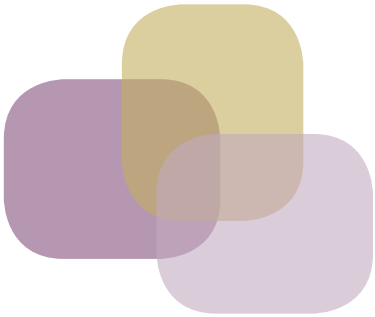
STRENGTHENING PUBLIC HEALTH NUTRITION PRACTICE IN CANADA

- A Discussion Document -



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

October 2008

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The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

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Note: In the interest of keeping this document a manageable size, Appendices E and F are available as separate supplementary documents.

INTRODUCTION

Building the Public Health Workforce for the 21st Century[1] is a human resource planning framework that guides Pan-Canadian activities to strengthen public health capacity.

A foundational building block in that framework, the identification of core competencies for public health practitioners in Canada, is complete[2]. These competencies provide the knowledge, skills, and attitudes required by all professionals who work together to fulfill the public health system core functions: population health assessment, surveillance, disease and injury prevention, health promotion, and health protection.

Another piece of this Pan-Canadian framework is the identification of discipline specific competencies. Seven professions involved in public health practice are supported by the Public Health Agency of Canada to do work in this area: epidemiologists, health promotion practitioners, environmental public health professionals, physicians, public health dental practitioners, nurses, and dietitians.

The work captured in the following document stems from the mandate to identify discipline-specific competencies for dietitians working in public health. It focuses on the workforce development of public health nutrition professionals (public health nutritionists/dietitians and community dietitians/nutritionists — front line providers and consultants/specialists) with the overall goal of enhancing public health nutrition practice in Canada.

The purpose of this discussion document is to generate informed dialogue with public health nutrition professionals, and their colleagues, educators, employers, and other stakeholders to ultimately:

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

The purpose of this discussion document is to generate informed dialogue with public health nutrition professionals, and their colleagues, educators, employers, and other stakeholders.

Workshops are being held across Canada throughout the fall of 2008. Written submissions will be accepted until the end of this year. Individual interviews will be completed early in the New Year. The results of this national consultation process will inform final recommendations which will be made available by June 2009.

This document builds on the previous work of the Pan-Canadian Task Force on Public Health Nutrition Practice (herein referred to as the Task Force) including, as part of a situational assessment[3], a comprehensive review of the literature[4] and a series of interviews with key informants from across Canada[5].

The Task Force is comprised of 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, and research. The full membership and terms of reference of the Task Force are included in Appendix A.

The Task Force invites and strongly encourages you to participate in this dialogue. Written submissions can be made on-line at:

https://v43.angusreidsurveys.com/R.aspx?a=833

Print versions of the written submission form are available through the contact information below and can also be sent via email, fax or mail. All submissions must be received **by December 31, 2008 to be considered in the analysis.**

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DEFINING PUBLIC HEALTH NUTRITION PRACTICE

Without a common understanding about what public health nutrition involves in terms of work and what public health nutrition can deliver in terms of health outcomes, it is difficult to identify competencies for public health nutrition professionals.

Practice definitions, not unlike other definitions, describe and explain with clarity the meaning or nature of a particular practice area, thereby increasing understanding. Practice definitions aim to clearly outline work that makes a practice unique or distinct from others[6].

Through the consultation process, the Task Force seeks feedback on the following proposed definition, with the intent to work towards a consensus-based national definition (consensus will be considered the collective opinion of the stakeholders).

The Task Force seeks feedback on the proposed definition, with the intent to work towards a consensus-based national definition.

A Proposed Definition for Public Health Nutrition Practice in Canada

The Task Force proposes the following definition of public health nutrition practice in Canada:

def | i • ni • tion

> **Public health nutrition practice encompasses the promotion, protection and improvement of nutritional health and prevention of nutrition-related disease in order to achieve the best possible health outcomes.**
>
> **Using a population health promotion approach, activities focus on the interactions between the determinants of health, food systems, and nutritional status.**

This definition was influenced by the work of the Public Health Nutritionists of Saskatchewan[7] and developed from an examination of the following:

- a literature review;
- key informant interviews;
- Canadian public health system core functions;
- an analysis of selected definitions of public health nutrition and international consensus-based descriptors (Appendix B); and
- feedback received through a pilot consultation held at the Dietitians of Canada Conference in June 2007.

Numerous international publications and initiatives over the past 10 to 15 years have explored definitions, roles, and functions for public health nutrition practice within the context of workforce development/enhancement. Definitions of public health nutrition practice in the literature aim to differentiate the work of public health nutrition professionals from other dietetics or public health professionals.

The proposed definition is presented to stimulate dialogue with the goal of informing the development of a Canadian public health nutrition practice definition.

What do you think?

- *How well does the proposed definition reflect current and desired public health nutrition practice in Canada?*

IDENTIFYING PUBLIC HEALTH NUTRITION COMPETENCIES

The previous section describes public health nutrition as a unique area of practice within public health and dietetics. This section describes:

- proposed competencies for public health nutrition practice
- the process used to identify these proposed competencies
- findings from the Task Force mapping process
- key enablers for implementation

Through the consultation process, the Task Force seeks feedback on the proposed competencies for public health nutrition.

First is a brief review on the importance of developing national competencies for public health nutrition.

Why Develop National Public Health Nutrition Competencies?

National public health nutrition competencies would support the actual and envisioned role of public health nutrition professionals in a standardized, legitimate, and documented way that can be used by:

- professionals themselves (definition and validation of role, entry to practice criteria, professional development)
- academic institutions and internship/practicum programs (curriculum design)
- health system organizations and employers (identification of staffing requirements, position descriptions, recruitment, professional development requirements, performance assessments)[8,5]

What competencies, defined as skills, knowledge, and attitudes[2], are required for public health nutrition practice?

Proposed Competencies for Public Health Nutrition

What competencies, defined as skills, knowledge, and attitudes[2], are required for public health nutrition practice? Based on the review of the literature, input from key informants, a mapping of existing dietetic, public health, and public health nutrition competencies (Appendices E and F), and a pilot consultation, the Task Force concluded:

> **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 develop an independent set of competencies specific to public health nutrition practice.**

The Task Force based their recommendation on the following rationale:

- *The Core Competencies for Public Health in Canada: Release 1.0*[2], in combination with the essential competencies from the provincial regulatory bodies[9], and the entry level competencies from Dietitians of Canada[10], capture the majority of competencies identified in existing regional, provincial, and international public health nutrition competency sets.
- Workforce development requires systems change. The existing dietetic competencies influence curriculum development and determine eligibility to practice — two key components for public health nutrition workforce development.
- An independent set of public health nutrition competencies, even if adopted from one of the existing sets, would require considerable more time and resources to implement. This is because the adoption of an independent set of public health nutrition competencies would not replace the *Core Competencies for Public Health in Canada: Release 1.0* and the existing dietetic competencies.

A key enabler to implementation would include the addition of the following competencies, accompanied by an integration strategy:

1. applies knowledge of food systems and how they affect nutritional status and health outcomes of individuals and populations
2. demonstrates understanding of the inter-relationships between food practices and environmental and ecological integrity
3. demonstrates understanding of the influence of economic trends and factors on the determinants of a population's nutritional status
4. 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
5. 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
6. 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.

The *Core Competencies for Public Health in Canada: Release 1.0* (2007) provide the building blocks for all public health practice.

Process Used to Identify Proposed Competencies

Rather than assume that a new or unique set of competencies is 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 formal public health nutrition competency sets — a regional (Toronto)[11], a provincial (Nova Scotia)[12], and three international (Australia, UK, and US)[13],[14],[15].

In addition, there are three existing national competency sets that have relevance to public health nutrition practice:

1. *The Core Competencies for Public Health in Canada: Release 1.0* (2007) provide the building blocks for all public health practice and identify the knowledge, skills, and attitudes required to fulfill public health system core functions[2].
2. *The Essential Competencies for Dietetic Practice* (2006) were developed by provincial dietetics regulatory bodies as the foundation for their licensure requirements and processes to demonstrate continuing competency[9].
3. *The Competencies for the Entry-Level Dietitian* (1996) from Dietitians of Canada (DC) is used for program planning and accreditation for dietetic internships and masters practicum programs across Canada[10].

In summary, the Task Force considered over 200 existing public health, dietetic, and public health nutrition competencies. The Task Force developed guiding principles to assist with decision-making (Appendix C).

A mapping methodology was determined to be the most appropriate mechanism to support the investigation of the need for discipline-specific public health nutrition competency sets/frameworks. This methodology was successfully used in the development of the core public health competencies[8]. The results of the Task Force mapping are included in Appendices E and F. In the interest of keeping this document a manageable size, Appendices E and F are available as separate supplementary documents.

The issues, similarities, and gaps emerged through an examination of the mapped competencies.

The mapping and the subsequent analysis were a subjective process. Individual bias was minimized by having Task Force members review the mapping independently, prior to discussion as a group. A remarkable consistency existed between reviewers, and ultimately a consensus was reached by the full Task Force on all issues, similarities, and gaps.

Findings from the Mapping Process

Words Matter: Terminology

Through the mapping process, it became evident that depending on the interpretation of the existing dietetic competency sets, there can be extensive or minimal gaps in applying the dietetic competency sets to public health nutrition practice.

Depending on the interpretation of the existing dietetic competency sets, there can be extensive or minimal gaps in applying the dietetic competency sets to public health nutrition practice.

This variation in interpretation primarily results from (1) the terminology used to describe the "target population/audience" and (2) the practice examples in the dietetic competencies.

The Dietitians of Canada competencies use the term "client" throughout their document and in their assumptions define client as "an individual, family, group, agency, employer, employee, organization, community, etc.[10]" This assumption could result in an interpretation compatible with the terminology in the *Core Competencies for Public Health in Canada: Release 1.0*; however, most practice-based examples corresponding with their competencies illustrate interventions for individuals, thereby limiting a broader application. For example, there are assessment competencies that require the identification of relevant data, including dietary intake. This could be appropriate for public health nutrition practice; however, the practice examples are 24-hour recall, food frequency, and food records. There is no reference to community capacity assessment or population nutritional status assessment.

The dietetic regulatory bodies' competencies refer to communities and populations in several competencies, but then limit the application of other competencies such as those relating to the nutrition care to patients, residents, and caregivers[9]. Some of these competencies are relevant to public health nutrition practice. For example, using a structured system to identify clients at nutrition risk has relevance to public health when interpreted as identifying at-risk populations.

Similarities and Gaps

All eight of the competency sets in the mapping process (i.e. *Core Competencies for Public Health in Canada: Release 1.0,* the Dietitians of Canada and the regulatory bodies' dietetic competencies, and the five public health nutrition competencies) captured many similar competencies in the following areas:

- general health sciences
- assessment and analysis
- program planning, implementation, and evaluation
- working in partnership
- communication
- ethics, team and organizational learning, and
- organizational performance standards.

The mapping also revealed that although there were many similarities between the dietetic, *Core Competencies for Public Health in Canada: Release 1.0,* and public health nutrition competency sets, there are also some differences (Table 1).

Table 1: Summary of differences between existing dietetic competencies, *Core Competencies for Public Health in Canada: Release 1.0*, and public health nutrition competencies

COMPARISON	IDENTIFIED GAPS
Dietetic competencies (i.e. Dietitians of Canada competencies + regulatory bodies' competencies) compared to *Core Competencies for Public Health in Canada: Release 1.0*	Dietetic competencies are missing: • explicit reference to application of health promotion strategies, disease and injury prevention, and health protection • a population-wide orientation, instead tended to focus on individuals • sufficient emphasis on public policy interventions • a broad view of diversity and inclusiveness • skills relating to mobilizing individuals and communities, capacity building
Core Competencies for Public Health in Canada: Release 1.0 compared to dietetic competencies (i.e. Dietitians of Canada competencies + regulatory bodies' competencies)	*Core Competencies for Public Health in Canada: Release 1.0* are missing: • foundational knowledge needed in food and nutrition sciences • expectations to apply nutritional requirements, interpret eating patterns and food trends, ensure food safety, or enhance food security • reference to evaluation and application of research
Core Competencies for Public Health in Canada: Release 1.0 and dietetic competencies (i.e. Dietitians of Canada competencies + regulatory bodies' competencies) compared to regional, provincial, and international public health nutrition competencies	Public health nutrition competencies have: • greater reference to food and nutrition systems • acknowledgement of the contribution of economic concepts and principles to public health • inclusion of skills related to grantsmanship • expectation to understand the environmental determinants of health • skills required relating to food and nutrition, monitoring and surveillance • recognition of the need for socio-political knowledge as context for advocacy

Key Enablers to Building on Existing Competencies

Having done this intensive analysis, the Task Force believes that the issues regarding terminology and the gaps in existing national competencies are significant, but surmountable. This led to the following conclusion:

Issues regarding terminology and the gaps in existing national competencies are significant, but surmountable.

> **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 develop an independent set of competencies specific to public health nutrition practice.**

There are two key enablers to this recommendation:

1. Additional Competencies
2. An Integration Strategy

1. Additional Competencies

The *Core Competencies for Public Health in Canada: Release 1.0*[2], in combination with the Dietitians of Canada entry level competencies[10] and the provincial regulatory bodies' essential dietetic competencies[9], capture the majority of competencies identified in existing regional, provincial, and international public health nutrition competency sets. However, even as a combined whole, they are not sufficient to capture all the competency requirements of Canadian public health nutrition practice.

The Task Force believes that the addition of competencies to existing dietetic competency sets would not only extend the application of the dietetic competencies to public health nutrition, but strengthen the competencies for the dietetic profession as a whole.

Through the analysis of the mapping, the Task Force identified six areas relevant to public health nutrition practice in Canada that are not captured in our existing national competency sets. Table 2 identifies and describes these six areas and translates them into potential entry-level competencies.

Table 2: Proposed additions to the Canadian dietetic competencies (i.e. Dietitians of Canada Entry-Level Competencies and Regulatory Bodies' Essential Competencies)

DESCRIPTOR	PROPOSED ENTRY-LEVEL COMPETENCY
1. Food and Nutrition Systems	
A food system is 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[16].	Applies knowledge of food systems and how they affect nutritional status and health outcomes of individuals and populations.
2. Environmental Impact	
The influence of food practices on environmental and ecological integrity: • different food processing methods and their impact on environmental integrity • different food production and distribution methods and their impact on environmental and ecological integrity • influence of packaging on environmental and ecological integrity (e.g. individuals and organizations) • methods of disposing of surplus food (e.g. food banks, composting)[17]	Demonstrates understanding of the inter-relationships between food practices and environmental and ecological integrity.
3. Economic Concepts	
The influence of economics on the social, cultural, political & environmental aspects of food availability and consumption: • economic factors such as income, supply and demand, social assistance, purchasing power, budget, fiscal restraints (poverty)[16]	Demonstrates understanding of the influence of economic trends and factors on the determinants of a population's nutritional status.
4. Resource Acquisition	
Resources (e.g. funding, space, equipment, and staff) are not always readily available to respond to population and community needs. Resource acquisition skills include: • conducting a community needs assessment • seeking opportunities for resources and assessing their relevance, including any ethical implications • developing a case for the resources and communicating the need for that plan (written proposal or oral presentation)	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[14].
5. Political Processes	
Political and legislative processes in health promotion and health delivery and their application to dietetic practice: • health and nutrition policy at local, provincial, and national level • strategies for participating in the political arena at the organizational, community, provincial, national, and international level (advocacy, building partnerships, and coalitions, etc.) • legislative systems and processes and the political environment • influence of globalization of professional services and harmonization of trade and services • health care structures, systems, and organization[16]	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[14].
6. Food and Nutrition Monitoring and Surveillance	
Food and nutrition surveillance focuses on the collection, integration, analysis, interpretation, and dissemination of data related to food and nutrient intakes; food safety and environmental exposures; nutritional status; nutrition-related health outcomes; knowledge, attitudes, and practices about healthy eating and other related lifestyle factors; demographics; personal and environmental health determinants; and factors affecting access to safe, affordable, nutritious foods[18].	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.

A Note on Levels of Proficiency

The Task Force recognizes that there are varying degrees of proficiency in public health nutrition practice from novice/entry level to expert. There are also a variety of professionals in public health nutrition, including front line providers and consultants/specialists. The Task Force recommends the proposed additional competencies as entry-level to practice requirements for all public health nutrition professionals.

This is consistent with the *Core Competencies for Public Health in Canada: Release 1.0*: "It is expected that a new public health professional will have been properly prepared at a baseline level and will be ready to build on this understanding and skills with practice[19]."

Having established the minimum expectations through the identification of the entry-level of proficiency for public health nutrition practice, practitioners, educators, and employers can build on these to identify and create what is needed to support more advanced or specialized practice.

Build on these to identify and create what is needed to support more advanced or specialized practice.

Existing dietetic competency sets influence curriculum development and eligibility to practice.

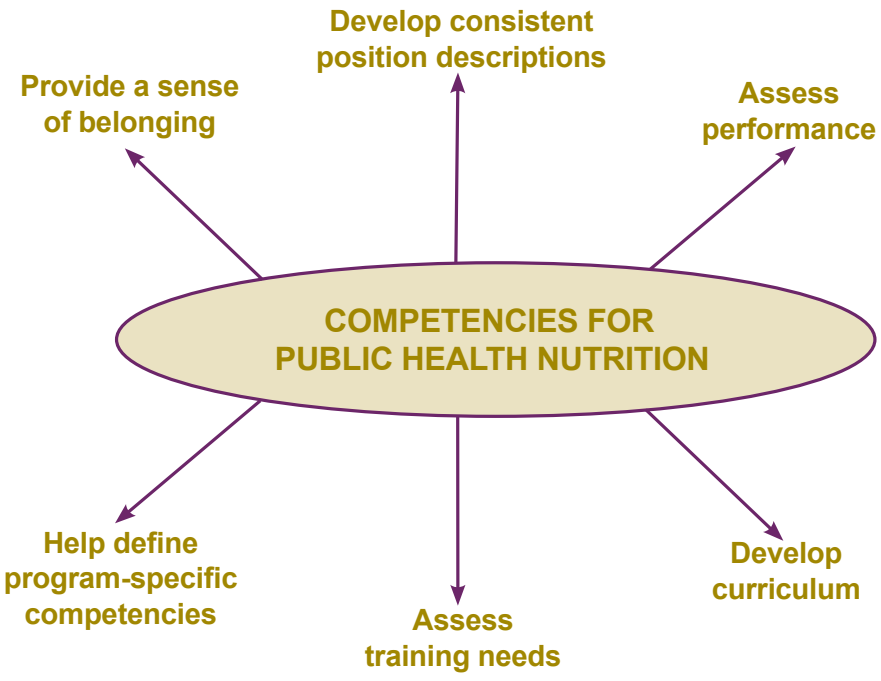
2. An Integration Strategy

One of the reasons the Task Force recommends building on existing competencies is that these existing dietetic competency sets influence curriculum development and eligibility to practice. As a result of their influence, these existing competency sets are key levers for facilitating the systems change required to strengthen public health nutrition practice. An integration strategy for enhancing the existing dietetic competency sets and using them in conjunction with the *Core Competencies for Public Health in Canada: Release 1.0* is needed to realize this potential.

Figure 1 illustrates the desired impact of the competencies. Employers, educators, and public health nutrition professionals will need to identify the supports and incentives needed to successfully apply the proposed competencies to public health nutrition practice.

One component of this strategy is to work with Dietitians of Canada and the regulatory bodies to integrate terminology and practice-based examples reflecting public health nutrition practice. Additional elements of the strategy will be identified through the consultation process.

Figure 1: Desired impact of Canadian public health nutrition competencies



What do you think?

- *Based on results from previous consultation and review, the Task Force concluded:*

  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 develop an independent set of competencies specific to public health nutrition practice.

  Do you agree? If not, what do you feel would be a better approach?

- *How well do the proposed competencies in the right hand column of Table 2 capture concepts essential for entry-level practice in public health nutrition practice?*
- *In addition to the 6 proposed competencies, what else, if anything, is needed to ensure existing dietetic and core public health competency sets are relevant to public health nutrition practices in Canada?*

LEADERSHIP & ORGANIZATIONAL STRUCTURE

What, if any, leadership functions and organizational structures are necessary at a national level to support public health nutrition practice?

The previous sections proposed a definition and competencies for public health nutrition practice, both important tools to enhance training and quality improvement within a profession[20].

The Task Force recognizes and works with many existing provincial and territorial leaders and organizations whose mission and objectives are to support public health practice.

This next section begins an exploration of potential leadership and organizational structures that might be needed to support public health nutrition practice in Canada at a national level. Investment in education and training will have limited impact without supports to maintain and reinforce their effects[21].

Through the consultation process, the Task Force would like to obtain direction from public health nutrition professionals and our stakeholders across the country on what, if any, leadership functions and organizational structures are necessary at a national level to support public health nutrition practice.

Possible Functions

Based on input from a pilot consultation and a thematic analysis of an environmental scan (Appendix D), the Task Force identified the following functions as important for public health nutrition practice in Canada:

- facilitate communication and collaboration between public health nutrition professionals in urban, rural, northern and remote areas;
- connect provincial/territorial organizations and networks;
- advocate for a healthy population by identifying and responding to relevant issues at a national level;
- promote and advocate for a competent and well-supported Canadian public health nutrition workforce;
- liaise between public health nutrition professionals and national groups and organizations;
- facilitate the exchange, synthesis, and ethically sound application of food and nutrition knowledge within and beyond the profession (knowledge translation);
- act as a clearinghouse for tools, issues, and problems related to policy/program planning, implementation, and evaluation;
- develop and promote consistent standards of practice;
- promote and provide opportunities for professional development and continuing education;
- initiate, encourage, and participate in public health nutrition research; and
- support the education and training of public health nutrition professionals.

What do you think?

- *Do you think there is a need for national leadership or a national organizational structure to support public health nutrition practice? If so, please describe your vision.*
- *Based on consultation and an environmental scan, the Task Force identified several potential national level functions. How useful would these be to public health nutrition practice?*

CONSULTATION PROCESS

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

The purpose of this discussion document is to generate informed dialogue with public health nutrition professionals, and their colleagues, educators, and employers. The document is a tool to help fulfill the Task Force's commitment to an inclusive, transparent, flexible, meaningful, and rigorous consultation process.

Broad-based consultation contributes to:

- the engagement of the variety of stakeholders required to achieve workforce development;
- a collaborative culture within public health nutrition; and
- decisions and implementation based on inclusion and transparency.

Who is the Target Audience?

The primary audience is public health nutrition professionals — community and public health nutritionists and dietitians, and other registered dietitians working in the area of public health across Canada. In addition, other stakeholder groups will be engaged:

1. **Public Health Colleagues** — representatives from the other discipline-specific competency groups (public health nursing, epidemiology, public health inspection, medical officers of health, health promoters, and dental health);
2. **Educators** — internship program coordinators, university deans & directors;
3. **Employers** — managers and directors with responsibility for public health nutrition outcomes; and
4. **National and International Experts** — past and present leaders with experience in public health nutrition and/or workforce development.

Methods

The Task Force is using a variety of methods to gather input, with this discussion document as the common framework:

- Workshops/discussion groups are scheduled to take place in almost every province and territory with teleconferencing options available at some sites. The anticipated reach is about 300 public health nutrition professionals, at least 20 employers, and approximately 20 educators.
- Written feedback is encouraged from any interested individuals who have reviewed this discussion document. This document along with a web-based and print version of a comment form will be posted on the Dietitians of Canada website and disseminated through email to provincial public health nutrition networks and the organization liaisons on the Task Force, which includes public health nutrition education, training, regulation, practice, and research. Written submissions will be accepted up to December 31, 2008.
- Individual interviews with national and international experts will be conducted using standard, relatively open-ended questions.

The Task Force invites and strongly encourages you to participate in this dialogue.

Timelines

The consultation process has begun with the release of this document and will be completed by March 2009. In anticipation of the volume of feedback, the Task Force estimates a June 2009 release date of aggregated consultation results and recommendations.

The Task Force invites and strongly encourages you to participate in this dialogue. Written submissions can be made on-line at:

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Print versions of the written submission form are available through the contact information below and can also be sent via email, fax or mail. All submissions must be received **by December 31, 2008 to be considered in the analysis.**

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GLOSSARY OF TERMS

Unless otherwise noted, the following terms have been extracted from the Glossary of Terms Relevant to the *Core Competencies for Public Health in Canada: Release 1.0*[2].

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.

Consultants/specialists: Public health staff who are likely to have advanced preparation in a special content area or a specific set of skills. They provide expert advice and support to front line providers and managers although they may also work directly with clients. Examples of consultants/ specialists include epidemiologists, community medicine specialists, environmental health scientists, evaluators, nurse practitioners, and advanced practice nurses. (Includes public health nutritionists)

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.

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)

Ecological: the relationships between living organisms and their environment[22].

Environmental: An environmental determinant of health is, in general, any external agent (biological, chemical, physical, social, or cultural) that can be causally linked to a change in health status[23].

Front line provider: Public health staff who have post-secondary education and experience in the field of public health. Front line providers have sufficient relevant experience to work independently, with minimal supervision. Front line providers carry out the bulk of day-to-day tasks in the public health sector. They work directly with clients, including individuals, families, groups, and communities. Responsibilities may include information collection and analysis, fieldwork, program planning, outreach activities, program and service delivery, and other organizational tasks. Examples of front line providers are public health nurses, public health/environmental health inspectors, public health dietitians, dental hygienists, and health promoters.

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[15].

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)

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)

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)

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.

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)

REFERENCES

[1]Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources (2006). *Building the Public Health Workforce for the 21st Century.* Ottawa. http://www.phac-aspc.gc.ca/php-psp/pdf/building_the_public_health_workforce_fo_%20the-21stc_e.pdf.

[2]Public Health Agency of Canada (2007). *Core Competencies for Public Health in Canada: Release 1.0*. http://www.phac-aspc.gc.ca/ccph-cesp/index-eng.html.

[3]Fox, A., Chenhall, C., Traynor, M., Scythes, C. and Bellman, J. Public health nutrition practice in Canada: a situational assessment. *Public Health Nutrition*. http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=1652332&fulltextType=RA&fileId=S1368980007001516. For site access click here:

[4]Chenhall, C. (2006). *Competencies for Public Health Nutrition Professionals: A Review of the Literature.* Unpublished Report. Dietitians of Canada. http://www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=8582.

[5]Chenhall, C. (2006). *Public Health Nutrition Competencies: Summary of Key Informant Interviews*. Unpublished Report. Dietitians of Canada. http://www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=8582.

[6]Definition adapted from (2006) *Dictionary.com Unabridged* (v 1.1). Based on the *Random House Unabridged Dictionary*, © Random House, Inc., and *The American Heritage® Dictionary of the English Language*, Fourth Edition © 2006 by Houghton Mifflin Company.

[7]The Public Health Nutritionists of Saskatchewan Working Group. (2005). *Scope of Practice Paper*. Unpublished Report. Public Health Nutritionists of Saskatchewan.

[8]Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources. Advisory Committee on Health Delivery and Human Resources, and Advisory Committee on Population Health and Health Security (January 2005). *The Development of a Draft Set of Public Health Workforce Core Competencies*. Summary Report. http://www.phs.utoronto.ca/SPH_Doc_and_Ref/Core_Public_Health_Competencies_Report_english.pdf.

[9]Alliance of Canadian Dietetic Regulatory Bodies (2006). *Essential Competencies for Dietetic Practice*. Unpublished Report. http://www.collegeofdietitiansbc.org/documents/Essential%20Competencies%20for%20Dietetic%20Practice-Final%20Alliance%20text%20Jan%202007.pdf. For site access click here:

[10]Dietitians of Canada (1996). *Competencies for the Entry-Level Dietitian*. Unpublished Report. http://www.dietitians.ca/pdf/Competencies_for_Entry-level_Dietitian.pdf.

[11]Vavaroutsos, D and Timmings, C. (2003). *Nutrition Services Redesign Project* (Final Report and Appendices). Toronto: Toronto Public Health.

[12]Moran, S., Costey, S., Murton, M., MacKinnon, M. & Amero, M. (2005). *Public health nutritionists: Scope, Qualifications and Competencies*. (Nova Scotia, unpublished).

[13]Hughes R. (2005). *A competency framework for public health nutrition workforce development*. Australian Public Health Nutrition Academic Collaboration. http://www.aphnac.com.

[14]Nutrition Society. (2005). *Voluntary Register Of Nutritionists Application Pack, Section 3: Specialist Registration in Public Health Nutrition*. London: Nutrition Society.

[15]Association of Graduate Programs in Public Health Nutrition (2002). *Strategies for Success: Curriculum Guide (Didactic and Experiential Learning)* (2nd Edition). Graduate Programs in Public Health Nutrition. Association of Graduate Programs in Public Health Nutrition.

[16]McCullum C, Desjardins E, Kraak VI, Ladipo P & Costello H. (2005). Evidence-based strategies to build community food security. *Journal of the American Dietetic Association*, 105, 278–283.

[17]Bright-See, E., Simard-Mavrikakis, S., Sullivan, A., Watters, C., Wilson, H., Woolcott, D., McDonald, B., Horgen, I., & Wyatt, M. (December 1997). *A Report of the Ad Hoc Education and Accreditation Policy Committee*. Unpublished Report. Dietitians of Canada.

[18]Electronic Media and URLs (2005). Retrieved June 26, 2008 from http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/surveill/conceptual_model-eng.pdf

[19]Electronic Media and URLs (Modified 2008). Retrieved September 18, 2008 from http://www.phac-aspc.gc.ca/ccph-cesp/qa-qr-eng.php#Q8.

[20]Hughes, R. & Somerset, S. (1997). Definitions and conceptual frameworks for public health and community nutrition: A discussion paper. *Australian Journal of Nutrition & Dietetics*, 54(1), 40–45.

[21]Hughes, R. (2003). A conceptual framework for intelligence-based public health nutrition workforce development. *Public Health Nutrition*, 6(6), 599–605.

[22]*Collins Concise Dictionary Plus* (1989). William Collins Sons & Co. Ltd.

[23]Electronic Media and URLs (2008). Retrieved September 15, 2008 from http://www.answers.com/topic/environmental-determinants-of-health.

APPENDICES

APPENDIX A:

PAN-CANADIAN TASK FORCE ON PUBLIC HEALTH NUTRITION PRACTICE — TERMS OF REFERENCE, AND MEMBERSHIP

Background

In early 2006, a Pan-Canadian Advisory Committee on Public Health Nutrition Competencies (now named the Pan-Canadian Task Force on Public Health Nutrition Practice) was formed in collaboration the Public Health Agency of Canada (PHAC) to provide strategic guidance and expert advice on public health nutrition practice enhancement in Canada. The Task Force includes 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.

In 2006–07 four deliverables were produced:

- A review of the literature on competency development for public health nutrition professionals;
- An environmental scan, including key informant interviews, to seek out current issues, gaps and opportunities in the public health nutrition field in Canada;
- A situational analysis applying The Health Communications Unit (University of Toronto) situational assessment framework, which identified key issues, gaps, and recommendations for the next steps in the development of public health nutrition competencies; and
- A three-year action plan to set direction and outline future work on work force enhancement.

Purpose and Objectives

The purpose of the Pan-Canadian Task Force on Public Health Nutrition Practice is to provide leadership, expertise and strategic counsel to enhance public health nutrition practice in Canada. This will be achieved through collaboration, consultation and research.

Its objectives over the next two to three years are:

- secure resources for ongoing actions to enhance the public health nutrition work force
- define public health nutrition practice in Canada
- investigate and report on the need for discipline specific public health nutrition competency sets/frameworks
- explore potential opportunities to gain and enhance public health nutrition knowledge, skills and abilities
- disseminate information and plans, and gather input from relevant stakeholders
- identify mechanisms to link with other public health disciplines
- explore an organizational structure that can provide leadership for public health nutrition practice issues in Canada.

Membership

The Pan-Canadian Task Force on Public Health Nutrition Practice will include, at minimum, individual public health nutrition practice leaders and organization liaisons who can bring the following perspectives to the work:

- regional and geographic practice differences represented through public health nutrition professional practice groups
- current and future roles and functions of Pan-Canadian public health nutrition practitioners
- federal, provincial, and territorial public health workforce demands
- undergraduate, graduate, and dietetic internship level education and training
- public health nutrition practitioner core competency development and skill enhancement
- public health nutrition practice and workforce-related research
- dietetic regulatory issues
- additional perspectives as needed by the Task Force.

In addition, the Task Force will include non-voting ex-officio representation from funding and funding contract management agencies as well as project managers/consultants. For example while the Task Force operates with funding support from the PHAC through DC, a representative of the PHAC and DC will liaise with the group and provide guidance and support to ensure that the contract/project deliverables and timelines are met.

Appointments

Those who began the work completed during the first two contracts between DC and the PHAC will be encouraged to continue to participate as a member of the Task Group. Subsequently, additional members may be invited to join the Task Force should gaps be identified.

Term

Members on the Task Force are encouraged to commit for a minimum of one year, renewable up to three years. It is appreciated if an exiting committee member can seek out a replacement.

Working Groups will be struck as needed.

Member Responsibilities

- actively participate in meetings of the Task Force held at the call of the Chair
- contribute to the purpose of the Task Force which may include commenting on issues and reports between meetings
- provide timely input on key deliverables for contracts and grants
- contribute to the planning of meetings and help with the dissemination of the results, as required
- as an individual Task Force member acting as a liaison with another group, that member will provide updates to and seek input from that group as required
- members act as recorders — alphabetically based on last name. If a member is unavailable, that member is requested to seek out a replacement prior to the meeting.

Chair Responsibilities

- coordinate all meetings of the Task Force, including setting and distributing the agenda, chairing the meetings, and ensuring a minute taker is designated and meeting minutes and other related reports are distributed
- provide reasonable notice of meetings with opportunity to participate
- ensure a communication piece is regularly prepared that supports the Task Force members in consistent communication with those they represent
- guide the Task Force in addressing issues and concerns as they arise.

Funder and Grant Management Responsibility

It is the responsibility of the funding and management agencies to each appoint a non-voting ex-officio representative to the Task Force, to provide guidance and support, and ensure the contract/project deliverables and timelines are met. Contracted project manager and/or consultants will be responsible for deliverables outlined in their contract/terms of agreement with direction, guidance and support from the Task Force. Task Force members will have the opportunity to provide input into the development of position descriptions and hiring processes for contracted personnel.

Confidentiality

Each representative has a duty to keep confidential any information which is identified as such. Confidential information is to be discussed only within the Task Force.

Ethical Guidelines for Research, Funding and Sponsorship

The Task Force will consider funding and/or support from the following groups only:

- government agencies; and
- professional associations and groups.

The Task Force must be in agreement before accepting funds and/or support.

When participating in research activities, the Tri-Council Policy Statement will be followed: http://www.pre.ethics.gc.ca/english/policystatement/policystatement.cfm.

The key statements are:

1. Respect for Human Dignity
2. Respect for Free and Informed Consent
3. Respect for Vulnerable Persons
4. Respect for Privacy and Confidentiality
5. Respect for Justice and Inclusiveness
6. Balancing Harms and Benefits
7. Minimizing Harm.

Intellectual Property of Contract/Grant Deliverables

The intellectual property for all deliverables of contracts and grants will be as stated in the contract agreements. All proposals with external funding and support agencies will be reviewed by the Task Force.

Individual members of the Task Force who choose to work together to prepare manuscripts for submission to an appropriate peer-reviewed Journal, as approved by the Task Force, are encouraged to do so. Authorship will be dictated by the requirements of the journal chosen for submission. All members of the Task Force will be acknowledged for their participation and listed appropriately in the manuscript as will the support from the funding and management agencies.

Conflict of Interest

Conflict of interest occurs when a representative participates in discussion or decision-making about a matter that may result in financial or other benefit to: that member, their organization or someone with whom the member has a close personal or external professional relationship, regardless of the size of the benefit.

Prior to the commencement of any meeting or on the agenda, members will declare conflict of interest regarding specific agenda items. The member will then leave the meeting for the discussion of the identified agenda item and may return as the meeting moves to the next agenda item. Departure and return of the member will be noted in the minutes of the meeting.

Remuneration

Committee representatives shall not be remunerated for serving on the committee.

Frequency of Meetings

The Task Force shall aim to meet in person at least annually with teleconference calls as needed or at the call of the Task Force Chair.

Quorum

The quorum for holding meetings is 50% plus one voting members. A decision is simply made by a majority of voting members. The chair has the option to vote or not. If the voting members are having difficulty in reaching a decision, the following consensus model will be used (from *National Evaluation Team for Children Terms of Reference, Annex C* and adapted from the *BC Labour Force Development Board)*:

> The simplest and most basic definition of consensus is **"general agreement … collective opinion."** (*The Canadian Oxford Dictionary*)

In this approach, people are not simply for or against the decision, but have the option to situate themselves on a scale that lets them express their individual opinion more clearly. This model is usually used with a round, so that everyone in the meeting is given the opportunity to state where they are according to the following six levels:

1. fully support
2. support with reservations
3. acceptable
4. will not block it, can live with it
5. need more information or more discussion
6. no; cannot accept it.

If someone is at level 2, 3 or 4, they have the option of explaining their reservations. These can be addressed by the meeting, if the group wishes to. This is not absolutely necessary for achieving consensus if everyone is already at 4 or higher, but it usually improves the recommendation or suggestion being discussed.

If someone is at level 5, they have the obligation to explain what information or discussion they require from the group. If someone is at level 6, it is important for them to try to offer a solution that can accommodate their needs and the needs of the rest of the group.

In addressing someone's reservations, it is important to ask:

1. everyone for possible solutions (the person expressing the concern and the rest of the group both have a responsibility to find solutions); and
2. people to suggest improvements or alternatives that meet the objectives of the entire group.

Distant Participation

A person so participating shall be deemed to be present at the meeting and shall be entitled to vote and be counted in the quorum accordingly.

Review of Terms of Reference

The terms of reference will be reviewed annually or at the call of the Chair.

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APPENDIX B:
ANALYSIS OF SELECTED DEFINITIONS OF PUBLIC HEALTH NUTRITION BY INTERNATIONAL CONSENSUS-BASED DESCRIPTORS

SELECTED DEFINITIONS OF PUBLIC HEALTH NUTRITION	ALIGNMENT WITH INTERNATIONAL CONSENSUS-BASED DESCRIPTORS[1]
Public health nutrition is a specialty in nutrition. Public health nutrition is the application of nutrition and physical activity to the promotion of good health, the primary prevention of diet-related illness of groups, communities and populations (not the health care of individuals). *Nutrition Society (UK)*[2]	• population-based • focus on health promotion • wellness maintenance • primary prevention • applies public health principles ? food and nutrition systems focus ? education ? environmental focus ? political
Public health nutrition includes an array of services and activities to assure conditions in which people (i.e. population) can achieve and maintain nutritional health. *Johnson et al (US)*[3]	• population-based • focus on health promotion • wellness maintenance • primary prevention • education • environmental focus ? food and nutrition systems focus ? applies public health principles ? political
Public health nutrition ... refers to the population-focused branch of public health that monitors diet, nutrition status and health, and food and nutrition programs, and provides a leadership role in applying public health principles to activities that lead to health promotion and disease prevention through policy development and environmental changes. *Spark, A.J. (US)*[4]	• population-based • focus on health promotion • food and nutrition systems focus • primary prevention • applies public health principles • education • environmental focus • wellness maintenance • political
Public health nutrition is the organized effort by society in the areas of food and nutrition to promote and protect the health of the population. *Australian Public Health Nutrition Academic Collaboration*[5]	• population-based • focus on health promotion • food and nutrition systems focus • primary prevention • political ? wellness maintenance ? applies public health principles ? education ? environmental focus

SELECTED DEFINITIONS OF PUBLIC HEALTH NUTRITION	ALIGNMENT WITH INTERNATIONAL CONSENSUS-BASED DESCRIPTORS[1]
Public health nutrition is the promotion and maintenance of nutrition related health and well-being of populations through the organised efforts and informed choices of society. *World Public Health Nutrition Association* *(Personal communication. Roger Hughes, June 8, 2007.)*	• population-based • focus on health promotion • wellness maintenance • primary prevention • education • political • environmental focus ? food and nutrition systems focus ? applies public health principles
Public Nutrition is a field aiming to address the range of factors known to influence nutrition in populations, including diet and health; social, cultural, and behavioural factors; and the economic and political context.[6,7,8] *Beaudry et al*[9]	• population-based • focus on health promotion • wellness maintenance • primary prevention • education • political • environmental focus • food and nutrition systems focus ? applies public health principles

Within the analysis above, a "?" is used to indicate descriptors that were not overtly evident within the selected definitions. Given the brevity of most of the definitions, one could make many assumptions about what could be inferred (or not) with the use of specific phraseology and words.

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1 Hughes, R. (2004). Competencies for effective public health nutrition practice: a developing consensus. *Public Health Nutrition*, 7(5), 683-691.

2 Nutrition Society. (2005). Voluntary Register Of Nutritionists Application Pack, Section 3: Specialist Registration in Public Health Nutrition. London: Nutrition Society.

3 Johnson, D.B., Eaton, D.L., Wahl, P.W. & Gleason, C. (2001). Public health nutrition practice in the United States. *Journal of the American Dietetic Association*, 101 (5), 529–534.

4 Spark, A.J. (2007). Nutrition in public health: principles, policies and practice. Boca Raton: CRC Press.

5 Hughes R. (2005). A competency framework for public health nutrition workforce development. Australian Public Health Nutrition Academic Collaboration. http://www.aphnac.com.

6 Mason, J., Ilabicht, J-P., Greaves, J., Jonsson, U., Kevany, J., Martorell, R., & Rogers, B. (1996). Public nutrition. *American Journal of Clinical Nutrition*, 63, 399-400. In Rogers, B. & Schlossman, N. (1997).

7 Rogers, B. & Schlossman, N. (1997). "Public nutrition": The need for cross-disciplinary breadth in the education of applied nutrition professionals. *Food and Nutrition Bulletin*, 18(2).

8 Beaudry, M., Hamelin, A-M., & Delisle, H. (2004). Public Nutrition: An Emerging Paradigm. *Canadian Journal of Public Health*, 95(5), 375–377.

9 Beaudry, M. & Delisle, H. (2005). Public('s) nutrition. *Public Health Nutrition*, 8(6A), 743–748.

APPENDIX C: GUIDING PRINCIPLES FOR COMPETENCY MAPPING PROCESS

The Pan-Canadian Task Force on Public Health Nutrition Practice was formed to provide strategic guidance and expert advice on public health nutrition practice enhancement in Canada.

We are committed to providing leadership, expertise and strategic counsel to enhance public health nutrition practice in Canada through collaboration, consultation and research. Our work is funded by the Public Health Agency of Canada (PHAC) and this grant is managed through Dietitians of Canada. We have adopted the following to inform our decision making:

- **We do not assume that a new or unique set of competencies is required for public health nutrition practice.** We are committed to investigate and report on the need for discipline-specific public health nutrition competency sets/frameworks.
- **Public health nutritionists from across Canada, their colleagues, employers and other stakeholders will have a voice and be heard.** We are committed to disseminate information and plans, and to gather input from relevant stakeholders.
- **Our work will be informed by existing competencies and not developed in isolation.** We will achieve this through the analysis, synthesis, and mapping of existing public health, dietetic, and public health nutrition competencies.
- **Our selection of competency sets for consideration will be driven by a review of the literature completed in 2007 and key informant interviews.** Our literature search identified five formal competency sets for nutrition professionals in public health. In addition, in Canada there are three national competency sets which will be considered — the *2007 Core Competencies for Public Health in Canada*[1], the *Dietitians of Canada's Entry-Level Competencies*[2], and the *2006 Essential Competencies for Dietetic Practice*[3].
- **The September 2007 *Core Competencies for Public Health in Canada: Release 1.0* will be our starting point for mapping.** These competencies have been developed through extensive consultation. They have been 'generally accepted' and are being used in a variety of different ways and settings across Canada.
- **We will be the decision making body responsible for the content of the final report.** Through our membership, we have 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. We operate using a consensus decision making model.

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1 Public Health Agency of Canada (2007). *Core Competencies for Public Health in Canada: Release 1.0*. http://www.phac-aspc.gc.ca/ccph-cesp/index-eng.html.

2 Dietitians of Canada (1996). *Competencies for the Entry-Level Dietitian*. Unpublished Report. http://www.dietitians.ca/pdf/Competencies_for_Entry-level_Dietitian.pdf.

3 Alliance of Canadian Dietetic Regulatory Bodies (2006). *Essential Competencies for Dietetic Practice*. Unpublished Report. http://www.collegeofdietitiansbc.org/documents/Essential%20Competencies%20for%20Dietetic%20Practice-Final%20Alliance%20text%20Jan%202007.pdf.
For site access click here:

APPENDIX D: ENVIRONMENTAL SCAN OF PUBLIC HEALTH ORGANIZATIONS

Over the summer of 2008, the Task Force conducted an environmental scan of 17 existing public health organizations in nutrition and other disciplines at the provincial, national, and international level.

The purpose of the scan was to support an assessment of the needs of public health nutrition professionals by:

1. developing a better understanding of what public health leadership and organizational structures are currently in place
2. identifying the types of supports organizations provide to enhance practice.

A Google search using the terms "public health and nutrition and organizations or networks or working groups" was used to compile a list of public health nutrition organizations operating at the provincial, national, and international level. Additional organizations were suggested by Task Force members for inclusion in the scan and are listed below.

A standardized set of information was collected from these organizations through a review of their websites and relevant documentation (e.g. Terms of Reference), followed by telephone interviews and email exchanges.

The goals/functions of the public health organizations in nutrition and other disciplines included in the scan were analyzed and grouped according to common themes. These themes were reviewed and further clustered and re-framed to form the basis for the list of possible functions presented earlier in the discussion document.

Provincial Level Public Health Nutrition Organizations

- Alberta Provincial Nutrition Group
- British Columbia Nutrition Council
- Community Nutritionists Council of British Columbia
- Ontario Society of Nutrition Professionals in Public Health
- Professional Practice Council in Nova Scotia
- The Public Health Nutritionists of Saskatchewan Working Group

National Nutrition Organizations

- Dietitians of Canada
- Federal / Provincial / Territorial Group on Nutrition

National Level Public Health Nutrition Organizations (outside Canada)

- Food and Nutrition Section (American Public Health Association)
- Food & Nutrition Special Interest Group (Public Health Association of Australia)
- Public Health / Community Nutrition Dietetic Practice Group (American Dietetic Association)

National Level Public Health Organizations (in non-nutrition disciplines)

- Canadian Association of Public Health Dentistry
- Canadian Institute of Public Health Inspectors
- Canadian Public Health Association
- Community Health Nurses Association

International Public Health Nutrition Organizations

- Asia Pacific Public Health Nutrition Association
- European Network of Public Health Nutrition