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American
Heart
Association



Dr. Shank

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destroyed

NUTRITION COMMITTEE

Mar. 20, '75 (9-5) Biltmore Hotel

Mar. 21 (9:00-3:00) Suite C

Luncheon - Suite A

Memorandum



TO: Members of the Nutrition Committee

FROM: Mary Winston, Nutritionist
Division of Education and Community Programs

SUBJECT: Nutrition Committee Meeting, March 20 and 21, 1975

14 Feb 75

The next meeting of the Nutrition Committee is scheduled for March 20 and 21, 1975, Biltmore Hotel, 43rd Street and Madison Avenue, New York City, Suite C (March 20 - 9:00 a.m.-5:00 p.m. and March 21 - 9:00 a.m.- 3:00 p.m.).

Please review the attached agenda prior to the meeting and be prepared to speak on the topics assigned to you per the Table of Contents.

NOTE: Please bring your copy of the Federal Register (Monday, November 11, 1974 Part II - FTC - Food Advertising) to the Committee meeting. The FTC regulations on food advertising will be discussed during the meeting and additional copies are not available at this time. Thank you for your cooperation.

MW/jb/M6

Attachment: Agenda for March 20 and 21, 1975

Dr. Shank

SENIOR STAFF RESPONSIBLE Mary Winston/Sharon Borakove

COMMITTEE Nutrition Committee DATE March 20 & 21, 1975

SUBCOMMITTEE _____ TIME Mar. 20 - 9-5 pm;

Mar. 21 - 8:00 - 3:00 pm.

PLACE Biltmore Hotel, N.Y.C. ROOM Suite C; Luncheon-A

BUDGET 506-834

NAME	Will Attend	Will Not Attend	NAME	Will Attend	Will Not Attend
Chairman:			Guest Speaker: 11 - 1:00 P.M.		
Robert Shank, M.D.	X		Jean Mayer (Mar. 20 only)	X	
Margaret Albrink, M.D.	X		March 21- 3 FTC Lawyers	X	
Edwin Bierman, M.D.	X		William Moore (Mar. 21 only)	X	
Sharon Borakove	X				
Dolph Chianchiano	X	(Mar. 21 only)			
David Coursin, M.D.		X			
Ruthe Eshleman, Ed.D.	X				
Marilyn Farrand	X				
Jack Geer, M.D.		X			
Antonio Gotto, Jr., M.D.	X				
Richard Hurley, M.D.	X	<i>Mar. 21 only</i> (portions)			
James Iacono, Ph.D.	X				
Mary Jane Jesse, M.D.	X				
Lewis Kuller, M.D.	X				
Joseph Goldstrich, M.D.	X				
John Mueller, M.D.	X				
Harold Sandstead, M.D.	X				
J. Keith Thwaites	X				
Mary Winston	X				

MINUTES

NUTRITION COMMITTEE

October 16 and 1/2 day October 17, 1974
New York City
Oct. 16 - 9:00 A.M.- 4:30 P.M.
Oct. 17 - 8:30 A.M.-11:30 A.M.

Biltmore Hotel
Oct. 16 - Suite A
Oct. 17 - Suite S

PRESENT:

Members: Robert Shank, M.D., Chairman; Margaret Albrink, M.D., Edwin Bierman, M.D., Ruthe Eshleman, Ed.D., James Iacono, Ph.D., Mary McCann, M.D., John Mueller, M.D., Harold Sandstead, M.D., Virginia Stucky.

Staff: Ezra Lamdin, M.D., Mary Winston

Guest Speaker: Dolph Chianchiano

ABSENT:

Members: David Coursin, M.D., Fred Hatch, M.D., Mary Jane Jesse, M.D.

Staff: Richard Hurley, M.D., Keith Thwaites

Recorder: Sharon Borakove

ACTION ITEMS

1. That Dr. Lamdin propose the names of both Dr. Bierman & Dr. Gotto to Ben Patrusky, suggesting that they serve as representatives of Nutrition at the upcoming Science Writers Forum, Jan. 19-22, 1975, Marco Island, Florida.
2. That Drs. Bierman and Albrink prepare a 1-page statement on the following topics to be included in a booklet called "Planning the Management of High Risk Individuals":
 - a) Dr. Bierman - Individuals with Elevated Serum Uric Acid Levels
 - b) Dr. Albrink - Individuals with Elevated Glucose Levels
3. That a memo be sent to Dr. Hurley suggesting that he write a letter to Dr. Kannel, Chairman of the ICHD committee revising The Primary Prevention of the Atherosclerotic Diseases, informing him of the existence of AHA's Ad Hoc Committee on Nutrition in the Young. The purpose is to invite the ICHD committee to review the position of the AHA group before writing their final report.
4. That the problem of distributing our literature to the public via our affiliates be brought to the attention of the Program Committee of AHA.
5. That Dr. Kuller be asked to report on "Interpretation of Changing Death Rates from Coronary Artery Disease" at our next Nutrition Committee Meeting.
6. That Mary Winston will send each member of the Nutrition Committee a copy of the USDA's Revised Handbook #72 - "Nutritive Value of Foods."
7. That all members of the Nutrition Committee receive copies of the zinc tables.
8. That Dr. Shank write a letter to Dr. Harkins supporting the development of the Nutrient Data Bank emphasizing the need for standardized techniques in food analysis.
9. That Dr. Bierman send Mary Winston copies of the material related to the history of diabetic diets. Mary Winston will then forward the copies to the members of the Nutrition Committee.
10. That Dr. Albrink convey to the Nutrition Committee of the American Diabetic Association the support of the AHA Nutrition Committee in regard to ADA's efforts to design fat-modified diabetic diets.

11. That copies of the 3rd International Symposium on Atherosclerosis, West Berlin (Hard & Soft Water in Relation to the Incidence of Ischaemic Heart Disease) be duplicated and sent to the members of the Nutrition Committee.
12. That Dr. Borhani be contacted in regard to proposing a joint Nutrition Committee/Council on Epidemiology symposium for the 1975 AHA Scientific Sessions. The suggested topic for the symposium was the Relationship of Calcium & Other Minerals to Heart Disease with possible inclusion of fiber. It was recommended that the Epidemiology Council be requested to submit names of possible speakers.
 - a) Listed below are names submitted by the Nutrition Committee as possible speakers for the above symposium:

Andrew Shaper, Harold Sandstead, Leslie Klevay, Mitchell Perry, James Iacono, Michael Hemdick, Dick Doisey, Dave Kritchevsky
13. That the first section of the AMA Report of the Task Force on Fat Modified Diets be rewritten together with suggestions for the Task Force Report on Sodium Restricted Diets and sent to Dr. Shank. Dr. Shank will then write a letter to Dr. Philip White of the AMA indicating suggested changes in the reports.
14. That Dr. Iacono will speak on the topic of "Dietary Fat & Thrombosis" to be included on the agenda of the next Nutrition Committee meeting.
15. That the Nutrition Committee Charge be revised to incorporate the statement that Committee members can be reappointed for one additional term only.
16. That a notice be sent to the members of the Nutrition Committee exploring dates during the week of March 17-21, 1975 for the next committee meeting.

DISCUSSION

October 16, 1974

Dr. Shank, the Chairman, opened the meeting at 9:10 a.m.

He stated that this is the last meeting of the Nutrition Committee under the old organizational structure.

Science Writers Forum

Dr. Shank informed the Committee that AHA is sponsoring a Science Writers Forum, January 19-22, 1975 at Marco Island, Florida. Dr. Richard Ross, President of AHA, proposed the names of Dr. William Connors and Dr. Pete Ahrens as physicians who might report on some aspect of nutrition and cardiovascular disease. Discussion centered on offering other names to serve as representatives of AHA nutrition interests.

It was agreed that Dr. Lamdin will propose the names of both Dr. Bierman and Dr. Gotto to Ben Patrusky as alternatives.

Proposed Revision of USDA Beef Regulations

Dolph Chianchiano, Chief, Public Policy and Government Affairs, explained the USDA's proposed new system of grading beef to the Nutrition Committee.

On Dec. 12 and 13, 1974 a discussion will be held by the National Academy of Sciences, Washington, D. C., on the subject of beef grading.

The proposed regulations will change grading procedures encouraging the marketing of younger cattle thereby resulting in the availability of more low fat beef to the consumer.

Dr. Iacono stated that he will attend the upcoming meeting of the National Research Council in Washington, D. C. and will report back to the Nutrition Committee on the proceedings of this Conference.

Review of Nutrition Committee Minutes

The Minutes of the May 17th, 1974 Nutrition Committee Meeting were approved with the following corrections:

P.3 - Report of the Subcommittee of Dietitians and Nutritionists

#2, line 1 - add after "well" - "because interested persons could not receive them from their local organization even though interested individuals would be willing to pay for the publications."

- Also add "Computerizing of the ordering process was planned and would solve the problem."

P.6 - Dietary Treatment Recommended

#2 - Change to "Low saturated fat diet for hypercholesterolemia"

P.8 - paragraph #5-

there is a question about (\$350,000.00) - line 2.

There was discussion of the problems of distributing our publications (particularly Nutrition/Cardiovascular Reviews) to the public. Important factors pointed out were:

1. the autonomy of the local heart affiliates
2. the high cost of some of our publications

It was agreed that the problem of distributing our literature to the public via our affiliates should be brought to the attention of the Program Committee of AHA.

Report of the Subcommittee of Dietitians and Nutritionists

Virginia Stucky reported on the work of the Subcommittee:

(See Subcommittee Minutes - June 28, 1974)

The most important Action Items cited were:

- #1 - Jeanne Tillotson will serve as Chairperson of the Subcommittee's Task Force on Nutrition in the Young, with Judy Wylie assisting her.
- #3 - General dietary publications will be developed by AHA for use by restaurants. The materials will be related to restriction of calories and saturated fat.
- #9 - A summary of Virginia Stucky's material on the restaurant project was presented to the Nutrition Committee.

As noted in the handout sheet, the material for the restaurant project will be compatible with AHA diet publications: A TAG group of the Subcommittee is currently working on revising "The Way to a Man's Heart."

- #16 - Amelia Catakis' meeting with the dietitians in the Washington, D. C. area for the purpose of reviewing the restaurant material has not yet taken place.

The NRA has offered their assistance in the distribution of any materials developed for use by restaurant personnel.

Report of the Program Committee

At the August, 1974 meeting of the Program Committee, program priorities were established. The Chairman of the Nutrition Committee is a liaison person to the Program Committee.

The following priorities were cited:

1. Complete publication for professionals on rationale of Sodium Restricted Diet in cooperation with NRC.
2. Updating AHA nutrition education materials.
3. Developing guidelines for the NRA project.
4. Guidelines for the Public on the interpretation of food labels.
5. Working with representatives of Grocers of America to establish standardization in food analysis methods.

The self-testing nutrition quiz for physicians has been canceled.

Hypertension related areas are priority items. The Subcommittee on Reduction of Risk of Heart Attack and Stroke has requested the Nutrition Committee to prepare two statements for inclusion in the guide, "Planning the Management of High Risk Individuals": one of these will be in regard to the detection and treatment of individuals with high blood glucose levels and the other for those individuals with high uric acid levels.

Other areas of priority are: high blood pressure in children, developing materials on obesity and weight reduction, and the issue of water hardness.

Ad Hoc Committee on Nutrition in the Young

The Ad Hoc Committee met on September 25, 1974 at the AHA National Office. The meeting proved to be productive in terms of outlining the objectives of the Ad Hoc Committee. The Committee agreed to draft materials reviewing the field of nutrition in the young. These papers will be utilized in developing an official AHA position paper on the subject.

Dr. Charles Glueck reported on his study of serum lipids in 4,165 children, grades kindergarten through 12th (ages 6-14) in the Cincinnati school system. The 12-14 year olds studied displayed elevated levels of cholesterol and triglyceride. Dr. Glueck's study concentrated on familial hyperlipidemia. However, when hyperlipidemia occurs in a family, it may or may not be of the same type. The study outlined cholesterol and triglyceride distributions by age and sex.

Dr. Glueck seems to favor modifying the fat and cholesterol content of the diet in early childhood. The relationship of the fatty streaks to atherosclerotic lesions was explored at the meeting. Dr. McGill suggested that the data emanating from the LRC will be important to the deliberations of this Committee.

Virginia Beal cited her experiences with the Denver group of children. Studies on the incidence of breast feeding revealed that the percentage of breast fed babies is highest in the upper socio-economic groups and lowest in the lower socio-economic groups. Upon discharge from the hospital, approximately 25% of the mothers are breast feeding their infants today.

The present commercial infant formulas have for many years substituted vegetable oil for other forms of fat. However, the carbohydrate content of these commercial formulas is quite high -- about 33%.

The significance of early onset of obesity and overfeeding of infants was discussed. Ms. Beal feels a relationship does not exist between obesity in infants and adult obesity.

It was agreed that Dr. Iacono will review the available scientific information on "Dietary Fat and Thrombosis" at the next Nutrition Committee meeting.

ICHD Committee Revising the Primary Prevention of the Atherosclerotic Diseases

Mary Winston reported that the ICHD is revising the report, The Primary Prevention of the Atherosclerotic Diseases. To avoid the possibility of conflicting statements from ICHD and AHA, it was agreed that a memo should be written to Dr. Hurley suggesting that he might want to contact Dr. Kannel, Chairman of the ICHD Committee, informing him of the AHA's Ad Hoc Committee on Nutrition in the Young which is developing a position paper on the subject. It may be advisable to ask Dr. Kannel and his group to review AHA's paper before completing their report.

Membership of the Nutrition Committee - 1975

Three new members have been invited and have accepted the invitation to serve on the Nutrition Committee. Their membership has been approved by the Central Committee.

New Members: Lewis Kuller, M.D., Jack Geer, M.D. and Antonio Gotto, M.D., Ph.D.

It was agreed that Dr. Kuller will be asked to present an "Interpretation of Changing Death Rates from Coronary Artery Disease" at the next Nutrition Committee Meeting.

Applying Behavioral Science to Cardiovascular Risk

The above named working conference was held in Seattle, Washington, June 17-19, 1974.

Papers were presented in the following subject areas:

- a) behavioral research data review

- b) public opinion and attitude research health problems
- c) how to evaluate attitudes and relate them to health problems
- d) Farquar Group - reaching people through T.V., newspaper, etc.
- e) Smoking - Diet

National Research Council - Sodium Restricted Diets

Dr. Eshleman reported for Dr. Sandstead who was unable to attend the meeting at the NRC. The target date for completion of the publication on the rationale of sodium restricted diets is July, 1975.

Mary Winston was requested to send each member of the Nutrition Committee a copy of the USDA's Revised Handbook #72 - "Nutritive Value of Foods."

Nutrient Data Bank

Dr. Shank reported on the progress of the Nutrient Data Bank. Dr. Harkins informed Dr. Shank that approximately one-half of the food industries in the U.S. have not heard of the Data Bank. A governmental committee has been formed to work with the food industries. Work on the Nutrient Data Bank, unfortunately, is not proceeding as rapidly as anticipated.

Problems are encountered in enlisting the cooperation of the food companies since the Data Bank forms to be completed by industry are very lengthy and time consuming. It was suggested that Dr. Shank contact Dr. Robert Levy of the NHLI requesting his support for the Data Bank and write a letter to Dr. Harkins supporting the development of the Nutrient Data Bank emphasizing the need for standardized techniques in food analysis.

There is some evidence that more extensive information on food composition is gradually becoming available. The Consumer and Food Economics group of the USDA has completed a one-year survey on food-lipid literature and will publish this information soon. The Nutrition Institute in Beltsville, Maryland plans to establish a new food analysis laboratory. One question as yet unresolved is whether the USDA food analysis labs will supplement or replace the testing labs of the individual food companies for the purpose of compiling data for the Nutrient Data Bank.

It was agreed that copies of the new zinc tables will be sent to all the members of the Nutrition Committee.

Council on Arteriosclerosis

Dr. Albrink reported that no further progress has been made by the Subcommittee working on Guidelines for the Treatment of Hyperlipidemia.

They are being prepared for inclusion in the guide, "Reduction of Risk of Heart Attack and Stroke."

American Diabetes Association

Dr. Albrink reported that the ADA's publication "Meal Planning with Exchange Lists" is being revised. ~~The fat and cholesterol content of the diabetic menus will be reduced.~~ The booklets should be used by a patient only in conjunction with dietary counseling by a dietitian or other qualified health professional.

There are also plans to publish a new guidebook for the physician.

The basic principles being followed in the revision are as follows:

- (1) Concept of exchanges will be retained
- (2) Revision will make it easier to plan a fat-modified diet
- (3) Selective distribution of the revised booklet will be enforced
- (4) New guidebook will be developed for professionals
- (5) Skim milk will be the standard milk exchange
- (6) The classification of A-B vegetables will be abolished
- (7) Some of the present (B) vegetables will be placed in the bread category
- (8) Lean meat will be stressed

The area of convenience foods was then discussed. It was noted that many brands of convenience foods are available locally only and are not distributed on a national level. Therefore, a more practical approach would be to have the local diabetic associations analyze the convenience foods in their own geographical area rather than having the ADA attempt to analyze foods on a national level.

Dr. Albrink believes that triglyceride levels may be a risk factor in diabetics more so than in the general American population.

The obese diabetic may not do well on a high carbohydrate diet. However, the long range effect of diet on diabetics is virtually unknown.

Attention must be focused on the types of carbohydrates since the American population may be consuming a higher carbohydrate intake in the future.

The ADA's forthcoming guidebook for physicians will probably recommend that the diet for diabetics provide no more than 35% of calories as fat.

Dr. Albrink offered to supply a copy of her paper on diabetic diets to Mary Winston.

Dr. Bierman agreed to send Mary Winston copies of the material related to the history of diabetic diets. Mary Winston will then forward the copies to the members of the Nutrition Committee.

~~The new ADA diabetic menus will also limit the total caloric intake recommended.~~

The Nutrition Committee agreed that Dr. Albrink should convey to the ADA our support in regard to the ADA efforts to design fat-modified diabetic diets. The Nutrition Committee considers the work of the ADA as a tremendous step forward.

Liaison with the AMA and National Grocers Association

Dr. Shank reported that he approached Lee Klein, the Secretary of the Nutrition Consortium, requesting a draft of their material. A draft of the material was sent to Dr. Shank. The document reportedly deals with specific nutrients and the use of labels. Dr. Shank expressed dissatisfaction with the section on fat.

The Consortium booklet has grown into a "book." It is unfortunate that the Nutrition Committee probably will not be able to see the document before it is published. It is expected that the book will be distributed to persons involved with the public, such as food editors.

Dr. McCann suggested that the Nutrition Committee request that this publication have a wider distribution so that it could more likely reflect the consumer's interest.

Dr. Shank reported on Health Care Feeding and Dietary Practices in the Hospitals.

Report of the Task Force on Fat Modified Diets

Dr. Shank requested the Committee to review both the "Report of the Task Force on Fat Modified Diets," and the "Report of the Task Force on Sodium Restricted Diets."

Drs. Albrink, Bierman, and Mueller were assigned to edit the report on fat-modified diets and return with their criticisms the next morning - October 17, 1974.

Report of the Task Force on Sodium Restricted Diets

The Committee members discussed the above named paper and offered suggestions for improvement:

- a) P.1 - it should be noted that the 200-250 milligram sodium diet is hazardous to health and should be used only in unusual circumstances, such as renal failure, and then only by modifying the 500 mg. diet.
(The 250 mg. sodium diet can be incorporated into the 500 mg. diet, thus eliminating the need for a separate diet classification.)
- b) P.1 and 3 - The Committee suggests the use of both terms - milligrams and milliequivalents.
- c) P.2 - "Raw-to-Ready Scale" needs to be defined.
- d) P.5 - line 3 - change to read "200 mg. calcium diet"

Dr. Shank adjourned the meeting at 4:30 P.M., October 16th.

October 17th, 1974

Dr. Shank opened the meeting at 8:45 A.M.

Task Force Reports

It was decided that the first section of the AMA Report of the Task Force on Fat Modified Diets be rewritten together with suggestions for the Task Force Report on Sodium Restricted Diets and sent to Dr. Shank. Dr. Shank will then write a letter to Dr. Philip White of the AMA indicating suggested changes in the reports.

Relationship of Calcium, Other Minerals and Fiber to Heart Disease

Dr. Sandstead discussed the above topic utilizing a diagram of the mineral inter-relationships on the blackboard.

Dr. Sandstead cited the zinc/copper ratio in man as a possible factor in the cholesterol level in the U.S.

The Osborne Study conducted by an English Pathologist studying people who died before the age of 20 years old was cited. This study concluded that the group of infants who had been nursed for more than 1 month had less atherosclerotic plaques than the infants who were fed by commercial formulas. The zinc/copper ratio is lower in human milk than in cow's milk.

The majority of studies cited used rats as the experimental animal.

Dr. Sandstead stated that in the presence of calcium, phytate inhibits the absorption of zinc in the rat. Fiber markedly decreases zinc absorption. Histidine binds copper at a much greater level than zinc. Calcium intake in man has been shown to lower cholesterol level. However, in animals,

ZINC

calcium will cause a shift in cholesterol deposition from the liver to the bone. Vitamin C will inhibit the absorption of copper in animals. Cadmium will inhibit zinc metabolism.

A deficiency of vanadium in the animal causes hypercholesterolemia. Manganese is involved in cholesterol biosynthesis.

The area of hard water versus soft water was discussed. In localities where the water supply is hard, there seems to be a lower rate of cardiovascular disease than in soft water areas.

It was noted that tap water should be studied rather than water from the city water supply, which is usually the case.

The following foods were cited as poor sources of copper: meat, milk, bread, cereals, cheese, rice, granulated sugar. Liver and kidney, on the other hand, are good sources.

An important question posed is whether the high zinc/copper ratio foods cause an increase in the cholesterol levels.

The present state of knowledge indicates that further research is needed on the effects on humans of minerals such as copper and zinc. Research in the past has concentrated on studying rats rather than man. For example, the optimum level of copper for man is not yet known. Epidemiological evidence tends to correlate level of water hardness with cardiovascular disease.

It was agreed that the Nutrition Committee members should receive copies of the Third International Symposium on Atherosclerosis, West Berlin (Hard and Soft Water in Relation to the Incidence of Ischaemic Heart Disease).

The ratio of cadmium to zinc seems to be most important in hypertensive rats. Mary Winston reported that the AHA Council on Epidemiology wishes to investigate the subject of water hardness.

It was agreed that Dr. Borhani should be contacted in regard to proposing a joint Nutrition Committee/Council on Epidemiology symposium for the 1975 AHA Scientific Sessions. The suggested topic for the symposium is the Relationship of Calcium and Other Minerals to Heart Disease with possible inclusion of fiber. It was recommended that the Epidemiology Council be requested to submit names of possible speakers. Listed below are names submitted by the Nutrition Committee as possible speakers for the above symposium:

Andrew Shaper, Harold Sandstead, Leslie Klevay, Mitchell Perry, James Iacono, Michael ~~Hendrick~~, Dick Doisey, Dave Kritchevsky.
HAMBIDGE

Dr. Sandstead suggested at the symposium that a short introductory talk should be followed up by the use of specific examples. Dr. Lamdin suggested that a member of the Nutrition Committee should be appointed to serve on the Scientific Sessions Committee of AHA.

AHA Cookbook

Dr. Eshleman reported that progress has been made on the second edition of the AHA Cookbook. All the recipes to be included in the revised edition of the cookbook have been calculated for caloric content. An attempt has been made to reduce the amount of fat and sugar in the recipes. The approximate number of calories will be listed for each recipe. Approximately 60 new recipes are scheduled for inclusion in the Cookbook.

Some of the recipes in the first edition of the Cookbook will be omitted. A new chapter is scheduled to be included on "Lunch." It is hoped that the manuscript will be ready to go to the publisher by Christmas, 1974. Also, the section on vegetable-protein recipes will be expanded. Distribution (sales) of the first edition of the Cookbook has reached over 250,000 copies.

Mechanism for Responding to Nutrition Related Items in News Media

The AHA is frequently asked by representatives of the media to respond to nutrition related issues. In some instances, it is necessary to contact members of the Nutrition Committee requesting their opinion on the issue in question. Other cases require forwarding a written document to specific individuals for review and criticism and awaiting a prompt return of their comments to the National Office. This process, therefore, can become very time consuming and cumbersome. It was agreed that wherever feasible, direct telephone calls should be made to members of the Nutrition Committee knowledgeable in the field under consideration. Perhaps, in some instances, the media could be directed to call a specific member of the Committee.

The need for an available resource file for responding to the press inquiries cannot be understated.

Meeting with Representatives of the National Commission on Egg Nutrition

Dr. Shank reported that the above named meeting took place on Sept. 12, 1974 with the following delegates representing AHA: Richard Ross, M.D., Elliot Rapaport, M.D., Ross Reid, Robert Shank, M.D., William Moore, Richard Hurley, M.D. and Dolph Chianchiano.

The National Egg Council ads take issue with the AHA diet recommendations. The legal counsel for AHA asked the FTC for a restraint order on the egg ads. The issue went to court and a decision has not yet been reached.

Representatives of the Egg Board stated that they are currently in the process of undertaking research in the area of eggs. The meeting ended with the thought that Mr. Bob Fisher - Editor of Hy-Line World would contact Dr. Shank for the purpose of planning efforts in the area of egg research. The Egg Board agreed to cease and desist from its advertising claims for eggs for a period of 30 days. The new advertising campaign will emphasize the nutritional quality of the egg and its many uses.

Dr. Shank offered to advise Mr. Fisher regarding the organization of a group of research consultants.

Dr. Mueller stated that the NAB Code has established the following guideline: That any reference to serum cholesterol or possible benefits be related to a total dietary program in which more than one aspect must be changed.

Nutrition Committee Charge

It was agreed that the Nutrition Committee Charge should be revised to incorporate the statement that Committee members can be reappointed for one additional term only.

Next Meeting Date

The Committee wishes to explore dates for the next Committee meeting during the week of March 17-21, 1975. A preliminary notice requesting a choice of date during that week will be sent to the Committee members.

Dr. Shank adjourned the meeting at 11:30 A.M.

MW:jc Th4

NUTRITION COMMITTEE CHARGE

<u>Name of Committee</u>	<u>Nutrition Committee</u>
Composition:	No more than seven members in addition to the Chairperson. Consultants will be appointed as needed. Nominations will be solicited from the Council on Arteriosclerosis, Epidemiology and Cardiovascular Disease in the Young.
Term of Office:	Chairperson to be appointed for one year with reappointment up to three years. Members may serve three years. Under special circumstances, a member may be reappointed for one additional three year term. Terms shall be staggered so that approximately one-third of the members are rotated off each year.
Method of Selection:	Appointed by Chairperson, Central Committee in consultation with Chairperson, Nutrition Committee.
Frequency of Meetings:	Two a year; an additional meeting under exceptional circumstances.

AHA Nutrition Committee - Charges

1. To be fully informed concerning new scientific developments and the advances in knowledge concerning nutrition and/or diet as it relates to health and the occurrence or treatment of cardiovascular disease.
2. To provide a synthesis of pertinent nutritional knowledge for development of policy and position papers for consideration and use by the AHA, its councils, committees, and affiliates.
3. To provide advisory and resource information in these areas for the officers, staff, scientific councils, and the research or other committees of AHA.
4. To stimulate basic and applied research in nutrition, identifying areas of needed or expanded investigative effort and emphasis.
5. To promote in cooperation with the scientific councils and committees of AHA appropriate and well designed nutrition programs in the areas of:
 - a. Hypertension and renal disease
 - b. Coronary artery disease
 - c. Cardiovascular disease in the young
 - d. Cerebrovascular disease

(over)

6. To advise the Working Group in Public Policy and Government Affairs in matters concerning legislation and government regulations related to food, nutrition, health and cardiovascular disease.
7. To cooperate with and assist other scientific and health agencies in programs concerning nutrition and cardiovascular disease.
8. To disseminate information pertinent to nutrition and cardiovascular disease to health professionals through news and medical media and with the cooperation and assistance of affiliates.
9. To develop and promulgate programs of public education concerning diet, nutrition, health and cardiovascular disease, seeking assistance and cooperation of affiliates.

MW/jc
CP/18
11/1/74
Rev. 12/16/74

Guidelines for handling
of endorsements ?

FTC Com.

Keller

Jaeger

Farrard

Soldatek

Oct

7-8 -

16-17

~~23-24~~

30-31

Food Labeling -

design to Subcom of nutritional

Margarine Evaluation

Ruth Esterson Chm.

Ed Bierman

Jack Mueller.

AGENDA

NUTRITION COMMITTEE MEETING

March 20 (9:00 a.m. - 5:00 p.m.)
 March 21 (9:00 a.m. - 3:00 p.m.)

Biltmore Hotel, Suite C
 New York City

Exhibit

- | | | | |
|-------------------------------|--|---|---|
| 1. | Review of Nutrition Committee Minutes and Action Items | Dr. Shank | A |
| ← 2. | Report from Subcommittee of Nutritionists | Ms. Farrand | B |
| — 3. | Report of Nutrition Committee to Program Committee | Dr. Shank | C |
| 4. | Reports on On-Going Activities | | |
| — a) | Ad Hoc Committee on Nutrition in the Young | Dr. Coursin | |
| — b) | Subcommittee of Council on CVD in the Young - Teenage Nutrition | Ms. Winston <i>Dr. Jense</i> | |
| <i>after Dr Kuller's folo</i> | c) ICHD Committee - Revising Report on Primary Prevention of Atherosclerosis | Dr. Kuller | |
| = d) | Subcommittee of Council on Arteriosclerosis - Developing Guidelines for Hyperlipidemia | Dr. Albrink | |
| — e) | AHA-American Diabetes Association Liaison | Dr. Albrink | <i>Distribute list of P.P. - Com. to discuss Friday</i> |
| — f) | Food & Nutrition Board of NRC on Sodium Restricted Diets | Dr. Sandstead | |
| — g) | AHA Cookbook Revision | Dr. Eshleman | |
| 5. | Reports on New Issues | | |
| a) | Dietary Fat and Thrombosis | Dr. Iacono | |
| b) | Interpretation of New CHD Mortality Rates | Dr. Kuller | |
| c) | <i>New areas - Milk protein antibodies</i> | <i>- Harold Sandstead suggestion</i> | |
| 6. | Special Issues | | |
| a) | Xanthine Oxidase | Dr. Shank | |
| b) | National Commission on Egg Nutrition | Dr. Shank | |

Exhibit

- x c) Hard Water - Soft Water Dr. Shank
- }

Same for Friday

d) AHA Endorsement Policies Related to Food Products Dr. Shank
- }

"

e) Development of Standards for Foods Appropriate for Fat-Controlled Diet Dr. Shank
- T

~

f) Position Paper - Fat Controlled Diets in Hospitals Ms. Farrand
- ✓

J. Mayer

g) Proposal from Supermarkets Dr. Shank
- T

~

h) Establishment of Communication System to Respond to Scientific Issues and News Media Dr. Shank
- T

~

i) Sustaining Membership - Society for Nutrition Education Dr. Shank
- 7. Legislative - Public Policy Matters
- T

~

a) Meat Grading Dr. Iacono
- T

~

b) FTC Regulations on Food Advertising Mr. Chianchiano
- T

~

c) Food Labelling Instructions to the Public Dr. Shank
- T

~

d) Nutrient Data Bank Dr. Shank
- 8. Suggestions for AHA Annual Meeting-1975 Dr. Shank
- 9. New Business Dr. Shank
- 10. Next Meeting Date Dr. Shank

also discuss
Mayer proposal
D

-Agree Friday
E

-re J. Mayer

ADA re Guidebook to go with
new Exchange list.

Topics to be included in the Guidebook for Professionals

1. Purpose of the booklet, the exchange list and the importance of collaboration between professionals: statement that the exchange lists should not be distributed without professional guidance.
2. Rationale for dietary control
3. Description of the types of diabetes.
4. Ground rules for formulating and implementing a diet prescription.
5. Ethnic and cultural variations.
6. Dietetic and organic foods.
7. Convenience foods: necessity of local and regional lists.
8. Nutrition labelling: how is it used.
9. Distribution of carbohydrate, protein and fat in the diabetic diet: the "upper limit" of fat.
10. Similar foods from different sources (i.e., yogurt from whole or skim milk).
11. Mineral content of foods: potassium, magnesium, etc.
12. Specific references to the Exchange Lists.
 - a. Changes in format, e.g., milk exchanges.
 - b. Products that do not fit perfectly in any one category, e.g., soybean products.
 - c. Meat exchanges - lean vs. regular meats
 - d. Elaboration on cholesterol.

This is a tentative list derived from the minutes of our discussion. Please add, comment or delete as you see fit.

Oct. 29 1974

Agenda

Friday AM -

1) FTC Regulations

- Am. College of Cardiology poster - Tony Gots

2.) Endorsement -

a) Dec. meeting re fund campaigns

Jan. meeting ³ proposal - Chm. on Pub. Relations

b.) Review of Endorsement policy

3.) Review of composition and proposal of standards for selected foods -

2f. - margarine

• salad & cooking oils

Relate to J. Weyer proposal

4) Food labeling - public - professional education
- Jack Weyer proposal
? of a subcommittee

5.) List of questions - ADA - (Albrink)

6.) Nutrient Data Book - ? of ~~subcom.~~

Review
when Dec
Hawley
here

7.) Request for support - Soc. for Nutr. Ed

8.) Con. Organization + Activities
Subcom -
Exec Com -

9.) Next meeting -

10.) Suggestions for 1976 AHA annual meeting

Composition of margarine

- 1.) FA conc
- 2.) Total FA
- 3) .. PUFA
- 4) β /s ratio
- 5 Cis-trans
6. | Total cholesterol
- 7.) Total esters

Small Food Store

Evaluated & educated customers re labeling

Supermarket -

Educate people to right food choice for purposes
of health

~~Program~~ Identifying food for certain choices
- furnish instructions in store

Stores do not want this

- Could have this outside of store

Materials & guide re use of store
for food choices

Method of identifying specific foods

Willing to experiment w a variety of techniques

Ref -

Hennrichs - Dietary Fats & Fibrous
Vol II - 1973-74

Dietary Fat + Thrombosis

- 1.) Fat + its effect on platelet factor 3 (PF₃)
Saturated fat ↑ effect of PF₃
- 2.) ^{Unsaturated} Fat + platelet aggregation
↓ PF₃ activity
- fat ingestion induces platelet aggregation
 ↳ thrombin
- PUFA reduces this effect.
- 3.) - Prostaglandins derive from linoleic acid
 " induces platelet aggregation

Mortality Trends - 1950 - 1970

DHEW Publ. 74 - 1A53 - Rockville Md.

10% decrease in overall death rate from heart disease
1950 - 1969

decline greater for women + men

In Baltimore

Artes. HD - 1960 - 1972

Only consistent pattern is for white men
45-64 yrs. - reached zenith 1968.

598 / 1960
349 -

Combined Mortality AHD + Hypertensive H.D.

white men

45-54 yrs

521 / 100,000 - 1960

585 - 1965

396 - 1972 - 1972

Society for Nutrition Education

2140 Shattuck Avenue, Suite 1110
Berkeley, CA 94704 — Phone: (415) 548-1363

EXHIBIT F

January 24, 1975

Mr. William Moore
Executive Director
American Heart Association
44 East 23rd Street
New York, NY 10010

Dear Mr. Moore:

The Society for Nutrition Education invites your organization to become a Sustaining Member of the Society in support of its stated goal: "To promote good nutrition for all by making nutrition education more effective."

SNE publishes the quarterly Journal of NUTRITION EDUCATION, which helps the professional to do a better job, and the SNE COMMUNICATOR, a member newsletter. The Society also maintains the National Nutrition Education Clearing House (NNECH) which collects and evaluates educational materials from a wide variety of resources--including government, industry, and education organizations--periodically publishes selective reference lists based on the evaluated material.

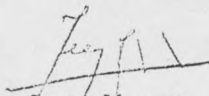
Other activities of the Clearing House include contracts with private companies, advisory groups, foundations, and government agencies for reference lists, informational surveys, and special annotated bibliographies which provide information for the greater effectiveness of these organizations. This past year the Society provided key leadership in the drafting of S.3864, "The National Nutrition Education Act," introduced by Senator George McGovern in July 1974.

In its efforts to be responsive to the interests of its 3200 members, SNE provides a forum for food industry representatives to exchange ideas with consumer oriented nutritionists, along with others such as college professors and day care directors. SNE is the only nutrition group whose primary concern is nutrition education for all segments of the population. Through its members there is an effective means of disseminating sound nutrition information.

The enclosed materials describe for you the benefits of Sustaining Membership, the range of occupations of SNE members, and SNE publications. While the minimum dues for Sustaining Members for 1975 are \$300, additional sums for general support of SNE programs or special projects are, of course, most welcome. Membership dues are tax exempt, and Sustaining Members are prominently listed in the Journal of NUTRITION EDUCATION.

We look forward to hearing from you in the near future.

Sincerely yours,


Jean Mayer
President

Board of Directors, 1974-75: President: Jean Mayer, Ph.D., Sc.D., Harvard University; President-elect: Phillip L. White, Sc.D., American Medical Association; Past-President: Sue R. Williams, M.P.H., R.D., Kaiser-Permanente Medical Center; Secretary: Jerry L. Moore, Ph.D., The Pillsbury Company; Treasurer: Ann L. Burroughs, Dr.P.H., Del Monte Research Center; Director (East): Joan Dye Gussow, M.Ed., Teachers College, Columbia University; Director (Midwest): Ruthe Eshleman, Ed.D., University of Nebraska; Director (West): Carole L. Ives, M.P.H., R.D., Office of Human Development, DHEW, Region X; Director-at-large: Alice E. Kriss, M.S., R.D., Broward County Health Department; Ex-officio member: Helen D. Ullrich, M.A., R.D., Executive Director, Society for Nutrition Education.

SOCIETY FOR NUTRITION EDUCATION

MEMBERSHIP BREAKDOWN, May 30, 1974

Based on 2,906 Members

By Job Description

By Place of Employment

Teaching (college, university, high school, hospital & health professions schools)	30.5%	Four-year college or university (nutrition, foods, science, home economics, chemistry, anthropology, extension, etc.)	28.8%
Consulting (patients, other professionals, nursing homes, day care centers, etc.)	29.0%	Health professions schools (including medicine, public health, nursing)	6.6%
Food service (e.g., hospital & school feeding)	8.8%	Two-year community colleges	2.2%
Cooperative extension	5.2%	School district (classroom, school food service)	6.4%
Public health nutrition (probably includes teaching & consulting)	4.0%	Hospital (includes nursing homes, clinics)	14.8%
Research (e.g., health field, food & nutrition, quality control)	3.9%	Government agency, Federal or State (includes USDA, FDA, Public Health, departments of education)	10.4%
Administrators & directors (e.g., local dairy councils, administrative dietitians)	3.9%	County or community health/welfare programs (includes day care, Head Start, aging)	7.7%
Communications (e.g., food editors, writers, public relations)	3.7%	Business, industry & trade associations (food industry, consulting business, local dairy councils)	9.4%
Health professionals not teaching (physicians, nurses, dentists, etc.)	0.9%	Self-employed	3.2%
Food science or technology, not teaching	0.7%	Cooperative extension (county level)	2.0%
Students (graduate & undergraduate)	3.7%	Associations, societies, foundations	1.7%
Professionals not currently employed	3.5%	Mass media (newspaper, publishers)	0.8%
Retired professionals	2.1%	Not employed	5.9%
Other	0.1%	Other	0.1%
TOTAL	100.0%	TOTAL	100.0%

TOTAL MEMBERSHIP, December 31, 1974: 3,300

Society for Nutrition Education

2140 Shattuck Avenue, Suite 1110
Berkeley, CA 94704 — Phone: (415) 548-1363

Application for Sustaining Membership

As a commitment to the cause of furthering good nutrition for all and supporting the goals of the Society for Nutrition Education and in consideration of the benefits and rights as listed on the reverse side, this application for Sustaining Membership (a nonvoting membership) in the Society for Nutrition Education is submitted. It is understood the annual dues for this class of membership are \$300 minimum and will be renewable annually. This membership will be reviewed for acceptance by the SNE Membership Committee.

Name of firm or organization _____

Address _____

City _____ State _____ Zip _____

The following staff member is designated to receive SNE publications and attend Annual Meetings under terms of this membership:

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Submitted on the _____ day of _____, 19____, on behalf of

Firm or organization name

By: _____
Name

Title

Society for Nutrition Education

2140 Shattuck Avenue, Suite 1110
Berkeley, CA 94704 — Phone: (415) 548-1363

The Sustaining Membership

To support and further the attainment of the goals and objectives of the Society for Nutrition Education as given below, a category of Sustaining Membership (nonvoting) has been approved so that corporations or organizations concerned about nutrition education can give meaningful support to the work of the Society for Nutrition Education.

Current benefits of the Sustaining Membership are:

1. An issue of all Society for Nutrition Education publications sent to the person designated by the firm.
2. Member discounts on all reference or educational materials produced or published by Society for Nutrition Education;
3. Use of the National Nutrition Education Clearing House (NNECH) resources: library, reprint files, audiovisual materials collection, etc.; and
4. A complimentary registration for the designated person at the Society for Nutrition Education Annual Meeting.

As Society for Nutrition Education grows and undertakes more activities in nutrition education, all benefits available to individual members (except voting) will be available to Sustaining Members. An application form for Sustaining Membership is on the reverse side of this sheet.

Goals and Objectives of the Society for Nutrition Education

The overall goal of the Society for Nutrition Education is to promote good nutrition for all by making nutrition education more effective. It will be promoted at all levels: international, national, state and local. Activities of the Society, in addition to publishing the Journal of Nutrition Education, shall be three-fold: education, communication, and research.

EDUCATION ACTIVITIES: identify, develop, and promote concepts appropriate for teaching at "in school" and "out of school" levels with consideration for competence, socioeconomic, age, and educational levels . . . help to implement the recommendations on nutrition education from the 1969 White House Conference on Food, Nutrition and Health and the 1974 National Nutrition Policy Study . . . work for effective use of mass media . . . help establish standards for nutrition educators with other professional groups.

COMMUNICATION ACTIVITIES: newsletters to all members several times during the year . . . plan and sponsor forums, symposia, conferences and workshops in all areas of nutrition education . . . annual national meeting (district and local groups also would organize and hold meetings).

RESEARCH ACTIVITIES: promote and/or sponsor research in nutrition education . . . make research findings known . . . identify needs for research . . . establish research priorities . . . explore and encourage sources for funding research . . . develop consultation resources. Comments and suggestions concerning future role of the Society for Nutrition Education are welcome.

(over)

Journal of

NUTRITION EDUCATION

The Official Journal of the Society for Nutrition Education

CURRENT OR CONTROVERSIAL TOPICS . . . advertising and food habits
. . . world food situation . . . nutrition policy . . . evaluation of education . . .
consumerism . . . weight control . . . food costs . . . cholesterol . . . food
labeling . . . school feeding . . . legislation

INNOVATIVE METHODS, PROGRAMS, IDEAS . . . minicourses . . . coun-
seling women on "the pill" . . . community nutrition group action . . . mass
media education . . . nutrition in medical education . . . teacher workshops
. . . volunteers in the classroom . . .

BACKGROUND FACTORS . . . food habits and customs . . . nutrition
science update . . . knowledge and attitudes . . . diet evaluation . . . edu-
cational theory . . . sociocultural influences . . . nutritional status studies . . .
program development

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reports, hearings . . . commentary . . . editorials . . .

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Society for Nutrition Education

Purposes and goals as adopted by the Board of Directors:

The overall goal of the Society for Nutrition Education is to promote good nutrition for all by making nutrition education more effective. It will be promoted at all levels: international, national, state and local. Activities of the Society, in addition to publishing the Journal of Nutrition Education, shall be threefold: education, communication, and research.

You are invited to apply for membership in SNE if you are concerned about nutrition education and the nutritional status of people everywhere. Present benefits of membership include: 1) a subscription to the Journal of Nutrition Education; 2) a subscription to SNE COMMUNICATOR, a quarterly, action-oriented newsletter; 3) substantial discounts on nutrition education materials and facilities of the National Nutrition Education Clearing House (NNECH); and 4) lower registration fees at SNE Annual Meetings.

Categories of membership and dues are:

MEMBER — (voting membership) — applicant must have a baccalaureate degree from an accredited college or university with training and/or experience related to nutrition education — annual dues \$18.00 (U.S.), \$20.00 (Canada & Pan American countries), \$21.00 (all other countries).

ASSOCIATE MEMBER — (nonvoting member) — applicant must have demonstrated an interest in nutrition education but does not have the training required for membership. Annual dues are the same as for Members.

SUPPORTING MEMBER — an annual contribution of \$25.00 or more in addition to regular dues for Member or Associate Member.

STUDENT MEMBER — (nonvoting) — applicant must be studying at an accredited college or university for a degree which includes at least one college-level course in nutrition; endorsement by faculty member required. Annual dues \$10.00 (U.S.), \$12.00 (Canada & Pan American countries), \$13.00 (all other countries).

SUSTAINING MEMBER — organizations that wish to contribute a substantial sum to support the activities of the Society.

All applications are evaluated by the SNE Membership Committee.

National Nutrition Education Clearing House

JOURNAL OF NUTRITION EDUCATION SUPPLEMENTS AND REPRINTS

Extensive annotated bibliographies on: 1) food habits; 2) methods and kinds of nutrition education; and 3) nutrition education and Spanish-speaking Americans were published as special supplements to the Journal and are now available through NNECH. Reprints of the proceedings of a symposium on nutrition at the undergraduate and master's degree level, a special report on national nutrition policy and a discussion of the nutrition council as a tool for change are also available.

NUTRITION EDUCATION RESOURCE SERIES

These compilations of teaching/counseling materials and background references are for use by the nutrition educator. The listed resources are available from a variety of sources such as federal, state and local agencies, educational publishers, professional associations, food industry, educational institutions and individuals. Printed and audiovisual materials and journal articles are included. Every item listed has been reviewed by a qualified nutritionist and judged to contain accurate information.

NUTRITION INFORMATION RESOURCE PAMPHLETS

Two publications (one for the professional, one for the layperson) guide people toward reliable nutrition resources. Each pamphlet lists organizations, books, other publications, and guidelines for judging reliability of sources of information.

THE CLEARING HOUSE COLLECTION

NNECH houses materials reviewed in the Journal of Nutrition Education and other relevant nutrition education resources. The collection consists of more than 5,000 materials including books, journals, pamphlets and audiovisual aids. Materials are bibliographically described, abstracted, evaluated and arranged and cross-referenced into about 60 subject categories. The clearing house is available for reference and loan use by Society for Nutrition Education members.

OTHER SERVICES

A wide range of additional services are available for individuals or organizations by special arrangement. These include: preparation of educational materials; review of educational materials during development; compilation of exhaustive bibliographies or selected listings on nutrition related topics; and nutrition education research such as surveys or testing of teaching materials. Inquiries should be addressed to Education Director.

JOURNAL OF NUTRITION EDUCATION SUBSCRIPTION ORDER

SUBSCRIPTION RATES: The following rates are good until December 31, 1975, then subject to change without notice. Rates are for four quarterly issues over 12 months, starting with issue closest to receipt of order.

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	Individuals	Libraries, institutions, companies
U.S. & Territories	\$10.00 _____	\$14.00 _____
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All other countries	\$11.50* _____	\$15.50* _____

*Remittances must be in U.S. dollars by check drawn on a U.S. bank or by international money order.

NNECH PUBLICATIONS ORDER

JOURNAL OF NUTRITION EDUCATION SUPPLEMENTS AND REPRINTS

	Price	No.
Food Habits: A Selected Annotated Bibliography, 1973	\$1.75	Bulk prices _____
Methods and Kinds of Nutrition Education (1961-1972): A Selected Annotated Bibliography, 1973	\$1.75	10-25: _____
Nutrition Education and the Spanish-speaking American: An Annotated Bibliography (1961-1972)	\$1.75	10% discount _____
NEW! National Nutrition Policy, A Special Report, 1974	\$1.00	26 or more _____
NEW! The Nutrition Council as a Tool for Change, 1974	\$0.50	20% discount _____
Proceedings of a Symposium: Nutrition at the Undergraduate and Master's Degree Level, 1972	\$1.00	_____

NUTRITION EDUCATION RESOURCE SERIES

	SNE members only	JNE and nonmembers	Bulk prices	No.	Price
Aging and Nutrition, rev. Oct. 1973	\$1.25	\$2.50	10-25: _____	_____	_____
Basic Nutrition Facts, July 1973	\$1.25	\$2.50	10% discount _____	_____	_____
Pregnancy and Nutrition, rev. Sept. 1973	\$1.25	\$2.50	26 or more: _____	_____	_____
General Teacher References, March 1973	\$1.25	\$2.50	20% discount _____	_____	_____
Preschool, Primary and Intermediate Teaching Materials and Teacher References, rev. Nov. 1973	\$1.75	\$3.50	off member or non-member price _____	_____	_____
NEW! Secondary Teaching Materials and Teacher References, rev. July 1974	\$1.75	\$3.50	_____	_____	_____
NEW! Vegetarians and Vegetarian Diets, Sept. 1974	\$1.25	\$2.50	_____	_____	_____
Weight Control and Obesity, July 1973	\$1.25	\$2.50	_____	_____	_____

NUTRITION INFORMATION RESOURCE PAMPHLETS

	1*-9	10-99	100+	No.	Price
Nutrition Information Resources for Professionals, rev. Jan. 1975	\$0.30 each	\$0.25 each	\$0.20 each	_____	_____
Nutrition Information Resources for the Whole Family, rev. Jan. 1975	\$0.20 each	\$0.15 each	\$0.13 each	_____	_____

*for single copy orders enclose a stamped, self-addressed #10 envelope.

All purchases must be accompanied by check or money order (no stamps) made payable to the Society for Nutrition Education

SNE member? Yes No

OTHER REQUESTS (check appropriate categories)

Please send back issue order form for the Journal of NUTRITION EDUCATION _____

Please send information about contract services and search facilities of NNECH _____

Please send information and application form for membership in the Society for Nutrition Education:

member or associate member student member sustaining member

Please send nonmember subscription order for SNE COMMUNICATOR (newsletter) _____

Name _____

Position or title _____

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clearing house

EXHIBIT O

HYPERTENSION

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
1. Review Educational Materials on HBP.	On-going.		
2. Develop scripts for cassette teaching tapes for patients.	Evaluate educational effectiveness of tapes. Promote pilot programs in physician's office, hospital, and health center clinics.	Revise.	
3. Develop position paper re Guidelines on HBP in Children.	Promote concept through affiliates to appropriate professionals. Recommend APHA adopt as Standard Procedures in School Health Services.	On-going and complete.	
4. Develop pamphlet on HBP in Children for M.D.'s - pending position statement from councils.	Promotion of physician materials. Development of companion pieces on adherence for parents of children & for adolescents.	On-going and complete.	
5. Develop Guidelines for Health Personnel (dentists or pharmacists) in screening and follow-up procedures.	Produce and promote Guidelines in cooperation with ADA. Set up pilot projects.	Evaluate projects. Determine future.	
6. Develop Guidelines to be incorporated in Risk Reduction Guide for Nursing & Auxiliary Nursing Personnel in screening & follow-up procedures--referred to Council on CVD Nursing.	Produce & incorporate recommendations into HBP Program Guide. Develop appropriate training aids.	On-going.	
7. Develop Guidelines for HBP Control Programs in Ethnic Communities.	Expand section on HBP.	On-going.	On-going.
8. Explore teaching programs for undergraduate medical education.	Discuss and plan appropriate conferences in cooperation with NHLI.	Implement necessary follow-up.	

EXHIBIT O

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
9. Plan for cooperation with NIH High Blood Pressure Education Committee for May 1975 - HBP Month.	On-going.	On-going.	
<u>NEW ITEMS</u>			
10. Revise HBP Program Guide.	Distribute to affiliates.		
11.	Develop slide on HBP Control Programs.	Promote slides through affiliates.	
12.	Develop self-testing HBP Education Program for members of American Academy of Family Physicians.	Evaluate returned questionnaire and respond to M.D.'s questions in Journal of AAFP.	Maintain question & answer column in Journal of AAFP.
13.	Explore need for standards for hypertension clinics for adults -- incorporate patient record forms.	Publish & promote standards for adult clinics. Develop standards for pediatric & adolescent clinics.	Urge application of standards for adult clinics through affiliates. Publish & promote standards for pediatric & adolescent clinics.
14.	Consider development of protocol for evaluating HBP Screening Programs.	Field test, evaluate, revise, and promote.	On-going.

HYPERTENSION (NUTRITION)

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
1. Complete publication for professionals on rationale of Sodium Restricted Diet, in cooperation with NRC.	Promote and distribute through affiliates.		
<u>NEW ITEMS</u>			
2.	Develop and evaluate low salt and weight reduction diet outlines, modified for various target groups.	Promote through affiliates.	
3.	Preparation of low sodium recipe booklet.	Promote through affiliates.	

CORONARY ARTERY DISEASE (ATHEROSCLEROSIS)

A. EMERGENCY CARDIAC CARE

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
1. Develop teaching and training materials, testing techniques & methodology for certification for Basic & Advanced Life Support.	Develop teaching and training materials, testing techniques & methodology for certification for <u>Advanced</u> Life Support.	Complete development of training materials for Advanced Life Support. Promote the use of AHA training materials for Advanced Life Support via affiliates & medical organizations.	On-going.
2. Develop a National Program on Early Warning Signs of Heart Attack.	Complete plans for a National Program on Early Warnings of Heart Attack & develop appropriate materials.	Field test & promote the program & use of materials in affiliate EWS programs.	Evaluate.
3. Plan Affiliate Faculty Instructor Courses for Cardiopulmonary Resuscitation in Basic Life Support & Emergency Cardiac Care.	Conduct Affiliate Faculty Instructor courses for Advanced Life Support.	Conduct Advanced Life Support Instructor Trainer Courses for other organizations such as professional societies, governmental agencies & medical schools.	Conduct refresher courses in Advanced Life Support for affiliate faculty.
4. Develop Guidelines for Emergency Room accreditation & Plan for accomplishing or implementing recommendations.	Complete development of Guidelines for Emergency Room accreditation & a plan for implementing recommendations via affiliates.	Promote use of ER Guidelines via affiliates.	Promote use of ER Guidelines via affiliates.
5. CPR/ECC Standards, National Board of Medical Examiners (Tests).	Provide the National Board of Medical Examiners questions on Basic & Advanced Life Support for inclusion in their tests.	Follow up evaluation of National Board Exams to determine whether questions were included.	
6. Neo-natal position paper--Transportation Standards.	Complete neo-natal position paper on emergency cardiac care & transportation & plan an educational & implementation program.	Field test & promote program among the affiliates.	Evaluate.

EXHIBIT O

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
7. Neo-natal resuscitation material for physicians & nurses. (Combine with #6.)			
8. Self-administered tests for medical journals (CPR & ECC).	Distribute Basic & Advanced Life Support written tests to selected medical journals for use in self-assessment tests.	Distribute up-dated written tests on Basic & Advanced Life Support to selected medical journals.	
<u>DEFERRED ITEMS</u>			
9. Develop & promote model legislation for Emergency Cardiac Care.	Consider development & promotion of model legislation for Emergency Cardiac Care as a follow-up to the June '75 Conference on Medical Legal Implications of Emergency Medical Care.		
10. Promote recommendations from Standards re: Life Support Capabilities for Airlines.	Develop recommendations for establishing permanent life support capabilities at transportation centers (airline terminals, rail terminals) and other places where large groups of people congregate.	Field test & promote the implementation of recommendations by affiliates.	Evaluate.
11. Develop a plan to inform minority groups how to gain access to & use ECC facilities.	Promote use of PI materialson acute care facilities via the affiliates. Plan revision & development of new materials.	Promote the revised PI materials on acute care via the affiliates.	
<u>NEW ITEM</u>			
12.		Evaluate the Standards of the 1973 National Conference to determine whether a follow-up conference is needed.	If indicated, hold a National Conference on CPR & ECC to up-date Standards.

CORONARY ARTERY DISEASE (ATHEROSCLEROSIS)

B. REHABILITATION

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
1. Continue planning program with Rehabilitation Services Administration (RSA).	Continue including: a) recommendations for establishment of models for Cardiac Rehabilitation Centers; b) develop outlines for in-service training programs; c) develop curricula for graduate level.	On-going.	On-going.
2. Complete Rehabilitation Guide for Affiliates.	Completion, production, & implementation of Rehabilitation Guide.	Evaluation.	
3. Complete Survey of Rehabilitation facilities & publishing a Directory.	Consider revising & publishing a new Directory.		
4. Identify barriers to rehabilitation.	Develop protocol for a study to identify the barriers.	Implementation.	
5. Develop principles of Cardiac Rehabilitation for inclusion in the curricula for Vocational Rehabilitation counselors.	Included in Item #1 above.		
6. Survey of complicated M.I.	Determine feasibility of conducting a study re. rehabilitation of patients with complicated M.I.	Based on findings, develop appropriate programs.	
<u>DEFERRED ITEMS</u>			
7. Develop program for rehabilitation & re-employment of young cardiacs.	Continue - depending upon report of study being completed by Council on CVDY.		
8. Encourage affiliates to develop rehabilitation plans with State Vocational Rehabilitation Agencies.	Deferred pending funding from RSA.		

EXHIBIT O

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
9. Public and Industrial Education.	Disseminate legislative requirements of 1974 Rehabilitation Act to affiliates; suggest methods of complying.		
10. Guidelines, community resources (CHD).	Develop a Directory of sources for services & funding in cardiac rehabilitation.	On-going.	On-going.
11. Encourage follow-up Workshops of National Rehabilitation Conference at Olive Branch.	Disseminate proceedings to affiliate & state rehabilitation agencies; encourage cooperative planning & implementation of Conference recommendations.		
<u>NEW ITEM</u>			
12. Conference (Rehabilitation of Cardiacs, Feb. 6-7, 1975) planned cooperatively with President's Committee on Employment of the Handicapped.	Develop appropriate follow-up.		

CORONARY ARTERY DISEASE (ATHEROSCLEROSIS)

C. NUTRITION

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
1. Transferred to HBP.			
2. Continue to develop & update Nutrition Materials.	On-going.	On-going.	On-going.
3. Develop Guidelines for Implementing Fat-Modified Menus in Commercial Eating Establishments.	Plan & implement training workshops in cooperation with selected affiliates & NRA to explore methods of implementation.	Field test - Revise and Disseminate.	
4. Joint program with AMA re: Development of Guidelines to Assist the Public in Interpreting the New Food Labels. (Has been modified to work with Nutrition Consortium.)	Field test & promote programs with affiliates utilizing the guidelines.	Evaluate.	
5. Working with Grocers Manufacturers of America to encourage standardization of food analysis methods for National Food Data Bank.	Begin the development of Standards.	Promote and disseminate to food manufacturers.	
6. Complete Nutrition Guide for affiliates to organize Community Nutrition Programs	Field test & promote Nutrition Programs in the affiliates using the Guide.	Evaluate and revise.	
7. <u>NEW ITEMS:</u>	Consider development of standards for foods' appropriate for fat-modified and low sodium diets.	Field test & promote standards through affiliates.	Evaluate and revise.
8.	Prepare a position paper on implementing fat-modified diets in hospitals.	Work with selected affiliates to promote implementation of fat-modified diets in hospitals.	Evaluate.

EXHIBIT O

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
9. Work cooperatively with American Diabetes Association to develop fat-controlled diabetic diets.	Field test, publish and disseminate.	Evaluate and revise.	
10. Revision of AHA Cookbook.	Promote through affiliates.	On-going.	Consider revision.

CORONARY ARTERY DISEASE (ATHEROSCLEROSIS)

D. RISK REDUCTION

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
1. Appendix to Risk Reduction Guide dealing with Children at Risk - referred to CVDY.	When statement is available, incorporate into Risk Reduction Guide.		
2. Complete revision of Risk Reduction Guide & distribute to affiliates.	a) Distribute to affiliates; b) Encourage implementation when feasible.	Evaluate.	
3. Plan follow-up to Behavioral Science Conference.	Complete plans & initiate activity.	Promote research projects.	
4. Complete proceedings of Behavioral Science Conference.	Publish & disseminate.		
5. Status of pediatric screening in private practice for lipids, HBP (pending position papers from appropriate Councils).	a) Upon completion of position papers, develop guidelines for recognition & management of lipid abnormalities & HBP in children, including recommendations for screening children whose parents are at high risk; b) Incorporate recommendations in HBP & Risk Factor Control Guides.	Promote implementation of these standards.	
<u>DEFERRED ITEMS</u>			
6. Expand TV-Radio messages on Risk Factors.	On-going.	On-going.	On-going.
7. Program Development & Demonstration Fund. Solicit applications on Behavior Modification (RFP's).	Program being evaluated. Deferred until evaluation is completed.		
8. Program Development & Demonstration Fund. Solicit studies on patient follow-up after screening (RFP's).	Program being evaluated. Deferred until evaluation is completed.		

EXHIBIT O

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
9. Develop multiple approaches to public information on CHD.	On-going.	On-going.	On-going.
10. List of items to be included on screening program forms to facilitate tabulation & comparability of data.	Revise forms.		
11. Guidelines & materials for school heart health programs.	a) Transferred to CVDY up to college level grades; b) College level included under risk reduction, item #13.		
<u>NEW ITEMS</u>			
12. Consider need for a slide set detailing the organization of a risk factor control program.			
13.	Develop Risk Reduction Curriculum for college level students.	Promote to appropriate college departments through affiliates.	Develop Risk Reduction curriculum for elementary & secondary schools.
14. Define the role of the dentist & his staff in risk factor control: HBP, smoking, diet.	Develop materials for the program in cooperation with American Dental Association.	Review educational curriculum of the Dental Hygienists for inclusion of risk factor information.	Develop patient teaching cassette strips for dentists' offices.
<u>ON-GOING ITEM</u>			
15. Publish & distribute Directory of current Risk Factor Control Programs in Industry.	Promote Risk Factor Control Programs in Industry through affiliates.		

EXHIBIT O

STROKE

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
1. Film entitled "Hypertension and Stroke."	Develop script & produce film.	Distribution.	
2. Distribute Stroke Risk Handbook.	Continue to encourage affiliate use.		
3.	Policy statement regarding Stroke Teams and Treatment Areas. Plan programs for affiliates to implement concepts set forth in policy statement.	Field test with selected affiliates & then promote wide implementation.	Evaluation.
4. Revise Stroke Program Guide for affiliates.	Complete Guide & field test.	Promote affiliate stroke programs using guide.	Evaluate.
Feasibility study on National Workshop on Hypertension & Stroke for Heart Association program personnel and volunteers.	Implement program if feasible.	Plan & implement necessary follow-up.	
6. Audio-visual cassette and accompanying pamphlet on TIA's (GPC).	Complete production, promote and distribute.		
7. <u>NEW ITEMS:</u>	Plan for development of a cooperative stroke rehabilitation program.	Field test & encourage affiliate implementation.	
8.	Develop recommended Standards for Emergency Care of Acute Stroke Patients.	Disseminate and implement.	Evaluate.

CARDIOVASCULAR DISEASE IN THE YOUNG

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
1. Develop guide to organize primary prevention program in Rheumatic Fever Control.	Complete field test and distribute for affiliate implementation.	Promote & evaluate programs using guide.	On-going.
2. Develop CPC slide tape on new throat culturing techniques for Rheumatic Fever.	Implement upon completion of Number One.	Promote through affiliates.	On-going.
3. Develop manual for nurses on throat culturing techniques for Rheumatic Fever.	Implement upon completion of Number One.	Promote through affiliates.	On-going.
4. Develop a Professional Educational pamphlet for neo-natal nursery personnel.	Plan program to educate neo-natal nursery personnel to recognize heart failure in infants.	Complete & promote through affiliates.	On-going.
5. Development of S.S. programs for neo-natal nursery personnel.		Promote similar programs through affiliate nursing committees.	On-going.
<u>DEFERRED ITEMS</u>			
6. Regional program workshop for education of community health professionals in primary prevention.	Begin development of educational materials for schools in entire area of CVDY - to encompass diagnosis, prevention, & treatment.	Complete.	
7. Develop Educational Campaign for potential employers on employability of young cardiacs. (Dependent on statement of problem & recommendations of Council on CVDY.)			

EXHIBIT O

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
<u>NEW ITEMS</u>			
8.	Develop more extensive guidelines for CPR in infants and children.	Field test. Complete & promote through affiliates.	Evaluate.
9.	Develop a complete plan for identifying & modifying risk factors in infants & children.	Promote & implementation.	Evaluate.
10.	Study the feasibility of developing a plan for Heart Association involvement in Health Education programs in grade and high school.	Implementation if indicated.	On-going.

CARDIOVASCULAR DISEASE IN THE YOUNG

(NUTRITION)

<u>1974-1975</u>	<u>1975-1976</u>	<u>1976-1977</u>	<u>1977-1978</u>
1. Develop a position paper on nutrition and CVD in the young.	Begin development of nutrition education materials for children based on position paper.	Complete, field test, & promote.	Evaluate.
2.	Develop a more aggressive health education plan for the school age population with strong emphasis on anti-smoking, weight control, and exercise.	Field test and promote with selected affiliates.	Evaluate - revise and promote.

MINUTES

THE SUBCOMMITTEE OF DIETITIANS AND NUTRITIONISTS

AHA National Office
December 9, 1974

9:00 a.m. - 4:00 p.m.
3rd Floor Conference Room

PRESENT:

Members: Marilyn Farrand, Chairperson; Mary Ellen Collins; Reva Frankle;
Virginia Stucky; Jeanne Tillotson, Judy Wylie.

Guests: Janice Neville, Sc.D., and Cheryl Rutishauser.

Staff: Mary Winston.

ABSENT: Amelia Catakis; Ruthe Eshleman, Ed.D., Iveagh Gott.

Recorder: Sharon Borakove.

ACTION ITEMS

1. That a summary report or minutes from the Ad Hoc Subcommittee on Teenage Diet, November 17, 1974, Dallas, be sent to the Task Force members for review. After it's edited, the final copy should be sent to Dr. Jesse.
2. That the proposed publications for the Restaurant Project be handled in the following manner:
 - a) submit material to editorial staff at AHA for rewriting .
 - b) submit this rewritten material to a few select people on the Subcommittee and 1 person on the Nutrition Committee for review.
 - c) Return the publications to Virginia Stucky.
3. That the Executive Director of the American Dietetic Association be contacted to request that one of the present members of the Subcommittee also serve as a liaison from ADA to AHA.
4. That the Subcommittee with the approval of Dr. Shank contact the people cited on p.5 concerning possible membership in the Subcommittee of Dietitians & Nutritionists.
5. That Mary Winston work on revising the Charge of the Subcommittee in order to make it consistent with the committee's current status and objectives. It will then be sent to Marilyn Farrand for approval.

6. That each of the task force chairpersons of the Subcommittee invite other specialists in the given field to work with their group as needed.
7. That Cheryl Rutishauser send Mary Winston a copy of the material from the American Health Foundation which indicates the type of fat currently used in many New York restaurants. Mary Winston will then duplicate the material and send it to each member of the Subcommittee.
8. That the Subcommittee members send their comments on "Save Food \$ and Help Your Heart" to Mary Winston by the last week of January, 1975.
9. That a suggestion be made to the Nutrition Committee that an AHA position paper on implementing fat-modified menus in hospitals be developed.
10. That the Subcommittee send their comments on the FTC regulations - Federal Register, Nov. 11, 1974, Part II - Food Advertising to Mary Winston by the middle of January, 1975.
11. That the Subcommittee send their comments on the Guidelines for Nutrition Programming in the Community to Dr. Neville by January 1, 1975. Dr. Neville will then forward the material to Mary Ellen Collins, who will then send copies to Judy Wylie and Reva Frankle for review. As the final step, the document will be sent to Mary Winston to submit to the AHA Nutrition Committee for review and then to the writers for editing.

DISCUSSION

Marilyn Farrand opened the meeting at 9:10 a.m.

Review of Minutes

The Minutes of the June 28, 1974 meeting of the Subcommittee were approved with the following corrections:

- p. 2 - #8, line 3 - delete the "E" in SCOR
#8, line 4 - change to read "Nancy Ernst (at NHLI)"
- p. 7 - National Restaurant Association Project - paragraph 2,
line 3 - change "menus" to "information"
- line 5 - delete the first sentence on line 5
- paragraph 4 - delete the one sentence comprising paragraph #4

Report of the Task Force on Nutrition in the Young

Jeanne Tillotson reported on the meeting of the Ad Hoc Subcommittee on Teenage Diet, Dallas, Texas, November 17, 1974. The representatives present at the meeting were as follows:

Mary Jane Jesse, M.D. - Chairperson; Sheila Mitchell, M.D.,
John Kangos, M.D.; Dale Harding, M.D.; Jeanne Tillotson; Judy
Wylie; Patricia Hodgson; Mary Ann Reiter; Jill Garrie; and Harrison
Owen.

AHA was represented by Kay Lembright and Mary Winston.

The nutritionists on the committee proposed an outline of nutrition education material designed for adolescents with hypercholesterolemia. It will consist of two sections:

Section I - Material Directed to the Teenager's Physician and
Section II - Material Directed to the Teenager.

A food guide was also proposed. This food guide would be divided into 3 phases: Phase I - Liberal; Phase II - Moderate; and Phase III - Severe (Strict). Instructions on how to achieve the given level of fat and cholesterol restriction will be provided. The material will also include guidelines for a nutritious diet for the athlete. The guide will be compatible with the various fat-modified diet outlines available e.g. AHA's and NHLI's. A physician could then just adjust the diet regimen to suit the individual patient's needs.

It was suggested that copies of Jeanne Tillotson's written material covering the proceedings of the November 17th meeting and including the food guide be sent first to the task force members for review. An edited copy will be sent to Dr. Jesse.

Assignments for the work outline are as follows:

Work Outline for Section I

Preface to Physician and Intended Use of Material	Dr. Kangos and Dr. Jesse
Meeting RDAs, 1974 and Nutrient Deficiencies Most Prevalent in American Teenagers	Judy Wylie and Mary Ann Reiter
Sample Nutrition History Forms	Judy Wylie

Work Outline for Section II

School Lunch and Restaurants	Pat Hodgson and Jill Garrie
Basic Recipes for Popular Foods	Mary Ann Reiter
Preface to the Teenager	Judy Wylie (with assistance from teenagers she counsels)
Choosing a Nutritionally Adequate (as well as fat-controlled) Diet (will be a part of the preface with a self evaluation sheet)	Judy Wylie

Diet History and Guides	Judy Wylie
Many Meals (mealtime and snack suggestions)	Pat Hodgson
Nutrition and the Athlete	Jill Garrie
Shopping Tips	Mary Ann Reiter

It is expected that the Ad Hoc Subcommittee on Teenage Diet will meet again sometime in February or March, 1975.

It was agreed that a summary report or minutes of the meeting of the Ad Hoc Subcommittee on Teenage Diet, November 17, 1974, should be sent to each member of the Subcommittee after they have been approved by Dr. Jesse.

AHA Cookbook

Mary Winston reported that progress is being made concerning the development of the written material for the revised edition of the AHA Cookbook. The revised edition will incorporate additional recipes for vegetarian meals. Some of the dessert recipes high in refined sugar will be omitted entirely from the book, and, where feasible, the amount of sugar will be reduced in other specific recipes. A greater emphasis will be placed on the use of fruits in the daily diet. The caloric value of one serving of each recipe will be stated. The use of egg substitutes will be mentioned; however, brand names will be omitted.

The cookbook is scheduled for publication June 1975 or sometime thereafter. Judy Wylie commented that the index in the present edition of the Cookbook is difficult to use.

National Restaurant Association Project

Virginia Stucky reported that Amelia Catakis presented the material on the Restaurant Project to the Marriott Corporation staff for review. They suggested that the material be written in a more concise and simpler form. The objective of the project is to provide guidelines for the implementation of low calorie, fat-controlled meals in commercial feeding establishments. The restaurant project material must be consistent with the AHA diet publications.

It was agreed that the following procedure be followed for expediting the NRA materials:

- 1) submit material to editorial staff at AHA for rewriting.
- 2) submit rewritten material to a few people on the Subcommittee and one person on the Nutrition Committee for review.

- 3) return the publications to Virginia Stucky to explore with the restaurant association the feasibility of a pilot study to evaluate the materials.

Reorganization

Mary Winston stated that the Nutrition Committee has been officially designated a committee of the Central Committee for Medical and Community Program. The Subcommittee of Dietitians and Nutritionists is a subcommittee of the Nutrition Committee.

Consultants will be appointed to the Subcommittee on an ad hoc basis as needed for specific projects. The Chairperson will be appointed for one year with reappointment up to three years. Members may serve three years. Under special circumstances, a member may be reappointed for one additional three year term. Terms will be staggered so that approximately 1/3 of the members will be rotated off each year.

Dr. McCann has resigned from the Nutrition Committee and Subcommittee. Since Dr. McCann was a liaison from the American Dietetic Association to the AHA Nutrition Committee, a letter will be sent to the Executive Director of ADA requesting that one of the present members who is also a member of ADA act in that capacity.

Since two new committee members must be selected, the following persons were proposed as possibilities. Representation is sought for Community Nutrition and Legislative Affairs, and Administrative Dietitians. Two names will be selected and the names sent to Dr. Shank for his approval.

Community Nutrition & Legislative Affairs

Carol Eichelberger, Johanna Dwyer, Myrtle Brown, Barbara Underwood (Penn. State), Lynn Howard - Community Nutrition (Albany), Janice Dodds (Teachers College), Margaret Webb, Bobby Hutchins, Mildred Kaufman (Florida) - legislation.

Administrative Dietitians -

Miss Hatch (Mass. General Hospital), Mary Ann Spears (Univ. of Missouri at Columbia).

It was further suggested that a local heart association nutritionist be proposed for membership on one of the task forces of the Subcommittee. The following nutritionists were suggested as possibilities:

Anna Marie Shaw - Los Angeles Affiliate
Clara Beth Bond - Chairman, Nutrition Committee, Golden Empire Chapter, Sacramento, California
Evelyn Berggren - San Francisco Heart Association
Linda Barnhart - Washington D.C. Heart Association

The Subcommittee's Charge was reviewed. It was agreed that Mary Winston will work on revising the Charge of the Subcommittee in order to make

it consistent with the committee's current status and objectives. It will then be forwarded to Marilyn Farrand for approval.

It was agreed that each of the individual task force Chairpersons could recruit other specialists in the given field to work with their group if needed. This procedure would involve working with people from different sections of the country and thereby increase the Subcommittee's perspective.

Cheryl Rutishauser stated that she is involved in collecting information on the kind of fat currently being used in New York City restaurants. She agreed to send Mary Winston a copy of this information. It will then be sent to each member of the Subcommittee.

Revision of AHA Diet Pamphlets

Judy Wylie discussed the merits of "phasing" of diets for the adult population in the revised AHA publications as is being done for diets of adolescents.

Judy Wylie requested that she be given the opportunity of discussing the proposed AHA diet publications revisions with a writer for format ideas before submitting it to the Nutrition Committee and Subcommittee for review. The following format was suggested for the AHA diet literature:

- 1) a separate publication of guidelines for the physician explaining:
 - a) the need for dietary counseling
 - b) the proper use of "phasing"
- 2) a pamphlet similar to "The Way to a Man's Heart " which would incorporate an explanation of the purpose of the pamphlet for the recipient of the booklet.
 - a) the pamphlet would state that the diet recommendations are directed to the general population but can also be used therapeutically. It was decided that the word "patient" will not be used anywhere in the written material. "Patient" implies a therapeutic diet, rather than one used in a general preventive program.

Save Food \$ and Help Your Heart

Mary Winston reported that the above booklet will soon be scheduled for reprinting.

Recently, a nationally syndicated column featuring the AHA booklet "Save Food \$ and Help Your Heart" resulted in hundreds of requests for the booklet.

The Subcommittee offered the following suggestions for the first revision of the booklet:

- a statement should be included on the consumption of eggs
- include the use of more vegetable protein

- p. 3 - last paragraph - include a statement emphasizing that shopping location influences the cost of food
- p. 3 - last paragraph - line 4 - change "health" to "specialty"
- p. 4 - 7th line from the top of the page - "Many convenience and snack..." should start a new paragraph
- p. 4 - change the heading "Use Each Day" to "A Daily Guide for Good Nutrition"
- add "2 modest servings of"

Under A Daily Guide for Good Nutrition

- 4th category add "or low fat milk products" to line 1
- at bottom of p. 4 - make the suggestion that "a more complete guide is featured in 'The Way to a Man's Heart'."
- p. 6 - Janice Neville suggested replacing the category of "Meat, Poultry and Fish" with "Fish, Poultry, Meat and Legumes"

It was agreed that the Subcommittee members should send their comments on "Save Food \$ and Help Your Heart" to Mary Winston by the last week of January, 1975.

However, the revisions should be minimal and not include the addition of new pages to the text.

Dietary Publications for Hospitals

The Subcommittee discussed the material from Stanford University Hospital outlining the steps to be taken in implementing fat-modified menus in hospitals.

The Subcommittee members felt that this document represents a duplication of effort, since a 1972 publication of the American Hospital Association, "Implementing Fat-Modified Meals in Hospitals," is both excellent and detailed. The Subcommittee suggested that AHA develop a position paper on hospital menus which addresses itself to the following questions:

- 1) Are the menus nutritionally adequate?
- 2) Are steps taken to assure that actual consumption is nutritionally adequate?
- 3) Are there food choices available to the patient?
- 4) Is there any menu evaluation for caloric content?
- 5) Is nutrition an integrated part of the patient care plan?

The suggestion will be forwarded to the Nutrition Committee. If this activity is approved, certain members of the Subcommittee will be selected to develop the paper.

New Business

FTC Regulations on Food Advertising

Mary Winston reported that since the proposed new FTC regulations on food advertising have important implications for the AHA, it is very crucial that the Subcommittee respond to this legislation. The various sections of the bill were divided and assignments to respond to each section were made.

It was agreed that the Subcommittee members send their comments on the FTC regulations - Federal Register, Nov. 11, 1974, Part II, Food Advertising to Mary Winston by the middle of January, 1975.

Guidelines for Nutrition Programming in the Community

Mary Ellen Collins distributed copies of her draft of the Guidelines to the members of the Subcommittee and then reviewed the written material.

It was noted that eventually these guidelines would be distributed to Heart Association Affiliates and Chapters. Selected items to include in the Guidelines follow:

- responsibilities of a nutrition aide
- evaluation
- bibliography

It was agreed that the Subcommittee send their comments on the Guidelines for Nutrition Programming in the Community to Dr. Neville by January 1, 1975. Dr. Neville will then forward the material to Mary Ellen Collins, who will then send copies to Judy Wylie and Reva Frankle for review. Then the document will be presented to the Nutrition Committee for final approval and referred to a writer. Reviewers should be alert to:

- (1) accuracy and content meaning
- (2) format
- (3) omissions in content

Next Meeting Date

April 11, 1975 was suggested as the tentative date for the next Subcommittee meeting.

Marilyn Farrand adjourned the meeting at 3:30 p.m.

MW:eb:Ml
12/27/74

REPORT OF NUTRITION COMMITTEE TO PROGRAM COMMITTEE

JANUARY 23 & 24, 1975

The Nutrition Committee has recently been reconstituted and will report to the Central Committee. One of the prime responsibilities of the Committee will be to be fully informed concerning new scientific developments and advances in knowledge concerning nutrition and/or diet as it relates to health and the occurrence or treatment of cardiovascular disease. The areas currently being explored are: 1) mineral interrelationships, especially as they relate to the hard and soft water theory, 2) xanthine oxidase, 3) fiber, 4) trans-fatty acids in margarines. Policy statements and position papers will be developed in cooperation with appropriate Councils and Committees in subject areas when the need arises and when there is sufficient data to warrant and substantiate a scientifically based position.

The Committee hopes to work closely with the AHA Councils and Committees in the development of guidelines for the prevention and treatment of those aspects of cardiovascular diseases which have a nutrition component. Examples of this type of cooperation are the current association of the Nutrition Committee with the Subcommittee of the Council on Arteriosclerosis for the development of guidelines for the treatment of hyperlipidemia, and cooperation with CCDY for the purpose of developing guidelines for the dietary treatment of hypercholesterolemia in the young. Needs for this type of working relationship will continue to arise from other Councils and Program Committees. Suggestions are welcomed in regard to how avenues of communication between these various groups may best be established.

The increasing number and frequency of issues concerning proposed legislation and government regulations related to food, nutrition, health and cardiovascular disease as well as the frequent references to nutrition in CVD in all media necessitate the establishment of a system of communication whereby members of the Nutrition Committee can respond quickly and effectively to these matters. Issues requiring an immediate answer may have to be handled by telephone; others will be handled by sending necessary materials to members of the Committee requesting replies in a specific period of time. Still others may require more long term and consistent effort, such as the encouragement of the development of standard techniques for food analysis for submitting nutritional data to the National Food Data Bank. This responsibility also requires that backup information be accumulated to take care of these matters.

Cooperation with other scientific and health agencies in the development of programs and materials related to nutrition in CVD will be encouraged. Examples of this type of cooperation currently going on in the Committee are: a) cooperation with the American Diabetes Association in revising their diabetic diet guidelines to include fat modification; b) the Committee is also working with the Food and Nutrition Board of the National Research Council developing a booklet for professionals on the rationale of the sodium restricted diet.

The chairman of the Nutrition Committee is a liaison member of the Program Committee, thus providing a mechanism whereby the Committee maintains input into programming. Many of the programs are carried out through its subcommittee of Dietitians and Nutritionists. A prime example of this type of activity is a revision of the AHA Cookbook and revision of diet instructional materials.

The Committee hopes to do more in the area of professional education and to work more closely with the Affiliates in the design and implementation of community nutrition programs.

Respectfully submitted,

Robert E. Shank, M.D.
Chairman, Nutrition Committee

IV. LEGISLATION

It shall be the policy of the American Heart Association, incidental to the achievement of its purposes and not as a substantial part of its activities, to engage in analysis and study of any legislative matter as it may pertain to the Association's interests in the cardiovascular diseases. In support of these proper interests, the results of such analysis and study may be made available to the public and legislators and legislative bodies by members of the Association designated by the President. If the legislative matter in question involves practices or policy not previously clearly determined by the American Heart Association, such analysis shall be presented only after authorization by two-thirds vote of the Board of Directors or Executive Committee. No Officer, member, or staff member of the American Heart Association may offer testimony on any legislation as a representative of the American Heart Association, except as authorized. Affiliates and Chapters should adopt a similar policy.

It is understood that this policy does not deny to any person his right to testify as an individual.

V. ENDORSEMENTS AND MEDICAL STATEMENTS

A. Commercial Endorsements

The American Heart Association will not enter into any agreement or take any action which may imply support or endorsement of a specific commercial product, process, service or enterprise. Caution should at all times be exercised in developing relations with, or accepting monies from business interests under circumstances which might imply endorsement of commercial products or services. Affiliates and Chapters will not lend themselves to exploitation by commercial interests. The American Heart Association Board of Directors, however, in unusual circumstances and upon recommendation of a Committee or Council, may make an exception to permit endorsement when such endorsement is considered to be vital to the public interest and to the program of the American Heart Association. In order to enable the Association to act quickly when indicated, a group consisting of the President, Immediate Past President, President-Elect and the Chairman of the Board should, in consultation with staff, determine the action to be taken, subject to the approval of the Board of Directors or its Executive Committee.

B. Medical and Scientific Position Statements

The American Heart Association has a responsibility to issue specific and clear-cut statements concerning important measures acceptable as worthy for improving health in the cardiovascular field. The Association has an equal responsibility for taking appropriate action with regard to false or misleading claims concerning methods, procedures, drugs and equipment that may adversely affect the public interest. In order to enable the Association to act quickly when indicated, a group consisting of the President, Immediate Past President and President-Elect should, in consultation with staff, determine the action to be taken, subject to the approval of the Board of Directors or its Executive Committee.

VI. COOPERATION WITH OTHER AGENCIES

The American Heart Association recognizes that the complex and long-term nature of the cardiovascular diseases demands the application of so many scientific and professional skills, and requires the use of such a wide variety of community resources, that it becomes necessary to spread the burden of action widely. Therefore, in order to achieve its stated purposes, the American Heart Association seeks to stimulate effective working together by all interests that can contribute to the acquisition of knowledge and its application for the prevention, diagnosis, treatment and manage-

ALICE WHITE'S NOTES OF JANUARY 16, 1975

PROJECT: How to make the supermarket more functional for the many people who must follow dietary restrictions for curative or preventive reasons.

NOTES ON DISCUSSION:

When diets are prescribed by the physician very little information regarding food is offered; when the dietitian provides the instruction, it is impossible to cover the thousands of supermarket items with the patient.

The most common dietary problems were identified as requiring the limitation of salt, sugar, cholesterol or saturated fats or combinations thereof. When the consumer looks for foods which exclude these ingredients at the supermarket a number of problems arise:

1. Sometimes these ingredients, particularly saturated fat and cholesterol, are not listed on the label as such, e.g., coconut oil is frequently listed but there is no way for the consumer to recognize that this is a highly saturated fatty acid.
2. Many people have not learned how to read the ingredient line on the label.
3. If the ingredient in question is listed on the label, frequently the consumer has no way to judge the quantity per container, e.g., sugar in flavored yogurt or salt in TV dinners.

It was unanimously agreed that, if the supermarket could provide simple guidelines to consumers looking for special food items, it would be in a position of offering a very valuable service to a large percentage of customers.

In order to provide this service, it was agreed that standards would need to be established by a recognized professional group with the authority to set such guidelines. Since the majority of dietary restrictions are related to heart disease, and since heart disease is the number one cause of adult mortality in the U. S. today, the American Heart Association was suggested as the appropriate group to set the standards and provide a seal of approval on foods that fall within an established range. An endorsement in the form of the A.H.A. logo affixed to the package would be one way to communicate this message.

Once the standards have been established, it would be the responsibility of food manufacturers to identify products that are eligible for A.H.A. endorsement. The companies would need to document their guarantees by subjecting food products to analysis by an independent laboratory; the cost for this would be the responsibility of the supplier. Companies could also be charged a fee by the A.H.A. for use of the symbol. This would offset A.H.A. monitoring costs. All claims could also be subject to F.D.A. monitoring.

Since this is a long-term project requiring the cooperation

of food companies, the F.D.A. and professional organizations, it was decided that a pilot study should be conducted to test the effectiveness of the proposal. At the end of the first phase (a time frame was not defined) of testing, market research should be done to evaluate use by consumers to determine the feasibility of conducting a full-scale program throughout the supermarket.

Several short-term objectives were identified:

1. Standards need to be established by the A.H.A. for foods to be recommended to consumers following special diets. Foods would need to fall within the range approved for control of cholesterol, saturated fats, sugar and salt.
2. A pilot test should be conducted on an individual category of foods, e.g., dairy products.
3. Food companies would be asked to guarantee foods meeting the established set of standards; these foods would then be identified with the A.H.A. symbol on tamper-proof labels.
4. The program would be given supportive promotion. Several approaches were suggested:
 - a. Radio spots and newspaper announcements.
 - b. A personality sidely respected by consumers and professionals alike should be identified with the program.

- c. There should be some in-house education via trained nutrition representatives (non-professional) who would be available for consultation. Backup could be provided by local dietetic and extension groups as well as the A.H.A.
- d. Classes could be conducted periodically to teach people how to shop for special diets and how to use the new guidelines. These would require advertisement in the supermarket and via the media.

It was agreed by all that the next step is for the A.H.A. to establish the standards to make this a viable project.

Consider

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