Caveat Partner: Sharing Responsibility for Health With the Food Industry

From Zumba classes in British parks to initiatives for improving sanitation in schools in rural India, public–private partnerships and other close relationships with industry have become the paradigm in public health. Such approaches were endorsed recently by the United Nations in its Sustainable Development Goals. Policymakers use the language of "inclusiveness," and the need for industry to be "part of the solution" to justify these arrangements. In this issue of *AJPH*, Tempels et al.,[1] echo this practice and speak favorably of "multistakeholder alliances" and "public–private initiatives." Their proposal is not novel. Rather, it is an avowed critique of the "academic public health discourse," an attempt to provide a theoretical defense of the prevailing paradigm, and a calling to account of "opponents of 'Big Food' " for not getting on board with industry collaboration.

I have challenged the partnership paradigm, arguing that it creates systemic ethical challenges that imperil public health agencies, universities, and professional associations, as well as public health.[2] In my view, the default relationship between government agencies and industry actors should be at arm's length—an argument one can make persuasively without being an industry "opponent."

SPLIT CORPORATE PERSONALITY?

Tempels et al. describe the food industry's unhealthy products, harmful marketing practices directed at children, the promotion of research that undermines public health, and lobbying against measures that might promote public health. But they set against this other measures that may contribute positively to health.

Corporations, they argue, have been creating healthier products or "variants." There are, of course, marketing advantages to promoting foods as healthy, but conferring an unjustified "health halo" on foods can exacerbate unhealthy diets.[3] Moreover, the United Nations High-Level Meeting on Non-communicable Diseases in 2014 concluded that industry had made "limited progress" in developing, marketing, and making accessible healthier products, despite the United Nations' repeated exhortations.[4]

Tempels et al. point out that corporations participate in programs that encourage people to pursue an "active lifestyle." But, as they (and, on occasion, industry executives[5]) acknowledge, these activities are usually designed to distract attention from the unhealthy nature of the company's products. There is also evidence that corporate philanthropy, often characterized as corporate social responsibility, may serve to license or compensate for other socially irresponsible practices.[6]

The authors conclude that the behavior of multinational food and beverage companies "reflects an ambivalence or even a split corporate personality, as they contribute to population health problems and engage in activities to prevent such problems."[1(p402)] This "equivocal" behavior is a "paradox," Tempels et al. claim, and reflects "opposing strategies."[1(p404)] In my view, this is a false paradox. These behaviors are better understood as parts of a broader corporate strategy whose goal is to protect commercial interests. Food and beverage companies rarely participate in initiatives to raise awareness about the negative effects of their products. Instead, they participate in collaborations that emphasize the role of physical activity, personal responsibility, and "healthy choices"—all ways of framing public health issues to protect companies' commercial interests.

INSTITUTIONAL INTEGRITY

Rather than raiding a diagnostic lexicon that has long been abandoned by psychiatry, I prefer to draw on ethical concepts to address the behavior of institutions. The concept of integrity can and should be applied to institutions, as well as to individuals. Institutional integrity requires, among other things, consistency among what an institution does (its practices), what the institution says it does (its mission), and what it is obligated to do (what one might call its purpose).

If a food or beverage company wishes to have integrity, it cannot make claims that it is promoting health while aggressively marketing low-nutrient, high-calorie leading brands that exacerbate obesity and associated noncommunicable diseases. But, in my work, I am more concerned about the integrity of public health agencies and nonindustry groups that "partner" with industry to promote health.

These relationships can burnish company reputations—as governments eagerly point out to potential industry partners. Partnerships can build consumer loyalty for unhealthy brands, often by conferring health halos on companies and their products. Subtle reciprocity arising from partnerships may also make

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government agencies less willing to take steps to protect public health, particularly when those steps might appear to undermine the commercial interests of industry partners. As a result, public health agencies collaborating with industry may undermine their public health mission and purpose, and in turn, erode their integrity.

SHARED RESPONSIBILITY AND PARTNERSHIP

I remain unconvinced that one can find a theoretical defense for public–private partnerships in Iris Marion Young's notion of "shared responsibility."[7] Young does not dismiss "backward-looking responsibility." On the contrary, she argues that we should hold corporations to account when they continue to engage in harmful practices, and that we should hold governments to account when they fail to enforce regulations designed to prevent such practices. Young's claim is that we should supplement this approach with forward-looking shared responsibility in the case of *individuals* who can *only* solve a problem of structural injustice by joining with others in collective action. But corporations are not individuals, and they could take steps unilaterally to address the health impacts of their own products.

Any multinational food and beverage corporation could cease promoting products such as sugar-sweetened beverages and energy-dense foods that exacerbate obesity. As an alternative, it could increase the prices of unhealthier products. Notably, a company could *only* take such a step unilaterally. If multinationals agreed with each other to increase prices, such collusive practices would violate European competition law and US antitrust law. In this example, collective action is not the only solution; on the contrary, it is one of the few prohibited solutions!

GOVERNMENTS AS GUARDIANS OF PUBLIC HEALTH

Corporations are often reluctant to change behavior unilaterally, for fear of losing market share. By effectively regulating industry, government agencies eliminate this concern, while discharging their responsibility to protect and promote public health. Some legislative bodies have passed soda taxes or are considering them to reduce consumption and generate revenue. Legislatures could also explore direct taxes on the manufacturers of high-calorie, low-nutrient products.

Governments, not corporations, are the guardians of public health. If sharing responsibility with the food industry means recognizing that corporations can and should improve their products and practices to prevent or reduce harm to health, few would disagree with the claim. But it does not follow that governments should collaborate with industry to protect and promote public health.

If public health agencies need to pool resources and expertise, they should build relations with other institutions that have a similar mission and purpose. This might involve horizontal collaborations with public health agencies in other jurisdictions, and vertical collaborations among local, state, and federal agencies.

In her work on shared responsibility, Young recognizes the importance of addressing conflicts of interest, and the need for the relevant actors to "struggl[e] with one another," and "call one another to account for what they are doing or not doing."[7(p130)] It is time for public health agencies and regulators to "struggle" a little more with corporations, creating structural incentives for healthier and more responsible industry practices, and calling companies to account when they fail to comply. AJPH

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Choosing Health Equity: Investing in Optimal and Equitable Health for All

Follow-up on: Barthold D, Nandi A, Mendoza Rodríguez JM, Heymann J. Analyzing whether countries are equally efficient at improving longevity for men and women. Am J Public Health. *2014;104(11): 2163–2169.*

Health equity is a choice. Worldwide, humanity is consciously choosing to make progress toward health equity. The World Health Organization has reported more than a 50% reduction in under-five child mortality since the year 2000. The *Lancet* Commission's Global Health 2035 report asserted that, with strategic investments, nearly all countries could achieve "a grand convergence in health within a generation," reducing maternal–child deaths in high-mortality countries to the levels of the best-performing middle-income nations by 2035.[1] The World Health Organization has similarly endorsed the Sustainable Development Goal of eliminating preventable

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