

Big Food's Ambivalence: Seeking Profit and Responsibility for Health

In this article, we critically reflect on the responsibilities that the food industry has for public health. Although food companies are often significant contributors to public health problems (e.g., obesity, type 2 diabetes), the mere possibility of corporate responsibility for public health seems to be excluded in the academic public health discourse.

We argue that the behavior of several food companies reflects a split corporate personality, as they contribute to public health problems and simultaneously engage in activities to prevent them.

By understanding responsibility for population health as a shared responsibility, we reassess the moral role of the food industry from a forward-looking perspective on responsibility and ask what food companies can and should do to promote health. (*Am J Public Health*. 2017; 107:402–406. doi:10.2105/AJPH.2016.303601)

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See also Marks, p. 360.

Companies and corporate activities are often portrayed as major causes of health problems, and this is so for good reasons. The detrimental impact of the sale of tobacco products and alcoholic beverages on health is obvious, and nowadays the food sector is also criticized for contributing to disease and ill health. Many food and beverage companies produce and market products that contain large amounts of salt, sugar, and fat, which are important contributors to obesity, type 2 diabetes, and other so-called lifestyle diseases.^{1–3}

At the same time, food companies are active in innovation and product development that aim to create healthier products or variants (e.g., by removing trans fats or reducing salt). Some also engage in social programs that encourage people to take up a healthy and active lifestyle.^{4,5} Nevertheless, such activities may well cause skepticism because in a competitive market context the ultimate motivation of companies seems to be to make a profit, even at the expense of consumer health.

Here we suggest that the situation is more complex and that the behavior of several companies reflects an ambivalence or even a split corporate personality, as they both contribute to population health problems and engage in activities to prevent such problems. Moreover, as far as population health involves collective action to promote and protect the health of the population and the food

industry can play a major role in promoting healthy nutrition, it makes sense to see companies not merely as culprits that cause health problems but as sharing in societal responsibility for population health.^{6,7} This implies that in evaluating the moral role of the food industry, one should focus not only on backward-looking responsibility (involving questions of praise and blame) but on forward-looking responsibility as well: from an ethical perspective, what can and should food companies do to promote health?

In this article, we suggest pathways for corporate responsibility and propose a research agenda in which governments, individuals, civil society, and business play a central role in taking on population health problems.

IRRESPONSIBLE PRACTICES OF “BIG FOOD”

The notion of corporations taking responsibility for health is heavily contested. Although there is a clear recognition in the

public health debate that food and beverage multinationals play a crucial role in determining what a large part of the global population eats and drinks, corporate actors are frequently considered to be part of the problem rather than part of the solution.^{3,8} Arguably, multinational food and beverage companies have been a driving force in the increase in the global consumption of processed foods that contain large amounts of salt, sugar, and fat, as well as in the growing consumption of soft drinks and other sweetened beverages.^{1–3} The industry is now being scrutinized in relation to the products it produces, the way certain products are being marketed, and the influence it has on political decision making regarding national public health policies and international public health guidelines.

With regard to the products that are being produced, critics point to the development of “hyperpalatable” food products, for instance. Hyperpalatable products are engineered to have more rewarding properties, which is achieved by increasing the

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levels of sugar, salt, fat, flavor, and so forth. These properties are present not only in fast-food products but also in products such as soft drinks, candy, and cured meats that are put on the market by multinational enterprises (MNEs) including Nestlé, Mondelez, and PepsiCo.⁹ Food science research has shown that these types of products can stimulate neural circuits similar to those that are stimulated in cases of drug addiction. Although such products have only a fraction of the addictive effects of recreational drugs, these findings have led some researchers to cast doubt on the notion that all food-related health choices and their effects are solely the result of autonomous individual choice and are therefore a personal responsibility.^{9,10}

Today, the marketing practices of these food giants are criticized.^{2,11,12} Food marketing practices aimed at children (e.g., character-branded products, gamification of products, and free gifts, such as toys that come with a product) are criticized given that kids are unable to distinguish between truth and fiction in advertising and that such advertisements stimulate them to eat high-calorie, low-nutrient food and beverage products.¹³ Furthermore, increased attention is being given to how sugary drinks and fatty foods are promoted at sporting events, music festivals, and schools. At some universities, there is increasing opposition to granting “pouring rights” to major beverage companies that predominantly sell sugary drinks because this practice would eliminate the possibility of opting for a more healthy beverage choice.²

With respect to the political activities of food companies, several companies have been actively promoting research that undermines public health practices while simultaneously

lobbying against certain programs that promote public health, such as the soda regulations in Mexico and New York City and the European Parliament’s proposal to include mandatory front-of-package nutrition logos on pre-packed foods. Critics argue that, by engaging in these practices, the industry is shaping public policy to its own private interests rather than to the public interest.^{14–16}

Such activities allow the opponents of Big Food to argue that these companies are actively contributing to the rise of non-communicable diseases such as obesity, heart failure, and type 2 diabetes.^{2,11}

CORPORATE SOCIAL RESPONSIBILITY IN THE FOOD INDUSTRY

With full recognition that these practices can be considered problematic, the reality of corporate behavior is more equivocal and complex, as many food companies are making concrete efforts to contribute to population health. There are numerous examples of corporate social responsibility (CSR) activities in which corporations engaging in social programs that encourage people to take up a healthy and active lifestyle^{4,5} also develop healthier or less unhealthy products (e.g., vitamin-enriched biscuits, light products). Furthermore, food multinationals are cooperating with governments and nongovernmental organizations in multistakeholder alliances that aim to contribute to population health (e.g., sponsoring sports events, educating people about healthy food). Taking into account these activities, one could argue that food corporations are in fact partially accepting their responsibility for population health.¹⁷

However, those more critical of the industry point out that these programs have 4 major downsides, as CSR programs can be seen as (1) a means to draw attention away from health-undermining products, (2) a way to stave off governmental regulation, (3) an insincere way to burnish a company’s reputation (using health activities merely to strengthen the market position of the firm), and (4) a method to shift responsibility to the consumer.^{2,3,18} To illustrate the last drawback just listed, a majority of programs are aimed at providing information to consumers, making them aware of the number of calories they consume and how many calories they burn. Rather than looking critically at the products they are putting on the market and how they are marketing them, food companies implicitly or explicitly see healthy nutrition as a responsibility of individuals themselves.¹⁹ As a result, it is no surprise that several public health scholars view CSR activities as attempts by the industry to exculpate itself rather than to help solve public health problems.^{3,8}

The social behavior of many food and beverage corporations is met with skepticism because the paradox of corporations actively marketing and selling products that are harmful to health on the one hand while engaging in health initiatives on the other hand is deemed insurmountable. This leads those critical of the role of corporate actors in the (global) food system to argue that, given these efforts, “food systems are not driven to deliver optimal human diets but to maximize profits.”³ This notion resonates with Bakan’s work on the corporation; he considers it to be an entity that relentlessly seeks both power and profit without paying heed to the harmful consequences of its behavior.²⁰

Health-related corporate activities—whether new product developments, social initiatives, or engagement in private regulation for public health—are ultimately seen as efforts that contribute to the maximization of profit.^{3,12} Therefore, instead of private and public-private governance, society is in need of additional governmental legislation and rule setting that can curb the negative corporate impact on population health (e.g., obligatory front-of-package labeling, additional taxes on unhealthy products, constraints on marketing, and regulation of the availability of specific products).^{7,11,19–22}

A SPLIT CORPORATE PERSONALITY

Although the preceding analysis of corporate impact on health is compelling, it is not complete. It is clear that there are corporate activities that negatively affect population health. Certain practices such as marketing directed at children and extensive lobbying against governmental public health regulations are morally problematic. Yet what this analysis of the food industry overlooks is that—regardless of whether one considers them to be marginal or ill motivated—there are corporate efforts that aim to contribute to health, and it is plausible that they will have some success in improving public health. Within the grim storyline set out in the preceding section, we are looking for a silver lining and will provide a more nuanced perspective on the role the industry can play.

This can be done by first recognizing that in the food sector there are various companies that explicitly endorse sustainability and social responsibility in their business strategies, positioning

themselves as “the ethical players” in the market. In the United States there has been the rise of Whole Foods Market, whereas in Europe supermarkets such as EkoPlaza (the Netherlands) and The Co-operative Food (United Kingdom) are gradually establishing a stronger position in the market.

At the same time, there are corporations taking individual actions to improve population health. The research in the 1980s on alternative sweeteners and the development of low-sugar products can be considered steps toward healthier food products. However, this transition is likely to have been motivated by commercial rather than ethical considerations. For instance, Coca-Cola’s Diet Coke was specifically introduced for women “who then would not have to worry about calories,”²³ thereby opening up a new segment in the market.

Yet there are examples in which companies appear to be more strongly motivated by ethical considerations. For instance, in the early 1990s Unilever conducted research on trans fats despite the fact that at that time trans fats were considered to be safe and were used in the production of several food products. When it was shown that trans fats did have a more negative impact on heart health than saturated fats and this finding was reported in the media, Unilever decided in 1994 to remove trans fats from all of its margarines and spreads.²⁴ This is remarkable as, apart from the possible positive contribution of this research to consumer credibility in the future, there does not seem to have been a short-term market incentive to make such a decision (Unilever was unlikely to directly increase its profits by removing trans fats), nor was a change mandatory or

enforced through national governmental regulations.

Unilever was one of the first companies to eliminate trans-fat acids in certain products, thus voluntarily taking action to improve population health. In a similar fashion, the company is now actively reducing the amount of salt in its products. By 2020, it aims to have 75% of its food portfolio meet the World Health Organization’s recommendation of a maximum intake of 5 grams of salt per day.²⁵

Apart from such individual activities, there are also public-private initiatives in which major food MNEs cooperate with governments to contribute to health. One of the foremost examples in Europe is the development of front-of-package nutrition logos for healthy food. A front-of-package logo informs consumers and can help them make healthier food choices; for example, the UK traffic light label employs red, amber, and green color coding to indicate the extent to which a product is healthy. Other programs, such as the Dutch Choices Program, do the same while also creating incentives for food companies to innovate and make their products healthier.^{26–28}

Taking the developments just described into account shows how the picture is more nuanced than some authors in the public health debate paint it. It is clear that the companies engaging in CSR are not saints. They employ opposing strategies, promoting population health on the one hand while putting products on the market that can harm population health on the other. Although there are reasons to be skeptical about the efforts of some MNEs in the food system, the corporate activities discussed here that have a positive impact on health should not be ignored.

Instead of viewing the majority of the food and beverage

multinationals as unyielding profit seekers, we propose that these companies are behaving as if having a split personality. By neglecting the incongruity in corporate behavior, scholars in the public health debate seem to discard the possibility of corporations taking responsibility for health seriously. As a result, the debate on food and public health predominantly focuses on the roles and responsibilities of the government as opposed to the responsibilities of citizens, fueling the debate on state paternalism.^{29,30}

Yet, population health problems are complex in that there are many social determinants and societal actors that shape and influence them. Although governmental health promotion (e.g., regulation, education) is necessary to reduce malnutrition and overweight, it is not a panacea, as governmental activities frequently do not have the desired effect. Hence, it might in fact be crucial for corporations and other societal actors to also take responsibility for population health.^{31–33} Therefore, to work toward structural change in relation to local, national, and global health issues, our reflections on responsibility for health should venture beyond the concepts of governmental and personal responsibility and move toward a different conception of responsibility, namely that of shared responsibility.

TOWARD A SHARED RESPONSIBILITY FOR HEALTH

Rather than viewing responsibility for health and healthy nutrition as either a personal responsibility or a governmental responsibility, responsibility for population health can be seen as shared among multiple actors,

including actors in the private sector.^{31,33}

The work of political philosopher Iris Marion Young gives more substance to this idea. According to Young, people carry responsibility for structural injustices.³⁴ These are harms that people incur as a result of structural processes in which a multitude of actors participate. Population health problems can be understood as such. When examining problems such as obesity, one can attempt to single out a group of actors as the main culprit, as would be the case when understanding responsibility as liability. One could point a finger at the food multinationals because they sell and market hyper-palatable fatty foods and soft drinks, blame consumers for eating too much and exercising too little, or hold governments responsible for not providing sufficient regulation to promote public health.

Young subsequently moves away from this backward-looking idea of responsibility and considers these structural problems as emerging from networks of collaborating and interacting actors.^{34,35} As such, each actor operating within these structures that cause injustices has a responsibility to remedy related problems. Population health problems then become shared problems that require collective action. Although governments have an important part to play in terms of regulation and enforcement, Young has pointed out that governments might not always be willing or able to take effective action in the area of population health. Hence, non-governmental actors such as food multinationals, schools, non-governmental organizations, restaurants, employers, citizens, and families also have an important role to play.^{31,33,34}

This allows for a more pragmatic position in the debate on responsibility for population health. Instead of solely asking “Who caused this?” and blaming specific actors, it allows for a more constructive, forward-looking approach to responsibility, one that places remedying these problems in a central position and looks at which actors are best placed to take action.³⁴ Grounds for attributing this responsibility are not only found in a causal connection (the role an actor had in creating a problem) but also determined by whether an actor benefited from a situation of harm, the actor’s capacity to change the undesirable situation, and the extent to which the actor is embedded in a specific community or society where these injustices occur.³⁶

Taking this perspective also allows for a more positive role of the food and beverage industry. Although the contradictory practices of food MNEs can give reason to doubt their intentions, the focus should not merely be on blaming the industry for being a significant causal factor in the increased prevalence of non-communicable diseases; it also has a responsibility to contribute to possible solutions. This gives rise to the question “What could taking responsibility be like in the day-to-day practices of various actors in the industry?”

Providing information on a product, such as Mars Food’s recent efforts to inform its consumers about which of its products can be consumed on a daily basis and which cannot, is prudent yet also a bare moral minimum.³⁷ Forward-looking responsibility for health entails more than informing consumers about the properties of a product. One can imagine, for instance, food and beverage MNEs conducting longitudinal

research on how products with high levels of salt, sugar, and fat affect individual health when consumed on a daily basis; subsequently communicating this information to their consumers; and using their knowledge and research skills to make their products healthier. In addition, taking this responsibility could even entail step-by-step changes in the product catalog of a company, shifting from unhealthy products to healthier products, for instance Coca-Cola deciding to eventually substitute its regular Coke for Coca-Cola Life, Light, and Zero.

Apart from the multinationals, other players in the food chain such as supermarkets can also play a part, for instance by using their marketing expertise and power to nudge people in a more healthy direction.³³ Furthermore, taking collective action for population health could entail that food companies cooperate with each other to develop healthier food products, collaborate to decrease the amount of unhealthy products (for instance, in the United Kingdom and Ireland, inner-city supermarkets have proposed limiting the sale of cheap mixed drinks to combat binge drinking³⁸), support corporate taxes to fund independent national or international public institutions in conducting health research, or even lobby at the governmental level for increased regulation and new standards for healthy food to create a level playing field. There are in fact many ways in which food MNEs and retailers can take responsibility for population health.

CONCLUSIONS

Although the notion of shared responsibility does not provide a clear-cut solution to the role businesses should play in

population health problems, it does show that the possibility of corporate responsibility for health should not be neglected. What the scope of this corporate responsibility should be and how it relates to the responsibilities of other actors (governments, nongovernmental organizations, consumers) require further ethical reflection and debate. Connecting the debates on public health ethics, CSR, health sciences, and business ethics opens up room to work toward a more sophisticated and inclusive approach to responsibility for public health in the food industry.

If one is serious about tackling population health problems, it is imperative to realize that these problems are multifaceted and connect many different actors who all have and should take responsibility. This naturally includes governments, which, given the ambivalent behavior of business with regard to population health, still have an ample role in ensuring compliance with legal standards and developing regulations that require businesses to be accountable for their moral responsibilities. At the same time, addressing these complex health problems requires us to rethink the responsibilities of citizens, societal organizations, and especially the food industry itself.^{33,34,39} Taking this shared responsibility seriously would require companies to go beyond current CSR practices and take a more proactive stance toward population health. **AJPH**

CONTRIBUTORS

T. Tempels originated the study, participated in its design and coordination, conducted the analysis, and drafted the article. M. Verweij and V. Blok critically revised and helped draft the article.

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HUMAN PARTICIPANT PROTECTION

No protocol approval was necessary for this study because no human participants were involved.

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