

Dr Williams, Chief Medical Officer of Health
Mr Pine, Advisor Public Health and Emergency Health Services Modernization
Ms Blair, Assistant Deputy Minister, Emergency Health Services Division
Ministry of Health
396 University Avenue,
Toronto, ON M7A2S1

February 10, 2020,

Dear Dr Williams, Mr Pine and Ms Blair:

We are writing on behalf of the approximately 200 members of Ontario Dietitians in Public Health (ODPH) to introduce our organization, position ODPH as an effective and exemplary model for Public Health Unit (PHU) collaboration, and to provide feedback on the questions within the Discussion Paper.

ODPH represents the Registered Dietitians (RDs) who work in public health units (PHU) across Ontario. RDs working in Public Health (PH) are regulated health professionals who have comprehensive education and training in human nutrition and population health that includes the professional skills and knowledge to assess, plan, deliver, improve, and evaluate public health nutrition programs and services. We work to improve Ontarians' food environments, food literacy, and access to healthy food.

Public health RDs work collaboratively in our communities to identify priority populations and barriers to healthy eating. As credible local resources, RDs foster and maintain local stakeholder collaboration on program implementation, to address barriers and enhance facilitators for accessible healthy food across the lifespan. This includes providing hands-on training and education to local volunteers, educators, and community leaders such as child care providers, residential care facility owners, peer nutrition workers, teachers, student nutrition program volunteers, recreation leaders and many others on best practices that support healthy eating behaviors. In addition, public health RDs are integral to the development of healthy public policy that influences how local food systems perform (for example, provision of healthier and more local foods offered in arenas, schools, and long term care institutions). As well, public health RDs are employed in other leadership roles including management and executive positions.

Registered Dietitians are an essential part of the interdisciplinary team required to address the most pressing health needs in Ontario. Investing in public health nutrition has the potential to yield a substantial return by preventing the most common chronic conditions, including diabetes, cardiovascular diseases, cancer, and dementia. Supporting Ontarians to achieve healthy diets could save our health care system up to \$13.8 billion/year in direct (CAD \$5.1 billion) and indirect (CAD \$8.7 billion) costs (1).

RDs work to support multiple Ontario Public Health Standards (OPHS) (e.g., School Health, Chronic Disease Prevention & Well-Being, Healthy Growth & Development, Mental Health, and the Foundational Standards) to improve eating behaviours, a critical risk factor contributing to the burden of chronic disease, essential in the promotion of healthy child growth and development, and in the reduction of health inequities (e.g., food insecurity).

ODPH was founded in response to a need for a more effective and efficient mechanism for Public Health RDs and stakeholder networking and collaboration, with a focus on community nutrition issues. The structure of ODPH includes 10 setting-based or topic-specific workgroups (each with its own forum/listserv for workgroup members plus regular teleconferences) and a general members' forum (listserv) where members cross-share evidence, local resources, and best practices. These mechanisms serve to enhance knowledge transfer, prevent duplication of efforts, and allow ODPH to lead the development of position statements about emerging and key nutrition topics (e.g., food insecurity, weight bias, nutrition labelling in Ontario restaurants) to contribute to shared priority setting across PHUs. Today, ODPH provides input on relevant population health issues, coordinates feedback on government consultations and policies, advocates for the public's nutritional health, and develops evidence-based programs, resources and tools (e.g., position statements, practice guidelines and frameworks) which are promoted, delivered, and implemented at all PHUs. ODPH's work enhances the capacity of RDs within their respective health units to effectively meet OPHS requirements, especially as they apply to local food and nutrition issues affecting their community's health.

ODPH is a recognized source of expert nutrition advice and is a model for efficient and effective collaboration that includes working with a variety of external health sector stakeholders such as Public Health Ontario and the [Association of Local Public Health Agencies](#) (alPHA). For example, the Ministry of Education depends on ODPH to develop and maintain tools, resources, and training to support child care settings across Ontario to implement the nutrition recommendations within the Child Care and Early Year's Act.

Other examples of efficient, effective collaborations include :

- Development of expert advice and technical support for Ontario's Healthy Menu Choices Act
- Collaboration with the Ministry of Children, Community and Social Services (MCCSS) to develop the 2016 Student Nutrition Program Nutrition Guidelines and the revision project currently underway
- Annual development of Food Affordability Monitoring Income Scenarios Spreadsheet and Backgrounder, facilitating the requirement to monitor food affordability
- Partnership with Parks and Recreation Ontario (PRO) to develop tools and strategies to improve the food environment in recreational settings
- Consultation on the Ministry of Health Reference Document for Safe Food Donation and implementation support for the updated Ontario Food Premises Regulation (493/17)

Nevertheless, the challenges facing PHUs across the province also have an impact on ODPH. Although our members include skilled RDs, many with graduate training in public health and health promotion, there remain capacity challenges for implementation, evaluation, and quality improvement of shared programs, resources, and tools. Our collective capacity and reach is limited when not all PHUs can support their RDs to actively participate and contribute to ODPH. Until recently all Health Units in Ontario had a least one RD on staff. It should be noted that without access to the unique education and expertise of Registered Dietitians, including RDs with additional training and education in public and population health along with the collective experience provided by ODPH, PHUs will be challenged to achieve full implementation of the OPHS effectively and efficiently.

ODPH appreciates the recognition by the Ministry of Health that Public Health is foundational to the health of Ontarians. We would like to thank the Government of Ontario for the opportunity to provide the collective feedback of our member RDs on the questions within the Discussion paper. Please see Appendix A for ODPH responses.

We look forward to further discussion when we meet later this month and ongoing collaboration with the Government to achieve the modernization goals.

Sincerely,



Ellen Lakusiak MHSc RD

Co-chair



Elizabeth Smith, MPH RD

Co-chair

Reference:

- 1) Lieffers JRL, Ekwaru JP, Ohinmaa A, Veugelers PJ (2018) The economic burden of not meeting food recommendations in Canada: The cost of doing nothing. PLoS ONE 13(4): e0196333. <https://doi.org/10.1371/journal.pone.0196333>