



American Culture: Keeping Public Health Professionals Gainfully Employed

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Received Date: January 30, 2021

Published Date: March 30, 2021

Geography, Community, and Food

The geographical location of a community is very important for eating habits. Geographic location used to dictate the readiness of certain foods and resources. For example, before the advent of refrigerated trucks and mass-transit of food resources, Americans used to be privileged to only foods which were geographically available (corn and wheat in the Mid-west; beans, squash, and sweet potatoes in the East). Now it is not uncommon to see (in any grocery store) bananas and other tropical fruits for sale in the month of January. How can this be? Bananas are not native to any American region in the dead of winter. Picture the geographical location growing bananas in January and consider the cost [fuel and transportation cost, the economic cost, and the carbon-foot print Burdon] to bring it across the Globe to a southern United States grocery store. This act is an environmental burden in numerous ways. This is a relatively new phenomenon. Over thousands of years humans have evolved to be able to obtain the most amounts of nutrients from their native growing regions – in harmony with the regions' seasons. Certainly, culture can influence the selection of foods community-by-community, but no more than what the region will provide in the first place. Picture traditional Italian food, Japanese food, Mexican food; each of these types of food are products of what their soil and climate are capable of providing. Now picture "American" food. Is traditional American food fast-food? I suggest this may be the case because our culture of instant gratification, paired with a lack of long-term geographical and cultural history with the continent, has removed our need or ability to develop a culture of food unique to America. Instead of developing the evolutionary trait of absorbing the nutrients provided by our specific growing regions in the United States, we

"cherry pick" desired foods from any place on the map whenever we would like them – often times from outside our region, out of season, and typically of the fast-food variety. What are the hidden costs – to our physical environment, to our finances, to our health? This is no accident; we have been trained to behave this way concerning our food decisions. The food industry is designed, not to nourish people, but for profit [1]. At the very same time billions are hungry and malnourished, billions are overweight - let that sink in. This is because Big Food seeks first to serve itself before serving the people. A shift from traditional diets to Western diets (processed foods, novelty foods and, fast-food) is a key agent in the prevalence of obesity and non-communicable diseases. Insufficient nutrients and excess calories from cheap, non-nutrition foods lead to obesity [2]. There is a peculiar relationship between junk food, soda consumption and the use of tobacco and alcohol world-wide. Soft drinks and tobacco are among the most profitable industries in the world. Where there is high consumption of alcohol and tobacco there is also a high consumption of soft drinks and unhealthy food commodities, but these correlations do not predict economic development. Obviously, like the over consumption of processed food, alcohol and tobacco are also leading contributors for chronic diseases. Public health professionals have been very successful in reducing the exposure to alcohol and tobacco. Stuckler and Nestle [1] cite an example of how Brazilian policy was able to reduce the use of tobacco. Using this example as a case study, one could claim that domestic policy might be critical for exposure to junk foods. Additionally, free-trade agreements could be adjusted to increase the price of international commodities, thus reducing their likelihood of being purchased. Some public health scholars have advocated for taxing unhealthy consumer items [fast food, soda, et

cetera] for years – although other research suggest the barrier of increased cost does not detour behavior, rather it acts as a defacto ‘sin’ tax on users. Nevertheless, the spirit of any policy aimed at detouring unhealthy behaviors would provide a secondary benefit of environmental health consideration. To further reduce the exposure and selection of poor food choices, striking a partnership with physical activity promotion, cooperate responsibility, and legislative policy towards accessibility would likely go a long way. Lastly, although they are less profitable, the food industry must market healthier food.

Corporate Social Responsibility: It's Marketing, not Philanthropy

I was pleased to read the soft-drink industry took one on the nose after a thinly veiled attempt to increase sales disguised as a corporate social responsibility campaign caused public health official to roll their eyes. Before the soda companies attempted a similar strategy, the tobacco industry used corporate social responsibility as a means to focus responsibility on consumers rather than on the corporation, bolster the companies' and their products' popularity, and to prevent regulation [2]. Big Tobacco's message, "tobacco is wacko if you're a teen" was perceived to be employing reverse psychology to actually encourage teen smoking. Eventually the youth smoking prevention programs were dropped. In response to health concerns about their products, soda companies have also launched corporate social responsibility initiatives. Unlike tobacco corporate social responsibility campaigns, soda company corporate social responsibility campaigns explicitly aim to increase sales, including among young people. Public health officials must continue to pressure policy makers to make the consumption of unhealthy beverage options less exposed and less available for young people and consumers. Warning labels and additional taxes on tobacco and alcohol products has been met with some success. Similar measures for soft drinks and novelty foods may have similar results.

Conclusion

Individual behaviors are still the highest cause of morbidity [3]. Naturally, in the modern United States we take a uniquely American approach to the concept of individuals being responsible for their health. We believe in the American dream; that we all are capable and able to be successful, so this notion is extrapolated to health practices - which is very problematic. Freedom is very valuable to Americans: the freedom (and right) to act and do what we would like. It is downright American to exercise our right to drink and

smoke, to go to strip clubs, and to gamble. However, from observing "American freedom" through a public health lens, we see our model of freedom has limitations:

- it comes with the responsibility to make wise health choices;
- it blames the victim;
- it holds the less affluent and disenfranchised equally responsible for their health as the affluent and privileged population.

I hold the view that the "American Culture of Health" is directly opposed by American culture. In conclusion, neglecting the extent to which public health is affected by socially constructed dynamics is problematic in the following ways:

- any benefits of downstream innovations felt will not be far reaching;
- the socially deviant and socially disenfranchised (drug users, elderly, delinquent adolescents, the isolated) will not be adequately addressed;
- any behavior change benefits will not be permanent, and;
- any benefits felt will not last for individuals in fluid social and/or economic conditions.

Public health professionals and health and wellness advocates may find success by seeking to find and solve the socially constructed root problems, while also engaging in downstream interventions. The goal for health professionals should be to put ourselves out of business – this undoubtedly will not come to fruition, because public health officials are in an uphill battle with the public.

Acknowledgement

None.

Conflict of Interest

None.

References

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