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The governmentality of childhood obesity: Coca-Cola, public health and primary schools

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In this paper we examine the emergence of what might seem an unexpected policy outcome - a large multinational corporation, frequently blamed for exacerbating childhood obesity, operating as an officially sanctioned driver of anti-obesity initiatives in primary schools across the globe. We draw on Foucault's notion of governmentality to examine the pedagogical work of two international programmes devised and funded by Coca-Cola. We demonstrate how these programmes work simultaneously as marketing campaigns and as governmental strategies to position children as responsible for their own health, conflate (ill)health with body weight and strategically employ the concept of energy balance. We argue that these programmes not only act to unite the interests of corporations, governments and schools, but seek to use schools to reshape the very ideas of health and a 'healthy life'. We conclude by considering two sets of ethical and political issues that come sharply as corporations like Coca-Cola continue to exploit the policy space created by the 'obesity epidemic'.

Keywords: childhood obesity; health education; corporations; governmentality; neoliberalism; primary schools

Introduction

Across the globe, scholars, journalists, politicians and the public continue to be concerned with the childhood obesity epidemic, a phenomenon regularly described as a 'ticking time-bomb' (Logue & Sattar, 2011) that will ultimately result in reduced life expectancy in Western countries (Partnership for a Healthier America, n.d.). As part of her high profile role in the Obama administration's childhood obesity policies, First Lady Michelle Obama has gone even further by claiming that American economic prosperity and national security are also at risk (*Let's Move*, n.d.). In stark contrast, a number of authors have contested the idea of a childhood obesity crisis (see Gard, 2011; Gard & Wright, 2005). Some also argue that the global war on fatness can and

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does have negative consequences for many children (e.g. Burrows & Wright, 2004; Evans, Rich, Davies, & Allwood, 2008; Powell & Fitzpatrick, 2013).

The moral and medical panic over childhood obesity has resulted in a “rapid proliferation of policies and interventions” (Pike, 2010, p. 82), many of which target children in schools (see Waters et al., 2011). In fact, McDermott (2012) writes that schools are being positioned as a key cause of *and* solution to childhood obesity. For instance, scholars, journalists and medical professionals argue that schools contribute to the childhood obesity crisis by offering poor quality meals in the U.K. (see Pike, 2010), selling ‘competitive foods’ and beverages in the U.S. (e.g. Molnar, 2005; Nestle, 2007; Vander Schee, 2005), ‘unhealthy’ fundraising through selling barbecued sausages in New Zealand (Richards, Darling, & Reeder, 2005), and generally providing inadequate education about nutrition, physical activity and obesity (e.g. Moyer, 2012). However, Gard and Vander Schee caution against the idea that schools are an ‘obvious’ place to fight childhood obesity, describing it as naïve and misguided while noting that school-based interventions “have a long and virtually unbroken record of failure in affecting children’s body weight” (2011, p. 84).

This paper begins from the premise that, given the contested state of knowledge about childhood obesity and the ameliorative role schools might play, there are grounds for keeping a close scholarly eye on developments in school-based anti-obesity interventions. On the one hand, the assumption that schools can and should be involved in the war on obesity has helped to open up a particular kind of policy space, a space that is now being colonised and exploited by a variety of experts, government agencies, scholars, fitness gurus, celebrities, charities, voluntary groups, lobbyists, sporting organisations, and multinational corporations (see Powell, 2013a). We think that this point alone warrants a critical engagement with the nature and educational implications of these developments. On the other hand, these interventions suggest that relatively new discourses about the purpose of schooling and the management of schools are emerging. Drawing from documentary evidence (corporate-produced educational resources, marketing materials, websites and media releases) gathered during a larger research project into primary school-based ‘corporate obesity solutions’, this paper describes the similarities and differences between two international interventions devised and funded by The Coca-Cola Company (hereinafter Coca-Cola). Above all, our interest here in is in documenting and critically reflecting on the emergence of what in some respects might seem an unexpected policy outcome - a large multinational

corporation, frequently blamed for exacerbating childhood obesity, now operating as an officially sanctioned driver of school based anti-obesity initiatives.

Governmentality, public health and neoliberalism

Conceptualising school-based corporate anti-obesity interventions is not a straightforward matter. In part, the complexities lie in what appears to be a convergence of social forces and institutional actors around a particular issue. To begin with, we concur with other scholars who have employed the Foucauldian concept of governmentality to understand the techniques and concerns of modern health promotion (for example, Coveney, 2006; Herrick, 2011; Lupton, 1995). For Foucault (1991) governmentality is the *art of government* - “the conduct of conduct” (Gordon, 1991, p. 2). Two dimensions of governmentality that are “indissociable” (Miller & Rose, 2008, p. 16) are *rationalities* of government (how we reason, or think about, particular problems and practices of government) and *technologies* of government (how government is ‘done’ and how rationalities are actualized. In other words, the rationalities which underpin any problem of government are not merely represented in ‘thought’ alone; they must also be ‘rendered technical’ (Li, 2007). By examining how specific rationalities may (or may not) ‘fuse’ with governmental interventions (such as Coca-Cola anti-obesity/health education programmes), we can begin to critically examine the governmentality of childhood obesity. It is through the convergence of rationalities and technologies that those with governmental ambitions attempt to achieve a particular end.

The notion of governmentality also enables us to view government as not the sole preserve of an oppressive, overarching monolithic state. Importantly and in contrast with earlier, more directly coercive forms of control, the modern art of government works “at a distance” on citizen’s choices of work, leisure, personality, even lifestyle (Rose, 1999, p. 10). It is a calculated activity “undertaken by a multiplicity of authorities and agencies, employing a variety of techniques and forms of knowledges, that seeks to shape conduct” (2010, p. 18). This is significant given the rise of programmes devised and implemented by corporations that attempt to govern children’s thoughts, bodies, behaviours and lives. We found Foucault’s notion of the “ensemble” (Foucault, 1991, p. 102) useful for our analytics as children are now targeted by an extensive ‘ensemble’ of heterogeneous authorities and personnel, including Coca-Cola and other for-profit corporations, government departments, schools, teachers, outside providers and nutrition ‘experts’ that attempt to shape young people’s conduct and bodies. There were a number of other elements which converged with these organisations and individuals in order to make these Coca-

Cola 'anti-obesity' programmes possible, such as technologies of government, corporate philanthropy, discourses of eating, exercise and obesity, and the neoliberal political rationality.

A great deal of contemporary educational scholarship charts the emergence of neoliberalism as an increasingly pervasive form of governmental rationality (for particularly fierce critiques see Apple, 2006; Saltman, 2010). The 'neoliberal turn' in both public education (and public health policy) seeks to limit the fiscal role of the state (although often alongside a greater regulatory role) and re-shape policy in line with free market principles via such processes as privatisation, out-sourcing, public-private partnerships and commercialisation (Ball, 2012). Neoliberal reforms in health, education and the economies of Western nations more generally have been legitimised through appeals to 'standards', 'consumer choice' and 'efficiency' (Burch, 2009). Advocates for neoliberal reforms in education argue that the private sector is more efficient and effective than the public sector (e.g. Green, 2005). However, critics such as Saltman (2011, p. 13) argue that neoliberalism redefines education as being for the "corporate good rather than the public good...a new conflation of corporate profit with the social good" which erodes democracy and children's position as citizens.

The concepts of governmentality and neoliberalism provide "an analysis of both 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). We have taken care to ensure we have analysed "specific rationalities rather than always invoke the progress of rationalization in general" (Foucault, 1982, p. 779), as although programmes of government *may* come with sophisticated rationalizations, the disparate elements from which they are drawn rarely, if ever, consist of a single rationality or essence (Li, 2007). We think it would be unwise to simply lump the fields of health promotion and school based health education in with the neoliberal tendencies in social policy (see Weare, 2002 for a more detailed discussion of the terms health promotion, health education and public health). As Crawford (1980) points out, the intellectual and political foundations for the modern public health movement have as much to do with politically progressive concerns with poverty, 'social justice' and democratic change as they do with free-markets. This is important because our purpose in this paper is not to gloss all the health-related measures that happen in schools as expressions of neoliberal governmentality. Rather, health promotion is a field of social activity, like many others, that must grapple with and, to some extent, accommodate neoliberalism. Leahy (2012) describes this as a situation where health related practices 'congeal' into particular forms in schools in response to the environment they

must exist within. As a result, we do not argue that neoliberal governmentality is an all-powerful organising force. After all, the corporate school-based initiatives we discuss in this paper could scarcely be seen primarily as governmental public health initiatives - they are commercial strategies as much as they are anything else. What our paper seeks to shed light on, though, are the ways in which the issue of childhood obesity has created the conditions in which the interests of a disparate set of stakeholders - corporations, governments, the medical community and schools - have converged or 'congealed' to produce certain kinds of outcomes.

The Coca-Colonisation¹ of childhood obesity in schools

We have chosen to focus on Coca-Cola because it markets itself as a global leader in providing a variety of education programmes as 'part of the solution' to childhood obesity. Coca-Cola now has "more than 250 physical activity and nutrition education programs in more than 100 countries around the world" and has set a goal to "sponsor at least one program in every country where we operate by the end of 2015" (The Coca-Cola Company, 2012a). We have chosen to examine two free, primary school-based 'anti-obesity' programmes that funded, devised and implemented with the help of Coca-Cola: *Step With It*®, *Singapore!* and *Energy Balance 101* in the U.S. Although in our broader research project we looked at programmes in a range of contexts, by a number of corporations and industries, these two neatly capture the influence of a specific local context alongside the underlying similarities.

Coca-Cola Singapore's *Step With It*®, *Singapore!* was launched "to promote a healthy and active lifestyle, especially among obese children" (Coca-Cola Singapore, 2012a, para. 4). Since its inception in 2004 it has "reached 7 out of 10 primary schools in Singapore" (*Step With It*®, *Singapore!*, 2013, para. 2) through a variety of events, including a pedometer programme, an aerobics programme, and a teacher resource to prepare children for a fitness test.

In 2012 the programme was based on the Olympic Games. The children (aged 7-12 years) watched a video of an Olympic athlete explaining how to make "active, healthy lifestyle" choices; observed four games demonstrated by *Step With It*®, *Singapore!* instructors; and, viewed an Olympic-themed exhibit, including information about Coca-Cola's relationship with the Olympic Games (*Step With It*®, *Singapore!*, 2012a). The programme also features a website with resources for students, teachers and parents, all of which are branded with the ubiquitous Coca-Cola logo (see <http://www.stepwithit.com/sg>). Other 'Useful Information' is provided, including Body Mass

Index (BMI) calculators, tips for energy balance and hydration, and a link to the Beverage Institute for Health and Wellness.

Energy Balance 101 ('*Healthy Schools. Healthy Kids*') is a school curriculum resource for grades K-5 [5-11 year olds] in the U.S.. It is a free nationwide programme which provides prescriptive lesson plans, interactive website games, online pledges, and links to its umbrella programme *Together Counts™: We Thrive Together*, which also aims "to inspire active and healthy living" (see <http://www.togethercounts.com>).

Although on the surface the two Coca-Cola programmes appear to be quite different, they share a number of features. Crucially for this article, both programmes and their resources reproduce and maintain assumptions that all children are *at risk* of obesity, as well as inactivity, ill-health, and premature death. Leahy and Harrison (2004) argue that an integral part of constructing neoliberal self-governing subjects is the deployment of expert risk knowledges (see also Leahy, 2012). Tinning and Glasby (2002) add that expert knowledge is used to reduce or eliminate uncertainty about health and the body. In the case of childhood obesity in Singapore, the Ministry of Health's Health Promotion Board has the web page: 'Know your BMI, Know your risk' (<http://www.knowyourbmi.sg>) which is linked to Coca-Cola's *Step With It®*, *Singapore!* website. Assuming the role of health expert, the Health Promotion Board (2012a) website informs parents: "You may think that it's okay but chubbiness is no child's play" and encourages parents to calculate and monitor their children's body mass index (BMI). In addition, 'chubby children' are described as being at increased risk of diabetes, high blood pressure, being obese or overweight as adults, low self-esteem and not being happy (Health Promotion Board, 2012b). Likewise, in the *Energy Balance 101* teacher resources, each lesson plan has a section called 'Instant Expert' that provides teachers with a long list of risks associated with obesity, including: "problems like heart disease, Type 2 diabetes, self-esteem issues, etc"; "many others *will* face chronic obesity-related health problems like heart disease, high blood pressure, cancer, and asthma"; and that "experts believe that if obesity among children continues to increase, our current generation of children *will* become the first in American history to live shorter lives than their parents" (emphasis added, *Together Counts™*, n.d., p. 55-56).

As with a number of Coca-Cola and other corporate obesity programmes, a further similarity between *Step With It®*, *Singapore!* and *Energy Balance 101* is their strong, if not overwhelming, emphasis on educating children, teachers and parents about the importance of balancing energy-in with energy-out. As Gill McLaren, the General Manager of Coca-Cola

Singapore, announced: “At Coca-Cola we believe that a healthy body weight is all about balance.” (*Step With It*®, *Singapore!*, 2012b, para. 2). In the fourteen free *Energy Balance 101* lesson plans for Grades 3-5, the term ‘Energy Balance’ and the word ‘balance’, ‘balanced’ and ‘unbalanced’ is used almost 200 times (see *Together Counts*™, n.d.). *Energy Balance 101* includes prescriptive lessons where children learn that “no foods are ‘good,’ or ‘bad,’ and that all can fit into a sensible, balanced diet using moderation!” (*Together Counts*™, n.d., p. 7). Students are also encouraged to set and monitor personal energy balance goals, use calorie-burn calculators to help balance their energy, and regularly practice making decisions to maintain energy balance and a healthy weight. The concept of energy balance saturates not only the teacher’s prescriptive lessons, but student worksheets, interactive on-line games, resources for after-school and community groups’ physical activity programmes, and the ‘Meet the Scientists’ webpage (see www.togethercounts.com).

Both programs make repeated use of the image of the couch-potato child. The ‘Instant Expert’ section of the *Energy Balance 101* website informs teachers that the “sedentary lifestyle of many children...watching TV, using the computer or playing video games...increased energy consumption through excessive snacking and eating meals in front of the TV...more time spent in cars and less time walking” have contributed to the childhood obesity epidemic (*Energy Balance 101*, n.d., p. 56). A similar image is evident in *Step With It*®, *Singapore!* as well as the clear implication that children are responsible for their own health. For example, the *Step With It*®, *Singapore!* website includes a comic strip entitled ‘I have the discipline to eat my way to a healthy body’ that reminds readers of the consequences of sitting on the couch, watching television and eating junk food. The scene shows Rachel and her younger brother Jerry, watching television at home. Jerry is sitting on the couch eating chocolates and potato chips. Rachel is hula-hooping:

Jerry: Hey sis! You’re really distracting, why don’t you just stop for a moment and focus on the TV?

Rachel: I CAN WATCH TV and exercise at the same time. It’s fun! Definitely better than being a couch-potato like you! (*Step With It*®, *Singapore!*, 2012c).

Rachel then provides Jerry with a ‘Healthy Food List’ and lectures her brother on the importance on eating a “balanced diet...to keep you strong a healthy”. Even though Jerry believes he is strong (“see these muscles?”), his sister quickly reminds him that he still falls “sick pretty often”.

Both *Step With It*®, *Singapore!* and *Energy Balance 101* make pedagogical use of goal-setting, pledges and contracts. On *Energy Balance 101*’s website, teachers, parents and children are asked to ‘click’ an online daily pledge. This includes teacher pledges to “teach an activity from EB101 [*Energy Balance 101*] lesson plans”, child pledges to “go for a bike ride” or “shoot

hoops with my friends” and parent pledges to “eat a family meal together” (see <http://www.togethercounts.com/>). As part of the teacher-led lessons, children are instructed to set, plan and monitor ‘Energy Balance goals’ over four weeks in order to improve their ‘Energy Balance’. At the end of the four weeks they are encouraged to share their progress with the rest of the class.

In *Step With It!*®, *Singapore!* lower primary children (aged 7-9) are instructed to self-monitor their progress towards healthy lifestyle goals both inside and outside school. For instance, children record their “Weekend Fun Progress”, which includes ideas such as “climb the stairs instead of using escalators” and “get off one bus-stop earlier than usual and walk the rest of the way” (*Step With It!*®, *Singapore!*, 2012d, p. 4). All children are also required in the first module (‘Because I care about my health!’) to sign a ‘contract’ in which they agree to “care about my well-being and this year, I want to *take responsibility for my own health*. I will make the effort to participate fully in *Step With It!*®, *Singapore!*” (emphasis added, *Step With It!*®, *Singapore!*, 2012d). Children are asked to select goals, one of which includes the statement: “I don’t want others to say that I’m fat!” (*Step With It!*®, *Singapore!*, 2012d, p. 3). Not only are children as young as seven encouraged to take responsibility for their body weight, it seems they must also take responsibility for the attitudes and bullying behaviour of other people.

Alongside these similarities, there are some instructive differences between the two programs that remind us that governmentality is not a singular concrete system but an array of “tactics, strategies, techniques, programmes, dreams, and aspirations of those authorities who shape beliefs and conduct of the population” (Nettleton, 1991, p. 99).

To begin with, while Coca-Cola uses multi-sector partnerships to fund, create, manage, market and provide both programmes, these partnerships vary in scope and practice. Coca-Cola publicly partners with just four other organisations in their promotion of *Step With It!*®, *Singapore!*: Singapore’s Ministry of Health, Ministry of Education, the Changi General Hospital and the Singapore Physical Education Association. On the other hand, *Energy Balance 101* is funded and marketed by The Healthy Weight Commitment Foundation which represents a network of over 200 partners. These include ‘member companies’ (including Coca-Cola, PepsiCo, Nestlé, Mars, ConAgra, Kellogg’s, Hershey’s, and Unilever) and an assortment of ‘corporate members’ (for example, the Grocery Manufacturers Association, of which Coca-Cola is a member). There are also a number of not-for-profit and grassroots ‘associate members’ (e.g. 100 Black Men of America, Inc. – with which Coca-Cola is also a partner). Furthermore, both

*Together Counts*TM (the umbrella organisation of *Energy Balance 101*) and The Healthy Weight Commitment Foundation are supported by the Michelle Obama-led *Let's Move* initiative and partnered with their non-profit organisation, Partnership for a Healthier America (see www.ahealthieramerica.org).

Step With It[®], *Singapore!* and *Energy Balance 101* also employ noticeably different branding strategies. For instance, Coca-Cola states under its global *Responsible Marketing* policy (The Coca-Cola Company, 2012b, para. 4): “we respect and recognize the unique learning environment of schools and believe in commercial-free classrooms for children. We will make every attempt not to commercially advertise in primary schools”. *Energy Balance 101* appears to adhere to those guidelines. The Coca-Cola logo does not feature on the school resources and only appears once on the Healthy Weight Commitment Foundation website - under the ‘corporate members’ section. The only visible branding on the school resources are the logos of the Healthy Weight Commitment Foundation, Discovery Education, and the National Association for Sport and Physical Education (NASPE).

The branding strategies for *Step With It*[®], *Singapore!* are different in both policy and practice. For example, Coca-Cola Singapore’s website on responsible marketing (The Coca-Cola Company, 2013) begins with:

We know that school classrooms are intended for learning math, science, reading and art. The Coca-Cola Company is *committed to a commercial-free school classroom* for children and *we will make every attempt* not to commercially advertise in primary schools. (para. 7, our emphasis)

It then reads:

The Coca-Cola Company strives to be a responsible and responsive corporate citizen. Our system works proactively with local communities to develop these programs and sponsorships. *While there may be some branding*, the primary intention of these programs is education. (para. 8, our emphasis)

And curiously finishes with:

This policy is consistent with our long-standing global Responsible Marketing policy... (para. 9)

Nevertheless, the *Step With It*[®], *Singapore!* instructors’ T-shirts, website, free equipment given to schools and students, classroom posters, and the workbooks provided to children are saturated with the famous red and white Coca-Cola colours and logo.

The precise origins of and reasons for these differences are beyond the scope of this article. However, there are some contextual factors which seem relevant. First and most obvious, the partnership between Coca-Cola, the Singaporean government and its education ministry is a reminder of this country's comparatively centralised educational and policy making bureaucracy. Given the complexities of American educational governance and the tradition of local autonomy, a similarly direct and unmediated example of federally mandated school health policy is hard to imagine in the U.S.. Even more striking is the apparent endorsement of *Step With It®*, *Singapore!* by government health authorities and Singapore's largest general hospital. Once again, we suspect that the imprimatur of federal health authorities is far less likely to be seen as an asset in the U.S. context where discourses of states' rights and the power of local educational authorities are fundamental. Perhaps more important, over at least the last 30 years the activities of food and drink corporations generally, but particularly in American schools, has generated widespread criticism and opposition. In this context, a Coca-Cola branded anti-obesity programme in American schools that was officially supported by federal health authorities and medical institutions would be hugely controversial. In fact, it is now generally accepted that the logic of creating multi-stakeholder organisations such as the Healthy Weight Commitment Foundation rests on their ability to partially camouflage the identity of those stakeholders or at least to deflect some of the cynicism initiatives like *Energy Balance 101* might otherwise draw.

It seems reasonable to suggest that the apparent absence of these sorts of considerations in *Step With It®*, *Singapore!* is partly a reflection of Singapore's traditions of paternalistic authoritarianism in public policy (Trocki, 2006). In fact, Coca-Cola's *Step With It®*, *Singapore!* could be seen as emblematic of this country's burgeoning culture of consumerism (Chua, 2003) being accommodated within an enduringly centralised policy-making apparatus. Indeed, as our example above suggests, the somewhat old-fashioned and paternalistic rhetoric of *Step With It®*, *Singapore!* is ubiquitously and (apparently) unapologetically framed under the Coca-Cola banner. This is not to suggest that similar rhetorical manoeuvres do not appear in *Energy Balance 101*. In fact, as we will go on to say in the next section, the similarity of the two programmes is, we think, their most salient feature. Rather, it is more a matter of degrees; *Step With It®*, *Singapore!* is consistently more heavy handed in its rhetoric as well as being more openly branded.

The 'congealing' of corporate, government and school interests: A 'win-win-win' outcome?

The first and most obvious point to be made about the two initiatives we have described is the way Coca-Cola's financial interests seem to have evolved to coincide with the goals of governments, public health organisations, education departments, voluntary groups and schools. In fact, this convergence around issues like childhood obesity is sometimes celebrated as a 'win-win-win' for corporations, governments and schools, or what Ball (2012, p. 2) described as a "triumph of 'the neoliberal imaginary'".

In this way, Coca-Cola's use of school-based obesity programmes must not simply be understood as a shift in business strategy, but as King (2006, p. 98) points out, as "part of a struggle over how and by whom socioeconomic management on a transnational scale should be undertaken". Coca-Cola has re-invented itself as part of the solution to the global socioeconomic 'problem' of childhood obesity, by globalizing philanthropic programmes which attempt to teach schools, teachers and children to be more responsible for children's health, lifestyles and fatness. This process of 'responsibilization' (Rous & Hunt, 2004) aligns closely with central tenets of neoliberal governmentality: the promotion of individualism, freedom of choice and minimal government intervention (see Ayo, 2012). Of course, it also aligns with broader neoliberal projects, including the privatisation, corporatisation and commercialisation of public health and public education.

The utility of *Step With It*®, *Singapore!* and *Energy Balance 101* as both marketing and brand protection strategies for Coca-Cola are relatively obvious. Molnar describes the corporate involvement in public education as a strategy "to gain access to public school students and their families, and for corporations to profit from the 'halo effect' of associating with schools" (Molnar, 2005, p. 26, see also Kenway & Bullen, 2001). Molnar (2005, p. 2) also sees the branding of school-based corporate initiatives as an appropriation of school space, and a form of embedded advertising that seeks to blur "the distinction between advertising and content" and "build emotional connections" with children that encourage "...brand awareness, positive attitudes towards brands, and purchase intention."

In the educational context, however, we are not simply talking about a blurring of advertising and content or the makeover of a brand with an image problem. Both of the anti-obesity interventions we described above are part of a wider strategy to harmonise two ideas that might otherwise have been perceived as antithetical: health education and junk food. Rather than education about health fostering a certain antipathy towards Coca-Cola's products, consumption of them is now being offered as one of the ways by which a healthy, 'balanced' (and fun) lifestyle

might be pursued. As a consequence, Coca-Cola is not only colonising the public health policy space but also simultaneously attempting to act as a health education provider and seller of apparently healthy food and drink.

The location of these interventions within certain kinds of ‘partnerships’ is also crucial because of the way they confer official endorsement on corporations in the war on childhood obesity (see also Powell, 2013a). In the case of *Step With It*®, *Singapore!*, Coca-Cola’s activities are buttressed by explicit governmental support. For *Energy Balance 101*, endorsement comes from apparently trustworthy national bodies such as NASPE and organisations with wholesome sounding names like the Healthy Weight Commitment Foundation that, not insignificantly, supports the federal government’s *Let’s Move* initiative. Coveney (2006, p. 155) writes that the governmentality of obesity relies on “decentralised agencies and organisations often with quasi-governmental status. In fact, coalitions of expertise on obesity have proliferated, taking the place of central governments in providing expert opinion on the changing rates [of childhood obesity], new problem definitions and new solutions”. Furthermore, we argue that these partnerships also act as a convenient discursive ‘buffer’ between corporations and schools. They do this by helping to deflect potential criticism about the culpability of a corporation like Coca-Cola in the obesity crisis and about their suitability as health education providers.

For governments, there are at least two benefits in pursuing these kinds of policy partnerships. First, they answer calls from the community and concerned professional groups to combat childhood obesity. Second, governments stand to gain favour with food and drink corporations and lobbyists by working ‘with them’ rather than against them. Koplan and Brownell (2010, p. 1487) argue that

to avoid public criticism and forestall government intervention, the food and beverage industry hopes that self-regulation is sufficient and also seeks to establish public-private partnerships. This reaction is common in industries under threat and can take helpful or harmful forms.

Free programmes like *Step With It*®, *Singapore!* and *Energy Balance 101* are also probably understood by teachers and schools as saving them time, effort and resources (see Stuart, 2006). The lesson plans appear to be based on expert knowledge endorsed by expert organisations, including government departments and professional associations. Teachers need little knowledge, understanding or experience in teaching health or physical education to implement these programmes. Neither the school nor the government needs to invest in potentially costly professional development programmes (certainly more costly than free Coca-

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Cola programmes). In the case of *Step With It*®, *Singapore!*, schools are provided with ‘edutainment’ events led by Coca-Cola ‘trained’ (and branded) instructors who even ‘gift’ free (branded) Coca-Cola exercise equipment to the children. In this case, the teachers are barely needed at all.

Conclusion

In some respects, the initiatives we have described in this paper are soft targets and all too easily demonised as the work of rapacious corporations. We do think, however, that a number of ethical and political challenges raised by these policy developments deserve the attention of educators.

The differences between *Step With It*®, *Singapore!* and *Energy Balance 101* relate more to what we might call the ‘mechanics’ of getting Coca-Cola’s message into schools. They reflect the specifics of culture, politics and school governance that Coca-Cola needs to negotiate in the various contexts they decide to operate within. Despite these differences, the steady mantra of personal fault and responsibility is a constant. Meanwhile, the perversity, perhaps even the cruelty, of asking young children to make pledges to teachers and themselves concerning behaviours and bodies they have limited control over (i.e. fat bodies, food and physical activity choices) has apparently not discouraged the implementation of these programs in at least some jurisdictions.

It is also worth keeping in mind that experts tend to stress the complexity of childhood obesity as a public health problem and the need for careful, child specific interventions. In fact, the ‘eat less, exercise more’ message has been widely criticised as simplistic and ineffective, a point that is reinforced by the failure of even quite sophisticated and elaborate school-based interventions to have an appreciable effect on children’s body weight or health (see Gard, 2011 for a summary). And yet far from being pedagogically complex or sophisticated, both *Step With It*®, *Singapore!* and *Energy Balance 101* appear to be merely repackaged versions of Coca-Cola’s global strategy to avoid hostile government regulation, improve their corporate image and maintain profits. While we can only speculate about the harm that simplistic and stridently performative health messages might do to young people (see Evans et al., 2008 for further discussion on this point) these kinds of programmes strike us as both unethical and dangerous. They represent not only a radical ‘dumbing down’ of the possibilities of school health education – and therefore a disservice to children – but the opening up of a new battlefield in the neoliberal take-over of public schooling. There are already signs in Western countries that the health

education (and physical education) space is being colonised by a wide range of commercial players and that some schools and teachers, struggling with a broad range of policy and educational demands, are happy to outsource this area (see Macdonald, 2011; Macdonald, Hay, & Williams, 2008; Powell, 2013a; Powell, 2014; Williams, Hay, & Macdonald, 2011). This is a particularly startling development in countries like Australia and New Zealand where past and present governments have channelled resources into developing health education and physical education curricula that are not only intended to prosecute specific public health, social justice, educational and cultural agendas, but also place the role of *teachers* - their knowledge and understanding of pedagogy *and* their own students - at the centre of effective teaching and learning. However, we note that since the introduction of the New Zealand national curriculum in 2007, the practice of using outside providers (e.g. Life Education, local sports coaches) and privately-produced resources (e.g. Nestlé's *Be Healthy, Be Active*) is not only common-place in New Zealand primary schools, but viewed by a number of teachers as the preferred method to teach health education and physical education (Powell, 2013b). It now remains to be seen how effectively the incoming Australian curriculum will speak back to the various public, private and voluntary sector players who continue to colonise the field of health education and physical education.

We accept, of course, that whether health education in schools is delivered through state-endorsed curricula or by corporate giants, we are still witnessing forms of governmentality in action and that questions about power and the framing of educational discourse remain salient. In response, however, we would argue that there are few signs that the academic fields of school health and health education are aware of the convergence of public health and neoliberal discourse and the effects this may have. In other words, our argument here is that seeing schools as sites for the enactment of public health policy, rather than primarily educational institutions, makes the outsourcing of health education to private interests all the more likely. It is not simply that schools find themselves having to negotiate neoliberal reforms; they are also being saddled with onerous public policy agendas (such as fighting obesity) that they are ill-equipped to address without external assistance. This unlikely synergy between neoliberalism and public health has gone mostly unremarked in the broader academic fields of school and health education and requires urgent consideration.

Above all, the programs we have discussed in this paper exemplify, in very different political and public policy contexts, the relationships between what Coveney (2006, p. 155) calls a

“panoply of players” - corporations, government departments (both educational and medical), not-for-profit organisations and schools. Our argument here is that research into and debate about the future of health education must be grounded in these new realities.

Notes

1. Coca-Colonisation is a portmanteau used by a number of authors to describe processes of globalisation, particularly those involving ‘Western’ products (e.g. Coke) or ‘Western’ culture (e.g. doing aerobics to lose weight). We use the term here to emphasise the corporate colonisation of public education, in particular through the fields of health and physical education in primary schools.

References

- Apple, M. W. (2006). *Educating the 'right' way: Markets, standards, God, and inequality* (2nd ed.). New York: Taylor and Francis.
- Ayo, N. (2012). Understanding health promotion in a neoliberal climate and the making of health conscious citizens. *Critical Public Health*, 22(1), 99-105. doi: 10.1080/09581596.2010.520692
- Ball, S. J. (2012). *Global education inc.: new policy networks and the neoliberal imaginary*. Oxon, UK: Routledge.
- Burch, P. (2009). *Hidden markets: the new education privatization*. New York: Routledge.
- Burrows, L., & Wright, J. (2004). The good life: New Zealand children's perspectives on health and self. *Sport, Education and Society*, 9(2), 193-205. doi: 10.1080/1357332042000233930
- Chua, B. H. (2003). *Life is not complete without shopping: consumption culture in Singapore*. Singapore: Singapore University Press.
- Coca-Cola Singapore. (2012a). *Coca-Cola's Step With It®*, Singapore! programme for primary schools sets new record. Retrieved from <http://www.coca-cola.com.sg/news/localnews.asp?NeID=190>
- Coca-Cola Singapore. (2012b). *Step With It®*, Singapore! Retrieved from http://www.coca-cola.com.sg/active_healthy_living/stepwithit_singapore.asp
- Coveney, J. (2006). *Food, morals and meaning: The pleasure and anxiety of eating* (2nd ed.). Abingdon, Oxon: Routledge.
- Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, 10, 365-388.
- Duggan, L. (2003). *The twilight of equality? Neoliberalism, cultural politics, and the attack on democracy*. New York: Beacon Press.
- Evans, J., Rich, E., Davies, B., & Allwood, R. (2008). *Education, disordered eating and obesity discourse: fat fabrications*. Oxon, UK: Routledge.
- Foucault, M. (1982). The subject and power. *Critical Inquiry*, 8(4), 777-795.
- Foucault, M. (1991). Governmentality. In G. Burchell, C. Gordon & P. M. Miller (Eds.), *The Foucault effect: studies in governmentality*. London: Harvester Wheatsheaf.
- Gard, M. (2011). *The end of the obesity epidemic*. Oxon, UK: Routledge.
- Gard, M. & Vander Schee, C. J. (2011). The obvious solution. In M. Gard, *The end of the obesity epidemic*. Oxon, UK: Routledge.
- Gard, M., & Wright, J. (2005). *The obesity epidemic: science, morality, and ideology*. New York: Routledge.

- Gordon, C. (1991). Governmental rationality: an introduction. In G. Burchell, C. Gordon & P. Miller (Eds.) *The Foucault effect: studies in governmentality* (pp. 1-51). Chicago, University of Chicago Press.
- Green, C. (2005). *The privatization of state education*. New York: Routledge.
- Health Promotion Board. (2012a). *What's your child's BMI?* Retrieved from <http://www.hpb.gov.sg/HOPPortal/gamesandtools-article/HPB-039204>
- Health Promotion Board. (2012b). *Know your child's BMI*. Retrieved from <http://www.hpb.gov.sg/HOPPortal/health-article/HPB-041002>
- Herrick, C. (2011). *Governing health and consumption: sensible citizens, behaviour and the city*. Bristol: The Policy Press.
- Kenway, J., & Bullen, E. (2001). *Consuming children: education-entertainment-advertising*. Buckingham, UK: Open University Press.
- Koplan, J. P., & Brownell, K. D. (2010). Response of the Food and Beverage Industry to the Obesity Threat. *JAMA: The Journal of the American Medical Association*, 304(13), 1487-1488. doi: 10.1001/jama.2010.1436
- Leahy, D. (2012). *Assembling a health[y] subject*. (Doctoral dissertation, Deakin University).
- Leahy, D. (2009). Disgusting pedagogies. In J. Wright & V. Harwood (Eds.), *Biopolitics and the 'obesity epidemic': Governing bodies* (pp. 172-182). Routledge: New York.
- Leahy, D., & Harrison, L. (2004). Health and physical education and the production of the 'at risk self'. In J. Evans, B. Davies & J. Wright (Eds.), *Body knowledge and control: studies in the sociology of education and physical culture* (pp. 130-139). London: Routledge.
- Let's Move. (n.d.). *Learn the facts*. Retrieved from <http://www.letsmove.gov/learn-facts/epidemic-childhood-obesity>
- Li, T. M. (2007). Practices of assemblage and community forest management. *Economy and Society*, 36, 263-293. doi: 10.1080/0308514070125430
- Logue, J., & Sattar, N. (2011). Childhood obesity: a ticking time bomb for cardiovascular disease? *Clinical Pharmacology & Therapeutics*, 90(1), 174-178. doi:10.1038/clpt.2011.88
- Lupton, D. (1995). *The imperative of health: public health and the regulated body*. London: Sage.
- Macdonald, D. (2011). Like a fish in water: Physical education policy and practice in the era of neoliberal globalization. *Quest*, 63(1), 36-45. doi: 10.1080/00336297.2011.10483661
- Macdonald, D., Hay, P. and Williams, B. (2008). Should you buy? Neo-liberalism, neo-HPE, and your neo-job. *Journal of Physical Education New Zealand*, (41) 3, 6-13.
- McDermott, L. (2012). 'Thrash yourself Thursday': the production of the 'healthy' child through a fitness-based PE practice. *Sport, Education and Society*, 17(3), 404-429. doi:10.1080/13573322.2011.608942
- Molnar, A. (2005). *School commercialism: from democratic ideal to market commodity*. New York: Routledge.
- Moyer, C. S. (2012). *Taxes on sugary beverages could fund obesity prevention*. Retrieved from <http://www.ama-assn.org/amednews/2012/images/prhd0702.pdf>
- Nestle, M. (2007). *Food politics: how the food industry influences nutrition and health*. Los Angeles: University of California.
- Nettleton, S. (1991). Wisdom, diligence and teeth: discursive practice and the creation of mothers. *Sociology of Health and Fitness*, 13(1), 98-111. doi: 10.1111/1467-9566.ep11340329
- Partnership for a Healthier America. (n.d.). *News and information: Facts*. Retrieved from <http://www.ahealthieramerica.org/#!/news-and-information>
- Pike, J. (2010). *An ethnographic study of lunchtime experiences in primary school dining rooms*. (Doctoral dissertation, University of Hull). Retrieved from <https://edocs.hull.ac.uk/muradora/objectView.action?pid=hull:3511>

- Powell, D. (2013a). Childhood obesity, corporate philanthropy and the creeping privatisation of health education. *Critical Public Health*, (ahead of print). doi: 10.1080/09581596.2013.846465
- Powell, D. (2013b). “*The best thing is it's free!*”: *Health education, corporate philanthropy and the school-based war against childhood obesity*. Paper presented at European Educational Research Association (EERA) Conference, Istanbul, Turkey.
- Powell, D. (2014). The corporatization of health education curricula: ‘Part of the solution’ to childhood obesity? In K. Fitzpatrick & R. Tinning (Eds.), *Health education: healthism and neoliberal bodies*. London: Routledge.
- Powell, D. & Fitzpatrick, K. (2013). ‘Getting fit basically just means, like, nonfat’: children’s lessons in fitness and fatness. *Sport, Education and Society*, (ahead of print), p. 1-22. doi: 10.1080/13573322.2013.777661
- Richards, R., Darling, H., & Reeder, A. I. (2005). Sponsorship and fund-raising in New Zealand schools: implications for health. *Australian and New Zealand Journal of Public Health*, 29(4), 331-336. doi: 10.1111/j.1467-842X.2005.tb00203.x
- Rose, N. (1999). *Governing the soul: the shaping of the private self* (2nd ed.). London: Free Association Books.
- Rous, T., & Hunt, A. (2004). Governing peanuts: the regulation of the social bodies of children and the risks of food allergies. *Social Science & Medicine*, 58(4), 825-836. doi: 10.1016/S0277-9536(03)00257-0
- Saltman, K. J. (2010). *The gift of education: Public education and venture philanthropy*. New York: Palgrave MacMillan.
- Saltman, K. J. (2011). Introduction to the first edition. In K. J. Saltman & D. A. Gabbard (Eds.), *Education as enforcement: The militarization and corporatization of schools* (Second ed., pp. 1-18). New York: Routledge.
- Step With It®, Singapore! (2012a). *New in 2012/About*. Retrieved from http://www.stepwithit.com.sg/new_in_2012_about.asp
- Step With It®, Singapore! (2012b). *Welcome note*. Retrieved from <http://www.stepwithit.com.sg/home.asp>
- Step With It®, Singapore! (2012c). *I have the discipline to eat my way to a healthy body*. Retrieved from <http://www.stepwithit.com.sg/img/resources/energy/rachelcomic.jpg>
- Step With It®, Singapore! (2012d). *Because I care about my health! – Lower Primary module 1*. Retrieved from http://www.stepwithit.com.sg/pdf/resources/running/lowerprimary_module1.pdf
- Step With It®, Singapore! (2013). *Welcome note*. Retrieved from <http://stepwithit.com.sg/home.asp>
- Stuart, D. (2006). Commercial school-business relationships in New Zealand. *New Zealand Annual Review of Education*, 15, 65-83.
- Together Counts™. (n.d.). *Lesson plans – K3-5*. Retrieved from http://www.togethercounts.com/sites/togethercounts.com/files/lesson_plans/documents/3-5_0.0.pdf
- The Coca-Cola Company. (2012a). *Performance highlights – Healthy communities*. Retrieved from http://www.thecoca-colacompany.com/citizenship/goals.html#Active_Healthy_Living.
- The Coca-Cola Company. (2012b). *Responsible marketing policy*. Retrieved from <http://www.coca-colacompany.com/stories/responsible-marketing-policy>
- The Coca-Cola Company. (2013). *Responsible marketing*. Retrieved from http://www.coca-cola.com.sg/beverage_benefits/responsible_marketing.asp
- Trocki, C. A. (2006). *Wealth, power and the culture of control*. Abingdon, U.K.: Routledge.
- Tinning, R., & Glasby, T. (2002). Pedagogical work and the cult of the body: Considering the role of HPE in the context of the new public health. *Sport, Education and Society*, 7(2), 109-119. doi: 10.1080/1357332022000018814

- Vander Schee, C. (2005). The privatization of food services in schools: Undermining children's health, social equity, and democratic education. In D. R. Boyles (Ed.), *Schools or markets?: commercialism, privatization, and school-business partnerships* (pp. 1-30). Mahwah, NJ: Lawrence Erlbaum.
- Waters, E., de Silva-Sanigorski, A., Hall, B. J., Brown T., Campbell, K. J., Gao, Y., ... & Summerbell, C. D. (2011). Interventions for preventing obesity in children. *The Cochrane database of systematic reviews* (12), 00. doi: 10.1002/14651858.CD001871.pub3
- Weare, K. (2002). The contribution of education to health promotion. In R. Bunton & G. Macdonald (Eds.), *Health promotion: disciplines, diversity, and developments* (pp. 102-126). London: Routledge.
- Williams, B., Hay, P., & Macdonald, D. (2011). The outsourcing of health, sport and physical education work: a state of play. *Physical Education and Sport Pedagogy*, 16(4), 399-415.
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