

Letters to the Editor

Public health nutrition. Dietary guidelines **We have traction in Australia**

Madam

Current public health nutrition definitions, teaching and practice too readily identify the discipline as a branch of clinical nutrition, says Geoffrey Cannon⁽¹⁾. The result of this positioning, he contends metaphorically, is that public health nutrition is sitting on a twig on a public health branch of a dominant medical sciences tree.

In Australia this was the situation until recently. However, a broader public health approach to the discipline is gaining traction. At its 2006 annual meeting in Hobart, the Australian Public Health Nutrition Academic Collaboration explored how the New Nutrition Science project⁽²⁾ might present an opportunity to undertake a ‘root and branch’ reform of public health nutrition’s framing and practice.

The Collaboration invited Geoffrey Cannon, Tony McMichael (Intergovernmental Panel on Climate Change) and Boyd Swinburn (WHO Collaborating Centre on Obesity Prevention) to discuss how environmental and social dimensions could be integrated with the biological dimension in policy and practice. Emerging from the meeting was the ‘Hobart Accord’ that provided many practical recommendations. In addition, the Accord responded to Boyd Swinburn’s insistence that the economic dimension be included in the New Nutrition Science in its own right, and not be seen merely as a division of the social dimension.

A broader public health approach is now being applied in Australia to the development of an important public health nutrition policy agenda that conventionally has been framed almost exclusively within a biological dimension. In 2008 the National Health and Medical Research Council (NHMRC) of Australia commenced its latest review of the Dietary Guidelines⁽³⁾. The revision process is explicitly including environmental, social and economic considerations as themes in the systematic literature reviews to be undertaken to obtain the evidence base that will inform the review.

Evidence-based practice remains a core principle in the review of the Australian dietary guidelines. However, the relevance to public health nutrition of conventional approaches to evidence-based practice, that evolved from evidence-based medicine, has been questioned^(4,5). Further, the NHMRC is currently running a pilot of its new, additional levels of evidence and grades for recommendations for developers of guidelines⁽⁶⁾.

The NHMRC document states that different questions can require ‘different evidence hierarchies that recognise

the importance of research designs relevant to the purpose of the guideline’. In addition, one practical step being undertaken to broaden the public health approach in the dietary guidelines revision process, is that consultants are being asked to undertake a systematic review of the whole literature on food, dietary patterns and nutrition, as distinct from a conventional clinical approach that confines reviews to literature reporting abstract nutrient–health relationships.

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Madam

Are we Australian public health nutritionists up a gum tree? Well, from there you can see the bigger picture and get a good view of the galahs. Yes, we need to do better, get more proactive, and apply the leadership necessary to address inequalities in the world⁽¹⁾. Yes, public health nutrition does need to be marked out as an important discipline unconstrained by the medical paradigm.

I do however take issue with the proposition that teachers and practitioners generally seem content to identify the discipline as a branch of clinical nutrition. That certainly hasn’t been my experience. Over ten years ago, in an effort to distinguish public health nutrition from the clinical approaches to nutrition prevalent in Australia at the time, I proposed with a colleague a definition of