

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

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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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