

# NOURISHING framework

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### Nutrition advice and counselling in healthcare settings

This table provides examples of the types of policy action that can be taken within this policy area, examples of where these policy actions have been implemented, and a brief description of what the action involves. It provides a global snapshot, largely of policies already implemented; it is not necessarily comprehensive. The examples were collated through a review of international reports of policy actions around the world, academic articles reporting on policy actions, and online government resources.

We welcome feedback. Please contact us at [policy@wcrf.org](mailto:policy@wcrf.org) if you would like to add any further examples of implemented policies, see the policy documents that we reference, or have any further questions or comments.

EXAMPLES OF POLICY ACTIONS	EXAMPLES OF WHERE IMPLEMENTED	WHAT THE ACTION INVOLVES
<p><b>Guidelines and programmes to provide support in primary care to people who are overweight and obese</b></p>	<p><b>Malaysia</b></p>	<p>Based on the Clinical Practice Guidelines (CPG) on Management of Obesity (2004), overweight and obese adults and adolescents should receive dietary counselling, exercise prescription, support in behaviour change and pharmacotherapy. Overweight or obese patients are referred to a nutritionist by a physician. Based on the 2016 Standard Operating Procedure (SOP) Nutrition Management for Overweight &amp; Obesity (Adults &amp; Children), the patient receives individual menu planning which is based on the Malaysian Dietary Guidelines and the patient's food frequency questionnaire (FFQ). Patients see a nutritionist within three months of referral and at least two follow-up visits, or until the discharge criteria are met, to ensure progress and compliance. The discharge criteria are a 10% reduction of body weight; if this is not achieved within two years, patients are discharged if their waist circumference has reduced by 4cm or reached 80cm for women and 90cm for men, or if they haven't gained more than 3kg since referral.</p>

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	<b>Singapore</b>	Clinical management for obese and severely obese adults in Singapore is offered in four specialist hospitals. The Health Promotion Board has also offered the 12-week weight loss challenge Lose to Win™ since 2009. Under the guidance of qualified trainers, participants receive a health assessment, and take part in group exercise, nutrition and mental wellbeing workshops (including goal-setting). There is follow-up at 3, 6, and 12 months post programme.
	<b>Thailand</b>	Diet and Physical Activity Clinics are available in Thai Ministry of Health-run hospitals, focused on evaluating health status and developing individual weight-loss plans.
	<b>UK</b>	Many National Health Service (NHS) authorities in the UK offer weight management referral schemes, in which primary care doctors can refer a patient to weight management programmes free of charge. In December 2006, the National Institute of Clinical Excellence issued guidance (CG43) for healthcare professionals on the prevention, identification, assessment and management of overweight and obesity in adults and children. In February 2010, the Scottish Intercollegiate Guidance Network (part of NHS Quality Improvement Scotland) issued guidance (SIGN115) for the management of obesity, including diagnosis, identification of high-risk groups, and dietary and behaviour-change interventions.
	<b>US</b>	An expert committee on the assessment, prevention and treatment of child and adolescent obesity, convened by the American Medical Association, the US Department of Health and Human Resources, and the Centers for Disease Control, issued recommendations on weight management in primary care settings in 2007. The committee recommended that health professionals conduct a yearly assessment of body mass index status, dietary behaviour and readiness to change. For at-risk groups, the committee recommended a set of behaviour-change goals, relating in particular to dietary behaviours.
<b>Nutrition counselling in primary care</b>	<b>Brazil</b>	Nutrition is part of comprehensive healthcare and provided by all services within Brazil's system of universal health coverage (Brazilian Unified Health Systems), particularly primary care. The Ministry of Health encourages health teams to promote healthy eating, evaluate food intake and anthropometry of individuals in all stages of life, prevent and control nutritional deficiencies and obesity and provide nutritional counselling. To support and structure this work, the government provides manuals, materials and self-learning courses on these topics for health professionals and transfers funds to municipalities annually.
	<b>Chile</b>	The Chilean national food-based dietary guidelines (established in 2005, and revised in 2013) are promoted in the healthcare sector. The Institute of Nutrition and Food Technology has produced, in conjunction with the health promotion department of the Ministry of Health, guidance for the provision of advice in healthcare settings, including on healthy diets.

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	<b>Fiji</b>	Fiji's Ministry of Health, assisted by Diabetes Fiji, have established three Diabetes Hub Centres in Labasa, Lautoka and Suva. Following diagnosis, patients are referred to a Diabetes Hub Centre which are set up with a team to provide a "one stop shop" for diabetes care, including dietitians who provide nutrition advice.
	<b>Finland</b>	In Finland, nutrition guidance by public health nurses is provided free of charge on a mandatory basis as part of antenatal care, and during appointments at child health clinics post-partum. Nutrition counselling is tailored to the family's needs and targets both parents. It is based on the 2016 Food Recommendations for Families with Children developed by the Finnish National Institute for Health and Welfare.
	<b>Malaysia</b>	Nutrition is part of the comprehensive primary healthcare services in most Malaysian government-run health clinics. Nutrition counselling is provided by dietitians or nutritionists and targets pregnant women with gestational diabetes, overweight or obese patients and those suffering from chronic diseases.
	<b>Mexico</b>	The Mexican Integrated Nutrition Strategy (EsiAN), first piloted in 2008 and since rolled out nationally, includes individual counselling to pregnant women and mothers of children under the age of 5, and the distribution of micronutrient supplements. It promotes breastfeeding and appropriate complementary feeding, as well as linear growth.
	<b>South Africa</b>	The South African Integrated Nutrition Programme was implemented in 1995 and focuses on children under the age of 6, pregnant and lactating women and all people living with chronic diseases, and targets malnutrition in South Africa. It is located in the primary healthcare framework and includes protocols and guidelines on nutrition education and counselling.
<b>Training for health professionals</b>	<b>Brazil</b>	Based on the 2012 Brazilian Breastfeeding and Complementary Feeding Strategy, 18,125 health professionals and 3,400 tutors were trained by 2015 to support the promotion of breastfeeding and healthy complementary feeding in primary care. A distance learning course in breastfeeding and healthy complementary feeding was established by the Ministry of Health.
	<b>Germany</b>	The German national IN-FORM initiative, launched in 2008 by the Ministry of Health and the Ministry of Food and Agriculture, promotes healthy diets and physical activity, and includes provisions to integrate diet and physical activity into training programmes for health professionals. These provisions have not been implemented nationally, but through actions in some states and communities.

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	South Africa	The standardised curriculum to train community health workers in South Africa, dating from July 2012, contains a mandatory lesson on healthy lifestyle and eating, providing information on overweight and obesity, non-communicable diseases and undernutrition, as well as how nutrition affects health.

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Table last updated 9.5.2019

A number of other organisations provide access to policy databases. Some are listed below:

#### **International**

[WHO Global Database on the Implementation of Nutrition Action](#)

[WHO Noncommunicable Disease Document Repository](#)

#### **Europe**

[WHO Europe Database on Nutrition, Obesity and Physical Activity](#)

#### **United States**

[The Rudd Center for Food Policy and Obesity – Legislation Database](#)

[National Association of State Boards of Education – State School Health Policy Database](#)

[National Cancer Institute – Classification of Laws Associated with School Students](#)

[Centers for Disease Control – Chronic Disease State Policy Tracking System](#)

#### **Canada**

[Prevention Policies Directory](#)