

Editorial**Public health nutrition in the Asia Pacific region**

Bridget H.-H. Hsu-Hage* and Zak Sabry†

**Monash University Department of Medicine, MMC, 246 Clayton Road, Block E, Level 5, Clayton, Victoria 3168, Australia. Fax: + 61 3 550 5524.* †*Public Health Nutrition program, 423 Warren Hall, University of California, Berkeley, CA 94720, USA. Fax: +1 510 643 6981.*

Public health nutrition – genesis and development

The term 'public health nutrition' was used first in 1963 by the South Carolina State Board of Health of the USA, in a 'guide for public health nutrition services'¹. However, the call for 'nutrition' as a significant feature in public health had occurred earlier and been elaborated by Magee². In 1965, through the collaboration of the World Health Organization Regional Office for the Eastern Mediterranean, the Imperial Ethiopian Ministry of Public Health held a conference with the theme: 'the importance of nutrition in public health'. In the next 10 years, the use of the term 'public health nutrition' or 'public health nutritionist' was limited to government agencies or professional groups in Japan and the USA, although the awareness and practices in 'public health nutrition' in other parts of the world were nonetheless operative with inadequate documentation.

The early development of 'public health nutrition' concepts has been motivated primarily by a need to effectively deliver public health services, aiming to improve individual nutritional status^{1,3,4}. The application of such a concept or strategy results in considerations for personnel in public health nutrition and their educational needs⁵⁻¹⁰. The role of public health nutrition today is somewhat more complex. Public health nutrition has progressed to claim professional specialty status for the applications of nutritional measures to community health promotion, disease risk reduction or prevention¹⁻¹⁶. Public health nutrition today, more than ever before, depends on its science with quantified considerations to achieve nutrition objectives at all levels¹⁷.

Public health nutrition in the Asia Pacific region

Within the framework of 'public health nutrition', nutritional considerations are traditionally guided by public health issues. In recent decades, the public health discipline has evolved to include a wide range of issues. Not all public health issues are of nutritional relevance; nor are all nutritional questions of public health significance. Like many

health issues, in part the need for public health nutrition arose from or grew out of economic considerations. In developed countries where over-nutrition surpasses under-nutrition, the public health concerns are about food and nutrition policies for chronic disease prevention or healthy longevity¹⁸⁻²². In communities where poverty remains a considerable concern, poor nutrition continues to bring about energy malnutrition and micro-nutrient deficiencies²³⁻²⁵.

Asia Pacific regional interests

Due previously to their fast growing economies in past years, countries in the Asia Pacific region have begun to experience a changing food supply and apparently improved nutritional status. The changes have been accompanied by a decrease in infectious diseases and an increase in 'diseases of Western society', including cardiovascular diseases, diabetes mellitus and some cancers²⁶⁻³¹. Public health issues are no longer what they were. Adding to the complexity of regional health issues is the co-existence of the 'new' as well as the 'old' diseases.

The cultural and population dynamics in the Asia Pacific region means public health issues remain, as always, among the most poignant considerations to be addressed within the prevailing cultural, political, social, economic, scientific and technological framework. The experience of these countries in promoting and maintaining the health of their people through traditional and modern strategies offers a rich opportunity to pool resources and knowledge for the benefit of all countries within and outside the region. It is out of this awareness that the idea of an Asia Pacific Public Health Nutrition Association was born.

This follows the exciting event of the publication of the *Asia Pacific Journal of Clinical Nutrition* in 1992. The Journal represents a wide range of interests in the region³², and opens up inevitable interactions, drawing on experimental nutrition, nutritional epidemiology, and clinical studies, among health professionals in the region. There exist enormous opportunities for a new public health, particularly

public health nutrition, in the region to be discussed and documented.

The linkage of clinical and epidemiological aspects of nutrition provides a continuum that covers metabolic pathways, human physiology, disease pathogenesis, and on to the ethnic, social and cultural considerations of nutritional needs. The inter-disciplinary integration approach and its broad perspective provide the scope needed by the public health nutritionist to design and implement programmes and services to achieve the nutritional goals of a nation or community.

The Asia Pacific Public Health Nutrition Association (APPHNA)

The serious business of forming a public health nutrition association began with an after-dinner conversation between Dr Mabel Yap, Dr Prasong Tienboon, and Dr Bridget Hsu-Hage on 29 October 1992, during which period both Dr Yap and Dr Tienboon were visiting fellows to Monash University Department of Medicine, at the Monash Medical Centre, Melbourne, Australia. It was proposed that such an association be established to facilitate a professional network in the promotion of public health nutrition in the Asia Pacific region. The association has been named the 'Asia Pacific Public Health Nutrition Association' to reflect its regional interest and its professional content. A draft statement of purposes and discussion of memorandum of articles were developed. A 12-member Steering Committee established a legal entity. It met for the first time on 29 September, 1993, during the 15th IUNS International Congress of Nutrition in Adelaide, Australia, to elect the first council of the Association. The Council consists of 12 members. The founding executives are Dr Bridget Hsu-Hage as President, Dr Prasong Tienboon as Vice-President, Dr Mabel Yap as Secretary, Dr Widjaja Lukito as Treasurer, and Dr May-Choo Wang as Public Relations Officer. The Council members are Dr Ian Darnton-Hill, Dr Lucila Rabuco, Professor Zak Sabry, Professor Soemilah Sastroamidjojo, Dr Tee E Siong, Mrs Tan Wei Ling and Professor Mark Wahlqvist.

The Association was incorporated in Victoria, Australia, later in December 1993, with the following purposes:

- a) To foster a professional network and to promote and provide a forum for the regular exchange of views and information;
- b) To promote public health nutrition and to develop methods for research;
- c) To liaise with international, regional and national agencies, government and non-government, including teaching institutions that may be conducive to the objects set out in (a) and (b) above.

In order to accomplish the above purposes, the Association has the following power:

- 1) To undertake research for the promotion of public health nutrition in the region;
- 2) To hold or arrange for the holding of meetings of its members;
- 3) To receive subscriptions from members;
- 4) To raise money by all lawful means for the purpose of furthering the objects of the Association.

- 5) To invest and deal with the money of the Association not immediately required in such manner as the Council deems appropriate;
- 6) To print and publish any newspaper, periodicals, books or leaflets that the Association may think desirable for the promotion of its objects;
- 7) To subscribe to, become a member of and co-operate with other organizations whose objects are similar to those of the Association;
- 8) To obtain and classify information in matters concerning public health nutrition and to make them available to all members and the public; and
- 9) To do all such lawful acts and things which are consistent with the above objects.

Since the inception of the Association, efforts have been made to promote a regional network by participating in various activities. The Association through this Journal issue (volume 3, number 2) now has its first publication. The Association is grateful for the opportunity to be associated with both the Journal and those who presented their research results to the Chinese Food and Health Workshop at the 15th IUNS International Congress of Nutrition (16 of the 19 papers are published in this issue). Financially, the Association is thankful for the support of the Journal editors and publisher, the Heinz Institute of Nutritional Sciences (arranged through Dr David Yeung, a Director of the H.J. Heinz Company of Canada), the Chinese Professional and Business Association of Victoria and the Kong Chew Society of Victoria in Australia.

The formal linkage with this Journal means members of the Association will regularly receive a copy of the Journal, be able to contribute their intellectual input or research output to the literature through the Journal, and actively participate in the future direction of nutrition research in the region. Similar to many professional forces, public health nutritionists in the region rely on research to validate scientific arguments. With the Constitutional purposes in mind, the Association welcomes constructive suggestions for the undertaking of regional research in the future.

Finally, the Association through its independent membership drive endeavours to recruit those professionals who share the same view as it does and who would like to contribute to the movement of public health nutrition in the region. Membership can be sought by writing to Dr Widjaja Lukito, the Treasurer of the Association, at the Monash University Department of Medicine, 246 Clayton Road, Block E, Level 5, Clayton, Victoria 3168, Australia; Fax: +61 3 550 5524. The following information is required: family and given names, date of birth, birthplace, nationality, highest degree, current position, business address, telephone and fax number (with country and city code), and home address. The annual subscription fee of US\$25.00 for 1994 may be paid by Visa or Master Card; card number, expiry date and signature are required for processing.

References

- 1 South Carolina State Board of Health. Guide for public health nutrition services. Columbia: South Carolina State Board of Health, 1963.
- 2 Magee HE. Nutrition and the public health. London: Pitman Medical Pub Co, 1959.
- 3 US Division of Medical Care Administration. Guidelines for

- dietitians and public health nutritionist in home health services. Washington: US Division of Medical Care Administration, 1968.
- 4 US Community Health Services. Guidelines for dietitians and public health nutritionist in home health services. Washington DC: US Division of Medical Care Administration, 1970.
 - 5 American Dietetic Association. Personnel in public health nutrition. Chicago: American Dietetic Association, 1976.
 - 6 Kaufman M (ed). Personnel in public health nutrition for the 1980s. McLean, Va: ASTHO Foundation, 1982.
 - 7 Brown JE. Public health nutrition: a review of the field and training programs. Washington DC: Association of Schools of Public Health, 1985.
 - 8 Sims LS, Khan J. Job satisfaction among public health personnel. *J Am Diet Assoc* 1986; 86:334-9.
 - 9 Haughton B, Traylor MN. Continuing education needs of personnel in public health nutrition in the eight southeastern states. *J Am Diet Assoc* 1988; 88:359-63.
 - 10 Haughton B, Shaw J. Functional roles of today's public health nutritionist. *J Am Diet Assoc* 1992; 92:1218-22.
 - 11 Bagchi K. Public health nutrition in developing countries. Calcutta: Academic Publisher, 1986.
 - 12 Australia National Health and Medical Research Council, Public Health Research and Development Committee. Workshop on Research Priorities in Public Health Aspects of Nutrition. Melbourne: printed by workshop convener John Powles, 1987.
 - 13 Anderson J. Nutrition and vegetarianism: proceedings of Public Health Nutrition Update. Chapel Hill, NC: Health Sciences Consortium, 1981.
 - 14 Anderson JB. Dietary excesses and health/disease implications: proceedings of Public Health Nutrition Update. Carrboro, NC: Health Sciences Consortium, 1984.
 - 15 Haughton B, Costello C, Traylor MN, Reeves K. Public health nutrition practices to prevent low birth weight in eight southeastern states. *J Am Diet Assoc* 1992; 187-91.
 - 16 Scott JA, Begley AM, Miller MR, Binns CW. Nutrition education in supermarkets: the Lifestyle 2000 experience. *Aust J Public Health* 1991; 15:49-55.
 - 17 Miller SA, Stephenson MG. The 1990 national nutrition objectives: Lessons for the future. *J Am Diet Assoc* 1987; 87:1665-7.
 - 18 McMichael AJ. Coronary heart disease: interplay between changing concepts of aetiology, risk distribution, and social strategies for prevention. *Community Health Stud* 1989; 13:5-13.
 - 19 Better Health Commission. Looking forward to better health (The taskforces and working groups: reports to the Better Health Commission, v2). Canberra: Australian Government Publishing Service, 1986.
 - 20 US National Research Council. Diet and health. Implications for reducing chronic disease risk. Washington DC: National Academy Press, 1989.
 - 21 US Department of Health and Human Services. The Surgeon General's Report on Nutrition and Health. Summary and recommendations. Washington DC: US Department of Health and Human Services, DHHS (PHS) Publication No. 88-50211, 1988.
 - 22 Milio N. Toward healthy longevity. Lessons in food and nutrition policy development from Finland and Norway. *Scand J Soc Med* 1991; 19:209-17.
 - 23 Osman A, Khalid B, Tan TT, Wu LL, Ng ML. Protein energy malnutrition, thyroid hormones and goitre among Malaysian Aborigines and Malays. *Asia Pacific J Clin Nutr* 1992; 1:13-20.
 - 24 Tontsirin K, Kachondam Y, Winichagoon P. Trends in the development of Thailand's nutrition and health plans and programs. *Asia Pacific J Clin Nutr* 1992; 1:231-8.
 - 25 Darnton-Hill I, Cavalli-Sforza LT, Volmanen PVE. Clinical nutrition in East Asia and the Pacific. *Asia Pacific J Clin Nutr* 1992; 1:27-36.
 - 26 Khor GL, Gan C-Y. Non-communicable diseases in peninsular Malaysia. *Asia Pacific J Clin Nutr* 1992; 1:159-168.
 - 27 Popkin BM, Keyou G, Zhai F, Guo X, Ma H, Zohoori N. the nutrition transition in China: a cross-sectional analysis. *Eur J Clin Nutr* 1993; 47:333-46.
 - 28 Taylor R, Badcock J, King H, Pargeter K, Zimmet P, Fred T, Lund M, Ringrose H, Bach F, Wang RL, et al. Dietary intake, exercise, obesity and noncommunicable disease in rural and urban populations of three Pacific Island countries. *J Am Coll Nutr* 1992; 11:283-93.
 - 29 Cheah JS, Wang KW, Sum CF. Epidemiology of diabetes mellitus in the Asia-Pacific region. *Ann Acad Med Singapore* 1990; 19:501-5.
 - 30 Tan WL. Public health nutrition in Singapore. *Asia Pacific J Clin Nutr* 1992; 1:61-3.
 - 31 Lee H-P. Diet and cancer - some results from Singapore. *Asia Pacific J Clin Nutr* 1992; 1:43-6.
 - 32 Wahlqvist ML, Okada A, Tanphaichitr V. An Asia Pacific journal of clinical nutrition (Editorial). *Asia Pacific J Clin Nutr* 1992; 1:1.

These are the proceedings of the 'Chinese food and health' workshop, held during the 15th International Congress of Nutrition, Adelaide, Australia, September 1993.

For reasons of space 'Chinese food and health: implications for populations in transition' will be published in two issues: Volume 3, Number 2 (7 papers, this issue) and Volume 3, Number 3 (9 papers, next issue).