Partnership Agreement, which the Abbott government plans to terminate this year.

We have come full circle back to a period when preventive nutrition work is the domain of NGOs and universities, as it was when Judy Walker led Nutrition Australia. Political cycles continue, and the lesson of EWQ is to be ready to make the case when opportunities arise.

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Conflict of interest

The author has no conflict of interest to declare.

Authorship

Christina Stubbs is the sole author of the paper.

Post script

Vale Judith Devine Walker 1935–2014

Sadly Judith Walker passed away on 22nd August 2014. The author was privileged to meet with Judy several times during the preparation of this lecture. She was a sprightly, bright and independent woman still teaching at U3A. In May Judy was thrilled to attend the Lecture in Honour at the conference and to meet up with many old friends and colleagues.

Judy's beloved husband Eric passed away just a month earlier. Judy is survived by her daughters Susan and Lisa.

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