

Community Dietitians

Make A Difference

Make sure there is a Dietitian on your team!

Community Dietitians at work

WHAT COMMUNITY DIETITIANS DO

COMMUNITY DIETITIANS are specialists in applied human nutrition with a focus on health promotion and disease prevention. Community dietitians help prevent further health deterioration in some individuals and improve the quality of life for many others. With this in mind, you will find community dietitians in both community-based programs and primary care services.

COMMUNITY DIETITIANS support or manage community kitchens, community gardens and food buying clubs, as part of health promotion and prevention activities. They work with community groups to increase food security and develop food policies. They are strong advocates of school feeding programs. They also offer healthy eating/healthy weights programs, supermarket tours, food preparation and budgeting workshops and help ethnic groups adapt to Canadian foods. Prenatal and postnatal education including breastfeeding are a top priority. Community dietitians work with the media to bring accurate nutrition information to consumers via community newspapers, radio and television programs.

As part of secondary and tertiary prevention programs, **COMMUNITY DIETITIANS** lead pre and postnatal groups for high risk moms, facilitate weight management groups or diabetes education programs or assist in blood pressure and cholesterol screening. They can also be found facilitating various other support groups.

Community Dietitians make a difference

Community Dietitians fully qualified and effective

TRAINED FOR COMPETENCE

COMMUNITY DIETITIANS are **REGISTERED DIETITIANS (RD)** with a baccalaureate degree in food and nutrition from an accredited university program. They have also successfully completed a Dietetic Internship, a Master’s degree or equivalent approved experience. A national examination is required for registration in most provinces. Dietitians must be registered with the provincial regulatory body, College or Association, in order to use the title *dietitian* or designation **RD**. Provincial dietetic regulatory bodies are self-regulated and accountable to the public (32).

The "RD" designation is a legally protected title.

RDs understand nutrition, an ever-changing and complex science. They also understand the relationship between food and disease. RDs can help people successfully adopt healthy eating patterns because they know how dietary habits are formed and how they can be changed.

RDs are trained to assess nutritional status. They tailor nutrition counselling and education to the unique needs of individuals and groups (32).

SKILLED FOR QUALITY SERVICES

COMMUNITY DIETITIANS take a leadership role in many health centres. As skilled team players, they establish strategic directions, define program priorities, facilitate group discussions, monitor programs and budgets, and manage staff. They are also skilled in needs assessment, program planning, evaluation and communication, which makes them indispensable as collaborators in many community health activities.

COMMUNITY DIETITIANS are essential to health centres in the community. According to the Health Protection and Promotion Act, health centres must employ the services of appropriately trained professionals to deliver mandatory programs and services (34) (35).

COMMUNITY DIETITIANS are the only qualified professionals extensively trained in food and nutrition, and skilled to deliver QUALITY nutrition services. They work together with other qualified professionals to meet the goals established by health centres.

Nutrition impacts on health and well-being

Food is essential to life. Food choices play a direct role in nutritional health and significantly influence health status and well-being. Young and old benefit from adequate intake of energy and nutrients as described in Canada's Food Guide to Healthy Eating.

Yet Canadians are plagued with weight problems, cardiovascular disease, diabetes, osteoporosis, cancer, etc, which lead to premature death and disability. Obesity in children is increasing and often leads to these chronic diseases. And eating disorders are a significant problem in teens and pre-teens. The role of healthy eating and lifestyle in reducing the incidence of these multi-factorial diseases is significant (1).

Healthy eating can be influenced by increasing the availability of nutrition services in health and community agencies, in programs enhancing consumer skills, and in nutritional care to individuals from birth to old age. As hospitals redefine their mission, more people are looking to the community for answers to their health and nutrition issues. Community-based health centres must respond.

Disparities in nutritional well-being are common in vulnerable groups. Examples include: high-risk pregnant women, iron deficiency in aboriginal children, low birth weights in infants from lower socioeconomic families and malnutrition in the elderly.

Making healthy food choices is influenced by a variety of factors. Powerful economic, political and social forces, together with factors related to the physical environment, the market place and information sources, influence what foods are available and a person's capacity to adopt healthy eating habits (1).

HEALTHY GROWTH AND DEVELOPMENT

The effects of poor nutrition prenatally, during infancy and in childhood are felt throughout the life cycle. The nutritional status of pregnant women and the amount of weight gained are directly related to the newborn's birth weight and health outcome. Low birth weight babies are at risk of increased perinatal mortality as well as physical and mental handicaps (2).

Breakfast skipping in children contributes to a lack of attention by mid-morning and often leads to poorer academic results (3).

Weight problems and eating disorders are steadily increasing in school-aged children. Poor food choices and lack of physical activity are cited as the two most common reasons. Adequate weight gain and height in infancy and childhood is directly related to self-esteem, better coping skills, and less chronic diseases in adulthood (4).

HEALTH PROMOTION AND DISEASE PREVENTION

A lifetime of poor nutrition can lead to the onset of chronic diseases such as diabetes, heart disease, cancer and osteoporosis. The health care costs associated with the treatment of these diseases along with the loss in productivity and reduced quality of life are extensive (1).

Health promotion including nutrition services are powerful means of preventing these debilitating diseases. Healthy eating prevents and reduces elevated blood cholesterol, blood pressure and body weight, three important factors in heart disease. It can improve odds against developing breast, bowel and prostate cancer and also against the development of osteoporosis in women and diabetes in people over 40 (5). These are but a few examples of some of the conditions that can be prevented by healthy eating. In fact, healthy eating and active living are crucial to healthy living and are the main messages promoted by dietitians working in the community.

CONSUMER NEEDS

Consumers are confused about what they should eat to keep healthy. Information on the market is often contradictory and consumers say they lack sufficient knowledge and skills to assess the merits of certain claims and recommended practices (1) (6).

Difficulty in understanding food labels, lack of time and skills in preparing healthy meals, and finding meal or snack options that are fast and nutritious, are the reasons most often given by consumers for not eating as well as they would like to. Consumers are looking for better guidance and research has shown that they look to dietitians for reliable information on food and nutrition (6).

COMMUNITY DIETITIANS help people in their community make informed decisions about healthy eating for better living.

Nutrition services improve health and save money

The provision of nutrition services in particular to vulnerable groups have clearly demonstrated substantial savings to the health care system. Vulnerability may result from several factors such as physical or mental disabilities, lack of knowledge, acute and chronic illness, growth, aging and poverty. Vulnerable groups require special attention (1).

The following are but a few groups who have benefitted from nutrition services and for which there are data on the savings brought about by nutrition services to the community.

PRENATAL NUTRITION PROGRAMS

Low birth weight (lbw) is the leading cause of infant death and long-term physical and mental disabilities. Caring for lbw babies is estimated at \$500-\$1,000 per day or \$200,000 by the age of 2 (7).

Reducing lbw and prematurity is possible. In Québec, lbw is improving ever so slightly (from 6.5% in 1980 to 6% in 1995). The rate of premature births on the other hand is rising (from 5.7% in 1980 to 7.1% in 1995) (8). In France, the rate of premature births has decreased from 6.8% in 1981 to 4.8% in 1989 (9).

In Sweden, the rate of lbw has remained at 4% over the past 20 years (9).

Prenatal programs like the (CPNP) Canada Prenatal Nutrition Program funded by Health Canada, the WIC (Women, Infant and Children) supplementary food program in the US, the MDD (Montreal Diet Dispensary) in Québec and Healthiest Babies Possible in Ontario, have proven most effective in reducing the risk of lbw and avoiding medical care costs for both mom and infant when dietitians were involved.

By reducing the incidence of lbw by 50%, the MDD was able to show an annual health cost saving of \$44 million. In terms of cost benefit, this translates into a ratio of 1:8, that is, for each \$1 invested in the program, \$8 can be saved in medical care (10). The WIC program in the US was able to show a cost benefit ratio of 1:3. However, this ratio is improved substantially with increased number of visits to a dietitian. Data shows that the number of lbw decreased by 35-45% (10) (11).

COMMUNITY DIETITIANS play a key role in design, delivery and evaluation of prenatal nutrition services. When dietitians are the primary caregivers, programs have consistently shown positive results.

MANAGING DIABETES

Diabetes is widespread in Canada (3.1 %). It is as high as 7% in Quebec; 6.5% in the First Nations people age 15 and over, steadily increasing to 22.8% for those who are 65 and over (12) and 1.4% in healthy adult Manitobans. Overall, diabetes is increasing at an alarming rate in Canada and many are unaware they have it (12).

Diabetes is responsible for 25% of heart surgeries, 40% of renal problems and 50% of non-traumatic amputations. It is the primary cause of blindness in adults and the main cause of ischemic heart disease (13).

Nutrition services are essential in controlling diabetes and preventing complications. When people with diabetes are well-informed and supported, they have seen their risk of overall complications reduced by 50%, and renal problems by 40% (14).

In Canada, the cost of treating diabetes and its complications ranges from \$5-10 billion annually (15). In 1983, American scientists estimated that diabetes education programs which included dietitians, could generate savings between 114% to 151% of the total program cost (16). Another study was able to show a 33% reduction (for a total saving of \$200,000) in the number of hospital days, in insulin-dependent people with diabetes who were exposed to diabetes education (17).

COMMUNITY DIETITIANS play a key role in design, delivery and evaluation of diabetes education. When dietitians are part of the health care team, important savings are made in health care costs.

HEART HEALTH PROGRAMS

Heart disease is the leading cause of death in Canada and a major cause of disability and illness. Cardiovascular disease accounts for 40% of all deaths, with about half of these occurring in people under 75. Approximately 8 million patient days in hospital and 18 million patient visits to physicians are related to heart disease (18).

Heart disease increases with age, slowly developing over 20 years, and is related to lifestyle. Risk factors include high blood cholesterol, hypertension, smoking, lack of physical activity, obesity and unhealthy dietary habits (18).

Cardiovascular disease is preventable. A Cardiovascular Reversal Program including lifestyle and dietary education, undertaken by Mutual of Omaha in the US, demonstrated a cost saving of \$58,000 US per patient by reducing the number of artery cleaning surgeries. Additional nutrition education aimed at reducing the use of medication and their side effects would add an extra \$1,000 in savings per patient (19).

In Quebec, when comparing various educational programs, individual counselling by dietitians was proven the most effective means of treating light to moderate hypercholesterolemia (20). This was supported by the Massachusetts study, which also concluded that individual counselling by dietitians was the least expensive treatment. This study estimated cost savings of \$1,450 per patient by reducing the use of oral hypolipidemic medication (21).

Similar findings can be seen when dietitians counsel patients with high blood pressure. An American study revealed that nutritional care is an effective substitute for the use of medication. In addition, 39% of patients who received nutrition counselling were able to remain off medication even after 4 years (22).

COMMUNITY DIETITIANS play a key role in heart disease prevention and treatment. Individual counselling by dietitians was proven to be the single most effective means of dealing with various risk factors.

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FOR QUALITY SERVICE AND ACCURATE NUTRITION INFORMATION

COMMUNITY DIETITIANS bring many skills to their community health centres. Highly trained in food and nutrition, they are important contributors to the overall achievement of the health mandate of your organization. They are a key member in your multi-disciplinary health care team.

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