

Content Competencies Basic Food and Nutrition Knowledge

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Description

The Society for Nutrition Education and Behavior believes that nutrition educators must possess all six content competencies—basic food and nutrition knowledge, nutrition across the life cycle, food science, physical activity, food and nutrition policy, agricultural production and food systems, and four process competencies—in order to improve individuals', communities', and food systems' health. Program design, implementation, and evaluation for nutrition education; written, spoken and online communication; and research methods for nutrition education. Based on peer-reviewed research, these competencies represent the scope of nutrition education. These competencies are explained and supported by evidence. They are made for educational establishments to plan programs and curricula; training provided by public, private, and non-profit organizations; individuals for the purpose of professional growth and advocates for policymakers to guide solid, all-encompassing nutrition education policy.

Malnutrition Characterized by Energy

It has long been known that nutritional status is positively associated with health and disease state. Around 200 B.C., ancient Greek doctors noted that healthy and sick people would respond differently to the same diet. "This is the earliest evidence of nutrition and how it affects health." The term "malnutrition" was then given the name "marasmus," which was the very first version. Even though the connection between nutrition status, malnutrition, and health state was discovered as early as 200 B.C., there is still no universally agreed-upon definition of malnutrition. The process of diagnosing malnutrition has become more complicated than that of other diseases as a result of the absence of a clear definition. An expert consensus definition of "nutrition disorder" was presented in 2015 by the European Society of Parenteral and Enteral Nutrition (ESPEN), which included malnutrition, micronutrient deficiency, and overnutrition. As far as the definition of old malnutrition is concerned, this consensus is generally divided. Protein Energy Malnutrition (PEM) was the new term for malnutrition characterized by energy and macronutrient deficiency. A two-stage diagnostic system, consisting of a nutrition screening and an assessment, was used

in the traditional method of diagnosing malnutrition. Being severely malnourished can have a negative impact on a patient's mental health as well as their spiritual lives, social roles, and body weight because malnutrition is a systematic disease and multiple-organ dysfunction syndrome. Patients' safety could be jeopardized in these states, particularly those undergoing surgery. A thorough evaluation of surgical patients could hardly be performed by conventional two-stage diagnostic systems. Inflammatory burden, organ dysfunction, metabolic disorders, mental/psychological issues, and neurological abnormalities are among the consequences of malnutrition that go beyond the scope of nutrition assessment. It is evident that patients during the perioperative period are at risk for malnutrition. Patients' clinical outcomes are significantly influenced by nutrition status. Due to increased metabolic needs and inadequate oral intake, oncology patients, particularly those with esophageal and gastrointestinal tumors, would noticeably exhibit signs and symptoms of malnutrition. Due to the catabolic disease state and other aggressive treatments, cancer patients are more likely to be anorexic. Surgical treatment, on the other hand, is a relatively invasive procedure that can result in high metabolic stress, a prolonged stay, and the possibility of postoperative complications. Nutritional support for perioperative cancer patients was found to significantly improve clinical outcomes, reduce the likelihood of complications, and shorten hospital stays in previous studies. A comprehensive nutrition care plan is especially important for all perioperative patients because of these positive effects on perioperative outcomes. ESPEN updated three essential steps of nutrition care for cancer patients based on clinical practice findings: a screening for potential nutrition risk, conducting assessments related to nutrition, and putting personalized care plans with a focus on nutrition into action. The expanded nutrition-related assessments, such as anorexia measurement, body composition analysis, physical function assessment, and metabolic stress assessment, were highlighted by ESPEN experts within the three key steps. Due to their disease states, injury stress, surgical wounds, and intake of nutrients, patients in the perioperative period are found to be significantly at risk for malnutrition. We added a third step to provide a comprehensive evaluation of the nutritional status and issues caused by malnutrition: The complete nutrition diagnostic procedure for patients'

perioperative period is included in Stage III Diagnosis - Comprehensive Evaluation.

Household Socioeconomic Characteristics

In the quest to comprehend the maladies of civilization, epidemiological risk factor analysis has served as the foundation. Improving overnutrition, under nutrition and incorporating physical activity are suggestions for reducing disease burden. Genetic studies recommend genetic diagnosis to lessen the impact of civilization's diseases. Most civilizational diseases are caused by how people live their lives. The determination of the phenotype and genome would contribute to the genetic etiology. Additional emerging explanatory factors of diseases include fetal programming and diet-related epigenetic changes. However, there has been no discernible decrease in the burden of civilizational diseases as a result of the identification of risk factors. WHO reports that cardiovascular diseases, chronic respiratory diseases, cancer, and diabetes account for 71% of global mortality rates? The World Health Organization says that this has an impact not only on health but also on economics and society. From an individual's perspective as well as within a broader social and political context, the behavioral sciences have hypothesized that dietary choices

influence health behavior. Individual and household socioeconomic characteristics and nutritional environments were identified as pertinent contextual factors that contributed to divergent decisions, perspectives, and utilization of local nutritional environments. Healthy eating habits can be encouraged in environments that are supportive. The taste framework, which the food industry uses to increase food preference and consumption based on the contextualized value of food, could be used to enhance dietary food choices. People's dietary choices were determined by conscious and unconscious weighting of the accumulated evidence, indicating that policy measures and interventions probably need to avoid the dichotomies of "good" and "bad" dietary choices and health behaviors. Instead, it may be more effective in practice to concentrate on issues that influence the weighting of factors that influence dietary decisions and behaviors at the time of decision-making and within the options available. Changes in the environment and the effects they have on a person's diet and health behaviors may be relevant. However, it was suggested that the purpose of this role would not be to label individual choices but rather to improve individuals' capabilities indirectly by rationally weighting choices in the direction of improving long-term nutritional behavior and choices.