

(Vietnam) Report of the Young Asian Dietitian Network's Meeting in Aomori, Japan

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1. Introduction

The five-day trip to Aomori Prefecture was organized by Aomori University of Health and Welfare, the Asian Young Dietitian Network (AYDN), Ajinomoto Co., Inc. Global Communication Division, and Professor Shigeru Yamamoto. AYDN, founded by Prof. Yamamoto of Jumonji University, is a professional association that connects young dietitians across Asia. At present, the network comprises 50 dedicated members representing eleven countries: Bangladesh, Indonesia, Malaysia, Vietnam, Bhutan, Cambodia, Taiwan, Sri Lanka, the Philippines, Thailand, and Japan.

This program provided selected AYDN members with the opportunity to explore a wide range of nutrition-related facilities in Aomori. The itinerary included a campus tour of nutrition and dietetics programs, visits to an elementary school and its lunch center, Wakoen Nursing Home, and Hiranai Central Hospital. For participants from Southeast Asian countries—where nutrition systems, particularly those related to school lunches and elderly care, are still developing—the experience was especially valuable. In addition to observing Japan's advanced practices, members engaged in meaningful discussions and exchanged perspectives on the undergraduate curriculum in nutrition and dietetics, fostering both professional growth and international collaboration.

2. Visit to the Aomori Elementary School Lunch Center & Sannai Nishi Elementary School

Japan's school lunch system is one of the most remarkable I have ever observed. The facilities are equipped with advanced electric appliances and automated machines capable of peeling carrots and potatoes, cutting vegetables and meat, and maintaining a clean, well-organized kitchen environment. I was deeply impressed by the closed-loop process of meal preparation: leftover food and waste are repurposed into fertilizer for the school garden, creating a sustainable cycle for the children. Equally striking was the careful attention given to students with food allergies. Meals for these children are prepared with modified ingredients, yet dietitians ensure the taste and appearance remain similar to the standard meals. This thoughtful approach helps children feel included and avoids any sense of awkwardness or discrimination among peers.

From these visits, I identified several practices that could be applied to collective kitchens in Vietnam:

- **Color-coded uniforms:** Kitchen staff wear different colors depending on their tasks—green for washing vegetables, red for handling meat, and yellow for root vegetables. This system allows managers to monitor staff roles more easily and ensures hygienic food preparation.
- **Color-coded buckets and washing areas:** Containers and washing stations are classified by color to remind staff of hygiene priorities. For example, vegetables with more dirt are assigned a specific color to signal the need for extra care during washing.

- **Safe egg handling:** Eggs are often contaminated with salmonella from their shells. At the lunch center, yolks and whites are separated from shells and supplied by specialized companies that guarantee hygiene and safety.
- **Food hygiene education:** Staff receive practical training on handwashing, including the use of machines that detect bacteria on their hands after washing. This tangible evidence motivates staff to improve their hygiene practices, ensuring food safety.
- **Monitoring leftovers:** Dietitians and kitchen staff measure leftover food from patients' meals and adjust menus or flavors to improve overall consumption. This practice not only respects patients' preferences but also contributes to sustainability by reducing food waste and emissions.
- **Recognition of dietitians' roles:** In Japan, school dietitians are respected by society, children, and parents alike. Their contributions are valued, highlighting the importance of professional expertise in nutrition and public health.

3. Visit to the Wakoen nursing home

In Vietnam, the concept of nursing homes is still relatively new, as traditional culture places the responsibility of caring for the elderly on their descendants. In contrast, nursing homes in Japan are well-established and widely accepted. Older adults often choose to move into these facilities to receive comprehensive healthcare from professionals. Interestingly, meals are sometimes provided by outside catering companies, ordered in advance, which differs from Vietnam where facilities typically prepare food internally.

I hope that as Vietnam's aging population grows, we can adopt similar systems of elderly care. From my visit, I learned several valuable lessons:

- **Home-like design:** The wards and halls were organized and decorated to resemble a home. Handmade items created by staff added warmth, making residents feel comfortable and familiar in their environment.
- **Empathy of dietitians:** I was deeply impressed by the enthusiasm and compassion of the registered dietitians. Their guiding slogan, "*We always hope that our patients are happy with their meals every day,*" was truly inspiring.
- **Holiday activities:** The nursing home organized seasonal events such as cherry blossom viewing, cooking festivals, and group trips to the supermarket. These activities fostered joy and community among residents.
- **Special utensils:** I tried several adaptive utensils, such as spoons and bowls designed specifically for older patients. These thoughtful tools made eating easier and reflected the meticulous care typical of Japanese culture.



Special bowls, spoons, and folk



The cafeteria creates a homelike atmosphere

In Vietnam, dietitians in nursing homes are not yet fully recognized, and soft diets for older adults remain limited to simple porridge or noodles. This visit highlighted the importance of expanding and professionalizing dietetic roles in elderly care.

4. Visit to the Hiranai Central hospital

This was my second time visiting a hospital nutrition department in Japan, and once again I was amazed by the quality of care provided to older patients, particularly through soft and dysphagia diets. Key lessons included:

- **Dysphagia diets:** We sampled several levels of dysphagia diets, each carefully designed to enhance swallowing and maintain the appearance of regular meals. I was grateful to receive a sample one-week menu and preparation techniques from the registered dietitians. I will share the knowledge to my co-workers to help them improve the menu for dysphagia patients in their hospitals.
- **Nutrition intervention forms:** The hospital's intervention forms were detailed and clear, offering a model I hope to adapt for my own hospital in Vietnam.
- **Role of the Japan Dietetic Association (JDA):** I was impressed by JDA's nationwide training programs, including the adoption of the GLIM tool for nutrition assessment. This ensures equity and consistency in knowledge updates for dietitians across Japan. Vietnam's Dietetic Association has not yet achieved this level of support, but I hope it will in the future. Unified nutrition forms also facilitate smooth patient transfers between hospitals without loss of information.
- **Patient bed organization:** The hospital's software system allowed dietitians to locate patients easily on a digital map, streamlining nutritional screening and assessment. In contrast, public hospitals in Vietnam often face chaotic bed arrangements, making assessments more difficult.

These observations highlighted the advanced facilities, safety standards, and professional roles of dietitians in Japanese hospitals—an inspiring model for Vietnam to learn from.

5. Aomori university of Health and Welfare Campus tour

The university's facilities and equipment were highly organized and closely integrated with the nutrition major. Students had access to machines that analyze the nutritional composition of food, providing deeper understanding of food values.

Highlights included:

- **Curriculum:** Subjects such as nutrition biochemistry, cooking methods, and food service practice were impressive. These courses provide a strong foundation for understanding hospital and collective kitchen operations. I hope Vietnam's curriculum can incorporate similar coursework.
- **Practical training:** Students learned to prepare both regular meals and specialized diets (e.g., dysphagia or soft diets), essential skills for menu planning in community and clinical nutrition. Moreover, they also practice on how to handle and coordinate food services.



The second-year nutrition students were enrolled in a practical course on nutrition services



Second-year nutrition students designed, prepared, and served the lunch

- **Food model technology:** One of the most fascinating tools was a machine that analyzes food models. In Japan, food models are common in restaurants, but in the classroom, they are equipped with chips that allow machines to detect nutritional values. The system can quickly evaluate a patient's diet, compare it with reference standards, and present results. This high-tech equipment greatly enhances nutrition training.



Food model technology

6. AYDN manuscript

The manuscript marks the first tangible outcome of international collaboration within the Asian Young Dietitian Network. It serves as an official reference for those seeking to understand undergraduate nutrition education programs. Beyond its content, the preparation process fostered connections among AYDN members and encouraged meaningful discussions.

For future projects, I suggest analyzing the legal frameworks governing dietitians in different countries. Comparing policies across Asia could help propose balanced regulations that strengthen the profession. In countries like Vietnam and Bangladesh, where legal systems do not yet fully support dietitians, learning from well-developed nations will be invaluable.

7. Aomori and Japanese Culture

Aomori's cultural heritage is truly distinctive, with the Nebuta Festival standing out as one of its most vibrant traditions. The colorful floats, music, and community participation reminded me of my hometown, Tuyen Quang Province, where the Mid-Autumn Festival is celebrated with lantern models displayed along the streets. Both festivals reflect the deep cultural value of community engagement and creativity, showing how traditions can bring people together across generations.

Aomori is also renowned for its apples, a symbol of the prefecture's agricultural pride. My visit to the Apple Park was a delightful experience—the taste of freshly pressed apple juice and crisp apples left a lasting impression. Beyond the fruit itself, the park showcased the dedication of local farmers and the importance of preserving regional identity through food culture. Equally memorable was the hospitality of the Aomori community. Everywhere we visited, from cultural sites to nutrition facilities, we were welcomed warmly and treated with kindness. This spirit of generosity created an atmosphere of belonging and respect, making the trip not only educational but also deeply personal. On a professional level, I was consistently moved by the empathy and enthusiasm of Japanese healthcare professionals. In every facility, their work demonstrated a patient-centered approach, where the feelings and dignity of individuals were prioritized. This detail-oriented mindset—thinking from the patient's perspective—reflects a broader cultural value in Japan: respect for others and commitment to quality in every aspect of care. Such practices serve as an inspiring model for us to learn from and adapt in our own countries.

8. Conclusion

The five-day visit to Aomori Prefecture was an enriching and transformative experience. My expectations of learning about Japan's advanced nutrition and dietetic systems were not only met but exceeded. Through visits to schools, nursing homes, hospitals, and the university campus, I gained valuable insights into practical applications of nutrition science, innovative approaches to food safety, and the compassionate role of dietitians in patient care. These experiences broadened my perspective and deepened my commitment to improving nutrition services in Vietnam. Beyond personal growth, the trip reinforced the importance of international collaboration. The AYDN has demonstrated how collective efforts can foster knowledge exchange and inspire new initiatives. I am committed to contributing to future AYDN projects, including collaborative research and manuscripts that explore legal frameworks, policies, and best practices for dietitians across Asia. Such work will help strengthen the profession and ensure equitable opportunities for dietitians in both developed and developing countries.

Finally, I would like to express my sincere appreciation to the AYDN organizers, Ajinomoto Co., Inc. Global Communication Division, and Aomori University of Health and Welfare for their generous support. My gratitude also extends to the facilities we visited—the school lunch center, nursing home, hospital, and university campus—for their warm hospitality and willingness to share knowledge. This journey has not only enriched my professional understanding but also inspired me to continue striving for excellence in nutrition and dietetics, while fostering sustainable and compassionate practices in my own country.

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