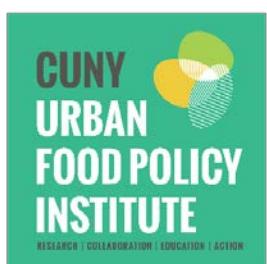


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CHANGING FOOD  
INDUSTRY PRACTICES  
THAT CONTRIBUTE  
TO DIET-RELATED  
CHRONIC DISEASES

POLICY BRIEF



NICHOLAS FREUDENBERG  
CUNY URBAN FOOD POLICY INSTITUTE  
[cunyurbanfoodpolicy.org](http://cunyurbanfoodpolicy.org)

## Changing Food Industry Practices that Contribute to Diet-related Chronic Diseases



# TOGETHER LET'S BEAT NCDs

*Preparing for the third UN High-level Meeting on NCDs, 2018*

Source: <http://www.who.int/ncds/governance/third-un-meeting/en/>

In New York City and around the world, diet-related chronic diseases are rapidly becoming the leading cause of premature death, preventable illnesses, and disability. Conditions such as diabetes, cardiovascular diseases, hypertension and some forms of cancer also impose a burden of suffering on individuals and families, costs on our health care systems, and lost productivity to the economy. Globally, diet-related chronic diseases are also a leading cause of the health inequities between the better off and the poor and, in New York City and the United States, between whites and people of color.

On Thursday, September 27, the Third United Nations High Level Meeting on Non-Communicable Diseases takes place in New York City. Its goal is to assess global progress in reducing non-communicable diseases (NCDs), the public health term for chronic diseases, and to make recommendations for governments, businesses and civil society to act to prevent and manage these conditions. After the first UN General Assembly Global NCD meeting in 2011, international organizations set the [goal](#) of a 25% reduction in premature mortality from non-communicable diseases by 2025.

A 2010 World Health Organization (WHO) report meeting identified four main risk factors for NCDs: unhealthy diets, tobacco use, alcohol use and sedentary behavior.<sup>1</sup> Progress in preventing NCDs,

observed the WHO, required not simply changing individual behavior but enlisting all sectors of society to act to reduce exposure to these risk factors.

No single cause explains the rapid growth of NCDs around the world and no single policy will reverse the epidemics of diet, tobacco, alcohol and inactivity-related diseases. Clearly, individual behavior; local, national and global public policies; demographic shifts and changes in the global economy all contribute. But a mounting body of evidence shows that the practices of the food, alcohol and tobacco industries play a significant role in the growing NCD burden.<sup>2</sup> By considering the commercial practices of the food industry as modifiable social determinants of health, public health researchers can identify new opportunities for preventing NCDs.

This policy brief summarizes what is known about the impact of food industry practices on diet-related NCDs and describes some of the actions government, civil society and business have taken to prevent these conditions since the 2011 UN meeting. Finally, it examines how in the coming years New York City can learn from and teach others from around the world how to change the food industry practices that contribute to diet-related NCDs.

## How do food industry practices contribute to NCDs?



Source: <http://www.spulsa.info/food-company-logos/logo-food-and-beverage-company-logo-design-food-company-logo-food-company-logos/>

Both the business practices and the political practices of the food industry contribute to diabetes, cardiovascular diseases, hypertension and some forms of cancer. Taking in more calories than an individual burns and the associated increases in overweight and obesity are a primary link between diet and ill health, but not the only pathway. Foods high in sugar, salt and some kinds of fat, and foods that are highly processed (or ultra-processed) are more associated with NCDs than healthier foods. These ultra-processed products are claiming an ever larger portion of global caloric consumption.<sup>3</sup> Some evidence shows that unhealthy diets also contribute to inflammation, changes in gut microbiota and other processes that can cause or exacerbate NCDs.<sup>4</sup>

Food industry business practices include product design, marketing, distribution and pricing. Companies carry out these activities to advance business goals such as increased profits and increased market share, even when these practices may have harmful health consequences. As shown in the table, each of these practices has been shown to contribute to diet-related diseases.

**Table 1. FOOD INDUSTRY BUSINESS PRACTICES**

Practice	Brief definition	Contributions to NCDs	Examples
Product design	Process of creating and manufacturing products designed to sell and bring profits	Produces highly palatable, affordable (and instances where caffeine is involved, addictive!) products with high salt, fat, sugar and processed carbohydrates that contribute to diet related diseases	Arby's Monster Thickburger, most sodas, Cinnabon cinnamon roll
Marketing	Promotion of products via television, print and digital advertising, sponsored events, giveaways, etc.	Promotes more consumption of less healthy food, misinforms public about health consequences of products, confuses public about how diet influences health	Frosted Flakes promoted as healthy because of added vitamins, advertising Coke and Pepsi to equate them with happiness and friends
Retail distribution	Decisions on density and availability of outlets and products in retail settings	Makes unhealthy food ubiquitous and healthy food less available, especially in low income areas	Coca Cola goal of making Coke at arm's reach of every consumer in the globe; high density of fast food outlets in low-income areas and around schools
Pricing	Decisions on what to charge whom for various products	Higher prices for healthy products and lower prices for unhealthy ones encourage unhealthy consumption and widen inequalities in health	Dollar Value Meals at McDonald's

In addition to the business practices described above, food industry political practices compound their contribution to NCDs. Food industry political practices seek to create a social, political and economic climate in which food businesses can pursue their business objectives without interference from government or consumers and with less risk to growth and profitability, as shown in the table below. Common goals of the political practices are to decrease corporate taxes; defeat, delay or weaken regulations; enhance the image or credibility of the corporation in the face of criticism; win support from other powerful players; or win passage of favorable trade policies. The vast financial and political resources of the global food industry compared to those available to public health and civil society advocacy groups ensure that industry voices play a disproportionate role in setting policy.

**Table 2. FOOD INDUSTRY POLITICAL PRACTICES**

<b>Practice</b>	<b>Brief definition</b>	<b>Contributions to NCDs</b>	<b>Examples</b>
Lobbying	Advocacy with law makers and executive branch in support of business objectives	Promotes policies that limit or eliminate health regulations, lower taxes, or increase sales and profitability	Food industry lobbying led Federal Trade Commission in 2010 to drop proposed voluntary guidelines on food advertising to children; Lobbying has defeated several proposals to tax sugary beverages
Campaign contributions	Contributions to politicians running for office	Increases industry access to politicians to encourage support for positions that harm health	In 2016 election cycle, food industry contributed to elected officials who promoted less regulation of that industry
Public relations	Media advocacy to advance business and political goals	Frames public discourse in ways that support industry as opposed to health policy goals	Trade associations charge that health regulations illustrate nanny state

Sponsored research	Researchers hired to produce findings useful to industry (e.g., design of hyperpalatable foods) or to obfuscate or create doubt on findings harmful to industry	Diminishes influence of independent research that supports healthier policies, confuses public and politicians about health evidence	Research on “functional foods” obscures deeper benefits of unprocessed food; Coca Cola supports research on the role of physical activity in obesity to distract attention from role of soda
Litigation	Legal action against government agencies, regulations or critics who jeopardize profits or challenge corporate control	Delays or blocks health regulations, silences health critics, forces public expenditures on legal costs rather than health protection , deters more effective policies	Soda industry goes to court to defeat New York City portion size limitations
Philanthropy	Contributions to nonprofits to enhance reputation or influence public discourse	Enhances credibility of corporations, increasing their policy and public voice; frames public discourse in terms favorable to industry	Soda industry contributes to physical activity programs to distract public attention from soda’s role in obesity
Trade	Treaties and agreements that govern what nations sell to other nations with what conditions	May reduce availability and increase prices of local healthy food and increase availability and lower prices of imported unhealthy food ; can override national regulations on labeling and food safety	Changes in availability of corn, beef and soda in Mexico after NAFTA, contributing to sharp rises in diet-related diseases <sup>5</sup>

### **How have global changes in the food industry increased the risk of diet-related disease?**

Several changes in the global food industry in the last few decades have contributed to the rise in NCDs. First, the high and rapidly increasing levels of concentration in the agriculture, food production and food retail businesses reinforce industrial food and farming models that promote the highly processed foods most associated with diet-related diseases.<sup>6</sup> Transnational corporations like Nestle, Unilever and Kraft develop global markets for their products and have the power to bring their products to billions of consumers. They also push smaller competitors out of business or buy them up, reducing competition on price and quality of food. These changes also exacerbate the food sector's social and environmental fallout and aggravate existing power imbalances.<sup>7</sup> New technologies allow these giant companies to process ever more food products and invest in marketing them to more sectors of the population.

In the past few decades, as food corporations grew larger and more global, they claimed powers that had previously been in the hands of government. Food and other companies gained control over setting global trade policies, self-regulate their practices, sponsor and interpret scientific research and educate the public about food. In each of these tasks, corporations have consistently set profitability not health and the prevention of disease as their priority.

Compared to 50 years ago, the world's largest food companies have a bigger voice in shaping the world's dietary choices, produce more of the calories that the world consumes, and reach inside the minds of more consumers. Increasingly, ultra-processed foods can be shipped anywhere in the world, sit on shelves for months, and be marketed to satisfy deep emotional longings ("Open happiness!"). These characteristics are what make them better generators of income than healthier products. Despite occasional health rhetoric and use of health claims to market products, few global food companies want to reduce consumption of their most profitable products—and it is these same products that also happen to be a primary cause of NCDs.

### What actions have been taken to modify harmful food industry practices?

Around the world, governments and civil society groups have advocated for policies and programs that can reduce the disease burden of food. What have been some of their successes? In a 2011 report, the World Health Organization identified “Best Buys” in policies to reduce diet-related diseases.<sup>8</sup> Other recent reports have proposed other evidence-based or promising policies.<sup>9</sup> Several of these target harmful practices of the food industry:

- Reduce salt intake in food<sup>10</sup>
- Replace trans-fat with polyunsaturated fat<sup>11</sup>
- Tax sugar or sugary beverages<sup>12</sup>
- Mandate warning labels on unhealthy products such as soda<sup>13</sup>
- Require front-of-pack labels<sup>14</sup>
- Restrict marketing of breast milk substitutes<sup>15</sup>

# NCD BEST BUYS

EVIDENCE - BASED COST- EFFECTIVE PUBLIC HEALTH  
INTERVENTIONS TO PREVENT AND CONTROL NCDs

Prevention and control of noncommunicable diseases (NCDs) requires policy and health service interventions to address the four main diseases and their underlying risk factors. This is a summary of the WHO cost-effective interventions, which provides a menu of evidence-based options to guide policy decisions.<sup>16</sup>



**PROMOTE  
HEALTHY  
DIET**

- **Reduce salt intake** by:
  - product reformulation and setting targets for the amount of salt in foods and meals
  - providing lower sodium options in public institutions
  - promoting behavior change through mass media campaigns
  - implementing front-of-pack labeling
- **Ban trans-fats** in the food chain
- **Raise taxes on sugar-sweetened beverages** to reduce sugar consumption

Source: <https://www.paho.org/hq/dm/documents/2017/ents-best-buys-english.pdf>

Other promising policies which have been less evaluated to date include those that restrict advertisement of unhealthy foods, especially to children;<sup>17</sup> public countermarketing campaigns;<sup>18</sup> and stricter rules and more vigorous enforcement of anti-monopoly rules.<sup>19</sup>

Some public health researchers advocate public private partnerships, in which corporations, government and civil society groups develop and enforce often voluntary guidelines.<sup>20</sup> In the United Kingdom, for example, “Responsibility Deals” brought together government, businesses and advocates to set voluntary standards for improving the healthfulness of food. The few empirical studies of the Responsibility Deal and other such partnerships have not shown significant impact.<sup>21</sup>

### **What can New York City learn from and teach others about modifying harmful business practices?**

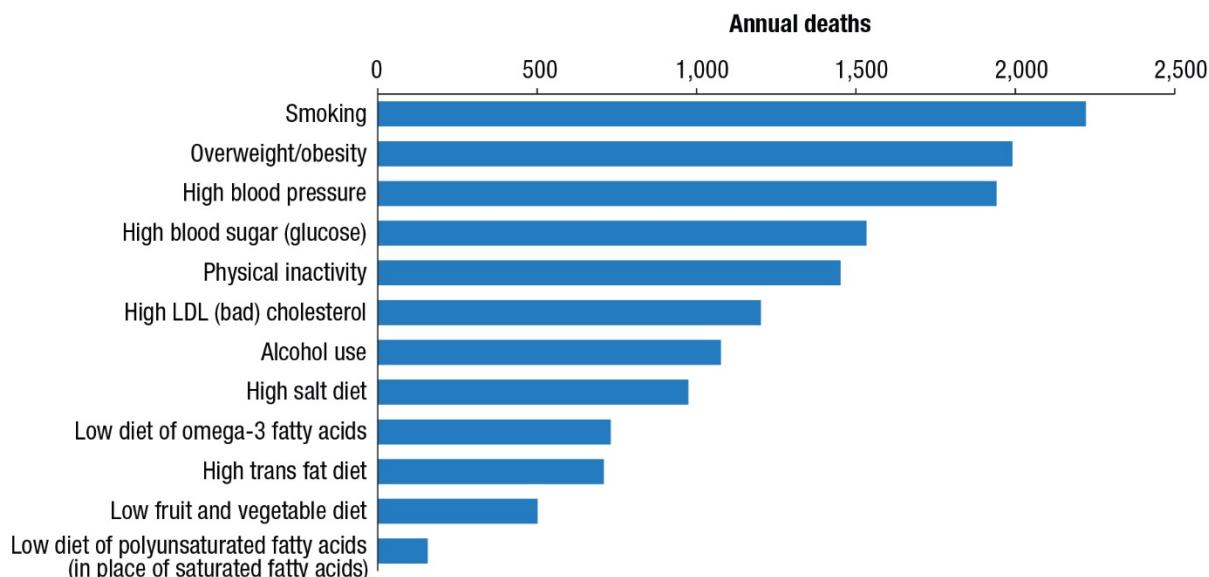
New York City has played a leading role in developing municipal strategies to reduce corporate practices that contribute to diet-related NCDs.<sup>22</sup> It has:

- Imposed a ban on commercial use of trans fat which served as a model for other cities and state and in the United States as a whole;
- Used a variety of strategies to encourage food manufacturers to reduce the salt in processed foods and to educate consumers about the dangers of excess salt;
- Led public education campaigns to encourage people to drink less sugary beverages and more tap water;
- Required chain restaurants to disclose calorie counts on menus;
- Established food standards that set limits on sugar, salt and unhealthy fats in school food and other institutional food programs.

The city also sought but failed to limit the portion size of sugary beverages.

As the UN, the World Health Organization, international health organizations and others consider strategies to prevent diet-related NCDs, what strategies might help to further reduce food-industry practices that contribute to diet-related disease?

**Premature, Preventable Deaths Attributable to Individual Risk Factors,  
New Yorkers Aged 30-69 Years, 2005-2007 Average**



Deaths that could be prevented by reductions in more than one factor (such as quitting smoking and becoming more physically active) are counted for each relevant risk.

Sources: NYC DOHMH Bureau of Vital Statistics 2005-2007, NYC Community Health Survey 2005-2007, NYC Health and Nutrition Examination Survey 2004, National Health and Nutrition Examination Survey 2003-2006, Continuing Survey of Food Intakes by Individuals 1989-1991.  
See Technical Notes for information on estimation methods.

Source: <https://www1.nyc.gov/assets/doh/downloads/pdf/ip/un-rpt.pdf>

### Next steps?

To achieve the goal of reducing premature mortality from diet-related diseases by 2025 will require significant acceleration of policy change. How can public health and nutrition professionals, food justice

advocates and others contribute to the achievement of this target? We suggest four broad approaches actions that could help New York City, the United States and other nations to move in the right direction.

**Strengthen public oversight of the food sector.**

As the nutritionist Marion Nestle has observed, the message from the food industry will always be to eat more, not eat less.<sup>23</sup> As long as high fat, sugar and salt ultraprocessed foods are their most profitable products, the food industry is unlikely to play a constructive role in changing food practices. Only government has the mandate and resources to make protecting public health a priority. Civil society groups can also play a useful role in asserting the rights of communities to create food policies that promote health rather than disease. By strengthening the role of the public sector to make public food--institutional food, restaurant food, food available in public benefit programs -- healthier and more affordable, public policy can create an alternative to a commercial food system that values profits over health.

Similarly, by using existing mandates and resources, local, regional and national governments can implement “Best Buys” more systematically. They can tax sugary beverages and other unhealthy products, limit salt and unhealthy fats in processed food, require warning labels and useful reader-friendly nutrition labels on food products, and limit deceptive or manipulative food advertising, especially to children.

To reduce the political power of the food industry to block public health measures, governments can put limits on lobbying and campaign contributions, close the revolving door between industry and government, strengthen regulation of unsafe and unhealthy food, reject additional corporate tax breaks, make health a priority in trade agreements and set rules that minimize corporate manipulation of scientific research.

Finding ways to strengthen public oversight of the food industry is not so difficult. What is hard is for elected officials to find the will to stand up to industry resistance. By building constituencies that can demand that our elected officials resist industry pressure and support those who do, public health and nutrition professionals, food advocates and ordinary citizens can begin to create the foundation for achieving the WHO goal of 25% reduction in premature mortality from NCDs by 2025.

**Provокe dialogue and debate on proper roles for government, food industry, communities and individuals in setting food policy.**

In the last few decades, the food industry has monopolized public understanding of food, spending tens of billions more on shaping people's food choices than public organizations. To balance this discussion, public health departments, nutritionists, community organizations and others need to encourage public discussion of these questions:

1. Who do you trust more to look after the nutritional well-being of your children and family—the food industry or public health authorities? If a globalized food industry requires oversight, is it the “nanny state” or the “nanny corporation” that will do a better job?
2. Should corporations be allowed to advertise directly to children? How can we balance the rights of corporations to make a profit with the rights of parents to protect their children and family's health?
3. What roles should our schools play in educating children about food and eating? Should schools teach children how to detect and resist false, misleading or manipulative food advertising?

**Use the powers of municipal government.**

This includes zoning laws, public procurement, and regulation of food retail and restaurant businesses to encourage food industry practices that support health and discourage harmful practices. For example, zoning laws can be used to limit the density of unhealthy food outlets, procurement rules can help to improve the healthfulness of school food and other institutional food and retail policies can encourage developers to locate food stores that make providing healthy affordable food in redeveloped communities a priority.

**Look for long term as well as short term wins in policies to reduce harmful food industry practices.**

Short-term and easy victories are important and set the stage for more significant changes. But many elected officials always choose modest short-term goals, even when the evidence shows that such strategies will have at best a small impact on reducing diet-related disease. By insisting that the only viable policy options are those that can be won in the next budget or electoral cycle or the next legislative session, elected officials can overlook the deeper more significant changes needed to improve

health and diets. After all, it took more than 50 years of scientific research, advocacy and litigation to impose significant public controls on the tobacco industry.

Of note, during the time that New York State rejected a soda tax and New York City lost its effort to limit the portion size of soda containers, soda consumption in New York City fell by daily soda consumption among New York City adults fell from 36% in 2007 to 24% in 2015. Raising health issues, even when the campaigns lose the first several times, can itself lead to behavioral changes. Public health advocates can help to bring about real improvements in diet-related disease by insisting that policies like restricting food advertising to children, limiting concentration within the food industry, and creating subsidized healthy-food restaurants are worth pursuing, even if they are heavy lifts in today's political climate.

In the twentieth century, public campaigns to change food industry practices led to dramatic improvements in food safety, nutrition and population health.<sup>24</sup> As the burden of diet-related NCDs grows, setting food policies that can reduce harmful food industry practices is a key priority.

Nicholas Freudenberg is Distinguished Professor of Public Health at the CUNY Graduate School of Public Health and Health Policy and Director of the CUNY Urban Food Policy Institute. His most recent book is *Lethal but Legal Corporations, Consumption and Protecting Public Health*. (Oxford University Press, 2014 and 2016 in paperback).

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