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The newsletter for International Confederation of Dietetic Associations members

Planning for ICD-2004 moves into high gear

Member groups are urged to get involved



Sharing Global Perspectives—Building Our Common Ground is the theme of the XIVth International Congress of Dietetics.

The event, co-hosted by Dietitians of Canada (DC) and the American Dietetic Association (ADA), will bring dietitians from around the world to Chicago, Illinois, May 28-31, 2004. The planning committee is beginning to shape a dynamic and challenging program for delegates.

Spearheading our program planning is a subcommittee of members from DC and ADA. Their mandate is

to identify speakers and to plan a participatory format that will encourage networking and a lively exchange of information among delegates. Workshops, panel discussions, debates, and field trips are just some of the interactive formats that are envisioned for the conference. The subcommittee will also help to select presenters based on program proposals.

To facilitate the planning process, a call will be issued in January 2002 for proposals that address the broad Congress theme and a subtheme. This model for program planning is based on a process ADA uses to plan its annual conference, but it is a new

approach for DC members and for many international speakers who may wish to present at the conference. Watch for details in January.

Congress subthemes

■ *Healthy Communities.* Will address prevention, wellness, and health promotion, focusing on policies, programs, methods, supportive environments, and target groups.

■ *Professional Discipline.* Will focus on leadership, capacity development, ethics, and shared perspectives. Two symposia on training of dietitians will

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Secretary's report: new communications system for dietitians around the world

This past September, the ICDA board of directors met by teleconference to monitor progress on our action plan. We are pleased to report that one of the highly visible signs of our transition to the International Confederation of Dietetic Associations will be our new Web site at www.internationaldietetics.org that is being launched this fall.

The ICDA Web site consists of three areas:

Public—accessible to anyone, anywhere

This part of the site focuses on:

- Creating an international public profile for the profession.
- Creating a primary point of contact with ICDA and its member groups.
- Promoting the art and science of dietetics, and its importance in supporting health for all.
- Promoting the role of dietitians around the world.

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be held during the conference to discuss common standards for dietetics education and the image of the profession globally.

■ *Foodservice Management.* Will explore institutional and community settings, labor issues, production (food factories), delivery systems, organizational issues, successes, and the impact of new foodservice technology.

■ *Food Security.* Will discuss food distribution, food as power, the impact of food safety issues on consumer food choices, and new food technologies.

■ *Nutrition and New Epidemics.* Will focus on research, treatment of diseases such as HIV/AIDS and diabetes, special groups, and best practices.

If you know of a dynamic speaker who would fit one of these subthemes, please forward the name and contact information to Lynda Corby (lcorby@dietitians.ca).

Important dates

Second announcement

January 2003

Invitation to register

June 2003

Abstract deadline

September 30, 2003

Early registration cutoff

January 31, 2004

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■ Encouraging national dietetic associations to join ICDA.

■ Encouraging dietitians to join the private areas.

Private—accessible to dietitians anywhere, at two levels

Private area. Dietitians who register in the private area have access to more content. Here you can participate in discussion groups, post questions and replies, share information or resources, contact official representatives of national dietetic associations, and register to receive the newsletter and Congress updates.

Secure area. Official ICDA representatives and other appointed persons can participate in a more secure area that allows them to submit articles for *Dietetics Around the World* and to view and print ICDA board minutes, reports, policy manual, meeting agendas, and resolutions.

The new on-line version of *Dietetics Around the World* will be accessible to all dietitians who register with the Web site. The Dietitians Association of Australia will serve as editor of the newsletter beginning in 2002, and guidelines are being developed for national dietetic associations to use in preparing articles. Dietitians who access *Dietetics Around the World* on-line will be able to search current and past versions for articles by topic area, country, and date.

National dietetic associations are encouraged to provide the Secretariat with urls for Web site and e-mail addresses for official ICDA representatives. By keeping this information up to date on our Web site, each national dietetic association can help meet ICDA's goals of an integrated communications system; an enhanced image for the profession; and increased awareness of standards of education, training, and practice in dietetics.

Marsha Sharp
CEO, Dietitians of Canada
Secretary, ICDA

From Brazil

Diet and hypercholesterolemia in a community of Brazilian schoolchildren

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Aiming to identify the best dietetic predictors for hypercholesterolemia, the Nutritional Epidemiology and Public Health Research Group from the Catholic Pontifical University of Campinas studied 1,600 local schoolchildren during 1998 and 1999. Their age, gender, blood pressure, weight, height, 24-hour dietary recall, and food intake frequency were recorded, and blood samples were collected for cholesterol dosage. Statistical analyses with a significance level (p) of 5% and a confidence interval (CI) of 95% were performed.

Initially, a bivariate correlation between seric cholesterol level and dietary characteristics (total energy, energy from fat and from saturated fatty acid, cholesterol, and fiber density) was investigated according to age and gender. To determine whether the relationship between these variables persisted, partial correlation was examined after adjusting for age, gender, blood pressure, and anthropometric status. Finally, the predictors of hypercholesterolemia were identified using all variables in a logistic regression model in which the presence or absence of hypercholesterolemia was forced in. The 75th percentile of the cholesterol distribution by age and gender was used as a threshold for the presence or absence of hypercholesterolemia.

The data showed, on average, a daily consumption of 1,895 kcal (33.5% from fat and 11.8% from saturated fatty acid), 76.2 mg of cholesterol/1,000 kcal, and 9.3 g of fiber/1,000 kcal. The bivariated analysis showed a direct association between seric cholesterol and energy from fatty acid and an inverse correlation with fiber density. Both correlations were maintained after adjusting for age, gender, blood pressure, and anthropometric status. However, the logistic regression pointed to anthropometric status (obesity) as the best predictor for hypercholesterolemia (odds=1.13, CI = 1.07 to 1.18, $p < 0.0001$). Among dietetic variables, only fiber density was associated with hypercholesterolemia (odds=0.96, CI= 0.93 to 0.98, $p < 0.002$).

In conclusion, there is an urgent need for nutrition education aimed at increasing fiber intake to protect against hypercholesterolemia and obesity.

From Greece

How will recent legislative changes affect the dietetics profession?

*Constantina Papoutsakis, MS, RD
International Network Representative
American Overseas Dietetic Association*

In May 2001, the parliament of Greece passed a landmark law equating technical degrees to university degrees. This was voted after great deliberation and many delays, despite clear guidelines mandated by the European Union. Indeed, a total of 32 countries, including countries from the European Union, have passed such legislation.

The main criticism of this law among Greeks is that many technical departments here do not offer programs of similar duration and quality as those offered by universities, and faculty of technical departments do not necessarily hold advanced degrees that can be upgraded overnight. Many important figures in the scientific community proposed that each technical department be assessed before implementing a one-size-fits-all type of legislation. But the bill was passed despite these concerns.

It is not clear yet how this new legislation will apply to the dietetics profession because the document outlining the specifics of application has not been issued yet. Also, the dietetics professionals who practice in Greece vary in background. Some are graduates of a vocational school that is no longer in existence; some are graduates of the Greek university; some are graduates of technical schools; and some have been educated abroad. There is no credentialing or formal registration system in place, as there is in many other countries. In fact, RDs (from the U.S.) and SRDs (from the U.K.) do not qualify for membership in the national dietetic association, even when such highly qualified, credentialed professionals are Greek citizens, hold valid work permits, and have experience in dietetics practice.

Dietetics professionals in Greece should view this new legislation as an opportunity to collaborate for the advancement of the profession. There are challenges ahead, but if we move toward common ground, we can assimilate the multiple associations that currently exist into one empowered association that represents all dietetics professionals. This would facilitate:

- The legal acknowledgment of the dietitian as a health professional, as has been accomplished for other professions such as physical therapy. This is a priority because there are

financial ramifications that relate to reimbursement and taxation and professional ramifications that relate to visibility.

- More employment opportunities in the public and private sectors.
- Advanced standards of practice that promote the dietitian as the leading nutrition expert who documents nutrition care plans in the medical chart as part of the health care team.
- The establishment of a comprehensive registration system that acknowledges credentialed professionals and fosters continuing education.

Dietetics professionals have a lot to accomplish right now, but the journey is worth it if the end result is improved access to quality nutrition care.

From India

Study finds maternal employment does not compromise children's nutrition

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Indian women are transitioning from their traditional roles as wives and mothers to members of the work force. They now constitute about 10 percent of the nation's organized work force and 90 percent of the unorganized sector.¹ At the same time, malnutrition among preschool children is a persistent problem, accounting for over half the deaths among young children in many developing countries. Although working women have more money to buy food for their families, they have less time for child care, which could impair their children's health and nutritional status.²

(See *India*, page 4)

(India, from page 3)

Several studies have been done on women's employment in India and the nutritional status of their children, but results have been inconsistent. A new study of this issue hopes to lay the controversy to rest. Researchers explored the impact of maternal employment on the nutritional status of Indian preschool children using 120 children 4 to 5 years of age from similar socioeconomic backgrounds divided into three groups based on maternal employment: employed mothers, casual laborers, and housewives. Their nutritional status was assessed by recording anthropometric measurements, monitoring food and nutrient intake through 24-hour recall, and clinical examination.

The survey pointed to a poor intake of foods in all three groups in terms of both quantity and quality, although their intake of protein and calcium was found to be higher than the recommended dietary allowances. The vitamin intake was significantly higher only in the employed mothers group. Clinical examination revealed no difference in the percentage prevalence of clinical deficiency signs among the three groups.

Overall, the study found that maternal employment has no significant positive or negative impact on the nutritional status of preschool children. These findings are encouraging for Indian women as they take their place as family wage earners.

References

1. Alva, M. Women in India. *Manorama Year Book*, Malayala Manorama Press, Kottayam, 1998.
2. National Institute of Nutrition. Women's work and its impact on health and nutrition. *Annual report*, 1993.

Study results excerpted with permission from the *Indian Journal of Nutrition and Dietetics*. 2000;37:110 (April 2000).

Dietitians poised for leadership in nutrition education

Molly Joshi, MSc, PhD, RD
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Half a century ago, dietetics in India was in its infancy. It was recognized as a separate professional discipline in the 1950s. Since then, the development of a national dietetics organization has brought about revolutionary changes in the status of dietitians, vastly enlarging our sphere of activities in hospital care, training, and research. Today, dietitians in India hold respected positions in medical, health care, public health, foodservice, education, private practice, and other scientific disciplines.

Our country, with its rich alternative systems of medicine and emerging modern health care, is beginning to realize that diet is the anchor in the prevention and treatment of diseases. So far, this awareness is confined mostly to metropolitan areas. There is an urgent need for widespread public education, but to meet that need we have to strengthen the ties between dietitians and the medical community.

Our challenge is to eradicate preventable nutritional disorders that are prevalent in India, but the population explosion makes it difficult to improve the overall nutrition and health status of our country. Malnutrition is a common enemy of hospitalized and in-home care patients. The lack of adequate nutrition to meet metabolic demands is a serious concern in medical and surgical patients.

By keeping abreast of new scientific information, dietitians can assume leadership as providers of nutrition care and education.

From Israel

Culturally sensitive approaches to westernization of Ethiopian immigrants

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Over the past decade, Israel has experienced a surge of immigration from eastern Europe, the Middle East, and north and central Africa. At first, experts believed that the best way to minimize discrimination and alienation was to "melt away" the immigrants' cultural heritage and assimilate them into the Israeli mainstream. Only recently has the cost of this approach been discovered: Westernizing immigrants into "instant Israelis" nearly extinguished their respective cultures and social structures as well as their indigenous eating habits. Consequently, the cultural melting pot has been replaced by cultural pluralism.

Several factors interplay in the acculturation process. One is the degree of difference between the two cultures. The thrust into a new setting forces immigrants into a host of changes that could be detrimental to their long-term health. There will always be differences in food availability, food variety, and eating habits between the home and the host countries, but the wider the gap, the more difficult and costly the acculturation process will be.

A second element to consider in acculturation is environment. Many of Israel's current immigrants—the Ethiopians, for example—are from rural areas where they are accustomed to seasonal and limited food variety and availability. Those realities have shaped their eating habits, metabolism, and body structure over decades. But now they find themselves in a western, urban environment with different daily rhythms, eating habits,



and energy expenditure demands. The need to replace habitual food items with locally available but unknown items is one of the most stressful challenges in the acculturation process. It also poses health threats, due to potential nutritional inadequacy.

An example is the *injera*, a traditional Ethiopian thin pancake that is a staple in every meal. It is prepared from flour that is made from various seeds. The *teff* seed (a grass, not a grain), indigenous to Ethiopia, is its major component. The nutritional composition of *teff* far exceeds that of grains and corn, and it is a major source of many essential nutrients in the Ethiopian diet. *Teff* was unavailable in Israel, so it was replaced by white wheat flour, which greatly reduced Ethiopians' intake of essential nutrients. This is a classic example of forced substitution of a traditional nutrient-rich food with empty calories. Ignorance of its ramifications jeopardizes the nutritional status of immigrant populations and puts them at risk for undernutrition, overweight, and chronic diseases such as diabetes.

A third factor in dietary acculturation is energy expenditure. People in underdeveloped countries find it difficult to handle increased food intake and reduced energy expenditure, probably due to metabolic processes affected by the "thrifty gene." The thrifty gene hypothesis, proposed by Professor Paul Zimmet, director of the International Diabetes Institute in Melbourne, Australia, suggests that populations exposed to undernutrition over generations have developed greater metabolic efficiency to make up for the required energy. Among other things, they are better able to store fat during times of plenty. With the abundance of food and reduced energy expenditure in western cultures, this inherited survival trait becomes a liability. The Ethiopians, having been subjected for generations to low subsistence levels, seasonal food deprivation, and body weight fluctuations, might manifest the thrifty genotype scenario upon immigration to Israel.

Dietary acculturation programs can ease the transition to a new culture and reduce the undesirable consequences of westernization if they take into account the factors discussed here. Dietary acculturation involves becoming acquainted with local foods and eating habits, building acceptance, and learning about food substitutions. To work effectively with immigrants, nutrition professionals need strong communication skills as well as in-depth knowledge of their culture, eating habits, food variety, and cooking traditions. The goal is not just to transmit knowledge on an intellectual level, but to bring about a positive behavioral change with regard to food selection and eating habits, keeping in mind the need to interconnect, rather than alienate, traditions from the old country.

In our work with Ethiopian immigrants, we want to instill behavior patterns that lead to a healthy lifestyle. To that end, we collected nutritional information from a random sample of male and female immigrant adults who have been out of their country for 10 years. Information was gleaned by individual interviews conducted in Amharic, using a validated frequency nutritional questionnaire adapted to Ethiopian as well as Israeli foods. The survey found that 40% of the males and 30% of the females experienced mild weight gain since arrival in Israel; 7% and 15%, respectively, gained an appreciable amount of weight. Weight loss during this period was reported by 8% of males and 14% of females.

Of the traditional Ethiopian foods and drinks, only *injera* and *watt* (a kind of stew) are consumed regularly by more than 60% of the population. Traditional drinks (mostly low alcoholic, homemade) have been replaced by commercial beer. About 50% of the population significantly increased the variety, but not the quantity, of fruits and vegetables consumed, while also consuming more animal products and starches relative to those available in Ethiopia. The increased consumption of soft drinks and snacks, both salty and sweet, was

an expected, yet disturbing, finding. Of all the dairy products, only milk and cultured nonsweet products are consumed, albeit by less than 50% of the adult population; soft and hard cheeses are rarely consumed. No significant differences between male and female food preferences have been found.

With nutrient-deficient diets, reduced physical activity, and increased stress, Ethiopian immigrants are at risk for morbidity and weight increase. These were pivotal considerations in planning a community-based educational program that is in progress. Now that we understand how westernization affects the eating habits of Ethiopians, we can develop guidelines for healthy living to serve this population.

From the United Kingdom

UK and US associations sign reciprocity agreement

*Irene Mackay, SRD, FBDA
President
British Dietetic Association*

The Dietitians Board of the Council for Professions Supplementary to Medicine (CPSM) in the United Kingdom has signed a registration eligibility reciprocity agreement with the Commission on Dietetic Registration (CDR) in the United States.

The agreement means that dietitians who are currently registered with the dietitians board of CPSM and who have completed all academic and experience requirements in the United Kingdom will not have to complete CDR's academic and training requirements in order to write the registration examination for dietitians. Similarly, the agreement allows RDs from the U.S. to apply for registration with CPSM without completing academic

(See United Kingdom, page 6)

(United Kingdom, from page 5)

and experiential requirements in the United Kingdom.

Reciprocity agreements like this promote uniformity in standards of practice among dietitians and enhance the credibility for our profession worldwide.

From the United States

African delegates participate in AIDS nutrition conference

*Vivica Kraak, MS, RD, CNSD
Director*

AIDS Nutrition Services Alliance

The AIDS Nutrition Services Alliance (ANSA) is a network of more than 150 nongovernmental organizations and AIDS service groups. It was formed in 1997 with a mission to build the capacity of organizations that provide food and nutrition services to people living with HIV/AIDS. Our U.S. and international members have a wealth of information and experience to share with groups that are in early stages of developing their services.

Each fall, ANSA organizes a national conference. Several sub-Saharan African nations that have been hit hardest by the AIDS epidemic sent representatives to this year's meeting in Philadelphia, Pennsylvania, with the support of generous donors.

Workshop explores contextual realities

One workshop brought together staff from AIDS service organizations in Botswana, Kenya, Malawi, and Uganda to discuss food security in those countries, HIV prevalence, existing services, service gaps, nutrition education efforts, and strategies for combining food and traditional medicine.

■ *Representing Botswana:* David Ngele, outreach program officer for the Botswana USA partnership and chairman of the Botswana Network of People Living with HIV/AIDS. Thirteen years ago, he was the first person in Botswana to declare his HIV-positive status.

National HIV prevalence: 36%, one of the highest rates in the world among adults.

■ *Representing Kenya:* Esther Gatua, policy program manager of the Kenya AIDS Nongovernmental Organizations Consortium, a national network of some 750 community- and faith-based organizations involved in HIV/AIDS activities.

National HIV prevalence: About 15%.

■ *Representing Malawi:* David Nyirongo, program officer, Action Aid Malawi-Strategies for Action, a British private voluntary organization involved with HIV prevention and AIDS mitigation.

National AIDS prevalence: 17-24%.

■ *Representing Uganda:* Gakenia Wamuyu-Maina, National Guidance Empowerment Network of People Living with HIV/AIDS.

National AIDS prevalence: Dropped from 30% to 9% in the past 10 years but remains high in some regions.

Treatment challenges

People in sub-Saharan Africa do not always have access to sufficient amounts of clean water and nutrient-dense, indigenous foods. In countries such as Kenya, people living with HIV/AIDS are encouraged to produce their own vegetables and herbs in small kitchen gardens. Communal agriculture is reemerging in parts of Uganda.

Another major challenge is incorporating traditional healers into HIV disease management. With limited access to AIDS medications and health practitioners, people living with HIV/AIDS often turn to traditional healers to manage symptoms with foods and herbs. AIDS

practitioners need to develop closer ties to these trusted advisers.

There is an urgent need for nutrition education so that nutrition can be integrated into HIV disease management. Scarce resources, limited literacy, and lack of national guidelines have made it difficult to develop culturally competent and contextually specific materials.

Efforts are being made to offer feeding programs for people living with HIV/AIDS—distribution of weekly food rations through various channels, congregate meals, home visits to supervise food preparation and food safety. The stigma of AIDS prevents many people from accepting preventive care and support services.

An effective collaboration

Another session described a “twinning” project between Open Arms of Minnesota, a small AIDS service organization in the midwestern United States, and the J. L. Zwane Community Center in Guguletu, a township of about 350,000 people near Cape Town, South Africa. In August 2001, the board of directors of Open Arms made a formal commitment to assist the Zwane Center in its efforts to combat HIV/AIDS in Guguletu, particularly with regard to improving the nutritional health of people living with the disease. To that end, Open Arms has raised funds, provided human resources, and heightened awareness of international AIDS issues in its home community. One Open Arms staff person who lived in South Africa plans to go to Guguletu in 2002 to help run a community center that will offer nutrition education and support programs to young people living with HIV/AIDS.

ANSA's 2002 national conference will be hosted by Project Angel Food in Los Angeles, California. Contact ANSA, 1030 15th St., NW, Suite 860, Washington, D.C. 20005, USA; phone 1 202 289 5650; e-mail ansaoffice@aol.com; ansa@aidnutrition.org or visit the Web site at www.AIDSnutrition.org.



Alliances

Report from Alicante

Patricia Anthony, MS, RD, CNSD
President-Elect
American Overseas Dietetic Association

Nutrition professionals from 17 nations on four continents attended the American Overseas Dietetic Association's (AODA) 24th annual conference, Nutrition Interchange—Opening Minds, Opening Borders, in Alicante, Spain, last March. Presidents of national dietetics associations, students, educators, practitioners, and physicians were among the participants and presenters. The meeting was simultaneously translated into Spanish—a first for AODA—and a Spanish-language program brochure was distributed to encourage broad participation.

Featured speakers from about 10 countries—including four from Spain—reported on herbal medicine, diabetes camps for children, genetic research in obesity and diabetes, the Mediterranean Diet, saffron in history and current cuisine, dietitians in restaurant counseling from a chef's perspective, permaculture, the dietetics profession in Spain, and the cultural and religious aspects of dietary laws—a truly diverse range of topics from a content and cultural perspective. Some speakers gave their presentations in Spanish, with simultaneous translation to English.

Many people at the conference expressed concern over the westernization of local diets and the move away from a variety of local foods. In Greece, Israel, Lebanon, Malawi, and Spain, intake of bread, pasta, cereals, potatoes, vegetables, eggs, and oils has decreased, while intake of meat, meat products, fish, milk, dairy products, fruit, and nonalcoholic drinks has gone up. Fat intake remains above recommended levels, and intake of fruits and vegetables is inadequate.

Coinciding with these dietary changes has been an increase in “western” diseases such as obesity, diabetes, and cardiovascular problems. We see this same dietary trend in many Asian countries.

In reflecting on the conference, Stacia Nordin, RD, an AODA representative for Malawi and the African continent, observed, “We are all increasingly in contact with other cultures, and if we open our minds we can truly begin to open borders. Food plays an important role in culture, and we as dietetics professionals can teach others the value of respecting local food habits.”

AODA is the international affiliate of the American Dietetic Association, offering a channel for professional development for ADA members living outside of the United States. It was founded in 1978 and represents some 600 members from 75 countries around the world. For more information on AODA, visit its Web site at www.eatrightoverseas.org.

Resources

■ **Foodconcern listserv.** A worldwide e-mail forum to stimulate debate and exchange of information on food and nutrition issues. Subscribers can:

- Exchange views and debate issues.
- Keep abreast of new developments.
- Respond to published articles and research reports.
- Seek partners for cross-cultural research projects.
- Inform others of research progress and methodologies.
- Publicize meetings, job openings, internships, training programs, and volunteer opportunities.
- Request information on sources and references.

If interested, you can browse past discussions at www.egroups.com/group/foodconcern. To join, send a blank e-mail to foodconcernsubscribe@egroups.com. Primary

languages used are English, French, and Spanish.

The Foodconcern electronic discussion list is managed by Conserve Africa International. Visit its Web site at www.conserveafrica.org.

■ **International Network of Dietitians in EB (INDEB).**

A resource for dietitians working with epidermolysis bullosa patients. The group plans to disseminate research findings and a contact list so members can exchange information on an individual basis. Membership is restricted to registered dietitians and nutritionists; there is no fee. Contact Lesley Haynes at l.haynes@ich.ucl.ac.uk

■ **Medicine of the Americas.**

A bimonthly, peer-reviewed journal on patient care and clinical research among multiethnic populations of the Americas. Explores the social and cultural aspects of health care delivery through articles, case studies, commentaries, and grand rounds. While initially just in English, the journal may eventually publish abstracts in additional languages.

For information on subscriptions or manuscript submissions, contact Medicine of the Americas, P.O. Box 1930, 17150 Lake Marie Rd, Sutter Creek, CA 95685, USA; phone 1 209 267 5940; fax 1 209 267 0845 e-mail info@medicineoftheamericas.org.

■ **53rd Report of the Joint FAO/WHO Expert Committee on Food Additives and Contaminants. Report No. 896.** Geneva, Switzerland, 2000. Presents the committee's findings on the safety of nearly 200 flavoring agents, a glazing agent, a sweetening agent, a thickening agent, a substance used in food fortification, and other additives. Also presents toxicologic data on three contaminants, including lead. Information is of interest to manufacturers and users of these substances as well as the food industry. The report can be downloaded from the World Health Organization's website at www.who.int.



Announcements

■ ICDA member reinstatement

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Membership: 100

Editor's note. This is the last print issue of *Dietetics Around the World*, published by the American Dietetic Association. As editor of the newsletter for the past four years, it has been an honor to work with ICDA member representatives and with Alice Adelheid Wimpfheimer, MS, RD, who proposed the newsletter and nurtured it from its inception in 1994. Delegates at the International Congress of Dietetics in Edinburgh acknowledged Ms. Wimpfheimer for her valuable support in this endeavor.

Awards

■ 2001 FIND winner is selected

Mahshid Ahrari, MSc, RD, is the 2001 recipient of the First International Nutritionist/Dietitian (FIND) Fellowship for Study in the U.S.A.

Ahrari, of Iran, began working as a senior nutrition officer with the Ministry of Health and Medical Education in Tehran in 1992. From 1998 to 1999, she worked as a consultant to the Food and Agriculture Organization (FAO) in Egypt and

to UNICEF. Her assignment with FAO led to a publication on nutrition interventions. The UNICEF consultancy involved collaborating with Dr. Levinson, director of the International Food and Nutrition Center at Tufts University, on strategies for preventing childhood malnutrition and on an action plan for UNICEF.

As a dietitian/nutrition specialist with Save the Children, Egypt Field Office, Ahrari began working on positive deviance-based nutrition interventions in Minia Governorate, Egypt, last January. With the cooperation of Dr. Levinson and Dr. David Marsh of Save the Children headquarters, she assessed three programs in Minia Governorate where Save the Children has had success in reducing malnutrition among young children. Her study, published by Save the Children, Egypt Field Office, explored how to reduce program costs without compromising impact and suggested ways to expand existing activities.

She considers the application of the positive deviance approach to pregnancy outcomes to be her most important work in Egypt. Her study of maternal malnutrition in Minia Governorate is being published.

In her award application, Ahrari explained that by pursuing a doctoral degree at Tufts University in the United States she will be able to help improve the nutritional status of children and pregnant women in Egypt and Iran.

The FIND award was made possible through Paquita Erdell, EdD, RD, and Alice Adelheid Wimpfheimer.

■ Policy director of New York food rescue program earns award

John Krakowski, MA, RD, director of policy and community affairs for City

Harvest, has received a \$1,000 award from the Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics, and Management for an essay that details his project's efforts to eliminate food waste in a way that benefits hungry people in New York City.

In his essay, Krakowski outlined how City Harvest, the largest food rescue program in the world, annually reclaims about 13.5 million pounds of food that would otherwise go to waste and delivers it to more than 700 local emergency food programs.

Following the September 11 attacks on New York and Washington, D.C., City Harvest worked with the American Red Cross, the New York City restaurant community, the Salvation Army, and other agencies to organize the delivery of food to rescue workers. "In this setting," Krakowski noted, "a dietitian's knowledge of food safety and food systems management are valuable skill sets."

■ How to apply for the international awards

Applications for the \$2,000 FIND Fellowship for Study in the USA are due May 30, 2002. Essays for the \$1,000 award from the Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics, and Management are also due May 30, 2002. For details on either award, contact the American Dietetic Association Foundation, 216 W. Jackson Blvd., Chicago, IL 60606, USA; e-mail szerbian@eatright.org. Also visit the ADA Web site at www.eatright.org or go to www.adaf.org/scholarshipinformation/internationalscholarship.html.

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Dietetics Around the World and other ICDA information can be found on the Web at www.dietitians.ca/icda.

Encourage organizations in other countries to join ICDA. To apply for membership, contact Marsha Sharp, ICDA Secretariat, Dietitians of Canada, 480 University Ave, Suite 604, Toronto, Ontario, M5G1V2, Canada; phone 1 416 596 0857; fax 1 416 596-0603; Web site www.dietitians.ca/icda.

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