



An Ounce of Prevention: Operationalizing healthy eating and active living recommendations with social work core values.



Abstract

The Affordable Care Act authorized the development of the U.S. National Prevention Strategy (NPS), intended to “improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness” (U.S. Surgeon General, 2011). Two of the seven identified top national priorities include healthy eating and active living. The federal-level acknowledgement of healthy eating and active living as top priorities, identifying prevention and wellness as a national focus, and recognizing the existence of significant social, economic and environmental barriers to prevention and wellness are tremendous positive steps toward improving quality of life and align well with models of strength-based social work practice. The NPS recommendations for healthy eating and active living are evidence based and include social and environmental factors, however, their comprehensive nature may be difficult to operationalize, particularly in light of continued economic and structural barriers. By organizing issues surrounding healthy eating and active living around social work’s 5 core values of service, social justice, dignity and worth, importance of human relationships, integrity, and competence, this presentation provides recommendations to more clearly articulate social work’s role in these two priority areas of the NPS.

Healthy Eating

The six healthy eating recommendations include (1) increase access to healthy and affordable foods in communities; (2) implement organizational and programmatic nutrition standards and policies; (3) improve nutritional quality of the food supply; (4) help people recognize and make healthy food and beverage choices; (5) support policies and programs that promote breastfeeding; and (6) enhance food safety.

Active Living

The five active living priorities include (1) encourage community design and development that supports physical activity; (2) promote and strengthen school and early learning policies and programs that increase physical activity, (3) facilitate access to safe, accessible, and affordable places for physical activity; (4) support workplace policies and programs that increase physical activity; and (5) assess physical activity levels and provide education, counseling, and referrals.

American Public Health Association, November 2015

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Case Study

Leo and Jenny D. live in a crowded, run-down tenement in a high-crime neighborhood; **they would like to ride their bikes but are often afraid even to step outside**. Ms. D., their single mother, has long given up trying to find a job, she battles bouts of depression as she struggles to provide for her children by **piecing together supplemental security income and nutrition-assistance benefits**. Recapitulating a cycle of indigence, Ms. D. grew up with few positive role models and faltered academically, dropping out of school in the 10th grade. **She was never taught how to cook or keep a budget, and her meager supplemental income forces her to choose between food and utilities**; in fact, the reason she had not responded to calls from case managers was because her phone service had been disconnected for nonpayment (adapted from Cheng, 2012).

Case Study

Mold grows thick and black on the walls of Bonnie’s bedroom. Because most of the ceiling is missing, Bonnie, 21, gets soaked in bed when it rains. Her family puts up duct tape to keep the bathroom wall from collapsing. Raw sewage burbles in the basement, and the family stores surgical masks in the kitchen for anyone who has to descend into its putrid depths. Poverty is evident throughout the house and is also written on Bonnie’s body, **made heavy since childhood by a diet of cheap, processed foods loaded with high-fructose corn syrup, fat, and salt. As a result of her diet, Bonnie has suffered from diabetes since she was 13**. Many families faced with hunger often have little choice but to eat nutritionally disastrous foods to survive. **“You can’t find fresh fruits and vegetables in this neighborhood,”** said Bonnie. **“I ate a lot of instant noodles and drank a lot of Hawaiian Punch from the corner stores up here”**. **She gave up walking in the neighborhood after she was mugged and now tries to do kickboxing indoors**. Bonnie is afraid of dying young of a heart attack, as her mother did when Bonnie was only 3 (adapted from Lubrano, 2010).

Social Works’ Role

Social workers’ unique person-in-environment perspective, focus on the responsiveness of organizations, communities, and other social institutions to individuals’ needs, and our distinctive strengths perspective as opposed to an individual deficit approach all have the potential to increase adoption of the NPS healthy eating and active living recommendations. Suggestions for integrating the core social work values of service, social justice, dignity and worth, importance of human relationships, integrity, and competence into the recommendations appear below.

Residents of low-income, minority, and rural neighborhoods often have poor access to healthful food resources, including less availability to retailers offering healthy items, yet plentiful fast-food and convenience store locations (Caspi et al., 2012). However, research has shown that clients who receive increased nutrition assistance benefits for the purchase of fruits and vegetables at local farmers markets increase their fruit and vegetable consumption (Herman, Harrison, Afifi, & Jenks, 2008). Social workers can harness this evidence to advocate for targeted subsidies of government-sponsored programs to promote the consumption of fruits and vegetables. One such program, Florida Fresh Access Bucks (FAB), a partnership between the USDA, local community farmers markets, and not-for-profit social service organizations is successfully increasing healthful food purchases among Supplemental Nutrition Assistance Program (SNAP) beneficiaries by funding programs that allow beneficiaries to use increased benefit levels to purchase health foods at local farmers markets (Florida Organic Growers, 2015). By community organization, grant writing, and resource mobilization, social workers can plan and implement programs such as FAB in their local communities.

Social workers can promote a culture of respect and competence by providing education and evidence-based interventions to facilitate the process of behavioral change, such as providing information to clients on how to shop for and prepare healthier meals, increase breastfeeding rates when appropriate, while respecting and affirming cultural contexts. Social work with individuals and families should also routinely assess level of access, both proximal and financial, to healthy foods and physical activity opportunities beyond determining eligibility for nutrition assistance programs .

Conclusion

As champions of social justice, social workers should strive to ensure that all individuals have equitable access to healthy food options, access to safe spaces for physical activity, and accurate health education information. Given that differential access to healthful, nutritious foods and safe places for active living are issues of social justice, social workers are called to respond with collaborative approaches to create accessible and affordable food and physical activity environments where the default option is the healthy, preferred choice.

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