

Coming Full Circle

Reflections on a Career as a Dietitian

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ABSTRACT

The connections between people, careers, events, and decisions provide the focus for this lecture, which traces the story of a 38-year career as a dietitian, spanning the country from east to west, through the centre, and back again. The lecture emphasizes the importance of taking inspiration from family and events, developing and maintaining lifelong friendships, and commitments. Finding opportunity in the midst of adversity is also a theme. The author's career begins with a clinical and administrative experience and moves into the community when she becomes a public health nutritionist. While the budget restrictions of the 1990s were challenging, the author recounts opportunities with key issues such as folic acid, prenatal nutrition, and heart health. A provincial food and nutrition plan was created, including a focus on food security and its connection to poverty. This is linked to the roots of the dietetic profession with the Lillian Massey School of Household Science and Art established in the 1890s. As the author recounts her journey, dietitians are reminded that working with partners and other disciplines provides the foundation for success and will be needed as we address the current issue of obesity.

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RÉSUMÉ

Les liens entre les gens, les carrières, les événements et les décisions sont le fondement de cette conférence, qui retrace l'histoire d'une carrière de diététiste qui a duré 38 ans et s'est déroulée d'est en ouest, en passant par le centre, pour revenir de nouveau. La conférence souligne l'importance de s'inspirer des membres de notre famille et d'événements, et de développer et de maintenir des amitiés et des engagements durables. Trouver des occasions dans l'adversité est aussi un thème abordé. La carrière de l'auteure a commencé par une expérience clinique et administrative, puis s'est tournée vers la communauté lorsqu'elle est devenue diététiste en santé publique. Au moment où les coupes budgétaires des années 90 ont présenté des défis, l'auteure raconte les occasions relatives à des enjeux clés qu'elle a su déceler, des enjeux en lien avec l'acide folique, la nutrition prénatale et la santé du cœur, notamment. Un plan alimentaire et de nutrition provincial mettant l'accent sur la sécurité alimentaire et son lien avec la pauvreté – des notions à la base de la profession de diététiste remontant à la création de la Lillian Massey School of Household Science and Art en 1890 – a été créé. Au fil du récit de l'auteure, les diététistes se font rappeler que la base du succès est de travailler en partenariat et avec d'autres disciplines et qu'il sera nécessaire de procéder ainsi pour faire face à l'enjeu d'actualité qu'est l'obésité.

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INTRODUCTION

Preparing for this honour has provided a wonderful opportunity to remember and reflect: to remember many special people who have inspired and influenced my life; to remember many memorable events and accomplishments; to reflect on the past, the history, the challenges, and on where we might go in the future and how it all connects—coming full circle.

I truly enjoyed the experience, the thinking and taking time to make some sense of it all. Each day is its own collection of happenings, and that's how we live. To take time to look at days and years as a collective is rather satisfying and consoling. I have truly had a favoured life so far, with both the opportunities and the wonderful people I've known along the way. I hope you are

ready for a little voyage and a few visits as I share some highlights with you.

My Aunt Edith

First I would like to introduce my Aunt Edith, my dad's older sister, Edith Sophia Swanson. She graduated with a degree in household science, with great distinction, from the University of Saskatchewan in 1935. The yearbook, *The Greystone 1935*, states: "Edith believes in travelling around to get her education. She started it in Fort William, came west to Strasbourg, then to Sutherland, Wilkie and Saskatoon. She came to Varsity with a scholarship and has won one each succeeding year. We are certain that the candle of the Household Science will burn brightly while in her possession" (1). This was an amazing event, considering it was the time of the Great Depression, women were a minority in universities, and she was the daughter of Swedish immigrants.

I met my Aunt Edith at a family reunion in Thunder Bay when I was 13. She stood tall and confident and took great interest in telling me about her studies and work as a dietitian. I was fascinated and from that time decided I also wanted to be a dietitian. Aunt Edith was my inspiration and I thank her, all these years later.

The student years

It was a challenge in my small hometown of Buchans, Newfoundland, to find out where I could study to be a dietitian. I learned that a dietitian in St. John's had studied at Macdonald College here in Ste-Anne-de-Bellevue, and so I wrote a letter (that's what one did back then), completed an entrance exam, and was accepted. It is lovely to be back where I began to receive this honour (another full circle).

Because my heart always yearns for the east, after my first year I transferred to Mount Allison University in Sackville, New Brunswick, and completed my studies there. I also met my dear, lifelong friend Marilyn Knox, who introduced me and was the Ryley-Jeffs lecturer in 1989. Both Marilyn and I were accepted for internships at the Vancouver General Hospital, and so off we went for a great year. A class photo shows the style of the early 1970s (Figure 1). We looked like nurses, but our caps had a specific fold to indicate we were dietitians. We were given them flat and instructed to starch and fold them for duty. Now, neither Marilyn nor I had ever starched before, so we purchased a box of starch powder (no spray then), mixed it up, and soaked the fabric. We constructed a clothesline with thread and used pins to hang the caps to dry on the balcony of our apartment. You may not know, but starch is hard to dissolve and it is blue. Well, as much as we tried, we could not rid the caps of blue dots or get them to fold and stand stiffly.

We were quite a sight in our sad caps the next day when Miss Kerr, the internship coordinator, looked with amazement at our heads and said, "Miss Knox and Miss Swanson, what happened to your caps?" As you can see from the photo, we did some repair and they survived.



Figure 1: Vancouver General Hospital graduating class of dietitians, 1972. The author is front left; her friend is in the middle of the back row.

Going "home" to work and study

After graduation, it was time to head out to the world of work, and so Marilyn and I packed up the little Austin Mini and headed across Canada. We arrived in Newfoundland and were hired as dietitians, Marilyn at the Grace Hospital and I at St. Clare's Hospital. What an opportunity for us, newly minted grads taking over the dietary departments and all the special-diet patients in hospitals with 250+ beds. We enjoyed it and thrived: a small province like Newfoundland allows you to do that. We were active members of the Newfoundland Dietetic Association, each serving as president. There were only a dozen or so dietitians in the province at that time, but they had a presence in the community and with government. Now there are over 100.

The province of Newfoundland and Labrador is known for its unique character and place names (Table 1). When you read the names you see themes emerge, such as those associated with hard times and obvious hunger. Another theme is reflected in names of some popular foods like bread, turnip, and various types of fish.

Becoming a community nutritionist

My great interest has always been in the community, working with people and trying to make a difference at the fundamental

Table 1
Newfoundland place names with a nutrition flavour

Hunger	Food	
Famine Point	Bread Cove	Pigeon Island
Famish Gut	Cheese Island	Turr Island
Bareneed	Butter Cove	Black Duck
Empty Basket	Tea Cove	Goose Bay
Eating	Sugar Loaf	Caplin Cove
Lushes Bight	Cape Onion	Trout River
Cooking	Turnip Cove	Herring Neck
Baker's Cove	Mutton Bay	Dog Fish Point
Cook's Harbour	Bacon Cove	Salmon Cove

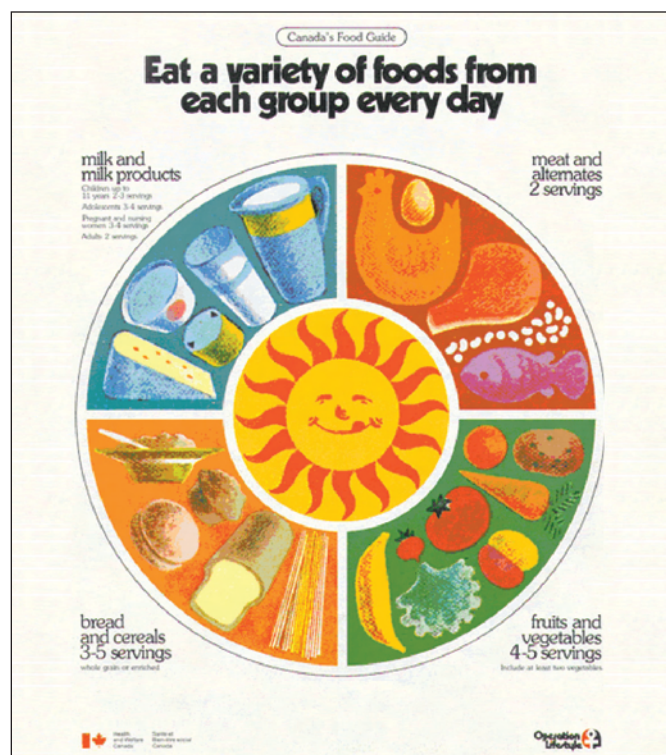


Figure 2: Canada's Food Guide, 1977 (2)

Source: *Eating Well With Canada's Food Guide (1977)*, Health Canada. Reproduced with the permission of the Minister of Public Works and Government Services Canada, 2010.

level of prevention. So the opportunity to work as a community nutritionist was perfect. Off I went to Abbotsford, British Columbia, to work as the community nutritionist for the Upper Fraser Valley Health Unit. What a rich experience and opportunity to expand and learn. We were a new group of nutritionists for the province, and so this involved a lot of development work.

Here I had my first opportunity to work with students and quickly learned that being a mentor is incredibly rewarding. The enjoyment of that role continues today. I encourage you to experience it, if you have not already done so. There is such inspiration to be gained from the energy and creative thinking of those new to our profession and others. It's a good way to give back, another circle completed.

I also learned there is enormous power in *Canada's Food Guide*, given the right circumstance. I was invited to present a nutrition talk to a community group, and of course the foundation piece was the food guide of the day (2) (Figure 2). When I finished my talk, a man came forward to thank me. He then turned to the audience and told them they should follow the food guide as I had suggested because, in his opinion, the face in the centre resembled God and this was God telling them to eat healthy. I could only smile as that metaphor rendered me speechless. Inspired with my work experience in BC, I applied to become the director of nutrition in my home province and headed back—another circle completed.

Organizational changes

As director of nutrition for the province, I experienced many organizational changes over time. During the 1980s, the province

developed regional health districts to bring the management of health services closer to communities. Boards were established and new organizations emerged. For the first time we had regional nutritionists. We all worked together to develop new programs and resources to address the issues. We tackled everything from breast-feeding to infant, preschool, and school nutrition, obesity, dieting, and seniors' nutrition. It was an exciting and rewarding time.

Then the late 1980s and 1990s struck, with major cutbacks and diminished budgets. The provincial nutritionist position disappeared, and for more than a decade nutrition was a program I addressed from the corner of my desk, as I occupied a variety of positions. It was the biggest challenge I have faced and it was impossible to turn away. Amazingly, opportunities arose through other avenues and I will highlight three for you, but before that I'd like to acknowledge the resurgence in nutrition resources and programming since 2000. I'm sure you know that oil has been good to Newfoundland and Labrador.

NUTRITION CHALLENGES AND OPPORTUNITIES

The following are three very different challenges but with some obvious similarities in how they were approached.

Folic acid and neural tube defects

Challenge: The challenge was the high prevalence of neural tube defects, particularly spina bifida, which was observed in Newfoundland and Labrador for years. The rate was four to five times the Canadian rate (3). In fact, I had a sister who was born with spina bifida and did not survive.

Opportunity: The opportunity was grounded in Newfoundland and Labrador's history of advocating for and benefiting from food fortification. Studies in the 1930s and 1940s reported nutrient deficiencies including calcium, vitamin A, B vitamins, vitamin C, and vitamin D (4). So when we joined Confederation in 1949, the terms of union included calcium fortification of flour to address that deficiency. The B vitamins and iron had already been added to foods.

In the 1960s, scurvy was prevalent among infants in the province because of the use of canned milk as an infant formula. We requested that Health Canada legislate the addition of vitamin C to canned milk, as it was widely used to feed infants not only in our province but in other areas of the country as well. Health Canada did this, it worked, and infantile scurvy disappeared (5).

In the 1990s, the link between folic acid and neural tube defects had been identified and we requested that Health Canada help us fortify flour with folic acid. Health Canada did a gradual transition from 1997 to 2000. The Newfoundland and Labrador rate for neural tube defects has declined to the Canadian rate and has stayed there ever since (3).

Healthy Baby Clubs

Challenge: The challenge is to support higher-risk pregnant women, including young and single mothers, those with low incomes, or those living in isolated areas so that they can have the healthiest possible outcome for their pregnancies.

Opportunity: The opportunity arrived with Health Canada's funding to address the issue, starting in the early 1990s. The province identified the locations and assisted in the development of program proposals and subsequently program components, including the structure and resources.

Building on the existing Family Resource Centre, Healthy Baby Clubs were established as the prenatal component to provide food, education, and support through group sessions and home visits. Breast-feeding and cooking are emphasized. The model chosen was peer support, with experienced resource mothers from the community as the key support for participants. Other team members include public health nurses and nutritionists.

The program began with nine centres throughout the province: today there are 27 centres with 137 satellite sites. Each centre has community involvement on their advisory committees, an excellent example of a partnership between government and the community. The impact has been positive, with a reduction or cessation of smoking and alcohol consumption and a more healthful diet. The impact of the program also includes fewer preterm births, healthy birth weights similar to the provincial rate, and breast-feeding rates just slightly lower than the provincial rate (6).

Newfoundland and Labrador heart health

Challenge: The third challenge was documented in the Newfoundland and Labrador Heart Health Survey. We had the dubious distinction of having the highest rates of high blood pressure, obesity, and smoking in the country.

Opportunity: The opportunity once again was provided by the federal government as it contributed funding matched by the province. In the budget-challenged 1990s, this represented a significant opportunity to promote health and address the underlying factors affecting heart disease in the province. Action was needed from everyone—the government, the community, and professionals—and so we worked together as a council at the provincial level and in coalitions at the regional and community levels.

The demonstration phase allowed us to develop policies and programs with partners in other sectors and the community. Communities were challenged to create good ideas that would work for them to address healthy eating, physical activity, and tobacco control.

The dissemination phase provided the opportunity to grow those program investments, and we did so throughout the province with the dedication of regional coalitions. Meanwhile, evaluation was undertaken at all stages so we could learn what works. We learned that success comes with good leadership, connected coalitions, knowledge and resources, and participation in the evaluation process (7).

Newfoundland place names with a heart

Heart's Content, Heart's Desire, Heart's Delight, and Little Heart's Ease: it is ironic that a province with so many communities that have the word "heart" in their names has such a prob-

lem with heart disease. On the other hand, we are a province with a big heart for welcoming and caring for people. My mother was born and raised in Heart's Content, Trinity Bay, a beautiful community that she loved. It is a fishing community but was well known as the site of the first transatlantic cable connection. My grandfather Comerford worked at the cable station, which is now an impressive museum. This is another part of my heritage that gives me great pride.

Nutrition in the big picture

I'd like to stress the importance of nutrition in the big picture—with other partners and in the context of the society in which we live. Professional boundaries can result in very large barriers that impede progress on any issue. I have seen this within our profession and in others. Each has its own body of knowledge and expertise, but they work best as a collective. The wisdom of other perspectives should not be underestimated.

The previous examples of challenges and opportunities worked because they were interdisciplinary and, more important, because they engaged with the key partners in both the public sector (including federal, provincial, and municipal governments) and private sector (including the business community and the food industry), and, of course, in the community itself.

Food and nutrition plan

Our Provincial Food and Nutrition Framework and Action Plan, described in *Eating Healthier in Newfoundland and Labrador*, applies these same principles and guides our actions (8). It was developed over several years with many consultations. The process was led by the health department with support from other departments. It is viewed as a guide for action by all sectors, including government, organizations, community groups, industry, and citizens. An advisory committee continues to be engaged in the further development and ongoing monitoring of activities.

As the goals indicate, the plan has a focus that is broader than food and nutrition. It includes physical activity and, most important, support for vulnerable populations. It also includes a focus on food safety and quality, as well as on research. We feel it is quite comprehensive and have identified the initial priorities as school-aged children and youth, preschool-aged children, and seniors. Environmental scans have been undertaken and priority actions identified for each.

Environment

The environment in which we live is key to our health and our quality of life. Social, economic, physical, and cultural factors shape the person and society. For example, the highest prevalence of disease is seen among individuals with the lowest socioeconomic status. To address health issues, we therefore must first address the underlying causes. In Newfoundland and Labrador we have a poverty reduction strategy (9). It is an "all of government" strategy and is overseen by an inter-ministerial committee. I would like to highlight a few examples of initiatives that were announced in this year's budget, to give you a sense of how

it works (10). Examples include investments in

- education, such as smaller class sizes in schools and tuition freezes at college and university.
- an affordable housing and heating allowance.
- income support benefits.
- health and well-being through the expansion of the prescription drug program, breast-feeding support, food security initiatives, and accessible physical activity opportunities.
- labour through a higher minimum wage and in employment through an investment in industry, such as aquaculture, fishing, forestry, mining, and energy.

Today's challenge: obesity

The big challenge of today is overweight and obesity. Our province, unfortunately, has the highest rates in the country. Working with partners and addressing the environment are key as this is a complex issue that requires multiple actions. The current living environment facilitates sedentary lifestyles and the consumption of energy-dense, low-nutrient foods. Many contributing factors are noted, such as personal safety, advertising and marketing, portion sizes, food availability, screen time, built environment, and costs. Coordination of effort is needed among government, industry, and the community. It is counterproductive for one sector to combat the other. We must collaborate because the economic and health consequences are significant.

In Newfoundland and Labrador, we have established an Obesity Expert Advisory Committee, composed of members from government departments, academia, and community organizations, to provide advice and guidance on the design and implementation of policies, programs, and research to address the issue.

Recent collaboration among the federal and provincial governments to work toward healthy weights for Canadian children is encouraging, as are the new, more healthful food choices available from the food industry. However, we have a long way to go and strong leadership is required at all levels. We must consider the research evidence that is available, work in partnerships, and monitor progress as we move forward.

Back to the roots

While obesity is the focus for us today, the connection between health and the environment was well known to the pioneers of our profession. The concern about poverty, its impact on health, and the ability to work was the motivation for Lillian Massey Treble's establishment of her School of Household Science and Art in the late 1890s. She had inherited money from her father's estate and wanted to help remedy the deplorable living conditions of families in downtown Toronto. In fact, dietetics in Canada began with her concern for the poor. I encourage you to read *Canadian Dietitians Making a Difference* (11). I found it both informative and inspiring.

Today we use the term "food security" in the following way: "[It] exists when all people, at all times, have physical and economic access to safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life" (12).

That is no easy feat, as achieving food security is complex and far bigger than the health system or all of government. Food insecurity is an expression of poverty, which emerged from the environmental factors already mentioned. It requires broad political and societal support for the kind of initiatives that must be undertaken. Lillian Massey was indeed a woman of her time and ours, too.

In Newfoundland and Labrador we have funded a number of community organizations and projects with a food security focus. We have developed resources for community kitchens and gardens, buying clubs, and farmers' markets to support initiatives.

Closing the circle

A final close to the circle is formed by the pioneers of our profession and the practitioners of today. My Aunt Edith was practising as chief dietitian at the Royal Victoria Hospital in Montreal from 1935 to about 1940, at the same time that Violet Ryley and Kathleen Jeffs were managing the restaurants in the Eaton's stores in Toronto and Montreal. I believe they would have met, and certainly they were colleagues in the same era. Aunt Edith married and moved to Stanstead College in Quebec, where she was the dietitian. They were women who knew and understood food, its preparation, and service. They were inspiring leaders.

The future is ours, and I hope you find your own Aunt Edith to inspire you and lead you to opportunities that you choose to embrace. May your career be rewarding, filled with great colleagues and friends, and make a difference to your community. Thank you again for this wonderful opportunity and, in particular to those who created and supported my nomination: Marilyn Knox, Mary Bush, Paul Fieldhouse, Glendora Boland, and Janine Woodrow. You are all treasures.

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