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The Asian Young Dietitian Network: Growing and Collaborating Across Asia Dietitians

Special Report: AYDN Activities in Aomori, Japan

Andrea Wakita¹, Ry Manydine²

¹*Ajinomoto Co., Inc (Global Communication Department, Japan)*

²*Aomori University of Health and Welfare (Asian Food Culture and Nutrition, Aomori, Japan)*

The Asian Young Dietitian Network (AYDN) was formally established on December 1, 2023, with a kickoff event at the Ajinomoto Co., Inc. Headquarters in Tokyo, Japan, attended by representatives from twelve countries. The network was created with the overarching aim of strengthening communication among dietitians across Asia, improving the region's nutritional status, and elevating the professional recognition and societal relevance of dietitians (1). Since its establishment, AYDN has gained increasing visibility and support from national dietetic organizations. AYDN has also initiated a collaborative comparative research project, "Exploring the Landscape of Nutrition and Dietetics Education Programs: A Comparative Study among AYDN Member Countries. Part 1: Curriculum Structures and Educational Inputs," which reflects the network's commitment to understanding differences in educational systems and to promoting evidence-based enhancements in dietetics training across Asia. This research theme served as a key point of discussion during subsequent AYDN activities, including the onsite meeting in Aomori.

AYDN's presence has been recognized across multiple professional platforms. Members were invited to deliver presentations at the 50th Anniversary of the Thai Dietetic Association (TDA) (2) and the 70th Anniversary of the Nutritionist-Dietitians Association of the Philippines (NDAP), where they introduced the network's objectives, achievements, and ongoing initiatives to international audiences. Furthermore, AYDN's contribution to global discussions was highlighted through participation in a panel session at the World Food Forum (WFF), hosted by the Food and Agriculture Organization of the United Nations (FAO), where an AYDN representative commented on the "Washoku view from out" (3). These activities have been reported in the Asian Journal of Dietetics reinforcing AYDN's growing role in the regional dietetics community.

In October 2025, representatives from Bangladesh, Bhutan, Cambodia, Malaysia, the Philippines, and Vietnam convened for an onsite AYDN meeting at Aomori University of Health and Welfare in Aomori, Japan. Situated in Eastern Japan, Aomori is characterized by its heavy snowfall, distinctive climate, rich cultural heritage, and well-known apple production. These regional features offered a unique context for examining how environmental, cultural, and agricultural factors shape dietetic practice and public nutrition programs. The site visits included the Aomori school lunch center, an elementary school, a hospital, a nursing home, and several university facilities. Observing these settings firsthand enabled participants to understand how dietitians in Japan operate within a well-organized system emphasizing hygiene management, nutrition education, standardized procedures, and interdisciplinary collaboration.

The cultural environment of Aomori further enriched the educational experience. Members noted the influence of seasonal climate, local food traditions, and community agricultural practices particularly apple production on

dietary habits and nutrition policies. These observations provided a broader contextual understanding of how region-specific factors contribute to public health nutrition strategies.

Throughout the visit, AYDN members actively exchanged perspectives on the strengths and limitations of Japan's dietetic system and reflected on its applicability in their own countries. Discussions addressed potential areas for adaptation, anticipated challenges in implementation, and aspects of Japan's system that might benefit from further refinement. Importantly, these exchanges informed the ongoing collaborative manuscript, allowing members to refine their comparative analysis of curriculum structures and educational inputs across AYDN member countries. The opportunity to discuss these themes face-to-face strengthened the conceptual coherence and depth of the research project.

The visit also facilitated meaningful interpersonal and professional connections among members. Shared experiences of observation, dialogue, and cultural immersion fostered trust, mutual understanding, and a sense of collective purpose. Many participants emphasized that meeting in person after extended periods of online communication strengthened their motivation to collaborate and contributed to a deeper appreciation of the diversity and common challenges within the Asian dietetics landscape. The onsite exchange in Aomori not only broadened professional perspectives but also reinforced the core mission of AYDN: to promote collaboration, enhance education and practice, and elevate the status of dietitians across Asia. As AYDN continues to develop, sustained cooperation will remain essential for advancing the profession and improving nutrition across the region. This shared vision is supported by the leadership of Prof. Yamamoto Shigeru, whose guidance continues to inspire young dietitians to pursue excellence and contribute meaningfully to the future of dietetics in Asia.

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Bangladesh Report of the Young Asian Dietitian Network's Meeting in Aomori, Japan

Sumaya Islam

¹ *Hi-Tech Multi-care Hospital, Dhaka, Bangladesh*

² *Health and Hope Hospital, Dhaka, Bangladesh*

Introduction

Every time I meet the founder of AYDN, Prof. Dr. Shigeru Yamamoto Sensei, and my fellow dietitians, I can't help but think of the story *Totto-chan: The Little Girl at the Window* by Tetsuko Kuroyanagi. The supportive learning environment portrayed in the story reflects the same sense of openness and encouragement I experience within the AYDN community, setting a warm tone for our collaborative work. With that spirit in mind, our visit to Aomori centered on strengthening our ongoing collaborative research on the BSc Curriculum of Nutrition and Dietetics across AYDN countries. We were invited to the Aomori University of Health and Welfare, where we also toured the Department of Nutrition and Dietetics. Beyond the university, we visited a Japanese school lunch center, a primary school, a hospital, and a nursing home. These site visits broadened our understanding of how dietitians contribute across various settings and enriched our perspective on the diverse roles and responsibilities within the profession.



Photo 1: AYDN members with its Founder Prof. Dr. Shigeru Yamamoto in the campus of Aomori University of Health and Welfare.

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

Heartfelt thanks to Aomori Elementary School Lunch Center and Sannai Nishi Elementary school for the warm welcome and hospitality. I was deeply spellbound by the discipline and safety measures concerning food, plus the deep commitment of everyone. From the well-designed facilities to the smooth workflow in the kitchen, every step reflected impressive organization and attention to detail. The rigid compliance with hygiene practices and HACCP

standards showed just how seriously the team prioritizes the safety and well-being of every child. We also saw how well-thought-out the allergy-friendly system is: labeling meals accordingly and taking proper precautions against cross-contamination. It was heartwarming to see how the dietitians play such an important role in nourishing the children and fostering healthy eating habits. The touching letters of appreciation from schoolchildren were especially appealing because they so beautifully reflected the bonding brought about by the school lunch program, connecting the children with the devoted team behind every delicious and nutritious meal. After the charming experience of the school lunch center, a visit to Sannai Nishi Elementary School was made. The smiling and innocent faces of the children who greeted us with such open hearts really made this day unforgettable. Their joyful expressions and confident body language reflected how deeply they value their school and how much they enjoy their school days.

To observe Teachers having meals together with the students and Dietitians explaining ingredients, local origin, nutritional value were experiences of real value. A Dietitian myself, it was really inspiring to see how in Japan, Dietitians play such an important role in nurturing good eating behavior in children—a behavior that will bring rewards all their life and eventually contribute to a healthy nation. In Bangladesh, too, this should be a beginning, and I am very interested in working on it.

It was also great to see students taking responsibility for the distribution of their meals, sharing in the joy of eating together, and showing appreciation so sincerely. Their teamwork, discipline, and kindness showed how the school lunch program goes far beyond providing food—it teaches values.

May the Aomori Elementary School Lunch Center continue to shine, along with Sannai Nishi Elementary School, as a place of learning, care, and inspiration for every child.

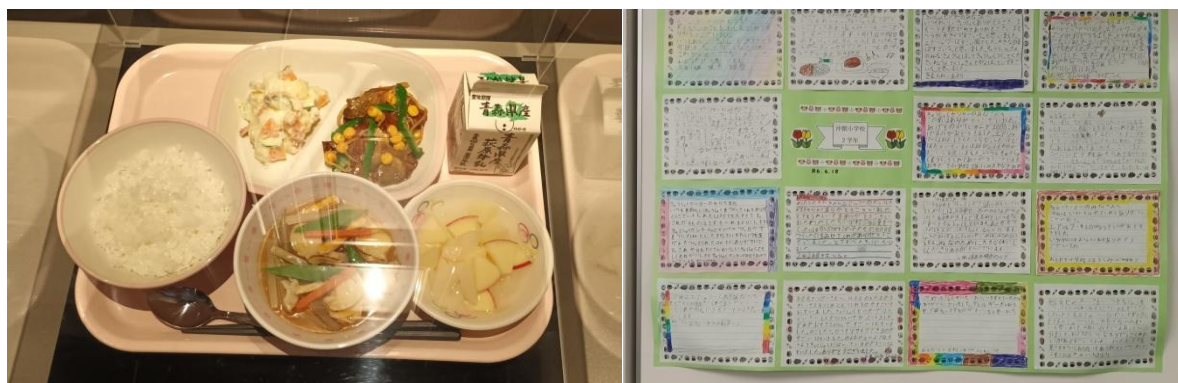


Photo 2: A sample of a balanced, fresh and thoughtfully prepared school lunch and handwritten appreciation letters from students.

Visit to the Wakoen nursing home

Our visit to the beautiful Wakoen Nursing Home, embraced by peaceful greenery and hills, was truly an invaluable experience. Thank you so much for your warm hospitality and the kindness you extended to us.

What touched us the most was the deep empathy and understanding you possess about the real needs of the elderly and your commitment to honoring their quality of life. The motto of your nursing home—not only providing care, but creating a place that actually feels like home; not only offering nutrition, but making sure residents can go on enjoying their mealtimes until the end of life—is something really noble. This should be the aspiration of every nursing home.

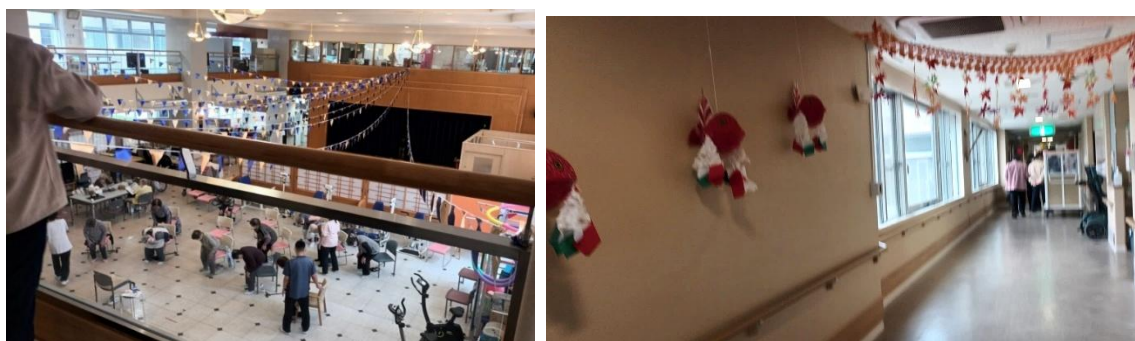


Photo 3: Group Physical activity at the nursing home – an example of how movement, engagement and social interaction are integrated into daily care.

I am deeply moved by the spirit of teamwork that radiates from each and every member of your staff. The care and concern blend so well to make the residents live a life of comfort, joy, and dignity, as if they were beloved members of a loving family. It was inspiring to see how dietitians thoughtfully create individualized meal plans, using texture modification, supplementation, and checking for allergy. Shared mealtimes and engaging physical activities create such a warm homely atmosphere. The lovely origami decorations add color and vibrancy, filling the space with joy — a soothing embrace for both heart and mind.

Celebrating different festivals, special meals on different occasions, shopping, and outdoor activities add rhythm, meaning, and love to the life of residents, while the tradition of celebrating aging and honoring those who reach 100 years is very special. However, let me mention one point: since many residents may not be too open to sharing their personal emotions with the staff, it would be great if family members were encouraged to visit them as often as possible; their presence may help residents open their hearts and express their feelings more. I want to sincerely wish every member of the family at Wakoen Nursing Home continued peace, happiness, and good health. May your noble work continue to bring a smile and comfort to all who call this place home.

Visit to the Hiranai Central hospital

It was indeed an enriching experience. I most definitely appreciate the commitment of the staff toward their work and the excellent care and support given to the patients.

I feel that the Nutrition Care Process is highly organized, effective, and carried out efficiently. Specifically, it was an eye-opener and a very good learning experience to observe how Dietitians plan meals for dysphagia patients, serving them according to the stage of the patient's condition. Even for severe cases, every food item is blended thoughtfully and served in a separate dish in a presentable and respectful manner. This presentation not only enhances patients' meal acceptance and enjoyment but also reflects the compassion and professionalism of the Dietitians. I hope to implement this valuable practice in my country.

Equally impressive is the integration of technology into the Nutrition Care Process. Digital tools save time and energy for the Dietitian and enable them to apply their expertise where most needed. This is really a very efficient use of technology to elevate the quality of care.

The Dietitians' office is very professional and work-friendly, being conveniently connected with the kitchen. I sincerely wish continued success, growth, and happiness in all of your meaningful endeavors to the entire team at Hiranai Central Hospital.



Photo 5: Texture Modified meals prepared for patients with dysphagia

Aomori university of Health and Welfare Campus tour

We would like to extend our deepest gratitude to Aomori University of Health and Welfare, as its warm reception and kind support made our visit to Japan truly unforgettable.

I was deeply impressed and enriched by the opportunity to observe your state-of-the-art Dietetics and Nutrition Laboratory — a remarkable blend of science and art. It was so inspiring to witness all the dedication and innovation that characterizes your institution, and quite clear how fortunate your students are to be able to learn in such an exceptional environment.

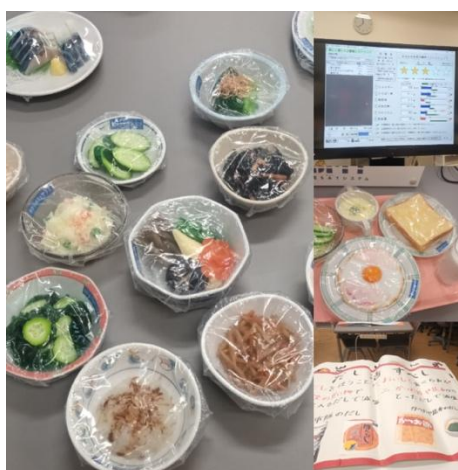


Photo 6: Innovative tools and learning environments at Aomori University of Health and Welfare.

I was amazed by a machine and software which could calculate nutritional values based on the models of food and judge dietary habits based on a star-rating system. Clearly, the clinical simulation center makes a difference in helping students grow in confidence and competence for future responsibilities by effectively bridging the gap

between classroom learning and real-life practice. I sincerely hope one day we will be able to have such facilities in universities of Bangladesh because they are truly essential in student development

AYDN manuscript

In our first manuscript, by comparing and understanding the dietetic education systems across Asia, we aimed to observe the real-world scenarios of each participating country. This has been an exploration that has really developed our critical thinking and caused new questions, along with many areas to further investigate. We are now working toward refining our data into a comparable dataset and conducting deeper, more meaningful analyses. We believe that this effort will reform, shed light on best practices, and locate gaps across countries to further the progress of dietetic education across the region.

Aomori and Japanese Culture

During our stay in Aomori, we consistently experienced warm and sincere hospitality—not only from our hosts but also from local residents, who offered polite greetings and helpful guidance.

Aomori's food culture reflects Japan's emphasis on seasonal ingredients, simplicity, and aesthetic presentation. Fresh seafood is a regional highlight, and dishes such as chawanmushi, tempura, and tuna onigiri stood out as memorable examples.

The visit to Aomori Apple Park showcased the region's strong agricultural identity and pride in its apple production, making it a noteworthy cultural experience.

We also visited the Nebuta Museum and learned about the Nebuta Festival, known for its large illuminated lantern floats.—known as “Nebuta”. These floats are believed to have originated from the ancient ritual of *Nemuri Nagashi*, a tradition meant to wash away sleepiness and help farmers stay alert during the busy agricultural season.

Conclusion

Our week in Aomori offered far more than academic insight — it deepened our understanding of dietetic practice across diverse settings and broadened our perspective on what compassionate, evidence-based care can look like. Many of our expectations were exceeded, particularly in witnessing how seamlessly Japan integrates science, culture, and human-centered values into everyday nutrition services. This experience strengthened not only our knowledge, but also our sense of professional purpose.

Looking ahead, we remain fully committed to continue our AYDN activities — through research, publication and shared learning that advances dietetic education across the region. The progress made through our comparative studies motivates us to pursue deeper analyses and long-term contributions that benefit all participating countries. Finally, we express our sincere appreciation to the AYDN organizers, Ajinomoto, Aomori University of Health and Welfare, and all the facilities that welcomed us. Their generosity, hospitality, and openness made this visit meaningful, enriching, and truly memorable.

(Bhutan) Report of the Young Asian Dietitian Network's Meeting in Aomori, JapanTenzin Wangchuk¹¹ Nutrition Services, Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan

Corresponding Author: Tenzin Wangchuk (Nutrition Services, Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan. Tel: [+975-7785295](tel:+975-7785295) Email: mindfuldietitianbht@gmail.com)

1. Introduction

The AYDN Meeting held in Aomori, Japan, gave me a valuable opportunity to experience firsthand how nutrition services, education, and community support systems operate in the country. Japan is well known for having strong public health indicators, long life expectancy, and well-established services in school feeding, clinical nutrition, and elderly care (1)(2) Aomori Prefecture, in particular, stood out for its warm hospitality and its commitment to community health. Even though Aomori is a colder and more rural region, the prefecture has invested strongly in systems that support children, patients, and older adults. The school lunch program is guided by the School Lunch Act and places Registered Dietitians at the center of planning and supervision, ensuring safe, nutritious, and balanced meals for children (3)(4) I was also impressed by the nursing homes, especially Wakoen, where dietitians played a key role in elderly nutrition care. Japan's approach reflects global best practices in geriatric nutrition, including the use of individualized diet plans, texture-modified meals, and regular assessments to prevent malnutrition(5) Lastly, the visit to Aomori University of Health and Welfare showed how strongly Japan supports dietitian education. Their facilities, practical training systems, and structured curriculum highlight the importance of preparing competent dietitians for different areas of practice(3)(6)

For me, as a dietitian from Bhutan—where some of these systems are still developing—this visit was truly meaningful. I learned many things that can help strengthen our own national school feeding system, clinical nutrition services, and plans for elderly care.

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

Photo 1. AYDN members are observing the workflow, hygiene practices, and nutrition education activities at the Aomori Lunch Center and Sannai Nishi Elementary School.

Key Observations

The lunch center operates like a well-organized, professional food service unit. The cleanliness, clear workflow, and strict hygiene measures were impressive. Each area—washing, cutting, cooking, packing—was separated to avoid contamination. Registered Dietitians ensured menu planning, balanced nutrient composition, allergen control, and food safety. At Sannai Nishi Elementary School, I saw how students learn to take responsibility through self-service, cleaning, and group eating. Nutrition education was integrated naturally, with teachers guiding students and visual materials supporting learning.

Reflections

Japan's school lunch system is very inspiring. In Bhutan, meals are prepared inside schools, and the quality and resources differ from school to school. A centralized kitchen system like Aomori's could improve consistency, safety, and efficiency. The nutrition education component is something simple yet powerful—something we could introduce in Bhutan through posters or teacher involvement, even without dietitians at every school.

3. Visit to Wakoen Nursing Home



Photo 2. Tour of Wakoen Nursing Home showcasing food service operations, texture-modified diets, and elderly care support systems.

Key Observations

Wakoen Nursing Home demonstrated a high standard of care. The environment was clean, calm, and resident-centered. Staff were well-trained, and meals were tailored to each resident's condition. Texture-modified diets, supplements, and individualized nutrition assessments were well integrated.

Role of Dietitians

Dietitians here play an important role:

- Assessing nutrition status
- Planning therapeutic diets
- Adjusting meal textures
- Monitoring intake
- Preventing malnutrition
- Supporting medical teams

Their presence clearly improved residents' quality of life.

Reflections

Bhutan currently does not have formal nursing homes. Seeing the Japanese system made me realize the importance of planning for elderly nutrition care as Bhutan's population ages. The multidisciplinary teamwork and respect for dietitians were encouraging. This model gives Bhutan a meaningful blueprint for future development.

4. Visit to Hiranai Central Hospital



Photo 3. Visit to Hiranai Central Hospital, observing clinical nutrition services, computerized NCP workflow, and trying texture-modified patient meal preparation.

Key Observations

The hospital was clean, organized, and followed clear safety standards. The meals prepared for patients, especially those needing soft, minced, or pureed diets, were carefully made. The computerized Nutrition Care Process (NCP) system allowed dietitians to document, monitor, and update patient plans efficiently. Dietitians were active members of the clinical team. Their roles included assessment, monitoring, menu planning, rounds, and treatment support. Their level of autonomy was admirable. This visit encouraged me to strengthen our NCP dashboard at JDWNRH, where we are developing a dietitian-specific system. The Japanese focus on detail and teamwork is something I hope to bring back to Bhutan to improve our hospital nutrition services.

5. Aomori University of Health and Welfare – Campus Tour



Photo 4. AYDN participants touring the dietetics laboratories, practice rooms, and academic facilities at Aomori University of Health and Welfare.

Key Observations

The university had excellent facilities—simulated hospital wards, food labs, and community nutrition rooms. Students received structured practical training and strong academic support. The curriculum and practical approach

showed the importance of hands-on training for dietitians. If Bhutan develops future dietetics programs, this Japanese model could be very useful.

6. AYDN Manuscript Development



Photo 5. *AYDN members collaboration continued under the mentorship of Sensei, on the manuscript comparing dietetics education and regulation systems across Asia.*

The manuscript aims to compare dietetics education, legal frameworks, and practice standards across Asian countries. This helps identify strengths, differences, and areas needing improvement. Next steps could include deeper country comparisons, competency mapping, regulations, and governing bodies, and developing a shared guideline to support the profession across Asia.

7. Aomori and Japanese Culture



Photo 6. *Visit to the Nebuta Museum, Apple Park, and Aomori cultural sites.*

Cultural Observations: Aomori is peaceful, friendly, and very welcoming. The cold climate reminded me of Bhutan. The visit to the Apple Park and the Nebuta Museum taught me more about the culture and traditions of the region. Japanese food culture—simple, balanced, and respectful of ingredients—was inspiring.

8. Conclusion

This AYDN visit to Aomori was a meaningful learning experience. I gained practical knowledge from the school lunch center, nursing home, hospital, and university. I also grew personally through cultural experiences and interactions with colleagues from different countries.

I am committed to using what I learned to improve nutrition care in Bhutan—especially school feeding, clinical nutrition systems, and future elderly care. I also look forward to contributing actively to AYDN’s research, manuscript development, and future collaborations.

I sincerely thank the AYDN organizers, Ajinomoto, Aomori University of Health and Welfare, the school lunch center, Wakoen Nursing Home, Hiranai Central Hospital, and all hosts for their support and hospitality.

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

Ry Manydine¹

¹ *Aomori University of Health and Welfare*

(Graduates School of Health Science, Asian Nutrition and Food Culture Laboratory, Aomori City, Japan)

1: Introduction

The Asian Young Dietitian Network (AYDN) visit to Aomori provided a valuable opportunity for members once again to pursue our shared goal of strengthening the dietetics profession across Asia. This visit served as an important platform for bringing members together to continue our discussions and to observe how dietitians work in various Japanese facilities, including a school lunch center, an elementary school, a nursing home, and a hospital. In each of these facilities, dietitians play essential roles in ensuring nutrition, health, and quality of care, offering meaningful examples for countries that are still developing their dietetic systems. As a dietitian from Cambodia, this visit was an especially significant chance to learn from a country with a well-established and advanced dietetic practice. Before the visit, my hope was to see and understand what Japan has achieved and how these practices could inspire improvements in my own country. In addition, the discussions held among AYDN members during the visit were important for the ongoing projects that our network has been working on, helping us align our goals and move forward together.

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

The visit to the school lunch center and the elementary school was the part I was most excited about. My initial interest in becoming a dietitian began years ago when I watched a video about the Japanese school lunch system. Being able to see these facilities in person was a meaningful opportunity I had deeply looked forward to. At the Aomori School Lunch Center, I was impressed by how strictly the HACCP system was implemented. The facility had a clear and well-maintained structure that separated the entrance for raw ingredients from the entrance for cooked meals, ensuring proper prevention of cross-contamination. Every section followed strict hygiene protocols, temperature control, and workflow management, showing the strength of Japan's standardized system. Another point that impressed me greatly was the way the lunch center handles food waste. Instead of discarding leftovers, the facility processes food waste and converts it into fertilizer. This sustainable approach not only reduces waste but also supports environmental responsibility, making the system even more admirable. At Sannai Nishi Elementary School, I observed how lively and engaged the students were during lunchtime. Nutrition education was naturally integrated into school life, and teachers explained the menu and its nutritional value in a way that encouraged healthy habits. This highlighted how important it is for school dietitians to teach children from a young age so they can develop good eating habits early. I was also very impressed by how Japanese students prepare the meals themselves in the classroom. Each student has their own responsibility, whether serving food, arranging dishes, or cleaning up afterward. This practice teaches teamwork, respect for food, and awareness of the effort behind meal preparation.

Overall, the visit was extremely inspiring. Japan's strong national standards, high hygiene levels, and the clear role of dietitians in both the lunch center and the school offer valuable lessons. Many countries in Asia still do not have school dietitians or structured nutrition management systems. In contrast, Japan is one of the countries with the most developed and well-established school dietitian system. I believe Japan can serve as a strong role model, and many countries can learn from its structure, policies, and educational approach. As a dietitian from Cambodia, I see many elements that could be adapted in my country, such as strict hygiene management, systematic meal production, nutrition education integrated into daily routines, and the sustainable handling of food waste. This experience strengthened my motivation to continue working toward improving Cambodia's nutrition system and to contribute to raising the standards of school nutrition in the region.

3: Visit to the Wakoen nursing home

During the visit to Wakoen Nursing Home, I was able to observe how well-organized the nursing home system is in Aomori. Japan, especially Aomori Prefecture, is already in a highly aging society, and this is reflected in the quality of the facilities, safety standards, hygiene management, and daily care practices. During the tour, we were given the opportunity to taste the meals provided to residents. This allowed us to clearly understand the texture, softness, and overall design of the food served, especially for elderly individuals with chewing or swallowing difficulties. We also joined the staff on a round visit and noticed the close connection between the dietitians and the residents. Dietitians personally checked on each individual, ensuring that they were eating properly, confirming their intake, and gently encouraging them when they had leftovers. This hands-on approach showed a very high level of personalized care. Dietitians in nursing homes play a fundamental role in maintaining and improving the quality of life of elderly residents. Their responsibilities include assessing nutritional status, creating individualized meal plans, adjusting textures for dysphagia, monitoring daily food intake, and collaborating closely with nurses and caregivers. Their daily interaction with residents ensures that nutritional care is both accurate and compassionate. Many Asian countries, including Cambodia, are now approaching an aging society. As this demographic transition accelerates, nursing homes will become increasingly important in supporting the elderly population. As a Cambodian dietitian, learning from Japan's advanced elderly-care system is extremely meaningful. Japan is known for having one of the longest life expectancies in the world, and I believe that the strong foundation of elderly care including nutrition support is one of the contributing factors. This was my first time visiting a Japanese nursing home, and I was deeply moved by the environment and the level of care residents receive. I felt that residents are spending the final stage of their lives with dignity, comfort, and proper support. What impressed me the most was the philosophy at Wakoen: "to let residents enjoy meals until their very last moment." Combined with the attentive monitoring of dietitians and their sincere connection with residents, this approach truly reflects Japan's commitment to elderly well-being. I hope that in the future, Cambodia can also develop a similar system that values nutrition care as an essential part of quality of life for the elderly.

4: Visit to the Hiranai Central hospital

Due to hospital restrictions, we were not able to enter the hospital kitchen. However, the dietitian kindly explained their menu planning process and nutrition screening system, which was very informative. We also had

the opportunity to check on the patients together with the dietitian, which allowed us to observe how they monitor intake and interact with patients. Another impressive point was the explanation of the Japanese dysphagia diet categories, which helped us understand how Japan standardizes food textures for patient safety. Impression of dietitian's roles in Japanese hospitals From this visit, I gained the impression that dietitians in Japanese hospitals have a very structured, professional, and essential role. They are responsible for nutrition screening, therapeutic diet planning, texture modification, and patient follow-up. Their involvement in clinical decision-making and collaboration with other medical staff shows the importance of nutrition care within the hospital system. This visit allowed me to clearly see the scope of work of clinical dietitians in Japan. Even in a smaller hospital, nutrition care is highly organized and integrated into patient treatment. I learned how dietitians contribute not only through meal planning but also through continuous monitoring, communication, and clinical judgment. As a dietitian from Cambodia, understanding this system is very valuable. It helped me recognize the areas where hospital nutrition care in my own country can grow, especially in terms of screening, standardized diets, and the role of dietitians within the medical team.

5: Aomori university of Health and Welfare Campus tour

Although I am currently a graduate student at this university, there are still many facilities that I had never visited before. Through this tour, I was able to gain a much deeper understanding of the education system for dietitians in Japan. The campus facilities were very impressive, and I felt that many countries have not yet reached this level. For example, the cooking rooms, nutrition education rooms, and laboratory spaces were all well-equipped and designed to support hands-on learning. One highlight was the SAT system, where food models are used to educate people about nutrition. The system evaluates how healthy a meal is based on the selected items, which is very advanced. I think this tool is extremely useful not only for patient education but also for dietetic students to reflect on their own food choices. The laboratory facilities were also remarkable, especially the classes where students can conduct nutrient analysis themselves. This type of practical training is essential for future dietitians. During the visit, we also had the chance to eat a meal planned and prepared by second-year students. This allowed us to see how dietetic students apply their learning in real situations, from meal planning to cooking. This visit gave me a deeper appreciation for the quality of dietetic education in Japan. Students here learn in an environment with strong technical support, advanced tools, and practical training opportunities. Everything from understanding the smallest components of food, learning how nutrients are digested and absorbed, to applying nutrition education follows a standardized curriculum across the country. This creates a very strong foundation for producing highly skilled dietitians. As a dietitian from Cambodia, this experience was very inspiring. It made me reflect on how such systems or approaches could be adapted to improve dietetic education in my own country. Seeing how comprehensive and structured the Japanese system is motivates me to think about ways to strengthen Cambodia's nutrition and dietetics training in the future. I realized once again how broad the scope of dietitians truly is, and I am looking forward to applying what I have learned here to contribute to the development of dietetics in Cambodia.

6: AYDN manuscript

The purpose of the AYDN manuscript is to compare and understand the dietetic education systems across different Asian countries, including curriculum structures, legal frameworks, internship requirements, qualifications, and national standards. By collecting and analyzing this information, we can identify similarities, differences, and

gaps between countries. This comparison helps us better understand how dietitians are trained in each context and highlights areas where improvement, harmonization, or collaboration may be possible. Ultimately, the manuscript aims to contribute to strengthening dietetic education and supporting the development of a more unified and competent dietetic workforce across Asia. Our visit to Aomori provided a valuable opportunity for AYDN members to gather in person for the first time after more than two years of ongoing work on this manuscript. Being able to discuss face to face allowed us to confirm key issues and share insights more deeply than in online meetings. During these discussions, we discovered that countries have very different requirements for study hours and internship hours. More importantly, we realized that each country defines academic “credits” differently. Because of this, our previous comparison of credits was not fair or accurate. Therefore, we discussed the need to standardize how we compare these elements, so that the analysis becomes more meaningful and comparable across countries. Our work does not end here. We agreed to continue this discussion in our regular online meetings, refine our comparison methods, and plan the next stage of analysis. This may include recalculating standardized study hours, re-evaluating internship equivalencies, and possibly developing recommendations for a more harmonized framework in the future

7: Aomori and Japanese Culture

During our stay in Aomori, we were able to experience several aspects of the local culture, which left a very positive impression on me. First, the hospitality of the people in Aomori was warm and welcoming. Everyone we met showed kindness and made us feel comfortable throughout our visit. The food culture in Aomori was also memorable. Coming from a country without apple orchards, tasting freshly harvested Aomori apples was a special experience for me. The apples were incredibly sweet and crisp, and I finally understood why Aomori is famous for them. We also enjoyed fresh seafood, especially the fish, which tasted very clean and flavorful compared to what I am used to. We had the opportunity to visit the Nebuta Museum, where we learned about the Nebuta Festival, one of the biggest and most iconic festivals in Japan. Seeing the massive illuminated floats up close was very impressive, and it helped me appreciate the dedication, craftsmanship, and cultural history behind this famous celebration. Overall, these cultural experiences helped me understand Aomori beyond academics and gave me a deeper appreciation for the traditions, food, and people of the region.

8: Conclusion

Through this visit, my expectations were not only met but exceeded. I initially hoped to learn more about Japan’s dietetic education and clinical nutrition practices, but I gained much more than technical knowledge. Visiting various facilities, meeting dietitians, observing real practices, and experiencing the local culture allowed me to broaden my perspective as a dietitian and as a member of the AYDN community. I learned how standardized systems, teamwork, and attention to detail contribute to the high quality of Japan’s dietetic profession. This experience strengthened my motivation to continue developing myself and to apply what I learned to improve nutrition systems in my own country.

This visit also deepened my commitment to AYDN’s ongoing collaboration. Working face to face after two years of remote progress helped us strengthen our teamwork and clarify the next steps for the manuscript. I am committed to contributing actively to the continued analysis, refining our comparison methods, and supporting future AYDN projects. Beyond the manuscript, I hope to participate in joint research, exchange activities, and

future academic initiatives that strengthen dietetics across Asia. I believe AYDN has great potential to create long-term positive impact, and I am dedicated to being part of that process.

I would like to express my sincere appreciation to the AYDN organizers for creating this valuable opportunity, and to the Ajinomoto Foundation for supporting our activities and making this visit possible. I am also grateful to Aomori University of Health and Welfare for welcoming us and allowing us to learn from their facilities and faculty. Finally, I would like to thank all the institutions we visited including the nursing home, hospital, and school lunch center for their hospitality and willingness to share their knowledge. This experience has greatly enriched my understanding and will continue to influence my growth as a dietitian



Picture 1: Aomori elementary school Lunch



Picture 2: SAT system food model with IC chip



Picture 3: Hospital dysphagia food



Picture 4: Nutrition education

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

Leong Sim Kian¹

¹ *Dietetics Profession, Ministry of Health Malaysia, Putrajaya, Malaysia*

Corresponding Author: Leong Sim Kian (Dietetics Profession, Ministry of Health Malaysia, Putrajaya, Malaysia)

Email: jleongsimkian@moh.gov.my

1. Introduction

The Asian Young Dietitian Network (AYDN) convened a meeting in Aomori, Japan, from October 13 to 18, 2025. This gathering brought together a select group of key members of the network, including the author as a representative from Malaysia. The visit was generously hosted by the Asian Nutrition and Food Culture Laboratory at the Aomori University of Health and Welfare (AUHW).

The primary objective of the Aomori meeting was twofold: first, to engage in an in-depth discussion to develop and sustain AYDN and its current and future activities; and second, to discuss collaborative research and potential publications in international journals. The program also included immersive field visits designed to provide participants with direct insight into the established Japanese dietetic system, specifically through visits to a school lunch center, a hospital, and a nursing home.

This report summarizes the key observations and professional reflections from a Malaysian clinical dietitian's perspective, focusing on lessons applicable to Malaysia and other developing dietetic systems in Asia.

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

Key Observations

The visit to the Aomori Elementary School Lunch Center and Sannai Nishi Elementary School provided insight into the highly structured and centralized Japanese *Shokuiku* (food and nutrition education) system.

The centralized lunch center facility itself was impressive, operating with industrial-scale efficiency while maintaining impeccable safety standards and hygiene. Key operational highlights included:

- **Hygiene and Safety:** Strict protocols were enforced throughout the preparation process, from ingredient handling to final distribution. The use of advanced equipment and clear procedural flow ensured minimal risk of cross-contamination.
- **Menu and Nutrition:** The menus reflected a commitment to providing balanced, nutritious meals, often utilizing local Aomori produce. Portion control was meticulous, ensuring energy and nutrient targets were met for growing children.

- **Registered Dietitian (RD) Role:** The RD's role was foundational, extending far beyond menu planning. RDs oversee the entire operation, manage procurement, train staff on hygiene, and, importantly, integrate the lunch into the students' nutrition education.
- **Educational Integration:** At Sannai Nishi Elementary School, the lunch period was observed as a fundamental part of the curriculum. Students actively participate in serving and cleanup, fostering responsibility, an appreciation for food, and minimal waste. The RD was directly involved in classroom education, connecting the food on the plate with core nutritional concepts.

Reflections

Japan's century-long universal school lunch program serves as a global model for integrating nutrition, education, and equity. When Japan initiated its school feeding efforts, its economic status was significantly lower than Malaysia's current level (1). Yet, sustained national commitment to food education contributed to Japan's exceptional health outcomes and longevity (2).

This universal, educational approach contrasts sharply with the current landscape in Malaysia, which struggles with a double burden of malnutrition (3). Malaysia's primary school feeding initiative, the Supplementary Food Program (RMT), is a targeted program for low-income families (4). This targeted approach faces significant challenges (5):

- **Funding and Food Quality:** The RMT is underfunded, with a per-pupil rate (e.g., RM3.50) that canteen operators report is insufficient to meet nutritional requirements.
- **Stigma and Selection:** As a program targeted by poverty, the RMT creates social stigma and "exclusion errors," where many children in need are overlooked.

Conversely, the voluntary, parent-funded 'Hidangan Berkhasiat di Sekolah' (HiTS) programme offers a successful alternative. In this model, Parent-Teacher Associations collaborate with Ministry of Health (MOH)-registered nutritionists to plan menus. Crucially, HiTS stipulates that canteen operators cannot sell less healthy foods alongside the HiTS meals.

Reflecting on the Aomori visit, three key opportunities for adaptation stand out:

1. **Adopting the *Shokuiku* Philosophy:** Embedding food education as part of the school curriculum rather than a standalone intervention.
2. **Exploring Centralisation:** The Aomori centralized preparation model allows for consistency in safety and nutritional quality, providing a blueprint for efficiency.
3. **Strengthening the Dietitian's Mandate:** The Japanese system and HiTS model both show the value of empowering dietitians to control the entire food environment, from menu drafting to education.

3. Visit to the Wakoen Nursing Home

Key Observations

The visit to Wakoen, a 110-bed Special Nursing Home, provided a clear example of Japan's systematic approach

to geriatric nutrition. The most notable observation was the advanced management of texture-modified diets. The kitchen offers three main textures: 'Regular', 'Minced', and 'Mixer'. During a tasting, we were presented with both a regular and a blenderized meal based on the same menu (e.g., Meatball with black vinegar). This reflects Japan's commitment to dignified and appealing meals for all texture levels.

Operationally, the kitchen utilizes "Completely Cooked Foods"—pre-cooked components delivered to the facility. The on-site work, managed by a team including three RDs and two Nutritionists, involves "inspection, processing, plating, and heating." This allows the dietitians to focus less on raw food production and more on high-level clinical care.

The Role of the Dietitian

The dietitian's role at Wakoen is comprehensive, following a meticulous Nutrition Care Management process:

- **Clinical Assessment:** The process begins with a detailed Nutrition Screening for all new residents, evaluating items like BMI, food intake, weight change, serum albumin, and pressure ulcers. Residents are then stratified into high, medium, or low risk.
- **Care Planning & Conferencing:** A Nutrition Care Plan is developed for each resident and finalized in a multidisciplinary "Nutrition Care Conference" held twice a month with dietitians, social workers, rehab staff, nurses, and consulting doctors.
- **Monitoring:** Monitoring is conducted based on risk level: every two weeks for high-risk, every month for medium-risk, and every three months for low-risk residents.
- **Palliative Nutritional Care:** A core role is supporting residents in End-of-Life Care, where the goal shifts to "quality of life" (QOL). The provided examples reflect deep compassion in clinical nutrition practice:
 - For a resident who loved grilled meat (*Yakiniku*), the staff cooked it in their room so they could experience the aroma.
 - For a resident who loved *Katsudon*, the dietitian created a porridge topped with a lightly blenderized egg-and-pork cutlet.

Reflections

The Wakoen model highlights how dignified nutrition can coexist with operational efficiency. The elevation of the dietitian's role is the key takeaway; by using pre-prepared food components, dietitians function as high-level clinicians. For Malaysia, adaptation could involve training care home staff in the IDDSI framework (6) and developing standardized texture-modified meal protocols at a national level.

4. Visit to the Hiranai Central Hospital

Key Observations

The visit to Hiranai Central Hospital revealed an exceptionally high level of clinical and operational sophistication. The most outstanding observation was the systematic standardization of diets, adhering to the formal "Japanese Dysphagia Diet" (7). This national standard provides precise codes (from 0 to 4) for food textures and liquid

thickness, ensuring patient safety and clear communication. We saw this applied in weekly menu plans with modifications like *Soft Diet* and *Jelly Diet*.

Impression of the Dietitian's Role

The dietitian is viewed as a high-level, autonomous clinical practitioner. A sample Nutrition Management Plan confirmed this, showing the dietitian's role extends from advanced clinical assessment and formal diagnosis (using GLIM criteria (8)) to setting medical goals (e.g., "renal protection"), prescribing nutrition in collaboration with physicians, and managing all patient education and follow-up.

Reflections

This standardized, codified system of dietetics practice is an exemplary model for Malaysia, where practice remains guided by facility-specific policies. The national standardization of dysphagia diets is the most inspiring aspect, as it eliminates guesswork and is critical for patient safety. Establishing a Malaysian IDDSI-aligned national standard would greatly improve safety and consistency in medical nutrition therapy.

5. Aomori University of Health and Welfare Campus Tour

Key Observations

The tour of the AUHW Nutrition Department revealed a meticulously structured dietetic education system (Years 1-2 Foundation, Years 3-4 Application). The "Food Service Management Practical Room" was a standout, simulating a professional environment where students conduct mass cooking for approximately 200 meals, adhering to strict hygiene protocols. The university also uses advanced tools like the "*Shokuiku SAT*," an experiential system with IC-tagged food models to instantly visualize a meal's nutritional balance.

Reflections

The AUHW curriculum is designed to produce graduates who are both clinically knowledgeable and operationally competent *before* their final internships. This prompted a reflection on the author's own 4-year education at UPM (9), which also follows a "Foundation-to-Application" model. While AUHW emphasizes advanced on-campus simulation, UPM integrates students into the professional environment very early, culminating in a full final year of off-campus practicums. Both systems are world-class but have different philosophies.

6. AYDN Network Meeting & Manuscript Development

Purpose of the Manuscript

The foundational AYDN manuscript aims to create the first major benchmark of dietetic education across Asia, formally mapping the "considerable diversity" in curriculum structures, lecturer qualifications, and supervised practice models. This data provides the evidence needed to "enhance professional standards and facilitate regional collaboration," a core goal of AYDN.

Future Steps for Research

The manuscript's discussion dictates the next steps for AYDN, as a simple comparison of "coursework hours" is misleading. The ultimate goal is to evaluate which education systems produce the most competent dietitians. The specific next steps are:

1. **Standardized Quantitative Comparison:** To create a true "apples-to-apples" comparison, our next analysis will be a quantitative comparison using a standardized calculation of hours across all member countries.
2. **Comparative Legal Analysis:** The manuscript showed that strong legal frameworks are linked to robust programs. A crucial next step is to conduct a formal comparison of the legal systems protecting the dietetics profession in each country.
3. **Develop a Proxy for Competency:** Since assessing "competency outcomes" is vital but difficult, our next project is to develop a proxy by measuring graduate opportunities and training pathways.

7. Cultural Immersion & Reflections

Cultural Observations

The cultural immersion in Aomori was as instructive as the professional visits, highlighted by *Omotenashi*—Japan's unique concept of selfless, anticipatory hospitality. This sense of community was exemplified by the *Nebuta* Museum WA-RASSE, which celebrates the famous *Nebuta* Festival. The festival's name, "WA-RASSE" combines the chant ("*Rassera*") with the Japanese word "*WA*," representing the "bonds (*wa*) that are formed between people." The local food culture, celebrating Aomori as Japan's "Apple Prefecture," is also a source of immense pride.

Reflections

This deep integration of local food, culture, and identity was inspiring. Similarly, Malaysia is also defined by multicultural festivals centered around symbolic foods. The Aomori experience is a powerful reminder that food's role in cultural identity and social well-being is a vital component of public health. It reinforces the idea that Malaysian dietitians can leverage our rich food heritage as a positive tool for community nutrition, rather than seeing it only as a source of clinical problems.

8. Conclusion

Summary of Experience and Personal Growth

The AYDN Aomori meeting was an exceptionally valuable experience, providing deep insight into Japan's world-class, integrated dietetic systems. From the *Shokuiku* philosophy in schools to the specialized clinical nutrition in hospitals and dignified palliative care in nursing homes, this visit enhanced the author's understanding of the power of a system-wide approach to nutrition. Observing the autonomous and respected roles of Japanese dietitians has provided a powerful new set of professional goals.

Future Commitment to AYDN

The author is returning to Malaysia re-energized and deeply committed to the goals of AYDN, including the manuscript project's next steps.

Closing Appreciation

The author extends sincere gratitude to the AYDN organizer, Professor Shigeru Yamamoto, and the AUHW for their incredible generosity and *Omotenashi*. Sincere thanks also go to Ajinomoto for their support, and to the staff of the Sannai Nishi Elementary School, Wakoen nursing home, and Hiranai Central Hospital for their expertise.



Figure 1: A Registered Dietitian conducting a *Shokuiku* (food and nutrition education) lesson at Sannai Nishi Elementary School.



Figure 2: A sample school lunch from the Aomori Centralized Lunch Center, demonstrating balanced nutrition and meticulous portion control.



Figure 3: The "**Shokuiku SAT**" system, an experiential tool using IC-tagged (RFID) food models to instantly visualize a meal's nutritional balance.



Figure 4: The nutrition education laboratory at AUHW, featuring the 'Shokuiku SAT' learning stations.



Figure 5: A texture-modified meal at Hiranai Central Hospital, prepared according to the national "**Japanese Dysphagia Diet**" standard



Figure 6: A texture-modified meal at Hiranai Central Hospital, prepared according to the national "**Japanese Dysphagia Diet**" standard



Figure 7: The large, illuminated Nebuta floats on display at the **Nebuta Museum WA-RASSE** in Aomori.



Figure 8: Members of the **Asian Young Dietitian Network (AYDN)** attending the network meeting at Aomori University of Health and Welfare

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

Ailyn Mae K. Del Rio¹

¹*University of Santo Tomas, Manila, Philippines*

1: Introduction

Selected AYDN members were given the unique opportunity to observe how nutrition is implemented across the lifespan, from childhood to the elderly, during their visit to Aomori, Japan. We were fortunate to experience Japan through the lens of nutrition and health. The selected AYDN members, who are practitioners in their respective home countries (Philippines, Malaysia, Vietnam, Cambodia, Bhutan, and Bangladesh), not only gained valuable insights but also contributed to the ongoing manuscript that the organization is developing.

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

I have always been fascinated by Japan's school lunch program, as seen in the videos I watched online. Seeing it in person, however, was even more incredible. "Amazed" is truly an understatement when it comes to appreciating this program for the children of Japan. It not only nourishes their bodies with healthy, locally sourced ingredients but also instills lifelong habits of healthy eating and appreciation for local produce. It is no wonder that Japan is known for its population reaching 100 years or more.

I can only hope for a similar program to be implemented in the Philippines. While we do have feeding programs for malnourished children, they often lack sustainability and fail to ensure the development of consistent healthy eating habits. Clearly, we have a long way to go.

I was particularly impressed by the strict adherence to HACCP standards, which ensured food safety and sanitation, as well as the nutritional content and balance of meals. Additionally, I appreciated the organized and timely operations within the facility. As an educator handling food service subjects, I was amazed to see these standards not only followed but rigorously enforced. For example, in the preparation area for vegetables, there are separate washing bins, and a worker is assigned exclusively to each bin to prevent cross-contamination. The Japanese take food safety and sanitation so seriously that even minor lapses — which might be overlooked in other cultures — are unacceptable. Every step in the food preparation and serving process is monitored and adhered to by the 100 staff members responsible for serving **at least 11,000 meals across 34 schools in Aomori**. This facility is just one of several preparing lunch meals for the region. There are also five dietitians who monitor operations and those with specific needs, such as children with food allergies. During our visit, there were 12 children with allergies, and their meals were prepared and stored separately to prevent contamination.

Beyond meal preparation, nutrition education is provided to stakeholders to ensure not only safe and delicious meals but also a greater understanding and appreciation of local foods and nutrition. We are truly grateful to have had the opportunity to experience something not accessible to many. We hope that at least a similar program can be implemented in the Philippines.

The experience was made even more enriching as we not only toured the facility and attended lectures but also had the opportunity to taste the meals served to the students, providing us with a comprehensive understanding of the program. Despite focusing on **lowering sodium, increasing calcium, and reducing fat**, the meals were surprisingly delicious and very filling. During the discussion, the dietitian provided a comprehensive overview of the program — from legal mandates, processes, implementation, and service, to nutrition programs involving all stakeholders to ensure health and nutrition.

It was also remarkable to see how the center manages waste efficiently, processing leftovers into fertilizer. The dedication to quality, safety, nutrition, and sustainability makes Japan's school lunch program a model that we can only aspire to replicate in the Philippines.

After observing the food production, we were happy to see how much the students appreciated their meals. The students themselves are responsible for serving the food and maintaining cleanliness after meals. We were warmly received by the school principal, the students, and the teachers. I also appreciated that the students finished their meals, and some even went for a second serving. Teachers join the students while having the same meal, creating a sense of shared experience. I was also fascinated to see dietitians going from room to room, discussing the nutritional content, ingredients, and origin of each meal. This further reinforces the appreciation for local food and its health benefits. This is one of my favorite sites visited, as the students are actively engaged, demonstrating that Japanese children are happy, well-nourished, and aware of the value of their food.

3: Visit to the Wakoen nursing home

Nursing homes are not as common in the Philippines, so I was grateful for the opportunity to visit and observe one in Japan. The facility's location offers a stunning view, and each patient's room is beautifully designed to showcase the wonders of nature.

True to the facility's objective, the role of the dietitians goes beyond simply providing nourishment — their goal is to ensure that patients enjoy their meals, even in the final stages of life. While this may seem somber, witnessing patients pass peacefully after a fulfilling meal conveys a sense of dignity and comfort. I truly admire the staff for their dedication to caring for the elderly.

It was also a valuable experience to try the food served to the patients, as it allowed us to gain a better understanding of their daily experiences. While the meals may not always be visually elaborate, the food is fresh and flavorful. Unlike many nursing homes in the Philippines, where dietitians are directly involved in meal preparation, this facility receives food from a commissary kitchen, with kitchen staff responsible for plating and serving the meals. One key observation I made was how the dietitians carefully monitored each patient, ensuring they consumed their meals and met their recommended intake. I also noted that the calorie allocation for patients is around 1,000 kcal, which is relatively lower compared to the elderly meal standards in the Philippines.

4: Visit to the Hiranai Central hospital

As a clinical dietitian for 10 years and now a teacher, it was enlightening to observe how dietitians work in a hospital in Japan. I noticed several similarities between the practices in the Philippines and those in my own country, from the rounds and counseling provided to patients to the way patient trays are served. One key

difference, however, is that the Hiranai Central Hospital mainly serves geriatric patients, reflecting the elderly population in Aomori and Japan. In comparison, patient cases in the Philippines tend to be more acute or complex. I also observed that the meals and formula/ tube feeding provided in Japan are lower in calories, often starting at around 1,000 kcal, whereas in the Philippines, we typically provide 1,500–1,800 kcal for the geriatric group. Another notable difference is the format of the nutrition care plan. In Japan, dietitians still use the SOAP format, while in the Philippines, we have been mandated since 2019 to use the NCP ADIME format.

Observing the work of Japanese dietitians brought me back to my early years as a clinical dietitian, reminding me of the core principles and dedication required in patient-centered nutrition care. It was both a nostalgic and educational experience, highlighting both similarities and differences in practice across countries

5: Aomori university of Health and Welfare Campus tour

During the tour of the laboratories, I was particularly impressed by the lab equipment and, more importantly, the activities that the students perform. In the biochemistry lab, for instance, students assess the nutritional content of commonly available food items and even compare their findings to the information on the nutrition labels. This is remarkable, as such activities are not part of the curriculum in the Philippines. Typically, our students need to outsource product analysis to external laboratories for similar exercises. I was also impressed by the nutrition education lab, where a machine can quickly and accurately read the nutritional content of food items and provide a rating in stars based on quality. I hope that a similar machine can be developed in the Philippines for use in student learning and nutrition counseling.

Observations from the visit:

- Quality of education is maintained by a tight admission limit of just 30 students per class.
- Students strictly comply with safety standards, wearing full personal protective equipment during lab activities.
- The industry trade kitchen supports food service for the cafeteria, providing a professional training environment.

Overall, the facilities and student activities at Aomori University are impressive and inspiring. It highlights the integration of hands-on practical experience, safety, and quality assurance in the training of future nutrition professionals

What was even more impressive was when I inquired whether the facilities are better in private schools, knowing that Aomori University is a government institution. I was informed that the facilities are essentially the same across all universities offering the program. This is a stark contrast to my experience in the Philippines, where disparities between institutions are very obvious — private schools typically have much better and more upgraded facilities compared to government schools.

This highlights a remarkable commitment in Japan to equitable access to high-quality education and training resources, ensuring that all students, regardless of the type of institution, receive the same level of practical experience and exposure to advanced facilities.

6: AYDN manuscript

One of the key purposes of the trip was to continue the discussions and collaborative work on the research efforts

of the network. I joined the team as they entered the final stages of the manuscript, contributing mostly to the discussions and deeper analysis—going beyond a straightforward comparison of Nutrition and Dietetics curricula across Asia. What I realized is that, while there are clear differences in curriculum structures, drawing direct comparisons is challenging because nutrition itself is highly culture-specific. It cannot be easily generalized, even within ASEAN countries.

I also noted the significant difference in total program units in the Philippines, largely due to the inclusion of general education courses that remain required for graduation. This is particularly important now, as the Philippines is transitioning its tertiary curriculum: college programs may soon be reduced to three years, focusing solely on professional subjects, while general education courses will be fully integrated into senior high school, which only started in 2016. AYDN's research efforts will play a crucial role in guiding the Philippines as the country enters the planning phase for major changes in the tertiary education curriculum.

7: Aomori and Japanese Culture

Visiting Japan had always been a childhood dream of mine, but for many reasons, I kept postponing my first trip. Now, I finally understand why—it was meant to happen at a time when I could truly appreciate it, and it has become one of the most memorable experiences of my life. I have long been fascinated by Japanese culture, but experiencing it firsthand is entirely different. From the clean tap water, you can drink safely, to the meticulous attention to quality in their products, services, and food, from the deep respect people show one another to their discipline and sense of time—everything felt extraordinary. I have travelled to other countries, but Japan made me feel like I was in a completely different world. I may have skipped the usual first-time tourist destinations like Osaka, Tokyo, or Kyoto, but Aomori became incredibly special to me and was absolutely worth being my first city to visit in Japan. What I learned later on is that Aomori is actually the snowiest city in the world—something that adds even more charm to its character and atmosphere.

I am grateful for the chance to experience the Nebuta Festival through its museum; to enjoy apple picking that felt straight out of the fairy-tale books I loved as a child—complete with the sweetest, most delightful apples I have ever tasted. I was amazed by the high-tech Japanese karaoke, the efficiency of the public transportation system, and the unbelievably fresh sushi. We have Japanese restaurants back home, but tasting authentic Japanese cuisine made with the freshest ingredients was unforgettable.

I was also struck by how simplicity and efficiency harmoniously blend in their culture. Professor Yamamoto shared that wealth disparity is not something people focus on in Japan, and that mindset was evident everywhere—from the effortless beauty of the people to their emphasis on functionality over outward appearance. Experiencing all of these reaffirmed why Japan has always fascinated me, and why this journey will remain one of the most meaningful experiences of my life.

8: Conclusion

I was given the chance to visit Japan for the very first time through AYDN, and it became one of the most meaningful trips of my life. It wasn't about the flashy, quirky, or overly romanticized Japan we often see in vlogs—this time, I experienced the country through the lens of Nutrition and Health. Years ago, I watched a video about Japan's school lunch program and wished I could witness it myself. This trip turned that wish into reality. We

skipped the usual tourist destinations and focused on what mattered to us. From observing a school lunch center and witnessing how meals are prepared and served in an elementary school, to watching dietitians in action at nursing homes and hospitals, each visit provided me with a deeper appreciation of their approach to nutrition care. Another meaningful part of this trip was the opportunity to discuss and personally work on the ongoing activities and the manuscript being finalized by AYDN. Being able to contribute to these efforts face-to-face added depth to our collaboration and strengthened our shared commitment to advancing the profession across Asia. But beyond the activities, the best part was the people. I gained immense respect for the discipline, humility, and kindness of the Japanese people. I'm also deeply grateful for the friendships formed with colleagues from across Asia—experiencing Japan with them made everything even more memorable. I may not have explored the typical tourist spots, but this trip is truly one for the books—a definite core memory. Not everyone gets this kind of opportunity, and I am genuinely grateful. This experience made me even more passionate about supporting AYDN and contributing to efforts that uplift and strengthen our profession.

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

Yen Ngoc Ma¹

¹ *Nutrition and Dietetic Department, Hanoi Medical University Hospital, Hanoi, Vietnam*

Corresponding Author: Yen Ngoc Ma (*Nutrition and Dietetic Department, Hanoi Medical University Hospital, Hanoi, Vietnam*). Tel: +84 949 520 301 Email: mangocyenly@gmail.com

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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Young Dietitians Across Asia: Navigating Challenges and Unlocking Opportunities

Special Report: AYDN Activities in Kuala Lumpur, Malaysia

Andrea Wakita¹, Ma Ngoc Yen²

¹*Ajinomoto Co., Inc (Global Communication Department, Japan)*

²*Nutrition and Dietetics Department, Hospital of University of Medicine and Pharmacy, University of Medicine and Pharmacy, Vietnam National University, Hanoi, Vietnam*

Introduction

The Asian Young Dietitians Network (AYDN) organized a forum during the 32nd Malaysian Dietitians' Association National Conference (MDA 2026), held in Kuala Lumpur, Malaysia, on 4-5 July 2026. The session, titled Young Dietitians Across Asia: Navigating Challenges and Unlocking Opportunities, brought together young dietitians from the Philippines, Malaysia, Vietnam and Bangladesh to share their experiences and perspectives on the dietetics profession in their respective countries and discuss future directions for workforce development across the region.



Figure 1. Discussion among five AYDN members from four countries

The origins of AYDN can be traced to a regional dialogue held during the 8th Asian Congress of Dietetics (ACD) in Yokohama, Japan, in 2022, where young dietitians from across Asia shared perspectives on the status and development of the profession in their respective countries. These discussions led to the establishment of the network under the mentorship of Prof. Shigeru Yamamoto, with support from Ajinomoto Co., Inc., Japan. AYDN was officially established on 1 December 2023 with participation from 12 countries and regions. Since its inception, the network has provided a platform for professional exchange, networking and collaborative learning among young dietitians in Asia. Its activities have included regional meetings, networking events and research initiatives. One ongoing project is a comparative review of undergraduate nutrition and dietetics programs across AYDN member countries, aimed at identifying similarities and differences in educational pathways throughout the region.



Figure 2.

Against this background, the forum provided an opportunity for young dietitians from different countries to exchange experiences and reflect on both shared and country-specific challenges facing the profession. Despite the diversity of healthcare systems represented, several common themes emerged from the discussion. Participants reflected on professional recognition and regulation, education and career development, the growing influence of artificial intelligence (AI) in practice, and the value of regional learning and collaboration.

Recognition, regulation and professional identity

Differences in the level of professional development among the participating countries were immediately apparent. The Philippines represented one of the most established systems discussed during the forum, with nearly 80 years of history in nutrition and dietetics education and a longstanding licensure system for Registered Nutritionist-Dietitians (RNDs). In contrast, Vietnam has only recently introduced professional licensing, while Bangladesh is still pursuing broader legal recognition of the profession.

Despite these differences, similar concerns emerged across countries. Participants repeatedly described professional recognition not as an endpoint, but as an ongoing process requiring legal protection, public awareness and advocacy.

The Philippine experience illustrated both the benefits and limitations of regulation. While licensure provides a national competency standard and protects the professional title, challenges remain in ensuring that dietitians are fully recognized as clinical healthcare professionals rather than primarily as food service personnel. Similar concerns were raised regarding professional encroachment by other practitioners offering nutrition-related services without formal dietetics qualifications.

Malaysia provided another perspective on the impact of regulation. Since achieving formal recognition, dietitians have gained greater visibility and access to a broader range of employment opportunities. Nevertheless, participants noted that regulation alone does not automatically translate into public understanding of the profession. Competition from unqualified online nutrition coaches and misinformation circulating through social media

continues to challenge the visibility of evidence-based nutrition practice.

For Vietnam and Bangladesh, discussions focused on professional identity formation. Vietnamese representatives described ongoing efforts to establish clearer licensure systems, harmonize educational standards and better define the role of dietitians within healthcare teams. In Bangladesh, recent government recognition of educational requirements for nutrition professionals was viewed as an encouraging step, although registration and licensing remain priorities for the profession.

Across all four countries, participants highlighted the importance of defining professional scope, strengthening public understanding and ensuring that dietitians are recognized as integral members of healthcare teams.

Education, training and career development

The discussion on education extended beyond university curricula and focused on how young dietitians develop practical skills required in professional practice.

Although educational systems differ considerably across countries, speakers shared the view that technical knowledge alone is insufficient. Clinical competence requires supervised practice, mentorship and opportunities to apply theoretical learning in real-world settings.

Representatives from Vietnam and Bangladesh particularly emphasized the need for stronger practical training opportunities. In Bangladesh, structured internships and supervised clinical placements were identified as a major priority for workforce development. Participants noted that classroom learning provides foundational knowledge, but professional judgement, communication skills and confidence are largely developed through direct patient interaction.

Vietnamese speakers highlighted another challenge: variability between university programs. While nutrition and dietetics education are expanding, the absence of a nationally standardized curriculum creates difficulties in ensuring consistent competencies among graduates. Participants also noted that training remains heavily oriented toward hospitals, with fewer opportunities to gain experience in schools, industry and community settings.

By contrast, speakers from the Philippines and Malaysia described more established educational pathways but emphasized the need for continued professional growth beyond graduation. Particular attention was given to communication skills. Malaysian representatives argued that effective nutrition care depends not only on scientific evidence but also on the ability to translate that evidence into practical recommendations that patients can understand and implement.

The discussion also explored emerging career pathways. Opportunities in digital health, food technology, consultancy and industry were identified as increasingly attractive options for younger professionals. Experiences shared by participants working internationally further highlighted the importance of research skills, data analysis, scientific writing and cross-cultural communication in an increasingly global profession.

Artificial intelligence and digital tools in dietetics practice

The role of artificial intelligence attracted considerable interest and generated one of the most dynamic discussions during the forum.

Participants generally agreed that AI has become part of everyday professional practice. Examples included

developing educational materials, summarizing scientific information, supporting regulatory reviews, improving written communication and enhancing patient education resources.

At the same time, all speakers stressed that AI should be regarded as a support tool rather than a replacement for professional judgement.

Several concerns were raised regarding the reliability of AI-generated health information. Malaysian representatives discussed the phenomenon commonly referred to as "AI hallucination," in which systems generate plausible but inaccurate information. Caution was advised when using AI for medical nutrition therapy, where inappropriate recommendations may overlook important clinical nuances that influence patient care.

The need to verify references and consult original sources was repeatedly emphasized. Participants shared examples in which AI-generated summaries contained inaccuracies or cited references that did not exist, highlighting the continuing responsibility of nutrition professionals to critically evaluate information before applying it in practice.

The discussion also extended beyond the use of AI as an end-user tool. Participants suggested that dietitians should be involved in the development and validation of nutrition-related AI systems. Ensuring that algorithms reflect sound nutrition science and local dietary practices was viewed as an important future role for the profession.

Despite the opportunities offered by digital technologies, speakers consistently emphasized that empathy, ethical judgement, critical thinking and human interaction remain irreplaceable components of dietetics practice.

Learning across Asia

The final part of the forum focused on lessons that countries could learn from one another.

Rather than presenting a single model for professional development, the discussion highlighted how countries at different stages of maturity can contribute valuable perspectives. The Philippines demonstrated the long-term benefits of sustained professional development and regulation, while Malaysia shared lessons from successful policy advocacy and stakeholder engagement. Vietnam provided insights into the challenges and opportunities associated with building a young profession, and Bangladesh illustrated the importance of resilience and collective action when pursuing recognition and reform.

Participants stressed that professional progress should not be taken for granted. Many of the structures that currently support dietetics practice, including regulation, licensure, educational standards and professional associations, have been built over decades through advocacy and collaboration. Hearing experiences from countries at different stages of development reminded participants that professional growth is an ongoing process rather than a final destination.

In this context, AYDN was recognized as a valuable platform for regional exchange. Through dialogue and collaboration, young dietitians can learn from diverse experiences while identifying shared challenges and opportunities.

Concluding remarks

Although the countries represented at the forum differed considerably in their levels of professional development, common themes emerged throughout the discussion. Professional recognition, high-quality education, practical

training, effective communication and responsible use of digital technologies were identified as priorities across the region.

The discussion also demonstrated that the future of dietetics will depend not only on scientific expertise, but also on the profession's ability to adapt to changing healthcare environments, engage with the public, contribute to emerging technologies and collaborate across sectors and national boundaries.

The AYDN forum provided an opportunity for young professionals to exchange experiences, reflect on shared challenges and learn from different national contexts. Such regional dialogue may play an important role in supporting the next generation of dietitians and strengthening the profession throughout Asia.

**Asian Young Dietitian Network Participation in the Asian Dietetic Education Conference
Special Report: AYDN Activities in Taipei, Taiwan**

Ry Manydine¹, Ma Ngoc Yen², Ailyn Mae Kuan-Del Rio³, Andrea Wakita⁴

¹*Aomori University of Health and Welfare, Asian Food Culture and Nutrition Laboratory*

²*Nutrition and Dietetics Department, Hospital of University of Medicine and Pharmacy, University of
Medicine and Pharmacy, Vietnam National University, Hanoi, Vietnam*

³*University of Santo Tomas, Manila, Philippines*

⁴*Ajinomoto Co., Inc (Global Communication Department, Japan)*

1. Participation in Asian Dietetic Education Conference (ADEC) 2026

The Asian Young Dietitian Network (AYDN) was honored to be invited to participate in the 2026 Asian Dietetic Education Conference (ADEC 2026), held on July 25, 2026, in Taipei, Taiwan. The conference was organized by the Taiwan Dietitian Organization, Taipei Veterans General Hospital, the Chinese Dietetics Society-Taiwan, AYDN, and National Taiwan Normal University. AYDN members from Cambodia, Japan, the Philippines, and Vietnam participated in the conference and had the opportunity to meet and exchange knowledge with dietitians, educators, students, and professionals from across Asia.

The conference included sessions on dietitian education, training and research in Asia, the impact of artificial intelligence (AI) in healthcare, internship experiences, and opportunities for dietitians working overseas.

One of the keynote presentations was given by Professor Shigeru Yamamoto, titled **“What Dietitians Need for the Future: Researches at their Workplace.”** The presentation emphasized the importance of dietitians taking an active role in research and contributing to the development of the nutrition and dietetics profession in Asia, including research related to the development of Dietary Reference Intakes (DRIs).

During the conference, we also presented our study titled **“Exploring the Landscape of Nutrition and Dietetics Education Programs: A Comparative Study Among Selected Universities across Asian Young Dietitian Network (AYDN) Member Countries.”** The presentation introduced AYDN and the diversity of nutrition and dietetics education across Asia, with the study comparing selected universities from 10 AYDN member countries. We presented the study methodology, including the comparison of curricula, credit systems, lecturer backgrounds, and internship structures using a standardized data collection approach. The presentation highlighted differences in curriculum content and workload, lecturer backgrounds, internship opportunities, and internship supervision among the participating countries. We also discussed the challenges of comparing education systems due to differences in credit definitions and national requirements. The study suggested the need for greater regional collaboration, competency-based training, and future research toward developing common minimum standards for dietetics education in Asia. It was a valuable opportunity for us to share the collaborative work of AYDN and to

introduce the diversity of dietetics education systems in Asia. It also allowed us to exchange perspectives with participants from different countries and discuss future directions for collaboration and research within AYDN



Picture1 &2 : AYDN members picture from ADEC 2026

We also attended presentations about competency-based education and training for dietitians in Malaysia and Thailand. These sessions introduced approaches to developing the competencies required for professional dietetic practice. The ICDA competency standards discussed during the conference included dietetic process and professional reasoning, evidence-based practice and research, quality assurance, professional relationships and communication, and essential knowledge for dietetic practice.

Another important topic was the application of AI in nutrition and dietetics education and practice. We learned how AI-supported educational platforms may reduce teaching workload while improving learning effectiveness. The conference also introduced potential applications of generative AI in dietary assessment and emphasized the importance of adapting AI to local contexts and maintaining appropriate human supervision.

In addition, we learned about the experiences of dietitians involved in international activities and overseas work. The presentation on Japanese dietitians working in Africa, the Philippines, and Cambodia highlighted how dietitians can apply their professional expertise to international health activities and contribute to local communities.

Overall, participating in ADEC 2026 gave us a valuable opportunity to share our experiences as young dietitians, learn about dietetics education and professional development in different Asian countries, and strengthen connections among AYDN members and other professionals. The conference also encouraged us to consider future opportunities for collaboration, research, and international activities in nutrition and dietetics.

9. 2. Visit to Taipei Veterans General Hospital

As part of our visit to Taiwan, we also had the opportunity to visit Taipei Veterans General Hospital. The hospital tour focused mainly on the food court, hospital meals, and kitchen and foodservice management.

Taipei Veterans General Hospital is a large hospital with 3,136 beds, including 183 ICU beds. The hospital provides approximately 2,600 outpatient consultations and 2,200 general ward consultations per month. It also provides

approximately 860 nutrition care services per month and has 33 registered dietitians, including 20 clinical dietitians.



Picture 3 & 4: Taipei Veteran General Hospitals

9.1. 2.1 Food Court

During the tour, we first visited the hospital food court. We observed that the food court provided a variety of food choices, including a designated vegetarian area with a wide range of dishes. The food court also incorporated the concept of a planetary health diet, demonstrating consideration of both human health and environmental sustainability. We also observed that nutritional information was provided on menus, allowing customers to consider the nutritional content of their meals when making food choices. Priority seating was also available for older people. In addition, a supermarket was located within the food court area, providing various food and nutrition-related products.



9.2. Picture 5& 6: Food court inside Taipei General Veteran Hospital

9.3. 2.2 Hospital Meals

We then observed the hospital meals prepared for inpatients. The hospital provides different types of meals according to patients' medical conditions and nutritional requirements. Examples included low-protein diets for patients with renal disease, diabetic diets, postpartum meals, ground diets, and pureed diets. We also observed different set meals, including pumpkin noodle, fried rice with Sakura shrimp, beef soup, fish soup, and chicken

soup with shiitake mushroom meals.

Through observing these meals, we were able to see how hospital foodservice provides individualized meals according to patients' dietary and medical needs, while maintaining variety in the meals provided.



Picture 7,8 &9: Different type of hospital meal

9.4. 2.3 Kitchen and Foodservice Management

The final part of the tour focused on the hospital kitchen and foodservice management system. Before entering the kitchen, we were required to wear appropriate protective clothing and equipment. This demonstrated the hospital's attention to hygiene and food safety during food preparation and production.

We observed the process of preparing and assembling meals for inpatients. The meals were prepared systematically along a production line, with staff assembling meal trays according to the required meal information.

We also observed equipment used to maintain the temperature of prepared meals before they were delivered to patients. The storage areas for nutrition products and dry food ingredients were also organized within the foodservice department.

One of the most interesting aspects of the tour was seeing the use of AI and digital technology in cafeteria management. The hospital uses an AI-based payment system for hospital staff, which can assist with identifying meals and functioning as a cashier during payment.



Picture: Hospital kitchen and AI payment system

10. 3. Overall Learning from the Visit

The hospital tour gave us a practical understanding of how nutrition and foodservice management are implemented in a large hospital. We were able to observe the connection between clinical nutrition, therapeutic diets, food safety, meal production, storage, and technology.

The visit also allowed us to compare the hospital foodservice system with what we have experienced in our own countries. In particular, the variety of therapeutic meals and the integration of technology into foodservice management provided useful examples of how hospital nutrition services can continue to develop and improve.

11. 4. Conclusion

The Taiwan visit was a valuable experience for AYDN members. Through ADEC 2026, we gained knowledge about the development of dietetics education, research, competency-based training, AI, and international activities.

The Taipei Veterans General Hospital tour complemented this experience by allowing us to observe the practical application of nutrition and foodservice management in a hospital setting.

Together, these activities strengthened our understanding of the nutrition and dietetics profession in Asia and provided opportunities to build international connections, share experiences, and learn from different approaches to dietetics education and practice.

Considering Ways to Improve the Status of Dietitians

Shigeru Yamamoto^{1,2}

Professor, Ph.D., RD

¹ Graduate School of Human Life Sciences, Jumonji University, Japan² Graduate School of Aomori University of Health and Welfare, Japan

It does not seem that the social status of dietitians in Japan adequately reflects the actual importance of their work. I believe the same can be said for nurses. In contrast, pharmacists are held in high regard. When considering why this disparity exists, the historical backgrounds of these professions seem to play a role. Looking at that history, the role of a dietitian was once seen as merely preparing meals, and that of a nurse as assisting the doctor; conversely, in an era before modern medical advancements, the pharmacist's role—like the doctor's—was central to medical care, focused on preserving life. While much of this historical context no longer applies today, changing history—or the perceptions rooted in it—seems remarkably difficult. By modern standards, men and women ought to be equal, yet many nations have yet to achieve this. It appears that altering such deeply ingrained historical perceptions takes time.

Just as it takes time to bring about change in other areas, improving the social status of dietitians—so that their work is properly valued—is a process that will likely require time, even though many acknowledge the current inequity. I would like to consider the efforts dietitians should make today to rectify these historical perceptions as quickly as possible.

The example I wish to discuss today is Dietary Reference Intakes (DRIs). Dietitians are likely the professionals who utilize DRIs the most; however, few dietitians are involved in actually formulating them. Let us briefly consider two examples: protein and salt. Regarding protein: Is a high-protein intake beneficial for athletes or the elderly? I would ask you: how many grams of protein per kilogram of body weight do you consume, and what is the recommended intake for athletes?

How many days does it take to adapt to a low-salt diet?

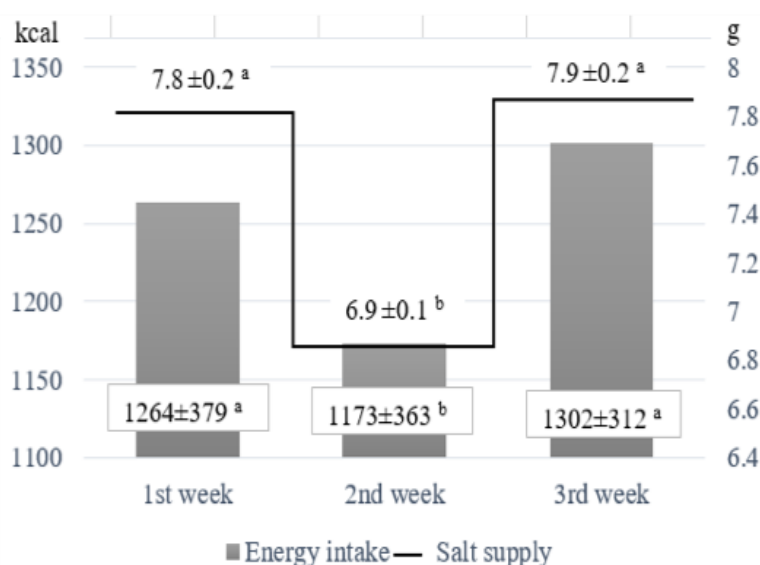
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Decreasing Salt in Hospital Meals Reduced Energy Intake in Elderly Japanese Inpatients

Keiko HIROSE^{1,2}, Thao Phuong TRAN^{1,2,*} and Shigeru YAMAMOTO²¹ Nutrition Department, Nerima Hikariyaka Hospital, Nerima, Tokyo 179-0072, Japan² Jumonji University, Niihara, Saitama 352-8510, Japan
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Summary Japanese salt consumption is high, about 10 g salt/d. Low salt intake reduces the risk of hypertension and cardiovascular disease. However, saltiness is an important taste in daily meals, greatly influencing eating habits. When hospital admission is short-term, reducing salt supply may have an adverse effect on food intake. The aim of this study is to find the effect of sudden change in dietary salt content on energy intake in elderly Japanese inpatients. The study is an observational study of 83 patients and was conducted in a hospital in Tokyo, Japan. The research period was three weeks, and included 8 g salt/d meals for the 1st week, 7 g salt/d meals for the 2nd week, and 7 g salt/d meals with total 1 g/d salt packs that patients were allowed to use freely for the 3rd week. The energy supply satisfied the individuals' energy requirements and was the same throughout the three weeks. Nutrition surveys and blood pressure measurements during the three weeks were conducted by dietitians and nurses, respectively. The results showed that energy intake of patients was reduced by about 90 kcal/d in the 2nd week compared with the 1st week and increased about 130 kcal/d in the 3rd week compared with the 2nd week. Blood pressure did not change during the research period. When high salt intake has become a habit, reducing salt supply suddenly in a short time period may lead to decreased energy intake in elderly inpatients but does not affect blood pressure.

Key Words salt, hospital, Japan, DRI, elderly, nutrition status, nutrition intake



In 2020, the salt intake for the elderly decreased from 8g per day to 7g. Sudden salt reduction often leads to decreased appetite. Is it appropriate to immediately reduce salt intake after hospitalization
How many days is it necessary to adapt a low-salt diet?

As for salt, since it is a known cause of hypertension, low-salt diets are recommended in hospitals. Here, I would like to introduce some of our own research. In 2020, the Japanese government directed that salt intake for the elderly (aged 65 and older) be reduced from the previous 8 g/day to 7 g/day. However, patients complained that the meals were unpalatable; when the allowance was raised by 1 g back to 8 g/day, the meals became tastier, and energy intake clearly increased. This demonstrates that a sudden reduction in salt intake can lead to decreased food consumption and, consequently, malnutrition among the elderly. Therefore, should dietitians investigate how much time is required for adaptation and make recommendations to physicians and nurses accordingly?