Article

From "Healthy Eating" to a Holistic Approach to Current Food Environments

Martha Traverso-Yepez[1] and Kelly Hunter[1]

Abstract

The consumption of the *industrial* diet—characterized by highly processed, low-nutrient foods and the reduced intake of produce in its natural state, such as fruits and vegetables—is generating a large number of health and environmental concerns in the developed world. In the meantime, the public health response to food-related health issues typically focuses on healthy eating, despite the growing amount of research showing the complexity of food environments. In this article, we discuss the limitations and fragmented perspective of current "healthy eating" strategies and the obvious disconnect between public health interventions and broader food environments. We outline the transformation of food environments in recent decades and how this is shaped by shifting ways of life and forms of governance built on neoliberal principles, which in turn influence individuals' food practices. By availing of critical social theory, we suggest that the potential for change should involve a systemic, ecological understanding of the complexities involved, exposing the interdependencies within broader socioeconomic, cultural, and political contexts and current food systems processes and environments.

Introduction

While quality food is fundamental for human health and well-being, the relationship between food, food environments, and health is extremely complex. In addition, our modern economy and social values have increasingly transformed food into a transnational commodity in the hands of a profit-driven, industrial food system (Winson, 2013). As a result, the growing trend of alienation in the ways we relate to food is having a negative impact on people's health and on the environment (Knezevic, 2012; Weis, 2012; Winson, 2013). Although in some public health sectors and within academia there is a growing interest on an interdisciplinary research approach around "food studies" (Nestle, 2002; Winson, 2013; Winson, Sumner, & Koc, 2012), the predominant public health approach to counteract the increasing number of food-related health issues continues to be fragmented and focused on individuals. This is often the case, despite research revealing the negative impact the "industrial diet"—characterized by highly processed, low-nutrient foods and the reduced intake of produce in its natural state, such as fruits and vegetables—is having on people's health and the environment (Knezevic, 2012; Otero, Pechlaner, & Gürcan, 2015).

In this article, our aim is to present an overall picture of the way macro-social forces define food environments and policies. These food environments and policies (or rather the lack of integrated policies) in turn influence the food system chain (including production systems, distribution, and populations' consumption habits and practices) at the local, regional, national, and global levels (Barling, Lang, & Caraher, 2002; MacRae, 2011). As the main motivation for this analysis comes from a health promotion concern, in the first section, we ponder how the emphasis on "healthy eating" is focused on nutritional guidance and labeling, which despite its best intentions, may fail to reach lay consumers. In the second section, we analyze how structural issues and forms of governance have not only transformed food environments but have also instigated a differentiated access to the food supply in terms of both quantity and quality (Darmon & Drewnowski, 2008; Drewnowski, 2009). We mainly explore how the neoliberal, industrial transformations in food production and distribution are changing the patterns of food consumption worldwide, generating the conditions for nutritional insecurity, especially among low-income populations (Guthman, 2011; Solar & Irwin, 2010). In our discussion, we argue in favor of a systemic, ecological understanding of the interdependencies between the broader socioeconomic, cultural, and political forces framing the

[1]Memorial University, St. John's, Newfoundland, Canada

Corresponding Author:
Martha Traverso-Yepez, Division of Community Health and Humanities, Faculty of Medicine, Memorial University, St. John's, Newfoundland, Canada A1C 5S7.
Email: mtraverso@mun.ca

current food systems environments and the individuals' eating choices and practices. Furthermore, although examples in the article are mainly within a Canadian context, it is clear that the issues at stake have worldwide implications due to the broad scope of our globalized economy.

The Challenge of the Public Health/ Health Promotion Agenda

There is a growing awareness that today's globalized, neoliberal economy influences food environments worldwide and that adverse dietary changes are increasing the risk of non-communicable diseases on a global scale (World Health Organization [WHO], 2003; World Obesity Federation, 2014). As WHO (2003) acknowledges, the shifting pace of life in modern economies and the ways that the food industry is taking advantage of these conditions have brought significant

> shifts in the structure of the diet towards a higher energy density diet with a greater role for fat and added sugars in foods, greater saturated fat intake, reduced intakes of complex carbohydrates and dietary fiber, and reduced fruit and vegetable intake. (p. 13)

Just as an example, regarding current food-related health concerns, obesity is often construed as a risk factor of many diseases, such as Type 2 diabetes, heart disease, and certain types of cancer (Health Canada, 2006). Often conceived in simplistic terms as a consequence of "unhealthy eating," obesity becomes a seemingly obvious target for health promotion initiatives. However, while the causes of obesity may seem self-explanatory—individuals consume more energy or calories than they burn—the explanation for these chastised "unhealthy behaviors" is usually a combination of synergistic and complex factors influencing such behaviors. These go beyond individual biology, eating practices, and physical exercise to include social, economic, and cultural environments (Townshend, Ells, Alvanides, & Lake, 2010). Critical obesity scholars have extensively criticized the simplistic link between unhealthy eating and obesity, arguing that even the biological factors behind this association are too complex to reduce it to a straightforward correlation (Gard & Wright, 2005; LeBesco, 2011; Wright, 2009).

Nonetheless, particularly among the lay public, a limited understanding of obesity persists, as people are likely to only hear the prescriptive, active living and "healthy" eating messages. The additional drawback of these messages is that they tend to focus on individuals' choices and rational decision making through nutritional recommendations for a healthy diet (Health Canada, 2006; Public Health Agency of Canada, 2011). The problem is that this approach does not address inequities regarding access to healthy foods or the time and knowledge required to prepare food from scratch. It neither acknowledges the powerful impact of food environments (food production, food processing, and food marketing) or other sociocultural

influences on eating practices (Jabs & Devine, 2006; Story, Hamm, & Wallinga, 2009). In other words, this "healthy eating" discourse is depicted as the ultimate good, leaving aside that these are social practices embedded in specific social contexts. This kind of individualistic, moralistic approach may even have a negative impact, potentially resulting in the stigmatization of certain populations or the development of depression or various forms of disordered eating among vulnerable individuals (Beausoleil, 2009; Swinburn & Egger, 2002).

Two major health promotion strategies for "healthy" eating within the Canadian context are Canada's Food Guide (CFG) and the emphasis on labeling and nutritional information, both likely to fall under the umbrella of "healthism." Originally coined by political economist Robert Crawford in 1980, healthism situates health and well-being at the individual level, neglecting the sociopolitical aspects of health. This ideology is usually characterized by acute attention to one's health, generated by the "moral" appeal for people to remain healthy to be productive, contributing citizens (Crawford, 2006).

CFG

CFG is Health Canada's main approach in addressing "healthy eating," focusing on education and awareness strategies. This well-known guide is available online or through most health care providers and is widely distributed in schools and educational centers, thus reaching a large portion of the Canadian population (Health Canada, 2011). The guide provides recommendations according to people's age and sex, divided into three main categories: children, teens, and adults. The chart lists the number of servings that each subpopulation should consume daily for adequate nutrition and healthy living, based on the four food groups: (a) vegetables and fruit, (b) grain products, (c) dairy and alternatives, and (d) meat and alternatives.

CFG has undergone numerous consultations, revisions, and changes in title and content since its implementation in 1942. The ultimate goal has always been to provide Canadians with comprehensible, straightforward guidelines to ensure they are eating a variety of healthy foods. Keeping in mind transformations in food environments over the past several decades, there have been significant changes to the guide over time. However, as a result of public consultations, the process has been subject to conflicting perspectives. For example, in a public consultation regarding modifications to CFG, held by Health Canada in 2005, the draft was deemed "obesogenic" because it was thought to underestimate serving sizes and did not account for calories ingested through drinks, condiments, and additional foods that belonged within the "other" category (Kondro, 2006).

In addition, CFG's development process was criticized as being biased as four of the 12 representatives on the advisory committee were stakeholders within the food industry, which, for example, may have influenced the decision to

include processed cereals and juices as adequate substitutes for more natural cereals and fruits. Again, while praised by many, the newly revised version published in 2007 was assessed by others as having oversimplified certain food categories, particularly meat/meat alternatives and dairy, demonstrating that nutritional recommendations could be controversial (Andresen, 2007). The latest version posted on Health Canada's website is dated 2011. However, as the consumption of processed food is on the rise and nationwide consultations on food labeling have been ongoing since 2014, there will likely be yet another revision to the guide in the near future.

Emphasis on Labeling and Nutritional Information

Regulated by Health Canada and the Canadian Food Inspection Agency (CFIA), labeling is considered the primary way to inform consumers about a product's nutritional content and manufacturing process. It constitutes a direct means of communicating product information to consumers and is based on the assumption that consumers are able and willing to differentiate between foods and brands in making informed purchasing choices. The latest revision of labeling regulations followed an extensive "Nutrition Labelling Consultation" (Health Canada, 2015) between July and September 2014, as part of what the CFIA named the "Food Labelling Modernization Initiative." As summarized on their webpage, the objective of the initiative is to "modernize" the food labeling system with the main aim "to improve access to information about food labeling to increase awareness, to help consumers make informed decisions about the food they buy for themselves and their families" (CFIA, 2015).

As reported by CFIA, the summary of changes to be enforced by the labeling policy include (a) new guidelines to make serving sizes more consistent among similar products being consumed by Canadians; (b) changes to the list of nutrients that must be declared in the nutrition facts tables to reflect the most recent dietary recommendations, such as a product's sugar content; and (c) an update regarding the appearance of the nutrition facts and lists of ingredients for pre-packaged foods (Health Canada, 2014). This emphasis on nutritional information reflects what some critical food scholars have dubbed "nutritionism" (Knezevic, 2012; Pollan, 2006; Scrinis, 2013). According to Scrinis (2013), nutritionism is the "reductive focus on the nutrient composition of foods as the means for understanding their healthfulness, as well as by a reductive interpretation of the role of these nutrients in bodily health" (p. 2).

The main criticism is that although nutrition science has effectively eradicated or minimized the occurrence of diseases caused by nutrient deficiencies (i.e., vitamin deficiencies), it is not possible to make the same kind of inference for diet-related chronic diseases (i.e., cancer, diabetes, and cardiovascular diseases). For instance, in the case of nutrient deficiencies, there is a direct cause–effect relation (i.e., lack of vitamin C causes scurvy and other vitamin C-deficiency illnesses). However, there are merely correlations between nutrients and chronic diseases, as a complex range of interacting factors contribute to these chronic ailments (Mayes & Thompson, 2014). In addition, 30 years ago, researchers were already pointing out the presence of inconsistencies and contradictions in nutritional guidance, such as in the case of cholesterol science (Becker, 1986). A recent example of a conflicting stance to emerge is the margarine-butter controversy, where heavily processed margarine was previously considered the healthier option, yet nutritionist experts now recognize the beneficial effects of polyunsaturated oils (butter; Scrinis, 2002).

Despite the contested nature of nutritional information, the use of labels has been adopted as a way to connect consumers with the food production process. The distance between consumers and food production (often headed by a corporate entity) is allegedly obliterated through the use of labels (Knezevic, 2012). Because consumers should rely on labels as their key source of information, labeling is considered a form of governmental control over the food industry by holding it accountable for what it is producing.

However, the food industry often goes beyond its informative role, using labeling as a strategic marketing tool by attaching a particular symbolic meaning to food and sometimes misinforming consumers, prompting them to purchase an item based off misinterpreted information (Nestle, 2002). As expressed by Knezevic (2012), "the symbolic power of labels shapes our discourse on food and hence our understanding of it. Sophisticated marketing practices ensure that the products are always presented in a positive light, so labels commonly advertise much more than they reveal" (p. 248). Nestle (2002) attributes these misleading labeling practices to weak regulatory guidelines, as well as companies' attempts to appeal to people's tendencies to opt for "uncomplicated ways to follow dietary advice and achieve optimal health" (p. 295).

Accordingly, some consumers and health practitioners are pressuring the government to exercise tighter control over food processing companies, going as far as requesting the banning of unhealthy processing practices, as was done with tobacco companies (Nestle, 2002; World Obesity Federation, 2014). As such, food manufacturers are using labels and nutritional information to present themselves as compliant partners in "health efforts" (Knezevic, 2012; Kozup, Creyer, & Burton, 2003).

From a "Healthy Eating" Approach to Considerations of Current Food Environments

The fragmented approach to food and eating practices, based on nutritional and labeling information, places the responsibility of achieving optimal health on individuals while neglecting

its complex, multisectoral, and interdisciplinary nature (Townshend et al., 2010). This individualization of "healthy" eating is conveyed through health promotion media campaigns. The underlying expectation is that people will personally monitor their health through the consumption of "healthy" goods and healthy behaviors, rendering them responsible for their own health outcomes (Brownell et al., 2010; Crawford, 2006; Guthman, 2011; Turner, 1982).

Furthermore, the individualization of healthy eating as a moral imperative implies that if citizens want to change the system, their only option is "voting with their dollars" or, in other words, creating market demand for healthy, sustainable food options by purchasing these items for themselves (Guthman, 2011; Nestle, 2002). This political dynamic does not address larger power struggles within the food system nor does it acknowledge individual socioeconomic barriers. This approach also neglects the fact that food habits and food choices are behaviors embedded within particular social-cultural settings (Lake & Midgley, 2010). Although generated out of a biological need, what and how we eat is socially, economically, and culturally defined (Guthman, 2002). This means that a variety of social, cultural, and physical-environmental factors strongly influence eating practices and behaviors, such as food manufacturing, production and retailing, the built environment, and food-related sociocultural issues taking place in homes, schools, and in other settings in which people interact.

The immediate food environments that influence individuals' abilities to make choices are dependent on larger social, economic, political, and physical contexts as well. Thus, the intensification of food production generated by population growth during the 20th century was accompanied by mass agricultural practices supported by scientific and technological development. These agricultural practices have become increasingly dependent on pesticides and fertilizers, resulting in damage to the environment and to the sustainability of the current food system (Wallinga, 2009; Winson, 2013). As summarized by Altieri (2009),

> this type of industrial agriculture also brings a variety of economic, environmental, and social problems, including negative impacts on public health, ecosystem integrity, food quality, and in many cases disruption of traditional rural livelihoods, while accelerating indebtedness among thousands of farmers. (p.102)

This transformation in agriculture has brought a major shift in the global food system leading toward the consumption of "industrial" diets, especially in the developed world and increased damage to the environment, loss of biodiversity, and an escalation in the number of impoverished small farmers worldwide (Altieri, 2009; Otero et al., 2015; Winson, 2013).

Due to the dominant individualistic, neoliberal argument of "freedom of choice," government interventions to regulate the food industry have been extremely limited, if not nonexistent.

Food policies in Canada and the United States have been primarily targeted to support a prosperous economic climate for the agricultural industry, emphasizing the subsidization of food commodity markets and mainly focusing on storable products such as corn, wheat, and soy. Fresh produce, on the other hand, lacks subsidies, making it more expensive to consume (Muller, Tagtow, Roberts, & MacDougall, 2009). The trend has also been to limit production to the varieties of fruits and vegetables that are easiest to harvest. As not all varieties are nutritionally equal, the reduction in species being produced limits consumers' options for healthier alternatives, a fact that often goes unnoticed (Winson, 2013).

Given the multinational food industry's preoccupation with generating larger quantities of processed food commodities at increasingly cheaper rates (Guthman, 2011; Nestle, 2002; Winson, 2013), corporations are likely to prefer manufacturing processed foods that have high profit margins rather than foods that are in their whole, natural state (Lockie, 2002; Nestle, 2002). Furthermore, the ability to mass-produce food has resulted in the sacrifice of food quality and diversity in exchange for a higher quantity of cheap, calorie-dense foods (Nestle, 2002; Winson, 2013). Thus, new generations have become increasingly conditioned to consume easy-to-prepare, palatable, "pseudo" foods—foods that have a substantial amount of additives, preservatives, and additional salts, sugars, or fats (Guthman, 2011; Nestle, 2002; Winson, 2013).

Likewise, while the food industry persistently promotes the excessive consumption of cheap processed foods, it also relentlessly endorses the commodification of "healthy food" choices and illustrates expectations of health with thinness and unrealistic body images (Guthman & DuPuis, 2006). Guthman (2011) suggests that the profitable health food industry has burgeoned because of the junk food industry—not in spite of it—as businesses are capitalizing on markets within every sector of the population's preferences. Oftentimes, these are foods that have been chemically altered to contain added nutrients or have been modified to be lower in fat, calories, or other undesirable properties. Marketed as healthy alternatives, these commodified foods are often more expensive and include misleading nutritional claims that can confuse consumers or dupe them into believing they are making the "right" choice, regardless of the food's true nutritional quality.

The food industry justifies the production of heavily processed foods by insisting that they are responding to consumers' changing needs and the development of our fast-paced society. In addition to busy lifestyles, women's growing participation in the labor market has contributed to the increasing reliance on convenience and pre-prepared foods, along with the decreasing significance of the social aspects of eating, such as the family dinner (Jabs & Devine, 2006). However, it has been noticeably identified that those living on low-income salaries are the ones more likely to rely on high-calorie, low-nutrient food because it is what they can afford (Darmon & Drewnowski, 2008; Drewnowski, 2009).

Addressing Food Insecurity and the Emergence of Nutritional Insecurity

While food-related health issues have become a global concern, the WHO's (2013) global nutrition policy review of 119 countries illustrates how little progress has been made to tackle "the double burden of malnutrition," including obesity and diet-related noncommunicable diseases. The WHO also found that many policies do not effectively address the underlying causes of malnutrition and food-related issues that are generally related to poverty and critical structural conditions. They also recognize that national development plans and poverty reduction strategies are rarely considered and that policies or programs usually lack a clear operational plan and budget allocation.

Furthermore, WHO (2013) emphasizes that poverty and food insecurity—defined as the inability to access sufficient affordable and nutritious foods in socially accepted ways (Tarasuk, 2009)—are the key determinants of health effecting malnutrition. However, the macro-social governance processes and policies generating hierarchies and differentiated exposure to material circumstances and the social determinants of health are not duly recognized (Solar & Irwin, 2010). Food insecurity, caused by these material circumstances and socio-environmental conditions, also gives rise to food consumption patterns that result in malnutrition (Tarasuk, 2009).

Moreover, there has also been a conceptual shift on the topic. In the early 1970s, food security was meant to signify nations' (in)abilities to provide sufficient quantities of food to its citizens in the developing world, which was exclusively accounted in terms of the reduced caloric intake (Muller et al., 2009; Pinstrup-Andersen, 2009). However, the extent of food insecurity in a developed country like Canada, where approximately 12.5% of households are affected (Tarasuk, Mitchell, & Dachner, 2015), is sometimes manifested not only through the compromise of quantity, but more often quality. The term *nutritionally insecure* thus seems more appropriate to describe the growing sectors of the Canadian population living on low wages who have been conditioned to consume inexpensive, calorie-dense, and low-nutrient products (Pinstrup-Andersen, 2009).

Again, focusing solely on the immediate circumstances, the most common form of intervention to address food security in Canada have been *efficiency* (or *emergency*) *interventions*, concerned with addressing food insufficiencies mainly through charitable means (Cook, 2008). As a result of privatization and individualization—both predominant neoliberal values—and a lack of government involvement in people's lives, there is a weakened social safety net in the developed world. The outcome has been an increasing reliance on charitable, nongovernmental organizations (Riches, 2002). This is reflected in the growing dependence on food banks, in which an estimated 5% (852,137) of Canadians have made use of in 2015 (Food Banks Canada, 2015). *Transition strategies* focus on capacity building by engaging communities in educational/skills-building programs such as community kitchens or community gardens have been less common. Although these types of strategies offer an alternative way of looking at food security issues, it is unlikely that they can address the concerns surrounding poverty or unsustainable food systems on their own (Cook, 2008). In addition, there is also no guarantee that the food-insecure population would subscribe to these ideas (Traverso-Yepez, Sarkar, Gadag, & Hunter, 2016).

That being said, the ideal, but more challenging approach are *redesign strategies*, which take a more holistic perspective, focusing on structural changes within the current unsustainable food system. These include larger-scale initiatives such as poverty reduction strategies or addressing the current "cheap food policy" to ensure that people have access to affordable, high quality, and nutritious food (Cook, 2008). To maximize their effectiveness, *redesign strategies* should be implemented in conjunction with education and awareness strategies to ensure people have sufficient food knowledge and preparation skills.

Efforts to Overcome Fragmentation in Food-Environment Research and Food Policies

Although a number of research efforts on food environments are underway (Olstad, Raine, & Nykiforuk, 2014; Story, Kaphingst, Robinson-O'Brien, & Glanz, 2008), the focus is mainly on the built environment or fragmented aspects of the social environment influencing dietary behaviors. For example, as the emphasis is on dealing with a number of manageable variables, food environments are considered to be composed of four multidimensional aspects: the location of food outlets in the physical environment, the price and placement of food choices, food choices in settings outside the home, and food information disseminated through the media and advertising (Engler-Stringer, Le, Gerrard, & Muhajarine, 2014).

More research is needed using structural approaches, such as the ANGELO framework (Swinburn, Egger, & Raza, 1999), which proposes going beyond the typical depiction of food environments to encompass both micro and macro influences. This framework is a notable example of a model that considers the influence of people's immediate environmental settings (e.g., households and schools) and more distant ones (e.g., the networks of industries and infrastructures that influence food choices and physical activity; Swinburn et al., 1999). Although this framework has been adopted by many food environment researchers in this growing field, once again, the tendency is to focus on a single aspect of the food environment—for example, how the physical environment and socioeconomic circumstances shape individuals' food practices or how the food industry shapes the food environment (Olstad et al., 2014; Story et al., 2008).

While a nonlinear understanding of the complex relationships between these multiple levels of influence on food environments and individuals' differentiated food practices is still pending, the fragmented approach persists, not only in research but also in food-related policies, which are often disconnected from other significant public health concerns (Barling et al., 2002; MacRae, 2011). In line with some public health stakeholders and advocates in a growing food movement sector, we understand the need to address the interdependent, complex aspects of food systems and population health (Muller et al., 2009; Story et al., 2009). This requires the coordination of a range of food production and distribution policies aligned with health policies—all of which should be aimed at improving population health and well-being. However, despite efforts to work toward integrated, joined-up food policies, the main challenge has been the predominant conception of food as a marketable commodity rather than a biological and cultural necessity (MacRae, 2011). An integrated approach should be inclusive of three key ecological considerations: (a) concern for individuals' physical health and well-being, (b) concern for the economic health of a sustainable food sector as a whole, and (c) concern for the environment's health (Weis, 2012).

It is argued that food policy development should include more citizen participation in food policy councils, as well as strong public leadership from health professionals and advocates from different sectors of society (e.g., health, education, economy, agriculture, aquaculture, environmental sciences, etc.; Mendes, 2008). In addition to the prevailing neoliberal political agenda, challenges include finding ways to sustain large-scale interventions not only at the regional, provincial, national, or international levels but also at the municipal level and the level of community organizations (Mendes, 2008). Although still at an incipient stage, promising examples of interdisciplinary action at the regional level is evident in the growth of regional food councils in Canada, such as those in Waterloo, Ontario, and Vancouver, British Columbia (Metro Vancouver, 2011; Xuereb & Desjardins, 2005). These food councils aim to restructure local food production and distribution systems to offer residents affordable, nutritious, and sustainable options. Furthermore, organizations with strong leadership at the community level are placing increasing pressure on local governments to affect change. A couple of relevant examples are FoodShare Toronto (http://foodshare.net) and Food First Newfoundland and Labrador (http://www.foodfirstnl.ca/about-us/). Although many of these initiatives are limited in their outreach, they still serve as important examples of food advocacy in the Canadian context.

More comprehensive, critical positions have also emerged through social movements in Canada and elsewhere. To counteract the effects of the industrial diet, "alternative food movements" have surfaced among producers, consumers, and food activists alike. The organic food movement, the slow food movement, fair trade food movement, and local and sustainable food movements are all examples of this trend (Winson, 2013). Often led by highly educated, well-off sectors of society, these movements are regarded as elitist by some critics; however, some food movement advocates are equally focused on finding ways to benefit the less privileged sectors of society (Guthman, 2011; Winson, 2013).

One particular movement that considers the power relations at work is the food sovereignty perspective in Canada (Desmarais, 2012; Wiebe & Wipf, 2011). Framed by a social justice perspective, the main tenet of the food sovereignty movement is to reorient the food production system to the local level, giving small-scale farmers and consumers more control over their territory and local agriculture, ultimately determining where their food comes from (Desmarais, 2012). Consequently, beyond improving the immediate social safety net, the food sovereignty perspective emphasizes a need to challenge and reduce corporate power within the global food system, addressing both food security and local economic development through an environmentally sustainable food system and an integrated, participatory food policy approach (Kneen, 2011; Wiebe & Wipf, 2011). Leaders of this movement also question the restrictive vision of the food security/anti-poverty perspective, deeming it "short-sighted." The main argument is that the antipoverty perspective, similar to the example of health promotion interventions around obesity, reduces the problem to the individual, consumer level, while overlooking the issues related to food production as part of a neoliberal economy (Suschnigg, 2012).

A Systemic, Ecological Understanding of the Interdependencies Between Socioeconomic Structures and Individuals' Choices and Practices

Although one is able to recognize the role of the political neoliberal model dominating the market-based economy and the tensions and power relations that ensue, it is more difficult to understand the ideological implications of this sociopolitical stance on individuals. We define ideology in terms of the hegemonic set of values and beliefs in society contributing to the reproduction of existing power relations surrounding current food systems, despite having detrimental effects on individuals and society (Gramsci, 1971). For example, in the food environment literature, we often find that "the ethos of individual responsibility and freedom of choice" (Winson, 2013, p. 290) is deeply entrenched in citizens' attitudes at all levels of society, acting as the recurrent argument when the food industry's powerful stakeholders feel threatened (Nestle, 2002; Winson, 2013).

However, a subtler characteristic of the hegemonic mindset in society is the inability to grasp the complexity of the underlying structure-agency debate (Frohlich, Poland, & Shareck, 2012). While proponents of structural explanations emphasize the power of structural political and socioeconomic

conditions influencing individuals, those who advocate for individualistic measures emphasize the agentic power of individual actors to choose the kind of behaviors they deem appropriate.

Addressing this polarized perspective in the field of health promotion, Frohlich et al. (2012) advocate for a sociologically grounded understanding and argue in favor of seeing the intrinsic interdependencies between individuals' health actions and the specific sociocultural and economic environments framing these practices. Based on the conceptual development of "habitus" (dispositions in the "agent" resulting of habits and demeanors developed over time in specific environments) interacting with the "field" (contextual environment) from Pierre Bourdieu (1977), they characterize this interaction as "collective lifestyles." They define "collective lifestyles" as comprising "interacting patterns of health behaviors, orientations, and resources adopted by groups of individuals in response to their social, cultural, and economic environment" (Frohlich et al., 2012, p. 110). The simultaneous recognition of both the structural conditions and the relevance of individual agency requires considerable deviation from the linear style of thinking prevalent in the current discourse (particularly within the positivist framework). Rather than seeing the structural conditions or the individual's behaviors in isolation from one another, a perspective that acknowledges the tensions and power relations in the socioeconomic context and allows for discernment of the resulting social responses and practices is required.

By the same token, a dualistic mind-set has been present in the human–nature relationship. It has been grounded and unidirectionally framed in a hierarchical, binary world of top-down relations between subject (human) and object (nature) (Bennett, 2010). The current alienated mentality that drives humans to use and exploit the natural world in the pursuit of "commodity food," without paying much attention to the repercussions, is resulting in detrimental consequences for the planet (Weis, 2012). Without an enhanced ecological understanding of the interdependencies and complexities involved, it is difficult to recognize the need for a more comprehensive approach to the challenges at stake (Barling et al., 2002; MacRae, 2011).

Final Considerations

This overview of the relations between structural macrosocial forces and individuals' food choices and practices allows for a better understanding of the limitations of the ongoing trends that focus on individual diet and lifestyle changes, despite evidence revealing its ineffectiveness (Otero, Pechlaner, Liberman, & Gürcan, 2015; Story et al., 2009; WHO, 2013). Consequently, it is obvious that public health practitioners need to consider the multifaceted interactions between current food environments and people's health. They must also broaden the focus from the individual level, which is fixated on solving hunger and/or obesity, to

higher levels, encompassing the complex ways individuals interact with the broader socioeconomic and political structures, generating unhealthy socioecological environments and related social practices.

Instead of focusing on one isolated issue within the system (e.g., obesity, food environments, food insecurity, or the food industry), it is essential for researchers and policy makers to adopt a more holistic, comprehensive approach that acknowledges the full spectrum of issues at stake. To facilitate this process, while continuing to engage different stakeholders in policy development, there is a need for strong, well-informed leadership to foster changes within the food system at all levels. The challenges are vast, but the renewed interest among different sectors of society in sustainable agriculture, alternative food networks, and the importance of preparing healthy meals will hopefully serve to propel these changes. Keeping in mind the complexity and interdisciplinary nature of these issues will help foster collaborative efforts toward nutritious and sustainable food environments accessible to all.

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Author Biographies

Martha Traverso-Yepez is an associated professor in the Division of Community Health and Humanities, Faculty of Medicine, Memorial University (NL, Canada). With training in critical social psychology, her academic career has developed in Ecuador, Spain, Brazil, and at Memorial University of Newfoundland, since 2008. She teaches health promotion and her research interests are mainly focused on issues in the interface of social psychology and health. Her recent funded research projects are on health equity, children's adverse experiences, and on food security.

Kelly Hunter is an MSc candidate within the Division of Community Health and Humanities, Faculty of Medicine, Memorial University. She has worked as a research assistant within the Division of Community Health for several years and has a previous background in sociology and political science. Her master's research project is on the sociocultural, economic, and environmental influences on university students' experiences around food practices.