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Why we need a Community of Practice for Dietitians and Nutritionists working in Indigenous health

Annabelle Wilson, PhD, APD, Research Fellow, Discipline of Public Health and Poche Centre for Indigenous Health and Well-Being, Flinders University

Robyn Delbridge, B Nut Diet, APD, Dietitian, Victorian Aboriginal Health Service

Claire Palermo, PhD, APD, Senior Lecturer, Department of Nutrition and Dietetics, Monash University

Corresponding author:
Dr Annabelle Wilson
Flinders University
GPO Box 2100
Adelaide SA 5001
Telephone: 08 7221 8462
Fax: 08 7221 8424

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Why we need a Community of Practice for Dietitians working in Indigenous health

To the Editor,

The current burden of disease in Indigenous Australians, compared with non-Indigenous Australians, is well documented.\(^1\),\(^2\) Indigenous people experience disproportionate rates of conditions including Type 2 diabetes, cardiovascular disease and renal disease.\(^1\) Factors that contribute to this health gap include historical, political and socioeconomic marginalisation and negative assumptions about Indigenous peoples which can result in intergenerational discriminatory practices that have a profound effect on health and wellbeing.\(^3\)

Nutrition is an important part of the prevention and management of many of these health issues including overweight and obesity\(^4\) and diabetes.\(^5\) National policy has recognised the vital role of the nutrition workforce in preventing and managing these conditions.\(^6\) Therefore dietitians play an important role in working with Indigenous communities. However, there is a lack of evidence about how best to support dietitians working in the Indigenous health sector.

There is evidence that dietitians face challenges working in Indigenous health.\(^7\) Anecdotal evidence suggests that these individuals experience professional isolation, are often sole practitioners, find it difficult to debrief in their workplace and with dietetic colleagues, are often in the minority due to the lack of nutrition specific positions in Indigenous nutrition and are at high risk of burn-out. This is particularly the case for dietitians working in rural and remote areas, who often work with Indigenous people due to the higher proportion of Indigenous people living outside capital cities compared to the entire Australian population.\(^8\),\(^9\)

Support networks have been identified as one factor that contribute to dietitians’ decisions to begin and continue working in rural and remote locations.\(^10\) Mentoring may offer promise.\(^11\) A
disincentive for dietitians to work in rural communities has been identified to be limited professional development opportunities,\textsuperscript{12} highlighting the importance of offering professional development to those working in Indigenous health and rural health.

One way to address this is a peer mentoring approach known as Community of Practice (CoP). A CoP is a group of people who come together to share resources and create new knowledge to advance a topic of professional practice.\textsuperscript{13} A CoP has been shown to be an effective workforce capacity building intervention, particularly in novice workforces characterised by professional isolation and split function roles, including public health nutritionists.\textsuperscript{14, 15} Building on evidence of the CoP model for public health nutritionists and nutritionists working with Indigenous stores\textsuperscript{16} and recognising the anecdotal challenges faced by dietitians working in Indigenous health, a CoP approach may offer an effective workforce development strategy to strengthen the capacity of dietitians working in Indigenous health across Australia.

A pilot Community of Practice (CoP) for dietitians working in Indigenous health was run from May 2013 to May 2014. Six participants met every six weeks through Skype and discussion was guided by a peer facilitator, also part of the peer mentoring approach. The objectives of the CoP were:

1. To assist dietitians working in Indigenous health to feel more supported in their workplace, reduce professional isolation and increase retention.

2. To support dietitians working in Indigenous health.

3. To build the competence (skill, knowledge and attitudes) of dietitians working in Indigenous health through the CoP using performance criteria developed by the Australian Government\textsuperscript{17} which has been used previously in a similar setting.\textsuperscript{18} The aim of this pilot study was to determine to what extent these objectives were achieved.
Preliminary data to assist in answering the evaluation questions from the six participants in this pilot suggests that Community of Practice has increased participants’ self-rated confidence in the following areas (median score reported minimum score 1 maximum 5):

1. Negotiate strategies to effectively accommodate cultural differences in the workplace [increased from 2.5 (pre-CoP) to 4 (post-CoP)]

2. Acknowledge and respect the impact of events and issues in Aboriginal history during service delivery [increased from 3 (pre-CoP) to 4 (post-CoP)]

3. Demonstrate knowledge of and respect for the diversity of culture, skin and language groups, family structures, art and religion in Indigenous cultures as part of service delivery [increased from 3 (pre-CoP) to 4 (post-CoP)]

4. Identify ineffective communication strategies and remodel them to support delivery of health services [increased from 3 (pre-CoP) to 4 (post-CoP)]

5. Take responsibility for revisiting strategies to assist in the resolution of any difficulties, differences or misunderstandings that may occur [increased from 3 (pre-CoP) to 4 (post-CoP)]

In-depth interviews were also conducted with the six participants providing positive feedback about the usefulness of the CoP to participants. A second CoP commenced in May 2014 and will conclude in May 2015. This will add data to the evaluation story initiated by the pilot and more fully explore whether the objectives have been achieved through more detailed analysis of in-depth interviews from a larger sample of participants.

Indigenous health is a challenging area in which to work. There is a lack of evidence about the best way to support dietitians to work in this area and there is a need to develop evidence about
the suitability of support mechanisms. This project will contribute to evidence about
effectiveness of a CoP approach and will help to determine best ways to support and build the
competence of dietitians working in Indigenous health.
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