



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell

Date: 8th December 2022

Subject: **Commercial Determinants of Health**

Author of Report: Amanda Pickard, Magdalena Boo

Summary:

Exposure to unhealthy commodities – high fat salt sugar foods, tobacco, alcohol, drugs, gambling products, fossil fuels (this list is not exhaustive) – can directly cause, contribute to, or exacerbate existing *non*-communicable diseases. Non-communicable diseases are now the leading cause of death and poor health both globally and in Sheffield.

These are known as Commercial Determinants of Health – this phrase means that it is not individual vulnerability, genetics or choice alone, but interaction with corporate environmental and social factors which determines health and health inequalities (Dahlgren and Whitehead, 1991)ⁱ. As a city, we suggest we should use our powers to protect our residents from harms from exposure to these unhealthy commodities.

Unhealthy Commodity Industries are noted for the common set of tactics they use to delay and undermine evidence and Public Health policy – this is known as the Industry Playbookⁱⁱ and was first documented in litigation history for the Tobacco Industry but has since been adopted by other Unhealthy Commodity Industries. The power is unequal, particularly with wealthy global corporate industries, but the World Health Organisation Framework on Tobacco Controlⁱⁱⁱ demonstrates what is possible when we choose to use our powers collectively.

In this paper, we suggest that we can choose to use our powers in Sheffield to address Unhealthy Commodity Industries, reduce exposure and harms, reduce health inequalities, and halt some of the main drivers of non-communicable disease. In this paper we suggest developing a Public Health Playbook to help counter the Industry Playbook. This will save

Sheffield lives and increase healthy life expectancy and contribute to our local economy by reducing non-communicable disease.

Questions for the Health and Wellbeing Board:

- Do the Health and Wellbeing Board agree that Sheffield should have a Commercial Determinants of Health (CDOH) /Unhealthy Commodity Industry (UCI) approach to framing local policy and strategy? A Public Health Playbook to counter the Industry Playbook.
- How much exposure to harmful unhealthy commodities is acceptable and how much is too much, in Sheffield? Knowing that Unhealthy Commodity Industries drive non-communicable disease, should we use our Local Authority powers to turn off the pump?
- Should we have a Conflict of Interest policy in relation to Unhealthy Commodity Industry direct funded education, prevention, treatment, support – e.g. schools education (Gambleaware, Drinkaware etc) patient education, research, treatment – and restrict advertisements and sponsorship (with/without exemptions for local brands)?

Recommendations for the Health and Wellbeing Board:

- That Sheffield develops a Commercial Determinants of Health / Unhealthy Commodity Industry (UCI) approach/strategy;
- That we have a structured “Public Health Playbook” to counter the Industry Playbook;
- That we use our existing powers as a Local Authority to address the negative impact Unhealthy Commodity Industries have on local residents, namely that we adopt the following;
 - Advertising and sponsorship policy to limit exposure to Unhealthy Commodity Industries,
 - Conflict of Interest Policy particularly in relation to commercial influence/involvement in education.
 - Cumulative Impact Policy for alcohol and the night time economy (NTE) strategy through Licensing,
 - Use planning powers and the Local Plan to restrict density and proliferation of high fat salt sugar foods, tobacco, alcohol, gambling;
 - Use our powers of regulation, for example Trading Standards age regulation to reduce avoidable exposure and harms (this list is not exhaustive);
 - Advocate caps and limits on exposure in certain settings and locations e.g. zero limit in certain areas and sensitive location, sensitive receptors e.g. schools, hospitals, addiction services;

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

This addresses health inequalities and determinants of health in their broadest sense.

Who has contributed to this paper?

Amanda Pickard, Magdalena Boo, Greg Fell.

Commercial Determinants of Health and Unhealthy Commodity Industries

1.0 SUMMARY

- 1.1 Exposure to pathogens of a susceptible host is the direct cause of communicable disease. During the Covid-19 pandemic, as a city, we did our utmost to reduce exposure to the coronavirus and therefore protect our residents– we used our resources and powers to reduce avoidable harms as far as possible. Exposure to unhealthy commodities – high fat salt sugar foods, tobacco, alcohol, drugs, gambling products, fossil fuels (this list is not exhaustive) – can directly cause, contribute to, or exacerbate existing non-communicable diseases.
- 1.2 These are known as Commercial Determinants of Health – this phrase means that it is not individual vulnerability, genetics or choice alone, but interaction with corporate and profit led environmental and social factors which determines health and health inequalities (Dahlgren and Whitehead 1991)^{iv}. As a city, we suggest we should use our powers to protect our residents from harms from exposure to these unhealthy commodities.
- 1.3 Unhealthy Commodity Industries are noted for the common tactics they use to influence their market, distort, distract and undermine evidence and delay regulation and Public Health policy – this is known as the Industry Playbook^v. These structured tactics were first documented since the 1950's in the litigation history of the Tobacco Industry but has since been adopted and refined by the majority of other Unhealthy Commodity Industries. The Industry Playbook includes undermining of evidence, reframing discussion to a narrow focus on individual choice, lobbying politicians, undermining critics. The power is unequal, particularly with wealthy global corporate industries, but the World Health Organisation Framework on Tobacco Control^{vi} demonstrates what is possible when we choose to use our powers collectively.
- 1.4 In this paper, we suggest that we can choose to use our powers in Sheffield to address Unhealthy Commodity Industries, reduce exposure and harms, reduce health inequalities, and halt some of the main drivers of non-communicable disease. John Snow, the Father of Epidemiology, famously removed the handle from the Broad Street pump which was contaminated with the cholera pathogen and saved lives in his lifetime and ours. Taking the handle off the pump that is spreading non-communicable disease

means addressing Unhealthy Commodity Industries and applying a Public Health Playbook to the Industry Playbook. This will save Sheffield lives and increase healthy life expectancy by reducing non-communicable disease.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 Commercial Determinants of Health describes the interaction between the individual and their environment through private sector activities which can positively or negatively affect health. These Commercial Determinants particularly impact on non-communicable disease such as obesity, diabetes, cancer, mental health impacts such as addictions. The World Health Organisation states that “*Commercial determinants of health affect everyone, but young people are especially at risk, and unhealthy commodities worsen pre-existing economic, social and racial inequities*”^{vii}
- 2.2 The burden of death and ill health from tobacco, alcohol, high fat salt sugar foods falls disproportionately on the most deprived^{viii} With gambling as an example, although participation is higher in more educated, employed and affluent groups, the most harmful outcomes of gambling are typically found in younger, male, unemployed, and more deprived groups. The risk profile seems to track the social-demographic profile so that the higher the deprivation, the higher the risk which suggests that harmful gambling is related to health inequalities (PHE 2019). Dental decay and extraction, the most common cause of hospital admissions for children in England, is linked to sugar sweetened beverages has a social gradient, and this avoidable hospital admission impacted 1 in 100 children under 5 in Sheffield and 2 in 100 children under 10 in 2018/19 (Levine, 2021)^{ix}. These are just a few examples.
- 2.3 Taking a Commercial Determinants of Health and Health Inequalities perspective is to understand that it is not as simple as thinking that some people are making unhealthy choices. The choice architecture in more deprived neighbourhoods directly influences the health outcomes that communities face.

3.0 MAIN BODY OF THE REPORT

- 3.1 The Commercial Determinants of Health (CDOH) refers to adverse influence of Unhealthy Commodity Industries (UCI) on population health. This includes commodities sold, marketed, promoted and lobbied as subjects for non-regulation or de-regulation such as high fat salt sugar foods, tobacco, gambling products and services, fossil fuels, alcohol amongst others and also the tactics used by these industries to shape and create an environment that is in their favour, known as the Industry Playbook.
- 3.2 Just as exposure to pathogens drives communicable disease, exposure to Unhealthy Commodity Industry products, via availability, marketing and behavioural architecture drives non-communicable diseases. Non-communicable disease includes cancer, diabetes, coronary heart disease, mental health difficulties such as addictions. Harmful products such as tobacco, high fat salt sugar foods, alcohol, gambling may directly

cause disease or conditions, contribute to in 'attributable fractions' (PHE 2020)^x, or exacerbate existing conditions.

- 3.3 A Commercial Determinants of Health approach means that we understand that it is not individual vulnerability, genetics or choice alone, but interaction with corporate profit-led environmental and social factors which determine health and health inequalities (Dahlgren-Whitehead 1991)^{xi} However, the consumption and use of Unhealthy Commodity Industry products is traditionally framed as personal choice by Governments and by the industries manufacturing and marketing them. For example since 1997 we have had 700 different policies on obesity in England, most of which focus on the individual making healthier choices^{xii} rather than the environment in which those individuals are expected to make those choices. However individual choices are not made in a vacuum and are responses to the wider context in which we live - the role of the UCI in shaping those choices by the population is now strongly evidenced.
- 3.4 Local Authorities have many potential powers to address exposure to Unhealthy Commodity Industries, for example we could apply advertising and sponsorship policy towards harmful products, progress Cumulative Impact Policy for alcohol and the night time economy (NTE) strategy through Licensing, use Planning powers and the Local Plan to restrict density and proliferation of high fat salt sugar foods, tobacco, alcohol, gambling; use our powers of regulation, for example Trading Standards age regulation to reduce avoidable exposure and harms (this list is not exhaustive). These will be discussed in more detail in relation to each industry, below.
- 3.5 *Advertising* - Commercial companies manufacturing and offering unhealthy commodities or services spend vast amounts on marketing and advertising their products. For example in 2019 MacDonalDs alone spent £90M on marketing in the UK^{xiii}, the alcohol industry spends more than £800 million per year on advertising in the UK (Petticrew, 2020^{xiv}, 2016^{xv}). Advertising is effective for Unhealthy Commodity Industries in recruiting participants to consume harmful products. A body of literature exists demonstrating how powerful broad-spectrum advertising is, from social and online to traditional TV and outdoor advertising. For example teenage exposure to alcohol advertising is associated with increased underage drinking and development of alcohol problems ^{xvi} and children exposed to high fat, sugar and salt (HFSS) or 'junk food' brands show a preference for those branded foods^{xvii}. The Royal Society of Public Health notes YouGov polls which find high public support for tighter regulation, restrictions and bans on gambling advertising (RSPH 2021)^{xviii}. The research showed overwhelming support for tighter curbs on gambling advertising, with almost two thirds (63%) of the adult respondents and over half (53%) of the young people surveyed in favour of a total ban on ads for gambling products. Only 14% of adults and children opposed a total ban. A recent (unpublished) study by University of Sheffield medical students which explored exposures to gambling travelling normal student routes at normal walking speed found that a route from Endcliffe student village to the train station (2.1 miles) contained 40 individual gambling advertisements and exposure of 1.03 advertisements per minute (Culkin, 2022)^{xix}.

- 3.6 *Licensing* – Local Authorities hold the powers of Licensing within national regulations and can refuse licenses on certain grounds or apply restrictions and ‘conditions’ to Licensing. In 2018, the Director of Public Health presented the Evidential Basis for Cumulative Impact Policy for the West St/Devonshire Green area. This included evidence from public consultation, local residents and elected members, South Yorkshire Police and Anti-Social Behaviour Team data. This also included evaluation of different policy initiatives to address the identified problems and benchmarking against Core Cities. The evidence to support Cumulative Impact Policy was presented to Licensing Committee in October 2018 which resolved: That the Committee, after considering all the information contained in the report and the recommendations made, authorises the Chief Licensing Officer to carry out all the necessary work required to undertake a formal consultation and bring a final report back to a future meeting of the Committee. An update of the evidence was requested. Unlike all other Core Cities at the time - Birmingham, Bristol, Leeds, Liverpool, Manchester, Nottingham, Newcastle – Sheffield was alone in not using Cumulative Impact Policy to address problems in the Night Time Economy. Many of these Core Cities also had Purple Flag demonstrating that safer night time economy and CIP were not incompatible. This is one example of not using our local powers, which means we are unable to restrict 24/7 off-licenses opening in proximity to treatment services and student areas.
- 3.7 *Planning* – a policy is currently being consulted upon in the Local Plan which restricts hot food takeaways near schools which are open during school hours. There is good quality systematic review evidence of geographical proximity of schools to fast food takeaway being positively correlated to childhood obesity, and from a health inequalities angle, those schools in more deprived areas, had higher density and those children had higher body mass index, leaving them open to greater risk of non-communicable disease (Turbutt et al., 2019)^{xx}. Reported opposition to this policy approach cites individual choices, but as discussed, taking a Commercial Determinants of Health approach means understanding the choice architecture of increased targeted advertising exposure and increased availability, particularly in more deprived parts of the city, leads to less healthy choices being made.
- 3.8 ‘Choice Architecture’ is also known as ‘Nudge Theory’ and has been developed further by a body of Behavioural Scientists, for example the Behavioural Insights Team who have evaluated UK obesity prevention policies and obesogenic environment factors including locational restrictions within stores of high fat salt sugar products and given a net present social value of £68,152m over 25 years for this policy^{xxi}. The team found that there was more moderate support for more effective and evidence-based structural policies that alter the food environment, which had greater potential for preventing obesity than less effective, less evidence-based policies and they hypothesise that this is because people are guided by thoughts and beliefs about causes of obesity and non-communicable disease, rather than the evidence. However, the big alcohol industry has now entered this Behavioural Insights space, using what has been described as “dark nudges” and “sludge” (Petticrew et al., 2020) to influence consumer behaviour,

downplaying risks, and fostering uncertainty. This includes providing educational materials to schools under the charity Drinkaware.

- 3.9 *Trading Standards* <https://www.sheffield.gov.uk/business/trading-standards>– Trading Standards are involved in the regulation of industry, such as through age verification test purchasing and enforcement on illegal tobacco products, sales to children and packaging and display regulations. The Licensing Authority has a Test Purchasing Strategy for Gambling contained within its updated (2022) Statement of Principles (11.2.2) where joint operations may be carried out by South Yorkshire Police and Trading Standards. Sheffield Trading Standards, South Yorkshire Police Licensing, and the Licensing Project Manager from the Sheffield Safeguarding Partnership train premises staff and conduct test purchases for alcohol underage sales. These powers can restrict the saturation of communities with cheap and illicit tobacco and alcohol, and safeguard young people from underage consumption of smoking, alcohol, and gambling products.
- 3.10 These brief examples – *Advertising and Sponsorship, Licensing, Planning, Trading Standards* – demonstrate the potential for a joined-up, cross-authority approach to addressing Commercial Determinants of Health and Unhealthy Commodity Industries. The examples given describe the powers of Local Authorities, but other stakeholders and anchor organisations also have powers in terms of advertising, sponsorship and promotions, procurement of food franchises and vending in premises, smoke free sites (Sheffield Teaching Hospitals and Sheffield Health & Social Care Foundations Trusts have smoke free sites).
- 3.11 The Industry Playbook is a term used to describe the tactics used by Unhealthy Commodity Industries which was first documented in the Tobacco Industry but has since been adopted by other Unhealthy Commodity Industries. The Industry Playbook tactics include undermining of evidence, reframing discussion to a narrow focus on individual choice, lobbying politicians, undermining critics. The power is unequal, particularly with wealthy global corporate industries and is frequently described in “David and Goliath” terms, but the World Health Organisation Framework on Tobacco Control demonstrates what is possible when we choose to use our powers collectively.
- 3.12 Lacy-Nichols et al. (2022)^{xxii} propose the adoption of a Public Health Playbook to counter the Industry Playbook. The Public Health Playbook that they propose includes coalition building, collective solidarity, and shared goals with non-Public Health personnel and using this diverse coalition of the willing to train, monitor, debunk, inform, and expose on the Industry Playbook and tactics. This may feel uncomfortably political with a small ‘p’ for some actors. However, in this paper to the Health and Wellbeing Board we hope we have demonstrated that a Public Health Playbook is about sharing the evidence-base with salient stakeholders and inviting a discussion by decision makers on the local appetite for action using existing powers as a normal activity within a democratic organisation. As a board, you may not wish to use all the powers at your disposal, and even if you recommend that all these powers are used, other Boards and Committees may have a different view.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

- 4.1 We advocate structured discussions on Commercial Determinants of Health and Unhealthy Commodity Industry so that there is a joined-up, cross-council approach on a range of industries rather than ad hoc action on selected areas under individual strategies – high fat salt sugar food, tobacco, gambling, alcohol.
- 4.2 We propose that we seek or develop tools that will allow us, our settings, stakeholders, and anchor organisations across the city to recognise the industry tactics and counter the harmful influence of the unhealthy commodity industry. We have termed this the “Public Health Playbook” after the Lancet article, to counter the “Industry Playbook”. This includes sharing the evidence base, as we have started to briefly describe in this paper.
- 4.3 We suggest that as a Local Authority we choose to use our powers as regards Advertising and Sponsorships policy (drawing on the work of other authorities and Transport for London), density, proliferation, and proximity to sensitive locations of Unhealthy Commodity Industries through Licensing and Planning powers and use our enforcement powers proactively to protect the underage from exposure.
- 4.4 We propose further discussion on an unhealthy commodity industry conflict of interest policy which would mean we no longer accept Unhealthy Commodity Industry direct funded education, prevention, treatment, support into Sheffield. This would include use of Gambleware and Drinkaware industry body educational materials in schools, use of sponsored products which greenwash such as Ineos, a fossil fuel company involved in fracking, sponsoring the Daily Mile in schools and MacDonalDs, a brand associated with high fat salt sugar foods, involvement in grassroots football, Coca-Cola partnering with Fareshare, a food poverty and food waste organisation. The partnership of a sugar sweetened beverage company with a food poverty organisation is particularly of concern given the avoidable rates of hospital admission of children under 10 for dental decay extractions linked to sugar sweetened beverage consumption. 2018/19 data shows that 1 in 100 Sheffield children aged 0-5 and 2 in 100 Sheffield children aged 6-10 were admitted for this reason with sugar sweetened beverages driving this process, which also has a social gradient (Levine, 2021).
- 4.5 The World Health Organisation states that young people are particularly at risk of Commercial Determinants of Health and these are examples of industry tactics which purport to be helping to be part of the solution to Public Health issues, which by promoting products and brands to children, can actually perpetuate the problems we are trying to address in the next generation.

5.0 QUESTIONS FOR THE BOARD

- 5.1 Do the Health and Wellbeing Board agree that Sheffield should have a Commercial Determinants of Health (CDOH) /Unhealthy Commodity Industry (UCI) approach to framing local policy and strategy? A Public Health Playbook to counter the Industry Playbook.

- 5.2 How much exposure to harmful unhealthy commodities is acceptable and how much is too much, in Sheffield? Knowing that Unhealthy Commodity Industries drive non-communicable disease, should we use our Local Authority powers to turn off the pump?
- 5.3 Should we have a Conflict of Interest policy in relation to Unhealthy Commodity Industry direct funded education, prevention, treatment, support – e.g. schools education (Gambleaware, Drinkaware etc) patient education, research, treatment – and restrict advertisements and sponsorship (with/without exemptions for local brands)?

6.0 RECOMMENDATIONS

- 6.1 That Sheffield develops a Commercial Determinants of Health / Unhealthy Commodity Industry (UCI) approach/guidance;
- 6.2 Conflict of Interest Policy particularly in relation to commercial influence/involvement in education.
- 6.3 That we have a structured “Public Health Playbook” to counter the Industry Playbook;
- 6.4 Advocate caps and limits on exposure in certain settings and locations e.g. zero limit in certain areas and sensitive location, sensitive receptors e.g. schools, hospitals, addiction services;
- 6.5 That we use our existing powers as a Local Authority to address the negative impact Unhealthy Commodity Industries have on local residents, namely that we adopt the following;
- Advertising and sponsorship policy to limit exposure to Unhealthy Commodity Industries,
 - Cumulative Impact Policy for alcohol and the night time economy (NTE) strategy through Licensing,
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