



MAKING STRIDES TO ADDRESS AND SHAPE THE COMMERCIAL DETERMINANTS OF HEALTH

The George Institute for Global Health





WHAT ARE CDoH?

The commercial determinants of health (CDoH) can be defined as the pathways through which commercial actors influence health positively or negatively.

CDoH are pervasive and include commercial actors' influences on social, physical, cultural and political environments, including through:

- political activities, such as lobbying and preference shaping, and corporate tax contributions;
- products and services;
- labour conditions and pay;
- production externalities, such as the environmental impacts of producing goods and services;
- marketing strategies, including packaging.

The impact of CDoH on peoples' health has grown over time as the world industrialises and resources increasingly become controlled by the commercial sector. Big business now plays a significant role in health policy and regulation, health outcomes, and in the way we think about these.

CDoH also increase health inequities as some multinational corporations have more influence in some jurisdictions over other stakeholders, and unhealthy commodities exacerbate pre-existing economic, social and racial inequities as the *World Health Organization* (WHO) outlines. Alongside this growth, we have seen increased attention given to CDoH in public health research, policymaking, and the media. For example, *priorities for action and research on CDoH have been defined.*

Our Focus

The George Institute for Global Health is an independent research institute dedicated to improving the health of millions of people worldwide. We have offices in Australia, China, India, and the United Kingdom.

The scope of CDoH requires deep and wide research expertise. This is brought together at The George Institute leveraging our expertise in *Food Policy, Injury Prevention, Healthier Societies*, and *Planetary Health*.

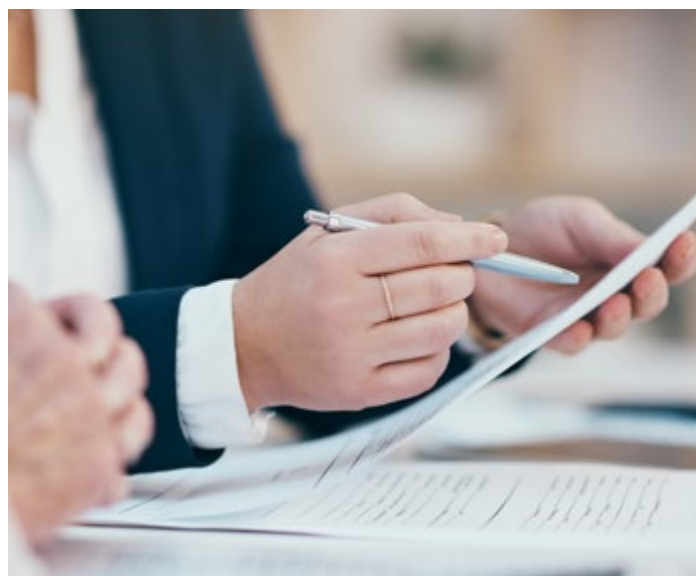
We seek to improve health and wellbeing through understanding:

- Commercial political activities and perceptions of policy interventions,
- How to measure CDoH to inform policymaking, market-based strategies and consumer choices,
- How to respond to commercial marketing strategies, and
- How to protect and foster wellbeing linked to use of commercial products and services.

Below is a summary of how our CDoH research seeks to achieve these aims and have impact on people's health:

Understanding commercial political activities and perceptions of policy interventions

- Researchers at The George Institute have considered responsibility for action on CDoH:
 - » A study that assessed the extent to which the public consider alcohol control policies the responsibility of the government, private sector or individuals across seven countries showed that *governments are considered the most appropriate actor* to restrict availability, regulate advertising and disseminate education campaigns about harms related to alcohol.
 - » A related study concluded that the *public is receptive to stricter alcohol control policies*, particularly around labelling and public education campaigns, but *additional effort is likely needed to garner increased support to restrict alcohol marketing by companies.*
 - » A study focused on gambling found that many Australians underestimate the harms of 'softer' forms of gambling such as scratch cards ("scratchies"), lottery tickets and bingo, and that many Australians would *support greater restrictions on pokies, casino games and sports betting.*
- A George Institute researcher has worked with others to highlight the *need to develop and test effective counter-framing* to large commercial actors' active shaping of how health issues are positioned to promote commercial interests, preserve brand reputation, and protect themselves from liability.



E.g., framing tobacco and alcohol use and their harms as an individual's freedom of choice, and any regulation of these harmful commodities as interfering with personal choice and liberty.

- Research at The George Institute has revealed the *deeply ingrained gendered dimensions of CDoH in driving differences in health outcomes* by applying a gender lens to COVID-19 pandemic policies.
- In Pacific Small Island Developing States (PSIDS), a George Institute researcher and others found that *neoliberal ideologies* (e.g., *individual responsibility* and the need for education as opposed to regulation) *impede coherent government policy to address CDoH*, in particular around tobacco consumption; and broader adoption of the concept of CDoH is needed to address the growing burden of non-communicable disease in PSIDS.



Understanding how to measure CDoH to inform policymaking, market-based strategies, and consumer choices

- The George Institute has developed a *novel approach to estimate the Greenhouse gas emissions for commonly consumed, multi-ingredient foods*. This information has substantial potential to guide and drive consumer product choices and industry actions, and to inform government policymaking to work towards a food supply that is better for the environment.
- The Institute's researchers have developed a '*Planetary Health Rating*' scheme to help consumers make more informed food choices. In the FoodSwitch app, we provide a product-specific rating based on the estimate of greenhouse gas emissions produced and suggest a 'switch' to alternative products with a lower climate impact.
- The George Institute researchers are leading a *Healthy Food, Healthy Planet, Healthy People* Centre for Research Excellence to deliver world-leading innovations in nutrient profiling algorithms and environmental indicators that estimate human and planetary consequences of patterns of food and beverage consumption.

The project will, among other things:

- » Develop evidence-based recommendations for government-led and market-based strategies to improve the nutritional quality and sustainability of the food supply.
- » Work with consumers, industry, and government to accelerate uptake of the research findings.



Understanding how to respond to commercial marketing strategies and public health responses

- To inform the WHO Director-General's report to the World Health Assembly in 2022, The George Institute researchers and others conducted a *systematic review of digital marketing of breast-milk substitutes* (e.g., commercial infant formula products). The review found that coordinated global action and improved national measures are required to implement, monitor, and enforce the International Code of Marketing of Breast-Milk Substitutes in the digital marketing space to protect and promote breastfeeding.
- The George Institute led a submission to a WHO consultation on the draft guideline on *policies to protect children from the harmful impact of food marketing*. Such marketing is used by food manufacturers to alter food preferences, stimulate purchase requests and thereby increase children's unhealthy food consumption. This ultimately adversely impacts human health across the globe.
- The George Institute actively participates in *discussions at the international food standards agency – Codex Alimentarius – to counter the power of the unhealthy food industry* and help ensure that global standards support governments' efforts to protect communities from diet-related disease. We provide advice to the Australian Delegation on various topics, and Institute researchers are involved in highlighting industry tactics, as well as opportunities for public health advocates.
- The George Institute also engages more broadly in global discourse on the CDoH – with membership, for example, of the WHO expert group on the Commercial Determinants of Health and contributing for example through the WHO Expert Consultation on the tool to support Member States in their decision-making on engaging with the private sector for the prevention and control of NCDs.

- It is increasingly important to understand how e-cigarettes are being marketed around the world to understand whether this is driving e-cigarette uptake. The George Institute researchers conducted a systematic review on the *effects of e-cigarette advertising, promotion and sponsorship* on people's attitudes, beliefs, perceptions, intentions and behaviours. E-cigarette advertising across a range of media is positively associated with its use, and stimulates impetus for the implementation of restrictions on marketing to protect all children and young people. This review – commissioned by the National Health and Medical Research Council – *informed their public health advice on use of e-cigarettes in Australia*.
- A study led by The George Institute researchers shows **teachers and other school staff are worried about the impact of rising e-cigarette use on student mental health and performance**, with more than half saying it had caused a shift in school culture.

The results highlight the need to monitor and address student e-cigarette use in schools and provide staff with greater support to prevent the negative consequences associated with vaping by children at school and beyond.

- Research by The George Institute shows that **well-designed campaigns on the effects of alcohol during pregnancy can favourably influence the drinking behaviour of future parents**. The hard-hitting 'One Drink' *awareness campaign*, which featured a glass mould of a foetus being filled with red wine, successfully increased concerns about unborn babies' exposure to alcohol and discouraged women from drinking while pregnant. It also made the majority of those who saw it more likely to support others not to drink during pregnancy.





Understanding how to protect and foster wellbeing linked to use of commercial products and services

Food Policy:

Led by The George Institute China, Queen Mary University London and Chinese health authorities, *Action on Salt China* is developing and implementing a comprehensive and sustainable salt reduction program. The program includes a focus on **sodium reduction in restaurant meals and sodium targets for processed food** to gradually reduce sodium content, alongside improved labelling to help consumers choose lower sodium foods.

Similarly, the *SaltSwitch Online Grocery Shopping* randomised controlled trial is investigating the feasibility, acceptability and effectiveness of a novel intervention to lower sodium consumption (and thus blood pressure) amongst people with hypertension who shop online for groceries. It does this via a web browser extension that interfaces with retailer online stores to interpret sodium content in products and encourage switches to similar but lower-sodium products.

Injury prevention:

When used correctly, *child car restraint systems are highly effective* in reducing death and injury among children involved in car crashes. But *incorrect use of restraints* is a widespread and long-standing unsolved problem affecting more than 50% of children travelling in cars in New South Wales. Through the *ImPaCt Study*, The George Institute researchers are examining the effectiveness of new guidelines developed by child car seat manufacturers, compared to standard manufacturer information.

Injury researchers at the Institute have also commented that: "Improving awareness of vehicle safety, coupled with the promise from governments to ensure that all their vehicles, including motorcycles, are equipped with the highest safety standards by 2030, *could save millions of lives and dollars*".

The *importance of government intervention via regulation of child restraints*, increased fines and enforcement has been highlighted by the institute to help reduce the higher levels of child road traffic injuries seen in under-served populations in middle-income countries like South Africa.



Autonomous vehicles:

- While driverless cars are likely to bring a whole new level of convenience, The George Institute researchers have found that *advance planning is needed to prevent Australians from becoming lazier and unhealthier once driverless cars are common*. Due to the long lead times for infrastructure development, governments and communities need to be actively planning now, to work towards cities that are more people-focused – where opportunities for walking, cycling, and scooting as primary forms of transport are everywhere, along with advanced forms of driverless public transport (e.g., trains, trams, shuttles, buses).

- Work at the Institute has found that collaborative efforts are required across government and non-government organisations to address possible issues arising from *autonomous vehicle alcohol deliveries* – in particular the increased prevalence and volume of alcohol drinking at home. Harm minimisation options suggested by stakeholders included enhanced responsible service of alcohol requirements, and fiscal levers to create disincentives or price barriers to drinking alcohol at home.
- Institute research has also identified a range of access and design features that would *enable older people to benefit from the increased mobility provided by shared autonomous vehicles*. Manufacturers of these vehicles can incorporate these features to optimise the potential benefits for ageing populations.



To find out more please visit our [website](#) or contact:

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