



Vol. 8, No. 1
2001

The newsletter for International Confederation of Dietetic Associations members



ICDA looks ahead to XIVth congress

The torch for the next International Congress of Dietetics has been passed to the American Dietetic Association and Dietitians of Canada, co-hosts of ICD2004. The event will be held May 28-31, 2004, in Chicago, USA.

The theme, Sharing Global Perspectives—Building Our Common Ground, speaks to our desire to have a congress that reflects the diversity *and* commonality in dietetics around the world. We want to give participants many opportunities to network, to challenge each other's views, to reach

common understanding, and to have fun.

To achieve these goals, we need every ICDA member's help in identifying speakers. The planning committee will soon call for proposals to recruit speakers who can address the following subthemes:

- building healthy communities
- food security
- professional discipline issues
- food administration management
- nutrition and new epidemics

The committee will select the proposals that best reflect the overall congress theme and one

subtheme. Consider recent events you attended, or published articles, and forward contact information to the planning committee along with a note explaining why this person had an impact on you. The committee will invite the person to submit a proposal to speak at the congress.

Send your ideas to ICD2004 planning committee, c/o Dietitians of Canada, 480 University Ave., Suite 604, Toronto, Ontario, Canada M5G 1V2; fax 1 416 596 0603. Or e-mail to lcorby@dietitians.ca

Secretary's report: board develops action plan

Colleagues from the Danish Dietetic Association hosted a meeting of the new board of directors of the International Confederation of Dietetic Associations in March. Board members convened in Copenhagen to continue strategic planning efforts.

The main initiatives in the action plan the board adopted are to:

- ✓ *Develop a new Web site for ICDA.* Implement the first part of a three-phase plan in 2001.
- ✓ *Enhance Dietetics Around the World.* Publish the newsletter on the Web starting in 2002 and continue the print version twice a year

as a summary of that information.

✓ *Collaborate at the International Congress of Dietetics.* Convene a symposium on professional standards at the XIVth ICD.

✓ *Promote membership.* Use new and traditional strategies to promote membership to national dietetic associations.

✓ *Develop mechanisms to encourage participation.* Prepare a template for collecting data on the education, training, and work of dietitians around the world, and compile data for 2003. Use common terminology that is under-

(See *Secretary's report*, page 2)

In this issue

Reports from:

| | |
|----------------------------|--------|
| <i>Austria</i> | 2 |
| <i>Chile</i> | 2 |
| <i>Germany</i> | 3 |
| <i>India</i> | 4 |
| <i>United States</i> | 5 |
| <i>Alliances</i> | 6 |
| <i>Awards</i> | 7 |
| <i>Resources</i> | 7 |
| <i>Announcements</i> | 7 |
| <i>Conference calendar</i> | 8 |
| <i>Membership roster</i> | insert |



From Austria

Meeting explores connectivity among medical and allied health services

Trudy Giesinger

Austrian Association of Dietitians

The future lies in maximizing the connectivity among the various disciplines that specialize in nutrition, and the success of our common effort lies in patient- or client-oriented action. This was the theme of the Nutrition 2000 Congress held last May in Vienna.

The three-day meeting, organized by the Austrian Association of Dietitians, the Nutritionists of Austria, the Austrian Association for Nutritional Medicine, and other dietetics professionals, drew nearly 1,500 people. It set a new milestone as the disciplines united to discuss ways to use competencies and teamwork across the medical and allied health services.

In her remarks to the congress, Andrea Hofbauer, president of the Austrian Association of Dietitians, noted that dietitians play an important part on cross-disciplinary teams

because of their practical experience in implementing clinical nutrition guidelines. The role of the dietitian is one of instructing and looking after the patient or client.

At the threshold of a new millennium, the outlook for dietetics is very positive. The same can be said of our professional image. With the passage of a recent amendment, the Austrian government has set professional standards for dietitians practicing in health care. The restructuring of the faculties resulted in the recognition of dietetics training in Austria on a college level, which is comparable to the high standards in several European countries as well as in the United States and Canada.

From Chile

Nutrition labeling in Chile

Zacarías I., Vera G., Olivares S., Castillo, C.

Institute of Nutrition and Food Technology, University of Chile

In 1996, the Chilean Ministry of Health published food hygiene regulations that included some aspects of nutrition labeling. These regulations established that all the

enriched or fortified food and foods for which a nutritional claim or health claim is made must include a label with nutrition information.

A technical team of government and private sector participants worked for two years to standardize the key components of the food label. With the approval of academic experts and food companies, the team recently published a guide for the food industry titled *Food Label: Handbook of Applications*. It includes reference values, health claims, nutrients, and descriptors to be used on nutrition labels, as well as serving sizes and requirements of font size and style to assure readability. Training sessions were held with nutritionists from the Ministry of Health to encourage nationwide implementation of the system.

The technical team has also developed a *Handbook of Food Labeling* for professionals and a consumer leaflet titled *Do You Know How to Read the Label?* The leaflet is being evaluated in focus groups with healthy adults, people with chronic diseases, school children, and university students.

The nutrition information on food labels and widespread consumer education efforts are expected to improve nutrition knowledge among the Chilean population.

(Secretary's report, from page 1)

stood worldwide.

✓ *Develop an image that reflects common principles for dietetic practice.* Collect information on ethics and professional standards and find common ground for a definition of dietetics and a code of ethics by 2003. Host a workshop on ethics for ICDA representatives in 2004.

✓ *Seek representation and collaboration with international organizations.* Initiate a credible role in relevant international organizations, beginning with registration as a nongovernmental organization with the Food and Agriculture

Organization of the United Nations and the World Health Organization.

✓ *Increase awareness of standards of education, training, and practice in dietetics.* Update ICDA documents on the education and work of dietitians. Work with official representatives to craft a code of ethics for ICDA. Investigate with organizers of the 3rd Asian Congress (2002) a presentation to build a common understanding on ethics and professional standards.

ICDA sponsors presentation on food security

At the International Nutrition Congress in Vienna this August, Bernadette Lucas, MS, RD, will

present the results of a 10-year sister villages partnership between Amesbury, a town in rural Massachusetts, USA, and Esabalu in rural Kenya, Africa. Her presentation is sponsored by ICDA, with funding support from Alice Adelheid Wimpfheimer.

Dues reminder

ICDA fees for 2001 and 2002 are due. The original invoices contained an error, so new ones will be sent to official representatives with minutes of the March board meeting. Associations that overpaid will receive refunds. If you have questions about your invoice, contact the Secretariat.



From Austria

Meeting explores connectivity among medical and allied health services

Trudy Giesinger

Austrian Association of Dietitians

The future lies in maximizing the connectivity among the various disciplines that specialize in nutrition, and the success of our common effort lies in patient- or client-oriented action. This was the theme of the Nutrition 2000 Congress held last May in Vienna.

The three-day meeting, organized by the Austrian Association of Dietitians, the Nutritionists of Austria, the Austrian Association for Nutritional Medicine, and other dietetics professionals, drew nearly 1,500 people. It set a new milestone as the disciplines united to discuss ways to use competencies and teamwork across the medical and allied health services.

In her remarks to the congress, Andrea Hofbauer, president of the Austrian Association of Dietitians, noted that dietitians play an important part on cross-disciplinary teams

because of their practical experience in implementing clinical nutrition guidelines. The role of the dietitian is one of instructing and looking after the patient or client.

At the threshold of a new millennium, the outlook for dietetics is very positive. The same can be said of our professional image. With the passage of a recent amendment, the Austrian government has set professional standards for dietitians practicing in health care. The restructuring of the faculties resulted in the recognition of dietetics training in Austria on a college level, which is comparable to the high standards in several European countries as well as in the United States and Canada.

From Chile

Nutrition labeling in Chile

Zacarias I., Vera G., Olivares S., Castillo, C.

Institute of Nutrition and Food Technology, University of Chile

In 1996, the Chilean Ministry of Health published food hygiene regulations that included some aspects of nutrition labeling. These regulations established that all the

enriched or fortified food and foods for which a nutritional claim or health claim is made must include a label with nutrition information.

A technical team of government and private sector participants worked for two years to standardize the key components of the food label. With the approval of academic experts and food companies, the team recently published a guide for the food industry titled *Food Label: Handbook of Applications*. It includes reference values, health claims, nutrients, and descriptors to be used on nutrition labels, as well as serving sizes and requirements of font size and style to assure readability. Training sessions were held with nutritionists from the Ministry of Health to encourage nationwide implementation of the system.

The technical team has also developed a *Handbook of Food Labeling* for professionals and a consumer leaflet titled *Do You Know How to Read the Label?* The leaflet is being evaluated in focus groups with healthy adults, people with chronic diseases, school children, and university students.

The nutrition information on food labels and widespread consumer education efforts are expected to improve nutrition knowledge among the Chilean population.

(Secretary's report, from page 1)

stood worldwide.

✓ *Develop an image that reflects common principles for dietetic practice.* Collect information on ethics and professional standards and find common ground for a definition of dietetics and a code of ethics by 2003. Host a workshop on ethics for ICDA representatives in 2004.

✓ *Seek representation and collaboration with international organizations.* Initiate a credible role in relevant international organizations, beginning with registration as a nongovernmental organization with the Food and Agriculture

Organization of the United Nations and the World Health Organization.

✓ *Increase awareness of standards of education, training, and practice in dietetics.* Update ICDA documents on the education and work of dietitians. Work with official representatives to craft a code of ethics for ICDA. Investigate with organizers of the 3rd Asian Congress (2002) a presentation to build a common understanding on ethics and professional standards.

ICDA sponsors presentation on food security

At the International Nutrition Congress in Vienna this August, Bernadette Lucas, MS, RD, will

present the results of a 10-year sister villages partnership between Amesbury, a town in rural Massachusetts, USA, and Esabalu in rural Kenya, Africa. Her presentation is sponsored by ICDA, with funding support from Alice Adelheid Wimpfheimer.

Dues reminder

ICDA fees for 2001 and 2002 are due. The original invoices contained an error, so new ones will be sent to official representatives with minutes of the March board meeting. Associations that overpaid will receive refunds. If you have questions about your invoice, contact the Secretariat.



From India

Weaning practices in India

Anuja Agarwala, Dietitian
All India Institute of Medical
Sciences, New Delhi, India

Malnutrition contributes to more than half of all the deaths among children under five in developing countries.^{1,2,3} According to the 1998-99 national average, 1 in every 11 children die before reaching age five.⁴ Breast-feeding patterns, faulty and delayed weaning, and recurrent infections are important contributing factors.⁵

Prolonged breast-feeding

Only 55% of children under 4 months of age are exclusively breast fed (median age 1.9 months) in India. Water is usually introduced along with breast-feeding as early as one month of age. Almost 10% of children receive supplements along with breast milk in the first month of life; the figure increases to 81% for children age 12 months and declines thereafter. For the majority of children in India, breast-feeding usually stops at about 26-27 months of age (median length of breast-feeding is 25.4 months), but 40% of children are still breast-fed at 35 months of age.⁶

Delayed weaning

The introduction of complementary food for a substantial proportion of children is delayed.⁶ Mean age of weaning was found to be 27.1 months.⁷ Only 35% of breast-feeding children who are 6-9 months old receive solid or mushy food, as recommended. About 50% of breast-feeding children between 6-35 months receive overdiluted cow or buffalo milk in addition to breast milk.⁶

Faulty feeding practices

Inappropriate feeding causes under-nutrition among children. Almost 47% of children under 3 years of age are underweight in India, and 46% are stunted; 74% of children age 6-35 months are anemic, and 3% of all children age 1-35 months suffer from bloody diarrhea.^{8,4} Faltering usually occurs after 6 months, when children are mainly breast-fed and the quantity of breast milk is inadequate for their growth. Almost 50% of children under 4 months of age are given water and diluted cow or buffalo milk along with breast milk. These liquids are inadequate in quantity and nutrients and are fed through contaminated bottles.⁸ This exposes children to pathogens and puts them at risk of diarrhea.⁶ Delayed introduction of low-energy-density solid and mushy food in small quantities also leads to nutritional deficiencies and poor health.

Conclusion

Counseling on proper feeding practices for mothers and infants during antenatal and postpartum care should be essential.⁸ Specific recommendations are needed with regard to nutritionally adequate foods that are culturally acceptable and feasible to use within existing socio-economic conditions.

References

1. Suskind D, Murthy KK, Suskind RM. The malnourished child: an overview. In: Suskind RM, Suskind LL, eds. *The malnourished child*. New York: Nestle Nutrition Workshop series; 1990;19:1-22.
2. Introductory report. *National Family Health Survey 1992-93*. Bombay: International Institute of Population Sciences; 1995:80-84.
3. Advances in selected priority areas – child health, communicable diseases and perinatal conditions. In: *Report on Health Research*. Global Forum on Health Research, c/o WHO; 2000:77-79.
4. Mortality, morbidity and immunization. In: *India-National Family*

Health Survey 1998-99. Bombay: International Institute of Population Sciences; 2000; chapter 6.

5. Ghosh S. Preventing malnutrition: the critical period is 6 months to 2 years (editorial). *Indian Pediatr*. 1995; 32:1057-59.
6. Nutrition and prevalence of anaemia – infant feeding practices. In: *India-National Family Health Survey 1998-99*. Bombay: International Institute of Population Sciences; 2000:251-63.
7. Singh MB, Haldiya KR, Lakshminarayana J. Infant feeding and weaning practices in some semiarid rural areas of Rajasthan. *J. Indian. Med. Assoc.* 1997; 95(11):576-8,590.
8. Nutritional status of women and children. In: *India-National Family Health Survey 1998-99*. Bombay: International Institute of Population Sciences; 2000:17-24.

Dietitians work for acceptance in Indian hospitals

Varsba, MSc, PhD, RD
Associate Professor and Head
Department of Clinical Nutrition
Sri Ramachandra Medical College
& Research Institute, Chennai
[Deemed University]

In India, the terms “dietetics” and “dietitian” have been domesticated since the profession began with the introduction of graduate programs in home science. Adding to its domesticity was the fact that it was a uniquely female discipline. The baccalaureate degree in home science was encouraged because the family felt a girl could be educated without compromising her domesticity and, by extension, her desirability in the marriage market.

The more enterprising home science graduates converted their academic qualification into a specialization in the allied health field, and so the dietetics profession was born. Their sphere, however, was limited to hospital kitchens, thus retaining its domestic character. An early book on nutrition described the dietitian as: “being rotund, an official food



taster, glorified cook, a sedentary clerk, calculating and maintaining calories, weight of food/nutrient, maintaining and formulating unappetizing recipes for the helpless, hapless patient.”

This myth needed to be exploded. In an attempt to convert nutrition from the art of feeding the body at all stages of life to the science of feeding the body in health and disease, a branch of study was segregated in the 1980s and designated as nutrition and dietetics. But its progress was stifled because the centers that offered this training were again the home science colleges exclusively for women, and they had no access to hospitals or medical universities to back their programs. Although nursing and nutrition are derived from the same root word, *nutricus*, nutrition did not receive the exalted status that nursing has in the medical scenario. Dietitians now called themselves “clinical nutritionists” or “medical nutrition therapists,” but the work environment did not change.

The nutrition world was changing more quickly than the situation at home, and access to the latest scientific knowledge was limited. This curtailed the dietitian’s advancement in becoming a true, strong link among the community, clinical, and commercial aspects of nutrition. It was understood that the clinical nutritionist is a vital link between physicians and patients. The clinical nutritionists/dietitians knew that they had to maintain relevant metabolic data, play a scientifically dynamic role at the patient’s bedside, and be active members of the treatment team. However, their lack of exposure to the hospital-based patient environment made it difficult to gain acceptance.

Sri Ramachandra, a private medical university in India, decided to close this gap in bedside

experience. It acknowledged the need for clinical nutritionists to be identified as trained professionals who focus on diet therapy, incorporate normal and modified prescriptions, and encourage individualized dietary compliance in both health and disease. A job specification was delineated on the premise that the knowledge of clinical nutrition must be used to assess the severity of malnutrition, plan optimal nutritional therapeutic programs, assess the balance of macronutrients, and monitor the progress of intensive nutritional support.

Besides according the due recognition, the department of clinical nutrition in the College of Allied Health Sciences implemented a one-year postgraduate diploma course in clinical nutrition that gives practical bedside training. Course content was inspired by a syllabus for a certified nutrition support dietitian program offered through the American Society for Parenteral and Enteral Nutrition (ASPEN).

The department established links with the Nutritional Science Education and Research Foundation in Syracuse, New York, USA, and created the first-ever Regional Training Center in Nutrition Support Systems. A training program for hospital teams consisting of physicians, clinical nutritionists, nurses, and pharmacists was developed through this collaboration. The goal is to offer the weeklong, on-the-job programs on a regular basis.

One swallow may not make a summer, but every drop of water makes an ocean, and hopefully this maiden attempt will catalyze a much-needed change in nutrition care in Indian hospitals in the new millennium.

Editor’s note: The Indian Dietetic Association recently joined the Asian Federation of Dietetic Associations.

From the United States

Rescuing food for New York’s hungry

*John A. Krakowski, MA, RD
Director of Policy and Community Affairs, City Harvest*

City Harvest, founded in 1982, is the world’s largest and oldest food rescue program. Every day, City Harvest delivers an average of 34,000 pounds of food that would otherwise go to waste—about 13.5 million pounds last year—to food pantries, soup kitchens, day care and senior citizen centers, homeless shelters, and charitable organizations serving low-income people in New York City. Its Hunger Hotline connects thousands of callers each month to emergency food in their neighborhoods. At City Harvest Operation Frontline classes (a partnership program with Share Our Strength – a private national hunger relief organization) volunteer culinary, nutrition, and finance professionals teach basic cooking, nutrition, and money management to low-income New Yorkers.

There are more than 140 food rescue programs in the United States, and efforts are being made around the world in countries such as Argentina, Canada, Germany, India, and Israel. Many international programs were started on the basis of visits to our private, non-profit organization and worldwide media coverage. The smart, simple solution of capturing wholesome, nutritious food and delivering it safely to emergency, community-based programs is practical magic.

The food rescue chain

City Harvest delivers food to more than 600 emergency food programs. Products are donated from every part of the food system (farmers,

*(See **United States**, page 6)*



(United States, from page 5)

manufacturers, distributors, restaurants, hotels, supermarkets, caterers, corporations, and cafeterias in schools and health care institutions). Food is given to City Harvest for free; we give it to emergency food programs for free; and the emergency food programs, in turn, prepare meals or food packages for free. Many donors are encouraged by national and state Good Samaritan laws that protect from liability those making good faith donations of food to benefit those in need. Trained staff, refrigerated trucks to keep perishables properly chilled, and recipient agencies with health department-inspected facilities reassure food donors that the quality of the food they provide is being maintained.

Food safety: a core value

Food safety is an important concern for the hungry. People with compromised immune systems, people with diseases such as cancer and HIV, pregnant and lactating women, the elderly, and people who are poorly nourished, are at an increased risk for acquiring food-borne illnesses. And these are the people you see in soup kitchens, homeless shelters, and the emergency food system. City Harvest works hard, seven days a week, nearly 24 hours a day, to assure food safety because of our clientele. All program staff and our recipient agency network are trained in safe food handling practices using the ServSafe™ program of the National Restaurant Association.

Community cooperation

It is important to understand the goals of other programs in order to avoid duplication. To that end, City Harvest participates in several anti-hunger coalitions and cooperates where possible with groups such as the New York City Policy Committee on Hunger Resources. We also value our relationship with

local food and nutrition associations. The district dietetic association donated local, seasonal fresh vegetables and fruits this past harvest season. The American Dietetic Association has an alliance with America's Second Harvest, a network of food rescue programs and food banks throughout the United States and Canada (www.secondharvest.org).

With our knowledge of sound nutrition principles and food safety measures, dietetics professionals offer a unique skill set for work in food rescue programs. There are both employment and volunteer opportunities in this setting.

For more information about City Harvest, visit the Web site at www.cityharvest.org.

John Krakowski can be reached at City Harvest, 575 8th Ave., New York, NY 10018 USA; phone 1 917 351 8700, fax 1 917 351 8720, e-mail jkrakowski@city-harvest.org.

Alliances

The European Federation of the Associations of Dietitians

Formed in 1978 and now representing nearly 23,000 dietitians in 22 countries in Europe, the European Federation of the Associations of Dietitians (EFAD) has expanded its activities to encourage communication and networking among members of the profession.

After ICDA's Vth International Congress of Dietetics in 1969, participants decided to establish a working group in Europe. From that decision, the Committee of Associations of Dietitians in the European Community was formed in 1972. A few years later, EFAD was formed in Copenhagen, Denmark, so that national dietetic

associations in countries outside the European Economic Community (EEC, now the EU), but within the Council of Europe, could be represented at meetings. Its goals are to:

- ✓ encourage better nutrition among the populations of member countries of the Council of Europe
- ✓ develop dietetics on a scientific and professional level
- ✓ improve the teaching of dietetics and to equalize the criteria for qualification

EFAD pursues its aims with the help of international organizations. It maintains active links with the Council of Europe, the European Food Information Council, the World Health Organization's office in Europe, ICDA, and other groups. It publishes in-depth reports on its activities, hosts a growing Web site, and sponsors biennial forums for dietitians.

4th European Forum

The first EFAD forum was held in the Netherlands in 1995. This year, EFAD is convening its fourth forum in Assisi, Italy, from May 20-23. The event is being hosted by the Associazione Nazionale Dietisti (ANDID), the National Association of Italian Dietitians.

EFAD's honorary president, Irene C. I. Mackay, believes the EFAD forums are paving the way for development of pan-European policies for future activities.

EFAD member countries

Austria, Belgium, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Luxembourg, The Netherlands, Norway, Poland, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom

Contact information

EFAD Secretariat, Ziegeleiweg 4, 46446 Emmerich, Germany; e-mail secretariat@efad.org; Web site: www.efad.org.



Awards

\$1,000 award for eliminating food waste in cities to benefit the hungry

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 that describes a project in which he or she is involved in eliminating food waste in a city, which in turn directly benefits the hungry.

The specific, well-organized nutrition project must be effective, practical, and attainable and should serve as a model with guidelines to be used in other cities and countries.

The nutrition professional must be willing to submit the essay for publication in the *Journal of The American Dietetic Association* and to share with others the ideas mentioned in the resourceful program.

All entries must reach the American Dietetic Association Foundation by July 27, 2001 and should be five to seven typewritten pages, double-spaced.

Address all award correspondence to the ADA Foundation, 216 W. Jackson Blvd., Chicago, IL 60606-6995 USA.

download/htm.

Renal dietetics. Dietitians are part of a multidisciplinary approach to treatment of renal patients. Membership in international societies is a good way to stay abreast of new developments worldwide.

European Dialysis and Transplant Nurses Association-European Renal Care Association (multidisciplinary) Membership: Euro 50
Publication: Journal and Newsletter
www.nephroworld.com/edtna_erca

International Society for Peritoneal Dialysis
Membership: US\$60/year
Publications: *Peritoneal Dialysis International*, 6 times a year
www.ispd2001.org

International Society of Renal Nutrition and Metabolism
Membership: US\$95/2 years
Newsletter: 4 times a year
www.renalnutrition.com

National Kidney Foundation (multidisciplinary)
National member: US\$65/year
International: US\$75/year
Publications: *Renal Link* newsletter; *Journal of Renal Nutrition*
www.kidney.org

For more information, contact Marianne Vennegoor, 3 Cottage Grove, Surbiton, Surrey KT6 4JH, England; e-mail mavenn@aol.com.

patstahl@sprintmail.com; fax to 1 773 252 3606; or mail to American Dietetic Association, 216 W. Jackson Blvd., Chicago, IL 60606-6995 USA, attention: Joan Schwaba.

Welcome to the Turkish Dietetic Association. The group, founded in 1969 and now representing 830 nutrition and dietetics professionals, has rejoined ICDA. It is the only national dietetic association in Turkey, with more than 75 percent of its members working in hospitals and rehabilitation centers. It offers members professional practice publications, professional development courses, and scholarships. It also engages in legislative action, public education, and the setting of professional practice standards.

Call for papers and poster presentations. The New Zealand Dietetic Association is seeking papers for brief oral presentations and poster sessions at its conference, Sept. 5-7, 2001. Abstracts should be no more than 300 words, submitted electronically if possible, to jane.elmslie@xtra.co.nz. E-mail wendybarker@xtra.co.nz to request a template for the format. E-mail attachments or disks should be Word or text documents using Times New Roman, type size 12. If e-mail is not available, send a disk and hard copy to NZDA Conference Abstracts, c/o Dr. Jane Elmslie, Mental Health Dietitians, Hillmorton Hospital, P.O. Box 4733, Christchurch, NZ.

Closing date for abstracts submitted on disk (plus six hard copies) is June 1, 2001. Closing date for electronic submissions is June 15. Those selected will be notified by July 6.

Polish society seeks contacts. The Polish Society of Dietetics expects to apply for ICDA membership and wants to form collaborations with national dietetic

(See **Announcements**, page 8)

Resources

Food Guide Pyramids in 37 languages. From the Nutrition Education for New Americans Project. Packages include handouts for adults, mothers, babies, children, and mature adults. All materials are bilingual and may be copied and distributed freely. Download from www.monarch.gsu.edu/nutrition/

Announcements

How does your country visualize its nutrition guidelines?

Do you use a star, a plate, a pagoda, or a pyramid? We are planning an article on this topic for an upcoming issue *Dietetics Around the World* and would like to receive copies of your country's visuals. Please e-mail to editor Pat Stahl at



associations to share information and experiences. The group has been a member of the European Federation of Associations of Dietitians (EFAD) since 1995. It works with universities and with institutions such as the Polish Academy of Science, the Polish Society of Parenteral and Enteral Nutrition, and the Polish Society of Diabetology. Contact Anna Rudnicka, President, Polish Society of Dietetics, OS.Teatralne, 4a, 31-945, Krakow, Poland.

Be an information resource. A reminder to share this newsletter with your colleagues. Information in *Dietetics Around the World* may be reprinted with acknowledgment.

Call for articles: next deadline is July 1, 2001. Member organizations are invited to submit brief articles (300-400 words) on nutrition trends, action plans, legislative/policy issues, medical nutrition therapy, credentialing, or other topics of interest to the international dietetics community. We also welcome news about professional resources and upcoming conferences (allow 6 months' lead time).

Send information to patstahl@sprintmail.com; fax to 1 773 252 3606; or mail to The American Dietetic Association, 216 W. Jackson Blvd., Chicago, IL 60606-6995 USA, attention Joan Schwaba.

Conference Calendar

Aug. 27-31, 2001

17th International Congress of Nutrition
Modern Aspects of Nutrition:
Present Knowledge and Future Perspectives
Vienna, Austria
Sponsored by: International Union of Nutritional Sciences
Contact: Austropa-Interconvention
Wahringer Strasse 6-8
A-1090 Vienna, Austria
Phone: 43 1 316 8021
Fax: 43 1 315 5620
austropa.congress@verkehrs-
buero.at

Sept. 5-7, 2001

Conference: Getting Connected
Christchurch, New Zealand
Sponsored by: New Zealand Dietetic Association
Contact: Conference Secretary
Wendy Barker
P.O. Box 33 008
Christchurch, NZ
Phone and fax: 64 3 383 1749
wendybarkernz@hotmail.com or
wendybarker@xtra.co.nz

Sept. 22-25, 2001

30th International Conference:
The Growing Challenge of Patient-
Centered Care
Nice, France
Sponsored by: European Dialysis
and Transplant Nurses
Association—
European Renal Care Association
(multidisciplinary)
Contact: Head Office

EDTNA-ERCA
Pilatusstrasse 35
Postfach 3052
6002, Lucerne, Switzerland
Phone: 41 41 440 75 55
Fax: 41 41 440 39 62
edtna_erca@compuserve.com

Oct. 20-23, 2001

Food and Nutrition Conference
St. Louis, Missouri, USA
Sponsored by: The American Dietetic Association
Contact: Meeting Services
216 W. Jackson Blvd.
Chicago, IL 60606-6995, USA
Phone: 1 312 899 4855
Fax: 1 312 899 0008
mtgsinfo@eatright.org

March 28-30, 2002

11th International Congress on
Renal Nutrition and Metabolism
Nagoya, Japan
Sponsored by: International Society of Renal Nutrition and Metabolism
Contact: Congress Secretariat
jtbecs@cjn.or.jp

Aug. 18-21, 2002

3rd Asian Congress of Dietetics
Kuala Lumpur
Sponsored by: Malaysian Dietitians' Association and Nutrition Society of Malaysia
Contact: Congress Secretariat
Department of Nutrition & Dietetics
Faculty of Allied Health Sciences
Universiti Kebangsaan Malaysia
Jalan Raja Muda Abdul Aziz
50300 Kuala Lumpur
Phone: 60 3 2719 2015
Fax: 60 3 2719 2016
fatimah@medic.ukm.my

©2001. *Dietetics Around the World*, the newsletter for members of the International Confederation of Dietetic Associations, 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.

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.

Editor: Pat Stahl, patstahl@sprintmail.com