



Making Sure to Keep the Person in Personalized Nutrition



Personalized nutrition focuses on the concept that individuals may respond very differently to foods and may require different dietary patterns to achieve the best health.

Personalized or precision nutrition falls under the umbrella of personalized medicine, a medical model that calls for medical practices, interventions, and products to be customized to the individual based on their risk of disease. Personalized medicine relies upon an individual's genetic profile to identify the most appropriate path forward for disease prevention and treatment. The concepts of personalized medicine are a product of the Human Genome Project.¹

The prospect of individually tailoring medical decisions, including diet and activity regimens, is exciting in that it could improve the effectiveness of interventions aimed at preventing or treating chronic illness. In thinking about personalized nutrition as one of the next “hot topics” for research, I've wondered about how we keep the whole person, including their culture, their behaviors, and their food ways linked to their specific genetic makeup and risk. That is, how do we keep the *person* and their individual stories and experiences in personalized nutrition?

This issue of *JNEB* includes 2 articles which have relevance to this question. The first, by Ajami and colleagues,² investigates the use of narrative-focused group counseling as part of an obesity treatment program for Iranian women. As described by the authors, narrative counseling seeks to recognize that patients can act as experts in the story of their

lives and can focus on improving their skills and competencies related to behaviors that impact their health. It recognizes that problems such as obesity are influenced by social and cultural contexts and that focusing counseling on questions to elicit how patients perceive and interpret their life experiences can open the door to revising their life stories, changing their behaviors, and perhaps shaping new identities related to health. In this study, narrative counseling employed with weight management strategies, in comparison to traditional weight management alone, was resulted in improvements in body mass index, adiposity, and lab values associated with cardiovascular risk.

The second article reports the findings of a qualitative study that examined perceptions about Health at Every Size (HAES) concepts among young Black women; presenting a holistic framework for health and body size in relation to culture.³ As noted by Adams and colleagues, “the HAES perspective does not imply that individuals are optimally healthy at every body size, but rather that individuals of any size can engage in health promoting behaviors.”⁴ The study investigated young Black women's perceptions of health and how and whether participants' descriptions reflected the bedrock principles of HAES: weight inclusivity, health enhancement, eating for wellbeing, life enhancing movement, and respectful care.⁴ Each of these principles relates to individuals' life experiences and behaviors and includes the “person” in efforts to attain better health.

Among the findings were participants' thoughts regarding the complexity of health; that health is not only a medical construct but also has

aspects that are spiritual and emotional in nature. Participants noted that health is more than body size and that social, historical, and environmental constructs influence the ability to learn about, access, and engage in healthy behaviors.

Both studies focused on health and behavior change that have biological bases; however, both also included the “person.” In each case, participants' narratives, experiences, and perspectives were critical to efforts to develop strategies aimed at helping individuals achieve better health. I'd argue that separating the biology from individual stories and experiences could separate out what makes the person... the “person.”

In the *Journal of Nutrition Education and Behavior*, we often include the perspective of the person in our studies; to consider the role that culture and experience play in influencing behavior and to tailor our nutrition education and behavior change efforts to be responsive to peoples' lives, experiences, and goals. Personalized nutrition may be most powerful if it combines state of the art genetics with peoples' stories and culture, thereby resulting in personal health through empowerment.

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