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

Adopted by EFAD 2015
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Background

The European Federation of the Associations of Dietitians (EFAD) was established in 1978 and its role is to promote and develop dietetics on a scientific and professional level in the common interest of the member associations. In 2018, EFAD has 32 National Dietetic Association (NDA) Members, representing over 33,000 dietitians in 26 European countries and 38 Education Associate (HEI) Members, covering an additional two EU countries. The European Dietetic Action Plan (EuDAP) 2015-2020 ¹, launched by EFAD in October 2015, is a commitment by dietitians throughout Europe to take actions that will achieve better nutrition and sustainable health, through pro-active engagement with Health 2020 ² and the European Food and Nutrition Action Plan (FNAP) (2015-2020) ³. The action plan is designed to harness the power of collaboration among NDA’s and HEIs, to work together, proudly talk about and circulate the yearly EuDAP report to all key stakeholders at their national level e.g. Ministers of Health. The EuDAP contains five key objectives, based on the FNAP. These objectives 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.

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

Introduction

This year’s progress report is the second in a series that will document progress on EuDAP and EFAD’s strategic plan, adopted in 2015. This report is structured around the 5 objectives of EuDAP and the data in this report are based on 2017 European dietetic activities. This report will be used to help drive our common focus on facilitating collaboration between European dietitians and allow EFAD to catalogue dietetic activities / initiatives for use by NDA’s and HEIs.

Why is EuDAP important to European Dietitians?

The role of the dietitian and the need to monitor dietetic outcomes is continually evolving, based on the constant advances in nutrition knowledge and need for evidence-based practice. The capability and capacity for dietitians to make a difference in many countries and at local, national or European level is not always recognised or valued for many diverse reasons. More often, dietitians do not report their success in a way that is ‘politically valued’, e.g. by demonstrating how their success/activities/work meets national or European strategic priorities or policies. It is often the case that EFAD does not have sufficient ‘evidenced information’ to provide key stakeholders at European or NDA level with information about the profession. 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 of dietitians. EuDAP is therefore designed to be a mechanism for NDAs and HEIs to encourage and enable their dietitians to demonstrate to key stakeholders their ability to make a significant impact in a ‘political language’ recognised by governments, employers and others.

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.

As a profession, European dietitians are fully prepared and educated to improve nutrition and health, have a geographical range and specialist expertise that others do not. Furthermore, dietitians are able to lead and make significant contributions to local, regional and national action plans regarding nutrition and food. This gives dietitians a clear advantage over other ‘nutrition experts’ and other professions because it means that dietitians are able to work across all sectors where food and nutrition matter. This provides
us with huge potential to not only to make significant differences but also to tell people about it;

✓ to manage acute and chronic illness through modified nutrition
✓ to work with all age groups, guiding healthy food choices in a preventative role (community health)
✓ to work with policy-makers on food provision and a healthy diet (health/public health and risk reduction)
✓ to work with food service management and industry to advocate for and ensure provision of safe, tasty, informed and nutritious foods.

The Survey
A 12-item self-administered survey, suitable for qualified dietitians was developed to record activities undertaken by dietitians in 2017. The survey consisted of 12 questions (5 questions relating to demographics and 7 questions asking dietitians about their activities/initiatives). The survey was sent to the Research and Evidence Based Practice Committee (REBPC) of EFAD, for review and comment. Based on the feedback, minor modifications were made to improve the clarity of some questions. The questions were formatted as multiple-choice/checkboxes (four questions), and closed questions (three questions), with one question also inviting comments from respondents. All questions, except for demographic questions, were optional. A short introduction to the study and contact details for the EuDAP project manager were integrated into the start of the survey (see Appendix 1). This year’s survey was designed and distributed electronically using Google forms and was live for 5 months (April to 31st August 2018). The online survey was disseminated to the 32 NDA’s that are full and affiliate members of EFAD, as well as to the 38 education associate members (HEIs), in the Spring of 2018, by email and via social media sites (links to the survey were posted on the EFAD twitter page, EFAD website, EFAD newsflashes and regular reminder emails were sent out by EFAD to all NDA’s to enhance response rates).
Results
One hundred and twenty-five dietitians, from seventeen different countries, completed the online survey. Among the respondents, 81% were full members, 4.8% were affiliated members and 14.2% were education associate members. All participants surveyed declared their country of origin/residence, as shown in Figure 1, and their type of dietetic activity they are conducting to meet specific EuDAP objectives in Figure 2. When asked about the status of their dietetic activity / initiative, 64% reported that it was in progress/on-going, 27% reported it was completed, 7.2% reported that it was in the planning stages and 2% responded unknown.

Individual members 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 initiatives, which will improve health through better nutrition. Table 1. Provides some examples for each objective reported by dietitians in seventeen countries. They are grouped according to the EuDAP objectives.

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
5. Strengthen governance, alliances and networks for a health-in-all-policies approach
Figure 1. Countries of Origin of Respondents

Countries of Origin of Respondents

- France: 36%
- United Kingdom: 9.6%
- Denmark: 7.2%
- Ireland: 6.4%
- Belgium: 5.6%
- Spain: 5.6%
- The Netherlands: 5.6%
- Luxembourg: 4%
- Italy: 4%
- Israel: 3.2%
- Austria: 3.2%
- Portugal: 3.2%
- Hungary: 2.4%
- Greece: 1.6%
- Lithuania: 0.8%
- Sweden: 0.8%
- Turkey: 0.8%
Figure 2. Dietetic Activity Type

Dietetic Activity Type

- 30% Ongoing Clinical Practice
- 18% Audit
- 17% Screening Programme
- 10% Training programme for Healthcare Professionals or service users
- 4% Public Health Initiative
- 2% Case Study
- 1% Research
- Other
<table>
<thead>
<tr>
<th>Country</th>
<th>Objective 1</th>
<th>Objective 2</th>
<th>Objective 3</th>
<th>Objective 4</th>
<th>Objective 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Austria</td>
<td>Strengthen the nutrition literacy of dietetic students</td>
<td>Young Tech for Food: Nutrition Literacy, Sustainable Food, Food Production with students</td>
<td></td>
<td></td>
<td>Social work and Nutrition/Dietetics</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>The Week of the Dietitians is a yearly event organised, based on a theme, by the members of the VBVD to promote the role of the dietitian to the public and health care workers, to patients an also to the employers. Nutrition for elderly: cross-sectoral approach for training and coaching. The project aims at establishing a handbook and e-learning units developed and tailored specific for catering/ delivery services, staff in the food industry and health care for elderly.</td>
<td>In 2016 -published a procedure for ongoing improvement of nutritional care and cost savings of patients on (Total) Parenteral Nutrition (TPN) in Belgium, with a central role for dietitians.</td>
<td></td>
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<tr>
<td>2. Belgium</td>
<td>Ambulant monitoring and management of side effects of patients with oral cancer medication</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>The 'Diet and Cancer' Initiative. A coop where several associations and companies work together to create political and public awareness about</td>
<td></td>
<td></td>
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<tr>
<td>3. Denmark</td>
<td>Involving community dwelling older adults in activities in relation to meals in a rehabilitation program. Forum for malnutrition, is a coop between different associations, to promote and create</td>
<td></td>
<td>Nutrition Care Process (NCP) - implementation and terminology. Workshops and classes teaching the use of NCP.</td>
<td>In 2016 -published a procedure for ongoing improvement of nutritional care and cost savings of patients on (Total) Parenteral Nutrition (TPN) in Belgium, with a central role for dietitians.</td>
<td>National Diabetes Action plan National Clinical Guideline for rehabilitation of patients with COPD Engaged in political initiatives</td>
</tr>
</tbody>
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Table with entries:

| 4. France | Games and animations about food dedicated to young children (3 to 10 years old) 30 minutes every day of the week  
Nutritional education for children at elementary school and kindergarten  
Food project suitable for early childhood, home-cooked meals onsite, local and seasonal coming from sustainable agriculture.  
Protocol for multi-professional care of the overweight child as a first resort: allow coordinated | Promote attractive healthy food in a care home for mentally disabled adults & staff workshops on chewing, taste workshops for patients)  
Promotion of balanced food for over 55 years old people  
Promotion of balanced diet for pregnant women  
Educational therapy programme for obese patients in private practice | Practice of mindful eating  
Dietitian led project coordinated 160 dietitians who worked with national Health insurance to promote healthy food and prevent NCDs (Programme Sant Active) patients follow-up and animation of workshops, conferences to raise awareness on healthier food choices  
Food and physical activity Prevention Programme  
Practice of mindful eating | Evaluation of professional practices: dietetic tracking in care records.  
Effects of lifestyle changes on body composition for patients following "cardiac rehabilitation" internship.  
Intuitive eating workshop: collective work that brings patients to only eat in response to their physiological need. The aim of this work is to fight against overweight and obesity  
National "Day of weight" in health institution, Dietitians and student dietitians' |
access to care and easy for the child and his family, follow-up process
Consulting activity in hygiene and balanced diet for companies
"Promotion of fruits and vegetables consumption as part of breast cancer prevention and " pink October".
The therapeutic patient education programme takes care of patients with chronic pathology (cardiovascular disease, diabetes, obesity, sleep disorders), a dietitian presents theoretical workshops followed by a culinary workshop
"Health Area", Multi-professional Area (dietitians, doctors, psychologists) outside the hospital: the aim is to move towards population who have little or no access to care / "bring the hospital to these population"
Dietitian workshops and dietitian consultations
Cooking workshops for young workers. Eat healthy with little means.
Action plan for nutritional health toward insecure/vulnerable population, including 5 workshops and project methodology
Pre-operative and post-operative information and prevention Pilot project: ‘Say no to diabetes’
"BMI Day", Local project. Evaluation of weight, size and BMI tracking in all patient records present on a specific day
Meeting and information spots dedicated to cancer, Multi-professional, for patients suffering from cancers, families and caregivers. Information sessions on nutrition theme given by dietitians
Annual week of malnutrition testing in paediatrics, "National event happening in March each year in many French paediatrics hospitals
Evaluation of workshops
"Colorectal testing day", Local event. Multi-professional engagement for colorectal cancer prevention
" MICI Bus"; MICI Bus is moving around hospital departments depending on demands. Multi-professional information patients, families, users Dietitian stands
"Tobacco annual day", Multi-professional Raising awareness to stop smoking & includes Dietitian stands
Theme day / PNNS (national nutrition and health programme), Training and information sessions, to raise healthcare professionals and catering staff awareness
<table>
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<tr>
<th>Topic</th>
<th>Description</th>
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<tbody>
<tr>
<td>Anthropometric settings of records in paediatrics</td>
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<td>The dietary management of dialysis</td>
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<td>Talk about dietary balance towards employees with handicap situation</td>
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<tr>
<td>Eating, what is it?</td>
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<td>Importance of physical activity, 7 families of food, content of the plate, sensory development, make a healthy meal</td>
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<tr>
<td>Improve quality of life for patient with digestive cancer operation thanks to nutritional and functional perioperative care coordinated by a dietitian</td>
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<td><strong>6. Hungary</strong></td>
<td>As part of the EPODE European Program, in 2014 the Hungarian Dietetic Association launched its own program, GYERE, for combating childhood obesity. The program lasts 3 years in every town, covering a different nutrition and physical activity topic in each semester. The program involves all children from 0-18 in the given town, reaching all nursery-, elementary- and secondary schools. The GYERE program lasted from 2014 to 2017 in Dunaharaszti town, achieving a 7% reduction in the BMI of the 3500 kids, participated by the end of the program. The program has been running from 2015 to 2018 in Szerencs town with 2300 kids. The Hungarian Dietetic Association prepared the new Hungarian dietary guideline, for adults and children between the age of 6-17 yrs. The new guideline defines which food groups and in what ratio should get into the plate of the population, taking into account the latest scientific evidence.</td>
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| **7. Ireland** | Provision of a multidisciplinary rehabilitation program for patients with Head and Neck Cancer post treatment  
Screening of all inpatients for malnutrition using a validated screening tool | Referral Pathway for Cardiac Inpatients  
Inpatient and outpatient dietetic intervention  
Malnutrition in older people; nutrition in children; nutrition in shift workers |  |
|---|---|---|---|
| **8. Israel** | Involved as an advisor and consultant on special programs and projects planned by the association | Developing and providing workshops with the objective for higher level practice  
Introducing NCP and Terminology in dietetic practice | Involved as an advisor and consultant on special programs and projects planned by the association  
Practice based research; Nutrition care process and model and terminology introduction and follow-up within dietetic communities |
| **9. Italy** | Fight malnutrition in hospital. Teaching course for health professionals in university hospital  
Effects of multiple micronutrients and DHA supplementation during pregnancy on maternal biomarkers and infant anthropometric outcomes | Andid project: “bambini sicuri a tavola”/ “safe children at the table” | Promoting weight loss through diet and exercise in overweight or obese cancer survivors (Informa): A RCT.  
Evaluation of cost effectiveness of dietitians’ work |
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<tr>
<th>10. Lithuania</th>
<th>Training programme for Healthcare Professionals or service users</th>
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<tr>
<th>11. Luxembourg</th>
<th>Leader of the &quot;Maison du Diabetes&quot;, an education and information centre for people with diabetes</th>
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<td></td>
<td>Use dietitians as educators and experts in catering settings to advise the general population, other health professions</td>
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<tr>
<th>12. Portugal</th>
<th>APN Food Sustainability Program - promoting knowledge about the thematic directly to the community in general and the professional community, and also disseminate this program in schools</th>
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<td></td>
<td>Pules Campaign - production and distribution of some technical materials (ebook aimed to the professional use; book marker to a general population) in order to make awareness to the pulses consumption. Use of chefs to create recipes with different pulses, then add nutritional information and</td>
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|                | Demola North Portugal: this is an innovation platform, students participating in this project have the opportunity to work with companies in real problems and develop innovative solution within a multidisciplinary team. |
| 13. Spain | Leading an Evidence-based Nutrition Network (secondary research) Nutritional & Dietetic NOSOGRAPHIC Diagnostic (in ICD-11, SNOMED) - health terminology standards road mapping | "World Day of the Dietitian-Nutritionist" led by the CGDNE. Activities have been carried out throughout the country in each of its editions (4 by now). Posters, materials, teaching materials, summaries of evidence, help manuals to promote it in social networks, etc., are provided to all Dietitian-Nutritionists so they can develop actions at the regional and local level. In addition, other campaigns with different temporality have been carried out coinciding with the World Water Day and the National Nutrition Day in Spain. Redundant clinical research has been published due to the absent use of systematic reviews (SR) when new | Science Meet Parliament / Ciencia en el Parlamento: promotes a political culture close to science and promote a scientific activity focused on the needs of society. Spanish dietitians are involved in this project to ensure that topics of interest related to nutrition are discussed. |
research is planned. In order to raise awareness of this inappropriate practice, the EVBRES-consortium define Evidence-Based Research (EBR) is the use of prior research in a systematic and transparent way to inform a new study so that it answers the questions that matter in a valid, efficient and accessible manner. New studies should be informed by SRs as to the most appropriate design and methods.

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<th>14. Sweden</th>
<th>PhD research establishing the effectiveness of dietitians in the delivery of better health through improved nutrition.</th>
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<tr>
<td>15. The Netherlands</td>
<td>National Prevention Agreement; An agreement the national government is preparing on the subjects’ obesity, problematic alcohol use, smoking.</td>
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<tr>
<td>National Prevention Agreement; An agreement the national government is preparing on the subjects’ obesity, problematic alcohol use, smoking.</td>
<td>Feel good! a research project about obesity and low literacy Research, publishing and lecturing on Nutrition and Allergy Private practice clinics (on-going clinical practice) for food allergy and food</td>
</tr>
<tr>
<td>16. Turkey</td>
<td>On-going research into promoting 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</td>
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<tr>
<td>17. United Kingdom</td>
<td>Public information on health and nutrition&lt;br&gt;“Let’s Get Cooking”&lt;br&gt;“Work Ready” This initiative trains dietitians to carry out workplace assessments and provide advice and input to workplaces to improve the health of the workforce&lt;br&gt;Use of peptide feeds in patients with Motor Neurone Disease. Case study about using enteral peptide-based feeds to help with diarrhoea in patients with MND.&lt;br&gt;NIHR CLAHRC doctoral fellowship to explore carer experience of appetite changes in people with dementia living at home</td>
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Discussion

This report provides insight on progress made within EFAD membership since the adoption of the EuDAP in 2015. The survey provides valuable information from 17 out of 28 member countries and the responses represented a range of countries giving a broad spectrum of the current status of dietitians and NDA’s and their contributions to achieving the EuDAP objectives. The survey’s questions were developed focusing on all types of dietetics (e.g. public health, clinical, food service). Participants could choose not to answer the survey 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 responding 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 experiences.

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. Some countries are demonstrating evidence of projects being undertaken for each EuDAP objective. Some countries are focusing on projects that achieve one specific objective. Most member states focused on public health initiatives (30% or respondents) and ongoing clinical practice (18%). Different approaches have been identified for utilizing dietitians in the training of other health professionals and group education programmes, with key examples from Israel, Hungary, 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). Italy, the Netherlands and Sweden are all working on projects that focus on evaluation of cost effectiveness of the nutritional intervention from a dietitian. Similar to last year’s results, data on Objective 5 “Strengthen governance, alliances and networks for a health-in-all-policies approach” 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 NDA’s to demonstrate evidence. 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.
Recommendations

The purpose of the survey is to ensure information exchange between the NDA’s and HEIs in different countries on how they are contributing to the EuDAP objectives whilst also encouraging a methodical approach to data collection and data storage and systematic analysis. 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 noteworthy examples and projects from across the European Region have been identified in this report, to inform policy and practice. The capability and capacity for dietitians to make a difference in many countries and at local, national or European level is not always recognised or valued for many diverse reasons. Often dietitians undervalue what they do and do not recognise the success of what they do, perhaps because they do not have a way for letting significant others know what they are doing (e.g. papers, reports, conference presentations) or they do not report their success in a way that is ‘politically valued’, e.g. by demonstrating how their success/activities/work meets national or European strategic priorities or policies. EuDAP is therefore designed to be a mechanism for NDA’s to encourage and enable their dietitians to demonstrate to key stakeholders their ability to make a significant impact in a ‘political language’ recognised by governments, employers and others. This report provides confirmation that EFAD does have sufficient ‘evidenced information’ to provide key stakeholders at European or NDA/HEI level with information about the profession and dietitians contribution to implementing FNAP.

The EuDAP is intended to assist NDA’s to understand the research environment in Europe, share best practice 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 countries 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 to undertake collaborative funded research. Much work has already been done by international and national organizations when it comes to collecting and selecting "best" practices. The European Commission is already successfully sharing best practices through the Public Health Best Practices portal. This portal is a "one-stop shop"
for consulting best practices in the areas of health promotion, disease prevention and the management of non-communicable diseases. The launch of the Academy of Nutrition and Dietetics Health Informatics Infrastructure ⁶ is an example of a web-based database for capturing dietetic outcomes and reporting data for individuals and institutions. The commitment to using the Nutrition Care Process Terminology sets the foundation for benchmarking across local, state, national and international services. Launched in 2014, the Optimal Nutritional Care for All (ONCA) ⁷ campaign is a multi-stakeholder initiative to facilitate greater screening for risk of disease-related malnutrition and nutritional care implementation across Europe. It attempts to translate scientific evidence and policy support into better nutrition and nutritional care in daily health practice whilst also encouraging the sharing of best practices across Europe. EFAD will consider using existing databases (e.g. the ONCA database, as mentioned previously) to showcase dietetic activities or create a specific EuDAP database 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. 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 best practice. The evaluation of all the data collected in this report needs to be examined, as to date evaluation of only a small number of these projects has been undertaken. EFAD needs to determine how to get conclusions from this report that are evidence based, as each year EFAD needs to report progress of EuDAP (objectives, input, output and outcome-based outcomes) to the EU platform on Diet Physical Activity and Health. 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. The project manager of EuDAP needs to ensure that EFAD keeps 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. In addition, translating the survey into different languages would help increase the response rate greatly. A good example from this year’s report is France, who translated the survey into French, which helped increase the response rate from their NDA. 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.
In order to get more dietitians to participate and increase the response rates for next year we could offer an incentive to complete the survey (e.g. voucher), start the survey earlier in the year and keep it open for a longer period (e.g. Start January 2019-August 2019), translate the survey into more languages and increase tweets, newsflashes and reminders related to EuDAP. Going forward, we 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 could 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.

*How can dietitians become involved in EuDAP and showcase their work on an International stage?*

a) Gather evidence!!!
b) Evaluate and review

Systematically collecting data and sharing outcomes of best practice/activities/initiatives will provide evidence of European dietitian activities to share at key stakeholder meetings including EFAD meetings, building a united dietetic profession. It is hoped that by publishing and using the yearly EuDAP report, NDA’s can use the goals of EuDAP to establish, in the longer term, greater recognition of the value and impact of dietitians.

This report would not be possible without talented, committed people – our members – on whom we rely to do much of this work voluntarily. Creating a culture that nurtures talent, recognizes and encourages sharing productive collaboration is critical to future success and EFAD will continue to implement the EuDAP in partnership with member states and play a supportive role by providing briefing papers and dissemination between NDA’s and HEIs e.g. in the EFAD e-journal, in newsletters and at the EFAD conference. EFAD will use the EuDAP report to communicate the actions of NDA’s to relevant national stakeholders (including the WHO European Region, the European Commission and health ministers in member states of Europe), demonstrating dietetic commitment in a very transparent and proactive way.
Acknowledgements

The authors would like to thank all of the people who contributed in gaining insight in the National Dietetic Association’s (NDAs) and Education Associate members (HEIs) status in regard to achieving EuDAP objectives.

National Dietetic Association Members, Education Associate Members and Affiliate Members who participated in the survey:

Association Nationale des Diététiciens du Luxembourg (ANDL)
Association of Nutritionists and Dietitians in Israel (ATID)
Association Portuguesa de Dietistas
British Dietetic Association
Danish Diet & Nutrition Association
Dutch Association of Dietitians
FH JOANNEUM University of Applied Sciences; Institute of Dietetics and Nutrition
Flemish Professional Association of Dietitians (VBVD)
French Association of Nutritionist Dietitians (AFDN)
General Council Dietitians-Nutritionists of Spain (GCD-NE)
Hellenic Dietetic Association (HDA)
Hungarian Dietetic Association
Irish Nutrition and Dietetic Institute
Italian Association of Dietitians (ANDID)
Portuguese Association of Nutrition
Professional Union of French Speaking Graduated Dietitians (U.P.D.L.F.)
Swedish Association of Clinical Dietitians
The Danish Dietetic Association
Turkish Dietetic Association
Vilniaus University of Applied Sciences; Faculty of Health Care
VIVES University College, Department of Healthcare, Belgium

Editorial input:

Annemieke van Ginkel-Res, Honorary President EFAD
Judith Liddell, Executive Director EFAD
Samantha Cushen, PhD RD, Project Manager EFAD
Appendix 1.

The EuDAP Survey

EFAD invites you to contribute to the 2017/2018 European Dietetic Action Plan (EuDAP) survey.

This short survey should take no longer than 10 minutes to complete.

By completing this survey you are helping EFAD to build an evidence-based portfolio about dietetic actions and achievements in Europe, which can be used as an inspiration for NDAs and HEIs around Europe and information to employers, politicians, and governments.

For more details on EuDAP please visit www.efad.org/eudap

For any query on this survey, you are welcome to contact samantha.cushen@efad.org

Thank you for participating!

1. Are you willing for your details to be included in a catalogue of dietetic activities/initiatives for use by EFAD and their members?

   *Your personal data and e-mail address will not be shared in the catalogue. The title of the initiative and your country will be used in the catalogue.

   Yes
   No

2. Name

   _________________________________

3. Email Address

   _________________________________

4. Name of EFAD member organisation

   _________________________________

5. From which country are you?

   _________________________________
Section 2 of 2

The activity / initiative you are involved in

In this section please classify ONE Dietetic activity you are involved in. To record more than one Dietetic activity / initiative, after your press submit (at the bottom of this page) please follow the link to submit another response and record again.

6. Please classify your Dietetic activity type

Audit
Case study
Position paper
Training programme for Healthcare Professionals or service users
Screening Programme
Public Health initiative
On-going clinical practice
Research
Other ________________

7. Brief summary of the activity / initiative

Briefly describe the activity / initiative. This information, along with the title, should give a general impression of what the activity is and who it is aimed at.

8. Status of Dietetic activity / initiative

Planning stage
In progress/on-going
Complete
9. Category of activity / initiative

*Please identify which of the following descriptors best defines the main focus of the activity / initiative. Multiple descriptors can be selected*

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.

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

10. Main Target Audience

Children and Adolescents

General Public

Educators

Employees

Industry

Health Professionals

Local Community

Parents

Policy Makers

Senior Citizens

Special Groups

Other ____________
11. Website Link

*If available, add any internet link where further information about the activity/initiative can be obtained. e.g. Website URL, abstract reference or publication*

12. If you have any additional comments or questions, please feel free to write them here

To record more than one Dietetic activity / initiative, after your press submit please follow the link (to submit another response) and record again.