

Development of a typology of how ‘harmful commodity industries’ interact with local governments in England.

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About the research

“Harmful commodity industries” (HCIs) are not just any business, but are specifically harmful in terms of their public health implications (for example, the tobacco, alcohol and fast food industries). Therefore, increasing the risk of long-term illness, death, disability, health inequalities and creating a financial and societal burden.

Public bodies often have complex and close inter-relationships with HCIs, but little is known about these interactions at regional or local government level in England or elsewhere.

This study aimed to identify and characterise the actual and potential interactions that take place and proposes a classification system? (or typology) of interactions between HCIs and English local authorities (LAs).

We conducted a review of published academic literature to find documented examples of interactions in an English LA context (Figure 1.).

Our classification provides an overview of the potential interactions between HCIs and LAs. The classification can facilitate new understanding that explores the LA perspective of interactions with HCIs, to support LA policy and decision-makers, inside and outside of public health.



Policy implications

- Our classification acknowledges the perspective of local government in seeking interactions with the private sector for mutual benefit. This situation does not necessarily apply to interactions with HCIs.
- Interactions between HCIs and local government may have an important role in shaping local environments in which people work and live. Therefore they could affect health behaviours and associated outcomes at population level.
- The classification identifies complex inter-relationships. This could help inform commercial policies and further considerations for decision-makers on how to maximise population health and minimise negative impacts of HCI interactions.

Key findings

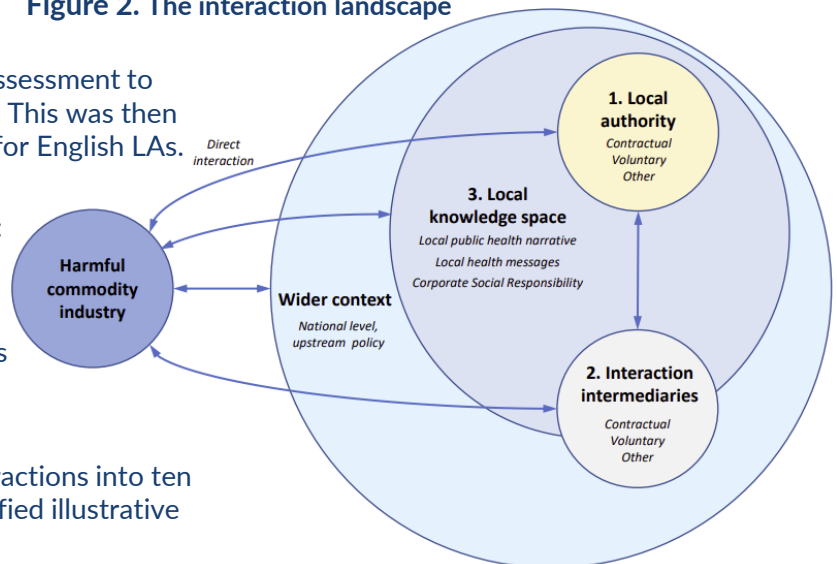
We included 47 published papers for assessment to provide the frame for the classification. This was then refined and contextualised specifically for English LAs.

Three main categories were developed:

- (1) Direct involvement with LAs
- (2) Involvement through intermediaries
- (3) Involvement through the local knowledge space (Figure 2.)

Within these, we grouped HCI-LA interactions into ten themes defining their nature and identified illustrative examples (Table 1).

Figure 2. The interaction landscape



1. Imperial College London, 2. University of Cambridge, 3. London School of Hygiene & Tropical Medicine, 4. Fuse – Centre for Translational Research in Public Health, 5. LiLac, 6. University of Bristol, 7. NIHR Applied Research Collaboration West (NIHR ARC West), 8. Health Education England,

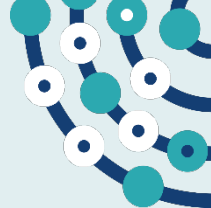


Table 1. Examples of interactions between HCIs and LAs

Category 1. Direct involvement with the LA	
Contractual, legal and regulatory	Commissioning, licencing, marketing on the LA platform, LA investments in industry
Voluntary engagements	Public-private partnerships, cooperative arrangements, involvement in policymaking
Other engagement strategies	Financial incentivising, movement across industry-LA jobs, relationship building
Category 2. Involvement through intermediaries	
Contractual	Co-branding, contractors (e.g., suppliers), cause-related marketing (LA project funds)
Voluntary engagements	Funding NGOs, sponsor and support locally, donations
Other engagement strategies	Advocate placement, interlocking people and services, local area key relations and groups
Category 3. Involvement through the local knowledge space	
Influence local health messages	Fund and co-opt researchers, scientists, relationships with funding councils, events
Challenge local health narrative	Undermine LA viewpoints, re-frame LA intentions, create antagonisms, change the frame of LA narrative, control local messages
LA promoting corporate social responsibility (CSR)	LA endorsing and promoting support from industry and local initiatives, joint campaigns, funding public health services
CSR aligned with LA goals	Societal contributions, revenue generated, cost saved, raise quality, solutions, shift responsibility, workforce benefits

Future recommendations

This is the first study assessing the ways English local authorities may interact with industries that produce products potentially harmful to health. This classification could help govern local interactions that incorporates a LA perspective, to ensure that LAs interact with HCIs in a way that optimises business opportunities whilst protecting population health.

Find out more:
nihrsphr.link/lgandhci



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About the School

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

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