

Indigenous Nutrition Role Statement

Developed by members of the Indigenous Nutrition Interest Group

Introduction

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals and groups on nutrition-related matters.

APDs have university training accredited by Dietitians Australia, undertake ongoing professional development and commit to evidence-based practice. They comply with the [Dietitians Australia Code of Conduct for Dietitians & Nutritionists](#) and commit to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs, the National Disability Insurance Agency and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

Purpose of this role statement

- To define the role an APD may fulfil when working in the area of Indigenous nutrition
- To promote the knowledge and expertise of an APD, broadly and in the area of Indigenous nutrition and beyond [National Competency Standards](#)
- To advocate for dietetic services

Knowledge and skills in this area of practice

Entry level dietetic competencies ensure all APDs can conduct assessments, diagnose nutritional issues, and develop, monitor and evaluate interventions. Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support to continue seeing the patient or refer the patient on.

The following is a list of skills and knowledge required to work in the Indigenous nutrition area:

Knowledge

- Awareness of deficit discourse and how this can influence health, wellbeing, educational attainment, identify formation and forms of external and internal racism
- Recognising impact of common issues faced in remote Indigenous communities (such as domestic violence, trauma, loss of identity) on health and wellbeing and the value of strengths-based approaches and the benefit of its application
- Community-specific knowledge including but not limited to family groups, local history, facilities, traditional foods, cultural food practices, resources available and major community barriers and enablers

Skills

- Ability to value and embrace Aboriginal and Torres Strait Islander culture and knowledge and work with clients and community and colleagues to jointly identify opportunities and initiate solutions to improve health outcomes as part of culturally responsive practice
- Ability to be inclusive, effective, sensitive and responsive to the cultural, linguistic and spiritual needs of clients and communities
- Ability to work in collaboration with local organisations including working with local Aboriginal and Torres Strait Islander health staff and cultural liaison officers to ensure cultural safety and awareness for local communities
- Advocate for the community including engaging local stores, schools, non-government organisations, stakeholders and policy makers to encourage provision of nutritious food and create environments conducive to healthy living
- Ability to practice across a number of different settings including remote communities (clinics, aged care, HD satellite units) in a multi-disciplinary team (GPs, nurses, specialist, optometrists, podiatrists, mental health, health workers) and manage complex conditions in isolated and resource poor environments
- Undertake ongoing reflection of one's own culture, values, attitudes and biases and how these contribute to professional practice in the Indigenous nutrition setting with both clients and colleagues.

Activities entry level APDs would conduct

- Provide individualised medical nutrition therapy for low complexity cases within skill and experience level and consult with an APD experienced in Indigenous nutrition until further training/upskilling has been undertaken. For example, may require assistant with complex Indigenous patients on dialysis, patients with diabetes requiring insulin or patients with GDM.

Activities APDs working at a higher level would conduct

- Provide individualised medical nutrition therapy for complex cases (e.g. difficult to engage clients with mental health issues, social issues and multiple comorbidities)
- Manage multi-strategy nutrition projects and programs, that may include supervising staff, liaising with funding bodies and key stakeholders, developing journal articles and presenting at conferences
- Contribute to building workforce capacity by supervising university students in Indigenous nutrition and mentoring students and staff in strengths-based approaches with Aboriginal and Torres Strait Islander people and communities, upskilling non-nutrition positions in providing training or strengthening nutrition knowledge and application
- Contribute to building workforce capacity by participating in peer mentoring with colleagues of similar level of experience and utilising mentorship to continue learning in nutrition, research, cultural knowledge, management in the Indigenous nutrition context.

Practitioners should refer to the [Scope of Practice Decision Tool](#) to determine if a task is within their scope of practice.

Other relevant Role Statements

- Public Health and Community Nutrition
- Food Service
- Diabetes
- Disability
- Mental Health Role Statement

Appendix – Terms

Cultural responsiveness:

- holds culture as central to Aboriginal and Torres Strait Islander health and wellbeing
- involves ongoing reflective practice and life-long learning
- is relationship focused
- is person and community centred
- appreciates diversity between groups, families and communities
- requires access to knowledge about Aboriginal and Torres Strait Islander histories, peoples and cultures.

Cultural safety:

In relation to Aboriginal and Torres Strait Islander health, cultural safety is defined as the “individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care”.¹ More broadly, culturally safe practice incorporates cultural competence ideology which is defined as “the ability to participate ethically and effectively in personal and professional intercultural settings. It requires being aware of one’s own cultural values and world view and their implications for making respectful, reflective and reasoned choices, including the capacity to imagine and collaborate across cultural boundaries.”²

Deficit discourse:

Refers to disempowering patterns of thought, language and practice that represent people in terms of deficiencies and failures.

References

1. Australian Health Practitioner Regulation Agency. Aboriginal and Torres Strait Islander Health Strategy – Statement of Intent 2019 Available from: <https://www.ahpra.gov.au/AboutAHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx>.
2. Sherwood J. What is cultural competence? : National Centre for Cultural Competence; 2019 Available from: <https://sydney.edu.au/nccc/about-us/what-is-cultural-competence.html>