Year of International Dietetics: Japan

BY CLARE CURLEY

In Japan, food is no laughing matter.

This is a country where a bowl of sticky rice inspires an almost religious reverence, where an artfully prepared child's lunchbox is a source of maternal pride. Even the convenience stores sell tasty, fresh combinations of sushi, fish, rice, pickles and plums. From sake rituals to tea ceremonies, ancient traditions – at least those involving cuisine – are alive and well in 21st-Century Japan.

This may seem contradictory in a culture that leads the world in robotics and cell phone novels. Yet mealtime has a way of bridging the past and present, and nowhere is this more true than in Japan. Tokyo, the world's most populous metropolitan area, is known for its diversity of world-class restaurants. And despite the proliferation of fast-food chains, a respect for freshness of ingredients and food preparation runs deep in Japanese society.

Until recently, however, the involvement of nutrition professionals in the health-care system was marginal. For decades, the dietetics curriculum in Japan centered around cooking and food science, and many dietitians rarely encountered patients face to face. Despite the country's comparatively strong health-care system, Japanese professionals from physicians to nurses to dietitians have had limited involvement in the nutritional health of their patient population.

Even today, most nationally registered dietitians in Japan are limited to community nutrition and hospital foodservice positions, as well as jobs providing outpatient education. In hospitals, this meant working in food production, food management and kitchen development.

"You could eat off the floor of hospital kitchens," says Charlette R. Gallagher-Allred, PhD, RD, LD, a former nutrition professor at Ohio State University. Gallagher-Allred has studied the dietetics industry in Japan and now helps place Japanese professionals in American universities. But increasingly, as a result of a complete overhaul of Japan's dietetics education program, dietitians are taking on a much broader role in the treatment of patients. The revision was funded by the Japanese government, which subsidizes health care for its 127.9 million people. The new dietetics education system produced its first graduating class in the past two years, perhaps signaling national changes in attitudes toward nutrition professionals. It is safe to say dietitians graduating in Japan today are entering a different profession than their colleagues did even a few years ago. The transition should be a smooth one, Gallagher-Allred says. "Japanese people tend to work together for a common good."

Gallagher-Allred and Japan Dietetic Association President Teiji Nakamura, PhD, RD, jointly presented a session at ADA's 2007 Food & Nutrition Conference & Expo on "Japan and American Dietetics: An Enriching International Collaboration." An audio file of their presentation, a discussion of American and Japanese education and training programs for RDs, current issues in health and nutrition in Japan and the importance of international collaboration to enhance the worldwide impact of dietetics, is downloadable from www.adajournal.org.

NEW ROLE, RENEWED FOCUS

In the world's second-largest economy, it helps having support from the top. With rising health-care costs, there is a strong push to minimize Japan's traditionally long hospital stays. Consequently, not only did the government foot the bill for the new program, it also subsidizes coursework for dietitians.

The renewed focus on dietetics education and practice in Japan partly reflects a new era in public health. After World War II, malnutrition was the leading public health problem. Although commonly available today, milk and cheese were almost nonexistent 30 years ago. But times have changed and today, leading causes of death in Japan are cancer, heart disease and cerebrovascular disease. While obesity and diabetes rates are low – obesity in Japan is the lowest in the developed world – both are expected to rise.

According to the Japan Dietetic Association: "The eating habits of the Japanese people have changed in recent years. These changes have brought problems including poor nutritional balance, attributed to a higher average fat intake." Other recent changes in Japanese

eating habits "reflect lifestyle changes. These include skipping meals, eating alone and separate meals for individual family members, with each member eating what he or she likes," according to JDA.

CHANGING TRADITIONS?

The traditional Japanese diet is high in carbohydrates, low in fat and derives much of its protein from soybeans and seafood, both of which are consumed more per capita than anywhere else on earth. Tofu is prepared so many ways that some restaurants have made it a specialty, and grocery stores dedicate entire aisles to soy products. Rice remains the primary staple, consumed at most meals along with fish, meat, vegetables, fruits and milk.

One public program that promotes a more traditional diet sees some of this changing. As these changes occur, areas of particular concern are weight gain and smoking among men, and dieting habits among young women.

Also, malnutrition is still common among the elderly in long-term-care facilities, making them a primary focus for dietitians. Traditionally, the elderly have consumed plenty of rice and vegetables but not enough fruit, protein or milk, or overall calories.

Meanwhile, many families still embrace the responsibility of caring for their elders, which is posing a challenge for younger family members. As overall health improves, it's increasingly common for people in their seventies to be taking care of people in their nineties.

A national shift in demographics lends a certain urgency to the dietetics industry. The average lifespan in Japan is 79 for men and 85 for women, the highest in the world. In recent years, though, population growth has stagnated near zero, a trend the World Health Organization predicts will continue. As the existing population ages, there could be a lack of younger people to provide necessary medical and emotional support.

POSSIBLE AND NECESSARY

Changing an 80-year-old industry didn't happen overnight and will take time to complete. It has required not just changing laws, but convincing dietitians that making the transition was both possible and necessary.

The transition to a new system began in the 1990s when a cadre of Japanese physicians, nurses, dietitians and private and government organizations started examining how to give dietitians a larger, more central role in patient care. Their initial proposal met with resistance: Some dietitians were skeptical because it went beyond their comfort zone and understanding of their role, while others were concerned about their lack of clinical training.

Without enough of a consensus to go forward, the coalition spent five years laying the groundwork for a new program by gathering information, working with the Japanese parliament, and fielding questions from dietitians themselves.

REAL TRANSITION YET TO COME

In order to launch the new program modeled after the American system, a 2001 law redefined "registered dietitian" in Japan to require biochemistry, anatomy, physiology and other clinical topics of study. The challenge now is how to incorporate 6,000 newly educated dietitians into the country's health system each year. Most new graduates are working in hospitals, with others finding work in the community. But the real transition is yet to come; the plan is to keep them in more traditional posts while they are trained in a clinical setting.

Hundreds of dietitians and educators from Japan visit the U.S. each year to study the American medical and dietetics systems. In February, a group of dietitians and university professors traveled to Rockford, Ill., where they observed hospitals and met with health professionals. Some came to see how RDs work with patients; others, to learn how health-care professionals communicate with one another.

Explains Masako Arisawa, a U.S.-educated dietitian and ADA member: "We want to change our infrastructure. There are some problems." Because the program is new, there is a lack of experts at the university level, as well as supervisors at hospitals. A brief internship program is also in its developing stages and includes only two weeks of fieldwork in a hospital setting.

Kayoko Adachi, a dietitian at Senpo Tokyo Takanawa Hospital, is well aware of these challenges. She regularly lectures at universities and before the Japanese Congress on new concepts and technology, and has come to be viewed as a leading dietitian in Japan. She also visits the U.S. every few years to observe how health-care practice is changing, particularly in external nutrition support.

Adachi has a unique position in her field, providing outpatient nutritional education, which gives her direct contact with a large number of patients, including many elderly people. She documents a nutritional care plan for physicians of patients affected primarily by diabetes, followed by hyperlipidemia, hypertension and renal disease.

EMBRACE CHANGES

With more than 30 years of experience, Adachi is among those who have embraced the changes in her field and has high hopes for Japan's new generation of dietitians. "I want them to be proud of what they are doing and to be essential to patient care. I want their role to grow," she said during her most recent U.S. visit.

Today, most Japanese dietetics students are opting for the new four-year university program. The new exam doesn't leave much of a choice; 75 percent of students from the four-year program pass the exam, compared with a 15 percent passing rate at the older, two-year program. On the other hand, the changes have motivated some established dietitians to do more coursework, and supervisors are expected to continue their education in order to train the new dietitians.

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