

## **Dietitians in Primary Health Care**

### **Position Statement of Dietitians New Zealand (formerly the New Zealand Dietetic Association)**

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#### **Introduction**

Dietitians are uniquely qualified to contribute to quality primary care and whanau ora along the continuum of health from prevention to established illness. As is clearly outlined in "Better, Sooner, More Convenient" (2007) (1), primary care provides opportunities for disease prevention and health promotion as well as early detection and ongoing treatment of disease. Nutrition has a substantial impact on overall health, length and quality of life and dietitians work in a broad range of health and food related settings enabling them to improve nutritional status at both an individual and population level. Effective primary care requires a coordinated team of health professionals with complementary skills, working together to provide different aspects of overall care. The members of Dietitians NZ are well prepared to make a positive contribution to integrated, readily available and effective primary care.

This Position Statement is to inform key stakeholders including District Health Boards, Primary Healthcare Organisations, Non Government Organisations (NGOs), health funders and planners and the dietetic profession itself about the wide ranging roles performed by dietitians in the primary health sector.

Dietitians New Zealand (Dietitians NZ) endorses the wider definition of primary care described in "Primary Care - Now more than ever" World Health Report 2008 (2). This builds on the World Health Organisation (WHO) Declaration of Alma Ata (1978) (3) which defines primary health care as being intersectoral and recognises the impact on health of other sectors, for example housing, education and social services. WHO (2008) (2) envisages primary care as a hub from which people can navigate the health system and participate in decision making about their health and healthcare.

#### **What is a dietitian?**

Dietitians are the only health discipline registered under the Health Practitioners' Competency Act (2003) (4) to hold legally recognised tertiary qualifications in nutrition and dietetics. The dietitian's scope of practice is to apply scientific

knowledge about food and nutrition to individuals and groups in states of health and disease in order to promote optimal health outcomes within the social, economic and cultural context of the NZ population. Dietitians have the skills required to interpret, translate and apply nutritional science to provide practical, impartial and safe information about food and health. Dietitians acknowledge the social determinants of health and recognise the need to address health inequalities.

**Specific areas of dietetic expertise include:**

*Nutritional and dietary assessment*

Dietitians have comprehensive training in dietary assessment, and the nutrition related aspects of medicine, enabling them to fully understand the nutritional implications of patients' medical histories. They are trained to interpret physiological and biochemical parameters and can advise on the necessity for, and most appropriate means of, nutrition intervention. They are also highly skilled in the use and interpretation of food composition and recommended dietary intake data and use this information to pinpoint and provide practical guidance about specific dietary changes that may be required. These skills are particularly important in an era of widespread public misinformation about nutrition and the proliferation of advice to take often unnecessary and costly dietary and nutritional supplements.

*Life cycle advice*

Pivotal points in the life cycle include early childhood, adolescence, pregnancy, lactation and older age. Optimal nutrition is a crucial component of health during all life stages and primary care provides an ideal setting to encourage and support people to develop and maintain healthy eating habits. In this context, dietitians can provide frontline consultations for individuals and groups as well as training and supporting other members of the healthcare team to provide informed, realistic and practical nutritional advice.

*Disease management*

Increased screening for and diagnosis of chronic conditions such as diabetes, will increase the requirement for dietitians' knowledge and specific skill set. Individuals with such conditions require clear, evidence based nutrition information, consistent with other aspects of their medical history. Many have complex and sometimes conflicting nutritional needs, which require skilled management and the ability to integrate the various aspects of the clinical picture

to make a coherent whole. Dietitians are well equipped to deal with patients' complex needs and support them to achieve the best possible quality of life.

Nutrition intervention is fundamental for the successful management of many other medical conditions including inborn errors of metabolism, food allergies, conditions affecting the capacity to maintain adequate oral intake and organ dysfunction or failure. Whilst the complexity of some of these conditions may require liaison with a dietitian in the secondary or tertiary setting, much patient support can be provided by dietitians in primary care enabling patients to be cared for successfully in the community.

#### *Primary prevention of long term conditions*

Dietitians can plan and implement public health interventions designed to reduce the prevalence of nutrition related illnesses such as obesity, cardiovascular disease and type 2 diabetes and are well equipped to lead initiatives in primary care settings to reduce their adverse health consequences (5). The high prevalence of these conditions in NZ is of considerable concern and cost to the health system (6). Preventing them is easier, and potentially less expensive and more effective than treating them once they become established (7-11).

#### *Workforce capacity and development*

Dietitians can provide training and ongoing support to General Practitioners, Practice nurses and other members of the primary care team. This will contribute to ensuring that patients receive timely nutrition intervention from their usual first point of contact. Nutrition education is a small component of training in medical and nursing education and doctors, nurses and other health workers frequently lack the knowledge, skills and confidence, to provide appropriate nutrition and lifestyle advice (12-14). Training by dietitians will assist in ensuring that nutrition messages delivered in the primary care setting are evidence based, consistent and personally relevant.

#### *Strengthening the Primary care team*

Dietitians can make an important contribution to the management of nutrition related conditions in general practices, PHOs, NGOs and related community health organisations. Dietitians can also work collaboratively with health and community colleagues to provide clinical oversight for patients who require nutrition intervention. Thus access to evidence based nutrition education, can be provided in primary care for large numbers of patients (5).

### *Service management and development*

Dietitians have the skills required to help develop co-ordinated nutrition services to support patients across the continuum of care. They are already contributing to and can further assist with the redesign of services, ensuring that accessibility, quality, integrated teams and a whanau ora approach can be provided in the primary care setting.

### **References:**

1. Hon Tony Ryall MP. Better Sooner More Convenient. Health Discussion Paper. Wellington: New Zealand House of Representatives; 2007.
2. World Health Organisation. The World Health Report 2008: primary health care now more than ever. Geneva: World Health Organisation; 2008.
3. World Health Organisation. Alma Ata Declaration. International Conference on Primary Health Care Alma Ata, USSR: World Health Organisation; 1978.
4. Health Practitioners Competence Assurance Act. 2003.
5. Lyons F. Weight management in primary care: the Counterweight Project. *J Fam Health Care*. 2005; 15(3):77-9.
6. Ministry of Health and the University of Auckland. Nutrition and the Burden of Disease: New Zealand 1997-2011. Wellington: Ministry of Health; 2003.
7. Obesity: preventing and managing the global epidemic. Report of a WHO consultation. *World Health Organ Tech Rep Ser*. 2000; 894: i-xii, 1-253.
8. Blumenthal JA, Babyak MA, Hinderliter A, Watkins LL, Craighead L, Lin PH, et al. Effects of the DASH diet alone and in combination with exercise and weight loss on blood pressure and cardiovascular biomarkers in men and women with high blood pressure: the ENCORE study. *Arch Intern Med*. 2010; 170(2):126-35.
9. Denke MA. Diet and lifestyle modification and its relationship to atherosclerosis. *Med Clin North Am*. 1994; 78 (1):197-223.
10. Orchard TJ, Temprosa M, Goldberg R, Haffner S, Ratner R, Marcovina S, et al. The effect of metformin and intensive lifestyle intervention on the metabolic syndrome: the Diabetes Prevention Program randomized trial. *Ann Intern Med*. 2005; 142 (8):611-9.
11. Tuomilehto J, Lindstrom J, Eriksson JG, Valle TT, Hamalainen H, Ilanne-Parikka P, et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med*. 2001; 344 (18):1343-50.
12. Schaller C, James EL. The nutritional knowledge of Australian nurses. *Nurse Education Today*. 2005; 25 (5):405-12.
13. Hankey CR, Eley S, Leslie WS, Hunter CM, Lean ME. Eating habits, beliefs, attitudes and knowledge among health professionals regarding the links between obesity, nutrition and health. *Public Health Nutr*. 2004; 7 (2):337-43.
14. Barratt J. Diet-related knowledge, beliefs and actions of health professionals compared with the general population: an investigation in a community Trust. *Journal of Human Nutrition and Dietetics*. 2001; 14(1):25-32.