Who’s leading the charge in 2020 to combat the epidemic of diet-related disease?

It has now been acknowledged that unhealthy diet is one of the leading risk factors for preventable death, exceeding even the toll caused by smoking. Last year, the *Lancet* reported that globally, one in five deaths are associated with poor diet. The chief killers are now non-communicable diseases (NCDs)—specifically cancers, cardiovascular diseases, neurodegenerative diseases like Alzheimer’s, and diabetes. They are notoriously resistant to high-tech medical interventions, and most amenable to drug-free lifestyle

solutions. Treating NCDs within the current healthcare model accounts for a staggering 90% of our nation's $3.3 trillion healthcare costs.

This is important, because our present healthcare systems are imploding. We're on an inexorable path to bankrupting our economy—regardless of whether we maintain our current inequitable and inefficient system of healthcare delivery or opt for a government-run single-payer model. The costs will be unsustainable.

Not to mention the human toll. Too many Americans are the "walking wounded", debilitated by chronic disease, and demoralized by pain and depression. The productivity of our workforce is threatened. Even our national security is affected, with a high percentage of young potential military recruits unable to meet minimum fitness standards.

According to a Harvard study in *PLOS Medicine*, a healthy diet could save $50 billion in health care costs. The researchers concluded that a suboptimal diet costs approximately $300 per person and accounts for 18% of all heart disease, stroke and type 2 diabetes costs in this country.

Study co-author Renata Micha, of the Friedman School of Nutrition Science at Tufts University, commented:

"While individuals can and do make changes, we need innovative new solutions – incorporating policy makers, the agricultural and food industry, healthcare organizations, and advocacy/non-profit organizations – to implement changes to improve the health of all Americans."

But to whom should we entrust this task? The U.S. government that has perpetuated outmoded, harmful recommendations like the Food Pyramid? Agri-business and food conglomerates who co-opt every new diet fad to promote ultra-palatable and profitable—but unhealthy—foods? Entities like the American Heart Association and the American Diabetes Association who

are rife with conflicts of interest and cling to anachronistic diet concepts? Medical doctors who receive a scant few hours of nutrition education, and score abysmally on tests to assess nutrition proficiency? No wonder that surveys reveal public distrust in nutrition recommendations is at an all-time high.

Into the breech this year has stepped a new organization, the American Nutrition Association ANA). Their watchword is Personalized Nutrition:

"Personalized nutrition holds tremendous potential to improve human health. Despite exponential growth, the field has yet to be clearly delineated and a consensus definition of the term "personalized nutrition" (PN) has not been developed. Defining and delineating the field will foster standardization and scalability in research, data, training, products, services, and clinical practice; and assist in driving favorable policy. Building on the seminal work of pioneering thought leaders across disciplines, we propose that personalized nutrition be defined as: ***a field that leverages human individuality to drive nutrition strategies that prevent, manage, and treat disease and optimize health . . .****"*

Personalized nutrition is predicated on the notion that no one size fits all; people differ in their genetics, their personal and cultural backgrounds, disease states, activity levels, even the compositions of their microbiomes, which influence their optimal nutritional requirements. Vitamins, supplements and novel nutraceuticals have a place in addressing these needs, but the primary tools are diet interventions—not just the choice of foods, but also the timing of their consumption.

Additionally, there's ample room for consideration of food and water purity—environmental obesogens and endocrine disruptors are potent instigators of disease. That was the theme of the ANA's inaugural meeting this fall, which I summarized here.

The science of Personalized Nutrition is young, but it's

likely to be advanced by innovations in testing. Advances in genomics, metabolomics and microbiomics are helping us better understand the suitability and impact of nutritional interventions.

What we need are more health professionals schooled in the scientifically-grounded principles of Personalized Nutrition. To that end, the ANA has maintained a certifying arm, the Board for Certification of Nutrition Specialists (BCNS), to establish standards for basic competency in nutrition science.

I've been involved with the BCNS since its early days in the 90s, and now I'm helping write the questions for its exam. I encourage health professionals who are engaged in nutrition counseling to study for it and attain your own CNS (Certified Nutrition Specialist) credential. The CNS after a practitioner's name signals to the public that their care provider has undergone rigorous training and study and has mastered the principles of nutrition therapy.

I'm happy to join some of the world's top nutrition specialists to help chart the ANA's course. You'll see many of my favorite Intelligent Medicine podcast guests among its leadership.

So, welcome ANA. You can learn about its mission here, and discover how to contribute to what I consider today's most important initiative in health care.

If you embrace this paradigm, join the ANA movement and help turn our shared vision for society into reality: HEALTHY PEOPLE POWERED BY NUTRITION.

Click to listen to my podcast interview with Corinne Bush MS, CNS, co-founder of ANA.