



going to **sustainable** eating

## SYMPOSIUM/WORKSHOPS/Breakfasts PROPOSAL TEMPLATE

**17th** International  
Congress of Dietetics  
**GRANADA  
SPAIN  
2016**  
7, 8, 9 and 10 September

### **General information**

- **Symposiums** can take up to two hours and will offer a strong scientific focus and approach. They
- **Workshops** can take up to two hours and will have a practical, professional and hands on structure. Will be held simultaneously to other workshops. Registration will be needed. Limited places 70-120 attendees.
- **Breakfasts** can take up to one hour and will have an informal set up where all Associations' members - both directors and associates - can discuss a specific scientific or professional subject in an enjoyable and colloquial environment.

Food industry and/or a pharmaceutical company can sponsor the Symposium /Workshop/ Breakfast. Sponsor 's details will be provided as part of the proposal.

#### **SYMPOSIUM Title/Theme:**

Please insert the title/theme of your symposium. Titles will be used in all pre-Congress promotion. Titles must accurately describe the content of your session and be no more than 10-12 words long.

United for better health using the European Dietetic Action Plan (EuDAP) 2015-2020

#### **SYMPOSIUM Facilitators: Names and main filiation**

Anne de Looy; Hon President European Federation of the Association of Dietitians

#### **SYMPOSIUM Presenters: Names and main filiation**

Maria Hassapidou; Professor of Nutrition and Dietetics in the Department of Nutrition and Dietetics of Alexander Technological Educational Institution of Thessaloniki, Greece.

Fiona McCullough; Director of Dietetics Education (pre-registration and post-registration) at Nottingham University UK and currently Chairman of the British Dietetic Association.

Arnt R Steffensen; Professional chef and dietitian, Oslo, Norway, President of the Norwegian Diet and Nutrition Association

Annemieke van Ginkel-Res; Managing Director Nutri-akt, Netherlands

#### **SYMPOSIUM History:**

Has the symposium/workshop been held previously? If yes, please describe previous symposium details and rationale for repeating session.

no

#### **SYMPOSIUM Overview:**

Insert a short **overview** of your symposium/workshop proposal. If accepted, this information will be used in publications to promote your session. Overview should not exceed 100 words.



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When the WHO European Region published the 'Food and Nutrition Action Plan for Europe (FNAP) 2015-2020' dietetic associations responded by publishing their own European action plan. The *European Dietetic Action Plan (EUDAP) 2015-2020* has become a major means by which dietitians and their associations can plan their campaigns aligned to a political, public health and nutrition agenda. Further 36,000 European dietitians are raising their profile through actions that are shared across Europe in five common themes modelled on FNAP. Examples will show how dietitians are impacting on governmental health agendas, demonstrating their cost effectiveness and unique professional attributes.

### SYMPOSIUM Proposal: All details

In English, with a limit of 800 words: you must include a minimum of 3 references and a maximum of 10 references (will follow the consecutive order in which they appear in the text with the corresponding consecutive numbering in Arabic numerals in parentheses; Vancouver style).

EFAD comprises 33 National Associations of Dietitians in 29 European countries. Europe offers a model for a cooperative approach through sharing best practice, innovation and evidenced-based approaches to better health through nutrition. EFAD produced a European Dietetic Action Plan 2015-20 (EuDAP) (1) and this presentation explores how dietitians in Europe are responding to government health agendas.

EuDAP Objectives:

1. Ensure that healthy food and nutrition is accessible, **affordable, attractive and sustainable**
2. Promote the gains of a healthy diet throughout the life course, especially for the most vulnerable groups in the community **and in clinical settings**
3. Promote the role of **dietitians as experts** in food and nutrition in community and clinical settings to the general population, to other health professions and to authorities
4. Invest in establishing the (cost) 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

### **Monitoring and evaluating dietetic-led research in order to provide evidence of the effectiveness of dietitians (EuDAP Objectives 2, 3, 4)**

The Nutriheal program is dietetic-led intervention research on the use of the Mediterranean-type diet to reduce morbidity and health care costs caused by obesity and improve the quality of life. Over six months, the intervention group received personalized Mediterranean-type healthy diet plus dietitian-led counselling. The control group received the same diet, but no dietary counselling. Early results suggest that the intervention group did significantly better in reducing metabolic risk factors



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(2, 3) demonstrating the essential role of dietitians in health prevention and intervention programs.

### **Cost-benefit analysis of dietary treatment (EuDAP Objective 4)**

Dietitians need to know the cost effectiveness of their treatment in order to convince government, health insurance companies, management, referrals and patient groups. The Dutch Association of Dietitians commissioned two studies. The first calculated the costs and benefits of treatment by a dietitian in primary care (4) The second looked at two groups of malnourished patients (cancer and the elderly) in academic hospitals. The outcomes:

1. Patients with obesity and obesity-related diseases: For every €1 spent on dietary counselling, society gets a net return of €14 - €63.
2. Malnourished patients in hospital: the total benefits from the treatment of malnutrition is €4m - €42m (patients with gastro-intestinal or lung cancer) €1.5m - €3.8m (head-neck cancer) and €15m - €78m (the elderly) per year.

These evidence based studies demonstrate the added value of dietitians to key decision-makers in government, management and insurance companies.

### **The role of dietitians in workplace health (EuDAP Objectives 1, 5)**

Most registered dietitians do not work in workplace despite the fact that employed people spend 60% of their lives at work; one third of daily food intake is consumed at work and 17% of working people live with a long-term condition, eg diabetes, heart disease or a disability. Employers have a duty of care (linked with cost savings from reduced absenteeism) to support and improve the health of employees.

A recent British Dietetic Association (BDA) white paper "*Supporting healthier working lives through dietitian-led wellness initiatives*" covered: behaviour change; effective weight management programmes, physical activity advice; changes to eating and lifestyle behaviours. Effective workplace leadership (6) is creating a culture of wellness and prompted the BDA to launch its latest campaign "*Workplace Health*". Data from the first six months of the campaign will be presented, lessons learned and emerging good practice.

### **Lobbying politicians on nutrition matters, promoting the profession of dietetics (EuDAP Objectives 2, 5)**

In 2015, The Norwegian Dietetic Association launched a political campaign about better food for the elderly living in institutions and care facilities. In partnership with the Norwegian Consumer Council they conducted two big surveys. The report, *Appetite for life*, challenged the politicians to implement a food and meal policy for the elderly, and the importance of having qualified skilled cooks and clinical dietitians. Launching the report before the local elections in Norway guaranteed impact as five news stories reached the headlines on numerous occasions. During two months, the campaign was picked up in over 140 articles or reports in newspapers, radio or TV, and it became one of the main discussion topics during the election debates (7).



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**References**

1. EFAD (2015) The European Dietetic Action Plan 2015-2020 at [www.efad.org](http://www.efad.org)
2. Elmer PJ, Obarzanek E, Vollmer WM et al (2006) Effects of comprehensive lifestyle modification on diet, weight, physical fitness, and blood pressure control: 18-month results of a randomized trial *Ann Intern Med* 144 485-95
3. Dunn SL, Siu W, Freund J, Boutcher SH (2014) The effect of a lifestyle intervention on metabolic health in young women *Diabetes Metab Syndr Obes* 19:7 437-44
4. Lammers M, Kok L. (2012) Cost benefit analysis of dietary treatment. Amsterdam SEO Economic Research
5. Scholte R, Lammers M. (2015) Value of dietetics in malnourished patients in hospital. Amsterdam SEO Economic Research
6. Blackburn G (1995) Effect of degree of weight loss in health benefits. *Obesity Research* 3:211S-216S.
7. Lust for Life (2015) at <http://www.delta.no/nyheter/nyhetsarkiv/appetitt-p%C3%A5-livet--37860>



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**Proposed Program**

<b>Title(s)</b>	<b>Time</b>	<b>Speaker(s)</b>
1. EuDAP how it came into being and objectives for health	10 minutes	Prof Anne de Looy
2. Monitoring and evaluating dietetic-led research	25 minutes	Prof Maria Hassapidou
3. Dietitians a cost – effective professional approach	25 minutes	Annemieke van Ginkel-Res
4. Health in the workplace a national campaign	25 minutes	Dr Fiona McCullough
5. Lobbying for nutrition and health benefits of political alliances	25 minutes	Arnt R Steffensen
Final discussion and questions; summary	10 minutes	Anne de Looy

**Please include a picture of the speakers:**



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Anne De Looy



Maria Hassapidou



Fiona McCullough



Annemieke van Ginkel-Res