



4 March 2020

The Hon Mark Coulton MP
Minister for Regional Health, Regional
Communications and Local Government
Australian Parliament House
Canberra ACT 2600

Dear Minister,

Firstly on behalf of the Dietitians Association of Australia (DAA) we congratulate you on your recent appointment as Minister for Regional Health, Regional Communications and Local Government. Of particular interest to DAA is your portfolio of Regional Health and we look forward to working with you and your advisors on important matters of nutrition to those in the community living outside the metropolitan areas of Australia.

DAA is first and foremost the leading voice for Nutrition and Dietetics in Australia. Backed by over 7500 health professionals who are specifically degree qualified in the science of nutrition and have expertise to provide individual dietary counselling, medical nutrition therapy and food service management, DAA is a leading allied health advocate.

At the recent Services for Australian Rural and Remote Allied Health (SARRAH) Summit you spoke of the *"...the unbalanced distribution of allied health professionals (AHPs) between city and country was a key health issues the Coalition Government was working to address."* You went on to say *"Increasing access to allied health services such as physiotherapy, pharmacy, psychology and podiatry is vital to improving health outcomes for Australians living outside the major cities."*

We, along with the entire Dietetic profession, would like to highlight that poor nutrition in regional Australia is one of the key risk factors for all the major chronic diseases and indeed obesity rates in regional Australia are amongst the highest in the Country. Research has shown that dietetic intervention, particularly amongst the most vulnerable in our community, can save lives and vastly improve health outcomes. We were disappointed that you neglected to highlight in your media release the severe lack of Dietitians on Regional Australia.

For your information we have attached three relevant and contemporary papers for your perusal.

- Leonard (2020) identified that almost 60% of Aboriginal and Torres Strait Islander children in remote communities experienced early childhood anaemia. The World Health Organisation recommends interventions combining nutrition promotion and food fortification for babies aged 6 – 23 months. One in two children with early childhood anaemia will have developmental issues at school age.
- Siopsis (2020) highlights the inequitable access for Australians with type 2 diabetes depending on where they live. The authors recommend the support for better use of digital technologies to provide dietetic services, and incentives for dietitians to work in rural, remote and disadvantaged areas.

- Vidgen (2017) quantified a 90% reduction in the number of nutrition prevention positions funded by the Queensland Government between 2009 (137 FTE) to 2014 (14 FTE). Many of these positions served the most regional and remote Australians. This reduction in workforce left marked deficits in public health nutrition capacity, and reduction in student placement opportunities to train the next generation of dietitians to serve regional Australia.

To assist with your review of these papers we have provided only the abstracts. We are happy to provide the full papers should you require them.

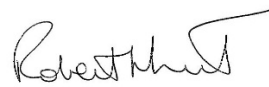
We stand ready to assist you and your colleagues tackle the severe lack of dietetic workforce in regional Australia and ask for a meeting with you to outline how this can be achieved.

I look forward to hearing from you.

Yours sincerely




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Early childhood anaemia more than doubles the risk of developmental vulnerability at school-age among Aboriginal and Torres Strait Islander children of remote Far North Queensland: Findings of a retrospective cohort study

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Abstract

Aims: Early childhood anaemia, usually attributed to iron deficiency, is associated with persistent detrimental effects on child development. This study investigates the association of anaemia between age six and 23 months with indicators of childhood development at school-age among children of remote Aboriginal and Torres Strait Islander communities of Far North Queensland.

Methods: The triennial Australian Early Development Census (AEDC) encompasses five domains of early childhood development—physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), communication skills and general knowledge. AEDC 2012 and 2015 assessments were linked with health information for children and their mothers from remote Aboriginal and Torres Strait Islander communities of Far North Queensland.

Results: AEDC assessments were available for 250 children who had measurements of haemoglobin recorded at age 6 to 23 months. More children who had had early childhood anaemia ($n = 66/143$, 46.2%, [37.9%, 54.4%]) were developmentally vulnerable on two or more domains compared to those who had not been anaemic ($n = 25/107$, 23.4% [15.2%, 31.5%], $P < .001$). Multivariable analysis confirmed that early childhood anaemia more than doubled the risk of developmental vulnerability (OR 2.2 [1.1, 4.3] $P = .020$) at school age.

Conclusions: Early childhood anaemia is a risk factor for developmental vulnerability at school-age in this setting. Interventions combining nutrition promotion and multi-micronutrient food fortification, are effective in prevention of early childhood anaemia. Such interventions could also improve early childhood development and subsequent educational achievement.

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The dietetic workforce distribution geographic atlas provides insight into the inequitable access for dietetic services for people with type 2 diabetes in Australia

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Abstract

Aim: Dietetic intervention delivered by Accredited Practising Dietitians is demonstrated to improve clinical outcomes of type 2 diabetes. The aim of the present study was to assess the accessibility to dietetic intervention for people with type 2 diabetes in Australia.

Methods: Prevalence data and dietitian workforce distribution data were sourced from Diabetes Australia and Dietitians Association of Australia, respectively. Geographical information system mapping and statistical analysis were used to compare the ratios of dietitians to people with type 2 diabetes across the states of Australia and by index of socio-economic advantage and disadvantage in each state.

Results: An inequitable distribution of the dietetic workforce and that of the people with type 2 diabetes across Australia was demonstrated. An uneven distribution of the workforce is evidenced across states when compared to the distribution of type 2 diabetes prevalence; with New South Wales having a better ratio than Victoria and South Australia. Maps and prevalence data revealed the dietetic workforce was mostly concentrated in affluent urban centres whereas the type 2 diabetes prevalence rates were higher in rural and remote areas and in areas of lower socio-economic status.

Conclusions: This research highlights the need to address the limited access to dietetic intervention for those in rural, remote and disadvantaged areas which also have the greatest need. The financial burden of treating diabetic complications on the national health budget necessitates government initiatives. These should include better use of telehealth dietetic consultations and incentives for dietitians to work in rural, remote and disadvantaged areas.

KEYWORDS

diet, dietetic service provision, dietitian, geographic information systems, GIS, type 2 diabetes mellitus

ORIGINAL RESEARCH

Who does nutrition prevention work in Queensland? An investigation of structural and political workforce reforms

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Abstract

Aim: This study aimed (i) to determine the change in the number of government-funded nutrition positions following structural and political reforms and (ii) to describe the remaining workforce available to do nutrition prevention work, including student placements, in Queensland.

Methods: Positions funded by the Queensland government were counted using departmental human resource data and compared with data collected 4 years earlier. Positions not funded by the government were identified using formal professional networks and governance group lists. Both groups were sent an online survey that explored their position name, funding source, employer, qualifications, years of experience, work in prevention and ability to supervise students.

Results: There was a 90% reduction in the number of nutrition prevention positions funded by the government between 2009 (137 full time equivalents (FTE)) and 2013 (14 FTE). In 2013, 313 specialist (n = 92) and generalist (n = 221) practitioners were identified as potentially working in nutrition prevention throughout Queensland. A total of 30 permanent FTEs indicated over 75% of their work focused on prevention. This included the 14 FTE funded by the Queensland government and an additional 16 FTE from other sectors. Generalists did not consider themselves part of the nutrition workforce.

Conclusions: Queensland experienced an extreme reduction in its nutrition prevention workforce as a result of political and structural reforms. This disinvestment by the Queensland government was not compensated for by other sectors, and has left marked deficits in public health nutrition capacity, including student placements.

Key words: government, nutritionists, politics, prevention, workforce.

Introduction

Health is best managed when investment across the continuum of care, from prevention to treatment, is balanced and work is performed by appropriately qualified health professionals.^{1,2} Dietitians and nutritionists work across the healthcare continuum from medical nutrition therapy in acute hospital care to primary prevention at a population and systems level to address health determinants. The Dietitians Association of Australia's entry-level competencies identify dietitians as working across this continuum and

require graduates to demonstrate competence in all areas.³ This is important not only for dietetic student placements but also because it is recognition by the profession that prevention work is an important and significant part of dietetic practice. In addition, it is well recognised that efforts to improve the diet of Aboriginal and Torres Strait Islander people are best undertaken by increasing the capacity of this priority population to work in nutrition prevention, specifically, to gain nutrition qualifications and by creating identified positions.⁴

Over recent years, various strategies and plans have acknowledged the importance of a specialised workforce, by including capacity building in their key priorities for action.^{4–6} Internationally, it is recognised that in order to build this capacity, leadership needs to be provided by 'practitioners with a specific and specialised remit to lead the delivery of public health nutrition core functions'.⁷ In Queensland, from around 2002, a number of new Queensland government-funded positions (public health nutritionists, community nutritionists, advanced health workers and

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