

Letters to the Editor

Public health nutrition. Dietary guidelines

We have traction in Australia

Madam

Current public health nutrition definitions, teaching and practice too readily identify the discipline as a branch of clinical nutrition, says Geoffrey Cannon⁽¹⁾. The result of this positioning, he contends metaphorically, is that public health nutrition is sitting on a twig on a public health branch of a dominant medical sciences tree.

In Australia this was the situation until recently. However, a broader public health approach to the discipline is gaining traction. At its 2006 annual meeting in Hobart, the Australian Public Health Nutrition Academic Collaboration explored how the New Nutrition Science project⁽²⁾ might present an opportunity to undertake a 'root and branch' reform of public health nutrition's framing and practice.

The Collaboration invited Geoffrey Cannon, Tony McMichael (Intergovernmental Panel on Climate Change) and Boyd Swinburn (WHO Collaborating Centre on Obesity Prevention) to discuss how environmental and social dimensions could be integrated with the biological dimension in policy and practice. Emerging from the meeting was the 'Hobart Accord' that provided many practical recommendations. In addition, the Accord responded to Boyd Swinburn's insistence that the economic dimension be included in the New Nutrition Science in its own right, and not be seen merely as a division of the social dimension.

A broader public health approach is now being applied in Australia to the development of an important public health nutrition policy agenda that conventionally has been framed almost exclusively within a biological dimension. In 2008 the National Health and Medical Research Council (NHMRC) of Australia commenced its latest review of the Dietary Guidelines⁽³⁾. The revision process is explicitly including environmental, social and economic considerations as themes in the systematic literature reviews to be undertaken to obtain the evidence base that will inform the review.

Evidence-based practice remains a core principle in the review of the Australian dietary guidelines. However, the relevance to public health nutrition of conventional approaches to evidence-based practice, that evolved from evidence-based medicine, has been questioned^(4,5). Further, the NHMRC is currently running a pilot of its new, additional levels of evidence and grades for recommendations for developers of guidelines⁽⁶⁾.

The NHMRC document states that different questions can require 'different evidence hierarchies that recognise

the importance of research designs relevant to the purpose of the guideline'. In addition, one practical step being undertaken to broaden the public health approach in the dietary guidelines revision process, is that consultants are being asked to undertake a systematic review of the whole literature on food, dietary patterns and nutrition, as distinct from a conventional clinical approach that confines reviews to literature reporting abstract nutrient–health relationships.

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doi:10.1017/S1368980008004370

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Madam

Are we Australian public health nutritionists up a gum tree? Well, from there you can see the bigger picture and get a good view of the galahs. Yes, we need to do better, get more proactive, and apply the leadership necessary to address inequalities in the world⁽¹⁾. Yes, public health nutrition does need to be marked out as an important discipline unconstrained by the medical paradigm.

I do however take issue with the proposition that teachers and practitioners generally seem content to identify the discipline as a branch of clinical nutrition. That certainly hasn't been my experience. Over ten years ago, in an effort to distinguish public health nutrition from the clinical approaches to nutrition prevalent in Australia at the time, I proposed with a colleague a definition of

public health nutrition that seems very consistent with the New Nutrition Science⁽²⁾.

Public health nutrition is 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 inter-sectoral in scope, including environmental, educational, economic, technical and legislative measures⁽³⁾.

The 'newness' of the New Nutrition Science is not so important as the underlying principles. How we view and describe our discipline is important, but not more important than what we do under this disciplinary banner. Action speaks more than words.

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Leaf concentrate. Undernutrition. AIDS

The elimination of NOMA (*Cancrum oris*)?

Madam

In support of the letters you have published from Glyn Davys and Professor John Waterlow^(1,2), I testify as follows. I am a medical doctor, and a member of the charity Enfants du Monde, with whom I work regularly in the province of Yatenga in Burkina Faso.

My clinical observation is that when children in bush villages and schools, malnourished in the first, second or third degree, take daily leaf concentrate made from lucerne, their general state of health quickly improves, as evidenced for example by weight gain, liveliness, correction of pre-existing anaemia, and better attention span at school.

Today 6000 children are taking 10 grams of leaf concentrate daily. Tolerance is excellent. Among children with AIDS the results are particularly spectacular, and also those who are wounded or infected and cared for by our travelling ambulance recover more rapidly. Finally, Enfants du Monde pursues a determined campaign against NOMA (oral gangrene). The children taking leaf concentrate are unscathed by this awful affliction.

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doi:10.1017/S1368980008004461

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USAID. UN SCN. Food aid

Tom Marchione

Madam

The relatively early death of Tom Marchione⁽¹⁾ has come as a shock for his friends and colleagues, in addition to his family. He is remembered as a passionate advocate for the poor, hungry and malnourished, bringing a rare range of skills and insights in anthropology, nutrition and statistical analysis to his work.

His research for his dissertation in social anthropology was done in Jamaica where he found that families growing their own food were less likely to have malnourished children than those growing bananas for export. Local food increased in price following local inflation but the price of bananas did not. Since then, we have seen that poor countries have been pressured into increased import dependency for food. He predicted the impact the current meteoric price rise in food would have, and published a substantial number of influential papers and contributions to books^(2,3).

For many years Tom worked at the US Agency for International Development (USAID). Within the limitations of his job description, his achievements were impressive. He helped ensure the nutritional quality of food aid, and adequate food control, and also supported breast-feeding throughout his career.

I knew and admired Tom since 1981. Particularly the last ten years or so we worked together within the UN Standing Committee for Nutrition. His enthusiasm for the work of the SCN helped to generate the support it received from USAID.

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