FROM THE SECRETARIAT

Dues renewal notice
ICDA member associations will need to renew their membership this summer. Each association must remit fees for 1997 and 1998 to the Secretariat so that its ICDA delegate can vote at the next meeting.

Invoices will be mailed from Canada in July. Fees are 10 cents (US) for each member of your association per year. If you have questions about the dues renewal process, contact Marsha Sharp, ICDA Secretariat, Dietitians of Canada, 480 University Ave., Suite 604, Toronto, Ontario M5G 1V2, Canada, phone 416 596 0857; fax 416 596 0603.

ICDA on the Internet
Food and nutrition professionals can now get information about ICDA through the Dietitians of Canada's new Web page, http://www.dietitians.ca/icda.

Viewers will find information on ICDA's history and dues, Congress dates, minutes from the last Congress, and the last issue of Dietetics Around the World. This information can be printed for reference and for sharing with colleagues.

To update ICDA Web page information, contact ICDA Secretariat Marsha Sharp.

Delegates consider ways to improve communications
After talking with leaders in their associations, ICDA delegates completed a questionnaire to help generate ideas for an integrated communications system and membership expansion. Following are highlights of responses from delegates in Italy, Japan, the Netherlands, New Zealand, Slovenia, South Africa, Sweden, United Kingdom, and the United States.

How should ICDA communicate?
Delegates agreed that ICDA should continue to communicate through newsletters and faxes. Many organizations do not yet have e-mail or Internet hookups, but they all plan to acquire these capabilities.

What type of information should be shared with delegates?
Delegates want to receive information on food and nutrition policies, standards of education and practice, new publications, professional resources, conferences, and educational opportunities, especially distance learning.

Who are ICDA's audiences?
Respondents indicated that ICDA should communicate with all nutrition-related
organizations, including food scientists and the food industry, and with ICDA delegates, member associations, and nonmember associations.

**How does your association communicate with members?**
Most organizations communicate with their members through newsletters and professional journals.

**How can ICDA speed up communications to delegates?**
Suggestions ranged from establishing an Internet home page to increasing the frequency of the ICDA newsletter.

**REPORT FROM THE WORLD FOOD SUMMIT**

Last November, leaders from 186 countries - including 41 presidents, 15 vice presidents, and 41 prime ministers - traveled to Rome for the World Food Summit. Their objective: to cut in half the number of hungry people in the world - some 800 million right now - by the year 2015.

The summit was the outgrowth of the International Conference on Nutrition held in Rome in 1992, where each participating country agreed to develop a national plan of action for nutrition. The summit's goals are set out in the Rome Declaration of World Food Security and the World Food Summit Plan of Action. In the declaration, heads of state vow to achieve food security by cooperating with one another and with UN agencies and nongovernmental organizations in a "Food for All" campaign that is based on the action plan.

In all, nearly 10,000 delegates representing nongovernmental organizations, international agencies, and the press attended the five-day summit.

One participant was Josephine Martin, PhD, RD, a member of The American Dietetic Association and former head of the National Food Service Management Institute. In an article in *Nutrition News*, a publication of the Community Nutrition Institute, she noted that private sector involvement in food security was hardly discussed at the last summit in the 1970s, but the need for partnerships at all levels - not only between nations, but also between government and nongovernmental organizations - was a consistent theme at the 1996 meeting. "The operative word was harmonization of the political, social, ethical, and economic aspects of food in each nation," she said. Martin expressed disappointment that more nutrition professionals were not at the summit. "Food and nutrition professionals must have a better understanding of the role of food in the shrinking world so we can help develop more sophisticated solutions for dealing with food and nutrition-related issues," she urged.

**OVERHEARD AT THE SUMMIT**

"Hunger is an insult to the fundamental values of the international community."
Boutros Boutros-Ghali, UN Secretary-General

"Over the past decade, our support for agriculture and rural development has been on the decline, but no longer. We are taking action, and we are taking it now."

James Wolfensohn, President, World Bank

"The rich do not know hunger."

Fidel Castro, Prime Minister of Cuba

"Demography alone does not explain the inadequate distribution of food resources. We must put aside the sophist view that when there are many, one is condemned to be poor."

Pope John Paul II

WHAT NATIONS MUST DO

"The Rome Declaration of World Food Security and the World Food Summit Plan of Action lay the foundation for diverse paths to a common objective—food security, at the individual, household, national, regional, and global levels. Food security exists when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

In this regard, concerted action at all levels is required. Each nation must adopt a strategy consistent with its resources and capacities to achieve its individual goals and, at the same time, cooperate regionally and internationally in order to organize collective solutions to global issues of food security. In a world of increasingly interlinked institutions, societies, and economies, coordinated efforts and shared responsibilities are essential."

World Food Summit Plan of Action

FROM DENMARK

Continuous quality improvement in catering

Eva Winther, clinical dietitian

The Danish Dietetic Association

Quality and customer-focused values are key words in health services in the 1990s, not only in Denmark, but in all countries adopting the World Health Organization's (WHO) program "Health for All in the Year 2000."
The interest in quality is shared by many: patients and the public, who demand quality improvement in all aspects of health services; politicians and health care authorities, who require documentation, quality improvement, and cost-effectiveness in health care; and health professionals, who want to improve their overall performance.

**What is quality?**
The WHO’s objectives for quality in health care are:

- a high degree of professional excellence
- efficient use of resources
- minimal risk to the patient
- high patient satisfaction
- final health impact

It is up to the different health care groups to adapt these objectives to their own professions.

**The catering and dietetic perspective**
The Danish Dietetic Association is trying to position foodservice as an integral part of both care and treatment. We want to make this part of care more visible and underline its importance. The principles of continuous quality improvement (CQI) seem to be an excellent tool for achieving these ends.

**A model for CQI**
CQI may be described in various ways, but the basic model always contains these five steps:

1. Define quality goals.
2. Collect information.
3. Analyze data.
4. Adjust routines to meet goals.
5. Insist on results; monitor continuously.

For the Danish administrative dietitian, the demand for systematic collection of precisely defined data is a new challenge.

**Implementing CQI**
The Danish Dietetic Association has made the implementation of CQI in institutional catering a priority, with three educational projects so far:

**A two-day introductory course presented a model for CQI, and a more intensive five-day course covered CQI projects management. About 200 members participated in these courses.**
A selected group of members from around the country received 23 days of education (spread over 15 months) while they developed a CQI project related to their daily work.

Four kitchens had external supervision to test the model’s application in catering.

The strategy was:

**To invite all members who manage kitchens to a conference in the spring of 1996.**

Eight conferences with identical programs were then presented around the country to explore the goals of CQI and strategies for implementation.

**To advise the kitchen managers-- all of whom decided to implement CQI-- to introduce its principles and methods to all employees, not just those who started the quality circles.**

**To offer starter courses around the country (fall 1996).**

Some 500 members participated in the spring conferences, and 62 kitchens are currently represented by 102 members who attended the starter courses.

The association has succeeded in putting quality and customer values at the top of the agenda, with a well-tested educational program and an approach directed to the manager-members of the association. More than 100 kitchens are now working towards continuous quality improvement, and we will continue this effort in the future.

FROM GREAT BRITAIN

Eating for Health --
A Diet Action Plan for Scotland
Morag D. MacKellar, SRD, FBDA
British Dietetic Association

When a 1992 government policy statement identified poor diet as a priority area for action, a working group of nutrition experts was given a mandate to develop dietary recommendations.

Following publication of the report *The Scottish Diet* and consultation with relevant interests, including dietitians, dietary targets were set for the year 2005. The Scottish Diet Action Group was appointed to prepare an action plan to achieve the targets. Led by the Minister of State, the group included representatives from many sectors with an interest in food in Scotland and a member of the British Dietetic Association.

*Eating for Health*-- A Diet Action Plan for Scotland is the product of the group’s work. The plan provides a framework for various sectors to use in improving diets. Successful delivery of the plan will depend on the cooperation of the many interests involved.

The plan is divided into nine sections with 71 action points. Primary producers, for example, are urged to encourage fruit and vegetable eating, breed leaner beef, and stimulate the demand for fish. Manufacturers and processors are encouraged to develop
lower fat, sugar, and salt products and more products containing fruits, vegetables, fish, and fish oils. Retailers are urged to find ways to deliver a wider range of healthy food products— and to find ways to get them to low-income communities. Directors of public health and local authorities are encouraged to include nutrition in their approach to any community, but especially to low-income communities. Education authorities, caterers, and the National Health Service are urged to include nutritional advice and guidelines in their activities.

In summary, the plan has four main themes:

- shaping consumer tastes
- supplying food for a healthier diet
- understanding food better
- influencing food choices

The changes— especially eating more fruits and vegetables— will bring substantial health benefits. These gains will not necessarily come quickly. Some may even take 20 years to achieve their full impact, but they will be well worth the effort.

FROM THE NETHERLANDS

Effectiveness through cooperation
C.P.M. Gozeling-van Tol
Steering Committee on Healthy Nutrition
The Hague, the Netherlands

In 1986, the Nutrition Council, a government advisory board, issued guidelines for reduction of fat consumption by the general population, with an emphasis on saturated fats. The government appointed a steering committee that included representatives of government, health, consumer, and educational organizations as well as the food industry.

Committee members organized a joint public education campaign that lasted from 1991 to 1995. Health organizations and dietitians advised people through workshops and published information. Dietitians conducted guided tours in supermarkets to help consumers make informed food choices, and industry supported the campaign by marketing products that contained less fat. A 1992 evaluation attributed the effectiveness of the fat reduction campaign to industry’s efforts as well as those of health and consumer groups.

Collaboration among various types of organizations is being extended in the current campaign, which runs until 2001.
FROM SOUTH AFRICA

TALC-DURBAN--an ADSA branch project

Carol Herbert, RD
ADSA KwaZulu Natal chairperson

After two years of negotiations, the KwaZulu Natal branch of the Association for Dietetics in Southern Africa (ADSA) proudly launched TALC-DURBAN in September 1996-- making ADSA KwaZulu Natal the first South African distributor of TALC--Teaching Aids at Low Cost.

Functioning as a nonprofit organization under the auspices of ADSA KwaZulu Natal, TALC-DURBAN’s aim is to raise standards of health care by supplying high-quality, low-cost teaching aids and books to health workers in villages, health centers, and hospitals.

Health workers, especially those in remote rural areas, often have limited access to health care materials. The biggest problem is getting bank drafts in foreign currency to purchase the materials. Now, thanks to generous sponsorship, ADSA KwaZulu Natal will be able to make TALC materials available in South African currency.

TALC-DURBAN has the full backing of its parent organization, TALC-UK, which began 30 years ago in response to a shortage of appropriate, low-cost teaching materials for developing countries.

TALC materials are selected by international health and medical experts based on their appropriateness in helping nurses, doctors, village health workers, teachers, and students improve their case management or teaching/training skills. Materials that chosen are low-cost, well-illustrated, and written in easy-to-understand English. They cover health care services/management, AIDS education and communication, mother and child health, nutrition and child growth, education and communication, disability and appropriate technology, and medicine/nursing.

Professional advisers from the Institute of Child Health, University of London, the London School of Hygiene and Tropical Medicine, and the Child-to-Child Programme help to identify and review teaching materials for the TALC catalog.

ADSA KwaZulu Natal believe that TALC-DURBAN is a valuable service, providing knowledge and skills to people so that primary health care services in South Africa can be improved.

The South African Food Intolerance Databank

Carlette Julius, RD
SAFID dietitian

With the growing awareness of food allergies among South Africans, the Association for Dietetics in Southern Africa saw the need for a practical solution-- the South African Food Intolerance Databank (SAFID).
SAFID is probably one of the best databanks in the world, with the successful run of its 1996 Free From handbook and the 1997 edition on the drawing board. The full-color handbook contains nearly 50 pages of some 1,800 allergy-free foods that are categorized according to their "free from" components-- substances that are commonly associated with food allergy and intolerance, such as:

- milk, milk derivatives, and lactose
- egg and egg derivatives
- soya bean derivatives
- wheat, rye, oats, triticale, and their derivatives
- sulphur dioxide
- BHA, BHT, and benzoates
- glutamates
- tartrazine

The "free from" definitions used by SAFID are based on those in Dutch and UK databanks, modified to suit South African requirements.

Participation in SAFID is open to all companies that import, manufacture, or produce their own brands. Responsibility for the accuracy of the data rests with the manufacturer, and companies are required to update their entries yearly to allow for changes in product recipes.

SAFID can be ordered from ADSA National Office, P.O. Box 1310, Cramerview 2060, South Africa. Cost is R71.20.* Make checks payable to the Food Intolerance Databank.

*4.443 rand per U.S. dollar as of 4/25/97.

FROM THE UNITED STATES

Position statements: the voice of The American Dietetic Association
Harold Holler, staff liaison
Association Positions Committee

"What is ADA’s position on food irradiation?"

"What type of diet should I follow to manage my diabetes?"

"Does ADA have a position on reimbursement of comprehensive nutrition services?"
Questions such as these prompted The American Dietetic Association (ADA) to develop a collection of 44 position statements that define its thinking on various food and nutrition issues.

**What are the components of a position?**

A position consists of a position statement and a support paper. The position statement is one or two sentences that express ADA’s opinion on a specific topic. The support paper delineates the environment dictating the need for the position, the rationale, key points, the role/responsibilities of dietetics practitioners, and references.

**How is a position developed?**

Any member or organizational unit of ADA can suggest a topic for a position concept. Proposals are reviewed by a positions committee and forwarded to the association’s governing body for deliberation. If a proposal is approved, the committee finds authors to develop the position and then circulates it to a panel of reviewers. Reviewer comments are consolidated and given to the authors to guide in the revision. Final positions are published in the *Journal of The American Dietetic Association*.

Authors are not paid, but they are recognized for their contribution in the published position.

**How are positions updated?**

Most positions have a shelf life of three to five years from the date of publication. At the end of that time, the support paper is updated and reviewed again. The position statement is not changed unless the authors recommend a revision.

**Does ADA ever collaborate with other organizations in developing or sharing positions?**

There is a growing international interest in endorsing and collaborating on positions.

- ADA and the Dietitians of Canada have had a collaborative agreement in place since 1992. So far, they have developed joint position papers on women’s health and nutrition, nutrition intervention in the treatment of HIV, and nutrition for adult fitness and athletic performance.

- Over the past 10 years, the New Zealand Dietetic Association published six original positions and endorsed The American Dietetic Association’s position on nutrition intervention in the treatment of eating disorders.

- Besides publishing its own positions, the association for Dietetics in Southern Africa is considering endorsing ADA’s positions as needed, with appropriate modifications to &South Africanize" the documents.

- The Dietitians Association of Australia purchased full sets of ADA positions to make available to its members.

*Grants and Awards*
World Food Prize

The World Food Prize Foundation is requesting nominations for the 1998 World Food Prize, which recognizes outstanding individual achievement in improving the quality, quantity, or availability of food in the world. The prize emphasizes the importance of a nutritious and sustainable food supply for all people and recognizes that improving the world’s food supply for the long term depends on nurturing our natural resources.

Nominees should be individuals who have worked successfully toward this goal in any field involved in the world food supply, including food and agricultural science, manufacturing, marketing, nutrition, economics, political leadership, social sciences, and related fields.

The laureate will receive $200,000 and a sculpture created by renowned designer Saul Bass. The award is based solely on individual achievement with no consideration of nationality, ethnicity, political persuasion, religion, sex, or age.

For information contact: World Food Prize Office of the Secretariat, David Acker, College of Agriculture, Iowa State University, Ames, IA, 50011-1050, USA; phone 515 294-2883; fax 515 294 9477; e-mail bjelland@iastate.edu; or http://www.netins.net/showcase/wfp. Application deadline is March 1, 1998.

American Dietetic Association Foundation: $1,000 award for a government project to enhance nutritional well-being within a developing country

The Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics and Management is offering a $1,000 award for an essay by a professional dietitian/nutritionist. The essay must describe an innovative, newly existing (preferably established within the past two years) or proposed project by a professional nutritionist or dietitian in cooperation with one or more international, national, or local government agencies alleviating hunger or enhancing nutritional well-being in a developing country. The author must involve local people in implementing the program. The project must provide a better food supply and reach a large segment of the population.

The author of the selected essay must submit it to the Journal of The American Dietetic Association for publication consideration. The specific, well-organized nutrition project described in the essay must be effective, practical, and attainable, and it should serve as a model with guidelines to be used in other developing countries.

All essays must reach the ADA Foundation by August 1, 1997, and should be between five and seven typewritten pages, double spaced. The author of the selected essay will be required to submit a more detailed proposal to the ADA Foundation.
1996 Wimpfheimer-Guggenheim Award winner proposes distance learning program

The annual Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics and Management Award was presented in 1996 for the first time to a professional whose alma mater is outside the United States. Ninfa Saturnino Springer, PhD, RD, FADA, alumna of the University of the Philippines, received $1,000 for an essay describing an international nutrition/dietetics distance teaching program. Springer is a charter member and past president of the Nutritionist-Dietitians’ Association of the Philippines (NDAP) and associate professor emerita, School of Nursing, University of Michigan, Ann Arbor.

Springer’s essay is entitled "Ccase as a Strategy for Distance Learning in the Philippines." The essay’s objective is to improve the present continuing education program of the Nutritionist-Dietitians’ Association of the Philippines using the upgraded Ccase on the Web. (Ccase is an acronym for Clinical Computer-Assisted Simulation Exercise.) Collaboration among the University of the Philippines, the University of Michigan, and NDAP has already been established to implement the distance learning partnership.

Springer concludes her essay by saying, "It is exciting to share Ccase on the Web with a developing country, across the Pacific Ocean to 11 or more different sites in the Philippines, enabling members of the dietetics profession access to information at the touch of the keyboard. The three institutions are eager to move forward via cyberspace and are inviting other institutions to consider subscribing to Ccase on the Web for credit courses and staff training as well as a strategy for continuing education."

RESOURCES

Street Foods in Developing Countries: The Potential for Micronutrient Fortification

Street vendors in developing nations provide an affordable source of food to many sectors of the population, including the urban poor. This paper examines whether these foods can be fortified with vitamin A, iron, or iodine to alleviate widespread micronutrient malnutrition. It reviews available research on street foods, processing and preparation methods, and country-specific ingredients, emphasizing the importance of food safety and nutrition education.

Single copies of the paper are available upon request from OMNI Project, 1616 N. Fort Myer Dr., Arlington, VA 22209, USA; phone 703 528 7474; fax 703 528
Indian Food Guide Pyramid
Adapted by Arti Varma, RD, from the U.S. Department of Agriculture’s Food Guide Pyramid. Foods listed in each category represent various regions of India, including Madras, Calcutta, Bombay, and New Delhi. To order, send a check for US $1.50 payable to PHFE Healthy Food Fund, Los Angeles Project LEAN, P.O. Box 802864, Santa Clarita, CA 91380, USA.

Physical Status: The Use and Interpretation of Anthropometry
This 1995 report from an expert committee of the World Health Organization presents recommendations for using anthropometry to guide clinical decisions and public health policy. It includes extensive tabular data and more than 400 substantiating references. Order from WHO Publications Center USA, 49 Sheridan Ave., Albany, NY 12210, USA; phone 518 436 9686; fax 518 436 7433. US $63.90 plus postage and handling.

What’s new on the Web?
The Scientist
http://165.123.33.33/
For those who are curious about science outside the confines of nutrition, this site offers a variety of articles on important scientific issues of the day, including nutrition.

Research abstracts: MRC Dunn Nutrition Centre
http://www.mrc-dunn.cam.ac.uk/papers.html
Dunn is a leading nutrition research group in Europe.

Food Import Alerts from the Food and Drug Administration of the U.S. Government
http://www.fda.gov/ora/fiars/ora_import_foods.html
Click on any of the listed food imports to see if there are current alerts.

National Institute of Nutrition
http://www.nin.ca/
Information on the organization and on public health nutrition in Canada. Access to newsletters, scientific reports, consumer trends data, and educational resources.

Note: Web sites listed here are from the Arbor Nutrition Guide. For a complete list of new resource links, contact http://arborcom.com/. Arbor Communications is not responsible for the content of any site listed.

ANNOUNCEMENTS
In memoriam

Ella Larsson of Stockholm, Sweden, died from cancer at age 83. She was the Swedish representative to the International Congress of Dietetics and served for 20 years as the first editor of the Swedish Journal of Dietetics. During her career, Larsson worked at health care institutions in England, the United States, and Sweden.

Margaret Ohlson, PhD, of Seattle, Washington, died this year at age 95. She was president of The American Dietetic Association from 1951-52 and chairman of the International Congress of Dietetics from 1952-56. During her career, she headed the Food and Nutrition Department at Michigan State College and published some 60 research papers in the areas of metabolic investigation, nutritional deficiencies, and food habits.

International affiliate changes its name

The American European Dietetic Association (AEDA), the international affiliate of The American Dietetic Association, has changed its name to the American Overseas Dietetic Association. The new name reflects the changing demographics of the organization, which now includes more than 400 members living in 52 countries worldwide.

Call for articles

The next issue of Dietetics Around the World will be published in September. Send or fax articles on:

- your country’s National Plan of Action for Nutrition
- practice issues
- new research
- resources and meeting announcements to:

Pam Michael, The American Dietetic Association, 216 W. Jackson Blvd., Chicago, IL 60606-6995, USA; fax 312 899 0008; e-mail pmichae@eatright.org. Deadline is July 1.

CONFERENCE CALENDAR

July 20-25, 1997
Diabetes Care and Cure -- Make the Dream Come True
Helsinki, Finland
Sponsored by: International Diabetes Federation Congress
Contact: IDF Congress  
P.O. Box 194  
FIN-00251 Helsinki, Finland  
Phone: 358 0 175 355  
Fax: 358 0 170 122

**July 27-Aug. 1, 1997**  
16th International Congress of Nutrition  
Montreal, Quebec, Canada  
Sponsored by: International Union of Nutritional Sciences  
Contact: Conference Services Office  
National Research Council Canada  
Building M-19, Montreal Road  
Ottawa, ON, Canada K1A 0R6  
Phone: 613 993 7271  
Fax: 613 993 7250  
E-mail: http://www.nrc.ca/conferv/iuns97/welcome.html

**Aug. 31-Sept. 3, 1997**  
Second European Forum for Dietitians  
Helsingor, Denmark  
Sponsored by: European Federation of the Associations of Dietitians  
Contact: OKONOMAFORENINGEN  
Attn: Birgit Hansen  
Norre Voldgade 90  
DK-1358 Kopenhagen K.  
Denmark  
Phone: 45 33 13 82 11  
Fax: 45 33 93 82 14  
E-mail: bph@post4.tele.dk

**October 27-30, 1997**  
Maximize Value: 80th Annual Meeting & Exhibition  
Boston, Massachusetts, USA  
Sponsored by: The American Dietetic Association  
Contact: Meeting Services  
216 W. Jackson Blvd.  
Chicago, IL 60606-6995, USA  
Phone: 312 899 0040 x 4868  
Fax: 312 899 0008  
E-mail: mtgsinfo@eatright.org

**Nov. 8-10, 1997**  
One Step Beyond  
Leipzig, Germany  
Sponsored by: Foodservice Consultants Society International  
Contact: Alice Arnold
MEMBER UPDATES

The ICDA national associations listed below have changed their mailing address or phone number in the last year. Please note these changes and advise the ICDA Secretariat of any changes in your organization’s listing.

- **Canada**
  Dietitians of Canada
  480 University Ave., Suite 601
  Toronto, Ontario
  M5G 1 V2, Canada
  Phone: 416 596 0857
  Fax: 416 596 0603
  Web site: www.dietitians.ca

- **Ireland**
  Irish Nutrition & Dietetic Institute
  Dundrum Business Center
  Frankfort
  Dublin 14
  Ireland
  Phone: 00 353 1 298 7466
  Fax: 00 353 1 298 3682
South Africa
Association for Dietetics in
Southern Africa
P.O. Box 1310
Cramerview, 2060
South Africa
Phone: 27 11 886 8130
Fax: 27 11 886 7612
E-mail: adsa@iafrica.com

Dietetics Around the World helps ICDA achieve its provisional mission statement of "supporting dietetic associations and their members beyond national and regional boundaries by achieving an integrated communications system, an enhanced image for the profession, and increased awareness of standards of education and practice in dietetics." It is published twice a year for ICDA by The American Dietetic Association (ADA) with funding provided by a grant from the Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics, and Management of the ADA Foundation.

Please distribute this newsletter to your colleagues.

editor: Pat Stahl