Europe 2020 is the EU’s growth strategy for the coming decade. In a changing world we want the EU to become a smart, sustainable and inclusive economy. These three mutually reinforcing priorities should help the EU and the Member States deliver high levels of employment, productivity and social cohesion.

Concretely the Union has set five ambitious objectives – on employment, innovation, education, social cohesion and climate/energy – to be reached by 2020.

José Manuel Barroso
President of the European Commission
Health 2020 supports and encourages health ministries to bring key stakeholders together in a shared effort for a healthier European Region.

http://www.euro.who.int/en/what-we-do/health-topics/health-policy/health-2020

The Foresight world 2030+

Risk management
Data collection
Individualised diets
Society and food systems 2050
Reports +++ for 2030 and beyond

Proportion of overweight and obese males and females is expected to increase in most European countries by 2030, according to the latest projections by WHO (Dr Joao Breda, ECO 2015, unpublished estimates form part of the WHO Modelling Obesity Project).

By 2030, "almost all Irish adults are projected to be overweight": 91% men overweight (which includes obese), 83% women overweight and 57% obese.

77% of Greek men are overweight and 44% are obese.

67% of Greek women are overweight and 40% are obese.

Dr Breda says: "Although this was a forecasting exercise, and therefore data needs to be interpreted with caution, it conveys two strong messages—first that the availability and quality of the data in countries needs to be improved, and second these predictions show that more needs to be done in terms of preventing and tackling overweight and obesity."
Overweight and obesity continue to grow

7% of total EU health budgets are spent on diseases linked to obesity

2.8 million deaths in the EU each year result from causes linked to obesity and overweight (WHO Global Status Report on NCDs 2010)

Are dietitians ready to deliver all relevant health care advice? Across Europe?
How healthy are we?

A healthy and productive life?

Economics of providing care for a good life?
What is contributing to our morbidity and mortality?

Disability adjusted life years attributed to largest risk factors, by gender, 2013

![Disability adjusted life years attributed to risk factors](image)

EUROPE AT A GLANCE

2013 | 2035
---|---
Adult population (20-79 years, millions) | 659 | 669

Diabetes (20+79 years)

Regional prevalence [%] | 8.5 | 10.1
Coroarative prevalence [%] | 6.8 | 7.1

Top 5 countries for number of people with diabetes (20-79 years), 2013

<table>
<thead>
<tr>
<th>Countries/territories</th>
<th>Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Russia Federation</td>
<td>10.9</td>
</tr>
<tr>
<td>2 Germany</td>
<td>7.6</td>
</tr>
<tr>
<td>3 Turkey</td>
<td>7</td>
</tr>
<tr>
<td>4 Spain</td>
<td>3.8</td>
</tr>
<tr>
<td>5 Italy</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Europe has the highest prevalence of children with type 1 diabetes.

Deaths due to diabetes by age

- 618,420
- 280,120 men
- 338,280 women
- 30 under the age of 40
Although anyone could have limited health literacy – and 42% of all working-age adults are unable to make use of everyday health information………

People and population groups with limited financial and social resources are more likely to have limited health literacy.

Health literacy thus contributes to health inequalities because the population groups most at risk of low health literacy are also known to have the poorest health outcomes.
“60% of life is spent at work; 30% of daily food is consumed at work.

One in six working people live with a long term condition, such as diabetes, heart disease, respiratory disease or a disability.”

Fiona McCullough, Chairman British Dietetic Association

www.efad.org Amsterdam October 2015
Individualised vs RCT: a clinical reality in 2030 +

Food4Me; EU project on personalised diet (e-health)

Milan declaration (2015)

Social

- Respect
- Acceptance
- Recognise incurability
- Stigmatisation
- All stakeholder discussion
- Shared responsibility
Figure 1.1 Effects and benefits of specialist dietary management provided by dietitians

- **Intervention (Chapter 2)**
  - Specialist dietary treatment
  - Cost-benefit analysis of dietary treatment

- **Direct effects (Chapter 3)**
  - Healthier diet
  - Weight loss
  - Less exercise
  - Lower blood cholesterol
  - Lower blood pressure

- **Indirect effects (Chapter 3)**
  - Longer life, lower risk of medical complaints
  - Better mental health

- **Better quality of Life**

- **Benefits (Chapter 4)**
  - Lower medical care costs
  - Higher production, lower social insurance costs

Source: SIEO Economic Research

Cost effectiveness

- Commissioned Dutch Association of Dietitians Nov 2012
- Dietitians in primary care
- Authors M Lammers and L Kok

www.efad.org Amsterdam October 2015
Table 3.2 More weight loss and greater reduction in cholesterol levels after dietetic treatment (RCTs)

<table>
<thead>
<tr>
<th>Author, year</th>
<th>Country</th>
<th>BMI</th>
<th>Comorbidity</th>
<th>Intervention</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henkin et al., 2000</td>
<td>Israel (n=135)</td>
<td>27.6 on average</td>
<td>Yes, high cholesterol and no exclusions on grounds of any other comorbidity</td>
<td>GP vs. dietitian (2-4 consultations for 3 months)</td>
<td>Cholesterol: -7% (GP) vs. -12% (dietitian) after 3 months. LDL cholesterol: -5% (GP) vs. -9% (dietitian) after 3 months</td>
</tr>
<tr>
<td>Thompson et al., 2009</td>
<td>US and Canada; 4 RCTs</td>
<td>N/A (different studies)</td>
<td>Yes, high cholesterol and sometimes other comorbidity</td>
<td>GP vs. dietitian (variety of interventions)</td>
<td>Cholesterol level fell 4% more with dietitian</td>
</tr>
</tbody>
</table>

Multiple diagnosis in patients seen by dietitians (53%)

Table 2.1 Most of the patients who consulted a dietitian or are still being treated by a dietitian in the Netherlands in 2010 have been diagnosed with more than one condition

<table>
<thead>
<tr>
<th>Diagnoses made by the dietitian</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple diagnoses</td>
<td>53.2%</td>
</tr>
<tr>
<td>Overweight in adults</td>
<td>72.8%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>26.2%</td>
</tr>
<tr>
<td>Hypercholesterolaemia</td>
<td>17.6%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>15.7%</td>
</tr>
<tr>
<td>Weight loss/malnutrition</td>
<td>6.5%</td>
</tr>
<tr>
<td>Overweight in children</td>
<td>5.0%</td>
</tr>
<tr>
<td>Irritable bowel syndrome (IBS)</td>
<td>5.1%</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease (COPD)</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Source: Calculations by SEO Economic Research based on Tol et al. (2011a).
Care provided by the dietitian

- Care for patients with (multiple) medical conditions

- The medical diagnosis of the patients treated by the dietitian vary widely from underweight to overweight and from cancer to COPD. The needs of the patients from the dietitian are often complex as the majority of the patients who were treated by a dietitian in 2010 have more than one medical or dietetic diagnosis.

- The dietary management focus on the individual and his or her own self-management.

Cost benefit analysis of dietary treatment (2012) Lammers and Kok

Lower absenteeism and higher production

The improved health of patients during and after treatment leads to an increase in productivity at work. The drop in sick leave is not the only factor of importance here. The number of patients expected to rise, those who are already in work can work longer hours. The number of working hours will increase. The drop in sick leave taken by employees is one of these factors to have been studied in a randomized controlled trial (2012). Participants in the study answered the following question before, during and after treatment to the dietitian: “How many days have you taken off work during the past four months due to illnesses related to your weight or diabetes?”. Patients treated by a dietitian took an average of 0.92 days of sick leave related to their condition during the treatment year, while those who only received written information took an average of 3.49 days. That is a difference of 2.56 working days in a year.

100 employees = 26 days/yr increased productivity

www.efad.org Amsterdam October 2015
Summary (Cost effectiveness of dietitians (SEO, 2012)

- Treatment by the dietitian has various social benefits. The health of the patient (and his family) improves, such that the costs of health care can be avoided and the productivity of the patient increases.
- For every €1 spend on dietary counselling of these patients society gets a net of €14 to €63 in return: €56 in terms of improved health, €3 net savings in total health care costs and €4 in terms of productivity gains.
- The treatment of the patients with obesity and obesity-related diseases creates social benefits of €0.4 to €1.9 billion over a period of five years.'
WHO European Region
European Food and Nutrition Action Plan (FNAP) 2015–2020

Accepted by the Regional Committee for Europe* (EUR/RC64/14) in Copenhagen, 15–18 September 2014

“The intention of the Action Plan is to significantly reduce the burden of preventable diet–related non–communicable diseases, obesity and all other forms of malnutrition still prevalent in the WHO European Region.”

* all governments (Ministries of Health)

Introduction to FNAP

- Of the six WHO regions, the European Region is the most severely affected by NCDs, which are the leading cause of disability and death; cardiovascular disease, diabetes, cancer and respiratory diseases (the four major NCDs) together account for 77% of the burden of disease and almost 86% of premature mortality.

- The promotion and accessibility of a healthy and varied diet (that is both available and affordable) is thus a key lever to improve the health, well–being and quality of life of the population, promote healthy ageing and reduce health inequalities.

- This Action Plan provides guidance to Member States to support and encourage wider implementation of a “menu” of effective policies at the national level, including coherent, coordinated, multi-sectoral approaches.
FNAP Objectives

- **Objective 1** – Create healthy food and drink environments
- **Objective 2** – Promote the gains of a healthy diet throughout the life course, especially for the most vulnerable groups
- **Objective 3** – Reinforce health systems to promote healthy diets
- **Objective 4** – Support surveillance, monitoring, evaluation and research
- **Objective 5** – Strengthen governance, alliances and networks for a health-in-all-policies approach

History and Background

- **EFAD then:**
  - founded in 1978
  - 10 member associations representing 10,000 dietitians

- **EFAD now:**
  - 29 member associations (4 affiliated) members, representing over 35,000 dietitians in 29 countries
  - 34+ education (HEI) associate members

- EFAD is the only EU Platform advocating for development of the dietetic profession
European Federation of the Associations of Dietitians (EFAD)

Health 2020  Eur Food & Nutrition Action Plan

35,000 dietitians in 29 countries.

www.efad.org  Amsterdam October 2015

European Federation of the Associations of Dietitians (EFAD)

Health 2020  Eur Food & Nutrition Action Plan

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www.efad.org  Amsterdam October 2015
European Dietetic Action Plan (EuDAP 2015–2020)

- **Objective 1** – Ensure that healthy food is accessible, affordable and attractive
- **Objective 2** – Promote the gains of a healthy diet throughout the life course, especially for the most vulnerable groups in the community and in clinical settings
- **Objective 3** – Promote the role of dietitians as an expert in food and nutrition in community and clinical settings, general population, to other health professions and authorities
- **Objective 4** – Invest in establishing the role of dietitians in the delivery of better health through improved nutrition
- **Objective 5** – Strengthen governance, alliances and networks for a Health-in-all-policies approach

Is aligned to WHO European Food and Nutrition Action Plan (2015–2020)

It is for all Dietetic Associations to use

Dietitians in Europe will show how they are contributing to Health 2020 and FNAP

Reports will be kept to give to national ministers and at European level.
Objective 2 – Promote the gains of a healthy diet throughout the life course, especially for the most vulnerable groups in the community and in clinical settings

France

Integration of Nutritional Monitoring in Nursing Homes

Legislation currently going through the French National Assembly looks set to integrate nutritional monitoring in nursing homes into the Code of Public Health. MPs insisted on raising the issue of prevention and undernutrition as a priority within public health policies given that undernutrition is a pathological state affecting around 800,000 people in France and is one of the main causes of dependency among the elderly. This innovation in nursing homes will include:

- assessment of nutritional status
- screening for systematic undernutrition
- implementation of preventive actions if there is potential risk
- implementation of individualized dietary care in cases of undernutrition

This is an opportunity for French Dietitians to assert their skills in this area (in partnership with medical doctors and care-providers) as they are the only competent health professionals trained in these activities.

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

Germany

Kindergarten: a brilliant place to teach, learn & live healthily

In 2009, the Bavarian Ministry of State for Nutrition, Agriculture & Forestry developed a plan for health improvement through better nutrition based on nutrition education and community involvement. The aim was to implement programmes that encourage the adoption of realistic and enjoyable eating habits with a regional ‘flavour’ throughout Bavaria. The programmes work with the family initially and then they are sustained in school and adult education, ultimately impacting on society as a whole. The plan also includes care facilities.

The following practical example shows how a dietitian working with a school kindergarten class introduced a six-step programme about food and nutrition. The plan involves children as well as their parents and aims to demonstrate healthy nutrition in everyday life.

Step 1: “Breakfast” Week

Children come with an empty lunch box each morning and they are provided with a healthy lunch while the parents prepare different healthy snacks and smell, taste and touch different and new foods. There is plenty of time for chat and discussion with the dietitian.
Objective 4 – Invest in establishing the (cost) effectiveness of dietitians in the delivery of better health through improved nutrition

- Commissioned Dutch Association of Dietitians (NVD) Nov 2012
- Authors M Lammers and L Kok (SEO)

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

- Commissioned Dutch Association of Dietitians (NVD) Nov 2012
- Authors M Lammers and L Kok (SEO)
The value of dietitians and dietetics in malnourished patients in the hospital

In the study the social cost and benefits in dietetics in two groups of patients, malnourished oncology- and malnourished elderly patients. The total benefits of treatment of malnutrition is estimated as:-

- €4-€42 million in gastro-intestinal or lung cancer per year
- €1,5-€3,8 million in head-neck cancer/year
- €15-€78 million in elderly patients/year


Objective 3 – Promote the role of dietitians as an expert in food and nutrition in community and clinical settings to the general population, to other health professions and to authorities

Austria

Dietetics & Physiotherapy Students Create Teaching Videos

Our team of seven students from dietetics and physiotherapy created four teaching videos on:

- stigma and obesity
- weight reduction in focus: nutrition and sports
- arthrosis (osteoarthritis) and bone metabolism
- type 2 diabetes mellitus

Over two terms we did research for our videos and focused on interdisciplinary areas between physiotherapists and dietitians. We wrote movie scripts, got didactic advice from the teaching team SKILL (http://skill.fhstp.ac.at) and were supported by media students from the university. We gained a deeper understanding through collaboration with other health professionals and improved our project management and media skills.

Contact: Alexandra Kolm, Lecturer
alexandra.kolm@fhstp.ac.at
FNAP/EuDAP Objective 2 – Promote the gains of a healthy diet throughout the life course, especially for the most vulnerable groups in the community and in clinical settings
Austrian Dietitians help create a ‘Disease Prevention Vacation’ (with health insurance; food service outlets)

Europe 2020
Europe 2020 is the EU’s growth strategy for the coming decade.
In a changing world we want the EU to become a smart, sustainable and inclusive economy. These three mutually reinforcing priorities should help the EU and the Member States deliver high levels of employment, productivity and social cohesion.
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José Manuel Barroso
President of the European Commission

http://ec.europa.eu/europe2020/index_en.htm
Are dietitians ready
to deliver all relevant
health care advice?
Across Europe?

Pretty much! We just need to collect the data and say so...........