



EUROPEAN
FEDERATION OF
THE ASSOCIATIONS
OF DIETITIANS

European Dietetic Action Plan

EuDAP 2016 Progress Report



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

Adopted by EFAD 2015

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1. Introduction

1.1 Non-communicable diseases

Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behaviours factors. Of the six WHO regions, the European Region is the most severely affected by NCDs, which include cardiovascular conditions (mainly heart disease and stroke), cancers, chronic respiratory conditions and type 2 diabetes and the affect people of all ages, nationalities and classes¹. Of the 38 million lives lost to NCDs in 2012, 16 million or 42% were premature and avoidable – up from 14.6 million in 2000 and deaths are projected to increase to 52 million by 2030² NCDs threaten progress towards the 2030 Agenda for Sustainable Development³, which includes a target of reducing premature deaths from NCDs by one-third by 2030.

An important way to control and prevent NCDs is to focus on reducing the risk factors associated with these diseases. 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. In 2012, the 53 countries of the European Region approved a new value- and evidence-based health policy framework, *Health 2020*⁴, which sets out an ambitious agenda for improving health for all and reducing health inequalities. *Health 2020* supports and encourages health ministries to bring key stakeholders together in a shared effort for a healthier European Region. In September 2014, the World Health Organization published the *European Food and Nutrition Action Plan 2015–2020*⁵ (FNAP) which is aligned with existing global policy frameworks for nutrition and for the prevention and control of noncommunicable diseases, notably the WHO *Global Action*

¹ Health 2020: a European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/publications/abstracts/health-2020.-a-european-policyframework-and-strategy-for-the-21st-century>).

² Global status report on noncommunicable diseases 2014. Geneva: World Health Organization; 2011 (http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf).

³ Global Action Plan for the prevention and control of noncommunicable disease 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1&ua=1)

⁴ 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>)

⁵ 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)

*Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*⁶ and the *WHO Comprehensive Implementation Plan on Maternal, Infant and Child Nutrition*⁷. The intention of the action plan is to significantly reduce the burden of preventable diet-related NCDs, obesity and all other forms of malnutrition in the WHO European Region. This action plan provides guidance to member states to support and encourage wider implementation of coordinated, comprehensive national strategies, action plans and policies for improving food system governance, minimizing nutritional risk factors and reducing the prevalence of diet-related diseases within Europe.

EFAD has committed to support the WHO FNAP by adopting *The European Dietetic Action Plan (EuDAP)*⁸ at the 26th EFAD General Meeting, October 2015. It is a commitment by dietitians throughout Europe to take actions that will improve health for all, through sustainable food and nutrition. It is for all European Dietetic Associations to use, in order for them to show how European dietitians are contributing to *Health 2020* and the FNAP. A progress report on the implementation of FNAP was published by the WHO in September 2017. It describes and illustrates progress made by Member States, in partnership with the Regional Office, in each priority area since the Action Plan was adopted in 2014. Significant progress has been made within all priority areas and notable examples include: developing tools (nutrient profile model; training in primary health care); showing the evidence (digital marketing; price policies; *trans* fats); looking at future scenarios (obesity and salt-modelling estimates; salt and sugar reduction); and thinking beyond health (legislation and food supply chain). The WHO progress report describes a challenging situation, but simultaneously provides evidence for unprecedented emerging action by Member States to tackle obesity and promote healthy diets.

1.2 Dietitians in Europe scope of practice

⁶ Global Action Plan for the prevention and control of noncommunicable disease 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1&ua=1)

⁷ Comprehensive Implementation Plan on Maternal, Infant and Child Nutrition 2014 (http://apps.who.int/iris/bitstream/10665/113048/1/WHO_NMH_NHD_14.1_eng.pdf)

⁸ European Dietetic Action Plan EuDAP (2015-2020) (<http://www.efad.org/eudap>)

⁹ International Competence Standards for the Dietitians-Nutritionists (2016) profession are available on the ICDA web site <http://www.internationaldietetics.org/International-Standards>

¹⁰

*“A dietitian is a person with a qualification in Nutrition & Dietetics recognized by national authority(s). The dietitian applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease. The scope of dietetic practice is such that dietitians may work in a variety of settings and have a variety of work functions”*⁹.

European dietitians are healthcare professionals educated to degree level that assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Uniquely, dietitians use the most up-to-date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices. There are approximately 60,000 practising dietitians in Europe¹⁰ of which EFAD represents over half (34,000) and they have been encouraged to develop extended roles across professional and organisational boundaries. The geographical range and specialist expertise of EFAD members means that dietitians are well qualified to work across all sectors where food and nutrition matter, with all age groups, with policy-makers, with food service management and industry and in healthcare. Dietitians have a responsibility as a profession to support the improvement of nutritional health of the people of Europe through evidence based approach and are key to the implementation of food and nutrition policies across Europe. They understand not only the science of effective interventions but the methodology of dissemination and implementation for those interventions. They are pivotal in the promotion of healthy lifestyles and, therefore, in the campaign to promote health in the workplace⁹ and reduce the burden of NCD in Europe. Recognition of the value and expertise of dietitians across Europe will support the successful implementation and realisation of such plans as the FNAP. We are living the future where nutrition is at the forefront of health care and public health initiatives¹⁰. 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. EFAD members 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

⁹ EFAD. (2016, June 10). *Definition of a dietitian*. Retrieved from EFAD The Voice of European Dietitians: <http://www.efad.org/aboutefad/5196/5/0/80>

¹⁰ EFAD annual report (2016) Retrieved from EFAD the Voice of European Dietitians: <http://www.efad.org/reportsandpapers/5291/7/0/80>

(health/public health and risk reduction)

- with food service management and industry to provide safe, informed and nutritious food and fluid choices
- in healthcare to manage acute and chronic illness through modified nutrition and fluids

1.3 The Why and how of 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*, FNAP and other EU initiatives. EuDAP is set out asking NDAs and their dietitians to engage in actions to meet the EuDAP objectives (listed below) and provide evidence of our activities to key stakeholders.

1.3.1 The five key objectives for Dietitians in Europe

These five objectives are based on FNAP¹¹ and may be achieved at national, organisation or local level; recognising the contribution that dietitians make at all levels of society.

1. Ensure that healthy food and nutrition is accessible, affordable, attractive and sustainable
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
3. Use dietitians as educators and experts in community and clinical settings to advise the general population, other health professions, authorities (for example ministries, health insurance companies), mass media and industry
4. Invest in establishing the effectiveness of dietitians in the delivery of better health through improved nutrition

¹¹ FNAP priorities;

1 Create healthy food and drink environments.

2 Promote the health gains of a healthy diet throughout the life-course, especially for the most vulnerable groups.

3 Reinforce health systems to promote healthy diets and provide diet-related services.

4 Support surveillance, monitoring, evaluation and research on the population's nutritional status and behaviours and the status and effectiveness of the policies implemented.

5 Strengthen governance mechanisms, alliances and networks to ensure a health-in-all-policies approach, and empower communities to engage in health promotion and prevention.

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

2 The Survey

2.1 How has EuDAP survey been put together?

Each year, EFAD gathers together the information relating to the contributions of each National Dietetic Association to meet the EuDAP objectives, to provide evidence of our activities to key stakeholders and demonstrate the commitment of dietitians in Europe to contribute to *Health 2020*, FNAP. The purpose of the survey is to ensure a methodical approach to data collection and data storage and systematic analysis whilst also encouraging information exchange between the NDA's in different countries on how they are contributing to the EuDAP objectives.

This project was also intended to assist NDA's to understand the research environment in Europe and to suggest ways in which they could be more effective in their support of research and activities. A database will be constructed to show key stakeholders such as the WHO European Region, how dietitians in different European countries¹² help contribute to better nutrition and sustainable health. It is also intended to inform the researchers on the areas of research in need of more attention and which countries currently could provide relevant expertise to those ones wishing to improve their capability-thus encouraging dietitians in collaborative funded research.

The main objectives of the current EuDAP survey (2015-16) are as follows:

1. To collect examples of how dietitians are meeting the WHO European Food and Nutrition Action Plan (2015-2020).
2. To produce a report, providing an overview of the activity of dietitians in Europe regarding EuDAP objectives and makes recommendations for future developments and activity.
3. Provide a report which can be distributed to all EFAD members and their key stakeholders e.g. health ministers, to inform them about the actions dietitians are taking in their own countries and across Europe.

¹² EFAD membership extends to all countries in the Council of Europe

4. To raise awareness among EFAD member associations and encourage them to report relevant actions to EFAD members and others e.g. via promotional newsflashes, social media posts etc.
5. To record all new actions to a database so that the database is up to date

3 Methodology

A detailed questionnaire was devised by EFAD and included questions relating to the familiarity of EuDAP and the five key objectives to be achieved at national, organisation or local level. The questionnaire was piloted in two NDAs and changes made to the questionnaire based on their feedback. There were in total 225 questions which were sent to all NDAs. The questions were a mix of closed and open and related to each key objective. Each key objective question was further broken down into subsections, where the respondent was asked about specific projects being undertaken in their country relating to each key objective:

Example

- *To your knowledge, is any data being collected on how dietitians in your country are working on the first objective: "Ensure that healthy food and nutrition is accessible, affordable, attractive and sustainable"*
 - *If yes, can you share it with us, via email/URL?*
 - *When do you think it might be started?*
 - *How many dietitians are involved?*
 - *Who should we contact?*

Participants were invited to share materials on the EFAD website.

The survey was completed online using a web based survey provider called SurveyMonkey.

A full copy of the final questionnaire can be found on the EFAD website¹³.

The project was not submitted for Ethical approval as it was a survey amongst member associations of EFAD. Associations were asked to participate but could choose not to answer the questionnaire. There was one reminder email sent in the first quarter of 2017 but no follow-up for non-responders.

¹³ www.efad.org

4 Results

The results from 2016 questionnaire were analysed using an EXCEL spreadsheet of responses. This descriptive semi-qualitative survey was not submitted to statistical analysis.

Response rate: Twenty-two people, from nineteen different countries¹⁴, completed the online questionnaire. The respondents represented nineteen different dietetic associations; a response rate of approximately **57%**.

4.1 Knowledge Exchange about EuDAP

Dietetic Associations were asked how they currently disseminate information about EuDAP within their own countries and between their members. Each country reported various activities as can be seen in *Table 1*. Eleven dietetic associations informed their members about EuDAP or have planned to do this in the future. Fourteen NDAs have appointed a *EuDAP Champion* to liaise with EFAD on behalf of their NDA. Eight (44%) dietetic associations informed their key opinion leaders about EuDAP (ministry of health and collaboration partners). One respondent reported that their members were **not** familiar with EuDAP and the five objectives. Currently 6 countries have translated EuDAP into their own national language. Two countries have actively undertaken embedding EuDAP amongst their members by incorporating into their strategic plan and undertaking a survey amongst their members. Further details can be found by contacting the NDA, addresses and contact details on the EFAD website.

Table 1. Disseminating information about EuDAP

Country	Objective gathering and other activities
The Netherlands	<ul style="list-style-type: none">• Workshop on "The Dietitian Days"• Article in newsletter/journal of NVD (for members)
Norway	<ul style="list-style-type: none">• Article in newsletter• Planning to translate EuDAP• Presentation on annual conference
Italy	<ul style="list-style-type: none">• Information about EuDAP in members magazine• ANDID strategic plan 2015/2018 has been implemented includes EUDAP• EuDAP translated into Italian

¹⁴ Austria, Belgium, Croatia, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Norway, Portugal, Spain, Sweden, Switzerland, The Netherlands and United Kingdom

UK	<ul style="list-style-type: none"> To members through Members Monthly, an e-zine Survey to appr. 4.000 members with a response of 385 (not yet analysed)
Sweden	<ul style="list-style-type: none"> Translated EuDAP into Swedish To members through website, members magazine and Facebook page
France	Translated EuDAP into French
Germany	<ul style="list-style-type: none"> Article in newsletter & journal EuDAP translated in German
Iceland	Planning to translate EuDAP in Icelandic
Ireland	Not entire membership, only the Executive at present, but members will be informed
Croatia	Presented EuDAP at their NDA board meetings
Greece	<ul style="list-style-type: none"> To members through weekly newsletters EFAD weekly newsletter All relevant material is uploaded at the relevant section of their NDA website
Israel	Will inform membership during the fall 2017 annual conference
Denmark	Inform members through their NDA website
Belgium	Inform members through magazine and newsletter

When asked how the NDAs could exchange information across Europe they reported they would like EFAD to use the following methods presented in *Table 2*.

Table 2. Methods of Knowledge Exchange Between Countries

Method of Knowledge Exchange	YES	NO
N=10		
EuDAP Database on the EFAD website	7	3
Webinars	4	6
Conference	6	4
Newsletter	5	5
EuDAP journal	3	7
Newsflash	5	5

Linkedin	1	9
Facebook	1	9
Twitter	1	9

From the table above, seven respondents have interest in a project database, which reflects the different EuDAP objectives. Newsletters, newsflash and conferences are the most popular ways to exchange information about the activities.

4.1.1 Country Activities undertaken by dietitians which meet EuDAP objectives

Individual countries (NDAs) reported the work that dietitians are doing to meet EuDAP objectives and therefore also the objectives of the FNAP. Some of these are funded research projects others are projects and activities which dietitians undertake locally or nationally. Many of these activities involve other stakeholders and therefore allow dietitians to share their nutritional expertise and contribute to policy or further initiative which will improve health through better nutrition.

Table 3 provides the reported information about the activities of dietitians in thirteen countries. They are grouped according to the EuDAP objectives to be found on page 13 of this report¹⁵

Table 3. Projects per country and per objective

Country	Objective 1	Objective 2	Objective 3	Objective 4	Objective 5
The Netherlands	Partner in alliance Stop Child marketing unhealthy food http://www.stopkindermarketing.nl/ "interlocutor for Stichting Ik kies bewust" (Foundation I choose consciously) http://www.hetvinkje.nl/org	Screening malnutrition in hospitals, elderly homes, nursing homes and primary care.	Working on revision of Doctors' Reference Guide on Dietetics towards a tool which also helps caretakers in their role in nutritional advice for patients and self-management of patients. Study report: The social	Research project "Feel good!" an integrated approach to obesity and experiencing unhealthiness in underprivileged families. Partner in Alliance 'Gezondheid en geletterdheid' (Health and Literacy)	Participant at the first VoedselPoort, April 25th 2016 the Hague, a meeting where stakeholders from industry, civil society organizations, including the

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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
3. Use dietitians as educators and experts in community and clinical settings to advise the general population, other health professions, authorities (for example ministries, health insurance companies), mass media and industry
4. Invest in establishing the effectiveness of dietitians in the delivery of better health through improved nutrition
5. Strengthen governance, alliances and networks for a health-in-all-policies approach

	anisatie/stichting-ik-kies-bewust/ Dietitians working in workplace projects		costs and benefits of dietetics for malnourished patients in hospital, SEO Economic Research, April 2015		Dutch Association of Dietitians, and government/polit ics talked with each other about dilemmas on the production and consumption of food. http://www.fnli.nl/spreek-smakelijk/ Participant in research project of 'Stichting Lezen en Schrijven' (foundation literacy) , www.lezenensc hrijven.nl
Norway	“Skolematens Venner”(healthy diet in school) www.skolematensvenner.no “Appetitt på livet” (healthy food in all catering outlets)	Screening malnutrition in hospitals, follow up after exit hospitals to primary care and nursing homes Nutrition Day	Introduction of NCP and standardised language in education of dietitians	PhD project: Refeeding syndrome among older adults	
Italy	The “Good nutrition”: it’s good for you, for the planet and for the world Professional promotion: “Ask us”		Research projects: The “food” performance as a cultural consumption: a research study on wellbeing. The	Financing of the PhD in Governance, management and economics, University of Naples “Parthenope”. The PhD started in October, 2015 and the research project aims at the evaluation of cost effectiveness of the nutritional	

	<p>Preventing Kidney Disease (on the occasion of World Kidney Day)</p> <p>Collaborating with <i>“Italian Association of Celiac disease”</i> to realise a communication campaign on celiac disease.</p>		<p>research objective is to observe food consumption as cultural practice and to study the “social media” role in food consumption and healthy lifestyles. At the moment the research group (University of Messina, ANDID responsible for communication) is collecting data on the use of websites, blogs and social network for professional aims by ANDID members.</p> <p>FLS-IT (Italian Food Literacy Survey) project: in collaboration with the University of Salerno. The research project aims at defining a validated tool to investigate the Food/Nutrition literacy in a population sample. (This is the first research experience in Italy on this topic)</p> <p>ANDID Dietitians Week. At its third edition, the “Dietitians week” aims at promoting the profession through events at a national and local level with the</p>	<p>intervention from a dietitian. The research project is entitled <i>“the qualified dietetic intervention: a special and convenient tool to support health?”</i> – At the moment, they are planning a multi-centre intervention study to evaluate the health outcome and the costs of usual care/dietitian intervention in a sample of diabetic and overweight patients. The PhD is carried out by a dietitian.</p> <p>Professional practice: Nutrition Reference Centre™ subscription; free for ANDID members.</p> <p>Growing collaboration with the scientific societies: Elaboration of a position paper on <i>“food allergies and intolerances in relation to obesity”</i>, July 2016, in press</p>	
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			active engagement of ANDID members. www.lasettimanadeldieta.it		
UK	<p>BDA Work Ready Programme</p> <p>Collaborations including Breastfeeding alliance, Eating Better and Children's' Food campaign https://www.bda.uk.com/about/workwithus/alliance_list</p>	<p>Work of the specialist groups to promote their specialities, develop practice and improve outcomes for patients</p> <p>Media work e.g. Eat Better for Less, Clean Eating's Dirty Secret</p> <p>Practice based Evidence in Nutrition including international working groups</p> <p>Nearly all local health systems have screening for malnutrition in place regulation in the UK requires dietitians to engage with lifelong learning</p>	<p>Dietitians as public health professionals project – identify a public health champion in each health organisations including acute hospitals</p> <p>BDA Food Facts https://www.bda.uk.com/foodfacts/home</p> <p>Routine practice in dietetic services and in private practice to train other health professionals, acting as a nutrition resource and sharing expertise is one of the four pillars of practice. The BDA external strategy focuses on advising and influencing public bodies about nutrition policy and the improved health outcomes arising from the practice of dietetics</p>	<p>Practice Based Evidence in Nutrition</p> <p>BDA Key Facts https://www.bda.uk.com/improvinghealth/healthprofessionals/keyfacts/home</p> <p>Process for nutrition and dietetic practice and development of dietetic outcomes. Including work of specialist groups on Outcomes (Parenteral and Enteral, Renal and Oncology)</p>	<p>NNedPro collaboration http://www.nnedpro.org.uk/</p>

Sweden	<p>The law for school meal 2011. http://www.skolverket.se/regelverk/mer-om-skolans-ansvar/mat-i-skolan-1.185012</p> <p>The Keyhole mark https://www.livsmedelsverket.se/en/</p> <p>Policy concerning catering outlets in most Swedish municipalities</p> <p>Guidelines for school meals https://www.livsmedelsverket.se/matvanor-halsa--miljo/maltider-i-var-d-skola-och-omsorg/skola/</p>				
France	Food education workshops for kids				
Germany	<p>128 dietitians are involved in projects re: healthier food choices in the workplace, DGE quality standard for operating catering - BMEL <i>“DGE-Qualitätsstandards für die Betriebsverpflegung”</i> http://www.jobundfit.de/</p> <p>115 dietitians are involved in consumer-friendly labelling and nutrient profiling tools that facilitate</p>	<p>42 dietitians are involved in Projects on School Food <i>“DGE-Qualitätsstandards für die Schulleverpflegung/ Tageseinrichtungen für Kinder”</i> www.schuleplusess.de/www.fitkid-aktion.de</p> <p>83 dietitians are involved in physical</p>	<p>112 dietitians are involved in organising trainings for other health care professions in the workplace</p> <p>54 dietitians are involved in staff decisions projects</p> <p>Advice to public entities of health, agriculture, food, education http://www.verbraucherzentrale.de/lebensmittel-</p>		<p>73 dietitians involved in projects with inter-sectorial cooperation to engage partners: Kita/Schulverpflegung, Gesundheitstage, Nutrition day, Betriebliche Gesundheitsvorsorge</p>

	<p>a healthy choice. www.verbraucherzentrale.de/lebensmittel-ernaehrung</p> <p>64 dietitians are involved in the restriction of advertising of unhealthy products</p> <p>153 dietitians are involved in promoting healthier food in catering outlets http://www.fitimalter-dge.de/qualitaetsstandards.htm</p>	<p>activity journal project</p> <p>89 dietitians are involved in Teamwork with a physical therapist</p> <p>127 dietitians are involved in a drink journal project</p> <p>54 dietitians are involved in plate chart project</p> <p>182 dietitians are involved in a Nutrition Journal Project</p> <p>146 dietitians are involved in ongoing dietetic counselling projects</p> <p>101 dietitians are involved in malnutrition screening project</p> <p>66 dietitians are involved in developing guidelines</p> <p>LLL and continuous education on evidence base</p>	<p>ernaehrung</p>		
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		practice for dietitians www.vdd.de/ausbildung-weiterbildung/			
Croatia	Playing to Health Prevention program for obesity by kids		Nutrition in primary medical care www.nutriacta.hr		
Portugal	Movimento 2020; www.movimento2020.org PNPAS: www.alimentacaosaudavel.dgs.pt	National program on physical activity promotion: https://www.sns.gov.pt/institucional/programas Health education guideline APNEP Journal Malnutrition study group	http://www.ordemdosnutricionistas.pt/ Life Long Learning: APNEP		
Ireland	Older Persons and Dementia Interest Group (OPDIG) National Nutrition & Hydration Audit during International Nutrition & Hydration week–March 2016 Food First Campaign Food Service Projects Development of national resources and diet sheets	Work of the specialist groups to promote their specialties, develop practice and improve outcomes for patients Nutritional needs assessments Development of national standards & practical	Introduction & implementation of NCP and standardised language in education of dietitians Community group education programmes for weight reducing and diabetes Dietitians own websites and social media e.g. SEDI freelance dietitians network (founded in	Decreasing Intakes & Absorption of Phosphorus in Haemodialysis Patients through Food Choices- Project Dietitian led Prescribing of Parenteral Nutrition- Project Dietetic led management of Chronic Kidney Disease Mineral and Bone Disorder-Project Rehabilitation following Oesophageal Cancer: Identifying Rehabilitative Needs and Strategies (ReSTORE Trial)- Project	Malnutrition in the Elderly (MaNuEL) knowledge hub Nutrition and Hydration in Stroke, National Guidelines Introducing Protected Mealtimes. Food First

	<p>Able 2 Cook 4 Health-Project</p> <p>Enteral Feeding and Training Group in a residential centre</p> <p>Development of free evidence based cancer cookbooks for patients https://www.breakthroughcancerresearch.ie/books/</p> <p>Development of Nutrition and Dementia: A practical guide when caring for a person with Dementia</p>	<p>guidelines</p> <p>MUST screening</p> <p>Dietary nitrate and cardio-respiratory disorders-Project</p> <p>Management of your high output stoma booklet</p> <p>Serum folate levels of dialysis patients Following a change in supplementation practice –Project</p> <p>Development of a Nutritional Chart for Charting and administering nutritional supplements</p> <p>Development of national standards & practical guidelines for home enteral feeding</p> <p>Investigation in to rate of malnutrition pre-referral to oncology dietitian-Project</p>	<p>2008 https://www.sedi.ie/</p> <p>Development of Renal nutrition website www.irishkidneydiet.ie</p> <p>Formulation of a specific laboratory test for hospitals called the <i>Nutritional Profile</i></p> <p>Development, implementation & integration of policy & procedures to standardize care of children who require enteral feeding-Project</p> <p>Nutrition hydration week</p> <p>Nutrition and stroke national guidelines</p> <p>Weaning workshops</p> <p>Introduction of MUST screening into acute hospital-Project</p> <p>Development of Formal Education Talks on Nutrition & Dysphagia in Dementia- Project</p> <p>A novel 12 week, dietitian-led nutrition curriculum beneficially</p>	<p>Workshops: ARFID (avoidant restrictive food intake disorder) for health professionals and Weaning and Fussy Eating for parents</p> <p>Improved nutrition practices amongst preterm infants following implementation of multi-disciplinary initiatives- Project</p> <p>Preoperative nutritional consultation & home jejunostomy feeding for upper gastro intestinal cancer surgery patients: Implications for service planning-Project</p> <p>Implementation of NCP assessment and diagnosis steps- Project</p> <p>An electronic ordering and monitoring system for clinical nutrition products in a large Dublin residential and rehabilitation hospital-Project</p> <p>Structured dietetic led group education for diabetes- Project</p> <p>Effects of Dysphagia and Gastrostomy Feeding on Quality of Life for People with Motor Neurone Disease-Project</p> <p>Use of Oral Nutrition Supplements in an Adult Intellectual Disability Service-Project</p> <p>The nutritional status of new coeliac patients over a 12-month period-Project</p>	<p>Campaign 2016</p> <p>Service delivery of hospital to home healthcare with reference to the adult home parenteral nutrition services in Ireland.</p> <p>An exploration of the relationship between the clinical and education roles of dietitians</p>
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			<p>modulates nutrition behaviour in older adults-Project</p> <p>The affect of changing from conventional to home haemodialysis, the first Irish programme- Project</p> <p>Nutrition and Dementia-standardised education led by dietitians</p> <p>Enteral Feeding and Training Group in a residential centre</p>	<p>Development of a sleep apnoea group programme-Project</p> <p>Nutritional status and anthropometry of heart failure patients- Project</p> <p>Impact of lifestyle interventions on gestational weight gain according to education level – IPD meta-analysis</p> <p>The identification and classification of the nutritional risk resulting from an under-resourced dietetic service-Project</p>	
Greece	<p>Healthy nutrition at schools</p> <p>EFETS CAMPAIN: Lower your salt intake.</p> <p>Development of portion sizes in catering services of public Greek hospitals</p>	<p>Development of fact sheets, annual seminars about sports nutrition</p>	<p>Courses for all Health professionals</p> <p>Developing guidelines and fact sheets for healthy weight loss (www.hda.gr)</p> <p>National conference of nutrition and dietetics for all health professionals.</p>		

Finland	The Nutrition Council of Finland. Promotion of the Effects of Nutrition on health to the population of Finland.				
Switzerland		Local projects, unknown which programmes			

ANDID, The Italian Association of Dietitians; VDD, Verband der Diätassistenten (German Dietetic Association); APNEP, Associação Portuguesa de Nutrição Entérica e Parentérica

5 Discussion

This report provides insight on progress made within EFAD since the adoption of the EuDAP in 2015. The survey provides valuable information from 57% of EFAD member countries, (19 out of 33 countries). A response rate of 57% can be considered a good response rate, and shows much interest in the survey's topic. Though the response rate is good, conclusions drawn might not be representative for all EFAD member countries. The responses, however, represented a range of countries giving a broad spectrum of the current status of NDAs and their contributions to achieving the EuDAP objectives. The survey's questions were developed so they could be answered by a variety of NDAs, focusing on all types of dietetics (e.g. public health, clinical, food service). NDAs could choose not to answer the questionnaire or specific questions if they so wished. As a result, the answers on several questions showed incomplete responses. Although it made discussion and drawing conclusions on some issues inconclusive it also made clear there is a lot more variety within Europe than anticipated. The survey shows that different countries all have different projects to work on under the five objectives. This is very positive; they are meeting country needs and means others can learn from their experience.

Eleven out of the nineteen NDA's that responded had informed their members of EuDAP and six countries have translated EuDAP in to their own national language. No doubt there are a lot more projects being undertaken within EFAD member countries that we are not aware of probably because not all members are aware of EuDAP. This report only represents a small number of projects being undertaken by dietitians in Europe. It is not a true representation of what dietitians are currently doing. In order for this survey to be representative of all member countries we need to ensure that all members are familiar with EuDAP. The importance of EuDAP within each NDA needs to be assessed because if member states do not identify the significance of EuDAP they will not participate in trying to achieve EuDAP actions/objectives. The majority of NDAs disseminate EuDAP information during their annual meetings/conferences and through frequent newsletters and newsflashes. The use of social media networking platforms for circulating information is only reported by one NDA.

Some countries are demonstrating evidence of projects being undertaken for each EuDAP objective. Some countries are focusing on projects that achieve one specific

objective. Three countries are working on all five objectives (Ireland, The United Kingdom and The Netherlands). With regards to *Objective 1*, almost all NDA's endeavor to facilitate healthier food choices, particularly in schools and catering outlets. Examples of school food policies to be benchmarked include those of Sweden and Norway. *Objective 2* calls for the promotion of healthy diet throughout the life cycles and particularly address the special nutrition needs of vulnerable groups, including older age groups, both for those living in the community and for those in care institutions. Most member states focused on malnutrition screening with notable examples from Norway, the Netherlands, Germany, Ireland, United Kingdom and Portugal. *Objective 3* underlines the importance of using dietitians as nutrition educators and experts, in community and clinical settings. Different approaches have been identified for utilizing dietitians in the training of other health professionals and group education programmes, with key examples from Ireland, Germany, the Netherlands, Italy and the United Kingdom. EuDAP urges member states to invest in establishing the effectiveness of dietitians in delivery of high-quality nutrition services (*Objective 4*). Ireland, Italy, the Netherlands, Norway and the United Kingdom are all working on projects that focus on evaluation of cost effectiveness of the nutritional intervention from a dietitian (e.g. Dietitian Led Prescribing in Ireland). Data on *Objective 5* were less readily available and it is not clear whether this is just a case of simple underreporting or if this is the most difficult objective for NDAs to demonstrate evidence. Most NDAs provided one or no examples under *Objective 5*. The main type of projects undertaken under this objective relate to fostering interdisciplinary alliances with other professional organisations and forming strategic partnerships whilst implementing new guidelines at national level.

National associations also reported other activities and initiatives that dietitians in that country were engaged in and indicated the potential of such activities. Some countries report communicating the message about food and health through social media, media spokespeople and published articles. Other countries reported preparing the workforce to be aware of the importance of food and nutrition using health systems screening or having a dietitian as chair of the hospital nutrition team. Some NDA's focus on further education to teach and embed knowledge and understanding about food and nutrition and its role in health e.g. one country reported volunteer work in a hospital in Uganda while other countries reported screening for malnutrition in local health systems –which requires dietitians to engage with lifelong learning management of patients.

A progress report on the implementation of the FNAP was published by the WHO in September 2017. The goal of the Action Plan is to avoid premature deaths and significantly reduce the burden of preventable diet-related noncommunicable diseases, obesity and all other forms of malnutrition still prevalent in the Region. The WHO report describes and illustrates progress made by Member States in each priority area since the Action Plan was adopted in 2014. It focuses on policies and surveillance data whereas our EuDAP report reflects the implementation and activities of nutritional professionals. Unfortunately, the WHO report does not reflect the breadth and scope of what dietetic professionals are achieving throughout Europe nor does it communicate achievements¹⁶ of the NDA's commitment to action to key stakeholders providing evidence based practice. Our EuDAP progress report makes the achievements of dietitians more visible and demonstrates the commitment of dietitians in Europe to contribute to the FNAP. In addition, it summarises achievement of objective/action/target (evidence based) to EFAD who will report at the highest European level¹⁷ on the work of European dietitians.

Communication and surveillance are all essential to monitoring successful change and improvement. Eight NDA's have informed key opinion leaders about EUDAP and at present only two NDAs have incorporated the EuDAP into their strategic plans. This is very encouraging considering this is the first EuDAP report. We need NDA's to embed best quality and evidenced-based dietetic practice in Europe through collaboration and partnership. As an evidence based profession it is important that dietitians not only draw on reliable information but also provide evidence-based information. To do this at national and European level is very important if, as a profession, we want to demonstrate our value. EuDAP is designed to position dietitians as valuable and effective health professionals that can contribute to improved health outcomes across patient groups from birth to old age and we can clearly see from all the evidence presented in this report that NDAs are doing this.

¹⁶ May be in form of reports, journal papers, conference presentations or other to fulfil KPI

¹⁷ For example, alert MEPs, European commission, WHO European Region and others

6 Recommendations

EFAD aims to promote and develop dietetics on a scientific and professional level in the common interest of the member associations. EuDAP facilitates communication between member dietetic associations and other organisations – professional, educational, and governmental. Overall, the majority of NDA's reported enthusiasm for a EuDAP database to be available on the EFAD website, to facilitate and enhance dietitian led collaboration and enable mapping and collection of evidence. This database would also serve as a communication platform and stimulate an exchange of experiences between countries. We would recommend that the database be translated in to various languages to be of use for members, ensuring better availability of data for benchmarking progress.

There is often lack of evidence base clinical and economic outcomes to support nutrition and dietetic services business cases. It is accepted that EFAD need to work on a strategic framework and a vision for the future of dietetics in Europe. We recommend that each year, every NDA identify an objective(s) from EuDAP and incorporate it into their own national strategic plans. We also recommend that each NDA select a EuDAP champion, if they haven't already, who will directly liaise with EFAD and relay requests from the NDA to EFAD and provide any guidance/support about the process from EFAD or other sources. Each NDA should continuously be gathering evidence and the champion should be the person to update the EuDAP database on the EFAD website on the achievements of their NDA. EFAD will play a coordinating role by linking EuDAP champions with each other and facilitating a networking group. When EFAD gathers together the information from each NDA, this can be used at European level to demonstrate the activities and impact of dietitians in Europe and nationally to demonstrate the contribution of national dietitians to National/European strategies. Systematically collecting data and sharing outcomes of actions/targets will provide evidence of European dietitian activities to share at key stakeholder meetings including EFAD meetings, building a united dietetic profession.

The EuDAP recommends monitoring and evaluation of diet-related activities, interventions and policies in different contexts in order to determine their effectiveness and to disseminate good practice. The evaluation of all the data collected in this report needs to be examined, as to date, no evaluation of these projects has been undertaken. EFAD needs to determine how to get conclusions from this report that are evidence based. Fine tuning of the survey is required, with stakeholder information being a priority on next review and follow up questions to non-responders is needed. These follow up questions will be sent out following the publication of this report. More effort is needed to

ensure we keep up to date with what is going on in each country and sustained monitoring is important. One aim for the next report would be to find out how many dietitians are involved in each specific project (if possible) as this would provide particulars for analysis and data preparation. EuDAP will help EFAD to build an evidence-based portfolio about dietetic actions and achievements in Europe, which can be used as an inspiration for NDAs around Europe and information to employers, politicians, and governments.

EFAD will use this EuDAP report to communicate the actions of NDAs to relevant national stakeholders. This demonstrates dietetic commitment in a very transparent and proactive way. EFAD will take on a reporting and lobbying role collating information from the NDAs and reporting to key stakeholders e.g. Ministers of Health. When reporting back to key stakeholders it is important to link outcomes of dietetic impact/expertise/success/work with the politicians' or employers' policies or strategies so they can easily recognise the contribution and impact of dietitians. This report provides confirmation that EFAD **does** have sufficient '*evidenced information*' to provide key stakeholders at European or NDA level with information about the profession. Noteworthy examples and projects from across the European Region have been identified to inform policy and practice. However, gaps and challenges remain if Member States are to meet the EuDAP objectives and promote cross-sectoral collaboration. EFAD will continue to implement the EuDAP in partnership with member states and play a supportive role by providing briefing papers and dissemination between NDAs e.g. in the EFAD e-journal and newsletters. During the EFAD conference of September 2017 in Rotterdam, a workshop will be held to exchange experience, perceived barriers and solutions on disseminating NDA experiences achieving EuDAP objectives. The outcomes from this workshop will be included in the next progress report for 2017.

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Austria, Belgium, Croatia, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Norway, The Netherlands, Portugal, Spain, Sweden, Switzerland, United Kingdom