

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

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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.

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