

I suggest you read both (1) the graders comments on my Law121 essay and (2) the grading rubric for this particular assignment BEFORE reading this assignment.

That will help explain why I am belabouring the answering of the questions that were asked (particularly the first — how do I not get at least 8 marks for that section?) and doing everything that was asked of me (including referencing what I was told the way I was told).

I am trying to locate the first essay that I wrote. This was the second. Both essays were given less than 30 per cent and I was failed overall for the first year course. Maybe compare the work that I did with the work done by various other students who were passed — and selected to go on to study Medicine and Nutrition etc. For everything it is that the University of Auckland has chosen to value.

1. Where do public health dieticians / nutritionists work? (10)

Public health dieticians / nutritionists may be employed by a variety of public health organisations. Some of these public health organisations are governmental. For example, District Health Boards. The Ministry of Health is another example of a Governmental organisation that is concerned with public health in New Zealand (Ministry of Health n.d.). Here we have two different examples of public health organisations that are governmental that a public health dietician / nutritionist might find themselves working for as a public health dietician / nutritionist in New Zealand.

Public health dieticians / nutritionists may also be employed by a variety of non-governmental organisations. One example of a non-governmental organisation that a public health dietician / nutritionist may work for is the Cancer Society. A second example of a non-governmental organisation is the Heart Foundation. A third example of a non-governmental organisation that a public health dietician / nutritionist might find themselves working for in New Zealand is an iwi provider (Ministry of Health n.d.).

Organisations can be public, private for-profit, or private non-profit. Public organisations are ultimately accountable to the public individuals who vote in the government. Public organisations could be run by Ministers or by government appointed boards. Public organisations provide hospitals, some aspects of primary care,

and public health services. They are involved with formulating health policy locally and nationally. In telling people what food to avoid (e.g., avoiding grapefruit or certain kinds of supplements like St John's Wort). Public are funded directly by the government.

Government ownership is relevant insofar as we saw in paragraph one that public health dieticians / nutritionists might find themselves working for a governmental organisation. A government organisation is owned by the government so government ownership would be relevant to the role of dietician / nutritionist.

Organisations can also be private for-profit. These organisations are accountable to the people who own the company. There might be a board of directors or shareholders or individuals. They could be involved in running an aged care facility or hospital. These organisations are funded by revenue and investment. They need to make a profit (or at least not run at a loss) to survive without government handouts. They can get revenue from the government by way of government contracts, e.g., to provide food in hospitals.

Organisations can also be private non-profit. In this case the organisation is accountable to boards that are comprised of members of the organisation. For example, mental health facilities or ambulances. Plunket, telling mothers how they are best to feed their kids. They get their money from donations (e.g., Salvation army people standing next to the doughnut stand on Campus on Thursdays) from membership fees, from government contracts, or from investments that the company has made or sales of assets.

Non-governmental ownership is also relevant insofar as we saw in paragraph two that public health dieticians / nutritionists might find themselves working for a non-governmental organisation. A non-governmental organisation is not owned by the government. Non-governmental ownership would be relevant to dieticians / nutritionists insofar as they might find themselves working for an organisation that is not owned by the government.

Government organisations get their funding from the government. The government gets its funding from taxes and / or return on investments and / or profits from sales of land or fisheries or coal or other things that the government owns. Non-government organisations may get their funding from the government too, as independent contractors do things that the government doesn't seem able to sufficiently organise on its own.

2. What do public health dieticians / nutritionists do?

Public health dieticians / nutritionists may attempt to get healthier food installed in places like hospital canteens so that healthy food choices are possible (Mann, n.d.). Aspects of their role include surveillance and monitoring nutrition in communities so we know what people are eating and in identifying social and environment factors that determine nutritional status across different populations. They may be concerned with how effective policies may be, and with developing effective or novel interventions to fix nutrition-related health issues (Cambridge Journals Online, n.d.). They may be involved in research on issues to do with how much food costs, how food is labelled, how one manages to keep ones food, and how processed 'food' is made (Ni Mhurchu, n.d.).

Public health dieticians / nutritionists are concerned with nutritional epidemiology or nutrition for populations (The Nutrition Society n.d.). Their role includes offering advice to policy makers or health professionals as to best practices. For example, it is presumably under public health nutrition advise that the Ministry of Health position is that Baby-led weaning is not advisable, and that infants should instead be fed pureed foods from 6 months (Ministry of Health, 2012). Or that it is a better public health strategy to attempt to reduce neural tube defects in infants by encouraging women to eat folate supplemented heavily processed foods rather than naturally high in folate whole (unprocessed) oats (Ministry of Health, 2015) Or policies such as using BMI as the indicator of being overweight (rather than getting people to submerge themselves in the bathtub); focusing on losing weight rather than fat specifically; and encouraging people to eat less across the board instead of eating more nutritious food (Ministry of Health, 2014). They may offer sessions where they train people to train others. They might advocate policy or make submissions to councils or help develop resources (Northland District Health Board, 2012).

3. Who might public health dieticians / nutritionists work with?

Public health dieticians / nutritionists might work with a variety of stakeholders including health professionals and non-health professionals as outlined in 'Working for a better future: careers in public health (n.d.) They may work with a variety of other health professionals who are employed by their organisation. They might work as part of an inter-disciplinary team where they focus on nutrition or food. For example, in hospitals.

They may work with health promoters with respect to developing government policy or with public health nurses when it comes to implementing it. They might work with early childhood providers or schools. They may work with a variety of non-health professionals (depending, of course, on how broadly one chooses to define 'health') such as media or community organisations (Ministry of Health n.d).

4 How do public health dietitians / nutritionists work given their professional orientations.

In their article 'Managing the Care of Health and the Cure of Disease' Glouberman and Mintzberg (2001) editorialise over hospital dynamics and introduce concepts such as down, up, in, and out describing cure as down and out, care as is in and down, control as in and up, and community as up and out. They acknowledge a Holland consulting firm for the first three of those ideas. They also provide what they acknowledge to be a cartoon or caricature or exaggerated stereotype of the major players in healthcare. As part of that they consider that nutritionists (as allied health providers) focus on community care which makes them 'in'. At the very end they face up (or perhaps down) to the perhaps more realistic fact (though they seem to be editorialising, again) that the system is incomprehensible and unmanageable and that things are spiralling out of control. In other words, Public health dietitians / nutritionists are professionally oriented in circles, like anyone else. Glouberman and Mintzberg (2001) seem to allude that this professional orientation might unite health professionals. As such, we might consider it a cornerstone of integration.

5. What is a key population health challenge / issue / problem currently faced by public health dietitians / nutritionists in their work in NZ?

The main challenge for dietitians / nutritionists is one of professionalization in the face of conflicting industry interests. Otherwise known as: Corruption. Without professional standards anybody can call themselves a dietitian / nutritionist and offer severely misguided and irresponsible advice. In introducing professional standards one could ensure that practitioners have a rudimentary understanding of nutrition and introduce some ideas of best practice. Unfortunately, there is a move more towards de-professionalization in New Zealand rather than professionalization. Or maybe this is just another example of the round and round success story that is integration. There is pressure to accept students to study for programs even when they lack the skills required

to give them any hope in passing and then there is pressure to pass students whether they exhibit a rudimentary understanding of the subject matter or not. I suppose there is pressure to redefine success when success is not forthcoming and perhaps we all may be masters of happily running round and round looking forward to drinks on Fridays.

Feeding, starving, or poisoning populations is one of the places where the money is at (along with healthcare more traditionally conceived). Convincing farmers to abandon traditional crops in favour of new crops that are hybrid / sterile such that farmers are dependent on purchasing new seeds from international corporations every year if they want to produce a new crop is a corrupt / profiteering thing to do. Offering people a free trade agreement that involves nutritious food being freely shipped out while junk cars that other countries don't want / aren't allowed and chemical wastage that is expensive to dispose of are freely shipped in is a corrupt thing to desire / to inflict on people. Different editions of textbooks for different populations - ensuring that students of distant lands (insofar as they can actually read in the first place) are guided by old research that is targeted towards helping themselves to our food and having our populations desire their methods of population control is again, a fairly corrupt thing to do.

When the government supports a policy that infants should be fed pureed food from 6 months and the major convenient pureed food is high in sugar and / or salt and gets infants addicted to the taste of sugar (and weaned from breast-milk) from 6 months, this is a corrupt thing to do. When the government supports a campaign that encourages people to switch to diet soda (promoting the eating of chemicals and the retention of addiction to sweet tastes) then that is a corrupt thing to do. When the government allows advertising that pits supplements against silly alternatives (e.g., a plate of spinach rather than a small serving of beef) or promotes supplemented food (e.g., folate enhanced) rather than natural produce (e.g., eat whole oats) that is again, a corrupt thing to do.

Nobody much is going to be listening to nutritionists when all they do is uncritically accept whatever nonsense the government has decided to spout this year (largely based on more than 10 years old research that is so clearly being fed to us by foreign nations in order to screw us over / help themselves). When a generation of students raised on candy and pizza and chemicals uncritically accept anything that we dangle about in front of them just because we bothered to dangle it and then we give them degrees in the

name of equity then nobody much is going to be listening to nutritionists whatever qualifications they may or may not have whatever the professional status of the field.

Of course the main problem is that for all the budget 'advice' that is offered people don't have enough money to feed themselves or their children properly because free-trade has priced it out of reach. Or, if they do have the money, then they need to be taught how. Countdown supermarkets is doing its 'feed 4 for \$15' - but serving sizes are too small for this to seem realistic to the majority of New Zealanders. Our people are malnourished. Full of rocks and sugar. And we chastise them even though their bodies are rightly screaming that they are hungry.

6. What is integration?

The World Health Organisation authoritatively states that integration means different things for different people. They go on to define an integrated delivery of services as the delivery and management of healthcare services so patients obtain a gradation of curative and preventative services, across the levels of the health system in accordance with their varying needs (World Health Organisation, 2008). Integration in mathematics is the inverse function of differentiation. Integration may be useful for allowing us to figure out the area under a curve when we cannot assume linearity. Without integration we need to consider the curve (of need, I suppose) as being stepped. That means that for any stepped segment we pick out (unless infinitely thin) some of the people in the need-block will be getting more care than is appropriate for their need while others will be getting less. If we know the function of the curve then integration allows us to solve for any point along the curve. Integration is a very important notion for grounding healthcare in mathematics and justifying treatment decisions with reference to reasons the significant majority really aren't in the position to understand. Boerma (2006, p.13) considers a definition of integrative team care as having to do with a shared vision by an interdisciplinary team where there aren't any seams in the decisions that are made in the support and care that is centred around the patient.

6.1 Why is integration important?

Integration is important because we need to fight non-integration (World Health Organisation, 2008). It is also important because it is not a cure for lack of recourse, therefore it must be a prevention (World Health Organisation, 2008). It is important

because the World Health Organisation rhetorically asks whether it is important, and the answer to a rhetorical question is 'yes'. Unfortunately the report states that it is too short to go into the difficult issues that the subject raises, but more preventative funding would help prevent the curative services that an integrated system might have made utilizable by people afflicted by illness (World Health Organisation, 2008).

Public health dietitians / nutritionists might contribute towards an integrated health system by being another field or discipline that can contribute towards an interdisciplinary team. Insofar as public health nutritionists are concerned with public health they can share the vision or ideology of other public health professionals and perhaps at least some of them might be in the position to actually help the public consume healthier food instead of systematically poisoning themselves / allowing themselves to be poisoned.

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7.0

In the library tutorial workshop we were given a handout and the criteria for evaluating a website were listed as: currency, relevance, authority, accuracy, and purpose. We were asked to come up with questions that we could ask in order to assess the criteria. Questions that I came up with were: Is it relevant? Is it authoritative? Should I believe what it is saying? Is it accurate? What is its purpose? We were also asked to consider

what kind of information the site provides about the role that we selected from the list for our assignment.

In this assignment I used google and google scholar to find 'grey literature' from New Zealand sources, as I was directed to do. While I have some journal references they are mostly because new fields are typically defined by the scope as set out by their professional journals. I mostly focused on governmental reports because these seemed to be the level of grey literature that were most highly praised in our library workshop. I also referenced Glouberman since I suspect the 'hint' was actually a directive.