


## 別紙資料 4 関連学会における発表内容

- (1) The 8th Asian Congress of Dietetics 第8回 アジア栄養士会議  
令和 4 年 8 月 19 日～21 日(横浜市) 3 演題



# ACD 2022

The 8th  
Asian Congress of Dietetics

Poster 2-2

### Do Skill Improvement and What to Aim for in 10 Years as Dietitians Working in Municipalities Differ Depending on their Aimed Position?

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**The authors have no financial conflicts of interest to disclose concerning the study.**

**Objective:** To describe the association of their aimed positions with skill improvement and what they should aim for in 10 years.

**Methods:** From January to March 2021, we conducted a web survey for dietitians working in Japanese local governments.

**Results:** Categories for skill improvement and what to aim for 10 years as dietitians working in local governments are as shown in the Table (below).

| Aimed position | Organization where participants worked  |   |   |
|----------------|---|---|---|
|                | Prefectures (n=451)   | Cities with public health centers (n=323)   | Municipalities (n=1031)   |
| Staff          | <ul style="list-style-type: none"> <li>✓ Resident support</li> <li>✓ Multidisciplinary collaboration</li> <li>✓ Demonstrate expertise</li> <li>✓ Responding to current needs</li> <li>✓ Human resource development</li> </ul> | <ul style="list-style-type: none"> <li>✓ Understanding of public health center dietitians</li> <li>✓ Responding to current needs</li> <li>✓ Non-specialized knowledge</li> <li>✓ Multidisciplinary collaboration</li> </ul> | <ul style="list-style-type: none"> <li>✓ #Resident support</li> <li>✓ Promoting business and producing results</li> <li>✓ Multidisciplinary collaboration</li> <li>✓ Participation in training</li> </ul>   |
| Supervisors    | <ul style="list-style-type: none"> <li>✓ Broad overview</li> <li>✓ Business evaluation</li> <li>✓ Activities of dietitians</li> <li>✓ Visualization of results</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Multidisciplinary collaboration</li> <li>✓ Experience in various departments</li> <li>✓ Acquisition of knowledge</li> <li>✓ Visualization of results</li> </ul>                    | <ul style="list-style-type: none"> <li>✓ Participation in training</li> <li>✓ Resident support</li> <li>✓ Diverse experience</li> <li>✓ Business development Multidisciplinary collaboration</li> </ul>   |
| Managers       | <ul style="list-style-type: none"> <li>✓ Wide field of view</li> <li>✓ Business evaluation</li> <li>✓ Success of dietitians</li> <li>✓ Visualization of results</li> </ul>  | <ul style="list-style-type: none"> <li>✓ Support from other organizations</li> <li>✓ Non-specialized knowledge</li> <li>✓ Experience in various departments</li> <li>✓ Training of juniors</li> </ul>                       | <ul style="list-style-type: none"> <li>✓ Wide perspective</li> <li>✓ Collaboration with other occupations</li> <li>✓ Planning and implementation of budgets and measures</li> <li>✓ Efforts for the future</li> <li>✓ A reliable and valuable resource for residents</li> <li>✓ Understanding from other occupations</li> </ul> |

**Conclusion:** Based on the direction of skill improvements and what to aim for in 10 years, dietitians could be broadly divided into nutrition specialists and public health generalists. While business evaluation and collaborative work were described regardless of the desired position, some differences were found in their direction of skill improvements and human resource developments depending on the position they aimed for. Therefore, we suggested that it is desirable to develop a human resources development program for administrative dietitians according to the position they desire to achieve (nutrition specialist or public health generalist).



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Poster 2-3

## Learning Needs of Public Health Dietitians by Years of Experience in Health Promotion in Japan

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No conflicts of interest to be declared.

**Objectives:** The aim of this study was to assess the learning needs of public health dietitians by years of experience in health promotion.

**Materials & Methods:** A web-based survey was conducted in 2021 among public health dietitians for health promotion in prefectures, cities of cabinet order (cities), and municipalities throughout Japan.

**Results:** Of the 1,806 respondents, 1,649 were included in the analysis.

|   | All<br>n (%) | New (<10 y) | Mid-career (10-19 y) | Leadership (≥20 y) |
|---|--------------|-------------|----------------------|--------------------|
|   |              |             | OR (95%CI)*          |                    |
| <b>Current position</b>   |              |             |                      |                    |
| Supervisory positions   | 53 (12.0)    | 1 (ref.)    | 38.3 (5.07-289)      | 78.4 (10.5-584)    |
|   | 54 (17.5)    | 1 (ref.)    | 3.69 (1.75-7.75)     | 6.93 (3.18-15.1)   |
|   | 135 (15.0)   | 1 (ref.)    | 7.26 (4.40-12.0)     | 21.1 (12.5-35.8)   |
| <b>Final desired position</b>   |              |             |                      |                    |
| Supervisory positions   | 235 (53.3)   | 1 (ref.)    | 0.98 (0.63-1.53)     | 1.16 (0.73-1.84)   |
|   | 150 (48.5)   | 1 (ref.)    | 1.09 (0.65-1.85)     | 1.39 (0.75-2.57)   |
|   | 448 (49.8)   | 1 (ref.)    | 1.63 (1.17-2.27)     | 2.81 (1.84-4.30)   |
| <b>Future direction</b>   |              |             |                      |                    |
| I want to continue to work as a nutrition specialist.   | 192 (43.5)   | 1 (ref.)    | 0.64 (0.40-1.00)     | 0.64 (0.40-1.02)   |
|   | 185 (59.9)   | 1 (ref.)    | 1.03 (0.60-1.77)     | 0.65 (0.35-1.21)   |
|   | 608 (67.6)   | 1 (ref.)    | 1.22 (0.85-1.75)     | 1.23 (0.80-1.90)   |
|   | 95 (21.5)    | 1 (ref.)    | 0.90 (0.52-1.56)     | 1.06 (0.61-1.84)   |
| I want to be promoted and work as a nutrition specialist.                                       | 57 (18.4)    | 1 (ref.)    | 0.85 (0.43-1.68)     | 0.84 (0.38-1.89)   |
|   | 159 (17.7)   | 1 (ref.)    | 0.78 (0.50-1.21)     | 0.52 (0.28-0.96)   |
| I want to continue to work as a public health generalist.                                       | 116 (26.3)   | 1 (ref.)    | 1.68 (0.99-2.84)     | 2.61 (1.56-4.39)   |
|   | 54 (17.5)    | 1 (ref.)    | 1.42 (0.73-2.79)     | 1.27 (0.57-2.82)   |
|   | 156 (17.4)   | 1 (ref.)    | 1.31 (0.85-2.04)     | 2.80 (1.78-4.40)   |
|   | 99 (22.4)    | 1 (ref.)    | 1.30 (0.76-2.25)     | 1.68 (0.98-2.89)   |
| I want to be promoted and work as a public health generalist.                                   | 34 (11.0)    | 1 (ref.)    | 2.35 (1.06-5.20)     | 1.46 (0.53-0.41)   |
|   | 77 ( 8.6)    | 1 (ref.)    | 1.82 (1.08-3.07)     | 0.77 (0.34-1.76)   |
| <b>Skills that need to be improved in the future</b>  |              |             |                      |                    |
| Professional competence (knowledge in specialized areas, nutritional guidance techniques, etc.) | 169 (38.3)   | 1 (ref.)    | 0.24 (0.15-0.40)     | 0.22 (0.13-0.37)   |
|   | 175 (56.6)   | 1 (ref.)    | 0.25 (0.14-0.44)     | 0.27 (0.14-0.52)   |
|   | 642 (71.4)   | 1 (ref.)    | 0.34 (0.24-0.48)     | 0.32 (0.21-0.49)   |
|   | 99 (22.4)    | 1 (ref.)    | 3.94 (2.22-6.97)     | 3.31 (1.83-5.97)   |
| Organizational management capacity (appropriate acquisition of "people, goods, and budget")     | 62 (20.1)    | 1 (ref.)    | 1.83 (0.98-3.44)     | 1.31 (0.60-2.84)   |
|   | 144 (16.0)   | 1 (ref.)    | 1.93 (1.25-2.96)     | 2.59 (1.61-4.18)   |

Prefectures (n=441), Cities (n=309), Municipalities (n=899)

OR: odds ratio, CI: confidence interval

\* Binary logistic regression analysis

**Conclusion:** It was suggested that public health dietitians in the mid-career and leadership periods have learning needs to be both specialists and generalists.

**Keywords:** dietitians, local governments, public health nutrition, training program, learning needs



# ACD2022

The 8th  
Asian Congress of Dietetics

Poster 10-21

## Results of Organizational an Organizational Survey for the Development of Human Resources Training Program for Dietitians Working in local Governments

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The authors have no financial conflicts of interest to disclose concerning the study

**Objective:** Develop a human resources development program according to the desired position based on the actual situation of human resources development of local governments.

**Methods:** In November 2021, a survey was conducted on the human resources training program for dietitians working in local governments for the departments in charge of hygiene in 47 prefectures and 108 cities (including special wards) with public health centers.

**Results:** The current status of human resource development in local governments is as shown in the table (below).

| local governments   | Number of collections | Manuals and guidelines for human resource development |   |                              |   |                       |
|---|-----------------------|---|---|------------------------------|---|-----------------------|
|   |                       | Formulated or in progress                             | Utilization operation system has been established | There are operational issues | Conforms to local dietitian business guidelines | Set evaluation method |
| 47 prefectures  | 40                    | 18(45%)   | 13(33%)   | 17(43%)                      | 16(40%)   | 10(25%)               |
| 108 cities (including special wards) with public health centers | 75                    | 23(31%)   | 14(19%)   | 15(20%)                      | 19(25%)   | 18(24%)               |

| local governments   | Number of collections | Implementation of human resource development training    | Organizational efforts for human resource development |                                      |  |                              |                           |
|---|-----------------------|--|---|--------------------------------------|--|------------------------------|---------------------------|
|   |                       |  | Dispatch training                                     | Job rotation within the municipality | Graduate school admission support system | Promotion examination system | Personnel exchange system |
| 47 prefectures  | 40                    | 30(75%)<br>(New term 26<br>Mid-level 14<br>Management 3) | 32(80%)   | 8(20%)                               | 16(40%)                                  | 4(10%)                       | 11(28%)                   |
| 108 cities (including special wards) with public health centers | 75                    | 31(41%)<br>(New term 22<br>Mid-level 8<br>Management 3)  | 32(43%)   | 18(24%)                              | 18(24%)                                  | 31(41%)                      | 21(28%)                   |

**Conclusion:** There are few local governments that are making systematic efforts to secure human resources and develop human resources, and the actual situation is also quite different among local governments.

It was found that in order for local dietitians to organize the abilities required for job titles and years of work according to individual goals, and to acquire those abilities, it is necessary to develop related systems and environments such as training systems.

**Keywords:** dietitians working in local governments, human resources training program, difference between local governments

(2) 第81回 日本公衆衛生学会総会

令和4年10月7日～9日 (甲府市) 2 演題

## P-15-7 市町村の行政栄養士がスキルアップするために必要な研修及び環境・体制整備

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### 背景・目的

公衆衛生領域を中心に勤務する自治体栄養士養成プログラムの開発にあたっては、行政栄養士の実態や取り巻く状況等を考慮する必要がある。本研究では、行政栄養士がスキルアップのために役立った研修及び必要と考える環境・体制整備について検討することを目的とした。

### 方法

**【対象】**  
市町村行政栄養士 n=899  
〔保健所設置市・特別区(政令市等)除外〕

**【調査方法・調査期間】**  
WEB調査 2021年1月～3月

**【解析項目】**  
・現在勤務している自治体及び都道府県が実施した研修で特に役立ったと思う内容  
・スキルアップを開始しようとする際に必要なこと

**【倫理的配慮】**  
本研究は、大阪府立大学の研究倫理会の承認を得て実施した。

演題発表に関連し、発表者らに開示すべきCOI関係にある企業などはありません。

### 結果

あなた自身のスキルアップのため、現在勤務している自治体及び都道府県が実施した研修で特に役立ったと思う内容を5つ以内を選んでください。

|                               | 全体 n=899 |      | 医員 n=764 |       | 監督職・管理職 n=135 |       | p     |
|-------------------------------|----------|------|----------|-------|---------------|-------|-------|
|                               | n        | %    | n        | %     | n             | %     |       |
| 栄養・食生活・食育・給食経営管理に関する研修        | 610      | 67.9 | 528      | 69.1% | 82            | 60.7% | 0.055 |
| 保健活動業務に関する研修                  | 483      | 53.7 | 424      | 55.5% | 59            | 43.7% | 0.011 |
| 医学的な知識に関する研修                  | 322      | 35.8 | 271      | 35.5% | 51            | 37.8% | 0.606 |
| 行動科学に関する研修                    | 205      | 22.8 | 170      | 22.3% | 35            | 25.9% | 0.348 |
| PDCAサイクルに基づく政策形成・評価に関する研修     | 173      | 19.2 | 133      | 17.4% | 40            | 29.6% | 0.001 |
| 健康危機管理(感染症対策・災害時対応)に関する研修     | 171      | 19.0 | 124      | 16.2% | 47            | 34.8% | 0.001 |
| コミュニケーションに関する研修               | 168      | 18.7 | 149      | 19.5% | 19            | 14.1% | 0.136 |
| 勤務年数や職位に応じた研修                 | 158      | 17.6 | 128      | 16.8% | 30            | 22.2% | 0.124 |
| 各種データの分析(統計学)に関する研修           | 133      | 14.8 | 91       | 11.9% | 42            | 31.1% | 0.001 |
| 情報発信・プレゼンテーション・仕事の見える化に関する研修  | 86       | 9.6  | 68       | 8.9%  | 18            | 13.3% | 0.106 |
| 企画能力に関する研修                    | 81       | 9.0  | 60       | 7.9%  | 21            | 15.6% | 0.004 |
| 疫学に関する研修                      | 56       | 6.2  | 50       | 6.5%  | 6             | 4.4%  | 0.352 |
| 行政指導に関する研修                    | 49       | 5.5  | 44       | 5.8%  | 5             | 3.7%  | 0.332 |
| 住民との協働に関する研修                  | 45       | 5.0  | 37       | 4.8%  | 8             | 5.9%  | 0.595 |
| 情報収集に関する研修                    | 45       | 5.0  | 37       | 4.8%  | 8             | 5.9%  | 0.595 |
| リーダーシップに関する研修                 | 42       | 4.7  | 26       | 3.4%  | 16            | 11.9% | 0.000 |
| 報告書や論文作成に関する研修                | 25       | 2.8  | 20       | 2.6%  | 5             | 3.7%  | 0.407 |
| 組織経営能力(「人・もの・予算」の適切な獲得)に関する研修 | 22       | 2.4  | 17       | 2.2%  | 5             | 3.7%  | 0.358 |
| ジョブローテーション                    | 7        | 0.8  | 3        | 0.4%  | 4             | 3.0%  | 0.012 |
| 論文執筆や論文活用に関する研修               | 6        | 0.7  | 5        | 0.7%  | 1             | 0.7%  | 1.000 |
| その他                           | 29       | 3.2  | 22       | 2.9%  | 7             | 5.2%  | 0.182 |

χ<sup>2</sup>検定 \* Fisherの正確確率検定  
理論が整備され、自身がスキルアップを開始しようとする際、必要なことは何ですか、理由として最も当てはまるものを、3つ以内を選んでください。

|                      | 全体 n=899 |      | 医員 n=764 |       | 監督職・管理職 n=135 |       | p     |
|----------------------|----------|------|----------|-------|---------------|-------|-------|
|                      | n        | %    | n        | %     | n             | %     |       |
| 時間が確保できること           | 493      | 54.8 | 411      | 53.8% | 82            | 60.7% | 0.135 |
| 上司や同僚からの理解や協力が得られること | 318      | 35.4 | 276      | 36.1% | 42            | 31.1% | 0.261 |
| 金銭面の支障や確保ができること      | 289      | 32.1 | 263      | 34.4% | 26            | 19.3% | 0.001 |
| スキルアップしようとする意欲の向上    | 265      | 29.5 | 223      | 29.2% | 42            | 31.1% | 0.652 |
| 業務の効率化               | 260      | 28.9 | 229      | 30.0% | 31            | 23.0% | 0.098 |
| 進学・参加のしやすさの向上        | 230      | 25.6 | 198      | 25.9% | 32            | 23.7% | 0.587 |
| 業務負担の軽減              | 200      | 22.2 | 154      | 20.2% | 46            | 34.1% | 0.001 |
| 家族からの理解や協力が得られること    | 159      | 17.7 | 132      | 17.3% | 27            | 20.0% | 0.445 |
| 職種の人員増               | 191      | 21.2 | 155      | 20.3% | 36            | 26.7% | 0.095 |
| 一緒に学ぶ仲間ができること        | 92       | 10.2 | 77       | 10.1% | 15            | 11.1% | 0.715 |

### 結論

市町村の行政栄養士では、職位によって役立つ研修や必要な環境・体制整備が異なる部分があることが確認された。今後、これらを踏まえた自治体栄養士養成プログラムを作成する必要がある。

## P15-29 10年後を見据えた新しい自治体管理栄養士養成プログラムのアウトライン

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**目的:** 10年後を見据えた新しい自治体管理栄養士養成プログラムのアウトラインを構築する。

**方法:** 本研究班がこれまでに実施した自治体管理栄養士に対する調査結果の要点は次のとおりである。

- 1) 自治体栄養士の多くは、常に自身の業務に自信が持てず、疑問や問題点等を誰かに相談し、解決すれば良いのかが分からず、将来に不安を持って勤務している(自己効力感が低い)。
- 2) 現状の自治体管理栄養士養成プログラムは、自治体間において相応の違いが認められる。
- 3) 中堅期以降のプログラムは明確な目的や方向性を持って系統的に実施している自治体が限られる。これらの結果を踏まえ、ブレインストーミング、意見交換、先行で実施されている事例、他職種の状況等を踏まえ、整理・検討を行った。

**自己効力感を上げるために(環境整備)**

- ① 自己効力感を下げる方向に働いている要因を確認し、除去・改善する。
- ② 1人職種・1人配置であったら、悩まずに相談できる同職種を複数人確保する。

**従来から実施されている研修プログラム**

- ① 勤務年数・職位・自身の方向性によって、必要な研修プログラムを選択できるようにする。
- ② ①に応じ、特に中堅期以降の者が学ぶべきプログラムの内容を系統的に整理し、提案する。

**新しく追加することが求められるプログラム**

- ① 「人材(ヒト)」「資源(モノ)」「予算(カネ)」+「情報(ネタ)」の把握と活用
- ② 積極的な施策立案と展開 → 受け身だけの業務展開とならないための「打ち込み論」
- ③ 交渉力を高める → 理詰めを進める、人脈を最大限活用する、業務の見せ方、成果の見せ方、ある種の取り引き能力

**結果・結論:** 従来から実施されている研修プログラムと、この度本研究班が提案する新たなプログラムを有機的に組み合わせた内容の具体化とその試行が必要である。また、個々の自治体管理栄養士が努力し研鑽を積んだことが、誰からも客観的に評価される仕組みの構築も行わなくてはならない。さらに、関連の職能団体、学術団体、自治体、大学、行政機関等との役割分担を調整し、継続的な取り組みとなるようにしなければならない。

発表に関連し、発表者らに開示すべきCOI関係にある企業などはありません。

(3) The 22nd International Congress of Nutrition (ICN)

第 22 回国際栄養会議 令和 4 年 12 月 6 日～11 日 (東京)

1 演題

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Poster Abstract Presentation | [Track 6] Public Health Nutrition and Environment | Poster Abstract Presentation

[PAB(T6)]Poster Abstract Presentation

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[PAB(T6)-93]A survey of the most memorable tasks or turning points performed by dietitians working in Japanese local governments

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Keywords:dietitians working in local governments, dietary projects, self-efficacy, successful experience

**Background and objectives:** The number of dietitians implementing dietary projects per local government is limited. Therefore, dietitians should strive to increase their self-efficacy. Self-efficacy is based on four major sources of information: performance accomplishment, vicarious experience, verbal persuasion, and emotional arousal. In this study, we aimed to identify tasks that improved the self-efficacy of municipal dietitians by assessing their routine dietary projects.

**Methods:** We conducted a web survey of dietitians working in Japanese local governments from January to March 2021. We asked them to describe their most memorable tasks or turning points. The tasks were defined as a successful experience and were categorized based on the basic guidelines for health promotion and improvement of nutrition and dietary habits by the administrative dietitians in the community.

**Results:** We received responses from 452, 323, and 1031 dietitians working in prefectures, cities with public health centers or special wards, and municipalities, respectively. The top five tasks that impressed dietitians in prefectures were establishing systems with related departments and securing human resources; establishing joint systems with municipalities; collecting and organizing municipal health checkups; collecting, organizing, and analyzing various surveys; and planning, goal setting, and evaluating. Most of the top five tasks were similar for dietitians in municipalities and cities with public health centers and special wards, including establishing nutrition education promotion network; implementing, evaluating, and improving nutritional education leading to behavior change; analyzing and clarifying challenges, planning, goal setting, and implementing nutritional education based on specific health checkups and guidance; and health promotion activity for children. However, dietitians from municipalities worked on the health promotion activity for older adults, and dietitians from the cities worked on guiding, supporting, and evaluating specific foodservice facilities. Approximately 17%-20% of the dietitians had no memorable tasks.

**Conclusion:** The most impressive tasks for dietitians working in Japanese local governments, regardless of their working site, were multidisciplinary cooperation and implementation of projects planned by themselves. being involved in these tasks could improve the self-efficacy of dietitians working in Japanese local governments.

## 別紙資料 5 関連学術雑誌における発表論文

Impressions and Turning Points of Japanese Public Health Dietitians: a Web-Based Cross-Sectional Study. Tatsuya Koyama, Yusuke Arai, Ayaka Iida, Sumie Isobe, Rie Okamoto, Osamu Kushida, Idumi Shibuya, Kazumi Tanaka, Ayumi Morooka, Katsushi Yoshita. Asian Journal of Dietetics. 4: 83-89.2022

Asian Journal of Dietetics 2022

### Impressions and Turning points of Japanese public health dietitians: a web-based cross-sectional study

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**ABSTRACT:** *Background/Purpose:* The purpose of this study was to clarify the impressions and turning points (hereinafter referred to as "impressions") of each organization where public health dietitians work in Japan. *Method:* In 2021, we conducted a complete Web-survey of Japanese public health dietitians working in prefectures, special wards and cities with public health centers, and municipalities. The impressions and turning points of the participants were classified based on the basic guidelines for improving health promotion and nutrition and dietary habits by public health dietitians in the community. *Results:* The sample of responses included 425, 323, and 914 public health dietitians working in prefectures, special wards and cities with public health centers, and municipalities, respectively. The most impressionable factors for prefectural dietitians were collaborative work, work experience other than health and sanitation departments, health crisis management, self-operated and planned projects, work at the headquarter, and research activities. Public health dietitians in special wards and cities with public health centers were most impressed by work experience other than health and sanitation departments, resident support, health guidance, collaborative work, self-planned and managed projects, and maternal and child health. Municipal public health dietitians were most impressed by maternal and child health, adult health, welfare for older adults, collaborative work, changing jobs to administrative positions, and general interpersonal work. *Conclusion:* We found regardless of the organization where Japanese public health dietitians work meaningful experiences were similar. Support of these experiences may improve self-efficacy of public health dietitians.

**Key Words:** public health dietitians, self-efficacy, impression, turning point, duty, Japan

#### INTRODUCTION

Public health nutrition is the art and science of promoting population health status via sustainable improvements in the food and nutrition system. Based on public health principles, it is a set of comprehensive and collaborative activities, ecological in perspective, and intersectoral in scope; it includes environmental, educational, economic, technical, and legislative measures (1). For example, public health dietitians implement salt reduction in communities through assessing community, informing to people, and collaboration with stakeholders (2). Dietitians are specialists responsible for public health nutrition activities. The number of public health dietitians working at public health centers and health centers is smaller than that of public health nurses in Japan (3). To promote businesses with a small number of people, increasing self-efficacy is essential (4).

Self-efficacy, as proposed by Bandura, is an individual's belief in how well they can perform the actions required to produce a certain result (4). Individuals with high self-efficacy exhibit behavioral characteristics such as willingness to make a great deal of effort, willingness to tackle challenges, and a high

degree of expectation for eventual success (4).

Extant literature has reported that professionalism and self-efficacy are associated with length of service, personal development, skill improvement, meaningful clinical experience, and participation in social and external activities (5). The Ministry of Health, Labour and Welfare presents the work of public health dietitians in prefectures, special wards and cities with health centers, and municipalities (6). Little is known about what working activities are meaningful experiences for public health dietitians.

The duties of public health dietitians working in prefectures, special wards and cities with public health centers, and municipalities vary (6). Therefore, this study aims to clarify public health dietitians' meaningful experiences, through investigating the impressions and turning points in each type of organization where public health dietitians work. The results of this study may help improve the work of public health dietitians.

#### MATERIALS AND METHODS

##### 1. Participants

We conducted a cross-sectional survey among dietitians working in prefectures, special wards and cities with public health centers, and municipalities. The inclusion criteria for the study participants were:

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