



Dietitians in Primary Health Care: A Pan-Canadian Environmental Scan

MARCH 2018

Executive Summary

A pan-Canadian environmental scan of dietitian services in primary health care was conducted to describe the current dietetic workforce and the role of dietitians as interprofessional health team members in Canadian provinces and territories.

For the purposes of this project, the definition of primary health care included publicly funded dietitians working in interprofessional health teams. Activities such as health promotion and disease prevention were included if offered as part of a team; however, this scan did not include aspects of health promotion as part of public health. Primary health nutrition care within this project includes primary care clinics, physician offices, outpatient nutrition counselling, and, in some jurisdictions, telehealth/dietitian contact centres and diabetes clinics accepting referrals from general practitioners.

All 10 provinces and 3 territories have some form of regional health planning that varies by jurisdiction. Primary health care delivery is structured differently across the provinces and territories, for example it may be organized into fee-for-service physician clinics, nurse practitioner clinics, group physician practices with nursing support, and interprofessional health team collaborative care practices. Dietitians work in physician-led teams, collaborative care clinics, family health teams and interprofessional community health teams providing individual and group nutrition therapy, education, counselling and supporting behaviour change. Key informants indicate that skills required by dietitians working in primary health care nutrition practice include interpreting laboratory and anthropometric indicators during nutrition assessment while considering psychosocial aspects of clients to support behaviour change. For nutrition services in primary health care there is limited and incomplete data on the number of dietitians employed in the system. Dietetic regulatory bodies differ in the information collected from registrants, hampering the ability to provide a clear picture of dietetic workforce in each province as well as comparisons across the country. There is also an unclear picture of the best number of dietitians regionally to provide primary health care nutrition care services in some provinces and territories.

Dietitians are essential members of primary health care teams delivering effective¹ and cost-efficient nutrition intervention with a focus on promoting health and supporting the prevention and treatment of chronic diseases². Future efforts may include research and identification of effective interventions of dietitians in primary health care settings and advocacy for sufficient dietitian staffing and support for the interventions determined to be most effective.

The following table summarizes PHC settings in different jurisdictions. Complete information on the number of dietitians working in these settings was unable to be collected; data that is available has been reported in the provincial/territorial snapshots.

Table 1: Examples of Primary Health Care Settings by Jurisdiction

PROVINCE/ TERRITORY	PHC SETTINGS (with total numbers where available)
BC	Divisions of Family Practice
AB	42 Primary Care Networks
SK	50 Primary Health Care Teams (will be divided into Primary Care Networks in 2018)
MB	15 Primary Care Networks
ON	184 Family Health Teams, 70 Community Health Centres, 25 Nurse Practitioner Led Clinics
QC	118 Family Medicine Groups, 140 CLSCs
NB	Community Health Centres
NS	Primary health clinics, Family Practice Teams
PEI	5 Primary Care Networks
NL	Community Health Centres
YT	n/a
NWT	2
NU	n/a

As summarized in Table 2, many PHC teams encourage clients to self-refer for nutrition counselling and utilize EMRs to enhance communication and collaboration in the provision of nutrition care in provinces and territories. Details of group nutrition education offered is also captured in Table 2.

Table 2: Group Nutrition Education, Self-Referral, and EMR Use in PHC Settings

PROVINCE/ TERRITORY	SELF- REFERRAL	GROUP NUTRITION EDUCATION	EMR
BC	✓	Heart health, diabetes management, mindful eating, behavior change	✓
AB	✓	Weight management, heart health, diabetes management, mindful eating, behavior change	✓
SK	✓	Heart health, diabetes management, weight management, mindful eating, behavior change	✓
MB	✓	Diabetes management	✓
ON	✓	Heart health, diabetes prevention, diabetes management, healthy weights, mindful eating, behavior change	✓
QC	X	Not reported	✓
NB	✓	Diabetes prevention and management, heart health, weight management, mindful eating, behavior change	✓
NS	✓	Heart health, diabetes management, healthy weights	✓
PEI	✓	Diabetes prevention, diabetes management, weight management, stress management	✓
NL	✓	Chronic disease health management	✓
YT	X	Chronic disease education	X
NWT	X	Weight management, behaviour change, healthy pregnancy	✓
NU	X	Determined by community needs	✓

Recommendations

For government:

1. Support innovative primary health care delivery of nutrition services (e.g. teledietetics) in underserved areas in Canada, as an adjunct to local team-based care.
2. Support collection of dietitian workforce data through regulatory bodies and the Canadian Institute of Health Information (CIHI), to enable workforce planning.
3. Support use of electronic medical records to facilitate interprofessional collaboration and outcome measurement.
4. Increase the focus on health promotion and prevention of the major chronic diseases affecting Canadians in interprofessional primary health care teams.

For researchers:

1. Collect evidence on effectiveness, and cost-effectiveness, of interventions by dietitians delivering care in primary health care teams.
2. Engage in research to identify correlations between dietitian interventions and outcomes of interest such as markers of nutritional status and chronic disease management, cost of care, interprofessional team function.

For dietitians:

1. Advocate for sufficient dietitian staffing in primary health care teams to support effective interventions.
2. Collect data on dietitian staffing, activities, and outcomes to assist in establishing benchmarks.
3. Engage in practice-based research to support development of the evidence base for nutrition approaches in primary care.
4. Demonstrate the cost-effectiveness of nutrition intervention and dietitian support in primary health care teams.

Limitations of this Report

This report represents the experience and knowledge of the key informants interviewed and current information from provincial and territorial government websites and documents related to PHC. A limited number of interviews were conducted due to time constraints and it is acknowledged that further investigation would be needed to present a comprehensive picture of PHC dietitian services in Canada. Due to the variability in PHC structures and dietitian practices, the report may not reflect all of the activities of dietitians in all PHC settings.

Acknowledgements

Special thanks to Jennifer Daniels, RD for conducting key informant interviews and development of this report, Jennifer Buccino, Northwest and Central Ontario Regional Executive Director for her leadership on this project, and Dietitians of Canada's Regional Executive Directors across Canada.

Thank you to all the key informants involved in the project, and also to Dietitians of Canada groups for their expertise and input:

- Alberta Primary Health Care Action Group
- BC Primary Health Care Action Group
- Ontario Primary Health Care Action Group
- Ontario Family Health Team Registered Dietitian Network
- Ontario Community Health Centre Registered Dietitians Action Group

Abbreviations

Community Health Centre (CHC)
Dietitians of Canada (DC)
Electronic Medical Record (EMR)
Family Health Team (FHT)
Family Medicine Group (FMG)
Family Practice Team (FPT)
Full Time Equivalent (FTE)
Local Community Service Centre (CLSC)
Local Health Integration Network (LHIN)
Nurse Practitioner-Led Clinics (NPLC)
Nutrition Care Process Terminology (NCPT)
Primary Care Network (PCN)
Primary Health Care (PHC)
Primary Health Care Action Group (PHCAG)

British Columbia (BC)
Alberta (AB)
Saskatchewan (SK)
Manitoba (MB)
Ontario (ON)
Quebec (QC)
New Brunswick (NB)
Nova Scotia (NS)
Prince Edward Island (PEI)
Newfoundland and Labrador (NL)
Yukon (YT)
Northwest Territories (NWT)
Nunavut (NU)