

President's Letter

Dietitians around Europe are now, more than ever before, able to share their experiences, skills, thoughts, concerns and achievements through our EFAD Facebook page, our website discussion forums, our new LinkedIn site, our regular DIETS conference and now an EFAD Newsletter. So welcome to our newest dietetic communication channel. I am so delighted to see the launch of this newsletter, congratulations to the editorial team!

As I attend meetings throughout Europe not only to represent dietitians but also to see the progress we are making to bring dietitians and what they can do into focus I am continually impressed. Now more than ever when the economic crisis can have strong effects on food availability and food choice we dietitians should proactively make our expertise available to minimise the impact on our most vulnerable citizens. EFAD wants to hear more about how dietetic practice is rising to challenges with innovative solutions, what works well and what needs improvement.

This newsletter is a brilliant example of how we can all get involved.

Happy reading!



EFAD receives grant from EAHC

EFAD has received an Operating Grant of €287.000 (60% co-funded) from the Executive Agency for Health and Consumers (EAHC) to support the activities in 2012.

As a result EFAD has been able to engage the services of three new team members (see below) to undertake most of the work necessary to meet the 2012 work plans, as outlined in the EFAD Strategic Plans 2011-2016. Among these there are 2 reports and 2 position papers, as well as a new orientation on communication with members and stakeholders, and active lobbying in 'Brussels'.

EFAD Secretariat welcomes three new colleagues



The new EFAD team, from left to right: Kerry Yuill, Marcel Smeets, Ria Vanderstraeten and Judith Liddell (Secretary general of EFAD)

The EFAD secretariat has welcomed three new colleagues. Ria Vanderstraeten and Kerry Yuill have started as policy officers, while Marcel Smeets will take up the role of communications officer. Together with Judith Liddell, Secretary general of EFAD, the three free-lance consultants will be responsible for the functioning of the association.

Kerry is on sabbatical from her post as senior dietitian at the Lothian Universities Hospitals Trust in Scotland. She supports the collaborating dietitian's in the DeBATE project, a joint EFAD/ EUFIC/ Brunel University collaboration. She will work on a feasibility study on Standardised Language and the Nutrition Care Process, investigate the embedding of first cycle competences for dietetics.

Ria is a Belgian dietitian specialized in sports, cancer, diabetes, behaviour change, social marketing and project management. At EFAD, she will work on position papers on Diabetes and Healthy Ageing, and on reports on Food Health and Safety and on Public Health. Ria will also be responsible for the organisation of a stakeholder workshop. Marcel Smeets will be working on communication and lobbying for EFAD in Brussels.

European Innovation Partnership on Active and Healthy Ageing calls for commitments

The European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) has invited interested parties to commit to the realisation of the goals set forward by the 2020 Strategy of the European Union. One of these goals is to increase the average healthy lifespan by two years by 2020.

The EIP-AHA is relevant to EFAD and European dietitians as under-nutrition or malnutrition is defined as one of the key issues in active and healthy ageing. The Executive Committee of EFAD has agreed to respond to the call for commitments.

The Partnership has been selected by the European Union as a pilot to tackle the challenge of an ageing population. It aims to pursue a triple win for Europe by improving health and quality of life of older

people, improving the sustainability and efficiency of care systems and creating growth and market opportunities for businesses. The Partnership brings together public and private stakeholders to accelerate innovations by committing them to undertaking actions across sectors and the entire innovation system.

The EIP-AHA is neither a new funding programme or instrument nor a new legal entity, and does not replace existing decision-making processes. At a conference early April, the Commission presented the partnership as a market place where stakeholders and good ideas can meet. A call for commitment should identify interested parties to work together to deliver concrete actions.

For more information, see [the communication of the Commission](#) and [the dedicated website](#).



Education and Culture DG

Lifelong Learning Programme

European Dietetic Advanced Competences Consultation Open 28 May – 17 June.

All practicing dietitians and academic staff who teach dietitians are invited to take part in a Europe-wide consultation regarding proposed European Dietetic Advanced Competences (EDAC). Full background information is available on [DIETS2 web site](#).

EFAD has previously adopted the European Academic and Practitioner Standards (2005) and the European Dietetic Competences and their Performance Indicators (2009), which describe the threshold standards that dietitians in each of the 31 countries of Europe are recommended to have attained at point of qualification.

Commenting on the proposed EDAC framework is your opportunity to support your colleagues throughout Europe in developing dietetic practice. To improve the quality of the replies you're encouraged to discuss the draft EDAC framework with your colleagues before answering the web-survey.

The consultation will be open through a web-survey from 28 May until 17 June 2012 on the DIETS2 home page

Dutch dietitians face 60% fall in consultations since government skipped re-imburement

Dutch dietitians face a sharp fall of first-line consultations since re-imburement has been suppressed from the basic health insurance. The measures concern mainly the first-line consultations. Integrated, in-patient consultations are still re-imbursed. Some health insurers do re-imburse dietetic consultations, but patients have to take out a supplementary insurance.

Until January this year, dietetic consultations were re-imbursed by the Dutch compulsory basic insurance up to four hours per year. The measures put especially children and people with a low social-economic status at risk, says NVD, the Dutch association of dietitians. In 2010, about 360.000 patients visited a first-line dietitian and claimed € 55 million. Today, the number of consultations has fallen by 40 to 60%, with severe consequences for the 1.300 dietitians. Some of them have closed their practice or work on a part-time basis.

According to NVD, it is of utmost importance to show the added value of dietetic care and to clearly identify effectiveness and efficiency of dietetic advice. Monitoring of outcomes, training and the use of a standardised language are key. The NVD has 2.800 members, of which 2.400 are practicing. About 1.300 dietitians work in first-line practices, 800 work in hospitals, 200 in care homes and 50 dietitians work in mental healthcare facilities.



ENHA launches Action Group on age-related undernutrition

At the kick off meeting for the European Innovation Partnership Active and Healthy Ageing, Prof. Olle Ljungqvist, Chair of the European Nutrition for Health Alliance (ENHA), presented the Call for Action by ENHA and its members to establish the Action Group addressing Age Related Undernutrition in Europe (AG ARUE).

At their meeting last week in Brussels, the ENHA trustees and members reconfirmed their commitment and agreed that they will participate in the proposed Action Group and will apply to the Commission as a group. The Alliance would like to invite you as the interested parties that we currently know, to participate in the Action Group and to present your preliminary proposals for your commitment and input
For more information, see www.european-nutrition.org

Fat tax good for both treasury as well as consumption

The introduction of fat and sugar taxes in some EU member states turn out to be very profitable for both the Treasury as well as for healthy consumption. Denmark, Hungary and France reported positive results at the last meeting of the High Level Group on Nutrition and Physical Activity.

Denmark presented their historical approach on taxation of food and drinks, as well as recent developments in the taxation of chocolate and confectionary, soft drinks, and saturated fat. The tax on saturated fat, in force since 1 October 2011, is charged at the rate of €2.15 per kg saturated fat on domestic and imported food. It applies to meat, including chicken and pork, as well as to cheese, butter, edible oils, margarine, spreadable products and other food such as snack products. The annual revenues are expected to be more than €200 million and lead to a reduction of 4% in saturated fat consumption.

Hungary implemented a public health food tax on 1 September 2011 on packaged products with high sugar, salt or caffeine levels. This includes energy drinks with added sugar and caffeine, soft drinks with added sugar above 5g/100ml, chocolate, biscuits, confectionary containing above 25g sugar/100g, salty snacks containing more than 1g salt/100g and dried soup and gravy mixes containing more than 5g salt/100g. Hungary underlined that the law does not include basic food stuffs. It only affects products that have healthier alternatives.

France introduced a soft drink tax on 1 January 2012. It is applied at a rate of €7.16 per hl to all beverages with added sugar or with artificial sweeteners such as fruit juices with added sugars, water and carbonated drinks containing added sugar. The specificity of the approach is that the tax applies to all beverages without consideration of the quantity of added sugar. France hopes to achieve a target of a 25% reduction in the proportion of children consuming more than half a glass of sugared beverages per day in five years. The estimated tax income is €280 million (€240 for added sugars and €40 for artificial sweeteners) of which 50% are earmarked for the social security system.

INTERVIEW WITH ...



Marleen Meteling-Eeken about German plans for standardized terminology

How is standardised language used by dietitians in Germany?

In Germany the ICF has been introduced into the whole health care system. It is expected that dietitians will be asked to work with it. That's why the German Dietitians Association (VDD) is interested in the Dutch ICF-related terminology for dietitians. But they have also studied the IDNT initiative. VDD has chosen to adopt the Nutrition Care Process (NCP) as a dietetic practice model.

What vision do you have for standardized language for dietitians?

The ideal for the VDD is probably a dietetic language which can be connected to both the ICF language that is used by other professionals in our health care system, but also with the IDNT that is used internationally by our profession. A strength of ICF is its broad endorsement by WHO and other health care professionals. A strength of both the Dutch ICF-related dietetic language and NCP/IDNT is that they are more dietetic-specific. The Dutch ICF-related language is still fairly unknown because it has not been published in English until now, but its advantages include a "free text" option for diagnosis and the possibility of using multiple codes in one diagnosis. For future decisions in Germany it is important to know when and how the languages will be available in an electronic record setting. The NCP/IDNT version is already available electronically. At the moment Utrecht and Leiden university hospitals in The Netherlands are testing the Dutch electronic system.

Food for thought International Classification of Functioning (ICF)

Within Healthcare Provision, Stockholm County (SLSO) all rehabilitation care practitioners, including dietitians, are obliged to document according to ICF. Many dietitians feel that using ICF for documentation makes the nutrition care process unclear and the medical records difficult to understand. ICF lacks nutrition-related terms that are relevant to the work of the dietitian, resulting in medical records that include many lines of text making them difficult to overview. Since

many important nutrition terms are missing, there is a major risk that essential information is lost. There are for example no terms for nutritional assessment or for identifying and diagnosing the problem which requires an intervention and this has resulted in many dietitians skipping the documentation of this important step and jumping directly to documenting the interventions.

There is great concern among dietitians – within SLSO – that the use of ICF can have negative consequences for regarding patient safety. High-quality information transfer between caregivers is of course of highest concern. However, hospital dietitians currently have a difficulty interpreting the records of dietitians in primary care, since the hospitals do not

document according to ICF. Since ICF is not at all adapted to the work process of dietitians, I believe that there is a risk that this will result in variations in the use of ICF by different dietitians. I find it unreasonable to have to document in a language that cannot describe the work processes of the involved professions. The terms in ICF that are relevant to the nutrition care process can definitely be used, but I strongly believe that there must be profession-specific terms – preferably from International Dietetics and Nutrition Terminology (IDNT) – so that the information transfer can function effectively and patient safety can be guaranteed.

Karolina Snellström, RD Stockholm County, karolina.snellstrom@sl.se

Diary Dates

- May** 12 May 2012, Budapest, XI. Annual Conference of the Hungarian Dietetic Association
- June** 5-7 June 2012, Brussels, [Restructuring health systems: How to promote health in times of austerity?](#), EPHA
12-14 June 2012, Israel, [International professional dietetic conference in Israel](#)
12-14 June 2012, Kosice, Slovenia, International Scientific Conference on Probiotics and Prebiotics
25-29 June 2012, Cluj, Romania, First Romanian Nutrition and Dietetic Association Conference & Summer School
- September** 3-4 September 2012, Gothenburg, [European Forum for Primary Care 2012 Conference](#)
4-6 September 2012 Riga, Latvia, International Conference «Nutrition and Health»
5-8 September 2012, Sydney, Australia, [16th International Congress of Dietetics](#)
15-18 September 2012, Strasbourg, France, [41st International EDTNA/ERCA Conference](#)
- October** 25-27 October 2012, Portoroz, Slovenia, EFAD General Meeting and [DIETS/EFAD Conference](#)

Any interesting meetings to announce? Please send your information to editor@efad.org

EFAD welcomes 2 new members

ROMANIA – The Romanian Dietetic Association and the Romanian Nutrition and Dietetic Association have been offered affiliate membership subject to ratification by the General Meeting RDA President is Brigitta Szekely, RND A President is Florina Boariu.

EFAD invites experts to actively work on reports and papers

Following the EFAD Strategic Plans 2011-2016 and the deliverables agreed for the EAHC grant, the EFAD Secretariat is preparing two reports and position papers, to be presented to the General Meeting of October 2012.

The reports will deal with “The role of the dietitian in public health”, and “The role of the dietitian in the provision of safe and healthy food”.

The position papers will focus on “The role of the dietitian in the prevention and management of Gestational and Type 2 Diabetes Mellitus” and on “The role of the dietitian in the Prevention and Management of Nutrition-related Disease in the Elderly”.

The Secretariat will be asking members of each of the specialist networks for information to help complete the reports and position papers in time.

If you are an expert in one of the above-mentioned fields and willing to cooperate on these documents, you can ask your dietetic association to nominate you to contribute to a position paper or a report (deadline 20 May 2012).

For more information, please contact the EFAD Secretariat or Ria Vanderstraeten via secretariat@efad.org



EFAD group on LinkedIn

EFAD has created a dedicated LinkedIn Group for dietitians in Europe. The new communication tool will provide a professional platform for dietitians in Europe.

The group is called European dietitians (EFAD) and is open to all members of EFAD. The platform is meant for the exchange of news, ideas and best practices and enables to discuss topics and postings. To join European dietitians (EFAD), simply go to [the group's LinkedIn page](#) and send a request for membership.



Sixth DIETS/EFAD conference

The Sixth DIETS/EFAD conference takes as its theme “Life Long Learning for a secure nutrition future”. Life Long Learning is the responsibility of all healthcare professionals and especially in rapidly evolving fields such as dietetics and nutrition. The products of each of the work packages will also be featured.

With the support of EFAD members European Networks for areas of dietetics where professional dietitians provide specialist services such as in diabetes, obesity, paediatrics, oncology, ageing and renal disease will be established.

At this occasion, EFAD will hold its General Meeting 2012. More information will follow soon.

**Portoroz, Slovenia
26 & 27 October 2012**

Reka Bozo Keyes joins EFAD



Reka Bozo Keyes is the new administrative assistant at the EFAD Secretariat. Reka, a Hungarian dietitian, obtained her BSc degree in 1998, since then she has been working in the clinical field and was a member of the Scientific Committee of the Hungarian Dietetic Association for 5 years. She took part in the COSPI, and ESPEN basic and advanced courses and was the representative of the national association in EPG of DIETS. Currently she works in the WP1 in DIETS2.

EFAD is a Partner in the “Breakfast is Best” (BIB) campaign, which hosted the first European Breakfast Day on 24 April 2012. The launch event included speakers from the WHO, and experts from the BIB campaign, including Judith Liddell from EFAD.



In the coming months, the BIB campaign will continue to drive support for the pledge, and for its policy aims and objectives at European and national level.

If you've not yet signed the 'Make Time for Breakfast' pledge, simply click [here](#)

For more information, see info@breakfastisbest.eu.