DISCUSSION (1)

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Perspectives of a Human Nutritionist

It should be possible to draw on current experience with food and nutrition to define public health problems for research and suggest solutions which can be tested. Some of the problems being encountered, and possible strategies for addressing them, are these:

1. **Knowledge**

1.1 We need to know much more about Australia's food supply, what is in it, eating practices and the determinants of eating behaviour.

Possible Strategy:
Surveys which are cost effective and longitudinal.

1.2 We need to know how food relates to health in population sub-groups.

Possible Strategy:
a. Direct community (sub-group) involvement.
b. Modification of the survey approaches to deal with perceived community needs.

1.3 Will certain interventions work?

Possible Strategy:
a. Long term monitoring of food-related health problems.
b. Population testing of specific hypotheses. A proposal presently before the National Health and Medical Research Council, where the principal investigator is Dr Trevor C. Beard, is for the primary prevention of hypertension through reduced sodium intake. The plan is for Geelong, but were it is successful this could be widened to the State and then national levels. In any such intervention, where single factors are changed, the possibility of unfavourable change, even nutritional, directions needs to be carefully monitored.

1.4 Perversion of knowledge acquisition

As Max Charlesworth, Professor of Philosophy at Deakin University, and others have pointed out there are various ways in which knowledge is assembled, one of which is the scientific process. A particular advantage of the scientific way is testability. With interventions, designs which include controls or which are of a "double blind, crossover design" are important and inspire confidence in the finding. Regrettably, what we are now seeing amongst those who would espouse certain dogmas, is the use of such scientific repartee, where the methods may not, in reality, have been applied.

Possible Strategy:
To create a greater public awareness of the nature of scientific enquiry.

2. Resistance to Change

2.1 Health care professionals?

Happily, this is rapidly changing. In several areas of medical practice, for example, there is a quest for the application of contemporary food and nutrition knowledge. Some medical curricula in Australia are changing in this direction. The International Union of Nutrition Sciences Committee on Medical Schools, of which I am Chairman, has with the publishers a "Manual of Patient Problems in Clinical Nutrition", with clinical experience gathered from experts around the world, for use by medical students around the world. Initial training and ongoing education programs in general practice, internal medicine and surgery are including more and more about food and nutrition.

Teamwork between dietitians, whose primary training is in clinical nutrition, and other health care professionals is also increasing.
For pharmacists, who are important practitioners of primary health care in Australia, there remain difficulties because of the nexus between advice and sale of products. Nevertheless, our Department of Human Nutrition at Deakin University and the Australian Nutrition Foundation have been working actively in undergraduate, postgraduate and ongoing pharmacy education to improve the situation.

Possible Strategy:
a. Keep the momentum going.
b. Pay particular attention to the pharmacists.
c. Provide career pathways for dietitians and medical graduates in public health nutrition.

2.2 Food producers?

After many years of adverse influence from agricultural scientists to increase yields without attention to human nutrition, agriculture is now actively addressing human nutritional needs. Pivotal in this turn-around was a joint meeting between agriculturalists, human nutritionists and government in Wodonga, northern Victoria, in 1983.

Possible Strategy:
a. Food and nutrition policies which allow interaction between producers, agricultural scientists, human nutritionists and government.
b. Human nutrition in the curriculum and/or field training of these people.

2.3 Buyers?

It is now generally recognised that, even though the farmer may produce and the consumer acquire, the intermediary may not act accordingly.

Possible Strategy:
Educate the buyers.

2.4 Food processors?

As in most areas, there is a great diversity of views amongst food producers about change. There are entrepreneurs who see great scope for their new products, if nutritionally attuned, and sufficient time for change allowed. On the other hand, there is a resistance from some quarters even to discussion of ideas, preferring not to "stir the pot". There is fear of legislative change and an inability to understand the educative role of legislation. There is a miscunderstanding of public health policy, failing to see it as part of an overall mix of health strategies.

Possible Strategy:

a. Encourage the market forces which are best understood by these processes to operate in favour of public health.
b. Engage in a protracted educative and negotiation process.

2.5 Retailers?

There is much action in this area, especially in supermarkets.

Possible Strategy:
Maintain the momentum.

2.6 Educators and educational institutions?

This obviously needs to be thought of at different levels, primary, secondary, tertiary and ongoing or adult.

Possible Strategy:

a. appointment of nutritionally trained curriculum development officers for the primary and secondary sectors.

b. Have centres of human nutrition research and teaching excellence in tertiary institutions. At present there are still only two chairs of human nutrition in Australia, at Deakin University in Geelong and Sydney University. Deakin University has now agreed to the formation of a "Deakin Institute of Human Nutrition" which could act as a catalyst for further developments of this kind. It also proposes a very active program to educate the educators. In 1986 it will commence a graduate diploma of human nutrition which will be available through the University's distance education programme: this is a programme for various professionals who have missed out on nutrition in their training and now need it.

2.7 Community?

Education and socio-economic factors appear to be critical here.

Possible Strategy:
See next paragraph.

3. Socio-Economic Disadvantage

There is a growing awareness that most of the nutritionally related health problems in Australian society are to be found in socio-economically disadvantaged groups.

Possible Strategy:

a. Direct access to places of employment.
b. Identification of community leaders for intervention programmes.
c. Identification of usual sources of information.

4. Ethics

Important ethical questions which are raised are these:

4.1 Should the public be encouraged to take action where there is a lack of absolute proof?

Possible Strategy:
Individuals needs to be enabled to make better decisions for themselves, given the best information is made available in the clearest terms.

4.2 Are there not some individual needs outside public health nutrition policy?

Possible Strategy:

a. To enable critics to realise that we have a "mixed health system" with public health and individual care side by side and with one not necessarily excluding the other.
b. To draw on individual decision making skills.

5. Nutrition Policies

Most action at present, as far as food and nutrition policy is concerned in Australia, is seen at the State level, in particular in Victoria and New South Wales. However, the Federal endorsement of 'dietary guidelines for Australians' has been catalytic for these State initiatives. With Australia's Federal structure it will be necessary to have policies operative at the Federal, State, regional and community levels. There are those who would advocate that there should only be national policy, but ultimately community needs must be realised.

Possible Strategy:

a. To operate at all levels, but particularly to enable communities to find their own needs and for these to be relayed to the region, State and National bodies.

b. To involve the professionals who have to do with food and health, agricultural industry, educators and the community itself.

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