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Health Education's New Frontier in Addressing Corporate Influences on Health: An Interview With Nicholas Freudenberg

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Nick Freudenberg is Distinguished Professor of Public Health at Hunter College, City University of New York. For the past 25 years, he has worked with community organizations to develop, implement, and evaluate community interventions to improve the well-being of low-income urban communities. He has also worked for many years in the New York City jail, running programs to improve the transition from jail to community, and advocating for policy changes related to jail conditions and postrelease drug treatment, health care, and housing. More recently, he has turned his attention to the role of corporate policies and practices on the health of Americans. Freudenberg has published books and articles on HIV prevention, environmental health, asthma management, and public health policy.

HPP Associate Editor Lori Dorfman interviewed Dr. Freudenberg about his explorations into corporate practices that effect health—what he calls “disease promotion”—and their implications for health promotion practice.

What got you started looking at what you call “disease promotion”?

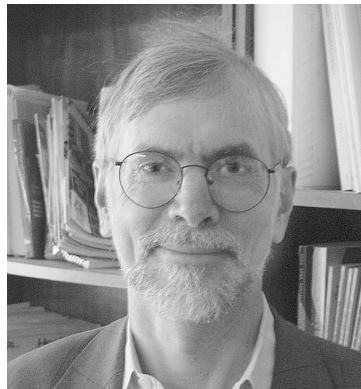
The starting point of this work is my discomfort with the public health truism that individual behavior and lifestyle are now the primary determinant of preventable morbidity and mortality in the United States. Although it's certainly true that behaviors such as eating high-fat or high-calorie diets, lack of exercise, risky sex, and smoking are the proximate causes of a substantial portion of ill health, I think we need to look more deeply at what some

epidemiologists have called “the cause of the causes.”

A substantial body of evidence has led me to believe that corporate practices and policies are themselves an important cause of illness and death. The food industry persuades us to eat too much high-fat and low-fiber foods; the automobile industry exhorts Americans to buy sport-utility vehicles (SUVs) that are more likely to kill their drivers, passengers, and pedestrians, to roll over and to pollute the environment than smaller, safer cars; and the tobacco and alcohol industries encourage people, including adolescents, to consume more of their dangerous products. I have found the concept of “disease promotion” a useful way to characterize the practices and policies of individuals and organizations that encourage unhealthy behaviors and lifestyles or harm the environment that supports health. So my work seeks to characterize and define disease promotion so we can more effectively counter it.

Are you saying that corporations should be health educators' primary target audience for interventions?

I am saying that changing the behavior of corporations could help to promote health so we need to look for effective strategies to achieve that end. Individu-



The Interviewee

Nicholas Freudenberg, DrPH, is a distinguished professor of public health at Hunter College in New York, New York.

als, communities, and elected officials are also important target audiences, in their own right and as agents of changes in corporate behavior.

What prompted you to look across public health issues—was it lessons for health promotion strategies and tactics, or something else?

I think there's been a growing recognition within health education of the importance of policy-level advocacy work—look at the recent efforts for tobacco control, to reduce obesity, or to make safe exercise more accessible. In New York City, for example, nutrition groups are working to reverse a mayoral decision to give Snapple the exclusive right to sell high-sugar, high-calorie juices to city schoolchildren, who already experience high rates of obesity. Healthy People 2010 identified increasing access to safe places to exercise as a goal. For the most part, however, practitioners and researchers have worked on a single issue—guns, tobacco, food, or alcohol, for example. I think we can gain new insights by examining efforts to combat disease promotion across issues. My hope is that such an investigation might lead to new theoretical and strategic insights that can help us develop more effective health education practice. Specifically, I am looking at campaigns to counter disease promoting policies and practices in five industries: food, automobile, alcohol, gun, and tobacco.

Why did you choose these five industries?

I chose them because their products are associated with a substantial portion of mortality and morbidity in the United

States, because the adverse consequences of the products of these industries cost citizens and taxpayers hundreds of billions of dollars a year, and because public health professionals and activists have a record of working to reduce the harmful consequences of these industries' disease promotion efforts.

Most practitioners look at the health problem from the perspective of the disease or risk factor, or population affected. You are taking a slightly different approach, looking through the lens of what corporations have done to public health outcomes. What are you learning from that perspective that will inform health promotion efforts?

These industries use common practices to advance their agenda: advertising, creating new markets, lobbying, campaign contributions, litigation, sponsoring "scientific" research, co-opting professional associations, and misinforming the public—all efforts ultimately designed to change our behavior to buy more of their products. By looking at how the public health community responds to these strategies in several different situations, we may be able to develop guidelines to increase our effectiveness. For example, many of these industries raise "free speech" arguments to justify their right to promote lethal but legal products. In several cases, advocates have found that insisting on the public's "right to know" the harmful consequences of a product is an effective counter to the commercial-free speech claim. For example, Rep. Rosa DeLauro (Connecticut) and Sen. Tom Harkin (Iowa) have introduced legislation that would require fast food and other

chain restaurants to disclose the amount of fat, sodium, and calories in each product. In another example, many advocacy groups have found that current campaign finance and lobbying laws do not allow them to compete for legislators' attention on a level playing field with industry lobbyists. This has led some public health advocacy groups to join the fight for campaign finance and lobbying reform.

We know that in the field of tobacco control there has been a shift from primarily behavioral approaches toward policy approaches. Are you finding similar shifts, or the potential for similar shifts, across other public health issues?

I think there's been substantial movement in a number of areas. There's a growing recognition that the food industry, especially fast-food outlets, is contributing to epidemics of obesity and diabetes by manipulating the content of food, increasing portion sizes, and obstructing honest nutrition education. Recent books by nutritionist Marion Nestle (*Food Politics*, University of California Press, 2002) and psychologist Kelly Brownell, (*Food Fight*, McGraw-Hill, 2004) explain this clearly. Environmental and auto safety activists have taken on SUVs, which are estimated to cause 3,000 excess deaths per year (Keith Bradsher, *High and Mighty*, Public Affairs, 2002). Others have used litigation, legislation, and media advocacy to address the role of the gun industry in gun homicide, suicide, and injuries.

What sorts of policies—local, state, or federal—might translate across the various public health issues you're examining?

As well as continuing the industry-specific work, I think there are some important avenues to pursue. The Master Settlement Agreement [MSA] on tobacco forced that industry to sponsor the American Legacy Foundation's Truth Campaign to reduce youth smoking. This sets a precedent for requiring disease promoters to pay for the consequences of their deception. Similar settlements in other areas will increase resources for health education and serve as a deterrent to unethical or unhealthful corporate practices. I also believe that in some cases counteradvertising may be more effective than restricting corporate speech. The challenge is to fund these efforts at a level they can compete with industry, a near-impossible task in the current climate.

The litigation around tobacco and the MSA certainly brought forth a wealth of documents that have helped public health hold the industry accountable for its deceitful actions, and some are actively investigating ways to use litigation with the food industry. But I wonder if litigation is out of reach in the day-to-day work of

most health educators, especially those who are working at the community level. Some say the best way to quell a community organizing campaign is to file a lawsuit. When do you think a litigation strategy can be successful?

Each strategy has its limits and benefits. Few community groups have the resources to launch a lawsuit on their own, but as you note, every tobacco control group has benefited from the documents wrested from the industry through litigation. Through looking at campaigns across industries, I hope to understand better under what circumstances strategies like lawsuits make sense and also to identify what mix of strategies work best in varying circumstances. I think public health advocates could benefit greatly from better horizontal (across issues) and vertical (across levels of government) integration of our efforts.

What are some local policies that have been tried, or should be tried, to address disease promotion?

Some groups are exploring new ways to modify corporate

behavior. In Seattle, for example, in the late 1990s, community groups proposed a "three-strikes law" on that city dealing with corporations that broke the law. In California, a coalition of progressive unions has developed a proposal for revoking the corporate charters of companies that violate the public trust. These early efforts should be developed and replicated. I already mentioned the importance of campaign finance and lobbying reform.

Excise taxes have been an especially important policy for tobacco control because they have provided resources for doing the prevention work and have had a direct effect on reducing consumption. Do you see excise taxes being an important strategy on other issues?

I think excise taxes have their role—they have been used in campaigns to reduce alcohol use; and proposed for junk food, guns, and ammunition. Excise taxes can also produce a revenue stream for health education. On the other hand, some critics (as well as industry apologists) point out that excise taxes hurt the poor most and further tilt the tax burden away from the wealthy. I think we need more dialogue on the fairness issue.

In addition to counteradvertising campaigns, is there anything that can be done locally about advertising harmful, but legal, products?

I think counteradvertising can take many forms, not only national media efforts like the Truth Campaign. In some cities, environmental activists have "ticketed" SUVs to educate own-

The Editors



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ers about safety and pollution problems. In Philadelphia, African American activists stopped the introduction of Uptown, a new brand of cigarettes targeted at African Americans. Still another route is to make healthier, sometimes less expensive, products available—urban green markets are an example—as a way of offering choices and providing a market incentive for changes in corporate behavior. I think we have only started to consider the circumstances under which it is possible to use market forces to change corporate behavior. This issue deserves careful scrutiny.

Based on your explorations so far, what do you see as future directions for health promotion research and dissemination of findings to improve the practice of health promotion?

I see several directions. First, we need epidemiological, behavioral, and policy research to estimate the mortality and morbidity attributable to specific corporate policies and practices. This will help us to select priorities for action. Second, we need to iden-

tify best practices in countering disease promotion and incorporate these findings into the development of new interventions and the training of public health professionals. Third, we need to look for allies in other fields—health care providers, consumer and environmental activists, legislators, citizen groups—to continue and expand this work and to be more effective in the policy arena. Fourth, we should study how other market economies address these issues to see if we can learn from them. Finally, we need to understand to what extent disease promotion contributes to disparities in health among socioeconomic and racial/ethnic groups and develop ways to target practices and policies that contribute most to such disparities.

This work sounds very political. Do you think it fits within public health and health education research and practice?

Absolutely. Modern public health got its start in the late 19th century by documenting the harmful consequences of industrialization and urbanization,

then mobilizing people and governments to control the practices and policies that were shown to damage health. For example, public health folks led the efforts to require landlords to improve tenement housing and factory owners to make work safer and stop hiring children. Our task now is to apply these founding principles to the 21st century.

In many sectors of our society, there's a growing debate about the appropriate role for government and the market. In the last 2 decades, and especially the last 3 years, Congress and the White House have rolled back many of the health, consumer, environmental, and occupational protections enacted since the New Deal, radically rewriting the social contract between government and business. Public health researchers have the obligation to bring into the public arena evidence that can inform this debate. As health educators, what can fit more squarely into our job descriptions than educating the public about the health consequences of corporate policies and practices?