

# Dietetics

## *Around the world*



April 2000  
Twelfth issue

The newsletter for members of the International Committee of Dietetic Associations

### Destination: Edinburgh

## XIIIth International Congress of Dietetics: July 23-27, 2000

As we go to press, representatives of ICDA's 28 member organizations are preparing for this summer's historic meeting in Edinburgh.

Topics in the plenary sessions are organized around three main congress themes: global health, changing perspectives, and challenges to the dietitian's role. Participants and speakers from around the world will discuss changing global health demographics, ethical issues in genetics, functional foods, organic food production, the role of

the dietitian on multidisciplinary health care teams, the evolution of dietetics through revolutionary learning strategies, and more.

Official ICDA delegates will make important decisions regarding the structure and future direction of the organization.

### Registration information

General registration is £499 until June 24 (£588 thereafter). Accompanying guests fees are £42 per

person. All payments must be in Sterling using Visa, MasterCard, Eurocard, cashier's check, or eurocheck. Personal and company checks must be drawn on UK banks and should be payable to XIIIth International Congress of Dietetics. Register online at [www.meetingmakers.co.ukdietetics](http://www.meetingmakers.co.ukdietetics).

Discounted fares have been negotiated with British Airways. For details, contact your local British Airways office, quoting reference CIC\*115/15.

## Secretariat's report

Member associations will make decisions shaping the future of ICDA at the XIIIth International Congress of Dietetics in Edinburgh, UK, this summer. It seems fitting that we will set a new course for ICDA as we enter a new century.

Minutes of the international planning committee meeting held in Tokyo, Japan, in November 1999 reflect detailed thinking about ICDA's future. The minutes, a proposed bylaw for a renewed organization, and details of a full-day planning meeting to be held in Edinburgh on July 22 were sent to representatives of 28 member associations. Once decisions are

made about the bylaw, delegates will vote on a new board or committee to manage the organization. This vote will define the leadership that will guide ICDA toward the mission defined by its member associations. Associations that have paid fees for 1999-2000 will be entitled to vote on these and other issues at meetings in Edinburgh on July 22 and 25.

Official delegates will also vote on the host national dietetic association for the XVth ICD to be held in the Asia-Pacific, Middle East, or Africa region in 2008. Dietitians Association of Australia and the

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## Secretariat's report (continued)

Japan Dietetic Association have submitted their intentions to bid for the Congress.

Information about the future of ICDA has been sent to national dietetic associations that are thinking about joining, and we hope to introduce more new members in Edinburgh.

For the valuable contribution of the Mission 2000 task force and the 17 member associations that provided feedback to the task force, the international planning committee extends its thanks. Without your input we would not be able to make this bold proposal to reshape ICDA as an international organization that serves dietitians around the world by supporting the work of national dietetic associations.

Marsha Sharp  
Secretariat

## From Australia

### Association takes over assessment of overseas dietetic qualifications

Jan Finley, Executive Director  
Dietitians Association of Australia

Changes to the recognition and assessment processes for overseas-trained dietitians became effective in Australia on July 1, 1999.

Previously, dietitians who were trained overseas and who wished to work in this country had to pass an examination conducted by the government's National Office of Overseas Skills Recognition. As of

last July, the Dietitians Association of Australia (DAA) assumed responsibility for assessing overseas qualifications. The previous examination-based assessment will be replaced by a new system. An information brochure is available from the DAA, 1/8 Phipps Close, Deakin, ACT 2600, Australia, or on the Web at [www.daa.asn.au](http://www.daa.asn.au).

### Industry partnership promotes healthy eating

Jan Finley

DAA has formed a partnership with Coles Supermarkets, a major national chain, to promote fruit and vegetable consumption. The Federal Minister for Health and Aged Care recently launched the "7-a-Day" program, a long-term effort that involves high-profile media and point-of-sale promotions targeted to various consumer groups. Research indicates that Australians, on average, consume four servings of fruits and vegetables a day. The *Australian Guide to Healthy Eating* promotes at least seven a day.

The "7-a-Day" program is providing unprecedented visibility for the dietetics profession. Dietitians are centrally involved in substantiating and developing the program and in ensuring integration with other national healthy eating strategies. There are many opportunities for dietitians to be involved in the program—from research to supermarket tours to writing magazine columns. Visit us on the Web at [www.7aday.coles.com.au](http://www.7aday.coles.com.au).

## From Canada

### Canadian dietitians connect on practice

Catherine Morley Hauchecorne,  
MA, RD, FDC  
Practice Project Coordinator  
Dietitians of Canada

Dietitians of Canada (DC) members who participated in a 1996 national survey of practice resources said they wanted help in synthesizing professional information and in connecting with dietitians who have similar interests.

*Practice*, a quarterly, eight-page newsletter, responds to those needs while giving DC members a forum for their ideas. For most contributors, *Practice* has provided the first opportunity to have their writing published. Articles are edited for length and clarity, but no author is turned away.

The newsletter encompasses most areas of practice, with articles on new clinical guidelines for diabetes management, strategies for managing dysphagia, eating behaviors, approaches to writing medical charts, alternative health remedies, and other topics.

The personal spin is what distinguishes *Practice* articles from research articles in journals. Our authors present their personal views of practice—why they do what they do, how they came to develop their approach or way of thinking, and what evidence supports their view. They try to stimulate readers to ask critical questions about their own practice.

English or French copies of *Practice* can be obtained from Dietitians of Canada, 480 University Ave., Suite 604, Toronto, Ontario, M5G 1V2, Canada; phone 1 416 596 0857; fax 1 416 596 0603; Web site [www.dietitians.ca](http://www.dietitians.ca).



## From Denmark

### Association puts food policy into action

*Irene Kofoed-Nielsen, President  
Danish Dietetic Association*

In 1998, the Danish government passed a new food law and issued a policy statement dealing with food safety, food quality, consumer information, employment and income, nutrition, and food culture.

In line with those developments, the Danish Dietetic Association convened a group to draft a food policy for the association. The executive committee reviewed the draft, and meetings were held around the country to gather input from members. The association approved the proposal in October 1998 and distributed an abridged version of the policy to the food ministry, the health ministry, counties, municipalities, organizations, businesses, and kitchens staffed by our members.

#### Implementation

To help our members make the food policy a reality, the Danish Dietetic Association offers courses in quality development, ecology, and environment; workplace consulting; educational materials; and district-level support. The association will also carry out a working environment survey in the kitchens to pinpoint possible problems.

The Danish Dietetic Association will seek to influence food policy decisions in councils, committees, counties, and municipalities. Our members can help raise food quality by making quality demands on suppliers and by focusing on public catering management.

The association has prepared a short version of the food policy in a booklet titled *Better Food*. It contains the association's positions on

food quality, ecology, food technology, the environment, food labeling, research and development, and education. To order, e-mail [kp@oekonomaforeningen.dk](mailto:kp@oekonomaforeningen.dk) or fax your request to 45 331 38240.

The Danish Dietetic Association is a trade union of about 9,000 members, including 2,042 clinical and administrative dietitians and kitchen staff.

## From Finland

### Group marks 30 years

*Riitta Stirrkinen, MSc  
Managing Director  
Association of Clinical and Public  
Health Nutritionists in Finland*

Ravitsemusterapeuttien yhdistys ry (RTY), the Association of Clinical and Public Health Nutritionists, is the educational and professional organization for nutritionists in Finland.

Founded in 1970, RTY promotes developments in nutrition and health education. It submits proposals and issues statements on general nutrition topics. Its most recent statement concerns consensus strategies for preventing diabetes mellitus in Finland.

#### Members

RTY represents 611 nutritionists (134 student members) with backgrounds in food and nutrition as well as related disciplines such as chemistry, biochemistry, physiology, medicine, psychology, and social sciences. All of our members have master's degrees in nutrition, clinical nutrition, or food sciences, and many hold post-graduate degrees. More than 250 RTY members are authorized nutritionists monitored and controlled by the National Board of Medicolegal Affairs. This level of competence is

required to practice in clinical and community health nutrition. Other members work in foodservice, private industry, research, consulting, and education.

#### Organization

Our eight-member board is elected by general assembly for a two-year period. It convenes eight to ten times a year. The educational committee plans our Annual Nutrition Conference. The scientific committee submits proposals and supervises the editors of leaflets, handbooks, and best practices. Local professional groups such as nutritionists in education and community health nutritionists meet several times a year.

The managing director assists the committees in their work, particularly in organizing the Annual Conference and other training activities.

RTY is a member of the International Committee of Dietetic Associations, the European Federation of the Associations of Dietitians, and the Nordic Dietetic Association.

## From Israel

### Israeli dietetics—past, present, and future

*G.S. Rozen, Rambam Medical Center  
R. Endevelt, Macabi HMO  
D. Kluski-Nitzan, Ministry of Health  
R. Moshe, Rambam Medical Center*

In 1940, Mrs. Sare Bavli-Blumberg, PhD, a dietitian from the Netherlands, came to work at Hadassah Hospital in Jerusalem. As Israel's first dietitian, she offered nutrition counseling to patients and kitchen staff, set up meal service in schools, supervised foodservices in other hospitals, and established the

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## Israel (continued)

first school of nutrition for teachers.

In 1973, the Hebrew University opened a school of nutrition, and about 1,000 dietitians have graduated since then.

Dietitians in Israel work within the health care system. All citizens have medical insurance by law and can get service from one of three bodies:

- Ministry of health, which funds hospitals (general, psychiatric, geriatric) and community health activities

- Health funds (HMOs), which have their own hospitals and outpatient clinics

- Private hospitals and clinics (not covered by health insurance)

All of the above health services employ dietitians. More than 1,000 dietitians are registered in the ministry of health.

### Current practice settings

- **Acute clinical care.** Dietitians treat all hospital patients who have nutrition-related problems in the areas of internal medicine, nephrology, oncology, neurology, dermatology, geriatrics, endocrinology, gastroenterology, pediatric nutrition, and intensive care units.

Out of 450 dietitians practicing in hospitals, 60% work in general hospitals, 30% in geriatric hospitals, 9% in private hospitals, and 1% in psychiatric hospitals.

- **Preventive care.** About 300 dietitians work in outpatient settings in mother and child welfare clinics, youth clinics for diabetes and eating disorders, adult clinics for diabetes, cardiology, gastroenterology, endocrinology, elevated blood lipids, menopause, nephrology, and home feeding. Seventeen dietitians who work for the ministry of health supervise nutrition facilities for kindergartens, day care centers, schools, and elderly citizens in the community.

- **Private sector practice.** There is no formal count of how many

dietitians are self-employed or working for private companies. Most of them do not work at jobs that are pure dietetics, especially those in pharmaceutical companies.

- **Public sector practice.** Dietitians are employed sporadically (sometimes a single dietitian for an entire agency) in the realm of public health, defense, public transport, prison service, police department, ministry of labor and social welfare service, and universities. Because salaries are so low, most dietitians in public employment centers work only part-time.

### Challenges for the 21st century

Israel awoke to the importance of nutrition at the turn of the 20th century, when it experienced alarming infant mortality due to malnutrition. New awareness led to milk pasteurization, fund-raising for medical facilities, and the establishment of mother and child welfare clinics. Today, Israel has an advanced western-style health care system and a national health insurance law. To go with the progress, we also have western morbidity causes. Dietitians are involved in patient care at all levels and enjoy a respected professional status.

Now we must ask how we see ourselves professionally in the 21st century. As a nation of exiles, we need to investigate how shifts in eating habits affect the health status of our various populations. To do so, we are embarking on our first national nutrition survey. We are also working to pass a law that will delineate the academic qualifications needed to practice dietetics. We must continue to demonstrate the cost-effectiveness of medical nutrition therapy so we can expand coverage of our services within the national health insurance system. Last but not least, we need to develop ourselves academically through publishing, research, and pursuit of advanced degrees.

If we attain these goals, we will be in a position to improve the nutritional habits of our nation because we will have greater involvement in determining health policy. We also want to improve salary levels to prevent dietetics from becoming a female-dominated profession that is managed by the medical establishment.

## From the People's Republic of China

### Dietary guidelines and the Food Guide Pagoda

#### *Chinese Nutrition Society*

A commission of experts from the Chinese Nutrition Society and the Institute of Nutrition and Food Hygiene (affiliated with the Chinese Academy of Preventive Medicine) prepared the latest Dietary Guidelines for Chinese Residents. They are a revision of the guidelines released in 1989.

#### General population

The new guidelines for the general population are based on current scientific data, the nutritional requirements of the Chinese people, and problems in their diets.

1. *Eat a variety of foods, with cereals as the staple.* The traditional Chinese diet consists mainly of cereals, but with the rise in the living standard, people are consuming more animal foods. To avoid the dietary problems encountered in developed countries, the commission stresses that the diet should be based on cereals.

2. *Consume plenty of vegetables, fruits, and tubers.* Consumption of tubers in China has declined over the last 10 years. People are



encouraged to return to the tradition of eating tubers.

3. *Consume milk, beans, or dairy or bean products every day.* The calcium intake of Chinese people is only about half of the Recommended Dietary Allowances, contributing to the prevalence of rickets among infants and children.

4. *Consume appropriate amounts of fish, poultry, eggs, and lean meats; reduce fatty meat and animal fat in the diet.* Overconsumption of fatty meat and animal fat may contribute to obesity and chronic diseases. The primary meat consumed in China is pork. People are encouraged to breed pigs with leaner meat, to eat more low-fat meats, and to reduce pork consumption.

5. *Balance food intake with physical activity to maintain a healthy body weight.* Regular physical exercise can strengthen the cardiovascular and respiratory systems, sustain a good physiological state, increase work efficiency, stimulate appetite, strengthen bones, and prevent osteoporosis. In general, breakfast, lunch, and supper should provide 30%, 40%, and 30% of total energy intake, respectively

6. *Choose a light diet that is low in salt.* A light diet contains less fat and oil, less salt, fewer animal foods, and fewer fried or smoked foods. Urban residents in China are consuming more fat and oil, and the average intake of salt by Chinese people in general is twice as high as that recommended by the World Health Organization.

7. *If you drink alcoholic beverages, do so in limited amounts.* Pregnant women, children, and adolescents should not drink alcohol.

8. *Avoid unsanitary and spoiled foods.* When dining out, pay attention to sanitary conditions in the dining environment. When dining

collectively, serve food into separate dishes to reduce the risk of cross-infection.

The guidelines also contain recommendations for infants, toddlers, school-age children, adolescents, pregnant women, lactating mothers, and the elderly.

### The Food Guide Pagoda

The Food Guide Pagoda (see Resources) is an outgrowth of the dietary guidelines. The five levels of the pagoda contain the major food groups in the Chinese daily diet: cereals; vegetables and fruits; fish, meat, and eggs; milk, legumes, and their products; and fats and oils. The placement and size of each level of the pagoda reflect the proportion of each group of foods in the daily diet. There is no recommendation for sugar intake in the pagoda because the Chinese do not consume much sugar. For children and adolescents, sugar consumption should be limited.

## From South Africa

### Dietary guidelines as a nutrition education tool

*Penny Love, RD  
Association for Dietetics in  
South Africa*

A recent study assessed the appropriateness of the South African Preliminary Food-based Dietary Guidelines as a nutrition education tool for women in KwaZulu Natal.

Focus groups were held in five magisterial districts to evaluate the comprehensiveness and applicability of the guidelines. Groups were selected according to settlement type and ethnicity to reflect the KwaZulu Natal population. Qualitative data were collected from 103

women who had no formal nutrition training and who made the food purchasing and preparation decisions in the household.

Focus group discussions centered on 11 guidelines:

1. Enjoy a variety of foods.
2. Be active.
3. Make starchy foods the basis of most meals.
4. Eat plenty of fruits and vegetables every day.
5. Eat legumes regularly.
6. Foods from animals can be eaten every day.
7. Use fat sparingly.
8. Use salt sparingly.
9. Drink lots of clean, safe water.
10. If you drink alcohol, drink sensibly.
11. Eat healthier snacks.

Participants understood many of the guidelines and could construct a day's menu using suggested food categories. They cited the media, clinics, schools, doctors, hospitals, and books as sources of information about the guidelines.

The following guidelines were confusing to participants or difficult to adhere to:

- Make starchy foods the basis of most meals. Many participants regarded such foods as fattening and "stodgy."
- Eat legumes regularly. Lengthy preparation and cooking times and the need for expensive fuel resources (wood fires, paraffin) prevented participants from eating legumes regularly; soya products proved more economical.
- Foods from animals can be eaten every day. Participants had read or heard that red meat should be avoided or eaten less often because of its high fat content.
- Eat healthier snacks. Most participants regarded snack foods as luxury items that contribute little nutritional value to the diet.

*Legumes* was a confusing term for many respondents. Suggested alternatives included dry

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## South Africa (continued)

vegetables, dried ingredients, or specific names such as dry beans, lentils, or split peas.

In the category of foods from animals, some groups suggested the separation of dairy products from meat products.

Participants also queried the classification of the following foods:

- butter: food from animals, fat
- avocado: fruit, vegetable, fat
- potato, sweet potato, mealies, sweet corn, amadumbes: starchy food, vegetable
- dried beans, baked beans: starchy food, legume, vegetable
- nuts, peanuts, peanut butter: legume, fat, snack food
- sugar: starchy food, snack food
- condensed milk, spreads (peanut butter, jam, etc.), coffee/tea whiteners: unsure where to classify these

Participants cited cost and availability of foods, personal and household taste preferences, food purchasing habits, traditional food preparation and cooking methods, time constraints, and attitudes as barriers to implementing the guidelines. Affordability and availability are barriers to achieving variety in the diet and to consuming adequate amounts of fruits and vegetables. Where cooking fuel was an expensive resource, affordability also limited legume consumption. Water consumption was limited by proximity to the water supply, concern over its cleanliness and safety, and a dislike for its taste.

Despite awareness of the health consequences of high intakes of fat, salt, and alcohol, participants acknowledged that those guidelines would be the most difficult to implement due to personal and household taste preferences and persistent attitudes. It is evident from the focus groups that the final guidelines will need to be supported by practical suggestions for implementation, clarification of key concepts, and rebuttal of dietary myths.

## Affiliate profile

### International Union of Nutritional Sciences

The proposal to form the International Union of Nutritional Sciences (IUNS) was first discussed in 1946 at a meeting convened by the British Nutrition Society and attended by 22 scientists from 13 countries. Two years later, a provisional committee met in London to draft operating procedures and goals for the fledgling organization.

#### Background and growth

In 1968, IUNS was elected to membership in the International Council of Scientific Unions (ICSU). This was a significant step in its development, bringing recognition of its status as an independent scientific body, increased financial assistance, and greater collaboration with other scientific organizations. Today, IUNS has a special consultative status with the Food and Agriculture Organization, the World Health Organization, the United Nations Children's Fund (UNICEF), and other groups. IUNS works closely with the United Nations Educational, Scientific, and Cultural Organization (UNESCO), with various ICSU bodies, and with the International Union of Food Science and Technology.

IUNS has grown steadily over the last 54 years, but its founding objectives remain in place: to promote international cooperation in the study of nutrition, to encourage research and the exchange of scientific information in the nutritional sciences, and to publish the results of scientific investigation.

IUNS has held international congresses every four years since 1952. About 3,250 nutrition and dietetics professionals from 92 countries attended the 16th Interna-

tional Congress of Nutrition in Montreal, Canada, in 1997. At that meeting several presentations focused on the outcomes of survey research, which can be used to develop meaningful nutrition education and survey tools. ICDA sponsored a workshop on new technologies for transmitting nutrition education. Copies of the congress proceedings are available from the Canadian Federation of Biological Sciences, 215-1759 Courtwood Crescent, Ottawa, ON K2C 2B5 Cost is \$100 Canadian, payable by money order.

The next IUNS congress will be held August 27-31, 2001, in Vienna, Austria. The 2005 congress will be held in South Africa. (See Conference Calendar.)

#### Structure

IUNS is made up of *adhering bodies*, representing individual countries, and *affiliated bodies*, representing international and regional organizations. The Union currently has 69 full (adhering body) members, 2 members with observer status, and 13 affiliated bodies. The International Committee of Dietetic Associations (ICDA) is an affiliated body, with Marsha Sharp of its Secretariat as its representative.

The work of the Union is directed by a general assembly of voting delegates appointed by the adhering bodies. Each paid-up adhering body has one voting delegate. The general assembly meets every four years in connection with IUNS international congresses. Between general assembly meetings, the work of IUNS is facilitated by an executive council consisting of the president, president-elect, three vice presidents from different geographic regions, secretary general, treasurer, and six other members.

Through the Union's various commissions and committees scientists around the world collaborate in nutrition-related research



## Awards

and education and publish summary reports on their work. The groups function under the supervision of the president and three vice presidents; much of their work is done by correspondence.

### Current priorities

In 1999, IUNS launched an extensive home page ([www.iuns.org](http://www.iuns.org)) that contains its annual report, committee reports, updates on the work of member groups, messages from the IUNS president and secretary-general, and articles written by members of the global scientific community.

With a mandate from the general assembly, IUNS President Barbara Underwood, PhD, appointed a committee under the leadership of Mamdouh Gabr to examine management and procedural issues with an eye to making IUNS a more effective organization in the 21<sup>st</sup> century. The committee is seeking input from the executive council and adhering bodies before the general assembly vote at the IUNS Congress in Vienna.

IUNS is also working to establish an international food database. To that end, it organized the 3rd International Food Database Conference in Rome, Italy, last summer in collaboration with the Food and Agricultural Organization and the United Nations University.

### Contact information

The IUNS Secretariat for 1997-2001 is housed in the School of Public Health, University of California, Los Angeles, Box 951772, Los Angeles, CA 90095-1772, USA; phone 1 310 206 9639; fax 1 310 794 1805. Direct correspondence to secretary-general Osman Galal, MD, PhD, [ogalal@ucla.edu.au](mailto:ogalal@ucla.edu.au).

## \$1,000 award for resourceful consumer education program in a developing country

The Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics, and Management is offering a \$1,000 award for an essay by a professional dietitian/nutritionist that describes an original, innovative, and unique contribution for consumer education in a developing country. The existing program or tool must be done in collaboration with an organization, institution, or the media to benefit a large segment of the population and thereby elevate its nutritional health. The project must be specific, well organized, and practical and must be adaptable for use in other developing countries.

The nutrition professional must be involved in the developing nation's project or must have developed the tool to be used in that country's consumer education. The author must be willing to submit the essay for publication in the *Journal of The American Dietetic Association* and to share the ideas mentioned in the resourceful program.

All essays must reach The American Dietetic Association Foundation by July 28, 2000, and should be between five and seven typewritten pages, double-spaced.

Address all award correspondence to ADA Foundation, 216 W. Jackson Blvd., Chicago, IL 60606-6995 USA. Attn: Allison Waxler.

## Winners of international essay contest announced

The 1999 Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics, and Management Award for \$1,000 was presented to Jennifer Shaw, MPH, RD, for her essay "Chronic diseases: The new face of poverty in Chile." As a public health nutritionist on the interdisciplinary work team at the Center for Education and Technology in Tomé, Chile, Shaw is implementing urban agriculture and microenterprise as methods of economic and social development in populations with limited resources. She is devising a nutrition curriculum focused on changing food habits and nutrition knowledge among the low-income residents of Tomé. That model is being used in other cities of Chile, and it is hoped that it will be adopted elsewhere in Latin America as well.

A special additional award of \$500 was given to USA Major Teresa Kemmer, MS, RD, a doctoral student at the University of Washington, Seattle (USA). Kemmer is a graduate of the International Committee of the Red Cross Health Emergencies in Large Populations program. Her essay, "Field surveys to assess the nutritional status of Burmese refugees in Thailand: basis for recommendations for humanitarian programs," explains how to lower the death rate among Burmese refugees. Working with Thai and U.S. Army agencies, universities, and other organizations, she will use a variety of data collection methods. A food needs analysis will identify key recommendations for tailoring food programs. The International Life Sciences Institute awarded Kemmer \$10,000 for this project.



## Announcements

### Speakers needed for diabetes conference

The Andhra Pradesh Diabetes Federation plans to hold a one day-conference on diabetes in Asian Indians in conjunction with its annual meeting in Hyderabad this October. (See Conference Calendar.) The federation is seeking a dietitian of Indian origin or a group involved in organizing diabetes health care delivery to Asian Indians to address the conference. Contact P.V. Rao, Department of Endocrinology and Metabolism, Nizam's Institute of Medical Sciences, Hyderabad 500 082 AP India; fax 91 40 3310076; e-mail [rssdi@hd2.dot.net.in](mailto:rssdi@hd2.dot.net.in) or [ushabala@pol.net.in](mailto:ushabala@pol.net.in).

### U.S. educator wants to develop intern exchange

The dietetic internship program at East Carolina University in Greenville, N.C. (USA), would like to set up an exchange program in which its faculty and interns host overseas colleagues in the United States and visit other countries to learn about their nutritional needs and services. If interested, call Nancy Harris, 1 252 328 4275, or e-mail [harrisn@mail.ecu.edu](mailto:harrisn@mail.ecu.edu).

### Call for articles: next deadline is July 5, 2000

The next issue of *Dietetics Around the World* will be published in October 2000. Member organizations are invited to send information to Joan Schwaba, The American Dietetic Association, 216 W. Jackson Blvd., Chicago, IL 60606-6995, USA; fax 1 312 899 4757; e-mail [jschwab@eatright.org](mailto:jschwab@eatright.org).

## Resources

### ■ Dietary Guidelines and Food Guide Pagoda for Chinese Consumers

Now available in English. The guidelines have been the foundation for public and school nutrition education and for health and agricultural planning in the People's Republic of China since 1977. The English translation was published in the June 1999 issue of *Nutrition Today*. Reprints are available from Kristen McNutt, PhD, JD, Consumer Choices, 28W 176 Belleau Dr., Winfield, IL 60190, USA; phone 1 630 293 1996; fax 1 630 293 9124; e-mail [kristenmcnutt@compuserve.com](mailto:kristenmcnutt@compuserve.com). In China, contact Keyou Ge, PhD, Institute of Nutrition and Food Hygiene, Chinese Academy of Preventive Medicine, 29 Nanwei Rd., Beijing, People's Republic of China; phone 86 10 63034107; fax 86 10 63011875; e-mail [gky@public3.bta.net.cn](mailto:gky@public3.bta.net.cn)

## Conference calendar

**Oct. 14-15, 2000**

### IX Annual Meeting Beyond Glycemic Control

Hyderabad, India  
Sponsored by: Andhra Pradesh Diabetes Federation  
Contact: P. V. Rao

Department of Endocrinology and Metabolism  
Nizam's Institute of Medical Sciences  
Hyderabad 500 082 AP India  
Fax: 91 40 3310076  
E-mail: [rssdi@hd2.dot.net.in](mailto:rssdi@hd2.dot.net.in) or [ushabala@pol.net.in](mailto:ushabala@pol.net.in)

**Oct. 16-19, 2000**

### Food & Nutrition Conference & Exhibition

Denver, Colorado, USA  
Sponsored by: The American Dietetic Association  
Contact: Meeting Services  
216 W. Jackson Blvd.  
Chicago, IL 60606-6995, USA  
Phone: 1 312 899-4866  
Fax: 1 312 899 0008  
E-mail: [mtgsinfo@eatright.org](mailto:mtgsinfo@eatright.org)

**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 80 21  
Fax: 43 1 315 56 20  
E-mail: [austropa.congress@verkehrsbuero.at](mailto:austropa.congress@verkehrsbuero.at)

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*Dietetics Around the World* and other ICDA information can be found on the Web at [www.dietitians.ca/icda](http://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](http://www.dietitians.ca/icda).

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