

Vol.13 Issue 2, 2006

## Announcements

### Your Newsletter Needs You

Firstly, I must apologise for the delay in producing this newsletter. It is usually my intention to publish 2 copies a year, in March and September but this year I have been struggling to get people to write articles. If it wasn't for the national associations who always submit something, to whom I am extremely grateful, and Sandra Capra as President, this would be a very thin publication.

Please start to think now what you could write about for next year. The sorts of things Dietitians are interested in are:

- News about the association in your country including improvements in quality, growth or international participation
- Articles of interest on member activities
- Changes to dietetic training or curriculum
- Achievements of individuals or groups associated with the membership
- Research in progress, grants, awards and other types of recognition
- Notes of interest about students or recent graduates of a professional or scholarly nature
- Upcoming calendar events, seminars, conferences, international speakers
- Recent published literature representing the member association or international publications originating from the member
- Opportunities in the professional or research field

- Newsworthy announcements
- New or revised resources

Full guidelines for articles are available on the members section of our website. However, the guidelines state each National Dietetic Association should appoint a contact person for the newsletter, so please submit your article through this person so that it has the backing of your national association.

The next deadline will be the 28<sup>th</sup> February 2007.

I look forward to hearing from you all.

Carole Middleton  
Editor

### Call for a Host for the 2016 International Congress of Dietetics 2006

Has your Association ever considered hosting the International Congress? It is now time to start thinking about the Congress to be held in 2016. Bids to host the event are required by January 2008 so please start putting together your proposals now. If you are interested but want more information, the American and Canadian Associations hosted the last Congress and the Japanese and Australian Associations are busy planning for 2008 and 2012 respectively.

## **Edna & Robert Langholz International Nutrition Award from the American Dietetic Association Foundation**

Announcing the 2006 Recipient: Dr. Jean Hankin

Dr. Hankin is Professor and Researcher Emerita, Epidemiology Program, Cancer Research Center and Professor of Public Health, University of Hawaii. Dr. Hankin is considered one of the leading researchers in Dietary Methodology throughout the world. Her research focused on the role of diet as a risk factor of the development of chronic diseases among many different populations around the globe. She perfected a dietary methodology that is appropriate for various ethnic groups which revealed the differences in risk factors attributed to diet. This methodology was first applied in multiple epidemiologic case control studies of cancer among Caucasian, Japanese, Chinese, Filipino, Korean and Hawaiian populations.

Dr. Hankin was presented with the bronze statue and \$25,000 honorarium at the Food & Nutrition Conference & Expo in Honolulu, Hawaii, September 16-19, 2006.

### **Past Recipients**

2004- Andrew (PhD) and Ann (PhD)  
Prentice, England

1997- Doris Howes Calloway, PhD, United States

1995- Perla Santos Ocampo, PhD,  
Philippines

1992- Elsie May Widdowson, PhD, DSc,  
England

### **2008 Nominations**

The American Dietetic Association Foundation will begin seeking nominations and self-nominations for the 2008 Edna & Robert Langholz International Nutrition Award in 2007. The award recognizes an individual who has made outstanding contributions to the international community in the fields of nutrition or dietetics. Such

contributions may be in research, epidemiology, clinical nutrition, food, food service, practice or other areas as they relate to dietetics and nutrition. Nomination forms will be available in 2007 at [www.adaf.org](http://www.adaf.org) or by calling 800/877-1600, ext. 4803. The nominee may be a citizen of any country. There are no specific educational requirements, as this might tend to eliminate candidates who have contributed in a unique way.

The recipient will receive a bronze statue representing the award, paid expenses incurred for accepting the award in person and a \$25,000 (US) honorarium.

## **Rosanna Agble, Recipient of the 2005 Award Provided by the Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics and Management**

The International Confederation of Dietetic Associations (ICDA) Award was presented by Ronald S. Moen, Chief Executive Officer of the American Dietetic Association and its Foundation and currently on the Board of Directors of ICDA, to Rosanna Agble from Ghana at the 18<sup>th</sup> International Congress of Nutrition in Durban, South Africa, September 19-23, 2005. Agble's abstract entitled "A Leadership Strategy to Promote Agriculture-Nutrition Collaboration" was selected from over 120 abstracts to receive the \$1,000 (US) grant and certificate. Her oral presentation highlighted the results of her work in the Agriculture-Nutrition Advantage Project in Ghana, Kenya, Mozambique, Nigeria and Uganda. The project promotes agriculture-nutrition linkages using gender-informed approaches. The leadership network is a powerful strategy for promoting collaboration between the agriculture and nutrition fields.

In 1978, ICDA was formally recognized as an international affiliate of the International

Union of Nutritional Sciences (IUNS). The ICDA presentations given at the International Union of Nutritional Sciences meetings in Montreal in 1997, Vienna in 2001 and now in Durban were supported by the Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics and Management from the American Dietetic Association Foundation.

## **Feature Article**

### **Nutrition and Dietetic Education in Vietnam – on the Move**

Earlier this year I had the chance to go to Vietnam and assist the National Institute of Nutrition (NIN) there with their developments in nutrition and dietetic education. The NIN undertakes a range of nutrition related activities, including workforce development. At present Vietnam has a nutrition workforce consisting of a limited number of highly educated seniors with a masters degree or above, and a very large number of community workers with minimal formal education. The workforce of diploma and degree prepared professionals has been missing. While there are a few individuals who have studied dietetics in other countries the number is so small that they are unable to cope with the volume of work. This has meant that the NIN has managed by delivering short courses to medically qualified people to undertake the immediate dietetic work required.

Currently in Vietnam there are 610 local districts serving 80 million people. The total population is expected to rise and reach about 100 million within the next 2 decades. The number of dietitians/nutritionists per 100,000 people varies across the world from 0 up to about 40. For example most western countries have about 10-20/100,000 while most countries in Asia have 0-5, Japan being

the exception to this, having more than 50,000 dietitians in total. Most countries which have fewer than 20 dietitians per 100,000 have recognised the need for more, and have increased the number of students in the field.

If Vietnam selected a starting point of about 8 graduates/100,000 its total workforce needs to be around 6,400, rising to 8,000 for a population of 100 million. At present, attrition among those with a masters degree appears high. However it is expected that people will leave professions, be promoted or move away. If this movement and attrition is assumed to be 25%, then to maintain a workforce of 6,400 there needs to be 1,600 new entrants a year, and more than this number per year will be required to grow the total number to match population growth. This is therefore a major challenge for a country such as Vietnam – how to develop a workforce fast enough and large enough to meet the needs? Even if only 10% of these numbers became the target (less than 1 dietitian per 100,000 people) they would still need 200 new entrants a year after establishing the workforce.

July this year saw the start of four programs at Hai Duong Medical Technical College. Two and 3 year programs in nutrition and dietetics, and food science and food safety commenced with 50 students in each program – a total of 200 students. While this is a great start for the development of the profession, other universities will also need to take up the challenge if workforce development targets are to be met. This would only be enough if the workforce already existed.

The NIN has commenced a process whereby a reasonably standard curriculum base can be developed and trialled in one location. This could then become a successful strategy if a number of education providers could be linked in partnership with the NIN.

This would allow a curriculum to “ripple” out from an initial provider. This is the process which commenced in July. Vietnam aims to develop a sustainable workforce, building on existing structures; to align with international standards; to prepare generalists able to work in general fields within nutrition and dietetics and to develop career pathways to enhance retention.

The concept is a 3 year bachelor’s degree which includes a minimum of 500 hrs (12-13 weeks) of supervised professional practice, of which the first 2 years would represent a technician qualification. The degree would lead to being a professional dietitian/nutritionist. Persons with degrees in related fields such as public health could enter the program at year 3 and complete one academic year to receive the degree.

This is great news for dietetics around the world. Our profession is growing and spreading. If we can support such developments we will be able to meet our international goals of increased recognition and growth. ICDA has been able to provide expertise and support to this process.

Sandra Capra  
Chair, ICDA Board of Directors

### **Medical Records, Quality Care and Standardised Language- the Future is Here**

There has been increasing interest in electronic medical records as a quality improvement tool. If you search the literature, you will find an increasing number of papers that outline the benefits to patients that come with electronic records. Electronic records offer increased opportunity to look at the way medical care is delivered and the outcomes of various treatments. What should we, as dietitians, be doing? How should we get involved in this

process? Even if you are not using electronic records now, they are likely to be the usual way of recording within the next 10 years and we need to be ready. We do not want to be left behind.

What are some of the good things about electronic records? They can improve access and speed of access to information, there is evidence that essential tests are undertaken more often, and they can be more portable, with patients holding their own records which are then more complete. However, research shows that there can be more errors in the information recorded, presumably as part of the way we input this kind of information.

Dietitians all over the world need to be aware of information systems, because in the global community in which we find ourselves, changes are happening much faster than in the past. Dietetics needs to be ready for increased information technology in health care. It is likely that the software that drives the electronic record will be developed by a limited number of companies. If we do not get our understanding clear, then other professions may well determine how the information systems could be applied in dietetics.

Part of this process is a standardised language. Other professions such as occupational therapy have moved more quickly than dietetics in developing an international set of definitions that all members can use. We now need to start the process of getting agreement on words and meanings so that these may then be incorporated into software programs. We are the profession that should decide what words are used to describe nutrition related conditions and treatments in the medical record. In those countries where funding for health is dependent on the diagnoses and treatments, this will be even more crucial.

The American Dietetic Association has been developing a standardised language for nutrition and dietetics for use within the USA over the last couple of years. The ICDA Board has discussed this topic over the last year and is supportive of the need for such a language, with clear words and definitions. Is the ADA language able to be used as it is (with translation of course)? We are keen to discuss this further with member dietetic associations. We are therefore making plans to have a workshop for national delegates when we meet in Japan in 2008, to share ideas and to see a way forward. This is another important way that the ICDA can advance the profession globally and enhance our image. To share and grow together so that we may face the challenges of global changes is a key interest. Please share any ideas you have with the Board through the website or the newsletter (via your national dietetic association).

Sandra Capra  
Chair, ICDA Board of Directors

## **National Association Reports**

### ***Australia***

#### **Growth of the Private Practice Sector – Opportunities and Challenges**

For most of the history of the profession of dietetics in Australia, the private sector has been small. Dietitians were mainly employed in the public health system, educational institutions or other government departments and not-for-profit organisations. In the last ten years this has changed dramatically with well over 25% of the profession now either totally or partially working in the private sector.

There are a number of drivers for this change. The number of Universities offering nutrition and dietetics programs has

increased significantly, resulting in the number of graduates more than doubling. The number of overseas qualified dietitians migrating to Australia continues to grow. Public sector employment opportunities have also grown but not at the same rate and graduates have had to look elsewhere.

The role of the dietitian has expanded along with the recognition of the importance of nutrition in non-traditional sectors of employment such as food industry, media and public relations, marketing and publishing. Many dietitians are now in business as consultants in these areas.

Private health funds had long provided limited rebates for dietetic services but the inclusion of rebates for the services of Accredited Practising Dietitians through Medicare (Australia's public funded health scheme) in 2004 saw a rapid rise in private dietetic clinics. Some larger private practices now rival major public hospital dietetic departments in size but there are still many private practice dietitians who work alone or with other health professionals. Despite this rapid growth the referral statistics indicate that there are still shortages of dietitians in private practice especially in rural and lower socio-economic areas.

The expansion of the private sector has seen exciting opportunities open up but it also raises some challenges for the profession and DAA as the professional association. Dietitians going into private practice need higher level business skills including marketing, financial management, contract management and industrial relations. This requires both the accrediting and education bodies to monitor current competencies for practice and the structure of professional practice placements for their relevance in a dynamic and changing healthcare environment.

Whilst there have always been some new graduates who have taken sole positions these have usually been in larger organisations where some kind of supervision was available. There is an increasing trend for new graduates to strike out alone in private practice and this has inherent risks. The provisional APD program which requires a 26 week mentoring relationship with a senior practitioner certainly assists in this area but the situation requires monitoring. DAA has always required members to adhere to a Code of Professional Conduct and has had a Complaints and Disciplinary procedure but over the years the number of complaints has been small. With the rise in the private sector, the number of complaints has increased and their nature has changed. This and the greater legal recognition of the APD credential have necessitated a revision of the Code and the procedures. The process has been made both stronger and more timely in order to address issues of public safety.

Despite the challenges, private practice and employment in private industry offer the best opportunity for the expansion of the profession in Australia at this time. DAA is working hard to ensure it has the resources to help both its members and the profession as a whole take advantage of these exciting opportunities.

Claire Hewat APD, Executive Director  
Dietitians Association of Australia

### ***European Federation of the Associations of Dietitians (EFAD)***

#### **European Thematic Network for Dietitians**

In 2005, after extensive consultation, EFAD adopted a European Dietetic Benchmark Statement (European Academic and Practitioner Standards for Dietetics) which

laid out a frame work and the expected standard for the education of Dietitians across Europe. The Benchmark concentrated on the curriculum but it was recognised that dietetic education in Europe crucially varied in the quality and amount of practice education (from a few weeks to one year) yet the effectiveness of any dietetic practitioner requires a high level of practical competence. Learning through practice, or experiential learning, is also a vital component of life-long learning. A proposal for a large scale project over 3 years, to develop practice education was submitted to the Socrates Erasmus Thematic Network programme of the European Union and it was learnt in September 2006 that the bid had been successful. The proposal, christened DIETS (Dietitians Improving Education and Training Standards), was to develop a Thematic Network for dietetics, focusing on harmonisation of the curriculum, practice competence and tools to ensure quality and effectiveness of practice education.

The aims of the Thematic Network are:

- To aid the Bologna and Lisbon processes through mapping and describing all areas of dietetic practice education and training throughout Europe using the methods developed by Tuning I and II and develop the utilisation of ECTS (European Credit Transfer System).
- To improve communications between educators and dietetic practitioners, to harmonise education, develop quality indicators, in particular in practice education, to develop courses and to publicise best practice through the development of a dedicated web-site and associated databases.
- To facilitate sharing of knowledge and disseminated research findings amongst educators and practitioners about practice education competences and where possible work with other

interested parties throughout Europe and internationally

- To develop the role of the dietitian in promotion of nutritional health through embedding life long learning competencies in first cycle degrees.

The submission was supported by 112 partner institutions from 29 countries, made up of Dietetic Associations, Higher Education Institutes and other organisations with an interest in nutrition.

Implementation of this exciting project is now about to begin, with the formation of a Network Management Group, chaired by EFAD. This Group will then establish 3 working groups, each with nominations from EFAD, to take the work forward, and an external reference group with a monitoring function.

Carole Middleton  
Executive Committee Member, EFAD

## *Japan*

### **Code of Ethics of the Japan Dietetic Association**

In 2000, the Ministry of Health, Labour and Welfare of Japan revised the Dietitians Law, placing registered dietitians as specialists that manage and give instructions relating to nutrition for the sick or injured. This revision stipulated that the main tasks of registered dietitians would be the appraisal and judgment of the nutritional status of the sick or injured, the drawing up of plans for their nutritional care, the provision of nutritional care involving nutritional support, nutritional education, and cooperation with other related professionals, and the monitoring and re-appraisal of the results of such care, in order to improve the nutrition of the sick and injured in medical or welfare establishments.

In accordance with the revision to these kinds of tasks, it became necessary to draw up a code of ethics for registered dietitians as a profession. The Japan Dietetic Association established the Code of Ethics for Registered Dietitians and Dietitians in April 2002. In stipulating this code of ethics, consideration was given to the effect that the services of registered dietitians have on individuals and society. Also, mindset, responsibilities, roles, and professional duties were examined to ensure that the authority or monopolistic privileges that the profession possesses are applied in an appropriate manner. In practical terms, the Japan Dietetic Association drew up the code of ethics while considering dietitians' benevolence, impartiality, honesty, and sense of social justice as individuals; and their contributions, development of ability, duty of confidentiality, and protection of personal information as specialists. The code of ethics that was drawn up is shown below. The code has been incorporated into the educational training curriculum of dietitians, and through lifelong study sponsored by the Japan Dietetic Association, activities are being undertaken to spread it and use it to educate.

#### Code of Ethics for Registered Dietitians and Dietitians

1. Members of the Japan Dietetic Association are aware of the mission and duty as registered dietitians and dietitians, and of the standard of performance that is expected.
2. Registered dietitians and dietitians will not discriminate by nationality, race, religion, belief, principle, lineage, social status, age or sex.
3. Registered dietitians and dietitians will provide public health, medical treatment, and welfare based on their accumulated knowledge, technique, and experience.

4. Registered dietitians and dietitians will always strive for the most appropriate training and work experience in order to meet the expectations and justify the trust of society.

5. Registered dietitians and dietitians will constantly improve their knowledge and technique by keeping up to date with the newest information, and will not divulge details of personal information collected in the course of their work.

6. Any breach of this code by a member will be subject to judgment by the ethics committee of the Japan Dietetic Association and subsequent expulsion from the membership according to the 8th article of the articles of association.

Additional rule

The executive board of the Japan Dietetic Association can only promulgate any change to this code of ethics.

Teiji Nakamura, Ph.D, R.D.  
President, Japan Dietetic Association

## *United States*

### **Continuing to Bridge the Gap between Science and Practice**

The American Dietetic Association's Evidence Analysis Library (EAL) is an electronic online resource that holds evidence-based information about food and nutrition. Over the past few years, expert workgroups have determined the scientifically based nutrition information that is important to the dietetics profession. Each workgroup poses several pertinent questions related to a disease, condition or nutrition topic and then seeks to find the answers. The analysis is done by trained

analysts who consider the collective body of published research and also the quality of the research studies. The analyzed information is used to develop Evidence-Based Nutrition Practice Guidelines.

The guidelines include a series of recommendations which provide a plan of action for the registered dietitian (RD). Each of the recommendations is rated in order to indicate the strength of the supporting evidence. Guidelines also include algorithms, or a step-by-step process for integrating the recommendations. These guidelines can instill confidence in the practitioner, as they know the recommendations are based on current research. Of course, the guidelines do not replace professional judgment, but they do allow the practitioner to be less focused on habit and intuition and more focused on the science itself.

The EAL currently houses guidelines for Disorders of Lipid Metabolism and Adult Weight Management. A Critical Illness Guideline will be added in September 2006. Over 300 articles have been systematically analyzed to develop these guidelines.

The Disorders of Lipid Metabolism Guideline specifically outlines recommendations for topics such as trans-fatty acids, stanols and sterols, nuts, omega-3 fatty acids and antioxidants. The latest feature of the library is a Disorders of Lipid Metabolism Toolkit. The toolkit is an electronic downloadable item that contains materials which practitioners can use on a day-to-day basis to help apply the guideline. Resources such as documentation forms and client education materials give dietitians practical items to implement the recommendations. Instructions for each type of patient encounter can be found in the encounter process and summary page materials, and can assist in training new dietitians. The toolkit is also beneficial for

tracking patient outcomes in order to obtain quality measurements and assure that appropriate goals are reached.

The toolkit has been validated by a usability test. RDs from ADA's Dietetic Practice-Based Research Network implemented the toolkit forms over five weeks and provided feedback on the organization and content of the toolkit as well as its effectiveness in communicating to other healthcare professionals. Participants were impressed by the detail of the toolkit and their input was used to adjust the toolkit materials.

In addition to the lipid guideline and toolkit, you also will find the Adult Weight Management Guideline which has recommendations on meal replacements, nutrition education, portion control, low glycemic diets, eating frequency and patterns. The focus of this guideline is on the treatment of obesity using a comprehensive weight management program. The companion toolkit will be available in 2007. The upcoming Critical Illness guideline concentrates on the nutrition care of the patient who requires nutrition support, and presents recommendations for timing of enteral feeding, feeding tube site, energy expenditure, immune-enhancing enteral formula, blood glucose control and more.

The EAL can save a dietitian hours of searching through studies, analyzing them and then trying to apply them in practice. This will assist a practitioner in providing better quality care and allow more time for working on how to convey messages to their patients. With 22 evidence-based projects in development, viewers can expect several disease-specific evidence-based nutrition practice guidelines and toolkits to be available in the future. You may view the Overview and Executive Summary for each guideline and purchase the Disorders of Lipid Metabolism Toolkit (\$50.00 (US) non-

member and \$20.00 (US) member price) at <http://www.adaevidencelibrary.com>

Kari Kren, Manager, Governance  
American Dietetic Association

### **Health and Heritage: Nutrition in Native American Communities**

At the Phoenix Indian Medical Center (PIMC) in Arizona USA, many mothers leave with more than a newborn baby. They also take a key chain – a leather cord strung with beads that anchor a marble-sized hazelnut and a larger walnut. Drawn from Native American culture, the key chains are part of an effort to encourage breastfeeding and pre-empt a grave health issue among the medical center's patients: diabetes.

A laminated card accompanying the keychain says "Babies were born to be breastfed". The card explains that when nature guides portion control (the nuts illustrate the size of a baby's stomach at birth and Week One), babies eat healthy amounts.

Six years ago, Suzan Murphy, RD, a commander in the U.S. Public Health Service, was part of a team that reviewed early infant feeding practices of American Indians and Alaska Natives compared to the general population.

Breastfeeding – which has been shown to reduce the risk of diabetes when it lasts two months or longer – is of special concern at PIMC, where Murphy works. The rate of diabetes in American Indian populations is nearly 10% higher than that of the general U.S.A. population and diabetes is developing in Native citizens nearly a decade earlier than in non-Native populations.

National Institutes of Health studies show 80 percent of Arizona's Pima Tribe population has diabetes by age 55, suggesting a risk of woman predisposing their unborn children to early onset. Murphy consults with expectant mothers, sees them during their hospital stay and holds postpartum consultations. She works with more than 200 tribes and totals about 800 births – predominantly Navajo – each year. In addition, Murphy runs a 24-hour hotline that averages more than 200 calls a month from parents seeking support.

Carol Treat, RD, lieutenant commander, U.S. Public Health Service, is a diabetes nutrition consultant and holds the only position of its kind in Alaska, U.S.A. Treat travels between hub cities and bush communities, sometimes in a small float plane, to hold week-long clinics. Her travel schedule generally begins in January and concludes in May when the hunting, fishing and berry seasons begin. The traditional Alaskan diet includes seal oil, whale blubber, walrus and salmon. But less rural communities are heading toward a more refined diet, which affects activity levels as well as nutritional intake.

“Typically in a subsistence diet, you trek out and fish,” explains Treat. “Now Alaska Natives are buying soda pop and chips and hopping on four-wheelers. It’s a lifestyle change that is catching up to them.”

For American Indians in the continental U.S., the diabetes epidemic began in the 1950s. In 1976, the National Commission on Diabetes submitted a landmark report that led in 1978 to funding through the Indian Health Care Improvement Act, and establishment of the Indian Health Services National Diabetes Program. The IHS Division of Diabetes Treatment and Prevention was started a year later.

While the funding has not eradicated diabetes, it has strengthened clinical infrastructure, allowing grantees to implement prevention programs, hire additional staff to create teams and diabetes clinics and gain access to newer diabetes medication. There also have been increases in programs that indirectly affect diabetes: weight management, playground development, cooking classes and enhancements in community nutrition services.

“Prior to 1998, 24 percent of our grantees had nutrition activities and classes for family members with diabetes. In 2002, the number had risen to 84 percent,” said Capt. Tammy Brown, RD, nutrition consultant, IHS Division of Diabetes Treatment and Prevention and captain in the U.S. Public Health Service.

Brown has seen other improvements in care. In 1994, the mean hemoglobin A1C among American Indians and Alaska Natives with diabetes was 9.8 percent; by 2003, it had declined to 7.9 percent. There have also been steady declines in LDL cholesterol, which Brown attributes to funding that allowed sites to purchase lipid-lowering medication and increase education.

According to public health nutritionist Graydon Yatabe, RD, local collaboration is key to maximizing resources. Yatabe works in the central part of the Navajo Nation at the Chinle Comprehensive Healthcare Facility. The facility’s community nutrition department has a staff of six to service a community of 30,000 people, making interagency cooperation and community capacity building an important part of Yatabe’s work.

“We work with communities to help them develop their own nutrition programs. Once the programs are in place, we’re able to provide technical support and leave the

coordination to them, spreading our resources more efficiently,” said Yatabe.

“We [Natives] put a high value on community and family,” says Charles-Azure, a member of the Lummi Tribe in Washington State U.S.A. “You can tell a Native person he would be healthier and happier if he managed his diabetes, but what will speak to him is if you say his family and community needs him to be healthy in order to help them.”

Kate Schwartz, freelance writer, Chicago, Ill.

### **New Board Certified Specialist in Sports Dietetics Credential (CSSD)**

The CSSD credential is designed to enhance the visibility and marketability of sports dietitians and to document their knowledge and skills in clinical dietetics, medical nutrition therapy, food and dietary supplements, exercise physiology and human performance. The CSSD credential will help employers and consumers identify authorities in the field of sports dietetics who can design, implement and manage safe and effective nutrition strategies that enhance lifelong health, fitness and optimal performance.

The Commission on Dietetic Registration of the American Dietetic Association (ADA) collaborated with sports dietetics content experts over the past year to conduct a practice analysis, develop the examination content outline, and write questions for the new sports dietetics specialty certification examination. The first Board Certified Specialist in Sports Dietetics (CSSD) examinations were administered from June 12, 2006 through June 30, 2006 at over 100 computer testing facilities. There are now 59 Registered Dietitians that are Board Certified in Sports Dietetics. The next

examination window will be in January 8-28, 2007. The application postmark for the January 2007 examination is November 22, 2006.

Visit CDR at <http://www.cdrnet.org/whatsnew/Sports.htm> for information including upcoming exam timelines. CDR worked in partnership with the ADA Sports, Cardiovascular and Wellness Nutritionists Dietetic Practice Group in developing the specialty certification.

### **Awards**

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

This \$2,000 award offered by the American Dietetic Association Foundation 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. Deadline is February 1, 2007.

The 2006 FIND Award recipient is Martha Amondi M.A. Nyagaya from Rwanda.

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

The American Dietetic Association Foundation is offering a \$1,000 award for an essay describing ADA as the link to global nutrition. The author, a nutrition professional with access to information technologies, should combine the capabilities of the internet in new ways and integrate them as a model to enhance global nutrition communication. In addition to stating how to gain knowledge and assistance by using the links, the nutritionist/dietitian must describe the method used (for example a website, advertisement, blog, etc.) to communicate this global nutrition information, especially helpful to colleagues from developing nations.

The essay should highlight

- The American Dietetic Association's "International" web page at <http://www.eatright.org> including all subdivisions such as scholarships, awards, essays and directories
- American Overseas Dietetic Association (AODA) website at <http://www.eatrightoverseas.org/aoda>
- Ethnic networking groups of ADA such as the National Organization of Blacks in Dietetics and Nutrition (NOBIDAN) at <http://www.nobidan.org> or by searching <http://www.eatright.org> for "networking groups"
- Dietetic Practice Groups (DPG) of the American Dietetic Association
- The International Confederation of Dietetic Associations at

<http://www.internationaldietetics.org> and <http://www.eatright.org>

- Regional organizations such as the European Federation of the Associations of Dietitians (EFAD), the Asian Federation of Dietetic Associations (AFDA) and sources of international nutrition, dietetic and food service groups such as the International Union of Nutritional Sciences (IUNS).

This informative essay should result in more productive use of links to international organizations from ADA's website and of existing websites and thereby raise the nutritional standards of all communities worldwide.

The essay winner must submit the essay for publication in the Journal of the American Dietetic Association. All applicants must be willing to share with others the ideas mentioned in their essay. Essays should be between five and seven typed, double spaced pages. Applications must be received by February 1, 2007.

The 2006 Wimpfheimer-Guggenheim Essay Award recipients are:

Prisca N. Nemapare, PhD, CNS from Zimbabwe

Essay title: Helping Restore Livelihoods and Build Self Confidence through Sustainable Strengthening of Resource Base of Caregivers in Their Struggle to Improve the Well-Being of Orphans in Zimbabwe

Barbara L. Jendrysik, MS from the USA.

Essay title: "Incorporating Nutrition Education, an Affordable, Nutritious and Convenient Weaning Food and Income Generation into an Infant Feeding Project in New Delhi, India"

These essays can be found at

[http://www.adaf.org/cps/rde/xchg/adaf/hs.xsl/8459\\_832\\_ENU\\_HTML.htm](http://www.adaf.org/cps/rde/xchg/adaf/hs.xsl/8459_832_ENU_HTML.htm)

## **Colgate Palmolive Fellowship in Nutrition, Oral Health/Dental Education**

This grant is given by the American Dietetic Association Foundation to support research in nutrition and oral health or dental education by doctoral students seeking a doctorate in nutrition and oral health or dental education. Grant amount: \$15,000. Non-US residents may apply.

Applications are available at <http://www.adaf.org> or by contacting Elisabeth Puga at 800/877-1600, ext. 4803 or [epuga@eatright.org](mailto:epuga@eatright.org). Deadline is February 1, 2007.

## **Resources**

### **Pilot Edition (July 1994) and Early Un-archived Copies of Dietetics around the World**

The pilot edition (July 1994) and early un-archived copies of the semi-annual newsletter "Dietetics Around the World," edited and printed through the American Dietetic Association (ADA), are available upon request. Contact the ADA Foundation at [epuga@eatright.org](mailto:epuga@eatright.org) or 800/877-1600, ext. 4803 for more information

### **WHO Resources**

Two books are available from the Pan American Health Organization, Regional Office of the World Health Organization for the Region of the Americas – "Nutrition and

an Active Life: From Knowledge to Action" and "Obesity and Poverty: A New Public Health Challenge". Individuals can order by writing to [paho@pmds.com](mailto:paho@pmds.com) or from the online bookstore

<http://publications.paho.org/english/> If anyone is interested in ordering a publication in bulk, please contact Erin Long, [longerin@paho.org](mailto:longerin@paho.org) who may be able to arrange a discounted price.

## **Calendar of Events**

### **29 September – 2 October, 2007 American Dietetic Association Food & Nutrition Conference and Expo**

Philadelphia, Pennsylvania

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

Yokohama, Japan  
Theme - Global Dietetic Linkage and Cooperation for Human Health

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