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Typology of how 'harmful commodity industries' interact with local governments in England: a critical interpretive synthesis

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ABSTRACT

Introduction Industries that produce and market potentially harmful commodities or services (eg, tobacco, alcohol, gambling, less healthy foods and beverages) are a major influence on the drivers of behavioural risk factors for non-communicable diseases. The nature and impact of interactions between public bodies and 'harmful commodity industries' (HCls) has been widely recognised and discussed at national and international levels, but to date little is known about such interactions at local or regional government levels. This study aimed to identify and characterise actual and potential interactions and proposes a typology of interactions between HCls and English local authorities (LAs).

Methods Five electronic databases covering international literature (PubMed, EBSCO, OVID, Scopus and Web of Science) were searched up to June 2021. We also performed online searches for publicly available, webbased grey literature and documented examples of interactions in an English LA context. We conducted a critical interpretive synthesis of the published and grey literature to integrate and conceptualise the data in the context of English LAs.

Results We included 47 published papers to provide the frame for the typology, which was refined and contextualised for English LAs through the available grey literature. Three categories were developed, describing the medium through which interactions occur: (1) direct involvement with LAs, (2) involvement through intermediaries and (3) involvement through the local knowledge space. Within these, we grouped interactions into 10 themes defining their nature and identified illustrative examples.

Conclusion Our typology identifies complex interrelationships and characterises interactions between HCls and LAs, with illustrative examples from English LAs. Drawn from well-established theories and frameworks in combination with contextual information on English LAs, this typology explores the LA perspective and could help local decision-makers to maximise population health while minimising negative impacts of HCls.

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WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Increases in preventable non-communicable diseases are largely driven by the consumption and use of tobacco, alcohol, gambling and less healthy foods and drinks, produced by 'harmful commodity industries' (HCls).
- ⇒ Public bodies often have complex and close interrelationships with HCls, but the manifestations of these interactions have not been characterised at regional or local government level in England nor elsewhere.

WHAT THIS STUDY ADDS

⇒ Our typology of interactions between HCls and local government, intermediaries and the local knowledge space, acknowledges the perspective of local government in seeking interactions with the private sector for mutual benefit, which does not apply to interactions with HCls.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ The typology identifies complex inter-relationships and could help inform commercial policies and further considerations for decision-makers in local government, their intermediaries and the local knowledge space on how to maximise population health and minimise negative impacts of HCI interactions.

INTRODUCTION

'Harmful commodity industries' (HCIs) are corporations that produce and market products and services such as tobacco, alcohol, gambling and unhealthy foods and beverages. Use of such harmful commodities is a major driver of the burden of preventable non-communicable diseases (NCDs), and HCIs have been identified as important vectors of the growth of NCDs. ¹⁻⁴ Addressing



the commercial determinants of health (CDoH) is therefore a pressing public health priority.⁵ The jobs, revenue, technical and research expertise, and ability to exert corporate power provide HCIs with a powerful voice to shape public perceptions of health, science and policy.² The power of HCIs in influencing and shaping public health policy at the national and international level is well established⁶⁻¹³ through strategies to engage, and influence the cultural, social, political and knowledge environments.^{6–8} 13 Approaches across HCIs are largely coherent, 14 including echoing tactics of lobbying, marketing and corporate social responsibility (CSR) strategies, among others. 1 2 7 14 15 These activities all extend and amplify HCI impact and influence, by enhancing the desirability and acceptability of harmful commodities, challenging policy barriers, deflecting attention from harms and whitewashing tarnished reputations of HCIs.⁶

A tension exists between HCI activities to encourage consumption of their products and maximise profits, and public health measures to reduce the burden of NCDs. ^{7 8 16 17} The controversial nature of interactions between HCIs and public health is well recognised and discussed, ^{1 9 17-19} including tobacco, alcohol and increasingly food industries ^{1 7-11} in a range of contexts; globally and transnationally, ^{20 21} in low-income and middle-income countries (LMICs), ^{22 23} national organisations, ²⁴ academic environments, ²⁵ social media platforms ²⁶ and on explicit policies. ^{27 28} In addition, recent attention also recognises the gambling industry, which is associated with significant harms including suicide, poor mental health and financial harms. ²⁹⁻³¹ Partnerships with gambling industry-funded bodies raise similar concerns to other HCIs. ³²⁻³⁴

There are 333 English local authorities (LAs) split into two tier (county and district councils) and single tier (unitary authorities, metropolitan districts and London boroughs) structures to determine the council responsibilities. Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC)³⁵ provides a key example of implementation of regulatory safeguards to protect public health policy from the interests of the tobacco industry at different levels of governance, including LAs. LAs have a legal obligation to act according to the FCTC, which sets a defined line for regulatory safeguards and enables local tobacco policy implementation while protecting LAs from legal challenges. 35 As per the Health and Social Care Act 2012,' LAs in England are responsible for all the public services and facilities in a particular area and obligated to improve the health of their population and promote healthy communities (Health and Social Care Act, 2012; national Planning Policy Framework, 2012). The devolution of public services shifting from central to local government, offers LAs the power to be better aligned with, and increase their sensitivity to specific local areas and local community needs.³⁶ Close relationships between LA actors and the private sector are important for many reasons. These include generating revenue for LAs, boosting local investments and developments,

providing resources and expertise, and sharing risks in developments, allowing LAs to deliver their key functions and vital services. As such, complex and sometimes close, inter-relationships between LAs and HCIs might not be perceived differently from other business relations, on the assumption that the interactions are equally mutually beneficial

The complex and close inter-relationships between public bodies and HCIs are well established, but the manifestation of such activities at a regional or local government level, has not been explored. In addition, while previous research mainly focuses on the activities and the influence of HCIs, little is known about interactions between HCI and public bodies, in which LAs seek involvement from HCIs. Little is known about the nature and extent of interactions between LAs and HCIs. Therefore, it is critical to develop a comprehensive conceptualisation of interactions that considers and explores the LA perspective to inform decision-makers and ensure protection of populations from the harmful effects of HCIs. Understanding these interactions is particularly pertinent in the current economic climate as LAs operate under increasing financial constraints, and their investment, efficiency and retrenchment strategies may increasingly involve HCIs in attempts to compensate for reductions in public funding over the past decade.^{37–39} This study aimed to develop a typology that could encompass all potential interactions between HCIs and English LAs. We had two specific objectives: (1) synthesise the published international literature and develop a typology of the potential ways HCIs and LAs interact and (2) contextualise and refine the typology through the identification of documented examples of such interactions at the LA level in England.

METHODS

We adopted principles from critical interpretive synthesis (CIS)⁴⁰ to guide the study methods. CIS is an approach explicitly oriented towards theory building through a dialectic process combining evidence and theory. Adopting a comprehensive critical narrative allowed us to integrate and interpret a diverse body of evidence into a coherent conceptual framework⁴⁰ in a dynamic and iterative process. The protocol was registered with PROS-PERO (CRD42021257311).

Public involvement

Five members of the public were involved throughout the research process, including methodological planning and contributing to data collection methods. Crucially, they contributed to the appropriateness of the study framing and language, essential for engaging non-public health practitioners and enhancing the practical usability of the research.

Reviewing the published literature

Although this study was not specifically a systematic or scoping review, we adopted a flexible systematic approach



Table 1 Study eligibility					
Domain	Inclusion	Exclusion			
Publication	Published in peer-reviewed journals, refer to humans	Abstract only, non-peer-reviewed			
Language	English language	Non-English language			
Field	All 'harmful commodity industries' (HCls), including, but not limited to food, beverage, alcohol, tobacco and gambling, alone or in combination (or grouped as HCls)	Does not include an HCI			
Focus	Describing a mechanism or practice through which HCls interact and engage with public health	Not describing ways in which HCls and public health engage			
Design	Frameworks, typologies, classifications, conceptualisations (including, eg, reviews, case studies, qualitative analyses, mapping)	Opinion pieces and broad discussions surrounding the topic (without an attempt to frame/collate/classify)			

to our knowledge synthesis. We tailored and adapted the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (online supplemental table 1) to guide the methodology.⁴¹

Search strategy

The search strategy was guided using previously identified key papers which draw on well-documented HCI activities. Page 12 6 11 13 25 42-45 The search strategy was developed for use in PubMed, using existing reviews, which explored for example, conflicts of interest in public health, the commercial determinants of obesity and corporate-political activity (CPA) of the food industry, and combined these with common terminology, Medline Subject Headings (MeSH) terms and free text, including synonyms, substitutes and plurals, to increase the search specificity and sensitivity. The search strategy was pilot tested using previously identified key papers, then independently tested by a second reviewer (EPV) and adapted appropriately for each additional database (online supplemental table 2).

Articles had to fulfil the predefined study eligibility criteria with the inclusion of papers published in a peer-reviewed journal, written in English, referring to humans and designed to collate (review, frame, typify, classify, conceptualise) ways that HCIs engage with public health (table 1 and online supplemental table 3A). We included all settings, countries and contexts, including any level of governance, not restricted to specific actors or stakeholders. We excluded abstract only, non-peer-reviewed studies, opinion pieces and broad discussions surrounding the topic. We searched five electronic databases from their inception to June 2021 (PubMed, EBSCO (CIINAHL, Econ Lit), OVID (MEDLINE, EMBASE, Global Health, PsycINFO, Health Management

Information Consortium), Scopus and Web of Science) and handsearched reference sections of key papers.

Screening and selection

Database searches were managed using Covidence systematic review software (Veritas Health Innovation). Duplicates were removed. Using the study eligibility criteria (table 1), one reviewer (SM) screened all titles and abstracts and a selection of abstracts from this first screen were discussed with a second reviewer (EPV) to determine potential eligibility. Full texts from the agreed list of abstracts from this first screen were retrieved and screened independently, with reasons for exclusion tabulated and subsequently discussed to resolve disagreements (SM and EPV).

Dixon-Woods *et al*¹⁰ describe CIS as 'interpretive' because only relevant examples from the literature are synthesised. We included papers that presented additional novelty, presented a new framework, domain(s) or unique interaction(s), rather than including all of the relevant literature. Where multiple papers examined the same initiative and mechanisms, one was selected. We created a hierarchy to guide a systematic and purposive selection (online supplemental table 3B), using preidentified key papers, the emerging typology and principles of theoretical saturation. 45

Data extraction

With input from the wider authorship and public and practitioner collaborators, we created a guiding extraction frame ⁴⁰ to direct data extraction, with both inductive and deductive interpretation to capture emergent concepts from the literature. Data extraction included reference details (eg, authors, year, study type, setting, field, industry), framing (terminology, classification, clusters, including figures), interactions/activities (nature, type, actors) and any associated relevant examples or contextual information. Although a formal quality assessment or 'risk of bias' assessment did not apply to our research, we maintained an ongoing critical orientation to the material selected. ⁴⁰

Data synthesis (typology development)

Guided by CIS principles,⁴⁰ we synthesised key theoretical frameworks and taxonomies of previous efforts to describe, monitor and collate corporate interactions of industries, regarding public health. We gathered and coded fragments of text, grouped the codes into themes, used data charting,⁴⁷ sifting and sorting, to simultaneously create and adapt the typology, organise higher-level categories and themes, and add further details based on the included studies.

Review and analysis of the grey literature

We conducted a review and analysis of the grey literature, to provide contextual information, including what, why, who and how the HCI interactions potentially manifest at the LA level, 48 through searching targeted websites, online resources, relevant publicly available grey

information and consulting experts. We aimed to find further domains and representative documented case examples of these interactions at English LA level, rather than a comprehensive assessment.

We used the typology developed for the above review to direct our search of grey information in a targeted way and capture examples relating to English LA interactions with HCIs. The typology was reviewed (by SM, EPV and MW), refined in consultation with the wider authorship, public and practitioner collaborators, and translated into a practical list of terms to inform the search and a preliminary list of documents (online supplemental table 4). We applied similar methods to systematic review search strategies and handsearching grey literature. ^{49 50} Potentially relevant records were 'bookmarked' in the web browser (Google Chrome), and we then searched within each bookmarked website. Searches continued within an a priori pragmatic time frame of 3 months to the point of informational and document saturation. ⁵¹

Results of the searches were screened online, and relevant examples were documented in an Excel database, including the information source, industry, LA, interaction and any important contextual commentary. Using a CIS approach facilitated the highly iterative stance, allowing for 'question modification' in response to

the emergent findings, which altered and refined the typology.

RESULTS

The results of the identification, eligibility and selection process are shown in figure 1. Out of the 71 potentially eligible studies, we did not select 24 due to content duplication of: the framework (n=5); the domains (n=11); or the study focus (n=8) (online supplemental table 5). The retained 47 studies included reviews (n=19; 40%), qualitative analyses (n=8; 17%), essays (n=7; 15%), short pieces (n=5; 11%), case studies (n=4; 9%), concept mapping (n=2; 4%) and theory/tool development (n=2; 4%). HCIs in these papers included tobacco (n=10; 21%), food (n=10; 21%), baby food (n=1; 2%), non-specific 'unhealthy commodity industries' or private sector/corporations/industries harmful to health (n=13; 28%), gambling (n=5; 11%), alcohol (n=4; 9%) and a combination of two industry types (n=4; 9%). Full details are described in online supplemental table 6, including the 24 studies not selected (online supplemental table 5). Grey literature evidence included LA websites and non-governmental organisations

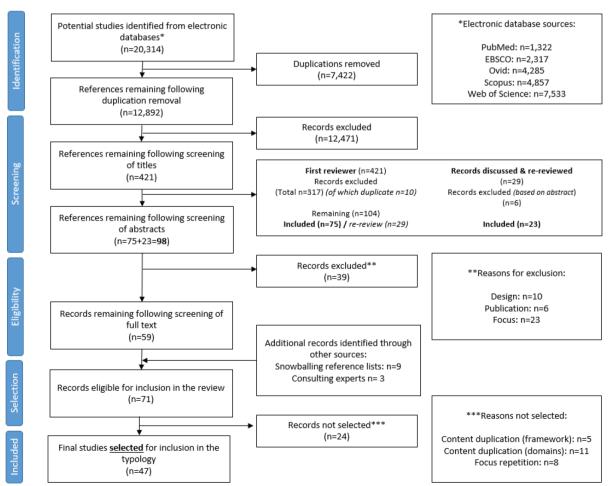


Figure 1 Study selection process (PRISMA flow diagram). PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses.



government documents, news and media reports, among other sources (online supplemental table 7).

An overview of the context in the current literature

We did not identify any previous study that analysed interactions between HCIs and LAs. The conceptualisations, framing and language used to describe and understand the ways industry engages with public health was weighted towards the CDoH, ²⁶ ¹⁸ ⁴⁴ ⁵² ⁻⁵⁵ corporate and commercial power, ¹ ¹¹ ¹³ ⁵⁶ ⁻⁵⁹ CPA, ²³ ⁴⁶ ⁶⁰ ⁻⁶⁷ tactics ¹⁰ ⁶⁸ or strategies ⁶⁹ ⁻⁷¹ and CSR^{22 72-79} literature. Studies were mostly in a broad context, such as global or population health settings, focused on international policy and examining transnational corporations. For example, exploring corporations' commercial involvement in public health policy,⁸⁰ or a framework and mechanisms of transnational corporations' macrosocial and corporate tactics regarding population health and policy.¹³ Some studies focused on specific populations, industries, policies or activities, but remained in a similar lens, focusing on the CPA of industries.

A proposed typology of possible interactions between HCls and English LAS

Table 2 presents our proposed typology of the interactions between HCIs and English LAs. Three categories of potential interactions were developed, based on the medium through which the interactions take place: (1) direct involvement with the LA (governmental), (2) involvement through intermediaries (third parties) and (3) involvement through the local knowledge space. The typology expands on these three categories, with 10 themes describing the nature of interactions, encompassing over 50 potential interactions and illustrative examples.

Due to the complex and multifaceted nature and diverse presentation of potential interactions, the categories are not necessarily mutually exclusive, and some interactions cross multiple themes or categories. Also, other interactions take place within the wider context, at global and national levels, which shape and influence the local interaction landscape. Several interactions may also occur within the LA jurisdiction, but without explicit LA involvement, and some activities may remain within the traditional CPA lens. As a result, while many interactions and examples provided are specific and clear, we acknowledge that other, wider interactions (eg, with International and National bodies, NGOs, research councils) may be less clear, but have a significant presence and implications across multiple LAs. Figure 2 offers a visual representation of the typology and wider components contributing to the interaction landscape.

Category 1: involvement with the LA (governmental)

We identified three themes to summarise the ways in which HCIs and LAs directly interact with each other. The first theme includes contractual, legal and regulatory interactions involving formal arrangements between the two parties. These arrangements potentially involve monetary exchange, for example, licensing and registration of alcohol or drinking establishments, food outlets and gambling venues. Other interactions include business links, such as LA investments in industry, and joint endeavours in the LA jurisdiction. Legal interactions include direct litigation against a decision and the use of the legal system to threaten or contend LA policies, organisations, and individuals, stretch local legal boundaries or threaten legal outcomes. The second theme involves voluntary engagements between industry and LAs, and the most prominent examples include publicprivate partnerships, followed by cooperative arrangements (such as voluntary agreements and pledges). In addition, interactions include joint attendance in meetings and working groups, and voluntary input to policy makers in, for example, writing policies. The third theme includes all other engagement strategies. These interactions include incentivising career movement across public and private posts ('revolving door' arrangements), and relationship or network building. In addition, reactive strategies and responses to LA policies and decisions, and creating or emphasising disincentives, when arrangements are disagreeable.

Category 2: involvement through intermediaries (third parties)

The second category of interactions between HCIs and LAs specifically involves intermediaries to which we identified the same three themes. The first theme, contractual interactions, again mostly involve monetary exchange or shared financial interests, such as funding an LA project or services, cobranding in the LA jurisdiction or cause-related marketing. The second theme, voluntary interactions, include industry strategic support of local NGOs such as small-medium enterprises and charities, through partnering, funding and joint projects. These interactions often involve supporting local community 'worthy causes', claim to act in the interests of communities and offer solutions for LA priorities and community needs. For example, during the COVID-19 pandemic, larger industries provided funding smaller local businesses struggling with reduced demand. 81 The third theme, other engagement strategies, closely aligns HCIs with key stakeholders in the local area, creating HCI support and networks, and broadening the interaction landscape. For example, relationships with local key opinion leaders, business links such as financial ties across industry (eg, investments and shares), or other interlocking features, such as shared directorates, public relations (PR), legal or marketing firms across industry. In addition, the media forms a vital platform as an interface between industry, LA and the wider public, providing a mode of indirect communication, through local media, PR associations, journalists and bloggers, providing access to local councillors, stakeholders or specific communities.

Table 2 A typology of potential interactions between harmful commodity industries (HCIs) and local authorities (LAs) with illustrative examples in the English context

illustrative examples in the English context					
Themes	Interactions	Examples			
(1) Contractual, legal and regulatory	 Volvement with the LA (governmental) ▶ Commissioning (eg, service provision, industry organising an event LA funds) ▶ Licensing (Premises licences for alcohol/drinking establishments, fast food outlets and operating/premises/ personal licences for gambling outlets) ▶ 'Pouring rights' contracts, franchises (eg, sales in a venue, local schools, hospitals) ▶ Marketing/advertising on the LA platform (LA-owned property/advertising spaces) ▶ Industry withdrawal/termination of local investments/ contracts/resources/revenue if new local public health policies are introduced ▶ LA investments/business links/financial ties linked with industry and joint endeavours ▶ Litigate, sue, use court injunction or threaten—'regulatory chill', against LA policies, organisations or individuals ▶ Create loopholes in local-level laws, agreements and rights ▶ Illicit trade, price-fixing, bribery, grey market activity and corruption in the locality 				
(2) Voluntary engagements	 Public-private partnerships between industry and local government (eg, joint ventures, concessions, grants, project-financed structure, outsourcing, leasing) Cooperative arrangements (voluntary/coregulation/self-regulation, agreements and pledges) Direct involvement in policy making and the local public health agenda (eg, meetings, local stakeholder consultations, petitions, working/technical/advisory groups/boards) Provide input to local policy makers and attend workshops, and write/draft policies 	 Children Programme Primary Authority partnership between LAs and HFSS brands LAs outsourcing Public Service contracts to third sector bodies Voluntary LA joint project with HFSS food outlet to test a nudge intervention 			
(3) Other engagement strategies	 Funding/financial incentives to local political parties, policy makers, legislators, groups (eg, donations, gifts) Local policy makers taking/movement across posts in the industry—the 'revolving door' Establish relationships and network with decision-makers and key governmental persons, including use of the internet and social platforms 'journo-lobbying', for wider access Employ adapted and reactive strategies and campaigns in response to local events/policy, such as shifting the corporation (jobs and consumers) to localities without restriction Delay implementations of regulation/intervention locally and limit liability Costs/consequences of policy compliance (allencompassing local impact, for the LA, the local community), including time, money and business opportunities 	 LA and HCI memberships in the All-Party Parliamentary Group on a fit and healthy childhood (the APPG) LA awarding money to improve the appearance of a HFSS food outlet in the local area 			
Category 2: involvement through intermediaries (third parties)					
	 Cobranding initiatives in the locality Jobs and market created and contracted in the locality (eg, suppliers, construction) Local cause-related marketing (profit funds towards an LA project, refurbishment, resource) 	Health campaign events cobranded with unhealthy beverage industry			

Continued



Themes	Interactions	Examples
(2) Voluntary engagements	 Funding of NGOs that work with the LA (charities, SMEs) Support/sponsor locally (eg, health, arts, events, community-level initiatives, sport), contribute to/lead local programmes, information, curriculum, resources/technical support Donations to local groups/community 'worthy causes' (develop, renovate) Create local awareness groups, solution/therapy programmes, youth prevention 	 Community Alcohol Partnerships LA investment portfolios and commercial borrowing LA-HCl joint membership and funding on environmental, youth, food insecurity, neighbourhood schemes and community groups UK charity partnership with HFSS brand to support children's educational programme
(3) Other engagement strategies	 Placement of industry-friendly persons/advocates within local key influential NGOs 'Interlocking' directorates/presence on board of directors, legal, PR/marketing firms and lobbyists across local industry Establish relationships with key opinion leaders and spokespersons in the local area Establish relationships with local media, PR associations, journalists, bloggers to communicate concerning LA issues Local 'pan-industry' groups, multistakeholder networks, think-tanks (joining local industry) Create local grassroots or fake—'Astroturf' organisations, front groups, forums 	 Research centres funded by HFSS industries HFSS food Franchisee maintaining close connections with LA and the local community Unhealthy beverage industry acquiring healthful brand and partnering with school campaigns in LA funded schools across the UK
Category 3: in	volvement through the local knowledge space	
(1) Influence local health messages	 Fund and co-opt researchers, scientists, academics, chairs, university programmes, ghost writers, institutions, foundations, consultants and spokespersons on public health matters Maintain relationships with research funding councils to shape the research agenda (in terms of research questions and how to frame them, and priorities for funding) Participate/host scientific events, preconferences and side events (eg, briefings) Promotion of public health data and messages aligned with industry goals 	 Unhealthy beverage industry funding research foundations Unhealthy beverage industry membership health research 'clubs' Conference on healthy eating and physical activity partnered with unhealthy beverage industry
(2) Challenge the local public health narrative	 Undermine those promoting alternative public health viewpoints (LA advocates, organisations, experts and key local spokespersons) Reframe the LA intentions, create controversy (overprotective LA—'nanny state', coercive, commodity consumption is a personal choice/blame the victim) Create antagonisms/rivalry between LA departments and professionals Monitoring activities, operations and advocacy strategies of local public health functions Gather intelligence of public attitudes, policy development and key persons Advocate data favouring industry, and promote nonpeer-reviewed, unpublished, or misleading/skewed information—'junk science' Manage information sources and availability of sources, through co-opted spokespersons Seek to control local public health-related research not aligned with industry arguments Change the frame of the LA narrative (emphasise doubt, disagreement, bias) 	► LA collaborative programme (JCDecaux UK and Outsmart) to ban HFSS food advertising from LA-owned advertising spaces

Continued

Table 2 Cont	inued	
Themes	Interactions	Examples
(3) CSR interactions (LA promotion of CSR)	 LA promoting, endorsing, display support of initiatives with industry LA promoting industry local initiatives (eg, environmental— 'greenwashing') Run campaigns with industry Fund public health services (eg, school/hospital related CSR) 	 LA endorsing a campaign, including explicit link with unhealthy beverage industry Unhealthy beverage industry and LA exclusive sponsorship of recycling bins in public spaces LA promoting fast-food 'good times' summer activities programme Industry primary sponsor of the Daily Mile
(4) CSR aligned with LA goals (HCIs presenting themselves as acting within the interests of LAs and communities)	 ▶ Good traits of industry (individual and collective benefit/ contributions to local area/society) ▶ Revenue generated from rents, taxes, business rates ▶ Draw on perceptions that industry expertise could reduce costs, raise quality, innovation, efficiency) ▶ Industry is responsible/part of the solution—solving/ actions to address public health issues (including problems they create) ▶ • Shift responsibility away from HCI (focus on subpopulations, individual responsibility to consume according to industry recommendations, focus on other industries or events) ▶ Emphasising localism and 'place narrative' of the brand/ industry, links with local roots, elite circles and cultural patronage Locality integration—'localisation', aligning industry products with LA area desire/demand Local workforce benefits (wages, health and safety, employee quality of life) 	community events and activities in LA ► HFSS industry campaign to drive local purchasing, playing to their origins as a small business and high street partners ► Gambling industry highlights the employment of around 100 000 people in the UK ► Tobacco funding the Clean-up Britain

Note: Some of the interactions may fall into more than one category or link with other themes (not mutually exclusive). Further information for each example interaction can be found in online supplemental table 7.

CSR, corporate social responsibility; HFSS, high in fat sugar and salt; LA, local authority; NGO, non-governmental organisations; PR, public relations; SME, small-to-medium-sized enterprise.

Category 3: involvement through the local knowledge space Interactions most commonly identified from our searches are those involving the local knowledge space (the local area in which the LA has jurisdiction), through influencing local health messages, challenging the local public health narrative and CSR strategies. It is important to acknowledge that the wider, national-level knowledge

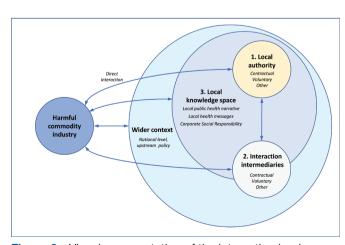


Figure 2 Visual representation of the interaction landscape.

space also influences the local knowledge space. First, HCIs interact with public health messages which influence the local knowledge space, for example, funding research activities and securing relationships with key researchers, to undermine, reframe and promote messages reflecting their goals and positionality. Other interactions include undermining key spokespersons, reframing LA intentions and creating or emphasising antagonisms. HCI CSR strategies could serve as an interaction interface through LA promotion of CSR, and CSR aligned with LA goals. Interactions could include the local economy (business rates, taxes, rents), employment opportunities in the locality (eg, suppliers, distribution, construction) or the local community (support, sponsorship, building/developing) among a plethora of other interactions involving local areas, the local working and living environment, extending from local schools to environmental initiatives (eg, sustainability, pollution abatement). These CSR interactions form part of a strategy for HCIs to present themselves as acting within public interests, to shift the blame, whitewash tarnished reputations and enhance the normalisation of products known to be harmful to health.



DISCUSSION

Summary of main findings

To our knowledge, this is the first study to develop a typology of the potential interactions between HCIs and local government, with case examples drawn from England. Drawing on previous published frameworks and conceptualisations, and grey literature, our typology classifies potential interactions according to the medium through which they take place. Interactions occur both directly with the LA and indirectly through intermediaries by contractual, voluntary and influential means, and via the local knowledge space, involving local health messages, the local public health narrative and CSR. Our perspective and findings acknowledge the wider CDoH environment, and upstream contextual factors, which shape the interaction landscape at a local level.

Given the extent of potential interactions, we suggest that the interactions between HCIs and local government may have a significant role in shaping local environments in which people work and live, and thus health behaviours and associated outcomes at a population level. Our conceptualisation of interactions acknowledges the LA perspective, in which working with the private sector generally is often seen as acceptable by LAs to execute functions to enhance local society, in and out of the public health domain (eg, planning, community development, transport). The proposed typology is not definitive, and could be enhanced with further evidence, synthesis and future research.

Strengths and limitations

A major strength of this study is that it proposes a novel and detailed typology with methodological rigour, that identifies ways HCIs and LAs interact, which may be used by LAs to assess their own practices. To the best of our knowledge, this is the first framework to consider HCI interactions at an LA level. Drawn on well-established CDoH theories and frameworks, our typology offers new utility and applicability for research and practice. The provided typology should enable further study of these interactions and develop pragmatic ways in which LAs and HCIs can interact, to maximise population health interests.

This study has some limitations. First, we only used five databases for our literature search, which although in combination offered a diverse range of literature, may not fully depict the business relations documented in the wider literature. Although this paper did not aim to review all the relevant work, some important, related work, may not have been included. The lens, of studying 'interactions' with HCIs, has not been previously adopted and previous literature, including the underpinning theory, methods and illustrative cases, is mostly skewed towards a CPA lens. In addition, despite the aim to adopt a lens that reflects the LA viewpoint besides the public health perspective, we acknowledge the potential for bias in our interpretation.

Although we aimed to capture local level interactions, we acknowledge that there are other influences, including at national and international level, which manifest locally but are not captured in detail in this manuscript, due to the specific focus on LA levers. We acknowledge that by applying our typology to the English LA context, our examples may be most aligned with similar political systems in HIC settings. However, transnational harmful commodity organisations operate on global markets and their approaches share commonalities across both HIC and LMIC settings, but this has not been explored at an LA level and warrants further research. The reliance on publicly available information to gain the LA context also has limitations. Some of the interactions lack documented evidence and are dominated by opinion-based and anecdotal evidence, and hidden, invisible, informal and some indirect interactions were not captured.

Situating the typology within the wider literature

While previous efforts to describe and monitor the practices of HCIs have focused on CPA efforts and in a wider context, we focus on interaction, specifically in the English LA context. We have not attempted to describe or define the CDoH or CPA, or the broad dynamics that constitute elements previously comprehensively synthesised. ^{52 82} However, the current typology is derived from this literature, most prominently utilising aspects of CPA formerly identified. ^{46 63} Mialon *et al* ⁴⁶ developed a step-by-step approach to monitor the CPA of the food industry within countries. In addition, the 'Corporate Permeation Index', quantifies the penetration of corporations in a given country. Similar methods could be developed to examine and monitor interactions between HCIs and LAs, using the current typology.

The lens and typology we present recognises that interactions between HCIs and LAs are fundamental for LA functioning. Overwhelming evidence 1 2 6-15 84 opposes HCI involvement, and stresses the significant harm to the health of the public from public health and corporate HCI partnerships, with limited benefits.⁸⁵ Contrasting arguments suggest that the benefits of commercial influence (eg, economic growth) outweighs adverse health outcomes,⁸⁶ and private sector interactions more generally are viewed as potentially mutually beneficial to the wider, non-public health stakeholder. 18 86 87 While acknowledging that population health improvement may necessitate interaction with the private sector, ¹⁸ the wider long-term harmful effects of HCI interactions may not be adequately considered and accounted for, necessitating the application of criteria, conditions and safeguards to govern the commercial influences on population health. Further, the significance of the problem is likely to continue as local government financing constrictions prevail (UK and internationally) due to COVID-19 pressure, requiring more local funding activities, including through interactions with HCIs. Thus, our analysis suggests there is the need and opportunity to develop LA guidance to support local decision making that considers



the population health impacts and minimises the health and reputational risks of HCI interactions.

In recognising the wider context in which our typology is situated, we echo the importance of wider interconnected elements and need for interventions across whole systems at the LA level.⁸⁸ LAs hold unique and substantial powers to shape local environments through various mechanisms. Despite LAs having powers to govern HCI interactions and protect public health, we found that the extent to which LAs use their levers varied. For example, while some LAs have enacted commercial policies to restrict interactions such as those mirroring the TFL junk food advertisement ban, other interaction examples specifically demonstrate LAs seeking out commercial opportunities with HCIs, enabling advertisement and sponsorship of their products in the local area. Recent work⁸⁹ reviewed LAs ability to contribute to the change process for healthy food systems and environments and stressed the need to empower LAs. A lack of LA empowerment or involvement could, in part, explain several of the identified potentially harmful interactions, such as, licensing and planning. A recent census study⁹⁰ across English LAs explored takeaway food outlet planning and regulation. The authors observed just 56 of 325 LAs had health-specific planning criteria, compared with 80% non-health (eg, litter, anti-social behaviour), owing to the acceptability and probability of challenge.⁹⁰ It is important that considerations for health should be embedded across all LA functions and decisions, as existing beliefs may dichotomise LA roles and functions into those which are health focused, and those which are not.91

LAs have proven capacity to take effective action, advance population health goals and overcome the CDoH, 89 including managing the built environment, 90 yet, more often, intervention design prioritises avoiding potential confrontation or dispute (eg, improving the healthfulness of takeaway outlets). 92 Recent work by Mialon et al⁹³ identified how Freedom of Information (FoI) disclosure logs, and disclosures of conflicts of interests have been adopted in the UK as mechanisms to monitor and address the influence of corporations on population health. Yet, their findings are at national, regional and global levels, without LA level evidence.⁹³ LAs, through legislative and regulatory powers, can make significant and meaningful changes to business activities, structures, rules, norms and practices. 94 Developing guidance and standards for interactions with HCIs could increase transparency and empower LAs to assess potential health impacts to the local population as well as possibilities of associated reputational risks.

Research implications

The proposed typology of interactions presented can now be used to systematically explore further opportunities to add new interactions, and tailor the manifestation of interactions in both similar and distal contexts. The typology is not definitive but is a conceptual starting point to be modified and built on. Future work to supplement missing information could increase the validity, for example, through wider sharing of the typology and surveys to build consensus. Interviews with key stakeholders, such as LA actors, third party organisations and public representatives could describe their positionality, interactions used and outcomes. Involving stakeholders most affected is warranted to incentivise and empower policy makers to act, which otherwise presents a challenge to the acceptability and practical usability of the research. In addition, this would assist in identifying interactions that may not currently be evidenced in the public domain.

The typology was informed by international literature and translated to a local-level context. While we acknowledge the findings may be most aligned with similar political systems in high-income country settings, we suggest that the 'interaction' lens, within a local context, has the potential to be applied more generally. Further research is needed which accounts for the wider socioeconomic, and the importance of political economy and governance context, on HCI–LA interactions, to enhance the practical applicability of adopting this Framework.

We do not attempt to quantify the extent to which the interactions are attributed to outcomes, such as local NCD prevalence, health inequalities, commercial and wider public implications. Outcomes of the interactions should be assessed, to understand who benefits and the net consequences, for the industries, LAs and local communities involved. In addition, interactions between LAs and other industries (eg, coal, oil and gas) are also of public health concern and future work could extend the concepts described in this paper, across other HCIs.

Policy and practice implications

To make meaningful improvements in health, future work could build on these findings to develop interventions and practical tools for specific actions that LAs can take. Standards could be adapted and applied to govern local interactions, such as previous work extending and tailoring the use of the 'MPOWERR' tool⁸⁹ covering marketing, advertising, sponsorship and planning provisions. Guidance that incorporates an LA perspective, could ensure that LAs interact with HCIs in a way that optimises business opportunities while protecting population health and avoiding reputational risks.

CONCLUSION

This study describes the development of a typology, drawn from a synthesis of the well-established academic literature in combination with local-level evidence. Our typology provides an overview of the potential interactions between HCIs and LAs. The typology can facilitate new understanding that explores the LA perspective of interactions with HCIs, to support LA policy and decision-makers, in and outside of public health. Furthermore, the typology should serve as a platform for future



research to build on, as a practical approach to curtail the CDoH-NCD pandemic, and further supplement national level NCD policy actions (eg, obesity strategy), by focusing on HCI and LA interactions.

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Contributors All authors (SM, EPV, MW, MP, CS, MV, EB, SC, AAL, CJ, CM, FDV and EH) contributed to the development of the research concept and methods. SM led data collection, analysis and writing of the manuscript. EPV supported in the review process. All authors contributed to data interpretation. All authors contributed to the editing of the manuscript before publication. SM is responsible for the overall content as guarantor. SM accepts full responsibility for the finished work, the conduct of the study, had access to the data, and controlled the decision to publish.

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Online Supplementary material

Article title: Typology of how 'harmful commodity industries' interact with local governments in

England: a critical interpretive synthesis

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Contents

- 1. Adapted PRISMA-ScR checklist
- 2. Review search strategy
- 3. Study eligibility and selection
- 4. Review and analysis of grey literature
- 5. Studies not selected for inclusion
- 6. Description of included studies
- 7. List of example interactions

Supplementary Table 1. ADAPTED Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (*adapted* PRISMA-ScR) Checklist

SECTION	#	Adapted PRISMA-Scr CHECKLIST ITEM	PAGE		
ABSTRACT		· · · · · ·			
Summary	1	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the objectives.	3		
INTRODUCTIO	N				
Rationale	2	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to the approach.	5		
Objectives	3	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population, concepts, and context) or other relevant key elements used to conceptualize the objectives.	6		
METHODS					
Protocol and registration	4	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration (number).	6		
Eligibility criteria	5	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	6-7		
Information sources	6	Describe all information sources in the search (e.g., databases with dates of coverage and additional sources), as well as the date of the most recent search.	7		
Search	7	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Sup3		
Selection	8	State the process for selecting sources of evidence (screening and eligibility)	7-8		
Data charting	9	Describe the methods of charting data from the included sources of evidence	8		
Data items	10	List and define all data variables sought and any assumptions and simplifications	8		
Critical appraisal	11	If appropriate, provide a rationale for conducting a critical appraisal of included sources of evidence (rationale why not)	8		
Synthesis	12	Describe the methods of handling and summarizing the data	8-9		
RESULTS		•			
Study selection	13	Give numbers of sources screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	9		
Study characteristics	14	For each source of evidence, present characteristics and provide the citations.	Sup5 &7		
Results	15	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	13-15		
Synthesis	16	Summarize results as they relate to the review questions and objectives.	10-12		
DISCUSSION					
Summary of evidence	17	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and relevance to key groups.	16		
Limitations	18	Discuss the limitations of the review process.	16		
Conclusions	19	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	17-18		
FUNDING					
Funding	20	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders.	19		

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews; SUP(n) = supplementary file number. *The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting. *Adapted From:* Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

Supplementary Table 2. Review search strategy

2. A) Search topics, terms, and database logic

Date of search 17/06/21

Topic	Ref	Terms
Environment	#1	TITLE "commercial determinant*" OR "commercial involve*" OR "commercial epidemic" OR "commercial pandemic" OR "macrosocial determinant*" OR "corporate determinant*" OR "corporate involve*" OR "corporate epidemic" OR "corporate pandemic" OR "industry determinant*" OR "industrial determinant*" OR "industrial involve*" OR "industry involve*" OR "industry epidemic" OR "industrial pandemic" OR "unhealthy commodit*" OR "harmful commodit*" OR corporatology
Industry	#2	TITLE (Food OR Sugar OR Transfats OR "Ultra-process*" OR Alcohol OR Drink* OR Beverage OR Tobacco OR Cigarette OR Nicotine OR Smok* OR Gambl* OR Commerc* OR "For-profit" OR Transnational OR Private) AND TITLE (Industr* OR Big OR Corporat* OR Determinant* OR Compan* OR Firm* OR Manufactur* OR Organisation* OR Organization* OR Sector* OR Environment)
Interaction	#3	TOPIC (Activit* OR Advertis* OR Advis* OR Agreement* OR Capture OR CDOH OR citizenship OR "Civil society capture" OR Collaborat* OR Communicat* OR "Concerned citizenship" OR Conflict* OR "Constituency building" OR Cooperat* OR Coopt OR "co-opt" OR "Corporate social responsibility" OR "Corporate-state" OR "Corporation-induced" OR CSR OR Determinant* OR Deregulat* OR Donat* OR "Financial incent*" OR "Framing dominant" OR Fund* OR Health OR Influenc* OR Interact* OR Invest OR Invested OR Investment OR Investor OR Investing OR Involve* OR Joint OR Lobby* OR Neoliberal OR "Neo-liberal" OR "Non-market strateg*" OR partner* OR Philanthrop* OR Playbook OR "Policy capture" OR Power OR Practice* OR "Preference shaping" OR "Private-public" OR "Public-private" OR Relation* OR Spinning OR Sponsor* OR "State-corporate" OR Strateg* OR Support* OR Tactic OR Tie)
Framework	#4	TOPIC (Appraisal OR Categori* OR Classif* OR Codif* OR Conceptuali* OR Framework OR Mechanism* OR Model OR Schema OR Taxonom* OR Theory OR Trend* OR Typif* OR Typolog* OR Overview)
	#5	#2 AND #3 AND #4
	#6	#1 OR #5
Additional NOT filters ¹	#7	TITLE (Healthcare OR Hospital OR Gene OR Genom* OR Genetic* OR Genotyp* OR Trial OR Intervention)
	#8	#6 NOT #7
Filters:		English language, de-duplicate (remove duplicates) ² .
		Human filter (see table below)

¹only if needed after preliminary screen. ²Remove duplicates within and across databases.

Database specific logic					
PubMed	Scopus	Web of science	Ebsco	Ovid	
	Pre/2	Near/2	N2	Adj2	
			Separate title / abs (no topic)	Separate title / abs (no topic)	
				Automatic phrasing (no "")	
NOT ("Animals"[Mesh] or animal)	NOT (INDEXTERMS(animals OR animal)			NOT (exp animal/ or animal)	

2. B) Example search strategy string: PubMed

(("commercial determinant*"[Title] OR "commercial involve*"[Title] OR "commercial epidemic"[Title] OR "commercial pandemic"[Title] OR "macrosocial determinant*"[Title] OR "corporate determinant*"[Title] OR "corporate involve*"[Title] OR "corporate epidemic"[Title] OR "corporate pandemic"[Title] OR "industry determinant*"[Title] OR "industrial determinant*"[Title] OR "industrial involve*"[Title] OR "industry involve*"[Title] OR "industry epidemic"[Title] OR "industrial pandemic"[Title] OR "unhealthy commodit*"[Title] OR "harmful commodit*"[Title] OR corporatology[Title] AND (english[Filter])) OR ((((Food[Title] OR Sugar[Title] OR Transfats[Title] OR "Ultraprocess*"[Title] OR Alcohol[Title] OR Drink*[Title] OR Beverage[Title] OR Tobacco[Title] OR Cigarette[Title] OR Nicotine[Title] OR Smok*[Title] OR Gambl*[Title] OR Commerc*[Title] OR "For-profit"[Title] OR Transnational[Title] OR Private[Title]) AND (Industr*[Title] OR Big[Title] OR Corporat*[Title] OR Determinant*[Title] OR Compan*[Title] OR Firm*[Title] OR Manufactur*[Title] OR Organisation*[Title] OR Organization*[Title] OR Sector*[Title] OR Environment[Title]) AND (english[Filter])) AND (Activit*[Title/Abstract] OR Advertis*[Title/Abstract] OR Advis*[Title/Abstract] OR Agreement*[Title/Abstract] OR Capture[Title/Abstract] OR CDOH[Title/Abstract] OR citizenship[Title/Abstract] OR "Civil society capture"[Title/Abstract] OR Collaborat*[Title/Abstract] OR Communicat*[Title/Abstract] OR "Concerned citizenship"[Title/Abstract] OR Conflict*[Title/Abstract] "Constituency building"[Title/Abstract] OR Cooperat*[Title/Abstract] OR Coopt[Title/Abstract] OR "co-opt"[Title/Abstract] OR "Corporate social responsibility"[Title/Abstract] OR "Corporatestate"[Title/Abstract] OR "Corporation-induced"[Title/Abstract] OR CSR[Title/Abstract] OR Determinant*[Title/Abstract] OR Deregulat*[Title/Abstract] OR Donat*[Title/Abstract] OR "Financial incent*"[Title/Abstract] OR "Framing dominant"[Title/Abstract] OR Fund*[Title/Abstract] OR Health[Title/Abstract] OR Influenc*[Title/Abstract] OR Interact*[Title/Abstract] OR Invest[Title/Abstract] OR Invested[Title/Abstract] OR Investment[Title/Abstract] OR Investor[Title/Abstract] OR Investing[Title/Abstract] OR Involve*[Title/Abstract] OR Joint[Title/Abstract] OR Lobby*[Title/Abstract] OR Neoliberal[Title/Abstract] OR "Neo-liberal"[Title/Abstract] OR "Non-market" strateg*"[Title/Abstract] OR partner*[Title/Abstract] OR Philanthrop*[Title/Abstract] OR Playbook[Title/Abstract] OR "Policy capture"[Title/Abstract] OR Power[Title/Abstract] OR Practice*[Title/Abstract] OR "Preference shaping"[Title/Abstract] OR "Privatepublic"[Title/Abstract] OR "Public-private"[Title/Abstract] OR Relation*[Title/Abstract] OR Spinning[Title/Abstract] OR Sponsor*[Title/Abstract] OR "State-corporate"[Title/Abstract] OR Strateg*[Title/Abstract] OR Support*[Title/Abstract] OR Tactic[Title/Abstract] OR Tie[Title/Abstract] AND (english[Filter]))) AND (Appraisal[Title/Abstract] OR Categori*[Title/Abstract] OR Classif*[Title/Abstract] OR Codif*[Title/Abstract] OR Conceptuali*[Title/Abstract] OR Framework[Title/Abstract] OR Mechanism*[Title/Abstract] OR Model[Title/Abstract] OR Schema[Title/Abstract] OR Taxonom*[Title/Abstract] OR Theory[Title/Abstract] OR Trend*[Title/Abstract] OR Typif*[Title/Abstract] OR Typolog*[Title/Abstract] OR Overview[Title/Abstract] AND (english[Filter])) AND (english[Filter])) AND (english[Filter])) NOT (Healthcare[Title] OR Hospital[Title] OR Gene[Title] OR Genom*[Title] OR Genetic*[Title] OR Genotyp*[Title] OR Trial[Title] OR Intervention[Title] AND (english[Filter])) AND ((humans[Filter]) AND (english[Filter]))

2. C) Database and additional search results (numbers)

Database	Number of references
PubMed	1,322
EBSCO (CINAHL, Econ Lit)	2,317
OVID (MEDLINE, EMBASE, Global Health, PsycInfo, HMIC)	4,285
Scopus	4,857
Web of Science	7,533
Duplications removed	-7,422
Screening process removed	-12,833
Snowballing reference lists	9
Consulting experts	3
Selection process removed	-24
Total	47

Supplementary Table 3. Study eligibility and selection

Stage 1. Study eligibility

3. A) Is the study eligible to be included in the final review? (brackets = reason for exclusion)

Eligibility criteria	Yes	Unclear	No
1. Is the study full text and peer reviewed? (publication)			
2. Is the study in English language? (language)			
3. Does the study focus on <u>any</u> type of harmful industry explicitly,			
such as one or more of; food, beverage, alcohol, tobacco or			
gambling (alone or in combination)? (field)			
e.g. we will not include pharmacological industry unless this is combined			
with an eligible industry in the same study.			
4. Is the study aim to capture industry interactions/activity? (focus)			
5. Primary outcomes (design)			
a) Does the study include a framework / classification / description			
of industry interactions / activities			
Final decision on study eligibility	Eligible	Unclear	Exclud

Stage 2. Only if the study is Eligible in Stage 1.

3. B) Is the study selected for the review?

Selection criteria		Yes	Unclear	No
1. Is the framework new / novel				
2. Or what framework does this study build upon				
(added novelty)				
3. Or other reason for selection	Detail			
Final decision on study selection		Selected	Unclear	Exclude

Only studies which (1) meet the study eligibility in Stage 1, and (2) fulfil one of the selection criteria will be selected.

Supplementary Table 4. Review and analysis of grey literature

4. A) Grey information search strategies

Strategy 1	Targeted website searches (local authority [LA] documents)		
Strategy 2	Customized searches of webpages and other online resources		
Strategy 3	Relevant publicly available grey information (including media)		
Strategy 4	rategy 4 Consultation with experts including practitioners working in local authorities		
	(LAs)		

4. B) Preliminary list of documents

Budget announcements Meeting minutes (funding committee, council

Business rates meeting of chief executives, GLA)

Commercial policies Pension funding
Committee meeting minutes Planning permissions
Concerns / praises raised by community Position statements
Contracts, tenders Procurement contracts

Design papers Published statements / policies Funding streams Registers of financial interests

General codes of conduct / legal frameworks / Reports
rules for interactions Standards
Grant requirements Sub-contracts

Impact analyses in local authority portfolio Treasury policy documents

Joint Strategic Needs Assessment Voluntary initiatives

Licensing (licensing act changes) Websites

4. C) Document key search terms (extracted from Part 1 results)

Engagement	Responsibility	Presence	Actors
Legislation	Business rate	Petition	Shareholders
Acquisition	Donate	Advertise	Business
Agreement	Fund	Brand	Commercial
Contract	Investment	Campaign	Corporation
Co-regulation	License	Consultation	Franchise
Joint project	Market	Forum	Industry
Joint venture	Pouring right	Initiative	Organisation
Merger	Rent	Promote	Stakeholder
Partnerships	Resources	Roundtable	Company
Pledge	Shares	Think-tank	Private sector
Policy	Sponsor	Workshop	
Self-regulation	Support	Meeting	

Supplementary Table 5. Studies eligible but not selected for inclusion in the current study (n=24)

Primary author	Year	Title	Reasons for not selecting ¹
Baum	2016	Assessing the health impact of transnational corporations: its importance and a framework.	Focus
Brown	2019	Legislative Capture: A Critical Consideration in the Commercial Determinants of Public Health.	Focus
De Lacy-Vawdon	2020	Defining the commercial determinants of health: a systematic review.	Content duplication (framework)
Fooks	2011	Corporate social responsibility and access to policy Elites: an analysis of tobacco industry documents.	Focus
Freudenberg	2012	The manufacture of lifestyle: the role of corporations in unhealthy living	Content duplication (domains)
Gilmore	2011	Public health, corporations and the New Responsibility Deal: promoting partnerships with vectors of disease?	Content duplication (domains)
Hawkins	2018	Reassessing policy paradigms: A comparison of the global tobacco and alcohol industries.	Content duplication (domains)
Hill	2020	'As Long as It Comes off as a Cigarette Ad, Not a Civil Rights Message': Gender, Inequality and the Commercial Determinants of Health.	Focus
Holden	2009	Corporate Power and Social Policy: The Political Economy of the Transnational Tobacco Companies.	Content duplication (domains)
Jernigan	2009	The global alcohol industry: An overview.	Content duplication (domains)
Kadandale	2019	The palm oil industry and non-communicable diseases.	Content duplication (framework)
Lacy-Nichols	2021	Power and the commercial determinants of health: ideas for a research agenda.	Content duplication (domains)
Maani	2020	Bringing the commercial determinants of health out of the shadows: a review of how the commercial determinants are represented in conceptual frameworks.	Focus or content duplication (domains)
Ndebele	2020	Commercial determinants of health: an ethical exploration.	Focus
Paixao	2019	Help or Hindrance? The Alcohol Industry and Alcohol Control in Portugal	Content duplication (framework)
Richards	2015	Corporate Social Responsibility programs of Big Food in Australia: a content analysis of industry documents.	Content duplication (domains)
Sacks	2013	A proposed approach to monitor private-sector policies and practices related to food environments, obesity and non-communicable disease prevention.	Focus
Saloojee	2000	Tobacco industry tactics for resisting public policy on health	Content duplication (domains)
Swinburn	2013	Monitoring and benchmarking government policies and actions to improve the healthiness of food environments: a proposed Government Healthy Food Environment Policy Index.	Focus
Tanrikulu	2020	Corporate political activity of the baby food industry: the example of Nestle in the United States of America.	Focus
Tselengidis	2019	Lobbying against sugar taxation in the European Union: Analysing the lobbying arguments and tactics of stakeholders in the food and drink industries.	Content duplication (domains)
Vandenbrink	2020	Strategies used by the Canadian food and beverage industry to influence food and nutrition policies.	Content duplication (framework)
Weishaar	2012	Global health governance and the commercial sector: a documentary analysis of tobacco company strategies to influence the WHO framework convention on tobacco control.	Content duplication (domains)
Williams	2015	Conceptualising the Commercial Determinants of Health Using a Power Lens: A Review and Synthesis of Existing Frameworks	Content duplication (framework)

¹Reasons correspond with those listed in the PRISMA flow diagram.

Supplementary Table 6. Description of included studies (n=47)

First author	Year	Title	Design	Sources	Industry	Framework	Context	Key term	Figure extracted
Amul	2021	A Systematic Review of Tobacco Industry Tactics in Southeast Asia: Lessons for Other Low- And Middle- Income Regions	Review	Literature	Tobacco	Not specified	LMICs	CSR	Yes
Anaf	2017	Assessing the health impact of transnational corporations: a case study on McDonald's Australia.	Case study	Document analysis	Food	CHIA	Australia	Globalisation	Yes
Babor	2013	Public health, academic medicine, and the alcohol industry's corporate social responsibility activities.	Review	Literature	Alcohol	Health-related CSR	Academia, public health science	CSR	No
Baker	2021	Globalization, first-foods systems transformations and corporate power: a synthesis of literature and data on the market and political practices of the transnational baby food industry	Review	Literature and industry evidence	Baby food	Combination of CDOH, power, lobbying, corporate science	Global baby food	CDOH, power	Yes
Barraclough	2008	A grim contradiction: the practice and consequences of corporate social responsibility by British American Tobacco in Malaysia.	Review	Document and literature	Tobacco	CSR	Malaysia	CSR	No
Bero	2003	Implications of the Tobacco Industry Documents for Public Health and Policy	Review	Document analysis	Tobacco	Not specified	Tobacco generally	Tactics	No
Bunn	2020	The growth of sports betting in Malawi: corporate strategies, public space and public health.	Media analysis (qualitative)	News and advertising	Gambling	Not specified	Malawi	Strategies	No
Buse	2017	Healthy people and healthy profits? Elaborating a conceptual framework for governing the commercial determinants of non-communicable diseases and identifying options for reducing risk exposure.	Review	Literature	UP-food, beverage, alcohol, tobacco	Buse & Naylor	Global health governance	Commercial determinants of ill-health	No
Campbell	2020	How are frames generated? Insights from the industry lobby against the sugar tax in Ireland.	Review	Document analysis	Food	Framing as CPA	Ireland Sugar sweetened beverage tax	CPA, framing	Yes

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Canella	2015	Food and beverage industries' participation in health scientific events: considerations on conflicts of interest.	Case study	Event congress	Food & beverage	Not specified	Scientific events	COI	No
Cavalcanti	2019	Benchmarking food and beverage company investment in healthful eating and active living initiatives	Case studies	Industry funded initiatives	Food & beverage	Commitment to healthy Communities Initiative	Corporate investment in community health	Philanthropy, voluntary initiatives, CSR	Yes
Chavez- Ugalde	2021	Conceptualizing the commercial determinants of dietary behaviours associated with obesity: A systematic review using principles from critical interpretative synthesis	Review	Literature	Food	Commercial determinants of dietary behaviours and obesity	Obesity and food	CDOH	Yes
Clapp	2017	Big Food, Nutritionism, and Corporate Power	Review	Literature	Food	Corporate power in food system	Big food generally	Power	Yes
Eastmure	2020	Non-market strategy as a framework for exploring commercial involvement in health policy: A primer.	Essay	Literature	Corporations	Non-market strategy as a conceptual lens	Public health generally	Non-market strategy	No
Fooks	2013	Corporate philanthropy, political influence and health policy	Document analysis (qualitative)	Industry documents, dialogue reports	Tobacco	Built on BAT CSR	Philanthropy and charitable giving	Corporate political philanthropy	Only domains
Freudenberg	2005	Public Health Advocacy to Change Corporate Practices: Implications for Health Education. Practice and Research	Essay	Literature	Industry that promote disease	Not specified	Corporations and public health generally	Advocacy Policy	Only domains
Hancock	2018	Applying Corporate Political Activity (CPA) analysis to Australian gambling industry submissions against regulation of television sports betting advertising.	Document analysis (qualitative)	Industry submissions to parliamentary committee inquiry	Gambling	Savells CPA gambling perspective	Specific regulation	СРА	Only recorded new findings
Hastings	2009	Tobacco corporate social responsibility and fairy godmothers: the Framework Convention on Tobacco Control slays a modern myth.	Short piece	FCTC	Tobacco	CSR	Tobacco CSR	CSR	Yes
Hunt	2020	How food companies use social media to influence policy debates: a framework of Australian ultra- processed food industry Twitter data	Review	Twitter data	Food, UP- food	Not specified	Twitter policy debates Australia	Influence debate, social media	No

Jamieson	2020	Oral health inequalities and the corporate determinants of Health: A commentary	Short piece	Literature	Corporations	Lukes three faces of power and Kickbusch	CDOH oral health	Corporate determinants of health CDOH	Yes
Jones	2016	Smokescreens and Beer Goggles: How Alcohol Industry CSM Protects the Industry	Case studies	CSM campaigns and literature	Tobacco, alcohol	Not specified	Alcohol CSR	Corporate social marketing, cause related marketing	No
Kickbusch	2016	The commercial determinants of health.	Comment (short piece)	WHO discussion paper	Private sector that provide products detrimental to health	Commercial determinants of health	Global health	Industrial epidemic, profit-driven, corporate practices	Yes
Knai	2018	Systems Thinking as a Framework for Analysing Commercial Determinants of Health.	Essay	Literature	Unhealthy commodity industries	Systems thinking framework (Donella Meadows)	UCIs and public health policy	UCI strategies, cohesive systems approach	No
Knai	2021	The case for developing a cohesive systems approach to research across unhealthy commodity industries.	Review	SRs, public information, company websites	Unhealthy commodity industries	CPA taxonomies	Commercial actors in policymaking	Corporate political strategies	No
Leon	2019	Legitimized fraud and the state- corporate criminology of food - a Spectrum-based theory	Theory development	Critical literature review	Food	Food fraud spectrum-based theory	Big food neoliberal governance	Fraud, criminology of food, neoliberal, hegemony	Yes
Luo	2017	Measuring Corporate Social Responsibility in Gambling Industry: Multi-Items Stakeholder Based Scales	Tool development	Literature and qualitative data	Gambling	CSR	Macau	CSR, responsible gambling	Yes
Madureira Lima	2018	Corporate practices and health: a framework and mechanisms.	Essay	Literature	TNCs	Luke's three faces of power – dimensions, vehicles, practices and outcomes	Population health, policy	Macrosocial, corporate tactics	Yes
Mariath	2021	Sugary drinks taxation: Industry's lobbying strategies, practices, and arguments in the Brazilian legislature	Content analysis (qualitative)	Two public hearings in Brazilian legislature	Food	INFORMAS (Mialon)	Brazil	CPA, lobbying	Only recorded new findings

1	1

Matthes	2021	Developing more detailed taxonomies of tobacco industry political activity in low-income and middle-income countries: qualitative evidence from eight countries.	Interviews (qualitative)	Interview transcripts	Tobacco	Policy dystopia model (Ulucunlar)	LMICs	LMICS, policy dystopia, political activities	Only recorded new findings
McCambridge	2018	Alcohol industry involvement in policymaking: a systematic review.	Review	Journal reports	alcohol	Savell conceptual model	Alcohol industry actors in policymaking	Corporate framing	Only recorded new findings
McKee	2018	Revisiting the corporate and commercial determinants of health.	Comment (short piece)	Concepts of CDOH literature	Corporations that determine health	The four ways corporations influence health	Global public health CDOH	CDOH, corporate power	No
Mialon	2020	An overview of the commercial determinants of health.	Review	Literature	Unhealthy commodities	Kickbusch	CDOH generally	CDOH, CPA	Yes
Mialon	2018	The policy dystopia model adapted to the food industry: the example of the Nutri-Score saga in France	Essay	Literature and observations	Food	Mialon and Ulucanlar Policy dystopia model	Specific policy Nutri-Score Saga, France	СРА	No
Mialon	2015	A proposed approach to systematically identify and monitor the corporate political activity of the food industry with respect to public health using publicly available information.	Review	Literature	food	CPA of the food industry	Public health policy	CPA	No
Miller	2010	Corporate strategy, corporate capture: Food and alcohol industry lobbying and public health.	Essay	Literature	Food and alcohol	Flex network and partnership governance	Public relations and lobbying	Corporate power, public relations	No
Milsom	2021	Corporate power and the international trade regime preventing progressive policy action on non-communicable diseases: a realist review	Review	Literature	Corporate power	Fusch and Lederer, Luke three dimensions, Madureira Lima and Galea	Transnational health-harmful corporations and power	Trade agreements, liberalization, political economy, power	Yes
Moodie	2013	Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries.	Essay	Document analysis	Unhealthy commodities	Strategies by industry to undermine effective public health policies and programmes	Transnational corporations, international policy	Hard power, soft power	No

Petticrew	2020	Dark Nudges and Sludge in Big Alcohol: Behavioural Economics, Cognitive Biases, and Alcohol Industry Corporate Social Responsibility.	Review	Websites and materials of CSR organisations	Big alcohol	Existing Nudge conceptual frameworks: Hollands TIPPME and Thaler and Sunstein's ten types	Alcohol industry CSR and communications	Nudges, CSR	Yes
Rochford	2019	Reframing the impact of business on health: the interface of corporate, commercial, political and social determinants of health.	Short piece	Previous frameworks	Health impacting businesses	Conceptualisation of interactions between business and health	CDOH generally	CorDOH and ComDOH	Yes
Savell	2014	How does the tobacco industry attempt to influence marketing regulations? A systematic review.	Review	Literature	Tobacco	Hillman and Hitt 1999	Tobacco generally	Political activity, tactics, frames	No
Scott	2017	Food and beverage product reformulation as a corporate political strategy.	Content analysis (qualitative)	Literature, consultation analysis	Food and beverage	Taxonomy of food and beverage industry corporate political strategies	Nutritional reformulation as corporate political strategy	Political strategy, reformulation, framing, narratives	Yes Only recorded new findings
Stillman	2008	Mapping tobacco industry strategies in Southeast Asia for action planning and surveillance.	Concept mapping	Qualitative analysis of tobacco industry representatives	Tobacco	Concept mapping	Southeast Asia	Economic, politic, public relations, deception	Yes Only recorded new findings
Thomas	2016	Gambling advocacy: lessons from tobacco, alcohol and junk food	Interviews (qualitative)	Interviews	Gambling	Brownell and Warner 2009 strategies by big tobacco and food	Australia and New Zealand	Tactics, advocacy	Yes
Trochim	2003	Development of a model of the tobacco industry's interference with tobacco control programmes.	Concept mapping	34 expert consultations	Tobacco	Not specified	USA	Tactics	Yes
Ulucanlar	2016	The Policy Dystopia Model: An Interpretive Analysis of Tobacco Industry Political Activity.	Interpretive analysis (qualitative)	Literature	Tobacco	Taxonomy of discursive strategies and arguments used to construct policy dystopia	Tobacco generally	CPA	Yes
Walls	2020	Advancing alcohol research in low- income and middle-income countries: a global alcohol environment framework	Review	Literature	Alcohol	Previous CDOH conceptualisations	South Africa, LMICs 'local alcohol environment'	Environment, political, economic,	Yes Only recorded

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new	
findings	

regulatory

13

								contexts	findings
Wood	2021	Conceptualising the Commercial Determinants of Health Using a Power Lens: A Review and Synthesis of Existing Frameworks	Review	Framework literature	Health- harming industries	Integrated corporate power and health framework (Foucault: origins, nature and manifestations)	CDOH, corporate power generally	Corporate power, influence, CDOH, corporate strategy	Yes

Abbreviations: BAT: British American Tobacco, CDOH: Commercial Determinants Of Health, CHIA: Corporate Health Impact Assessment, COI: Conflict Of Interest, COR/COM: Corporate/Commercial, CPA: Corporate Political Activity, CSM/R: Corporate Social Marketing/Responsibility, FCTC: Framework Convention on Tobacco Control, LMIC: Low-Middle Income Country, SR: Systematic Review, TNC: Transnational Corporation, UCI: Unhealthy Commodity Industry, UP: Ultra-Processed, USA: United States of America, WHO: World Health Organisation.

Supplementary Table 7. List of example interactions between HCIs and English LAs. Retrieved during December 2021-February 2022.

The DH public-private partnership with industry to develop programmes	Department of Health (2011) Public health responsibility deal. Gov.UK.
intended to tackle the health problems arising from the products those	https://www.gov.uk/government/news/public-health-responsibility-deal
same industries manufacture or distribute	

The Drinkaware Trust, a government-industry partnership on public education campaigns was established by the Portman group

Detail of interaction

Previously 'Change4Life', the 'Better health, healthier families' initiative is the DOH anti-obesity campaign, partners include unhealthy industries The 'Childhood Obesity Trailblazer Programme' (COTP) Sugar Smart campaign is a joined force between Lewisham Council and JCDecaux (partnered with, e.g. Coca-cola and McDonalds)

The Mayor of London and Transport for London (TFL) advertisement policy banning junk food advertising on the entire TFL network

Primary Authority Partnership between Birmingham City Council and Cadbury Mondelez International, which meant a waiver and cut of the cost of regulatory expenses for packaging changes (£250,000) to reduce unnecessary burden on business

Westminster City Council inferring their intention to seek commercial opportunities to make up for reduction in central government grants Coca-Cola Christmas truck permission from LA's to park, host and promote their products in the locality

Westminster, alongside City of London were in the LAs with the most betting shops per capita in England. Gambling outlets are in most deprived communities, near gambling treatment centres and schools Scheme as part of the London Healthier Catering Commitments Project encourages food outlets in London to voluntarily apply for an award to commit to offering healthier options

Coca-Cola investments in the APPG (all-party parliamentary group) partnership with LAs, on a fit and healthy childhood, promotes information about childhood health, including obesity, to inform policy Croydon Council purchase of a retail park home to Nando's and McDonalds, to create funding for service and generate income

Portman Group (2021) Portman Group calls on WHO for renewed focus on harmful drinking and to recognise the industry as a constructive partner. Portmangroup.org. https://www.portmangroup.org.uk/portman-group-calls-on-who-for-renewed-focus-on-harmful-drinking-and-to-recognise-the-industry-as-a-constructive-partner/
Better Health, healthier families (2021) Easy ways to eat well and move more. NHS.UK.

Reference

Better Health, healthier families (2021) Easy ways to eat well and move more. NHS.UK. https://www.nhs.uk/healthier-families/.

Lewisham Council (2020) Lewisham Council has joined forces with outdoor advertising companies to tackle childhood obesity. Lewisham.gov.uk. https://lewisham.gov.uk/articles/news/lewisham-council-has-joined-forces-with-outdoor-advertising-companies-to-tackle-childhood-obesity

Transport for London (2019) TFL.gov.uk. https://content.tfl.gov.uk/policy-guidance-food-and-drink-advertising.pdf

Better Regulation Delivery Office (2014) Primary Authority: A guide for Officials. Department for Business Innovation & Skills. Gov.uk https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/583872/14-1058-pa-guide-for-officials.pdf

Mair, S. (2016) Westminster City Council Annual Accounts 16/17. Westminster.go.uk ttps://www.westminster.gov.uk/sites/default/files/annual_accounts_2016-17.pdf.

Sustain (2018) UK loses the taste for the Coke truck . Sustainweb.org.

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Evans, J. and Cross, K. (2021). The Geography of Gambling Premises in Britain. Abrdn.com https://www.abrdn.com/docs?editionId=c8d6f9b5-1c8b-4b97-9bb4-c3099938f737

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Abbreviations: LA: Local Authority, PR: Public Relations, BC: Borough Council, CC: County/City Council, NGO: Non-Government Organisation, DOH: Department Of Health, PHE: Public Health England, HFSS: foods High in Fat, Sugar and Salt.