

Education in nutrition: the role of the professionals

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Dietitians form the largest group of health professionals educated to degree level in nutrition. They exceed 30,000 in Europe, are found in all but one EU country (www.efad.org ; de Looy et al 2010) and mandated through ministries of health to provide dietary and nutritional advice through education and counseling normally on a one to one basis. Primary care is a strong contender for education in nutrition if the EU Parliament Resolution B7-0489/2011 (EU, 2011) is to be met. The HALE project (Bogers et al, 2005) indicated that lifestyle should be the starting-point of a health-promoting diet and there can be little doubt that people with 'healthy food patterns' are less likely to develop malnutrition or non Communicable Diseases (NCDs). Socioeconomic status is shown to be a strong determinant (Katsarou et al, 2010; Kallio, 2008) affecting quality of the diet, nutrient consumption and health status. The EU project "Food in Later Life" showed that an important target group, older people in Europe, are highly engaged in health and nutritional issues in everyday life, yet how they conceptualized healthy eating was often far from the intentions of health sector professionals '*...dietitians and other healthcare professionals could focus more on how healthy eating is managed in everyday life..... as participants have their own different and specific strategies*' (Lundqvist et al, 2010).

Nutrition education is increasingly being seen as effective if it involves behaviour change strategies (Spahn et al, 2010) and is targeted (Eyles and Mhurchu, 2009). Health professionals that come into daily contact with individuals and families can therefore offer education in nutrition and diet in this targeted and personalised way. For example, midwives access most women in Europe and can be change agents for families and individuals (Editor, 2006) as can other health professionals, doctors, nurses and health professions such as physiotherapists, podiatrists and occupational therapists. The Association for Nutrition in the UK (AfN, 2011) is defining the competences necessary for all 'health carers' working at levels 2, 3 and 4 (sub-degree) to increase their capacity and capability. Health professionals work across boundaries of private and public entities but other agents such as employers also offer mechanisms for nutrition education as do the service sectors for example Resolution ResAP (2003)3 on food and nutritional care in hospitals provides an important foundation for all food service providers.

Overall the potential for improving the nutritional health of Europe by using health professionals (and others) in a more supported and targeted way is yet to be fully realised or investigated. Dietitians can provide the link between nutrition education, behaviour change strategies and other health professionals, public and private entities (DIETS, 2009). This will be discussed further at the seminar as will the proposed recommendations.

Recommendations:

1. Systematically evaluate the effectiveness and cost benefit of using 'tailored' (personalized) dietary interventions and its contribution to improved diet choices
2. Review, propose, prepare and implement European nutrition education competences for healthcare professionals and others.

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