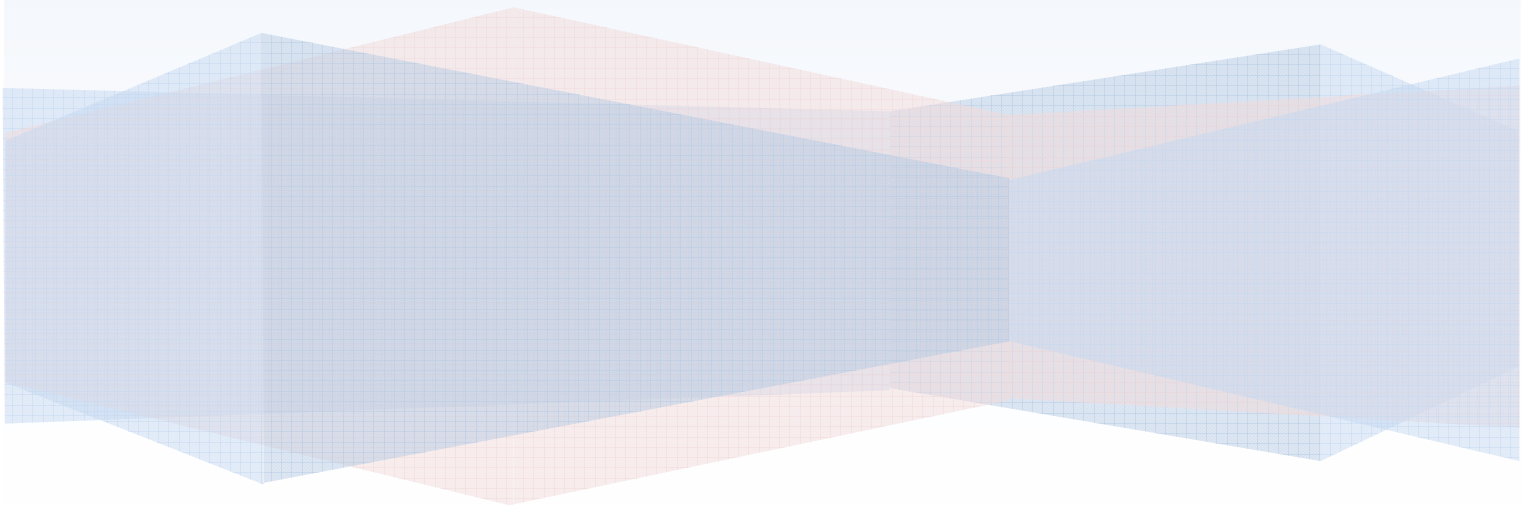


Overview of Process for Identifying a Definition and Competencies for Public Health Nutrition Practice in Canada

December 2009

Pan-Canadian Task Force on Public Health Nutrition Practice



ACKNOWLEDGEMENTS

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The Task Force greatly appreciates the diverse perspectives and thoughtful comments provided by all consultation participants. They inspired the Task Force and provided clear direction for the work. The Task Force also wishes to acknowledge the creative energies, organizational skills, expertise and patience of our consultants, Cathy Chenhall and Sonya Kupka and a University of Toronto Public Health Nutrition graduate student, Teri Emrich.

Above all, the Task Force would like to express their appreciation for the leadership provided by the inaugural chair who was the initiator of this process, Jane Bellman. Ms Bellman's vision, integrity, dedication, passion and networking skills were key drivers to this collaborative approach to enhancing public health nutrition practice.

Task Force Members and their Representation

- Jane Bellman, Chair (Dietitians of Canada)
- Michelle Amero and Kim Barro (Atlantic)
- Sheryl Bates Dancho (Manitoba)
- Shawna Berenbaum (Public Health Nutritionists of Saskatchewan Working Group)
- Helen Brown (Federal, Provincial Territorial Group on Nutrition)
- Tara Brown (Ontario Society of Nutrition Professionals in Public Health)
- Elsie De Roose (The Territories; Federal, Provincial Territorial Group on Nutrition)
- Erica Di Ruggiero (Canadian Public Health Association Board)
- Ann Fox (University, Education, Training and Research)
- Anne-Marie Hamelin and Susan Beaubier (Quebec)
- Mary Lou Gignac (Provincial Regulatory Body - liaison to the Canadian Alliance of Dietetic Regulatory Bodies)
- Rhonda Karas Chartrand, Caroline McAuley and Joan Silzer (Alberta Community/Public Health Nutrition Committee)
- Pam Kheong (Community Nutritionists Council, British Columbia)
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ACRONYMS

CPHA	Canadian Public Health Association
DC	Dietitians of Canada
OPHA	Ontario Public Health Association
PHAC	Public Health Agency of Canada

Executive Summary

The Pan-Canadian Task Force on Public Health Nutrition Practice (the Task Force) was established in 2006 to provide strategic guidance and expert advice on enhancing public health nutrition practice in Canada. The work of the Task Force was funded by the Public Health Agency of Canada (PHAC) and administered by Dietitians of Canada (DC). It includes leaders in public health nutrition and organization liaisons from across Canada that bring a variety of perspectives related to public health nutrition education, training, regulation, practice, research, and workforce-related issues.

The Task Force committed early on to an inclusive, pan-Canadian approach, building on existing work rather than creating a new set of competencies. Background work included a literature review, interviews with key informants and a situational assessment. Process planning included detailed Terms of Reference, a three-year plan, and development of Guiding Principles on which the decisions of the Task Force could be based.

The Task Force focused on dissemination of information to stakeholders at each step of the process through presentations at conferences and publications in journals and newsletters.

Formalization of the Task Force recommendations was a multi-step process that involved input from peer reviewers to assess initial response before approaching public health nutrition professionals, educators, employers and other professionals nation-wide. Input was informed through a discussion paper and obtained by a survey that could be submitted online, by mail or by fax.

Key national groups with an interest in public health nutrition practice reviewed the final recommendations for action before being approved by the Task Force. Most documents were published in English and in French.

Key Elements: The process takes time, funding, leadership, dedication and open minds.

The previous work of the Task Force is available at:
<http://www.dietitians.ca/publichealthnutrition>

Introduction

The Pan-Canadian Task Force on Public Health Nutrition Practice (the Task Force) was established in 2006 to provide strategic guidance and expert advice on enhancing public health nutrition practice in Canada. The work of the Task Force was funded by the Public Health Agency of Canada (PHAC) and administered by Dietitians of Canada (DC). It includes leaders in public health nutrition and organization liaisons from across Canada that bring a variety of perspectives related to public health nutrition education, training, regulation, practice, research, and workforce-related issues.

This document presents their story - how they came together and the group process that led to the release of “Strengthening Public Health Nutrition in Canada - Recommendations for Action” (see Appendix A). It is a response to requests from other groups that have expressed interest in learning more about how the Task Force established the definition of practice and the competencies unique to public health nutrition practice. This document shares the key elements of their success as well as lessons learned in the process.

The previous work of the Task Force, including a technical report describing the methodology used for the stakeholder consultation, is available at:

<http://www.dietitians.ca/publichealthnutrition>

Strong Roots

In September 2003 the Ontario Public Health Association (OPHA) Core Competency Task Group convened a meeting following heightened concern about the public health workforce’s ability to mobilize in times of need.

Representatives for dietitians of the Ontario Society of Nutrition Professionals in Public Health participated in this meeting. At the OPHA conference in 2004, one of the participating dietitians recognized an opportunity to strengthen public health nutrition practice through the core competencies work. She initiated informal discussions with the Public Health Agency of Canada and other public health nutrition professionals to explore developing public health nutrition competencies. (This dietitian became the inaugural chair of the Task Force.)

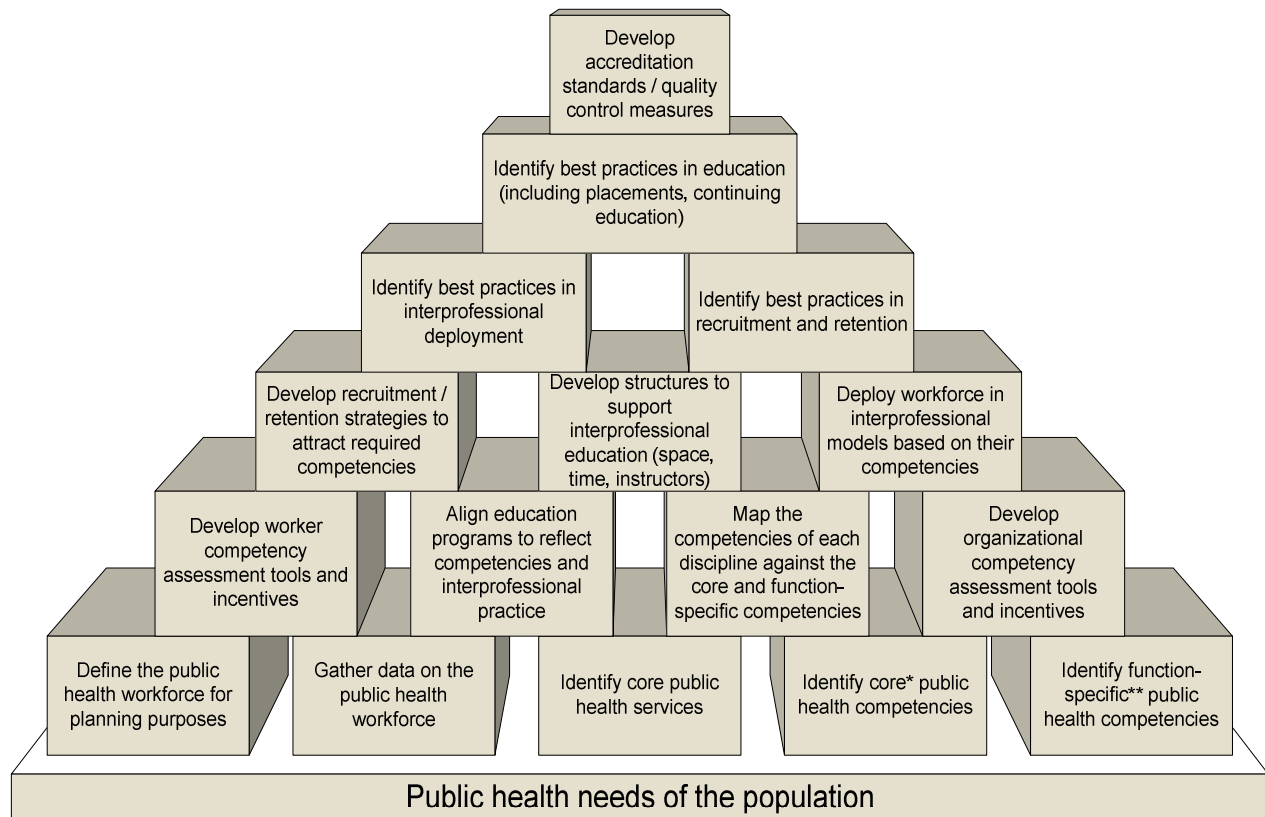
...dietitians recognized an opportunity to strengthen public health nutrition practice through the core competencies

At this time, national interest in strengthening public health was also gaining momentum. In June 2004 the federal and provincial ministries of health agreed to a 10-year action plan to strengthen public health. As part of the action plan, the Public Health Agency of Canada (PHAC), which included a Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources, was created.

OVERVIEW OF PROCESS

In October 2005, the Joint Task Group on Public Health Human Resources released *Building the Public Health Workforce for the 21st Century*¹, a framework for achieving the vision of a strong and adequate public health workforce. This national human resources framework is summarized in Figure 1.

Figure 1: National Human Resources Framework: a building block approach to strengthening the public health workforce



Source: Building the Public Health Workforce for the 21st Century, A Pan-Canadian Framework for Public Health Human Resources Planning, the Joint Task Group on Public Health Human Resources, October 2005

The framework defines core competencies as the skills, knowledge and attitudes required by all public health workers, and positions core public health competencies as a foundational piece for building public health capacity. The Joint Task Group on Public Health Human Resources developed a first draft of Core Competencies for Public Health in Canada for circulation and feedback from the public health community.

¹ Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources (2006). *Building the Public Health Workforce for the 21st Century*. Ottawa. Retrieved January 2008: http://www.phac-aspc.gc.ca/php-ppsp/pdf/building_the_public_health_workforce_for_the_21st_century.pdf.

OVERVIEW OF PROCESS

The framework identified the need to map the competencies of each public health discipline against the core competencies. This need led PHAC to seek out groups representing public health disciplines to lead the discussion in identifying discipline-specific competencies to support the framework.

Formal discussion to setting up a group for dietitians began with a series of telephone calls in December 2005. This set the stage for the inaugural meeting of the Task Force, co-chaired by one of the dietitians who attended the previously noted 2003 OPHA Core Competency Task Group meeting and senior staff representatives from PHAC.

Dietitians of Canada was approached by PHAC to administer the funds available for discipline competency work for dietitians working in public health. This request provided the formal platform to move forward with the earlier discussions among public health nutrition professionals in Ontario.

The inaugural meeting of the Pan-Canadian Task Force on Public Health Nutrition Practice (originally called the Pan-Canadian Advisory Committee on Public Health Nutrition Competencies) was held in February 2006.

Governance

Early Commitment to Pan-Canadian Representation

Participants attending the first Task Force meeting recognized that, in order to be effective, the work and the membership of the Task Force must be Pan-Canadian. The chair sent letters to provincial and territorial public health nutrition groups requesting that they appoint representatives to this newly formed national group. These invitations led to an immediate expansion of the group. As a result of the Task Force's commitment to Pan-Canadian representation, the membership expanded over the years as is outlined in Table 1.

...recognized that, in order to be effective, the work and the membership of the Task Force must be Pan-Canadian.

Table 1: Evolution of Task Force Membership	
2006 February Inaugural Meeting	Ontario Society of Nutrition Professionals in Public Health; Public Health Research, Education and Development program; College of Dietitians of Ontario; University Education, Training and Research; Ontario Ministry of Health Promotion; Federal/Provincial/Territorial Group on Nutrition and DC
2006 March	Expanded role of the College of Dietitians of Ontario representative as the liaison to the Alliance of Dietetic Regulatory Bodies. Alberta, British Columbia, Manitoba and Nova Scotia represented
2006 May/June	CPHA represented
2007 September	The North and Francophone dietitians represented
2008 September	Quebec represented
2008 November	Saskatchewan represented

Terms of Reference

The Task Force drafted their first Terms of Reference in spring 2006. These were reviewed and updated twice over the next year. In the summer of 2007, the Task Force expanded the Terms of Reference, extending the mandate beyond competency development to include provision of strategic guidance and expert advice on public health nutrition practice enhancement in Canada. To reflect the expanded mandate, the group changed its name from the Pan-Canadian Advisory Committee on Public Health Nutrition Competencies to the Pan-Canadian Task Force for Public Health Nutrition Practice.

The Terms of Reference were also expanded to include a decision-making process based on a consensus model adapted from the *National Evaluation Team for Children Terms of Reference, Annex C and the BC Labour Force Development Board*. The clarity and detail in the Terms of Reference were very helpful at key points when voting members were having difficulty in reaching a decision, such as in the definition of practice or in specific messaging in their communications (see Appendix B).

The Terms of Reference were also expanded to include a decision-making process based on a consensus model...

Financial Support

Initial funding from PHAC was received in response to proposals submitted by DC on behalf of the Task Force. Following on the strength of the work from the first two projects, the Task Force was successful in obtaining three-year funding for their comprehensive action plan. The funding contributions along with the key deliverables are listed in Table 2.

Following on the strength of the work from the first two projects, the Task Force was successful in obtaining three-year funding...

Table 2: Summary of Funding Received from PHAC and Deliverables

2006 March < \$10,000

- Literature review of discipline-specific competencies required for dietitians working in public health in Canada and internationally.
- Environmental scan of the structure/organization of public health nutrition in Canada, including the identification of opportunities and challenges.
- Completed September 2006.

2006 October <\$10,000

- Situational Assessment.
- Develop three-year action plan for the identification of discipline-specific competencies for public health nutrition in Canada focusing on broad consultation.
- Completed March 2007.

2007 November \$216,770 Contribution Agreement with PHAC

- Implement three-year action plan to contribute to the development and use of core competencies for public health nutrition practice within Canadian public health organizations.
- Completed October 2009.

2009 February Amendment to Contribution Agreement, \$30,000 added

- Develop communication tools and a report describing the Task Force process.
- Completed December 2009.

Committee representatives were not remunerated for serving on the committee or participating in meetings; travel costs to attend face-to-face meeting costs were covered, however. Over three years, the Task Force held six strategically-scheduled in-person meetings (Table 3). Business was further conducted by monthly teleconferences and by email communication.

Table 3: In-Person Meetings	
2006 November	Contributed to the situational assessment and three year work plan
2008 March	Provided strategic direction for the Discussion Document
2008 June	Reviewed the results of the test consultations
2009 February	Discussed the results of full-scale pan-Canadian consultation
2009 April	Developed recommendations to strengthen public health nutrition practice
2009 October	Updated work plan & discussed succession planning

The three year funding allowed DC to hire consultants to support the work of the Task Force and produce the deliverables outlined in the Contribution Agreement with PHAC.

During 2008, through one of the members, the Task Force received additional support through a Public Health Nutrition practicum student from the University of Toronto. The student assisted with the development of the consultation tools and conducted web-based research. This contribution helped to mitigate a very heavy workload for the Task Force members and the Consultant.

Financial support was a pre-requisite to realizing the Task Force’s commitment of reaching out to the public health nutrition community and other health professionals. Participants in the consultation process noted throughout that the process would not have been possible without the financial support of the PHAC. Even with this funding, the consultation was very ambitious. The amount of reflection between consultations was limited by the short time period allowed for the consultation work.

Financial support was a pre-requisite to realizing the Task Force’s commitment of reaching out to the public health nutrition community and other health professionals.

Public health nutrition professionals work in a diversity of contexts including urban, remote, high risk and general populations. Consequently broad consultation was necessary to capture the scope of public health nutrition practice across Canada.

Identifying Public Health Nutrition Competencies

Context of Existing Competencies

Several sets of existing national competencies informed the work of the Task Force.

The *Competencies for the Entry-Level Dietitian* (DC, 1996)² was the basis of accreditation for all dietetics education and training programs across Canada. In 2006, the provincial dietetic regulatory bodies released *Essential Competencies for Dietetic Practice*³. The dietetic community was in a state of transition trying to reconcile these two concurrent competency sets by different organizations. Regulatory bodies and educators across the provinces and territories responded differently; some provinces fully adopted the new competencies and other provinces refused to consider them until there was more consultation.

In 2007 the PHAC published the *Core Competencies for Public Health in Canada Release 1.0*⁴. Again, uptake varied. One provincial group of public health nutritionists embraced and adopted PHAC's Core Competencies. Public health nutrition professionals in other provinces and territories were aware of PHAC core competencies but were not using the *Core Competencies for Public Health in Canada: Release 1.0*.

In this context, the Task Force was hesitant to create a separate set of public health nutrition competencies.

A Strategic Approach to Identifying Professional Competencies

The Task Force, committed to using a rigorous, transparent process with extensive consultation, first had to define a process strategy.

The early work of the Task Force, including the literature review⁵, the key informant interviews⁶ and the situational assessment⁷, laid the groundwork to develop the recommended public health nutrition practice competencies.

² Dietitians of Canada (1996). *Competencies for the Entry-Level Dietitian*. Unpublished Report. Retrieved January 2008: http://www.dietitians.ca/pdf/Competencies_for_Entry-level_Dietitian.pdf.

³ Alliance of Canadian Dietetic Regulatory Bodies (2006). *Essential Competencies for Dietetic Practice*. Unpublished Report. Retrieved January 2008: <http://www.collegeofdietitiansbc.org/documents/Essential%20Competencies%20for%20Dietetic%20Practice-Final%20Alliance%20text%20Jan%202007.pdf>

⁴ Public Health Agency of Canada (2007). *Core Competencies for Public Health in Canada: Release 1.0*. Ottawa. Retrieved January 2008. <http://www.phac-aspc.gc.ca/ccph-cesp/index-eng.html>

⁵ Chenhall, C. (2006). *Competencies for Public Health Nutrition Professionals: A Review of the Literature*. Unpublished Report. Dietitians of Canada. Retrieved January 2008: <http://www.dietitians.ca/publichealthnutrition>

⁶ Chenhall, C. (2006). *Public Health Nutrition Competencies: Summary of Key Informant Interviews*. Unpublished Report. Dietitians of Canada. Retrieved January 2008: <http://www.dietitians.ca/publichealthnutrition>

⁷ Fox A., Chenhall C., Traynor M, Scythes C. and Bellman J. (2008). Public health nutrition practice in Canada: a situational assessment. *Public Health Nutrition*; 11(8):773-781. Epub 2008 January 15.

The literature review indicated that a definition of public health nutrition practice was needed to guide discipline-specific competency work, and that leadership and organizational supports would be needed to maintain and reinforce the use of competencies as part of workforce development. These indications were affirmed by the results of a situational assessment completed in March 2007 in which the Task Force applied the Health Communications Unit (University of Toronto) situational assessment framework to identify key issues, gaps and recommendations for next steps in the development of public health nutrition competencies. Input from the key informant interviews had also identified such important questions as “who will administer the competencies?” and “how will public health nutrition competencies relate to other dietetic practice competencies?” Finally, the key informant interviews suggested that the Task Force “build on existing competency assessment processes that could be put to more systematic use beyond licensing requirements.”

This was a pivotal point for the Task Force. The entire process and the recommendations may have been very different if the Task Force had not paused to reflect on the input from the key informants in the early stages.

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The Task Force recognized the need to be explicit about any assumptions and the rationale for the decisions on which recommendations would be based. The Task Force had committed to the approach suggested in the national framework, *Building the Public Health Workforce for the 21st Century*, in which discipline-specific competencies were to be mapped against core competencies. The Task Force found that the mapping process required further definition, and developed *Guiding Principles* for the mapping exercise and subsequent decision-making:

- **There is no assumption that a new or unique set of competencies is required for public health nutrition practice.** There is a commitment to investigate and report on the need for discipline specific public health nutrition competency sets/frameworks
- **Public Health Nutritionists from across Canada, their colleagues, and other stakeholders will have a voice and be heard.** There is a commitment to disseminate information and plans and gather input from relevant stakeholders
- **This work will be informed by existing competencies and not developed in isolation.** This will be achieved through the analysis, synthesis and mapping of existing public health and public health nutrition competencies.
- **The selection of competency sets for consideration will be driven by a review of the literature completed in 2007 and key informant interviews.** The literature search identified five formal competency sets for nutrition professionals in public health. In addition, in Canada there are three national

competency sets which will be considered—the *2007 Core Competencies for Public Health in Canada*, the *Dietitians of Canada’s Entry-Level Competencies*, and the *2006 Essential Competencies for Dietetic Practice*.

- **The *2007 Core Competencies for Public Health in Canada* will be the starting point for the mapping.** These competencies have been developed through extensive consultation; they are current, national and have been approved and adopted to varying degrees across Canada.
- **The Pan Canadian Task Force on Public Health Nutrition Practice is the decision making body responsible for the content of the final report.** Through its membership, it includes leaders in public health nutrition from across Canada and organizational liaisons who bring a variety of perspectives related to public health nutrition education, training, regulation, practice, research and workforce related issues. It operates using a consensus model.

Recognizing that competency mapping and analysis is a subjective process, Task Force members reviewed the mapping independently, prior to discussion as a group, to minimize individual bias. A preliminary analysis was presented to the full group for discussion. A working group was then established to confirm the gaps identified through the competency mapping analysis and assess the significance of the results. The group provided direction for framing the findings and recommended that public health nutrition competencies be a combination of core public health competencies and existing dietetic competencies.

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Task Force members reviewed the mapping independently, prior to discussion as a group, to minimize individual bias.

...peer review of the recommendations was a critical step prior to embarking on a coast-to-coast consultation

The Task Force successfully submitted proposals for presenting these draft recommendations at concurrent sessions to be held at the 2008 DC Annual Conference in Winnipeg. Given the previously mentioned context, this peer review of the recommendations was a critical step prior to embarking on a coast-to-coast consultation.

Peer Review to Assess Initial Response

Two sessions were held at the 2008 DC Annual Conference in Winnipeg. The first was a one-hour session attended by almost 40 dietetic educators from across Canada. This audience was a key stakeholder group. It included the leaders of the dietetic practicum programs who use the current dietetic competencies to assess their students. The second session was a 90-minute workshop attended by almost 70 registered dietitians.

As both groups strongly supported the recommendation to work with the existing competencies, the Task Force approached DC and the Alliance of Dietetic Regulatory Bodies and encouraged them to work together on developing a single set of dietetic competencies that include relevant public health nutrition competencies. The Task Force applauded the subsequent creation of the Partnership for Dietetic Education and Practice with a mandate that included development of integrated competencies for regulation, education and accreditation⁸.

Consultation

Sharing Information

Two of the objectives of the Task Force Terms of Reference are to:

- Disseminate information and plans and gather input from relevant stakeholders, and
- Identify mechanisms to link with other public health disciplines.

Mechanisms for outreach included:

- Conference participation
- Publication in journals and relevant newsletters
- Access to Task Force documents on DC website
- Participation in interdisciplinary Public Health Disciplines meetings.

The Task Force member networks, and in particular national and provincial groups, were key enablers for outreach through conferences and publications (Appendix D). Significant volunteer time and consultant support were invested in these communications. Conferences were used as an opportunity for input and required careful planning. Conference abstracts were drafted, approved and submitted several months in advance of the events, presentations were designed, discussion questions and feedback surveys were developed and, following the presentations, all the input was compiled, analyzed and reported back to the Task Force.

Conferences were used as an opportunity for input and required careful planning.

Both the Task Force and the consultation participants identified the importance of interdisciplinary work. This was seen to be so critical that it is a key component of one of the six recommendations of the Task Force.

⁸ The Partnership for Dietetic Education and Practice was formed in December 2008 to bring together representatives from the *Alliance of Canadian Dietetic Regulatory Bodies*, *Dietitians of Canada* and dietetic educators from academic and practicum programs across Canada to advance excellence in dietetic education and practice. One of the priorities of the Partnership for Dietetic Education and Practice is to develop integrated competencies for regulation, education and accreditation and undertake regular reviews and updating of the competencies as needed in a dynamic profession.

OVERVIEW OF PROCESS

Task Force representatives participated in the first Public Health Disciplines meeting, which was hosted by PHAC in conjunction with the DC conference (Vancouver, June 2007). The purpose of this interdisciplinary meeting was to discuss work on competency development and to facilitate collaboration to help prevent duplication of effort among the disciplines and to promote efficiency of the public health system.

In addition to the meeting, representatives from all health disciplines were invited to attend a related session at the DC conference. This session, entitled *Enhancing the Public Health Nutrition Workforce: What Canada can learn from the Australian Experience* by Roger Hughes, was followed by a panel discussion organized by the Task Force. The session was sponsored by PHAC and included the development and distribution of a recording of Dr. Hughes' presentation to public health disciplines and Task Force members.

Task Force representatives attended the second Public Health Disciplines meeting, which was held during CPHA's annual conference later that fall (September 2007).

Following the June 2008 CPHA Conference in Halifax, five Task Force members attended an interdisciplinary meeting, hosted by the PHAC, on the use of the Canadian Network for Public Health Intelligence (CNPHI), a web-based environment designed to share and disseminate public health information among local, regional, provincial, territorial and national stakeholders. It was proposed that the use of this web-based networking tool would facilitate collaboration among groups working on discipline-specific competencies. Subsequent to this meeting, the Task Force agreed to use this tool. Members signed a User Agreement and some Task Force members participated in an orientation on its use. In practice, however, future communication continued through group emails.

The purpose of this interdisciplinary meeting was to discuss work on competency development and to facilitate collaboration to help prevent duplication of effort among the disciplines and to promote efficiency of the public health system.

With the support of PHAC's liaison, the Task Force participated in a conference call facilitated and hosted by PHAC for all disciplines involved with identifying competencies. Correspondence with other disciplines continued following this call, creating the foundation for future collaboration. The purpose of collaboration was to share current and future work, to seek synergies and to compare methodologies. Maintaining continuity in these communications was challenging since most committees were volunteer-based and supported by consultants who were engaged for a finite term.

The Task Force initiated a resolution, ratified by members at the OPHA Conference in 2008, that mandatory training modules and tools be developed provincially to assist Public Health Units in Ontario in implementing the PHAC *Core Competencies for Public Health Practice in Canada: Release 1.0*.

Listening to Feedback

Based on the success of the peer review consultations, the Task Force developed a discussion document, over a nine month period, to generate informed dialogue with community and public health dietitians and nutritionists, educators, employers, and health professionals. The focus of the discussion document was to:

1. develop a recommended definition of public health nutrition practice;
2. identify competencies for public health nutrition practice in Canada; and
3. obtain direction for national leadership and organizational structure for public health nutrition practice.

The Task Force approved the *Strengthening Public Health Nutrition Practice Discussion Document* in early fall 2008. A survey was designed to be used with the discussion document. Both the discussion paper and the survey were available in English and French. Shortly prior to distribution, changes to the translated documents were made to better reflect current, discipline specific terminology.

... changes to the translated documents were made to better reflect current, discipline specific terminology.

Stakeholders could participate in the discussion in a variety of ways:

1. **Participation in Discussion Groups**
Discussion groups were held across Canada. Participants received hard copies of the survey at the sessions or by email. They could complete it online, submit hard copies at the end of the session or send them in by post or fax.
2. **Independent Participation in Written Survey**
French and English versions of the discussion document and survey were posted on the Dietitians of Canada website. The links were promoted through an e-mail broadcast to all members of the Canadian Public Health Association, Dietitians of Canada, provincial public health nutrition networks, and dietetic education, training and regulation groups. Stakeholders were invited to participate in the online survey or to complete a print version and submit it by post, fax or e-mail.
3. **Written Submissions and Email Comments**
The discussion document provided contact information for written submissions and discussion group participants were encouraged to send further reflections by email.

This consultation plan was presented to the Federal/Provincial/Territorial Group on Nutrition for input, with the request that they encourage participation in their local discussion groups.

The Task Force launched the national consultation on October 22, 2008 in Yellowknife, NT. Approximately 500 invitations were issued. Over a two-month period, consultations were conducted across Canada with the public health nutrition

community through twenty discussion groups. All provinces and two territories were represented. Two discussion groups were made up of primarily French speakers. Group sizes ranged from 2 to 55 participants. In total, the Task Force met with over 300 public health nutrition professionals, employers and educators.

The presentations were very well received and a group of education leaders subsequently cited the process used by the Task Force as a model of collaboration for future work in shaping dietetic practice.

... Participants greatly appreciated the opportunity to contribute to the discussion in their home province.

Participants greatly appreciated the opportunity to contribute to the discussion in their home province. They recognized that the identification of competencies is a complex issue that required both the information and analysis led by the Task Force and the opportunity for reflection and discussion by the public health nutrition community.

Developing Recommendations

Data Analysis

The data analysis was a collaborative process between the Task Force Consultant and Angus Reid Strategies. Angus Reid Strategies designed the online survey, housed the survey data and conducted quantitative analysis. The Task Force Consultant prepared the qualitative data analysis.

Angus Reid Strategies presented the quantitative data to the Task Force within a month of the closing of the survey. The information was presented in a slide show format by teleconference.

The qualitative data from all discussion groups were presented two weeks later in a second slide show presentation. Task Force members participated in small group discussions to review the findings from the consultation together with the literature review, key informant interviews and situational analysis.

The Task Force requested a more in-depth look at the analysis prepared by Angus Reid Strategies on the open-ended questions from the written survey. Following this re-analysis of the data by the Task Force Consultant, the Task Force requested a secondary reviewer to confirm the results of the interpretation.

A Technical Report on the Stakeholder Consultation was completed in October 2009. The report described the design, data collection and analysis of the consultation process; presented the aggregate results; and summarized key findings. This document gave a complete overview of findings for Task Force members as they developed the

recommendations. It also demonstrated the Task Force’s commitment to transparency and the process of information sharing.

Consensus Building

The Task Force met to develop and frame the recommendations emerging from the Pan-Canadian consultation.

A draft report with sample recommendations informed small group discussions. The full group then met to develop a series of recommendations and contextual statements through a consensus-building process.

There was extensive discussion regarding the definition of public health nutrition practice; it was necessary to confirm that this definition reflected desired (not necessarily current) practice and to review the original purpose of developing the definition, which was to help frame the development of public health nutrition competencies within the field of dietetics.

Members of the Task Force expressed diverse opinions as to the end users of the definition. In the end it was noted that the definition is intended to be relevant to all disciplines whose work contributes to the health of the population through food and nutrition. There was general agreement on the concepts to be included in the definition and a multitude of options on how this should be best worded. The Task Force finally reached an agreement by applying the consensus process described in their terms of reference and the guiding principle that “Public Health Nutritionists from across Canada, their colleagues, and other stakeholders will have a voice and be heard”. In the end, the Task Force maintained most of the wording from the definition proposed in the consultation which had received a high level of agreement.

The Task Force drafted the *Recommendations for Action*. Given the significant impact of the recommendations, the Task Force provided an opportunity for final input by key stakeholders. The draft document was distributed to many of the same groups who were part of the original concept testing one year prior:

- Federal Provincial Territorial Group on Nutrition
- Partnership for Dietetic Education and Practice
- Deans & Directors Group (representatives from all undergraduate Canadian dietetic degree granting Universities)
- Educators Meeting (through their annual meeting at the DC Conference)
- Workshop participants at the DC conference and
- Public Health Human Resource Task Group meeting.

Given the significant impact of the recommendations, the Task Force provided an opportunity for final input by key stakeholders.

The feedback from this organizational level review was positive.

There were no objections to the recommendations. There were few written responses (18) and of these, all were suggestions for clarification rather than for significant changes. This feedback was integrated into the final document.

The Task Force approved the *Strengthening Public Health Nutrition Practice - Recommendations for Action* (summarized in Appendix A) in the fall of 2009. A dissemination plan was developed for the launch of the Technical Report and the Recommendations for Action.

Based on the experience from the translation of the discussion document, the Task Force allowed over a month for translation of the document into French. A dietitian reviewed the professional translation to ensure accuracy in the use of discipline-specific terminology and then French-speaking Task Force members reviewed the translation and any proposed changes to ensure the final French document captured the intent of the Task Force and took into consideration cultural differences.

Moving from Recommendations to Action

In October 2009, the Task Force met to update the Work Plan and to plan succession.

Five areas emerged and are listed in order of priority for 2009 to 2011:

1. Design and implement a communication strategy to influence the implementation of the recommendations within the public health nutrition community. The strategy will include the development of case studies integrated into an online presentation.
2. Continue to influence and support the integration of public health nutrition practice concepts into the development and utilization of dietetic competencies.
3. Lead a process for exploring leadership and organizational structures for public health nutrition practice.
4. Facilitate discussions on the Task Force recommendations with the Education Sector to strengthen public health nutrition in dietetic education.
5. Influence the enumeration process for public health nutrition professionals.

Having completed their original commitments and identified the strategic direction of the Task Force for the next two years, members could plan succession. Almost half of the 17 members reached their three-year term, including the chair. The Task Force has initiated a review of the membership to ensure the membership has the collective skills, organizational connections and individual capacities to move the identified work forward. The group recognized the value of bringing in new perspectives, while ensuring there is continuity.

The group recognized the value of bringing in new perspectives, while ensuring there is continuity.

SUMMARY

The Task Force faced several challenges as they identified discipline specific competencies and a national definition for public health nutrition practice:

- The Task Force committed to a consensus model for decision-making. At times, the diverse opinions of the Task Force and the time of the members could best be honoured by proceeding with the agreement of the majority of Task Force Members rather than insisting on further discussion.
- The Task Force was created to provide strategic guidance and expert advice. The work of the Task Force revolved around finding the meaning of individual words to ensure that they capture the essence of public health nutrition practice.
- The process was well funded by PHAC and as a result had the support of a contractor. Task Force Members, and in particular the chair, contributed many hours of their time and had varying levels of support from their employers to do this work.
- Ongoing recruitment was necessary to ensure pan Canadian representation and the diverse perspectives within public health nutrition practice. Some stability in membership was necessary for continuity.
- The Task Force addressed these challenges by using their time strategically, carefully allocating their funding and relying on the leadership, dedication and open minds of all members as well as others who contributed through the consultation process.

Task Force Members Comments

Task Force members are proud *“that the process was so inclusive and gave all practitioners and those with a passion for the area input”* (S. Bates Dancho) and feel their work serves as a *“model of transparency, consultation and consensus building”* (S. Berenbaum).

A key element of their success was that the Task Force took *“a very analytical but also pragmatic approach to build on what exists (core and dietetic competencies) to the present. This group has lived up to its operating principles by demonstrating rigour, integrity, an ability to listen and integrate multiple perspectives”* (E. DiRuggerio). As a group, the Task Force *“members tried really hard to consider what was the right thing to do.”* The Task Force *“achieved much and this was due to this spirit of coming together (with a lot of help from our consultants to help us connect the dots) with the goal of building practice to ultimately contribute to improved nutritional health in Canada - not so much our own personal agendas.* (K. Barro).

Task Force members *“have drawn on the expertise of a group of Dietitians who did not necessarily have contact in the past, developing some great opportunities for continued networking, and have been very inclusive, considering the regulating bodies, academic considerations for training.”* (C. Scythes)

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Task Force members contributed an incredible amount of time and energy over several years. Being a part of this process influenced their work. *“It has had a huge impact. It has increased my understanding of the practice. I think it will have profound impact on future practice as the competencies are considered in human resource development, job performance and training. Also valuable in improving understanding of public health for dietitians that work in other sectors such as long term care and acute care.”* (S. Bates Dancho)

Task Force members would still like to *“Make a difference at the political level - to actually shape the organization of public health and professionals within it“* (J. Bellman), *“perhaps consider the advocacy aspects required to promote public health nutrition practice and some of the structural issues that are currently barriers“* (A. Fox).

The work of the Task Force is not complete. They are committed to working with other groups who have an interest in public health nutrition practice to implement their recommendations. This will likely be the focus of a future conference presentation or journal article!

Appendix A: Recommendations for Action

1. Use the following national definition to shape the future direction of public health nutrition practice.

Public health nutrition practice requires the leadership of dietitians with expertise in nutrition, food systems and related public health sciences. Public health nutrition practice encompasses the assessment, promotion, protection and enhancement of health and the prevention of nutrition-related diseases. Using population health and health promotion approaches, strategies focus on the interactions among the determinants of health, food security, and nutritional and overall health.

2. Update the dietetic competencies to strengthen the foundation for public health nutrition practice.

The Partnership for Dietetic Education and Practice incorporate the work of the Task Force as they update the dietetic competencies. The Task Force proposes the integration of public health terminology and practice- based examples throughout the dietetic competencies and the following additions. All dietitians should demonstrate understanding of:

- i) food systems and sustainable food practices as they relate to and influence population health,
- ii) how a public health perspective drives ethical decision making in food and nutrition related policies, programs, purchasing, partnerships, funding and sponsorship,
- iii) the role of policy and how food and nutrition public policy is developed in Canada,
- iv) food and nutrition surveillance and monitoring as it relates to planning, policy analysis, program evaluation, advocacy, and research,
- v) the processes and roles of partnership, collaboration, community development and advocacy to improve the health and wellbeing of the population through food and nutrition strategies, and
- vi) the core attitudes and values shared by public health professionals⁹.

Assuming that the updated dietetic competencies continue to include all of the elements of the dietetic sets assessed and upon addition of the above six areas, these updated dietetic competencies will capture the Core Competencies for Public Health in Canada, Release 1.0 and strengthen the foundation for public health nutrition practice.

3. Provide all dietetic students and interns in their education and practical training with public health experiences.

Governments at all levels, national and provincial/territorial dietetic, nutrition and public health groups, dietetic education and internship practicum programs, and public health employers work collaboratively to enhance capacity for consistent public health nutrition education and training and build the infrastructure needed for meeting the updated dietetic competencies.

⁹ The Core Competencies for Public Health in Canada: Release 1.0 (2007) states "Important values in public health include a commitment to equity, social justice and sustainable development, recognition of the importance of the health of the community as well as the individual, and respect for diversity, self-determination, empowerment and community participation."

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4. Present opportunities for public health nutrition staff to strengthen their practice and lead to greater consistency nationally within the public health nutrition workforce.

Public health employers, together with governments at all levels, educators and the public health and dietetic community, provide nationally standardized discipline specific and interdisciplinary training for the orientation of all new hires and the development of existing staff.

5. Identify, promote and support advanced level public health nutrition practice.

Building on work done to date by the Task Force and others, leadership and funding are needed to undertake a collaborative process to better understand, promote and support advanced level public health nutrition practice.

6. Effectively support public health nutrition practice and interdisciplinary public health workforce development through national level structures and mechanisms.

Using a collaborative process, increase public health nutrition leadership and organizational supports to strengthen practice and provide strong national direction for public health nutrition workforce development that is consistent, sustainable and integrated with other disciplines and across the health system.

The full report is available at: <http://www.dietitians.ca/publichealthnutrition>

Appendix B: Terms of Reference (July 2007)

Background

In early 2006, a Pan-Canadian Advisory Committee on Public Health Nutrition Competencies (now named the Pan Canadian Task Force on Public Health Nutrition Practice) was formed in collaboration the Public Health Agency of Canada (PHAC) to provide strategic guidance and expert advice on public health nutrition practice enhancement in Canada. The Task Force includes leaders in public health nutrition from across Canada and organization liaisons that bring a variety of perspectives related to public health nutrition education, training, regulation, practice, research and workforce related issues.

In 2006-07 four deliverables were produced:

- A review of the literature on competency development for public health nutrition professionals
- An environmental scan, including key informant interviews, to seek out current issues, gaps and opportunities in the public health nutrition field in Canada
- A situational analysis applying The Health Communications Unit (University of Toronto) situational assessment framework, that identified key issues, gaps and recommendations for next steps in the development of public health nutrition competencies, and
- A three-year action plan to set direction and outline future work on work force enhancement.

Purpose and Objectives

The purpose of the Pan-Canadian Task Force on Public Health Nutrition Practice is to provide leadership, expertise and strategic counsel to enhance public health nutrition practice in Canada. This will be achieved through collaboration, consultation and research.

Its objectives over the next two to three years are:

- Secure resources for ongoing actions to enhance the public health nutrition work force
- Define public health nutrition practice in Canada
- Investigate and report on the need for discipline specific public health nutrition competency sets/frameworks
- Explore potential opportunities to gain and enhance public health nutrition knowledge, skills and abilities
- Disseminate information and plans and gather input from relevant stakeholders
- Identify mechanisms to link with other public health disciplines
- Explore an organizational structure that can provide leadership for public health nutrition practice issues in Canada.

Membership

The Pan-Canadian Task Force on Public Health Nutrition Practice will include, at minimum, individual public health nutrition practice leaders and organization liaisons who can bring the following perspectives to the work:

- Regional and geographic practice differences represented through public health nutrition professional practice groups
- Current and future roles and functions of Pan-Canadian public health nutrition practitioners
- Federal, provincial and territorial public health workforce demands
- Undergraduate, graduate and dietetic internship level education and training

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- Public health nutrition practitioner core competency development and skill enhancement
- Public health nutrition practice and workforce related research
- Dietetic regulatory issues
- Additional perspectives as found needed by the Task Force.

In addition, the Task Force will include non-voting ex-officio representation from funding and funding contract management agencies as well as project managers/consultants. For example while the Task Force operates with funding support from the PHAC through DC, a representative of the PHAC and DC will liaise with the group and provide guidance and support to ensure the contract/project deliverables and timelines are met.

Appointments

Those who began the work completed during the first two contracts between DC and the PHAC will be encouraged to continue to participate as a member of the Task Group. Subsequently, additional members may be invited to join the Task Force should gaps be identified.

Term

Members on the Task Force are encouraged to commit for a minimum of one year, renewable up to three years. It is appreciated if an exiting committee member can seek out a replacement.

Working Groups will be struck as needed.

Member Responsibilities

- Actively participate in meetings of the Task Force held at the call of the Chair
- Contribute to the purpose of the Task Force which may include commenting on issues and reports between meetings
- Provide timely input on key deliverables for contracts and grants
- Contribute to the planning of meetings and help with the dissemination of the results, as required
- As an individual Task Force member acting as a liaison with another group, that member will provide updates to and seek input from that group as required
- Members act as recorders – alphabetically based on last name. If a member is unavailable, that member is requested to seek out a replacement prior to the meeting.

Chair Responsibilities

- Coordinate all meetings of the Task Force, including setting and distributing the agenda, chairing the meetings and ensuring a minute taker is designated and meeting minutes and other related reports are distributed
- Provide reasonable notice of meetings with opportunity to participate
- Ensure a communication piece is regularly prepared that supports the Task Force members in consistent communication with those they represent
- Guide the Task Force in addressing issues and concerns as they arise.

Funder and Grant Management Responsibility

It is the responsibility of the funding and management agencies to each appoint a non-voting ex-officio representative to the Task Force, to provide guidance and support, and ensure the contract/project

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deliverables and timelines are met. Contracted project manager and/or consultants will be responsible for deliverables outlined in their contract/terms of agreement with direction, guidance and support from the Task Force. Task Force members will have the opportunity to provide input into the development of position descriptions and hiring processes for contracted personnel.

Confidentiality

Each representative has a duty to keep confidential any information which is identified as such. Confidential information is to be discussed only within the Task Force.

Ethical Guidelines for Research, Funding and Sponsorship

The Task Force will consider funding and/or support from the following groups only:

- Government agencies; and
- Professional associations and groups.

The Task Force must be in agreement before accepting funds and/or support.

When participating in research activities, the Tri-Council Policy Statement will be followed:

<http://www.pre.ethics.gc.ca/english/policystatement/policystatement.cfm>. The key statements are:

1. Respect for Human Dignity 2. Respect for Free and Informed Consent 3. Respect for Vulnerable Persons 4. Respect for Privacy and Confidentiality 5. Respect for Justice and Inclusiveness 6. Balancing Harms and Benefits 7. Minimizing Harm.

Intellectual Property of Contract/Grant Deliverables

The intellectual property for all deliverables of contracts and grants will be as stated in the contract agreements. All proposals with external funding and support agencies will be reviewed by the Task Force. Individual members of the Task Force who choose to work together to prepare manuscripts for submission to an appropriate peer-reviewed Journal, as approved by the Task Force, are encouraged to do so. Authorship will be dictated by the requirements of the journal chosen for submission. All members of the Task Force will be acknowledged for their participation and listed appropriately in the manuscript as will the support from the funding and management agencies.

Conflict of Interest

Conflict of interest occurs when a representative participates in discussion or decision-making about a matter that may result in financial or other benefit to: that member, their organization or someone with whom the member has a close personal or external professional relationship, regardless of the size of the benefit.

Prior to the commencement of any meeting or on the agenda, members will declare conflict of interest regarding specific agenda items. The member will then leave the meeting for the discussion of the identified agenda item and may return as the meeting moves to the next agenda item. Departure and return of the member will be noted in the minutes of the meeting.

Remuneration

Committee representatives shall not be remunerated for serving on the committee.

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Frequency of Meetings

The Task Force shall aim to meet in person at least annually with teleconference calls as needed or at the call of the Task Force Chair.

Quorum

The quorum for holding meetings is 50% plus 1 voting members. A decision is simply made by a majority of voting members. The chair has the option to vote or not. If the voting members are having difficulty in reaching a decision, the following consensus model will be used (*from National Evaluation Team for Children Terms of Reference, Annex C and adapted from the BC Labour Force Development Board*):

The simplest and most basic definition of consensus is “**general agreement ... collective opinion**” (The Canadian Oxford Dictionary)

In this approach, people are not simply for or against the decision, but have the option to situate themselves on a scale that lets them express their individual opinion more clearly. This model is usually used with a round, so that everyone in the meeting is given the opportunity to state where they are according to the following six levels:

- 1) Fully support.
- 2) Support with reservations
- 3) Acceptable
- 4) Will not block it, can live with it
- 5) Need more information or more discussion
- 6) No; cannot accept it..

If someone is at level 2, 3 or 4, they have the option of explaining their reservations. These can be addressed by the meeting, if the group wishes to. This is not absolutely necessary for achieving consensus if everyone is already at 4 or higher, but it usually improves the recommendation or suggestion being discussed.

If someone is at level 5, they have the obligation to explain what information or discussion they require from the group. If someone is at level 6, it is important for them to try to offer a solution that can accommodate their needs and the needs of the rest of the group.

In addressing someone’s reservations, it is important to ask:

1. Everyone for possible solutions (the person expressing the concern and the rest of the group both have a responsibility to find solutions); and
2. People to suggest improvements or alternatives that meet the objectives of the entire group.

▪ **Distant Participation**

A person so participating shall be deemed to be present at the meeting and shall be entitled to vote and be counted in the quorum accordingly.

Review of Terms of Reference

The terms of reference will be reviewed annually or at the call of the Chair.

Appendix C: Documents Produced

- *Competencies for Public Health Nutrition Professionals: A Review of Literature*, September 2006
- *Public Health Nutrition Competencies: Summary of Key Informant Interviews*, September 2006; An environmental scan, including key informant interviews, to seek out current issues, gaps and opportunities in the public health nutrition field in Canada
- *Enhancing Public Health Nutrition Workforce Capacity in Canada: Situational Assessment*, March 2007; A situational analysis applying The Health Communications Unit (University of Toronto) situational assessment framework to identify key issues, gaps and recommendations for next steps in the development of public health nutrition competencies
- *Strengthening Public Health Nutrition Practice - a Discussion Paper*, November 2008; A discussion document describing the proposed approach and identifying competencies
- *Technical Report on the Stakeholder Consultation*, October 2009; describes the methodology, the aggregate results and key findings of the stakeholder consultation process
- *Strengthening Public Health Nutrition Practice in Canada - Recommendations for Action*, October 2009; The recommendations for actions emerging from the Task Force research and consultation

These documents are available at:

<http://www.dietitians.ca/publichealthnutrition>

<http://www.osnpnh.on.ca/resources/index.php>

<http://www.phac-aspc.gc.ca/ccph-cesp/links-liens-eng.php - dietitians>

Appendix D: List of conferences and publications profiling the work of the Task Force

2007 April	Task Force Update, <i>Dietitians of Canada Members in Action Newsletter</i>
2007 June	Dietitians of Canada Conference (Vancouver) Panel Presentation, <i>Enhancing the Public Health Nutrition Workforce</i> (Reach: 60 dietitians and 10-15 other public health professions)
2007 Summer	PHN in Canada - the Future is Now, <i>Dietitians of Canada Practice</i>
2007 September	Canadian Public Health Association Conference (Ottawa) Oral Abstract Presentation - Public Health Human Resources presentation panel (Reach: 60 public health professionals)
2007 October	BC Community Nutritionist Council (Vancouver) Update (Reach: 60+ community nutritionists)
2008 January	Fox A, Traynor M, Chenhall C, Bellman J and Scythes C. Public health nutrition practice in Canada: a situational assessment. <i>Public Health Nutrition</i> 2008;11(8):773-781
2008 Spring	Task Force Update, <i>Canadian Public Health Association -ACSP Health Digest</i> and <i>Dietitians of Canada Members in Action Newsletter</i>
2008 May	Ontario Society of Nutrition Professionals in Public Health (Toronto Area), Nutrition Exchange Presentation (Reach: 100 Ontario public health nutrition professionals)
2008 June	Canadian Public Health Association Conference (Halifax) Oral Abstract Presentation, <i>A Collaborative Approach to Workforce Development</i> (Reach: 50 public health professionals).
2008 June	Dietitians of Canada Conference (Winnipeg) Workshop, <i>Public Health Nutrition Practice - Help Build the Future</i> (Reach: 70 dietitians)
2009 June	Dietitians of Canada Conference (PEI) Panel Presentation, <i>Strengthening Public Health Nutrition Practice</i> (Reach: over 70 dietitians) and poster display, <i>Scanning the Missions and Functions of Canadian and International Public Health Organizations</i> (Initiated by a University of Toronto graduate student, approximately 400 visitors to the poster)
2009 June	Canadian Public Health Association Conference (Winnipeg) Plenary session, <i>Living the Core Competencies</i> (Reach: 50 participants) and Oral Abstract presentation, <i>Strengthening Public Health Nutrition Practice in Canada</i> (Reach: 12 public health professionals).
2009 November	Ontario Public Health Association Conference (Toronto) Oral Abstract, <i>Overview of Projects and Reports to Strengthen the Public Health Nutrition Practice Workforce across Canada</i> (Reach: 25 public health professionals)
Pending	Bellman, J. et al. Discipline-specific competencies - Strengthening health teams through clear expectations and communications <i>Canadian Journal of Public Health Insert</i>