Indian Dietetic Association (IDA) works to promotes towards educating, advocating to reduce the **Six** main risk factors for preventable chronic diseases:

- Poor nutrition
- Food safety
- Tobacco use
- Lack of physical activity
- Hygiene
- Non nutritional dependencies.

Good nutrition is essential for keeping people healthy across the lifespan. A healthy diet helps children grow and develop properly and reduce their risk of chronic diseases, including obesity.

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### NUTRITIONAL INDICATORS

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Treatment of Childhood Diseases (children under age 5 years)</th>
<th>NFHS-4 (2015-16)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>urban</td>
<td>rural</td>
</tr>
<tr>
<td>Prevalence of diarrhoea (reported) in the last 2 weeks preceding the survey (%)</td>
<td>8.2</td>
<td>9.6</td>
</tr>
<tr>
<td>Children with diarrhoea in the last 2 weeks who received oral rehydration salts (ORS) (%)</td>
<td>58.5</td>
<td>47.9</td>
</tr>
<tr>
<td>Children with diarrhoea in the last 2 weeks who received zinc (%)</td>
<td>23.7</td>
<td>19.1</td>
</tr>
<tr>
<td>Children with diarrhoea in the last 2 weeks taken to a health facility (%)</td>
<td>74.1</td>
<td>65.8</td>
</tr>
<tr>
<td>Prevalence of symptoms of acute respiratory infection (ARI) in the last 2 weeks preceding the survey (%)</td>
<td>2.3</td>
<td>2.9</td>
</tr>
<tr>
<td>Children with fever or symptoms of ARI in the last 2 weeks preceding the survey taken to a health facility (%)</td>
<td>80.0</td>
<td>70.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Feeding Practices and Nutritional Status of Children</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under age 3 years breastfed within one hour of birth (%)</td>
<td>42.8</td>
</tr>
<tr>
<td>Children under age 6 months exclusively breastfed (%)</td>
<td>52.1</td>
</tr>
<tr>
<td>Children age 6-8 months receiving solid or semi-solid food and breastmilk (%)</td>
<td>50.1</td>
</tr>
<tr>
<td>Breastfeeding children age 6-23 months receiving an adequate diet (%)</td>
<td>10.1</td>
</tr>
<tr>
<td>Non-breastfeeding children age 6-23 months receiving an adequate diet (%)</td>
<td>16.9</td>
</tr>
<tr>
<td>Total children age 6-23 months receiving an adequate diet (%)</td>
<td>11.6</td>
</tr>
<tr>
<td>Children under 5 years who are stunted (height-for-age) (%)</td>
<td>31.0</td>
</tr>
<tr>
<td>Children under 5 years who are wasted (weight-for-height) (%)</td>
<td>20.0</td>
</tr>
<tr>
<td>Children under 5 years who are severely wasted (weight-for-height) (%)</td>
<td>7.5</td>
</tr>
<tr>
<td>Children under 5 years who are underweight (weight-for-age) (%)</td>
<td>29.1</td>
</tr>
</tbody>
</table>
Triple Burden of Malnutrition threatens the survival, growth and development of children, young people, economies and nations. Globalization, urbanization, inequities, humanitarian crises and climate shocks are driving unprecedented negative changes in the nutrition situation of children around the world.

In cities, many poor children live in ‘food deserts’, facing an absence of healthy food options, or in ‘food swamps’, confronted with an abundance of high-calorie, low-nutrient, processed foods.

Poor families tend to select low-quality food that costs less. Because of poverty and exclusion, the most disadvantaged children face the greatest risk of all forms of malnutrition.

RESPONSIBILITIES OF FOOD AND NUTRITION PRACTITIONERS

To address the burden of malnutrition, it is believed that interventions are needed that can incorporate multiple levels of the socio ecological model that can be sustained for many years.

Thus, interventions need to address: changing individual-level energy balance behaviors to be delivered in many settings to increase accessibility to intervention. Influence the environment in which clients live, work, and play. Impact on policy that can assist with context for supporting engagement in energy balance behaviors within the population to improve weight management.
DIETITIANS REACHING THE UNREACHED

- Eat balanced and healthy meals. Watch Portion Sizes
- Eating a variety of plant foods can help. Vegetables, beans, and lentils are all great substitutes. Incorporate good servings of fresh fruits and vegetables.
- Switch to unrefined whole grains and legumes. Experiment with Plant-Based Meals. Expand variety in your menus with budget friendly meatless meals.
- Read the Food Labels
- Reading the Nutrition Facts panel can help you shop and eat or drink smarter. Review ingredients on the food label to help identify sources of added sugar
- Reduce added sugars.
- Foods and drinks with added sugars can contribute empty calories and little or no nutrition
- Cook your own foods at home to make it healthy, rewarding and cost-effective
- Get kids involved in meal planning and cooking and use this time to teach them about good nutrition
- Eat Out without Ditching Goals - choose foods carefully and look for healthier options that are grilled, baked, broiled or steamed.
- Make an effort to reduce food waste.
- Plan meals based on leftovers and only buy what you will use or freeze within a couple of days.
- Slow Down at mealtime.
- Instead of eating on the run, try sitting down and focusing on the food you're about to eat.
- Dedicating time to enjoy the taste and textures of foods can have a positive effect on your food intake
- Enact family meal time plan to eat as a family at least a few times each week. Turn off the TV, phones and other electronic devices to encourage mealtime talk.
- Be Active and Ensure regular physical activity.
DIETETICS DAY 2020

DIETITIANS REACHING THE UNREACHED
Indian Dietetic Association founded in 1962 consists of dietitians, nutritionists and workers in the allied health field who work for the following aims and objectives:

Objectives

1. To promote cause of science by encouraging the spirit of active pursuit of knowledge and original scientific research particularly in the field of Nutrition and Dietetics.
2. To facilitate social, cultural and scientific fellowship and cultivation of goodwill among its members.
3. To safeguard the interest of scientists generally and its members in particular and work for their welfare.

Dietetics Day Theme 2020: DIETITIANS REACHING THE UNREACHED
WHO IS A DIETITIAN??

Registered Dietitians (RDs)

- Is a qualified health professionals who assess, diagnose and treat, diet and nutrition problems at an individual and wider public health level.

- Uses the most up to date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.

- Are the nutrition professionals to be statutorily regulated, and governed by an ethical code.

Their advice influences food and health policy across the spectrum from government, local communities and individuals.
ROLE OF A DIETITIAN

Dietitians work in the

• Private Practice
• Industry & Education
• Research & Sport
• Media,
• Public Relations
• Publishing, NGOs & Government.

Dietitian in a Healthcare Industry

• Critical Care Dietitian, Renal Dietitian, Gastroenterology Dietitian, Maternal and Geriatric Dietitian, Diabetes and Endocrinology Dietitian, Cardiology Dietitian etc

Community Dietitian: The community Dietitian’s role is to:

Plan, implement and evaluate community nutrition programs for those groups identified as 'at risk' . Work intersectorally with Community Service providers to improve the nutritional status of our local population
NUTRITION CARE FUNCTIONS

- Nutrition Assessment
- Determine the severity of malnutrition
- Determine protein energy needs, enteral and parenteral indicated appropriately
- Assess the adequacy of access for nutrition therapy
- Initiate and manage enteral and parenteral nutrition
- Complete orders
- Document in patient records
- Daily patient assessment
- Recommended changes to therapy
- Transition feedings: Parenteral to enteral to oral
Nutrition is crucial for the fulfilment of human rights – especially those of the most vulnerable children and women.

To address crucial issues

Deaths from NCDs are projected to be 80%, occurring in low and middle-income countries

Via

Nutrition education can be delivered through multiple venues from multiple stakeholders, and involves activities at the individual, institutional, community, and policy levels.
Urbanization is one of the most significant demographic trends of the 21st century. Migrants are drawn to urban areas for employment opportunities and to establish a better life for themselves and their families. Each of these characteristics has negative implications for the health and wellbeing of the urban poor. Poor access to safe water and basic sanitation (a common problem for most urban poor) results in a range of gastrointestinal disorders in adults.
• Identify a NGO or any organization already working in the same area but with different issues.
• Get in touch with the heads of the community and win their confidence.
• Study the nutrition pattern of the community.
• Plan a strategy of entry.
• Implement in a smaller group and evaluate the outcome.
• Use this smaller group to educate others.
• Encourage others to participate.
VARIABLES TO NUTRITION EDUCATION ACTIONS

1. AIMS OF ACTIONS
   - Providing information
   - Providing an enabling food environment
   - Providing skills

2. SETTING FOR ACTION
   - Where information, education and advice are provided
     - Where foods are sold
     - Where foods are produced
     - Where foods are consumed

3. SOURCES OF NUTRITION EDUCATION ACTIONS
   - Public sector
   - Private sector
   - Civil society

4. FOODS/NUTRIENTS INCLUDED IN THE NUTRITION EDUCATION ACTIONS
   - Foods
   - Nutrients

(Nutrition Education and Consumer Awareness Group Nutrition Division (ESN) Food and Agriculture Organization of the United Nations (FAO))

Dietetics Day Theme 2020: DIETITIANS REACHING THE UNREACHED
7 FOLD PATH FOR REACHING THE UNREACHED

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mapping</td>
<td>Identifying those families/communities that are unreached.</td>
</tr>
<tr>
<td>Prioritizing</td>
<td>These identified families should be met as a priority.</td>
</tr>
<tr>
<td>Communicating</td>
<td>Clearly inform them about the why, how and where of good nutrition.</td>
</tr>
<tr>
<td>Understanding</td>
<td>Make an effort to look at their point-of-view; it could be a rational problem.</td>
</tr>
<tr>
<td>Counseling</td>
<td>Listen to their problems, build a relationship and work with them to solve the problems.</td>
</tr>
<tr>
<td>Persisting</td>
<td>Changing behavior is not easy; it needs repeated counseling and encouragement. Once the families adopt these changes it will be much easier.</td>
</tr>
<tr>
<td>Co-ordinating</td>
<td>The families who have changed their old ways can be organized to help out with counseling other families</td>
</tr>
<tr>
<td>Mobilizing</td>
<td>Getting people together brings strength and confidence.</td>
</tr>
</tbody>
</table>

MODALITIES TO REACH THE ‘UNREACHED’

Conventional methods: face to face, interactive radio, television

Using Technology: alternate sources of power in schools and health centres

Central Statistical Offices Partnering: with Governments

Peer Counsellors: child to child, child to parent teaching

Utilizing Mobile Health: voice messaging and visuals
CHALLENGES WITH SUGGESTIONS TO DIETICIANS ‘REACHING THE UNREACHED’

**Cultural differences**
- Study the preferences of the community and a relevant dietitian should deal with that specific area.

**Resources**
- Networking with the Govt and other NGO’s

**Practicality**
- Suitable teaching material and ideas for the target community

**Resistance to change**
- Repetitive counseling; Changing one person/family will serve as an example to others.

**Accessibility**
- Choose most convenient and accessible target groups

**Time**
- Select the most suitable timing for dietitian and maximum target group

**Language**
- Choose a dietitian who knows the language or use a translator from the community

**Cost**
- Networking with Govt. and NGO’s
MEDIA & NETWORKING

Social media platforms are increasingly used by registered dieticians (RDs) to improve knowledge translation and exchange in nutrition.

The need of the hour is increased participation by all sectors of society; The Government, Community, NGO’s, Media, Educational institutions and Private organisation.
CONSISTENT AND CONTINUED EDUCATION FOR SUSTAINABILITY

- Education does not end here.
- For maximum benefit, the process should be continued on a regular basis.
- Its sustainability will depend on the same factors that helped to initiate the program.
- Commitment is the core component.
Sports nutrition as a field has grown substantially over the past 50 years, from glycogen loading to today’s scientifically validated ergogenic aids.

**A Sports Nutritionist advises athletes on nutritional regimes that focus towards optimal performance.**

Unlock your athletic potential with great nourishment. Consult a qualified Sports Nutritionist.

**Role of Sports Nutritionist**

Nutrition goals and requirements of athletes are not static. Periodization in nutrition is required as per the season and training schedule. Here we play the important part.

**Benefits of optimum Nutrition in Athletes**

- Sufficient energy
- Desired body composition
- Optimum performance
- Promote rapid recovery & regeneration
- Faster & better injury repair
- Improved motor skills
- Disease prevention
- Overall health and Wellness

**ARE WE READY FOR THE BIG CHALLENGE?**

Number of Sports Nutritionist who can cater to athletes: 8.6 thousand
Sports Nutritionist to an athlete: 1: 2093

**Supplement Usage by Athletes**

**Who uses them?**

87% of athletes say they use supplements.

**Where do athletes get their advice?**

- 19% from friends
- 18.5% from parents
- Only 4% ask their doctor and only 0.8% ask a dietitian

Sports nutrition as a field has grown substantially over the past 50 years, from glycogen loading to today’s scientifically validated ergogenic aids.
Malnutrition is a complication in Chronic Kidney Disease (CKD) known to affect quality of life and prognosis although not often diagnosed.

A right diet goes a long way in reducing mortality, morbidity and improving the quality of life of patients with kidney disease.

A right diet goes a long way in reducing mortality, morbidity and improving the quality of life of patients with kidney disease.

Renal dietitians analyze protein and calorie intake - monitor the albumin, potassium, sodium, fluid and phosphorus levels. They prescribe a right diet to correct nutritional deficiencies and prevent muscle wasting.

Responsibilities of a renal dietitian for CKD population expands far beyond the nutritional status of the patient in a clinic.
Dietitians help companies:

- Generate truthful on-pack claims, relevant nutrition labels that are substantiated.
- Ensure scientific knowledge is incorporated that meets local and international regulatory/licensing requirements.

Dietitians are uniquely qualified to have a powerful voice to:

- Help consumers make informed choices about the food they buy and the lifestyles they lead.
- Play a leading role through traditional media, social media, public speaking, writing, blogging and more.
- Ensure marketing teams communicate the right product science.

By working with the food industry:

- Align with brands, manufacturers, and retailers, dietitians can have an important seat at the table.
- Play an integral role in the food industry’s health and wellness efforts.

Qualified trained dietitians play a key role to:

- Decide nutritional composition and formulation aspects of general and therapeutic food and nutraceutical products.
- Ensure validation by extensive technical/clinical and pre-clinical research, market analyses, competitor benchmarking and monitor trends.

- Ensure scientific knowledge is incorporated that meets local and international regulatory/licensing requirements.

By working with the food industry—
Roles and Responsibilities

- Advice about the assessment of nutrition therapy and other nutrients (e.g. immunonutrition, vitamins, minerals)
- Make protocols of nutrition therapy on metabolic disorders, ICU, surgery etc
- Development and interpretation of screening tools.
- Education on (par)enteral nutrition and highly complex nutrition therapy.
- Consultant to advice on (par)enteral nutrition (indication, choice of feeding solutions, nutrition goals).
- Initiate and perform nutritional assessment.
- Research on (par)enteral nutrition and complex nutrition therapy.

Nutrition Diagnosis, Assessment and Reassessment
Identify and label the problem and determine cause. Analyze and interpret with evidence based standards and document.

Nutrition Intervention
Formulate goals and determine plan of action. Deliver care and implement the plan and document.

Nutrition monitoring and evaluation
Monitor the outcome, Measure and evaluate the outcome and document.

Integral part of Interdisciplinary Team

CLINICAL DIETITIAN provide medical nutrition therapy for patients in institutions such as Hospitals.

DIETITIANS PLAY AN INTEGRAL ROLE IN NUTRITION CARE PLAN, CRUCIAL COMPONENT OF “NUTRITION THERAPY”
Thank you