



Published in final edited form as:

J Health Commun. 2012 May ; 17(5): 582–600. doi:10.1080/10810730.2011.635776.

Corporate Image and Public Health: An Analysis of the Philip Morris, Kraft, and Nestlé Websites

ELIZABETH SMITH

Department of Social and Behavioral Sciences, University of California, San Francisco, San Francisco, California, USA

Abstract

Companies need to maintain a good reputation to do business; however, companies in the infant formula, tobacco, and processed food industries have been identified as promoting disease. Such companies use their websites as a means of promulgating a positive public image, thereby potentially reducing the effectiveness of public health campaigns against the problems they perpetuate. The author examined documents from the websites of Philip Morris, Kraft, and Nestlé for issue framing and analyzed them using Benoit's typology of corporate image repair strategies. All three companies defined the problems they were addressing strategically, minimizing their own responsibility and the consequences of their actions. They proposed solutions that were actions to be taken by others. They also associated themselves with public health organizations. Health advocates should recognize industry attempts to use relationships with health organizations as strategic image repair and reject industry efforts to position themselves as stakeholders in public health problems. Denormalizing industries that are disease vectors, not just their products, may be critical in realizing positive change.

Public health advocates are increasingly looking at how corporate practices affect health; industries of concern include tobacco, infant formula, and processed food (Wiist, 2010). The tobacco industry promotes cigarettes (Shafey, Eriksen, Ross, & MacKay, 2009), annually killing more than 400,000 Americans (U.S. Department of Health and Human Services, 2004) and 6 million worldwide (Shafey et al., 2009). Formula promotion in violation of the World Health Organization (WHO) Code of Marketing of Breastmilk Substitutes (WHO Code; World Health Organization, 1981) by the infant formula industry has discouraged breastfeeding (MacDonald, 2007; Parrilla-Rodriguez & Gorrin-Peralta, 2008; Richter, 2001; Salasibew, Kiani, Faragher, & Garner, 2008); suboptimal breastfeeding is estimated to cause 1.4 million child deaths annually (Black et al., 2008). The processed food industry is implicated in the use of unhealthy ingredients (e.g., trans and other fats, excessive sugars and salt), misleading advertising and labeling (M. Nestle, 2002), advertising to children (Moore & Rideout, 2007), and crowding out of less processed, healthier food options (Pollan, 2008), leading to poor nutrition on a wide scale. Public health advocates describe companies engaging in such practices as "disease promoting corporations" (Wiist, 2006), and have begun focusing on these upstream corporate activities, rather than on downstream individual responses to the environments created by those activities (Freudenberg, 2005).

These three industries are in different phases of attention from health advocates. Decades of activism resulted in the World Health Assembly's establishment of the WHO Code in 1981 as a minimum requirement for countries to adopt (Richter, 2001); advocates continue to

monitor formula marketing practices. Tobacco companies have long been the subject of litigation; only in the past 15 years has it been successful, and more recently, strong regulation has begun to be implemented worldwide under the Framework Convention on Tobacco Control (World Health Organization, 2004). Food issues are only beginning to attract attention, although some health advocates argue that the policies applied to tobacco (warning labels, restrictions on sales to minors) are models that nutrition or antiobesity advocates should adopt (Brownell & Warner, 2009; Chopra & Darnton-Hill, 2004; Emery, Szczypka, Powell, & Chaloupka, 2007; Meister, 2006; Zefutie, 2004).

Corporate Image Repair

Companies are concerned about maintaining a good image, and they frequently engage in image repair after crises involving products (e.g., Odwalla juices contaminated with E. coli bacteria; Thomsen & Rawson, 1998) or corporate practices (e.g., a racist corporate culture at Texaco; Coombs & Schmidt, 2000). Some companies can change without altering their basic business, thus regaining public support. However, when a corporation's publics (e.g., consumers, investors) decide that a company's core product or practice is illegitimate (e.g., lead paint; Warren, 2000) the company cannot fix the problem and continue its business. Such companies may become the targets of delegitimation efforts such as demonizing media campaigns (Farrelly, Davis, Haviland, Messeri, & Heaton, 2005; Niederdeppe, Farrelly, & Haviland, 2004), boycotts (Post, 1985), and calls for disinvestment (Wander & Malone, 2006); all are aimed at disrupting the assumption that a company's actions or products are acceptable (Suchman, 1995). Such efforts can affect hiring and retention of employees, lobbying efforts, stock price, sales (Page & Fearn, 2005), and litigation outcomes (Hirschhorn, 2004). Targeted companies frequently engage in rhetorical image repair efforts to avoid regulation, punishment, or elimination (Markowitz & Rosner, 2002; Warren, 2000).

In the process of image repair, companies may also attempt to reframe the issues their critics have raised. If the company wishes to continue an offensive behavior, redefining the problem as something fixable may be critical. For example, public health advocates may describe tobacco promotion as "selling a toxic product"; the tobacco industry may try to narrow the problem to one of "advertising to children." Addressing the former would require ceasing to sell the product; addressing the latter would involve much smaller changes to marketing practices.

Public health advocates are one audience for such image repair and issue reframing. Advocates must determine their relationship with their corporate targets, whether adversarial, cooperative, or a mixture of the two (Kreuter, 2005; Wiist, 2006). How advocates define these relationships can further affect corporate image, as health professionals may be perceived to endorse or oppose corporate actions.

Corporate Websites

Corporate websites are one locus for image repair efforts (Campbell & Cornelia Beck, 2004). Websites are inexpensive (compared to paid advertising) and allow corporations to control the message (unlike earned media coverage). Companies may use their websites to address, deflect, or reframe issues of concern (Darmon, Fitzpatrick, & Bronstein, 2008; Perry, Taylor, & Doerfel, 2003). Corporate websites have the ability to influence the opinions of potential customers (Winter, Saunders, & Hart, 2003) and are also a resource for investors (Holder-Webb, Cohen, Nath, & Wood, 2009). Website communications may also be an effort to change the litigation environment (Friedman, 2009); however, the threat of litigation also constrains companies from making admissions of wrongdoing (Tyler, 1997). Corporations can use their websites for any purpose they deem appropriate; it is up to viewers to examine them critically.

Nestlé, Philip Morris, and Kraft

Nestlé, Philip Morris, and Kraft are exemplars of the infant formula, tobacco, and processed food industries, and thus vulnerable to delegitimation efforts. After an international boycott of Nestlé, the company agreed in 1984 to follow the WHO Code in developing countries; however, advocates continue to document violations (International Baby Food Action Network, 2007). The boycott is ongoing, although it no longer receives much press attention and Corporate Accountability International (formerly INFACT: Infant Formula Action Coalition) does not list it as a current concern, now focusing on water, tobacco, and food (Corporate Accountability International, 2009). Philip Morris is among the world's largest tobacco companies and has been the target of media campaigns and litigation, including a suit brought by the U.S. Department of Justice which found that it engaged in a longstanding pattern of deceit and fraud (Guardino, Banthin, & Daynard, 2006). Kraft is one of the world's largest processed food companies; nutrition advocates are concerned about the contribution of such companies to the market domination of overprocessed, minimally nutritious food (Darmon et al., 2008; M. Nestle, 2002). Although some specific campaigns have succeeded in altering industry practices, such as establishing a labeling requirement for trans fats (Freudenberg, Bradley, & Serrano, 2009), there have been no widespread delegitimation efforts against the processed food industry.

These companies also have relationships with one another. Philip Morris purchased Kraft in 1988 and expanded it through further acquisition of Nabisco; in 2007, Philip Morris reestablished the company as an independent entity. Nestlé, in addition to its infant formula business, sells a wide variety of processed foods, with a product line similar to Kraft's. These relationships, and the companies' participation in disease promoting industries, suggest that the companies might adopt similar approaches to image maintenance and repair. Understanding these efforts may help advocates in their efforts to change corporate behavior.

Method

To understand how these companies defend themselves on their corporate websites, all pages were retrieved from the Nestlé website's Baby Milk Issue Facts section; all pages were retrieved from Philip Morris USA's website relating to product use, consumer health, and regulation, as well as youth smoking prevention; and all pages were retrieved from the Kraft website's Nutrition, Health, and Wellness section. The text of all items was imported into NVivo and coded qualitatively, using Benoit's typology of image restoration strategies (Table 1) (Benoit, 1997). Modifications to the typology were required because Benoit assumes companies are responding to a transient crisis, whereas the tobacco, food, and infant formula industries are attempting to defend their images while continuing to perform offensive acts. This difference necessitated the addition of two subtypes (disclosure/cooperation and victimization). Subtypes also were added to corrective action to gain insight into what types of actions companies were suggesting. Each site also was examined for how the company defined the problem to which it was responding.

Results

I analyzed 82 documents: 14 from Nestlé; 49 from Philip Morris; and 19 from Kraft. Nestlé pages were not dated; examination of previous versions of the Nestlé website with the Internet Wayback Machine (<http://web.archive.org>) suggests that they were posted in late 2008 or early 2009; all Philip Morris and Kraft documents were from 2007. URLs link to archived versions on the Wayback Machine, given that the sites have changed since data were collected.

Nestlé

Issue Framing—The Nestlé website suggested that the primary problem with infant formula use was circumstances that prevented breastfeeding, such as maternal death (Nestlé, 2008l) or need to return to paid employment (Nestlé, 2008d, 2008l), or “economical, social and cultural circumstances” (Nestlé, 2008j). The website acknowledged that infant formula needed “special treatment in marketing” (Nestlé, 2008i) and “should not be marketed in any way that could undermine breast feeding” (Nestlé, 2008m). The website also suggested that the real problem was adversarial governments and nongovernmental organizations, which made unsubstantiated accusations (Nestlé, 2008n), refused to collaborate with industry (Nestlé, 2008c), and “damage[d] Nestlé’s reputation” (Nestlé, 2008a).

Image Repair—Nestlé’s most frequently used strategies were reducing offensiveness (79%), denial (64%), and corrective action (57%; Table 2).

Reducing Offensiveness: Nestlé’s approach to reducing offensiveness focused on bolstering (43%) and transcendence (43%). Nestlé associated itself with the WHO, stating, for example, that it was “the largest private distributor” of the WHO Code “in the world” (Nestlé, 2008d) and that infant formula is “the only product recognized by the United Nations Codex Alimentarius Commission (the body which sets international standards for foods) as a breast-milk substitute” (Nestlé, 2008e). Nestlé also pointed out that “the United Methodist Church in USA [*sic*]” did not join the 1980s boycott of its products (Nestlé, 2008c).

Nestlé’s use of transcendence took the form of emphasizing that formula can be a “necessity” (Nestlé, 2008d, 2008e). Formula was used to feed “babies left without a mother” (Nestlé, 2008l), “hospitalized babies with no access to mothers milk,” and for disaster relief (Nestlé, 2008j) and thus “saves the lives of untold numbers of babies around the world every day” (Nestlé, 2008f, 2008j).

Denial: The site was vague about the past, discussing health advocates’ objections to undefined “marketing practices” (Nestlé, 2008b); these objections led Nestlé to conclude that “the only change necessary is greater emphasis on the ‘primacy of breastfeeding in its advertisements’ “ (Nestlé, 2008b). Nestlé also said that the company investigated all accusations of inappropriate marketing, but found many to be “inaccurate,” while the rest were “mistakes” made by individuals, subject to disciplinary action (Nestlé, 2008f). No specific examples were given. Taken as a whole, the site suggested that Nestlé has changed many of its practices, but it did not say explicitly whether it ever engaged in the activities it now forbids.

The other form of denial used by Nestlé was blame-shifting. The website repeatedly placed the blame for infant mortality on mothers who used inappropriate milk substitutes such as “water, rice water, starch water and whole cow’s milk” (Nestlé, 2008d, 2008e, 2008j, 2008l). Because of such practices, “infant mortality is actually highest in countries with the highest breastfeeding rates” (Nestlé, 2008l). No source was given for this assertion; however, the site explained it was the result of higher formula use rates in wealthier countries that had low overall infant mortality rates (e.g., industrialized countries; Nestlé, 2008l).

Corrective Action: The corrective action Nestlé cited was primarily cooperation: compliance with the WHO Code (Nestlé, 2008c, 2008f, 2008g, 2008h, 2008j, 2008k, 2008n). The company asserted its policy of “no advertising, no store promotions, no price incentives, no ‘milk nurses’ [salespeople resembling health professionals] and no

educational materials mentioning infant formula” (Nestlé, 2008Jj, 2008l). The site also said that product labels stated that “breastfeeding is best for your baby” and “include preparation instructions in the relevant local languages and also pictorially” (Nestlé, 2008j).

Company Actions: In practice, Nestlé’s instructions to employees and company representatives for implementation of the WHO Code have been found to differ substantially from the Code itself. For instance, Nestlé’s instructions specify that it follows “all countries’ implementation of the WHO Code,” although such implementation practices may be much weaker than the Code (International Code Documentation Centre, 2007). Nestlé also specifies that it will follow the WHO Code in developing countries; the WHO Code makes no such distinction, recommending that all countries adopt it (International Code Documentation Centre, 2007). Organizations such as UNICEF have documented numerous instances of Nestlé violating the Code by advertising formula, giving samples to mothers and health care workers, and using misleading labeling (International Baby Food Action Network, 2005; UNICEF, 2009). Nestlé’s touted distribution of the Code is itself a violation, as the Code specifies that dissemination of such information is the purview of governments (International Code Documentation Centre, 2007).

Philip Morris

Issue Framing—Philip Morris’s website overtly defined the issue as health. The site stated that smoking is addictive (Philip Morris USA, 2007l) and that it causes disease (Philip Morris USA, 2007k). The website did not acknowledge the company’s role in promoting cigarettes. Instead of addressing the harms of smoking, the website implicitly defined the problem as Philip Morris’s past duplicity about its product. Philip Morris deployed a strategy of truth-telling as an image restoration technique; simply quoting the Federal Trade Commission’s statement that “there’s no such thing as a ‘Safe Smoke’ “ (Philip Morris USA, 2007g, 2007m), appears to contradict the company’s past assertions that the hazards of smoking were not proven (Proctor, 2006).

Image Repair—Philip Morris’s preferred strategies were reducing offensiveness (43%) and corrective action (35%).

Reducing Offensiveness: Philip Morris most often used bolstering (35%) to reduce offensiveness. One form of bolstering is to associate the company with more respected or admired organizations. Philip Morris repeatedly invoked its agreement with both “public health officials” (Philip Morris USA, 2007g, 2007k, 2007m, 2007p) and specific organizations or agencies, such as the Federal Trade Commission (Philip Morris USA, 2007i), the Surgeon General (Philip Morris USA, 2007k), the WHO (Philip Morris USA, 2007m), and the Food and Drug Administration (Philip Morris USA, 2007a). Philip Morris also asserted that the company had acted “with integrity” (Philip Morris USA, 2007e), and referenced company efforts to “help smokers who have decided to quit” even though such efforts “may lead to further declines in cigarette consumption” (Philip Morris USA, 2007c)—suggesting that it was willing to suffer to do the right thing.

Philip Morris’s other favored technique for reducing offensiveness was to minimize the dangers of smoking by rhetorically placing it in parallel constructions, such as stating that smokers “would prefer” a cigarette that “might reduce the health risks” while “satisfying their taste ... preferences” (Philip Morris USA, 2007h), implying that these were of equal significance. Similarly, the site stated that tobacco products “are dangerous and addictive, yet many adult consumers enjoy using them” (Philip Morris USA, 2007j). While refraining from explicit argument about the hazards of secondhand smoke, the site suggested that

regulating it was an issue of respecting “the comfort and choices” of smokers and non-smokers (Philip Morris USA, 2007b), not their health.

Disclosure or Cooperation: The Philip Morris site used disclosure in concert with minimization. The website was vague when referring to smoking-caused diseases, referring, for example, to “health risks” (Philip Morris USA, 2007c, 2007i, 2007n), “adverse effects” (Philip Morris USA, 2007g), and “adverse reproductive outcomes” (Philip Morris USA, 2007q). On some pages, the site was more explicit, referring to “disease” (Philip Morris USA, 2007p), or “serious diseases” (Philip Morris USA, 2007c, 2007k). Of the many disease smoking is known to cause (World Health Organization, 2008), the website made note only of lung cancer, heart disease, and emphysema (Philip Morris USA, 2007k, 2007p). Other harms mentioned were relevant only to pregnancy (a temporary state) such as prematurity or stillbirth (Philip Morris USA, 2007q), or to children (Philip Morris USA, 2007k, 2007p). Except in the context of sudden infant death syndrome, “death” was never mentioned (Smith & Malone, 2008).

Corrective Action: Most of Philip Morris’s proposed corrective actions were those that others would have to perform. Philip Morris suggested that: smokers should quit (Philip Morris USA, 2007f, 2007o); the Food and Drug Administration should evaluate cigarette ingredients (Philip Morris USA, 2007g); “government should require ... warning notices” to be posted about secondhand smoke (Philip Morris USA, 2007p); “adults should avoid smoking around” children (Philip Morris USA, 2007b); people who made films should “voluntarily eliminate smoking scenes” (Philip Morris USA, 2007d); and the “public health community” should identify “potentially harmful compounds” in cigarettes so the company could make safer products (Philip Morris USA, 2007a).

Company Action: In court, Philip Morris has continued to deny that its products are harmful (Friedman, 2007). Despite its request that the public health community advise it about possible safer cigarettes, the company rejects that community’s conclusion that secondhand smoke is harmful. It has also attempted to have two members of the Food and Drug Administration Tobacco Products Scientific Advisory Committee removed because they are consultants for pharmaceutical companies that make nicotine replacement therapy (Wilson, 2010); Philip Morris argues that this is a conflict of interest, suggesting that despite the company’s claim of helping smokers to quit, it sees cessation products as competition.

Kraft

Issue Framing—The most concrete problem statement on the Kraft website was that “obesity is a major public health issue in developed countries, where people often consume too many calories and engage in too little physical activity” (Kraft Foods Inc., 2007k). This statement avoids the broader problem of a food environment dominated by overprocessed, minimally nutritious food (Dorfman & Wallack, 2007; Pollan, 2008) and simultaneously defines the problem as the result of what “people” do, not what Kraft does. This justifies Kraft’s approach, which is to “help consumers make choices” (Kraft Foods Inc., 2007c). The Kraft website said the company was responding to “changing perspectives on diet, activity and weight” (Kraft Foods Inc., 2007e). This statement attenuated the problem (i.e., one of “perspectives”) and exonerated the company from any past wrongdoing by suggesting the concerns are new.

Image Repair—Kraft’s most frequently used strategies were corrective action (68%), reducing offensiveness (47%), and denial (32%).

Corrective Action: The corrective actions that Kraft proposed were primarily about packaging, advertising, or promotion (32%), not the food itself (16%). Kraft said the company would “show the appropriate serving size” (Kraft Foods Inc., 2007f), “provide nutrition labeling ... worldwide, even where it is not legally required” (Kraft Foods Inc., 2007g), and label packages containing 2–4 servings with the “nutrition content of an entire package” (Kraft Foods Inc., 2007l). Kraft also highlighted its “Sensible Solution” labeling program. Kraft products displaying the Sensible Solution flag “provide beneficial nutrients such as protein, calcium, fiber or whole grain at nutritionally meaningful levels” while meeting “specific limits on calories, fat ... sodium and sugar” (Kraft Foods Inc., 2007g). Alternatively, these products could qualify to be called “‘reduced,’ ‘low’ or ‘free’ in [*sic*] calories, fat, saturated fat, sugar or sodium” (Kraft Foods Inc., 2007g). The specific qualifications and limits were not reported. Kraft’s overall solution was its “commit[ment] to keeping pace by constantly refining our approach to how we can help make a difference” (Kraft Foods Inc., 2007m), which left problem, solution, and efforts undefined.

Kraft’s corrective actions also focused on children (26%). The company promised to refrain from television advertising “directed primarily to children of pre-school age” (Kraft Foods Inc., 2007f), and to advertise only Sensible Solutions products to children between the ages of 6 and 11 (Kraft Foods Inc., 2007d). The site also asserted that Kraft had “developed a disciplined approach to improve the nutrition” of its products, including those “likely to be consumed by children” (Kraft Foods Inc., 2007h).

Similar to Philip Morris, Kraft also proposed solutions for others to take (26%). Kraft contributed to organizations that “help children and their families improve their activity and eating behaviors” (Kraft Foods Inc., 2007j). Kraft also made unspecified “commitments” to help “communities around the world address health and wellness concerns” (Kraft Foods Inc., 2007a). Ultimately, the company hoped to “prosper if we provide consumers the kinds of choices that will make it easier for them to adopt and maintain healthy lifestyles” (Kraft Foods Inc., 2007b). However, the website stated that the company would not, “introduce reformulated products or new package sizes unless we think consumers will be interested in buying them” (Kraft Foods Inc., 2007b), suggesting that the onus lay on consumers to communicate their preferences.

Reducing Offensiveness: Kraft’s primary way of reducing offensiveness was through bolstering (42%), by speaking about its commitment to health. Kraft touted its “corporate vision of helping people around the world eat and live better” (Kraft Foods Inc., 2007k), and efforts at “promoting healthy lifestyles for children” (Kraft Foods Inc., 2007k). Kraft believed in “maintaining a dialogue with leading voices in public health,” and “talking with concerned groups and individuals ... with varied interests and points of view,” including its own “Health and Wellness Advisory Council” (Kraft Foods Inc., 2007m). Such meetings gave Kraft “insight and guidance” as well as helping ensure that the company saw “all sides of the issue and not just our own perspective” (Kraft Foods Inc., 2007m). As a result, Kraft supported “constructive changes in relevant public policies” (Kraft Foods Inc., 2007m); no examples were given. Whether Kraft acted on the advice of its council or others in public health was left unstated.

Denial: Kraft’s approach to denial was most frequently one of blame shifting (26%). Obesity was attributed to individual action, to “people” who “often consume too many calories and engage in too little [*sic*] physical activities” (Kraft Foods Inc., 2007k). Individuals were exhorted to “Think about what you choose to eat” (Kraft Foods Inc., 2007i) and encouraged to “become more aware and convinced of the importance of healthier lifestyles” (Kraft Foods Inc., 2007b). Kraft never examined the role its own products might

play in problems of nutrition and obesity; on the contrary, Kraft foods “provided a wide range of nutritional choices” (Kraft Foods Inc., 2007k).

Company Action: Kraft also proposed its own guidelines, advertising to children only products that qualified under its Sensible Solution criteria—although the specifics of those criteria were so vague it is difficult to tell whether they heeded them. In 2009, Kraft abandoned the Sensible Solution criteria in favor of a similar, multicompany Smart Choices initiative developed by the Better Business Bureau (Neuman, 2010). Under both sets of guidelines, products that qualify include a Toy Story–themed macaroni and cheese dinner (Kraft Foods Global Inc., 2009), with 600 mg of sodium (25% of recommended daily intake for adults; about 30% for children; U.S. Department of Agriculture, 2010).

Discussion

All three companies engaged in strategic issue framing. Both Philip Morris’s toxic products and its deceptions about the harms of smoking were offensive. However, Philip Morris used this situation to its advantage, never explicitly naming these issues, subtly eliding them, and appearing to correct the lesser of them, that is, the deception. This allowed the company to point to its change (Friedman, 2007) while continuing to sell deadly products, and deny its responsibility in court, as before. Philip Morris’s use of transparency, normally taken for granted (e.g., companies do not get credit for confessing to their already well-known misdeeds), became an image-restoration technique. The Nestlé website was designed to respond to the allegations of advocates about inappropriate marketing of formula, but Nestlé overtly reframed the problem as one of maternal circumstances. Nestlé also suggested that it had changed, without admitting that its practices were harmful. Kraft never stated what its contribution to the “problem” might be but claimed that it wanted to “help make a difference” to the problem of obesity, and more vaguely, “nutrition.”

The public health policies that are adopted to counter corporate disease promotion depend in part on perceptions of the problem. Kraft has defined the problem as “obesity” and individual behavior (Suchman, 1995). This definition legitimates Kraft’s solution of presenting consumers with products making confusing or conflicting claims (e.g., low fat vs. low calorie vs. low salt vs. added nutrients). Similarly, Philip Morris wants health professionals to help them make a “safer” cigarette. However, providing consumers with more choices, without the ability to genuinely assess their risks or benefits, may disempower them (Barnes & Prior, 1995) without significantly changing an unhealthy environment.

All three companies used bolstering, aligning themselves with public health practitioners; Philip Morris and Nestlé deployed disclosure and cooperation, with similar effect, thus positioning themselves alongside advocates and regulators as seeking solutions to health problems. Kraft and Nestlé “shifted the blame” for the problems they are alleged to cause (Herrick, 2009), and Kraft also, along with Philip Morris, shifted responsibility for solving those problems. Taken together, these strategies may be an effort to set expectations for the companies’ future behavior and set the stage for solutions acceptable to them: If the companies are not responsible for either problem or solution, then policy approaches should not focus on the companies.

Conclusion

Corporations are unlikely to admit to objectionable actions unless compelled to do so (Tyler, 1997); however, these companies are avoiding completely responsibility for those actions. Instead they define themselves as stakeholders in the process of repairing the consequences of their objectionable practices. By including cessation materials on its website and

supporting anti-youth smoking initiatives, Philip Morris hopes to establish itself as an ally of public health (Friedman, 2007, 2009; Yang & Malone, 2009). Kraft's efforts are similar, and the company is joined by others in the processed food industry. For example, McDonald's says that it has "taken a seat at the table of the obesity discussion" (Adams, 2007), while PepsiCo asserts that it is "ready to join" with medicine to "tackle the major public health issue of obesity" (Yach, Lucio, & Barroso, 2007). Nestlé is clearly attempting to similarly situate itself by establishing itself as a "distributor" of the WHO Code.

Some researchers and advocates have accepted these industry efforts. Health groups worked with Philip Morris to develop the Food and Drug Administration regulations over tobacco (Givel, 2005; McDaniel & Malone, 2005; Myers, 2004). A recent report from the Robert Wood Johnson Foundation on obesity featured a two page commentary by the chief executive officer of PepsiCo, which emphasized the company's efforts to provide consumers with "more choices" (Astrup, Bovy, Nackenhorst, & Popova, 2006; Institute of Medicine, 2006; Seidell, 1999; Trust for America's Health, 2010). Similarly, a recent attempt has been made to establish "shared principles of ethics" that would allow advocates to work with the infant formula industry on distributing "follow on" or "complementary" foods for infants 6–24 months old (Singh, Daar, & Singer, 2010).

Tobacco control advocates have found that campaigns that focus on denormalizing the industry itself are effective at reducing smoking prevalence (Hersey, Niederdeppe, Evans, et al., 2005; Hershey, Niederdeppe, Ng, et al., 2005), as well as diminishing the industry's political power. The Framework Convention on Tobacco Control specifies that advocates should never engage with the tobacco industry (World Health Organization, 2009). Accepting the food or infant formula industries as stakeholders would preclude advocates from using such a strategy, may play into a "divide and conquer" industry strategy (McDaniel, Smith, & Malone, 2006), and allow companies to use relationships with health organizations as strategic image repair. Rejecting such partnerships would also facilitate the development of broader responses to corporate disease promotion that make note of the similarities among industries and encourage collaboration across issues (Wiist, 2010). Some tobacco control advocates refer to the industry as the vector of tobacco-related disease (Cruz, 2009; Guardino & Daynard, 2007). This phrase firmly establishes the relation between these entities; public health practitioners do not let the disease vector define health problems or influence their response.

Acknowledgments

This study was supported by the California Tobacco-Related Disease Research Program, Grant 13KT-0081 and the National Cancer Institute, Grant 120138. The authors thank Patricia McDaniel, Irene Yen, and Barbara Laraia for commenting on previous drafts of this article.

References

- Adams C. Reframing the obesity debate: McDonald's role may surprise you. *The Journal of Law, Medicine & Ethics*. 2007; 35(1):154–157.
- Astrup A, Bovy MW, Nackenhorst K, Popova AE. Food for thought or thought for food?—A stakeholder dialogue around the role of the snacking industry in addressing the obesity epidemic. *Obesity Reviews*. 2006; 7:303–312. [PubMed: 16866981]
- Barnes M, Prior D. Spoilt for choice? How consumerism can disempower public services users. *Public Money & Management*. 1995; 15(3):53–58.
- Benoit WL. Image repair discourse and crisis communication. *Public Relations Review*. 1997; 23:177–186.

- Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Rivera L. Maternal and child undernutrition: Global and regional exposures and health consequences. *The Lancet*. 2008; 371:243–260.
- Brownell KD, Warner KE. The perils of ignoring history: Big Tobacco played dirty and millions died. How similar is Big Food? *Milbank Quarterly*. 2009; 87:259–294. [PubMed: 19298423]
- Campbell D, Cornelia Beck A. Answering allegations: The use of the corporate website for restorative ethical and social disclosure. *Business Ethics: A European Review*. 2004; 13:100–116.
- Chopra M, Darnton-Hill I. Tobacco and obesity epidemics: Not so different after all? *BMJ*. 2004; 328:1558–1560. [PubMed: 15217877]
- Coombs T, Schmidt L. An empirical analysis of image restoration: Texaco's racism crisis. *Journal of Public Relations Research*. 2000; 12:163–178.
- Corporate Accountability International. Corporate Accountability International, challenging abuse, protecting people. 2009. Retrieved from <http://www.stopcorporateabuse.org>
- Cruz TB. Monitoring the tobacco use epidemic IV. The vector: Tobacco industry data sources and recommendations for research and evaluation. *Preventive Medicine*. 2009; 48(Suppl 1):S24–S34. [PubMed: 18976685]
- Darmon K, Fitzpatrick K, Bronstein C. Krafting the obesity message: A case study in framing and issues management. *Public Relations Review*. 2008; 34:373–379.
- Dorfman L, Wallack L. Moving nutrition upstream: The case for reframing obesity. *Journal of Nutrition Education and Behavior*. 2007; 39(2 Suppl 1):S45–S50. [PubMed: 17336805]
- Emery SL, Szczypka G, Powell LM, Chaloupka FJ. Public health obesity-related TV advertising: Lessons learned from tobacco. *American Journal of Preventive Medicine*. 2007; 33(4Suppl 4):S257–S263. [PubMed: 17884574]
- Farrelly MC, Davis KC, Haviland ML, Messeri P, Heaton CG. Evidence of a dose-response relationship between “truth” antismoking ads and youth smoking prevalence. *American Journal of Public Health*. 2005; 95:425–431. [PubMed: 15727971]
- Freudenberg N. Public health advocacy to change corporate practices: Implications for health education practice and research. *Health Education and Behavior*. 2005; 32:298–319. [PubMed: 15851541]
- Freudenberg N, Bradley SP, Serrano M. Public health campaigns to change industry practices that damage health: An analysis of 12 case studies. *Health Education and Behavior*. 2009; 36:230–249. [PubMed: 18077655]
- Friedman LC. Philip Morris's website and television commercials use new language to mislead the public into believing it has changed its stance on smoking and disease. *Tobacco Control*. 2007; 16(6):e9. [PubMed: 18048599]
- Friedman LC. Tobacco industry use of corporate social responsibility tactics as a sword and a shield on secondhand smoke issues. *Journal of Law, Medicine & Ethics*. 2009; 37:819–827.
- Givel M. Philip Morris' FDA gambit: Good for public health? *Journal of Public Health Policy*. 2005; 26:450–468. [PubMed: 16392744]
- Guardino, SD.; Banthin, CN.; Daynard, RA. USA v Philip Morris USA, Inc, et al: Analysis of Judge Kessler's final opinion and order. Boston, MA: Tobacco Control Resource Center; 2006.
- Guardino SD, Daynard RA. Tobacco industry lawyers as “disease vectors. *Tobacco Control*. 2007; 16:224–228. [PubMed: 17652236]
- Herrick C. Shifting blame/selling health: Corporate social responsibility in the age of obesity. *Sociology of Health & Illness*. 2009; 31(1):51–65. [PubMed: 18764803]
- Hershey JC, Niederdeppe J, Evans WD, Nonnemaker J, Blahut S, Holden D, Haviland MA. The theory of “truth”: How counterindustry campaigns affect smoking behavior among teens. *Health Psychology*. 2005; 24(1):22–31. [PubMed: 15631559]
- Hershey JC, Niederdeppe J, Ng SW, Mowery P, Farrelly M, Messeri P. How state counter-industry campaigns help prime perceptions of tobacco industry practices to promote reductions in youth smoking. *Tobacco Control*. 2005; 14:377–383. [PubMed: 16319360]
- Hirschhorn N. Corporate social responsibility and the tobacco industry: Hope or hype? *Tobacco Control*. 2004; 13:447–453. [PubMed: 15564636]

- Holder-Webb L, Cohen JR, Nath L, Wood D. The supply of corporate social responsibility disclosures among U.S. firms. *Journal of Business Ethics*. 2009; 84:497–527.
- Institute of Medicine. *Progress in preventing childhood obesity: Focus on industry*. Washington, DC: National Academies Press; 2006.
- International Baby Food Action Network. *Report on Nestlé violations of the International Code of Marketing of Breastmilk Substitutes*. 2005. Retrieved from <http://www.ibfan.org/art/302-17.pdf>
- International Baby Food Action Network. *Nestlé: Evidence of violations of the International Code of Marketing of Breastmilk Substitutes and subsequent resolutions*. 2007. Retrieved from <http://www.ibfan.org/art/nest-p1.pdf>
- International Code Documentation Centre. *Nestlé and the International Code: Where do they differ?*. Penang, Malaysia: Author; 2007.
- Kraft Foods Global Inc. *Supplement to pledge concerning advertising to children*. 2009. Retrieved from <http://www.bbb.org/us/storage/0/Shared%20Documents/CFBAI%20Supplement6.pdf>
- Kraft Foods Inc. *Community-based health and wellness programs*. 2007a. Retrieved from http://web.archive.org/web/20071013131844/http://www.kraft.com/responsibility/nhw_communitybased.aspx
- Kraft Foods Inc. *FAQ: How are your health and wellness initiatives going to affect your business and business results?*. 2007b. Retrieved from http://web.archive.org/web/20060311153638/www.kraft.com/contactus/template.aspx?m=cu_faqsingle&cat1=215&Faq_Question_ID=1483
- Kraft Foods Inc. *FAQ: How will your efforts on obesity impact consumers and public health?*. 2007c. Retrieved from http://web.archive.org/web/20060311153655/www.kraft.com/contactus/template.aspx?m=cu_faqsingle&cat1=215&Faq_Question_ID=1699
- Kraft Foods Inc. *FAQ: Why not restrict all advertising to children under 12?*. 2007d. Retrieved from http://web.archive.org/web/20060311153651/www.kraft.com/contactus/template.aspx?m=cu_faqsingle&cat1=215&Faq_Question_ID=1862
- Kraft Foods Inc. *Healthy living policies and practices*. 2007e. Retrieved from http://web.archive.org/web/20060502062720/kraft.com/responsibility/nhw_healthy_policies.aspx
- Kraft Foods Inc. *Healthy living policies and practices: Marketing practices*. 2007f. Retrieved from http://web.archive.org/web/20060213065945/kraft.com/responsibility/nhw_marketingpractices.aspx
- Kraft Foods Inc. *Healthy living policies and practices: Nutrition labeling*. 2007g. Retrieved from http://web.archive.org/web/20060502062803/kraft.com/responsibility/nhw_nutritionlabeling.aspx
- Kraft Foods Inc. *Healthy living policies and practices: Product nutrition*. 2007h. Retrieved from http://web.archive.org/web/20070810180220/kraft.com/responsibility/nhw_productnutrition.aspx
- Kraft Foods Inc. *Healthy living principles*. 2007i. Retrieved from http://web.archive.org/web/20060209011642/kraft.com/responsibility/nhw_healthyprinciples.aspx
- Kraft Foods Inc. *Kraft cares: Healthy lifestyles improve eating, activity behaviors*. 2007j. Retrieved from http://web.archive.org/web/20060822035804/kraft.com/responsibility/cc_act_behaviors.aspx
- Kraft Foods Inc. *Our commitment to nutrition, health and wellness*. 2007k. Retrieved from <http://web.archive.org/web/20061202205232/kraft.com/responsibility/nhw.aspx>
- Kraft Foods Inc. *Product nutrition: Portion sizes of smaller packages*. 2007l. Retrieved from http://web.archive.org/web/20060213065939/kraft.com/responsibility/nhw_portionsizes.aspx
- Kraft Foods Inc. *Public policy advocacy and stakeholder outreach*. 2007m. Retrieved from http://web.archive.org/web/20060209011453/kraft.com/responsibility/nhw_policyadvocacy.aspx
- Kreuter MW. *Commentary on public health advocacy to change corporate practices*. *Health Education & Behavior*. 2005; 32:355–362.
- MacDonald R. *The continuing battle over baby-milk formula*. *Lancet*. 2007; 369:1773. [PubMed: 17531871]
- Markowitz, G.; Rosner, D. *Deceit and denial: The deadly politics of industrial pollution*. Berkeley: University of California Press; 2002.

- McDaniel PA, Malone RE. Understanding Philip Morris's pursuit of US government regulation of tobacco. *Tobacco Control*. 2005; 14:193–200. [PubMed: 15923470]
- McDaniel PA, Smith EA, Malone RE. Philip Morris's Project Sunrise: Weakening tobacco control by working with it. *Tobacco Control*. 2006; 15:215–223. [PubMed: 16728753]
- Meister, K. Cigarettes are not food: Why tobacco lawsuits are not a model for obesity lawsuits. New York, NY: American Council on Science and Health; 2006.
- Moore ES, Rideout VJ. The online marketing of food to children: Is it just fun and games? *Journal of Public Policy & Marketing*. 2007; 26:202–220.
- Myers ML. Opposition in search of a rationale: The case for Food and Drug Administration regulation. *Tobacco Control*. 2004; 13:441–443. [PubMed: 15564634]
- Nestlé. Baby milk issue facts: A legal battle. 2008a. Retrieved from <http://web.archive.org/web/20080421122524/http://www.babymilk.nestle.com/History/Legal+Battle.htm>
- Nestlé. Baby milk issue facts: History. 2008b. Retrieved from <http://web.archive.org/web/20080619081859/http://www.babymilk.nestle.com/History>
- Nestlé. Baby milk issue facts: WHO Code and end of the Nestlé boycott. 2008c. Retrieved from <http://web.archive.org/web/20080421123301/http://www.babymilk.nestle.com/History/WHO+Code+and+end+of+the+Nestlé+C3%A9+Boycott.htm>
- Nestlé. Developing world: 1.5 million babies. 2008d. Retrieved from <http://web.archive.org/web/20080505024600/www.babymilk.nestle.com/Developping+World/Breastfeeding/1.5+million+babies.htm>
- Nestlé. Developing world: Breast-milk and breast-milk substitute. 2008e. Retrieved from <http://web.archive.org/web/20080521200423/www.babymilk.nestle.com/Developping+World/Breastfeeding/Breastfeeding+and+infant+formula.htm>
- Nestlé. Developing world: Foreword. 2008f. Retrieved from <http://web.archive.org/web/20080524185002/www.babymilk.nestle.com/Developping+World/Foreword>
- Nestlé. Developing world: Has the WHO Code changed since it was introduced?. 2008g. Retrieved from <http://web.archive.org/web/20070519083940/www.babymilk.nestle.com/Developping+World/WHO+Code/WHO+Code+changes.htm>
- Nestlé. Developing world: How does Nestlé support and implement the Code?. 2008h. Retrieved from <http://web.archive.org/web/20070805042916/http://www.babymilk.nestle.com/Developping+World/WHO+Code/WHO+Code+support+and+implementation.htm>
- Nestlé. Developing world: What is the WHO Code?. 2008i. Retrieved from <http://web.archive.org/web/20080524185017/www.babymilk.nestle.com/Developping+World/WHO+Code>
- Nestlé. FAQ. 2008j. Retrieved from <http://web.archive.org/web/20080522113042/www.babymilk.nestle.com/Site/FAQ/HomeFaqTemplateFile.aspx?NRMODE=Published&NRNODEGUID={26BC25AE-195B-4CD4-A995-E5A3E3F64314}&NRORIGINALURL=/FAQ/HomeFAQ.htm&NRCACHEHINT=Guest#question1>
- Nestlé. The international code of marketing of breast-milk substitutes. 2008k. Retrieved from <http://web.archive.org/web/20080421123312/http://www.babymilk.nestle.com/Who+Code+Issues/Nestle+Code+Compliance/Nestle+code+compliance.htm>
- Nestlé. Is infant formula a necessary product in developing countries?. 2008l. Retrieved from <http://web.archive.org/web/20080615012933/www.babymilk.nestle.com/Developping+World/Breastfeeding/Infant+formula.htm>
- Nestlé. WHO Code issues. 2008m. Retrieved from <http://web.archive.org/web/20080421123307/http://www.babymilk.nestle.com/Who+Code+Issues/About+WHO+Code>
- Nestlé. WHO Code violation allegations. 2008n. Retrieved from <http://web.archive.org/web/20080302103047/http://www.babymilk.nestle.com/Who+Code+Issues/Allegations/Allegations.htm>

- Nestle, M. Food politics. Berkeley: University of California; 2002.
- Neuman, W. The New York Times. 2010 Jul 24. Ad rules stall, keeping cereal a cartoon staple; p. A1
- Niederdeppe J, Farrelly MC, Haviland ML. Confirming “truth”: More evidence of a successful tobacco countermarketing campaign in Florida. *American Journal of Public Health*. 2004; 94:255–257. [PubMed: 14759936]
- Page G, Fearn H. Corporate reputation: What do consumers really care about? *Journal of Advertising Research*. 2005; 45:305–313.
- Parrilla-Rodriguez AM, Gorrin-Peralta JJ. Formula labeling violations to the WHO Code: A quantitative and qualitative analysis. *Puerto Rico Health Sciences Journal*. 2008; 27(1):49–54. [PubMed: 18450233]
- Perry DC, Taylor M, Doerfel ML. Internet-based communication in crisis management. *Management Communication Quarterly*. 2003; 17:206–232.
- Philip Morris USA. Legislation & regulation: FDA regulation of tobacco products. 2007a. Retrieved from http://web.archive.org/web/20071112183449/www.philipmorrisusa.com/en/legislation_regulation/fda/regulation_tobacco_products.asp
- Philip Morris USA. Legislation & regulation: Public place smoking restrictions. 2007b. Retrieved from http://web.archive.org/web/20071112183554/www.philipmorrisusa.com/en/legislation_regulation/smoking_restrictions.asp
- Philip Morris USA. Our initiatives & programs: Cessation support. 2007c. Retrieved from http://web.archive.org/web/20080105072205/www.philipmorrisusa.com/en/our_initiatives/cessation_support.asp
- Philip Morris USA. Our initiatives & programs: Product placement and other depictions of cigarette brands, brand imagery and smoking in public entertainment media. 2007d. Retrieved from http://web.archive.org/web/20071107152843/www.philipmorrisusa.com/en/our_initiatives/marketing_our_products/product_placement.asp
- Philip Morris USA. Our initiatives & programs: Compliance & integrity. 2007e. Retrieved from http://web.archive.org/web/20071018004252/www.philipmorrisusa.com/en/our_initiatives/compliance_and_infrastructure.asp
- Philip Morris USA. Our initiatives & programs: Reduced harm. 2007f. Retrieved from http://web.archive.org/web/20071018003929/www.philipmorrisusa.com/en/our_initiatives/reduced_harm.asp
- Philip Morris USA. Product facts: Cigarette ingredients. 2007g. Retrieved from http://web.archive.org/web/20071009220658/www.philipmorrisusa.com/en/product_facts/ingredients/ingredients_in_cigarettes.asp
- Philip Morris USA. Product facts: Providing smoking pleasure. 2007h. Retrieved from http://web.archive.org/web/20071009220723/www.philipmorrisusa.com/en/product_facts/making_our_cigarettes/providing_smoking_pleasure.asp
- Philip Morris USA. Product facts: Understanding tar & nicotine numbers. 2007i. Retrieved from http://web.archive.org/web/20071009151440/www.philipmorrisusa.com/en/product_facts/tar_nicotine/tar_nicotine_landing.asp
- Philip Morris USA. Smokeless tobacco: Marketing responsibly. 2007j. Retrieved from http://web.archive.org/web/20070704205840/www.philipmorrisusa.com/en/smokeless/marketing_responsibly.asp?source=smokeless_left_nav
- Philip Morris USA. Smoking & health issues. 2007k. Retrieved from http://web.archive.org/web/20071230071007/www.philipmorrisusa.com/en/health_issues/default.asp
- Philip Morris USA. Smoking & health issues: Addiction. 2007l. Retrieved from http://web.archive.org/web/20071011142515/www.philipmorrisusa.com/en/health_issues/addiction.asp
- Philip Morris USA. Smoking & health issues: Cigarette smoking and disease. 2007m. Retrieved from http://web.archive.org/web/20071011143554/www.philipmorrisusa.com/en/health_issues/cigarette_smoking_and_disease.asp

- Philip Morris USA. Smoking & health issues: Low tar cigarettes. 2007n. Retrieved from http://web.archive.org/web/20071011143646/www.philipmorrisusa.com/en/health_issues/low_tar_cigarettes.asp
- Philip Morris USA. Smoking & health issues: Quitting smoking. 2007o. Retrieved from http://web.archive.org/web/20071011142635/www.philipmorrisusa.com/en/health_issues/quitting_smoking.asp
- Philip Morris USA. Smoking & health issues: Secondhand smoke. 2007p. Retrieved from http://web.archive.org/web/20071011202546/www.philipmorrisusa.com/en/health_issues/secondhand_smoke.asp
- Philip Morris USA. Smoking & health issues: Smoking and pregnancy. 2007q. Retrieved from http://web.archive.org/web/20071011143726/www.philipmorrisusa.com/en/health_issues/smoking_and_pregnancy.asp
- Pollan, M. In defense of food: An eater's manifesto. New York, NY: Penguin; 2008.
- Post JE. Assessing the Nestlé boycott: Corporate accountability and human rights. *California Management Review*. 1985; 27:113–131.
- Proctor RN. "Everyone knew but no one had proof": Tobacco industry use of medical history expertise in US courts, 1990–2002. *Tobacco Control*. 2006; 15(Suppl 4):117–125.
- Richter, J. Holding corporations accountable: Corporate conduct, international codes, and citizen action. London, United Kingdom: Zed Books; 2001.
- Salasibew M, Kiani A, Faragher B, Garner P. Awareness and reported violations of the WHO International Code and Pakistan's national breastfeeding legislation: A descriptive cross-sectional survey. *International Breastfeeding Journal*. 2008; 3:24–30. [PubMed: 18928524]
- Seidell JC. Prevention of obesity: The role of the food industry. *Nutrition and Metabolism in Cardiovascular Disease*. 1999; 9:45–50.
- Shafey, O.; Eriksen, M.; Ross, H.; MacKay, J. The tobacco atlas. 3. Atlanta, GA: American Cancer Society; 2009.
- Singh JA, Daar AS, Singer PA. Shared principles of ethics for infant and young child nutrition in the developing world. *BMC Public Health*. 2010; 10:321–326. [PubMed: 20529339]
- Smith EA, Malone RE. Philip Morris's health information website appears responsible but undermines public health. *Public Health Nursing*. 2008; 25:570–580.
- Suchman MC. Managing legitimacy: Strategic and institutional approaches. *Academy of Management Review*. 1995; 20:571–610.
- Thomsen SR, Rawson B. Purifying a tainted corporate image: Odwalla's response to an E. coli poisoning. *Public Relations Quarterly*. 1998; 43(3):35–46.
- Trust for America's Health. F as in fat: How obesity threatens America's future. Princeton, NJ: Robert Wood Johnson Foundation; 2010.
- Tyler L. Liability means never being able to say you're sorry: Corporate guilt, legal constraints, and defensiveness in corporate communication. *Management Communication Quarterly*. 1997; 11(1): 51–73.
- UNICEF. The international code of marketing of breast-milk substitutes. 2009 Oct. Retrieved from http://www.unicef.org/supply/files/10_The_International_Code_of_Marketing_of_Breast-milk_Substitutes.pdf
- U.S. Department of Agriculture. Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans. Washington, DC: Author; 2010.
- U.S. Department of Health and Human Services. The health consequences of smoking: A report of the Surgeon General. Washington, DC: Author; 2004.
- Wander N, Malone RE. Fiscal versus social responsibility: How Philip Morris shaped the public funds divestment debate. *Tobacco Control*. 2006; 15:231–241. [PubMed: 16728755]
- Warren, C. Brush with death: A social history of lead poisoning. Baltimore, MD: The Johns Hopkins University Press; 2000.
- Wiist WH. Public health and the anticorporate movement: Rationale and recommendations. *American Journal of Public Health*. 2006; 96:1370–1375. [PubMed: 16809584]

- Wiist, WH., editor. *The bottom line or public health: Tactics corporations use to influence health and health policy, and what we can do to counter them.* New York, NY: Oxford University Press; 2010.
- Wilson, D. *The New York Times.* 2010 Jun 8. Group objects to 2 members of tobacco safety panel; p. B3
- Winter SJ, Saunders C, Hart P. Electronic window dressing: Impression management with websites. *European Journal of Information Systems.* 2003; 12:309–322.
- World Health Organization. *International Code of Marketing of Breastmilk Substitutes.* Geneva, Switzerland: Author; 1981.
- World Health Organization. *Framework convention on tobacco control.* Geneva, Switzerland: Author; 2004.
- World Health Organization. *WHO report on the global tobacco epidemic, 2008: The MPOWER package.* Geneva, Switzerland: Author; 2008.
- World Health Organization. *Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control.* 2009. Retrieved from http://www.who.int/fctc/guidelines/article_5_3.pdf
- Yach D, Lucio A, Barroso C. Can food and beverage companies help improve population health? Some insights from PepsiCo. *Medical Journal of Australia.* 2007; 187:656–657. [PubMed: 18072909]
- Yang J, Malone RE. ‘Working to shape what society’s expectations of us should be’: Philip Morris’s societal alignment strategy. *Tobacco Control.* 2009; 17:391–398. [PubMed: 18845623]
- Zefutie JJ Jr. From butts to Big Macs—Can the Big Tobacco litigation and nation-wise settlement with states’ attorneys general serve as a model for attacking the fast food industry? *Seton Hall Law Review.* 2004; 34:1383–1415. [PubMed: 15619796]

Table 1

Image restoration strategies (adapted from Benoit, 1997)

Strategy	Key characteristics	Illustration
Denial		
Simple denial	Did not perform act; act is not problematic; consequences are not problematic	Nestlé: Claim that 1.5 million babies die because of formula feeding is incorrect
Shift the blame	Act performed by another; consequences are due to another's acts	Kraft: Individuals are responsible for their choices
Victimization *	Claim victimization by accuser	Nestlé: Nongovernmental organizations unfairly accuse Nestlé
Evasion of responsibility		
Provocation	Responding to needs of others	Philip Morris/Kraft: Selling product desired by consumers
Defeasibility	Lack of ability to ameliorate	Philip Morris: Unable to make cigarettes safe
Accident	Act was an accident	Not used
Good intentions	Act was meant well	Not used
Reducing offensiveness		
Bolstering	Stress good traits; ally or associate with entities of good reputation	Nestlé: Works with nongovernmental organizations to develop guidelines
Minimization	Act not serious; consequences exaggerated	Philip Morris: Secondhand smoke exposure is an issue of comfort and choice
Differentiation	Act is less offensive than others	Not used
Transcendence	More important considerations	Nestlé: Infant formula saves lives of babies not able to breastfeed
Attack accuser	Reduce credibility of accuser	Nestlé: Advocates are intransigent
Compensation	Reimburse victim	Not used
Corrective action		
Product *	Change product to correct problem	Kraft: Adding low-calorie options to product lines
Packaging *	Change packaging, advertising, or labeling to correct problem	Nestlé: labels say that breastfeeding is best
Disclosure or cooperation *	Acknowledge act and/or agree to cooperate with regulatory authorities	Philip Morris: Cigarettes are dangerous and addictive Nestlé: Abides by World Health Organization guidelines
Others *	Suggests actions to be taken by others	Philip Morris: Government should require warning signs about secondhand smoke
Kids *	Take action directed to protect children	Kraft: Will not advertise to preschool-age children
Mortification	Apologize for act	Not used

* Expanded from Benoit (1997).

Table 2

Website pages using image restoration strategies

	<u>Philip Morris (n = 49)</u>		<u>Kraft (n = 19)</u>		<u>Nestlé (n = 14)</u>	
	n	%	n	%	n	%
Denial	13	0.27	7	0.37	9	0.64
Simple denial	9	0.18	3	0.16	7	0.50
Shift the blame	6	0.12	5	0.26	4	0.29
Victimization	0	0	0	0	3	0.21
Evasion of responsibility	16	0.33	5	0.26	2	0.14
Provocation	1	0.02	0	0	0	0
Defensibility	16	0.33	5	0.26	2	0.14
Reducing offensiveness	21	0.43	10	0.53	11	0.79
Bolstering	17	0.35	9	0.47	6	0.43
Minimization	10	0.20	1	0.05	3	0.21
Transcendence	3	0.06	0	0	6	0.43
Attack accuser	0	0	0	0	3	0.21
Corrective action	23	0.47	14	0.74	8	0.57
Product	5	0.10	3	0.16	0	0
Packaging	0	0	6	0.32	4	0.29
Disclosure or cooperation	15	0.31	1	0.05	7	0.50
Others	11	0.22	4	0.21	1	0.07
Kids	3	0.06	5	0.26	0	0

Note. Percentages do not add up to 100% because each document could use multiple strategies.