Dietetics Around the World
The Newsletter for the International Confederation of Dietetic Associations

NINTH ISSUE - OCTOBER 1998

XIIIth International Congress of Dietetics

Edinburgh, Scotland
July 23-27, 2000

The theme for the XIIIth Congress encompasses the role of food production and distribution as well as the correct balance of nutrients in achieving optimum health.

Program overview
The program will bring together the myriad studies being conducted, interpretation of the data that has been amassed, and the tools to apply this knowledge.

The success of the Congress depends on the number and quality of speakers and delegates attending. With just 18 months until the event, the scientific committee is putting together a program that incorporates the diversity of interests among dietitians and nutritionists from around the world. ICDA member groups can help achieve this diversity by sponsoring speakers.

There is much to be discussed at this prestigious international gathering. Make sure your association is represented among the world leaders in dietetics.

For more information
XIIIth International Congress of Dietetics, c/o Meeting Makers, Jordanhill Campus, 76 Southbrae Drive, Glasgow G13 1PP, United Kingdom; phone 44 141 434 1500; fax 44 141 434 1519; e-mail: dietetics@meetingmakers.co.uk.

Important Dates
Call for papers: January 1999
Invitation to register: June 1999
Abstract deadline: Sept. 30, 1999
Early registration deadline: Jan. 31, 2000

ICDA Web site: www.dietitians.ca/icda. Use the Dietitians of Canada address in the membership roster to contact the Secretariat.

Call for articles: Next deadline is Jan. 15, 1999
The next issue of Dietetics Around the World will be published in April 1999. Deadline to submit articles is Jan. 15. Member organizations are invited to send, fax, or e-mail articles on research, regulatory issues, international collaborations, nutrition education

projects, nutrition standards, management issues, new technologies, nutrition action plans, resources, and meeting announcements to: Pam Michael, The American Dietetic Association, 216 W. Jackson Blvd., Chicago, IL 60606-6995, USA; fax 1 312 899 0008; e-mail pmichae@eatright.org.

From Australia

Association enhances service, communication, and administration

Noel Roberts, BSc, APD
Professional Services Director,
Dietitians Association of Australia

The Dietitians Association of Australia (DAA) has undergone major organizational changes in the last year. Following a recent review, the board of directors is smaller but meets more often. Business units have been established to administer projects and services, and member and external communication networks are being expanded.

The association has embarked on a new industry partnership program, packaging joint sponsorship opportunities as longer-term agreements. This allows us to plan ahead for educational and media activities.

A more frequent DAA member newsletter with a new look is planned for 1999, a companion to the Australian Journal of Nutrition and Dietetics. We upgraded our Web site and will add more features over the next few months. You'll find us at www.daa.asn.au.

In 1999, DAA will seek members' views on proposals to provide more flexibility in membership categories and to examine the feasibility of including non-dietitians as members. The first National Dietitians Day is planned for October 1999.

Australia's varied environments and multicultural population produce a fantastic range of world-class cuisines. DAA's 1998 national conference, Celebrate Food in Sydney, highlighted the culinary delights that await those who come to Australia for the next Olympic Games. We look forward to joining the New Zealand Dietetic Association and the Pacific Islands Nutrition and Dietetic Association in hosting our second regional conference in Auckland in September 1999.

From Hong Kong

Cook-chill food production and implementation of ISO 9001-HACCP

Clara ML, Pi MSc, RDN
Pamela Youde Nethersole
Eastern Hospital
Hong Kong Hospital Authority

In 1996, Pamela Youde Nethersole Eastern Hospital (PYNEH) successfully piloted a new cook-chill technology for the Hong Kong health care setting.

What is cook-chill?

The cook-chill concept, pioneered by the airline industry in the 1950s, is based upon the technology of lowering the temperature of cooked foods very rapidly to slightly above freezing to escape the window of opportunity for bacterial growth.1 This technology revolutionized foodservice operations. The cooking process can now be separated from serving, so peaks and valleys of work intensity can be evenly distributed to increase efficiency and productivity. Traditional kitchens are transformed into product lines, cooking to fill an inventory rather than for immediate consumption. With a centralized production unit, cooked and chilled foods can be warehoused and transported to satellite feeding locations, reducing the raw food purchasing, storage, and preparation expenses at those sites. PYNEH uses a batch processing system in which food is cooked to 90% of its doneness, packaged in a tough, airtight casing at pasteurization temperature, and rapidly chilled to 3° C in less than two hours. This process allows the food, which has not undergone the structural disruption of freezing or the high retort temperature of canning, to be held at refrigeration temperature, around 0° C, for four to six weeks.

Implementing a quality management system

Standardized systems and controls must be in place to assure quality and safety in the cook-chill process. To that end, in the spring of 1998, the PYNEH catering department obtained ISO 9001 certification recognized by the International Organization for Standardization (ISO) in Geneva, Switzerland.

The ISO 9000 series is an international quality standard that helps organizations define and document quality procedures for production or services through a third-party audit. It offers a unique marketing advantage over noncertified competitors in gaining entry to the global foodservice market. Within the 9000 series, ISO 9001 focuses on product design, process control, product testing, verification, and validation.

Integrating the ISO 9000 quality elements with a Hazard Analysis Critical Control Points (HACCP) program gives foodservice operators a leading edge in the total management of food safety and quality. HACCP is a seven-step method for determining the possible chemical, physical, and biological hazards and critical control points within the food process.2 The analysis is followed by monitoring, documentation, and verification. Independent third-party verification in the ISO 9000 certification process lends credibility to an HACCP program within the ISO-HACCP framework.

Impact on competencies of foodservice staff

Moving from conventional cooking to cook-chill means that foodservice staff need to be trained in basic food science and technology, including food microbiology, food chemistry, food formulation, food nutrition and food engineering.1 At PYNEH, staff training needs were identified to ensure all levels of staff would be equipped to manage the transition. The orientation manual was rewritten, training packages on operation of new equipment were created, food safety concepts were built into staff routines, and risk

management protocols were developed to uphold staff safety in the new technological environment. The information technology needs for total foodservice system support were reviewed, and a new program was developed to be piloted at PYNEH.

Conclusion
Cook-chill technology is just the hardware for maximizing food production output. It must be accompanied by the right humanware-the right people with the right skills-and the appropriate software-a system to ensure food product quality and safety. Our challenge as foodservice professionals is to integrate people, systems, and technology in our pursuit of total quality management.

Editor's note: The program described here was chosen as the Best Hospital Program of the Year by the Hong Kong Hospital Authority in June 1998. The author presented the full paper at the 3rd International Symposium of Research sponsored by the Institute of Food and Nutritional Sciences and at the 2nd Asian Congress of Dietetics, both held in Seoul, Korea, this past summer.

References

1. *Snyder OP. Developing a Total Quality Management-Based Food Safety Program for a Chilled Food System. Cleveland, Ohio, USA: Cleveland Range Inc.; 1992.*

2. *Mick MD, Budd JL. Food Safety Management and Compliance. Food Safety Institute; 1996.*

From India

Indian dietitians elect a new leader
Dr. Varsha
Indian Dietetic Association

Dr. Molly Joshi, chief dietitian at CMC Hospital, Ludhiana, has been elected national president of the Indian Dietetic Association for a two-year term ending in 2000.

Dr. Joshi will spearhead a major undertaking for the association-preparation of a directory and photo identity cards for all past and present members. Dietitians who were once members of the association and are now settled abroad may send in their name, current address, chapter affiliation, and dates of membership for inclusion in the directory. Consult the roster of ICDA member groups in this issue of the newsletter for contact information on the Indian Dietetic Association.

From Japan

Survey shows nutrition gains and disturbing dietary trends
Motoko Sakamoto
Japan Dietetic Association

The Japanese Ministry of Health and Welfare has announced the results of a 1996 national nutrition survey.

The survey reveals that average nutrient intake per capita has increased, except for carbohydrates. In particular, animal protein and fat intakes have been increasing, while energy and carbohydrate intakes are decreasing. This dietary pattern has been linked to certain chronic diseases.

The fat-energy ratio has been increasing yearly, reaching 26.5% in the 1996 survey. The ratio for those in their twenties is 28.4%; for those in their thirties it is 27.2%. These figures exceed the target level of 25%.

Salt intake also increased to 13 grams, 30% higher than the target level of 10 grams.

Intake of all nutrients exceeds recommended dietary allowances (RDAs) except for calcium, which remains low at 94% of the RDA. This problem is especially serious among the elderly. About 40% of the elderly have less than 80% of overall RDAs, and 64% have insufficient calcium intake. The Health and Welfare Ministry's aim is still to take in more calcium and cut down on fat and salt.

The survey shows obesity becoming a national health problem. From 50% to 58% of the subjects were normal, but incidence of obesity by age group was 37.6% in 40-49 year olds and 38.8% in 50-59 year olds. In females, the incidence of underweight was 44.1% in 20-29 year olds, and the incidence of overweight was 32.1% in 50-59 year olds. In both males and females, overweight is becoming a problem in middle age, while underweight is an issue for young females.

Government studies dietitians' qualifications and roles

Teiji Nakamura, PhD, RD
Japan Dietetic Association
St. Marianna University

The Japanese Ministry of Health and Welfare has been examining the education, qualifications, and role of the registered dietitian in order to prepare the profession for changes in health care policy and delivery in the 21st century. In June of this year, the Ministry issued a report with recommendations.

Key findings

- The roles of the registered dietitian and the dietitian should be clarified. The registered dietitian manages the human side of nutrition, and the dietitian manages the foodservice side, including menu planning and cooking.
- A national examination should be the qualifying vehicle for registered dietitians rather than graduation from a four-year program.

- A registered dietitian must be educated and trained in a program that is based on the study of human nutrition.
- The association, society, or academy must examine the current recognition system to train registered dietitians for more advanced levels of practice.

The Ministry is laying the groundwork for legislation to regulate qualifications for registered dietitians. It could be finalized within the next year.

Association holds annual meeting this month
The Japan Dietetic Association is holding its 45th annual academic meeting this month in Hukui, where 2,000 members are gathering to hear some 450 presentations. One of the featured speakers is Marsha Sharp of the ICDA Secretariat .

From the Netherlands

Dietitians go on-line
Marian Niesten
Nederlandse Vereniging van Dietisten

The Nederlandse Vereniging van Dietisten (NVD) is on the Internet at www.nvdietist.nl. This fall the association created an international section in English to communicate with colleagues abroad. Messages will be answered in English, French, German, and Spanish.

NVD supports global communications. Marian Bouman, Ellen Sikkes, and Cora Jonkers, three dietitians with international contacts, are developing Internet capabilities to relay information to dietitians in the Netherlands and to make the work of Dutch dietitians available for international use.

Other priorities
In 1999 NVD will begin working on a system of accreditation together with other para- and perimedic disciplines.

- The association encourages networking among dietitians with specialized skills.
- An agreement was reached with the Dutch patients organization on the treatment of dietitians. "Ten Golden Rules" were extracted from the agreement.
- Quality and availability of nutrition services are the twin pillars for the future of the NVD.

From the Philippines

The Westernization of Asian meals
Sanirose Orbeta, MS, RD, FADA
Consulting Clinical and Sports Nutritionist

Asian economic performance over the last three decades has been on an upswing. Despite financial turmoil in some regions, economists still predict that the 21st century belongs to Asia.

Along with progress have come dramatic social and demographic changes that influence people's food consumption and hence their health and nutritional status.

The true Asian diet The true Asian diet draws its character from our regional landscape and climate. The traditional diet is healthy: light, simply prepared, seasonally varied, high in fiber and complex carbohydrates, and low in animal protein and fat. Since we are surrounded by water, we eat a lot of seafood.

Outside influences created four distinct eating patterns in the region:

1. rural traditional country meals-fresh from the fields, comparatively light, seasonally varied, inexpensive, simply prepared, and family-oriented;

2. combination urban and rural meals-mixed choices dictated by economic realities, adaptation to urban living, substitution of ingredients;

3. Western meals-characterized by strong outside influences, wide use of canned and processed foods, total freedom in food choices as dictated by trends, price, and availability;

4. new age fusion meals-anything goes.

Although Asia's diet has been Westernized, a counterbalancing "Asianization" of the West has also occurred. Chinese, Japanese, Korean, Thai, Filipino, and Vietnamese cuisines have all taken root in the West.

Why is Asia so easily Westernized?
The love for foreign ways and products has its roots in the long colonization of Asian countries by Spain, the United States, Portugal, France, and Britain. Commerce and industry also promoted travel and exposure. Today's Asian population is more highly educated and better read. Most families have two incomes and can afford imported foods. More women are working wives and mothers looking for precooked and easy-to-serve meals.

In the face of these trends, foreign food firms began mounting aggressive mass media campaigns. Asians are bombarded with advertisements glorifying hamburgers, pizzas, pies, pastries, candies, ice cream, and other foods, and they want to experience these new tastes. Unfortunately, this often means that taste comes before nutrition and that traditional diets are rejected in favor of new foods.

Challenges to health professionals
Health care professionals are now awakening to the scientific reality of good nutrition. Nutrition education is needed, specifically, tools such as the Asian Food Guide Pyramid, which puts food in the context of eating light (see sidebar). The effects of Westernization can be tempered and turned to positive uses by the work of health care professionals and

by better communication with Asian peoples.

The Asian Food Guide Pyramid: a qualitative approach to nutrition

The Asian Food Guide Pyramid is a qualitative rather than a quantitative nutrition education tool. It is illustrative rather than prescriptive, depicting the actual foods eaten in the region. It uses a simple graphic presentation to communicate the principles of variety and balance and to illustrate which food groups to emphasize in the diet.

We avoid using quantitative recommendations because the average Asian would have trouble interpreting them. In fact, when serving sizes were tested with health professionals, they found them to be a stumbling block. Portions were clearer when simple action-oriented expressions such as drink a lot, eat most, eat more, eat some, and eat a little were used.

We also shun quantitative recommendations because more research on serving sizes and nutrient profiles of Asian populations is needed.

The U.S. Food Guide Pyramid gives milk, cheese, and other dairy products a separate slot. Milk is not traditionally part of the Asian diet, so the Asian Pyramid incorporates dairy products into the major protein groupings.

For more information about the Asian Food Guide Pyramid, contact Sanirose Orbeta at 17 San Geronimo St., Magallanes Village, Makati City, Philippines; phone 632 833 6401 or 6402; e-mail sanirose@sfi.com.ph.

From South Africa

Primary School Nutrition Program could change tactics

Dr. Karen Charlton
Center for Gerontology
University of Cape Town

A high incidence of undernutrition has been found in South African children aged 6 to 71 months. In a representative sample of 11,430 children, one in four (23%) was stunted, one in ten (9%) was underweight, one in three (33%) had a marginal vitamin A status, and one in five had iron deficiency anemia.[1]

Nutritional status of young children is a general indicator of development, social progress, and access to community resources.

Following South Africa's first democratic elections in 1994, President Mandela introduced a national Primary School Nutrition Program (PSNP), with an annual budget of R496 million (U.S. $100 million).

Although it has a broad range of objectives, the PSNP has largely been limited to providing a vertical school feeding program that consists of an early morning snack of a peanut butter sandwich and a fortified milk or maize meal drink. The program does not target the infant and preschool child, a priority group that experiences the most adverse impact of undernutrition.

A recent evaluation of the PSNP concluded that micronutrient supplementation in conjunction with parasite control and nutrition education may be a more cost-effective nutritional intervention strategy than the provision of meals in schools.[2] The evaluation called for more stringent targeting criteria for school feeding and improved management systems.

The potential benefits of micronutrient supplementation interventions in children have been demonstrated in various contries. Eleven controlled, community-based vitamin A intervention trials were conducted worldwide over the last decade. A meta-analysis of those studies indicates an overall reduction in mortality of about 30%, due generally to reductions in diarrhea and the severity of measles.[3]

Information is needed about suitable foods that are consumed in sufficient quantities by the target population and do not pose risks for toxicity. The selected food must be available, accessible, affordable, and acceptable. Salt, tea, margarine, flour, sugar, and dairy products are common foods fortified with vitamin A in different countries.

South Africa is a multicultural society whose food habits are influenced by culture as well as household food security, degree of urbanization, and socioeconomic status. Causes of undernutrition may differ vastly across the provinces. A food consumption survey of children aged 12 to 108 months is being launched to help formulate a national policy on food fortification.

References

- *South African Vitamin A Consultative Group. Children Aged 6 to 71 Months in South Africa, 1994: Their Anthropometric, Vitamin A, Iron and Immunisation coverage status. Isando; 1995.*
- *Health Systems Trust. An Evaluation of South Africa's Primary School Nutrition Programme. Durban; 1997.*
- *Glasziou PP, Mackerras DEM. Vitamin A supplementation in infectious diseases: a meta-analysis. BR MedJ 1993;306:366-370.*

Dietary guidelines set

Penny Love
Association for Dietetics in Southern Africa

South Africa is experiencing a transition from rural, traditional eating patterns to those

typical of a Western lifestyle. The consequence is a high incidence of malnutrition, with diseases of under- and overnutrition creating a double burden on health resources.[1]

One solution is to develop food-based dietary guidelines (FBDGs) that address the problems of undernutrition (the achievement of adequacy) and overnutrition (the achievement of prudence and moderation). In their 1996 publication Preparation and Use of Food-Based Dietary Guidelines, the World Health Organization and the Food and Agriculture Organization of the United Nations outline steps for developing such guidelines.

In 1996, the Association for Dietetics in Southern Africa and the Nutrition Society of South Africa established an FBDG work group consisting of representatives from the Department of Health: Nutrition, Department of Agriculture, UNICEF, agricultural boards and producer organizations, the food industry, academia, the Medical Research Council, the Heart Foundation, the Cancer Association, the Diabetes Association, and nongovernmental organizations.

The group's first task was to compile nutrition objectives based on food availability, nutrition-related diseases, and food intake patterns of South Africans. They explored critical issues for the guidelines to address, proposed content of the guidelines, and target groups. They agreed that the guidelines should be affordable, practical, attuned to food availability, culture-sensitive traditional foods, and nonpre-scriptive, sustainable, and environmentally friendly.

It was also agreed that a preliminary set of guidelines would be compiled for the promotion of healthy South Africans over the age of five. Delegates at the South African Nutrition Congress in May 1998 discussed the draft guidelines in terms of health relevance, scientific evidence, practical application, comprehension, prudency, and adequacy. Their input was used to prepare a second draft.

The final step will be to measure their impact on the eating patterns of South Africans. If they prove successful, the guidelines will be adapted for children under five and for people with special dietary needs.

The FBDG work group finalized the second draft and decided upon the following preliminary guidelines:

- Enjoy a variety of food.
- Be active.
- Make starchy foods the basis of most meals.
- Eat plenty of fruits and vegetables every day.
- Eat legumes regularly.
- Foods from animals can be eaten every day.

- Use fat sparingly.
- Use salt sparingly.
- Drink lots of clean, safe water.
- If you drink alcohol, drink sensibly.

These preliminary FBDGs will be tested with consumer groups and revised as needed. Technical support documents will be compiled for health professionals and educational/promotional materials for the general public.

References

1. *Vorster HH et al. The Nutritional Status of South Africans: A Review of the Literature from 1975-1996. Durban: Health Systems Trust.*

The United States

Women's health: an issue without borders

Susan Calvert Finn, PhD, RD, FADA
Co-Chair, The American Dietetic Association's Nutrition & Health Campaign for Women

Speaking at the 1995 United Nations Fourth World Conference on Women's Health in Beijing, United States (U.S.) First Lady Hillary Rodham Clinton summed up the global implications of women's health. "At long last," she noted, "people and their governments everywhere are beginning to understand that investing in the health of women and girls is as important to the prosperity of nations as investing in the development of open markets and trade. . . . If we join together as a global com-munity, we can lift up the health and dignity of all women and their families in the remaining years of the 20th century and on into the next millennium."

Clearly, the global community to which Mrs. Clinton refers is reshaping social, economic, and political systems-all of which impact and are impacted by women's health. Women's health issues have provided a platform for much of the social, economic, and political change American women have experienced in the last century.

During the U.S. popular health movement of the late 1800s and early 1900s-a grassroots effort led largely by women-advocates promoted the benefits of good nutrition and exercise. This movement eventually lost its momentum, but many of the women's groups that organized during this time formed the nucleus of what became the women's suffrage movement. After winning the right to vote, U.S. women leveraged their political clout to secure economic and educational rights as well.

In the early 1970s, American women's quest for equality was again affected by a health issue-reproductive rights. Over the next 25 years, women's desire to control their own bodies evolved into the contemporary women's health movement in the United States.

As modern research on women's health unfolds, it is evident that the leaders of the popular health movement of a century ago were on the right track. Current experts such as Bernadine Healy, MD, former director of the U.S. National Institutes of Health, concur that nutrition is perhaps the single most important factor in the health and well-being of women at any stage of life.

In the United States, The American Dietetic Association launched the Nutrition & Health Campaign for Women to help women unravel the complexities of nutritional health and to convey the lifelong importance of nutrition to total wellness. An important element in the campaign is the 1997 consumer-oriented book The American Dietetic Association's Guide to Women's Nutrition for Healthy Living.

For nutrition professionals around the world, meeting the myriad challenges of women's health demands not only knowing the science, but also knowing women's diverse needs. From childhood through old age, women in every culture have unique vulnerabilities that shape their nutritional needs.

For example, heart disease (the No. 1 killer of women), once found primarily in Western cultures, is now on the rise worldwide. The Economist magazine reports that the rates for heart disease in China are 20 times what they were 20 years ago. Obesity, a condition to which women are particularly vulnerable, is also on the rise, not only in the United States, but in other countries as well. The World Health Organization reports that 15% to 20% of middle-aged people in western Europe are obese. Obesity rates among women reach as high as 40% to 50% in some parts of eastern Europe.

These dramatic statistics only begin to describe the challenge of women's health worldwide. Dietetics professionals everywhere can carve out a leadership role in women's health by supporting nutrition research and by advocating for the lifelong importance of nutrition in disease prevention and health promotion. The American Dietetic Association can assist in these efforts with materials from the Nutrition & Health Campaign for Women (see member roster for address).

As Mrs. Clinton noted in her closing remarks to the World Congress, "Women's health security must be a priority of all people and governments working together. Without good health a woman's God-given potential can never be realized. And without healthy women, the world's potential can never be realized."

Announcements

Change in United States representative

Beverly Bajus has resigned as chief executive officer of The American Dietetic Association and its foundation and as the U.S.A. representative to ICDA. During her seven-year tenure, she was instrumental in expanding ICDA membership and launching its newsletter. Taking over as the U.S.A. representative to ICDA is Karen Lechowich, MS, MBA, RD.

Conference Calendar

Dec. 9-12, 1998
4th Congress
Hong Kong, China
Sponsored by: Parenteral and Enteral Nutrition Society of Asia
Contact: Congress Secretariat
Department of Surgery
Princess of Wales Hospital
Shatin, New Territories
Hong Kong, China
Phone: 852 26322639
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Dec. 16-17, 1998
XXXI Annual National Conference
Nutrition Support Systems
Hyderabad, India
Sponsored by: Andhra Pradesh Chapter, Indian Dietetic Association
Contact: Organizing Secretary
Dr. K.V. Rameshwar Sarma
c/o National Institute of Nutrition
Hyderabad, 560 007 India
Fax: 91 40 7019074
E-mail: icmrnin@ren.nic.in

Jan. 9-10, 1999
Diet in Health and Disease
Chennai, India
Sponsored by: Chennai Chapter, Indian Dietetic Association
Contact: Organizing Secretary
Gomathy Shivaji
c/o Dept. of Home Science
Women's Christian College
Nungambakkam,
Chennai, 600 006 India
Fax: 91 44 4827008

March 8-12, 1999
International Vitamin A Consultative Group (IVACG) Meeting
Durban, South Africa

Sponsored by: Association for Dietetics in South Africa
Contact: IVACG Secretariat
ILSI Human Nutrition Institute
1126 16th St NW
Washington, DC USA
Phone: 1 202 659 9024
Fax: 1 202 659 3617
E-mail: omni@ilsi.org
or
South African Organizing Committee
PO Box 3024
Durban 4000

March 18-20, 1999
International Perspectives in Nutrition: 22nd Annual Conference
Limassol, Cyprus
Sponsored by: American Overseas Dietetic Association
Contact: Edite Tsevi
P.O. Box 7972
Jerusalem, 91079 Israel
Phone: 972 26734653
Fax: 972 26247140
E-mail: tsevi@netmedia.net.il

June 6-9, 1999
Third European Forum for Dietitians
Delphi, Greece
Organized by: European Federation of the Associations of Dietitians
Contact: Hellenic Dietetic
Association, Erasmia Lappa
8-10 Erithrou Stavrou St.
Athens, 11526 Greece
Phone and fax: 30 1 648 4400
E-mail: nutritio@otenet.gr

June 10-13, 1999
Food and Nutrition: Beyond Borders II
Vancouver, British Columbia, Canada
Sponsored by: The American Dietetic Association and Dietitians of Canada
Contact: ADA Meetings
216 W. Jackson Blvd.
Chicago, IL 60606-6995 USA
Phone: 1 312 899 4866

Fax: 1 312 899 0008
E-mail: mtgsinfo@eatright.org

Sept. 21-24, 1999
Pacific Partners in Nutrition: Weighing the Evidence
Auckland, New Zealand
Sponsored by: Dietitians Association of Australia, New Zealand Dietetic Association, and Pacific Islands Nutritionists and Dietitians
Association
Contact: GTB Management
P.O. Box 9197
Newmarket, Auckland
New Zealand
E-mail: gtb@ix.net.nz
Web site: www.nutridiet.org

Oct. 18-21, 1999
The Future is Now - Dietetics 2000
Atlanta, Georgia, USA
Sponsored by: The American Dietetic Association
Contact: Meeting Services
216 W. Jackson Blvd.
Chicago, IL 60606-6995, USA
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 Dietetics Around the World, the newsletter for members of the International Committee of Dietetic Associations, 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.
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