LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Exploring responsibility in the food system

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I*, Natalie Savona, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.*
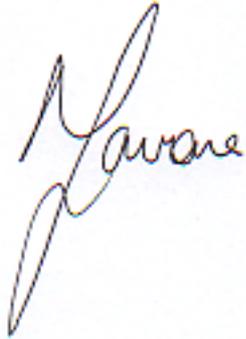
ABSTRACT

How 'responsibility' for healthy eating is perceived and allocated has implications for the way people act, with consequences for population health. Although 'responsibility' features in health policy and corporate strategy, its meaning is equivocal. The aim of this research is to determine how selected, key actors in the food system discursively construct responsibility for diet and concomitant population health, and what supports or constrains their ability to be 'responsible'. This project uses a qualitative approach, contextualised in a complex systems framework. Three types of data were gathered: existing corporate and government publications, focus groups with members of the public and semi-structured interviews with representatives from government, industry and NGOs. Foucauldian discourse analysis was carried out on the dataset to explore the discourse of responsibility in the food system and the power dynamics that underpin it. Analysis showed that perceptions of responsibility mediate behaviours within the food system and that the seemingly common sense discourse of individual responsibility for healthy eating is undermined by others such as those of choice and complexity. Yet the discourse of choice belies the degree to which individuals are constrained in making rational, truly 'free' choices in the food system. Indeed, power over, and therefore responsibility for the main determinants of food choice e.g. taste, cost, convenience and promotions, were seen to lie with government and industry. The findings suggest that discourses of responsibility mask the commercial determinants of food choice, sanctioned by government, underpinned by neoliberal commitments to the free market and individualism. Overall, the data showed that responsibility for healthy eating is not proportional to the power different actors have over determinants of dietary choice. The concept of 'proportional responsibility' is proposed as a potential framework for apportioning fair responsibility between actors in the food system.

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The declaration of this thesis being my own work is, in some ways, false. The work is the product of inputs from many people, without whom it would not exist.

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My parents, Joe and Joan Savona have given me immeasurable opportunities and security, for which I am thankful, and which, in many ways ultimately made this PhD possible. The four babies born to my supervisors during the course of my extended studies were complemented by my own two – Ted in the middle of the project, who tempted me never to return to work, and Annie who inspired me to finish. My most profound, loving appreciation goes to Laurie Tomlinson, for giving me the self-belief to go for a PhD in the first place, patiently supporting me throughout the [very] long haul and introducing me to the wonders of tea.

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ACRONYMS AND ABBREVIATIONS

ANGELO	Analysis grid for environments linked to obesity
CAQDAS	Computer Assisted Qualitative Data Analysis Software
CEO	chief executive officer
CSR	corporate social responsibility
DH/DoH	Department of Health
EU	European Union
FDF	Food and Drink Federation
FG	focus group
FSA	Food Standards Agency
GDA	guideline daily amounts
HOC	House of Commons
HOL	House of Lords
IOTF	International Obesity Task Force
LSHTM	London School of Hygiene & Tropical Medicine
NGO	non-governmental organisation
NHS	National Health Service
OSOP	one sheet of paper
PHRD	Public Health Responsibility Deal
QMREC	Queen Mary Research Ethics Committee
UK	United Kingdom
US	United States

Documents analysed – abbreviations

F	Tackling Obesities: Future Choices (The Foresight Report), 2007
FDF	Stepping Up To The Plate, 2011
HLA	Healthy Lives, Healthy People: A call to action on obesity in England, 2011
HLHP	Healthy Lives, Healthy People: our strategy for public health in England, 2010
HWHL	Healthy Weight, Healthy Lives, 2008
PHRD	Public Health Responsibility Deal, 2011
PHU	PepsiCo Health Update, 2011
TCR	Tesco Corporate Responsibility Report, 2011

Chapter 1: Introduction

Why explore 'responsibility'?

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responsibility, (n)
1.   *Capability of fulfilling an obligation or duty; the quality of being reliable or trustworthy*
2.   *a. The state or fact of being accountable; liability, accountability for something.*
        b. The state or fact of being in charge of or of having a duty towards a person or thing; obligation.
3.   *a. The fact of having a duty to do something*
        b. A burden, task, or assignment for which one is responsible.
        c. A moral obligation to behave correctly towards or in respect of a person or thing.
(Oxford English Dictionary[1])

The way people perceive and allocate 'responsibility' for healthy eating has implications for the way they act, with consequences for the health of the population; and although 'responsibility' features in health policy and corporate strategy, its meaning is equivocal. Responsibility for health behaviours is a subjective, ambiguous concept in public discourse. Deconstructing the discourse of responsibility for healthy eating could therefore deepen understandings of determinants of diet and eating behaviour: of how it is – or is not – enacted, and of potential constraints on different players in the food system to be 'responsible'. This thesis sets out to explore 'responsibility' for healthy eating in the food system.

The ambiguity of 'responsibility' for healthy diets has been widely illustrated, though rarely questioned. In a 2015 UK poll, 71 per cent of respondents agreed that "Individuals should be responsible for their own lifestyle choices and the government should not interfere"[2]. One hundred and sixty years earlier, *The*

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[1] http://www.oed.com/viewdictionaryentry/Entry/16862 accessed 04/04/11
[2] http://www.iea.org.uk/blog/sin-taxes-public-health-and-public-opinion-part-three accessed 11/07/16

Times of 1854 said: "The British nation abhors absolute power. We prefer to take our chances with cholera and the rest than be bullied into good health"; a quote used by ex-British prime minister, Tony Blair in a speech on public health [3]. An opposing view is that "relying largely or exclusively on personal responsibility, 'nudging' individuals and corporate social responsibility is inadequate" to tackle "lifestyle-related diseases", including those linked to poor diets (BMA 2012).

1.1 Background

Determinants of dietary behaviour are of interest for two key, related reasons: the first arises from the recognition that diet is strongly implicated in health, disease and obesity (WHO 2003; Lock et al. 2005); the second concerns inequalities in diet-related health outcomes (Darmon & Drewnowski 2008; Mackenbach et al. 2008). Prevalence of diet-related conditions such as obesity and, by extension, diabetes, continues to defy public health interventions in the UK and elsewhere and prevalence increases with social deprivation [4]. Public health and epidemiological research has yet to fully identify the social and environmental determinants of diet and attendant health (Diez-Roux et al. 1999; Cummins 2003); examining the way the public really relates to multiple social, economic and physical contexts presents challenges to researchers that have yet to be fully overcome (Cummins 2007). Additionally, it is unclear who is responsible for the mechanisms that contribute to population prevalence of diet-related disease. Deconstructing the idea of 'responsibility' could therefore offer insights into the effect it has on the public's dietary behaviour as well as public policies and corporate practices that affect dietary choices and health.

More recently, research on environments and health has broadened to examine 'the food system' i.e. the entire sphere within which food is produced, sold and

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[3] http://tna.europarchive.org/20070701141550/http://www.pm.gov.uk/output/Page9921.asp accessed 04/07/16

[4] http://www.noo.org.uk/uploads/doc/vid_16966_AdultSocioeconSep2012.pdf accessed 09/05/16
http://www.who.int/diabetes/country-profiles/gbr_en.pdf?ua=1 accessed 09/05/16

consumed (e.g. Story, Hamm, et al. 2009). As such, there is increasing interest in the complex relationships between aspects of the food system and the actors within it, and how these may influence food choice (Finegood et al. 2008). There has been growing concern over corporate influences on health and the relationship between government practices and the food industry (Gilmore et al. 2011; Hastings 2012; Moodie et al. 2013; Roberto et al. 2015). Exploring such relationships can elucidate as-yet-unknown influences on diet and ensuing health outcomes (Cummins et al. 2007).

Although members of the public are expected by government and industry to take responsibility for their food choices to optimise their health outcomes (Kent 2009; DoH 2011a), doing so is influenced by food industry practices and other environmental and socioeconomic factors (Butland 2007; Story et al. 2008; Brownell et al. 2010). A social justice perspective suggests that individual consumers cannot be held entirely responsible for their health behaviour unless they have the resources (economic and otherwise) to make fully informed choices (Wikler 2002; Adler & Stewart 2009). Meanwhile, architects of the food system – government and industry – have other responsibilities, such as to shareholders and economic growth, which may constrain their contributions to public health goals.

Whom actors in the food system view as responsible for the elements that affect diet is significant, but has rarely been investigated. The concept of responsibility provides a useful lens through which to explore diet at the interface of public health and the food system. Perceptions of responsibility are hypothesised to be an important aspect of the food system, that encapsulate the relatedness of different actors, that affect the way actors behave in relation to diet/health and that may contribute to ongoing inequalities in diet and health. Although responsibility appears to be implicit in public health practice, and is now explicit in government policy (DoH 2011b), it is not known whether there is a consensus on how it is represented or the effects of that representation. This research aims to elucidate different ways responsibility is

constructed through discourse and its significance for the behaviours of different actors in the food system. It explores discourses of responsibility within the complex system that connects the actors.

This will be operationalised (on a theoretical level) by using a complex theory lens. Complex systems theory provides a way of examining a heterogeneous set of components and/or actors that interact in a non-linear, random fashion to produce unpredictable, emergent behaviour (Rickles et al. 2007). A seminal, quasi-government report *Tackling obesities: future choices* (Butland 2007, known as the Foresight Report) was based on a complex systems framework. Borrowing such a structure offers a way of using 'responsibility' to conceptualise the connections between the actors in the food system rather than examining them in a reductionist, linear manner (Meadows 1999; Finegood et al. 2008). Responsibility is therefore put forward as a way of focussing on connections in the food system where they concern diet-related health outcomes, and of identifying potentially useful levers for change.

The aim of this research is to determine how selected, key actors in the food system discursively construct responsibility for diet and concomitant population health, and what factors support or constrain their behaviour related to healthy eating. This project uses a qualitative approach, contextualised in a complex systems framework. The research comprised three types of data: a document analysis of selected corporate and government publications, focus groups with members of the public and semi-structured interviews with representatives from government, industry and NGOs. Foucauldian discourse analysis was carried out on the dataset to explore the discourse of responsibility in the food system, as well as the power dynamics that underpin it.

1.2 Chapter structure

The thesis continues in Chapter 2 with a critical review of literature relevant to responsibility for healthy eating by the public. It situates the concept of

responsibility in the field of public health, as it pertains to government policy, corporate practices and individual behaviour. The roles and responsibilities of each of these three groups of actors are examined in literature from the fields of public health and social sciences; critiques of public health practice are also covered. The chapter traces the development of research on dietary determinants from contextual influences to a complex systems approach. It argues that examining responsibility in the food system can offer insights into determinants of food choice and power dynamics in the food system that affect diet and health.

Chapter 3 explains the theoretical background to and practical steps of the methodology. This qualitative study is underpinned by a complex systems framework (Finegood et al. 2008). The methods of document selection, focus groups and semi-structured interviews are described in detail. Finally, in this chapter, the Foucauldian analytical approach and ethical concerns are recounted.

Chapters 4 to 7 are the empirical chapters – presenting the results of the research. Chapter 4 gives a detailed description of the analysis of selected government and corporate documents, starting with the seminal 2007 Foresight Report on obesity. It examines the way the three groups of actors emerge as the key focus of this research and how the roles and responsibility of each are constructed through various themes such as complexity and choice.

Chapter 5 reports the results of analysis of the focus groups and interview data as they represented the discourse of individual responsibility. The results present empirical data that shows how the subjectivity of individuals is constructed. The results elaborate on themes underpinning the responsibility discourse such as choice and complexity, and demonstrate counter-discourses. The chapter also highlights factors that compete with 'responsible' behaviour at the food system-health nexus. Similarly, Chapter 6 describes the characterisation of the corporate sector, discourses of corporate responsibility

and those that compete with it, while Chapter 7 covers government responsibility.

Chapter 8 presents a brief summary of the results followed by an overarching discussion of the findings, examining how they fit in with existing literature on the subject and condensing the arguments into three key themes, as they relate to responsibility for healthy eating: choice, complexity and the discourse of the free market. The final section of the chapter folds the arguments to one, proposing that various discourses converge to render the discourse of individual responsibility 'common sense' and therefore dominant. The notion of proportional responsibility is introduced, referring to the idea that actors in the food system can only be responsible for healthy diets to the degree that they have influence over the determinants of diet such as taste, cost, convenience and promotions.

Chapter 9 consists of a conclusion to the research project; firstly with an assessment of whether the key research questions were answered, followed by an outline of limitations of the research. Suggestions are then made about the contribution of the thesis to methodologies, theories and knowledge of diet-public health. The chapter concludes with a section on the implications of the methods, results and concept of 'proportional responsibility' for policy and further research. A full bibliography and appendices are found at the end of the thesis.

Chapter 2: Literature review

Situating responsibility for healthy diets in the food system

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"It is perfectly possible to eat a Mars bar, or a bag of crisps or have a carbonated drink if you do it in moderation, understanding your overall diet and lifestyle. Then you can begin to take responsibility for it and the companies who are selling you those things can be part of that responsibility too."
Andrew Lansley, UK Secretary of State for Health, 2010[5]

Overview

The aim of this thesis is to explore perceptions of responsibility around how healthily, or unhealthily, members of the public eat. The potentially harmful effects of a poor diet on health outcomes are well documented (WHO 2014) and national governments and global organisations expend considerable effort attempting to improve populations' diets. Yet the disparity between ideal and actual food intake, and the increasing prevalence of diet-related ill health is indicative that these efforts are having limited success in changing the public's food choices. It is not clear, however, where responsibility is seen to lie for the determinants of diet and for whether the public does make healthy food choices or not. These choices are not made in a void: they are influenced by what is often called the 'food environment' i.e. social, economic, geographic, commercial and other influences on why people eat what they do. Additionally, a person's social, financial, cultural and other characteristics can impact upon their food intake (Butland 2007). Despite much mention of it throughout public health and corporate policy, to whom and to what degree 'responsibility' is apportioned is unclear. Yet it is important to understand this, given the extensive nature of these influences and the preponderance of diet-related ill health. Achieving clarity on this issue is important because perceptions and

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[5] http://www.telegraph.co.uk/health/healthnews/7876874/Andrew-Lansley-Occasional-Mars-bar-is-fine-if-overall-diet-is-good.html accessed 18/01/11

social constructions of responsibility have a direct bearing on policy, corporate practice and public opinion.

Although responsibility for dietary health itself has rarely been explored explicitly, it is covered, at least implicitly, in a range of literature. Influences on dietary behaviours have been investigated and theorised in a variety of disciplines because of the diverse determinants of diet. There are two particular bodies of literature that significantly address this topic: public health, and the social sciences including geography and sociology; researchers in both fields also offer critiques of diet-related public health. Obesity – in which diet has a significant role – has been a substantial focus for governmental and academic research into the diet-health link; the literature that examines obesity has therefore provided a convenient and effective proxy for a broader examination of the diet-health causal pathway and related policies.

The subject of this thesis – population dietary-related health – is, *de facto,* situated in the field of public health, which therefore provides the bulk of the background scientific literature. Food choice is a type of behaviour and many public health practitioners who incorporate behavioural science and epidemiology have highlighted issues that implicitly consider responsibility for dietary health and health inequalities (e.g. Braveman et al. 2011; Roberto et al. 2015). Some literature has positioned the public as consumers while some has examined the notion of 'choosing' foods – to what degree it is truly is an act of rational, considered choice or based on structural influences (e.g. Goss 2004; Clarke 2008; Thompson & Minaker 2013).

In addition to public health practitioners, social scientists in fields such as geography, anthropology and sociology offer insights into and analyses of dietary determinants, and critiques of public health practice (e.g. Richards 1932; Petersen & Lupton 1996; Whatmore 1997; Massey 2004; Elliott 2007; Jackson et al. 2009); as do researchers in public policy and economics, due to the roles and responsibilities of government and the commercial sector in the food

environment (Lang & Rayner 2007; Banerjee 2008; Miller & Harkins 2010; Cawley 2011). The imposition of 'ideal' health behaviours implied by some public health measures and policies has been criticised for ignoring structural determinants of health and, in effect, laying disproportionate expectations of responsibility on individuals (e.g. Adler & Stewart 2009; Rose & Novas 2004). This has been called the "tyranny" or "imperative" of health (Fitzgerald 1994; Lupton 1995).

This review starts with a discussion of literature that – at least implicitly – explores perceptions of responsibility for healthy eating within the food system. It does this by analysing three main perspectives on responsibility: government policy, the role of industry and how responsibility appears to be apportioned to the general public. 'Responsible' eating by the general public is, or is not enacted within food environments; indeed, an important body of work that underpins an enquiry into responsibility for diet is research into contextual, or environmental determinants of food choice (and health). Reviews of such research provide insights into some of the determinants of diet and the degree to which members of the public are influenced by the food environment in making healthy choices – in effect, the degree to which they, or other actors, are responsible (e.g. Swinburn & Egger 1998; French et al. 2001; Kumanyika 2001; Cummins & Macintyre 2006; Thompson & Minaker 2013). The chapter continues by tracing the way research in this area has evolved to develop a 'complex systems' perspective. The 'food system' within which various parties enact 'responsibility' or not has been a target of exploration (Finegood 2011). Across several disciplines now, there is a growing interest in 'system' approaches that account for the myriad influences on diet in the environment (Butland 2007; Cummins et al. 2007; Finegood et al. 2008; Lang 2009).

Taking a cue from this thinking, this project makes use of a 'complex systems' perspective as the lens through which to examine notions of responsibility. Complexity, in the systems sense, offers a useful and apt framework for examining the idea of responsibility for healthy eating: what to look at in the

otherwise unwieldy food system, the relationships between actors in it and the seemingly random or unpredictable ways it functions (Meadows 1999; Gortmaker et al. 2011). Such an approach implicitly accounts for different actors within the system and the relationships between them – a crucial factor in the examination of responsibility. Section 2.5 therefore presents a review of three groups of actors relevant in this research, government, industry and the public – their roles and responsibilities in the food system and how this affects perceptions and expectations of responsibility for dietary behaviour.

Section 2.6 draws on literature that examines dilemmas in public health practice and the degree to which different actors are responsible. The apportionment of responsibility in health behaviours has been considered by public health ethicists, who also offer related perspectives on the degree to which anyone other than each individual may be responsible for health behaviours (e.g. Wikler 2002; Buchanan 2007). The portrayal of responsibility in policy is examined briefly in this chapter through government publications (e.g. DoH 2010a; DoH 2011b, more detailed analyses of which will be presented in Chapter 4), while a growing body of critical literature offers views on the role of commercial organisations in health outcomes and health policy (e.g. Banerjee 2008; Lang & Rayner 2010; Miller & Harkins 2010; Gilmore et al. 2011; Weishaar et al. 2012). The chapter coalesces, finally, around Adler and Stewart's idea of "behavioural justice" which proposes collective responsibility for healthy eating: they explicitly call for responsibility to be apportioned to members of the public only when they have equal opportunities to make healthy choices (Adler & Stewart 2009). The chapter closes with a summary; presenting the aims of the research and proposing questions that will best offer insights to perceptions of responsibility for healthy eating.

2.1 Responsibility in the food system

The core focus of this thesis is to explore with different actors in the food system how responsibility for healthy eating is discursively constructed. While

dictionary definitions abound – representing notions of duty, obligation and accountability – responsibility pertaining to actions and relationships within the food system is unclear. It is imbued with expectations of normative behaviour but what exactly those expectations are is not explicit. There is therefore a tension in the representation of responsibility for health behaviour: whether or to what degree this lies with each person, whether it falls on the state and its various proxies such as local government and public health services (Adler & Stewart 2009), or on powerful commercial interests, whose raison d'être is to profit from food sales. That is to say, responsibility reflects the relationships between different actors and different scales in the food system. What is known, is that there has been limited population-level success in establishing reliable, individually-focussed interventions aimed at improving dietary behaviour to curb chronic, diet-related illness and obesity (Jain 2005) and that the assignment of responsibility for this is problematic. This section introduces the concept of responsibility broadly in relation to three groups of actors: government, industry and the public. Some of the issues raised will be explored in more detail later in the chapter (for example the impact of the cost of foods on food choice or 'responsibility').

2.1.1 Responsibility in policy

While successive UK governments have overtly acknowledged the need to create environments that promote healthy behaviour (DoH 2010b), the emphasis of state programmes such as Change4Life, is on personal knowledge and action: 'eat less, move more, live longer' is its slogan[6]. Yet, similarly to ethical consumption, "by privileging knowledge as the key factor motivating responsible conduct, it tends to underplay a range of other considerations that might play a role in shaping people's dispositions" (Barnett et al. 2005, p.25). Since March 2011, 'responsibility' has been enshrined in policy in *The Public Health Responsibility Deal* (DoH 2011b) published by the UK Department of Health (DH) under the auspices of the then-health secretary, Andrew Lansley

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[6] http://www.nhs.uk/change4life/Pages/change-for-life.aspx accessed 25/06/16

(whose quote opens this chapter). This document lays out the aims of the policy, which was "established to tap into the potential for businesses and other organisations to improve public health and tackle health inequalities through their influence over food, alcohol, physical activity and health in the workplace."[7]

Earlier, the influential report *Tackling Obesities: Future Choices* (Butland 2007) laid out possible future scenarios of obesity prevalence (Figure 2.1). The researchers sought the views of experts on potential trajectories of obesity in the UK, given each of the scenarios. Not one forecast that prevalence would decrease, rather that the best outcome would be to curtail the rate of increase. The only scenario that predicted slower rises in overall population obesity, childhood obesity and in socioeconomic variations was Scenario Two, i.e. the one that put 'Social responsibility first' and 'anticipated and prepared' rather than 'reacting and mitigating'. Additionally, obesity is, from every angle – quantification, definition, prevalence, risk to health, causes, solutions – mired in uncertainty: "It is laudable to think that research findings will help to inform the evidence base for policy but often there is a sense that we have policy looking for an evidence base" (Anderson 2005, p.1).

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[7] http://www.dh.gov.uk/en/Publichealth/Publichealthresponsibilitydeal/inde.htm#jumpTo1
page 3, accessed 12/04/11

Figure 2.1: Summary of projected scenarios
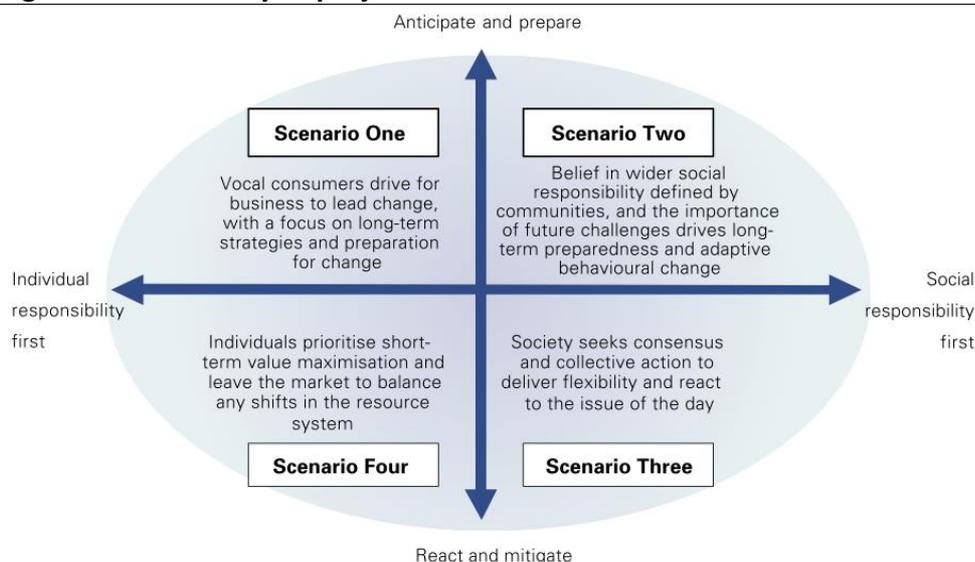
Source: Butland 2007 p96

So while *Tackling Obesities* does point, in part, to determinants in the food system over which government has some influence, such as pricing, marketing and 'purchasing capacity', there has not been any suggestion of intervention to mitigate the influence that these factors have on dietary behaviour (more on these factors in section 2.5.2) and its link to disease and obesity prevalence. The disparity between food system and public health policies is one that the Conservative-led coalition government of 2010-2015 said it was committed to resolving through the *Public Health Responsibility Deal* (PHRD). Many food companies are signatories, thereby obliging them to meet certain criteria in food labelling and production (such as limiting salt levels and eliminating trans fats).

There has, however, been criticism of the appointment of industry representatives to such committees, whose role is to design strategies to combat public health problems such as obesity and alcohol-related diseases[8]: "Whatever sage wisdom the various captains of the food and drink industry

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[8] http://www.independent.co.uk/life-style/health-and-families/health-news/nudge-or-fudge-public-health-fears-as-lansley-retreats-from-regulation-2151049.html accessed 18/01/11

have to impart, it will certainly be in the narrow interests of their shareholders, whose continued wealth is contingent on maintaining precisely the status quo that brought about the current public-health crises" (Lancet 2010, p.1800). Another article in response to the PHRD was entitled "Is the UK turning the clock back on public health advances?" (Wise 2010). While another suggests that the growing burden of disease caused by the food, alcohol and tobacco industries "demonstrates a pressing need to improve our understanding of how corporations contribute to this disease burden, both directly through the promotion of products damaging to health and indirectly through influence over public policy" (Gilmore et al. 2011, p.2).

Meanwhile, more recent state strategies have included 'soft paternalism', popularised by *Nudge* theory (Thaler & Sunstein 2008) which uses the oxymoron, "libertarian paternalism" to describe a particular type of behavioural economics. This espouses the establishment of "choice architecture" that claims to simplify and enhance choice-making for members of the public, enabling them to take 'responsible decisions' without restricting their 'freedom'. Yet critics of 'nudge' argue that human behaviour is more idiosyncratic and active than can be allowed for in choice architecture, which cannot account for structural limitations that lead to behaviours which "can actually be the product of quite rational responses to the constraints of poverty, low self-esteem or discrimination" (Jones et al. 2011a, p.56). So, arguably, the framing of responsibility in policy can be seen as a matter of political expediency, ideology and a relationship with the corporate sector.

2.1.2 Industry and responsibility

Industry has a relationship with government not only because aspects of it are regulated, but also because it tries to ensure that its interests are considered in policy. Indeed, industry's interests lie, *de facto,* in maximising market share and profits; yet it is now also expected to take on another role which some see as a conflict – that of being responsible towards public health. Beyond the

Responsibility Deal, the food industry has set out its intention to take responsibility by contributing to the public's health globally. For example, in an article by PepsiCo executives entitled "The role and challenges of the food industry in addressing chronic disease", the authors insist that steps have been taken by companies to help improve customer health (Yach et al. 2010). Meanwhile, a report published by the UK Food and Drink Federation (FDF) describes how "members … have long been 'stepping up to the plate' when it comes to the many different ways in which they have taken bold action in response to growing societal concerns about complex public health issues such as obesity"[9].

Corporations state that they are committed to caring for their customers' health as demonstrated by their websites and corporate statements[10]. Many have explicit policies on 'corporate social responsibility' (CSR). But the degree to which this is spurred by responsibility or commercial expediency is not known; some public health practitioners and others are critical of such promises (e.g. Stuckler & Nestle 2012; Banerjee 2008). Researchers examining confectionery merchandising, found food retailers' "main motivations to be space maximisation, profitability and customer pressure. While certain proactive companies recognised the benefits of being seen as a socially responsible company, none of the companies was driven primarily by philanthropic motivations" (Piacentini et al. 2000, p.459).

Morgan et al. insist that the food industry is not worried about 'moral panic': "What goaded them into action were two particular threats: the threat of anti-obesity litigation from obese consumers and the threat to their share prices from a nervous investment community" (2006, p.169). This threat of obesity litigation, has, however – in the US, at least – receded, given that obesity-related lawsuits are banned in most states. What is more, the ambiguous

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[9] http://www.fdf.org.uk/publications.aspx accessed 12/04/11
[10] e.g. http://www2.sainsburys.co.uk/food/healthylifestyle/health.htm
http://www.pepsico.co.uk/purpose/health/health-report-2010 accessed 23/06/11

aetiology of obesity (Mozaffarian et al. 2011) puts claimants on shaky legal grounds, with food corporations emphasising sedentary behaviour as a key determinant (Jenkin et al. 2011).

Even literature on social justice in food companies' corporate social responsibility has tended to focus on employee safety, fair trade, employee rights and, from a health perspective, on customer safety – matters that are relatively 'contained' in the work place – rather than long-term health or weight outcomes related to food consumption (Maloni & Brown 2006). Increasingly, though, food providers are obliged to give nutritional information for their products, with the assumption that consumers will avail themselves of this to inform 'responsible' decisions on healthy eating. However, evidence that information provision affects customers' choices is weak (Cantor et al. 2015). For example, research on the impact of calorie labelling regulations in New York City fast food restaurants found scant evidence of healthier choices being made (Dumanovsky, Huang et al. 2011). While a study in Australia found that less than 3 per cent of customers chose healthy alternatives highlighted as such on menus[11]. Indeed, some researchers suggest that further scrutiny of the degree of responsibility that should be borne by the food industry for the rise in diet-related obesity and disease is imperative, especially in light of its activities such as lobbying against labelling and advertising regulations (Morgan et al. 2006). Industry responsibility for public health is therefore laden with tensions between such lobbying and other practices that help to protect its own interests, and the interests of public health.

2.1.3 The public and responsibility: the 'imperative of health'
It could be argued that adults 'choose' what they eat and therefore also the effects of those choices, including long-term health outcomes. But the construction of responsibility for dietary behaviour and ensuing health outcomes is unclear, and it has been shown that systemic factors beyond the

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[11] http://www3.griffith.edu.au/03/ertiki/tiki-read_article.php?articleId=30462 accessed 01/07/11

control of the general public play a significant part (see sections 2.3 and 2.5.2).
A body of literature on the *self* with regard to health and body weight proffers
critiques of the way in which the public is burdened by such responsibility: "The
emphasis on healthy lifestyles, although salutary in many ways, has a very dark
side to it and has led to the increasing peril of a tyranny of health" (Fitzgerald
1994, p.196). Rose and Novas use the concept of 'biological citizenship' to
suggest that norms and expectations are created, change through space and
time, and are constructed discursively (2004), thereby opening up the possibility
that contemporary approaches towards personal responsibility for healthy
eating are connected to ideology as much as they are to health and science.

There is a danger of emphasising personal 'lifestyle' choices – 'responsible' or
not – given that we live increasingly in "the somatic society, a society in which
our major political and moral problems are expressed through the conduit of
the body" (Turner 1996, p.6) i.e. through our 'biological citizenship'. The obese
body, as classified by the BMI, is now officially diseased. If the body is
considered merely from this material perspective, it follows that "social
information [is interpreted] as extraneous and irrelevant to the *real* biomedical
diagnosis" (Scheper-Hughes & Lock 1987). Lupton discusses Foucault's idea of
"imperative of health" (1995), which is imposed by social values and forms a
framework for the designation of personal responsibility for healthy behaviour,
dietary or otherwise.

Health is viewed as contingent on personal responsibility, it is "achieved rather
than ascribed… ill health is no longer viewed as accidental, a mere quirk of
nature, but rather is attributed to the individual's failure to live right, to eat well
to exercise" (Scheper-Hughes & Lock 1987). Additionally, obese people are
regularly condemned, for example, this *Daily Mail* headline "If we don't dare
criticise people for being fat they will crush the NHS [National Health Service]"
suggesting that the irresponsible behaviour of obese people costs each of us by

'burdening' the state purse[12]. Elliott refers to distinctions between two bodily archetypes as described by Bakhtin, "The tension between the classical and carnivalesque body, I suggest, is what allows the moral framing of the obese, 'lesser' citizen" (Elliott 2007, p.140) – while the classical, slim body is deemed an outward signal of rationality, restraint and 'responsible' behaviour.

Public health initiatives on healthy diets and obesity rely predominantly on such 'responsible' behaviour, as required for the 'eat less, move more' model. The rational mind is expected to dominate the carnal desires of 'gluttony' or 'sloth' in order to pursue health. (These 'carnal sins' constituted a section title of a UK Parliamentary Health Report on obesity[13].) Members of the public are expected to act responsibly – "the lack of self-mastery is a 'disease' prior to the actual physical complaint" (Greco in Lupton 1995: p9). Such views illustrate that the discursive construction of responsibility for health behaviour such as healthy eating implicitly situates it with each member of the public and their individual morality. Initiatives in public health practice, for people to pursue healthy lifestyles must, however, take into account that humans are not only more than just a rational mind (Simon 1955; Cawley 2004), but also, that their dietary and other health choices do not exist separately from systemic factors, some of which are determined by the state and industry.

Expecting members of the public to take sole responsibility for their food choices is to ignore the role in diet-related health outcomes of structural and relational factors: "[t]he problem is that democratic access to health-enhancing diets is mediated by price structures, income, class, location, culture, which all warp the fabled level playing field in which consumer votes drive markets" (Lang 2009, p.328). Another pitfall in public health promotion targeting members of the public (similarly to campaigning for ethical consumption) is that it is "suggestive of new forms of practice through which unequal power

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[12] http://www.dailymail.co.uk/debate/article-3071263/If-don-t-dare-criticise-people-fat-crush-NHS-writes-DR-MAX-PEMBERTON.html accessed 25/07/16
[13] http://www.parliament.the-stationery-office.co.uk/pa/cm200304/cmselect/cmhealth/23/2302.htm accessed 01/07/11

relations are constituted, reproduced and contested… the practical devices through which an ostensibly universalistic responsibility is made possible is also a means of socially and culturally differentiating certain classes of person from others" (Barnett et al. 2005, p.41). Nevertheless, it could be said that, from a public health perspective, the 'responsible' person is considered to be one who stakes a claim to biological citizenship by making prudent health and dietary choices (Rose & Novas 2004). Notions of public responsibility for diet are problematised by the tension between expectations of healthy behaviour and factors that may constrain it; it is one role of public health practice to help resolve that tension.

2.2 Public health perspectives

'Public health' concerns the health of populations, in contrast with medicine's focus on each person's health. Adler and Stewart put forward that the medical model, one that sees "individuals as active, responsible agents reflects our historical emphasis on individual choice and autonomy and the individual maximization of outcomes in a free market" (2009, p.54). In contrast, the public health model not only stresses prevention but also social and environmental factors that make 'unhealthy' choices the default (ibid p56). It is the inequalities in response to these causative factors that are of interest in much public health work, as is the underlying neoliberal agenda that is said to promote them (Schrecker & Bambra 2015).

The practice of public health until at least sixty years ago was different in two key ways from today: firstly, it was dealing largely with issues such as infectious diseases and sanitation; secondly it was delivered in a different political climate, one in which notions of rights and autonomy were less prominent. What is more, the historical positioning of public health as issues of social justice and matter for structural change (e.g. water supplies) are now less straightforward. Obesity and chronic, diet-related conditions have multifactorial aetiologies, including 'lifestyle' behaviours such as diet and physical activity. Consequently,

and because of different perceptions of personal freedom, public health attempts to curb rising prevalence of obesity and diet-related disease call for a novel approach (Buchanan 2007): a dichotomy emerges within current public health practice, between measures designed to affect each person's choices (which have resonance with the 'medical model') and those aimed at the altering the structural determinants of health.

Research on food environments (see section 2.3) has attempted to assess the conditions – physical, social, economic, cultural – that influence food choices. Yet, in much public health promotion such differences are expected to be over-ridden by a person's determination and responsibility i.e. it ignores the fact that "changes in dietary patterns and physical activity are driven by changes in incentives that people face, rather than by sudden changes in genetics or will-power" (Cawley 2004, p.117). What is more, as long ago as 1964, it was observed that having nutritional knowledge had little effect on the food choices made by people other than those particularly concerned with their health (Yudkin & McKenzie 1964).

The majority of public health interventions aimed at reducing dietary change and obesity prevalence – which have evidently had little, if any success at a population level – have nevertheless focused on education and information provision (French et al. 2001; Walls et al. 2011) i.e. on a micro scale, at the level of the single person, rather than at the environmental or system level. However, "health communication is not a 'magic bullet' that can create change… [it] must engage with the complexity of human needs, motivations and priorities" (Zoller & Dutta 2008, p.1). A person's dietary "needs, motivations and priorities" are expressed in the food environment, which influences his or her ability to be 'responsible', or not.

2.3 Understanding the food environment

Much research on environment, diet and obesity has attempted to account for

their multiple determinants, in order to help intervene in the causal pathways of ill health. In this project, examining existing research on the role of the food environment in diet helps to demonstrate the contexts within which food choices are made, what determines those choices and thereby, where responsibility may lie for factors in the food system that affect the health-value of the public's diet.

The so-called 'context versus composition' debate in general health geography and medical sociology research tried to tease out to what degree contextual factors or the demographic characteristics of the population (composition) affect health, although the binary notion was ultimately seen to be lacking (Macintyre et al. 2002); indeed, there remains an emphasis on the complex inter-relatedness between the two that has yet to be operationalised succinctly (Cummins et al. 2007). Krieger contends that "The understandings of the societal distributions of health thus cannot be divorced from considerations of political economy and political ecology" (2008, p.223). This resonates with the relational view of people in space that accounts for "flows of capital, culture and people between geographically distant places" (Cummins et al. 2007, p.1832) and the connected, 'societal' determinants of health inequality referred to by Starfield, (2006). Similarly complex scenarios exist in food environment research. What is more, this latter field must account for the additional dimensions of food supply and demand, and global influences on food availability, pricing and policy, which further complicates theorizing and methodology. These issues also make it particularly challenging to locate responsibility for dietary behaviour.

Much research linking diet and health has focused on obesity, which acts as the dominant proxy for wider diet-health issues. Egger and Swinburn (1997) emphasized the importance of the collaboration between different sectors to deal with the surge in obesity prevalence; education about risk factors and health promotion are insufficient in the face of an obesogenic environment. They developed the ANGELO (<u>an</u>alysis <u>g</u>rid for <u>e</u>nvironments <u>l</u>inked to <u>o</u>besity)

framework as a model for depicting obesogenic environments and for prioritizing research and interventions, a blank template of which is shown in Figure 2.2 (Swinburn et al. 1999).

Figure 2.2: ANGELO sample grid for identifying and prioritizing environmental interventions for obesity

	Physical	Economic	Political	Sociocultural
Micro (settings)				
Macro (sectors)				

after Swinburn, Egger et al. 1999

The ANGELO approach divides complex contextual influences on diet and body weight into micro and macro-level at which to examine physical, economic, political and sociocultural factors. The definition of these is, however, lacking clarity: for example the authors list homes, institutions (e.g. hospitals), food retailers and recreation facilities all as micro despite the significant variation in scale between them. What is more, the divisions, though potentially useful for classifying and prioritizing projects, do not allow for the relationships between the different scales and the differential impact that each may have on the other. Indeed macro and micro may be useful broad sweep categories, but what actually constitutes each and the relationships between them need to be more carefully defined.

As for physical, economic, political and sociocultural factors: while researching them all simultaneously is too unwieldy, examining them piecemeal means that more macro-scale factors – such as international policies affecting food costs, commercial promotion techniques or power relationships between corporations and consumers – are easily ignored. This may explain why there is little published literature on such matters despite their relevance to dietary behaviour. Indeed, the most abstract of the 'types' of environment described in the ANGELO framework, and perhaps the least researched, are the political and economic spheres i.e. determinants of many issues that affect food acquisition

by members of the public, and who may be responsible for them. Meanwhile, research that specifically looked at the 'relational' nature of obesity examined social networks but not macro environmental factors: this widely cited work (Christakis & Fowler 2007) demonstrated significant clusters of obese people among social networks, concluding that "Network phenomena appear to be relevant to the biologic and behavioral trait of obesity" (ibid p370).

Research into food environments has progressed from more static examinations of spatial differences, to broader environmental or contextual considerations that have delivered varied, sometimes conflicting results (e.g. Cetateanu & Jones 2016). It has been suggested that food environment research can benefit from taking a relational approach, one that goes beyond spatial mapping or evaluating local food access (Story et al. 2008). Research on more subtle influences on food choice and health than, for example, spatial accessibility could extend existing work on the food environment by illustrating the processual and relational aspects of dietary behaviour, giving insights into the relationships between macro and micro factors, as well as between different actors. It could also simultaneously give insights into perceptions of responsibility for the different influences on the public's diet.

Research on the scale and relational aspects of the food system has been conducted mainly outside the field of public health. It has focused largely on consumption such as alternative food networks such as fair trade and organic produce (e.g. Guthman 2003; Barnett et al. 2005) which have highlighted the link between large scale, global food production and its impact on 'local' or 'community' networks (Watts & Goodman 2004). Yet viewing the two simultaneously within one system offers the opportunity to examine relationships across scales and where responsibility for different factors is perceived to lie. Jackson et al. suggest that, rather than considering scale in a hierarchy, "thinking relationally about the *connections between scales* might offer an alternative to conventional thinking about the politics of space and place" (2009, p.20, their emphasis). As such, there is a need to fill the gap by

examining the effect on the public's food choices of macro forces and relationships between stakeholders and elements in the food system. Responsibility' provides a focal point at which to do so while the food *system* offers a framework within which myriad factors may be considered and within which scale and relationships are implicit.

2.4 The food system, obesity and complexity

Ill-health – even that associated to a degree with diet – and obesity have many other determinants than diet, and therefore need to be viewed in a framework that can account for a commensurate degree of complexity. Public health and agricultural experts agree that a broad perspective is important: "public health dietary guidelines and obesity prevention cannot be met without a focus on the food system, from field to fork" (Story, Hamm, et al. 2009, p.222). This sobriquet suggests a linear hierarchy, which belies the complexity of a system with feedback mechanisms and reciprocal relationships and one that incorporates key, inter-related spheres. The public's food-related behaviour today takes place amidst this vast, complex food system; additionally, there are local and personal responses to the system as well as individual biology, preferences and needs. Yet a gulf exists between national food-related policies and public health goals of reducing prevalence of obesity and chronic diet-related disease (Lang 2009; Jebb 2012). Policies affecting the food system influence what food is produced and how, accessibility, food prices (and disparities between those considered intrinsically healthy or not) and food promotional practices. This, in turn, has the potential to contribute to inequalities in obesity and health outcomes (Neff et al. 2009). As such, the nature of the food system influences the degree to which the public may or may not eat 'responsibly'.

Approaching the issue using a 'complex systems' framework can help tease out the ways the relationships between elements of the system and actors within it influence dietary behaviours; this can add a more comprehensive dimension to

previous linear, contextual approaches to food environment research. A complex system is one which is composed of heterogeneous actors/variables that interact in non-linear relationships, and "the behavior of any one of the components depends in only an aggregate way on the behavior of the other components" (Simon 1962, p.474). Exploring relationships between actors in the food system can help to reveal how the pertinent actors construct responsibility for healthy diets.

Attempts to represent obesity within a system, have, however, been problematic because of the extent of its complexity, amidst which diet is just one sphere. Despite this, obesity still provides the closest proxy for the diet-health pathway. The International Obesity Task Force (IOTF) drew up a "Causal web of societal influences on obesity prevalence", which links determinants of obesity in terms of scale from individual physiology, through behaviour, local environment as well as national and international policy (Kumanyika 2001). In the IOTF web, the relational aspects are illustrated as uni-directional, while biology and experience of causative factors are not considered. In other words, although shown to be *complicated*, obesity in relation to the environment is not portrayed as *complex* (Finegood et al. 2010).

The most comprehensive description of obesity as a complex problem is shown as a 'system map' (see Figure 2.3, for the 'bowl of spaghetti illustration of the complexity rather than to see any detail) in *Tackling Obesities: Future Choices,* a report by the United Kingdom (UK) Government's Foresight Programme (Butland 2007). Known as 'The Foresight Report', it categorises influences into: media, social, psychological, economic, food, activity, infrastructure, developmental, biological and medical. In the face of such complexity, it is evident that any initiatives to encourage healthy eating by members of the public must be approached from a number of angles, and not necessarily in a linear fashion. It also demonstrates that a range of actors across the food system is responsible for factors that affect what the public eats. Indeed, complex systems' characteristics are heterogeneous, non-linear, stochastic,

dynamic and related through feedback loops, where the components must have the capacity that matches the task required of them (Finegood 2011). Complexity in this sense, is not just a descriptive property of the system, rather it helps provide a theoretical model useful for examining a given problem (Manson 2003).

Figure 2.3: The Foresight obesity system map
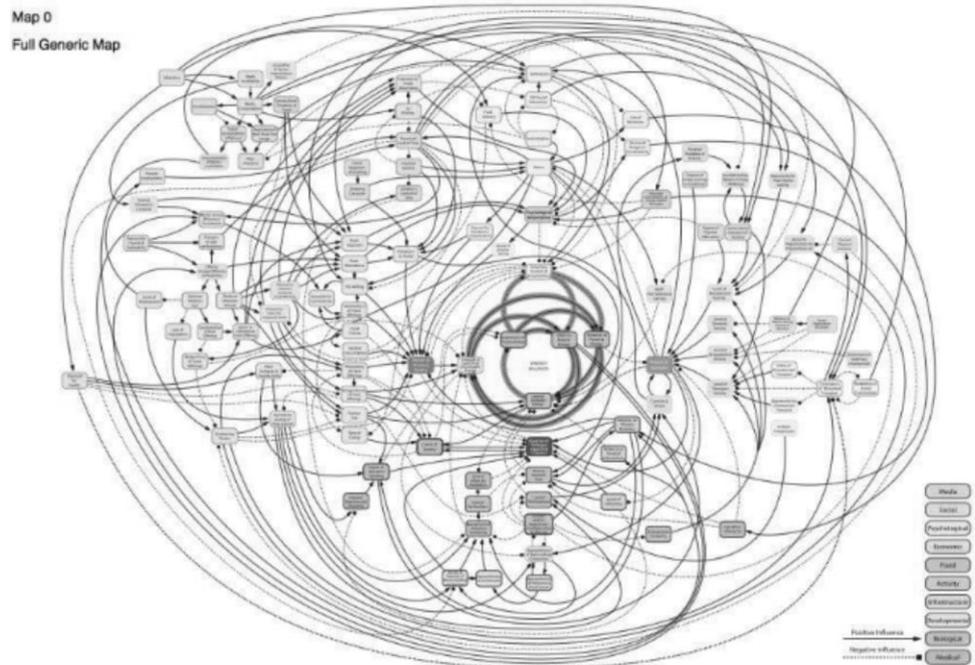
source: Tackling Obesities: Future Choices (Butland 2007; p91)

Finegood distills Meadows' "places to intervene in a system" (Meadows 1999), suggesting that by taking a systems perspective, one can identify leverage points at which to take action and engender desired changes. Based on this "[t]he systems approach to obesity leads quickly to the recognition that there is a need to understand system variables like capacity, complexity, connectivity, and social norms" (Finegood et al. 2010, p.S15). Meadows suggests that to change a system, altering lower order factors such as basic parameters are not as effective as changing more encompassing characteristics such as the rules of the system or its paradigm (Meadows 1999). Therefore, what a systems perspective offers beyond, say the ANGELO or IOTF frameworks, is the ability to look not just at the 'components' but the relationships between

actors/variables in the system; and by exploring these links, find potential 'levers' for change and who may be responsible for each.

A complex systems approach provides a convenient framework for research by helping situate *what* and *whom* to investigate and how such constituents/actors are related. This in turn can help shed light on responsibility for dietary behaviour. When examining the nutritional aspects of health, it can account for what has been described as "the mutual constitution of the local and the global" (Massey 2004, p.7). As such, it recognises that food is at once an "intimate commodity" (Winson 1993) yet also a global commodity, one governed internationally yet consumed locally, one consumed in both public and private spheres; it can be seen at once as "a source of pleasure but also possible danger, and as a cultural but also industrial product" (Freidberg 2004, p.520). These are some of the issues with which public health grapples in attempting to improve population level dietary behaviour. Such complexity also reflects difficulties for the public in eating 'responsibly'. Taking a complex systems perspective, additional insights could be reaped from examining the relationships between different actors and their prescribed roles and responsibilities in the food system.

2.5 Actors in the food system

As can be discerned from the figures in the preceding section, there are at least dozens of actors in the food system, including farmers, policy-makers, food manufacturers, retailers, and members of the public, each of whom has their own roles and responsibilities. What is more, it has been suggested that increasing globalization has led to fragmentation within the food system and commodity fetishism: "From farmers to consumers, all social actors and agencies involved in these processes are separated from each other not only spatially and temporally, but by their functionally different interests" (Koc & Dahlberg 1999, p.112). It is these interests that help point to perceived

responsibilities for healthy diets apportioned throughout the food system.

Food systems have, in the past, been used to describe an array of networks e.g. agri-food, urban, local, policy systems and others, some formal, some informal (ibid). In theory, *the* food system incorporates all of these. In practice, empirical research can only focus on aspects of it, and identifying relevant actors in the food system is not straightforward. Finegood et al. (2010) distilled the Foresight Obesity System map to a reduced model using lines of varying, proportional thickness to represent the number of variables/actors in each section and the strength of connections between them (Figure 2.4). Although "Whether these observations reflect reality or are just a synthesis of the perceptions of the particular group of stakeholders involved" (ibid pS14) is not known; nevertheless, given the usefulness of obesity as a substitute for diet-health links, they provide a helpful illustration of the relationships between variables and actors and offer insight into potential spheres for exploration and possible intervention, and who may be responsible for these.

Figure 2.4: Reduced Foresight map
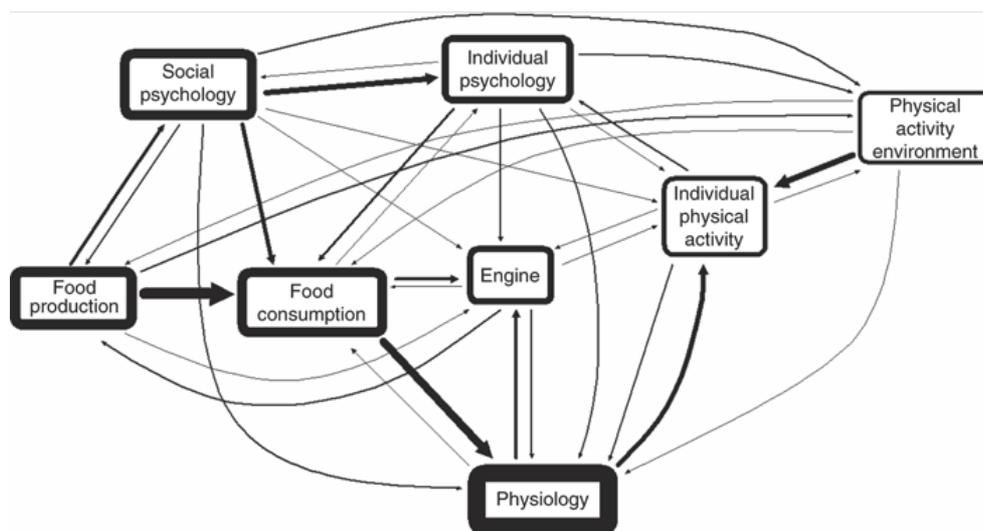
source: Finegood et al. 2010

The reason for examining relationships in the food system in this thesis is ultimately to discover how the responsibilities of principal actors and their

subject positions are constructed, given that this may well affect perceptions, behaviour and policy. Because this thesis is grounded within public health, two *de facto* principal groups of actors are government and the public. Additionally, in the UK, the general public interacts with the food system primarily through purchasing and consumption of foodstuffs. Therefore, the companies that provide and market these goods are also key actors and the food industry forms the triad of pertinent actors in the food system for this research. In other words, members of the public acquire their food within a food environment, the architects of which are the food industry, with government in the background governing policy on food, commerce and health. It was anticipated that empirical work might reveal different key actors who influence food choice by the public, beyond the food industry and government, but this was not the case. This section goes on to examine each of these main actors in turn; it reviews literature on their roles and actions within the food system; in doing so, it helps illustrate the ways the different actors enact 'responsibility', or not, as it relates to determinants of diet that affect health.

2.5.1 Architects of the food system: industry and government

The transactions within which the public acquires food articulate the relationship they have with the food industry and policy makers who regulate it. The latter also develop and disseminate public health measures related to food. Miller's depiction of consumers as wielding significant economic and political power (1995) is arguable. While consumers do shape to a certain degree the uptake of novel products or the success of a food outlet, suggestions that consumers dictate the content and practices of the food market are not borne out by history (Flynn et al. 1998), current practices of 'choice editing' whereby retailers "decide what to offer consumers and how to present it" (Lang et al. 2009, p.329) or product development by corporations (Dixon 1999; Nestle 2002). Indeed, it has been proposed that "The realities of contemporary food governance are that private interests are key drivers of food supply chains" (Barling 2007, p.285). Interest in dietary behaviour and responsibility for its

related health must therefore take account of not just personal agency but also the system within which such agency is driven or constrained. We turn in this section to those who have power over certain aspects of the food system.

Food system architects: industry

Elements of the food environment are carefully designed by the food industry to affect food choice by the public, in what is one representation of relationships between different actors and scales in the food system. Such factors frequently render unhealthy choices the easiest, for example, via promotions, and cost, whereby cheaper, calorific foods are also the least nutritious (Drewnowski & Specter 2004; Jones et al. 2014). The corporations that constitute the link between food production and consumers in the food system are, broadly, manufacturers and retailers (as well as, to a lesser degree, restaurants and food service outlets); as such, they embody processes and relations in the food system across the range of scales. The economic power of farmers has declined in recent decades and shifted to manufacturers, but even more so to large retailers, where much of the UK's food sales are concentrated (Flynn et al. 1998). The transformation of the UK retail food industry in the 1980s-90s was based on the concentration of the market into just five main supermarket chains, alongside rapid advances in transport, distribution and logistics. Seventy-two per cent of expenditure on food and non-alcoholic drinks in the UK is spent in large supermarket chains[14]. Since the last two decades of the 20th century, the relationship between the public, the state and retailers has become more "volatile" because of increased competition, a decline in regulatory stability, increased attention to food hygiene and because retailers are answerable to a variety of government sectors (Flynn et al. 1998). Since the merger, in 1954, of the Ministry of Food with The Ministry of Agriculture into the Department of Food, Environment and Rural Affairs, there has been concern that consumer rights would be diminished in the face of government

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[14] http://www.statistics.gov.uk/pdfdir/fs1110.pdf accessed 29/06/11

interest in growing commercial dominance (earlier by agriculture, and later by food manufacturers and retailers). The government's role in steering food providers has moved from one committed to "freedom from want", to freedom to consume and freedom of choice, guided by the market (ibid), under the aegis of neoliberal principles (Schrecker & Bambra 2015).

Freidberg suggests that UK supermarkets gained "de facto regulatory power" in the wake of the Food Safety Act of 1990, which enabled them to increase their power over supply chains (2004, p.520). Consequently, "Private governance forms throw up new power relationships along supply chains, particularly through the extraction of economic value" (Lang et al. 2009, p.78). The converse of this rising power has been increased scrutiny of food corporations' practices, which, from a health perspective has seen some benefits e.g. a rise in attempts to provide healthier products (e.g. Tesco's 'Healthy Living' and Sainsbury's 'Be Good to Yourself' ranges) and company website space devoted to healthy eating. However, these moves are unlikely to be based fully on taking responsibility for helping enhance the health of customers: "the major food retailers have played a critical role, not only in delivering new and revised 'rights to consume' to empowered groupings of service-class consumers, but in defining consumption interests around their own particular notions" (Marsden & Wrigley 1995, p.1899). The food industry also engages in a range of practices, such a promotions, devised to encourage food purchases, which, can have negative impacts on diet and health.

Food industry: promotion

Food manufacturers and retailers have used strategically designed methods to maximize sales for over a century. In 1933, at United States (US) congressional hearings on possible regulatory measures for the grading of canned foods, a key opponent was a publisher, for whom the food industry was the largest source of advertising revenue (Smith et al. 2011). One of the notable changes in the food environment in recent decades has been the increase in the number of media

messages promoting purchase and consumption. The UK food industry spends approximately £0.5 billion annually on advertising (Lang & Rayner 2010). This compared to the approximately £10 million 2014-2015 budget for Change4Life, which the government aimed to augment with in contributions from 'partners', many of which are in the commercial sector[15].

A broad range of techniques is employed to promote certain foods, for example: press, television and internet advertising, billboards, product placement in films and television, sponsorship of events (from the Olympics to local football leagues), positioning and shelf-space in stores, promotions such as 'supersizing', 'buy-one-get-one-free', token collection schemes such as voucher collection to acquire computers or sports equipment for schools and 'gifts' or toys at point of purchase. More recently promotions such as free app downloads, have extended to online, mobile phone and gaming channels.

It can be argued that food promotions are designed to increase sales and revenue without consideration of responsibility for long-term health outcomes given that "Relative to national dietary recommendations, foods that are most heavily advertised are those that are over-consumed, while those that receive less advertising are under-consumed" (French et al. 2001, p.316). A survey of supermarket prices by the consumer group Which? found that 52 per cent of confectionery was on 'offer', compared to a third of fresh fruit and vegetables; and 69 percent of sugary drinks (more than 8%) were on promotion[16]. Notably, a decline in advertising spending by PepsiCo coincided with its key product, Pepsi, slipping in US sales ratings. This saw the chief executive officer (CEO) face charges of focusing disproportionately on its so-called 'good-for-you' brands (e.g. fruit juice and oatmeal); it responded in the summer of 2011 with a 30 per

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[15]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326548/PHE_StrategyDoc_2014_10.pdf accessed 06/04/16
[16] https://press.which.co.uk/whichpressreleases/more-supermarket-promotions-on-less-healthy-food/ accessed 15/08/16

cent jump in advertising spending[17]. As one academic described this situation on a social networking site: "Damned if they do, damned if they don't"[18].

Other sales-boosting techniques include increasing shelf-space (Rose et al. 2009), end-of-aisle and eye-level product placement, as well as promotional displays (Cohen & Farley 2008). Another popular marketing practice is that of marginal cost pricing, or 'supersizing', whereby the cost of additional units or quantities is proportionally lower than buying the single item or smaller portion (Seiders & Petty 2004). This practice is believed to be possible due to the decline in the relative price of raw materials for retail food products and also to have contributed to increases in the amount of food consumed (Finkelstein et al. 2005).

Food labeling is another strategy used by the food industry that has drawn criticism. One practice is the listing of serving sizes from a single pack that do not appear to correlate with quantities generally consumed (Seiders & Petty 2004). Another is the debate between listing nutritional information on packaging as 'guideline daily amounts' and as coloured 'traffic light' labels. In the UK, there were until recently divisions within industry, with some corporations insisting that one system was better than the other despite some evidence that traffic light labels were easier for consumers to understand[19]. Although the European Union (EU) has now introduced one labelling system that will be mandatory by the end of 2016, the sphere of influence of food corporations is such that they use sophisticated lobbying to influence governments and determine the options available to the public (Miller & Harkins 2010); this was seen in the EU rejection of mandatory traffic light

[17] http://finance.yahoo.com/banking-budgeting/article/113026/pepsico-new-ad-campaign-wsj?mod=bb-budgeting
http://www.adweek.com/news/advertising-branding/pepsi-ads-return-tv-132987 accessed 30/06/11
http://www.foodpolitics.com/2011/06/pepsis-health-food-initiatives-in-trouble/ accessed 30/06/11
[18] Professor Diane Finegood, @DTFinegood, twitter, 30/06/11
[19] http://www.staticwhich.co.uk/documents/pdf/front-of-pack-nutrition-labelling-which-consultation-response-293290.pdf

labelling. Food labelling practices, guidelines and regulations are contentious: because of their potential to advance or impede food sales, and hence profits, companies vie for the format that is most advantageous to them. Ultimately, the commercial imperative dominates industry promotional and other practices rather than any responsibility for dietary health beyond safety. Considerations of such practices are therefore relevant to the discourse of different actors' responsibility in the food system.

Food system architects: government

Government has responsibility for and potentially affects the food-health connection between the public and industry through two core routes: firstly, through its policies on and regulation (or lack of it) of agriculture, food safety, food standards, advertising, and business practices (although many of these in the UK are ultimately coloured by European Union or other international protocols). The second route is through its responsibilities for administering public health measures. However, managing these two domains simultaneously has been seen as a source of tension for some time for government, which "has been unwilling to intervene directly in food production in order to achieve health-related dietary changes for the population unless such nutritional concerns have been in harmony with the interests of the food producers and industry" (Keane 1997, p.173).

Historically, state intervention in members of the public's diets concerned food safety and matters of social welfare (Leat 1998; Smith et al. 2011), and for brief periods such as during and after the 1939-45 war, adequate national food supplies. Since then, the global – and hence the UK – food system has changed significantly with the increase in international agreements and organizations, the growth of transnational corporations, the spread of global financial capital, and, in the last few decades, a broad shift towards neoliberal politics.

Although a few welfare schemes still exist to help those in relative poverty

acquire sufficient food (e.g. Healthy Start vouchers), albeit with little regard for quality, there is little, effective policy provision for promoting diets that lend themselves to long-term health optimisation. It could be argued, given that food shortage is no longer a national concern, the government's role in mediating the relationship between the food industry and the public (beyond food grading and safety) now stems from ideological values, which infuse relations in the food system. One such value is grounded in ideas of personal freedom, privacy and responsibility rather than collective or state intervention (Leat 1998; Schrecker & Bambra 2015). Another derives from a commitment to promoting businesses and the free market, even at the expense of population health interests (Duff 1999; Nestle 2002; Story, Hamm, et al. 2009); as illustrated by failed attempts to introduce minimum unit pricing for alcohol[20]. Indeed, the role of the state with regard to the rights of consumers of food largely relates to food safety and standards, rather than to long-term health. Government's stance on such issues is clearer cut than in diet-related, chronic health outcomes and obesity, which have multiple aetiologies; it "has shifted somewhat from protecting the public… to helping 'consumers' and 'entrepreneurs' make the correct choices by providing them with technical assistance and information" (Lockie 2009, p.195). As such, the government acts as a potential bridge between the food industry and members of the public.

2.5.2 The public and the food system

As described earlier, the third group of actors, and focal point of the food system from a public health perspective, is the general public. This section describes literature from various fields on dietary practices and factors that influence them; in doing so, it helps point to potential constraints on a person's ability to eat 'responsibly' for health.

Since the late 19th century, technological advances (such as canning, roller flour mills, refrigeration, food processing), changes in agricultural policies, the

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[20] http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN05021

consolidation of food manufacturing and retailing into fewer corporations have, in many ways, been a boon to the public: the percentage of household income spent on food in the UK shrunk from 21 to 11 percent between 1970[21] and 2016, although in the lowest income quintile, household income expenditure is 16 per cent[22]. Food is more reliably free from contamination and in larger portions. In addition, more convenience foods are available and the increase in variety is almost immeasurable (Story et al. 2008; Lang 2009; Story, Hamm, et al. 2009; Smith et al. 2011). However, with this 'boon' is a significant, concomitant disadvantage in that "[d]iets that are now known to be inappropriate for health become normalized" (Lang 2009, p.322). Although finances evidently influence food choices many other factors contribute to differences and a person's ability to consistently eat 'responsibly', or healthily. Literature on some of these factors is reviewed in the rest of this section.

The public's diets: 'distinction'

Historically, interest in population dietary variations focused on the undernourishment of the poor; this was driven not only by concerns of welfare but also by their crucial role as a source of labour and military manpower (Szreter 2003). Latterly, however, with increased awareness of the link between diet and chronic, fatal diseases interest stems from concerns about health inequalities and rising healthcare costs (WHO 2003). Social gradients in health – higher morbidity, obesity and mortality among people with lower socioeconomic status – are incontrovertible (Marmot 2010). Dietary disparities such as this and by place of residence have probably always existed universally. Although UK government policy has only taken account of variations since the late 1990s (Wrigley et al. 2002), they have been measurably in evidence since the National Food Survey was designed to cover a representative sample of households in the 1950s (from its earlier incarnation as a measure of urban

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[21] ONS Social Trends 40 – Chapter 6: Expenditure (ST40_Ch06_tcm77-137097-2.pdf)
[22] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461296/food pocketbook-2015report-17sep15.pdf accessed 07/03/16

working class families during the war in the 1940s)[23]. As far back as 1936, though, associations were made in the UK between low income and 'inadequate' diets (Murcott 1998).

Social scientists' interests in demographic differences in food cultures dates to anthropologist Audrey Richards' (1932) work suggesting human nutrition must be considered not just from a biological but also a social perspective. As described by Malinowski in the introduction to Richards' book, "cultural attitudes towards food are amongst the most important cohesive forces in the community, which unite the members to each other and differentiate them from the surrounding tribes" (ibid; pVX). A series of social thinkers during the 20th century examined food as a manifestation of more than biochemical nourishment. So-called structuralists such as Mary Douglas and Roland Barthes coded food and eating habits, the latter suggesting they were a "grammar" (Barthes 1997, p.25).

Bourdieu, in his influential work *Distinction: a social critique of the judgment of taste* (Bourdieu 1984), found differences between different French social classes in dietary choices, eating patterns and views of body size. His research is criticised for discounting agency in a person's lifestyle, especially in fluid, modern cultures where 'taste' is not fixed in one strata of society, in one person even or across time; yet his insights underline social differences that must be accounted for in the link between food choice and health outcomes, including obesity. Indeed, Bourdieu noted that there was less interest in slim bodies amongst the working classes, instead "an ethic of convivial indulgence" (ibid p179).

Other key studies of the social aspects of food have been by scholars such as Lupton (Lupton 1996), Mennell (1996) and Claude Fischler, who sums up the importance of social and cultural understandings of food, which are essential in

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[23] http://www.statistics.gov.uk/ssd/surveys/national_food_survey.asp accessed 23/12/10

any attempts to influence dietary behaviour, health- or otherwise: "Food is central to our sense of identity. The way any given human group eats helps it assert its diversity, hierarchy and organization, and at the same time, both its oneness and the otherness of whoever eats differently." (1988, p.275). Given these views on the fundamental values of food other than health, it is unrealistic to expect the public to pursue narrowly exhortations to 'responsibly' eat healthy foods when many social factors such as family lifestyles and the appealing taste of some unhealthy foods contribute to dietary practices (Rydell et al. 2008).

The public as 'consumers'

Meanwhile, viewing members of the public as *consumers* also offers additional insight into their role, expected responsibilities and experience in the food system. Much social research on this subject has focused, however, on commodity chains, ethical consumption and 'alternative food networks' i.e. those which consider fair trade, animal welfare, labour conditions, and environmental sustainability (e.g. Freidberg 2004; Barnett et al. 2005; Lockie 2009). It may be, though, that some of the ethical determinants of food consumption mirror those related to healthy eating, for example: "The socio-cultural and economic resources necessary to engage in these sorts of practices are, one can also reasonably suppose, unevenly distributed across lines of class, gender, race and ethnicity" (Barnett et al. 2005, p.41).

Consumption of a necessity such as food may not be highly reflexive – for example, considering the long-term health effects of certain foods – rather quite ordinary, carried out with expediency, rather than imbued with creations of identity; it may not correspond with stated aims, ideals or 'responsibilities' for health. There is a distinction between consumer-actors and "a muddier world of embedded, inter-dependent practices and habits, probably better explicable in terms of background notions such as comfort, convenience, security and normality" (Shove & Warde 1998, p.13). To view the public as

consumers is in danger of discounting them as fully relational beings, with other roles and demands. Indeed, the reality of day-to-day food choice is often "chaotic and reactive" rather than rational and planned (Thompson et al. 2013). This concords with the conjecture that consumers' choices stem from varied, inconsistent values that are grounded in the ordinary exigencies of cost and the wants and needs that reflect their social relationships i.e. people 'doing their best' (Clarke et al. 2008).

Consumption is the point at which members of the public make their food choices and encounter the architects of the food system: "it is a social relationship that defines consumption rights" (Flynn et al. 1998, p.152). Although much research has been on commodities other than food, it has been said that "individual and social identity is fashioned through consumption" (Goss 2004, p.373). At the same time, the degree to which this identity is fashioned by consumers rather than the food industry is questionable, not least because "the relationship between food consumption culture and socially constructed ideals of bodily nature…has become increasingly fraught… with conflicting messages and desires" (Freidberg 2003, p.4). Indeed, it is possible that rising prevalence of diet-related disease and obesity is a product of these fraught relationships. Although with whom the responsibility for food choices is said to lie is unclear.

The public and the rhetoric of choice

As 'consumers' members of the public are considered to be making choices about which foods they purchase – 'responsible' for health or not. However, suggestion that the public has entirely free choice over food purchasing and consumption is contestable: "while individuals make choices about how they act, those choices are situated within economic, historical, family, cultural and political contexts… decontextualizing behaviour from this real-world setting obscures its socioeconomic production and encourages blaming the victims of inequality for their unhealthy lifestyles" (Lynch et al. 1997, p.810). Yet

governments and commercial interests implore people to take personal responsibility for their health-related behaviour, such as in the quotation opening this chapter by Lansley[24] and: "Americans need to be more active and take greater responsibility for their diets" (Kent 2009). Such exhortations presuppose that members of the public are making choices free from the influence of external stimuli such as social norms and marketing practices; they also serve to implicitly put responsibility for healthy 'choice' on the public. Yet one view is that "individual choice has but a small role to play in explaining consumption practices" (Clarke 2008, p.1872). Notions of choice in relation to dietary health have not, however, been deconstructed previously.

The empirical evidence described earlier (e.g. Swinburn & Egger 1998; Kumanyika 2001; Butland 2007) shows that food acquisition 'choices' by the public are not situated in a framework of completely rational freedom of action, even if the aim is to eat 'responsibly'; people are not "presocial vessel[s] of abstract reason" (Whatmore 1997, p.38). Critics of behavioural interventions targeting individual-level change suggest that environmental cues cannot be ignored and in the face of such criticism and indeed, attention has turned away from the public to broader loci for intervention (Hill & Peters 1998; Cummins & Macintyre 2006; Marmot 2010; Braveman et al. 2011) although until now responsibility for health behaviour has had limited attention.

Factors influencing public choice: food affordability

A variety of considerations prompt the choice by the general public of types and amounts of food: taste preferences, cost, convenience, food promotions, physiology, knowledge, attitudes and, as we have seen, sociocultural norms. In other words, consciously choosing foods that are 'responsible' from a good health perspective may well be over-ridden by other factors. On a structural level, architects of the food system determine key features that influence

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[24] http://www.telegraph.co.uk/health/healthnews/7876874/Andrew-Lansley-Occasional-Mars-bar-is-fine-if-overall-diet-is-good.html accessed 18/01/11

dietary decisions: availability and advertising techniques, as discussed in previous sections, palatability, and affordability (Glanz et al. 1998; Drewnowski & Specter 2004; Butland 2007; Story et al. 2008). In the UK, 36 per cent of people classified as having a low income said they could not afford to eat balanced meals (Nelson et al. 2007); a survey by the consumer organisation Which? found, in 2016, that 29 per cent of respondents "find it difficult to eat healthily as they think healthier food is more expensive than less healthy food" and gave this as the main reason for not eating more healthily[25]. Earlier research concluded that people living on welfare benefits would have to spend as much as 13 per cent more on food to have a healthy (albeit unvaried and modest) diet (Nelson 1992). Indeed, it has been said that "it is not that families in poverty are unaware of the health benefits of eating certain types of food; just that these assume a lower priority than the immediate concern of filling stomachs" (Lang et al. 2009, p.260).

Some researchers emphasize that it is not the expense of healthier foods that is to blame for poor, 'irresponsible' diets and their impact on public health, rather "it is excess availability and affordability of other things" (Sturm 2009, p.464). Of the 300 extra calories eaten on average per day by Americans between 1985 and 2000, 24% came from added fats, 23% from added sugars and 46% from refined grains (Wallinga 2009). A graphic from *The New York Times* (Figure 2.5) illustrates diverging food prices, most starkly between carbonated drinks and fruit and vegetables; it shows the comparability of how many calories can be bought for $1: 105 calories of tinned tuna, compared with 390 calories from a McDouble burger and 447 from a dollar's worth of Coca Cola[26].

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[25] https://press.which.co.uk/whichpressreleases/more-supermarket-promotions-on-less-healthy-food/ accessed 15/08/16
[26] http://economix.blogs.nytimes.com/2011/06/16/a-look-at-how-many-calories-1-will-buy/?ref=business 16 June 2011, accessed 30/06/11

Figure 2.5: Change in price of items since 1978, relative to overall inflation, as measured by the Consumer Price Index
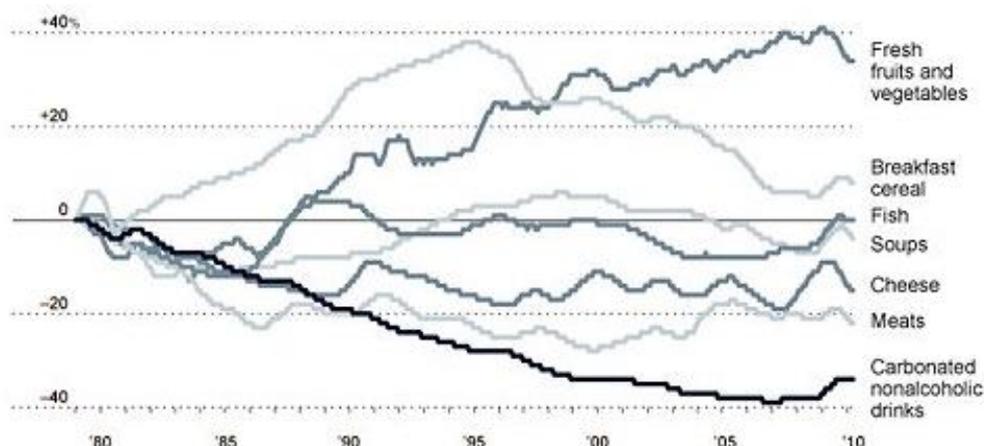
Graphic source: The New York Times, *16/6/11* [4]
Data: Bureau of Labor Statistics

These price differentials are said to be due, at least in part, to agricultural policies which promote the cultivation of wheat, soya and corn that have contributed to the relative availability and affordability of foods high in calories, fats, sugars and refined carbohydrates (Lang 2009; Wallinga 2009). European researchers insist that certain policies stimulate the production of certain, energy-dense foods (Elinder & Jansson 2009). Interventions examining the effect on food selection of reducing prices in vending machines in work places and secondary schools found that "price reductions of 10%, 25% and 50% on lower fat snacks resulted in an increase in sales of 9%, 39% and 93% respectively" (French 2003, p.841S). While halving the prices of fresh fruit and baby carrots both in secondary school cafeterias was followed by a four-fold increase in sales of the former and two-fold in baby carrots (ibid). Such research points to potential interventions that could influence food choice such that they are more 'responsible', health wise.

Policies that affect the cost of food are multifaceted. While relatively cheaper food has made it broadly more affordable, there are two key considerations for policy-relevant research: that millions of people in industrialized nations still live in food insecurity, and that food prices do not reflect full environmental and health externalities incurred in production and consumption. For members of

the public, long-term utility from a 'responsible' diet, with regard to health
impact and weight gain, are likely to be surpassed by immediate gains from
taste, cost, convenience, social norms, acquiring sufficient food and enjoyment,
especially as "individuals typically assign less importance to outcomes in the
distant future then to those in the present" (Cawley 2004, p.119). Consumer
research published by the UK government shows that that the health value of a
product comes fifth in a list of priorities that determine choice, after price,
promotions, quality and taste (see Figure 2.6); other research has confirmed
that many social and other factors dictate what families eat (Rawlins 2009) i.e.
healthy, 'responsible' food choices are overridden by other priorities.

Figure 2.6: Factors influencing consumer product choice
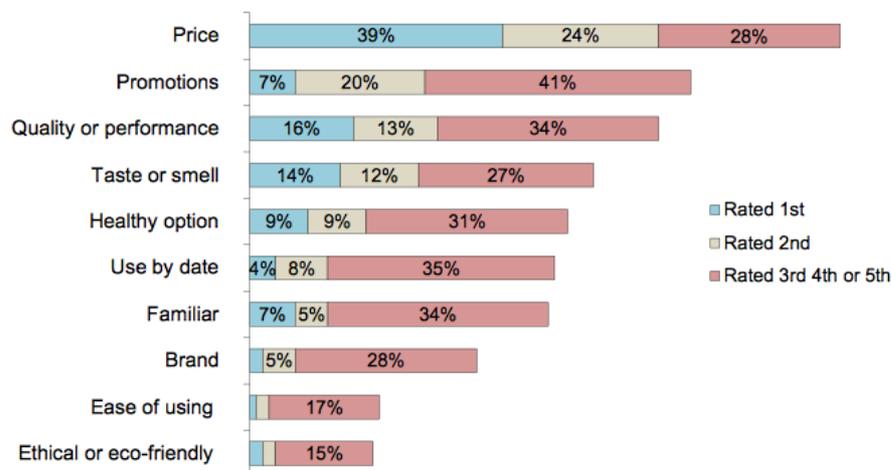
Source: DEFRA Food Statistics Pocket Book 2013, p23[27]

In the food system, it is in consumer-industry-state relationships, where
concepts of choice and responsibility meet. Significant changes in the system in
the last few decades have triggered concerns not only because of the well-
established links between dietary practices and poor health outcomes but also
because "questions are raised about food rights and responsibilities, agency and
capacities in the food system, and the roles and relative power of various

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[27]

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315418/foodpocketboo
k-2013update-29may14.pdf
Source of DEFRA table: IGD ShopperVista 2013, base: all main shoppers, fieldwork July 2013. Sample is
managed to be representative of main grocery shoppers but may contain unquantifiable biases

sectors" (Lang 2009; p318). This section has illustrated that dietary choices by members of the public are determined by a wide range of factors, many of which are out of their control, and many of which steer them towards foods that are not conducive to long-term health; the research reviewed suggests that making 'responsible' dietary choices can be challenging for many members of the public.

2.6 Public health: towards behavioural justice

Previous sections have outlined parallel approaches to examining the determinants of diet – structural and those couched in terms of responsible behaviour by the general public. I now explore approaches to public health practice and the concept of 'behavioural justice' (Adler & Stewart 2009) to link these themes. Diet, obesity and health outcomes differ by socioeconomic groups, with those who are most disadvantaged most at risk of having poorer outcomes. Reducing the prevalence of diet-related ill health (or at least retarding its increase) and ironing out demographic differences are targets of public health in the UK and across much of the world.

Key reports on the social determinants of health in both the UK and the US have recognized that a range of actors must be engaged, and the food system must be changed in order to tackle diet-related disease prevalence and health inequalities (McClellan & Rivlin 2009; Marmot 2010). Considering relationships within the food system is fraught with tension – each actor negotiating the various demands of 'responsible' behaviour. Dietary choice by the general public within today's food system consequently raises questions of justice given the differential economic, spatial, cultural, educational and other resources that people possess, as well as the contrast with what corporations and policy-makers have at their disposal: "both the hedonic cues and the pricing and availability of unhealthy foods make it more difficult for people to behave in healthier ways. More problematically, the medical model assumes a level playing field for the populations making these choices" (Adler & Stewart 2009,

p.60).

Approaches that focus solely on social determinants of diet and health are, however, in danger of ignoring significant issues: individual-level determinants are inescapably enmeshed with social ones, and it is not a given that structural changes lead to behaviour change (Forde & Raine 2008). Additionally, aspects of public health practice are contentious. Firstly, its normative nature i.e. that health inequalities *should* be addressed, carries the risk of identifying and potentially stigmatising the socially disadvantaged people it aims to help most (Carter et al. 2011). Secondly, it is based on the premise that good health is intrinsically 'good' and by extension behaviours that can lead to poor health are fundamentally 'bad'. This is not to consider the possible benefits that some may gain from such behaviour such as immediate gratification from eating a so-called 'unhealthy' food.

What is more, governments are aware of the fine line between social responsibility and personal liberty. The seminal Lalonde report presented this predicament thus: "the ultimate philosophical issue… is whether and to what extent the government can get into the business of modifying human behavior, even if it does so to improve health" (Lalonde 1974, p.36). In the 2010 UK Public Health White Paper, the government reiterated the dilemma: "it is simply not possible to promote healthier lifestyles through Whitehall diktat and nannying about the way people should live. Recent years have proved that one-size-fits-all solutions are no good when public health challenges vary from one neighbourhood to the next. But we cannot sit back while, in spite of all this, so many people are suffering such severe lifestyle-driven ill health and such acute health inequalities."[28]

A hundred and fifty years ago, John Stuart Mill rejected 'nannying', or

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[28]
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127424.pdf page 2, accessed 19/06/11

paternalism –interfering with any member of society's freedom of action with the aim of conferring benefit on that person. A key counter-argument is one of broad utilitarianism, whereby interference is justified because of secondary costs which, in the case of health in the UK are borne by the NHS, and indirectly by the public who contribute to its funding through taxation. More recently, some have advocated 'libertarian paternalism' (as described in section 2.1.1). Social justice, however, sets out to create as level a 'playing field' as possible, upon which the general public has the option and opportunity to exercise their autonomy. Research has shown that those who exercise more autonomy have better health outcomes (Wilkinson & Marmot 2003; Buchanan 2007).

Buchanan is careful to point out the difference between 'autonomy' and 'liberty': while the latter suggests freedom to do as one pleases as long as it does no harm to others, autonomy is based on "the integration of freedom and responsibility" (Buchanan 2007, p.3). He highlights the reciprocal relationship of each member of society to the social by advising against prefacing justice with 'social' too readily lest agency is omitted. Indeed, a social justice perspective is not to suggest that members of the public take no responsibility for their own dietary actions; it is important to "recognize the less tangible but morally and psychologically important values of free choice and the assumption of responsibility, both of which are essential for personal development and for the management of one's life course" (Wikler 2002, p.58).

While members of the public ultimately do make choices about their own dietary (and other) behaviour, contextual influences on whether those decisions are 'responsible' health-wise or not must be taken into account. Indeed, the Marmot Review of health inequalities in the UK, *Fair Society, Healthy Lives* implicitly embraces social justice, stating in its conceptual framework that it is necessary to "Create an enabling society that maximises individual and community potential" in order to "Enable all children, young people and adults to maximise their capabilities and have control over their lives" (Marmot 2010, p.19). The general public can only be expected to do this and to eat

'responsibly' for health in relation to a food system that presents them with a fair food environment, free from undue economic constraints, from disparities in the availability of foods, from unclear and excessive information about food itself and from the dominance of commercial interests over those of the consumer.

Yet the association between social inequalities and the prevalence of obesity and diet-related illness suggests that "the economic benefits of flexible and open markets, such as they are, may be offset by costs to personal and public health, which are rarely taken into account" (Offer et al. 2010, p.306). Additionally, Finegood is explicit that despite the complexity and interconnectedness of the environment within which eating is enacted, the role of each person is not lost, rather "Of particular importance is the need to match the complexity of people's tasks to their capacity to act, and the tasks of the individual actors in the obesity system vary considerably" (Finegood et al. 2010, p.S15). The same could be said of other illnesses related to diet and similarly, policies must account for each person's "varying degrees of power over their lives, and varying ability to change behaviour. The extent to which they are able to act depends on many factors, from personal capabilities to deep social structures, from economic markets to community social norms" (IPPR/Lewis & IPPR 2007, p.8). In other words, a person's dietary behaviour, 'capacity' and responsibility for health must be contextualised in the food system and other actors' behaviour within it.

A framework for examining inequalities in diet-related disease and obesity prevalence within which to encompass both issues of social justice *and* a person's autonomy is therefore required. One such possibility is presented by Adler and Stewart's (2009) notion of 'behavioural justice', which suggests that personal responsibility can only be expected *in conjunction with* collective responsibility. This corresponds with the optimal outcome in Foresight's 'Scenarios' projections (see Figure 2.1). Adler and Stewart insist that members of the public "should be held responsible for engaging in healthy behaviors only

when they have full access to the conditions that enable those behaviors. This places the primary responsibility on society to provide equal opportunities for all people to be able to make the healthier choices" (ibid p61).

A behavioural justice approach to curbing prevalence of diet-related disease goes some way to accounting for Forde and Raine's suggestion that "a solely social approach to better health is poorly aligned to the *realpolitik* of contemporary policy trends in health and social care" by acknowledging the relationship between individual and social determinants of health (2008, p.1694). Additionally, it offers a model of public health practice that reduces normative elements. A model that aims to level the playing field – either by narrowing socioeconomic inequalities or by according responsibility proportionately within the food system – would also allow for differences in the ability and inclination to take up health promotional messages; these would otherwise have the potential to widen health inequalities given that population groups with the poorest health outcomes are those least likely to take up educational information (Walls, Peeters et al. 2011). Behavioural justice allows for each person to make choices – either with expediency or reflexively, which promote their health or damage it – in relation to social factors and other actors in the food system.

2.7 Summary and research aims: exploring responsibility in the food system

It has been said that food is "a window which allows us to look into any society… and determine critically important things about its structure, especially with regard to social justice and the distribution of power and wealth" (Langevin & Rosset 1999). The existence of diet-related disease at the interface between the food system and public health presents a site at which such issues can be examined. Public health strategies need to incorporate an approach to diet that considers people's everyday lives in relation to the food system, the other actors in it, other environmental factors and political feasibility. Foresight

acknowledged the many facets of the issue, albeit in relation only to obesity: "tackling obesity is fundamentally an issue about healthy and sustainable living for current and future generations. This is only likely to be achieved if there is a paradigm shift in thinking, not just by Government but by individuals, families, business and society as a whole" (Butland 2007: p18).

Any such paradigm shift, or interventions to improve diet-related health problems in the public health-food system interface must take account of the role of actors in the food system and their capacity to act 'responsibly'. "Food and health questions inevitably raise the issue of power," writes Lang, "Food systems are dominated by powerful interests, some of which can be deeply opposed to change; and too often, in battles for policy leverage, the public interest may get lost" (2009; p318). Investigating dimensions of responsibility offers a way of combining previous notions of individual risk factors and food environments as determinants of poor health outcomes; it locates members of the public within the food system in relation to other actors; it provides a useful tool for investigating the connections between the actors/variables i.e. the relationships in the food system. Taking account of 'behavioural justice' in a complex systems framework necessarily takes account of these relationships. The construction of responsibility in the food system may point to key leverage points at which to effect changes to the status quo; linear, fragmented, cause and effect research and interventions are too simplistic for this complex problem.

It is the main goal of this thesis to untangle the representations of the responsibilities of different actors in the food system with regard to their contribution to dietary health, by exploring discourses on their interests, power, identities and responsibilities (Darling 2009). Indeed, the 'tangled' connectivity between actors, the unpredictable nature of different actors' behaviours, the seemingly inconsistent food choices by members of the public, and who is responsible for what have not been investigated. Relational inquiries do not offer easy answers; if anything, they may further highlight the 'tangle', or the

complexity. But to simplify the association between dietary choice by the public and the food system would be to do it an injustice.

As has been described in this chapter, there is something of a theoretical impasse in researching environmental determinants of diet and health. Qualitative research that expressly engages with experiences of the broader system helps breach this. A 'relational' approach to the food system incorporates processes and interactions, and accounts for the connections between different elements and actors across scales. By tapping into the intersection of these dimensions, research into environmental effects on health could shed light on dietary choices. A complex systems framework provides an ideal way of investigating this by helping to guide what and whom to look at and the relationship between these elements.

The environment within which dietary behaviours occur has been examined by complex systems scientists who suggest that while systems maps are useful for describing causal relationships and identifying problems, there is a need for a "solution-oriented approach [that] moves us to more integrative methods" (Finegood et al. 2008, p.40). They assert that the solutions to the problem "would benefit from the consideration of complexity and the leverage points for intervention in complex systems, which are a function of parameters such as the structure of relationships and the presence or absence of feedback loops" (ibid p38). This thesis therefore uses a complex systems framework to situate the topic i.e. the discursive construction of the notion of responsibility for healthy eating within the food system.

It is possible that the failure to reduce the prevalence of ill health linked to poor diets is in part because of a failure to account for broader, contextual determinants of diet and because of policies that fail to address these determinants. The way 'responsibility' is framed by various stakeholders in the food system may affect behaviours and the way policy solutions are articulated. Research that identifies the way responsibility is represented at the nexus of

the food system, public health and behavioural justice has the potential to elucidate the way in which various actors experience the system, the relationships between them, whether or not there is a level playing field for all to behave 'responsibly' and where changes could be made to improve dietary public health. Such information would not only shed light on the connectedness of the public and the architects of the food system, but also potentially, on levers for change.

Therefore, in thesis I will explore the following research questions:

- How are the main actors at the nexus of the food system and public health represented in discourse?

- How are their roles and responsibilities for healthy eating constructed?

- What factors are discursively constructed as potential barriers to responsibility for dietary health?

The practical construction of responsibility in the food system is unclear. Research into the role of the food environment on dietary choices, as they pertain to health outcomes, has tended to focus on specific parameters such as cost rather than taking a systems perspective; very little of it has been qualitative. Critiques of public health highlight imperatives on the general public to behave 'responsibly', in a way that optimises their health, which do not fully account for potential structural impediments. 'Responsibility' can therefore provide a meeting point of these issues although its nebulous, subjective and intangible nature has the potential to limit this research. Yet, given its implicit and explicit use in public health policy aimed at both the public and industry, and in industry protocols, this very same nature also underlines the importance of reaching a clearer understanding of how 'responsibility' is conceptualised through discourse. Investigating responsibility within the food system could help confront and incorporate the potential dilemma in the social justice aspects of public health dietary strategies. Research into responsibility in the food system could help articulate what Adler and Stewart describe as "the

tension between empowering individuals to manage their weight through diet

and exercise and blaming them for failure to do so" (2009, p.49).

Chapter 3: Methodology

Deconstructing 'responsibility' in the food system

"connecting what counts as stakes in their games with the stakes in other people's games"
Arthur W. Frank (2004, p.440)

3.1 Study context and design

The focus of this research is to critically examine the discourse of responsibility in the food system and in doing so, to deconstruct how different actors allocate responsibility within that discourse. There is an emphasis, in UK government policy, on individuals' responsibility for healthy dietary behaviour and corporations' responsibilities in food production and promotion (DoH 2011b). This research, therefore, looks at the way each of these parties – government, consumer advocacy groups and experts – are themselves constructed and how they represent responsibility for healthy eating, and the limitations on it.

As explained in Chapter 2, a complex systems framework has informed this research; it provided a framework for *what* to look at; an important aspect of this is looking at relationships between actors or parts of a given system. Diez Roux is emphatic that it is a "requirement" of public health researchers to make explicit the relationships within a complex system, whereby "biology interacts with environments and individuals interact with each other and with environments over time" (Diez Roux 2011, p.1627). It is a goal of this thesis to untangle an aspect of these issues in the food system, with regard to its contribution to dietary behaviour: that of the perceived responsibility of different stakeholders. Indeed, the 'messy' connectivity between stakeholders, the unpredictable nature of different actors' behaviours, the seemingly inconsistent choices, and who is responsible for what, have not been investigated previously.

Relational inquiries do not offer easy answers; if anything, they may further deepen the 'complexity'. But to simplify the associations between dietary choice by members of the public, the food system and health outcomes would be to do them an injustice. Qualitative methods can help reveal details and people's subjective experiences with their environments, not captured by surveys, questionnaires or other quantitative methods (Diez Roux 2002). The potential value of this research is highlighted by the paucity of qualitative information on contextual determinants of health behaviour (Oakes, Masse et al. 2009). Much research on responsibility and health has so far been from a more philosophical or legal perspective (e.g. Wikler 2002; Schmidt 2009); or relevant research has been on more detailed minutiae within the food system such as the merits of different food labels (e.g. Roberto et al. 2012).

The construction of responsibility is, *de facto*, a qualitative, subjective matter and therefore calls for appropriate methods that can elucidate details and subjective experiences that would not be found using questionnaires or other quantitative methods (Denzin & Lincoln 2005, p.3). Thus, methods were required to help 'make sense' of the concept of responsibility, to deconstruct the discursive formations that underpin it, and to question its seemingly axiomatic use in relation to dietary practices. Qualitative methods – within a complex systems framework – using Foucauldian discourse theory, are ideal for doing so (see the next section for more on this). This is because such methods of enquiry provide a route into exploring "human environments, individual experiences and social processes" (Hay 2010, p.4). Discourse research into responsibility for healthy eating in the food system can offer insights not previously tapped in public health, policy or food sociology research. The way responsibility is represented is significant in the generation and practice of public health policy. So it is important to understand the way it is discursively produced as a type of 'knowledge' (Hall 2001a; see section 3.2) and how such a discourse in turn influences the ascendancy of particular political, corporate or individual conduct.

The discourse of responsibility for healthy eating was explored qualitatively using various data, in three stages, shown in Figure 3.1. Firstly, publicly available representation of the concept of responsibility in government and corporate discourse was examined through the analysis of selected documents published by members of those two sectors. Drawing on this work, the second phase comprised eight focus groups conducted with members of the public. Subsequently, stage three involved one-on-one interviews, used to discuss responsibility with representatives from the food industry and government – architects of the food system (as described in the Chapter 2) – as well as with consumer advocacy representatives and food-health experts. This process meant that each stage helped to inform subsequent discussions and the iterative process means that "there is a repetitive interplay between the collection and analysis of data" (Bryman 2004; p399).

Figure 3.1: Stages of data collection and analysis	
Stage 1	Document selection
Stage 1a	Document analysis
Stage 2	Focus groups with members of the public
Stage 3	Interviews with government, industry and experts
Stage 3a	Analysis of focus group and interview dataset

Foucauldian discourse analysis was carried out on the documents and the data generated in the focus groups and interviews. While the documents represented a formal, carefully considered depiction of responsibility, the interviews were more spontaneous (although many contributors were probably providing relatively well 'rehearsed' arguments), and focus group contributors provided views from the general public. The three elements come together to create an overall impression of the discourse of responsibility in the food system, indeed, "the use of multiple methods, or triangulation, reflects an attempt to secure an in-depth understanding of the phenomenon in question" (Denzin & Lincoln 2005, p.5). Details on the choice of the methods, the sampling and analysis will be given in the relevant sections, throughout the rest of this chapter.

3.2 Theoretical framework: Foucauldian discourse analysis

As described in Chapter 2, previous research on dietary health has not looked qualitatively at factors that may affect the food system and the behaviour of pertinent actors within it. Quantitative or reductionist approaches to understanding contextual determinants of diet and health have been very limited (Galea et al. 2010; Diez Roux 2011). A more comprehensive approach that accounts for the complexity of the system is called for. In trying to understand determinants of diet and relationships between actors in the food system, unpacking the discursive construction of responsibility for healthy eating makes a useful contribution.

Discourse analysis offers an epistemological approach that helps scrutinise such a concept as responsibility; it is a way of exploring social interactions and relations, how meanings are created and how social actors are produced; it is the "study of language in use" (Wetherell et al. 2001, p.3). Discourse analysis sits within the poststructuralist tradition – wherein the constitution of language and knowledge are subjected to questioning because of the recognition that they are contingent, uncertain and often involve power relations (ibid. 2001). Indeed, post-structuralism seeks to understand the "difference, complex relations, and instability" that are woven through life (Filmer et al. 2004, p.42). It thereby provides a suitable way of looking at the complexity of the food system and the relationships of certain actors within it, using discourse analysis.

Michel Foucault's definition of 'discourse' was varied, but predominantly, consisted of two, connected strands: texts or statements that have some meaningful effect in the world, and a *group* of such statements that coalesce to form a discursive 'formation' which, similarly, has consequences. As such, Foucault was interested in the generation and circulation of knowledge (Waitt 2010); Foucauldian discourse theory falls within constructivist ontology, described by Bryman as understanding that: "social phenomena and their meanings are continually being accomplished by social actors. It implies that

social phenomena and categories are not only produced through social interaction but that they are in a constant state of revision" (Bryman 2008). Similarly, a Foucauldian approach seeks to examine the ways social concepts and identities are constructed and how they persist through "discourse as a system of representation" (Hall 2001a, p.72). Examining the construction of responsibility at the nexus of the food system and public health offers insight into the way the word is used to attribute responsibility to the different actors in the system, and how those actors are themselves constructed, both explicitly and implicitly.

Foucault also adds to discourse theory the notion of power – he was interested in how certain discursive formations acquired ascendancy to the degree that they appear to constitute the 'truth' about that topic and to regulate social conduct. His focus on knowledge production, power and the body helped to contextualise constructionist theory, thereby giving theories of representation a practical application (Hall 2001a). One way Foucault did this was through the circular concept of power/knowledge; this proposed that knowledge is a form of power and that power is involved in promoting or silencing knowledge about any given subject (Waitt 2010). In other words, the portrayal of any thing affects, regulates or produces that which is portrayed. This, in turn, did away with the idea that there was absolute truth in knowledge – Foucault was not concerned with whether the representation of any thing was 'real' or true – rather with a "discursive formation sustaining a regime of truth" that emerges because power can work to make it 'true' (Hall 2001a, p.76).

Foucault viewed the body as the key site at which various discursive formations are located, and on which power/knowledge is inscribed (Hall 2001a). His ideas are therefore particularly fitting for examining the concept of responsibility for dietary health in the food system: discourses concerned with how members of the public manage a behaviour that affects their bodies, within a broader system in which they relate to other actors. What are of interest in public health are the discursive structures that construct responsibility, subjectivities and the

effect of that construction – what 'regime of truth' emerges about the actors in the food system and where responsibility for healthy eating lies? Indeed, it has been said that "doing discourse analysis assumes that you are concerned with the discursive production of some kind of authoritative account" (G. Rose 2001, p.142).

3.2.1 Doing Foucauldian discourse analysis

Foucault himself deliberately did not give explicit methodological guidance on how to conduct discourse analysis for fear that it would become mechanical rather than flexible and intuitive (Waitt 2010). Rather, the way he conceptualised matters such as discourse, power, knowledge and truth offer lenses through which topics can be examined. Some scholars have, however, created loose, step-by-step guidelines on how to conduct Foucauldian discourse analysis; two helped to guide my methodology, see Figure 3.2. Some of the steps are self-explanatory – point one covers the initial selection of the topic, as discussed in Chapter 1, the Introduction and consolidated throughout Chapter 2, the literature review. More detail on how the rest of these – i.e. data gathering and analysis – were pursued will follow throughout relevant sections in the rest of this chapter.

Figure 3.2: Guide to doing Foucauldian discourse analysis
1. select your topic
2. identify possible sources of data then gather these
3. code/identify key themes – once for organisation and once for interpretation
4. look for evidence of an inter-relationship between discourses
5. identify the discursive strategies used
6. how do they work to persuade and create effects of 'truth'?
7. look for "rupture and resilience", complexity and counter-discourses
8. look for the absences and silences
9. be aware of limitations of the research
(adapted from Carabine 2001; Waitt 2010)

3.2.2 Complex systems and Foucault

Early reading of the literature revealed complex systems theory as a good

framework on which to model the research but it was once the results were forming that Foucault's ideas seemed the ideal method for analysis. Further reading suggested that the two were very compatible particularly considering: the discursive construction of responsibility, the idea of power-knowledge and the 'regime of truth' about responsibility and its ability to embody complexity. Additionally, the two approaches appeared to dovetail serendipitously.

Figure 3.3 summarises similarities between what is considered important in the approaches to systems and to discourses, a novel synthesis that emerged during the course of this research. The issue of dietary determinants of health and responsibility have been presented within a complex systems framework (Meadows 1999; Filmer et al. 2004; Hall 2001a; Finegood et al. 2008; Diez Roux 2011; Curtis & Riva 2010b; Rutter 2012; Hawe et al. 2009). But when it comes to *analysis* of data, a qualitative, complex systems approach loses its utility. This is because it is descriptive rather than analytical; it cannot account for the system in action, certainly qualitatively, rather it provides a useful, static view of what components to examine. Foucault, however, intrinsically allowed for the complexity of any given system or relationship. As such, both approaches account for complexity itself, for the primacy of the relationships between components or people, and for the realistically stochastic, unpredictable, changing nature of relationships and outcomes/meanings. What is more, one property necessary so that a complex system remains in balance, states that each component (person) must be able to match the complexity or difficulty of their task. This can be mirrored in Foucauldian thought: the idea that different actors have differing amounts of power in any given discourse, or system i.e. they may *not* have the influence to match expectations of them. This symmetry emerged through my research and proved to be effective in data analysis.

Figure 3.3: Gross similarities between complex systems & Foucauldian approaches

Complex systems theory	Foucauldian approach to discourse
Heterogeneity of components	System/society is made up of groups of heterogeneous people
Non-linear, stochastic nature of system	Non-deterministic, unpredictable outcomes and behaviour
Randomness and dynamism of any system	Fluidity and instability of behaviour and discourses
Relationships between parts give rise to whole	Relationships give rise to discourse
Condition/strength of given components give rise to certain outcomes (feedback)	Power of certain actors produces certain behaviours
Connections between & relative strength of components are crucial	Power relations between actors are important and must be scrutinised

The chapter now turns to the research process itself, which took part in three, main stages of data gathering and analysis: documents, focus groups and interviews, although the latter two were analysed as one dataset.

3.3 Document analysis

Government and the food industry emerged in the literature review as the key 'architects' of the food system within which people make food 'choices'. Therefore stage one of the research – selecting documents by these actors and analysing them – helped to trace the discourse of responsibility for diet and health, as represented in published government and corporate policy. While the concept of responsibility is found throughout the documents, it is not always clear what it means, to whom it is assigned and how, if at all, it is put (or intended to be put) into practice. The analysis of the eight documents enabled an investigation into government and corporate construction of responsibility (theirs and others') within the food system, pertaining to health, and a critique of it given that "meanings of a text are never singular or uni-directional" (Waitt 2010, p.231). Because of the implications of this potential for multiple meanings in public health and public health practice, one aim of this research is to explore

such representation of responsibility. Detail follows on which documents were selected and why.

The documents chosen give a narrative snapshot of the responsibility discourse and were published by the two main architects of the food system – government and industry. The total of eight documents provided detailed texts for that would allow for both a broad, structural analysis of the topic, and some finer insights into the language and how it comes to represent 'responsibility' and other topics related to it. To carry out a qualitative analysis of texts, it is essential that they be 'rich' i.e. comprise "detailed, descriptive insights" (Waitt 2010, p.222) into how discourses on various concepts are normalised. There is no fast guideline on the number of texts required to get a grasp of a discourse, rather only the need to consider what is sufficient, useful and meaningful to explore the matter and answer the research questions.

3.3.1 Document selection: government

The main public health focus in relation to diet has been on concerns about obesity prevalence so there is a considerable amount of governmental and corporate literature relating to obesity, even though diet is also a risk factor for widespread, chronic conditions such as diabetes and cardiovascular disease. Research and policies on obesity therefore offer a pertinent and plentiful proxy for those on the association between diet and health more generally. Additionally, a complex systems framework emerged as a useful way in which to examine the range of factors affecting this association, from behaviour by the general public to structural, political and corporate factors (see section 2.4).

In tracking the origins and representation of 'responsibility' for dietary public health framed in a complex system, an apposite starting point therefore is the 2007 Foresight report (F), *Tackling Obesities: Future Choices* (Butland 2007), commissioned by the UK government. The Foresight report was the first official document to assess and describe the complexity of contextual determinants of

obesity, including aspects of the food system. It explicitly took a 'complex systems' approach to do so and acknowledged the role of the "modern lifestyle" in generating obesity. Foresight therefore placed individual responsibility within a broader system and went on to describe the "forces" at play. It emphasised the importance of considering the roles of different stakeholders in the system and the relationships between them, for any 'future choices' to be valid and effective. Foresight was a seminal report, cited in public health literature to this day, even after two changes of government. It has yet to be superseded in its scope of examining obesity, and hence dietary behaviour as it relates to health, encompassing a broad range of contextual influences including social, psychological, economic and infrastructural factors. Foresight therefore provided a temporal baseline from which to analyse the emergence of a systems approach, how actors in that system constructed responsibility for dietary health, and from which the evolution of policy through other documents could be traced.

Further document selection was done through purposive sampling of documents published after Foresight that carried the thread of complexity in relation to diet and health. Online searches for subsequent government publications and commissioned reports were carried out on Department of Health, Parliament and NHS websites. Finally, government and state-commissioned publications representing a 'systems' approach (not necessarily explicitly) to diet-related health (although not exclusively) were selected (see Figure 3.4), pursuing the timeline begun by the Foresight report; all referred back to it and were explicitly influenced by it.

The second governmental document that was analysed was the 2008 report, *Healthy Weight, Healthy Lives: a cross-government strategy for England* (HWHL), which was written in direct response to the Foresight report. Taking its cues from the assessment of different roles of actors in the food system, it set out policy aims, in effect allocating roles and responsibilities.

In 2010 after the change of government, the incoming coalition published

Healthy Lives, Healthy People: Our strategy for public health in England (HLHP).

This document signalled a shift in the emphasis of responsibility away from

central government. It refers back to Foresight and was chosen as the then

government's template for public health action, in addition to two subsequent,

related papers. The phrase "freedom, fairness and responsibility" was a regular

refrain through various documents by the 2010 coalition government (e.g. it's

Programme for Government[29], HLA and HLHP).

The Public Health Responsibility Deal (PHRD) was published by the UK

Department of Health in March 2011. It unambiguously enshrined the notion of

'responsibility' in policy; no other policies at the time had responsibility as a

driving, central force. It also crystallised the then government's way of involving

the commercial sector in public health, creating a voluntary system of pledges,

indicating its approach to the construction of responsibility. Analysis was

therefore carried out of the general and food sections of the PHRD.

Later in 2011 the coalition government published a white paper specifically on

obesity policy: *Healthy Lives, Healthy People: A call to action on obesity in

England.* It cited the influence of Foresight and referred to the PHRD and,

because it pursued the threads of complexity and responsibility, was therefore

also examined.

Figure 3.4: Principal government documents post-Foresight

2007	2008	2010	2011
Tackling Obesities: Future Choices	Healthy Weight, Healthy Lives: a cross-government strategy for England	Healthy Lives, Healthy People: Our strategy for public health in England	Public Health Responsibility Deal

Healthy Lives, Healthy People: A call to action on obesity in England |

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/83820/coalition_programme_for_government.pdf accessed 26/11/15

3.3.2 Document selection: food industry

As described earlier (see section 2.5), the food industry emerged as one of the main architects of the food system: it plays an important role in shaping the landscape within which the public chooses what to eat. It is therefore pertinent to consider how this sector contributes to the discourse of responsibility for healthy eating. The second category of documents selected for analysis included those published by representatives of the food industry in response to concerns about the contribution of some of their products and marketing strategies to obesity and chronic disease. The most influential commercial actors to emerge were manufacturers and retailers; restaurants, cafes and 'fast food' take-aways were deliberately avoided for this research. This was to avoid direct comparison with manufactured/retail-bought food and because they are not generally seen as healthy anyway. What is more, there has been considerable specific and comparative research on this sector (Lake & Townshend 2006; Moore et al. 2008).

Online searches were conducted for relevant documents that also tied into the government documents chosen, particularly Foresight and the PHRD; early searches were for large companies and organisations that had signed up to the PHRD, and "responsibility" within their publications. A range of documents was initially examined – those by individual companies, industry bodies and commentaries on industry practice by NGOs. The best way, however, to grasp the discourse of responsibility was by looking at publications by leading players in industry itself. The Food and Drink Federation (FDF), represents food and non-alcoholic drink manufacturers in the UK. In March 2011, directly linked to the release of the PHRD, it published *Industry in action on public health: Stepping up to the plate*[30], setting out its response. It saw the PHRD as presenting "many challenges for the food industry and is demanding in its expectations of us all"; the report describes how its members are "doing our part" as they "take their responsibilities seriously". This FDF document

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[30] http://www.fdf.org.uk/publications.aspx accessed 12/04/11

therefore represented an overview of food manufacturers' contribution to the discourse of responsibility in the food system.

One of the largest members of the FDF is PepsiCo, which not only owns the Pepsi brand of fizzy drinks but also other popular comestibles such as Walkers crisps and Quaker oats. PepsiCo UK is a signatory to the 2011 Public Health Responsibility Deal. The 2010 PepsiCo UK and Ireland *Health Report*[31] was chosen as appropriate for analysis because of its links to the previously described documents and because it could give insight into the discourse of responsibility as laid out by a major national and international corporation. In it, the company states that it has "responded to rising public concerns about health and obesity by tackling the core of our business" (ibid p3). An extensive search for publications by a governing body of food retailers yielded no documents for potential analysis. Hence the selection of a document by the leading food retailer in the UK: Tesco is the UK's largest supermarket chain, which although diminishing, still occupies nearly 30 per cent of the market share[32]. Tesco is also a signatory to the Public Health Responsibility Deal. It was therefore deemed fitting to examine its *Corporate Responsibility Report 2010*[33], particularly the section entitled 'Healthy Choices'.

3.3.3 Applying a discourse analysis to the documents

The aim of analysing key documents pertaining to responsibility in aspects of the food system was to look beyond the apparent meaning, beyond the 'dictionary definition' of responsibility, and to explore how such texts construct and influence the reproduction of the concept of responsibility, and how they deploy it discursively. Early versions of the document analysis were, however, more descriptive of the documents and followed an unstructured, thematic

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[31] http://www.pepsico.co.uk/purpose/health/health-report-2010 accessed 09/05/11

[32] http://uk.kantar.com/consumer/shoppers/2015/march-kantar-worldpanel-uk-grocery-share/ accessed 25/11/15

[33] http://cr2010.tescoplc.com/~/media/Files/T/Tesco-Corporate-Responsibility-Report-2009/Tesco_CSR_2010.pdf accessed 09/05/11

course. It was only in later versions, that what was emerging was, after all, a Foucauldian discourse analysis and therefore further literature was consulted to hone this approach (e.g. Hall 2001a; Waitt 2010).

Within the Foucauldian discourse analysis 'steps' listed in Figure 3.2 (which were also used to examine the data generated in focus groups and interviews), I asked particular questions of the documents. These were based on guidelines specifically drawn up for analysing texts: who made, commissioned and owns the text, what are the relationships between the maker, owner and subject of the text and why was the text written? (Waitt 2010, p.227). Each document was interrogated using these questions, in combination with the steps in Figure 3.2, to consider "its inconsistencies, internal workings and small strategies of meaning" (Tonkiss 2004a). For example, the authorship, target audience and aims of a document affect the agenda within the text, whether that is explicit or concealed within more subtle discursive structures. Looking for such answers helped to discern "how language figures within social relations of power and domination; how language works ideologically" (Fairclough 2001, p.230).

This thesis touches on the role of ideology in government policy (see sections 4.4.4, 4.5.6, 7.4, 8.2); it should therefore be noted that although Foucauldian discourse analysis falls within the tradition of critical discourse analysis, it differs in at least one notable way from others that take a Marxist slant on ideology (Fairclough 2001). Foucault explicitly rejected the concept of 'ideology' in the Marxist sense of the dominance of the ideas of the ruling class, distorted to serve its power and interests; he opposed such reductionism and suggestion that the ruling classes created an ideology that overruled 'truth' (Hall 2001a). Nevertheless, despite the focus on Foucault's ideas, this thesis also borrows from the broader CDA tradition, using 'ideology' in the broader, more literal sense of a shared set of ideas, beliefs and values, as put forward by Bakhtin, who saw language use (or discourse) as ideological (Bakhtin 1981; Fairclough 2001).

The government and industry documents' stated aims were deconstructed to seek any such underlying ideology and "domination" of the representation of responsibility. The texts were examined repeatedly, but in three key stages: first stage coding for description and organisation, second stage coding for analytic themes. The third phase involved further analysis such as described in steps 4-8 of Figure 3.2, namely, looking particularly for discursive strategies, efforts to create effects of 'truth', "rupture and resilience", and silences in the discourse.

Additionally, the documents were scrutinised for the discursive construction of the different subject positions and of their supposed roles and responsibilities. This was to account for the idea that "the human subject is decentred from being the *agent* of social development to being a *product* of social relations" (Filmer et al. 2004, p.43). This itself gave insight into the powerful production of the subjectivities of the different groups of actors, for example, using the word 'individuals' sets up a contrasting position to using 'the public'. The roles assigned to the different subject positions also provided opportunities for looking at the expectations of each of them, and how the architects of the food system positioned themselves at the diet-health intersection.

The analysis was an iterative process of identifying broad themes and then subthemes throughout the documents. It deliberately did not entirely "suspend pre-existing categories" (Waitt 2010, p.220); rather, in addition to seeking new themes, specific ones were explored based on the literature review and the goal of examining the discourse of responsibility. These included: responsibility itself, complexity, food choice, information provision, regulation and voluntary agreements. The analysis explored the dynamic, relational nature of language, to further understand how responsibility is produced and communicated, and with what aim, in 'official' publications.

During repeated re-reading of the texts rhetorical devices were sought that advanced particular views, courses of action or ideologies. For example, the 'complexity' narrative around the diet-health problem was sometimes used

discursively rather than descriptively, to deflect responsibility away from the authors of the documents. It has been said that "the efficacy of discourse often resides in the assumptions it makes about what is true, real or natural" (G. Rose 2001, p.158) so analysis aimed to disrupt these assumptions by questioning the discursive structures that normalise certain uses or assumed meanings of words. Discursive formations were sought that helped to create effects of "truth"; one such was the discourse of 'choice' which was recurrent throughout the documents (and the generated data) and consistently presented responsibility for healthy eating as a matter of unmitigated choice for the general public. 'Silences' in the data that served as discursive strategies were also observed: for this it is necessary "to read *against* the grain of the text" (Tonkiss 2004a) rather than reading "*along*" with it. One such silence was the influence that the food industry has over government policy through lobbying (Miller & Harkins 2010), which is a notoriously secretive business[34].

3.3.4 Reflexivity

It is important to be aware of one's own 'agenda', the discourses in mind, when reading the texts, which could – even inadvertently – colour what is and is not 'seen'. This is particularly so, given the nature of the documents, presumably written with the aim of creating a particular impression: of an industry or government that is competent and committed to making a difference. It was therefore a fine balance between maintaining a critical, analytical eye, and a cynical one. If objectives of discourse analysis are "to disclose the created 'naturalness' of constructed categories, subjectivities, particularities, accountability, and responsibility" (Waitt 2010, p.224) then it is also to do so without imposing one's own preconceptions and constructions onto the data.

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[34] http://www.ft.com/cms/s/0/52c1bee0-9bfb-11e5-b45d-4812f209f861.html#axzz46fCVxMxu
accessed 20/04/16

The analysis of the chosen documents was written up and results are presented in Chapter 4. It was done prior to data gathering and analysis from focus groups and interviews, which will be described in the following sections.

3.4 Focus groups: data gathering

Focus groups with members of the public formed stage two of the data collection. Focus groups are small group discussions that allow for the exploration of the social construction of a discourse – the "*interpretive study*" of how it is formed, negotiated and contested (Tonkiss 2004b). This is a method ideal for a project whose goal is to examine the way 'responsibility' is given meaning and becomes a socially produced 'knowledge', particularly because they lend themselves well to complex topics on which there is little knowledge (Bowling 1997). They are a useful way to help "disentangle the complex web of relations and processes, meaning and representation, that comprise the social world" (Cameron 2010, p.153). Focus groups were used to explore with members of the public, their subjective perceptions of which actors are significant in the food system and views on their roles, and the representation of the responsibility of those actors.

A feature of focus groups in comparison with other methods is that the interaction of the group is central to the nature of the data gathered. The group discussion scenario is fruitful in eliciting people's knowledge and views in a way that may be missed in "reasoned" answers to questions (Kitzinger 1994, p.299). It can also ease access to the priorities and vocabulary of the participants rather than the researcher and offer a potentially rich environment in which different views are expressed and where people will respond to one another's comments to reveal a "joint construction of meaning" (Bryman 2008). Potential limitations of focus groups are that one or more individuals may dominate the discussion or that a group dynamic masks more controversial views (Smithson 2010) but these pitfalls may be avoided by thoughtful moderation. (I failed, in the first

group session, to prevent an individual from dictating the conversation and took this lesson to subsequent groups.)

The dynamics of a focus group offer an ideal setting in which to explore the macro, relational aspect of the food system, the connections and boundaries between the creators and consumers of it. As such, they are a useful means of "exploring, for instance, the discourses which shape practices of everyday life, the ways in which meanings are reworked and subverted, the creation of new knowledges out of seemingly familiar understandings" (Cameron 2010, p.155).

3.4.1 Sampling

There is no universally fixed, ideal number of groups with which to conduct research. So the original target was to conduct between four and six groups, a figure that is in line with gathering a range of data and reaching 'saturation' (Kitzinger 1994). It is also what was realistic for the time scale of this research project. In order to gain maximum interaction, the goal was for groups to consist of between six and ten participants. This size also meant the discussion would be more manageable and avoid the potential for gathering an unwieldy amount of confusing data (Cameron 2010).

Unlike quantitative research which aspires to be statistically representative, the aim of qualitative research is to reflect diversity and strategically choose a range of participants who will answer the research questions (Barbour 2001). Using purposive sampling therefore, the researcher judges which and how many participants will provide answers to the research questions. Purposive sampling involves seeking "the most productive sample to answer the research question" (Marshall 1996). Given that all people acquire food and do eat, the ideal contributors would be from the broad population. Ultimately, it was not difficult to find sufficient participants who wanted to help organise groups among the "population of interest" (ibid.) i.e. a range of adults in the geographical area selected. The only age criterion was that participants be adults, i.e. over the age

of 18 because under-18s may not be fully autonomous in terms of their food provision.

Although participants with children were involved, the focus of the conversations was on adult opinions, practices and influences related to food and responsibility, as this research is deliberately *not* focussing on responsibility in the food system related to children's diets because this warrants separate attention. While there is a considerable body of literature on differences in diet and health conditions between different social groups, there appears to be no published qualitative research on perceptions of the food system and attitudes towards responsibility within it. Therefore, no further specifications for purposive selection were made.

Qualitative research does not warrant a representative sample, so the aim was to recruit a typical sample that covered a range of socio-demographic backgrounds, ages and ethnicities. While particular interests in food and health were not criteria for selection, community organisations and charities that focus on these subjects were thought to be fertile ground for initially seeking volunteers who would be willing to share their thoughts on aspects of the food system. Although this may have risked returning a biased sample in terms of broad interest in food and health, it is did not appear to bias views on responsibility per se.

3.4.2 Focus group setting

The City of Brighton and Hove was chosen as the area for recruitment for practical and methodological purposes. Brighton and Hove lies on the south coast of England; it is a city renowned for its vibrancy, proximity to London for commuters, nightlife, festivals and architecture. It is also, however, has contrasting areas of deprivation scores within a relatively compact area (see Appendix 1)[35]. Obesity prevalence in the city is similar to the national average of

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[35] http://www.brightonbusiness.co.uk/documents/state_of_the_city_report.pdf

24 per cent: estimated to be 23 per cent of the population[36]; Figure 3.5 illustrates the distribution. Estimated coronary heart disease prevalence is similar to the English average (5.3 vs. 5.8 per cent[37]). The city therefore has representative key health indicators and a broad spectrum of socioeconomic and health characteristics, despite being in the relatively affluent south east of England.

The nature of the research did not require a geographic area representing anything other than a broadly diverse one. A specifically local interpretation of the subject matter was not being sought. Indeed, Krieger calls for an abandonment of the ideas of 'distal' and 'proximal' determinants of health (2008) in order to account for the effect of power and political factors.

Figure 3.5: Map of distribution of estimated adult obesity prevalence in the City of Brighton & Hove (2003-2005)
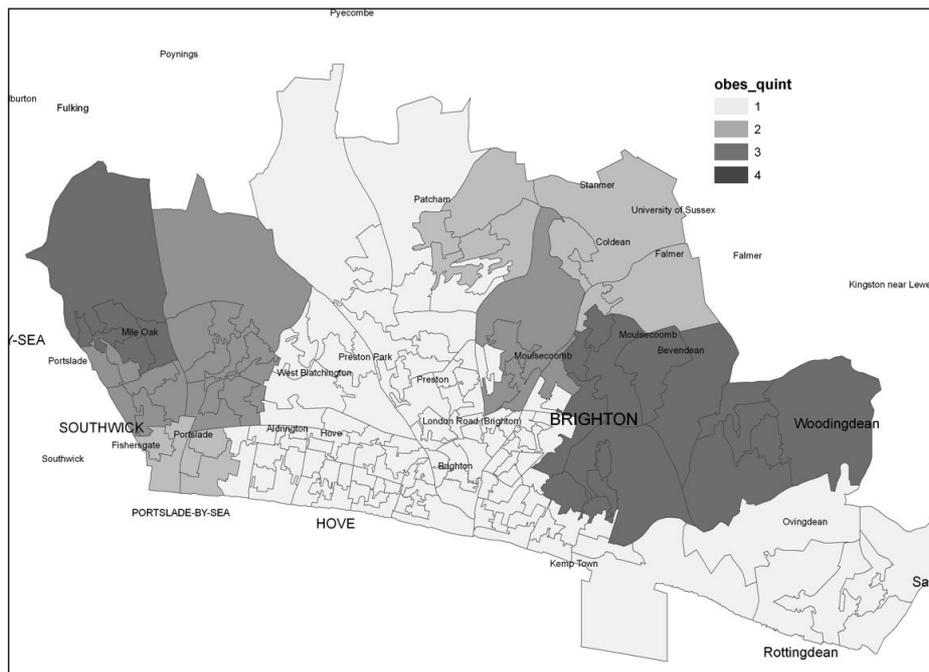
Additionally, Brighton and Hove is the hometown of the researcher, which meant that a wide number of potential gatekeepers to help with focus group

[36] http://www.hscic.gov.uk/catalogue/PUB00206/obes-phys-acti-diet-eng-2010-rep.pdf
[37] http://www.bhconnected.org.uk/sites/bhconnected/files/jsna/jsna-7.5.5-Coronary-heart-disease1.pdf

recruitment were easily reached. It also meant that costs for travel, room hire, and accommodation were minimised. Due to the desire to gather the views of a range of participants, the flexible method of convenience sampling was used.

3.4.3 Recruitment

Given that participants in focus groups are normally recruited based on their experiences of the subject being explored, the scope for recruitment in this study was potentially vast – given that all people have some encounter with the food system. Like other aspects of qualitative research including analysis and interpretation, recruitment needs to be a flexible, iterative process, particularly for a topic that is complex and poorly understood (Marshall 1996). A variety of sites were contacted such as The Brighton Unemployed Centre Families Project, a community café, an allotment organisation and neighbours, thereby increasing the likelihood of recruiting a diverse range of socioeconomic groups.

Initial steps towards recruitment involved Internet searches for such groups and sending messages to their organisers. Early searches were for community groups in the city such as those found on the East Sussex community Information Service website[38] and allotment organisations. Initial contact was made with centres/organisation into which there was a direct introduction e.g. through friends, relatives and volunteering work, in order to maximise potential uptake. Beyond initial contacts, further recruitment happened through snowballing i.e. contacts of earlier respondents. In total four community centres, five children's centres, three gatekeepers at other organisations such as an allotment group for unemployed people were contacted, while a colleague from voluntary work and two friends/neighbours offered to organise groups from the start.

Gatekeepers were given an information sheet (Appendix 2) giving practical details of the sessions, sample research questions and emphasising

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[38] https://escis.org.uk accessed 21/07/11

confidentiality. They were asked for introductions to their groups, or for them to announce opportunities for taking part in the research project verbally and/or with flyers (Figure 3.6) to display or to show potential recruits. All managed to recruit people to the groups. The flyer and other material presented to participants was marked "The FResH Project: Food Responsibility and Health". This was to try to identify the project with a memorable, catchy name that did not sound to academic or potentially alienating. Below the flyer was a sheet of paper from which interested people could easily tear off the researcher's contact information. Details of the financial incentives were not offered in the publicity in the first instance but participants were given £20 for 'out of pocket' expenses; because of the nature of the topic, it was not felt the "compensation" would bias the recruitment or the discussions. It turned out that no groups were recruited directly from the flyers; rather gatekeepers used them to give a visual demonstration of the research project.

Figure 3.6: Focus group recruitment flyer
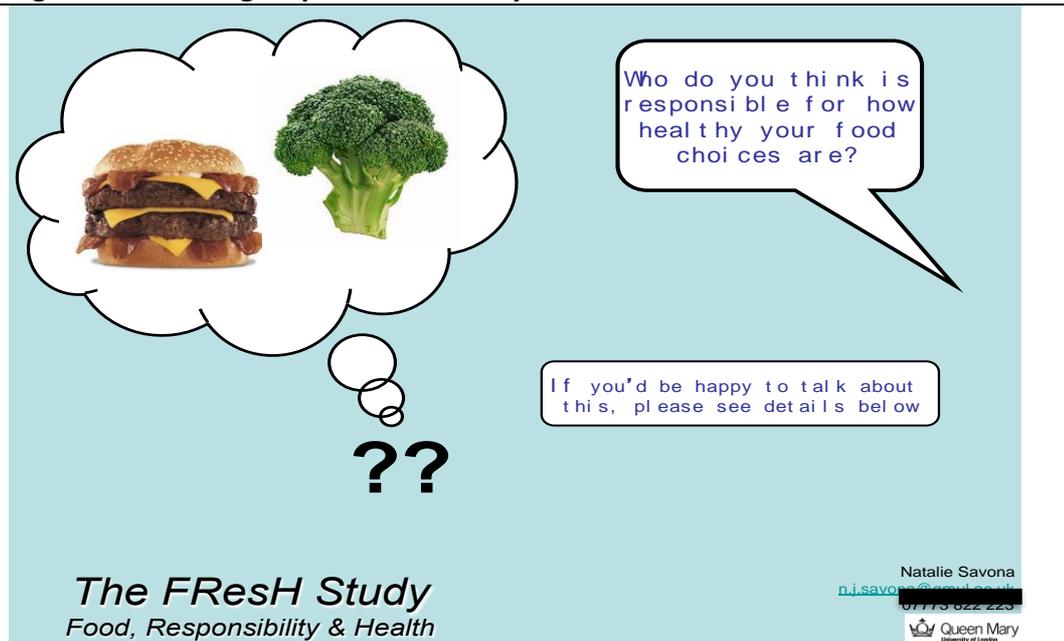
It appeared that the topic is one many people were keen to discuss, and the community settings provided environments where relationships between gatekeepers and attendees are strong, begetting trust; additionally, the social

context of such organisations meant that just a couple of participants would then recruit others to the focus group. One gatekeeper had organised a group within six days of initial contact with her.

Eight usable groups were conducted, as shown in Figure 3.7, with some details of the composition. The reason for the absence of group numbers two and three are that they were discarded – in group 2, only one person turned up and I invited her to participate in another, later group (she did so in FG7); group 3 went ahead but the data was discarded as participants were all elderly (ranging in age from 77 to 102) and knew each other well, so much of the discussion veered off into subjects relevant to the group but not to the study.

Focus group	Type of group/ organisation	Number (women/men)	Duration (mins)
FG1	Community Allotment	7 (1/6)	75
FG4	Via woman met volunteering	6 (5/1)	75
FG5	Neighbour and her friends/ colleagues	6 (5/1)	77
FG6	Community children's nursery	3 (3/0)	55
FG7	Community support centre (mainly unemployed)	9 (3/6)	78
FG8	Community support centre (mainly unemployed)	7 (4/3)	74
FG9	Community learning centre	6 (2/4)	80
FG10	Friend of friend –interested in organising a group	4 (2/2)	70

Each focus group session consisted of people recruited from the same original source, which minimised potentially problematic heterogeneity within each group, for example certain members feeling out of place or inhibited by people very different from them. What is more, the topic being explored – the scope and boundaries of responsibility about diet – is one that may 'naturally' be discussed by a group of people prompted to discuss dietary choices, without being a taboo or awkward, private topic.

3.4.4 Conducting the focus groups

In all the venues the set up of the rooms was checked beforehand for suitability and comfort and, when appropriate (i.e. not someone else's house) participants were offered refreshments when they arrived. Relatively 'neutral' drinks such as water, tea and coffee were offered. Snacks were not provided as participants may have viewed them as some sort of statement on food choice (e.g. particularly healthy or unhealthy), thereby biasing or inhibiting responses. A schedule was prepared for conducting the group, as shown in Appendix 3. Initially, participants were introduced to the research, the structure of the session, reminding them it was audio-recorded and approximately how long it would be. (While there is no fixed time limit on the length of each session, two hours is generally considered the maximum useful span (Whelan, Wrigley et al. 2002). They were also reminded of the 'consent' information i.e. that they may withdraw at any time, and that information they give and discussions are anonymous and confidential; and then asked them to sign consent forms (Appendix 4.1). Although in most groups some participants knew some of the others, not all did, so we all introduced ourselves to the group. No participants were reluctant to do so.

'Warm up' exercises were planned to help put the group at ease despite the relatively artificial set-up of the forum. Although these exercises themselves can feel artificial to some (Kitzinger 1994), the exercises were designed also to lead into the main conversation. Firstly, as an 'ice-breaker' exercise, and in order to facilitate subsequent discussions on participants' diets, contributors were asked to pair up and to tell the other person what they ate for breakfast and supper on the previous day and where they got the food for those meals (e.g. corner shop, supermarket, café, take-away). The next part of the session was a link exercise that served both as a warm-up and as preparation for the main discussion: each participant was given a sheet of paper entitled "My Food System Map" and asked to write down "influences on food choices" and "where I get my food" (Figure 3.8). Examples were given to start them off, and suggested they think about yesterday's meals to help them; as much time as

most seemed to need was allowed before they appeared to run out of ideas and stop writing. One person was then asked to volunteer to replicate the group's answers on a flipchart, using a participatory technique (Pain and Kindon 2007). In all groups, participants were enthusiastic from the start, with no shortage of volunteers to collate answers and there was much chatter about them. A photo of a sample of one of these group answers is in Appendix 5.

Once these were gathered in, recording of the sessions was started for the actual discussion. Audio recordings were made using an Olympus digital voice recorder WS-750M, which is approximately half the size of a mobile phone. The recorder was placed in the middle of the table around which we were sitting.

Figure 3.8: Sample of "My Food System Map" given to focus group participants
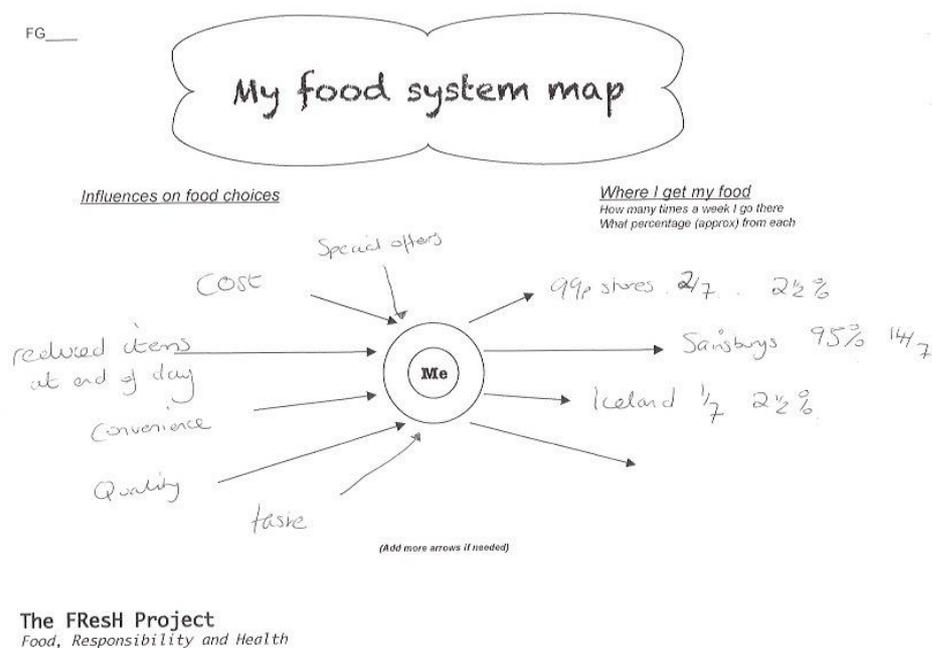
In preparation for the focus groups, a topic guide was drawn up based on the research questions; it can be seen in Appendix 3. Ideas for it emerged from the literature review and analysis of documents (Chapters 2 and 4). Because participants knew that the subject of the research was responsibility for diet,

the first question was: what do you think 'responsible' food choices means, and what do you understand by what is 'responsible eating'? Other more detailed questions followed, for example, "what makes you buy the food you buy?" This helped to explore determinants of diet and gave rise to rich data on food prices, convenience, taste, availability, with a little reference to health. As shown in the topic guide, questions later moved on to stimulate conversation more explicitly on dietary responsibility e.g. what do you think 'responsible' food choices means? And who do you think is responsible for your food choices with regard to health?

The guide was, however, just that. Each group took its unique course, with some questions drawing more interest and comment than others. While the main goal was to explore these members of the public's subjective views of responsibility, it was also possible to gently challenge their responses e.g. if the participant placed responsibility for poor food choices firmly with him/herself or food companies, an alternative view was proposed.

3.4.5 Piloting and research development

There was no formal 'pilot' study for this research; although Group 1 was in effect a pilot session, useful for testing the schedule and questions (Barbour 2005), it is important to remember that no two groups will be the same, nor will any two sessions evolve in the same way. So the materials used and topic guide were refined from their initial incarnations. Firstly, the "My Food System Map" (Figure 3.8) and topic guides were shared with my supervisors and fellow research students for to highlight any errors or omissions, and to get feedback on intelligibility and usefulness. Their views helped to highlight a lack of clarity e.g. there was only one arrow on each side, suggesting only one was sought, rather than several answers; and "food sources" was changed to "where I get my food", to avoid confusion, such as the country of origin of a food. The main feedback on the topic guide was not to explicitly introduce the idea of attributing 'responsibility' for healthy eating early in the discussion and to

substitute words potentially laden with bias such as "tension" and "equity" and to see whether such ideas arose anyway.

Focus group data collection took a total of three months, between February and April 2012.

3.4.6 Reflexivity and positionality

Although it is idealistic to be fully reflexive and conscious of all potential impacts of the self, social situations and dynamics (Rose 1997), it is good working practice in research to carry out critical reflexivity. That is, to constantly scrutinise both oneself, and the process, particularly analysing the social relations being acted out and whether they influence the data in any way (Dowling 2010). A helpful way to do this is by keeping a research diary alongside the fieldwork diary. A checklist of questions that aid critical reflexivity in research was also helpful e.g. "what are some of the power dynamics of the social situation I am exploring and what sort of power dynamics do I expect between myself and my informants?" and "In what ways am I an insider and/or outsider in respect of this research topic?" (Dowling 2010, p.38).

The researcher's social characteristics as a white, middle-class woman were positioned slightly differently in the different groups as some were with mainly participants who were unemployed or on very low incomes while others were with people who shared similar characteristics. Despite initial concerns that this might influence recruitment such e.g. drawing more women participants to the group, this was not the case. Additionally, it was fortunate that the gatekeepers, even those with no direct connection, were very helpful in recruitment, so people with different socio-demographics were attracted to participate. The nature of the research topic – diet and who is responsible what for people eat – is such that the researcher was, in one sense, neither an outsider nor an insider in relation to the informants (Dowling 2010) and

therefore, probably seen with relative neutrality given that we all buy and eat food.

Some focus groups consisted of people with whom the researcher had a reciprocal relationship, in terms of power balance (i.e. similar income, housing and education) while, with others, it could be seen to be asymmetrical because of being "differently situated" socially (Dowling 2010). But the subject matter, deliberately not actively participating in the group discussions other than to steer them using a few questions, and the liveliness of the groups suggested that the researcher's demographic characteristics would not create any exploitative dynamic nor influence the responses. The nature of the questions, they way they were introduced and the structure of the discussions was such that informants did not feel any less an expert on the topic than they were – after all, the questions were seeking *their* views on a subject on which *they* were the experts i.e. their diets and their thoughts on who was responsible for them. It may be that the nature of the discussion about responsibility may have led informants to believe that the project sympathised with a potentially overwhelming food environment and its characteristics such as cost, taste and convenience that easily led to unhealthy choices. For example, the researcher said the following during one focus group:

> *You then said people needed to be discriminating and that, I suppose that's one of the things I'd like us to think about. How easy is it to discriminate? To really enact those conscious decisions given the environments that we do live in?*

It is therefore likely that knowledge of previous research, assumptions and political inclinations did indeed "inhibit or enhance" (Dowling 2010, p.37) the information gathered. The researcher did not refer at all to her background of working in nutrition, in case participants thought the research was based on healthy eating ideals, or they became self-conscious about their eating habits. It is not, however possible, to be entirely reflexive and transparent to the degree of 'knowing' precisely how recruitment and data generation were influenced. It

is also not possible for a researcher to be fully conscious of the nature and role of power in a research situation, particularly in relation to gender (Rose 1997) and it is quite likely that informants' comments were coloured by their desire (albeit subconscious) to manage the impression they gave of themselves.

3.5 Interviews

The next stage of the data collection was one-on-one interviews with 'decision makers' in the food system – architects of the food system itself, as well as experts on the food system-health interface. Focus groups were, as described, an ideal way of gathering views from members of the public, on actors in the food system and responsibility for healthy eating. Although focus groups may also have been a good forum for exploring the subject with the 'decision makers' – to allow for interaction, disagreement etc. – interviews offer an ideal way of gathering detailed opinions. In a one-on-one interview, the informant is given full attention; there is the time and the scope to fully mine that person's experience and opinions; the discussion is confidential. It was also much more practical than trying to arrange focus groups with such people. Interviews therefore formed stage 3 of data collection.

Semi-structured interviews take an informal and conversational tone, with just a broad topic guide to steer the conversation towards answering relatively open-ended questions. They help to gain "access to interviewees' views, interpretations of events, understandings, experiences and opinions" (Byrne 2004, p.182) especially in contrast with questionnaires or structured, rigid questioning which have been described as data "collection" (ibid.). Semi-structured interviews concern data "generation" which later allows for the exploration of discursive formations. The flexibility of interviews is particularly useful for investigating complex issues about which little is known, such as the construction of responsibility in the food system. It allows informants to express their own views using their language and, if they want, to raise other issues related to the questions that the researcher may not have thought of.

3.5.1 Sampling and recruitment

As it emerged in Chapter 2, the two main architects of the food system in relation to public health are the food industry and government, while various NGOs and academics have assessed the issue of dietary health and the food system. Unlike with the broad population from which focus group participants were sought, it became evident that the views of people in these categories would help answer the research questions. A list of potential interviewees from three main categories was drawn up: government, industry and 'experts', people in roles that have the experience, expertise and authority that was likely to shed light on the research questions. In addition to the 'architects', 'experts' would be able to share specialist knowledge and opinion on the state of the food system, without having a direct stake in its structure.

The initial goal was to interview no more than 7-10 people in total, across the different categories. Although the rich data gathered in qualitative interviews offers much for analysis, the process of procuring the interviews, preparing for and transcribing them is time-consuming (Byrne 2004). Within the scope of this research project, about three representatives from each of the three groups was realistic in terms of getting a positive response to requests, and in terms of time for conducting the interviews, transcription and analysis. Letters or emails were sent to 10 government agents, 16 senior executives in the food industry and 18 academics/ NGO (non-governmental organisation) representatives (see Appendices 6.1 and 6.2). For all three categories, recruitment was done through a combination of criterion, opportunistic and snowball sampling (Bradshaw & Stratford 2010). That is to say, initial points of contact met certain criteria, and opportunities were taken throughout fieldwork to create a snowball effect by pursuing leads given to me by existing informants. Ultimately, the process of 'selecting' interviewees partly depended on pragmatism i.e. who responded positively to the requests and the final total of contributors was eighteen.

Government

This category targeted potential interviewees in parliament (ministers,

members of the opposition, members of relevant select committees), as well as pertinent civil servants and local public health government officials. It was anticipated that politicians and people affiliated with government would be the most difficult group to access partly due to no direct introduction and partly to the demands on their time and this did prove to be the case. Out of twelve letters/emails, four did not reply, four eventually replied to decline the invitation, and four agreed to be interviewed. Of those who consented, however, one was a former civil servant i.e. no longer in office, one was in a quasi-governmental role; another was an MP who had been a minister and another was in a senior role in local public health governance. No senior representatives of the then-current government (2010) agreed to participate despite repeated contact.

Industry

For this group, senior executives within the food industry or its trade bodies were included. The UK Public Health Responsibility Deal (DoH 2011b) provided convenient sampling of companies that have considered the 'responsibility' in their business practices; industry members of the PHRD Plenary Group and its Food network's high level steering group were therefore contacted. A contact provided the name of a civil servant involved in the Food Network of the PHRD who was very helpful with introductions to industry people; their connection to the PHRD was mentioned in the contact letter/email. A key commitment by signatories is that "We will promote and enable people to adopt a healthier diet". Only one interview with a director of an industry body resulted from this route and requests to her to provide further contacts were fruitless. Other, more direct routes were more productive, using the 'snowballing' technique. An academic met at a seminar provided introductions to two senior food industry executives who not only consented to be interviewed themselves but also further linked to another corporate informant. Another industry executive at an academic meeting consented to contribute, while the final industry interviewee responded positively to a 'cold-call' email.

The final list of interviewees in the food industry category included: three executives from global manufacturing companies, one from a UK retailer, one head of a UK trade body and a former food industry director who is now a consultant. Expectations that it would also be reasonably difficult to enrol food industry interviewees were ultimately confounded.

Academics/NGOs

The third category of interviewees included public health experts, academics and senior staff at relevant NGOs. Many health and food consumer advocacy groups aim, at least in part, to ensure a health-promoting food environment for the public e.g. spatial or financial access to good food and knowledge about healthy food choices. Some organisations work to establish local community projects that facilitate such aims; others campaign for improvements to food environments both locally and nationally. Some are founded on geographical areas, while others are based on a particular health concern such as cardiovascular disease. Meanwhile, public health and other academic experts study contextual determinants of diet and health and how to address increasing prevalence of chronic diseases and obesity. A range of such experts therefore provided targets for this interview group.

This was always likely to be the easiest group to enrol because of affiliations and this was so. Two direct contacts from an academic meeting agreed to be interviewed and also gave introductions to further interviewees. PhD supervisors also made introductions contacts of theirs who agreed to be interviewed. One of the NGO interviewees linked to two others. Three additional people were contacted by 'cold-calling' and one responded. So out of 13 points of contact, eight people in this category were finally interviewed – three academics and five from NGOs/consumer advocacy groups. The nature of the positions that the contributors held is such that their characteristics will not be described, as this may make them identifiable (even though every one of the interviewees explicitly said they did not mind being identified).

3.5.2 The interviews

Once each of the interviewees agreed to meet, meeting times and places were arranged through correspondence with them or their assistants. For all the UK-based contributors, the interviews were carried out in their offices, other than one government interviewee, who was interviewed over the telephone. With those who were based in other countries, one was done in a café while the informant was on a trip to London, and four were carried out by telephone and one on Skype.

The nature of interviews is such that they are very flexible, and the interviewer can adapt throughout depending on the answers given; the aim is also to "to explore the 'insider perspective'" (Taylor 2005, p.39). A topic guide was however created, containing sample questions to help me steer the course of the interview and to help explore similar themes with all of the informants (Figure 3.9). Based on the over-arching research aims, questions were designed to explore the interviewees' views on the responsibilities of different actors in the food system. Ideas were also introduced based on themes that had arisen in the document analysis about interventions, the aversion to regulation and a role for government.

The topic guide was structured such that earlier questions were more general, open-ended and less contentious. The timing of these interviews meant that material from the document analysis and previous focus groups could be presented as prompts or 'evidence' on which to base questions. Despite the guide, room was left for the interviewees to confound, clarify or contradict any assumptions that may have been suggested through the questions, given that the interview schedule was prepared based on my reading and preconceptions.

Figure 3.9: Amended, final interview topic guide
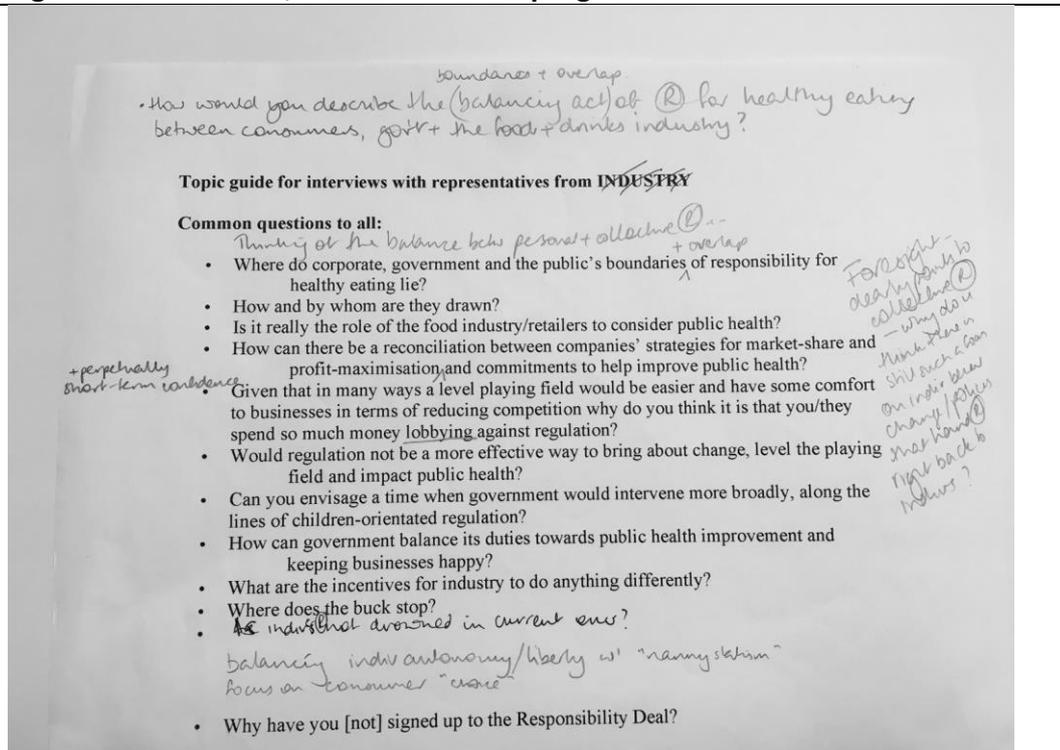
A formal 'pilot' interview session was not conducted, rather the first interview was with an academic whom the researcher had met several times since an initial meeting at a conference so he was able not only to be an interviewee *per se*, but also, at the end, to give feedback on the questions and sequence. After this, the guide was amended for example, to mention the PHRD later in the interview, and to change the wording of some questions so that they were more neutral and less 'leading', for example, removing the word "tension". Each interview would, however, be different given the role of the interviewee, the dynamic with the researcher, how the discussion unfolded and how the course of the discussion was navigated. The guide therefore remained as just that and required responsiveness to the answer and situation of each separate interview. Topic guides were originally written for each category but after two interviews the same, amended one was used, as can be seen in Figure 3.9.

At the beginning of each interview, after initial greetings permission to record the conversation was formally requested from the interviewee and each was asked to sign consent forms (or, in the case of telephone interviews, give verbal,

recorded consent), as shown in Appendix 4. The conversations were audio recorded on an Olympus digital voice recorder WS-750M. For the phone interviews, an Olympus Telephone Pick-up microphone was used. Digitally recording the interviews allowed for concentration entirely on the responses and subsequent questions, rather than taking copious notes. Although all interviewees were told that their responses would be anonymous, many explicitly said that they did not mind what they said being openly on record.

3.5.3 Reflexivity and positionality

As many qualitative research guides advise, constant reflexivity is important for a investigator – to scrutinise one's role in the process and relationships with informants (e.g. Byrne 2004; Dunn 2010). While interviews' interactive process means that they are flexible and provide rich material, it is essential to be critically reflexive about the relationship between the interviewee and the researcher. A good rapport is needed to optimise communication from the informant, and the nature of the relationship may influence the responses. While some scholars advocate that the interviewer maintains a very formal, detached position, others suggest aloofness would be detrimental to the process (Dunn 2010). There is a subtle line between being open and friendly, and professional to the point of being able to pose incisive, productive questions. While I gave some consideration to this spectrum, and made field notes questioning how far I should go in being chatty and sympathetic, it largely felt intuitive to be friendly and as relaxed as possible.

For the large majority of the interviews from all three groups, I felt that the speakers were relaxed, keen to answer the questions and engage in stimulating, reciprocal discussions. If I wanted to politely challenge certain responses I found the phrase "just to play the devil's advocate…" useful to pose an alternative perspective to the one they had suggested for example when an NGO executive insisted that industry should do more for public health or when an industry

director insisted that increasing choice would help people make healthy decisions.

Most of the interviews felt relaxed and only semi-formal despite the seniority of the informants and despite obvious different social positions e.g. the leader of a trade body. The asymmetric power balance was not particularly evident or at all uncomfortable and most were generous with their consent to be interviewed, time, ideas and contacts. I was aware that with some of my early interviews with NGO executives that it felt almost too 'cosy' in terms of shared points of view and ideologies so I attempted to appear more neutral. This was not entirely the case with two interviewees, with whom I was conscious of the power imbalance.

These were men in senior roles in the global food industry who had consented to give up some of their work time to speak to me. I speculated that the slight discomfort was due to various factors: I was aware of them steering some of the session towards what I felt were spurious grounds, and, perhaps cynically, suspected they were dissembling somewhat in order to promote their company's views and aims. I am aware that this is partly because I may have found some of their answers unpalatable to my perspective on the relationship between the general public and the food environment. But also I was concerned that I had let them give me the standard industry 'line' on certain subjects such as legislation. I wrote in my fieldwork diary: "Was I hoodwinked by a smart industry pro? Or was I just naïve and less knowledgeable?" I give them the credit that me being a woman and younger than them was not a factor in my perceived imbalance, but it is quite possible that this did colour the dynamic. What is more, both of these were by telephone, where smiles and gestures that can enhance a rapport, are lost. With these two informants and all others, particularly from industry, I was aware of trying to steer the interviewee away from standard, 'on message' corporate answers to probing questions about how responsible they are being regarding the health value of their products and their marketing techniques.

The data collection from interviews took approximately seven months from the end of March until the end of October 2012.

3.6 Data analysis: focus groups & interviews

The aim of the focus groups and interviews was to seek the subjective views of the participants, a snapshot of opinions on who the main stakeholders in the food system are, as well as the understanding of their perceived roles and responsibilities for dietary behaviour. While the writing of this chapter necessitates some sequence, qualitative research does not tend to follow a linear process. The nature of data gathering and analysis are such that they are often carried out concurrently to a certain degree; analysis begins as soon as the collection process starts and helps inform subsequent data gathering (Pope et al. 2000). The research was initially designed such that early analysis of the documents could help structure the generation of further data through the focus groups and interviews; and focus groups were started before the interviews in order to feed into the potential interview questions/material. That said, there was considerable overlap between conducting the focus groups, the interviews and the initial analysis of both. The analysis was, approximately, done in various stages, as in Figure 3.10.

Figure 3.10: Stages of analysis of focus group and interview dataset	
Stage 1	Transcription
Stage 2	Broad, thematic coding
Stage 3	Emic and etic descriptive coding
Stage 4	Analytic coding
Stage 5	OSOP code clustering (see section 3.6.2)
Stage 6	Foucauldian discourse analysis (see Figure 3.2)

The aims of the analysis of focus group and interview material as one data set were to develop an understanding of the representation of different actors in the food system and of responsibility for healthy eating. Although the document analysis had begun this process and gave some interesting insights, it was itself limited: firstly it only represented two groups of actors in the food

system and secondly, published documents are a particular, meditated, self-conscious form of data. Generating data through meeting various people complemented this analysis. Although the entire process was iterative rather than linear, the elements of the analysis process were as follows: transcription, examining the data for themes (emerging ones and ones anticipated from the literature review and document analysis), developing codes from the themes and managing them using NVivo software, then applying a Foucauldian discourse analysis. These steps will be described in the rest of this section.

3.6.1 Transcription

The eight focus groups generated nearly ten hours of data, and the 18 interviews, 15.5 hours. There are considerable benefits of transcribing one's own data. Having been present at the groups and interviews, the researcher was best placed to record most accurately the exchanges and interpret the words uttered. Additionally, engaging with the data in such an intensive way is a useful step in immersing oneself in the data to aid familiarisation (Dunn 2010). The focus group and interview data were transcribed regularly throughout the period of gathering the data and then beyond, from May until December 2012.

3.6.2 Themes and coding

Although any social research involves choosing a particular way to view a topic, and the selected methods and contributors further concentrate one's decisions, yet another layer of selectivity is necessary with the content of the data set to decide what is more relevant than the rest (Seale 2004). A Foucauldian discourse analysis was ultimately carried out on the data, but the transcriptions were initially read and re-read using qualitative thematic analysis (Seale 2004) to identify themes, as per stage 3 in Figure 3.2 earlier in the chapter. The data set was examined for both emergent and anticipated themes (Ziebland & McPherson 2006) i.e. those that came out of the generated data because they were raised by the informants (also known as inductive or emic themes), and those which arose as they were considered relevant *a priori*, based on the

literature review and document analysis (also called deductive or etic). Themes that seemed particularly important to certain groups or people were noted in the research diary after each meeting, as were notes on my early thoughts about themes during transcription of the focus groups and interviews.

Some scholars suggest that one should try, when studying the data, to suspend judgement of pre-existing categories/themes; a commonly cited method for doing this is termed 'grounded theory' whereby the themes – also known as codes – are identified inductively from the data (Glaser & Strauss 1967). There has been considerable disagreement over this method and to what degree it is even possible (Charmaz 2006). Indeed, more temperate approaches are now more common, which recognise that existing literature could not nor should not be dismissed. As Charmaz wrote: "Do we begin coding as a tabula rasa, encased in theoretical innocence and substantive ignorance? Not a chance." (2012, p.4). It would not only have been impossible to do so, but also, the goal of this thesis is specifically to explore the theme of responsibility for healthy eating from a public health perspective, within a complex systems framework, as discussed in the review of existing literature. It was therefore essential to examine the data for these concepts.

Even if not using 'pure' grounded theory, attempts at a version of it are important in early stages of analysing qualitative data sets so that the researcher's mind is open to emergent ideas (Pope et al. 2000). Using it to draw out themes/codes from the data is also particularly appropriate given that existing theory does not yet have explanations about the construction of responsibility in the food system (Bluff 2005). For example, the construction of responsibility pertaining to individuals, the corporate sector and government is a core focus of the research, so these were *a priori* themes/codes that were essential to the research.

Coding is an indispensable way of distilling and organizing the raw transcripts of the data such that it is then possible to explore it for analysis and theory-

building (Cope 2010) and once the data has been coded it can be used to describe and explain the social phenomena being researched (Pope et al. 2000). Whatever the precise nomenclature of coding method, it broadly falls into two stages: descriptive and analytical. Descriptive codes either, as the name suggests, label the obvious, superficial themes in the data or are verbatim terms lifted from the transcript (Cope 2010). Analytical coding comes later, and in effect encapsulates the goal of research – to go through the data to interpret it. This stage of coding is not separate from analysis, as it involves interpretation, seeing patterns, similarities, differences etc. (Cope 2010).

Initial exploration of the data involved going through the hard copies of each transcript and noting in the margins themes/codes. However, these first codes were too general rather than descriptive, and were also introducing analytical codes to early, for example labelling as "individual responsibility" a comment that all foods are safe and it is only an imbalanced diet that creates problems. While some purely descriptive codes such as "food choice" went on through the analytical process to become major themes that extended to theorisation.

Software was then used to help organise the data and make it easier to search for verbatim terms and codes. NVivo is a Computer Assisted Qualitative Data Analysis Software (CAQDAS) package; NVivo9 (version 9) was employed to store, organise and help apply codes to the data. CAQDAS software has in many ways transformed qualitative analysis although the use of the word "analysis" is misleading in that it does not actually analyse data, rather it is a useful tool for managing it. Reading through the transcripts to apply codes digitally in NVivo provided yet another opportunity to become familiar with the data, to refine the codes and to allow for the emergence of new themes and sub-themes. Figure 3.11 shows an early list of 'nodes' or codes.

Figure 3.11: Screengrab from NVivo showing early codes

Name	Sources	References
[health] inequalities	7	18
behaviour [Change]	10	29
children & resp to children	10	13
commercial tension-imperative	17	72
complexity	15	48
convenience	2	2
corporate heterogeneity	4	6
corporate role & action	17	114
define resp eating	2	11
diet - environment	2	4
eating for health	3	6
education-knowledge	9	20
evidence-science	7	29
family	2	2
food choice	13	35
food cost	10	23
food environment	9	18
food information-labelling	12	32
GOOD QUOTES	16	108
indivs - labelling	1	1
indivs on supermarkets	1	2
language-performance	2	24
media	3	6
NGOs-PH professionals	13	31
physical activity	4	5
Policy making	18	209
poverty-economics	5	14
public heterogeneity	8	31
Resp - interviewees	8	19
collective responsibility - interviewees	17	50
corporate responsibility - interviewees	14	49
government resp - interviewees	16	78
individual resp - interviewees	15	52
responsibility - individuals	2	16
indivs - govt resp	1	5
indivs - indivs resp	2	9
indivs - shared resp	1	1
indivs - supermkt & manuf resp	1	1
transparency	3	6

Using Nvivo commands, a list of quotes was printed out that fell under each code. These print-outs were used to employ a method called 'OSOP' – one sheet of paper (Ziebland & McPherson 2006) to get both an overview and keep in mind the details. As it suggests, this involves going through the data and writing down – on a single sheet of paper – all the ideas detected as interesting or relevant, noting the respondent's ID next to each. At this stage, details are kept for nuances of the original comments and to maintain any 'outlying' observations. Next, in the OSOP method, all the different codes are grouped

together to generate meta-themes by reading through them, constantly comparing each point with the rest of the data. Another large piece of paper was then used to do a second OSOP – re-writing the codes clustered in these meta-themes and start to "identify the story that can be told with the data" (Ziebland & McPherson 2006).

To help transpose the codes into prose, a text document was created with paragraphs summarising the data that each code generated, putting contributors IDs in brackets after each point. To further make sense of the data and to explore how to best divide results into chapters, "what is the data saying?" was asked. To answer this question, the codes were first allocated to the main research questions (sometimes repeated under different questions). This helped place the data from each code into four broad categories:

- the main actors in the food system
- definitions of responsibility
- apportioning of responsibility and the constraints or facilitators of such responsibility on the different actors.

Another chart was then drawn, listing the codes under themes linked to the responsibility constructed for each of the groups of actors:

- individuals
- government
- industry
- plus a category for collective/shared responsibility.

The codes were then divided up in yet another way:

- themes from the literature review
- themes from the document analysis
- broad themes in the focus groups and interviews.

This process of differently clustering the codes helped lead to the final structure and content of the results chapters, as shown in Figure 3.12.

Figure 3.12: Notes leading to final structure of results chapters
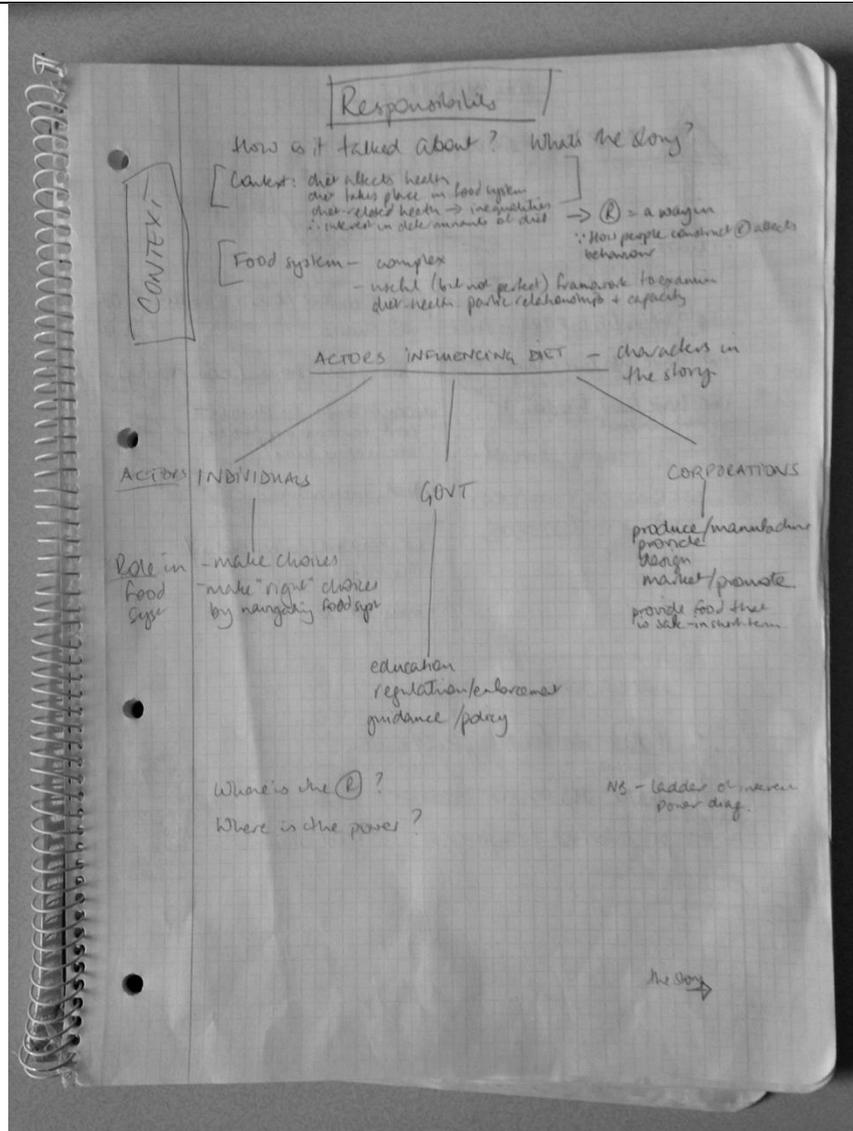
3.6.3 Applying a Foucauldian discourse analysis

Based on a synthesis of the three charts listed at the end of the previous section, which each contained a different way of examining themes in the data, a structure for the results chapters began to form. Various ways of dividing the results were considered e.g. one chapter on the nature of the food environment, who influenced it and how, with a second chapter on how this in turn influenced people's diets followed by another chapter on obstacles to each group of actors changing their roles within the environment. But given that the core research issue was the construction of responsibility, it finally made most sense to report separately on the representation of the responsibilities of the

three main groups of actors in the food system as far as dietary health is concerned (see Figure 3.12).

It was at this stage that a narrative began to build around each 'story' of responsibility by writing two-page summaries: on individual, corporate and government responsibility. These were then developed more fully, couched in a Foucauldian discourse analysis, to become the three chapters reporting on the results of the focus group and interview data analysis, crystallising around broadly answering the following questions for each group:

- Who are these people?
- What are they responsible for?
- How do they enact that responsibility?
- What competes with the enactment of that responsibility?

In addition to other readings on Foucault's theories and analysis (e.g. Foucault 1984; Lupton 1995; Petersen & Lupton 1996; Hall 2001a; Carabine 2001), the guidance listed in Figure 3.2 was revisited, which suggest looking at the data to identify the "inter-relationship" between the various, possibly differing discourses, to look for discursive strategies and asking how they function to create effects of 'truth' and to seek resistances, complexity and silences.

The data set was taken as a whole, deliberately not seeking to demonstrate the degree (or absence) of resonance between comments by individuals in each of the sample groups, rather looking at the different discourses of responsibility, each in their entirety. Foucault was interested in the way knowledge and meaning were produced through discourse and he advocated analysing it "to open up statements to challenge, interrogate taken-for-granted meanings, and disturb easy claims to objectivity" (Tonkiss 2004a). The outcome was Chapters 5, 6 and 7, which show the way the discourse of responsibility in the food system was produced, disseminated and maintained in the data set.

3.7 Limitations of the methodology

This research has been primarily concerned with the representation of responsibility for healthy eating in the food system - itself an unwieldy topic. A limitation of this research is that much of the data arose out of my own interview/ focus group schedules, thereby nullifying the possibility of being conceptually neutral, and the findings of the study are restricted to my interpretation of the data chosen. Indeed, a "dispassionate interpretation is difficult if not impossible" (Dowling 2010, p.35) because of the perspective from which I approached the work. While care was taken to be persistently reflexive, entirely neutral analysis is unrealistic because "It would [therefore] be inconsistent to contend that the analyst's own discourse was itself wholly objective, factual or generally true" (Tonkiss 2004a, p.380) but determined reflexivity and adherence to guidelines helps to strengthen it. Tonkiss recommends asking questions such as "how coherent is the interpretive argument?" and "how well supported are [these] claims?" to make the interpretation of the data more robust (ibid).

It could be argued that the dataset as a whole could have been more exhaustive. While the documents were very carefully and thoughtfully selected, a more far-reaching approach would have broadened the scope and number of documents. As mentioned earlier (section 3.5.1), there was also a poor response from sitting government members to interview requests, therefore leaving the then-current government views under-represented in the data. Potential interviewees could perhaps have been targeted more persistently, something beyond the scope of this project but which would be a fruitful area for further research.

Additionally, in my experience as a nutritionist, I am aware that because eating is such a regular, ingrained part of people's lives that they are not always reflexive about the determinants of what, why, where and how they eat. Therefore forcing the issue by asking questions about such topics may have

given rise to affected answers which are 'too' thought out, that bring a hitherto unconscious act to the fore and therefore possibly some less-than-accurate answers. This is a matter that cannot be entirely overcome, other than through a dose of healthy skepticism using discourse analysis, particularly of corporate or government contributors who have thought of these matters and have a 'party line' to toe. Also, with only the benefit of hindsight, I could have made the interview questions and focus group nudges much more focused and less free-flow, although that, itself, may have yielded more stilted data.

3.8 Ethics, consent and confidentiality

Although I have completed the submitted version of my thesis at the London School of Hygiene and Tropical Medicine, I began my PhD studies at Queen Mary, University of London. Because ethical approval is required for all research involving human participants, I submitted a completed, standard application form to the Queen Mary Research Ethics Committee (QMREC) for approval, which was granted, as shown in Appendices 8 and 9. Ethics committees are largely deal with matters of informed consent, privacy and harm. There is a view, however, that despite formal ethics regulation of social research, much truly ethical practice ultimately depends on the integrity of the researcher and this includes paying attention to matters of power in the production of knowledge (Ali & Kelly 2004; Dowling 2010).

3.8.1 Informed consent

Informed consent means that not only do informants agree to participate in the research but also that they are fully aware to what they are consenting (Dowling 2010). All participants in focus groups and interviews were told verbally at the start of each session: what the research is about, the issues to be discussed, that they could withdraw at any time, that any information and discussions would remain confidential, that their anonymity was safeguarded and what was expected of them regarding time commitment. Although they had already been told that sessions would be audio-recorded before agreeing to

participate, this was also reiterated before each session. After this initial introduction, each was asked to sign and date a consent form (Appendix 4); verbally recorded consent was obtained from contributors who were interviewed over the telephone. Certain researchers have suggested that fully informed consent is not entirely possible in qualitative research because the nature of the process is that it changes as it progresses and therefore ethical issues may emerge unexpectedly (Iphofen 2005). Informed consent is therefore theoretically problematic. While I took extreme care to follow procedure with informing participants before each session and obtaining their signed or oral consent, my impression was that none was concerned about the issues at stake, their confidentiality or anonymity. It appeared that all those who agreed to take part were keen to talk were open about their views and did not consider the subject matter to be particularly sensitive or private.

3.8.2 Confidentiality, anonymity and data storage

Compliance with the Data Protection Act requires that participants be informed of what information will be held about them and who will be able to access it (QMREC 2005). The real names and personal information of participants in this research project are recorded only on their consent forms. These records were initially stored in a secure filing cabinet, in the Queen Mary School of Geography; they were then moved to a locked filing cabinet drawer in my own home as I worked mainly at home for the latter part of my thesis. The digital audio recordings of the focus groups and interviews are held on recordable compact discs in the locked filing cabinet drawer, and as files in a password-protected file on my password-locked computer. They and the paperwork will be kept for seven years from the date of recording/issue after which personal information on the forms will be anonymised, in accordance with the QMREC guidelines (QMREC 2005). It is standard practice that researchers are ethically obliged to go to all lengths to disguise the identity of participants in all phases of the research including the writing up phase, data storage, and subsequent dissemination of findings (Hill 1993).

Despite insistence that many of my participants were not concerned that this should be the case, I maintained this protocol. What is more, no notably personal or sensitive issues arose in discussions. With corporate or government interviewees in particular, I thought there may be issues with potentially sensitive disclosure of their views on business practices or other matters, and in order to gain maximum authenticity in interviews with industry and government representatives, assured them of full anonymity and even deliberate disguise (of products, practices etc.). All informants explicitly waived confidentiality and anonymity though I did not feel it necessary – nor good practice – to expose identities when reporting the results. Interviewees had no hesitation, once they had agreed to contribute, to answer questions and be 'on the record'. They were evidently not discussing with me anything they would not openly say in public. One NGO interviewee did, though, tell me a story s/he knew at first hand about a particular corporation's practices, which illustrated self-interest at the expense of 'best practice', that s/he asked me not to share.

3.8.3 Vulnerable individuals

There is the potential for researchers to be in a relatively powerful position in relation to their informants given that they have chosen the research topic and guide the interaction, certainly initially. Additionally, social norms and power structures are present in research interactions as much as in 'normal' life (Dowling 2010). For the focus groups, data was collected from some people who were unemployed or on very low incomes. There was, therefore the potential for some participants to feel disempowered in the social setting of the research although I was careful not to make any assumptions of vulnerability due to such disadvantage (Ali & Kelly 2004). My experience of the focus groups was that people did not appear to feel disempowered, rather the opposite; this was perhaps due not just to reflexivity, but also the apparent enthusiasm of the contributors, the subject matter and the way I generally kept my contribution to the discussions to a minimum after the opening section, so that the participants

elaborate on their views. I made it clear that it was their interpretations and experiences that were of central interest to emphasise the value of their contribution.

Because dietary habits may been a sensitive, possibly conflict-ridden issue for some people, I had made sure in advance of focus groups that I had information on local eating disorder group should it be required[39]. It transpired though, that although participants obviously spoke of their own practices, amongst other things, none raised was evidently sensitive or emotive.

In advance of the fieldwork I completed a risk assessment as per the requirements of the QMREC (Appendix 10). As part of this, I discussed a safety protocol with my main supervisor whereby he always knew the time, place and contributor for the interviews. Overall, my experience of fieldwork was positive and inspiring and I felt honoured to have been given the time and confidence of all my contributors.

3.9 Summary

The entire data analysed finally comprised five government documents, three corporate documents, eight focus groups (with a total of 58 participants) and eighteen, one-on-one interviews. The transcripts of the nearly 10 hours of focus groups ran to 142 pages and the interviews, at almost 14.5 hours, covered 257 pages. The two different lots – pre-existing documents and generated data – supplemented one another in examining the discourse of responsibility for healthy eating. Although the documents were analysed separately from the focus groups and interviews, both sets were examined for comparative etic codes and for emic ones too.

While there is much rhetoric about responsibility in the food system for healthy eating, there is no evident understanding about what this means and how the

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[39] http://www.mindcharity.co.uk/the-mind-directory/brighton-and-hove-eating-disorders-service-bheds/

notion of responsibility is constructed. Furthermore, there is little qualitative research into the role of the food environment (not necessarily physical) on dietary choices. It was therefore appropriate to first examine existing discourses of responsibility for healthy eating in literature published by architects of the food system, government and the food industry. Subsequently, seeking views of the three key groups of actors in the food system through focus groups and interviews provided a more comprehensive insight into how discourse constructs the actors in the food system, their roles and responsibilities and factors that may compete with these responsibilities.

The representation of responsibility for healthy eating and the impact it has on members of the public's eating practices, as well as government and corporate policy, has been explored. It emerged during the course of the research and early analysis that a Foucauldian approach to the discourse of responsibility was most fitting given that "Discourses are sets of sanctioned statements which have some institutionalised force, which means that they have a profound influence on the way that individuals act and think." (Mills 2004, p.55). By exploring the construction of the discourse of responsibility in published documents and data generated through focus groups and interviews, I was able to gain some insight into the idea of responsibility for healthy eating, expectations of actors in the food system and impediments to some of those expectations. However, just as with any discourse, the analysis in the results chapters that follow has not arisen from a neutral stance, and is unlikely to be entirely objective (Tonkiss 2004a).

The following four chapters present the results of the data analysis.

Chapter 4

Responsibility for healthy diets: a documentary analysis

Overview

One problem at the intersection of the food system and public health is broadly that too many people eat a diet that adversely affects their health. The degree to which responsibility for such diets is spread between different groups of actors in the food system is contested, and it is constructed through discourse. As described in section 2.5.1, government and food corporations emerged as the main architects of the food system in relation to public health. Examining selected documents (see Figure 4.1) by various representatives of these two parties gives some insight into their construction of the food system and the actors within it; it also elucidates presumptions of and perceptions of responsibility for dietary behaviour, both theirs and that of the public. The nature of the documents chosen omits, by definition, the voice of members of the public even though their role is heavily represented: their perspectives on dietary responsibility and other related themes will be covered in the next three chapters.

The examination of the documents sought to deconstruct discourses on responsibility for healthy eating portrayed explicitly and less so, in their content and language. Both how and what is said in the documents gives insight into how the authors construct responsibility, what actions they say they are taking to demonstrate this and the coherence of the rhetoric. The analysis was done by paying particular attention to the roles or subject positions constructed for each group (regarding responsibility for 'healthy' eating), to ideology and to rhetorical devices used to validate the authors' stances. It exposed constructed identities, embedded beliefs and subtle power structures. A detailed description of the method was given in Chapter 3.

In the sections that follow, this chapter will explore the discourse of responsibility for healthy diets and how content in the documents reinforces or undermines the dominant discourses. It will examine how the concept of 'complexity' is deployed within the debate and describe how the subject positions of 'individuals', corporations and government are discursively constructed. In doing so, the following research questions will be addressed:

- How does complexity as a concept function discursively in the discourse of responsibility?
- Who are the main actors that emerge from this discourse?
- What are their roles and priorities?
- Are these consistently represented?

	TACKLING OBESITIES: FUTURE CHOICES (F) *Foresight*	HEALTHY WEIGHT, HEALTHY LIVES (HWHL) *DoH*		HEALTHY LIVES, HEALTHY PEOPLE: OUR STRATEGY FOR PUBLIC HEALTH IN ENGLAND (HLHP) *DoH*	PUBLIC HEALTH RESPONSIBILITY DEAL (PHRD) *DoH* STEPPING UP TO THE PLATE (FDF) *FDF* HEALTHY LIVES HEALTHY PEOPLE: A CALL TO ACTION ON OBESITY IN ENGLAND (HLA) DoH CORPORATE RESPONSIBILITY REPORT (TCR) Tesco PEPSICO HEALTH UPDATE (PHU)
ANALYSED DOCUMENTS (abbreviations used) & *authors*					
	2007	**2008**	**2009**	**2010**	**2011**
Peripheral Documents	Tackling Obesities: Future Choices - Expert reports e.g. 'Food Chain Industries Perspectives', 'Obesogenic Environments' *Foresight*		Health Weight, Healthy Lives: One Year On *DoH*	Fair Society, Healthy Lives *The Marmot Review* Mindspace *The Cabinet Office/ Institute for Government*	Behaviour Change *Science & Technology Select Committee* Public Health *Health Select Committee*
Related Events		Conservatives set up Public Health Commission	Change4Life launched	National Election *Labour > Coalition Government* Change4Life funding cut Nutrition policy responsibilities moved from Food Standards Agency to DoH	Public Health Responsibility Deal launched

Figure 4.1: Timeline of documents selected for analysis

4.1 Defining the issue: "stake inoculation"

The nature and extent of diet-related ill health is unclear. Attempts to define it stem from diverse rationales – scientific, crisis-driven and moral. Such inconsistency is itself problematic as it fails to provide a consensual platform from which to constructively quantify, analyse and discuss the issue and to create solutions; it also generates contradictions that may be discursively convenient.

As described previously, the Foresight Report presented the issue of obesity within a complex systems framework. One factor contributing to the complexity of the diet-health issue is the contested prevalence and characterisation of the problem itself. Despite its predictions of continuous increases in obesity prevalence, Foresight did not use dramatic language – nowhere in the Report was the word 'crisis' used to describe the considerable rise in obesity in the last three decades. Nor did it use the morality-laden tones of other publications that question whether "gluttony" or "sloth" (Prentice & Jebb 1995; HOC 2004) were behind the rise in obesity levels. In fact, it stated clearly on the first page, in the Foreword, that its findings

> *challenge the simple portrayal of obesity as an issue of personal willpower – eating too much and doing too little* (F p1)

and the executive summary insisted that people "are not more gluttonous" (F p5).

The white papers examined were, by and large, written in the typical discursive genre of policy documents, presenting their content as factual, for example, in obesity prevalence trend graphs (HWHL p1) and a chapter heading in HLA

> *Building local capability to support individuals and communities – local and national working together* (HLA p1).

Such purportedly impartial language is a discursive tactic that lends credibility to the reports by appearing neutral, factual and measured. It does, however, conflict with incidences of crisis language such as "Britain is in the grip of an epidemic" (HWHL pxi), "given the scale of the prospective crisis in excess

weight" (HWHL p17) and the warrior-like "rallying cry" (HLA pp3, 22). It has been suggested that "Narratives help decision makers to fill confidently the gap between ignorance and expediency" (Fairhead & Leach 1997); setting the scene using a crisis narrative is rhetorically useful for exaggerating the importance of policy actions and masking any ideological basis for such proposals. It is also an example of a discursive device that Potter calls "stake inoculation" (1997), heightening the matter to validate the government's 'stake' or position. Yet there is a notable contrast between prosaic language and crisis terminology, highlighting inconsistencies in the basic understanding and perception of the issue and the stand from which government is making policies.

The distinction between body weight categories of 'overweight' and 'obese' was sometimes erroneously elided in the documents, further muddying the extent of the public health problem. Even in Foresight, the second sentence of the introduction blurred the two categories:

> *Being overweight has become normal and Britain is now becoming an obese society.* (F p20)

Whether or not obesity is, itself, a disease is debatable (Allison et al. 2008); although evidence shows that obesity is a risk factor for increased mortality, particularly from cardiovascular disease, overweight is not (Flegal et al. 2005; Prospective Studies 2009). In the introduction to the then-government's direct response to Foresight, the prime minister said

> *a growing problem of the so-called 'lifestyle diseases' of which obesity is the foremost* (HWHL piii)

While it may be expedient politically to cast obesity as a disease, this lack of "conceptual clarity" was poor practice (Heshka and Allison 2001). Throughout HLA, "overweight and obesity" are mentioned regularly in tandem, as serious, joint dangers, for example

> *Being obese or overweight brings significant risks at a range of different points throughout life.* (HLA p14)

Collapsing the distinction was not only incorrect from a health risk perspective but also distorted the seriousness of the issue, in another example of "stake inoculation". Using this, the governments overstated the significance of

problem, thereby managing their 'stake' regarding the validity of their strategies for dealing with it, and negating any ideological basis for them. Although definitions and risk factors are inconsistent, the diet-health problem is repeatedly characterised as complex.

4.2 Complexity: a complex concept and a discursive device

A recurring discourse through all the reports was the complexity of the issue of dietary behaviour and its related health outcomes. The concept and language of 'complexity' are deployed in a range of conflicting, inconsistent and discursive ways. Combined, this serves to further fracture and obscure causality and responsibility in the diet-health debate. So in order to try to understand how responsibility for dietary behaviour is constructed, it is important to examine the 'complexity' of the issue. The difficulty of analysing the notion of 'complexity', however, was that the word was sometimes used broadly, synonymous with 'complicated' or 'multi-faceted', rather than in the specific sense of the diet-health-environment complex system (Finegood et al. 2008). Stemming from the Foresight Report's use of a systems map of obesity (Butland 2007), however, there was reference to the complexity of the issue in the government documents (e.g. HWHL pxi, HLA pp18 & 19), denoting an understanding of 'complex systems' and their concomitant characteristics (e.g. randomness of emergent properties, non-linearity, the necessity for the capacity to match the complexity of each actor's task, as discussed in section 2.4).

However, appreciation of features of a complex system was not evident in the solutions proposed – implying a lack of adequately considered interventions (Meadows 1999). For example, there appears to be an assumption of linearity in behaviour change e.g. regarding the provision of information on food – that people will make use of the nutritional labels to choose more healthily, and that they will continue to do so consistently. But behaviour change is – particularly when viewed in a complex systems framework, but also empirically – not linear

or deterministic (Resnicow & Vaughan 2006). Additionally, many of the suggested solutions are piecemeal and consist of minor parameters in the system such as labels, rather than more overarching properties of the system (Meadows 1999).

There is also a danger that the enormous complexity of the diet-health interaction constructs a discourse that masks causes and solutions by creating a sense that the problem is vast, complicated and insurmountable (Finegood et al. 2010). Such a discourse also has the potential to obscure where responsibility lies for members of the public to eat healthily. Indeed, the use of 'complexity' at times appeared to be simply a practical way to conceptualise this problem, and at others, rhetorically convenient for abdicating responsibility.

Given that the corporate documents were not linked directly to Foresight, there is no reason they should be concerned with 'complex systems'. Yet the complexity discourse was adopted by different stakeholders to serve different purposes. When used in the industry reports, the food system-health complexity discourse served to deflect responsibility from the authors of the reports, or certainly to obfuscate where it lies; also to deflect from diet onto other behaviours, such as physical activity. The Tesco report did not use the actual word 'complex' at all; the PepsiCo health report mentioned it once, to say:

> ***The public health debate and particularly the role of food and drink businesses in improving public health is complex and wide-ranging.*** (PHU p13).

The FDF document mentioned complexity, both in its introduction and in two of the case studies, e.g. Coca Cola's view:

> ***Public health challenges like obesity are so complex that all of us – individuals, communities, businesses and Government – must work together.*** Coca Cola case study (FDF p10)

While such references to complexity were reasonable, their use here implicitly depreciated the relative responsibility of these food companies in the problem of diet-related ill-health by dispersing it, and in effect excused in advance

inaction or any failure of initiatives purported to improve the population's diet. The complexity discourse thereby obliquely contributes to a discourse that puts responsibility onto individuals.

'Complexity' was also raised while referring to physical activity initiatives – as in the PepsiCo report and the Coca Cola entry in the FDF document: "Coca-Cola also knows that calorie intake is just part of the equation." (FDF p10), which deflects attention away from their own products' role in diet-related health issues, and onto the need for members of the public to take responsibility by being active, an increasingly common practice (Herrick 2009).

4.2.1 Complex or simple?

The descriptions above of "public health" or "the nation's health" as complex encompass a starkly contradictory discourse to the one in which the diet-obesity/health connection was portrayed as quite simple – one of 'energy imbalance', a matter of people eating too much and exercising too little (e.g. HWHL pvii, HLA p19, PepsiCo p3). Echoing the "eat less move more" motto of Change4Life, this simplicity belied the degree to which personal food choices are influenced by environmental, economic and other structural factors i.e. that diet-related health outcomes are emergent properties of the current food system, over which the general public holds little power. Yet hidden within the calorie imbalance shorthand is "a phenomenon so complex, embedded in culture and economics, and intertwined with conflicts between individual freedom and societal health that solutions are difficult to envision" (Allen 2012).

Although each government acknowledged the complexity of the task facing the population, and the role of the environment in health behaviours, they continued to refer to energy imbalance (e.g. HLA pp 4, 5, 8, 18, 19, 41). This was not only a reductionist discourse for a public health document but also framed it as a matter for individual responsibility by obscuring the complexity of the contextual antecedents of the energy imbalance. The way the complexity

discourse is constructed resonates with Foucault's concept of governmentality in that it diffuses power and responsibility throughout the food system, and "locates regulatory activities at all levels of social institutions" including the self (Lupton 1995; p9).

 'Complexity' is used not only to deflect attention and responsibility from government and corporations but it also ultimately problematises the discourse of responsibility in the food system. Within this discourse it is possible to identify key actors and their subject positions that are discursively constructed with expediency throughout the documents and that are each allocated some responsibility: members of the public, the food industry and government. These positions "provide [us] with a way of making sense of [our]selves, [our] motives, experiences and reactions." (Wetherell 2001). The construction of the individual's role in the food system, as portrayed in the documents analysed, is examined in the next section.

4.3 Positioning members of the public as 'individuals'

As mentioned earlier, individual members of the population are the core focus of this research because of the way the food system affects their diets, which impact their health. But even the way in which 'individuals' are identified in the documents is itself revealing; this section explores the terminology used to describe members of the public and the discursive role that such language plays in constructing individual responsibility for healthy eating.

4.3.1 Identifying individuals

It is axiomatic in the documents that members of the 'general public' are the focal point of the discussion and public health measures described. They are presumed to be self-governing, rational people with agency, consumers of products sold by the food industry in its various guises. The population is referred to mostly as "individuals", in contrast with a few occurrences of "the

public", e.g.

> *…harness efforts across society – individuals, families, local and national government, and the private, voluntary and community sectors…* (HLHP p22)

By using the word "individuals", there was a subtle underlining of each, single person, who makes his or her choices about what to eat, and is therefore responsible for these and their repercussions. In this discourse, each individual was cast in the role of the responsible subject, relied upon to exercise control over behaviours that affect health. In contrast, a generalized mass encompassed in the 'public', or the 'population' would have been less suggestive of individuals with agency who bear the responsibility for their health behaviours.

In the three industry documents examined, the words "customers" and "consumers" were used interchangeably with 'individuals', which is not surprising given their focus is on the relationship between them and the people to whom they are selling their products. Notably, however, in the FDF report, Coca Cola's case study used the word "individuals", quoting one of their executives:

> *"Public health challenges like obesity are so complex that all of us – individuals, communities, businesses and Government – must work together."* (FDF p10)

Again, by portraying the consumers of Coca Cola as "individuals", they equated them with independent actors, responsible for what they choose to drink.

4.3.2 Individual "lifestyle"

Although it preceded the publication of Foresight, the discourse of individual responsibility was laid down in a speech on "healthy living" given in 2006, by then-prime minister, Tony Blair, whose government commissioned the report. He opened by saying "Today I focus on what we call 'public health' but which is really about 'healthy living'"; this bore the stamp of 'anatomo-politics' (Foucault 1978, p.140), the imperative on individuals to live healthily, and it underplayed the notion of 'public health', which carries connotations of political, collective

responsibility (Rawlins 2009). While he goes on to talk about "shared responsibility", he also says "Our public health problems are not, strictly speaking, public health questions at all. They are questions of individual lifestyle"[40], conveying – this time explicitly – a political discourse of individual choice rather than 'public' or shared responsibility.

Similarly, a few months prior to forming the coalition government as prime minister in 2010, David Cameron delivered a speech called "Putting Britain back on her feet" in which he said "We will need to confront Britain's culture of irresponsibility… ripping up [Labour's] time-wasting, money-draining, responsibility-sapping nonsense"[41]. Responsibility is said, in different contexts, a further twenty-five times in that speech, couching responsibility for health in a wider discourse about responsibility; this message set the scene for the ideological retreat of government in the lives of individuals and organisations. More specifically, these two speeches chimed with the neoliberal style of public health: one that emphasises autonomy and self-discipline, embedded in a discourse of individual duty (Petersen & Lupton 1996), a discourse which continued through the analysed government documents, entrenching it as a "regime of truth" (Foucault 1984, p.73).

This biopolitical approach was not generally taken in the Foresight Report, which challenged suggestions that the obesity public health issue was solely the responsibility of each individual, as portrayed in some media[42] and political spheres,[43] by stating in the Executive Summary that the

People in the UK today don't have less willpower and are not more

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[40] http://webarchive.nationalarchives.gov.uk/+/http:/www.number10.gov.uk/Page9921 accessed 20/04/12

[41]http://www.conservatives.com/News/Speeches/2009/10/David_Cameron_Putting_Britain_back_on_her_feet.aspx accessed 12/04/12

[42] See comments following http://www.guardian.co.uk/commentisfree/2011/dec/14/obesity-diabetes-cheap-food-poverty accessed 14/12/11

[43] http://www.publications.parliament.uk/pa/ld201011/ldhansrd/text/111006-0001.htm#11100648000423 Hansard report of House of Lords debate, in which Lord McColl, a former surgeon, suggests that "The answer is simply to eat less" (column 1229). Reported also: http://www.dailymail.co.uk/health/article-2046052/Obesity-cure-Just-eat-LESS-Former-surgeon-says-weight-worst-epidemic-hit-country-100-years.html accessed 15/12/11

> *gluttonous than previous generations… forces that drive obesity are, for many people, overwhelming* (F p5)

Despite the more collective tone, however, its projected Scenario 2 that highlighted social responsibility, forecast to have the slowest rise in population obesity prevalence, reported that:

> *Living well is seen as a civic duty because of the need to consider the consequences of not doing so for society. It is seen as an individual's responsibility to live a healthy lifestyle and to encourage the same in others. Those who opt out of this responsibility are marginalised.* (F p97)

This description of "individual responsibility", based on consultations with "experts", explicitly undermines the concept of social, or collective responsibility and puts it unequivocally on the individual to earn his/her 'biological citizenship' by behaving in such a way as to optimise health. This rhetoric contradicts other statements in Foresight that acknowledge the challenges for individuals, as shown in the previous quote.

So Foresight contradicts itself on the role of the individual in relation to "forces" in the food environment. Given that this document has acted as an influential springboard for government public health policy since its publication, inconsistency in describing the degree to which individuals are or are not responsible for their diets is problematic. In a similar contradiction, the government documents acknowledged the difficulties for individuals, for example:

> *The interaction between our biology and our environment makes it harder for us to make healthy choices* (HLA p18)

Yet they repeatedly invoked neoliberal rhetoric: retrenching the role of the state and calling upon the individual to employ self-governance. In the Forward to HLHP, the government echoed the biopolitical imperative through its rhetoric:

> *…it is simply not possible to promote healthier lifestyles through Whitehall diktat and nannying about the way people should live.* (HLHP p2)

Although "diktat" and "nannying" may indeed be ineffective public health measures, the use of the words was interesting and persuasive: barely anyone would want to be subjected to the authority of the former or the overprotective

interference of the latter. Such a discourse lays the ground for the acceptance of supposed alternatives to such undesirable interference, to the 'regime of truth' in which individuals' role is cast as one of self-surveillance and taking responsibility for the self.

"Freedom Fairness Responsibility" were the subheadings for the 2010 Coalition Government's total "programme for government"[44] – setting out a wider public discourse about responsibility, and subtly rationalising the neoliberal focus on minimal state involvement in the lives of individuals and organisations through the discourse of freedom. This wider narrative was evident in creating individuals' role through repetition of "core values of freedom, fairness and responsibility" (HLA p24, HLHP pp 6 & 23) "by strengthening self-esteem, confidence and personal responsibility" (HLHP pp 6 & 23). "Freedom" from what or to do what was not explicit but suggested a discourse of freedom to make ones own choices, perhaps freedom from "diktat" and "nannying", thereby bearing responsibility for the consequences.

4.3.3 Information for "healthy choices"

Proposed solutions to the problem of diet-related health were made throughout the documents – one was a persistent emphasis on the provision of nutritional information so that individuals may make healthier dietary choices. For example, in then-prime minister Gordon Brown's introduction to HWHL (piii), he mentioned "information" four times in the last five paragraphs, and later:

> ***the Government's ambition is no less than a radical transformation in the opportunities that children and adults have to make healthy choices, supported by significant improvements in information…***
> *(HWHL pxii)*

A section heading in the "Providing customers with healthy choices" chapter of the Tesco report was: "Better Information" (TCR pp35-36). What is more, of the seven photographs illustrating that section of the Tesco report, the only one not

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[44]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/83820/coalition_progr amme_for_government.pdf accessed 26/11/15

of physical exercise, was of information: a nutrition label. A key area in the PHRD food network was "information to consumers" (PHRD p10); pledge number one was to provide calorie labeling on food eaten out of the home.

All of these statements implicitly pointed to the responsibility of the individual, assuming that providing more options and more information leads to individuals making healthier dietary choices. This repeated prominence of information provision is striking for several reasons. Firstly it ignored Foresight's statements that:

> ***this is a complex process for individuals that goes beyond education and the provision of information*** (F p10)
> and
>
> ***Although behaviour change has historically been considered as a product of free will, it in increasingly recognized as being constrained by individual circumstances*** (F p48)

The "individual circumstances" that determine health behaviours appear to be largely disregarded in the apparently homogenous targets of published nutritional information. Instead, the presumed role of individuals is one of compliance with the implicit imperative to make use of that information to optimise health.

A second reason that the emphasis on information provision is striking is that not once was a lack of information identified as a problematic determinant of individuals' poor diets. So "significant improvements in information" and other claims are non-sequiturs. Thirdly, providing information for their customers places little imperative on food manufacturers to change their own practices – such as formulation, pricing and promotion – as long as the statutory requirements are met for nutrition labels. Rather, the imperative is on individuals to take up the information provided. As such the provision of health education acts as a form of biopower – "the mechanisms employed to manage the population and discipline individuals" – because it normalizes certain behaviours and implies a level of discipline required to eat foods for good health (Gastaldo 1997, p.113). Both political and corporate biopower are at play

in health education mechanisms, embedding macro matters in the micro/individual subject, in "a politics concerned with subjects as members of a population, in which issues of individual [sexual and reproductive] conduct interconnect with issues of national policy and power" (Gordon 1991; p5).

The FDF did, however, acknowledge that

> *Clearer on-pack nutrition labeling will not, by itself, tackle issues such as obesity. But it is an important tool in helping improve the food literacy of consumers so that they can make better informed choices* (FDF p04)

and that a remaining issue was: "how do we get more UK consumers to use the labeling that is out there?'" (FDF p05). As such, there was recognition that individuals do not necessarily use information to make healthier choices. Packaging or other nutritional information is a particular, reductionist way of creating a 'healthy' diet; it is understood and used by some individuals and ignored by others (Sacks et al. 2009).

The focus on providing individuals with information normalises the discourse of individual responsibility and is another form of 'anatomo-politics'; it puts the imperative on the individual to utilise that information to optimise his/her health, and ignores other determinants of food choice. The proposals for health promotion and information provision did, however, create the impression of government and industry playing their role, fulfilling their responsibilities, while discursively underlining the responsibility of individuals upon whom it is imperative to use the information to make healthy choices. Additionally, the subject position of individuals in the food system exists – explicitly and implicitly – in relation to two others: government, and the food industry.

4.4 Food system architect: the food industry

Individuals acquire their food through a commercial transaction. Therefore, as identified earlier (see section 2.5.1) and in the Foresight Report, a key group of actors in the food system comprises the producers and vendors of the food that

individuals eat. Because they contribute to the environment that determines options for the individuals' diets, these corporations are also seen to bear some responsibility for them; there is acknowledgement of this throughout the government and corporate documents studied. Recent UK governments have attempted to create a prominent role for the food industry in public health processes, yet its position has been questioned because of differences in the primary interests of the two spheres. The documents analysed explicitly described how the industry was or was due to be involved and this section examines the representation of the food industry in them.

4.4.1 Responsibility for public health: taking action

The corporate literature examined described steps that they have taken, discursively constructing themselves as responsible actors in the food system. They explained how they have developed or reformulated products to make them less detrimental to health e.g. PepsiCo said they were "on track" to their self-declared pledge to have a "4% reduction in the sugar level of regular Pepsi by 2012" (PHU, pull out). Additionally, many food companies are involved in state public health programmes, for example, the PepsiCo (p15), Tesco (p36) and FDF (p015) documents all pronounced affiliation with Change4Life. But many such actions have been criticised because they are seen as a tacit way of pre-empting regulation and tempering government recommendations (Brownell 2012; Dorfman et al. 2012).

Food companies have also claimed to be responsible in the way they promote their products e.g. in the FDF report, Coca Cola stated it has:

> ***a longstanding commitment to responsible marketing and does not target the marketing of any of its drinks to under 12s (***FDF p10)

But this discourse of corporate responsibility diminished practices that negate it, for example, marketing that children see when it is not directed specifically at them e.g. during prime time television, via product placement or, for example

at the London 2012 Olympic Games, of which Coca Cola was a sponsor[45]. Mars Chocolate UK also announced that it is the

> *First global food business to introduce a marketing code, ensuring advertising does not target children under 12.* (FDF p14)

This statement omitted other strategies that run counter to the responsibility discourse. For example, one of its key brands, M&Ms, is promoted through "M&M's World London"[46], featuring cartoon-like characters and selling merchandise including t-shirts for "toddlers". As such, even if companies do refrain from direct advertising to younger children, they create other channels through which their exposure is maintained. So the discourse of corporate responsibility, while conveying some facts, did not paint the full picture.

4.4.2 Responsibility through "increased choice"

Another way companies constructed themselves as responsible, is around the notion of expanding choices on offer to their customers. Examples of this in the documents were: "using our marketing expertise to promote healthier choices" (PHU p3); apetito, one of the company case studies in the FDF report, entitled its section "Enhancing offer for increased choice" (sic, FDF p07). But these, and the claim made by PepsiCo, of having "Increased to 54% our total portfolio defined as healthier" (PHU p4) rested on an illogical premise: providing healthier options does not displace the availability and desirability of less healthy ones, it just adds to the ranges from which individuals make their choices. Furthermore, there is scant evidence that individuals eat unhealthy foods because of a lack of choice, so it is debatable whether creating more choice would stem the rise in diet-related disease and obesity, or simply increase the complexity of the market faced by individuals. Indeed, research has shown that wider choices can overwhelm consumers (Vohs et al. 2008). What is more, the emphasis on "choice" belied the degree to which choices are influenced by contextual factors such as pricing and marketing (Lynch et al.

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[45] http://www.coca-cola.co.uk/faq/olympic-games/what-does-coca-cola-sponsorship-bring-to-london-2012.html accessed 08/10/14
[46] https://www.mmsworld.com accessed 22/06/15

1997; Clarke 2008). Discursively, the concept of 'choice' served to portray an industry taking responsible action to help individuals eat healthily, while expanding its product ranges and therefore profit potential, and while working to avert regulation. Either way, the discourse of corporate responsibility through increasing choice implicitly shored up that of individuals to make the 'right' choices, no matter how overpowering the marketplace.

4.4.3 Industry focus: physical activity

There is a tendency for food companies to focus on a lack of physical activity, rather than diet, as a determinant of poor health outcomes (Jenkin et al. 2011). The three corporate documents emphasised physical activity, the 'calories out' half of the "energy imbalance", despite acknowledging the broad complexity of the issue. This is a rhetorical device useful for deflecting away from the 'calories in' part of the equation, and implying that their products are not problematic as long as individuals do exercise. A section heading in Tesco's health pages was "Active Lifestyle". Out of the five highlight points chosen to illustrate the company's achievements in promoting healthy lifestyles, three were related to sports, for example: "1 million Schoolchildren who took part in the UK's Great School Run" (TCR p34). Bearing in mind that Tesco is primarily a food/grocery outlet, these highlights, and the choice of the seven illustrations used in the chapter is conspicuous: six were of people participating in sports i.e. nothing to do with food, Tesco's main products. Such a focus on sports is a discursive device that deflects the responsibility discourse away from corporate sales optimisation techniques, onto relatively specious issues; it also emphasises the responsibility of individuals to be active, deflecting from that of the company to employ strategies to support healthy eating.

Similarly, of the five photographs on the front of the *Food* and *Drink* Federation report (my emphasis), four were of physical activity, rather than products relevant to the companies involved (Figure 4.2). Inside the report, companies referred to their involvement in physical activity projects, including Britvic's

entry, which is entitled: "Encouraging active lifestyles" (FDF p08). Again, this focus on activity comprises a form of corporate biopower, implicitly deflecting from the role of their products in diet-related health problems, and emphasising the responsibility of individuals to take responsibility for the self by being active.

Figure 4.2: Stepping Up to the Plate, cover
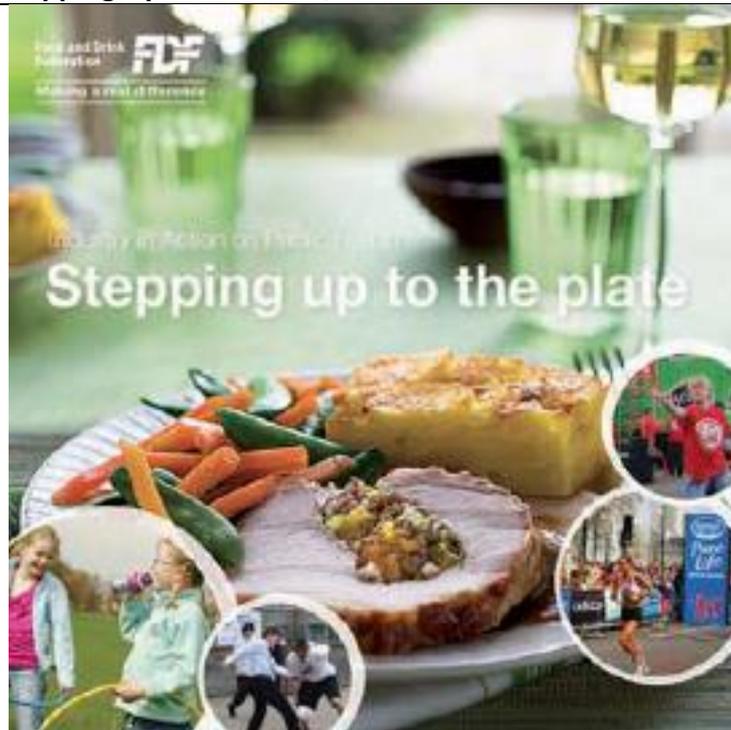
source: FDF report

4.4.4 Conflicts of interest and resisting regulation

The discourse created by the companies themselves and throughout government documents hailing the responsible involvement of industry in public health measures has been questioned by critics, including those in government. The House of Lords science and technology committee's report on 'Behaviour Change' stated: "we have major doubts about the effectiveness of voluntary agreements with commercial organizations, in particular where there are potential conflicts of interest." (HOL 2011, p.69).

Despite such criticism, mention of any possible conflicts of interest was silent in the government and corporate documents analysed; on the contrary, government revealingly suggested mutuality with the aims of business (as in the earlier quote). This discursive alliance masked potential weaknesses in corporate public health measures and in effect contributed to the dominant discourse on the primacy of individual responsibility over all others. Here, Coca Cola expanded on the first half of the quote, used earlier, explicitly stating that it took responsibility,

> ***"As the makers of the world's favourite soft drink, we recognise we have to continue to set the lead. We are absolutely committed to living up to this responsibility."*** (FDF p10)

But these actions were on their own terms and disguised another silence. Throughout the documents, a more nuanced role for industry was obscured, particularly regarding the relative power they have compared to individuals, and the influence they have over government policy through lobbying (Miller & Harkins 2010). Although "set[ting] the lead" contributed to the discourse of industry responsibility and being voluntarily proactive, it also masked potential conflicts of interest, given a company is unlikely to spearhead health measures that negatively affect its bottom line. Such actions may, however, help to pre-empt government regulation of corporate practices.

The discourse of self-regulation and corporate responsibility disguises the power that the food industry wields in dictating policies that are meant to restrain it. Some commentators are adamant that public health suffers because policy makers are heavily influenced by the food industry (Moodie et al. 2013), which has yet to prove that it does engage in substantial, effective self-regulation (Lang et al. 2006; Brownell et al. 2010). The corporate documents are understandably silent on their strategies to resist statutory action, or indeed any measures that may reduce profits; rather it is implicit in the acclaimed actions they take voluntarily. Neoliberal ideology wherein statutory directives are an anathaema, reinforces industry resistance to regulation. (More will be covered on this in the following section on government.)

Meanwhile, even the ostensibly apolitical Foresight document had an auxiliary report that argued against regulation, although it is not surprising given the title: 'Food Chain Industries Perspectives' (FCIP). Just 17 representatives from the entire food industry gave one of three possible answers (low, high or "n/a") to questions such as the one below (Figure 4.3): the use of such a graph to represent the responses is methodologically poor practice, given the low number of respondents; it does, however, contribute a veneer of scientific rigour to help amplify the anti-regulation discourse. Furthermore, the author of the report was the former deputy director-general of an industry umbrella body (the Food and Drink Federation) not an academic or other less potentially partisan analyst.

Figure 4.3: Graph from Foresight Food Chain Industries' Perspectives
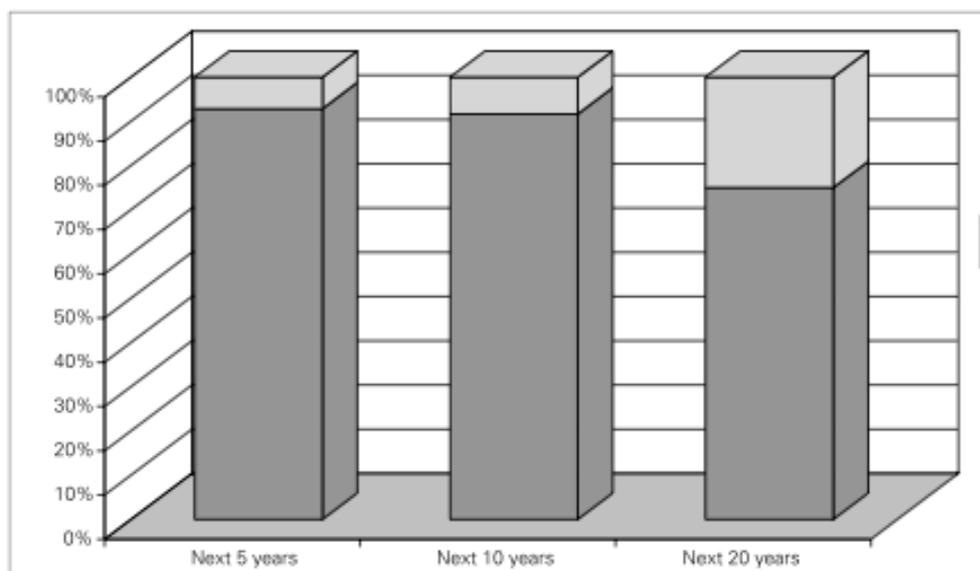
Source: Foresight Tackling Obesities Food Chain Industries' Perspectives on the Future, p14

Although, as mentioned earlier, the food industry casts its role primarily in relation to its customers, its subject position within the food system-public health axis, is inextricably linked to that of government, from whom it takes many of its cues for action, or inaction, and whom it influences through lobbying.

4.5 The role of government

By definition, public health issues concern members of the public and the government; government is therefore a key actor at the food system-public health nexus and the documents published by government set out its role in the food system with regard to individuals' healthy eating. They described how the government viewed the issue, what they said they would do to improve it, and how they related to and involved individuals and the food industry in the process. This chapter section presents an analysis of the representation and role of government regarding responsibility for healthy eating.

4.5.1 Discrepancies between problems and solutions

The three white papers stressed the part played by environmental factors and personal circumstances in determining diet and health, suggesting such concerns would be addressed. Yet the solutions proposed rarely tackled the purported determinants. For example, HLA stated clearly that it was heavily influenced by the Foresight Report, and that:

> *our environment (and particularly the availability of calorie-rich food) now makes it much harder for individuals to maintain healthy lifestyles – and that it is for Government, local government and key partners to act to change the environment to support individuals in changing their behaviour.* (HLA p5)

Yet, interventions e.g. the provision by companies of calorie information in out-of-home settings, (HLA p41), were, again, not antagonistic to the known drivers of diet, were not based on evidence of effectiveness, nor were they mandatory for businesses. These inconsistencies conformed to both a neoliberal form of government, averse to regulation of corporate practices, and also to the exercising of biopower, whereby individuals are expected to act in their self-interest whatever the nature of the food environment and whatever their circumstances. Compatible with the discourse of individual responsibility, it is incumbent upon individuals to become "empowered" and overcome "harder" elements of the environment.

4.5.2 "Empowering" individuals

In HLHP and HLA, the emphasis in solutions to public health problems was on individual "empowerment", using policies that,

> *reflect the Government's core values of freedom, fairness and responsibility by strengthening self-esteem, confidence and personal responsibility* (HLHP p6).

"Empower" was a word repeated throughout the two documents (16 mentions in HLHP), signifying that it was considered an important strategy, although how it would be operationalized is opaque. The "new approach" presented in HLA included a chapter entitled: "Empowering people and communities to take action" (HLA p27). This rhetoric presents government's role as one using its influence to create a "successful approach", yet deconstructing it reveals weaknesses.

The first of several "key components of a successful approach" (HLA p6) was "Empowering individuals":

> *… through the provision of guidance (e.g. new Chief Medical Officers' guidelines on physical activity), information (e.g. feedback on children's BMI status through the National Child Measurement Programme), encouragement (e.g. through Change4Life) and tailored support on weight management (at local level), and backed by application of insights from behavioural science.*
> (HLA p6)

These measures were subtly in line with the narrative of biopower embodied in emphasising individual responsibility: they implied a diminished ultimate responsibility for central government, and more for individuals to overcome the "pressures" that "favour[s] overconsumption" (HLA p19) by taking heed of the "guidance" and "information". They not are contextual changes, in line with the identified determinants of dietary choice e.g. cost or marketing, which could more convincingly "empower" individuals. Additionally, there is little evidence to suggest these components, such as physical activity guidelines[47] or feeding back on children's BMI are effective, and the latter may even be harmful (Evans and Colls 2009). While "behavioural science", or "nudging" has been criticized for failing to consider that what may seem like poor choices, from a health

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[47] http://www.nhs.uk/news/2011/07July/pages/new-exercise-activity-uk-guidelines-from-cmo.aspx accessed 12/04/15

perspective, are made rationally, based on contextual limitations such as poverty (Jones et al. 2011a; see also sections 2.1.1 and 5.7.6).

In Foresight, while Scenario 2 (see Figure 4.4) did consist of a "greater sense of community" (F p97), it also described an important function for central government; in HLA, however, the section entitled "National Leadership – Government's Role" (HLA p40) emphasised the responsibilities of local government, businesses (particularly via the PHRD) and individuals. On the same section title page, point 6.5 read:

> ***It is for each of us to take the necessary action, depending on our weight, health and other circumstances.*** *(HLA p40)*

This discrepancy in the subject of the section title to "each of us" blatantly shifted responsibility away from government. Dispersing responsibility also released central government from overtly promoting behaviour change – and potential charges of "nannying" (HLHP p2) or "nagging" (HLHP p38) – while diminishing central government control and state costs, common aims of neoliberal governance.

"Empowerment" therefore functioned as a rhetorical tool that couched a particular ideology, ultimately promoting individual responsibility rather than truly "national leadership". As discussed in section 2.1.3, it is a mechanism that feeds the "imperative of health" placed on individuals – implying that they must take up this empowerment to eat healthily and maintain good health. It also embodied the notion of governmentality: diffuse regulatory discourses, normalising the 'regime of truth' that individuals are indeed responsible for self-restraint in the face of the food environment (Lupton 1995).

4.5.3 Side-lining government responsibility

The earliest document analysed, the Foresight Report did not set out to suggest specific solutions to reduce obesity levels, but illustrated what it found to be the best, general courses of action. As shown below (Figure 4.4), the experts it consulted concluded that future trends in obesity prevalence would be

optimised by putting Scenarios Two and Three, representing "social responsibility" rather than "individual responsibility first" (F p96).

Figure 4.4: Summary of projected scenarios
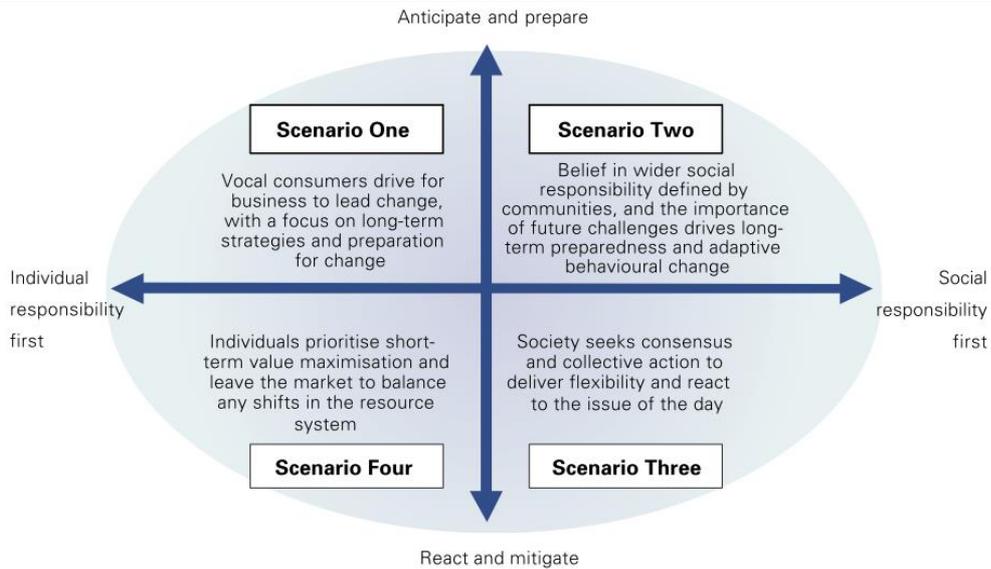
Source: Butland 2007 p96

In line with this, HWHL, HLHP and HLA – which all deferred to Foresight – recognised how individual responsibility for health behaviours is just one part of the solution:

> ***it will require personal responsibility and action among individuals, communities, families, teachers, clinicians, industry, and local and national government.*** **(HWHL pvii)**

and they acknowledged that environmental-social factors are challenging for individuals. As such, the white papers demonstrated that the governments accepted the important role of "social" – or collective – over an emphasis on "individual" responsibility. The 'collective' also functioned as a way for the authors of the documents to lay out their views and aims without acknowledging the full extent of their relative power, compared with individuals. What emerged was that despite the acknowledgment of social responsibility, the underlying discourse and proposed actions persistently represented more commercially-focussed values.

4.5.4 Industry regulation

As already shown, two key areas of political controversy are industry's role in public health policy, and whether to enforce its health-promoting practices through regulation or encourage them through voluntary agreements. The latter exemplify a neoliberal form of government that embraces a laissez-faire approach to business. Throughout the documents analysed, voluntary measures were favoured, revealing an underlying discourse that subscribes to corporate freedom from state interference beyond standard safety and good practice, and ignoring Foresight's future scenario predictions, advising that a market-driven approach would be the least effective in reversing population obesity prevalence.

At times, the government was blatant about its aversion to "intervene":

> *the Government will balance the freedoms of individuals and organisations with the need to avoid serious harm to others. We will look carefully at the strength of the case before deciding to intervene and to what extent. This must be based on a rigorous assessment of the evidence about health and wider harms, with the potential benefits balanced against the social and economic costs to individuals, organisations and wider society.* (HLHP p28)

Within this paragraph are several issues that obscure the discourse of a market-driven society that prioritises commerce. For example, the "freedoms" of and "social and economic costs" to individuals cannot reasonably be equated to those of "organisations", which presumably referred, at least in part, to commercial entities. Doing so inappropriately conflated the right of the individual to freedom from interference with the right of industry to the same freedom from government constraint.   It is difficult to imagine what "serious harm" or "wider harms" could arise from regulation. What is more, assessing public health interventions is notoriously lengthy and problematic itself (Hotchkiss et al. 2011); insistence on doing so served to legitimise and justify any delay or lack of action.

Regulation of industry or the threat of regulation are said to be "the only evidence-based mechanisms to prevent harm caused by the unhealthy

commodity industries" (Moodie et al. 2013). Yet the emphasis of recent governments has been on voluntary agreements; the PHRD and other government documents thereby demonstrated the enmeshed nature of governmental and corporate biopower through the influence of industry on public health policy. It also showed the ideological reluctance of government to invigilate corporate practices for the sake of public health; curbing the way business affect their customers' habits through marketing, for example, would be antithetical to neoliberal governance.

4.5.5 Food marketing and information for "healthy choices"

Marketing techniques by companies are strategically planned and executed to deliver maximum financial return. So much so, the government maintained that the food industry's marketing expertise made it the ideal candidate to promote healthier eating:

> *... has unparalleled ability to influence our diet through the food it offers and the way it promotes and markets it. Yet up to now we have not made enough use of its reach as a force for good in nutrition*. (HLA p41)

This overlooks that its prime goal is not to optimise public health but to maximise profit and illustrates a government intent on reducing its responsibility while glossing over the goals of the commercial sector that may undermine public health. Indeed, a House of Lords select committee report suggested the government "should consider the ways in which businesses themselves influence the behaviour of the population in unhealthy ways" (HOL 2011, p.57).

Although government documents contained cursory acknowledgements of the impact of marketing and advertising on food choices, it only described plans to curb marketing of food to children, not the whole population, for example:

> *We need particular care in the way we balance protection of children with freedom of choice in relation to the marketing and promotion of food* (HLA p43)

It is questionable how marketing or promotion restrictions would limit the

freedom of choice of individuals, but this statement is consistent with a discourse of the freedom of industry from regulation, and one promoting individual choice.

A core way government promoted industry as a "force for good" was through its provision of information about food, claiming that this helps individuals make the 'right' choice about what they eat. But the issue of food labelling illustrates the apparent reluctance of government to compellingly guide public health-related, industry practice. On the advice of the Food Standards Agency, HWHL promoted clear, universal food labels using the 'traffic lights' colour code system to indicate levels of calories, sugars, salt and fats, stating

> *There is good evidence that the FSA's traffic light labelling system is understood by consumers.* (HWHL p18)

This failed to materialize, however, after certain food manufacturers and retailers (including the UK's then-largest retailer, Tesco) chose a system they said that customers preferred, showing nutrient guideline daily amounts (GDAs), or amounts and percentages of guideline daily amounts. Tesco described the Food Standard Agency's (FSA) guidance as "misguided" (Tesco CSR Report, 2010, p38). Although this has since changed, it illustrated a laissez faire attitude towards governing the corporate sector and undermined the status of government as a responsible subject in diet-related public health. What is more, as described in section 4.3.3, the persuasive rhetoric running through the documents about informing and educating the public about healthy eating, and expanding choice, reinforces the discourse of individual responsibility for making healthy choices and the ideology of commercial freedom from statutory requirements.

4.5.6 Policy and choice

The government documents, published by successive administrations, overtly acknowledged evidence, which shows that responsibility for healthy diets lies beyond individuals' choices, and that 'choice' is determined by economic, environmental and cultural factors. Indeed, the overarching rhetoric is one of

collective responsibility because of environmental factors that can override individuals' agency over food choice. Yet, as earlier sections in this chapter have described, such rhetoric is ignored in practice, where public health interventions emphasise that individuals are expected to make healthy choices because they are given more information, and wider ranges from which to make choices (see sections 4.3.3 and 4.4.2). This ignores the governments' persistent recognition of the robustness of Foresight, which states:

> ***the evidence presented in this report provides a powerful challenge to the commonly held assumption that an individual's weight is a matter solely of personal responsibility or indeed individual choice*** (F p122).

So there was recognition of the challenges that individuals face, and of collective responsibility, involving national and local government, civil society and business as well as individuals. Yet strategies fail to show a commitment to changing the "modern world" of appealing, ubiquitous, cheap food (HLA p19). Rather the government's aim was: "to determine the least intrusive approach possible" (HLHP p23) in relation to choice, using methods as low down the so-called 'ladder of interventions' (Figure 4.5) as possible (HLHP p29), thereby reinforcing the discourse of individual responsibility to make healthy choices.

Figure 4.5: Nuffield 'ladder of interventions'
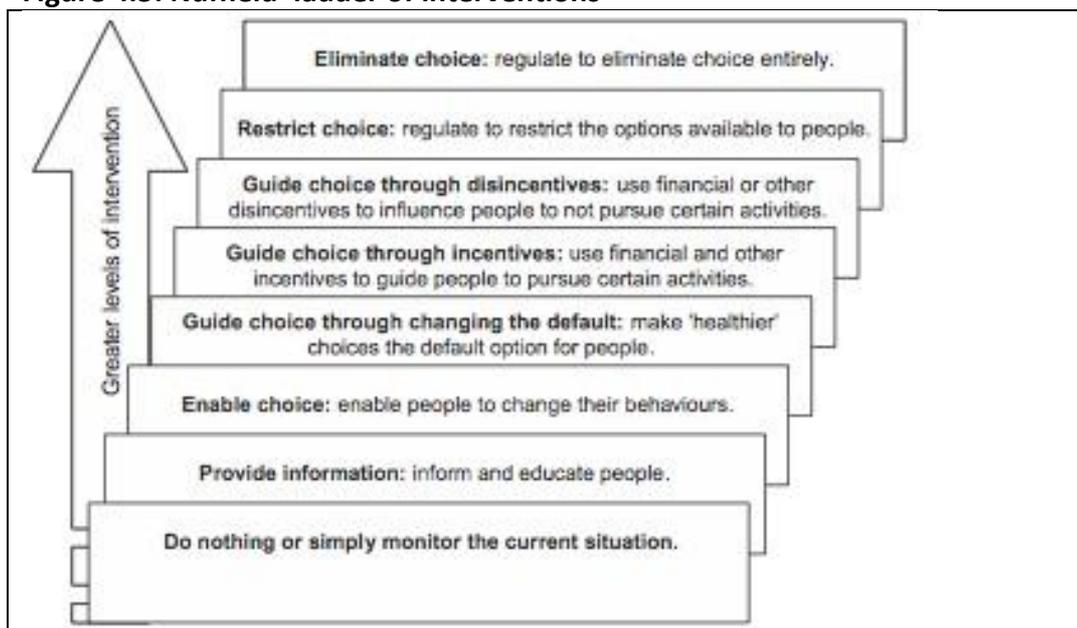
Graphic source: Healthy lives, healthy people (2010) p30
Based on original source: Nuffield (2007) p42

The ladder was designed by the Nuffield Council on Bioethics as an illustration of what it called its 'stewardship model' of public health. Nuffield does not suggest that interventions should, by default, start at the bottom of the ladder. Yet HLHP's "least intrusive approach", on the low rungs, permeated the PHRD, exemplifying an ideology that equates "the freedoms of individuals and organisations" (HLHP p28); and disguising the prioritisation of commercial freedom over the freedom of individuals from commercial power. It also reinforced the discourses of individual responsibility and minimum industry regulation, disregarding commitments to actions based on evidence, and acknowledgments that diet is best improved by environmental, collective measures. Additionally, the "ladder" is a very particular, linear approach to interventions, which does not account for the complexity of the food environment.

This chapter section has illustrated the often-subtle discourse of the hegemony of market freedom in the analysed reports, underpinned by the neoliberal ideology that drives government rhetoric: industry remains free from policies that could meaningfully help individuals eat more healthily. Simultaneously, government hails individuals' "freedom" of choice, while underlining their responsibility for reigning in that freedom within a food environment that "makes it harder for us to make healthy choices" (HLA p18). Additionally, the dissociation between listed determinants of poor diets and the proposed remedies is clear on close scrutiny of the documents. As such, the subject position of government is superficially one of a responsible leader, proposing solutions to diet-related public health problems. Yet, the dominant discourse that repeatedly comes back to individual responsibility in effect casts government in the role of a non-interventionist guide, prioritising the corporate sector, rather than an enforcer of measures that are more likely to benefit the public's health. This discursive contradiction illuminates inconsistencies of this subject position. Such inconsistencies are the rhetorical gaps through which 'responsibility' dissipates in the overarching narrative of market-situated individual choice.

4.6 Summary

Scrutiny of the documents confirmed that the discourse of responsibility is centred upon the actions and interactions of three main, discursively constructed groups of actors: 'government', 'corporations' and 'individuals'. As shown in the literature review, the terms 'individuals' and 'members of the public' are often used interchangeably – the discursive significance of this will be explored in section 5.1. By far the most encumbered with responsibility of the three groups were 'individuals', who were presented as the public-at-large, as a set of autonomous, rational consumers who must navigate the 'complex' food system via their food choices. Corporations were presented as a largely undifferentiated group of food producers, retailers and marketers who have their part to play in providing 'healthy' foods, but who must also give their customers, 'individuals', what they want and provide a range of 'choices'. The documents presented the food industry as a willing "partner" in public health measures, ostensibly committed to responsible practices that help individuals make healthy dietary choices. Government was consistently referred to as the various state agencies whose job it is to promote public health and to thereby regulate the market system within which corporations and the public interact. It was depicted as responsible for diet-related public health by guiding business practices and "empowering" individuals to eat well. On closer scrutiny a subtler distribution of responsibility emerged.

In examining the portrayal of measures that constitute governmental and corporate responsibility, many of them transpired to implicitly shift responsibility to individuals; and to reinforce and perpetuate the subject position of 'individuals' when describing the general public. An analysis of the discourse and the content of the documents revealed that depictions of responsibility for a 'healthy' diet were somewhat obscured by a diverse range of rhetorical devices around the concept of responsibility. Complexity featured as a notable theme within this, partly as a descriptive term for the nature of the food system but also as a characteristic of the task to improve the population's

diet. It also served to spin a web of apparent confusion and inertia around the clear understanding of determinants and solutions to diet-related illness. Additionally, "complexity" obscured a discourse of individual responsibility by deflecting from the absence of any truly systemic changes and by diluting government or corporate responsibilities in the complex food system. Indeed, inconsistencies emerged between the acknowledged complexity of the issue and the incommensurately simplistic solutions such as package labelling.

The discourse of responsibility and the actors and interactions that inhabit it were described in the context of neoliberal market relations, albeit mostly implicitly. These were presented as buyers (the public) and sellers (corporations) of food, leaving the role of government somewhat incongruously on the sidelines. Not only was this in line with neoliberal governance, prioritising individualism and market growth (Schrecker & Bambra 2015), but also biopolitical ideology whereby individuals are expected to be actors who "conform to the idealized figure of the healthy and responsible citizen" (Greenhough 2014). As a consequence of this market-orientated, neoliberal framing, the public, as a consumers, was constructed as all-powerful and autonomous, while the corporations were positioned as reactive providers of choice, bound by the market system within which they operate. However, this framing is shown to be at odds with the power these corporations exercise over government; and it serves to obscure their role as architects of the food system, and as determinants of 'choice'.

The analysis also revealed that many of the government proposals to improve public health had ideological, neoliberal foundations such as a focus on individualism, minimal state involvement, and a reluctance to regulate the practices of the food industry related to health beyond existing safety standards. This was couched in the discourse of "freedom" both for members of the public (of choice) and corporations (from regulation), yet this seemingly appealing concept masked a tension between such freedom and the responsibility it appears to carry. Neoliberal values were evident not only in the

rhetoric but also in the inconsistencies between the purported determinants of poor diets and the proposed solutions. As such, many proposals ultimately left responsibility with the general public rather than subjects in a position of power in the food system, even if only implicitly.

This approach revealed an ideology that permeated the responsibility discourse: while government and the food industry literature represented their respective roles as those of responsible actors in the food system, there was a reluctance to take measures that could restrict principles of free market economics. The discourse of individual responsibility throughout the documents "influences how ideas are put into practice and used to regulate the conduct of others" (Hall 2001a, p.72). Its persistence therefore serves to discursively form a "regime of truth" whereby the "truth" that individuals are responsible for their diets, whatever the condition of the food environment "is produced only by virtue of multiple forms of constraint. And it induces regular effects of power" (Foucault 1984, pp.72–73). Thus – in a collaboration of corporate and political biopower – rather than government effectively governing market practices with public health in mind, responsibility falls on individuals to pursue the "imperative of health" by navigating a food environment that optimises commercial goals.

The subtlety and pervasiveness with which the discourse of individuals' responsibility for their diets in the public health-food system axis was reiterated throughout the documents had "strongly coercive elements in that [they] set out to shape and normalize human behaviours in certain ways" (Lupton 1995, p.10). So, finally, even references to corporate and government responsibility, persistently deflected ultimate responsibility for healthy eating back to individuals.

Chapter 5

Individuals and responsibility: making healthy choices

Overview

This chapter presents data on the responsibility attributed to members of the public for their food choices, as described in data derived from focus groups and interviews with representatives from the food industry, government, NGOs and academia. It does so by looking at how 'individuals' are perceived within the food system, how the discourse around their responsibility is constructed, and by examining the spoken and unspoken undercurrents of power or powerlessness that they have to eat 'responsibly', or healthily.

At a basic level, the main narrative to emerge from the data is that 'individuals' are responsible for maintaining their health by making healthy food choices. They are described as being responsible primarily because of their agency: adults make the final decisions about what they eat, therefore the ultimate responsibility for the health value, or otherwise, of their diets lies with them. This discourse derives from assertions that 'individuals' have the power to make *choices* about their food: it is through choice that they exercise their agency i.e. their responsibility, to eat a healthy diet, or not. What also emerged, however, is an opposing discourse: that there are a number of contextual factors beyond individuals' power that are said to be barriers to the process of making responsible choices. These factors e.g. food cost, will be examined in detail later in this chapter.

The chapter will proceed by exploring the subject position of individuals in discourse, and how their responsibility in the food system is framed. After a summary of definitions of 'responsible' eating (mainly as 'healthy' eating), the subsequent section describes how the concept of choice was discussed. It is at this point that the discourse around the primacy of 'individual' responsibility

diminishes. The next section of the chapter presents different actors' descriptions of the influence of the food environment on food choice, and goes on to detail specific factors that may be barriers to making healthy dietary choices. This chapter will focus on the following research questions:

- How is the identity of 'individuals' constructed?
- What are they responsible for in the food system?
- What is 'responsible' eating?
- How do individuals exercise responsibility?

5.1 Who are 'individuals' in the food system?

Individuals are variously described throughout the data as "individuals", "consumers", "customers", the "public", "people", "everybody" and "humans". Although not explicitly stated, 'individuals' were characterised consistently as subjects within the food system distinct from food industry employees, government agents, academics or NGO workers. As such, despite different terms, they are constructed as a group consisting of individual actors who make decisions about their food purchases and what they eat. The range of vocabulary used to describe what is, in effect, the same group of people, and the distinction from the other groups (who, are, after all, made up of individual, human beings) suggests that 'individuals' are being established within the discourse, as a particular subject position. 'Individuals' are at once 'everyman' and discrete, supposedly autonomous individuals; the audience for marketing and sales techniques by the food industry and the consumers making "demands" on corporations; the lay public lacking skills or agency and rational, informed people; the subject of policies and biological beings.

The use of the different terms to describe 'individuals' implicitly reveals how their subject position is constructed in discourse, and how it persists, particularly in relation to other groups. As Smith writes, "…to discuss these categories and to produce meaning in an intelligible way within such a discourse, we end up reinforcing the preconceptions upon which these subjects

are based" (Smith 1998, p.295). The discursive role of 'individuals' is, however, inconsistent. They are portrayed as both a homogenous category of people through generalised statements, and also as heterogeneous group, for example in their levels of knowledge about nutrition. Here, Hannah distinguishes between two different types of "people":

> *…for some people it is a lack of education because they don't kind of get it. And then for other people, they just don't give a shit.*
> Hannah, FG5

The nomenclature "people" is less charged than others with the positioning of 'individuals' in relation to other actors in the food system. Contributors, interviewees in particular, spoke about individuals collectively as "consumers", implicitly casting them in a binary relationship with the food industry:

> *If you can get people to be slightly more informed consumers.*
> academic & government adviser

> *they have an interest in having healthy consumers who live longer*
> food industry representative

> *you have consumers who kind of, we're all bound by the government's economic policy.*
> Richard, FG1

Viewing 'individuals' as "consumers" positions them in direct association with the providers of their food. This relationship therefore presents itself as a useful site at which to examine the roles and responsibilities of each party in association with the other, and the balance of power between them. Another word used to describe 'individuals', "human", suggests a biological species that may or may not have agency over his or her actions and thereby over the level of responsibility s/he can exert. Paul, below, insinuates by his use of the word "human", that 'individuals' have inherent "weaknesses" as a species:

> *these big companies, I think they've made it, I think they preyed on human weaknesses.*
> Paul FG8

> *we like variation too much as human beings*
> international food manufacturing company executive 2

The latter quote suggests a deterministic, immutable quality to individuals by referring to them as humans – that the things they "like" dictates behaviour. In

contrast, Lizzie appears to use the word "human" to suggest being part of a society of interconnected individuals, describing that when cooking a meal from scratch,

> *I feel that as a human being I'm actually doing something.*
> Lizzie, FG4

With an awareness and acknowledgement of the different roles attributed to individuals/the public/consumers/humans – this work will continue by using the word individuals to refer to this distinct group of people described. This is partly for the sake of pragmatism, but also because this best encompasses the dominant framing within discourse as demonstrated in the previous chapter.

5.2 What are individuals responsible for?

Discourse broadly positions individuals at the heart of the food system in as much as it exists to feed them. And because of the availability of a wide variety of foods, individuals are said to have agency, or power to choose what they eat and to be responsible for this – they are consumers, literally. This interviewee summarised this idea, using the term 'individuals' in a relatively neutral way, yet at the same time, setting them up as independent agents of their own diet, and "in the middle" of the food system:

> *It's the classic sort of onion – at the end individuals are in the middle of all of this and the fact that some people consume an extremely healthy diet I think demonstrates, the intra-individual variability of what people consume, demonstrates that ultimately individuals have the final say.*
> public health academic 1

This interviewee is inferring that despite the availability of a range of foods across the spectrum of health properties, some people do eat healthily; and although she acknowledges throughout the interview that many factors contribute to dietary behaviour, she asserts that the individual is the final arbiter of what he or she eats. The discourse of individuals having the ultimate responsibility for their diets is explicit here. This theme emerged consistently:

the individual must eat healthily to be the ideal citizen. Intra-individual variation – also described by food industry executives who explained the different categories into which they divide consumers for marketing purposes – appeared to underline some contributors' views on individual responsibility for diet. Some focus group participants also echoed the persistently "ultimate" role of individuals, expressing views that it was up to them to take responsibility for their food choices, and to be informed about healthy practices. For example:

> ***Ultimately, as well, as much as we look at responsibility and passing the buck, a lot of it does come down to personal responsibility.***
> Julie, FG9

While Stassia berates people for not taking responsibility for their diets:

> ***I think that 90% of the population, maybe I'm being nasty, 75% of the population do not care - they take in the odd message and then they go "okay I've eaten an apple today, I've done my duty. I've been a good girl. And maybe I've had an olive in my Manhattan."***
> Stassia, FG4

Her position – appearing to mock the "good girl" and the "Manhattan" cocktail drinker – on the morality of food embodies her view of her responsible practices, but does not account for factors other than health properties that may dictate what such people choose to eat. It also exemplifies the discourse that health is contingent on individual responsibility (Scheper-Hughes and Lock 1987). The need for individuals to assume responsibility recurred throughout accounts: healthy eating is perceived as a "duty", not just sarcastically by Stassia, but also here:

> ***I just feel like it's almost a duty to my body***
> John, FG10

This sense of "duty" chimes with the concept of "biological citizenship" discussed in section 2.1.3, whereby individuals are expected – by themselves and others – to exercise a degree of moral regulation. Describing healthy eating as a duty illustrates the way individuals have internalised these norms, the sense of responsibility that they have to their bodies, their "duty" to eat a healthy diet. Given the disparate sources of the portrayal of individual

responsibility in the data i.e. individuals and a range of interviewees, no obvious source of the norms is evident rather it emerges as a "regime of truth" (Foucault 1984, p.73) created out of 'governmentality', i.e. "the coercive and non-coercive strategies which the state and other institutions urge on individuals for the sake of their own interests" (Lupton 1995, p.9).

But making choices about one's health behaviour – dietary or otherwise – is itself, constructed as a complex issue that goes beyond individual responsibility, as expressed here by a politician:

> *What is the responsibility of the individual to take care of their health? I don't believe people suddenly decide – hey I don't care… I don't think people consciously make that choice.*
> former Secretary of State for Health

In using the word 'individual' to describe members of the population, she first sets them up as relatively independent then insinuates broader factors are at play by absolving them of the responsibility for relinquishing self-care. Indeed, as covered in sections 2.3 and 2.5.2, much dietary behaviour is not especially conscious or made particularly rationally. Not only does it take place in response to external cues (Cohen & Farley 2008; Butland 2007), but also human nutrition is more than just a biological process. Diet has social, economic and other perspectives (e.g. Richards 1932; Fischler 1988; Miele 2006), which may or may not take account of the health value of food, or contribute to 'responsible' eating.

Given the essential, quotidian nature of food, its consumption is often not reflexive but expedient, and, as described previously, may be better explained by "comfort, convenience, security and normality" (Miele 2006, p.344) rather than by agency, making choices in the present moment and with a conscious focus on future health. It follows, therefore, that expectations of individuals – by themselves or otherwise – to choose 'responsibly', in order to optimise health, is to expect them to surpass external stimuli such as food prices and convenience, biological inclination and marketing. Before examining the notion

of food choice in detail, the following section provides a brief description of how some focus group participants perceived eating responsibly.

5.3 What is 'responsible' eating?

Although definitions of a healthy diet are not entirely clear or consistent in the data, it is repeatedly referred to, both explicitly and otherwise, as a goal of responsible dietary behaviour. In response to a request to define what it is to eat responsibly, a significant proportion of individuals distilled it down to "healthy" eating – taking care of oneself, eating a "balanced" diet, choosing healthy foods, eating in "moderation" and not eating to excess. This was not just those with existing medical conditions such as diabetes, but also others, in order to feel well and to try to avoid the adverse bodily consequences of an unhealthy diet. Responsible eating was, therefore, portrayed as an ideal, optimising one's food intake in terms of health:

> *I think it's important to be balanced to maintain your health.*
> Louise, FG7

Specific qualities or definitions of health and balance were, however, elusive. It was more common for focus group participants to implicitly cast themselves as healthy eaters – Louise, above, for example, goes on to describe critically the "excess" and "indulgence" portrayed on television cookery programmes and in adverts for food, without saying whether she yields to them or not. While Stassia identifies herself as a healthy eater, as before, judging others for what she sees as poor choices in the supermarket:

> *I look into other people's basket and I want to grab them by the ears and say "This? This is what's in your basket? It's terrible"...*
> Stassia, FG4

From her stance as someone 'healthy', Stassia is making a moral judgement on some people's "terrible" food choices and expressing a disdain for "lack of self-mastery" (Greco 1993). But subsequent sections of this chapter will demonstrate that for some people, eating responsibly is neither a priority, nor an interest and their diet is determined by factors other than concerns for

future health outcomes. Even amongst those who did position themselves as healthy eaters, definitions of *what* is healthy largely remained abstract. Not one participant specifically raised constituents of a diet that are widely considered healthy such as high vegetable, or moderate salt intake. The closest to distinguishing healthy foods was vegetable soup:

> ***As we Polish we eat lots of soup.***
> Anna, FG6

Most descriptions alluded only to nebulous properties of a diet that results in good health, while some qualities of a responsible diet were not related to health at all. Indeed, some descriptions about responsible eating related to ethical standpoints not connected with the self and health, such as consideration for the environment and politics: "green", seasonal and organic food, supporting the farmers, "local" food, minimising packaging, not wasting food and also making political choices such as boycotting food from certain countries or avoiding certain shops.

Ethical issues aside, in contrast to eating for good health some participants described responsible eating as also making allowances for having more 'indulgent' foods:

> ***Sometimes going down the road and buying a bar of chocolate or some biscuits is actually, I have a sense of, that I'm being responsible there too.***
> John, FG10

Although not explicitly, John – as did other participants – portrays responsible eating as more than just a precise way of optimising physical health, as long as such "junk food" (as he described it) is "balanced" within a more healthy diet. As such, John, and others, implicitly suggest they possess the qualities of being healthy, rather than describing it as a state they achieve, dependent on an objective set of food practices. Eating chocolate or other indulgent foods is seen as a "treat" and important for happiness,

> ***I also think that life's about having balance and treats are involved in that. So we have what I believe is a healthy diet but I also don't think***

there's any harm in having a little chocolate… that makes me happy.
Helen, FG5

Helen, like John, applies a fixed label to her diet: "healthy", rather than criteria that she works towards in her dietary behaviour. Both participants, and others, use "balance" as a discursive device to validate food choices, or the place in a diet for foods that would otherwise be deemed unhealthy. (This issue of "balance" will be covered further in the next chapter as a device also used by the food industry and others to rationalise the presence of such "indulgent" foods in a "balanced" diet, see section 6.3.3.) The emphasis on balance and happiness acts as a rationale for "treats", illustrating the "fraught" nature of food consumption (Freidberg 2003). It may well be that balance is one way in which individuals justify the way they navigate the myriad choices in the environment within which they acquire their food: most respondents did not refer to this explicitly, they did so by emphasising individual agency in dietary behaviour through the concept of 'choice', to which we turn.

5.4 Exercising responsibility through choice

The discourse of individual dietary responsibility, or lack of it, is underpinned by the idea that it is exercised through choice (see sections 2.5.2, 4.3.3, 4.4.2 and 4.5.6). The concept of choice appears, however, to harbour a range of functions. Firstly, it emerged as a mechanism of the agency people have over their diets, thereby leading to the second function of choice, which is in effect to confer responsibility on individuals. Additionally, the choice of whether to eat responsibly or not was seen as a right. And lastly, a prominent, contrasting discourse emerged about how food choices may not conclusively be the product of individual agency, rather of factors in the food environment.

Returning to the first discourse around choice: the overwhelmingly common argument for individuals having responsibility for how healthy or not their diets are, is that they have agency; they make the ultimate choice about what they eat. For example,

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Ultimately eating is a voluntary activity. People, you know, choose what to put in their mouth
public health academic 1

I think it is actually quite an individual person's choice.
Peter, FG9

At the end of the day it's the consumer's own responsibility to make choices in terms of foods and beverages.
international food & beverage manufacturing company executive 2

All three quotes exemplify the emphasis on choice, which constructs the identity of the individual as a consumer with power, who has sovereignty over his or her behaviour and therefore, responsibility for it. Indeed, in contrast with the first speaker's use of the less laden word "people", the second and third, by using "individual" and "consumer" allude to a self-governing actor.

Personal responsibility for choice was not just depicted in terms of healthy eating, but also the opposite. The freedom to choose any food – healthy or not – was seen as a right, whereby people are at liberty to eat foods that may be disadvantageous for their health too. This is in stark contrast, or opposition to a sense of duty (see section 5.2); it is not just a rejection of the 'responsibility' to eat healthily but also an entitlement to do the opposite. Hannah stressed that she wants to be able to eat whatever she likes, in effect saying that she had the right *not* to eat responsibly should she choose to do so:

I can eat toast for my dinner if I want to eat for my dinner, because it is my personal responsibility and it is fed in from lots of different angles...
Hannah, FG5

Hannah's assertions echo those voices earlier describing eating biscuits and "treats" – an apparent counter-discourse to that of making responsible, healthy choices, is one proclaiming the prerogative to choose whatever one wants even if it is considered unhealthy. This, in effect, sets up a contrasting subject position from the ideal, responsible person who engages in this non-responsible behaviour by choice.

Another theme to emerge connected to choice was the range of choice available, which was viewed in contrasting ways. Although one participant

believed there is "a good range of choice" (FG1), others found the vast array of goods for sale as an overwhelming impediment to making 'responsible', healthy food choices,

> ***There's too many choices – this is half the problem. There should be less. Too many choices. And they're not all good.***
> Julian, FG 8

Not only did some stories, such as Julian's above, describe the range of choice as bewildering, but the agency of individuals was qualified by most participants – both interviewees and focus group members – given the nature of food choice and the factors which determine it such as cost and taste.

5.5 Questionable choice: "a choice of the choices"

So far, we have seen evidence that individuals are held ultimately responsible for achieving and maintaining a healthy diet by making the 'right' choices when buying and consuming food. However, this story is told against the backdrop of the widespread availability and consumption of "junk" foods and a high prevalence of diet-related health conditions (especially obesity), implying that something is awry. One explanation for this is that these individuals are not, in fact, making the 'right' choices.

Many informants distinguished between individuals literally having the choice about what to eat, and the fact that they do not control the scope of the choices available to them or factors that influence choice such as how food is manufactured, priced, sold or marketed. Individual sovereignty is, as such, contestable because choices are not made entirely independently of economic, social and political contexts (Lynch et al. 1997; Wikler 2002) and it may be that consumption behaviour ultimately has less to do with individual choice than has been suggested (Clarke 2008; Cohen & Farley 2008). Although "choice" may evoke freedom or agency, it is also a concept that shifts the notion of personal responsibility in light of suggestions that choices are constrained by factors beyond individual agency:

> *people make their choices but they make their choices only within the prison, the context that they are operating*
> former senior civil servant, Department of Health

> *Well the choice is not necessarily ours. We've only got a choice of the choices haven't we?*
> Dave, FG1

Both of the quotes above repudiate earlier assertions that choice is emphatically a matter of individual agency. In the first, the former civil servant alluded to limiting, structural factors – the "prison" – belittling suggestions that individuals really do choose their foods; his use of the word "prison" is a powerful metaphor calling into question the concept of unfettered agency. Dave, however, appears to be describing how choices presented to individuals are intrinsically constrained within the food environment and, as they are contained within parameters created by other actors, are beyond individuals' control. In other words, because individuals can only make choices from the range that others have chosen for them, they do not have complete agency or responsibility for their food choices. Indeed, many informants explained the ways the food environment wields influence over dietary choices, and that "this overwhelming concern with the individual fails to account for the complexity of the socio-cultural world in which subjectivity is constructed and reconstructed" (Lupton 1995, p.57). Out of this, a paradox emerged in the discourse, whereby a focus on individuals' rights and responsibilities to *choose* exposed constraints on their ability to make responsible choices.

Yet choice is consistently emphasised, as we have seen above and throughout Chapter 4, as a way for individuals to have agency and responsibility for their health behaviours. (More on the food industry and 'choice' will be covered in the next chapter.) One academic – who liaises with industry – refuted the benefit of increased choice in helping individuals to make healthier choices. Indeed, she said, it is an approach used by companies for their own advantage,

> *It absolutely puts the ball back in the consumer's court again... the more products there are, the more challenging and the more confusing it is … Certainly the point is that choice is not all always in consumers'*

> *best interests but is without doubt a strategy that industry have pursued.*
> public health academic 1

What is more, choice is imbued by different speakers with different properties in relation to how responsible individuals can be: on the one hand some say there is too much, while on the other, there is a need for more choice. Either way, a competing discourse emerged spelling out that the role of environmental cues in determining food choices cannot be ignored. A food industry representative explained his view on this, stating that environmental triggers deny individuals genuinely free choice, and have the potential to steer individuals away from foods optimal for health:

> *…individuals obviously live in an environment in which forces are usually stronger than anybody's individual capabilities as to comprehend, understand or make truly and freely informed choices.*
> international food & beverage manufacturing company executive 1

The use of the word "forces" by this speaker suggests powerful, external pressures in the food environment that are exerted on individuals and that can disempower them in making responsible food choices. Descriptions of such "forces" are presented in the following section.

5.6 *"All the pressures that come from outside":* conditions and constraints on healthy food choices

Earlier in this chapter we saw that the assignment of dietary responsibility to individuals is often presented as axiomatic, not least because individual agency steers food choices. Yet the discourse around individuals' responsibility also highlights the prominent role of the food environment and socioeconomic factors beyond their power in determining food choices. The notion that individual behaviour is constrained by a variety of factors has been widely discussed (e.g. Lynch et al. 1997; Wikler 2002; Clarke 2008); participants in this study gave detailed insight into potential constraints on dietary choices. The idea of 'choice' therefore emerged as a paradoxical point around which two

opposing discourses converged. On the one hand choice was portrayed as empowering – a primary mechanism of individual agency in practising 'healthy' eating, while on the other it was depicted as disempowering – a constraint itself, limiting or overwhelming. A former Department of Health employee described the tension between individual choice and factors that influence it,

> *…to the extent that people have free choice, whether to eat a Mars bar or a banana – they do. But they are completely conditioned by social norms, by the availability of what's out there and by peer pressure, advertising, all that stuff. So the personal freedom is fairly constrained.*
> former senior civil servant, Department of Health

He therefore questioned whether individuals really have "free choice" to exercise responsibility in decisions about what they eat, given the nature of the food environment. Additionally, for some individuals, eating responsibly for health is low on the list of priorities in their lives; other issues such as giving up smoking or being careful with expenses come first, as described by a supermarket executive, based on company research:

> *They've kind of got to work through their kind of hierarchy of needs and then not worry…There's so much other stuff that actually "we feel we need to sort those out first".*
> supermarket executive

This executive is explicitly dialogical in her account, and by quoting directly, implies a sympathetic understanding of the "two mums" she recalled.

Another, related perspective is that many people do eat responsibly when judged by parameters other than health, for example if cost effectiveness is paramount in keeping themselves and their families cared for:

> *I think that particularly people on low incomes, they eat responsibly because their priority is to keep their families warm and full. If they have very little money, the best way they can do that is with energy dense but sadly probably nutrient poor, processed foods. So it's no good berating them for not stuffing their families full of broccoli.*
> public health NGO executive 1

This interviewee is a public health advocate with an interest in health inequalities; she implicitly categorises individuals, suggesting that for poorer people, emphasizing the responsibility for eating healthy food may be too much

to bear given other structural parameters within which they are living such as budgeting for heating and simply eating to optimise fullness rather than long-term health.

Although she makes a questionably generalized representation of people on low incomes as eating poorer diets, it does fit with what Hannah said, about people who have to consider costs carefully,

> **They have to be very, very motivated to go against the flow.**
> Hannah, FG5

The use of the word "flow" suggests a current going in one direction – towards unhealthy food – which, without considerable "motivat[ion]", sweeps people along with it in spite of themselves. Although she does not specify where it comes from, Hannah made the comments about "the flow" amidst a discussion on adverts for foods including pizza and sweetened breakfast cereals, suggesting it may consist, at least in part, of food marketing of less nutritious foods.

Use of the words "flow" above, and "default" below, implicitly evoke the deterministic, consumerist nature of the food environment, which corresponds with the discourse that it triggers individuals' choices, and that many make poor decisions from a health perspective because they are responding subconsciously:

> **The complexity of the environment is so great that many decisions are not conscious or active decisions. They are passive, default decisions. You just don't make the decision.**
> public health academic 2

The last sentence here reiterates that people do not actively choose what they eat, rather that it is conditioned by external catalysts. This is, again, reminiscient of "Eating as an automatic behaviour" (Cohen & Farley 2008) – the speaker is explicit about the diminished role of individual responsibility for dietary decisions because environmental and physiological cues subliminally direct food choice. This is just one of several contributors who mentioned how individuals'

diets are heavily influenced by the environment, in effect questioning free choice, agency or individual responsibility:

> *because of how we've got the system we've got in place, it's like the majority of people haven't got a cat in hell's chance really.*
> Rob, FG8

> *It's difficult with all the pressures that come from outside that are trying to force excess.*
> Louise, FG7

Though Rob referred more abstractly to "the system", Louise conjured up powerful external factors by using the words "pressures" that bear upon individuals with "force" as they make food choices. The last few quotes have illustrated a discourse that runs in plain contrast to the one described earlier of the powerful, rational, informed consumer who makes 'responsible' dietary decisions i.e. one that has future health outcomes in mind. Examining actors in the food system through the lens of responsibility has highlighted contradictions in the discourse. This was illustrated by another interviewee, who offered a different perspective on the role of individual responsibility, in relationship to the environment, and in the context of higher prevalence of diet-related diseases,

> *It just doesn't stack up as an argument that suddenly there's this outbreak of irresponsibility and we are just stuffing ourselves stupid. What has changed is the environment that we operate in. And the environment is shaped by the food industry in terms of what they present and promote and provide.*
> public health NGO executive 1

This contributor implicitly portrayed the environment from a historical perspective, reasoning that what has changed, in relation to increases in prevalence of diet-related disease, is the environment. She thereby refuted suggestions that changes in disease epidemiology are primarily due to changes in individuals. Her terminology, an "outbreak of irresponsibility", invoked the notion of a lack of responsibility as a disease itself, pathology in individuals that she repudiated. Her views chime with the narrative covered in section 2.3, about changes in the food environment that have increased the availability and

affordability of foods high in refined grains, extrinsic fats and sugars (e.g. Wallinga 2009); there have also been changes in the relative costs of such foods and in the promotional strategies used by food companies (French et al. 2001; Finkelstein et al. 2005). All of these issues underline the difficulty for individuals in exercising responsible dietary choices, the speaker above insinuated, particularly because it is other parties that have the power to control such factors.

Thus, problematizing 'responsibility' has defamiliarised the neat discourse of individual responsibility and highlighted fractures in it. This last section has charted the intersection of contradictory discourses of individual responsibility and choice. Latterly, individuals have been cast as relatively powerless to make healthy choices and subject to "default" decisions in the face of "forces" or the "flow" of the food environment. We now turn to specific aspects of these forces that were raised in the data.

5.7 Why do individuals make the 'wrong' choices?

The discourse on individual dietary responsibility, or lack of it, is that it is enacted through choice, or purchasing decisions around food: the responsible individual makes the 'right' choices. Yet there is also an opposing discourse that lies amid a tacit acceptance that a problem exists because many people are, in fact, making the 'wrong' choices. This discourse says that this is at least partly because factors in the food environment compete with their ability to do so; it contends that environmental characteristics "have increasingly made unhealthy choices the default, or easiest, choice" (Adler & Stewart 2009, p.56).

As described in section 2.3 many attempts have been made to conceptualise the complex web of factors that influence dietary behaviour, exemplified in the Foresight "Obesity System Map". The 'food environment' not only incorporates the physical spaces where food is sold and eaten, and their locations, but also other contextual factors such as food costs, convenience, the palatability of

constituents of foods, promotions, consumer culture etc. All of these have the potential to inhibit healthy food choices. In line with this, participants in this research have said that environmental determinants of food choices call into question whether individuals do have entirely "free" choice and are therefore able to take full responsibility for their diets. The data revealed a range of competing factors that can undermine responsible food choices including:

- cost of food
- convenience of food
- taste preferences
- time "discounting"
- corporate promotional practices
- lack of knowledge or skills

Close examination of these explanations, in the sections that follow, reveals numerous discursive inconsistencies. Each of these is now covered in more detail.

5.7.1 Cost

As discussed earlier (section 2.5.2), the cost of food influences food purchases because some people are merely interested in "filling stomachs" (Lang et al. 2009, p.260) while the "excess affordability" (Sturm 2009, p.464) of less healthy foods also colours dietary practices. The following comments exemplify the issue of cost in choosing food for some individuals:

> ***You can't afford to be choosy***
> Jackie, FG1

> ***…is it more fuel or better quality food?***
> Steve, FG1

The first quote set out a blunt association between affordability and choice, while the latter is an acute illustration of earlier discourses about how many individuals, especially those on low incomes, have priorities other than healthy eating. Steve is, in fact, describing a choice, but one that he suggests competes with his ability to buy "better" food. The above quotes from participants in a focus group of unemployed people fit with the discourse that cost is a

contributing factor for individuals on low incomes. But food prices significantly dictate what many people buy whether they are affluent or not (Nakamura et al. 2015); even for those not on low incomes, as labelled by themselves, the price of food played a significant role in food choice:

> *…that's the bit I think that is important – cost is the biggest.*
> Frances, FG4

Cost was also portrayed as restricting the ability of individuals to choose healthy foods:

> *virtually everything that's cheap is bad*
> Brenda, FG4

> *You find yourself robbing Peter to pay Paul if you want something that is fresh*
> Gary, FG1

Although a generalisation, Brenda's view is consistent with data that shows lower energy costs (cost per calorie) for more unhealthy foods (Drewnowski & Specter 2004; Drewnowski 2004; Jones et al. 2014). A food industry executive interviewed painted a similar picture that unhealthy food did tend to be cheaper. This was, he explained, because over recent decades various core commodities such as palm oil have become cheaper whereas fruits and vegetables have become relatively more expensive, so unless they are subsidised, the healthier commodities are going to be used less by the food industry. Another food industry representative acknowledged the potentially detrimental effect of cost on health, saying that eating cheaply often meant eating high calorie foods, in big portions,

> *…people buy on price so fundamentally and predominantly in food. So they will buy what they mean by getting the best deal, it doesn't mean the healthiest product or the product will that will best fuel their energy. It means what they'll get, what looks to them like the best deal. Which means the best value. Which means the best quantity for the money. And I think that's a huge problem*
> food industry representative

Meanwhile, a previous employee at a large supermarket chain (now working in the NGO sector) told how executives there believed that providing cheap food –

through the industrialisation of food and centralised supply chains – was an important part of poverty reduction, and indeed, a smaller percentage of household income is spent on food than ever before (see section 2.5.2). However, an executive from that supermarket countered the argument that cheap food was essentially unhealthy, claiming that the "value" range there is simply economical due to the quality of the ingredients; and that some value versions are actually lower in potentially unhealthy constituents like saturated fat than the more expensive ones.

Suggestions that cost limits choice because healthier foods are more expensive contradicts the discourse exemplified earlier, which emphasised individual agency in making responsible choices: if food costs are said to compete with an individual's ability to eat 'responsibly', then it appears that price rather than agency is one driver of choice. What arose from focus groups and interviewees across the board is a tension around the appeal to all sectors – not least individuals, and not just those on low incomes – of cheap, affordable food and the health value of some of it. (The discordant discourse on the sometimes-problematic nature of cheap food will be revisited in the following two chapters.) Tension aside, the discourse is such that if the price differentials between healthy and unhealthy foods favour the latter, then expecting individuals to exercise responsibility by making consistently healthy food choices is unreasonable. Cost is just one factor that dictates whether people may eat healthily or not – another is having the knowledge or skills to do so, especially with limited financial resources.

5.7.2 Lack of skills or knowledge
Despite many of the quotes above that illustrate the way food prices are a barrier to a healthy diet for many people, some participants thought that eating well on a budget is not difficult, as long as you have the skills and time to cook carefully. As such, they negate the previous discourse around cost, but with a

caveat i.e. as long as people are skilled. Anna said that she does not have any difficulty eating healthily and cheaply, and makes vegetable soup every day:

> *I don't see it as very expensive to cook the meal what we eat.*
> Anna, FG6

Although the sentiment of Anna's comment was relatively unusual, Jess, a mother of three young children said she always aimed to give her children healthy, home-cooked food, but that,

> *…balancing that against the amount it costs to provide that is not necessarily very easy to give them the good stuff with the budget. You're constantly having to be a bit creative with what you've got.*
> Jess, FG6

Jess identified as someone who has the know-how to "be a bit creative", chiming with the discourse that it takes knowledge and skill to navigate the food environment in order to eat healthily on a budget. One contributor was emphatic that it took a degree of proficiency to eat well:

> *Unless you have that level of skill and knowledge then I don't think you put any effort in to gathering and supplying food*
> Paul, FG7

It is not clear whether Paul is including himself in "you" but Marc talked about how he had learned to eat more healthily in recent years and here, about friends of his who did not know how to prepare food, thereby suggesting it is too difficult for them to eat healthily:

> *…skills comes into it as well. If you don't know what you're doing you're just going to go to the easiest thing off-the-shelf and put it in the microwave and eat it.*
> Marc, FG10

Marc and Paul are proposing that inadequate skills compete with individuals' ability to eat a good diet.

Similar disparities emerged on how knowledgeable the public is about healthy eating in addition to actual cookery skills – probably reflecting the true range of knowledge across the population. Indeed, several focus group participants lamented the decline in lessons about food and cookery in schools. Below,

Rufus, absolves individuals of responsibility for eating unhealthy foods if they are not taught how to eat well:

> **not all individuals have the knowledge to know what is and isn't healthy and that responsibility is fundamentally in the government and the schools.**
> Rufus, FG9

The provision of education by government – as mentioned by Rufus – will be covered in detail in Chapter 7, on government responsibility. But there was also cynicism about how much people put knowledge into practice even if they do have it[48], or whether information is useful; this demonstrates inconsistencies in the discourse about lack of skills or knowledge competing with responsible choices. Julie, who was incredulous above about dietary ignorance, said,

> **I'll make all the excuses I can. I know I shouldn't be drinking that other glass of wine…**
> Julie, FG9

She admitted she drank more wine than she felt she should, but insisted it was not about knowledge, rather, other factors such as enjoyment. When people do have the information, for example, about government recommendations to eat five portions of fruit and vegetables per day, other focus group participants said they do not follow this because "it's not cost effective" or "I think it's quite hard to do" (FG1). Given the range of factors that determine which foods an individual chooses to eat, such as cost or palatability, it is perhaps not surprising that knowledge about what is healthy does not necessarily translate into practice. But these inconsistencies may mask factors other than lack of skills, for example the convenience of less healthy food.

5.7.3 Convenience

Another feature that competes with individuals' agency in making the "right" choices, even of the most knowledgeable consumer, was cited as convenience. Many individuals commented on the importance of two aspects of convenience in determining their food choices: both in the location of shops, how easy it was

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[48] http://www.eufic.org/jpage/en/page/PRESS/fftid/Nutrition-labels-on-food-and-drinks-in-the-UK/

to get to them and in the food itself, how easy it was to prepare to eat. One focus group participant was critical of how some individuals allow convenience to trump health considerations:

> *As long as they're not keeling over, they will do what they want to do. And everything that's nice, shiny and convenient and affordable – they will eat. So people don't worry so much.*
> Stassia, FG4

Stassia implied that people make decisions about what they eat based on the immediate convenience rather than thinking ahead to when they may be "keeling over". Although she is talking about individuals, Stassia places herself outside the group by using the word "they". While others directed their criticism at the food industry, for the addition of excess sugar, salt and unhealthy fats to foods, which in effect competes with individuals' ability to make beneficial choices by encouraging the consumption of less healthy but convenient foods,

> *because we've demanded that food that we want preserved longer for convenience*
> Steve, FG1

> *…the convenience is part of the advertising, to make it as convenient as possible. Indulge yourself.*
> Louise, FG7

Despite his criticism, by using "we", Steve puts himself in the same category as other individuals who demand such qualities in food. A public health doctor agreed with the way in which convenience foods can undermine health, saying that industry has "pushed this convenience thing" but the word "convenience" held contradictory implications about the food it described. "Convenience" appeared to be used as a short-hand by some for foods, particularly "ready-meals", that are high in potentially unhealthy constituents such as salt and fat, when this is not necessarily the case (for example the convenience of an apple). Indeed, a supermarket representative insisted that even such prepared, convenience foods were not necessarily bad for health because many companies have reformulated recipes to make them healthier,

> *…we've done a whole world of work on ready meals, reducing saturated fat and salt.*
> supermarket executive

Healthy or not, "convenience" foods were often justified due to time constraints, particularly for parents and people who work,

> *When I'm working full time and I'm tired, it kind of slips down the list. So I don't think it's lazy, I think it's our lives make it incredibly difficult to remain responsible.*
> Hannah, FG5

Also, Ken described his 20-minute lunch breaks before he retired, when he resorted to convenient but unhealthy foods,

> *If you're working it is because you haven't got the time… So what's that - crisps, Pot Noodles all that sort of thing? I mean you've got to gobble it all up as quick as you can.*
> Ken, FG9

Whereas Jess, who described herself as "lucky" to be able to be a full-time mother, not only acknowledged that she had more time to prepare food, but also that she felt it was a choice to do so:

> *I think you just need to make your choice…. I make my choice to make things from scratch because that way I know what's going into them. Whereas I know that if I buy something ready-made or something fast food, it's going to have far more fat and far more salt.*
> Jess, FG6

The above quotes illustrate that the discourse about convenience food competing with individual responsibility is, like others, inconsistent. Some, like Jess, say it is a matter of choice to not succumb to it. Other individuals were glad of the convenience of modern life – food that lasted longer at home, was quick to buy and easy to prepare, especially for one person, and also the convenience of supermarkets themselves, where you can buy many different products in the same place or shop online. Indeed, Richard (FG1) describes buying ready chopped stir-fry vegetables because they are "convenient" and last in the fridge – demonstrating convenience does not necessarily mean food is unhealthy. Additionally, Paul describes how, if a "convenience" meal of ready-made curry and rice cost £3.50,

> *I won't do it because I can buy a few things with £3.50 and I can make a meal for two.*
> Paul, FG7

In other words, he is saying that no matter how convenient the food is, he would not buy it due to another overriding, competing factor for him – cost. What is more, some participants favoured the advantage of convenient, 'local' supermarkets, especially as they are easily accessible without transport and often sell products that are reduced in price, even if they are not so healthy. Another aspect of the allure of convenient, "fast" foods may well be their palatability, as discussed in the following section.

5.7.4 Taste preferences

The appeal of foods from a taste perspective was another discourse to come out of the data: convenient and/or unhealthy foods were regularly described as tasting better than healthier ones. As such, "hedonic cues" (Adler & Stewart 2009) are a part of the food environment that may divert an individual from making healthy choices. One focus group participant was blunt about the draw of unhealthy foods:

> *Well, it's a question of what is tasty isn't it? Is tasty something that is overloaded with salt and sugar and cream?*
> Steve, FG7

Also referred to as "acceptability", an absolutely integral driver of food choice is how much people like the taste of a food or not, as explained by a food consultant who carries out research with members of the public:

> *…if you look at the reasons people buy, taste overwhelms.*
> food industry consultant

For most individuals, he went on to say, no matter how healthy a food is, they will not eat it if it is not palatable to them. Even if people say they want to eat extremely healthy foods at the cost of taste, the same speaker described that commercial manufacturers have found otherwise in focus groups, here jesting with the word "twigs", as byword for puritanical, healthy food:

> ***...of course everybody says "oh twigs – that's what we want". And then we give them the products to taste and when it's all done, guess what they choose. They go for either the chocolate or yoghurt-coated bar and you have the one or two hard-cores on the twigs.***
> food industry consultant

The dialogical way this speaker narrates the story of this research suggests a divide between "we" – us, industry – and "they" – individuals, excluding himself from the 'individual' category. It also echoes the discourse that unhealthy choices *do* ultimately come down to individual responsibility rather than any commercial expediency, because it is individuals who choose the chocolate or yoghurt-coated bar, whatever else they say. Even healthy intentions are often, in reality, over-ridden (Allan et al. 2010). This corporate market research substantiates views that in an environment where foods high in sugar, salt and fat are abundant, human tendencies to want such substances are detractors from making responsible, healthy food choices.

It may be that these tastes are not conscious or subject to being 'responsible' or not, rather due to innate human inclination:

> ***...the grain of what biology is, which is to seek out higher calorie, higher sugar, high salt products......a probably more deep-seated biological driver to make a less healthy choice***
> public health academic 1

This speaker, an academic, uses biology as an explanation for the consumption of such unhealthy foods, implying that powerful biological tendencies compete with individual responsibility. Similarly, the discourse built up by individuals used taste and biological preferences to justify the consumption of less healthy foods, depicting themselves as consumers who are relatively powerless in the face of such ingredients:

> ***our taste buds have got used to fat sugar and salt***
> Anneke, FG9

Compounding the discourse about the preferences that some people have for salty, fatty or sweet foods is that, even if they are innate, "biological vulnerabilities" are magnified because manufactured foods are carefully

designed to maximise their "reward value" (Roberto et al. 2015). As one focus group participant said about people who regularly eat unhealthily,

> **but they're already in bad habits aren't they. So it's difficult to break...**
> Rufus, FG9

As such, it is arguable that a preference for fatty/sweet/salty foods is conditioned by products manufactured by the food industry, rather than completely inborn. An industry executive in the USA explained what he said have been the changes in the amount and composition of foods:

> **...taste and their portion size preferences have shifted over the last few decades. Obviously in this country you have super-sized portions and taste preferences which, from birth, have accentuated sweet, sweetness over all the other tastes. That surely, maybe a little bit of saltiness. But there is a range of other taste preferences that have almost been dismissed.**
> international food & beverage manufacturing company executive 1

This interviewee is therefore suggesting a mitigating view to the biological discourse that has emerged: that innate inclinations towards unhealthy food constituents are heightened, or even exploited by the nature of manufactured foods in the present food environment; that the relatively recent accent on sugar and salt in foods by corporations feeds into the human appetite for such substances, in an environment where they are now much more widely and cheaply available than in past decades. A similar explanation of this "vicious circle" is put forward by Roberto et al.: "[This] reinforces preferences and demands for foods of poor nutritional quality, furthering the unhealthy food environments." (2015). The speaker above is insinuating that, due to this, amplified biological drivers can undermine more rational aims of eating responsibly, including eating "other taste preferences" perhaps in the form of more bland or bitter, but healthier foods such as vegetables. This viewpoint puts forward that manufactured products constitute part of the food environment, which holds a powerful sway over individual, biological tendencies, strongly competing with their ability to make responsible food choices.

The inconsistent biological explanation for unhealthy food choices ruptures the discourse of individual responsibility for managing desires for particular, unhealthy foods. Assertions that individuals have agency, or power over their food choices, weaken in the face of such an argument, which shifts the power from individuals to the environment within which they make those choices, or, further still, to those who create that environment. The power of the architects of the food environment will be examined further in the next Chapter.

5.7.5 Time discounting

The executive's quote above also expounds a broader narrative about a food environment that has changed in recent decades, such that healthy food choices are harder to make from the point of view of cost, convenience and, as above, the composition of foods. This theme of a food environment changed over time has come up in literature covered in section 2.3 and in the current research e.g. interviewees such as the one denouncing an "outbreak of irresponsibility", and amongst focus group participants:

> *when I was a kid and my mum used to cook everything from scratch. And now it's convenience*
> Justin, FG1

In addition to environmental changes, another aspect of time, and of innate human tendencies was said to compete with making healthy choices.

The idea that individuals have responsibility for their diet because they make choices is also considered to be problematic because of the *way* people make choices, psychologically. Given that a chronically poor diet is very likely to have a negative health impact, to make unhealthy choices regularly may seem inexplicable. The following quote is a stark illustration of the potential downside to eating a poor diet, explained, ultimately by the fact that the way people choose their foods is "complicated", an echo of previous discussions of the complexity of the food environment:

> *…the incentive is if you don't eat healthy you die. So exactly what incentive are we supposed to be coming up with that is sharper and*

stronger than that? …if you look at how actually people make decisions in the moment then you end up in a very different place and you realise even if there is discounting and so on that the world gets much more complicated.
academic & government adviser

As discussed in section 2.3 (Cawley 2004), and mentioned in the quote above, individuals are less likely to make choices based on rational, 'responsible' forethought than they are based on 'time discounting' or 'present bias' i.e. putting a different value on something in the present, than a value they may hold for it in the future. So even if someone may know that, for example, an apple is the more responsible choice for their health in the long term than chocolate, they may still choose the chocolate in the here and now. This was acknowledged in the Public Health Responsibility Deal: "We make trade-offs between our behaviour today and the impact of these immediate choices on our longer-term health." (PHRD p3) and the previous interviewee went on to explain it as follows:

We make different decision at different times, as we are both these characters.
academic & government adviser

The speaker illustrates that dietary choices are not necessarily made with conscious responsibility: "we" are both the person who wants the chocolate now, and the person who wants the apple from, amongst others, a health point of view. He therefore makes the argument that individuals' psychological tendencies compete with the ability to make consistently responsible dietary choices. This idea feeds into the discourse about the role of the food environment in dietary choices: given the tendency of individuals to make decisions using present bias and to forego forward-thinking rationality, aspects of the food environment act as powerful competitors to healthy food choices.

5.7.6 "Nudges" towards unhealthy choices

Marketing strategies created by food corporations are an aspect of the food environment specifically designed to generate particular consumption choices by individuals and therefore represent another element of the environment that competes with responsible decision-making. In contrast, pressures from the environment can be used to 'nudge' (see section 2.1.1) people into desirable behaviour – a strategy used by Public Health England in its approach to behaviour change interventions. Recalling the concept of 'nudge' whereby strategies based in behavioural economics are used to try to foster healthier practices, one interviewee bemoaned,

> *There are gazillion nudges – it's just they're mostly pointed in the wrong direction…*
> public health academic 1

If this is the case, it is illogical, she is suggesting, to expect an individual to consistently resist such "nudges", and to eat responsibly. In a repetition of the prevailing discourse of the primacy of individual responsibility, there was also a degree of resignation that it is essential in relation to advertising, demonstrating an awareness of the "nudges"; indeed "individuals actively discriminate among types of available information as well as interpreting it in their own terms" (Giddens 1991, p.197). The resignation was because the role of corporations was perceived not to be responsible for individuals' health, rather to do whatever it takes to sell products and to be "liberal with the truth but that's their job" (FG6). The feelings of powerlessness and manipulation expressed – despite an awareness of them – imply that the ability of an individual to choose healthy foods in the promotional environment is constantly and subtly tested.

5.8 Summary

Individual dietary behaviour is influenced by features of a complex food environment, as well as social and individual characteristics (Butland 2007). The data gathered illustrated a discourse that charges individuals with responsibility for navigating the food environment to reach healthy choices, despite

widespread acknowledgement that many factors compete with doing so. The dominant discourses throughout the data were therefore contradictory: individuals were consistently ascribed the ultimate responsibility for their diets because they have agency over their food choices, yet they were said to be powerless to consistently choose 'responsibly', given the complex and overbearing nature of the food environment. A strong narrative therefore emerged that paints a dysfunctional food system given that many people are said to make the 'wrong' food choices.

'Individuals' were classed as a discrete group within the food system – distinct particularly from members of the food industry or government – who are responsible for eating a diet that optimises their long-term health. Exploring the definition of dietary responsibility overwhelmingly disclosed views on "healthy", "balanced" eating, although a discourse did emerge about individuals making some allowance for occasional "treats", in an apparent attempt to justify the consumption of "indulgent" foods and to maintain "balance". Another theme raised by participants was, in effect, the correlate of responsibility: that individuals have the *right* to eat an unhealthy diet should they choose to do so.

Several contributors across all sectors considered individuals as having the "final say", as "ultimately" responsible for choosing what they eat. They were expected to exercise this responsibility for their health through making the 'right' food choices. This theme has resonance with the notion of biopolitics: it is as though the "imperative of health", the normative discourse around individuals' responsibility for their diets *despite* the acknowledged influence of corporate practices, appears to have been internalised; individuals have taken on the responsibility to maintain "mastery" over their appetite, despite recognition of the difficulty in doing so in the food environment as it is. This is consistent with the neoliberal notion that "The idea of one's life as the enterprise of oneself implies that there is a sense in which one remains always continuously employed in (at least) that one enterprise" (Gordon 1991, p.44).

An equally common motif to emerge from the data was directly antagonistic to responsible choice: individuals lacked the power over the factors that influence whether they put it into practice or not. The discourse characterises healthy food as more expensive, less convenient, less palatable, and less appealing at the present moment of choice than unhealthy food; these are properties which "exploit people's biological, psychological, social, and economic vulnerabilities" (Roberto et al. 2015) and which are under the control of other sectors of the food system such as the food industry and government. What is more, many people were said not to have the knowledge about food to eat healthily or the cooking skills to do so. Despite opposing or inconsistent discourses about how much cost, skills, convenience etc. compete with individuals' ability to make healthy food choices, the inescapable nature of the modern food environment was consistently put forward as the key detraction from the individual's capacity to eat responsibly from a health point of view.

Contributors commented on changes over the last few decades in the food environment: the proliferation of foods containing potentially harmful levels of some nutrients, the relative affordability of less healthy foods, the increasingly sophisticated promotional strategies used by companies all forming the "gazillion nudges" towards less healthy food choices. Such environmental characteristics were construed as powerful enough to belittle an individual's ability to make responsible, healthy choices, especially given accounts of biological inclinations towards salty, sugary, fatty foods, and psychological tendencies to future "discounting".

Disentangling individual responsibility from structural impediments to it is therefore fraught with tension. In contrast with the emphasis on individual responsibility, contributors from a range of sectors described the food environment such that it requires significant cognitive resources to override "default" choices and eat a healthy diet; others contested views that put "the ball in the consumers' court", adamant that the food environment dwarfs the ability of individuals to choose foods with responsibility. Given that individuals'

dietary choices are said to stem from a constellation of environmental and contextual influences, many contributors insisted that those who have the power to create or influence the food environment hold significant responsibility for the determinants of, and thereby the choices, made by individuals. Those most frequently cited are government and the food industry, so it is with the responsibility of the food industry for individuals' diets that the next chapter is concerned, before we then turn to government in Chapter 7.

Chapter 6

Industry responsibility: public health and profit

Overview

The discourse described in the previous two chapters showed that, as consumers, individuals were expected to make the 'right' purchasing choices to optimise their health; those dietary choices were inextricably related to the entities from which they acquire their food. The entities, or companies, who provide those choices, also control other features of the food environment that determine what people eat. Given this inescapable, reciprocal relationship between corporations and individuals, it is pertinent to explore the degree to which the former are seen to bear responsibility for the latter's diets. Using focus group and interview data, this chapter examines the discourse of corporate responsibility – whether, why and how the food industry may be responsible for what individuals eat. Looking at what is said about the responsibility of the food industry helps elucidate different roles it is assumed to play in the food system and expectations of its behaviour; while interrogating the consistency of its position through the content of the discourse sheds light on the responsibility it is said to take, or not.

The chapter explores the following research questions through an examination of discourse:

- Who or what is the food industry and how are they characterised?
- What are the roles of the food industry?
- How does industry discursively resolve the conflicting roles it inhabits?

It firstly gives accounts of who, according to the discourse, the 'food industry' is and how it is perceived, taking account of heterogeneity within the sector. Explanations are then given for why the food industry was said to have some responsibility for individuals' diets, and how it is said to enact it. The next

section describes the various roles attributed to the food industry that are linked to public health e.g. providing 'choice' and meeting consumer 'demand'. In each of these sections schisms in the discourses are highlighted, which demonstrate that purported responsible actions can be superficial and may obscure other aims. Subsequently the chapter draws attention to the commercial responsibilities of the food industry that are seen to be antagonistic to public health obligations and to dominate its relationship with policy-makers.

6.1 Architects of the food environment

Most responsibility for healthy eating is believed to lie with individuals because they choose what they eat, according to data presented in the last chapter. But, echoing evidence in the documents analysed (see section 4.5.6), a counter-narrative gradually emerged that they could not be held entirely responsible because they are not the architects of the environment in which they make those choices, especially given how widespread problematic eating habits are – that it is "not just the odd person who consumes a poor diet", as one interviewee said. This counter-narrative suggested a collective responsibility, particularly involving two sectors that have significant power over the nature of the food environment: government and the food industry. Government responsibility will be discussed in the subsequent chapter; the next three sections report on the representation of the 'food industry' in the data, the construction of collective responsibility and the portrayal of industry taking responsibility.

6.1.1 Who is/are the food industry?

The 'food industry' encompasses a range of organisations, from artisanal producers to vast multinational manufacturers, from corner shops to hypermarket retailers, from a burger van to an international chain of restaurants or coffee shops. Focus group participants and non-industry interviewees rarely distinguished between each of these although they implicitly constructed 'industry' as consisting of large, powerful retailers and

producers, and sometimes 'fast food' outlets – those mentioned include well-known brands such as Pepsi, Coca Cola and MacDonalds as well as some of the big ten supermarkets such as Tesco, Sainsbury's, Asda and Aldi. Seventy per cent of food bought in the UK is purchased from just ten different, large chain retailers[49]. It was therefore perhaps not surprising that participants from all sectors largely characterised members of the industry as "big" companies, particularly supermarkets, which hold considerable power, not only over their customers but also over government. Here, a focus group member, talking about the supermarket Tesco's ability to overcome local resistance to a new store, exemplifies the power attributed to large corporations:

> ***they are so big, they are so powerful, they are able just to keep coming back.***
> Helen, FG7

Helen implies that the supermarket has an omnipotence that demolishes opposition to its goals, suggesting that not only individuals but also government is powerless in its path.

When asked about the 'food industry', various NGO, academic and governmental interviewees automatically discussed the largest, most powerful companies – those with the furthest reach and most influence on the food environment. There was little mention of markets, smaller shops and producers although one industry representative did express concern that small-scale, "artisan" products such as bread were often surprisingly higher in unhealthy nutrients such as salt than more commercial brands, implying the large companies do not necessarily make the most unhealthy products. It is not clear why, despite such examples, similar smaller producers or retailers were not characterised by participants as problematic for health, especially as some sectors of the population may acquire much of their diet from smaller outlets. It may be because of the national (and international) reach of the large

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[49] 2012 figures: Tesco, Sainsbury's, Asda, Morrisons, Waitrose, Co-op, Marks & Spencer, Aldi, Iceland, Lidl https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/423616/foodpocketbook-2014report-23apr15.pdf accessed 23/08/15

companies, the perception that they are overbearing 'Goliath' figures in the retail landscape[50], the commensurate power they have through lobbyists and also, conversely, the potential to have them on board national initiatives (e.g. PHRD) because of their corporate visibility.

It was not just the size of the organisations that was constructed as an issue but also that these big companies have the power to act in their own financial interest, with little regard for their customers because they are interested in the "big bucks", the profit. Some participants even insinuated underhand behaviour by the powerful players in the food industry, designed to maximise profits by manipulating their customers' purchasing practices, for example:

> *…spending all of this money on marketing because it brings people in. Otherwise they wouldn't do it. I mean they're all big companies they do it to influence the mind.*
> Ali, FG4

This, and other quotes, portray the food industry as an intimidating, overarching entity – an 'other' – very much separate from individuals, yet in close relationship with them. The rhetorical device of 'othering' serves to differentiate the "big companies" from the individuals buying their food. Those who are more powerful usually use it as a form of subjugation, but here the subjugation is skewed; it at once belittles and potentiates the corporations by constructing them as less responsible and more manipulative. Through this dialogic representation of "people" and the "companies", speakers grapple with a sense of the power and responsibility of the different players in the food-health system (Hall 2001b).

One food industry executive refuted the concept of a 'food industry' as a separate, unified group, given that all the businesses are in competition with one another:

> *While there is no such thing as an entity called the food industry, there are lots of companies which comprise the food industry. But all those*

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[50] e.g. http://www.bbc.co.uk/news/magazine-23988795

companies are spending, in essence, against each other.
international food & beverage manufacturing company executive 2

It is not entirely clear how competitiveness detracts from financial ambitions, or how it changes the relationship with individual customers, but he was also perhaps hinting at the heterogeneity of industry that was described by other contributors. This was so not only in their products and business practices but also in their approach to public health, and in responding to proposals for regulations or other interventions. Broadly though, and however heterogeneous it may be in practice, the discourse portrayed the food industry as a controlling player in the food system, with considerable power over what individuals eat and with a focus on its bottom line. One factor on which there was a consensus is that industry does have some responsibility for the diet-related health of its customers.

6.1.2 From individual to shared responsibility

The food industry is said to share some responsibility for individuals' diet-related health because it is an architect of the food environment; this was acknowledged throughout the documents analysed in Chapter 4 and raised in Chapter 5. The main drivers of food selection were described by one contributor as "affordability, availability, acceptability", corroborating evidence laid out in the previous chapter, that cost, expediency and taste largely dictate choices, and can quash the ability of individuals to choose healthily. She went on to ask rhetorically:

> *Who owns those drivers? Who has the power there? And therefore the capacity to change them?*
> public health NGO executive 2

Another interviewee in effect, answered these questions, in line with the discourse of diminished individual responsibility:

> *… the responsibility should lie with the people who have put it there and also with government who are concerned about the overall aggregated effects of it being in lots of people's arteries. So the*

> *individual responsibility now feels like it's paled into insignificance.*
> public health and environmental NGO executive (talking about trans-
>
> fats)

This "insignificance" is explained in the discourse by the fact that individuals do not create the food environment, which evidently has an impact on food choice. Individuals as consumers exist in relation to those who are architects of the food environment and vice versa. They depend on the food industry for their food supply; at the same time, corporate interests govern industrialised food production, sophisticated global supply mechanisms and marketing tools – they control the system that ends up with food on shelves for individuals to buy (e.g. Lang, Barling et al. 2009). The industry is therefore constructed as bearing a considerable degree of responsibility for the health of those whom it is supplying with food.

A food industry executive acknowledged this, that the role of members of the public in determining their own food choices was less than in the past and that others had assumed the mantle of responsibility:

> *People don't start with the pig in the back yard any more… so we've taken that responsibility away, if you like.*
> supermarket executive

This speaker recognised that corporations have power over the determinants of the public's food 'choices'; they control the interface between the food supply and individuals, and therefore have a responsibility and the power to help optimise it from a health perspective. A public health advocate also saw that members of the food industry acknowledged their role and "want to be part of the solution".

6.1.3 Corporations taking responsibility: "we have to be good"

There was also a recurring narrative assertion amongst food industry representatives that they did unquestionably share some responsibility for how

healthily individuals eat, as exemplified in the next two quotes. Here, this interviewee talked about CEOs from a number of manufacturing companies:

> ***Most, if not all of them want to do the right thing, actually. They have, a lot of their companies, have a strongly developed social ethic and an ethic of responsibility***
> food industry representative

This discourse is constitutive of corporate responsibility – it casts these companies as part of society, with a social conscience and committed to doing what is right by society, not an 'other' separate from it, but the following speaker was more explicit about the financial expediency of such approaches:

> ***We have to be good because our business is so big that if we would behave like bad guys we would put too much at stake.***
> international food manufacturing company executive

This contributor implies that the rationale behind "being good" is the economic imperative that drives business practices. Although it may contradict the social imperative rationale in the previous quote, both suggest a similar implied end point – doing what is "good" or "right". What remains vague is what having an "ethic" or being "good" means in practice. But such utterances form part of the discursive structure about industry responsibility and "the support mechanisms which allow it to be said and to keep it in place" (Mills 2004, p.45). Many interviewees described the development of products lower in substances considered unhealthy in large amounts such as salt; other strategies included expanding portfolios of companies, developing healthier ranges and curbing marketing to children.

The authenticity of such practices as stemming from "an ethic of responsibility" was, however, called into question:

> ***corporate social responsibility is just a smokescreen in terms of delaying regulation.***
> public health NGO executive 2

So there was a cynicism about the rationale behind the discourse of corporate "responsibility" and "ethic": that practices were driven by economic pragmatism that created 'brand value' (Herrick 2009), by trying to keep ahead

of potential government legislation and by portraying themselves as 'responsible'. Others suggested there was no harm in financial gain as the driver of such moves, that we have "to live with constructive ambiguity" and that ultimately we have to accept the existence of companies that make products that are considered unhealthy:

> *You get people who want someone like Coca-Cola to be a health company and they are not. They don't make broccoli. Making broccoli is a different business.*
> food industry consultant

This was a forthright comment on the nature of business that in effect disrupts the corporate rhetoric on its responsibility for individuals' health. It undermined some executives' insistence that there were shared objectives between companies and individuals, that it was in nobody's interest for people to become obese or to shorten their lifespans by unhealthy dietary practices. While perhaps sincere, these arguments do not withstand scrutiny, given that companies' financial situations are not affected by individual-level obesity or mortality.

Other ways in which companies are said to be "good" are by participating in initiatives such as the Public Health Responsibility Deal, Change4Life and other forums. But one interviewee (a former civil servant) dismissed the PHRD as a "window dressing exercise" and another viewed it as unproductive in making businesses answerable to the public and to government regarding health:

> *we talk about responsibility and then we often talk about corporate social responsibility. That is not the same thing as talking about accountability*
> public health NGO executive 1

By this, the speaker meant that unlike in environmental policy, when "the polluter must pay", industry does not bear responsibility for the externalities of diet-related ill health. Indeed, a review of the PHRD found it to be ineffective thus far in taking action to improve public health (Knai et al. 2015), suggesting that relying on voluntary acts of responsibility by the corporate sector is optimistic and unrealistic as a public health measure. Some campaigners have even accused companies of creating their own forums, front groups and

"puppet NGOs" that purport to be neutral and claim to be taking responsibility for population health by contributing to science, yet promote their own interests[51]. One reason behind all of this distrust about companies being "good" is due to their role as commercial entities obliged to optimise their finances. This function will be described subsequently, but first, a look at ways industry positions itself as "part of the solution" to diet-related health problems.

6.2 Industry roles – taking responsibility

Within the broad remit of providing food, the food industry was described as having several roles within the food system, some of which are linked to public health. This section will run through the key themes that emerged in the discourse such as meeting consumer "demand", providing "choice" and helping "behaviour change". However, within each of these roles a counter-discourse challenged the authenticity of such claims: that they serve to actually deflect industry's responsibility because its definitive, overriding role was seen to be commercial success; this will be covered in detail in the subsequent section 6.3.

6.2.1 Meeting "consumer demand"

A key argument for businesses making and selling foods considered unhealthy is that they are simply giving individuals what they want. One industry interviewee was emphatic that companies simply react when they are developing new foods, to:

> ***the context of consumer demand, which might in fact push things towards the very indulgent sometimes….. the food industry is ultimately responsible to the consumer and pays attention to what the consumer wants.***
> international food & beverage manufacturing company executive 2

Here, the speaker attempts to invert the discourse of corporate power, implying that industry is subjugated to the will of consumers (reminiscent of the contributor who spoke of apparently disingenuous requests for "twigs", see

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[51] https://theconversation.com/big-sodas-tactics-to-confuse-science-and-protect-their-profits-45907 accessed 30/08/15

section 5.7.4). While his argument may hold that, for example, removal of hydrogenated fats from many manufactured foods was driven by increasing consumer aversion to them, or that some people want healthier foods, the broader discourse that foods containing high levels of unhealthy nutrients are made simply due to demand is dismissed by others as disingenuous:

> *…demands are created. They have this idea that the consumer creates demand – I think it's absolute rubbish because we know from talking to advertising people that they believe that too. Clearly they manipulate the markets*
> public health NGO executive 3

The speaker here not only denied that individuals have the power to generate demands, but also, by using the provocative word "manipulate" blatantly contradicts corporate responsibility and alludes to underhand strategies used to create the array of choices that suits *them*.

The discourse of responding to consumer demand does not take into account that many foods are, in the first instance, invented and manufactured by the food industry. "Consumers" did not "demand" processed cheese slices, extruded breakfast cereals or new flavours of cola drinks. The "demand" argument was framed by the contributors above and others as a discursive tool, disguising the commercial imperatives behind food production, whatever the foods contain. This resonates with the notion that strategic financial considerations drive so-called demands from individuals: "The gap between human needs and individual desires is produced by market domination" (Bauman 2013, p.189). Also, the comment that companies are "ultimately responsible to the consumer" is incomplete: many participants argued that a business's "ultimate" responsibility is, rather, to its owners or shareholders. This will be covered in detail in section 6.3.

It has been proposed that both of these narratives, despite their oppositional nature, hold weight, that a "vicious cycle" exists whereby environmental factors drive preferences for unhealthy foods, which in turn drive the production of such foods (Roberto et al. 2015). The discourse on "consumer demand" echoes

that on individual choice in the previous two chapters (see sections 4.3.3, 5.4 and 5.5). They act as a convenient device not only for deflecting the financial benefits for companies from creating products, but also serve to lay responsibility at the door of individuals –saying that they are "demanding" such "indulgent" foods, implies they are responsible for the health consequences of choosing to eat them.

6.2.2 Providing choice

Throughout the data, members of the public are presented as individual consumers i.e. choosers and buyers of food; indeed, questions of "consumer demand" and choice arise at the intersection of the two groups. As such, the principal context within which individuals make their food choices, 'responsible' or not, are domains shaped by commercial food companies – manufacturers and retailers. An active strategy of many food corporations is to widen the range of products available from which individuals may choose, as described in section 4.4.2; the constitution of corporate responsibility through the discourse of choice was reproduced in the current data. Executive interviewees described how businesses have responded to what they say are customer demands for more options, partly to render healthy choices easier to make.

The suggestion that consumers have power over market practices has, however, been described as "the fabled level playing field" (Lang 2009, p.328) as discussed in section 2.1.3 and in a counter-discourse to the supermarket interviewee above, a manufacturing executive highlighted potential tension in increasing options, admitting it was unlikely to lead to healthier choices:

> ***That's an area where there is a potential conflict because you would argue that if we want to help consumers making the easy choice the healthy choice, why are we developing more variants of the [branded] ice cream? And of course that's not related to making a healthy choice and easy choice because the [ice cream] is not, per se, a healthy choice. The [ice cream] can sit in a healthy diet – that remains that you shouldn't make that choice every day.***
> international food manufacturing company executive

These comments conceded that increasing the choice of products is a commercial strategy rather than one to help individuals make healthy choices. Ultimately though, the speaker normalised choice, and thereby responsibility, as lying in the hands of the individual, who should be sufficiently "self-govern[ed]" (Lupton 1995, p.12) not to "make that choice every day" to eat ice cream. The talk of choice by industry subtly embodied "a kind of discourse that represents structures of authority and control" (Shapiro 2001, p.322) and by doing so, formed part of the counter-discourse to corporate responsibility through expanding choice.

Additionally, research has shown that increased choice is not necessarily appealing to consumers: "choice, to the extent that it requires greater decision making among options, can become burdensome and ultimately counterproductive" (Vohs et al. 2008). One academic insisted it was a strategy that industry used that "puts the ball back in the consumer's court again". Other, non-industry interviewees reflected their positions as public health advocates, proposing that commercial arguments about increased choice were disingenuous, a "sop, certainly not a solution", "trying to appease public and political concern" and were even part of a carefully honed strategy to promote more sales:

> *The whole choice thing is such an artificial construction...The abundance of choice is just different forms of marketing.*
> public health NGO executive 2

A focus group member expressed similar frustration at the supposed but improbable benefits of increased choice. She portrayed the power of commercial interests as undermining individuals' ability to make responsible choices and eat healthily,

> *There are so many things that I think actually reduce our ability to have any sort of genuine choice. And to say that it's all our responsibility when we've got this powerlessness in the face of this onslaught of commercial expansion I think is really damaging.*
> Helen, FG7

This speaker invoked an aggressive image of commercial practices by using words such as "onslaught" and "damaging" when expressing the diminution of individual choice and responsibility in relation to the food industry. Additionally, by repeating the word "our" she emphasises the clear demarcation between 'us' and the 'other', the "commercial" entities. Although he later goes on to say that he believes individuals are more powerful than ever in history, Giddens expresses such powerlessness of the individual: "As the forces of production develop, particularly under the aegis of capitalistic production, the individual cedes control of his life circumstances to the dominating influences of machines and markets." (1991, p.191). Helen echoed this by lamenting the lack of power individuals have, the lack of agency and the way that, despite this, individuals remain charged with responsibility for their choices. In addition to choice, information on food is another factor provided by industry, purportedly to help individuals make healthier choices.

6.2.3 Providing information and helping behaviour change

We saw in section 4.3.3 a prominent role was put forward for industry in the provision of information, as a way of helping individuals to change their behaviour by using that information to improve their dietary choices. Critiques were also presented, and this ambiguity was evident in the interview and focus group data views, for example, it really only "moves consumer behaviour modestly" as one government adviser said. While an industry figure questioned the ability of information provision to improve individuals' diets, and told an anecdote that posting calorie contents on a menu in a fast food restaurant appeared to encourage teenage boys to deliberately choose higher calorie foods i.e. to have the opposite of the desired effect. In contrast, another interviewee believed that individuals could make healthy choices,

> *I think they are if they are being fed with the right information and in the right way. And the right information is probably there. But in terms of you know changing their behaviour effectively, like I said will before we've not been very effective in doing that so that's still the big, what did I say? "The £10 billion question."*
> international food manufacturing company executive

So despite initially suggesting that the "right information" could induce healthy decisions, he, in effect, went on to refute its effectiveness; and suggested it had been a failure on the part of industry. Another executive laid responsibility with NGOs for guiding behaviour change and suggested that altering the food environment was not key:

> *…a lot of people think we're just talking about the food supply. No – we're talking about changing behaviour and that's a very, very hard thing to do.*
> international food & beverage manufacturing company executive 2

This view is inconsistent with earlier data that showed how much the nature of the "food supply" influences food choices and licenses an abnegation of responsibility for creating the conditions in which people enact that behaviour. It also reinforces the discourse of individual responsibility, to 'behave' a certain way, despite environmental influences.

These contradictory discourses on information provision and its ability to induce changes in food choices highlight discrepancies in what is known about the link between having nutritional information and making healthy choices (e.g. Dumanovsky et al. 2011), as well as fractures in the industry position. This suggests that the apparent consensus on information provision in the documents analysed (section 4.5.5) was perhaps more of a discursive device to demonstrate corporate responsibility than anything based on evidence. The discourse also hints at powerful industry control of the information environment: the collapsing of information provision and behaviour change serve to convey the impression of industry fulfilling its role of being responsible towards its customers. Simultaneously, it evokes a sense of corporate biopower, given that state biopower was described by Foucault as "an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations" (Foucault 1978; p140). Despite acknowledging the "modest" impact of information on dietary choices, the focus on it contributes to the "discursive formation sustaining a regime of truth" (Hall 2001a, p.76) that individuals are responsible for using of information to make

healthy choices, overcoming other determinants such as cost or taste (see section 5.7).

The roles of industry in the food system summarised so far cover discourses on the ways the sector explicitly claims to contribute to improving public health. A fundamental role that was positioned in direct opposition to those described above, however, was that of maximizing profit.

6.3 Commercial responsibility: "that's what they go to work for"

So far, evidence in this chapter has corroborated the discourse from the previous two that corporations do have some responsibility for the health of the people who buy and consume their products i.e. there is a social and health imperative incumbent upon them. However, inconsistencies in the discourse have demonstrated that industry responsibility for individuals' health is difficult to establish; this appears to be because of its conflicting roles. Although these included meeting consumer demand, delivering choice and providing information, the overriding role that emerged from the data concerned finance. At every stage of the discourse on corporate responsibility, commercial entities were seen as duty-bound to try to make profit, above all other considerations.

The food system is a part of a market system and a key role – imperative even – for all members of the food industry, is to succeed financially. One interviewee gave a candid summary of the unassailable subject position of members of the food industry,

> *That's what they go to work for in the morning. It doesn't mean they don't care about anything else but if you go into a hierarchy of priorities that's where they go first.*
> food industry consultant

This categorically underlines the discourse of the prevailing commercial imperative: any concern for public health will only ever come behind that for financial gain. As long as food is 'safe' i.e. not contaminated, and they operate within the law, businesses have license to provide whatever food they can sell.

Aspects of this may not, however, correspond with the objectives of public health: "there is an apparent conflict between the broader goals of the current free market and the health goals of individuals and society" (Hill et al. 2004).

6.3.1 Conflicts of interest: "they produce food to feed the economy"

Similarly to the discourses and counter-discourses of corporate responsibility seen throughout this chapter, "conflict" was common refrain throughout focus groups and interviews, but many contributors recognised the rights of and imperative on companies to make a profit. Here, a public health practitioner observes this:

> *their job is to create a product to maximise the income….. you can't rely on industry to have some sort of moral objective in what they are doing*
> public health regional director & doctor

This was not to say that the food industry operates outside moral values, rather those are not what drives it. Others expressed a similar view, but more cynically:

> *they produce food to feed the economy not to feed people*
> Richard, FG1

As such, and as was discussed in section 4.4.1, there are doubts that the food industry could or would ever prioritise public, diet-related health and therefore cannot be held truly responsible for it. After all, they are not accountable to the public interest, "Corporations do not have the ability to take over the role of governments in contributing to social welfare simply because their basic function (the rhetoric of triple bottom line aside) is inherently driven by economic needs." (Banerjee 2008, p.74).

If discourses construct subject positions (Hall 2001a), then that of the food industry at the diet-food system-health nexus was splintered: it was represented in one discourse as a responsible actor and in a counter-discourse, as unable to take responsibility for its consumers' health because of conflicting obligations. Yet interviewees in the corporate sector were relatively reticent

about such potential tensions and one did not accept that there was any clash between health and profit:

> *I would say, "Why would that be difficult to reconcile?" What if the foods that we develop are right in line with guidance on products that should be consumed by everybody?*
> international food & beverage manufacturing company executive 2

The fact remains, however, that many companies (including the one this interviewee was working for) make many foods that are not "in line with guidance" on healthy diets, even if they do make others that are. Another also denied there was a conflict, but with a contrasting, outspoken rationale, that there was only really one concern – to sell:

> *That's all marketers really care about because if nobody wants to buy it, it's irrelevant whether it's healthy or not.*
> food industry consultant

This stark admission fits with the context of economic growth as a corporate, national and global priority: it is highly valued by government as well as the private sector.

In the UK, the food industry is particularly important, as the largest single manufacturing sector[52]. It is highly lucrative and efficient but participants described how the finely-tuned logistics of the system benefitted most from particular types of products to maintain it: those with longer shelf-lives that do not need careful handling. Such foods are often manufactured, high in sugar, salt, fat and/or refined carbohydrates, and highly appealing, so "when looking at short-term social utility, it is not surprising that these individual behaviours are supported by well-developed value chains that produce and distribute these foods widely, at very low cost." (Hill et al. 2004). Ultimately, any business wants individuals to buy its products rather than its competitors', and to buy as much as possible; a key way food companies do this is through another part of the "value chain" – promotional techniques.

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[52] http://www.ons.gov.uk/ons/rel/prodcom/prodcom-provisional-results/2012/sty-prod-2012.html Data from 2012, accessed 31/08/15

6.3.2 Maximising sales: "you can't win an iPod with an apple"

The discourse of corporate responsibility was challenged by criticisms of sales strategies. In order to maximise capital return, many companies use sophisticated marketing and promotional methods, discussed in sections 4.4.1 and 5.7.6. Although even selling healthy foods is "part of our marketing" as a food manufacturing executive admitted, many others saw a problem because marketing (and other alluring factors about food products) mostly steer choices towards less healthy options:

> *…if you then look at where the marketing dollars are? Where's the pricing? Where's the affordability and the access placed? It tends to be on the high calorie options and the bigger portion sizes, where there is value for actually choosing more volume and more calories over more nutrition with less calories.*
> international food & beverage manufacturing company executive 1

Such strategies, to incite individuals to buy foods that are detrimental to health, are understandable from a profit-making perspective. But they also subtly fit with the discourse of individual responsibility by putting the onus on individuals to override them in order to be healthy. In one focus group, the discussion was about how advertising heightened the appeal of manufactured, often less nutritious products. One contributor said:

> *A can of Pepsi looks more glamorous and fun than just eating an apple – you know what I mean?*
> Peter, FG9

To which another added:

> *You can't win an iPod with an apple.*
> Tom, FG9

This exchange, particularly the final, pithy observation, exemplified the value of manufactured products – particularly those high in sugar, salt and fats – and the importance of marketing to the companies that make them. Even if, as one interviewee pointed out, it may be that the marketeers have had "good luck" in promoting such foods because of probably human preferences for them (see section 5.7.4), the exchange also characterized the value of certain products beyond even their taste or health. Food is a consumer good, like others (such as

iPods), and certain manufactured products can be used to transmit a sense of identity through their "symbolic" value (Jackson 2010; Stead et al. 2011; Shankar et al. 2009). As such, the food industry uses strategies incorporating such value through associations with, for example, "an iPod" or similarly appealing prize, or cartoon characters in foods directed at children. Such tactics ignore health implications – they are calculated to optimise sales and built in to pricing: one interviewee suggested that only ten per cent of the cost of a popular chocolate bar was on manufacture expenditure, the rest went on other aspects of selling it, particularly advertising. Even if apocryphal, this idea is significant.

Although there is conflicting research on whether unhealthy foods are price-promoted more than healthy ones (Nakamura et al. 2015; French et al. 2001), there was a perception that mainly "bad" (FG4) foods are advertised. One focus group participant described what she considered to be the overwhelming nature of advertisements:

> ***the weight of billions of pounds worth of advertising which is all "have a burger", "have some chocolate". So the influence is very much, the advertising is Jupiter, and what you should do is Mercury in terms of its influence on the general public.***
> Louise, FG7

The planetary simile, although a little inconsistent, is an evocative suggestion that the power of individuals to eat responsibly is dwarfed by the magnitude of sales practices.

Companies' use of sophisticated methods to design and sell foods with characteristics that optimise their appeal is, in effect, a commercial (as opposed to state) version of Foucault's notion of 'biopower', whereby corporations exercise power over the lives of individuals. It is a plausible extrapolation to consider as biopower, the influence that companies have by manufacture and marketing of certain exceptionally appealing foods. By emphasizing "choice" and attributing the production of "indulgent" foods to "consumer demand", companies put the imperative for making healthy food choices on individuals.

Many participants displayed considerable understanding of the promotional environment, such as of "loss leader" strategies, but even with this awareness, some contributors conveyed a sense of being so immersed in the promotional environment that they are not even aware it is there,

> ***We're probably thinking we've got freedom of choice and blah blah blah and all of this. But in fact we are being manipulated.***
> Rob, FG8

The word "manipulated" appears again, suggesting a misleading influence of corporations over consumers. Other individuals used similarly strong language to share feelings of being duped and overwhelmed by advertising and promotions – being "conned" (FG10), "trick[ed]" (FG9) and "misled" by "misrepresentation" (FG5), the "power of suggestion" (FG10) because advertising goes "for the easy kill" (FG10). This discourse presents another aspect of the food environment – marketing and promotions – that competes with individuals' capacities to choose healthy foods easily. Substantially misleading advertising is, of course, prohibited, but as will be shown in the following section, the food industry is seen to exert considerable influence on guidelines and policies that are designed to circumscribe many aspects of its practices.

6.3.3 Influencing policy and resisting regulation: "a corporate dictatorship"

The food industry controls several elements of the food environment that test individuals' ability to choose healthy foods, as demonstrated in section 5.7. Although legislation is in place that governs many features of food production, marketing and sales, many other aspects are grey areas, covered by voluntary programmes or under discussion. A theme that emerged in the data was the strong influence that the food industry is said to have over these latter features and how it works to protect its interests.

Sections 4.4.4 and 4.5.4 have already illustrated the way that the food industry appeared to influence the development of policies that could affect the way it operates; they also exposed the neoliberal framework of government that

accentuates market freedom i.e. a reluctance to regulate business practices, or even to control them via voluntary agreements such as the PHRD and labelling guidelines. One industry agent appeared to cloud the issue by merging "safe eating" with longer term "healthy eating", saying that

> *we are quite unusual as a sector in arguing for strong regulation for our sector because that's what gives consumers confidence in food*
> food industry representative

This is discursively convenient – few would argue that basic food safety e.g. in relation to poisoning, is dispensable, whereas the cumulative effect of unhealthy foods is a different matter. Merging the two is not only inappropriate but also acts as a rhetorical device to cast industry as a willing, responsible partner in all regulation when this is not the case. An industry consultant was more frank about the sector resisting certain directives:

> *I think the lobbyists get called in because what's being proposed hurts their bottom line.*
> food industry consultant

In other words, as soon as there is any suggestion of state policy that may affect the profitability of their products, companies spend money on lobbyists who work to curb or quash it. As such, he is unabashed about the actions and power of the food industry and its motivations. In contrast, recent commentary from one industry body, The British Retail Consortium, was critical of the government's 2016 Childhood Obesity Strategy for suggesting voluntary targets, saying those who did meet targets risked losing out commercially given that many companies "sit on their hands"[53].

There is, however, no evidence of industry lobbying *for* regulation. Another argument used to resist regulation is that any food, no matter how intrinsically unhealthy, has a place in a "balanced" diet, as suggested by the ice cream executive who said it was up to individuals to not eat one every day. Another interviewee reiterated this:

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[53] http://www.foodmanufacture.co.uk/Business-News/Retailers-react-badly-to-the-childhood-obesity-plan accessed 20/08/16

> *there is a safe consumption limit for all types of food. It is only when you put them together in a poor way that you create an imbalanced diet, which leads to problems.*
> food industry representative

Such an argument not only helps justify opposition to any limitations on such foods, their constituents or marketing of them, but also contributes to the discursive formation that represents individuals as squarely responsible for their diets; they must resist the enticement of carefully constructed palatability and advertising to "balance" their diet. A public health campaigner took issue with this justification, saying the language had been "hijacked" and that sales figures, projections and goals of high calorie/sugar/fat/salt foods do not amount to "balanced" intakes. So the discourse of corporate responsibility for health again comes into conflict with sales optimisation techniques i.e. financially orientated strategies.

The reason the food industry was said to have so much power over policy was indeed seen to be financial: that government was driven by free market policies and would therefore not do anything that impeded

> *economic growth, which our government is obsessed by. Corporations are obsessed by. It's almost like we're living under a corporate dictatorship.*
> Matthew FG8

This is a strong indictment of the relationship between the food industry and government, suggesting a sector that does all it can to protect its interests. Such a word as "dictatorship" is condemning language to describe a segment of the private sector, as an omnipotent entity. This discourse of corporate power over government portrayed an industry that would not ultimately act 'responsibly' for public health, but only in its own financial interest; its power over government will be discussed further in the next chapter.

6.4 Summary

The food industry – described in the data as manufacturers and retailers – exists to provide individuals with what they eat. Although it encompasses a wide

range of business types and sizes, the discussion of it automatically centred on sizeable, influential corporations, which dominate the UK food environment in terms of market share and reach. By extension, these organisations were seen to hold considerable power over the nature of the food and promotional environments, and ultimately, over what most people eat most of the time. The discourse also largely portrayed the food industry as an entity, separate from individuals, despite the reality that certain individuals constitute companies and industry-related organisations. This had the effect of casting the sector as a distinct 'other' in relation to individuals, one that operates above and beyond them.

There was, despite this 'otherness', a consensus that the food industry is so inextricably connected to the people who buy its food that it does bear some responsibility for the health value of their diets. This is because, as an architect of the food environment, it controls some of the determinants of diet. But the degree to which the food industry is responsible is the subject of conflicting discourses primarily because of what many respondents saw as incompatible roles, its "fragmented and contingent….. subjectivity" (Lupton 1996). This diverged from the more homogenous discourse in the documents analysed in Chapter 4, which presented an uncomplicated role for industry in helping individuals make healthy food choices. The data analysed in this chapter, in contrast, revealed a more problematic, antagonistic discourse on industry responsibility, along the lines of its two core, interconnected roles: pitting its responsibility for public health against that for maximizing financial gains.

For the first of these, three main functions, or responsibilities, for industry emerged: to give consumers what they want, to provide choice and to provide nutritional information in order to help behaviour change. The way in which corporations purport to take some care of individuals' health through these mechanisms is reminiscent of Rose's description of Foucault's notion of biopolitics: "Political authorities, in alliance with many others, have taken on the task of the management of life in the name of the well-being of the

population" (N. Rose 2001, p.1) whereby the food industry fits the bill of "many others". But even each of these functions – at the interface of corporate-individual relations – splintered into counter-discourses. Although they appeared, superficially, to demonstrate responsible behaviour on the part of businesses, in terms of helping individuals eat healthily, they also were said to be tactical and misleading to the degree that the validity of the actions was negated, and to mask other agendas. Meeting "consumer demand", maximizing choice and providing information were perceived as attempts by a powerful industry to fend off legislation. These discourses also subtly exert power by claiming to represent industry as "good", deflecting responsibility away from itself, and – via a form of governmentality – indirectly constructing individuals as the ones responsible for their health: if it is poor, it is they who "demanded" "indulgent" foods, made the 'wrong' choices or did not use information to eat healthily.

The emerging counter-discourse disrupted the narratives of individual agency and sovereignty described in the previous chapter, and that are subtly woven through this one. The emphasis on choice was particularly pertinent, not only because it was so prevalent, but also, it mirrored the theme that emerged in sections 5.4 and 5.5. The discourse of choice as a crucial tool in helping people to eat healthily clashed with the counter-discourse that "too much" choice is actually unhelpful. Choice was again a pivotal point in the discourse around power and responsibility (see section 5.8). It is the point at which individuals and industry meet; yet choice presents different opportunities for each party. Corporations hail choice as a marker of their responsible behaviour and as beneficial to individuals. Yet doing so masks the power they hold over creating those choices and the benefits to their profits of doing so.

This last point is the crux of corporations' principal role and responsibility, which overrides that of providing individuals with healthy diets: striving to maximize market share and profit. The responsibility companies take was characterised as inversely proportional to the amount of power they have over the determinants of individuals' diets, and subordinate to economic

responsibilities. Financial gain was seen as the bedrock of all the other roles and actions of companies; not only did this mean that public health simply is not their main job, but also it undermined the credibility of actions claiming to be responsible towards individuals' health. The commercial imperative was seen as entirely inevitable in the current neoliberal political climate, which reinforces the power of the industry, given the predominance of the market economy. Just as individuals were said to have factors competing with their capacity to make 'responsible', healthy food choices, so the food industry's fiduciary duties compete with its ability to act responsibly for its customers' health. The discourse was, however, inconsistent: commercial drivers were seen to be irreconcilable with public health by many contributors but perfectly compatible with it by others. These inconsistencies and competing roles mean that it is impossible to clearly encapsulate the responsibilities of industry with regard to public health; and even when they are articulated, they do not equate with accountability.

The argument that companies have to be "good" echoes the so-called "iron law of social responsibility" whereby society would, en masse, express its disapproval of a company's practices should they be unacceptable, by ultimately causing the company to change practices or to collapse. But this is not borne out empirically and the discourse of corporate responsibility can be seen to obscure an ideology "designed to consolidate the power of large corporations" (Banerjee 2008, p.59). Indeed, the food industry was depicted as having control not only over many of the determinants of dietary choices, but also over government's pertinent policies. Government's relationship with industry and its responsibility in the food system will be examined in the next chapter.

Chapter 7

Government, public health and fragmented responsibilities

Overview

The discursive evidence from the document analysis and the previous two chapters has already shed some light on the roles and responsibilities attributed to government in diet-related public health. Government has been represented as a fundamental architect of the food environment within which individuals make their food choices. This chapter is therefore concerned with exploring the discourse of government responsibility in the interview and focus group data. By doing so, it is possible to expose expectations of and views on public health policy-making; it is also possible to mine the discourse for apparent inconsistencies, which help to reveal alternative agendas and priorities. The data analysed for this chapter consisted of focus groups with members of the public, and interviews with representatives from industry, NGOs and government; it augments the discourse of government responsibility in the food system discussed in the document analysis; it also expands on the counter-discourses, which suggested that government proposals masked ideological foundations and inconsistencies that undermined its stated position.

The precise identity of government was not explicit in the data but was assumed in much of the discourse to be the national, elected party in power. As such, it was endowed with considerable responsibility for the health of the population and power over the food industry. By extension, it was seen to bear a shared responsibility for the nature of the food environment and the power to control aspects of it. Government's subject position was therefore viewed relationally – its very existence presented relative to individuals and the food industry, the other key architect of the food environment. The discourse of government responsibility was, in effect, sited at these relationships – it informed and was informed by them, as will be demonstrated in this chapter.

The chapter is based on the following research questions:

- Who or what is government?

- What are the roles and responsibilities of government?

- Are these roles compatible with one another?

The chapter continues with a brief summary of the characterisation of government and its roles and responsibilities for dietary public health in the data. It continues with a focus on one, prominent aspect of government responsibility – the provision of nutritional information and dietary education to improve individuals' diets. The next section explores the representation of government's responsibility for the economy, its relationship with industry and how these influence its policies on public health. Finally, the section before the chapter summary condenses the way ideology was said to determine government policy and briefly examines the discourse of complexity in government responsibility.

7.1 Architect of the food environment

The government documents chosen for discussion in chapter 4 were published by the Department of Health, a ministry of the state, with introductions by government ministers. They thereby presented government's stated views, proposals and the tenor of its stance; as white papers, they cast government in a *de facto* position within the state – one with a duty of care to the public good, with regulatory powers, and broadly, with the ability to control aspects of the food environment, as described in its plans for various ways it would "build a stronger, healthier Britain" (DoH 2010a, p.3) through health policy. In a description that fits with its apparent role in public health, Foucault saw the evolving role of government as a "more detailed consideration of how to introduce economy and order (i.e. government) from the top of the state down through all aspects of social life" (Rabinow 1984, p.15). As we shall see throughout the rest of this chapter, government is held responsible in discourse

for, in effect, introducing such "order" but is also perceived to absolve itself of some responsibility by diffusing it through "all aspects of social life".

Interviewees from all sectors referred to government as those who put in place voluntary targets such as salt levels in food and who may enact legislation governing business practices i.e. as having a spectrum of potential interventions that spanned a range of political or corporate appeal and efficacy. The fact that participants in effect referred to national government will be evident throughout the discourse of government responsibility examined in the rest of this chapter, via suggestions that politics and ideology were behind some actions and through mentions of it having been elected. Perhaps because of the diverse expectations and ascriptions of responsibility in the data, government particularly exemplified the idea of a "shifting and precarious subject position[s]" (Mills 2004). What was explicit in the discourse was that government is held partially responsible for how healthily individuals eat.

Despite repeated references to "government" the data contained no explicit reference to how participants constructed 'government' as a distinct subject position – the executive, the legislature or local. But comments implicitly referred to the elected, national party or parties: those with the power to create and enforce regulations and to shape the nature of the food environment. This suggests a relatively hands off role for government, one in which it minimises its own "obligations and responsibilities" (see next paragraph). Dave, however, thinks that 'government' does have the regulatory powers to tell companies what to do:

> ***Well the government are in a position of course, subject to the usual democratic overrides, they could turn round and say henceforward if you want to operate in this country you will produce only healthy food.***
> Dave FG1

His comments imply that he sees government as a powerful entity with a responsibility for the public's health and authority over the corporate sector. He appears to suggest that if government had the inclination, it has the authority to dictate industry practices, although he hints at an ideological reluctance to

do so. There were also references to the fact that government was answerable to and had a duty of care for individuals because they had put it "in power"; this contrasted with the discourse of corporate power over government (see section 6.3.3). Either way, government was seen to exist axiomatically in relationship to individuals and the corporate sector because of its role as an architect of the food environment, and its responsibility for public health. What this does not account for, however, is the concept of "governmentality" (in contrast with "government") through which "Public policy is posited as a kind of tool which can be deployed in order to facilitate the autonomy of individual and corporate actors and fulfilment of their health-related obligations and responsibilities." (Petersen & Lupton 1996, p.16).

7.1.1 From individual to collective responsibility

Individuals' diets stem from an assemblage of environmental and contextual influences, as has been shown in previous chapters; the discourse of responsibility for healthy eating has cast them as the 'ultimate' arbiter of the health value of their diets. This responsibility was contextualised in the discourse of 'choice', as described in section 5.4 but the fact that individuals do not create the environments within which they have to make those choices was seen as problematic. One interviewee described this inconsistency:

> ***There lies a problem when there is a mismatch between responsibility and power – the power sits with government and industry yet responsibility is being assigned to individuals.***
> public health academic 3

This speaker problematizes the discrepancy between power and responsibility in the food system, suggesting that government and industry have a disproportionate amount of power over the nature of the food environment, and that it is inversely proportional to the amount of responsibility attributed to them.

The proposed resolution to this discrepancy was summarised by an independent report, which depreciated individual responsibility in relation to

the food environment and proposed "interventions" needed to come from those with more power: "Our research suggests that additional interventions need to be in the mix that rely less on conscious choices by individuals and individual responsibility and more on changes to the environment and societal norms." (McKinsey Global Institute: 2014, p.10). In apparent alignment with such a view, documents analysed in chapter 4 showed how government hailed its own important role in shaping the nature of the food environment; this was reinforced by data shown throughout the last two chapters. As such, a discourse emerged that those who create or shape the food environment bear considerable responsibility for the determinants of individuals' diets, and by extension, the actual choices. This speaker acknowledged the role of individual responsibility but stressed its relative position to government and corporate power:

> ***but it's a fairly minimal role compared to many of these other forces. And that places a greater degree on the need for responsibility on… whether it's government, industry, the players that influence the course of agriculture and food supply.***
> international food and beverage manufacturing company executive 1

This industry representative unequivocally negated individuals' responsibility for their diets, and put the onus for creating a healthy food environment on, amongst others, government. That he aligns his view with a collective rather than individual responsibility is particularly pertinent given his position in industry.

Exemplified here by an academic, it was less surprising that the role of these 'influential' players and the need to improve health aspects of the food environment was a common refrain,

> ***…the environment is shaped by industry and by governments….. you practically have to have an eating disorder to eat healthy in the current environment.***
> public health academic 3

This reference to "eating disorder" is an incisive sound bite on the power of the food environment over the individual and indirectly censorious of those who shape it. The speaker implies that they do not actually take sufficient

responsibility for the properties of the food environment that determine how healthily an individual can eat. By "eating disorder" the speaker implies that extreme will power, knowledge and dedication is required on the part of individuals to navigate their way through in order to arrive at a healthy diet *in spite of* the food environment.

Once again, the discourse of responsibility for healthy diets portrayed a shared burden, along the lines of Foucault's 'governmentality' whereby the state does not have absolute power, rather, seeing "power relations as diffuse, as emerging not necessarily from the state but from all areas of social life" (Lupton 1995, p.9). But through this diffusion of power beyond the state/government, its counterpart – responsibility – becomes concentrated on the individual through "disciplinary technology" (Rabinow 1984, p.17) whereby individuals are expected to self-govern; hence the need for them to "have an eating disorder to eat healthy".

Despite the notion of a collective responsibility, many contributors placed considerable obligations on government; this speaker charged the legislature with looking after individuals because it had won a mandate from the electorate:

> ***the government have a moral responsibility – after all we've put them in power.***
> Steve, FG1

The mention of a "moral" obligation charges government with taking a principled stand, suggesting it must do the 'right' thing for the public good, and take steps to help individuals eat healthily. In contrast with this, it was said to have permitted certain practices by industry when it has the power to do otherwise. The discourse of government responsibility for individuals' diets has therefore depicted it as far-reaching – from broadly enacting policies that foster a healthy food environment to putting money into health education, and to providing information to help individuals eat healthily. As such, it is charged with a variety of roles.

7.2 A government role – information and public health

The previous section described a normative discourse that, in effect, government *should* be responsible for optimising aspects of the food environment that influence dietary choices because of its role in caring for public health. In the analysis of government and corporate documents in chapter 4, several roles emerged for government and documents published by government claimed that it *does* take responsibility for public health policy related to diet: from its commitment to "tackle public health challenges" and by the establishment of "Public Health England" (DoH 2010a, p.2). On obesity, the government published "a call to action" in which it was "committed to giving a lead" (DoH 2011a, p.4). The discourse around government's role in diet-related health in the interview and focus group data, was such that it is almost self-evident:

> **It has to be government that takes the lead on this because no one else could. It's such a big, complicated set of issues. No one else would have the kind of power to say yes this is how we do stuff.**
> former senior civil servant, Department of Health

This statement forms part of the discourse that is constitutive of government as the overarching entity with power over all aspects of the diet-health nexus. But as will become evident throughout this chapter, there is a lack of alignment between what contributors said government *should* do, what it said it *does* do, and how other discourses portrayed what it does.

Government, alongside the state executive, is considered – both legally and through public opinion – to be responsible for protecting public health, whether that be through regulation or not (Frieden 2013). Amongst the many roles attributed to government across all the data, including the documents reviewed in chapter 4 (see sections 4.3.3 and 4.5.2), was its duty to direct aspects of the information environment in the food system, such as the provision of nutritional and health information, and education about diet. Not only was this role prominent in the data but, as will be shown in the following section, it also exemplifies contradictions and inconsistencies in the discourse of government

responsibility.

7.2.1 Information and education for a healthy diet

In the discourse on governmental responsibility there was considerable emphasis on its role in providing the public with information and education, as mechanisms for driving healthier, more 'responsible' food choices, (see sections 4.3.3 and 6.2.3). This was said to be achieved through several channels, listed by one industry executive as labelling, marketing, public education campaigns and "even the entire promotional area". The discourse on government responsibility for the information environment was centred on two threads: guiding or controlling the way industry provides nutritional information and secondly, making sure individuals are well informed through education or health promotion so that they may make their own, responsible dietary choices.

Upholding evidence shown earlier (see section 4.3.3), a politician interviewee acknowledged that providing information – on labels or in restaurants – was "not perfect", but it helps, while other contributors said that any system needs to be "universal" (FG1) and "instantly recognisable" (FG8). Participants portrayed the need for government to control factors that make up the information environment, because the food industry was seen to be biased due it its profit-making role; indeed, one focus group participant was cynical:

> *the information is never complete. The art of not lying but not telling the whole truth basically.*
> Tom, FG9

Tom insinuates that industry manipulates the information environment to its advantage such that it is essential for government to ensure individuals are not misled. Government was hereby seen as reliable and impartial; whether this is true or not (see subsequent section 7.3.1), the discourse nevertheless depicted such neutrality as essential because of government's purported responsibility for mitigating the potential harm from corporate endeavours, and for developing and enforcing uniformity across the system:

> *It's about transparency. … it's about cutting through all the promotional noise to provide some objective information to help*

> *people navigate otherwise a very noisy food environment, which is*
> *marketing.*
> public health NGO executive 2

This speaker, resigned to corporate practices, placed the imperative on government to take the lead and keep industry in check, although as will be shown later in the chapter, its efforts were not deemed robust, genuine or successful by many participants. (Several interviewees' views were that information guidance or rules coming from government were not just to help individuals choose healthily but also served another important purpose, as it has "stimulated reformulation" to make foods and drinks healthier.)

The second thread of the discourse of government responsibility in the information environment, was education, with several voices expressing the view that it is the individual's responsibility to choose healthy foods *only* if they have the skills or education that enables them to do so (FG8, 9, 10). An industry interviewee was adamant that it was up to government, not corporations, to make sure individuals were knowledgeable, because they were "more credible". He acknowledged that businesses had other agendas and were therefore less trustworthy, echoing the earlier, cynical quote. But despite contributors from all sectors squarely constructing government as responsible for educating individuals about healthy diets, their efforts were largely branded a failure, for example:

> *Education is government responsibility… For something that is so*
> *fundamental to existence – it's not in our education. It is but not as*
> *much as it should be. It's not proportionate to the importance of*
> *eating.*
> Rufus, FG9

Rufus is explicit about the role he expects from government, but chides it for failing to provide dietary education that is proportionate to its significance, as he sees it. The impact, relevance and effectiveness of government efforts were again called into question partly because heterogeneity of the individual subject position. The provision of dietary information was considered important for triggering or maintaining "behaviour change" i.e. changing to healthier dietary

patterns (see sections 4.3.3 and 6.2.3). This was in line with descriptions of some individuals' levels of knowledge about healthy eating as "astronomically poor", a view shared by many other contributors who decried the lack of understanding not just of nutritional information about food itself, but also calorific requirements, cookery skills (FG4, 5, 10) and corporate promotional tactics (FG5, 10). Other participants were sceptical, however:

> *I can't believe that the uneducated or what ever excuses you give the people, like you say if you've got an apple and a can of Coke – would anybody seriously say that the Coke is better for you than the apple?*
> Julie, FG9

Such questioning chimes with interviewees who said giving the public information about the health properties of food would not change diets, partly because it was dependent on demographics; this is reminiscent of the dietary differences highlighted in section 2.5.2 and further undermines the claimed worth of information provision.

Contradicting the suggestions that government schemes to improve the information environment were important, public health experts and food industry executives said that research showed that certain categories of people not only did not have the knowledge to eat healthily, but also were not interested in having it, and would not heed it even if they did. One interpretation of this is that segments of the population were unreachable through certain public health interventions. Indeed, one industry representative said much information provision was merely "preaching to the choir". Another interviewee warned of the danger of over-emphasising the importance of labelling given how little it is used by anyone, not just those with low literacy, numeracy, or interest, even. The advancement of information and education as means of helping people change behaviour was thereby met with a counter-discourse on the futility of it, particularly in some population sectors (Moon et al. 2015) and in light of primary drivers of food choice such as cost and taste, which can override knowledge.

These criticisms reinforce the idea that focussing on information is a discursive practice founded on neoliberal principles that pushes responsibility onto individuals, rather than government taking responsibility: "Power is not so much a matter of imposing constraints upon citizens as of 'making up' citizens capable of bearing a kind of regulated freedom" (Rose & Miller 1992). Similarly, Information/education provision are light-touch approaches to government, the antithesis of "constraints", out of which Individuals are expected to exercise "regulated freedom" over what they eat.

7.2.2 Knowledge for behaviour change: "a framework problem"

The discourse that government was being responsible by guiding information provision was further challenged by the lack of enthusiasm amongst participants in the focus groups, for educational campaigns to promote healthier eating. Contributors in focus groups described it as "nagging" (FG9), said that people are "jaded" (FG10), and doubted its usefulness given that "everybody knows about the 5-a-day" (FG1). Change4Life was described as "annoying", "woolly" and "patronising" and "a bit like sticking a plaster on something" (FG5). There was also acknowledgement of the difficulty balancing effectiveness with "lecturing", as healthy eating can all seem "a bit heavy", putting people off (FG5). These quotes imply a sense of burden that these individuals feel from strategies to improve dietary knowledge, embodying the "imperative of health"; the discourse "invite[s] individuals voluntarily to conform to their objectives, to discipline themselves, to turn the gaze upon themselves in the interests of their health" (Lupton 1995, p.11). The subtlety of the information discourse is such that it portrays a government taking responsible action, ignoring the evidence of what does determine dietary choices.

It also echoes a parallel discourse (see section 6.2.2) that emphasis on information provision actually puts more responsibility onto individuals to discipline themselves by making the 'right' choices, again negating the discourse

of responsible government action. As such, the information discourse fits with the 'regime of truth' that individuals are responsible for controlling their reactions to the food environment by using knowledge to make healthy 'choices' (see sections 5.2 and 6.2.3). In this sense, information provision is a form of 'governmentality', described by Huxley as "a generalised power that seeks to fashion and guide the bodily comportments and inward states of others and of the self; a form of action on the actions and capacities of the self and others" (2007).

The notion of information as a tool that government can use to change behaviour is not therefore, straightforward and gave rise to a counter-discourse, not just because "it makes virtually no difference at all" (FG1) but also it does not account for elements of the food environment that undermine an individual's capacity to eat 'responsibly'. It assumes that more knowledge "empowers" individuals, imparting certainty and rationality; but the implication that individuals need to make use of that knowledge "ignores the political decision making that alters the infrastructure guiding personal agency, health knowledge, and risk decisions" (Zoller 2008). This, in turn throws up the issue of contested responsibility – if individuals are responsible for using information to discipline themselves to eat healthily, it implies that government is absolved of any more robust action at the food system-public health nexus beyond its responsibility to provide information.

We saw throughout chapter 5 the tension between the expectation on individuals to exercise freedom of choice and to be responsible for their health through dietary behaviour. A justification for the emphasis on information provision gave further insight into the discourse of information provision and choice:

> *you are trying to use essentially a libertarian frame which is more comfortable.*
> academic & government adviser

This comment implies government prefers minimal intervention and shies away from any that may be more demanding of industry and is drawn towards those that rely on individual choice. The idea of a libertarian frame is allied with neo-liberalism: "…within this framework autonomous actors – commercial concerns, families, individuals – are to go freely about their business, making their own decisions and controlling their own destinies" (Rose & Miller 1992). Such a focus on ways of changing individual behaviour fits discursively with the government's aversion to "diktat and nannying" described in sections 2.6 and 4.3.2. It hints at a more ideological rationale behind labelling and other information or education policies, one that values individualism and minimal state participation. It reinforces the dominant discourse evident through the last three chapters, that individuals are responsible for their diets. The accent on information serves to reinforce the accent on such minimalist interventions; it is a pragmatic way of detracting attention from the apparent need to change environmental determinants of diet by those with the power to do so. Indeed, a more blunt criticism was that

> *I don't think they aim for it to be effective, that is not what they are trying to do, and they are trying to appease some public-political concern.*
> public health regional director & doctor

Such "public concern" was raised earlier in comments that the government should provide education, but a counter-discourse is building on the utility and appropriateness of such measures in promoting behaviour change. One contributor emphatically challenged the idea that the "libertarian," information "frame" was the answer to maximizing healthy eating because of what she says is the contradictory context within which food purchasing takes place i.e. that the diet-public health problem is consistently described as stemming from the food environment, yet changes are consistently emphasised in behaviour, not that environment:

> *We have a framework problem – we're trying to deal with it using behavioural tools and it doesn't work*
> public health NGO executive 2

This view fits with the discourse that advocates a diminished responsibility of individuals for their diets: it emphasises the significant role of the food environment and amplifies the responsibility of government (and industry, more of which in the following section). Other interviewees concurred, saying that providing consumers with information is not an effective way of inducing dietary behaviour change given structural influences on food intake. For example,

> *…regardless of the content, the role of public education programmes is incredibly minimal without, and only really has an impact when the other factors are in place. Whether they happen to be environmental change of a sustained nature and regulatory support. And that's the evidence…*
> international food and beverage manufacturing company executive 1

This speaker thereby hints at a larger role for government, including its powers to affect the nature of the food environment and to influence corporate practices. Government's claims to be taking responsibility through information and education interventions have been weakened by a counter-discourse that points out the ineffectiveness of such tools and views that such measures are used discursively to fit with a neoliberal agenda. After all, "discourses are themselves in a state of constant reconstitution and contestation" (Carabine 2001, p.279). Additional arguments emerged that government's responsibility was compounded by its other roles beyond public health, which will be discussed in the following section.

7.3 A competing role – supporting the economy

By definition, the state government bears a wide range of duties, or responsibilities. Participants so far in this chapter have raised issues around how government balances its responsibility for public health within the food system with other roles. The pre-eminence of economic growth in government policy and the potential of regulation to alter the food environment were presented as points of tension through a counter-discourse that questioned government responsibility, particularly in light of how heavily the corporate sector is seen to influence policy-making, with one contributor going so far as to say we live in a

"corporate dictatorship" (see section 6.3.3). What is more, government-published documents explicitly described how it carefully considers the impact on the food industry of steps it takes in public health policy (see section 4.5.4). These tensions were explained, in part, by the government's role in supporting the national economy but they were also said to be based on ideological values, as will be discussed.

Several contributors pointed out that in addition to health, governments have other obligations – possibly even priorities – such as to the agriculture sector and industry more generally. As one doctor acknowledged about public health:

> *there are other priorities and economic vitality is an essential priority and there may well be trade-offs.*
> public health academic 3

He, and other interviewees across sectors, recognised the importance of commercial success and economic growth and he hinted, by "trade-offs", that public health might fall down the priority list. But it was not the axiomatic obligations of government towards industry that gave rise to tension in the discourse; rather what was cast as the disproportionate preponderance of economic growth and commercial success, and how they exemplify "a clash of objectives" with public health:

> *our economic governance model means that the more we do in economic terms the better that is, whereas public health is trying to mop up….. the problem is that the framework has built a model for us to be more and more economically active which means more consumption…*
> public health NGO executive 2

This speaker implied that the focus on "consumption" was both in the economic and literal sense i.e. for individuals to eat more, to the degree that it may be detrimental to health, but beneficial for the economy. Such a "framework", in effect laid down by government, creates antagonism and "trade-offs": "the notion of citizenship as it is phrased in the new public health discourses is centred around the consumption of commodities while also relying upon appeals to aesthetics" (Petersen & Lupton 1996, p.67). In contrast with the commercial encouragement that drives more consumption, these "aesthetics"

require the 'good' citizen to consume, particularly 'unhealthy' food, in moderation so as to take care of his/her health. As such, the individual is expected to help drive economic growth at the same time as exercising restraint so as to avoid burdening the public health system.

This emphasis on economic activity highlights an inherent contradiction in the roles of 'responsible government', at once negating public health concerns and implying a neoliberal focus in which government must promote the private sector and minimal state spending, and in doing so, distance government from a collective responsibility for supporting public health. A focus group member summarised this contradiction:

> *the government are hypocritical because on the one hand they tell us that we've all got to be well and fit and everything and then on the other hand… they encourage the supermarkets to sell more stuff so that they can get more tax back into their trough is as well.*
> Steve, FG1

Steve not only encapsulates the "imperative of health" discourse but also that of economic dominance in policy that undermines the government's discursive claims to be taking responsibility for public health. He is critical of government's stance, showing little tolerance for the "trade-off" that others have described between driving economic growth and public health. Some even went further, not just that economics dominates all policies, but government is dominated by industry:

> *we've been completely and utterly taken over by people with the power because the government is not our servants any more. They're servants of the big moneymakers.*
> John, FG7

This is an emphatic indictment of government's responsibility for individuals and its relationship with the corporate sector. It portrays a government with conflicting responsibilities and diminished power. This comment chimes with the earlier statement that government is not answerable to voters, and indeed, it has been argued that state power has declined with the ascent of corporate power, and is now 'more tightly connected to the needs and interests of corporations and less so to the public interest' (Bakan, 2004: 154). Because of

this, government's interaction with the food industry was a recurrent theme in the discourse.

7.3.1 Relationship with industry: "we've given our democracy away to corporations"

Several contributors noted the tension government's competing responsibilities and suggested it was significantly influenced by commercial interests to the degree that it prioritises economic aspects of the food system over public health. Some aspects of the discourse were cynical, suggesting that Members of Parliament have their own commercial interests (FG9) and government is a puppet to industry:

> ***The government is controlled by the corporations and the lobbyists.....
> They control all of it.....I think we've given our democracy away to
> corporations and we're stuffed.***
> John FG7

This is another strong accusation that government has failed to be accountable to the democratic process by representing corporate over the electorate's interests. To suggest that government is "controlled" by such interests portrays a government not taking responsibility for public health. But other contributors saw the predominance of economic factors as more pervasive and understandable, with one explaining that the food industry is one of the most important in Europe in terms of generating jobs and money.

Another participant saw the power of industry as self-evident in a neoliberal climate:

> ***... that's the mind-set of the whole of our society. The government
> believes that, you know, business needs to be healthy in order for
> society to be healthy. And that gets to the extreme where the interests
> of business are, become sacred and much more important than the
> interests of the individual.***
> Emily, FG7

This quote exemplifies the theme of corporate dominance over government policy and rationalises how it undermines government responsibility for public, or individuals' health. It also explains the wider consensus of neoliberal

governance that we have seen woven throughout the last three chapters, one that promotes individualism and the free market and is said to have far-reaching effects: "This market-based economic agenda directly influences health by affecting key predictors of health status. It also influences the ability to protect and promote health discursively by privileging market ethics over the normative foundation that supports public health efforts" (Zoller 2008). Both the criticism and the understanding exemplified by Emily and John above, and earlier by the NGO executive who criticised the "framework", give insight into the tension perceived in government responsibility for public health – that business interests are deemed "sacred", while the individual must fend for him or herself in the food environment created by those businesses. Such tension was illustrated in the way government interacts with corporations in public health interventions.

7.3.2 Regulation vs. voluntary agreements

A much-expressed sentiment prevalent through the data was that it was the role of government to keep industry in check regarding its role in individuals' diets because of the corporate sector's responsibility to employ strategies that help maximise profit. One feature of government's apparently light-touch approach to the corporate sector is seen in the narrative about its championing of voluntary agreements, rather than regulatory measures, for changes to the food environment. Furthermore, there were discrepancies over the degree to which industry should be involved developing policies designed to guide its practices relating to public health. One speaker acknowledged the financial duties of companies, and questioned their involvement in policy-making:

> *I don't think it's necessarily, they are not best placed to decide that. That's the job of government.*
> public health academic 3

This view clearly rules out industry from involvement in setting standards for the way it operates because of the potential for conflicts of interest – corporations are unlikely to support any measures that may affect their profits.

Several other interviewees from all sectors agreed that although industry needed to be involved in the debate about how to create a helpful food environment, it was government that needed to either guide or enforce certain, health-orientated practices. After all, "There are no legislative requirements that corporations serve the public interest, thus opening up what Alan Greenspan calls more 'pathways to greed' raising justifiable concerns about self-governance, given the enormous influence and power wielded by large multinational corporations" (Banerjee 2008, p.63). Indeed, one contributor said that without government effectively governing business practices with public health in mind,

> ***left to market forces, we have these externalities affecting society and society is picking up the bill.***
> public health NGO executive 1

This particularly economic perspective describes the financial burden on "society" of the health outcomes caused by poor diets, consisting of foods provided by an industry operating within "market forces"; echoing Emily and John earlier, this suggests the "sacred" position that the corporate sector holds; the speaker compared diet-related ill health to environmental damage for which the "polluter pays", suggesting that government regulation on such matters acted as an incentive for industry to change practices for the benefit of the environment and could similarly do so for food and health.

The best-known voluntary mechanism by which government has tried to guide business practices is the Public Health Responsibility Deal (PHRD), discussed at length in Chapter 4. Justifications for the use of such a programme include that it is quicker to establish than regulations and that legislation is difficult when companies are "not doing anything dangerous," as an MP said. Interviewees from all sectors – including those from the corporate sector – were, however, adamant that regulations needed to "at least be considered" because of the many perceived flaws of voluntary initiatives, particularly the PHRD. Some of these were highlighted in the anti-voluntary discourse e.g. the pledges are limited in scope, too piecemeal and often unspecific, businesses were involved

in the development of pledges, many do not sign up, and voluntary measures do not "level the playing field" across the entire sector. As such, it was described as "fundamentally flawed". On the other hand, regulation was also seen as problematic e.g. people "pray to the letter of the law instead of the underlying sentiment", it is not "nuanced" and it takes years to enact.

However, a narrative also emerged suggesting that government insistence on using the Responsibility Deal and not explicitly considering legislation illustrates that it is not prioritising its responsibility for public health:

> *the ideological perspective from which those decisions were taken is one that I would seriously take issue with*
> public health academic 3

In other words, it is the neoliberal ideologies that drive the way government interacts with business in relation to its responsibilities for public health i.e. in a permissive fashion; this appears to suit businesses' goals well, as one corporate executive said of the PHRD:

> *it's the flexibility because it enables us to sign up and work within our business model and business plan.*
> supermarket executive

This description exemplifies industry's view that a voluntary, "flexible" scheme suits them and does not interfere with their goals, one of which is profit. The promotion of voluntary agreements is a discursive tool that serves to mask the ideology behind such measures. Research has shown that the most effective strategies for improving diet – ones that may be unpalatable to corporations, such as food pricing mechanisms and marketing restrictions – are not found in the PHRD pledges (Knai et al. 2015).

There were, however, alternative views from academics and consumer advocates that straddled the regulatory-voluntary debate: even without regulation, government could take more responsibility by being more assertive about the involvement, execution and evaluation of voluntary measures. The PHRD was criticised for (amongst other things) not being properly "led", once again, because of ideological foundations which promote the free market and

mean government wants only to take a "very small role" and not put in place clear, measurable expectations of industry.

This section has described the counter-discourse to government responsibility for public health: that it is diluted by a combination of both its responsibility to the economy and its ideological aversion to curbing corporate practices. The following section covers more on ideology and other factors that are seen to influence government responsibility for health.

7.4 Policy-making, ideology and complexity

Analysis of the data has shown that government and the food industry heavily influence the food environment within which individuals make their dietary choices. What is more, the type of policies relating to diet and health, and the lack of them, have highlighted how "powerful social actors with access to dominant spaces in the public sphere shape the nature of health discourses, and thus dictate the possibilities within which health choices are negotiated" (Zoller & Dutta 2008, p.34). As one of the "powerful social actors" and as an architect of the food system, government is portrayed as responsible for health but also for managing the diet-public health sphere using neoliberal principles such as deregulation, market freedom, a smaller state and individualism; these were depicted as part of the reason behind the government's preference for voluntary mechanisms and also the discursive use of interventions such as information provision, which place ultimate responsibility for healthy eating with individuals.

In line with this attribution of ideology to government policy-making, the broader sense in which it makes decisions about public health measures has come under criticism for having double standards, which favour economics rather than health:

> *if you want to make a decision which will have an impact, positive*
> *impact on public health and which normally means a regulatory*
> *approach, you need to demonstrate the evidence that that is going to*

have an impact, positive impact. Whereas if you want to make any kind of economic policy decision that is completely non-evidence based at all, then you can, because that's their overarching model of economic governance.
public health NGO executive 2

This speaker is questioning the different ways in which policy decisions are reached, suggesting that any to do with health, that may impede business, have to overcome more obstacles to be implemented. In contrast, economy-based policies do not have to go through the same, rigourous testing. Two public health academic contributors reiterated this sentiment, from a different slant saying that that the demand for evidence is unhelpful: "if we set the bar so high, then we will never do anything" and "in fact we could never have evidence for it". This latter speaker suggested that government was dissembling by insisting on evidence for dietary public health measures, especially as most are unlikely to cause harm if implemented. It has been said that "for those who believe the language of evidence-based policy, a reminder that science is about values and policy levers not just evidence" (Lang 2009, p.325). Additionally, evidence on real life, complex interventions involving dietary habits are notoriously difficult to gather – the Foresight report suggested it was necessary to "make do with the best evidence available" (Butland 2007, p.13).

Indeed, a discourse arose in the data that suggested that not just ideology, but also the complexity of the diet-health issue (see section 4.2) beleaguered governments' attempts to address it:

within the discourse people tend to be A, opinionated and B, have an opinion that doesn't acknowledge the complexity of it and C, have a very moral dimensional to those opinions.
public health academic 3

In other words, the complexity of the diet-public health issue is not sufficiently accounted for and it often, even subtly, brings out people's moral, or ideological stance, for example, that it is up to individuals, rather than government to take care of their health.

Some academic interviewees lamented that despite the complexity the debate about diet and public health is often characterised by single-issue factors such as information provision, and government was criticised for approaching the matter in a piecemeal fashion rather than more holistically:

> **because it's a complex messy problem, people have complex messy thoughts about it. And there will be knee-jerk stuff that says yes people should keep their snouts out of the trough…..**
> public health academic 3

This speaker is pointing to views that the answer to the "messy problem" is problematically presented as very simple – for example, that individuals should just eat less, or better. A contrasting discourse rationalised that 'simple' proposals for solutions were not surprising given that the issue was almost too complex to generate a "rational response". Such opinions on simplification were attributed to the combination of the complexity and "the political reality where people are at". This "political reality" – what is politically expedient and possible – was also raised in the construction of government's responsibility; as in Chapter 4, analysis suggested that 'complexity' was sometimes used discursively to deflect attention and accountability away from government, for example:

> **it can be a really complex process. But that doesn't mean the alternative is that government doesn't do anything and just leaves it up to industry.**
> consumer campaigner

This speaker implied that the complexity was no excuse for inaction on the part of government; this adds to the discourse constructing government as using the complexity of the issue to subtly negotiate a diminished role for itself in public health.

Government was criticised for failing to rise above the complexity and for not having the "appetite" to respond to it, as set out in the Foresight Report. The political "appetite" was seen by a variety of interviewees as essential for "giving a lead" (DoH 2011a, p.4) to such a complex, multifaceted issue. Yet, again the counter-discourse to responsible government corroborated earlier suggestions that ideology underpins political action or inaction, here under the discursive

guise of complexity. Indeed, the complexity was seen as a key stumbling block to leadership and action from government:

> *If you've got a problem, which is everybody's problem, it also becomes nobody's responsibility. And that's the real, real danger.*
> public health academic 1

This speaker raised the idea that diet-related health has, in effect, reached a stalemate. Despite this potentially crippling complexity, government was seen repeatedly as the only player in the food system that is in a position to take charge of the diet-public health problem and to put in place a concrete plan of action:

> *It's that kind of lack of framework and leadership that I think is really needed.*
> consumer campaigner

Yet, again, government is seen to be failing. Similarly to criticism of government's handling of voluntary measures, it is its leadership qualities that are being called into question,

Some saw the complexities mentioned so far as only part of the problem – the solutions themselves were a "balancing act" and involved several sectors, beyond health:

> *It's a complex process of policies and politics. It's about policies and politics around business, around trade, around agriculture, around health to a lesser extent [laughs].*
> public health NGO executive 1

Here the speaker is hinting at earlier suggestions that health is a low priority amongst government responsibilities, and the complexity of the "process" results in the domination, in policy, of certain political or economic interests.

Several contributors, from all sectors, expressed the difficult position in which they saw government: developing policies to help improve the population's diet is fraught with tension because of the complexity involved. Similarly even the complexity of government's subject position itself was seen as problematic because the different branches involved for "nearly all the solutions" (former

Minister of Public health) lay beyond the Department of Health. Another aspect was the complexity of what actually constituted 'government':

> *people talk about the government….. But actually the government is of course thousands people….. they're just normal people that have, that's their career choice. They don't have the kind of knowledge that we assume.*
> Matthew, FG8

This speaker appears to be highlighting that 'government' is not a unified entity with the knowledge, power and ability to act efficiently and effectively; and that it is therefore not surprising that there is not a cohesive, "sagacious" (Matthew's word), commanding response. The nature of government is, however, just one of the elements of the complexity discourse that forms a seam through the issue of dietary public health, government's responsibility for it, and the state's relationship with individuals and the corporate sector.

7.5 Summary

Although the identity of government was barely made explicit in the data it was, nevertheless, implicitly taken as axiomatic that it is a powerful architect of the food system, with responsibility for helping to safeguard the public's health. It was consistently portrayed as an overarching figure, whose raison d'être is to 'govern' all aspects of the state; because of this, it was characterised in relation to individuals and the food industry (as well as other aspects of the state such as education and agriculture). Extending from its different relationships, government was seen to have a range of roles and responsibilities associated broadly with dietary public health and its determinants in the food system. One role was plainly depicted: to enact policies that help to promote public health, involving various forms of health promotion, aimed at improving individuals' diets, including enhancing the level of information or knowledge they have about food.

Corroborating evidence in earlier chapters, a significant way government was expected to do this was via 'information": fostering the provision of nutritional information and dietary education. The discourse of information provision

represents an interesting microcosm of government responsibility: it showed the state purporting to take responsibility, expectations of government responsibility held by others and also inconsistences and counter-discourses. Not only was government said to be failing to sufficiently inform individuals, but also the information discourse was exposed as the "wrong framework" for dealing with dietary behaviour given that the major barriers to making healthy choices were cost, taste and convenience, not a lack of information. Despite these failures and inconsistencies, the provision of information persisted as a "dominant discourse" in all parts of the data as a key intervention to improve diets. This could be explained by the argument that "one major function of dominant discourse is precisely to manufacture such consensus, acceptance and legitimacy of dominance" (Van Dijk 2001, p.302).

Resonant with the notion of 'biopower' whereby individuals are, in effect, expected to be knowledgeable, to take care of themselves, 'information' is not only discursively convenient, but also reinforces "the idea that good health can be achieved through better individual choice-making. This discourse operates similarly to maintain the political status quo by directing attention towards the individual and away from social and political contexts" (Zoller 2008). The rhetoric of information provision ostensibly constructed government's subject position as one of the responsible overseer of public health, but when delving into the discourse, it emerged as a discursive tool that redirects responsibility away from government and its potential actions – the "political contexts" – and lays the imperative on individuals to use that information to make healthy food choices.

While information provision may have exemplified government responsibility for public health in the food system, analysis of the data also exposed counter-discourses that highlighted the ambiguity of its roles and that challenged claims of government responsibility for public health. Government's job of sustaining and promoting the economy was portrayed as not just an additional role to caring for public health but as a higher priority. It was also perceived to be

politically expedient for government to favour the "dominant discourse" of information provision: it fitted with a neoliberal ideology that emphasises the role of the individual (to make the 'right' choice) rather than the state; and it frees government from having to impose anything more threatening to industry's bottom line than certain types of labelling. Another repeated illustration of this was the preference for voluntary rather than regulatory measures in guiding industry's role in the food environment.

These competing roles also formed part of a further complexity discourse in the data: government itself was seen as a complex entity and its job of reducing diet-related ill-health was also seen as complex. But some contributors to the data portrayed these complexities as discursively useful for government, as a veneer over the ideological agenda behind its actions, an agenda that prioritised business. To return to the quote used in section 7.1, and to complete it, "shifting and precarious subject position[s] means that the subject is no longer in control" (Mills 2004) – although written broadly about all subjects, it seems, in light of the data, to be particularly representative of government's responsibility for healthy eating in the food system. It suggests a fractured, precarious, 'complex' subject position that does not have as much power as it superficially appears to. Government's apparently fragmented subjectivity is representative of seemingly incompatible responsibilities: it not only undermines its commitment to public health, to governing in the interests of the people who "put them in power" but also constitutes it as "servants" to the power of the corporate sector. This in turn fragments its responsibilities, calling into question its ability or ideological commitment to doing what it could to "make the easy choice the healthy choice" for individuals.

Chapter 8: Discussion

Individual responsibility made common sense

"Avoidance of the need for developing effective social policies for health in favor of a sole concentration on problems of individual health behavior is not only oversimplification but an evasion of public health responsibility."
Milton Terris, President of the American Public Health Association (1968, p.3)

Overview

The aim of this thesis was to analyse the discourse of responsibility for healthy eating, in order to offer some insight into how relationships between actors in the food system and power dynamics between them are perceived and how actors believe that may influence food choices. Perceptions of responsibility affect the behaviour of different actors in the food system, which in turn may affect population dietary health. The determinants of population dietary behaviour remain poorly understood, as do ways to improve it. This is partly because their complex, multi-layered nature makes them difficult to study. Situating the issue of responsibility for healthy eating in a complex systems framework offers opportunities to examine the relationships between actors in the food system and the impact such dynamics may have on the public's diet, as it relates to health. This thesis integrates two approaches to generate a new perspective: having analysed the data, and viewing Adler and Stewart's concept of 'behavioral justice' (2009) from a complex systems perspective it appears that the concept of proportional responsibility within the food system would move these debates forward. That is to say, there needs to be a theoretical framework and political consensus that those with the most power to affect the determinants of diet should bear proportionally more responsibility for ensuring a healthy diet is a feasible option for all.

A focal point of the data analysis was the gap that became evident between the depictions of different actors' power over and responsibility for healthy eating, which appeared to be created discursively by discrepancies in the construction of responsibility. Despite recognition that individuals' responsibility for their dietary practices was limited by factors in the wider food environment and personal characteristics, individuals were persistently described across all participant groups as having ultimate responsibility. The discourse of individual responsibility did not, however, withstand scrutiny because it was predicated on other discourses that can be extensively challenged via a Foucauldian focus on power/knowledge. The discourse was based on the notion that people make food choices freely and rationally, and they are therefore responsible for them. But when deconstructed, the discourse of choice was shown to mask power dynamics that did not take account of individuals' powerlessness over the environments within which they make those 'choices'. The pervasive discursive notion of choice provided a convenient justification for minimal action by those with the power, the architects of the food system. In addition to using a complex systems framework to situate the research, complexity was shown to function as a discursive tool. It also was used to perpetuate the dominant narrative of individual responsibility – it served to portray the diet-health problem as so multi-layered and difficult as to render it insurmountable. It, in effect, promoted an argument that science cannot give certainty, therefore there is no evidence on which to base action i.e. complexity served as a rhetorical tool for not regulating the food system more, validating the failure of government and industry to make effective changes to the determinants of diet.

The free market system generated a deeper-rooted, implicit value underlying the discourses of responsibility, choice and complexity. This poses contradictions for the different actors whereby their roles in the market system compete with their responsibilities to (public) health. It is these conflicts that simultaneously challenge and reinforce the prevailing dogma of individual responsibility. Indeed, such contradictions and inconsistencies in the discourse offer the most revealing insights: participant accounts consistently suggested

that individuals struggle to live by the imperative of health when they are expected to be avid consumers; corporations struggle to contribute to public health when they are driven by maximising profit; and government struggles to prioritise public health when it is wedded to the principles of economic growth and individualism. The dichotomy of 'health versus market' in effect constructed by discourse, creates a "regime of truth" (Foucault 1984, p.73) founded on ideological contexts that prioritise the economy over public health and that appear to be taken for granted in a neoliberal approach to government despite potentially detrimental effects on public health. This approach serves to lay a disproportionate amount of responsibility on individuals, even though they do not have the balance of power in the food system.

This thesis took a novel, multilayered approach to understanding how responsibility is constructed and enacted in the food system; it did so using document analysis, focus groups and semi-structured interviews. The Foucauldian discourse analysis of the material provided an innovative approach to challenging the knowledge and debates in the food system; by examining 'responsibility' for individual behaviour as it relates to public health in this way, the thesis shows that the pervasive (but largely unquestioned) discourse of responsibility in the food system is contested, contradictory and steeped in uneven power relations. The findings contribute to debates about choice and complexity in public health – framing them as the discursive architecture, which in effect supports the prevailing discourse of individual responsibility. The work also contributes to the public health literature by demonstrating that the free market paradigm that underpins the food system is not compatible with expectations of individuals' responsibility for their health behaviour.

This chapter will go on to summarise the main findings before contextualising them in existing literature, and suggesting contributions that the work has made to knowledge and theory, under three main themes – choice, complexity and market system domination. It ends with a discussion of the implication of the findings.

8.1 Results summaries

The analysis revealed that individuals, industry and government were represented in discourse as three distinct groups with their own responsibilities and roles in the food system, regarding healthy eating; after presenting results from the documentary analysis, the discursive responsibility of each subject position was then examined in the three other results chapters. The findings, presented in Chapters 4, 5, 6 and 7 are summarised in the following four sections.

8.1.1 The discourse of responsibility in policy

Responsibility is constituted discursively through, amongst other things, government and corporate documents. Responsibility for healthy eating was depicted in the documents examined as a shared enterprise between individual members of the public, government, and industry and, peripherally, other actors such as doctors. The documents cast industry as an engaged partner in dietary public health, and government with a dual role of guiding business practices and "empowering" individuals (see section 4.5.2). A comprehensive analysis of the documents revealed, however, more subtle emphases of responsibility. For example, the recurring theme of the provision of nutritional and dietary information – while superficially suggesting responsible actions by government and industry – served discursively to place responsibility with individuals for acting upon that information, even though doing so underplays other factors that determine people's choices (Barnett et al. 2005; Moon et al. 2015).

Complexity was another theme that appeared to underpin the discourse of individual responsibility by creating a sense of an almost insurmountable problem that can only fall back on individuals; and it called into question the relatively 'simple' interventions such as nutrition labels, rather than structural solutions. These serve to bolster discourses of individual responsibility (to use the labels to make the 'right' choices) and contrast with more effective,

'upstream' interventions (Meadows 1999; Krieger 2008; Braveman et al. 2011), suggesting an ideological aversion to anything that may curb the fiscal success of companies and economic growth. The 'sub' discourses that highlight uncertainty in evidence, free choice and the complexity of diet, echo those used by the tobacco and alcohol industry, as excuses for inaction (Saloojee & Dagli 2000; Hawkins & Holden 2013). Indeed, the 'regime of truth' that was perpetuated through the sometimes-covert discourse normalised the "imperative of health" on individuals to eat 'responsibly' for their long-term health.

8.1.2 Individual responsibility

It was repeatedly stated that individuals were the ultimate arbiters of what they ate. This was embedded in the recurrent discursive idea of 'choice' – it was not just up to individuals to make the right choices but also, it was essential that they had 'freedom' of choice. What is more, positioning the general public as 'individuals' has powerful implications in the responsibility discourse, implying each, single person has a greater degree of agency than, say, 'the public'. The discourse of individual responsibility for making healthy choices remained entrenched, despite acknowledgment that various characteristics of foods, people and the environment were said to construct the so-called "prison" within which individuals make those choices (as described by an interviewee, see section 5.5). The findings were consistent with literature on the "imperative of health" (Lupton 1995) – the idea that subtly infuses public health discourses with individual responsibility, such that "Different ideas about the biological responsibilities of the citizen are embodied in contemporary norms of health and practices of health education" (Rose & Novas 2004, p.441). The expectation of individual responsibility thereby emerged as a form of biopolitical subjugation.

Taste, cost, convenience and promotions were widely cited as playing a significant part in the food 'choices' that individuals make and reinforced earlier

findings (Story, Hamm, et al. 2009), giving rise to a counter-discourse: that many factors which determine whether an individual eats healthy foods or not, come under the power – and therefore responsibility – of other actors. Indeed, some participants articulated explicitly feelings of powerlessness and implicitly in expressions of mistrust and cynicism about food companies and government. So the expectation that individuals exert their freedom over food choice contrasted starkly with the expectation that they also practice mastery over their appetites to maintain good health (Sassatelli 2001), in spite of potentially overpowering cues in the food environment to do otherwise. Public health measures that imply individuals should use their own power to act to change their dietary behaviour[54] contrast with a strong narrative thread that the architects of the food system – industry and government – had more power than individuals over the determinants of their diets.

8.1.3 Corporate responsibility

The corporate sector was characterised in the data mainly as large manufacturing companies and retailers. In contrast with the documentary analysis, which portrayed industry as a willing partner in efforts to improve dietary public health, the second set of data revealed a more fragmented subjectivity. On the one hand, the corporate sector was assigned some responsibility for the population's diet, yet a seemingly antagonistic role was also prominent – the financial drive to maximise profit. Even the mechanisms through which industry was said to exercise its responsibility for public health – meeting consumer demand, and providing choice and information – were said to hide other agendas. Namely, to provide credibility for appearing to be responsible, to be tactics for avoiding or delaying legislation and to ultimately return responsibility to individuals for making the 'right' choices and for using the information provided. The discursive use of 'choice' also contained another agenda – by providing more choice, industry is also able to increase the potential for profits. Indeed, it was financial responsibility – the commercial

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[54] http://www.nhs.uk/change4life/Pages/change-for-life.aspx accessed 04/07/16

imperative – that dominated the discourse on the role of the corporate sector. Such responsibility was said to conflict with or override the responsibility to help individuals eat healthily; some informants said the two were irreconcilable, while others disagreed. Despite some inconsistencies, overall, the food industry was portrayed as an entity with significant power not only over the determinants of diet but also over government policies related to public health.

8.1.4 Government responsibility

One of the many responsibilities of government described in discourse was to public health, as it pertains to dietary behaviour; this was exercised largely through interventions such as the provision and regulation of dietary and nutritional information. But this was described by one contributor as "a framework problem" whereby individual responsibility for enacting behavioural changes was emphasised over structural changes (c.f. Brambila-Macias et al. 2011); whereby information provision was emphasised when lack of information was not described as a determinant of diet (see section 7.2.2). Like the other two main actors in the food system, government's roles and responsibilities were represented as conflicted. Discursive responsibility for public health was seen to compete with ideological values and a responsibility towards the economic health of the country. As such, an ideological emphasis on individual responsibility (exemplified by the repeated emphasis on information provision) and a prioritisation of economic growth were seen to undermine government's commitment to public health. This counter-discourse was bolstered by suggestions that government was vulnerable to the influence of industry, as shown by its preference for voluntary partnerships over regulatory measures. Additionally, the discourse of complexity was once again raised – both in the nature and roles of government and in the task of reducing the prevalence of diet-related ill-health. For the latter, however, government was criticised for not having the "appetite" to confront the complexity of the problem (see section 7.4), and even for using it as a discursive device to defend its ideological position. Ultimately, government was portrayed as wielding less

power than it outwardly appears to have; it was also depicted as such a fragmented subjectivity, with competing roles and responsibilities, ultimately driven by expediency and ideology (see section 3.3.3).

Because the notion of responsibility in relation to the public's diet has not previously been investigated, this thesis contributes to debates on the determinants of diet and the roles and responsibilities of government and the corporate sector in diet-related disease. Such ideas can be contrasted with and extrapolated to other public health issues such as tobacco and alcohol consumption. This thesis has highlighted intersecting, pervasive discursive themes that contribute to both a theoretical and empirical understanding of 'responsibility' in the food system: the nature of food choice, the complexity of the topic and the pervasiveness of free market imperatives in the public health-diet issue. The sections that follow are discussions of these themes, contextualising their contribution to the scientific literature.

8.2 Choice and the discourse of responsibility

Systemic determinants of diet (as opposed to single variables) have rarely been analysed, certainly qualitatively, so the notion of responsibility provided a useful, novel lens through which to do so. Although the nature of the data does not allow for population-level generalisations, deconstructing perceptions of responsibility has furthered insights into the portrayal of the roles, responsibilities and expectations of behaviour of actors in the food system and in determinants of individual's food choices.

There is not yet a coherent body of literature explicitly examining the nature of choice in so-called 'lifestyle' behaviours related to health such as diet, smoking and alcohol consumption. Yet throughout the data in this project, choice was a constant point of reference at the diet-health nexus; it was ever present in the discourse of responsibility for healthy eating and served a variety of discursive functions. Choice is the point at which individuals interact with the food

environment: it forms the bridge in the relationships they have with the architects of that environment. Adding to other research that touches on choice, the findings demonstrate contradictory discourses: an emphasis on individual food choice, unease with the nature of choice itself, and concerns about the degree to which it is the result of agency or constrained by structural factors (Yudkin & McKenzie 1964; Lynch et al. 1997; Lockie 2009; Clarke 2008; Adler & Stewart 2009). It is acknowledged throughout the data and published literature that individuals' choices are significantly influenced by taste, convenience, cost and promotions of food, elements of the food environment that are controlled by industry and government (Freidberg 2004; Cohen & Farley 2008; Smith et al. 2011), that choice has "a small role to play" in driving consumption behaviour (Clarke 2008). As such, it is recognised that the determinants of individuals' choices are themselves determined by others and by other priorities.

While 'freedom of choice' of food superficially appears to be essential and desirable, a novel Foucauldian approach to the concept exposed it as a power/knowledge construct that falls down on two fronts. Firstly, such an approach to the discourse of 'choice' has added empirical evidence to existing discussions on the idea that choice is not as free and appealing as it may appear (e.g. Sassatelli 2001; Wikler 2002; Vohs et al. 2008; Jackson 2010). Contributors to the data described "a choice of the choices" and the "prison" within which choices are made (see section 5.5) in effect saying 'choice is not really choice'. Secondly, and more innovatively, the analysis exposed choice as a discursive tool for emphasising responsibilities of individuals – to make the 'right' choice, whatever the constraints in the current food environment, exposing the choice discourse as a form of biopower. So the findings augment existing literature by explicitly problematising the discourse of choice, revealing that it is a fundamental feature underscoring the discourse of individual responsibility and the "imperative of health".

The results chimed with literature which states that emphasising choice assumes individuals act rationally and with full resources at their disposal i.e.

they consciously make fully informed choices, weighing up the taste, value, convenience and health implications of the food they eat (Whatmore 1997; Cawley 2004; Jones et al. 2011b; Thompson & Minaker 2013). Yet it should be noted that "consumer demand should not be thought of as exogenous but instead shaped by institutional processes and particular influences such as advertising and product manipulation" (McPherson 2013). The promotion of individual choice as an aid to eating 'responsibly ' is flawed – it fails to take account of both the determinants of choice and constraints on 'free' choice, such as the social or economic contexts within which those choices are made, particularly regarding social inequalities and poverty (Herrick 2009; Dixon 2013). It also implies a "narrative of the failed citizen" (Elliott 2007) about those who do *not* make 'healthy' choices, a failure to earn one's 'biological citizenship' (Rose & Novas 2004).

This was exemplified in the 'ice cream executive's' repetition of choice (section 6.2.2), which accentuated the on-going, daily efforts individuals are expected to make in the "'civilizing' of appetite" (Lupton 1996) by exerting conscious agency over their food choice. In this way, the Foucauldian analysis of data in this thesis has exposed choice as a medium through which power/knowledge operates because the persistent, pervasive emphasis on the freedom of choice creates a powerful 'regime of truth' that individuals do, indeed, make free choices; this is to ignore the way such 'choices' are influenced by other, external factors, which are under the power of other actors. The findings on choice also contribute to debates on the idea of governmentality, here exercised through corporations: they show that 'choice' serves to render individuals responsible for self-management. The deconstruction of the discourse of choice echoes public health critiques of other industries such as tobacco, where deliberate strategies employ a neoliberal framework to emphasise 'informed choice' by individuals, whether the outcome of those choices is harmful or not, and whether the choices truly are 'informed' (Hoek 2015). This was evident in the current data - saying that ice cream "can sit in a healthy diet" fits with the discursive construction of individual responsibility, that it is up to individuals to make the

right choice, to control their intake and not over-indulge in such unhealthy foods, despite temptations to do otherwise. It has been said that "far from having the status of a pure descriptive concept, choice exists as a normative claim… invited to think of themselves as choosers, individuals are asked to promote their desires and pleasures as the ultimate source of value while keeping mastery over them" (Sassatelli 2001, p.93).

It is ideologically convenient for a government which is arguably committed to the neoliberal agenda and companies motivated by profit, to focus on freedom of choice; it is a superficially an appealing concept because of the freedom it suggests, but it obscures the way it reinforces the rhetoric of individual responsibility for making the 'right' choice for health, however much environmental cues may nudge choice in the other direction (Adler & Stewart 2009). Indeed, it has been said, "Ideology that convinces us that everyone can make it if only he or she makes the right choice relies on blindness – we do not see that social constraints stop us making out of our lives what we wish for. And when we think about choice as a primarily individual matter, we also become blind about broader social, political choices."[55] This view discredits the discursive construction of choice as a tool that individuals can and should use to eat 'responsibly'.

The theme of freedom appears throughout the findings, not just in relation to choice but also alongside responsibility, notably in the recurrent phrase in the documents, "freedom, fairness and responsibility" (see sections 4.3.2 and 4.5.2). Under scrutiny, the association of these two ideas revealed a silent, ideological paradox: a tension between the discourses of "freedom" and of responsibility. Indeed, Wikler proposes that "Ascriptions of responsibility presuppose freedom of action" (2002, p.50), yet individuals were expected to exercise both the "freedom" of having information and choice, and the

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[55] Renata Salecl, author of *The Tyranny of Choice*, Professor of Psychology/Psychoanalyis and Law, Birkbeck College in http://www.theguardian.com/lifeandstyle/2015/oct/21/choice-stressing-us-out-dating-partners-monopolies

responsibility required to restrain that very freedom. Handing choice and responsibility to individuals not only disregards the admission that business practices do not make healthy choices easy but also, it betrays a fear that industry may have: "the discourse of 'consumer choice' produces its own anxieties, for consumers who are worried about making the 'right' choices and for food producers and retailers who live in constant fear that consumers will exercise their right to spend their money elsewhere." (Jackson 2010, p.154). Freedom of choice therefore becomes a double-edged sword for both industry and individuals.

The relationship between individuals and those who create the food environment is described succinctly by Giddens when writing about modernity: "An individual who vests trust in others, or in a given abstract system, normally thereby recognises that she lacks the power to influence them significantly." (Giddens 1991, p.193). This quote helps elucidate recurring tension around choice in the data: individuals were discursively created both as all-powerful over their food choices *and* as powerless over the environment within which those choices take place. Despite this and despite limitations on the way they make choices, individuals were held responsible persistently for eating to maintain and protect their health.

It is the notion of individual agency in making food *choices* that at once fractures and bridges the contradictory discourses of individual responsibility for healthy eating in the face of a potentially adverse food environment. Indeed *choice* forms the fulcrum around which individuals' power and responsibility pivots. Throughout the discourse, individuals are cast as having agency – power over their choices – with expectations of rationality and therefore responsibility for their diets (Shankar et al. 2006). Yet this thesis has exposed choice as a shibboleth in the counter-discourse: one of "too much" choice, the "prison" within which people are powerless to make true choices, and a "choice of the choices" as dictated by the architects of the food system (see section 5.5). 'Choice' thereby emerges as a powerful, politically and commercially expedient

tool in shoring up the discourse of individual responsibility. In addition to choice, another significant theme in the findings was the idea of complexity in the food system.

8.3 Responsibility discourse and complexity

There are two related but distinct ways in which the concept of complexity is present in this thesis. Firstly, a complex systems framework and its properties – such as heterogeneous components/actors, randomness, feedback mechanisms, the need to match complexity with capacity etc. – were used as a model for examining responsibility at the nexus of diet and public health within the food system; this was based on its use in examining obesity in the Foresight Report (Butland 2007; Finegood et al. 2008). It provided a theoretical framework (Manson 2003) for taking forward the way dietary determinants (and their associated health outcomes) are examined, particularly as an appropriate model from which to examine 'relational' aspects of the food system (Cummins et al. 2007). Although food system research grew out of an interest in contextual determinants of diet and relational aspects (see section 2.3), little empirical, qualitative work had previously been done on this using a systems approach despite calls to do so (Gatrell 2005). This is in part because complex systems work has tended to focus on quantitative methodologies and also because of epidemiological tendencies (that inform public health) to focus on individual-level variables and outcomes (Curtis & Riva 2010a; Galea et al. 2010). This thesis addresses this gap.

Secondly, complexity arose as a descriptive property of the issue – tackling diet-related ill-health on a population level, the complex web of influences on dietary behaviour, the nature of the food environment – were all characterised as hugely complex in the literature reviewed (Story, Giles-Corti, et al. 2009; Jebb 2012), the documents analysed and the generated data. As such, the data were compatible with extensive, earlier literature that describes the complexity of environmental influences on diet and health (e.g. Butland 2007; Walls et al.

2011; Marmot & Bell 2011). The implications of describing the matter as complex have not, however, previously been deconstructed; in the data, a discourse of complexity arose out of and beyond the descriptive term and a Foucauldian approach lent itself well to analysing this discourse (see Figure 3.3). It complemented the use of a complex systems framework because it helped expose power dynamics in the food system and how these may affect dietary choices. Additionally, as part of the post-structuralist, constructionist traditions, the method inherently allowed for complexity because of its ability to account for: the flux, fluidity and inconsistency of the actors and outcomes in the food system, the way these properties also constructed their relationships and the concept of responsibility, and the way power was woven obliquely through the discursive notion of complexity.

As discussed in section 2.4, characteristics of a complex system include the principle that the behaviour of one component of the system is affected by the behaviour of others; another is that the capacity of any part of the system must be able to withstand the complexity of its task (Finegood et al. 2010). One 'task' expected of individuals within the food system is to engage in 'responsible' dietary behaviour; yet their autonomy is affected by other components of the food system, particularly its 'architects' (Butland 2007; Story, Hamm, et al. 2009). Though not always explicitly, many informants problematised the relatedness of the actors in the food system and their proportional responsibilities for healthy diets and their power over dietary determinants. Indeed, the data analysis revealed that the problem of diet-health and where responsibility lies for it, are obfuscated and even dismissed by being couched in complexity (see section 7.4). The Foucauldian discourse approach allowed the analysis to go beyond seeing complexity as merely a descriptor; it exposed it as a discursive tool that contributes to the way responsibility for healthy eating is constructed within the food system. As such, this work exposes a commercially and politically favourable distortion of its initial inspiration from the Foresight Report's use on complexity. It is worth considering how this reasoning may filter through to other areas of public health.

The complexity discourse creates a 'regime of truth' (see section 3.2) about responsibility that leads to an impasse in policy because diet-related ill-health is so complex and involves such a wide range of sectors (Butland 2007), and as some informants suggested, nobody guides any meaningful changes. Several contributors described government as the only entity in a sufficiently powerful, multidimensional position to lead the way in dealing with the complexity of diet-related public health problems. But it has been said that: "The ideals of government are intrinsically linked to the problems around which it circulates, the failings it seeks to rectify, the ills it seeks to cure" (Rose & Miller 1992). It is thereby arguable that the speakers who criticised government consider that public health is not a priority amongst its "ideals" and that the discursive complexity of the diet-health causal pathway was ideologically convenient for a government committed to a neoliberal agenda.

These findings are in line with the view that the complexity of the multiple factors and the determinants of/ solutions to unhealthy diets discursively creates "policy cacophony" (Lang & Rayner 2007) and could even "lead to despair and retreat from the problem" (Finegood et al. 2010). Such complexity and "cacophony" in the portrayal of responsibility in discourse, contributes to "the efficacy [which] often resides in the assumptions it makes about what is true, real or natural, in the contradictions that allow it interpretive flexibility, and in what is not said" (Rose 2001; p158). As described in earlier literature, the complexity of the food system therefore allows for the problem to be discursively presented by those with the power to do so as vast and complicated to the extent that it is unmanageable (Finegood et al. 2010; Gawande 2012).

Complexity helps to shore up the discourse of individual responsibility and illustrates how such discourse "can instantiate current powerful orthodoxies" (Wetherell et al. 2001, p.12) whereby individual responsibility is paramount. In contrast, what emerged from the much-cited Foresight report was the broad

message that "a systemic or paradigm shift is needed" (F p12) in order to reverse trends in obesity and diet-related disease prevalence. This echoes Meadows (1999), and here the complexity discourse dovetails with a complex systems framework: the theory states that "if the capacity of a task or decision we face is too great… we are more likely to fail" (Finegood et al. 2010, p.S15). Yet throughout the data analysed, there was frequent recognition that individuals were overwhelmed by the "great" "task" of making healthy decisions because factors – such as taste, convenience, cost and promotions, which are under the power of other actors more powerful than them – largely determined their choices, often inclining them towards 'unhealthy' foods (Story et al. 2008; Cohen & Farley 2008; Jones et al. 2014). Viewed from this perspective, the likelihood of "failure" to eat healthily is significant and the responsibility of individuals diminishes in proportion to that of the architects of the food system. Failure is therefore an inherent and inevitable outcome of individuals' subjectivity, acknowledged repeatedly throughout the generated data. The discursive function of 'complexity' is to preserve the status quo and dominant power relations. It reinforces the subjective position of 'individuals' with agency for being 'responsible', which is paramount for the reproduction of social norms within neoliberal governance. From the results of this thesis, one might wonder what a food system supportive of 'healthy' eating could look like, one that accounted for degrees of complexity and responsibility.

What emerged from this project was that complexity is a discursive device that appears to mask political torpor and corporate aversion to changes in the food environment; in other words complexity materialised as a discourse, which bolsters that of individual responsibility. As such, it disperses the broader narrative of responsibility, even though the power of the actors is not evenly diffused throughout the food system. Complex systems theory also puts forward that the most effective way to change a system is through interventions at the highest 'leverage points' (Meadows 1999), through what are also called "upstream" policies (e.g. Diez Roux 2011). But such moves are avoided by those with the power to implement them – government and

industry – partly via the complexity discourse, which helps to maintain the status quo and to put on individuals the ultimate responsibility to eat a healthy diet, whatever the nature of the food environment. To do otherwise, from a complex systems perspective, would involve changing the paradigm, or upstream factors (Meadows 1999; Butland 2007; Krieger 2008); it would entail changing the foundations of the entire food system and its values, and a recognition of the proportional power of the actors in it. Ultimately the notion of complexity is laden with an inherent tension, used by multiple stakeholders in the food system for different purposes: it is a barrier to change, a device for inaction and a potential call to action through shifting the paradigm of the food system. One paradigm driving the food system is economic – focused on corporate fiscal responsibilities and national economic growth.

8.4 Responsibility discourse and market system domination

Individual choice takes place within the food system as part of a commercial transaction; the food system is, in effect, a free market system. Capitalist values and the economy thereby suffuse discussions about diet-related public health; and the roles of the actors in the food system are at least in part, if not overwhelmingly, linked to commerce. This is fitting with Giddens' view on the modernity: "the capitalist accumulation process represents one of the prime driving forces behind modern institutions as a whole" (Giddens 1991, p.197) and this is true of food supply chains (Barling 2007). Not only are the tenets of capitalism the "driving force" but also they form the paradigm within which "modern institutions" operate. As discussed in section 2.5, "the extraction of economic value" (Lang et al. 2009, p.78) dominates. Similarly, findings from the data, despite much reference to corporate and government responsibilities for public health, ultimately portrayed them as subordinate to the economic imperative. In light of this, some literature which insists food policies must always account for health seems at best, over-ambitious e.g. "the public's health should be a key driver for food systems polices" (Muller, Tagtow et al. 2009; p226).

Viewed from a market perspective, dietary public health presents competing roles and responsibilities for each of the three groups of actors in this research. This work builds on that of other health commentators (Rose & Novas 2004) who emphasise government (Rose & Miller 1992) and more recently commercial (Weishaar et al. 2012) discourses around health and responsibility through concepts such as biological citizenship and the commercial determinants of health. By analysing the food system using a Foucauldian approach, the results here show how such discourses – and the subjectifications they generate – are at the same time disrupted and underpinned by other competing discourses such as that of freedom of choice and the free market.

8.4.1 The market, individuals and responsibility

The data analysed demonstrated a conflict for individuals – that alongside the expectation of the imperative of health within the food system, there was the inevitability of participating in the market system through the commercial relationship with the food industry. Giddens gives insight into this tension, suggesting that "markets promote individualism in the sense that they stress individual rights and responsibilities" and he goes on to describe the conflict: "the reflexive project of the self is in some part necessarily a struggle against commodified influences" (Giddens 1991, p.199). The tension in the roles and responsibilities is illustrated in the way the public is framed, and the discursive implications of this significantly constrain and shape the discussion about 'individual' responsibility. Labelling them as 'consumers' identifies them as key actors in a market system, who exist only in relation to those from whom they 'consume'. Indeed the subjectivity of the public – particularly framed as 'individuals' – has not previously been explored in the food system. As Wetherell said: "language positions people – discourse creates subject positions" (Wetherell 2001); in doing so, it has implications for their discursively created roles and responsibilities in the food system. The use of the word 'individuals' has more subtle implications than 'consumers' – individuals are expected to use

their agency to make 'responsible' dietary choices for their health within the commercial domain.

Obesity has been described as "a robust sign of commercial success" in that sellers of foods and energy-saving devices (such as cars) profit from products that can contribute to body weight gain (Swinburn 2008) and ill-health generally. Yet the increase in the prevalence of diet-related chronic diseases suggest the possibility of a 'market failure' in that individuals as consumers may incur health risks from food products in the long term, even if they discount them initially (Swinburn 2008; Smith, Chouinard et al. 2011). What is more, the theoretical, economic model, implicit in the discourses of choice, information provision and individual responsibility assumes that individuals act rationally (Cawley 2004; Resnicow & Vaughan 2006; Jones et al. 2011a). Yet the counter-discourses to individual responsibility that arose from the data reinforce research suggesting that the nature of the food environment with appealing tastes, cost, convenience and promotions subverts that responsibility or rationality: "[t]he current food environment stimulates automatic reflexive responses that enhance the desire to eat and increase caloric intake, making it exceedingly difficult for individuals to resist, especially because they may not be aware of these influences" (Cohen 2008; p1768). Therefore, the work of this thesis has shown that the expectation of individual responsibility for healthy eating within a free market paradigm does not appear to be compatible with health on a population level. The data provides empirical evidence that despite any other rhetoric, the responsibility of other actors, who have more control over the determinants of diet, is diminished by their commitments to free market principles. The following two sections expand on this idea.

8.4.2 The market, industry and responsibility

The results of the analysis showed that the food system as a free market also presented competing roles and responsibilities for government and the corporate sector, although for the latter the conflict was seen as less acute. This

was because of the assumption that industry's primary responsibility – indeed, it's raison d'être – is a fiduciary one despite recognition in both earlier literature and the dataset (sections 6.2 and 6.3) that corporations have, and do take, some responsibility for individuals' diets (e.g. Yach 2013). Findings show that the ways industry purports to take responsibility were discursively constructed rather than substantial, were disingenuous and ultimately contributed to the 'regime of truth' of *individual* responsibility (see section 6.3). Corporate social responsibility policies such as voluntarily signing up to the Responsibility Deal (and others, see section 4.4) were seen as part of corporate policy, given the main responsibility of any company is to engage in strategies that maximise financial success. Such strategies have parallels in other industries such as alcoholic beverages (Hawkins & Holden 2013; Knai, Petticrew, Durand, Scott, et al. 2015). It is at the intersection of responsibility for individuals' health and for profit that the discourse of corporate responsibility for dietary health falters.

The discourse around the power and influence of these companies was articulated through cynicism and disapproval amongst many contributors. The 'regime of truth' of individual responsibility prevailed, even when embedded in seemingly alternative discourses such as choice, information and complexity, because corporations "increasingly dominate all other 'social' agendas giving rise to a new corporate colonialism that forces people to participate in the economy in a particular way" (Banerjee 2008, p.75). It was argued by some participants that it is inevitable that the food industry would manipulate the discursive representation of responsibility, given *its* prime responsibility to maximise profit, a theme that concurs with other literature: "corporations have no intrinsic motivation to address existing health or social inequities that are priorities for governments and civil society." (Kraak et al. 2011).

8.4.3 The market, government and responsibility

The roles and responsibilities of government for public health within the food system are, like the other actors', conflicted, but perhaps more so. Its

representation in the data was mixed: from the portrayal in documents as taking responsibility for public health, to cynicism about its commitment to doing so, claims that it prioritises the economy over all else, to assertions that it is the only 'actor' that has the scope to oversee the complexity of diet-related ill-health. There was acknowledgment of government's challenging, competing roles, and its conflicted subject position could be summarised thus: "Political power is exercised today through a profusion of shifting alliances between diverse authorities in projects to govern a multitude of facets of economic activity, social life and individual conduct." (Rose & Miller 1992). Whatever government's role, the increasing prevalence of diet-related health problems indicates some failure to safeguard public health.

Some contributors to the data proposed that government relegates and in effect shirks responsibility for public health because of its economic priorities; a Foucauldian analysis suggests that it does this by evoking individual responsibility through emphasising personal choice and the provision of dietary information, and by obscuring it under discursive complexity. Doing this negates the need to commit to structural change or regulatory approaches, even using evidence-based interventions, because they may be unfavourable to industry (Moodie et al. 2013). At the same time government perpetuates the sense of "the imperative of health" felt by individuals (see section 2.1.3); a scenario as described by Foucault in his metaphorical example of the panopticon which "brings together power, control of the body, control of groups and knowledge" such that the individual is ultimately charged with responsibility whatever the circumstances and "he must behave as if surveillance were perpetual and total" (Rabinow 1984, p.19). After all, Foucault proposed that discourse, as a form of power, shapes behaviour and is therefore a form of biopower (Mills 2004).

Government's relationship with industry, as portrayed in the documents was disputed because of its competing roles. It was constructed discursively as a productive partnership against the scourge of dietary problems, yet a strong counter-discourse in the other data depicted the relationship as problematic

and unbalanced, with government as "servants" of industry rather than being answerable to the electorate, the public (see section 7.3). This complements literature that is critical, or at least skeptical of the involvement of industry in government initiatives (Hawkes & Buse 2011) such as the Responsibility Deal (Lancet 2010; Gilmore et al. 2011; Moodie et al. 2013), insisting that corporations present a threat, so "public health has a legitimate and crucial role in asking questions about the extent of their power, the crassness of the fiduciary imperative, and the almost complete lack of responsibility being taken for externalities." (Hastings 2012). The counter-discourse also suggests a subtler, deeper-rooted scenario regarding this "fiduciary imperative", whereby government's relationship with the food industry is contextualized in the paradigm of economic primacy. This framework for governance was described in the data as inimical to dealing with the problem of diet-related public health problems and was in line with other research that suggests there is a clash between the objectives of the free market and health (Hill et al. 2004). In this clash, the free market wins: the implications for public health policy are such that any potentially economically damaging measures are avoided and responsibility for eating well is placed on the public.

8.5 The individual responsibility discourse made common sense

It has been put forward that the discourse analyst works not to reveal a 'truth' of any discourse or statement but to explore the mechanisms which allow it to maintain its position and power (Mills 2004). By problematising the notion of 'responsibility', this research has highlighted ruptures in the seemingly rational idea of individual responsibility. The findings demonstrate that the imperative is on individuals to eat healthily because discourse renders their responsibility 'common sense'; this is because "Each society has its regime of truth, its 'general politics' of truth: that is, the types of discourse which it accepts and makes function as true" (Foucault 1984, p.73). The message of individual responsibility is 'interiorized'; it is blurred with ideas of freedom and fairness. What is more, it persists against a backdrop of counter-discourses that

recognise the difficulty for individuals to eat well given the power of the food environment in encouraging unhealthy choices, and even though it is changes in "incentives" rather than "willpower" that have normalised poor diets (Cawley 2004). The "discursive fabric" of individual responsibility ignores that individuals have other priorities[56] and that its dominance is "mobilized" (Wetherell 2001) through other, prevailing discourses that serve to underline it: those of choice, information provision, complexity and more subtly – although perhaps more insidiously – the supremacy of free market economics. What is more, the discourse also informs institutional and social practices (Banerjee 2008).

The dominant discourse on individual responsibility for healthy diets falls into what Foucault called 'biopower' that which "exercises disciplinary power over the body politic, intent on the documenting and regulating of the health status of populations" (Lupton 1995, p.6). It does not merely prescribe the ideal of the healthy body and all that is required to be healthy but also becomes engrained in individuals' subjectivity, that is their self-identity. Foucault's theory of 'governmentality' is particularly pertinent to the role that the discourse plays in the lives of individuals: it combines "techniques of the self" i.e. self-government, with regulatory and surveillance techniques that are implemented by government and other institutions, in order to set out what constitutes 'normal' behaviour, bodies etc. (Lupton 1995; Shankar et al. 2006; Jones et al. 2011a). By laying out what is 'normal' the controlling nature of the discourse is obscured as one of what Turner calls "the institutions of normative coercion…coercive in the sense that they discipline individuals and exercise forms of surveillance over every day life in such a way that actions are both produced and constrained by them…they are readily accepted as legitimate and normative at the every day level". (1997, p.xiv). Foucauldian analysis therefore helps identify political, economic and social ideologies within public health practice.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315418/foodpocketbook-2013update-29may14.pdf

Related to the idea of 'commercial determinants of health', the data exposed a profound basis for the persistence of industry dominance in the food system: the neoliberal belief in the primacy of the free market. Contributors to the data suggested that as long as the paradigm within which economic growth constitutes the dominant discourse and modus operandi, industry cannot and should not be counted on to self-regulate or to truly take responsibility for its influence over individuals' diets. This view is line with Foucault's representation of power – that it is diffuse, permeates discourse, knowledge and 'regimes of truth' i.e. it is not just the conscious exertion of power by corporations that prioritises the capitalist apparatus, but also the diffusion of this power that perpetuates it. So although the food industry may in effect manipulate the discourse around its role in dietary public health through its language, reports, convenient compliance with certain programmes and through lobbying, this exertion of power must be seen within the wider paradigm of the free market. Viewed as such, the informant who asserted that companies are "feedi[ng] the economy" does not sound so cynical (see section 6.3.1).

In the context of neoliberal governance, it is axiomatic that free markets and economic growth benefit everyone: individuals, corporations and the state. Such a 'regime of truth' produces an apparently 'common sense', over-arching one that maintains the status quo in government relations with the food industry, in food industry practices, in the nature of the food environment and in the resignation that individuals must, above all others, take responsibility for their diets (Stuckler et al. 2012). The tenets of a market-driven society underline personal choice and freedom (Giddens 1991). When presented as such, rather than a food system in which individual 'choice' is not entirely free – but significantly influenced by the accessibility, affordability and availability of food, and by marketing (Cohen & Farley 2008; Jones et al. 2014) – it is not surprising that less responsibility is attributed to government or industry for dietary behaviour and the discourse of individual responsibility prevails. Within such a 'regime of truth', individuals are not always aware that they are, in fact, making 'choices' within parameters defined by social, economic, geographic and other

factors (Lynch et al. 1997; Braveman et al. 2011; McGill et al. 2015). But, as discussed in section 2.6, Wikler suggests that "actions only rarely have all the attributes – informed, voluntary, uncoerced, spontaneous, deliberated, and so on – that… are preconditions for full personal responsibility" (2002, p.50).

8.6 Introducing 'proportional responsibility'

Problematising the idea of responsibility has thrown into relief the inverse relationship between power and responsibility in the food system: individuals are constructed as being the most responsible for their food choices, yet, as has been proposed, they have the least power over the determinants of those choices. Indeed, this research has reinforced much that came before it, showing that individuals' dietary behaviour cannot be isolated from their tacit relationship with the architects of the food environment and the complex determinants of food choice (e.g. Butland 2007; Cohen & Farley 2008; Adler & Stewart 2009). Examining the discursive construction of responsibility within a complex systems framework has helped to point to potential "levers for change" (Meadows 1999) and highlighted the dynamic and non-linear relationships between actors. Although all actors and variables in any system are connected, affect each other and need to be considered (Krieger 2008), theoretically, the most effective levers for change in a complex system should be at the system level, rather than through a multi-level approach that considers both upstream or downstream influences (Meadows 1999; Braveman et al. 2011). They involve, for example, changing the paradigm in which the system functions rather than trying to effect single variable change e.g. the free market principles as the background setting for the way the food system operates rather than informing people of the salt content of a sandwich. Given that paradigmatic changes are notoriously difficult to effect, it is more realistic to look for feasible and pragmatic alternatives.

As described earlier (see section 2.4), a necessary characteristic of a functioning, balanced, complex system is that the capacity of each node, or actor, is

proportional to the task expected of it/him/her (Shiell et al. 2008; Galea et al. 2010; Finegood 2011). The results of this research highlighted the difficulty for individuals in making truly 'responsible' decisions given their capacity, or power, within the food system as it stands. Additionally, because Foucauldian approaches highlight power differentials in the system, this therefore begs the question: is responsibility being assigned proportionately to an actor's capacity or power to effect determinants of diet or, in other words, to act 'responsibly' at the diet-health nexus? The data in this thesis would suggest that the answer to this question is no.

From the analysis, a narrative emerged that despite having little, if any, power over the determinants of dietary choice, individuals were nevertheless ascribed the most responsibility for making healthy choices. As such, the responsibility placed on them is inversely proportional to the power they have over factors that influence exercising that responsibility. This discrepancy may be a significant contributing factor to the 'unhealthy' food choices that are made, illustrated by the prevalence of diet-related ill health across the population (WHO 2003). The complex systems framework underlying this work helps explain how such a discrepancy – the mismatch between power and responsibility, between capacity and task – contributes to a dysfunctional food system, one in which many people suffer from diet-related disease. It is difficult to see how significant public health progress can be made to improve diets while this discrepancy remains entrenched.

This thesis has created and been based on a fusion of complex systems theory and a Foucauldian approach (see Figure 3.3). This serendipitous alliance also gave rise to the novel concept of 'proportional responsibility' which was developed during the course of the analysis. The disproportionate amount of responsibility ascribed to individuals for making 'responsible' dietary choices is a trigger for 'system failure', when viewed from a complex systems perspective, but also, arguably, from an empirical standpoint, given the burden of diet-related disease. It is worth exploring, therefore, whether there would be a more

level playing field on which individuals could make genuine dietary *choices* (or not) if responsibility for healthy eating were considered in proportion to the power of the actors over determinants of diet; if those with the power over key determinants of diet e.g. cost, convenience, taste and promotions, bore more responsibility for the effect of those factors on dietary choices and their subsequent health outcomes. Proportional responsibility' offers a theoretical, counterfactual idea that subverts the dominant narrative of 'ultimate' responsibility held by individuals despite their minimal influence in the complex food system. Additionally, it intrinsically accounts for the relational aspects of behavioural justice within the food system and questions the paradigm within which policies are developed and enacted.

How proportional responsibility would be operationalised remains to be developed. But it is envisaged as a theoretical framework for discursively analysing policy, not just diet-health but potentially other spheres such as alcohol consumption. Policies, after all, create meaning and roles for actors, and expectations of responsibility. The concept of proportional responsibility could provide a theoretical framework for carrying out what would be, in effect, a qualitative 'impact assessment' of a policy to examine the expectations of responsibility relative to the power any actor or group of actors has over a given issue/factor/concern.

Nevertheless, considering proportional responsibility could help challenge the reductionist and opaque tendencies characteristic of the current debate around the role of the different actors in population diet-related health. By doing so, the normative nature of public health practice, and the power/knowledge in which "the imperative of health" is implicit, would incorporate Adler and Stewart's notion of behavioural justice by helping to offer "individuals control and accountability for behaviours and society's responsibility to provide health-promoting environments" (2009, p.50). With its foundations in complex systems theory and Foucauldian theory, the concept of proportional responsibility at least raises questions for future research.

Chapter 9: Conclusion

Towards proportional responsibility

"Consumption is the sole end and purpose of all production and the welfare of the producer ought to be attended to, only so far as it may be necessary for promoting that of the consumer."
Adam Smith (Smith 1937)

Overview

Responsibility for dietary behaviour matters: it has implications for individual behaviour, public policy and corporate practices, which in turn have consequences for population health. Yet the idea of 'responsibility' for health is subjective and unclear. This is illustrated by research on public health attitudes, which found that 89 per cent of people think individuals are responsible for their own health; 86 per cent of those surveyed said that the government should help prevent illness by providing information and advice (Kings Fund 2004). This thesis has deepened understandings of 'responsibility' for healthy eating in the food system; problematising the concept and examining how it is constructed in discourse has given insights into contextual determinants of diet and public health. Where responsibility lies for healthy eating is, in effect, a type of 'knowledge' that is produced through discursive practices. The data gathered illustrates this, highlighting the contested, inconsistent construction of 'responsibility' and other discourses on which it is predicated. Analysis has shown that in sum, the pre-eminence of individual responsibility for healthy eating persists through discourse, even though the public has little material, political or economic control over the factors that determine their food choices.

This chapter draws the thesis to a close, by addressing how and to what degree the aims of the project were met. After outlining the answers to each of the

main research questions, it will describe limitations of the work, propose ways the project has added to theories of and knowledge about the diet-health nexus and suggest ideas for future enquiry and policy, based on the findings of this thesis.

9.1 Answering the research questions

With 'responsibility' as the focus of this project, and after reviewing relevant literature (Chapter 2), the key questions being asked were:

- How are the main actors at the nexus of the food system and public health represented in discourse?
- How are their roles and responsibilities for healthy eating constructed?
- What factors are discursively constructed as potential barriers to responsibility for dietary health?

Chapter 3 set out the methodology that was deemed best to answer these questions: a combination of document analysis, focus groups with members of the public and interviews with people in a variety of roles. The data gathered, the complex systems framework used and the Foucauldian discourse analysis helped to deconstruct the discursive formations that underpin concept of responsibility, and to question its seemingly axiomatic use in relation to dietary practices. Discourse analysis presents a way of situating the actors in the food system, it allowed for insights into the impact of the food system on perceptions of responsibility and on public health outcomes because "it involves the study of power and resistance, contests and struggles. The basic assumption here is that the language available to people enables and constrains not only their expression of certain ideas but also what they do" (Taylor 2001, p.9). It is only through such qualitative methods that the research aims could be met. Below are summaries of the findings for each of the research questions.

9.1.1 How are the main actors at the nexus of the food system and public health represented in discourse?

It is important to deconstruct the representation of the key actors in the food system to analyse the responsibility discourse, because doing so gives some insight into perceptions of their roles and therefore responsibilities. Although the food system as a whole comprises dozens of categories of actors, and although each group is heterogeneous (Butland 2007), the identities of those relevant to answering this question presented themselves, in part, from the start: the public because it is the basis for public health research and government because of its *de facto* role in public health. Government's role was confirmed in the literature review and the food industry emerged as the other key architect of the food environment because it is the entity from which the public acquires the majority of its food (section 2.5). As described in sections 4.4, 4.5, 6.1 and 7.1, the data gathered reinforced perceptions of government and industry as the architects of the food system within which responsibility for dietary health is, or is not, acted out. Representation of individuals first emerged in the document analysis (see section 4.3) although throughout the dataset, the identification of individuals was not explicitly deconstructed – it was taken as a given that they were members of the public and, indeed, it was virtually ignored that government and companies comprise 'individuals'. The food industry was characterised throughout the data as all the entities from which individuals acquire their food, yet the emphasis in focus groups and interviews was largely on big companies, both manufacturers and retailers (section 6.1.1). Government's subjectivity was never explicitly described in the data but implicitly taken to mean the national, elected government of the day (see section 7.1).

9.1.2 How are their roles and responsibilities for healthy eating constructed?
How actors in the food system construct responsibility for dietary health has not previously been explored and for each group of actors studied, the data contained explicit and implicit descriptions of a range of roles and

responsibilities, some contradictory. Members of the public were cast by participants as the final arbiters of how healthy their diet was. There were implications in the discursive construction of individual responsibility that the public had a duty, an "imperative of health" to earn its "biological citizenship" (Rose & Novas 2004; see section 2.1.3) through healthy eating. Despite acknowledgements of the difficulties of doing so, individual members of the public were persistently represented as having responsibility for their long-term health through making the 'right choice' about their foods (section 5.4). They were expected to do so by using nutritional information (section 7.2) and exercising their agency, in the face of potentially competing factors in the food system such as the appealing taste and relatives cost of 'unhealthy' foods and other 'nudges' such as promotional offers (section 5.7). At the same time, in being described as 'consumers', they were expected to contribute to economic exchange through commercial transactions with the food industry (section 2.5.1).

The role of the food industry appeared to emanate from the perception of powerful organisations that controlled the food environment and held influence over government public health policy (see sections 6.3.1 and 7.3.1). Throughout the entire dataset, industry was cast as creating the food environment and therefore bearing some responsibility for public health; it was seen to do this through meeting "consumer demand", providing a range of choices and by providing information to help "behaviour change" (section 6.2). Yet the roles and responsibilities of the food industry were seen by many contributors to be in conflict with the sector's overriding responsibility: to work towards making a profit (section 6.3). This was said to generate conflicts of interest (section 4.4.4) and to lead industry to influence government policy and resist regulation (sections 6.3 and 7.3.1).

A central role in population dietary health was explicitly laid out for government in some of the documents analysed, as shown in section 4.5 and throughout the generated data: it was seen to have *de facto* responsibility for public health as

the ultimate governor of the food system and for representing the interests of the population that elected it (section 7.1). However, the food industry is seen to hold significant influence over government food/diet policy (section 6.3.3). Because of this, government's role in taking responsibility for dietary public health was called into question e.g. through the emphasis on information provision even though a lack of it is rarely cited as a determinant of poor diets (section 7.2). Additionally, government's commitment to public health was characterised as fragmented and perfunctory (section 7.4), and secondary to economic interests (section 7.3) because of perceptions that it is wedded to a neoliberal agenda.

What was not anticipated in advance of the analysis was the way in which constructed subjectivities would be linked to the discursive representation of the relative responsibilities for healthy eating. Although various nomenclatures were used to describe members of the public, such as 'consumers' and 'individuals', the latter appeared to bear some potency in the way the group's subjectivity was created in discourse (see section 4.3 and 5.1). The word 'individuals' is resonant of each person, who is responsible for his/her food choices; this is in contrast with a more nebulous mass of "the public" with less focussed agency. In the dataset, as illustrated throughout each of the results chapters (4, 5, 6 and 7), there was an emphasis on individuals as the final arbiters of their food choices, whatever roles and responsibilities attributed to government and industry, and no matter how much it was recognised that elements of the food environment and individual characteristics affected diet.

9.1.3 What factors are discursively constructed as barriers to responsibility for dietary health?

The responsibilities that each group of actors does or should take for dietary health were laid out in documents and dialogue (see Chapter 5, sections 2.5.2, 6.2 and 7.2), but were consistently undermined throughout the dataset. For the public, a range of factors was said to compete with their potential to eat

'responsibly' for their health: the relative costs of healthy and unhealthy foods, a lack of skills, the appealing taste and convenience of less healthy food and 'nudges' in the food environment through commercial promotions (see sections 5.6 and 5.7). These factors could be summed up in expectations of the public to temper their role as 'consumers' (see section 5.2.2) with mastery over that consumption (Sassatelli 2001). The common denominator for the erosion of responsibility for all the actors described, was the underlying principles of the food system as a market system, driven fundamentally by profit. As such, not only were individuals portrayed in conflict but also industry's efforts to help the population eat more healthily were cast as subordinate to profit-making strategies (section 6.3); while government's obligation to support public health was seen as a lower priority than an emphasis on individualism and commitment to economic growth (section 7.3).

9.2 Limitations of the thesis

This thesis was subject to certain methodological and theoretical limitations. Although the elusive nature of 'responsibility' was worthy of research because its meaning is taken as a given in much government and corporate rhetoric and it provided a subject matter rich for exploration, it provided challenges in eliciting definitions, representation and apportionment. Indeed, a limitation is the broad scope of the research – the 'slippery' concept of responsibility and examining the food system as a whole has made for sometimes 'messy' viewing, with competing discourses and counter-arguments at every turn. What is more, using a complex systems framework for such qualitative research was exploratory and some may question its validity. Paradoxically though, the overarching view of the food system, as a complex system, examined through the idea of 'responsibility' is also one of the strengths of the thesis: there is little knowledge and theory about the food *system* and the way it ultimately influences population health outcomes, and the pervasive idea of 'responsibility' has not before been questioned.

The qualitative approach means that the results themselves have restricted generalisability: only data from the UK are considered here and the methodology generated a limited amount of data. Both the quality, quantity and therefore the validity of the data could have been more robust, for example, a broader range of documents for analysis (Chapter 4) could have provided a wider scope, a larger range of 'voices' and, perhaps, more extensive findings. The documents that were selected, did, however, give a clear snapshot of the discourse of responsibility and those underpinning it. Additionally, the early focus groups and interviews could have been more concise, generating more rigourous data, as they did, with experience, in later meetings. The failure to recruit any interviewees from the then-government omitted their direct contributions to the dataset – since the work turned out to be, in part, a critique of government policy, this was a considerable though unavoidable omission. It is arguable that the omission is not surprising given structural power dynamics. Ultimately, it was unlikely to significantly affect the validity of the interpretations, and was compensated for, in part, by good representation from leading industry figures and relatively 'objective' views on the reality of the challenges of policy making from others. It would have been beyond the time and budget constraints of this project, but the richness of the data and subsequent interpretations could have benefitted from a further round of data gathering once the early analyses had been carried out. The limitations of the methodology of this work are described in more detail in section 3.7.

In terms of results, the data showed up contradictions that cannot be neatly theorised, for example claims and counter-claims that industry does indeed take responsibility for health, similarly, whether there is a conflict in doing so, profit-wise. Taking a Foucauldian approach to the discourse of responsibility i.e. its fluid nature, and intrinsic consideration of power relations, helped absorb some of this intangibility and contradiction. A broader limitation of the work is its subjective, qualitative nature; it has been said, "we are rarely original. Rather, to communicate at all, we have to draw on accepted and conventional images, ideas and modes of talking about ourselves and others" (Wetherell

2001). Although a qualitative approach was essential for exploring the subject matter, this thesis is no exception – it is limited by my own experience, views, biases and 'subject position' which are not "outside discourse" itself (Wetherell 2001) and therefore not wholly objective (Tonkiss 2004a). Regular reflexivity throughout the early stages of designing the research, the gathering of the data, the analysis and interpretation, as well as regular feedback from supervisors helped to contain and force reflection upon my subjectivity.

9.3 Contributions of the thesis

The starting point for this research was the examination of perceptions of responsibility for healthy eating in the food system. Despite the widespread use of the term in public and corporate policy, there has not been research to date examining the way 'responsibility' is understood or whether there is any consensus of meaning, in the food system or other realms of public health. Responsibility also provided a way of examining the impact of the food *system* – as opposed to single variables – on the public's diet. Problematising 'responsibility' for healthy eating has defamiliarised the previously tidy discourse of individual responsibility, revealed its insubstantiality and exposed other discourses that at once sanction and disrupt it. Furthermore, examining the responsibility discourse and others that underpin it, has illustrated how power dynamics in the food system influence food choices, as they relate to long-term health outcomes.

This thesis has shown that representations of responsibility for healthy eating are relevant to public health research and practice because of their implications for behaviour by actors in the food system. It generated a great deal of descriptive data on 'responsibility' that contained a rich seam of themes for analysis, the most significant of which relate to: the use of the Foucauldian approach in combination with complex systems theory, complexity itself, the notion of choice and the underlying principles of the free market in public

health. These themes, as contributions to theory and knowledge in public health, are summarised below.

Using a Foucauldian discourse analysis to examine the food system, where it meets public health, was an innovative methodological approach: doing so implicitly allowed for a way of looking 'behind' the rhetoric of responsibility and examining the power dynamics and relationships between actors, as they pertain to diet and its associated health outcomes. This produced findings that could not have been generated using a different method such as thematic analysis (see section 3.2.1), for example revealing narratives that at once support and negate the discursive formation of individual responsibility. A discourse analysis of the food system provided a new perspective because it challenged existing knowledge and debates around responsibility for the public's diet, government policy and corporate practices; it revealed and contrasted different "version[s] of social reality" (Wetherell 2001). Additionally, the Foucauldian approach, by deconstructing subjectivities, helped expose power dynamics in the food system – persistently labelling the public as 'individuals' or 'consumers' placed a particular onus on them to act 'responsibly' in terms of health behaviour or consumption. What is more, the value of taking a discourse approach to the food system was validated as the data analysis progressed because it became clear that the complex systems and Foucauldian frameworks complemented one another in unforeseen ways (see Figure 3.3). This combined approach may be useful for examining other complex public health 'behaviour' issues such as alcohol and tobacco consumption.

There have been trends in recent years to examine diet and health from relational and complex systems perspectives (Gatrell 2005; Cummins et al. 2007; Butland 2007; Finegood 2011). The usefulness of approaching the food system using complex systems science is recognised (Finegood, Karanfil et al. 2008) but it has rarely been operationalised, and not qualitatively. This study uses this novel methodology – a qualitative approach to a complex systems

framework – and takes the idea of complexity further in contrasting but complementary ways. The 'complexity' of the diet-health problem is not merely a descriptive framework but the findings expose it a discursive device that contributes to way responsibility for healthy eating is constructed within the food system; it serves to obscure political and commercial inertia towards structural change of the food system and to affirm the overriding responsibility of individuals to choose healthy foods, despite obstacles in the food system to doing so. The idea of complexity has not previously been problematised or considered discursively, yet taking it beyond a theory or descriptive property has added a new, critical dimension, which shows that the concept provides almost an opt-out clause for any one group to take true 'responsibility' for healthy diets.

A range of other discourses therefore considerably and subtly erode the seemingly common sense one of individual responsibility for healthy eating: in addition to 'complexity', that of choice. The findings of this project add to the sparse and disparate literature on choice in health behaviours (e.g. Sassatelli 2001; Shankar et al. 2006; Vohs et al. 2008) and showed that the discourse of individual responsibility obscured the commercial determinants of food choice and its concomitant poor health outcomes. They demonstrated that power over, and therefore responsibility for the main determinants of food choice – e.g. taste, cost, convenience and promotions – lie with government and the food industry, yet the onus on individuals to make the 'right' choice for good health is persistently emphasised. The analysis in this thesis provides empirical evidence of the discursive use of choice. Additionally, the discourse of freedom of choice was shown to belie the degree to which individuals are unable to make rational, truly 'free' choices in the food system. The results suggest that this was, in part, because the free market agenda colours the discourse and public health practice by government and the corporate sector.

The Foucauldian analysis helped to highlight the way the roles and responsibilities of the actors are driven by the food system as a *market* system;

how these duties may give rise to conflict between health and economic imperatives; how ideologies permeate public health practice. The findings demonstrate that neoliberal commitments to the free market and individualism underpin the persistent discourse of individual responsibility for healthy eating. Catchphrases from the lexicon of capitalism that populated the dataset, such as 'freedom of choice' and 'rights' have been exposed as part of the power/knowledge that helps to normalise the dominance of the free market within which the food system operates. They thereby give it power, demonstrating how the power/knowledge cycle serves to render neoliberalism axiomatic. This thesis has shown that this subtle norm is established not just by architects of the food system but also by the main discourse of individual responsibility (e.g. through the discourse of 'choice'), such that public health concerns are subordinated to the corporate and governmental objective of economic growth.

Other researchers have said that the prevalence of disease related to so-called "unhealthy commodities" (Moodie et al. 2013) means there is "a pressing need…to improve our understanding of how corporations contribute to this disease burden, both directly through the promotion of products damaging to health and indirectly through influence over public policy" (Gilmore, Savell et al. 2011; p2). This thesis makes a contribution to understanding commercial determinants of health by dissecting the discourse of responsibility. It gives some insight into how corporate power and the dynamics between actors in the food system are perceived, illustrating how their responsibilities are discursively constructed and sustained. Indeed, despite frequent mention of 'responsibility' in government policy and corporate publications, no work to date has sought to explore how this pertinent concept is constructed, and, perhaps more importantly, the effects of that construction. It has been suggested that poor health outcomes are directly connected to more macro-level cultural factors such as materialism and individualism in 'Western' nations and that "[g]overnment policy gives priority to sustained economic growth but leaves the content of growth largely to individuals, whose personal consumption makes

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the largest contribution to economic growth" (Eckersley 2006; p256).
Ultimately, this thesis adds empirical evidence to literature that suggests the
neoliberal agenda – which prioritises the free market and individualism – is not
conducive to good population health (Eckersley 2006; Schrecker & Bambra
2015).

Theories relating to responsibility in the food system that have emerged from
the data complement existing ones such as Adler and Stewart's 'behavioural
justice' (2009), particularly when viewed in a complex systems framework,
which contends that the capacity of each actor must be proportional to the task
expected of them in order for the system to function well. Such extensive
prevalence of diet-related ill-health suggests some degree of system failure.
This thesis proposes then, that in order for a food system to contribute to
population good health, there needs to be proportional responsibility for
dietary behaviour (see section 8.6). This novel concept has yet to be explored in
public health-dietary research; doing so could help identify levers for change at
the nexus of the food system and public health and furthermore for other
health behaviours.

9.4 Implications for policy and research: towards proportional responsibility

The concept of responsibility is used widely in the food system-public health
sphere (e.g. DoH 2008; Tesco 2010; DoH 2011b; FDF 2011) and the dichotomy
of individual versus collective responsibilities has recently been highlighted but
not explored in depth (Roberto et al. 2015). Meanwhile, most public health
interventions rely on individual responsibility for making changes[57], despite
acknowledgement in Foresight that: "Although behaviour change has
historically been considered as a product of free will, it is increasingly
recognized as being constrained by individual circumstances" (F p48); despite
evidence of environmental influences on diet (Adler & Stewart 2009) and

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[57] http://www.nhs.uk/change4life/Pages/change-for-life.aspx accessed 25/06/16

despite health inequalities that arise from differential adoption of measures such as using information (McGill et al. 2015). This research project has shown that the discourse of 'choice' in policy, and interventions such as information provision and widening ranges from which individuals may choose, place disproportionate responsibility on the public to change their behaviour in the face of other, conflicting influences and priorities (see sections 7.2.2 and 5.7). This adds to previous recognition that individuals' diets are influenced by environmental, social and individual factors (e.g. Swinburn et al. 2011; McKinsey Global Institute: 2014; DoH 2011a) rather than a failure to take responsibility.

The findings showed that perceptions of responsibility mediate behaviours within the food system and confirmed the need to focus on the 'determinants of the determinants' of diet. There remains, however, persistent emphasis in policy on informing the public about the health qualities of food, and on the need for people to be 'empowered' to take up the messages (e.g. DoH 2011a), to choose the "lower sugar cereal on the shelves" (DoH 2015, p.8). There is less attention in government and corporate policy on altering the environment (Brambila-Macias et al. 2011), e.g. marketing and pricing of foods (Knai et al. 2015), individual circumstances or the health promotion messages themselves. Yet the need for synchronized changes across the system map, aligned with a broad range of policies that incorporate a variety of stakeholders (Butland 2007), was reiterated by contributors to the data, who insisted that solutions depend on strong leadership – and responsibility – from actors in the system in positions of power who have, proportionally, more influence over the determinants of diet.

In section 8.6, the concept of 'proportional responsibility' was introduced; it offers a way of examining aspects of the food system, policies and actors within it, as they relate to the impact of diet on the health of the population. As discussed earlier, public health polices are beleaguered by discrepancies between the determinants of diet and the solutions proposed to improve the

health qualities of the population's diets (see section 4.5.1). Policies are predicated on the false assumption that dietary behaviour is rational. They focus on "empowering" individuals (section 4.5.2) to use information (section 7.2) and to overcome factors in the food environment that sway diets towards 'unhealthy' foods such as cost, convenience, taste and promotions (section 5.7). The findings of this study, however, have presented more nuanced understandings of individuals' responsibility – or seeming lack of – for their diets. They provide empirical support for suggestions that individuals are overwhelmed by environmental factors and that it would be more effective for those with the power to do so, to help shift food choices by changing some of these dietary determinants. The advantage of the concept of proportional responsibility is that it accounts for complexity and does not undermine individual autonomy; nor does it dismiss economic interests; rather it locates them in a more just context. Further research could examine whether the concept is politically palatable and how it could be operationalised. Initial exploratory work could examine an existing policy such as Change4Life, assessing the evidence that underpins it and gathering views from a range of stakeholders, experts, NGOs and individuals. It may be, however, that the concept is no more than a heuristic technique that relies too much on subjectivity; or that it is represents an ideal which is too challenging to the status quo of the paradigm of the food system, given that it is a market system.

This project has added empirical evidence to assertions that there is yet to be a level playing field on which individuals can make truly informed dietary choices (Adler & Stewart 2009; Lang et al. 2009). It is not inconceivable that in the future, governments will take a 'proportional responsibility' perspective to recognise that individuals' responsibility for their health behaviour can only be judged in relation to the resources and constraints imposed by social, political and economic structures at their disposal. Policy makers are in a position to take the lead, to drive the change that will place individuals within the food system on a more even footing with the corporations that sell them food. In order for this to be considered, however, there needs to be a shift in the

paradigm such that the primacy of the free market in public health policy is attenuated.

Yet there does not so far appear to be the political will to make such systemic changes. The Foucauldian analysis in this project revealed an entrenched discourse of individual responsibility, reinforced by more subtle, powerful underlying discourses such as that of free market ideology and free 'choice'. A review of the most explicit public policy on diet and responsibility – the Public Health Responsibility Deal (DoH 2011b) – noted that the most effective, evidence-based potential changes to the food system were not being implemented (Knai et al. 2015). Two of these are under the control of government and the food industry – pricing strategies and marketing restrictions; both measures that could limit financial profit. Meanwhile, a Department of Health 2015 document entitled "Responsibility Deal Celebration Event" proclaimed how much salt reduction in foods there had been between 2001 and 2011, the year the Responsibility Deal was launched; it announced that "1 in 3 meals sold on the high street now display calorie labelling" (DoH 2015, p.11), ignoring evidence that this has little, if any, positive influence on food choice (Dumanovsky et al. 2011) and that this still places responsibility on the public, rather than industry, to make changes. Additionally, contributors' opinions on the neglect of public health in government priorities is unlikely to change at a time when the United Kingdom is reconsidering major political, social and financial issues after the 2016 European Union referendum. Ultimately, as long as the processes and content of public health policy are contextualised (Walt & Gilson 1994) in neoliberal ideals of the free market, the actors in the food system with the most power to change structural determinants of diet are unlikely to do so, and the dominant discourse of individual responsibility will continue to prevail.

The findings of this thesis offer a unique methodology for evaluating notions of responsibility in the food system, which may be applied to other research areas where multiple actors influence the behaviour of individuals. They have opened

up the possibility that 'responsibility' for healthy eating in the food system is a concept that warrants further attention given that the way it is applied has the potential to mediate dietary behaviour and health outcomes either adversely or beneficially. The substantive results and the concept of 'proportional responsibility' provide a starting point for further debate about how responsibility is presented by those in situations of relative power including policymakers, corporations and judicial bodies, for other health behaviours, such as alcohol and tobacco consumption. Further critical engagement with public health policies through deconstruction of the discourses that underpin them – like those presented in this thesis – are urgently needed. Only when the invisible is made visible can the inconsistencies in responsibility, choice and complexity in public health policy be challenged.

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Appendices

Appendix 1: Map of Brighton & Hove showing Index of Multiple Deprivation (IMD) distribution by Lower Super Output Area (LSOA)
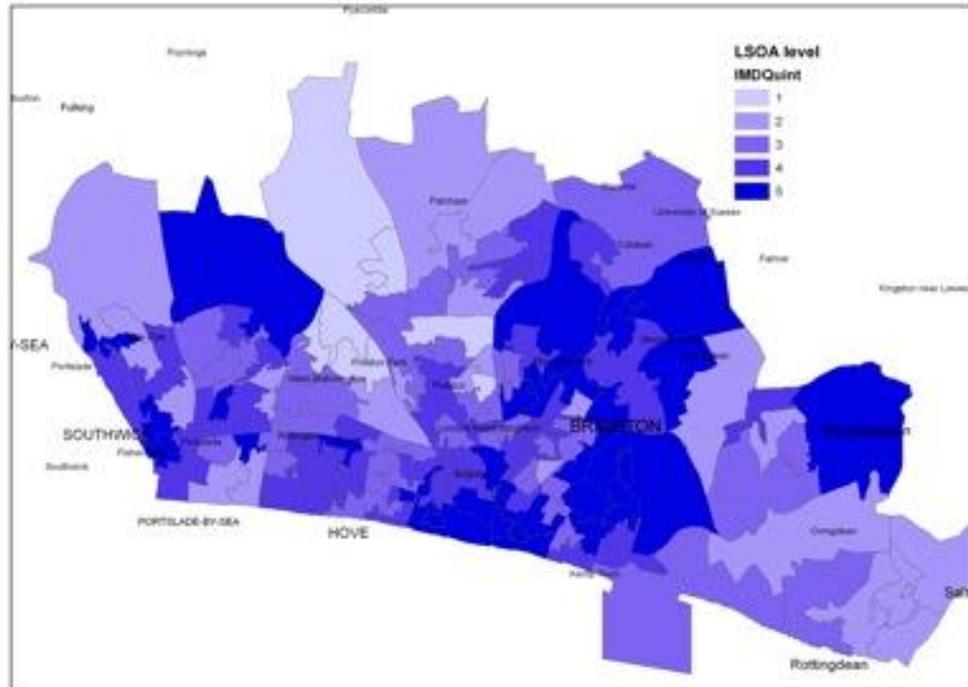
Appendix 2: Information sheet for focus group gate keepers

The FReSH Study
Discussion Group information

Session information

Sessions to consist of between 3 (minumum) and 8 (maximum) participants.
Sessions will be audio-recorded.
Sessions last 1.5-2 hours.
Participants will be offered £20 each for out-of-pocket expenses.
Sessions will be held at a convenient time and location for participants e.g. at the recruitment site or centrally in town near many bus routes.

Key sample research questions

Are we entirely responsible for our own food choices?
What is the role of the government?
How much do food companies influence our food choices?

Confidentiality

Although the nature of this research is not particularly personal or sensitive, it has been authorised by the university Research Ethics Committee in order that participants are confident it meets the highest standards of research ethics.
Participants will be asked to complete information sheets and consent forms.
Identities of participants will be kept anonymous and confidential.
The content of the discussions will be used ONLY for this research project; audio files will be kept on locked folders on password-protected computers; completed forms will be kept in locked cabinets.

Researcher

Natalie Savona
Post-graduate researcher, University of London (Queen Mary)
Tel: XXXXXXXXXXX
Email: n.j.savona@qmul.ac.uk

The FReSH Study
Food, Responsibility and Health

Appendix 3: Focus group schedule

FOCUS GROUP SCHEDULE

Refreshments

Hand out Participant Information & Consent forms

Introduction

Outline research project – what and why?

Reminder of consent info – confidential, anonymous, can withdraw at any time

Outline session

Ice-breaker

Pair up.

Tell each other what you ate for breakfast and supper yesterday.

Where did you get the food? (supermarket & home prepared, corner shop,

take-away etc.)

Food system diagram

Where do you get food?

e.g supermarket/shop/cornershop/pound shop/farmers market/allotment/

take-aways/ cafes…

How often for each?

How much from each place? Either percentage or x/28

What & who influences food choices?

e.g. cost, location, convenience, adverts, offers, friends, TV, medical necessity,

children…

Main discussion RECORDED

- What do you think 'responsible' food choices means?

- Who is responsible for making sure you eat healthily?

- If you think you are responsible, how easy do you think it is to eat responsibly?

- What makes you buy the food you buy e.g. price, convenience, taste, health?

- What gets in the way of you making 'responsible' dietary choices health-wise, even if you aim to do so and think you should for your health?

- What are the trade-offs you make regarding eating 'responsibly'?

- Do you think you could do more to choose food 'responsibly' (for your health), and what does that mean to you?

- How much do cost & convenience influence your decisions/ability to eat 'responsibly'?

- If people are overweight or have health problems related to diet e.g. heart disease, who do you think is responsible for their diet? What about an alternative view?

- What features in the shops, restaurants [locations mentioned in food systems maps] or adverts influence your food choices (e.g. special offers, supersizing, BOGOF, 3for2)? Are some worse/better than others?

- What role do adverts play in shaping your food choices? (Which adverts?)

- Have you seen the Change4Life publicity whose slogan is "eat less move more"? What do you think of this?

- Do you think shops could do more to help you choose responsibly; do you think that in some ways they encourage unhealthy eating?

- What role do you think different aspects of government could have in helping people eat more healthily?

- If changes were made to help eat more healthily e.g. cheaper fruit & veg, what about the people who lose out e.g. farmers

EQUIPMENT

Schedule								
Cash								
Participant Info								
Consent forms								
Info forms								
System maps								
Photo prompts								
Pens								
Digital recorder								
Spare battery								
Name stickers								
Notebook								

Appendix 4: Pro forma information sheets and consent forms

Queen Mary
University of London

The FResH Study: Food, Responsibility and Health
Information for focus group participants

We would like to invite you to be part of this research project. You should only agree to take part if you want to, it is entirely up to you. If you choose not to take part there won't be any disadvantages for you and you will hear no more about it. Please read the following information carefully before you decide to take part; this will tell you why the research is being done and what you will be asked to do if you take part. Please ask if there is anything that is not clear or if you would like more information. If you decide to take part you will be asked to sign the attached Consent form to say that you agree. You are still free to withdraw at any time and without giving a reason.

This research is looking into different people's views on who is responsible for what we eat. For example, we're interested in whether you think is it just up to us individuals to eat foods that are good for us? Or should we be helped by the government, food manufacturers and supermarkets? What gets in the way of eating healthily, if we want to? Do we even want to eat healthily?

If you agree to take part in this study you will be asked to come to one group meeting to discuss your views on these issues. It will last no more than two hours. The conversations at these meetings will be audio recorded. Everything said will be anonymous and the information provided will be kept safely and confidentially. You will be able to see a summary of the final study when it is finished.

It is up to you to decide whether or not to take part. If you are willing to take part please provide your contact details and I will be in touch shortly. Alternatively, you can email me at n.j.savona@qmul.ac.uk

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Please tear off this section, fill it in and post it to **Natalie Savona, School of Geography, Queen Mary University of London, Mile End Road, London E1 4NS. Tel: XXXXXXXXXXXX Email:** n.j.savona@qmul.ac.uk

Name	
Address	
Phone Number(s)	
Email (optional)	

The FResH Study: Food, Responsibility and Health
Information for interviewees

We would like to invite you to be part of this research project. You should only agree to take part if you want to. If you choose not to take part there won't be any disadvantages for you and you will hear no more about it.

Please read the following information carefully before you decide to take part; this will tell you why the research is being done and what you will be asked to do if you take part. Please ask if there is anything that is not clear or if you would like more information. If you decide to take part you will be asked to sign the attached form to say that you agree. You are still free to withdraw at any time and without giving a reason.

This research is looking into different people's views on who is responsible for how healthily people eat: is it entirely up to individual members of the public to choose healthy foods? What roles can the government and industry play?

If you agree to take part in this study, you will be interviewed for up to one hour. The conversation at this meeting will be audio-recorded. Everything said will be anonymous, (or not, as per your choice) and the information provided will be kept safely and confidentially. You will be able to see a summary of the final study when it is finished.

It is up to you to decide whether or not to take part. If you are willing to, please provide your contact details and I will be in touch shortly. Alternatively, you can email me at n.j.savona@qmul.ac.uk

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Please tear off this section, fill it in and post it to **Natalie Savona, School of Geography, Queen Mary University of London, Mile End Road, London E1 4NS. Tel: XXXXXXXXXXXX Email:** n.j.savona@qmul.ac.uk

Name	
Address	
Phone Number(s)	
Email (optional)	

Queen Mary
University of London

Consent form

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: **The FResH Study: Food, Responsibility and Health**

This study has been approved by the Queen Mary Research Ethics Committee Ref: _____

Thank you for considering taking part in this research. The person organizing the research must explain the project to you before you agree to take part.

If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

☐ *I understand that if I decide at any other time during the research that I no longer wish to participate in this project, I can notify the researchers involved and be withdrawn from it immediately.*

☐ *I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.*

☐ *I understand that my participation in this interview/discussion group will be audio-recorded.*

Participant's Statement:

I _____ agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have read both the notes written above and the Information Sheet about the project, and understand what the research study involves.

Signed: Date:

Name:
Address:
                                        Contact number:

Investigator's Statement:
I _____ confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the volunteer.

Appendix 5: Focus group food system map summary

PLACE
ICELAND
SAINSBURY
ALDI.
CO-OP
CORNERSHOP.
POUNDLAND

99p STORE

ALLOTTMENT.
TAKE AWAYS.

WHEN
EVERY 2 DAYS,
EVERY FORTNIGHT.
EVERY DAY

INFLUENCES
COST.
ADVERTISING.
LOCATION.
WHERE YOU
WERE BROUGHT.
T.V.
FRIENDS.
ABILITY TO COOK.
KIDS. MEDICAL.

Appendix 6: Interview request emails/letters

Appendix 6.1 – food industry

Dear xxx

I am contacting you with a request to interview you about your views on responsibility for dietary behaviour.

This is for research I am conducting on the interface between the food system and public health. I am interested in where different parties perceive responsibility for healthy eating – to what degree they believe it lies with individuals, the government and/or the food industry.

As a representative of a company that has signed up to the government's Public Health Responsibility Deal, I am keen to hear your views on issues such as:

Where you (and your company) see the boundaries of your responsibility and those of government and individuals?
What do you believe are the constraints and facilitators of contributing 'responsibly' to the public's dietary choices?

I hope you will agree that understanding perceptions of the boundaries of responsibility for healthy eating could be valuable in public health practice and the contribution that industry is making to it.

I anticipate taking up no more than an hour of your time and could meet you at your office or another venue of your choice. I would like to audio-record the session and can make your comments entirely anonymous.

[This email also included a sentence on who gave me their contact details or suggested I get in touch.]

Appendix 6.2 – government/experts

Dear xxx

I am contacting you with a request to interview you about your views on responsibility for dietary behaviour.

This is for research I am conducting on the interface between public health and the food system. I am interested in where different parties perceive responsibility for healthy eating – to what degree they believe it lies with individuals, the government and/or the food industry.

As a public health expert, your views will be valuable on issues such as:

Where you (and your organisation) see the boundaries of state responsibility and those of industry and individuals?
What do you believe are the constraints on and facilitators of the public's dietary choices?
What do you believe are the constraints and facilitators of government and industry contributing 'responsibly' to the public's dietary choices?

I hope you will agree that understanding perceptions of the boundaries of responsibility for healthy eating could make an important contribution to public health practice.

I anticipate taking up no more than an hour of your time and could meet you at your office or another venue of your choice. I would like to audio-record the session and can make your comments entirely anonymous.

[This email also included a sentence on who gave me their contact details or suggested I get in touch.
Also, depending on their position, more explanation of why their views will be so valuable.]

Appendix 7: QMREC Application form

Queen Mary
UNIVERSITY of London

Application form – Queen Mary Research Ethics Committee

1 Name, department and email address of applicant	
Natalie Savona (PhD student) School of Geography n.j.savona@qmul.ac.uk	
2 Title of study	
The FResH Study Food, Responsibility & Health	
3 Investigators	
Natalie Savona (student) Professor Steven Cummins (primary supervisor) s.c.j.cummins@qmul.ac.uk Dr Dianna Smith d.smith@qmul.ac.uk Dr Beth Greenhough b.j.greenhough@qmul.ac.uk All from QMUL School of Geography Head of School: Professor Miles Ogborn m.j.ogborn@qmul.ac.uk	
4 Proposed timetable	
November 2011-July 2012 (The initial stage involves discourse analysis of documents)	
5 Other organisations involved	
n/a	
6 Other REC approval	
n/a	

7 Nature of project e.g. undergraduate, postgraduate
Postgraduate – PhD research

8 Purpose of the research

Context for research

Research in human geography and public health has yet to fully identify the spatial, social and environmental determinants of diet and health. Such matters are particularly important for explaining and seeking to mitigate social variations in health. Recently focus has turned to the 'food system' as a framework for research although this has yet to be operationalised.

UK government discourse emphasises individuals' responsibility for healthy dietary behaviour and corporations' responsibilities in food production and promotion. The overall purpose of this research is to explore, qualitatively, the way in which the public, industry and government understand and construct the concept of responsibility with regard to health-related dietary behaviour. In order for the concept of responsibility to have any utility in its expectations of individuals and industry, its meaning and boundaries need to be explicit, based on a consensus between all stakeholders. This research will explore these issues using responsibility as a lens through which to focus on the nexus of the food system, social justice and public health.

Research questions
This will be done by seeking answers to the following questions:
• Who do members of the public think are the main actors in the food system?
• How do the principal actors in the food system understand responsibility for dietary behaviour and its health consequences?
• Where do these actors see the boundaries of their responsibility and those of the other actors, and do they think they are drawn fairly?
• What are seen by each group of actors as the constraints and facilitators of responsibility for dietary choice, and do these correspond with their actions?

Anticipated benefits
Investigating responsibility within the food system, whether there is consensus on the meaning and loci of responsibility and whether it is assigned proportionately to different actors' capacities, can help confront and incorporate the dilemma in the social justice aspects of public health dietary strategies. That is, that although strategies do, in theory, account for environmental determinants of diet, public health promotional campaigns focus predominantly on individual behaviour change. It is hypothesised that if responsibility for determining dietary behaviour in the food system were consensually delineated and proportional to actors' capacity, there would be a more level playing field on which individuals could make genuine dietary *choices*.

Not only will this research project be one of the few to situate health

inequalities in a food *system* framework, it will contribute to the paucity of qualitative research in the field. It is anticipated that theories emerging from the analysis of data gathered will advance understanding of contextual determinants of diet and health, how the food system affects public health goals and the way in which the conceptualisation of responsibility influences diet and its concomitant health outcomes. Such insights could inform amendments to the food system aimed at improving public health, by reducing the prevalence of diet-related disease.

9 Study design, methodology and data analysis

The relationship between the environment and diet has previously been studied using mainly quantitative methods. Research has also tended to isolate aspects of the food system and actors within it, rather than investigating relationships between players. The aim of this empirical research is to determine the way in which selected actors in the food system understand and construct their own and others' responsibility, with regard to diet and health. Comparison will be made between social groups to investigate whether differences in perceptions of responsibility among members of the public may be linked to inequalities in the prevalence of diet-related health outcomes.

The research will be conducted in three phases:
1) Firstly, representation of the concept of responsibility – its meaning, boundaries and application – in government and corporate discourse will be examined using analysis of selected documents. This phase is essential for establishing how responsibility is portrayed and with whom it is said to lie in published discourse.

2) Drawing on this work, focus groups will then be conducted with members of the public to elicit their perceptions of: the main actors in the food system, what responsibility is, with whom it lies for health-diet behaviour and where its limits fall for different actors in the food system.

3) Subsequently, individual interviews will be used to elicit views on responsibility from architects of the food system: representatives from the food industry and government.

Focus groups
Individual members of the public will be sought, each to participate in one focus group meeting (further details in Sections 10-12). The goal is to carry out between six and twelve focus groups, consisting of between six and eight people in each, lasting a maximum of two hours. This is generally considered to be a useful, manageable number for focus groups. Sessions will be held in locations easily accessible to the participants e.g. a community centre where they are recruited.

A feature of focus groups is that the interaction of the group is central to the nature of the data gathered – people who already know each other may feel

more comfortable discussing sensitive issues such as diet; although pre-existing dynamics may affect discussions. Focus groups can ease access to the priorities and vocabulary of the participants rather than the researcher and offer a potentially rich environment in which different views may reveal a "joint construction of meaning". Additionally, focus groups are useful for answering the proposed research questions because they lend themselves well to complex topics on which there is little knowledge.

On arrival, refreshments will be provided and participants will be asked to complete a 'Participant Details' form designed to gather some personal information (attached). Details requested will include: name (pseudonym if preferred), age, household composition, employment status, type of employment and household income. Participants will also be asked to read and sign consent forms (attached). To start each group meeting I will give a brief introduction to the research project, and a reminder of the 'consent' information i.e. that they may withdraw at any time, and that information they give and discussions are anonymous and confidential.

As an 'ice-breaker' exercise, and in order to facilitate subsequent discussions on participants' diets, I will ask them to pair up and to tell the other person what they ate for breakfast and supper on the previous day and where they got the food for those meals (e.g. corner shop, supermarket, café, take-away).

I will then ask the group to help me construct, on a board/flip chart, what they see as their food systems, using a participatory technique e.g. where do participants get their food, how often to they buy food, do they prepare food or buy it ready-made, what/who else influences their food choices? I will keep a copy or photographic record of this 'food system map' as part of the data gathered from the focus group.

This diagram will be used as a stimulus in the subsequent discussion (see Topic Guide, attached), as will other prompts: quotes from the analysed reports, photos of adverts, promotions and food packaging. After the mapping segment of the focus group, I will keep my participation to the barest minimum: interjecting with questions occasionally, making sure conversation does not dry up, steering towards topics for discussion, and if necessary, trying to draw out quieter members of the group. My social characteristics as a white, middle-class woman will be positioned differently in the different groups; a clear awareness of this will help optimise my rapport with the variety of participants. My background of working in nutrition will be withheld, in case participants think I am conducting research based on healthy eating ideals, or they become self-conscious about their eating habits.

Interviews
Representatives from the food industry and government will be contacted with requests for interviews (letter template attached). The goal is to question five

participants in each of these two categories to seek their views on the meaning, enactment, constraints, drivers and boundaries of responsibility regarding healthy diets. There may be some resistance to or suspicion of the requests; initial correspondence will be made through existing contacts to minimise the potential for this.

With industry interviewees, it will be made explicit in the requests that the aim is to discuss the company's involvement with the government's Public Health Responsibility Deal (an initiative designed to enrol companies in voluntary codes of practice aimed at improving public health); there will be opportunity for participants and their organisations to remain anonymous. Similarly, with government-related interviewees, a guarantee of anonymity may be a way of eliciting more open, rather than strict 'party line' responses. These interviews will also be based on the government's Responsibility Deal, but broaden out to explore less specific notions of dietary responsibility on the part of industry, government and the public.

Such meetings will provide a private setting in which in-depth views on the issues will be sought (see attached Topic Guides). Requests will be made for an hour of the participants' time for each interview; I will offer to meet them at their office, or at another location convenient for them.

The aim of the focus groups and interviews is to seek the subjective views of the participants, a snapshot of opinions, on who the main stakeholders in the food system are, as well as the meaning, role, determinants and margins of responsibility in dietary behaviour.

Pilot sessions with each category of participant will be used to evaluate and consolidate schedules for subsequent meetings.

10 Participants to be studied

Members of the public – focus groups
Population level dietary quality in the UK is poorer with increasing levels of deprivation. Recruitment of groups of participants will therefore aim to reflect this by using as the main axis of comparison, people who can broadly be defined as either 'more' or 'less' deprived. The age criterion is that participants be between 18 and 75. Under 18s may not be in charge of much of their food provision; above 75, obesity prevalence (a proxy for diet-related health problems) falls significantly; additionally, other factors may determine different experiences of the food system such as reduced mobility or multiple co-morbidities. Recruitment of members of the public will be made in the city of Brighton and Hove.

Food industry & government representatives - interviews
The UK DH Public Health Responsibility Deal (March 2011) includes a list of

companies that have committed to certain terms of responsibility in their business practices. Food manufacturing and retail corporation signatories will therefore form the sampling frame. Requests will be made to interview senior representatives from the organisations, ideally from the corporate policy or marketing departments, or those in pertinent positions e.g. David North, the Community & Government Affairs Director at Tesco.

National and local government public health representatives will be sought for interview, as will expert civil servants and members of the government's Expert Advisory Group on Obesity. Requests will be made to interview the Minister and Shadow Ministers for Public Health, members of the Health Select Committee and local, public health specialists in Brighton & Hove.

There are no criteria for age, gender, ethnicity or other characteristics in this category of participants.

11 Selection criteria
Members of the public will be recruited in the city of Brighton & Hove. Representatives from the food industry and government will be sought based on their position and, in industry, based on whether the company is a signatory to the Public Health Responsibility Deal. See ***Participants to be studied*** section above for explanation of inclusion/exclusion criteria.

12 Recruitment (including incentives and compensation)
Members of the public Recruitment will be sought through a range of organisations in Brighton & Hove e.g. community centres, children's centres (e.g. Sure Start), schools (state and private), allotment associations, sports clubs, leisure centres, book clubs, Brighton and Sussex Universities. It is anticipated that this will generate a range of participants, from across the 'deprivation-affluence' spectrum. Initially, attempts will be made to recruit through different organisations/centres that may *de facto* tend towards either end of the 'deprivation' spectrum. This will be confirmed, one way or another, by the 'Participant Details' forms filled in when taking part. 'Gate-keepers' at a range of organisations will be contacted. After a brief introduction, I will ascertain whether they are happy to publicise the focus group sessions, or whether I should ask to meet them briefly to explain further the research. Initial contact will be made with centres/organisation into which I have a direct link e.g. through friends/relatives/contacts, in order to 'smooth' the introduction. Depending on the view/response from the gatekeeper, recruitment of participants will be done through verbal messages (from such gatekeepers or

myself at another meeting as agreed with the gatekeeper) or recruitment posters (attached). Because of the nature of organising groups of people, a particular date, time and location for the focus group will be specified on the poster (or in the announcement, as discussed with the gatekeeper) rather than recruiting people, followed by trying to arrange a mutually agreeable time.

Participants will be offered £10-15 in cash for travel and out of pocket expenses. It is not, however, intended that other financial incentives will be offered, in the first instance. Should recruitment prove to be difficult, I will discuss with my supervisors the potential advantage of introducing vouchers (e.g. from Boots) as compensation for participants' time.

Food industry and government representatives
Recruitment of food industry and government representatives will involve either correspondence via email/letter (attached) or a telephone call (which will, more or less, replicate the email). Contact details will be gained either through existing contacts or through government/company websites.

13 Ethical considerations and risks to participants

There are no significant risks or hazards associated with this study.

Informed consent
Informed consent must and will be gained from participants and the organisations / venues in which recruitment of focus groups will be conducted. At the start of focus groups, participants will be asked to complete a Consent Form (attached). During the introduction to the group session, I will reiterate that they may withdraw from the study at any time and that their participation will be both confidential and anonymous. Interviewees from government and industry will also be asked to complete a Consent Form. Should they wish, their anonymity can be assured by careful masking of their position as well as their individual identity.

Permission to record focus groups/interviews will be sought from participants. They will be offered a summary of the study findings.

Exploitation and vulnerable individuals
For the focus groups, data will be collected from residents living in neighbourhoods in the most deprived fifth in the country and I am not planning, in the first instance, to offer the participants any cash incentive to contribute. In order to address the potential issues of exploitation and power imbalance, data collection will be participant centred and led where possible. For example, I will keep my participation in the focus groups to a minimum after the opening section, so that the participants elaborate on their views. It will be made clear that it is their interpretations and experiences that are of central interest. Additionally, offering them a summary of the research will emphasise the value of their contribution.

14 Confidentiality, anonymity, and data storage
Anonymising the details of all participants when writing-up will be standard practice for this study, and participants will be informed of this practice when recruited.

All data and analysis will be stored on a password protected computer and hard copies will be stored in a locked drawer in the principal researcher's desk, at the School of Geography.

Consent forms and records will be stored in a secure filing cabinet in the School of Geography for 5 years. After which all data will be anonymised and deposited in the UK data archive. |
| *15 Information for participants* |
| An information sheet will be provided to all focus group participants and gatekeepers, as described in section 12 (see attached). A separate information sheet will be sent to food industry and government interviewees.

At the end of the study a two-page summary of the findings will be produced and sent to gatekeepers/participants. |
| *16 Consent* |
| Written informed consent will be sought from all participants, as described in section 13 (see attached). |
| *17 Signature of applicant and authorising signatories.* |
|

Principal Investigator

Other Applicant(s)

(Head of School) |

Appendix 8: QMREC Approval letter

Queen Mary
University of London

Queen Mary, University of London
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London E1 4NS

Queen Mary Research Ethics Committee
Hazel Covill
Research Ethics Administrator
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c/o Dr Steven Cummins
Room 215, Department of Geography
Queen Mary University of London
Mile End Road
London   E1 4NS

3rd January 2012

To Whom It May Concern:

Re: QMREC2011/85 – The FResH Study: Food, Responsibility and Health.

The above study was approved by The Queen Mary Research Ethics Committee (Sub-Board A) on the 6th December 2011.

This approval is valid for a period of three years, (if the study is not started before this date then the applicant will have to reapply to the Committee).

Yours faithfully

Ms Elizabeth Hall – QMREC Chair.

Patron: Her Majesty the Queen
Incorporated by Royal Charter as Queen Mary
and Westfield College, University of London

Appendix 9: Field work risk assessment form

Queen Mary
University of London

Fieldwork Risk Assessment

1   Introduction

The College requires all fieldwork to have a suitable risk assessment completed before the work is carried out.

The purpose of a risk assessment is to identify possible causes of harm (hazards) and to identify the measures needed to prevent these hazards from causing an accident. This document provides a general outline of the approach needed to produce an adequate risk assessment but Departments will need to prepare assessments that take account of specific circumstances.

2   Hazards and Risks

A **hazard** is anything with the potential to cause harm. The **risk** is the likelihood that someone will be harmed by that hazard and a judgement of the severity of the harm that might be caused. A high risk event is one that is very likely to occur and may cause death or serious injury/illness. A low risk event is one that is extremely unlikely to occur would result in trivial or no injury/illness. A medium risk event is in between these two.

By carrying out a risk assessment, you can direct attention and resources where they are most needed to prevent injuries or ill-health.

The five steps to carry out a risk assessment and some examples of possible questions to ask are :

(i)   **Identify the hazards** - find out about the site, the work, where you will be staying, how you will be travelling etc.

(ii)   **Identify who might be harmed and how** - think about risks to yourself and others in your team. People with health problems, disabilities or lacking experience in fieldwork may be at greater risk and need extra protection.

(iii)   **Evaluate the risks and consider how the risk of harm can be reduced** - what arrangements, equipment and training etc. will help to avoid accidents or illness?

(iv)   **Record your findings** - on the risk assessment form overleaf. This assessment should form the basis of safe working practices and local rules. Don't just fill in the form and forget it - make sure everyone in your team knows about the risks and how to avoid them.

(v)   **Review and revise your assessment where necessary** - you should do this when there are significant changes in materials, equipment, work methods, location or people involved. Assessments should also be reviewed if there are accidents, near-misses or complaints associated with the work.

3   Specific considerations

3.1   Supervision

The amount of supervision required will depend on the number and experience of field workers. Groups of inexperienced undergraduates in potentially hazardous environments will need more supervision that an experienced post-graduate fieldworker.

The ratio of staff to students required should therefore take into consideration such factors as the experience and maturity of the students, the location of the fieldwork and the climatic conditions likely to be encountered. In general a minimum ratio of 1:20 should be considered as a guideline for fieldwork where large numbers of students are involved. More generous provision may be required for more hazardous environments.

3.2   Medical Emergencies

The group leader should determine if any of the field-course participants suffer from illness or medical conditions that could expose them or others to undue risk during the excursion. (Examples of such conditions include chronic asthma, epilepsy, certain heart conditions, pregnancy (for some types of fieldwork) certain types of diabetes or history of other serious illness. Provision must be made in the risk assessment for those with such conditions. Allergies to common drugs (e.g. aspirin and penicillin) should be noted.

A substantial first aid kit should be carried with all parties. The group leader should at least be familiar with basic first aid and ideally one member of the group should be fully trained first aider.

3.3   Protective Equipment

3.3.1   Clothing

When choosing suitable clothing factors to be considered include the need to;

- Protect from exposure to low temperature, wind and precipitation,
- Protect from any physical and chemical hazards in the environment,
- Act as a marker in recall or rescue operations

3.3.2   Head Protection

The head should be protected against rain and wind in adverse weather conditions.

Safety helmets (hard hats) must be worn in appropriate situations such as in old quarries, cliffs, ski-slopes, trenches, mines, forestry operations or where there is any risk from falling objects.

3.3.3   Life-jackets

Field work and field trips that include working from boats will normally be regulated by the safety requirements of the boat operators. When smaller, unsupervised boats are used suitable lifejackets must be worn at all times.

RISK ASSESSMENT FORMS

Type of fieldwork:			
Focus groups and interviews for PhD research			
			(eg independent student project, research, supervised field trip)

Dates:	From	January 2012	
	To	September 2012	

Location(s) of work:	
Brighton & Hove (focus groups)	
Interviews – tbc (offices of interviewees, currently unknown)	

Address of residential base:
25 Wordsworth Street Hove East Sussex BN3 5BG

RISK ASSESSMENT

HAZARDS	Risk High/ med/ low	RISK REDUCTION ACTIONS
Physical hazards (e.g. extreme weather; mountains and cliffs, quarries, marshes and quicksand; fresh or seawater)	Low	N/A
Biological hazards (e.g. poisonous plants; aggressive animals, soil or water micro organisms; insects)		N/A
Chemical hazards (e.g. pesticides; dusts;		N/A

contaminated soils; chemicals brought into site)		
Man-made hazards (e.g. electrical equipment; vehicles, insecure buildings; slurry pits; power and pipelines) Possible wires, faulty furniture, trip hazards etc. at site of focus groups/interviews		Common sense caution
Personal safety hazards (e.g. lone working, attack on person or property) Interviews, one-on-one, in offices or locations as-yet-unknown		Clear record, on personal computer, in diary and with supervisor/partner of location of interview, and name & position of interviewee. When doing focus groups/interviews outside daytime hours in non-public settings, I shall agree to contact by phone/text/email an available person (partner/relative/supervisor) before and after the meetings, with an agreed time cut-off to raise the alarm.
Other hazards (specify)		

SPECIAL PROVISIONS

Emergency procedures (e.g. first aid, survival aids, communication)

TRANSPORT

<div align="right">(tick boxes)</div>

Suitable travel arrangements and licensed drivers?

YES [ ]   NO [ ]   N/A [/]

Adequate insurance cover

YES [ ]   NO [ ]   N/A [/]

Permission to work on site?

YES [ ]   NO [ ]   N/A [/]

Necessary training and information received

YES [ ]   NO [ ]   N/A [/]

Health and next of kin information given to field trip

YES [ ]   NO [ ]   N/A [/]

Leader/departmental office

YES [/]   NO [ ]   N/A [ ]

Provision for disabilities, health problems?

YES [ ]   NO [ ]   N/A [/]

Person completing this assessment :
Name: NATALIE SAVONA

Position: PhD Student

<div align="right">(eg undergrad; research student; post doctoral fellow, lecturer)</div>

Date of assessment   15/11/11

Checked by:

Name:

Title:

<div align="right">(eg supervisor; co-ordinator)</div>

Date

Approved by Head of School:

Name:

School:

Date

Issued by:
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January 2005