The Association of Directors of Public Health

Commercial Determinants of Health

The commercial determinants of health (CDOH) can be defined as the systems, practices, and pathways through which commercial actors drive health and equity.[1]

Background

Businesses and the commercial sector play an essential role in society, contributing to many positive health outcomes. They supply essential goods by utilising interconnected supply chains to optimise the delivery of products such as food and medicine and pay taxes which fund public services.

Businesses are also employers and can create a healthy and happy workforce which has synergistic co-benefits for workplaces, productivity, the economy and the wider community, as an important determinant of health and wellbeing, good working environments provide opportunities which bring income, meaning, and purpose.

Commercial innovation is also crucial for solving societal challenges, and through research, companies innovate by developing, designing and enhancing products, services, technologies and processes. This can improve the prevention and treatment of disease – for example, by driving the creation of new diagnostic tools or vaccines, improving the quality of care, or addressing health inequalities.

However, the activities of some industries (health harming industries (HHIs)) are escalating levels of avoidable ill-health as well as planetary damage and inequity. Four major commercial products – tobacco, alcohol, ultra-processed foods (UPFs), and fossil fuels – are linked to approximately 19 million deaths worldwide each year. This represents 34% of all global deaths, and 41% of deaths from non-communicable diseases (NCDs).[2] Furthermore, NCDs, such as cardiovascular disease and cancer, are a major contributor to the social gradient in health outcomes and a driver of health inequalities.[3]

A common 'playbook' of tactics, adopted from the tobacco industry and aimed at increasing profits at the expense of the population's health, has been identified across a range of different industries.[4, 5] The marketing and sale of unhealthy products directly influence health, whereas industry lobbying, donation to political campaigns, research funding, and creating and spreading disinformation are all examples of indirect influence.[6]

Definitions and discussions of CDOH include industries whose primary product is considered an unhealthy commodity. Whilst this paper uses examples from four industries; alcohol, tobacco, gambling and high fat, salt and sugar (HFSS) food and drinks, others, such as breast milk substitute, financial services, fossil fuel, automobile and mining industries, all participate in the practices which cause avoidable health and social harm.[1]

Furthermore, there is a sliding scale of harm which requires a graduated approach. For example, whilst the tobacco industry solely profits from harm caused to populations, the food industry is inclusive of health

enabling and essential supply chains, as well as the UPF and unhealthy food industries, and approaches to this industry should be nuanced.

The system-level actions of the commercial sector require system-level solutions to protect people from harm, reduce health inequalities and facilitate healthier choices.

Health harming pathways

The Lancet Commission on CDOH explores the systemic nature of CDOH and groups the pathways through which HHIs cause harm into seven broad practices:

- Influencing science and generating evidence to obscure the harmful effects of products and practices and create confusion about the interventions and policies needed to address them.[7, 8]
- Marketing that promotes products or services to increase consumption and demand.
- Political influencing to secure preferential treatment in ways that further corporate interests, for example shaping and weakening legislation and regulatory controls in favour of their profits.
- Transnational corporations adopt supply chain and waste practices that negatively affect human and planetary health, including globalised trade which increases the availability of health harming products.
- Financial practices can include tax avoidance and evasion and buyouts to remove healthier products from the market.
- Despite providing opportunities for employment and 'good work', responsibility for the costliest aspects of production is often outsourced, leading to a range of working conditions and practices that disproportionately affect low-income workers and cause physical and mental ill health.
- Finally, reputational management practices, are used to build corporate actors' reputation and produce policy outcomes that work against public welfare.

What are some of the tactics used by HHIs?

Norm shaping

HHIs shape norms, ideas, beliefs and values in their own interest. They frame public health problems, possible solutions, and their role within these solutions, leading to outcomes that favour commercial shareholder interests but are often detrimental to public health.[9] By framing the problem as one of individual willpower or capacity, HHIs distract from their causal and systemic role in driving poor public health outcomes, deflecting scrutiny away from the product characteristics and industry practices.[10] This practice also results in stigmatisation and further harm[11, 12, 13] and promotes less effective, individual-level interventions over evidence-based, system-level policies.

HHIs commonly argue that population-level policies and Government intervention create a nanny state, suggesting preventative public health interventions would be excessively restrictive of personal lifestyle choices. This commonly used narrative of personal liberty is used to shift responsibility onto individuals, while corporations use their power to exploit behaviour for profit. To afford people true freedom to make choices free from influence, HHIs should be regulated and prevented from shaping the environment in which they live.

Corporate social responsibility

Corporate social responsibility (CSR) is used to build corporate actors' reputations and HHIs often use CSR to produce policy outcomes that work against public welfare. Youth education programmes are a common strategy used to promote industries as socially responsible actors. Claims are made that these programmes help to 'safeguard' children and young people from harm and are often promoted as evidence-based and evaluation led, when in reality they distort the true harm caused and legitimise industry-favourable policies.[14] These policies promote discourses of personal responsibility, moderate consumption and narrowing of the problem definition and causes. For example, materials funded by the alcohol industry have been found to omit key health risks, such as the connection between alcohol use and certain cancers.[15] They also promote familiarisation and normalisation of their products and associated consumption behaviours, embedding a specific set of systems, structures and ways of thinking at a very early age.

Advertising and marketing

The marketing and advertising of health harming products plays a powerful role in shaping consumer choices and normalising consumption. Systematic reviews and longitudinal studies conducted over more than two decades consistently show that exposure to alcohol advertising and promotion is associated with earlier initiation of drinking and higher levels of consumption among children and young people.[16, 17]

It is well evidenced that health harming product industries use aggressive, targeted marketing and advertising techniques to sell their products. For example, 62% of adverts for food or drink products featured at least one HFSS item[18] and during the 25/26 opening weekend of the English Premier League, 27,440 gambling messages were recorded, with 5,262 gambling messages being recorded in a single match across just four media channels.[19]

Such adverts are often actively targeted at those who already face the greatest inequalities with 82% of outdoor advertising located in the poorest half of England and Wales[20] and HFSS adverts placed six times more frequently in the most deprived areas compared to the least.[18] Similarly, children are often the targets of pervasive advertising and marketing. In Scotland, children from more deprived areas are more likely to be exposed to unhealthy food and drink product advertising compared to those living in less deprived areas.[21] Childhood should not be a commercial growth strategy.

Marketing practices also include the alteration of the physical environment, such as the proliferation and clustering of premises in the most deprived areas. [20, 22] For example, people living in more deprived areas are significantly more likely to be surrounded by fast-food outlets. This pattern also reflects ethnic disparities, as 29% of Asian or Asian British individuals live in areas with a high proportion of fast-food outlets, whereas only 19% of white individuals do.[23]

To reduce their impact, especially on children and those living in the most deprived communities, stronger policies are needed to limit the influence of marketing and promote healthier environments. If a product drives disease, it should not be aggressively sold. Around 80% of our health is determined by the physical, social and economic environment in which we live.[24] We therefore need to change the environment to remove corporate influence and make healthy the easy, normal option.

Why should we mitigate negative impacts?

Public support for action

There is strong public support for a bolder approach to public health policymaking,[25] with voters of all parties wanting bolder action on health, including 65% backing a ban on junk food advertising in public spaces[26] and 81% believing companies put profit ahead of public health.[27]

Economic impacts

As outlined in the Darzi review, there needs to be a shift away from hospitals to communities, and from treatment to prevention.[28] It is essential that we focus on cost-effective, preventative interventions to lessen the rising rates of ill-health in this country and enable sustainable economic growth.

Local economies suffer from the practices of HHIs through health and care costs, lost productivity, economic drag through taxation, and wider societal implications such as smoking-related fires, or alcohol-related antisocial behaviour. Tobacco, alcohol, and obesity cost the UK economy £31 billion due to the wage penalty, unemployment and economic inactivity, and has led to an estimated 459,000 people out of work.[29] Meanwhile, the profit HHIs make from sales of their products at levels harmful to health is estimated at around £53 billion. A commonly cited HHI argument against public health policies is that they will harm the economy by reducing production and causing unemployment. The opposite has in fact been shown to be true. Modelling has shown that a 10% reduction in spending across tobacco, gambling and confectionary, would in fact boost the economy by £1.86 billion, £1.25 billion and £389 million respectively.[30]

Furthermore, the Office for Budget Responsibility identified that health poses one of the largest long-term risks to the public finances,[31] whilst the Department for Work and Pensions estimated the total cost to the economy of working age ill-health and disability that prevents work in 2022 was between £240-330 billion.[32]

How can we enact change?

Population level approaches

Despite healthcare investments, rates of NCDs continue to rise, showing that individual treatment alone is not effective. Preventive, population-level approaches to tackling the negative impacts of CDOH are essential. Focusing solely on individual behaviour overlooks systemic influences and reinforces stigmatising narratives.

Population-level approaches to prevention – those that tackle the underlying social and systemic causes of ill-health rather than clinical interventions – are more effective at improving health outcomes and more cost effective; public health expenditure is calculated to be about three to four times more productive than NHS healthcare expenditure.[33]

Effective responses require practice-based evidence, applying successful strategies from how policy has tackled influence from industries like tobacco to broader commercial practices. Additionally, inclusive, community-led approaches are needed to ensure meaningful and effective strategies are developed.

Fiscal and regulatory policies

Fiscal policies use taxation, subsidies and pricing policies to change behaviours. Similarly, regulatory policies use rules, standards and requirements (for citizens, consumers and businesses) to change behaviours to improve health.[34]

Health taxes which increase the price of health harming products change people's behaviour and reduce the consumption of unhealthy products,[35] and there is evidence to support this from the soft drinks, alcohol and tobacco industries.[36, 37, 38]

Policy actors should be clear about the primary goal of any health tax and frame the tax accordingly to prevent them being subject to lobbying and subsequent dilution of the policy.

Voluntary agreements and partnerships between HHIs and regulators have failed to deliver benefits to public health. Instead, these partnerships marginalise civil society input and privilege commercial sector perspectives, at the expense of effective public health action.[39] For example, an analysis of the Public Health Responsibility Deal found that partners committed to pledges that were not the most effective strategies to improve diets and often reported interventions which were already underway.[40] Experience from tobacco control demonstrates that comprehensive regulatory frameworks create a level playing field, drive consistent implementation, and achieve public health gains.

Good governance

Evidence shows that organisations which produce health harming products often attempt to influence the policy process to shift the framing of the problem and bias industry-favourable solutions.[13] HHIs should not be included as legitimate partners in the policymaking process at any level of government, whether local, regional or national.

Therefore, to drive change within this complex system, it is essential for national action to support two key shifts:

- De-normalising the perception of HHIs as legitimate stakeholders in policy formulation, including industry-linked representatives in any formal working group or taskforce directly reporting in recommendations to Government.
- Prioritising public health and wellbeing objectives over privatised profit.[41]

At a local level, local authority governance should also be protected from the influence of HHIs. The Good Governance Toolkit, endorsed by ADPH, is a set of materials focused on supporting local authorities to improve governance of commercial interactions, relationships and influence, to maximise benefits and minimise risk for population health.

You might also be interested in…

- Defining and conceptualising the commercial determinants of health, developed as part of The Lancet Series on CDOH.
- Further information on a public health approach to CDOH can be accessed in the Yorkshire & Humber CDOH position statement.
- Further information on our product-specific policy positions can be accessed via the ADPH website.

About ADPH

The Association of Directors of Public Health (ADPH) is the membership body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health. The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

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