



Commercial
determinants
of health:

**Whose
choice
is it?**



Contents

Foreword	3
What shapes our health?	4
What are commercial determinants of health?	4
Commercial determinants of health framework	5
Impact of commercial determinants on health	5
Common industry tactics	6
Unhealthy commodity industry	7
Conclusion	10
Commercial determinants: moving towards action	10
Key recommendations	11

You can read the full report illustrated with case studies and detailed recommendations [here](#).

Foreword

The Annual Public Health Report provides me with the opportunity to present an independent report on the health of the people of Sunderland. This year I have decided to focus on commercial determinants of health – commercial activities that can influence our health both positively and negatively.

In Sunderland, our healthy life expectancy is significantly worse than the England average; there are many complex reasons for this, and it is vital that we view health inequalities and health outcomes through a wide public health lens.

Commercial determinants of health affect everyone, but this report demonstrates that some individuals and groups have been affected more than others. We know that employment and good work for all can have a positive impact on health and wellbeing. Regeneration is also key to ensuring we have vibrant communities, supporting developments and businesses that are health promoting. However, in my report, I highlight how working policies and practices can also impact negatively on a wide range of health outcomes including obesity, diabetes, cardiovascular health, cancer and mental health.

I have focused on key areas such as tobacco, alcohol, gambling and food, but also highlight areas such as fossil fuels, air pollution, working conditions and infant formula milk.

I am hopeful that my report will raise awareness of commercial determinants and start the conversation about what we can do at a more local level to mitigate the negative and promote the positive impacts that some industries have on the health and wellbeing of our local communities.

Thank you to all who helped develop this report.



A handwritten signature in black ink, appearing to read 'Gerry Taylor'.

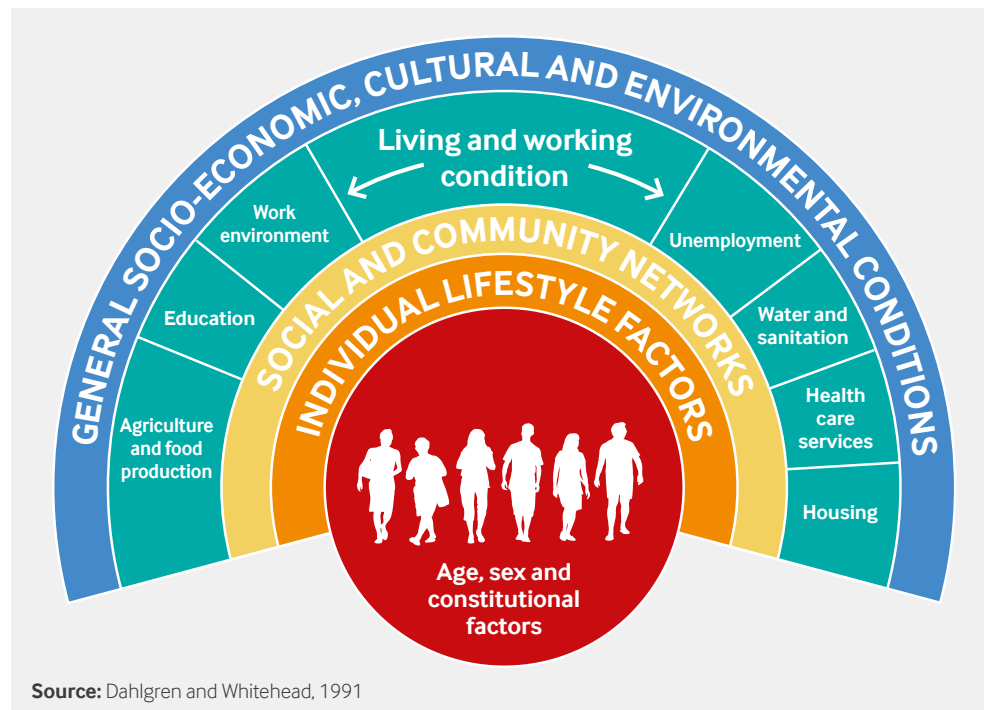
Gerry Taylor,
Executive Director of Health,
Housing and Communities

Commercial determinants of health: Whose choice is it?

What shapes our health?

Our health is shaped by the circumstances in which we are born, grow, live and work. These are often referred to as the social or wider determinants of health. These factors, alongside our health-related behaviours, play the biggest role in our health.

Dahlgren and Whitehead's rainbow model of the social determinants is widely used throughout public health, with strategies and interventions often rooted in its principles. It helps demonstrate the complex nature of health and the need for partnership working across systems to achieve positive outcomes. A key criticism of this model is that it does not adequately consider the impact that big corporations have on our health and wellbeing. However, there currently isn't a model which considers both the social and commercial determinants.



Source: Dahlgren and Whitehead, 1991

If we don't focus on both the social and commercial determinants of health, we risk focusing too much on the individual behaviour and ignoring the industry contribution in relation to health inequalities.

What are commercial determinants of health?

The corporate sector influences the physical and social environments in which we live, work, play, learn and love – both positively and negatively. Commercial activities can contribute to economic growth, job creation, and improved standards of living, which can have positive impacts on health outcomes. On the other hand, commercial activities can also have negative impacts on health, such as through the promotion of unhealthy products and practices such as sugary drinks or processed foods, or through environmental degradation.

Commercial activities provide positive contributions to health, for example increasing the availability of healthy food, essential medicines and health technologies, reformulation of goods and products to reduce harm and injury such as the introduction of seat belts in cars, efforts to reduce salt content in food production, the elimination of trans fats from the global food supply, and good employment policies such as ensuring real living wages, paid parental leave, paid sick leave and access to occupational health services.

However, our exposure to unhealthy commodities and how these impact on our behaviours and 'choices' are heavily influenced by some corporate bodies and our consumption of unhealthy commodities; for example, foods high in fat, salt and sugar, tobacco, alcohol, drugs, gambling products and fossil fuels. Our usage is driven by the complex tactics of industry to promote products and choices that are harmful to health. These are known as commercial determinants of health - the private sector activities that affect people's health, directly or indirectly, positively or negatively.

Commercial determinants of health framework

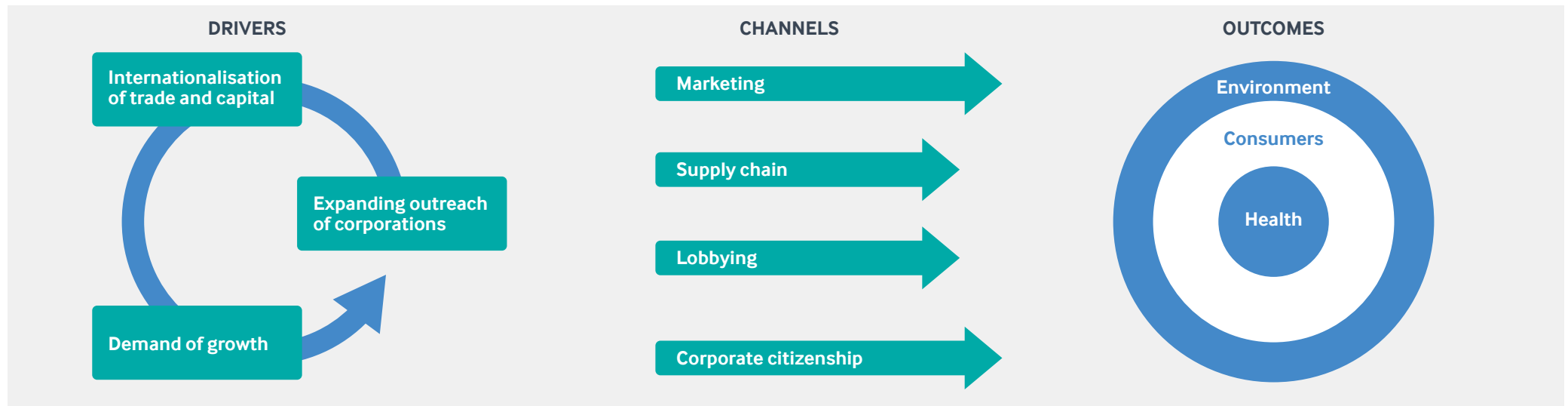


Figure 1: Commercial determinants of health framework: dynamics that constitute the commercial determinants of health

The framework shows that corporate influence is applied through four main channels:

1. Marketing, which enhances the appeal and acceptability of unhealthy commodities.
2. Extensive supply chains, which increase company influence around the globe reaching more people with ever more consumption choices.
3. Lobbying, which can influence policy barriers such as plain packaging and minimum drinking ages.
4. Corporate social responsibility strategies, which can deflect attention.

The actions from the drivers and channels not only impact the environment and consumer, but also increase the risk factors from the sale of products that negatively impact health. Commercial sector products and practices from four main areas; alcohol, tobacco, diet and air pollution contribute to a third of all global deaths from non-communicable diseases including obesity, diabetes, cardiovascular health, cancer.

Impact of commercial determinants on health

Non-communicable diseases including obesity, type 2 diabetes and cardiovascular disease are the leading cause of death.

Globally, non-communicable diseases account for 74% of all deaths annually. In England it is higher, with 88.8% of all deaths in 2019 attributable to non-communicable diseases¹. As well as the human cost of non-communicable diseases there are significant economic and healthcare costs, and clear inequalities – most notably that people living in areas of greater deprivation have a higher risk of dying from non-communicable diseases than those living in the least deprived areas.

In Sunderland, non-communicable diseases contribute significantly to the gap in life expectancy between the most and least deprived quintiles.

Risk factors for non-communicable diseases include smoking, gambling, consuming unhealthy food and drinks, and alcohol and substance misuse. There is a unifying element between these risk factors – industries whose success relies on producing and profiting from the sale of products that negatively impact health and wellbeing to the public.

Commercial determinants of health: Whose choice is it?

Common industry tactics

There are a number of common tactics used by unhealthy commodity industries globally to ensure that their products remain profitable. These tactics are used to delay and undermine evidence and Public Health policy and are known as the 'Industry Playbook'.

It includes lobbying, creating doubt about the science and undermining of evidence, reframing discussion to a narrow focus on individual choice, undermining critics, marketing aggressively and fostering a positive image through corporate social responsibility.

When the goal of an industry (to make profit) is at odds with social good, the industry has a tendency to create a narrative that better suits their needs. Three overarching strategies are used: denial/omission; distortion of evidence; and distraction/ alternative causation.

Strategy	Explanation	Example
Denial/omission	Disputing links between unhealthy commodities and disease	Fossil fuel industry denial of links to climate change – promotion of false experts, cherry-picking of data, funding biased research
Distortion of evidence	Misrepresenting the size of the risk	Alcohol industry submissions to Scottish Government's 2008 consultation on Changing Scotland's relationship with alcohol – described scientific evidence base as weak/flawed without providing details, and presented their own weak research as fact
Distraction/ alternative causation	Moving the discussion away to other issues	Tobacco industry's claims that cancer is also caused by stress, air pollution and even gardening

Utilising these methods creates space for industries to reinforce the 'personal responsibility' narrative – essentially that they will provide information and warnings, but it is down to individuals to know how to use their products in ways that don't contribute to poorer health. People who cannot consume responsibly are at fault – and labels such as 'problem drinker' and 'problem gambler' are used.

Gambling, alcohol and food industries ask us to consume their products with care in the small print but aggressively advertise at every potential opportunity. It is estimated that TV viewers alone are exposed to 41 adverts per day in the UK; when other forms of advertising are included it will be much higher. Research has shown that the more people see adverts for unhealthy products, the more they use them. Advertising for unhealthy foods is known to be linked to poorer diets and obesity. People in more disadvantaged groups and in areas of deprivation are most exposed to advertising for unhealthy food and drink.

Research also shows that advertising drives harmful consumption of alcohol, tobacco and foods high in fat, salt and sugar, and increases the risk of childhood obesity.

One steadfast argument from industry (and others) is that everyone should have freedom of choice and the 'nanny state' should not be allowed to dictate people's lives. The counter argument to this is that industries themselves influence people's choices through their tactics, and the harm caused by their products and practices is indeed a challenge to people's freedom in itself.

Unhealthy commodity industry

Food and drink

The causes of obesity are complex but are often reduced to the premise of eating too much and moving too little. However, research has identified an association between ultra-processed foods and overweight/obesity, as well as other health outcomes. The availability and desirability of highly processed products and excessive marketing and food manufacturing processes can determine the quality of the products we consume.

Ultra-processed foods and drinks tend to taste good, are often cheaper and more convenient, and last longer in our fridges and cupboards. A relatively small number of companies own multiple brands and research suggests that they can easily and efficiently flood markets with the highly processed foods that they produce and sell. This leads to a lack of competition and increased food prices. The global confectionery market was valued at \$210.3 billion in 2019 whilst the fast food market was valued at \$647.7 billion (with both projected to grow in the next decade).

Research in 2016 demonstrated a clear association between fast food outlet density and area level deprivation.

In 2017, Sunderland was in the top (worst) 10 percent of local authorities for fast food outlet density in England with a rate of 137.8 outlets per 100,000 people and more deprived wards, have the most hot food and mobile units selling food.

Tobacco

Smoking and secondhand smoke cause a range of illnesses including various cancers, COPD, heart disease, stroke and diabetes – and tobacco is a leading cause of preventable death. In England, it is estimated that there were 74,600 deaths attributed to smoking in 2019 and 25% of all hospital admissions were attributable to smoking. Inequalities in smoking prevalence are clear. Males smoke more than females and people living in the most deprived neighbourhoods are more likely to smoke than those living in the least deprived.

The latest data for Sunderland shows that prevalence of smoking amongst adults is 15.2 percent, however this percentage increases to 28.9 percent for adults in routine and manual occupations. In England, the rate is 13%.

Since 2007 and the smoking ban in public places, there has been further legislation aimed at de-normalising cigarette use and curtailing tobacco advertising tactics. These include the Menthol Ban in 2020, which made it an offence for manufacturers to produce and retailers to sell menthol cigarettes, standardised packaging (2016) which required packaging to be a standard colour with a required size for health warning and tobacco display ban (2015) making it illegal to display tobacco products in shops and they must be 'hidden' in a gantry or similar.

Targeting children and young people has always been key, as long-term addiction to tobacco products was and is highly profitable to the industry. There is extensive evidence that children and young people are highly receptive to tobacco advertising and that young people exposed to tobacco advertising and promotion are more likely to take up smoking. In response to an increasing number of smoking bans in Western countries, the tobacco industry expanded into other parts of the world; more than 80 percent of tobacco users now live in low- and middle-income countries.

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Alcohol

Alcohol is a causal factor in more than 200 disease and injury conditions and, worldwide, 3 million deaths every year result from harmful use of alcohol (5.3 percent of all deaths). It is associated with a number of non-communicable diseases, mental and behavioural disorders, and injuries. In addition to the direct health impacts on individuals, there are also harms to others, including children and wider communities. Alcohol-related harm is estimated to cost the NHS £3.5 billion every year. In Sunderland, alcohol-related mortality rate was 52.1 per 100,000 population, significantly worse than the England average of 37.8 per 100,000.

A 2017 study revealed that alcohol outlet density was higher in the most deprived neighbourhoods of England and national data reveals a socioeconomic gradient in alcohol-related mortality.

Alcohol marketing helps to normalise and often glamourise drinking and creates a culture where alcohol is seen as an 'essential part' of everyday life. Evidence shows that alcohol marketing directly increases the consumption of alcohol, including that among children and young people.

A new report from WHO highlights the increasing use of sophisticated online marketing techniques for alcohol and the need for more effective regulation. It shows that young people and heavy drinkers are increasingly targeted by alcohol advertising, often to the detriment of their health. With the use of online marketing, the global internet has created new and growing opportunities for alcohol marketers to target messages to specific groups. Sponsorship of major sporting events at global, regional and national levels is another key strategy used by alcohol companies.



Gambling

It is becoming increasingly recognised that gambling is a public health issue, with significant harms affecting more than just those who have an addiction. In 2021, Public Health England (PHE) carried out a national review of gambling-related harms and found that key harms relate to mental health, finances, relationships, reduced performance at work and, in some cases, criminal behaviour. There is also an association with suicidal ideation.

Sunderland-level data is not available for gambling prevalence. However, data provided nationally can be used to calculate estimates. In the North East, it is estimated that 4.9% of the population (aged 16+) are at-risk from gambling (experiencing some level of negative consequences due to their gambling); this is the highest regional prevalence of people at-risk from gambling in England.

Gambling has been understudied as a Public Health issue and it is important to ensure that a lack of evidence does not become justification for inaction. The complexity of the relationship between gambling and its associated harms, together with the shortage of strong evidence, could be used as a rationale to oppose or delay policy interventions. The gambling industry will strongly resist and argue against proposals to introduce interventions that might regulate or restrict their commercial activities. Gambling is a highly profitable industry, but policy makers should not ignore the substantial threats to health and wellbeing that exist.

The Great Britain gambling industry was worth £12.7 billion in 2020/21, with 2,442 operators in the market. A report in 2018 estimated that the industry spends approximately £1.5 billion per year on marketing, with 80 percent of this being online.

Environment

Fossil fuels - Eighty percent of the world's energy needs are met through fossil fuels (burning coal, oil, and natural gas) but this practice is also the source of two-thirds of the world's emissions of greenhouse gases. This is causing increasing global temperatures which in turn is leading to rising sea levels, extreme weather and forest fires. The subsequent impacts on clean air and water, food sources and shelter have clear consequences for our health. The spread of infectious disease is being affected by rising temperatures, with coastal waters becoming more suitable for the transmission of certain pathogens, and the number of months suitable for malaria transmission increasing in some areas

WHO estimates that, between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year. There are considerable inequalities associated with climate change as the people most likely to be affected are those in low-income countries and Oxfam estimates that 20 million people per year are displaced from their homes due to climate-fuelled disasters.

Air pollution - Common sources of air pollution include motor vehicles, factories and forest fires. Air pollution can cause and exacerbate respiratory disease, heart disease and lung cancer, as well as causing considerable damage to the environment. Particulate matter refers to particles suspended in the atmosphere and includes dust, smoke and soot, as well as pollen and soil particles.

Sunderland particulate matter are estimated to be lower (better) than the England average, but slightly higher than the regional average.

Formula milk

Breastmilk provides vital nutrition, contains all the antibodies a baby needs and protects against illnesses, and it is estimated that 823,000 worldwide child deaths could be prevented each year by near universal breastfeedingⁱⁱ. However, only 44% of babies globally were exclusively breastfed in 2020ⁱⁱⁱ. Baby's first feed breastmilk rates in Sunderland are low and are statistically significantly lower than the England average.

The reasons why some parents do not breastfeed are multiple and complex but the role of aggressive marketing by industry cannot be overlooked. Formula milk is expensive, the global formula milk industry is valued at \$55 billion (a five-fold increase in 20 years) and the six major infant formula companies spend approximately \$5 billion per year on marketing.

Working conditions and benefits

Across all sectors, working conditions can have a considerable impact on health and wellbeing. WHO^{iv} estimates that 1.9 million deaths in 2016 were caused by work-related disease and injuries. Benefits such as paid parental leave have been linked with improved mental and physical health outcomes for mothers and children.

Pay gaps drive inequalities, whether they are gender, disability or ethnicity related. Contracts such as zero-hours offer some flexibility, but research also shows that the mental health of workers on such contracts is worse than other workers^v.

i Office for Health Improvement and Disparities (2021) Annex C: data on the distribution, determinants and burden of non-communicable diseases in England. Available at: www.gov.uk/government/publications/nhs-health-check-programme-review/annex-c-data-on-the-distribution-determinants-and-burden-of-non-communicable-diseases-in-england#the-burden-of-non-communicable-disease

ii Save the Children (2018) Don't push it. Available at: www.savethechildren.org.uk/content/dam/gb/reports/health/dont-push-it.pdf

iii World Cancer Research Fund (2022) Breastfeeding across the world in 2022. Available at: www.wcrf.org/breastfeeding-across-the-world-in-2022/

iv World Health Organization (2021) WHO/ILO: Almost 2 million people die from work-related causes each year. Available at: www.who.int/news/item/16-09-2021-who-ilo-almost-2-million-people-die-from-work-related-causes-each-year

v Keely, T. (2021) Zeroed down: the effects of zero-hours contracts on mental health and the mechanisms behind them. Available at: <https://abdn.pure.elsevier.com/en/publications/zeroed-down-the-effects-of-zero-hours-contracts-on-mental-health->

Conclusion

It is clear that industries and employers play a significant role in the health and wellbeing of populations, whether related to their products or employment practices.

Given that non-communicable diseases such as circulatory, cancer and respiratory diseases make the largest contribution of the morbidity and mortality burden in Sunderland, the benefits of taking action on the root causes will be felt across the whole system, including health and social care.

Partnerships with industries should be treated with caution. Where product reformulation can be agreed, this should be welcomed but it must be noted that voluntary regulation has not proven to be successful amongst unhealthy commodity industries and dark nudges are seen; government legislation has been the key to positive public health outcomes in areas such as smoking.



Commercial determinants: moving towards action

It is clear that some of the most impactful interventions to tackle commercial determinants need to come at a national and even international level working with business and investors to have better corporate governance and encourage better corporate practices. Regulation of industries, the banning of harmful practices and lessening the influence of industry would bring tangible gains to public health. However, there are things we can do at a more localised level to mitigate the impact that industries have on the health and wellbeing of our local communities.

For a local authority there are some key considerations.

- How can we lead by example as an employer? This could involve ensuring that our employee policies are conducive to good health and wellbeing and do not widen inequalities; taking meaningful action to address all pay gaps (gender, disability, ethnicity); reviewing financial operations to ensure that we are not inadvertently funding the climate crisis.
- How can we reduce industry influence where it impacts negatively on health? Do we need regional discussions to understand where industry is currently involved in funding treatment programmes and how this might be resolved?
- How can we ensure that any plan to reduce health inequalities / support health and wellbeing considers the commercial determinants of health? Raising awareness and understanding will be important. Our language matters too – can we commit to moving away from unhelpful terms such as ‘problem gambler’ and ‘lifestyle choices’?

Commercial determinants of health: Whose choice is it?

Key recommendations

The council should develop an approach to commercial determinants of health by:

Focusing on a geographical area in the city that has high number of unhealthy commodities and high levels of non-communicable diseases, work with residents and businesses to develop a partnership approach to reduce the number of unhealthy commodity retail and exposure in the area.

Working with local authorities across the North East and other partners across the system, identify opportunities for treatment services to become independent of industry funding or influence and to ensure that treatment is evidence-based.

Using the learning from the tobacco control experience in terms of the role of regulation, legislation and advocacy for approaches to mitigate the negative and promote the positive impacts that industries have on the health and wellbeing.

Leading on the development of a framework for local action which will take a comprehensive approach to rebalancing the impact of commercial determinants on our residents, embedding strategies into the City Plan to address demand and supply of both healthy and unhealthy commodities and incorporating into the Integrated Impact Assessment toolkit.

Working with business across the city to enhance the positive contributions to health and wellbeing through policies such as the 'Real Living Wage', Low Carbon Framework and through good employment practices and programmes such as Better Health at Work Award and the Workplace Health Alliance.

Committing ourselves and encouraging partners to move away from stigmatising language such as 'problem drinker', 'problem gambler' and 'lifestyle choices' in all our communications, discussions and interventions.

Working with public health colleagues to seek to develop a regional approach to the commercial determinants of health across the North East.

Ensuring commercial determinants are considered within our current Local Plan as well as when reviewing, for the potential to implement existing powers to restrict the number of unhealthy commodity retail units and support the vision of vibrant, healthy communities.

Working with retailers locally to promote harm reduction alternatives to smoking such as e-cigarettes or alternatives to junk food such as low sugar options. We should also encourage businesses not to stock high strength alcohol.

Commissioning and procurement teams across Sunderland should consider an ethical procurement financing model where investment is directed to source cost-effective supplies from socially responsible vendors.

We will continue to improve understanding of the commercial determinants of health, and industry tactics, with our partners across the city.

For detailed recommendations please see full report.

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