

Creating True Freedom in Food Choice in an Obesogenic Environment: A Common Good Approach to Ethical Decision Making

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Abstract

The prevalence of people with overweight or obese (OW/OB) weight statuses has reached epic proportions in the United States. Freedom to choose the foods we eat without outside interference is highly valued and at the center of many ethical debates related to public health policies that target the OW/OB epidemic. This paper argues that the existing obesogenic environment within the United States significantly impedes our freedom in food choice (FFC) and contributes to the high level of adults and children with OW/OB weight statuses. Though the OW/OB epidemic has not been a cause social worker have championed, it is worthy of the profession's attention. These weight statuses impact the overall well-being of more than two-thirds of the country's population due to the increased risk for health and social complications. This paper explains how social work values and ethics obligate the profession to become involved in advocating for policy changes that correct the current obesogenic environment and create true FFC. The authors use the common good approach to ethical decision making to closely examine how three practices of the food and beverage industry—disparity between availability of healthy and unhealthy foods, marketing and pricing tactics, and food alterations—create barriers to FFC and contribute to sustaining the current obesogenic environment. This discussion

is followed by suggested policy changes to regulate these practices in an effort to correct the current obesogenic environment and decrease the prevalence of OW/OB.

Keywords: obesity, obesogenic environment, policies, autonomy, ethics

Introduction

The significant increase in the prevalence of people with overweight or obese (OW/OB) weight statuses has become an area of concern for public health professionals including social workers. Since 1980, the number of people with OW/OB weight statuses has increased 134%; 71.6% of adults (age >20) and 31.8% of children (ages 2-19), making up two-thirds of the United States population, have a weight status of overweight or obese (Center for Disease Control, 2016). The substantial increase in the prevalence of people with OW/OB weight statuses is increasingly thought to reflect the surrounding obesogenic food environment (Sigman, 2010). An obesogenic environment is one that promotes obesity through frequent availability of unhealthy foods and provides constant cues that remind us of palatable, energy-dense food, through advertisements (Watson et al., 2014). In an obesogenic environment, the promotion and availability of healthy alternatives occurs far less frequently than foods high in saturated fat, sodium, sugar and calories (i.e., junk food).

A few public policies have been enacted to place limits on the food and beverage industry with regard to the dissemination of unhealthy foods. However, the freedom to make food choices independent of external restrictions is highly valued. Therefore, these policies have raised serious ethical and political debates, particularly around the issue of freedom in food choice (FFC). In 2006, the Food and Drug Administration (FDA) required the food and beverage industry to include the amount of trans-fat per serving on nutrition labels due to the link between consumption of trans-fat and cardiovascular disease (Resnik, 2010). As a result of this federal policy, California and several major cities passed laws banning the use of trans-fat in restaurants (Resnik, 2010). This ban was met with resistance by the restaurant industry which claimed foods would cost more and taste worse, and restrict consumers' choices. None of these claims came to fruition (Brownell & Pomeranz, 2014). New York City's now infamous "soda ban" was overturned by the state's Supreme Court due to opposition by soft drink companies and consumers (John et al., 2017). It is important to note that neither policy impeded FFC. In New York, the law only impacted the size of the container. Consumers were still free to purchase as many sodas as they chose. Likewise, the ban on trans-fat did not ban any specific foods, it banned the addition of trans-fat to foods.

As described above, there is resistance to policies designed to regulate availability of food additives or foods deemed to be significant contributors to the high prevalence of people with OW/OB weight statuses, as these policies are perceived to be encroachments on FFC. Yet policies that create situations where there is limited availability of and accessibility to affordable, *healthy* foods (i.e., food deserts) are generally not recognized as an encroachment on FFC and do not garner the same level of outcry. For example, the United States government provides subsidies to farmers who grow corn, wheat and soybeans. These subsidies allow farmers to sell their crops to the meat industry for less than the cost of production. While these subsidies allow us to have cheaper beef, poultry, corn, soybeans and sugar, they have had the consequence of demotivating farmers to produce healthy plant foods to the same extent as crops that can be easily processed, since they rely on human labor and not machines, costing more to grow

(Popkin, 2010). Another consequence of this policy is the availability of low-cost foods that are high in fat and sugar (Sigman, 2010). This policy impacts the accessibility and affordability of fresh fruits and vegetables and creates an imbalance in the cost associated with healthy versus less healthy foods, which impacts choice. It also fails to align with the United States Department of Agriculture's (USDA) MyPlate recommendation that half of our meal consist of fruits and vegetables (USDA, 2018).

Current literature examines ethical dilemmas associated with public policies limiting one's freedom in choosing foods to eat. Wise and Brewer (2010) and Resnick (2010) examine the debate over the ban on trans-fat. Gostin (2013) explores the legacy of former New York City mayor, Michael Bloomberg, as he was often criticized for his efforts to implement policies that were perceived as limiting FCC. However, the root causes of more than two-thirds of the United States having weight statuses of OW/OB stem not just from foods and beverages with added trans-fat and sugar, but also limitations in the availability of healthy alternatives. Little scholarship has focused on how the existing obesogenic environment within the United States, largely shaped by the food and beverage industry, has diminished true FFC. True FFC would allow for equal availability and accessibility of healthy and unhealthy foods. Therefore, it is necessary to challenge the notion of FFC in the current food environment.

This paper seeks to address this gap in knowledge by making the argument that the unregulated practices of the food and beverage industry have created an obesogenic environment that limits true FFC. This discussion identifies three specific barriers to FFC: disparate availability of healthy and unhealthy foods, marketing and pricing tactics, and food alterations that make food more palatable but do not increase nutritional value. This paper also seeks to demonstrate how social work values and ethics call for the profession to have a more active role in combating the OW/OB epidemic by advocating for policies that correct the current obesogenic environment and increase FFC. Using the common good approach as a framework for ethical decision making, there will be a call to action through public health policies and regulations on the food and beverage industry's practices that support the current obesogenic environment in the United

States. This discussion will include a brief overview of the structural and financial power of the food and beverage industry to illustrate the industry's influence on public health policy.

Consequences associated with OW/OB weight statuses

Social workers are more likely to encounter people with OW/OB weight statuses today in our practice than we were 20 years ago (Lawrence et al., 2012). Therefore, it is imperative that social workers understand how an obesogenic environment negatively impacts the overall well-being of individuals and society as a whole. Demonstrating competence through increasing our professional knowledge is a core social work value (National Association of Social Workers, 2017). The following defines OW/OB and offers an overview of how having OW/OB weight status places adults and children at higher risk for social and medical consequences.

The Body Mass Index (BMI) uses height and weight to calculate weight status. There are four weight statuses for adults measured as follows: underweight (BMI <18.5), healthy (BMI 18.5-24.9), overweight (BMI 25-29.9) or obese (BMI > 30; CDC, 2016). For children, weight status is determined by comparing a child to a reference group of children of the same age and sex (Sigman, 2010). Children whose weights fall above the 85th percentile are considered overweight and those that fall above the 95th percentile are considered obese (Sigman, 2010). An increase in body weight is often associated with excess body fat. Harvard School of Public Health (2017) defines OW/OB weight statuses as having excess body fat at a level that presents a health risk to the individual. Excess body fat disrupts the natural function of the body. Adipose tissue (fat tissue) is an endocrine organ that regulates the body's metabolism by producing certain hormones (Singla et al., 2010). Excess body fat causes an imbalance in the release of these regulatory hormones, causing metabolic syndrome which increases the risk of developing diabetes (18 times greater), cardiovascular disease (7 times greater), and in some cases, premature death (shortened life expectancy of 7 to 20 years) compared to a person with a healthy weight status (Hoffman, 2016). Additionally, having a higher BMI can increase the risk of developing cancer. For every 11-pound increase in weight, there is a 52% increase in the risk for esophageal cancer and

a 24% increase for colon cancer for men, and a 59% increase in risk for endometrial cancer and 12% increase for post-menopausal breast cancer for women (Wang et al., 2011).

There are also social and economic burdens associated with OW/OB weight statuses. Compared to youth with a healthy weight status, youth with OW/OB weight statuses are more likely to be victims of bullying, are absent from school 1.9 days more, and have a 1.83% decrease in hourly pay for every one-unit increase in their BMI (Apovian, 2016). Compared to adults with a healthy weight status, adults with OW/OB weight statuses spend 42% more annually on medical expenses (Apovian, 2016). They are also more likely to experience weight discrimination which includes being waited on more slowly by sales personnel, being less likely to be offered jobs or rented apartments, and often being looked down upon by educators and health care professionals (Allison et al, 2008). The social and medical consequences associated with having OW/OB weight statuses are multifaceted and complex, transforming the issue of weight status from an individual health problem to a public health concern.

Working to address the current obesogenic environment that exists within the United States falls within the scope of social work practice. The ethical standards outlined in our Code of Ethics call for social workers to promote the general welfare of society and the development of people, their communities and their environment (NASW, 2017). The ethical standards also dictate that social workers advocate for living conditions that are conducive to the fulfillment of basic human needs (NASW, 2017). Conditions in an obesogenic environment put people in jeopardy of having OW/OB weight statuses, putting them at greater risk for experiencing medical, social and economic problems. Low-income populations are at further risk as their ability to access and afford healthier food options is impeded by virtue of their lack of resources and limited access to full-service grocery stores (USDA, 2017). This makes them more vulnerable to experiencing the ill effects of an obesogenic environment. Social justice is a core social work value which calls for social workers to work to expand choice for all people, but especially disadvantaged and vulnerable populations (NASW, 2017).

Correcting the Obesogenic Environment - A Common Good Perspective

The common good approach to ethical decision making assumes that society is comprised of individuals whose own good is impossible to disentangle from the good of the community (Velasquez et al., 2015). This approach aligns with the social work values of social justice, dignity and worth of the person, and the ethical standard of promoting the general welfare of society (NASW, 2017). The concept of common good signifies a set of conditions that facilitate an environment in which individual freedoms and collective goals are not mutually exclusive, but instead are mutually enriching and intertwined (Azétsop & Joy, 2011). In this case, in order for individuals to have true FFC, the food environment that exists around them must offer a variety of food choices beyond those primarily associated with gaining excess weight and healthy foods and beverages must be marketed, priced, and accessible at comparable rates to the unhealthy alternatives (Gertner et al., 2016). The common good approach requires policy makers to take action to reverse the processes which have led to the prevailing obesogenic environment in the United States and create an environment that offers actual FFC. Policy makers must begin regulating the practices of the food and beverage industry. However, in order to garner public support for creating new regulations to address OW/OB, we must first reframe OW/OB weight statuses from an environmental perspective.

Reframing society's perception of weight status

Historically, weight statuses have been viewed through the lens of a medical model which examines the problem at the individual level ignoring sociocultural and environmental factors (Chang & Christakis, 2002). Consequently, interventions developed to reduce the prevalence of people with OW/OB weight statuses have focused primarily on changing individuals' behaviors. However, due to the lack of true FFC in the current obesogenic environment, the common good approach rejects the belief that the sole responsibility of one's weight status rests with the individual. Therefore, it is necessary to reframe OW/OB weight statuses from an environmental perspective.

To be clear, this is not a suggestion that individuals shoulder no responsibility for their own health. Individuals do have personal responsibility for their health, but environmental factors impact the ability of people to exercise personal responsibility by delivering large amounts of unhealthy foods to people in a manner that exploits biological, psychological, social, and economic vulnerabilities that undermine individuals' abilities to act in their long-term self-interest (Roberto et al, 2015).

Reframing weight status from an environmental perspective helps identify social ideologies that distort people's perception of the etiology of OW/OB weight statuses (Asétsop & Joy, 2011). There is evidence that suggests viewing the issue from an environmental perspective could garner more public support for policies designed to address it (Gollust et al., 2013). Reframing the issue of OW/OB would shift the focus of interventions from primarily targeting the individual to also targeting external factors contributing to the current obesogenic environment. Public health interventions that address the macro-environmental level would be more effective than primarily targeting individual health behaviors (Sigman, 2010). Given the inequitable accessibility of nutritious food compared to foods high in fat and sugar, it is morally unjustifiable to hold individuals solely accountable for consuming a poor diet while the food and beverage industry remains unchecked (Azétsop & Joy, 2013).

This reframing should entail a national public health campaign similar to the anti-tobacco truth® campaign. The truth® campaign shifted the focus from primarily targeting individual behaviors (e.g., smoking) to also targeting the practices of the tobacco industry that encourage tobacco use (Vallone et al., 2015). Public health campaigns addressing weight should acknowledge the impact of the obesogenic environment that exists within the United States. The messages should elucidate the food and beverage industry's practices that influence eating behaviors, such as psychological pricing, linear pricing, targeting minorities, and adding sugar and trans-fat to food. Reframing the primary focus of the high prevalence of people with OW/OB weight statuses from personal responsibility to also include the obesogenic environment may assuage the ethical debates

regarding autonomy in food selection by educating the public.

Food and beverage industry practices that impede freedom in food choice

Does FFC actually exist in our current food environment? Viewing public health policies that restrict unhealthy food and beverage additives as the primary restriction to FFC emphasizes a one-dimensional idea of freedom that ignores factors that attract individuals to those unhealthy foods. In particular, there are three current practices of the food and beverage industry that create environmental barriers to FFC: overabundance of access to unhealthy foods, marketing and pricing tactics, and food alterations.

Abundant availability and accessibility of unhealthy food

Foods high in fat, sugar and salt have increased in availability while availability of lower fat and more healthful foods has decreased (Sigman, 2010). Between 1967 and 1997, the number of full-service grocery stores across the country declined 15%, while convenience stores and fast-food restaurants more than doubled, creating a decrease in availability of healthy foods (Jeffery & Utter, 2003). Between 1970 and 1990, there were food availability changes that favored increases in weight, such as an increase in availability of cooking oil (47%), cheese (111%), corn sweetener (283%), and soft drinks (75%; Jeffery & Utter, 2003). Studies have shown a strong correlation between high fat diets and OW/OB (Liang et al., 2012). Consumption of sugar sweetened beverages is the largest contributor to America's caloric intake (Kass et al., 2014). Increased portion size is another change to the food environment which impacts FFC, especially since people do not seem to be aware they are eating larger portions. According to a survey of 1,003 adults by the American Cancer Institute, less than one-third of those surveyed believed portion sizes at restaurants have increased over the past 30 years (Herman et al., 2016). The size of soft drinks and prepackaged foods have also increased: In 1950, a 12-ounce Coke was considered "king" size, now it is considered "child" size and many prepackaged or prepared foods exceed the USDA's recommended portion size, sometimes by 100% (Herman et al., 2016). As portion sizes continue to

increase, so does the prevalence of adults and children who have OW/OB weight statuses.

Marketing and pricing tactics

Inequality in marketing and pricing of unhealthy foods and marketing using misleading information are also restrictions on FFC. We are inundated with messages that promote the consumption of unhealthy foods. For instance, in 2013 Coca-Cola minimized the relationship between its products and excess weight gain by suggesting in an ad that all calories are equal regardless of the source (referring to calories from a Coke as "happy calories") and implying lack of exercise and not excess calories is the key driver in the epidemic of people with OW/OB weight statuses (Gertner et al., 2016). In 2007, McDonald's spent more than two and half times on marketing its products than all the fruit, vegetable, bottled water, and milk advertisers combined (Schroeder et al., 2015).

While all Americans live in an obesogenic environment, racial and ethnic minorities are faced with even more environmental cues to consume unhealthy foods. Fast food restaurants disproportionately target Blacks and Hispanics, spending \$224 million dollars advertising on Spanish-language TV and \$61 million on black-targeted TV with these ads being less likely to promote healthier menu items such as salads, fruit, and yogurt (Jones, 2015).

Pricing tactics such as psychological and nonlinear pricing are more frequently applied to less healthy foods. Psychological pricing refers to the process of setting prices to capitalize on particular psychological phenomena. Research by Gertner et al. (2016) found that foods and drinks priced just a few cents below a round number (e.g. \$4.99 instead of \$5) are more likely to be purchased, and food and drinks promoted in multiple units (e.g., five for \$5 instead of \$1 each) are sold at 32% higher rates than single unit promotions of the same product. Additionally, consumers tend to purchase more of a given food that is marketed with a quantity limit (e.g., limit 10 per customer) than when the food has no quantity limit. Psychological pricing tends to have less of an influence on encouraging the purchase of healthy foods because increases in the price of healthy foods have a greater influence on consumers' purchases than decreases in price of these same foods. For example, an increase in the price of apples may reduce sales by 30%, but a

decrease in price at the same rate may only increase sales by 10%.

Nonlinear pricing offers consumers larger portions for lower prices. Nonlinear pricing involves offering increased portion sizes at a price that does not increase at a comparable rate. For instance, if an eight-ounce drink is \$1 then a 16-ounce drink should cost \$2. Instead it might cost \$1.25 or \$1.50, giving the impression that the larger size offers a greater value. This type of pricing can be seen in movie theater concession stands and convenience stores. While consumers may get more “bang for the buck,” they are also increasing their caloric intake with the larger portion sizes. This type of pricing encourages increased consumption of calories and also penalizes those who want to control portions by causing them to pay more than three times per unit price compared to those who order larger portions (Gertner et al., 2016).

Healthier options tend to cost more, influencing consumers to select cheaper, less healthy food options. This is demonstrated within the fast-food industry. For example, Burger King previously launched a lower fat version of their French fries called Satisfries; these fries cost 20% more than their regular fries, which remained on the menu (Gertner et al., 2016). Similarly, McDonald’s Dollar Menu and More mainly consists of sandwiches, fries, and desserts, while McDonald’s full salads cost a little under \$6.00 in most stores; salad sales are consistently poor at McDonald’s (Gertner et al., 2016).

Disparate marketing and pricing practices by the food and beverage industry as well as misinformation in marketing interfere with FFC. The very purpose of these practices is to encourage the purchase of certain foods, foods that are often high in fat, sugar and calories, ultimately contributing to the high prevalence of OW/OB weight statuses.

Alterations to food

To make foods more appealing to consumers, many foods have been altered to make them more palatable. For example, while trans-fat occurs naturally in small amounts in animal and dairy products, the largest source of trans-fats consumed comes from artificial sources that are added to enhance taste and help preserve texture (Resnik, 2010). Added sugar enhances taste and increases calories but has no nutritional value. Also,

research has shown that sugar can induce rewards and cravings comparable to addictive drugs (Ahmed et al., 2013; Avena, & Hoebel, 2008; Taubes, 2017). In the United States, it is estimated that about 73.5% of 85,541 packaged foods and beverages sold contain added sugar (Khandpur et al., 2017). Although the FDA mandated in 2016 that food labels list the amount of sugar added to the product, compliance was not required until 2020 (FDA, 2018a). Given the amount of excess sugar in foods (often unbeknownst to consumers) and the addictive qualities of sugar, one must question whether free will is at play when individuals are making food choices.

Ethical implications of industry practices

Individually, we have a fundamental right to self-determination in all areas of our lives, including the freedom to consume the foods we choose (i.e., dignity and worth of the person). However, the practices of the food and beverage industry described above have created an environment where freedom of choice is grossly undermined. While our individual goals for eating healthy vary, the common good approach calls for policy makers to correct the current obesogenic environment to one that facilitates individuals being able to fully and readily achieve these goals (Azétsop & Joy, 2013). The following is a discussion of steps policy makers can take to address misinformation in marketing; disparate marketing and pricing, and disparate accessibility and availability of unhealthy foods in comparison to healthier foods; and the practice of making alterations to foods that do not increase nutritional value.

Misinformation in marketing

Public health policies should prohibit misleading or blatantly inaccurate nutritional information promoted by the food and beverage industry. For example, Coca-Cola’s message about “happy calories” undermines an individual’s ability to make informed choices as it implies that calories from soda are no different than calories from vegetables. It ignores the fact that a can of Coke has 39 grams of sugar (9.3 teaspoons), which is more than the recommended daily allowance for both men (38 grams) and women (25 grams; Gertner et al., 2016). Advertisers should not be permitted to provide information that directly

contradicts scientifically based nutrition information. This form of marketing is unethical because FFC is seriously inhibited when food advertisements promote inaccurate information.

Disparate marketing

Policies should also be implemented that increase marketing of healthy foods and regulate the marketing of junk food, especially ads that air during peak television viewing hours (Azétsop & Joy, 2013). In 2010, the World Health Organization (WHO) recommended that the marketing of junk food toward children be regulated (WHO, 2010). This recommendation should be expanded to include adults, as the high prevalence of OW/OB weight statuses is impacting the whole population, not just children. Despite the well-organized opposition of the food and beverage industry, it can no longer be allowed to self-regulate. It did not work with the tobacco industry, and is not working for the food and beverage industry. A study of countries with and without statutory regulations on broadcast marketing of junk food found that those countries with statutory regulations saw a decrease in mean total junk food sales per capita from 2002 to 2016, while countries that relied on self-regulation saw an increase in sales per capita (Kovic et al., 2018).

Disparate pricing and accessibility

Action to make healthier foods more affordable must also be taken. The United States government already collaborates with certain marketing boards (e.g., dairy and egg farmers) to ensure quality, affordability and availability. This collaboration should be expanded to a wider variety of healthy foods. One step to reduce disparities in price would be to re-examine the structure of government subsidies to the farming industry with a goal of decreasing the cost of more healthful foods such as fresh produce and diminishing disparity in the accessibility and availability of more healthful foods in comparison to processed foods.

While the disparity in pricing between healthy and unhealthy foods impacts society as whole, those with low-income backgrounds shoulder a larger amount of the burden associated with disparate pricing tactics. Low-income communities have limited access to full-service grocery stores and farmers' markets and greater access to convenience stores and fast-food chains, which primarily sell processed foods high in sugar, fat, sodium and calories (Treuhart & Karpyn,

2010). When healthful food is available, it often costs more than the same foods available in higher income neighborhoods (Caspi et al., 2017). The practices of nonlinear and psychological pricing described earlier make less healthy foods more appealing financially than more expensive healthier foods for those with limited incomes. These practices, along with the disparity in the price of processed foods in general compared to more healthful foods (e.g., fresh produce), severely limit individuals with low incomes from acting as agents in their own best interests (Azétsop & Joy, 2013). Having less FFC than their higher income counterparts may be a contributing factor to people living in low-income communities being at greater risk of having weight statuses of OW/OB (Ogden et al., 2017).

For this reason, policies are needed that specifically target the affordability and availability of healthful foods in low-income communities. Healthful foods sold in neighborhood convenience stores tend to cost more but be of poorer quality compared to healthful foods sold in full-service grocery stores (Gosliner et al., 2018). Because low-income communities are more likely to have convenience stores as a primary food source, policies are needed to regulate the price, quality and quantity of healthful foods sold in these stores. For example, convenience stores located in communities with no full-service grocery stores should be incentivized to offer proportionate amounts of quality healthful foods in comparison to less healthful foods similar to proportions found in full-service grocery stores. These policies should also place restrictions on the inflated prices of healthful foods associated with convenience stores.

A more long-term goal of policy makers should be to end food deserts by bringing full-service grocery stores back to low-income communities. These stores carry a greater variety of nutritious foods, often at lower prices, than convenience stores (Ohri-Vachaspati et al., 2019). There are examples of state-level policies that have garnered success in bringing grocery stores to underserved communities. An example would be the Pennsylvania Fresh Food Financing Initiative (FFFI), a public-private initiative that developed 78 supermarkets and other fresh food outlets in food deserts, increasing access to healthful foods to almost 500,000 residents.

Regulating food alterations

There are a few public health policies that regulate food alterations. When the FDA required food labels to include the amount of trans-fat, the food and beverage industry began to decrease the amount of trans-fat added to foods (Rahkovsky, 2012). In 2015, the FDA banned the use of partially hydrated oil, the primary dietary source of artificial trans-fat in food (FDA, 2018b). While the common good approach advocates for policies that address the issue of the inaccessibility of nutritious foods, this policy is at least a step in the direction of improving the quality of food that is accessible. More must be done in this area.

Given sugar's addictive qualities, the practice of adding sugar to foods seems to serve one purpose, to create and sustain addiction. This practice is comparable to the tobacco industry's practice of controlling levels of nicotine in cigarettes (Land et al., 2014). In the case of the tobacco industry, the FDA is considering policy changes that would limit the amount of nicotine that can be in cigarettes (FDA, n.d.). This same type of policy should be used to regulate the amount of sugar that can be added to foods. This would not only help with weight management but also management of other health conditions such as diabetes.

Challenges of regulating the food and beverage industry

The food and beverage industry is complex, well organized, and well-resourced, giving it significant power. It consists of mega agribusiness companies (e.g., Cargill); massive food selling companies such as Kraft, which owns other food companies such as Nabisco; and large restaurant companies like Yum!, which owns Pizza Hut, Taco Bell, KFC and more. The industry is composed of powerful associations such as the National Beverage Association, Sugar Association, and Corn Refiners Association (Brownell & Warner, 2009). These associations tend to be larger in size than associations for unprocessed foods. For example, Snack, Nutrition, and Convenience International (SNAC; formerly known as the Snack Food Association) represents more than 400 members worldwide (SNAC, 2020) and the American Beverage Association (ABA), which began with 11 members in 1919, now has 220 members that produce non-alcoholic beverages (ABA, n.d.). According to SNAC

(2020), one of its three pillars is to actively engage “in the development of legislation and regulations that impact its members’ ability to manufacture and market their products” (<https://snacintl.org/>). In comparison, the National Milk Producers Federation (NMPF) has 56 members (NMPF, 2020) and the United Fresh Produce Association (UFPA) has just over 100 members including representation from the fast-food industry (e.g., McDonald’s and Taco Bell) and retail chains (Walmart and Target) (UFPA, 2020). The structural density of the industry has transformed it into a financial juggernaut that has proven highly influential in dictating public health policies related to food. For example, from 2011 to 2015, Coca-Cola and PepsiCo lobbied against 29 public health bills designed to promote nutrition by reducing consumption of sugar sweetened drinks (Aaron & Siegel, 2017). Therefore, it is important to understand that regulating the practices of the food and beverage industry to create a more balanced food environment that promotes FCC will be met with great resistance, however, it can be done.

There is a precedent for policy makers to take action against powerful industries that put profit over the well-being of society. For example, consider the tobacco industry and cigarette smoking in the United States. When public health policies stopped focusing primarily on the behaviors of smokers and also established regulations to address the practices of the tobacco industry, the United States went from having the highest rate of tobacco consumption among developed countries to now having some of the lowest rates (Higgins, 2015). The number of people who smoke “daily” or “some days” in the United States has declined 67% since 1965 (CDC, 2018). Policy makers have an ethical obligation to hold entities within the food and beverage industry accountable for their practices that limit FCC and support an obesogenic environment that puts millions of Americans at risk of having a reduced quality life due to medical and/or social complications associated with having weight statuses of OW/OB.

A standard response to comparing tobacco use to food consumption is that tobacco is not necessary to live, whereas food is needed to sustain life. While this is true, food in today’s society is a commodity controlled by the food and beverage industry, available for purchase, and influenced by

marketing tactics; it is not treated as a universal human right (Azétsop & Joy, 2013). However, access to food is a human right as it ensures survival. Social workers have an ethical obligation to champion the cause for equitable access to healthy foods. In a society where more than two-thirds of the population are at risk of experiencing health and/or social consequences associated with having OW/OB weight statuses, equitable access to healthful foods is a social justice issue (Wilson, 2016). Likewise, it is the ethical responsibility of policy makers and corporations that produce food to engage in practices that ensure equal access to nutritious foods for all members of society. The common good approach to ethical decision making requires policy makers to prefer intervention to prevent and reduce controllable risks of an obesogenic environment over a preference for the market (i.e., food and beverage industry; Azétsop & Joy, 2013). As long as foods high in fat, sugar and calories are mass produced, mass marketed, and easily accessible at a rate far greater than their nutritional counter parts, FFC cannot exist, nor will there be a decrease in the prevalence of people who have OW/OB weight statuses.

Conclusion

Equitable availability and access to healthy foods are critical to creating an environment that promotes optimal health and wellbeing for all individuals in our society. Food is produced for the primary purpose of profit for the food and beverage industry. Even in their alleged efforts to fight the epidemic of high numbers of adults and children with OW/OB weight statuses by developing healthier foods, the industry continues to heavily market and make available foods high in fat, sugar and calories at a much higher rate which ultimately restricts FFC and sustains the obesogenic environment. This environment is fueled by the unregulated practices of the food and beverage industry and the misperception that FFC actually exists. For this reason, OW/OB weight statuses should be reframed from an environmental perspective, acknowledging the significant influence of the food and beverage industry on what we eat and drink. While public policy makers must be the primary promoters and defenders of public health, social workers must advocate for public health policies that include developing and implementing comprehensive legislation that reverses the current obesogenic

environment. True FFC cannot exist in a society where public health does not take precedence over the food and beverage industry's annual profits.

Piecemeal public health policies created in different cities at different times are easily undermined through covert and at times overt efforts of the most powerful segments of the food and beverage industry (e.g., political lobbying, campaign contributions, and funding advocacy groups; Gertner et al., 2016; Gostin, 2016; Maziak & Ward, 2009). It is time for a cohesive legislative plan to be implemented in multiple geographic areas simultaneously as well as supported by key policy makers and public health professionals at local, state and federal levels. Solidarity among policy makers and public health professionals is necessary to withstand the inevitable resistance from the food and beverage industry.

The disparity that exists with regard to the availability and accessibility of healthful foods in comparison to less healthful foods must be corrected if we are to have true FFC. Policies associated with ensuring the quality, availability and affordability of foods such as meat, eggs and milk should be expanded to include fruits, vegetables and whole grains since it is recommended that they constitute approximately 75% of our daily food intake (USDA, 2017). Healthful foods becoming as commonplace and affordable in our food environment as less healthful foods would create an atmosphere that supports FFC and healthful eating habits. However, this freedom will not be achieved as long as the policy changes such as the ones suggested in this article are misconstrued as impingements on FFC instead of their intended purpose - a balanced food environment.

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