

# **Reviewing Efforts to Tackle Commercial Determinants of Health**

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On my honor as a University Student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments

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## **Introduction:**

Commercial determinants of health (CDoH) are the efforts/activities of private sector organizations that affect the health of the public. Corporations and industry representatives play a pivotal role in shaping “social, physical, and cultural environments through business actions and societal engagements” with the express end goal of maximizing profit margins for their respective products and services.<sup>1</sup> While these interactions can sometimes create positive results in terms of health, it is of the utmost importance to investigate the many negative outcomes of these interactions to weigh both the benefits/detriments of said interactions.

Physical inactivity, alcohol/tobacco use, and unhealthy diets are the four main risk factors of the most common non-communicable diseases responsible for 70% of global deaths. These factors are all affected heavily by private sector influence on the social and cultural values instilled upon the world’s population, with three-quarters of all deaths from non-communicable diseases occurring in lower and middle-income countries.<sup>2</sup> This disproportionate death toll is no accident, as corporations specifically target consumer bases with higher demands for processed foods/drinks, alcohol, and tobacco products, with the majority of these bases residing in lower and middle income countries, who often have less governmental oversight to recognize and help prevent these harmful marketing practices.<sup>3</sup> Since our global economic system prioritizes profit creation over protecting public health, companies are not properly incentivized to ensure that their public influence campaigns do anything but make them the most money, without regard to the health detriment they cause.

This disregard for the health of the public by organizations with such massive influence over the lifestyle choices of our world’s population constitutes a pressing global concern that needs addressing if anything is to get better. Passing targeted legislation is the solution to this

issue, but in practice is not as easily accomplished as one might seem. In the same way that companies spend inordinate amounts of money on efforts to influence consumers towards purchasing their products and services, money is also spent in droves by lobbyists who make contributions to political figures to protect corporate interests.<sup>4</sup> CDoH is a multifaceted, global issue that will take a carefully measured effort on both policy and research sides to solve in order to ensure the general well-being of global health. In this research paper, I intend to investigate the avenues that CDoH affects populations, as well as compare efforts to curtail their negative influences on health. To accomplish this goal, I will apply the utilitarianism framework to review legislative efforts in terms of their addition to the happiness of the population, with happiness being described as good health.

### **Background:**

*Corporate Risk Factor Promotion:* Commercial determinants of health come in one of two forms, market strategies and non-market strategies. Market strategies consist of “actions businesses take to maximize returns on investment, revenues, profits, shareholder value, and market share”, and are the more publicly known influence factors on public health.<sup>5</sup> Examples of market strategies range from product design, pricing, and marketing, to manufacturing processes, tax management, and retail distribution, exemplifying the numerous considerations companies must make to maximize profit. Non-market strategies are “actions and strategies businesses use to increase their power and influence and decrease uncertainty,” and while publicly available, exist in the shadows much more than market strategies.<sup>5</sup> Examples of non-market strategies include lobbying, sponsored research, philanthropy, and public relations actions, and are purposed towards garnering governmental support as well as boosting the company image. These

efforts combined work to spread purchases of a company's products/services to the highest percentage of the population possible, as well as protect company interests from governmental and activist group interference.

*CDoH contribution to non-communicable disease factors:* As stated in the introduction, physical inactivity, alcohol/tobacco use, and unhealthy diets are the main risk factors for noncommunicable diseases that account for 70% of global deaths. These factors are influenced heavily by corporate actions, in some of the following ways. Within just the United States, the tobacco industry brings in over \$76 billion a year in revenue, and in 2019 spent \$8.2 billion on promotional expenses and advertising alone.<sup>6</sup> Since regulations were created in the 60's through the 80's requiring tobacco product packaging and advertising to display prominent health warnings, tobacco companies have dropped direct advertising spending from 78% of marketing expenditures to 3%, and increased price discounting promotion expenditures to 90% of total expenditures.<sup>7</sup> After the social attitude on smoking and its negative effect on health began to spread, companies changed their strategy to pull in consumers based on lowered cost rather than direct advertising, prioritizing profit over consumer health.

The alcohol industry, while it spends considerably less on marketing, ~\$7.7 billion globally, has a market size valued at over \$1.9 trillion dollars.<sup>8,9</sup> This massive reach allows for companies to spend less on advertising due to the sheer quantity of product out on the streets bringing in new consumers by word of mouth or proximity. The advertising put out by these companies however is targeted towards young people, and results in underage drinking, a problem which itself leads to over 4,000 U.S. deaths a year.<sup>10</sup> Ads put out often feature young people in vibrant locations prominently displaying the drink as a major contributor to the enjoyment actors are portraying, with a warning that said beverages are for adults 21 and older,

and that consumers should enjoy responsibly. Research shows that these advertisements are more appealing to younger viewers than the legally intended audience.<sup>11</sup> As the risk for developing alcoholism or alcohol-related diseases later in life increases with each year earlier than 21 that an individual starts drinking, marketing efforts by adult beverage companies represent a significant detriment to public health.<sup>12</sup>

Physical inactivity and unhealthy diets are both results of business actions by corporations. The obesity epidemic claims over 2.8 million lives annually around the world, with expected healthcare expenditures on weight-related issues to reach \$3 trillion by 2030.<sup>13,14</sup> Corporations influence this health problem through food marketing, pricing, labeling, portion sizes, and food industry lobbying.<sup>15</sup> The marketing of unequivocally unhealthy food is done in a manner to minimize/neglect the negative effects of consuming said foods and instead focus on convincing viewers that most of the population also chooses those products, and do so without detriment to their health. This misinformation influences more consumers to guiltlessly indulge in foods/beverages that will hurt them eventually. Unhealthy (junk) foods typically are priced lower than fresh food and produce due to needing fewer natural ingredients or handling time, contributing to their increased likelihood of attracting consumer attention when shopping at a grocery store or convenience mart. Corporations can also intentionally manipulate labeling and portion sizes to mislead the consumer when making purchasing decisions. While there are strict nutrition labeling requirements involving the accuracy of product contents, companies can vary the portion size corresponding to all the percent daily value information of the product, tricking customers into thinking the food is more nutritious than it may be. Finally, the ultra-processed food industry spends a considerable amount of money lobbying governments for lowered food marketing, labeling, and pricing standards. Of the four harmful lobbying industries (tobacco,

alcohol, gambling, and ultra-processed food), the food industry spends the most money lobbying, \$1.15 billion in the 1998-2020 period, followed by gambling, tobacco, and alcohol (respectively \$817, \$755, and \$541 million).<sup>16</sup> The CDoH created by the junk food industry have far-reaching detrimental effects on health.

*Inequities in CDoH:* While commercial determinants of health affect the world's population as a whole, some groups are disadvantaged more than others by these influences. Lower and middle-income countries in particular bear the brunt of the damage caused by CDoH, as corporations take advantage of weaker regulatory/enforcement standards and a higher dependence on multinational trade agreements/employment. Weaker standards allow companies to profit with an unsafe product, giving those lower/ middle-income countries all the issues associated with the medicine/food/drink that cause it to be banned from higher-income countries.<sup>17</sup> The dependence of lower/middle-income countries on payroll from international companies forces the population to accept the terms of those companies, at a distinct disadvantage in comparison with richer nations.<sup>1</sup> This leads to corners being cut, workers being mistreated, and subpar (by richer standards) product output that all leads to greater health risks to the populations of these countries.

Minority populations in countries are often more likely to be impoverished and have poorer access to healthcare, proper nutrition sources, and equal education, all of which exacerbate the risks associated with CDoH. Lower incomes of course mean less money to spend on food and drink, and healthier options are often much more expensive than high-calorie and low-nutrition foods, leaving these communities with little opportunity to make the choice better for their health. A higher prevalence of non-communicable diseases as a result of CDoH requires increased medical access within the area, but as this is often not the case with minority

communities, health problems end up untreated and become far more damaging than had they been originally addressed. Equal education means programs to inform students and community members about how to best ensure they remain in good health. Drugs, alcohol, nutrition, and exercise are all important parts of a proper health education, and create further problems when communities receive low quality teaching in these subjects, which is often the case within minority-heavy communities.

### **Literature Review: Proposed actions to mitigate harm from CDoH**

*Research:* One proposed method for dealing with CDoH is creating research plans to effectively analyze different CDoH and devise the respective appropriate action to improve public health. Two publications were reviewed to compare their respective approaches to this issue. The first focuses on broadening the scope of the definition CDoH to establish a wider area of inquiry, and then lists key research questions and standards for public health education to ensure that future researchers make the right decisions for improving public health. The second involves creating a research agenda to investigate CDoH with a lens focusing on the power exercised by corporations.

The first paper begins by going over the history of the concept of commercial determinants of health. It begins in the 18th and 19th centuries with the public health attention revolving around the industrial revolution, going through the 20th century while noting the growing health disparity between colonized and colonizing nations and ending with the last 50 years, where it is said that large corporations now have significant political and economic power. It then goes on to advocate for an expanded definition of CDoH that also encompasses health inequities, structural power, adding state and other market entities to the list of influential

groups, and focusing on more than just “unhealthy products,” but also other health-related goods in pharma, gaming, and entertainment. Key research question categories are brought up and explained, namely questions about methodologies, priorities, metrics, education/workplace development, the role of science, and changing strategies. Finally, metrics to evaluate graduates of schools of public health competencies in limiting the harmful effects of CDoH.<sup>18</sup>

The second article admits that power is often overlooked in many definitions of CDoH, but that it is an important lens to conduct research when determining the weaknesses of corporations pushing negative health effects with their marketing actions. Two types of power are laid out, coercive and appeasing, of which the former is more outwardly noticed, and the latter exists more behind the scenes. Coercive power is defined as interactions between parties at odds with each other, for example when lobbyists pressure lawmakers to weaken public health policies to benefit their parent corporations. Appeasing power revolves around the pacification of opponents and giving concessions to the opposition to lessen the damage being caused by a certain action, such as creating recycling initiatives as an alternative to proposed bans on disposable beverage containers. The article posits that reviewing power with these terms separates types of CDoH by long-term effects, coercive power creates further rifts between oppositional groups, while appeasement can create important relationships that lead to less damage to public health. In applying the power lens to the problem of CDoH, cracks within corporate power can be found in both their reputations and their alliances with other related industries. Corporations rely on their reputations to gain lobbyist access to governments as well as to cause the public to believe their product claims and trust in product quality. Alliances with other related industries create a stronger lobbying influence but require cooperation and



compromise which can allow governments to target certain industries with less resistance due to ties with related industries that stand to lose from that resistance.<sup>19</sup>

Through a coordinated effort of training well-equipped public health professionals, broadly defining CDoH to cover all of the interactions within their overall effect on public health, and creating the correct questions to be asked, a proper research pipeline is created. With the said pipeline, the ability of elected officials and empowered stakeholders to reduce detrimental CDoH is enhanced as more properly informed decisions are made. When these questions and pathways are framed within a power lens, corporations are put at a much greater risk of losing the ability to pursue practices that contribute to damage to public health. With more base knowledge and a refined analytical agenda, the aforementioned cracks in corporate power can be effectively exploited by government institutions to create the greatest benefit to public health.

*Legislation:* Writing and passing laws and regulations on CDoH is a response that has been taken by world governments for decades, but lobbyist intervention and legislative hesitance have prevented widespread congruent adoption of anti-detrimental CDoH policies. Both the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) and a research article evaluating the WHO FCTC for lessons applicable to other CDoH were reviewed for this section.

The WHO FCTC is a global treaty passed in 2003 and adopted in 2005 covering 90% of the world's population. It lays out tobacco control measures for implementation at national, regional, and international levels with the end goal of reducing both demand and supply. This is accomplished with a multipronged approach, with regulations on tobacco products themselves, increased education on the risks associated with tobacco use, tobacco marketing bans, price/tax

measures, and creating economic alternatives to the farming of tobacco. Regulations on tobacco products include placing restrictions on their contents and setting guidelines for health disclosures on their packaging/labeling. By setting minimum prices for tobacco products higher, and increasing taxes, consumers can be financially dissuaded from smoking, and through creating programs to help those already addicted, tobacco user percentages of the total population can be greatly reduced.<sup>20</sup>

The second document briefly goes over the WHO FCTC but then moves on to the lessons that can be gained from a review of its impact. While the treaty is advantageous in creating legal obligations for nations to implement and defend pro-health policies from adversarial corporate responses, it also comes with two distinct disadvantages. First, treaty negotiations can fail or result in ineffectual treaties, and second, come with excessive costs and take an extended period to go from idea to ratified and accepted document. Instead of “hard-law” approaches like a treaty, the authors propose “soft-law” approaches by international organizations with substantial credibility. These approaches fall under advocating for certain governance structures and demand reduction measures. Governance structures refer to approaches that change commercial interactions to serve public health interests rather than determine them. This is accomplished by total transparency in all corporate engagement with governmental bodies, and restricting lobbyist access to public officials to remove conflicts of interest. Demand reduction measures refer to restricting the promotional efforts of products with negative CDoH outcomes. Removing charitable gifts of corporations to causes intended to minimize the harmful effects of products produced by those corporations, nutrition/warning labels on alcoholic drinks, and “unhealthy taxes” are all methods to reduce public demand from harmful marketing strategies.<sup>21</sup>

While the WHO FCTC is a highly effective legislative effort to reduce tobacco consumption worldwide, it cannot be reasonably expected that other CDoH are combated with a similar “hard-law” treaty. The WHO FCTC took over a decade to go from an initial idea to an accepted legal document, and the issues outlined in this research paper need addressing sooner if irreparable damage to public health is to be prevented. Creating well-researched guidelines on governance structures and demand reduction measures for easy adoption by national governments is a more viable solution for tackling the influence of alcohol, junk food, and sugary beverage corporations.

### **Methodology: Utilitarianism**

The utilitarianism ethical framework is most relevant to the analysis and topic of this research paper. The base problem with commercial determinants of health is the valuation of profit over health. Utilitarianism denotes that the most ethical choice is one that produces the best outcome for the highest number of people. While profit is a form of good outcome, so is being in good health. If assuming either is equally as good as the other, the utilitarian review of this situation would involve determining whether the number of people who profit is greater than the number of people who experience detrimental health effects. Seeing as albeit exceptionally large corporations and parts of governmental bodies that take money from lobbyists are those that profit, they are still vastly outnumbered by the hundreds of millions, if not billions of people affected by commercial decisions made by the minority. It goes to say that the good of the many should come before that of the few, necessitating a solution to the issue of CDoH. A combined research-oriented and legislative approach must be taken to minimize the negative outcomes associated with corporate greed and disregard for the health of the public.

**Conclusion:**

Commercial determinants of health are a clear and persistent damaging influence on the well-being of our world's population. With 70% of annual deaths globally resulting from non-communicable diseases influenced by CDoH, a balance must be struck between corporate influence on the public and governmental intervention in said influence. Through a literature review of both research and legislative strategies to limit the extent of damage done by profit-driven marketing decisions, a "soft-law" approach combined with increased education of the next generation of public health officials/researchers was deemed most effective. When determining whether this approach should be taken, a utilitarian ethical framework was applied to the issue, and the public health of the many outweighs profit of the few. The process of creating a legislative guide for countries to adopt, changing current views on the definition of CDoH, and changing the educational requirements of students going into public health will not be an easy or immediate solution to the health crisis presented in this paper. Still, it will help greatly to remedy future damage to public health by corporate influence.

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