

Inside

the life of a

Public Health Nutritionist

It was eight-thirty in the morning, and Yvonne was dropping in on one of the breakfast programs that Public Health sponsored. The aim of these programs was to provide a nutritious start to the day for children who mightn't otherwise get it. This particular one was held in the kitchen-equipped common room of an apartment building.

Yvonne introduced herself to the woman running the program, and as she took in the scene around her, her heart started sinking. The kids were not being served juice, but a punch made from flavoured sugar crystals. There was not a fruit or vegetable in sight, either fresh or canned. Nor was there any milk. Breakfast consisted of toasted English muffins spread with a trans fat margarine and topped with a piece of processed cheese.

The woman running this program knew the guidelines, knew that three of four food groups had to be present at the



meal, knew that fibre had to be provided – but she seemed only vaguely interested and even a little confused as Yvonne made a number of suggestions. Yvonne left saying she would be back soon, but she had the feeling not much would have changed – in which case the funding would not be renewed for next year. It was the right thing to do, but either way the ones to suffer were the children.

Yvonne was scheduled to be interviewed for a newspaper article, so she headed back to the office. She was used to juggling a variety of projects in the course of a day. She knew of the perception a public health nutritionist was someone who spent most of the day talking to people about what they should be eating, but in fact that was something she almost never did. Her job



was to identify and assess the nutrition-related needs within her area, and develop and promote strategies for addressing them.

The interview this morning was part of that. Statistics had just been released showing that for the first time in recorded history the life expectancy of Canadian children was shorter than that of their parents – and that the reason was obesity. The newspaper was devoting an article to it, but a few minutes into the interview Yvonne knew she was facing a challenge. The journalist wanted to know what Public Health was doing to promote weight loss. Yvonne explained that none of their programs was geared towards weight loss per se, but rather towards healthy living. He said that he didn't see how obesity rates could go down without weight loss.

She took a deep breath, and explained that weight loss in itself was not a key indicator of health: you could be the skinniest person around and still be unhealthy. And promoting weight loss rather than health was often counterproductive – it didn't address behaviour change, and to some people it felt like a form of self-punishment. Someone who started walking three times a week would be improving their health and maybe losing weight, and in the long run would be ahead of the person who just started skipping breakfast.

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She hung up the phone wondering whether he had understood. She couldn't worry about it now, though – she had a committee meeting to get to. A couple of years ago Public Health had realized that they needed a comprehensive strategy when it came to nutrition. Today's meeting was to consider how nutrition advocacy might contribute to a reduction in heart disease, stroke, diabetes, cancer or food insecurity. That led them to look at how stronger partnerships might be formed around the promotion of nutrition with hospitals, community health centres and school boards.

When Yvonne returned to her desk, an urgent email from the Mayor's office was waiting for her. The trans fat issue was in the news, and the Mayor wanted to be briefed on what Public Health was doing. In fact Public Health had been involved in efforts to decrease the quantity of trans fat foods sold on city property, such as schools and community centres, and had been lobbying other levels of government to have trans fat banned. Yvonne outlined those initiatives, along with a statement of Public Health's position on the matter, and emailed it in.

Yvonne had been involved in any number of programs to promote nutrition within the community – restaurant campaigns, consultation with advocacy groups, educational initiatives and partnerships with other stakeholders. Sometimes the victories seemed major, and sometimes they seemed like compromises – but every advance helped. In the last meeting of her day, Yvonne learned that a campaign to sell only milk and juice from vending machines in city recreation centres had been stalled by revenue-earning contracts with soft-drink companies, and a slightly different deal had been struck: at least half of the selections offered by those vending machines would be milk and juice. Well, Yvonne thought to herself, it wasn't quite what she'd been hoping for, but it was definitely a step in the right direction.

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