GUEST EDITORIAL

Corporate Versus Personal Responsibility: Where Will Dentistry Go?

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The American Academy of Pediatric Dentistry Foundation (AAPDF) recently announced a collaborative effort between themselves and the Coca-Cola Foundation. The agreement involves providing the AAPDF with nearly $1 million for "unrestricted" grants for research, along with funds for a campaign to promote "personal responsibility" for oral health, nutrition, and diet (1). However, this arrangement does not call upon the Coca-Cola Corporation or other soft drink manufacturers to promote corporate responsibility in either advertising or the promotion of soft drink consumption within our nation's schools.

This arrangement raises several important public health questions. The first and most important question is: what is the motivation for Coca-Cola to fund such a variety of programs for the AAPDF? If corporate motivations were intent on providing society with safe and sound health recommendations, this arrangement would be unquestionably beneficial. However, if we venture back to the 1960s to look at other industries, we can recall how the auto industry vehemently opposed auto safety provisions due to costs and how the tobacco industry lied to Congress and the American people about the known dangers of their products (2,3). These are just two examples of corporations placing market share, sales, and profit before the health and well-being of society.

Does this arrangement mean the soft drink industry is different than other industries and is actually trying to improve the health and well-being of children? If we simply rely on public statements made by the industry through the National Soft Drink Association (NSDA), the answer would be a resounding no. The NSDA has released multiple press releases in the last few years denying any link between soft drinks and obesity, tooth decay, displacement of calcium in children's diets, poor bone development, hyperactivity, or any other negative health consequence. NSDA has identified that lack of physical activity is the true cause of obesity in children, not excess caloric intake (4). We can be assured that the NSDA and Coca-Cola would likely focus any pediatric dental public information campaign on the lack of toothbrushing and professional dental prophylaxis and not on the frequency or volume of soft drink consumption as the cause of tooth decay.

These statements are made even though soft drink consumption is escalating at startling rates. From 1970–97, soft drink consumption increased from 22.2 to 41.4 gallons per person per year (5). These changes in consumption did not occur by accident or through the altruistic nature of the soft drink industry. These changes in consumption occurred through an aggressive marketing campaign toward children and adolescents that spends several billion dollars a year successfully promoting overconsumption of nonnutritive beverages (6). Even more disturbing are new plans by Coca-Cola to target more children through advertising in 2003 (7). Such marketing has made Coca-Cola the third most recognized product by children advertised on television (8).

What we do know is that the soft drink industry has been the target of recent criticism as being responsible for escalating consumption through the following:

- increased container sizes,
- making schools dependent on income from soft drink vending,
- creating brand loyalty through exclusive vending contracts with schools,
- increased marketing to children who need to consume more dairy products,
- by being an integral part of the "super size" sales tactic, and
- "aggressive community tactics to prevent the removal of soft drink vending from schools.

How could Coca-Cola benefit from such an arrangement with AAPDF? First, Coca-Cola could use this association and its message of "personal responsibility" in all of the areas it is presently receiving criticism. Coca-Cola and the NSDA could then justify overconsumption by blaming the consumer, and cite that the American Academy of Pediatric Dentistry also believes that individuals (even if 4 years old) are responsible for the quantity and type of beverage they consume.

An important question to ask is: what entails true "corporate responsibility" on this issue? The first contribution from Coca-Cola and the NSDA should be to admit that excess caloric intake and displacement of calcium through the intake of nonnutritive beverages are not positive health outcomes. Along with this admission should come the responsible marketing of beverages to the consumer. This responsible marketing should include a voluntary hands-off approach toward young children.

Coca-Cola should remove their products from schools. Of course, such an action is highly unlikely. However, at the very least, Coca-Cola should make every effort to change the type of containers in schools from the 20-ounce screw cap bottle to a 12-ounce can. In fact, if they were to provide children with one true serving, it would amount to only 8 ounces of soft drink instead of the current 2 ½ servings currently sold to children in 20-ounce bottles. This change in contain-

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ers would reduce the volume and portability of soft drinks in schools. The soft drink industry also should work to bring a new line of products to children at schools that have nutritional value, including dairy products.

Another important "corporate responsibility" for Coca-Cola would be to label the fluoride content of the bottled water product (Dasani™) it manufactures. As we are all aware, there is no mandatory labeling of fluoride content of bottled water. Such an action by Coca-Cola might encourage other bottled manufacturers to follow suit.

If Coca-Cola is willing to make such changes in their marketing, container sizes in schools, the proportion of healthy beverages made available and marketed to children, and admitting the ill health effects of overconsumption, consideration could be given to supporting an arrangement between the American Academy of Pediatric Dentistry and Coca-Cola. Such an arrangement could combine corporate and personal responsibility in our efforts to reduce tooth decay and obesity among children and adolescents.

However, as the arrangement currently stands, the big winner will be corporate America, and the big losers will be our children. Further, the trust the public places in dental professionals to recommend sound health practices will be violated and may be irrevocably harmed. It is not inconceivable that dental patients may be asking the question, "Do things really go better with Coke?" This is an embarrassment to the dental profession and to everyone who has strived for the past 60 years to make prevention and health promotion the cornerstone of modern dental practice. In recognition of this heritage, it is hoped that the American Academy of Pediatric Dentistry will come to its senses and rescind this arrangement with Coca-Cola.

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