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How the food, beverage and alcohol industries presented the Public Health Responsibility Deal in UK print and online media reports

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ABSTRACT

The Public Health Responsibility Deal (RD) in England is a public–private partnership between government, industry and other stakeholders aiming to improve public health in four key areas: food, alcohol, health at work and physical activity. Wider literature shows that industry engages in framing of public health policy problems, solutions and its role in solutions that is favourable to its interests. As part of an evaluation of the RD, we conducted a media analysis to explore how industry spokespersons (from commercial enterprises, trade associations and social aspects/public relations organisations) represented the RD in newspaper and online reports. We systematically searched databases indexing articles of British national newspapers and the online news services of national broadcasters for articles published between 2010 and 2015. After application of inclusion criteria, we identified 247 relevant articles. We extracted direct quotations by industry spokespersons and analysed them thematically. Media reporting about the RD provided industry spokespersons with a high-profile platform to present frames relating to food, beverages and alcohol that were favourable to advancing or protecting industry positions and agendas. Framing of issues addressed responsibility for public health problems, policy options and the role of industry, also legitimising industry spokespersons to advocate a position on how public health policy should evolve. Media analysis can elucidate industry discourses around public health and examine their engagement in framing to extend their influence in public health policy.

KEYWORDS: Public Health Responsibility Deal; public–private partnerships; media analysis

Introduction

The Public Health Responsibility Deal (RD) was launched in 2011 as a public–private partnership consisting of voluntary agreements between government, industry and other stakeholders in England aiming to improve public health (Department of Health, 2011). Signatories pledge to undertake public health-related activity as part of four networks: food, alcohol, health at work and physical activity.

Media reports can play a crucial role in selecting issues for public attention, policy agenda setting, framing issues in a particular way and shaping perceptions about who is responsible for social problems (Kim & Willis, 2007). Framing is an integral technique of media reporting. It can function to enable the construction of meaning and the provision of a logic that renders an issue comprehensible; shape the parameters of a public policy debate (i.e. problem definition, causal attribution, recommended remedial action); identify an issue or problem as political in nature; identify legitimate participants/commentators; and open up some policy options/solutions while closing down others (Hawkins & Holden, 2013; Nixon et al., 2015).

Studies have identified how alcohol, food and beverage industries engage in framing to influence public discourse about public health problems, solutions and the role of industry in those solutions that is favourable to their interests (Brownell & Warner, 2009; Casswell, 2013; Hawkins & Holden, 2013; Mialon, Swinburn, & Sacks, 2015). Hawkins and Holden (2013), drawing on Snow and Benford (1988) and Benford and Snow (2000), offer a useful conceptual schema for understanding framing activity by industry actors: *diagnostic framing* seeks to define the problems, *prognostic framing* offers solutions to the problems identified and *motivational framing* seeks to enlist support and move people to act to effect social change.

As part of a larger, independent evaluation of the RD commissioned by the English Department of Health in 2013, we conducted a media analysis of public statements in newspaper articles and online news reports by industry spokespersons. The term ‘industry’ refers here to food and drinks producers, manufacturers, wholesalers, retailers, trade associations and social aspects/public relations organisations funded by relevant industries (Babor, 2009). We sought to explore whether and how industry spokespersons framed and presented the RD in ways that protected their commercial interests and promoted core business goals. Our analysis of news reports about the RD examined how industry spokespersons framed the public health challenges the RD was designed to address, their preferred policy solutions and their role as RD partners. We focused on industry spokespersons as industry participation in the RD was a contentious issue, with the UK Faculty of Public Health withdrawing from the RD and its president stating that industry interests were being prioritised over public health, alongside the withdrawal of a number of non-governmental health organisations (Boseley, 2011; Limb, 2013; Panjwani & Caraher, 2014).

Methods

Searching

We identified print and online news articles containing direct quotations from spokespersons about the RD. Table 1 summarises the process we undertook to search for, screen, code and analyse the articles identified.

During March 2015, we searched for articles published between 31 October 2010 and 28 February 2015 in all national daily newspapers in (mainland) Britain via two newspaper article databases (LexisNexis and ProQuest). This included newspapers reflecting editorial styles ranging across the political spectrum and those that featured longer, in-depth articles as well as those written in a brief,

tabloid style. We also searched the websites of three main national television news broadcasters providing online news coverage (*BBC News*, *Channel 4 News*, *Sky News*) for the same time period, using each website's search facility. We identified 606 articles in total (see Supplementary Material – Figure 1). Search terms used were 'Public Health Responsibility Deal' or 'responsibility deal'.

Screening

After preliminary screening of database search records to remove duplicates and non-relevant articles, 399 articles remained. Full-text articles were imported into Endnote 7 for data management. Two researchers independently performed a second screening to remove duplicates and those that contained no specific reference to or quotations about the RD. We used the criteria in Table 1 to categorise the articles. After independent categorisation, we identified an initial difference between the two researchers' assessments regarding around 10% of articles. This was resolved in all cases following review and discussion so that an agreed classification was reached without need for referral to a third designated researcher. Following this process, 247 articles that were about the RD and/or contained quotations about the RD were identified and imported into NVivo 10 for textual analysis (see Supplementary Material – Figure 1).

Coding and analysis

We read all articles and extracted only text from each article that was clearly identifiable as a direct quotation (we retained additional surrounding text to preserve original context and meaning). The only exceptions were comment pieces by identified authors or letters to the editor, which we treated as extended quotations. The name of the speaker and organisational attribution (where given) were recorded and speakers were grouped by organisational type (see Supplementary Material – Figure 2).

We then reread all quotations in full. The first author then coded and analysed them according to Braun and Clarke's (2006) approach to thematic analysis, using an inductive approach, i.e. generating themes in a grounded way from the data rather than using a priori categories. Examples of coding are provided as illustration (see Supplementary Material – Table 2). The second researcher examined 20% of the thematic coding. No discrepancies were identified.

We then extracted the quotations attributed to industry spokespersons. The data analysed were 83 coded excerpts containing quotations from 68 articles.

A thematic map was generated based on the inductive coding of quotations from these spokespersons, representing the discursive themes deployed (see Supplementary Material – Figure 3). In accordance with the thematic map, we present findings on positive and critical views about the RD by spokespersons quoted; the balance of content in quotations regarding the four RD networks; representations of the public health challenges and the role of industry; preferred policy responses; and reputation enhancement and corporate social responsibility. Articles that featured the quotations presented in the following findings are listed in Supplementary Material – Table 3.

Findings

Data from 21 different newspapers and the online news services of three TV broadcasters were included. Of the 247 articles analysed, the most common sources were *The Guardian* ($n = 47$, 19%) and *Daily Mail Newspapers* ($n = 35$, 14%), and *BBC News* online ($n = 33$, 13%), cumulatively accounting for almost half of the articles analysed ($n = 115$, 46%) (see Supplementary Material – Figure 4). Of the 218 spokespersons, government ($n = 54$) and industry ($n = 48$) representatives were most often quoted, followed by those from NGOs ($n = 37$) (see Supplementary Material – Figure 2). The findings as follows focus on the analysis of quotations attributed to industry spokespersons.

With the exception of the dissenting voices discussed below, quotations about the RD from industry spokespersons were frequently expressed in positive terms, with phrases such as ‘practical, measurable, deliverable’, ‘positive and progressive work’, ‘the start of a journey’ and ‘significant development’ used.

“These pledges represent a great start to what we hope will be a long-term shared plan to improve alcohol awareness and reduce alcohol harm.” Stefan Orłowski, Heineken (*News of the World*, 2011 March 13).

Although there are four RD networks (food, alcohol, health at work and physical activity), almost all of the quotes concerned food and/or alcohol or referred to the RD and participation in general terms, with very little material regarding the latter two networks. Only two quotes substantively addressed physical activity and health at work, both of which referred to an RD health at work initiative by one alcohol producer.

“I’m a really keen cyclist but I decided to go along to the yoga classes at the office to try something new,’ he said. ‘It’s proven to be a brilliant stress buster and I’ve met new colleagues, which oils the wheels of the working day. Combine this with things like nutrition seminars we attended recently and healthy food in the restaurant, and you feel as though you are being given the tools to help be your best. That’s good for me and good for the business too.” Jeff Lawrence – Finance Manager, Pernod Ricard UK Division, (*The Times*, 2013 Jan 01).

The public health challenge

Industry spokespersons acknowledged the RD as a response to concerns about public health problems associated with food and alcohol consumption. However, the arguments presented: (1) downplayed the responsibility of industry for these public health problems, (2) deployed the RD as evidence that industry was sufficiently playing its part, (3) stated that the focus of policy intervention should be the individual consumer and not the activities of industry, (4) advocated the RD as a preferable policy alternative to those that industry opposed.

Downplaying industry responsibility

The first key argument was that industry was not responsible for the public health concerns being addressed by the RD (chiefly focusing in their comments on obesity and alcohol harm). For example, industry spokespersons challenged the link between consumption of high-sugar drinks and obesity, and sought to downplay the responsibility of soft drinks producers.

“Over the last 10 years, the consumption of soft drinks containing added sugar has fallen by 9% while the incidence of obesity has been increasing, and 61% of soft drinks now contain no added sugar.” Gavin Partington – Director General, British Soft Drinks Association (*Sky News Online*, 2013 February 18).

Arguments around problems associated with alcohol consumption focused not on population level health harms but on an irresponsible minority of consumers who were reportedly failing to adhere to ‘responsible drinking’ messages, thus, displacing responsibility from industry to these consumers. This quotation from a letter to the editor responding to an article on minimum unit pricing is illustrative.

“Pushing up the price of alcohol would unfairly penalise the responsible majority of drinkers and hit the poorest hardest, while doing nothing to tackle the root causes of alcohol misuse [...] It is this [RD] partnership working, not MUP, that is the key to tackling the minority that

consume alcohol irresponsibly.” Miles Beale – Chief Executive, Wine & Spirit Trade Association (*The Daily Telegraph*, 2013 October 02).

Industry already playing its part

The second key argument was that industry was already sufficiently playing its part on a voluntary basis in addressing public health problems as part of a partnership approach. Spokespersons referred to initiatives underway to address obesity and alcohol-related health harms such as clearer food labelling, the RD pledge to reduce a billion units of alcohol produced, reformulation of products to reduce sugar, salt and fat, and the introduction of so-called ‘guilt-free lanes’ (checkouts free from high fat, high-sugar confectionary).

“UK food and drink manufacturers are keen to do their part [...] demonstrating that voluntary action can deliver in many of these key areas [...] Through the Responsibility Deal, UK food and drink manufacturers are working in partnership with government, non-governmental organisations and other stakeholders to tackle the causes of obesity and poor public health. It is an important part of the UK food manufacturing industry’s commitment to achieving responsible and sustainable economic growth.” Barbara Gallani – Director of Food Safety, Science and Health, Food and Drink Federation (*Financial Times*, 2012 August 06).

Consumer responsibility not industry regulation

The third key argument was that policy intervention should focus on the individual consumer. This focused on providing information about ‘healthy choices’ and promoting individual behaviour change.

“The Responsibility Deal is just one part of the government’s public health strategy. It is an ongoing process and the public health community can help shape the agenda. I don’t believe the public want the way they eat, drink and exercise in their own homes legislated by government. Helping people make better choices has to be a better long-term approach.” Jeremy Beadles – Chief Executive, Wine and Spirit Trade Association (*The Guardian*, 2011 February 25).

In the context of alcohol specifically, activity to address the behaviour of the aforementioned irresponsible minority of problem drinkers was advocated through ‘responsible drinking’ initiatives, thus shifting the emphasis away from examination of industry responsibility towards individuals or, in one instance, ‘society’.

“The Government’s Responsibility Deal is to be welcomed, and the partnership gives us an opportunity to build on our existing responsible drinking programme”. Stefan Orłowski – Managing Director, Heineken UK (*The Sunday Telegraph*, 2011 March 13).

“Clearly, we have to re-educate consumers in such a way that they consume responsibly and encourage their children to do the same. If you get merry as the by-product of an evening, we’ve all been there; if you set out to get legless before you go out, clearly society has got it wrong.” Michael Turner – Executive Chairman, Fullers (*The Daily Telegraph*, 2011 April 27).

Industry spokespersons also opposed increased regulatory measures. Regarding food and alcohol labelling, for example, industry spokespersons suggested that more stringent regulation was either impossible to comply with, counterproductive or unnecessary. Spokesperson’s indicated that the space on packaging for further information was too limited; that information was available to consumers through other means if they wanted it (i.e. websites or asking customer services staff) or

that hard-hitting messages on alcohol containers might prove counterproductive by making the products more attractive to young people.

“On a small label, we are only able to present a limited amount of information. Anyone interested in understanding the nutritional content with the [salad] dressing can find this on our website or speak to any of our team in the shop, who have this information readily to hand.” Anonymous Spokesperson, Eat [Fast Food Chain] (*Daily Mail*, 2014 October 06).

“She told the BBC News channel that ‘graphic’ health warnings on alcohol packaging would be a ‘step too far’. ‘I think there’s lots of information out there for people. The industry here is doing incredible amounts of work in terms of voluntarily putting the government’s guidelines on alcohol. Just look at the back of your label and you’ll see things like the number of units in there, the chief medical officer’s guidelines and all sorts of other useful information out there for consumers.’” Sarah Hanratty – Deputy Chief Executive, Portman Group (*BBC News Online*, 2014 August 11).

The RD as a policy alternative

Significantly, the fourth key argument was to propose the RD as preferable to policies opposed by industry – regulation, mandatory product labelling or fiscal mechanisms, such as minimum unit pricing on alcohol and taxation on high-sugar products, particularly soft drinks.

“The BSDA’s Director General Gavin Partington said 61% of soft drinks ‘now contain no added sugar and we have seen soft drinks companies lead the way in committing to further, voluntary action as part of the government’s Responsibility Deal calorie-reduction pledge.’ He said 10p from every 60p can of drink already goes to the government in tax. ‘Putting up taxes even further will put pressure on people’s purses at a time when they can ill afford it,’ he said.” Gavin Partington – Director General, British Soft Drinks Association (*BBC News Online*, 2013 January 29).

“The intended introduction of [minimum unit] pricing intervention is misguided and appears to run counter to the Responsibility Deal set out by this government.” Andrew Cowan – Director, Diageo GB (*BBC News Online*, 2012 March 23).

There was an explicit recognition from one spokesperson that participation in the RD might be a strategically useful response on the part of industry to resist calls for regulatory policy responses from government.

“The Association of Licensed Multiple Retailers has told members: ‘Ministers have made it clear that signing up to the deal will be taken into account in considering new legislation in these areas. This could help fend off further calls for action from the health lobby.’” Anonymous Spokesperson – Association of Licensed Multiple Retailers (*The Daily Telegraph*, 2011 March 12).

The role of industry

Given the centrality of the notion of partnership to the RD, it was important to understand how industry spokespersons discussed and framed the role of industry. There were two key themes: that involvement of industry was the optimal solution as part of a partnership approach to the public health challenges discussed, and that there was a legitimate role for industry in formulating public health policy on these issues. For example, spokespersons indicated that involving industry represented the most viable and pragmatic approach to tackling the public health problems that the RD was designed to address. The key themes that informed this argument were that industry had a

specialist body of knowledge, expertise and experience, plus the ability to reach the public, such that failing to involve them would miss an important opportunity.

“It is precisely the leading brands like PepsiCo that have the reach, resources and marketing capabilities to influence the diets of hundreds of thousands of people in the UK. The government has chosen to recognise this and harness industry knowledge by introducing the Responsibility Deal [...] How about we are brought inside so that our influence over people’s diets can be used positively to promote healthier eating? I think the government, by including food companies in its Responsibility Deal, has made the right choice.” Richard Evans – President, PepsiCo (*BBC News Online*, 2011 March 15).

Another similar line of argument was that the public health challenges faced (i.e. obesity and alcohol-related health problems) were too complex for government or health bodies to tackle alone and that only a private–public partnership could work.

“A complex, multi-faceted problem like alcohol abuse requires a comprehensive, multi-faceted response – and that is what the Public Health Responsibility Deal provides. It sets out practical, measurable and deliverable steps which can be a real catalyst for change if everyone plays their part.” Sue Clark – Director of Corporate Affairs, SABMiller (*BBC News Online*, 2011 March 20).

Comment from one spokesperson suggested that industry had not only a responsibility to contribute its expertise but a right to be involved in public health policy-making as an equal stakeholder alongside others.

“At Diageo we believe we have a responsibility to share our knowledge of operating in this sector, and that we have a right to be heard – just like any other stakeholder. We are but one voice, one perspective, alongside NGOs, academics, the medical community, the police, politicians and consumers. The Responsibility Deal is an excellent example of how a collaborative approach, with every interest represented, can work.” Simon Litherland - Managing Director, Diageo GB (*The Guardian*, 2011 February 19).

Reputational enhancement and corporate social responsibility

Industry spokespersons were explicit about the reputational and CSR benefits of participation in the RD. This was stated as potentially good for profitability.

“Our customers expect us to do the right thing. Our pledges to remove alcohol from the entrance of our stores and invest £1 m to tackle alcohol misuse by young people are part of our broader health agenda”. Andy Clarke – Chief Executive Officer, Asda (*The Sunday Telegraph*, 2011 March 13).

“Sainsbury’s Director of Corporate Affairs, Alex Cole, says what is good for our waistline is also good for the company’s bottom-line. ‘There’s absolutely a business case for doing this. We know our customers want products that are healthier. If we can provide them with those options, an easy way for them to make a healthy choice, we do sell more.’ Alex Cole – Director of Corporate Affairs, Sainsbury’s (*Sky News Online*, 2013 October 26).

Dissenting voices

Our analysis also sought to identify dissenting voices from those supporting the RD. Although the balance of commentary was strongly oriented towards welcoming and championing the RD, there

were instances where even voluntary RD initiatives were described as an inappropriate intervention into what should be private and personal matters.

“The Department of Health’s Public Health Responsibility Deal has pledged from the big drinks businesses to reduce the amount drunk in Britain by 1 billion units by the end of 2015. Smith is worried that the ‘nanny state’ will step in: ‘Supermarkets and bars will be flooded with low ABV crap. We don’t need government interference. They want to take away our happy juice.’” Claire Smith – Head of Spirit Creation, Belvedere Vodka (*The Sunday Times*, 2014 June 08).

“The [Health at Work] pledge on young people [...] obliges employers to ‘assume a level of responsibility for the behaviour of employees that intrudes into their personal lives’. He adds: ‘We are not their parents; we are a business.’” Ralph Findlay – Chief Executive, Marston’s (*The Times*, 2012 June 26).

Discussion

Main findings

The news media quotations analysed as part of this study primarily addressed the most contentious health policy issues focused on within the RD namely, food (and by extension obesity) and alcohol consumption. Attention to health at work and physical activity was almost entirely absent. It is interesting to speculate on what accounts for the relative lack of media attention to the latter two networks. It may be the case that editors and journalists regarded these issues as simply less ‘newsworthy’.

Despite a small minority of dissenting views founded on concerns about ‘nanny-statism’, the RD was portrayed as wholeheartedly welcomed by industry and reportedly played an explicit part in CSR agendas.

Media stories provided industry with a platform in the public domain to frame debates about public health in the context of the RD. Referring to Hawkins’ and Holden’s schema on framing (2013), the diagnostic frame deployed by industry spokespersons resisted their accountability for public health problems and framed the issues as ones of personal responsibility of individual consumers (Brownell & Warner, 2009; Miller & Harkins, 2010; Moodie et al., 2013; Savell, Fooks, & Gilmore, 2016) or an irresponsible minority, thus deflecting attention from the potential contribution of industry (Alcohol Focus Scotland, 2013; Casswell, 2013; Hawkins, Holden, & McCambridge, 2012; Savell et al., 2016). The prognostic frame deployed proposed that industry was taking sufficient voluntary action on public health problems and used the RD to counter calls for more interventionist forms of government action – despite criticism and little evidence of the health benefits of such public–private partnerships (Moodie et al., 2013; Panjwani & Caraher, 2014; Savell et al., 2016). Instead, individualised policy interventions with the weakest evidence of effectiveness were advocated (consumer education and self-regulation), while those known to have the best evidence of effectiveness were attacked (regulation, price control and marketing control) (Alcohol Focus Scotland, 2013; Hawkins et al., 2012; Miller, de Groot, McKenzie, & Droste, 2011).

Motivational framing argued that the policy-making arena needed to be made more accessible to industry because of its reported expertise and ability to reach the public. The promotion of partnership working appeared to be designed to extend influence and claims for legitimacy of industrial interests (Alcohol Focus Scotland, 2013; Freedhoff & Hebert, 2011; Hawkins et al., 2012; Moodie et al., 2013; Savell et al., 2016). This also implicitly extended industry’s claims to expertise beyond food and beverage manufacture, retail and marketing into the realms of population health

and public health policy (Moodie et al., 2013; Savell et al., 2016). Similar findings about the RD as a vehicle to stave off government legislation and the appeal of potential reputation enhancement were separately identified in qualitative interviews with industry participants undertaken elsewhere in our evaluation of the RD (Durand et al., 2015).

Recent analysis of the deployment of arguments by food, beverage, alcohol and gambling industries about the complexity of public health challenges also identified the emergence of a set of frames, described as a cross industry 'playbook' (a strategy initially developed by the tobacco industry and akin to a script identifying 'lines to take', Brownell & Warner, 2009) that allowed them to shape the discourse and align it to industry goals in ways that were contrary to public health. For example, by advancing arguments that consumption of problematic products is declining; that such consumption is only minimally, if at all, a contributor to public health harms; that a problematic minority should be the focus of intervention; that measures such as taxation are ineffective in solving such public health problems, with responsibility placed on the individual consumer (Petticrew et al., 2017). Such arguments were remarkably similar to ones identified in our analysis, such that we can locate our findings in a wider context of industry practice in seeking to influence the debate on public health matters.

Strengths and limitations

Picard and Yeo's (2011) review finds that the literature on media coverage of medical and health issues in the UK is underdeveloped. This study adds to and reinforces the conclusions of previous studies on the framing strategies used by industry in the public health arena by examining the issue through the particular lens of the RD; a significant public health policy in England based on a public-private partnership.

We cannot discount the possibility that some individuals were misquoted or that quotations were misattributed. We also cannot entirely escape the effects of media framing as against industry framing: journalists and editors decided on the theme and content of articles, from whom to seek quotations and how to deploy and edit them. Kim and Willis (2007) have reflected on the tendency of the news media (in the US) to focus on individual explanations and solutions for health problems rather than societal ones. Harrabin, Coote, and Allen's (2003) UK study reported a bias against coverage of public health stories in favour of health service crises stories and health scares, which may have affected how quotations were selected and used.

The inclusion of local newspapers may also have altered our analysis. However, a preliminary scan indicated that local publications tended to reproduce stories generated by national newspapers. Similarly, our analysis might have been altered if it had included 'trade press' or radio and television coverage. We also cannot identify how representative those quoted are of industry perspectives. However, it is clear, based on their job titles and positions that those quoted were senior figures within companies and large corporations, with the likely support or approval of public relations departments and company boards. This analysis also focuses only on quotations from industry spokespersons and there is important further work to be done on the media participation of other key groups regarding public-private partnerships, as well as the contestation of frames by such groups. However, the perspectives of a broader range of key participants have received attention in other analyses conducted as part of the RD evaluation (Durand et al., 2015).

Conclusions

This study demonstrates that media representations can be a useful source of data for understanding food, beverage and alcohol industry participation in public health discourse. Analysis of quotations attributed to (predominantly food and alcohol) industry spokespersons in national newspapers and online articles about the RD identified the framing of issues in ways that was

favourable to advancing or protecting industry positions and agendas. This is hardly unexpected. Media reporting allows those quoted to frame the issues in order to shape public perceptions and serve their interests (Nixon et al., 2015). Morrell, Forsyth, Lipworth, Kerridge, and Jordens' (2015) Australian study of journalist engagement with health-related industries identified rising concern in health research that such industries inappropriately influence news content and the possibility that journalists overestimate their ability to resist this process.

Industry is not a disinterested partner in public health. It has been argued that its primary goal is to maximise profit and its ultimate responsibility is to shareholders, creating inherent tensions and potential conflicts of interest (Casswell, 2013; Moodie et al., 2013; Wallack, 1992). One criticism expressed from the outset of the RD by some commentators was that public–private partnership would allow and provide a platform for industry to appropriate public health initiatives to advance or protect its own interests (Hawkins et al., 2012; Panjwani & Caraher, 2014). As Koon, Hawkins, and Mayhew (2016) state “... interpretive research on framing looks at how actors create meaning in the policy process and how they package these meanings for instrumental and expressive purposes. In this way, a frame emerges, interacts with others and helps shape the terrain of the debate (p. 807)”. Our findings suggest that media coverage about the RD provided a high-profile opportunity for industry spokespersons to comment on public health policy related to food, soft drinks and alcohol, enabling them to advocate a legitimised position on how public health policy should evolve (Panjwani & Caraher, 2014), and potentially influence the public debate on these issues. As Hawkins and Holden (2013) conceptualise them (citing Weiss, 1989), frames are ‘weapons of advocacy’ and Miller and Harkins (2010) have documented how ‘media capture’ is a central tactic of industry to gain influence in policy-making relating to the regulation of food and drink products. For this reason, close attention to what industry says publicly about public–private partnerships in the context of public health is important.

Acknowledgements

We would like to thank Dr Ben Hawkins from the London School of Hygiene and Tropical Medicine and Dr Hilary Thompson from the University of Glasgow for comments on earlier drafts of this paper. Sole responsibility for this paper lies with the authors.

Disclosure statement

The authors report no conflicts of interest.

Funding

This paper is based on independent research commissioned and funded by the NIHR Policy Research Programme Policy Innovation Research Unit. The views expressed in the publication are those of the authors and not necessarily those of the NHS, the NIHR, the Department of Health and Social Care, arms-length bodies or other government departments. The NIHR played no role in the design of the study, the interpretation of the findings, the writing of the paper, or the decision to submit.

References

- Alcohol Focus Scotland. (2013). *Engaging with the alcohol industry: What you need to know*. Scotland. Retrieved from <http://www.alcohol-focus-scotland.org.uk/media/60010/Engaging-with-the-alcohol-industry-briefing.pdf>
- Babor, T. F. (2009). Alcohol research and the alcoholic beverage industry: Issues, concerns and conflicts of interest. *Addiction*, *104*(s1), 34–47.
- Benford, R. D., & Snow, D. A. (2000). Framing processes and social movements: An overview and assessment. *Annual Review of Sociology*, *26*, 611–639.
- Boseley, S. (2011, March 15). Charities Refuse to Sign up for Government's Health Drive. *The Guardian*, 12. London. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.
- Brownell, K. D., & Warner, K. E. (2009). The perils of ignoring history: Big tobacco played dirty and millions died. How similar is big food? *Milbank Quarterly*, *87*(1), 259–294. doi:10.1111/j.1468-0009.2009.00555.x
- Casswell, S. (2013). Vested interests in addiction research and policy. Why do we not see the corporate interests of the alcohol industry as clearly as we see those of the tobacco industry? *Addiction*, *108*(4), 680–685.
- Department of Health. (2011). *The Public Health Responsibility Deal*. Retrieved from <https://responsibilitydeal.dh.gov.uk/wp-content/uploads/2012/03/The-Public-Health-Responsibility-Deal-March-20111.pdf>
- Durand, M. A., Petticrew, M., Goulding, L., Eastmure, E., Knai, C., & Mays, N. (2015). An evaluation of the Public Health Responsibility Deal: Informants' experiences and views of the development, implementation and achievements of a pledge-based, public-private partnership to improve population health in England. *Health Policy*, *119*(11), 1506–1514.
- Freedhoff, Y., & Hebert, P. C. (2011). Partnerships between health organizations and the food industry risk derailing public health nutrition. *Canadian Medical Association Journal*, *183*(3), 291–292.
- Harrabin, R., Coote, A., & Allen, J. (2003). *Health in the news. Risk, reporting and media influence (summary)*. London: The King's Fund.
- Hawkins, B., & Holden, C. (2013). Framing the alcohol policy debate: Industry actors and the regulation of the UK beverage alcohol market. *Critical Policy Studies*, *7*(1), 53–71. doi:10.1080/19460171.2013.766023
- Hawkins, B., Holden, C., & McCambridge, J. (2012). Alcohol industry influence on UK alcohol policy: A new research agenda for public health. *Critical Public Health*, *22*(3), 297–305. doi:10.1080/09581596.2012.658027
- Kim, S.-H., & Willis, L. A. (2007). Talking about obesity: news framing of who is responsible for causing and fixing the problem. *Journal of Health Communication*, *12*(4), 359–376.
- Koon, A. D., Hawkins, B., & Mayhew, S. H. (2016). Framing and the health policy process: A scoping review. *Health Policy and Planning*, *31*(6), 801–816. doi:10.1093/heapol/czv128
- Limb, M. (2013). Public health body quits responsibility deal over Government's failure to act on tobacco and alcohol. *British Medical Journal*, *347*. doi:10.1136/bmj.f4590
- Mialon, M., Swinburn, B., & Sacks, G. (2015). A proposed approach to systematically identify and monitor the corporate political activity of the food industry with respect to public health using publicly available information. *Obesity Reviews*, *16*(7), 519–530.
- Miller, D., & Harkins, C. (2010). Corporate strategy, corporate capture: Food and alcohol industry lobbying and public health. *Critical Social Policy*, *30*(4), 564–589.
- Miller, P.G., de Groot, F., McKenzie, S., & Droste, N. (2011). Vested interests in addiction research and policy. Alcohol industry use of social aspect public relations organizations against preventative health measures. *Addiction*, *106*(9), 1560–1567. doi:10.1111/j.1360-0443.2011.03499.x

Moodie, R., D. Stuckler, C. Monteiro, N. Sheron, B. Neal, T. Thamarangsi, P. Lincoln, and S. Casswell. 2013. "Profits and pandemics: Prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries." *The Lancet* 381 (9867):670-9. doi: doi.org/10.1016/S0140-6736(12)62089-3.

Morrell, B., Forsyth, R., Lipworth, W., Kerridge, I., & Jordens, C. F. (2015). Rules of engagement: Journalists' attitudes to industry influence in health news reporting. *Journalism: Theory, Practice & Criticism*, 16(5), 596–614.

Nixon, L., Mejia, P., Cheyne, A., Wilking, C., Dorfman, L., & Daynard, R. (2015). "We're part of the solution": Evolution of the food and beverage industry's framing of obesity concerns between 2000 and 2012. *American Journal of Public Health*, 105(11), 2228–2236.

Panjwani, C., & Caraher, M. (2014). The Public Health Responsibility Deal: Brokering a deal for public health, but on whose terms? *Health Policy*, 114(2–3), 163–173.

Petticrew, M., Katikireddi, S. V., Knai, C., Cassidy, R., Hessari, N. M., Thomas, J., & Weishaar, H. (2017). 'Nothing can be done until everything is done': The use of complexity arguments by food, beverage, alcohol and gambling industries. *Journal of Epidemiology and Community Health*, 71(11), 1078–1083.

Picard, R. G., & Yeo, M. (2011). *Medical and health news and information in the UK media: The current state of knowledge*. University of Oxford: Reuters Institute for the Study of Journalism.

Savell, E., Fooks, G., & Gilmore, A. B. (2016). How does the alcohol industry attempt to influence marketing regulations? A systematic review. *Addiction*, 111(1), 18–32.

Snow, D. A., & Benford, R. D. (1988). Ideology, frame resonance, and participant mobilization. *International Social Movement Research*, 1(1), 197–217.

Wallack, L. (1992). Warning: The alcohol industry is not your friend? *Addiction*, 87(8), 1109–1111. doi:10.1111/j.1360-0443.1992.tb01997.x

Weiss, J. A. (1989). The powers of problem definition: The case of government paperwork. *Policy Sciences*, 22(2), 97–121.

Table 1. Methods	
1.1. Summary of methods	
Search	<ul style="list-style-type: none"> • Dates of searches: March 2015. • Dates of articles: 31/10/10 and 28/2/15. • Search terms: "public health responsibility deal" or "responsibility deal". • Databases searched: LexisNexis and ProQuest. • Websites searched: BBC News, Channel 4 News, Sky News.
Screening	<ul style="list-style-type: none"> • Full text downloaded to Endnote 7. • Duplicates – removed. • Articles with no specific references to the RD – removed. • Articles with no quotations about the RD – removed. • 2 researchers independently screened articles according to selection criteria - see 1.2. • 10% discrepancy in designation of articles identified – resolved following review and discussion without need for review by third researcher.
Coding and textual analysis	<ul style="list-style-type: none"> • Articles categorised 3 or 4 imported into NVivo 10. • Articles read in full. • Quotations from each article extracted - name of the speaker and organisational attribution (where given) recorded. • Coding conducted according to principles of Braun and Clarke's (2006) approach to thematic analysis by first author. • 20% of thematic coding reviewed by second author – no discrepancies identified.
1.2. Article categorisation criteria	
<ol style="list-style-type: none"> 1. Not substantively about the RD. 2. Is about the RD but contains no quotes. 3. Not substantively about the RD but does contain quotes about it. (Articles were also ranked 3 where there was reference to the RD but quotes referred to "voluntary agreements" or where the context made it explicit that the person quoted was referring to the RD even if the specific phrase RD was not used.) 4. Substantively about the RD and contains quotes about the RD. 	

Supplementary Material - Table 2. Examples of Coding – Product Reformulation

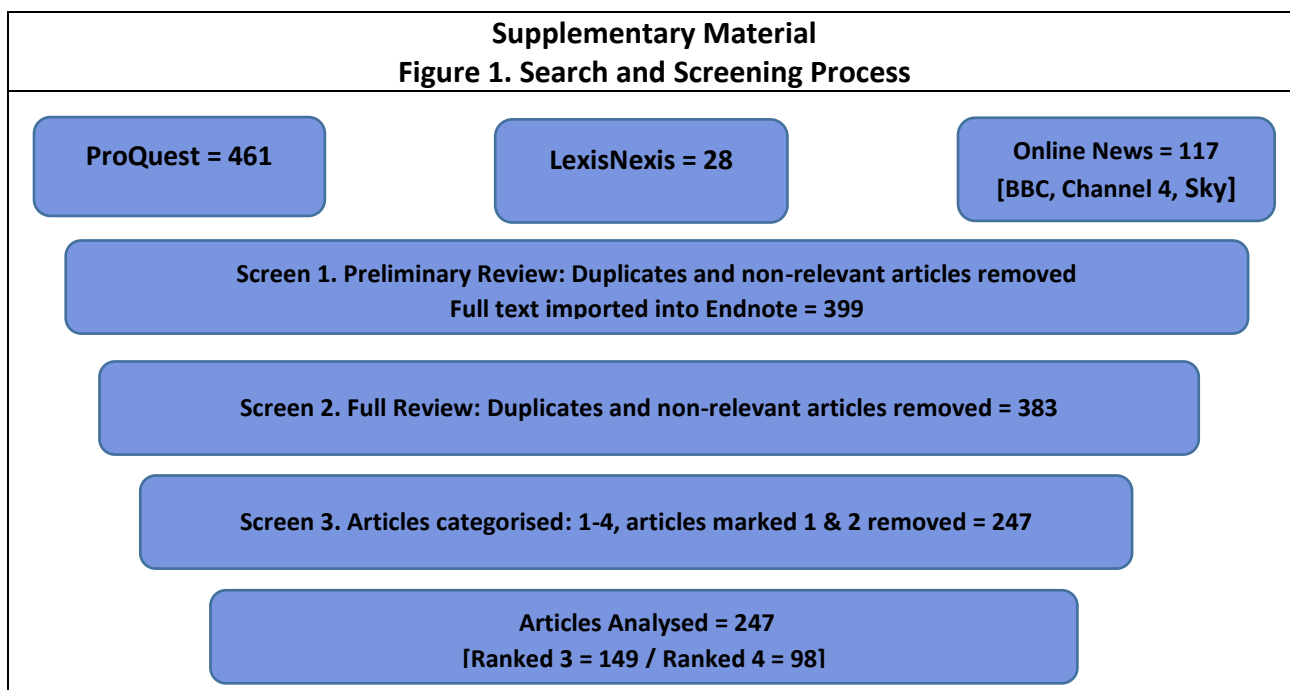
In a statement it said: "Mondelez knows it has a part to play in helping people lead healthier lives, which is why we signed the calorie reduction pledge. As part of this pledge, we have committed that, by the end of 2015, all our single-serve confectionery products [bars] will be 250 calories or less." Anonymous Spokesperson - Mondelez International, (The Guardian, 2014 Jun 04).

Managing director Fiona Dawson told The Grocer magazine there is "only so much reformulation you can do". She added: "Actions will always speak louder than words. We are experimenting with a number of different sizes with customer groups. "If you look at these plans for calorie reduction and the reductions in salt we've made, these are all positive steps." Fiona Dawson, President of Mars UK, (Sunday Mirror, 2012 Jun 03)

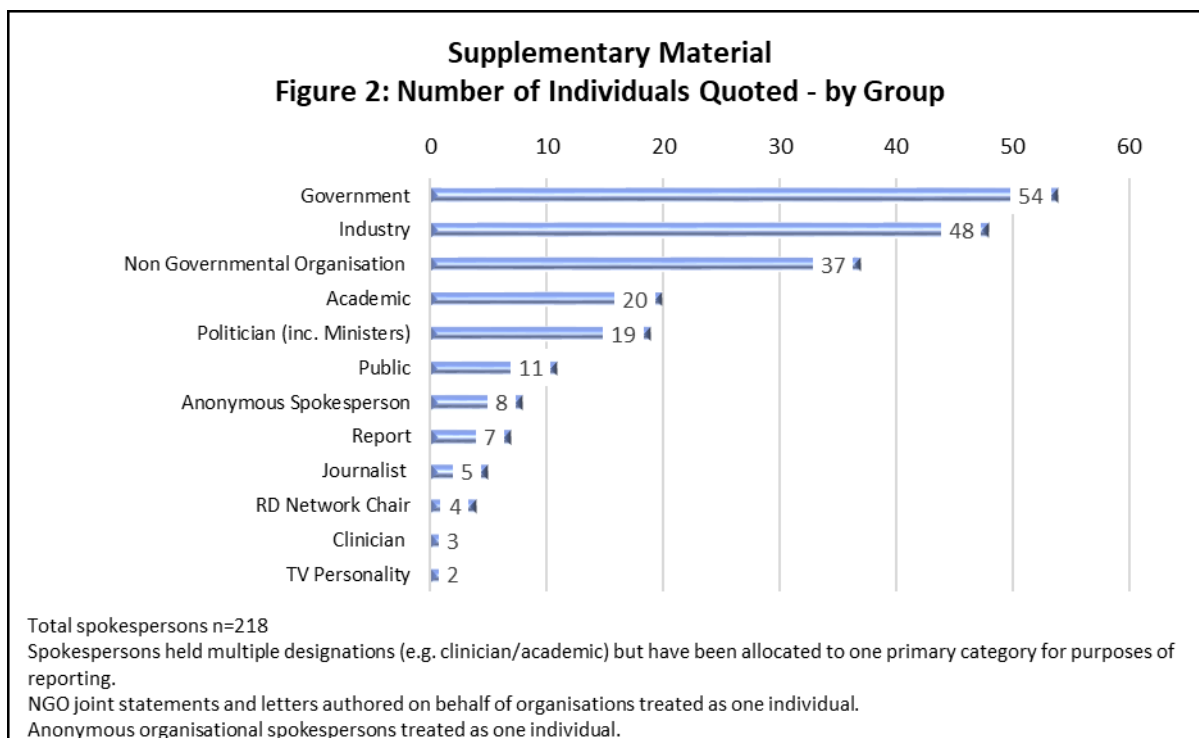
Supplementary Material - Table 3. Newspaper/Online Articles Cited

- Ahmed, Kamal. *Asda and Heineken lead alcohol pact*. The Sunday Telegraph. 2011 Mar 13.
- Ahmed, Kamal. *Voluntary deal to curb bingeing*. The Sunday Telegraph. 2011 Mar 13.
- Anonymous. *Alcoholic drinks should carry health warnings, says parliamentary group*. BBC News Online. 2014 Aug 11.
- Anonymous. *Downed 2: The alcohol level*. News of the World. 2011 Mar 13
- Anonymous. *Fat tax on sugary drinks urged by doctors*. Sky News Online. 2013 Feb 18.
- Anonymous. *Opinions vary on government's minimum alcohol price plan*. BBC News Online. 2012 Mar 23.
- Anonymous. *Sloshed, but sugar free*. The Sunday Times. 2014 Jun 08.
- Beadles, Jeremy (Chief Executive, Wine & Spirit Trade Association). [Opinion Piece] *To label us as disease-spreading mosquitoes is scaremongering*. The Guardian. 2011 Feb 25
- Beale, Miles. (Chief Executive, Wine & Spirit Trade Association). [Letter] *High alcohol prices will not deter binge drinkers*. The Daily Telegraph. 2013 Oct 02.
- Beckford, Martin. *Drinkers to count alcohol units as they go*. The Daily Telegraph. 2011 Mar 12.
- Bowden, David. *Fat-fighting strategy to slim down nation*. Sky News Online. 2013 Oct 26.
- Evans, Richard (President of Pepsi-Co) [Opinion Piece]. *Why business should be involved in public health*. BBC News Online. 2011 Mar 15.
- Fletcher, Ian. *'Healthy' chocs to get smaller*. Sunday Mirror. 2012 Jun 03
- Gallani, Barbara. (Director of Food Safety and Science, Food and Drink Federation) [Letter] *Public health concerns everybody*. Financial Times. 2012 Aug 06.
- Hughes, Dominic. *Can the government's 'responsibility deal' work?* BBC News Online. 2011 Mar 20.
- King, Ian. *A new parent company?* The Times. 2012 Jun 26.
- Litherland, Simon (Managing Director, Diageo GB). [Letter] *Good health and the drinks lobby*. The Guardian. 2011 Feb 19.
- Roberts, Michelle. *Call for soft drink sugar tax in Budget*. BBC News Online. 2013 Jan 29.
- Sibun, Jonathan. *Brewers left waiting for cheer on beer duty*. The Daily Telegraph. 2011 Apr 27
- Smallman, Etan. *How shops hide the truth about your 'low-calorie' lunchtime salad*. The Guardian. 2014 Oct 06
- Tran, Mark. *Cadbury to end production of high-calorie chocolate bars*. The Guardian. 2014 Jun 04.
- Ursell, Amanda. *A brave new world of super workers is here. It's been put on a plate for us*. The Times. 2013 Jan 01.

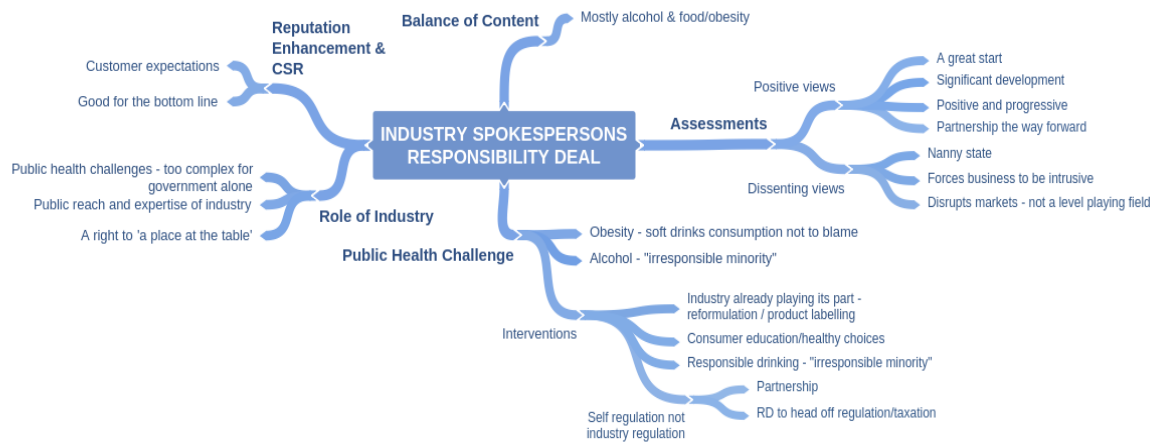
Supplementary Material - Figure 1. Search and Screening Process



Supplementary Material - Figure 2: Number of Individuals Quoted - by Group



Supplementary Material - Figure 3. Thematic Map



Supplementary Material - Figure 4: Articles Extracted From News Sources

