

Vol.13 Issue 1, 2006

News from the Chair

Happy New Year. I hope that 2006 has started well for you all. Since our last communication, there have been some wonderful times. I have visited our friends in Fiji. They are not currently members of ICDA but hope to be soon. After some political disturbances a few years ago, the profession suffered some set backs but it is with gladness I am able to report that the national association is active once more. Colleagues in the Pacific region have offered assistance and we hope that this will encourage further membership and activity in this part of the world. The profession in Fiji was commenced in earnest in the early 1950s. The Fiji School of Medicine prepares dietitians and my understanding it was the first or among the first medical schools to offer studies in dietetics. They provide education for people not only from Fiji but all across the pacific region as well so they are a very important hub in the nutrition sense. The Pacific Island Nutrition and Dietetic Association (PINDA) is unfortunately not active at the moment, but hopefully with the Fiji Nutrition and Dietetic Association active again it will not be long before PINDA can resume activities. These are key organisations as the pacific is such a huge area and the tyranny of distance and the need for communication is critical to success.

It was with great pleasure that the Dietitian's Association of Australia was able to welcome Mirta Crovetto to one of our meetings. Mirta is President of the Chilean Dietetic Association and also of the Confederation of Latin American and

Caribbean Nutrition and Dietetics Associations. It was great to share information and ideas and it reminds us all once again that the global village is very small. Mirta told us that dietetics is one of the fastest growing careers in Chile. Great news indeed.

Other activities the Board has been working on include the ethics and standards. This has not progressed as rapidly as we would have liked but we will be finalizing the material soon for uploading onto our website.

Best wishes for the year and we hope that nutrition and dietetics is flourishing where you are.

Sandra Capra

Secretary's Report

Since my last newsletter report, the ICDA Board of Directors has made progress in two key areas. The Japan Dietetic Association is forging ahead with plans for the XVth International Congress of Dietetic Associations.

Incorporation of ICDA

The Application and Bylaw required for Incorporation of the International Confederation of Dietetic Associations have been completed and approved by the Board at its meeting this April. We are now waiting for a final approval by the government authority in Canada. Incorporation is another landmark in the

development of our international organization. Through incorporation we are now recognized by a national authority.

Discussion Paper on Standards and Ethics

The ICDA discussion papers [Ethics and Standards: the Underpinning of Quality Professional Practice](#) has been completed by the Board of Directors. In May the discussion paper will be provided to national dietetic associations for review and comment. Following the consultation, the Board will finalize the Paper for approval by Representatives of Member National Dietetic Associations.

XVth International Congress of Dietetics

ICDA's web site Congress Planning page http://www.internationaldietetics.org/icd_planning.asp has been updated with information about the International Congress of Dietetics that will be held in Yokohama, Japan September 8-11, 2008. The preliminary program is available on the site. If you are considering attending the Congress, please print and submit the Reply Card to the Congress Planners, as this will ensure that you are sent a copy of the Second Announcement and other important information for planning your trip. To stay informed about the plans for this major international dietetic congress you can also regularly visit the ICDA web pages for announcements such as the Call for Abstracts.

Notices to Official Representatives

Minutes of the November Board meeting are available on the private area of the ICDA web site; access through Dietitians' Networking.

Please ensure contact information for your national dietetic association is up to date on the ICDA web site.

Material for the next issue of Dietetics Around the World is due August 2006.

Feature Article

Eating Disorders and Dietitians: An International Issue (A Research Study)

Canada

Eating disorders are more common in undergraduate dietetics programs than in other university groups.

This phenomenon has been reported in the literature over the past 15 years. Dianne Drummond and Suzanne Hare, both members of the Dietitians of Canada, recently studied this topic and found that in a sample of fourth year nutrition students and dietetic interns, 21.8% had risk factors for an eating disorder and 30.9% had some eating disorder behaviours. When they presented this study as a poster at the 2004 ICD conference in Chicago many participants expressed interest, highlighting that this concern is mirrored in many countries around the world.

However, discussion revealed that few had formal protocols to assist students with eating disorder concerns. Additionally, anecdotal reports revealed that some schools were screening students for eating disorders and excluding them from their programs. Others were removing discussion about eating disorders from their curriculum because discussion on this topic was problematic to many of their students. An obvious gap exists in addressing the concern about eating disorders in this student population.

This spurred these two Canadian dietitians to develop a research project to create a survey to begin to address this issue. The questionnaire will be distributed around the world to ask questions about eating

disorders in undergraduate university programs and dietetic internships.

Specifically, the questionnaire will ask nutrition faculty administrators, university professors, and internship coordinators:

- 1) if they perceive eating disorders to be an issue for their students,
 - 2) if there are any screening practices in place to detect students with an eating disorder,
 - 3) what policies and procedures they have in place to cope with eating disorders in their student populations, and
 - 4) their thoughts on potential benefits/harms those with an eating disorder, who graduate as dietitians, pose to the clients they serve.
- These questions are assessed to be important in beginning to discuss this global concern. Dietitians of Canada is partnering with this project to help create a network for distribution of the questionnaire to international colleagues.

Potentially, shared knowledge and experiences will provide bench-mark knowledge and information to assist in developing policies and procedures that

- a) support students with an eating disorder, ensuring resources are in place to help them,
- b) ensure nutrition education programs use preventative strategies when teaching,
- c) ensure the public and/or clients are safe from potential dangers of interaction with a dietitian with an eating disorder, and
- d) take into consideration the ethical issues of student/program/client interactions.

There is also opportunity to promote public awareness about the concern, reinforcing public safety as a key issue, but also benefiting individual members within the dietetics profession.

Dietitians of Canada is excited to support an opportunity for professionals to partner internationally to gather information as a first step in problem solving best practice guidelines on this topic. Dissemination of

results from this project will provide a forum to begin to address the rising concern of eating disorders in the dietetics profession at an international level, ultimately developing solutions that will benefit the dietetics profession world-wide.

The project investigators are currently looking for individuals who would like to help by completing the questionnaire (anticipated distribution date is April-May, 2006). You need to be a university director/university professor (nutrition faculty) or internship coordinator to answer the questionnaire. If you would like to participate, or want more information about the project, please contact Dianne Drummond at ddrummon@cha.ab.ca.

National Association Reports

Australia

Nutrition goes to the Football

How do you get your nutrition message to the people who need it most instead of preaching to the converted?

We all know the research; people from socio-economically disadvantaged backgrounds are more likely to have poorer nutrition; it is mainly the women who take responsibility for their health and that of their families; it is harder to get the good nutrition messages to men; nutrition messages need to be delivered in a way that appeals to the target group.

Football, for much of the world, is the game of soccer but in Australia we follow a number of 'football' codes including Rugby League, which has a very strong following especially in the states of New South Wales and Queensland. Rugby League is known as 'the working man's game' and whilst it has fairly broad appeal the majority of its

followers are male, with a significant percentage from lower socio-economic backgrounds. In early 2005 the Dietitian's Association of Australia (DAA) was offered a unique opportunity to take its message to this hard to reach group.

Being a widely televised sport, Rugby League offers a great opportunity for advertising to reach a large audience, both at the grounds and through television coverage. Advertising space is keenly sought and normally far beyond the financial resources of an organisation such as DAA. Occasionally, however, a commercial contract falls through at the last minute and space is offered at reduced cost to Not-for-Profit organisations. DAA jumped at the chance to have advertising at all home games of one of the League's top teams, despite the cost still being substantial.

It was decided to focus our message on vegetables and after some quick brainstorming the slogan 'Tackle 5 Veg a Day' was the winner. Probably the single most important nutrition message in Australia today is 'eat more fruits and vegetables – at least 5 servings of vegetables and 2 servings of fruit per day'. Research shows that men in the group described above have one of the poorest intakes of vegetables in the country. Rugby League is a contact sport and tackling another player by grabbing them, gathering them in, is a major component of the game, so the message was likely to be well understood. DAA also took the opportunity to prominently attach the Association logo and the Accredited Practising Dietitian (APD) brand on the huge banner which ran along part of the inside barrier of the ground.

Media reach was substantial reaching 6.3 million television viewers as well as all those who went to the games (139,231). However it was our annual consumer survey, which assesses national awareness

of DAA and APDs, which produced the most exciting results. Awareness has risen only very slowly over the years since the survey began, but 2005 saw a significant increase in overall awareness and, more importantly, a huge jump of 11% in awareness amongst males.

We cannot be certain that the nutrition messages at the football were responsible but it was the only significantly different initiative undertaken so it is a reasonable assumption. If so, then the vegetable message was also likely to have been picked up. Whilst of itself this is only a small step and will not solve even one major nutrition problem, it is an example of an innovative activity which may influence otherwise hard to reach groups.

Claire Hewat, Executive Director DAA

United States

Journal Shares in Improving World Health

The Journal of the American Dietetic Association has joined the ranks of more than 3,000 scientific publications participating in the Health InterNetwork Access to Research Initiative (HINARI).

Developed by the World Health Organization and its partners, HINARI provides free or low-cost online access to major journals in biomedical and related social sciences to not-for-profit institutions in developing countries. Since the program's launch in 2002, more than 70 publishers have responded to WHO and the United Nations' calls to action, creating one of the world's largest collections of biomedical and health literature. Engaging in these partnerships improves health in the developing world by providing access to biomedical literature to health workers,

researchers, students and academics in 113 countries.

The Journal staff and its publisher, Elsevier, are cognizant of the difficulties in obtaining resources in many nations and locations worldwide. HINARI is one method to facilitate the public health and nutrition efforts of dietetics professionals throughout the globe.

Staff members and students at national universities, research institutes, professional schools (medicine, nursing, pharmacy, public health, dentistry), teaching hospitals, government offices and national medical libraries from around the world are entitled to access to the journals.

As one participant in Tanzania commented, “Access to scientific journals will enable scientists to be informed on what other scientists are doing.”

“The journals are very useful for us, especially for our students. [HINARI] allowed us the access to scientific news, otherwise inaccessible,” added a Romanian participant.

To read more feedback or view information about eligibility and registration, visit <http://www.who.int/hinari/en/>

Leadership and Hope in Zimbabwe: Applying Lessons Learned at ADA

Growing up in the state of Alabama in the United States, where agriculture is among the top industries, I have always been interested in conventional and sustainable food systems, specifically the interactions between the health of humans, policy and the environment. Those interests, coupled with a curiosity about tasty foods, led me to pursue a career in dietetics. I have since been able to apply my background, education and experience to addressing a

wide variety of food systems and food security issues, in the USA and most recently in Zimbabwe.

I linked my professional skills with charitable interests in 2001 when I was accepted into the inaugural class of WK Kellogg Foundation, Food and Society Policy Fellows. This Fellowship supports career professionals in their efforts to enhance communications about food and agriculture issues in the United States.

My career path has afforded me the opportunity to work with traditional and corporate philanthropic organizations to identify and leverage points that align with their program priorities. This work includes completing environmental scans on food and fitness issues impacting children; developing media strategies to communicate issues on food systems; planning events such as large meetings among benefactors or small groups of thought leaders; and linking philanthropy with programs, projects and other organizations to meet needs related to youth leadership development and cultural competence.

Last year I became a consultant to a USDA Foreign Agriculture Service grant awarded to a researcher at Clemson University in the United States which provided seed funds to examine food security issues impacting on populations in developing nations. We were interested in seeing how the nutrition needs of infants were being addressed through gardening plots tended by the children at Fairfield Orphanage in Old Mutare, Zimbabwe. The children, volunteers and adopted “mothers” and “aunties” of the orphanage tend the gardens. The small plots produce potatoes, greens, onions, beans and some fruit for the orphanage.

I had never been to Zimbabwe before. The capital city, Harare, is like most global cities, bustling with people. However, I

could not help but notice the unusually large number of vendors selling funeral sprays – haunting visual evidence of the country’s struggle with HIV/AIDS.

Zebras and monkeys roamed along the highway that took us to the orphanage and Africa University. We passed many of the country’s famous “balancing stones.” These formations of prehistoric stacks of stones and boulders appear to be invisibly sustained and supported. The formations reflect my impressions of Zimbabwe: interesting configurations of people, perspectives and ideologies existing in unexpected combinations and with incredible endurance.

My experience in Zimbabwe was so moving that it inspired me to seek resources to establish a public health leadership institute at Africa University. With seed funds through the Sparkman Center for Global Health at the University of Alabama at Birmingham (USA), I will be able to return and implement the next steps. Limited resources, civil unrest and other uncertainties often hamper the public health infrastructure in developing countries like Zimbabwe. However as a pan-African university supported by international entities, Africa University has an opportunity to cultivate and position health-care practitioners as leaders to address needs in local, regional and national settings. A successful leadership institute can be a powerful model that could be effectively and efficiently implemented in other developing nations.

Where better for me to expand my knowledge about fostering leadership than at the American Dietetic Association’s Leadership Institute? When the ADA Foundation notified me that I had been awarded an anonymous donation to attend the 2005 Institute, I was thrilled. The lessons I took from the Institute can be applied to my personal and professional

communications and have resulted in more transparency and clearer focus on the big picture within my work.

Keecha Harris, University of Alabama-Birmingham, Visiting Professor at Africa University in Zimbabwe. President of Harris and Associates, a public health and nutrition consulting firm

Delivering Health and Hope to Tsunami Survivors

Just weeks after one of the deadliest disasters, registered dietitian Martha Lynch joined healthcare providers from across the country on a humanitarian aid mission to Indonesia. Despite devastation of unfathomable magnitude, she discovered intense community and love among people who had lost everything.

Martha reports:

I had been invited to join the ranks of more than 5,000 health-care professionals and volunteer educators who, since 1958, have worked with Project HOPE, an international organization that provides humanitarian assistance in areas of need. Project HOPE had contacted Massachusetts General Hospital to recruit health-care practitioners for the February 2005 mission. I had never participated in disaster relief before, nor been to Southeast Asia, but was thrilled at the opportunity to help.

Within days I was in Baltimore, Maryland for operational, safety and lifeboat training and then Singapore, before boarding the *Mercy*, to sail to the Indonesian coastal city of Banda Aceh, the area that experienced the worst devastation from the tsunami.

There were three hospitals in Banda Aceh, all of which lost their equipment and most of their personnel. Two feet of thick mud and

four feet of water covered the first floor, but the hospitals functioned as best they could.

There was great collaboration among the relief teams. Each morning, Project HOPE medical volunteers met with hospital representatives to discuss which patients would be best treated aboard the *Mercy*. With a CAT scanner, radiology, laboratory, well-stocked pharmacy, operating rooms, intensive care units and hundreds of ward beds, the *Mercy* offered a level of health care not normally available to the residents of Banda Aceh.

Many operations were performed, including open reduction and internal fixation for femur fractures, jaw reconstructions, amputations, removal of renal and bladder stones, resection of cancerous masses, total hysterectomies and obstetric fistula repairs.

Most of the patients who came aboard the *Mercy* were in need of nutritional care. The ship's Navy dietitian, Lieutenant Terri Moraca, MS, RD and I divided the responsibilities and together we tackled challenges such as:

- optimizing nutrition for two children with tsunami pneumonia who developed brain abscesses and hemiparesis
- giving breastfeeding advice to the mother of a rehydrated one-year-old
- managing food intake for very thin patients undergoing major surgery
- planning blenderized diets for patients with jaw reconstructions and severe mandibular injuries.

Lieutenant Moraca tended to patients in the intensive care unit. She also handled food service, planning menus as close as possible to the usual Indonesian diet and keeping the patients and their escorts well fed.

I used medical nutrition therapy to manage the various needs of patients who had been

stabilized and moved to the wards. Because all verbal communication was through interpreters, I kept my nutrition messages simple and limited them to one or two key points.

Each patient was accompanied by a relative or friend, referred to as “escorts.” The escorts and patients were very social and created wonderful communities of support – eating and sleeping together and sharing everything, especially information. When we spoke with a patient, the others frequently gathered to hear what was being said. They encouraged and interjected information they felt would be pertinent, and if the interpreters (a handful of men and women from Jakarta who worked around the clock) came across an unfamiliar dialect, the other patients and escorts translated.

I was also able to spend a day in Lamno, a village not far from Banda Aceh, as part of the maternal and child team. The children in Lamno were clean, well nourished and looked happy as they played, like children anywhere in the world. The village had many thousands of orphans, but every one will be absorbed and taken care of by extended family and the community.

I asked everyone I talked to about the availability of food and water. These were being provided by distribution centers and for the most part, people looked reasonably nourished. Nutrition was not on the forefront of the medical radar. Rather, the health-care providers were putting together mental health programs. Lamno was once a community of 22,000 people.

Approximately half were gone. Traumatized by the experiences and loss, the survivors were anxious to talk about what happened. As the villagers reopened schools and markets and services, they also formed counseling groups for men, women and children.

In late February, Project HOPE organized a second humanitarian mission to assist with Tsunami relief. Among the staff participating was RD Sharon Darak from Massachusetts. Darak was aboard the *Mercy* from February 22 - March 20, where she administered medical nutrition therapy and taught a nutrition class to patients and their families.

Navy dietitian Terri Moraca stayed on for the second mission to Indonesia. While in the field, Moraca found one of ADA's newest developments: the online Nutrition Care Manual to be very helpful for everything from finding specific dietary needs for patients, to researching the cultural food preferences of Muslims,

Indonesia is one of the most beautiful places you can ever imagine, not only for its tropical environment but for its caring, resilient and gracious people. I am told that in this culture, people who experience tragedy gather their community around them and cope with a positive manner.

Martha Lynch, MS, RD, FADA, CNSD

Awards

Awards now Available from the ADA Foundation

First International Nutritionist Dietitian (FIND) Fellowship for Study in the USA

This \$2,000 award is given to a professional foreign dietitian or nutritionist, preferably from a developing country, to enable him or her to attend a workshop or seminar or to participate in a continuing education program or orientation project in the United States. Priority will be given to a qualified nutritionist or dietitian who has a serious financial need and a definite goal of applying the United States experience in his

or her native country.

Applicants for the FIND fellowship should:

- State their professional background
- Outline the program they plan to attend
- Explain how the program will benefit their country of origin

- Explain their financial need
- Report and document how the total funds will be used. (The majority of the awarded funds must be used for educational fees, not for travel or living expenses.)

Applications are available online at <http://www.adaf.org> or by contacting Elisabeth Puga at 800/877-1600, ext. 4803 or epuga@eatright.org. Application deadline is April 30, 2006.

2005 recipient is Okuli Joshua Jason from Tanzania.

Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics and Management.

A \$1,000 award will be given for an essay by a professional dietitian or nutritionist for innovative ideas to improve the nutritional health of the population, or a segment of the population such as the elderly, preferably in a developing country through an income generating project or projects. The program should require little money and be practical, so that it can be easily duplicated. The author must show how this income generating program is being used to raise the nutritional standard of those generating the income, or how it is being used for raising the nutritional health of a special segment of the population.

The author must submit the essay for publication in the Journal of the American Dietetic Association and to share with others

the ideas mentioned in the project. Essays should be between five and seven typewritten double-spaced pages.

Applications are available online at <http://www.adaf.org> or by contacting Elisabeth Puga at 800/877-1600, ext. 4803 or epuga@eatright.org. Application deadline is April 30, 2006.

2005 recipients are: **Carolyn M. Bednar, PhD, RD, LD** professor and chair of the Department of Nutrition and Food Sciences at Texas Women's University located in Denton, Texas. Her essay is entitled "Mexican/American Exchange for Cross-Cultural Nutrition Education." **Sunny Ham, PhD, MS** assistant professor in Nutrition and Food Science at the University of Kentucky and RD from Korea. Her essay is entitled "A Partnership Between the Yellow Window Association and the Mongolian University for the Initiation of School Foodservice Programs in Mongolia." These essays can be found at http://webdietitians.org/Public/7772_17068.cfm

Colgate Palmolive Fellowship to Support Research in Nutrition and Oral Health/Dental Education

This award will provide financial support of \$15,000 over a two-year period to support doctoral research in nutrition and oral health/dental education. The following requirements govern the submission of all proposals:

- The applicant must be a registered dietitian or international equivalent.
- The applicant must be an active American Dietetic Association (ADA) member or international equivalent.
- The applicant must be a candidate in a doctoral program in nutrition and dietetics, public health nutrition or higher education and have an expressed interest in pursuing dissertation research

in nutrition and oral health/dental education.

- The applicant may be enrolled in the program part-time.
- The applicant must have a career goal of teaching nutrition in dental or health related professions education. Fellowship recipients are expected to teach nutrition and oral health in dental schools or health professions education programs for at least two years following completion of their fellowship/degree or engage in teaching and research on a 25% or more time basis. (If this expectation is not met, recipient agrees to return funds).
- The applicant must demonstrate potential for leadership in the profession. Prior experience as a faculty member or preceptor for dental or other health professions students is highly desirable.

Research must be completed within two years after receipt of award. Within six months after completion of the research, the recipient must submit a report to ADAF and a scientific paper for presentation consideration at a professional meeting and/or for publication consideration to a refereed journal.

Preference will be given to research projects that focus on the relationships among osteoporosis, calcium intake and periodontal disease.

Applications are available online at <http://www.adaf.org> or by contacting Elisabeth Puga at 800/877-1600, ext. 4803 or epuga@eatright.org. Application deadline is April 30, 2006.

2005 recipient was **Nancy M. Munoz** from Sicklerville, NJ, for her proposal entitled "Impact of a Nursing Oral Health Assessment Education Program for Nursing Staff on Nurses Knowledge and Practices."

Calendar of Events

11 – 13th May 2006, 24th National Conference of the Dietitian's Association of Australia

Sydney, Australia.

Food and beyond. Exploring frontiers in science and practice.

Registration information –

<http://www.tourhosts.com.au/dietitians2006/rego.asp>.

Other information <http://www.daa.asn.au>

15 – 17th June 2006. Annual meeting of the French Speaking Dietitian's Association (ADLF)

Strasbourg, France.

Food security, nutrition in hospitals, diabetes, malnutrition, national politics in nutrition.

Website: <http://www.adlf.org>

Email: adlf@adlf.org

16-19 September 2006, American Dietetic Association Food & Nutrition Conference & Expo

Honolulu, Hawaii, USA

For more information

http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/7539_ENU_HTML.htm

15 - 18th October 2006, Joint 8th IUNS-International Symposium on Clinical Nutrition in China

Hangzhou, Zhejiang Province, China

Theme: Food, Health and Economic Development

Abstract due: 30th April 2006

Abstract acceptance notified: 31st May 2006

Early bird registration to: 30th June 2006

Full papers due: 15th July 2006

Full papers acceptance notified: 31st August 2006

Final papers due: 15th Sept 2006

The acceptance abstracts and full papers will be published in the Asia Pacific Journal of Clinic Nutrition Pubmed, Medline
268 Kaixuan Road, Hangzhou, Zhejiang, 310029, P.R. China

Tel: +86-571-86971056

Mobile: +86 13819484621

Fax : +86-571-86971024

Website: <http://www.2006iccn.org/>

Email: iccn2006@126.com

8-11 September 2008, 15th International Congress of Dietetics

Yokohama, Japan

Global Dietetic Linkage and Cooperation for Human Health

The Japan Dietetic Association

1-39, Kanda-Jinbocho, Chiyoda-ku,

Tokyo, 101-0051 Japan

Fax: +81-3-3295-5165

Website: <http://www.dietitian.or.jp>

E-mail: webmaster@dietitian.or.jp

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To apply for membership, contact ICDA Secretariat, Dietitians of Canada, 480 University Ave, Suite 604, Toronto, Ontario, M5G1V2, Canada; phone 1 416 596 0857; fax 1 416 596-0603; or use Contact Us at www.internationaldietetics.org and select ICDA Office

Editor: Carole Middleton, British Dietetic Association, can be contacted through Contact Us at www.internationaldietetics.org and select Newsletter.