Food and Nutritional Improvement Action of Communities in Japan: Lessons for the World

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Summary In Japan, the national health policy “Healthy Japan 21 (second term)” was introduced in 2013 to support prevention of lifestyle-related disease. Policy has also been recently revised on the promotion of nutrition education (shokuiku). Community-based food and nutrition actions were developed based on those policies and aimed to reinforce the linkages across the food chain, looking along its length “from field to food”, including production, processing, preparation, eating and disposal. Local government is responsible for identifying the important food and nutritional problems, to devise and group effective actions on the basis of local health issues. The National Institute of Public Health (NIPH) is responsible for carrying out public health staff training on policy-based health issues. Training carried out by the NIPH, the Japan Dietetic Association and the Japan Public Health Association was designed to create an enabling environment for nutrition action. The community-based actions, including nutrition education and information, are carried out by several bodies, including local government, schools, facilities, volunteer groups, residents’ associations, and commercial companies, to establish sustainable food systems promoting healthy diets. The community-empowering actions and effective cooperation are reported as good practice models in an annual white paper by the Cabinet Office. Japanese dieticians are expected to share their experiences of local nutrition improvement activities in Japan with international colleagues. Experience from elsewhere, including from Japanese dieticians working in developing countries, should also be applied on their return.

Key Words community-based food and nutrition actions, Healthy Japan 21 (second term), Shokuiku promotion, training for an empowerment-enabling environment, Sharing experience internationally

1. Nutrition Improvement Action on Community-Based National Health and Nutrition Policies in Japan

In Japan, responsibility for food and nutrition policies is shared by the Ministry of Health, Labour and Welfare (MHLW), the Ministry of Education, Culture, Sports, Science and Technology (MEXT), the Ministry of Agriculture, Forestry and Fisheries (MAFF), the Consumer Affairs Agency, and the Cabinet Office. The most recent publications or revised editions of policies have included the national health promotion policy “Healthy Japan 21 (second term)” (2013) by MHLW, and the national food and nutrition policy “Shokuiku (nutrition education) Promotion Policies (second series) (2011–2015)” by the Cabinet Office.

1) Promotion of nutrition improvement activities in the community

(1) National health policy in Japan “Healthy Japan 21 (second term)” (1). This policy was revised to reflect the aging population, falling birth rate and transition of disease structure in the 21st century. By supporting improvements in lifestyle and social environment, its aim is for all citizens of all ages to be able to live well and support each other, so that the social security system becomes more sustainable. It includes essential actions for comprehensive implementation of national health promotion, and therefore implements a second term of the national health promotion movement. It is designed to cover fiscal years 2013 to 2022.

The basic goals for its implementation are:

-Extension of healthy life expectancy and reduction of health disparities;
-Prevention of onset and progression of lifestyle-related diseases or non-communicable diseases;
-Maintenance and improvement of functions necessary for engaging in social life;
-Establishment of a social environment where the health of individuals is protected and supported; and
-Improvements in the social environment and elements of lifestyle such as nutrition and food habits, physical activity and exercise, rest, alcohol consumption, tobacco smoking, and oral health.

The local government takes on a measure of responsibility for the policy by taking appropriate action based on identification of the problems which are particularly important locally. Food and nutrition control, and healthy eating habits are vital to maintain, improve and support social functioning, and to prevent
lifestyle-related disease. Activities are expected to be community-based.

(2) Shokuiku (nutrition education) Promotion Policies (Fig. 1) (2, 3). The Act on nutrition education requires a basic plan for its promotion to be prepared by the Cabinet Office. The purpose is to promote nutrition education by taking comprehensive and systematic measures to support the maintenance of healthy bodies and minds.

The second basic plan for nutrition education promotion, which covers the five years from 2011 to 2015, sets out three major target areas: 1. A focus on each life stage throughout the entire lifespan; 2. Prevention and improvement of lifestyle-related diseases; and 3. Children at home.

It stresses the importance of the whole food chain, from “field to food”, and covers all activities from monitoring production into food and nutrition circulation, including processing, preparation, eating and disposal. These areas are worked on together by all the relevant agencies.

The plan included 11 numerical targets, several of which have been improved since publication, including:

- Number of times breakfast or dinner is eaten with family;
- Percentage of people who eat well-balanced meals;
- Percentage of people who take care with what they eat;
- Number of volunteers for nutrition education promotion;
- Percentage of people who have experience of work in agriculture, forestry or fisheries;
- Percentage of people who have basic knowledge of food safety;
- Percentage of municipalities that have made and carried out a promotion plan.

2) Personnel training to move from national to local level activity

To move national policy to local level, a structure has been developed involving training of key personnel. The National Institute of Public Health (NIPH) is a research and training institution for promoting health and nutrition policy. The institute provides training for local government personnel to implement national policy. During the peak period, the number of trainees reached 2,500 a year (4).

It has provided courses on food and nutrition at the local level, including training on promoting national measures, and how to plan, implement and evaluate

![Network for Food and Nutrition Education Promotion](image_url)

Fig. 2. Network for Food and Nutrition Education Promotion. National, Local and community level. (Source: Cabinet office: Shokuiku Promotion)
food and nutrition surveillance at the local level. It has also developed workbooks and worksheets to analyze health and nutrition status for prefectures, especially regarding how to lower medical costs, prevent incidence and aggravation of diseases, and improve nutrition. Training courses from NIPH, the Japan Dietetic Association, and the Japan Public Health Association are coordinated to create the empowerment of an enabling environment for effective action (5, 6).

In the area of maternal and child health policy, a manual has been created to support standard health and nutrition instruction at the health checks for 18-month-olds and 3-year-olds in municipalities. This will support health and nutrition counselling.

3) Community-based food and nutrition improvement actions in prefectures and municipalities (Fig. 2)

Community-based actions, including nutrition education and information, are carried out by several organizations, including local government, primary and secondary schools, day-care facilities for children or elderly citizens, volunteer groups, residents’ associations, and commercial companies, to support sustainable food systems and promote healthy diets. Studies which consider the methodology of effective community-based nutritional improvement are also carried out. Those community-empowering actions, effective trials and good organizational cooperation are reported as good practice models in a white paper every year by the Cabinet Office’s monitors (3). Cases of concrete activities to promote good food and nutrition activities in local communities include:

- Encouragement to return to traditional dietary patterns in Japan, which were excellent for nutritional balance;
- Cultivation and practical use of talented people with professional expertise;
- Promotion of good health, prevention of lifestyle-related disease, or measures to improve either;
- Food education as part of dental care and treatment;
- Food education promotion by food-related business operators; and
- Food education promotion by volunteers.

2. Sharing Experience Internationally

At the Second International Conference on Nutrition (ICN2) in Rome in 2014, the framework for action to achieve better nutrition for all was shared. As the work is driven by government, working with a wide range of stakeholders including communities, the recommendations were principally addressed to government leaders. It is, of course, important to consider the appropriateness of the recommended policies and actions in relation to national needs and conditions, as well as regional and national priorities, including legal frameworks.

The framework includes the following actions: To create an enabling environment for effective action; To support sustainable food systems promoting healthy diets; To provide effective nutrition education and information; To support social protection and strong, resilient health systems; To promote, protect and support breastfeeding; To address issues affecting growth in childhood, childhood overweight and obesity, and anemia in women of reproductive age; and To improve nutrition in the health service.

Japanese dieticians are expected to share information about local nutrition activities internationally. Over the last 50 y, more than 200 dietitians have been sent to developing countries, as volunteers or project advisors. In recent years, many local nutrition measures have been called for. Many of the dieticians involved were concerned about maternal and child health, non-communicable diseases, or the double burden (under and over) malnutrition. These returning volunteer dietitians are surveyed about their activities, but we also need to ask them how they think Japan’s experience can be used to support international cooperation, and how the experience of those returning from developing countries can be better used in Japan (7, 8).

REFERENCES