



EUROPEAN
FEDERATION OF
THE ASSOCIATIONS
OF DIETITIANS

European Dietetic Action Plan

EuDAP (2015-2020)



Dietitians stating clearly their commitment to action for health improvement through nutrition across the social gradient

Adopted by EFAD 2015

Welcome

As a profession, dietitians have a strong history of nutritional care. Their impact on improvements in food choice and consequent health benefit through nutrition for individuals, families, workplace, industry and public health has been well documented.

In Europe the European Federation of the Associations of Dietitians (EFAD) and their members are taking this opportunity to state clearly their commitment to action for health improvement through nutrition at all societal levels. Whether it is in healthcare, food provision/service (restaurants), research, industry, public health or in the homes of individual citizens, dietitians will work with their national food and nutrition plans and colleagues to implement the European Dietetic Action Plan 2015-2020 (EuDAP).

We hope you will find EuDAP a considered response and serious commitment by dietitians in Europe to health improvement through better food and nutrition.

Anne de Looy

Hon President of the European Federation of the Associations of Dietitians

October 2015



1.0 Purpose of the European Dietetic Action Plan (EuDAP):

The purpose of the EuDAP is to demonstrate the commitment of dietitians in Europe to achieve better nutrition and sustainable health, through pro-active engagement with *Health 2020*, the *European Food and Nutrition Action Plan (2015-2020)*¹ and other EU initiatives.

Guiding principle

Dietitians *have a responsibility as a profession to support the improvement of nutritional health of the people of Europe through an evidence-based approach.*

2.0 European Dietitians

European dietitians are healthcare professionals educated to degree level and fully prepared to improve nutrition and health across Europe. EFAD² represents over 32,000 dietitians (over half the profession) in Europe.

Dietitians are able to lead or make significant contributions to local, regional and national action plans regarding nutrition and food. In Europe, government, civic society and others recognise the expertise of dietitians and make use of their skills and knowledge when drafting or implementing policy. Recognition of the value and expertise of dietitians across Europe will support the successful implementation and realisation of such plans as the *European Food and Nutrition Action Plan (2015-2020)*¹.

EFAD will continue to act as source of information about the activities of European dietitians and uses information to alert MEPs, the European Commission, WHO European Region and others about how dietitians, as key nutrition professionals in Europe, are contributing to a healthier Europe.

2.1 Why dietitians are key to the implementation of food and nutrition policies

The geographical range and specialist expertise of EFAD members means that dietitians are able to work across all sectors where food and nutrition matter:

- with all age groups, guiding healthy food and fluid choices in a preventative role (community health)
- with policy-makers on food and fluid provision and a healthy diet (health/public health and risk reduction)
- with food service management and industry to provide safe, informed and nutritious food and fluid choices

¹ WHO European Action Plan for Food and Nutrition Policy 2015-2020

http://www.euro.who.int/_data/assets/pdf_file/0008/253727/64wd14e_FoodNutAP_140426.pdf?ua=1

² EFAD (The European Federation of the Associations of Dietitians) was founded in 1979 and currently 33 Dietetic Associations in 26 countries across Europe are in partnership with a growing number (>20) Higher Education Associate members who teach nutrition and dietetics.

- in healthcare to manage acute and chronic illness through modified nutrition and fluids

2.2 How will dietitians and National Dietetic Associations (NDAs) respond?

EuDAP describes five key-objectives for European NDAs, their members and EFAD. These are considered to be essential to meet the overall aim of achieving a healthy Europe through improved food and nutrition. Each objective has some examples of actions that can be undertaken by European dietitians at a local or national level. Each NDA will decide on more precise actions guided by their national plans.

National Dietetic Associations will use EuDAP to:

- identify priority objectives/actions guided by their own national food, nutrition and health strategic plans
- make commitments to action based on EuDAP, national and European policies and communicate this to relevant stakeholders
- monitor and communicate achievement of their commitments to key stakeholders

3.0 How has EuDAP been put together?

A number of strategic documents have contributed to the development of this plan. The European policy for health, *Health 2020 (Action plan for implementation of the European strategy for prevention and control of NCDs: EUR/RC60/SC (2)/20)*³; *Moscow Declaration, Global Ministerial Conference*⁴ (April 2011); *WHO Charter on Counteracting Obesity, (2006)*⁵; *White paper on Strategy for Europe on nutrition, overweight and obesity (2007)*⁶ and the *WHO European Action Plan for Food and Nutrition Policy 2015-2020*. These documents together with regional strategic action plans and strategies for cancer⁷ and other documents from international organisations such as the International Diabetes Federation⁸ will continue to inform dietetics and the work of dietitians.

³ WHO (2010) (Action plan for implementation of the European strategy for prevention and control of NCDs: EUR/RC60/SC <http://www.ndphs.org//documents/2504/FINAL%20WHO-EURO%20Concept-Paper-NCD-Action-Plan%20Nov-2010.pdf>

⁴ WHO (2011) Preamble and commitment to action; Moscow Declaration on Healthy Lifestyles and NCDs http://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/moscow_declaration_en.pdf?ua=1

⁵ WHO (2006) Charter on Counteracting Obesity http://www.euro.who.int/_data/assets/pdf_file/0009/87462/E89567.pdf?ua=1

⁶ EC (2007) Strategy for Europe on nutrition, overweight and obesity COM 279 http://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/documents/nutrition_wp_en.pdf

⁷ WHO (2009) Towards a strategy for cancer control in the Eastern Mediterranean; WHO EM/NCD/060/E <http://applications.emro.who.int/dsaf/dsa1002.pdf>

⁸ Diabetes Action Now (2006) <http://www.who.int/diabetes/actionnow/en/DANbooklet.pdf>

Key European documents on lifestyle and nutrition, and a pending European strategy on physical activity, show that improved nutrition, through better food choice, is fundamental to achieving a healthy Europe. Therefore governments, their actions and policies, together with the activities of European dietitians can make a difference.

4.0 The Five Key Objectives for Dietitians in Europe

These five objectives may be achieved at national, organisation or local level; recognising the contribution that dietitians make at all levels of society.

Objective 1 – Ensure that healthy food and nutrition is accessible, affordable, attractive and sustainable

For example, dietitians can achieve this through:

- Schemes to promote healthy diets and hydration in schools.
- Undertaking actions in the workplace; initiate and contribute to policies that make healthier choices the easiest lifestyle choice.
- Promoting/advocating for consumer-friendly labelling and nutrient profiling tools that facilitate a healthy choice.
- Advocating for restricted advertising of unhealthy products.
- Making sure that the significance of hydration is emphasized and water is available free of charge
- Promoting attractive healthy food in all catering outlets (eg hospitals, care homes, prisons)

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In 2012 EFAD published a report 'Health in the Workplace: The Role of the Dietitian in Europe' summarizing the 38 initiatives that dietitians had undertaken promoting better health through nutrition in 16 countries of Europe.

Objective 2 – Promote the gains of a healthy diet and nutritional support throughout the life course, especially for the most vulnerable groups in clinical settings and the community

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- Adopting/ensuring/leading comprehensive interventions and community-based initiatives to improve nutrition, hydration and prevent nutrition-related, non-communicable diseases (NCDs).
- Ensuring an appropriate continuum of nutrition and physical activity, ranging from health promotion to prevention and care throughout the life-course.
- Developing processes for systematic development of guidelines, care pathways and other initiatives that will lead to better nutritional care and interventions for all people in whom improved nutrition will enhance the quality of life.
- Supporting (and developing) nutrition and health surveillance systems, and nutritional risk screening procedures for different population groups, which have the capacity to be disaggregated by socioeconomic indicators and gender.
- Promoting healthy eating, hydration and physical activity schemes in people-centered primary health care and ensure an appropriate continuum of nutrition and physical activity throughout the life-course, ranging from health promotion to prevention and care.
- Undertaking actions to ensure that patients get the best dietary counseling to ensure that their food and fluid intake meets their dietary requirements.

In 2015, dietitians in Austria working with health insurance companies and local food outlets took a group of people with chronic diseases on a 'Disease Prevention Vacation' in the Austrian Alps.

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- Training health care professionals in appropriate nutrition counselling in order to secure a skilled public health workforce.
- Including information, brief interventions and counselling about healthy diets, hydration and their influence on overall health and nutritional status in care pathways.
- Disseminating outcomes of research in (cost) effectiveness of dietary treatment to relevant stakeholders (eg ministries, health insurance companies).
- Ensuring appropriate human resources to provide evidence-informed nutrition interventions, including counseling and care, as well as technologies compatible with a people-centered health system based on strong primary health care.
- Using innovative forms of information technology to educate health professionals and others about nutrition, food and fluids to achieve optimum nutritional status and health.

In 2012 dietitians in The Netherlands published a report ‘Cost benefit analysis of dietary treatment’ and in 2015 ‘Cost benefit of dietitians in clinical care’ which showed the savings to society, the individual and the healthcare system that can be made when dietitians take a lead role in care.

Objective 4 – Invest in establishing the effectiveness of dietitians in the delivery of better health through improved nutrition

For example, dietitians can achieve this by:

- Committing to expand surveillance of nutritional status among older people and to consider the food, fluid and nutritional needs of older populations living in institutions and those living in the community.
- Contributing significantly to the reduction of NCDs and improvement of health through better nutrition that is demonstrably effective and adds value to the quality of life.
- Monitoring and evaluating nutrition interventions, diet-related activities and policies in different socio-economic and socio-demographic population groups in order to identify effectiveness and value for money, and disseminate good practice.

Objective 4 – Invest in establishing the (cost) effectiveness of dietitians in the delivery of better health through improved nutrition



In Belgium, over a period of three years, a dietitian-led investigation demonstrated the effectiveness of dietetic assessment to reduce the number of people being fed parentally improving outcomes and reducing cost.

van Schaik R and Niewold TA (2014) Sustained Reduction of TPN Usage During Hospital Admission by Dietitians. *Clinical Nutrition* 33:589

Objective 5 – Strengthen governance, alliances and networks for a Health-in-all-policies approach

For example, dietitians can achieve this by:

- Working with public health and health care professionals by providing and promoting evidence-based information on nutrition in professional education systems and through best practice examples, guidance and guidelines.
- Coordinating actions between different actors, encouraging and supporting local actions such as food councils and community coalitions to work with regional and local producers and users.
- Strengthening networks of healthcare professionals committed to specific areas through the EFAD ESDNs⁹ and other actors working to the promotion and benefits of nutrition for health-in-all sectors.
- Supporting and participating in the development of formal mechanisms to promote inter-sectorial cooperation, particularly for local action and, where appropriate, engage stakeholders such as civil society.
- Identifying, promoting and referencing the work of dietitians in fulfilling European policies and declarations such as Health 2020 principles and priorities, the European Charter on Counteracting Obesity, the Istanbul Charter, the European Food and Nutrition Action Plan etc.

**Objective 5 –
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Dietitians currently working on a local initiative of EPODE in Amsterdam called JOGG are coordinating advice on healthy eating for children to minimize risk of weight gain with supermarkets, local government, schools, parents, health insurance companies, local general practitioners and restaurants.

⁹ European Specialist Dietetic Networks, eg in diabetes, obesity, cancer, public health, food administration and the older person

4.0 Summary

National Dietetic Associations will plan their EuDAP actions informed by national and European policies for health. They will work with their own national and European agencies to implement their plans. Interagency dialogue, communication and surveillance are all essential to monitoring successful change and improvement. National Associations, their dietitians and EFAD are committed to a healthy Europe through improved nutrition and food choice.

For further information please contact the Secretary General of EFAD at secretariat@efad.org

