

# Action Brief for and with Healthcare Professionals

The transition to healthier diets from more sustainable and equitable food systems requires the whole health workforce. The trusted roles of Healthcare Professionals position them as powerful agents of change.

Across diverse healthcare settings, they bring distinct and complementary strengths to this collective effort.

This brief was developed by the CfA members as a reflection on their contributions to an urgent transition to healthy, safe, and just food systems. As a community we are committed to regularly updating this brief in line with our commitments, contribution and ambitions.

## SECTION 01

## Calls to Action

What this community must start, strengthen, or transform to drive change from within.

### Health system foundations

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#### 01.1

**Promote the role of healthy, sustainable and just diets in preventing and treating medical conditions.**

We Healthcare Professionals (HCP) should recognise that sustainable diets are healthy. We should promote the substantial evidence of the benefits of the Planetary Health Diet (PHD). This dietary pattern includes generous amounts of fruits and vegetables, moderate amounts of dairy, fish, eggs, and poultry, emphasising whole grains over refined grains, plant sources of protein over red and processed meat, unsaturated plant oils over saturated fats, and limiting added sugars and salt. Evidence shows that a global adoption of the Planetary Health Diet could prevent approximately 15 million premature deaths among adults annually.

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#### 01.3

**Embed healthy, sustainable, and equitable nutrition in healthcare professionals' training, education, and practice.**

HCP educators, academic institutions, professional boards, and student associations should integrate the PHD and related competences into core curricula and continuing education, to equip all current and future HCP with the knowledge and skills to promote and embed healthy, sustainable, and equitable nutrition in their practice. This includes incorporating scientific evidence on life-stage-specific dietary needs in clinical practice.

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#### 01.5

**Mobilise the trusted voice of healthcare professionals as powerful food systems transformation advocates.**

We as HCP should embrace our role as the trusted voice in public health. Our voices are essential in communicating the feasibility and relevance of the PHD. This includes aligning national dietary guidelines

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#### 01.2

**Recognise dietitians and nutritionists as essential members of multidisciplinary teams needed to drive dietary shifts.**

Medical doctors and nurses should better leverage the expertise of dietitians and nutritionists in preventing and managing medical conditions through dietary strategies. They should actively collaborate and refer patients to them during routine clinical practice.

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#### 01.4

**Reorient healthcare system efforts towards prevention and routine nutrition care.**

Healthcare institutions, their leadership, and professionals should make nutrition a standard part of clinical practice and a priority for investment. Prevention strategies should be prioritised at all levels of healthcare. Nutrition assessment, counselling, and lifestyle-based interventions must be routinely integrated into care across inpatient, outpatient, hospital, residential, and home settings. These services should account for patients' lifestyle context, preferences, and readiness for change, ensuring tailored and effective personalised interventions.

and health system policies with the PHD; demonstrating that the PHD can be tasty, accessible, and adaptable to individual preferences; and building momentum for broader food systems change.

## Individual patient engagement

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01.6

### **Communicate with clear and actionable advice.**

Leverage new methods of storytelling, digital platforms, and social media to inspire behaviour change with evidence-based, culturally relevant advice that frames healthy, sustainable diets as enjoyable, abundant, and diverse. Help patients set realistic, achievable goals, where even small shifts yield significant benefits. Combat misinformation by collaborating with trusted communicators and influencers to challenge both simplistic and sophisticated disinformation, and develop tools to scale truth-telling.

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01.8

### **Offer systematic nutrition screening tailored to patients' socio-economic realities.**

HCP should train to deliver empathetic, equity-informed nutrition care across the whole socio-economic spectrum. This includes screening for access barriers, such as food insecurity, price and time constraints, income, gender, or social inequities. This information should be embedded into clinical workflows and orient referrals to dietitians and nutrition support programmes. This will result in improved care coordination, enable early intervention, and connect patients with the necessary resources and services to adopt and maintain dietary shifts.

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01.7

### **Use behavioural strategies and teachable moments to help patients make lasting dietary changes.**

Adopt and apply evidence-based behavioural strategies, using teachable moments such as new diagnoses, life transitions (e.g., becoming a parent), or follow-up visits, and use available tools like front- of-pack labelling, to help patients make dietary changes. By challenging the assumption that patients are unwilling or unable to change, HCP can foster motivation, confidence, and lasting improvements in diet and health.



## Community engagement

01.9

### Promote culturally relevant food to enhance access, affordability, and relevance.

Emphasise that the PHD is not a rigid or monolithic prescription, but a flexible dietary pattern compatible with a wide range of cuisines, contexts, and cultural preferences, including both traditional and evolving healthy eating patterns that align with contemporary lifestyles and time constraints. Where relevant, HCP should work with local and indigenous communities to anchor dietary advice in their culinary realities and knowledge.

01.10

### Leverage community settings to promote contextually relevant dietary change.

Partner with local educators and community organisers to promote healthy, sustainable diets. Participatory initiatives such as teaching kitchens, food gardens, and experiential learning in clinics, schools, faith-based settings, and neighbourhoods build food literacy, hands-on cooking skills, and shared motivation for lasting change.



## SECTION 02

## Actions to Stop or Do Differently

Actions currently undertaken by our community that hinder progress towards healthier, more sustainable, and more just food systems and should be stopped or done differently.

## 02.1

### Move beyond single-nutrient tunnel vision towards a whole-diet approach.

An excessive focus on individual nutrients can obscure the broader goals of healthy and sustainable eating. HCP should guide patients away from this tunnel vision and towards a whole-diet approach that emphasises diverse, balanced, nutrient-rich, and sustainable dietary patterns. While certain nutrients may require special attention for specific populations, such as iron for women of reproductive age and protein for older adults, minimally processed<sup>1</sup> and plant-rich meals should become the foundation for meeting these needs.

## 02.3

### Stop avoiding the double burden of malnutrition: address both over- and under-nutrition through integrated dietary strategies.

Undernutrition, micronutrient deficiencies, overweight, obesity, and diet-related diseases often coexist and should be tackled together. Evidence shows that integrated approaches, such as adopting balanced, healthy, and sustainable diets, can prevent and manage multiple forms of malnutrition simultaneously. HCP should promote individually tailored, balanced, and nutrient-rich diets, while also identifying when increased or restricted energy intake is required or micronutrient supplementation or fortification needed.

## 02.5

### Stop undermining public trust. Maintain scientific integrity.

HCP, as trusted voices, must counter misleading marketing and narratives on healthy, sustainable diets. They should advocate for evidence-based policies, protect health systems and food environments from undue influence, and ensure communication remains independent. Engagement with industry must be strictly regulated, with conflict-of-interest safeguards, independent evaluation, and full transparency.

## 02.2

### Stop serving hospital meals that fall short of healthy, sustainable, and just diet standards.

Hospital meals shape patient experiences and expectations during and after care. They should demonstrate what healthy, sustainable meals look and taste like. Whether meals are prepared in-house or by external caterers, healthcare institutions should adopt procurement practices that prioritise nutrition, sustainability, and justice. This includes amending ingredient sourcing, supplier contracts, and menus to align with the PHD, e.g. by setting targets for minimally processed and plant-rich meals served.

## 02.4

### Stop overlooking taste.

Taste drives food choices. HCP should prioritise flavourful, culturally relevant meals that showcase the variety and creativity possible within the PHD. Practical strategies include supporting food preparation, recipe development, menu innovation, and patient taste-testing, to ensure meals are satisfying and appealing. Exploring new recipes or adapting traditional favourites can help demonstrate that healthy, sustainable food can be delicious and desirable.

<sup>1</sup> Food processing was extensively considered in the 2025 EAT-Lancet Commission which recommends that most foods should be consumed whole, unprocessed, or minimally processed. The Commission recognises the many adverse health outcomes associated with ultra-processed foods that are high in sugar, salt, and saturated fat designed to foster overconsumption over public health. However, the independent impact of ultra-processing on health outcomes remains inconclusive. For example, certain plant-based protein alternatives may be classified as ultra-processed under prevailing frameworks such as NOVA, while still providing nutritional and environmental benefits.

## SECTION 03

## Unlocks

Asks from this community to other communities that are necessary to overcome systemic barriers to action (“lock-ins”), pointing to opportunities for collaboration.

### 1. POLICYMAKERS

- A. **Develop and implement national dietary guidelines that align with the PHD.** Integrate them into food policies, procurement standards, and clinical governance frameworks.
- B. **Rebalance healthcare targets towards prevention.** Incentivise healthcare payers, such as insurance companies and public healthcare schemes, to incorporate preventive nutrition care.
- C. **Ensure fiscal and operational sustainability of nutrition integration in healthcare.** Support reimbursement models, coverage, and workforce capacity that make nutrition a standard component of healthcare delivery.
- D. **Align cross-sector policies,** especially health, education, agriculture, and finance, to support the production of and access to healthy, culturally appropriate, and sustainable foods.
- E. **Reform food pricing to shift affordability and consumption patterns in line with the PHD,** scaling up subsidies and incentives for nutritious, minimally processed, and sustainable foods.
- F. **Create national monitoring frameworks to track dietary quality, sustainability and equity.** Use this data to assess impact, increase transparency, and guide policy.

### 2. HEALTHCARE INSTITUTIONS: EXECUTIVE LEADERSHIP AND ADMINISTRATION

- A. **Champion system-wide change towards healthy, sustainable, and just diets by setting clear priorities, securing long-term investment, aligning financial practices and policies with the PHD, and appointing dedicated staff** (e.g. sustainability officers and cross-functional leads).
- B. **Support healthcare professionals as food system advocates with training, resources, and institutional support.**
- C. **Address workforce gaps,** particularly in under-resourced or rural areas, **by ensuring PHD-related training and the presence of dietitians and nutritionists.**
- D. **Reform procurement and food governance by shifting food budgeting to clinical services, and integrating food service operations within patient care.**

### 3. HOSPITAL FOOD DEPARTMENTS, CATERING, AND CHEFS

- A. **Create healthy food environments, nutrition-tailored meals, and scalable menus** that align to the PHD across hospital food offerings, cafeterias, patient meals, and vending machines.
- B. **Create opportunities for mutual learning and collaboration between chefs and healthcare professionals** to test and share plant-forward culinary techniques in healthcare settings.

- c. **Establish food-waste reduction and tracking systems**, with regular monitoring across procurement, preparation, and service stages.

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4. EDUCATIONAL INSTITUTIONS AND ACCREDITATION BODIES

- A. **Align nutrition and health curricula with the PHD**, and endorse centralised training resources that integrate planetary health and social determinants of nutrition.
- B. **Leverage accredited continuing professional development programmes to train healthcare professionals across disciplines and specialties.**
- C. **Embed accountability mechanisms and performance criteria** that integrate food and nutrition into healthcare delivery and education.

## SECTION 04

## Next steps

This Action Brief is a living tool developed for and with healthcare professionals, aiming to guide collaboration and action across the sector in line with the 2025 EAT-Lancet Commission.

Healthcare professionals are encouraged to adopt and adapt this brief to their contexts, scaling its reach and amplifying its impact by:

- **Adapting the information in this Action Brief to your local context**, using it to inform national and regional conversations where health and nutrition policies are shaped, translating and disseminating its content for relevant political events and processes.
- **Sharing the brief across professional and practitioner networks to inspire action**, particularly during accredited learning opportunities, through

professional newsletters, and in WhatsApp/ LinkedIn groups where healthcare professionals already connect.

- **Using this brief's language and concepts to inform narratives in media, social media, and community dialogues.** Create op-eds, blogs, and infographics connecting planetary health diet principles to local health issues.
- **Getting inspired by our Community for Action.** The calls to action in this brief are brought to life by Stories of Progress from leaders driving change in food and healthcare.

For more information, contact: [info@pan-int.org](mailto:info@pan-int.org). Alternatively, you can join PANCO, PAN's online platform for nutrition professionals around the world: [panco.mn.co](https://panco.mn.co).

## SECTION 05

## Acknowledgements

This Community for Action is co-hosted by EAT and the Physicians Association for Nutrition (PAN International), and curated by Convene.

72 organisations (and 78 individuals) from across the globe contributed to this Action Brief over a period of six months, participating in at least one dialogue, sharing insights, feedback, and building collective intelligence. This Action Brief echoes their voices.

### Contributing organisations include:

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### The Physicians Association for Nutrition (PAN

**International)** is a global medical non-profit organisation advancing nutrition in healthcare and medical education. By promoting evidence-based practices of healthy diets for personal and planetary health, PAN works to reduce millions of diet-related deaths.