

Editorial

Public health nutrition – moving from rhetoric to results

Previous editorials and papers in this journal have alluded to the importance of clarity in the definition of public health nutrition as a field of research and practice^(1–3). This complements earlier debates about the differences between public health nutrition and public nutrition^(4–7) and the more recent conceptualisation of the New Nutrition Science (NNS)⁽⁸⁾. Geoffrey Cannon in this issue⁽⁹⁾ prods us all to further consider ‘what we are about’ as public health nutritionists. As you struggle with the challenges of addressing malnutrition in its various forms in whatever part of the world you live and work, you may be asking ‘Why all the “navel gazing” and emphasis on rhetoric?’ Surely there are more important topics to focus our intellectual resources and to fuel our scholarly debates? Cannon’s prod in this issue prompts the following points of view relative to our conceptualisation and communication of public health nutrition as a discipline, and why it is important to continually communicate and focus our disciplinary effort.

Public health nutrition as a discipline

Much of the debate and effort relative to defining public health nutrition has been done so in the context of developing public health nutrition as a discipline, distinct from other disciplines (such as clinical medicine, physiotherapy or clinical dietetics as examples). It has also been largely stimulated by consideration of workforce development issues. The underlying assumption is that practice within the discipline requires a distinct range of competencies in order to perform the work required to address public health nutrition challenges, rather than simply being a focus for research or learning (i.e. public health nutrition as a topic).

An emphasis on health

In 1997, the term ‘public nutrition’ had been defined as:

a new field encompassing the range of factors known to influence nutrition in populations, including diet and health, social, cultural, and behavioural factors; and the economic and political context. Like public health, public nutrition would focus on problem solving in a real-world setting, making its definition an applied field of study whose success is measured in terms of effectiveness in improving nutrition situations⁽⁵⁾.

More recently⁽⁷⁾ it has been argued that public nutrition as a construct is more expansive and intersectoral in its

approach than public health nutrition, because public health nutrition is ensconced within the health system.

Ten years ago I published a paper⁽¹⁰⁾ with an Australian colleague to help delineate the different work functions and competencies needed to work as a public health nutritionist (as distinct from the work roles of a dietitian). This paper defined public health nutrition as:

the art and science of promoting population health status via sustainable improvements in the food and nutrition system. Based upon public health principles, it is a set of comprehensive and collaborative activities, ecological in perspective and intersectoral in scope, including environmental, educational, economic, technical and legislative measures.

Although not succinct and purposively descriptive, this definition holds up well to the assertions of the NNS and the purported differences with public nutrition. Taking the health focus out of the disciplinary term makes little sense to me and serves little function, other than to confuse external stakeholders.

Re-inventing the wheel?

When the NNS project was launched at the World Public Health Nutrition Congress in Barcelona in 2006, many colleagues I talked to questioned why this vision of nutrition was considered ‘new’. The principles underpinning this reconceptualisation of nutrition science to embrace not only the biological but also the social and environmental determinants of nutritional health was well accepted by many in our discipline. The previous definitions of public health nutrition and the consensus on definitional attributes of public health nutrition⁽³⁾ reinforce that the socio-ecological approach was being widely used to conceptualise the discipline for at least the past decade. At a follow-up meeting on the NNS in Hobart facilitated by the Australian Public Health Nutrition Academic Collaboration in 2007, we argued (consistent with the advocates of public nutrition as a defining construct) that the economic and political determinants are also critical and should be explicitly included to enhance the NNS vision.

Definitions mean nothing if you are starving

Definitions go some part of the way to describe the scope and nature of public health nutrition as a discipline, and serve a useful purpose when trying to influence or inform

external stakeholders. I have argued in an earlier editorial that advocacy in favour of capacity building through public health nutrition workforce development is impaired without clear definitions⁽²⁾, but it is probably less important than clarity about the core functions (the work) of the public health nutrition workforce.

Developing consensus about definitions of our discipline and the principles, values and aspirations explicit in definitions arguably does little to address public health nutrition problems.

We may agree with the socio-ecological approach and the underlying ideologies, but the effectiveness of our work in this discipline will depend on turning the rhetoric into effective operationalisation of these principles in our practice.

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References

1. Landman J (2003) Professing public health nutrition (guest editorial). *Public Health Nutr* **6**, 523–524.
2. Hughes R (2008) Workforce development: challenges for practice, professionalisation and progress (editorial). *Public Health Nutr* **11**, 765–767.
3. Hughes R (2003) Definitions for public health nutrition: a developing consensus. *Public Health Nutr* **6**, 616–620.
4. Mason J, Habicht J, Greaves J, Kevany J, Martorell B & Rogers B (1996) Public nutrition. *Am J Clin Nutr* **63**, 399–400.
5. Rogers B & Schlossman N (1997) 'Public nutrition': the need for cross-disciplinary breadth in the education of applied nutrition professionals. *Food Nutr Bull* **18**, 120–133.
6. Habicht J-P (1999) Why public nutrition? *Food Nutr Bull* **20**, 286–287.
7. Beaudry M & Delisle H (2005) Public(s) nutrition. *Public Health Nutr* **8**, 743–748.
8. Cannon G & Leitzmann C (2005) The new nutrition science project. *Public Health Nutr* **8**, 673–694.
9. Cannon G (2008) Out of the Box. *Public Health Nutr* **11**, 1094–1097.
10. Hughes R & Somerset S (1997) Definitions and conceptual frameworks for community and public health nutrition: a discussion paper. *Aust J Nutr Diet* **54**, 40–45.

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In this issue

More reasons to promote breast-feeding

Promoting optimal infant nutrition is central to public health nutrition efforts worldwide. In this issue, Camurdan *et al.*⁽¹⁾ present results from a descriptive cross-sectional study of infants in Turkey to assess factors associated with premature discontinuation of breast-feeding. Among the findings it is interesting to note that mothers' concern about the adequacy of breast milk supply (and/or quality) continues to be a major determinant of breast-feeding cessation. Breast-feeding cessation introduces infants to a range of risks associated with artificial (non-breast) feeding. Paramount among these risks is the exposure to bacterial contamination associated with unhygienic bottles, water supplies and/or formula preparation. Renfrew *et al.*⁽²⁾ contribute a systematic review of studies to assess the clinical and cost-effectiveness of different methods of cleaning and sterilisation of infant feeding equipment used in the home. They report that the striking finding from their study is the lack of good-quality information on clinical and cost-effective ways of cleaning and sterilising infant feeding equipment in the home, especially under conditions

relevant to families in developed countries in the 21st century.

Tea with your fish?

Dietary guidance about ubiquitous beverages such as tea and coffee appears to be limited, if not ambiguous. Binns *et al.*⁽³⁾ present a review of the evidence linking tea and coffee consumption with health outcomes and conclude that, based on current evidence, nutritionists should advocate tea as part of a healthy diet and as a superior choice to coffee, primarily because it appears to reduce the risk of succumbing to a range of diseases.

Studies that assess the risks associated with compliance with dietary guidance are rarely published but very important. Regular fish consumption is widely promoted to enhance intakes of long-chain PUFA. Sioen *et al.*⁽⁴⁾ report on a study in which published nutrient and contaminant data were used in a probabilistic model to calculate the simultaneous nutrient and contaminant intake for different fish consumption scenarios. They conclude that twice weekly consumption of fatty fish does not expose consumers to significant toxicological