Taking Action Locally to Strive for Healthy Food Systems and Environments

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Abstract from Rose N, Reeve B, Charlton K: Barriers and Enablers for Healthy Food Systems and Environments: The Role of Local Governments. Curr Nutr Rep. 2022;11(1):82–93.

Keywords
Commercial determinants of health · Corporate agnogenesis · Food policy · Food swamps · Food systems · Local government · Public health · Public policy · Social determinants of health

Abstract
Purpose of review: Food systems at all levels are experiencing various states of dysfunction and crisis, and in turn their governance contributes to other intensifying crises, such as climate change, biodiversity loss and the rapid expansion of dietary-related non-communicable diseases. In many jurisdictions governments at local, state and national levels are taking action to tackle some of the key challenges confronting food systems through a range of regulatory, legislative and fiscal measures. This article comprises a narrative review summarising recent relevant literature with a focus on the intersection between corporate power and public health. The review sought to identify some of the principal barriers for the design and support of healthy food systems and environments, as well as key reforms that can be adopted to address these barriers, with a focus on the role of local governments.

Recent findings: The review found that, where permitted to do so by authorising legislative and regulatory frameworks, and where political and executive leadership prioritises healthy and sustainable food systems, local governments have demonstrated the capacity to exercise legislative and regulatory powers, such as planning powers to constrain the expansion of the fast food industry. In doing so, they have been able to advance broader goals of public health and wellbeing, as well as support the strengthening and expansion of healthy and sustainable food systems. Whilst local governments in various jurisdictions have demonstrated the capacity to take effective action to advance public health and environmental goals, such interventions take place in the context of a food system dominated by the corporate determinants of health. Accordingly, their wider health-promoting impact will remain limited in the absence of substantive reform at all levels of government.

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Background
Food systems are at the core of most of the major challenges the world faces today: climate change, biodiversity loss, social justice and equity, and, of course, non-communicable diseases (NCDs) [1], and have been identified as central to achieving the 2030 Sustainable Development Goals (SDGs) [2]. However, change is not easy to invoke, and we seem a far way from reaching the indicators established by the United Nations. There is agreement that these challenges can only be addressed through systemic approaches that face the ‘longstanding, inherent synergies and trade-offs in food systems’ [2]. Such systemic approaches should involve all stakeholders within the food system, from governments to food operators, as well as non-governmental organisations and civil society. However, major obstacles supported by profit expectations and short-term thinking have been identified as barriers to this transformative change. These obstacles include the power exerted by multinational corporations, policy directives that favour the manufacture and export of ultra-processed foods, and a global expectation that technologized cheap food will provide nutrition for all.

All these obstacles belong to what has been described as the commercial determinants of health. Kickbusch, Allen and Franz (2016) articulated one of the first and most cited definitions [3]: strategies and approaches used by the private sector to promote products and choices that are detrimental to health. This single concept unites a number of others: at the micro-level, these include consumer and health behaviour, individualisation, and choice; at the macro-level, the global risk society, the global consumer society, and the political economy of globalisation (Fig. 1). The framework of the commercial determinants of health expands the socio-ecological model of public health (Fig. 2) and has been posited to have the virtue of uncovering some of the most critical structural impediments to optimal public health which the socio-ecological model tends to oversee: those related to corporate power.

The article by Rose et al. (2022) comprises a narrative review of the relation of corporate power to public health and looks at practical implementations by local governments in Australia, the US, and the UK. In doing so, the authors seek to identify some of the main barriers for the design and support of healthy food systems and environments, as well as key reforms that could be adopted to overcome these barriers.

Review Highlights
In recent years, there has been prolific research production on the corporate determinants of health, presenting thorough analysis pertaining to the Big Alcohol, Big Tobacco, and Big Food industries [4–8]. McKee and Stuckler (2018) categorised the means by which corporations influence policy as narrative framing (e.g. creating doubt about established scientific facts such as the damage caused by tobacco or climate change), rule-setting (e.g. through an increased presence of corporate scientists representing agri-food industries at Codex Alimentarius meetings that influence the decisions made), commodification of knowledge (e.g. generating intellectual property that boosts revenue), and undermining political, social and economic rights (e.g. influencing wages, the availability of social programs, or even healthcare coverage) [9]. At a more upstream level, the embeddedness of neoliberal values and the predominance of ‘individual rights and freedoms’ and ‘consumer choice’ discourses have been identified as exacerbating the impact of food systems on the socioeconomic, environmental, and health domains [1, 10] in that they remove accountability from the food corporations.

The term ‘corporate agnogenesis’ was coined by Fooks et al. (2019) and depicts the use of a range of tactics to purposely introduce uncertainties in the policy-making processes regarding the harmful impacts of different commodities such as food through selective presentation and communication of evidence [11]. Examples of such tactics include confounding referencing and misleading summaries, misuse of raw data, and cherry-picking and selective quotations.

Through the review of case studies like the introduction of a sugar tax in South Africa [11] or the discourses around the determinants of obesity [12], Rose et al. (2022) show how these strategies amplify an already existing emphasis on the individual responsibility regarding health-related issues. Individuals are urged to eat healthier and to make more sustainable choices, which contrasts with a rather lax liability of food companies who are free to apply voluntary nutritional targets and regulation systems to their products.

Upstream policies driven by national and regional governments are needed to counteract the influence of the commercial determinants of health. Local administrations have the power to legislate and formulate policies that regulate aspects of the food system. Urban planning is a key competence of local governments that can substantially impact the health of the citizens of a given area. For example, several reviews have identified an association between the concentration of unhealthy food outlets (described as food swamps) and the consumption of unhealthy food and rates of obesity [13, 14], while food deserts and areas where residents cannot meet the majority of their daily living and work requirements have been evidenced to be detrimental to health [15, 16]. Through case examples from Melbourne, Los Angeles, and several cities in England, Rose et al. (2022) show how the previously described strategies have been used by Big Food corporations, harming public health. Possible steps by local governments to counteract these barriers include the restriction of new openings, the establishment of a minimum distance of fast food outlets from schools and children’s facilities, the enforcement of tax subsidies for the implementation of healthy food stores, or the establishment of planning rules such as the 20-minute neigh-
bourhoods where all facilities should be within walking or biking distance for residents.

**Implications for Practice**
All in all, research shows that successful interventions draw from the integration of multilevel policy actions [17] and coordinated global actions such as those achieved under the WHO's Framework Convention on Tobacco Control (FCTC) [18]. In this context, the authors suggest building upon the successes obtained in the case of tobacco and develop an adaptation of the 'MPOWER package' consisting of the 6 best-practice cost-effective interventions defined in the FCTC to transform the food system. The MPOWERR food system reform recommendations include 7 areas (table 1): (M) Monitor consumption of unhealthy foods and beverages (including fast food) and rates of obesity/ill health; (P) Protect children and youths from marketing of unhealthy foods and beverages; (O) Offer healthy food retail, food growing spaces, etc; (W) Warn about dangers of unhealthy foods/beverages with mandatory front-of-pack labelling; (E) Enforce bans on advertising/sponsorship by fast food restaurants and other food companies with portfolios of mainly unhealthy products; (R) Raise taxes on unhealthy & addictive food and beverage products/restrict discounting; (R) Reform state planning provisions to restrict the opening of unhealthy food retail outlets and encourage the opening of healthy food retail outlets. Ultimately, transforming the food system to achieve better health outcomes will require political will with special emphasis in local administrations and the cooperation of all possible actors to strive for healthier diets for all. In this context, dietitians have the opportunity to make it...
their mission to be part of the change by upholding scientific evidence and being cognizant of the ways in which the food system influences population diet, including the corporate determinants of health.

**Disclosure Statement**

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