



## Workplace Sociology of Dietary Innovators: Promoting Public Health

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### INTRODUCTION

Diet is thought to be one of the major determinants of chronic disease and public health, and it has been specifically linked to the so-called obesity epidemic. However, efforts to change the population's eating patterns haven't resulted in a significant increase in health. At the same time, the knowledge environment has grown more divisive as fat activism challenges conventional views on how to define and treat obesity. The work of health professionals pushing therapeutic carbohydrate restriction ('low carb' diets) for persons with metabolic health issues is examined in this research, which is based on 24 ethnographic interviews. They demonstrate how practitioners are engaged in "on the job sociology" situated sociological work to justify and create a space for creative nutritional interventions by drawing on Michel Callon's study of technical innovation. These innovators emphasize tangible linkages between specific eating habits and the sustainability of nutritional improvement in daily life by using physiological explanations of hormones, fullness (or hunger), and pleasure (or shame), supported by personal experience. They oppose the effect of fat activists on healthcare practice (which has led to healthcare professionals avoiding discussions about diet, fitness, and health) as well as the more often criticised methods of health promotion.

In industrialised healthcare economies like the UK, public health and illness prevention initiatives have been supported in recent decades by epidemiological understanding of population health. Biomedicine and disease burden calculations have been used to create therapies for so called cardiovascular risk conditions. Pharmaceutical treatments have been prioritised in healthcare to address a number of biomarkers, including hypertension, hypercholesterolemia, and hyperglycemia (diabetes). Biomarkers are easily changed, and their effects on disease can then be quantified by statistical modelling.

### DESCRIPTION

As another epidemiological risk factor, obesity is harder to treat than biomarkers and is regarded as an unsolvable issue, as the

commonly used metaphor of an "obesity epidemic" indicates. A primary focus of behavior modification interventions in treatment recommendations is the prevention of overweight and obesity through health promotion. Interventions to improve behavior are founded on ideas of individual accountability for one's "lifestyle," particularly one's eating and exercise routines. Pharmaceutical treatments and bariatric surgery are occasionally used as well, but their availability is based on local commissioning policies and they have tight eligibility requirements.

Dietary recommendations and support are equally incidental to the larger scope of a health professional's activity in everyday healthcare.

Using "short" or "very brief" directives, practitioners are required to "make every interaction matter," yet dietary support may not always be given the attention it deserves in socially organised systems of (for example) performance monitoring, training, and workforce organisation.

### CONCLUSION

These systems and processes prioritise pharmaceutical forms of intervention while squeezing out alternative ways of understanding how patients can be supported with long-term dietary change. They do this by using a small number of more tractable epidemiological biomarkers as their primary source of actionable knowledge.

These socially organised systems define certain patterns of behavior as "the way things are done around here."

To support and provide a space for this type of dietary intervention, low carb dietary innovators engage in contextual sociological work (also known as "on the job sociology"). These innovators emphasize tangible linkages between specific eating habits and the sustainability of nutritional improvement in daily life by using physiological explanations of hormones, fullness (or hunger), and pleasure (or shame), supported by personal experience.

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