



THE ROLE OF EUROPEAN PUBLIC HEALTH DIETITIANS

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1 Preamble

Dietitians play a key role in public health, as they promote a healthy lifestyle through better nutrition. The focus of their skills and competences lies in interpreting and communicating theoretical knowledge to enable individuals and groups, across the life-course, to make appropriate dietary choices and sustain healthy lifestyles ¹⁻².

Therefore, public health dietitians may help reduce the number of premature deaths and significantly reduce the burden of preventable diet-related non communicable diseases (NCDs), overweight and all other forms of malnutrition which are strongly influenced by social determinants of health ³⁻⁴.

There is a growing realization that the role of the dietitian in health promotion extends far beyond attention to health behaviors when the wider socioeconomic determinants of health are taken into account. It is from this expanded perspective that a Public Health or Community Dietitian can most effectively contribute to wider policy development. This means they would work to promote a reorientation of health and champion a rethink on the role of food and eating in people's lives. So too, they would display leadership in responding to emerging concerns related to nutrition policy and campaigns. ⁵⁻⁶

All of these elements make public health dietitians a key stakeholder whose expertise needs to be part of political food and nutrition developments and advocacy.

2 Advanced Competences of Public Health Dietitians

Professional practice requires a theoretical knowledge base in dietetics applied in practice, to develop the skills and attitudes characteristic of a professional dietitian. The education of a European dietitian therefore includes both an academic requirement (knowledge) ¹, and a practice based educational requirement ².

The revision of first European Dietetic Competences adopted in 2009, by EFAD, describes six competency domains seen for a professional dietitian in Europe. The first one - Healthcare professionalism - indicates a set of competencies that are common for all healthcare professionals. The other five domains - Knowledge base of dietetics; Dietetic process and reasoning; Evidence based dietetic practice; Autonomy, accountability and quality in dietetic practice; Communication, relationships and partnerships skills in dietetics - are dietetic profession specific to dietitians and represent specific sets of competencies, together with healthcare competency, that provide the dietitians with a unique competence. ^{2,6}

In addition to the minimum standards for dietitians in general, described in the Revised European Dietetic Competences (EFAD, 2016), descriptions of advanced competencies for general dietitians as well as within the specialized fields clinical, food service and public health are available in the European Dietetic Advanced Competences (EFAD, 2012). The specific advanced competencies with performance indicators will be updated and further improve the description on how Public Health Dietitians should demonstrate that they are working at a level of advanced competence in Europe. The present advanced competencies for Public Health Dietitians (EFAD, 2012) are described below:

- Able to integrate, synthesize and communicate knowledge about structures in public health and social services at local, national, European and international level to justify strategies adopted for prevention of health inequalities
- Able to operate in an unpredictable and complex environment to promote and apply the local governance agenda to dietetic practice
- Apply a critical understanding of the value of epidemiological information especially that which is based on local data, when planning care

Once the further statements specified for the Public Health Dietitians are completed, this section will be reviewed and updated.

3 Public Health, Health Promotion and Dietetics

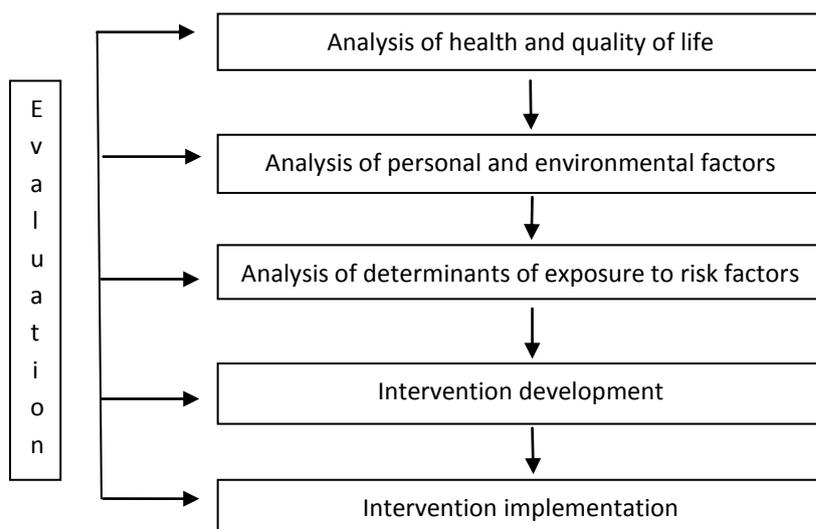
Health promotion has been defined by the World Health Organization (WHO) as “the process of enabling people to increase control over and to improve their health”.⁷

Health is seen as a resource for everyday living, not the objective of living. Investment and action in health promotion has a significant impact on the determinants of health, so as to create the greatest health gain for individuals. Effective health promotion should be based on the five principles of WHO for Health Promotion:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services.

There is now clear evidence⁴ that use of a combination of the five principles is most effective. Effective health promotion should be sustainable and on schedule. It should start with research to establish the need, have defined outcomes and conclude with an in-depth evaluation and monitoring. All steps of planned promotion of population health (Figure 1), from the epidemiological analyses, to behavior determinant analysis, to intervention mapping, intervention dissemination and evaluation are important.^{8,9}

Figure 1 - Model for planned health education and behavioural change



A classical model used for health promotion in communities has been the Precede-Proceed framework, which was founded on the principles of epidemiology, social, behavioral, and educational sciences and health administration and retains a strong behavioural focus. PRECEDE is an acronym for Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation. Diagnosis and evaluation are incorporated functions within Precede; it underlined the need - as a medical diagnosis precedes a treatment - for accurate diagnosing and planning (diagnostic planning) before designing a health program for a targeted community. PROCEED is also an acronym for Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development.^{8,9}

More comprehensive models are available, such as the Red Lotus Health Promotion Model⁸ which encompasses all phases of health promotion, expanding on the Precede-Proceed phases to include the framing of health and wellbeing as the initial phase. It is also the only health promotion model that is underpinned by critical theory, articulates a system of critical health promotion values and principles, and includes a critical reflection process that enables the application of these values and principles across all phases, and so it is holistic, ecological and

salutogenic. A key feature that distinguishes it from other models is the explicit application of a values and principles system across health promotion including identifying the paradigm, needs assessment, planning, implementation and evaluation. A holistic health paradigm recognizes that health encompasses intermingled dimensions of our spiritual, mental, physical and social wellbeing, which contrasts with a biomedical paradigm. Attention to ecology ensures awareness of the fact that people live, work and play in multi-nested ecosystems from the individual level to the family, group community and population level and recognizes the dynamic interactions between all parts of an ecosystem. A salutogenic approach to health is grounded in awareness that health promotion needs to enhance people's sense of coherence to be effective.¹⁰

The scope of health promotion is determined as much by expected health outcomes as by methods and forms. From its purpose to enable people to gain greater control over the determinants of their health, health promotion can be defined as *any combination of educational and environmental supports for actions and conditions of living conducive to health*.⁶ Health is a dynamic condition that changes with life circumstances. Since health is multidimensional due to the role of the physical and - nowadays highly important - social environment in which we live, a new definition of health promotion arises: *Health promotion 2.0: means embracing passion, enhancing motivation, recognizing dynamic balance and creating opportunities*.¹¹

Five fundamental aspects characterize a health promotion community project⁷⁻⁹

1. Breadth (the entire community) - to be effective, it must be tailored to the needs of the target population (impact and outcome)
2. Aim (social change) – identify desirable outcomes (impact and outcome)
3. Method (participation) – identify the administrative and financial policies needed, and the education skills and ecology required (process and implementation)
4. Duration (sustainability) - identify the administrative and financial policies needed (implementation)
5. Addressees (flexibility) – identify education skills and ecology required (process).

In terms of evaluation, “impact” and “outcome” both include the assessment of intervention effects but at different levels: impact evaluation is concerned with the assessment of the immediate effects of the intervention, while outcome evaluation is concerned with measuring the longer-term effects of the intervention.

3.1 Application - Role of Public Health Dietitians

Public Health Dietitians are educated in nutrition, dietetics, health, communication and behavioral strategies and are also trained to understand the relationship between food and health throughout the life cycle and to communicate this relationship to healthcare providers, policy makers and the community, actively getting involved in public health, health promotion/prevention and research.

Dietitians working in health promotion have traditionally worked in projects/ programs, mainly focusing on healthy food and drink choice, within multidisciplinary teams, ensuring that a dietetic perspective is achieved in the multi-professional/multi-agency delivery of care. More recently they also work on changing the health environment within which people make food choices – marketing and advertising, fiscal policy, reformulation, nutrient profiling and health claims.

In a team, Public Health Dietitians comply with human resource policies / procedures and collective agreements, demonstrating effective leadership in managing the performance skills of self and others through support and promotion of team dynamics, setting challenges to build and develop confidence in others, recognition of excellence in others and the ability to prioritize and handle complex problems and conflicts and resolve them before they escalate.

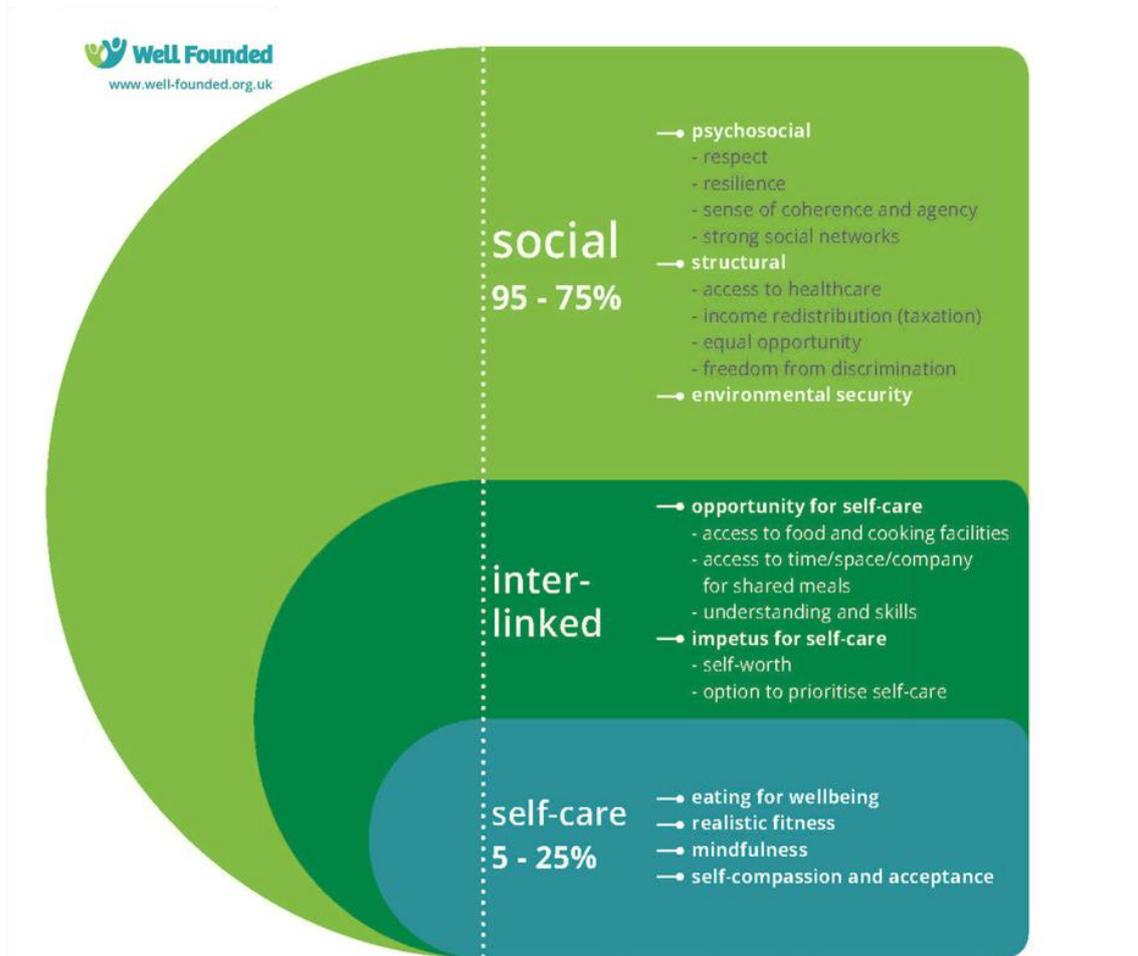
They create and effectively communicate a vision, core values, institutional and disciplinary policy/practice and recognize the need to strategically manage changes for successful health promotion taking account of organizational and service delivery needs in order to influence public health agenda.

In keeping with effective responses to social determinants, dietitians are leading the way in expounding a more relational approach to food and eating. This recognizes that eating for wellbeing has at least two components: someone's ability to meet their nutritional needs, the second recognizes that food is more than nutrients and eating for wellbeing involves psychological and social dimensions (figure 2). Someone's ability to nourish themselves may be impeded by access to tasty, culturally appropriate food and also lack of appropriate cooking or storage facilities. The impetus for self-care is strongly affected by a person's sense of self-worth which in turn is socially distributed in tandem with adverse life events and axis of deprivation. Emotional and material circumstances may also prevent someone from prioritizing self-care.¹²

To improve the health of the whole population, action needs to go beyond individual behaviour change and create multilevel policy, systems and environmental change - a systemic

response. Systemic responses make individual behaviour change more likely to succeed, because they recognize that factors in the broader system influence health outcomes and may create health inequities.¹²

Figure 2 - Well Now: Rethinking the Role of Dietitians in Public Health



A community is a specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure derived from relationships which the community has developed over a period of time.¹¹ But the concept of community has been changing over time, mainly due to the globalization process which is having a major impact on food systems around the world, as they are affected by economic and social drivers including changes in food supply, convergence of diets and affordability of food choice. Changes are occurring all along the food chain from production and processing to retail and marketing, resulting in greater availability and diversity of foods, although access to food is by no means universal.

Global food system changes have impact on environmental sustainability, loss of biodiversity, food security, nutritional quality of foods that are available, affordable and acceptable to consumers, and then from a health point of view, has implications on population weight gain, rates of non-communicable disease (NCD) and social inequities.^{13,14}

The links between better health, the economy and environmental sustainability are well established: people who are healthy are better able to learn, to earn and to contribute positively to the societies in which they live. Conversely, a healthy environment is a prerequisite for good health.¹⁵

Because of its multidimensional nature, social ecological models include public policy or society level factors (like food labeling, pricing, agricultural or regulations), are readily applicable to complex and multi factorial health promotion and disease prevention efforts. In addition, the ability of these models to effectively encompass multiple aspects of areas targeted for intervention has fostered their use in defining guidelines: harness the food supply chain and actions across sectors to ensure coherence with health and harness the power of other sectors to improve nutrition governance and policy coherence. Across the spectrum from intrapersonal to societal-level influence, public health dietitians are uniquely qualified to provide nutrition education and interventions that can promote healthy lifestyles in a cost-effective manner.¹⁶

As the focus of the dietary guidelines is to shift consumer eating habits toward healthier alternatives, it is imperative that, in this context, the shift also involve movement toward less resource-intensive diets. Individual and population-level adoption of more sustainable diets can change consumer demand away from more resource-intensive foods to foods that have a lower environmental impact. This type of comprehensive strategy also has been used by intergovernmental organizations. For example, the Food and Agriculture Organizations (FAO) has identified the Mediterranean diet as an example of a sustainable diet due to its emphasis on biodiversity and smaller meat portions, and the European Commission has developed a “2020 Live Well Diet” to reduce greenhouse gas emissions through diet change.^{16,17}

It has been a widely discussed aspect of nutrition policy for the past decade in countries such as Germany, Sweden and other Nordic countries, the Netherlands, Australia, and Brazil. Overall, the environmentally sustainable dietary guidance from these countries includes: a focus on decreasing meat consumption, choosing seafood from non-threatened stocks, eating more plants and plant-based products, reducing energy intake, and reducing waste. It is clear that environmental sustainability adds further dimensions to dietary guidance; not just what

we eat but where and how food production, processing, and transportation are managed, and waste is decreased.¹⁸

In keeping with the commitment to reorient health services, described in WHO Action Plan for the prevention and control of NCDs 2012–2016, through a whole-of-government, health-in-all-policies approach, it is important that non-behavioural variables remain in sight when discussing NCDs.^{15,19}

Appropriate dietetic responses therefore both seek to promote self-management while also keeping the role of health behaviours in perspective and educating about wider social factors. This approach ensures health services and messages develop in ways that are accurate and effective. Social disparities also impact health through stigma. Living with chronic stress is a health hazard and has a metabolic impact through pathways mediated by cortisol. A contemporary issue where dietitians can take the lead in ensuring inclusion is with regard to size stigma. Anti-obesity policies may inadvertently perpetuate stereotypes about fatness and thinness and dietitians are well placed to address this and advance alternative, weight equitable, messages and services.^{14,20}

Population based health improvement initiatives need to respond to behavioral, material and social determinants of health. As well as any direct impact on food intake through skills building and food access, community food work can contribute to changed community narratives, social capital, social networks and cohesion and personal resilience and mental wellbeing. The personal and collective gains pave the way for structural change.¹²

Health behavior change needs interventions to improve motivation, abilities and opportunities. Dietitians may be well-positioned to contribute to improving motivation and abilities and they also can be involved in changing the environmental opportunities for healthy eating by working at food policy level, which can be part of a wider community change. In addition, dietitians leading a food service have the possibility to help by providing a healthy food choice. Food policy action promotes the importance of food policies that support healthy diets, reduce hunger at home and abroad, improve food access and affordability, uphold the rights and dignity of food, increase transparency, improve public health, reduce the risk of food-borne illness, support local and regional food systems and reduce the environmental impact of farming and food production.^{8,10}

There are different approaches possible in health promotion planning (for example The Staged Approach to Health Promotion⁶, The five stage community organization Model⁶, A planning framework for community empowerment goals within health promotion⁶, The ABC planning

Model ⁶, The Proceed Planning framework for Health Promotion ⁶, The Red Lotus Health Promotion Model ¹⁰) and it is imperative to choose the most appropriate approach to reach each project's specific objectives.

3.2 Best practices used by European Public Health dietitians

The role of the dietitian in health promotion is to introduce concrete and practical tools to implement recommendations that are a feasible solution for health problems which take into account the wider socioeconomic determinants of health. ²¹

They use different methodologies from small workshops to large events and appreciate how wider environmental factors impact on diet and the accessibility of healthy, affordable foods - both now and in the future.

Counselling methodologies to support individuals' motivation and behavioral change: social marketing; motivational interviewing; brief intervention during health interviews with health professionals; problem-based therapy; solution focused practice; cognitive behavioral therapy; effective coaching (self-determination theory); situational coaching; mindful eating;.

Group Workshops: healthy nutrition; menu planning; learn to read food labels; healthy shopping; taste development; healthy eating and culture, gastronomy, traditional foods and recipes; daily breakfast; fruit and vegetables (at least 5 portions a day); nutritious food bag; family nutrition; cooking classes; group education for children and families; peer to peer education for young people; others.

Urban agriculture and school gardens: to promote taste development and regular consumption of fruit and vegetables.

Visual tools used in education: food based education; food guide models; pictures of food portions; food composition tables; foods in natural shape; visits to markets and farms; food labels.

Policy development School meal standards, free fruit and vegetables school programs; healthy eating in school setting, free access to water in school, work and entertainment settings, banning of unhealthy food in or near schools

Others: approaches to integrate social justice concerns into nutrition teaching (like community kitchens and peer food workers); use of social media to promote key health promotion messages e.g. through *Facebook, Twitter, Instagram*.

4 Programs to promote healthy eating

For the appropriate delivery the projects, it is important they are validated, in order to assess whether the project has met its objectives and has been efficient and effective in their purposes. Efficacy depends on the degree of the objective fulfillment, while the efficacy evidence is the process of documenting what is effective.²²

To simplify the evaluation, the objectives should be SMART (specific, measurable, assignable, realistic, and time-related) in order to provide a focus:

- Specific - target a specific area for improvement.
- Measurable - quantify or at least suggest an indicator of progress.
- Assignable - specify who will do it.
- Realistic - state what results can realistically be achieved, given available resources.
- Time-related - specify when the result(s) can be achieved.

The evaluation should also include:²²

- Impact evaluation (which can be measured via baseline, interim and final evaluation): size of effect (knowledge, behavior, project objectives,...); participation degree; reason for participation; adverse effects of interventions; approach of gender, ethnic and cultural differences; which channels were reached at what price.
- Process evaluation: this measuring aspect has two essential characteristics: the indicators (intermediate and final) that allow measurement of the intervention efficacy, and the indicators that allow understanding of which parts of the project to change and how.

A public health dietitian has the appropriate skills to offer scientific advice to the delivery of community nutrition interventions, both in terms of design and objective evaluation of results.⁶

In 2012, EFAD received information from 10 European countries about methodologies used in dietitian-involved health promotion projects. These projects used a variety of methodologies including: multichannel campaign; information (food label, shopping advice, guidelines, interactive lessons, practical examples); infotainment (website, animated series, commercials); sensitization (free consultancy/measurement/screening to create awareness + advice); test/survey; support (to implement policy, to implement personal adaptations) and training (train the trainer &/or stakeholders).⁶

4.1 Social marketing

Social marketing is defined as: “the application of marketing techniques to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society”. In addition to its contribution to effective behavioural change, social marketing has a specific place in overall health promotion programmes. It also includes other program approaches, such as advocacy and community development. In the social marketing approach, it is extremely important to identify the target audiences and to identify the desired changes in order to achieve the health promotion goals. Furthermore, decisions relating to objectives, message positioning and delivery are all based on the audience analysis. Organizational and environmental considerations also play an important role in the overall context of the health promotion plan, with an obligatory strong influence on the partnerships formed.^{21, 23}

Large population campaigns and education programs have been successful in increasing awareness and knowledge, and in creating positive attitudes and values towards healthy eating and healthy lifestyles, but actual behavioral change has not been achieved. Small changes can have positive effects on health, and are easier, cheaper and more practical to implement. Choice architectural (nudging) interventions, directed towards the automatic, unconscious choice have been effective in clinical settings, and are promising venues for population based actions. Making the most of local resources is important to both create a supportive environment and strengthen community action and innovation.^{20, 24}

4.2 Reforming school environments to help in Nutrition Education

Whilst undernutrition and obesity are both observed in European children, overweight is the major health issue. Childhood overweight and obesity are increasing all over Europe.²⁵

Changing eating habits requires work in all different settings and age groups. Schools are considered an important environment where children should learn about healthy diet and lifestyle habits early on. Also research shows that dietary intakes in school children can be improved by providing healthier food in schools in an attractive and accessible way. Meal and snack time in school can be part of the educational process and the involvement of a public health dietitian can ensure that this important opportunity is exploited.^{24, 26, 27}

In 2014, WHO together with the Joint Research Centre and Public Health Nutrition Research, hosted a workshop named: “Schools food and nutrition in Europe: policies, interventions, and their impact”^{26,27} where several actions were presented, including “*Beyond School Food*”,²⁶ which suggests how to better use school setting for optimal child health, and others like: “*The*

*School Fruit scheme*²⁸ that aims to encourage good eating habits in children by providing fruits and vegetables at school, *The European School Milk Scheme*²⁹ which encourages consumption of dairy products containing important vitamins and minerals among children, and the WHO *Childhood Obesity Surveillance Initiative* (COSI)³⁰ and *Health Behavior in school aged children* (HBSC).²⁶

Public Health Dietitians have a key role in measures to promote healthy eating in schools, which may include:

- Incorporation of nutrition education in school curricula, including information about diet and healthy eating habits, gastronomic heritage, the social and cultural influence of foods, and consumer rights
- Educating teachers and families in nutrition, which enables them to be role models and support pupils in their food choices
- Promote food experiences and taste-testing, as an essential component into the education system, so that schools can offer several opportunities to introduce children to diversity in their diets
- Monitor food provision for optimal child growth and development, setting menus for meal time and snack options to ensure healthy choices in accordance with nutritional requirements
- Monitor the content of vending machines and school canteens, so that they have and promote healthier food options, while restricting the unhealthy ones
- Handle food marketing regulatory measures for foods with poor nutrition profiles.

Supportive school policies can be used to guide the implementation, monitoring and evaluation of those measures.^{31, 32}

4.3 Programs focused on special groups

To promote health, public health dietitians apply and impart knowledge about food and nutrition to individuals and population groups with special nutritional needs (e.g. pregnant or breastfeeding women) or groups whose background, culture or circumstances may profoundly affect nutritional intake (e.g. single older men living alone in rural settings) or other individuals with special needs or limited access to healthy food and lifestyles in order to promote health (e.g. migrant populations, students, ...).⁶

Public health dietitians may also be involved in public health screening programmes focused on chronic illnesses e.g. diabetes, obesity, cancers and chronic respiratory disease.

Dietitians who are in a commissioning role are able to use their nutritional expertise and public health skills to develop policy, undertake needs assessment, identify gaps and undertake service redesign to commission targeted services for those who are the most vulnerable.

Public Health Dietitians also work in collaboration with other organisations and professionals in order to change the food environment, promote better health, improve quality of life and save money. Comprehensive public health programs should generally attempt to implement measures to maximize synergies and the likelihood of long-term success. As for instance, the Romeo Study (Rethink Organization to iMprove Education and Outcomes), from Italy, is a multicenter randomized trial of lifestyle interventions by group care to manage type 2 diabetes, which improves clinical outcomes, patients' quality of life, and clinicians' satisfaction while optimizing use of the typically limited resources of busy clinics and maximizing the synergy between public and primary health care.³⁴

4.4 Research and developing evidence based health promotion programmes with stakeholders

Whole-of-society and whole-of-government responsibilities for health will be driven by a high degree of political commitment, enlightened public administration and societal support, with the aim of including, where appropriate, health in all policies, sectors and settings. By engaging the private sector, communities and individuals, the whole-of-society approach increases the resilience of communities to withstand threats to their health, security and well-being.¹⁵

Some public health dietitians are involved in research, developing evidence based health promotion programmes with other health professionals that are focused on delivering key health promotion messages for groups that have identified physical illnesses. The field of nutrition benefits from a strong evidence base and regular updates of evidence from systematic reviews and focused peer-reviewed paper series, among other methods to summarize and disseminate the evidence, but many evidence gaps remain and stifle progress towards improved nutrition by limiting the quality of the program design and delivery (rigorous inquiry into pathways and processes). On the other hand, as the processor and distributor of food to the majority of the world's population, the private sector can play an important role in nutrition through the development and marketing of nutritious products and services, but evidence gaps may limit their ability and willingness to invest in nutritious products and services. The creation of a business platform for nutrition research based on multi-stakeholder partnerships between companies, education, donors and civil society, may bridge gaps in the evidence base, which remain to methods for delivery of and effectiveness of

nutrition interventions, and optimal combinations of nutrition interventions to improve health outcomes and optimize use of scarce resources, because where resources are limited, projects must be cost effective. Thus, there are potential benefits of such a business platform for nutrition research based on public-private partnerships: ³⁵

- **Identification and commissioning of pre-competitive research that addresses evidence gaps relevant to stimulate greater business investment in nutritious products and services** - work with partners to translate and facilitate uptake of results.
- **Increase investment in nutrition** - as core to business; industry undertakes research that contributes to evidence-based practice; industry would benefit from having access to the dietitians' work; industry employs dietitians, so has an interest in their education and training.
- **Promoting collective impact in nutrition research** - research conducted by independent best in class researchers & institutions; research results published in public domain and translated by government and others, especially its implications for private and public sectors; research shared with public via an online platform; results provided to key actors in developing countries (policy makers, researchers, etc.).
- **Improved relevance** - multi-stakeholder involvement; industry has the knowledge, ability and resources to disseminate information to large groups of people, which can be useful to increase dissemination of nutritional health messages
- **Increased academic standards** – high, projects must be research-based and evaluated.
- **Neutrality** - independent programming; systematic peer-review; sectoral and geographic diversity; transparency in the decision-making process.

The real advantages can be financial, strategic and political. However, there must be some conditions of collective impact in focused partnership in nutrition: ^{35, 36}

- **Common Agenda** - all participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it.
- **Shared Measurement** - collecting data and measuring results consistently ensures efforts remain aligned and participants hold each other accountable.
- **Mutually Reinforcing Activities** - participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
- **Continuous Communication** - consistent and open communication is needed across the many players to build trust and assure mutual objectives and motivations.

- **Backbone Support** - creating and managing collective impact requires an organization with staff and a specific set of skills to serve as the backbone for the entire initiative.
- **Ethical Responsibilities** - need for critical reflection to meet ethical responsibilities.

If stakeholders play a key role in the success of a project and have the power to make the healthier choice the easier choice (the way to empower health equality), the public health dietitian plays a leading role in the process, being an irreplaceable element. Also, the results of such projects should be available to the general public so that public money benefits the public and not the private companies and research institutes. Public health dietitians should always be involved in the advisory board, where they can make an important contribution with regard to the practical implications of healthy eating (e.g. food reformulation on salt and sugar), and in developing national policies focused on the pricing and/or taxation of specific nutrients, that may impact health in a negative way.³⁷

5. Going Forward

At a population level the continuing high prevalence of NCDs and a growing health divide and increasing food insecurity calls for urgent action. Strong evidence exists for the need for early and effective health promotion and disease prevention strategies applied at multiple levels of influence across the social ecological framework.¹⁶

Public health nutrition policies in Europe represent a complex, dynamic and rapidly changing field, because countries develop approaches to promote healthy diet that fit the local and cultural situation, which will ultimately involve setting priorities with a wide range of stakeholders. Yet, increasing evidence suggests that legislation, regulation and taxation will have the greatest impact upon populations in terms of reducing many NCDs and obesity, since mandatory approaches are clearly more effective than voluntary schemes.³⁷

Through the application of efficacious and cost-effective interventions, Public Health Dietitians are uniquely qualified to positively impact public health as well as health outcomes, regardless of the type of approach.

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