Oral Health Matter – Episode 5

Global health: the burning issues

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Richard Watt 00:04
Welcome to Oral Health Matters, a podcast that shines a spotlight on oral health and calls for it to be embraced as a key part of the global public health agenda. I'm Richard Watt, Professor of Dental Public Health at University College London. In this first series of our podcast, I'm in conversation with global health researchers and members of the core research program, a team of researchers and activists from around the world who are working to tackle the problem of oral diseases in Kenya, Colombia, India and Brazil. In episode five, we're discussing developments in the broader global health research agenda, specifically focusing on issues of equity and commercial determinants. I'm absolutely delighted to be joined by Professor Sharon Friel from the Australian National University, and Professor Delan Devakumar from University College London. Sharon has extensive academic experience on the social determinants of health, equity and commercial determinants of health, and Delan is a leading figure in global public health research and specifically in relation to ethnic inequalities In health. So welcome both of you to our podcast, and I'd like to start our discussion with a sort of opening line. I'm particularly interested in the intersection between social, commercial and political determinants of health. Can you identify some of the common core processes linking between these different approaches? Sharon, perhaps you could start with that thought.

Sharon Friel 01:45
Lovely, thanks Richard, and I’m delighted to join you on the podcast. One of the key things to remember when we're thinking about those intersections between the social, the commercial and the political determinants of health is, first of all, we're not operating at the individual level. You know, often in health, we think about health and in quite a biomedical or quite an individualised way. And one of the lovely things I think about attention to the social, the commercial and the political, is that it takes us up to the much more macro and measle level of drivers of population health. The second sort of aspect to these three things, and the intersections between these three things, is fundamentally questions of different interests, of different ideational factors and of different institutional factors in which power, and I'm sure will come to power in a in a second or two. But a power of these different interests, of ideas, of

institutions, is working really, really hard to shape the different sort of agendas which then go on, you know, to influence health. So, yes, super exciting to be shining a spotlight on these three big macro issues that affect our health and health inequities. Because, of course, we know the inequities, not just in the outcomes, but the inequities in whose voice, whose interests, which tables, which institutions get to shape those agendas. All of that is so unequally distributed, and it really matters for human health. So great to be talking about all of that today. Thank you, Sharon, Delan, for you intersection there between social, commercial, political determinants. How would you respond to that issue?

Delan Devakumar 03:52
Yeah, and thank you for inviting me onto this and it's good to follow on from Sharon, who can give you the proper answers. I suppose I would start with the fact that oral diseases are very common. I mean, staggeringly common. 2 billion people suffer from dental caries of permanent teeth, and I work mostly in child health. Over 500 million children suffer from caries of primary teeth. But the thing that's very striking is that oral diseases disproportionately affect the poor and the socially disadvantaged members of society. And there's a very strong association between socio-economic status, so someone's income, occupation, education level and how common these diseases are. And that's the inherent unfairness in this, that it's incredibly common, but it affects certain people in society. And as Sharon mentioned, if we want to look at this and take this larger societal view of it, it's not at an individual level. It's really looking at those social structural determinants of health, those conditions that lead to someone becoming unwell, to have the health conditions that they have. And that's where we need to take the focus. But why is it? There are certain conditions, it's an access to risk factors, high sugar diets, lack of fluoride, for example, and limited access to care, so to health professionals, to dentists, to others, and it's that combination that lead to the poorest members of society facing the highest disease burden, that's almost the crux of it. And why do these things happen? There are commercial drivers. There is power dynamics that lead to these differences in health outcomes. And so my work has been, as you mentioned, on racial ethnic differences, specifically issues of racism, xenophobia, discrimination, and how we described it. We looked at the individual level, but then we looked at the communities that people live in, the spaces that people live in, but then the systems and the institutions that lead to those health inequities, and then ultimately, the structural forces that result in the individual child, for example, having these health conditions that that are inherently unfair that they shouldn't have. So I think that's really where I'd like to start.

Richard Watt 06:10
Well, thanks both, because you really both sort of captured this complexity of these different drivers of health and inequity so very well. And I suppose we could continue those thoughts and focus particularly on this sort of power differentials between key players. Sharon, I wonder, thinking about the sort of commercial determinants, there's a growing literature that sort of demonstrates how powerful transglobal corporations target specific vulnerable populations and actually are worsening health inequalities through their actions. Any thoughts on those commercial drivers of inequity?

Sharon Friel 06:55
Yeah, you were saying, Richard, so this sort of field of the commercial determinants of health, which really has been around for a very long time, but we're, we're now sort of putting a name around it, certainly in the research world. Commerce is a very important thing, I should start by saying commerce

is very important, and the driving aspect of commerce is making profit, you know, historically, it's been about making profit. And so what the commercial actors and entities are always doing is trying to work out strategies and practices that will advance profit, that's their business, that's what they're about. And so that means different markets and targeting different population groups. So, as you say, very often, the socially disadvantaged, socially vulnerable groups are deliberately targeted because the commercial entities see that there is some purchasing power or the ability to normalise a particular product, or company, or brand within that market. And so they go full steam ahead to bring that product or brand to those population groups, and they use a whole variety of techniques to do that. We hear about corporate social responsibility, for example, that's all about creating a social license to operate. Why is it that populations, if you think of the Ronald McDonald Houses, really important for communities and families in terms of access and accessing hospitals. But that wasn't just, you know, through the kindness of their hearts, that was a very deliberate strategy to establish themselves in the hearts and minds of populations. And of course, these big commercial entities have phenomenal economic power, which, you know, they might say, well, we're going to take our, we're going to close down the sugar factory, the manufacturing plant, and we're going to take it into another country. So that's using their economic might, which is basically a threat about jobs and livelihoods, which, of course, politically no government wants to see that happening, even though often, sometimes they're not even paying tax in the country anyway. And then we saw, I mean, Covid19 was a an example of a time when we saw some of these big transnational corporations. Think about Cadbury, think about their chocolate bars and the way that they were positioning themselves as helping the frontline workers, you know, the delivery of a chocolate bar or a hamper to the front of a hospital or a medical clinic. And at the same time, massive funds being given, donations being given to some of the political leaders around the world, which was really, really important at the time, because countries were in crisis, because of covid. But what that was also doing was really embedding those companies and the lobbyists into those political machinations, the machinery of government. And we know that that really matters when it comes to setting political and policy agendas. And then those agendas aligning with the profit interests, rather than being really oriented towards social welfare, health, wellbeing, interests. I'm sure we'll spend longer speaking out that just the different ways that these commercial entities use different forms of power to influence the public and political and policy makers to serve their own interests in ways that can be incredibly detrimental for population health.

Richard Watt 11:17
Thank you, Sharon, I think you know you've highlighted that beautifully, and I suppose Delan thinking historically, this is, this is not a new notion. And I'm thinking of East India Company, 16th century. They conquered most of India by financing their armies, etc. But in your field of global child health, these commercial power brokers, is that something that you're particularly aware of in the child health arena?

Declan Keenan 11:48
Yes, it's incredibly important. I mean going back to the reasons why children become unwell, and I think the East India Company is a very good example. This is a commercial entity that essentially was backed by the British government and the army. And they went to what was one of the richest parts of the world at the time, this eastern part of India, kind of Bengal area, and essentially sucked out resources through various different means, but backed by armies in those days. And now that area is certainly one of the poorest parts of India, northeastern region of India. And we see parallels today, I

mean, it may not be physical armies that back corporations, but as Sharon was saying, some of these companies are incredibly rich and powerful and have more money than some of the poorest countries in the world. So it's often an unequal playing field. In relation to child health, we've seen this across the board. So the commercial marketing, for example, in terms of oral health, it'll be food products that are high in sugar. But I think one of the best examples probably is in formula milk. And the advice from the World Health Organisation is that infants should exclusively breastfeed for the first six months of life. But the marketing of breast milk substitutes or formula milk has been really profound, and it was particularly in high income countries in the past, but that has moved to low and middle income countries where these companies, big nutrition companies, are pushing for parents to give formula milk instead of breast milk, and that led the World Health Organisation to come out with a code for breast milk substitutes that bans the advertising of formula milk. And there have been, I guess, variations around that companies shift to calling it a follow on milk, that maybe is beyond that for six months of life that's important in certain situations. So the marketing strategies have changed a little, but I think that fundamental issue of what is the best for the vast majority of infants, I mean, there are specific circumstances where infants will need breast milk substitutes, but most infants do best on breast milk. But that doesn't do well for the nutrition companies that need to sell their formula milk. So a number of strategies were put in place, really around the marketing, saying that these formula milks, breast milk substitutes, are better than breast milk, and that led to huge numbers of infants growing up without, I guess, the adequate or what is recommended in terms of nutrition in their early life, which has consequences in early life. It relates to diseases, to malnutrition, for example. Then there are associations with health later in life as well. I think the economic power going back to that issue is particularly important. And if we think around the world, there's been a shift from targeting of particularly high income country settings, to people everywhere around the world. And we've seen that in Tobacco, for example, the rate of smoking has reduced in many high-income countries, but that shift of marketing strategies towards low income, middle income countries, where there may not be the same levels of governance, there may not be the same kinds of restrictions, where these companies can act more freely, they've changed their strategy to increase there revenue. And as Sharon said, these companies exist to make profit, a profit for shareholders.

Richard Watt 15:27
And I suppose both of you have really nicely demonstrated the sort of relevance of these topics to oral health directly, in relation to such issues as sugar, but you know also the wider sort of social determinants and inequalities agenda. And indeed, you know, in our core program, we are going to be exploring some of these issues in the four partner countries we're working in. But I wonder if I could move the discussion on a bit and then begin to also think about the research agendas and future priorities for research if we're thinking and particularly through this power lens. Sharon, from your perspective, can you respond and perhaps summarise what you think are the real gaps in our research knowledge, in this intersection between these different determinants?

Sharon Friel 16:19
So whilst the field of the field of the commercial determinants, and arguably, the name that political determinants of health, and certainly the social determinants, has been around for quite a while now. So there's quite a lot of evidence describing the problem, or, you know, describing the issues that might need to be addressed, and possibly what to do about it. Where I think we're really missing in terms of

the evidence base, is understanding the conditions that enable change to happen. So if we say, okay well, we don't want to, as Delan was describing, you know, the marketing restricting, the marketing of infant formula, for example. So we know what might need to happen, but why does that really not happen very often? You know, why is the implementation of that so bad? Fundamentally, I think it's a power question, but it's about then understanding what are the factors that would enable the implementation of that to happen, or what are the factors that would stop the harmful economic practices of these companies or industries. So it's the conditions that enable change to happen. And I sort of flagged at the beginning of our conversation, that the way that myself and the group here like to do it is to think about these three eyes, understanding the interests, the ideas at the institutions. What are the institutional arrangements, formal, informal, different spaces, different venues, different forum that allows some movement to happen in a way that's positive for health and oral health. How do different interests operate? How could public health interests or oral health interests elevate their sort of calls for action or their interests, i.e. health and health equity? How can they elevate that through some of these institutional processes, or create new institutional processes that allow that to happen. And then what are some of the ideational factors that enable the change to happen? Ideational refers to sort of these big paradigms, but it also relates to the discourse, the narratives, the framing that we use. So if you think of how we started the conversation, and both myself and Delan noted, this is about shifting attention away from blaming the individual, and the narration is about the practices of these commercial entities. That's a very particular framing that shines a light on those entities and doesn't continue the individual sort of victim blaming. We don't have all of the answers to that yet. In terms of you know how these three I's, what is it that enables the change to happen. I would love to see much more of that type of analysis, and that is fundamentally a power analysis, whether you call it power or implicitly or explicitly.

Richard Watt 19:53
I love the three I's, interests, ideas, institutions. Delan for you, research priority, what would you put your top priority as moving forwards in the research agenda?

Declan Keenan 20:07
Yeah. So I think it's important first to say that people such as myself, who come from medical sciences, think of research as being this neutral entity, but at every stage of the research process, the researchers themselves can be influenced. You know, what's important? Why is it important? Who frames it as important? As Sharon was saying. If I were to pick on one thing, so of Sharon's three I's, it would be, I guess, what interests me in particular, and that's to think really about the conflicts of interest and focusing in on that researcher. What influences that researcher? Is that researcher making a decision that is at least free from commercial benefit? For example. How neutral is that decision that that person is making? And we see this within the nutrition world, that people that do research have links to nutrition companies, for example. So I suppose most researchers will say that they are doing things on the basis of the science, but even if they are, there's certainly a perception, or there could be a perception from the wider public about whether that finding that they have is a fair finding. Is it a true finding, or is that influenced in some way? If we were to think about interests at a different level, politicians and decision makers, how much are their decisions influenced by money? For example. Are they employed by companies to sit on their boards that can influence the decisions they make within government, or even the networks that they have who make decisions. So really, this kind of separation

of money and power, and I think that's the focus where I would direct research into, really trying to understand those interactions between, at one level, the researchers, but at a larger level, decision makers,

Richard Watt 21:59
Some real sort of consensus developing here across our discussion, and I suppose that links very nicely to the next question to ask both of you. Is the implications of this for advocacy, for civil society movements, and Sharon thinking about transparency, accountability, conflicts of interest. For you, where does this take us in terms of sort of action to mitigate some of these influences on population health and inequalities?

Sharon Friel 22:31
Yeah, and relates very much to what Delan was just saying there. I think the whole conflict of interest area is vital that we, both from a practical perspective, and then, as he was saying, from a research perspective. I have to remember Richard conversations with you and other colleagues in the oral health group, and you that's now become the core program. And I was just flummoxed with what I thought was possible, real conflicts of interest here in the world of dentistry, and how both in terms of the research, but then, of course, in practice. But in terms of the research that influence from some of these commercial entities, the sugar companies but also the ones behind them, having such an influence in the oral health research agenda. And there's extensive evidence that tells us that evidence is really biased in terms of what gets reported. So I really just wanted to say I think it's so important. And then, in a practice, from an advocacy perspective, one get your house in order. One must get one's house in order, from a conflict of interest perspective, because for public health advocates, our credibility, our legitimacy, cannot be tainted by any conflicts of interest, because as soon as you start to do advocacy, you are being watched. You are being watched by these other interests which are looking to undermine, and you know, they develop front groups that are also supposed to be kind of public interest groups, but we know that they're funded by some of these big commercial entities. So we've got to be very careful around that. On a more positive sense, I think it's vitally important, from an advocacy perspective, that one, there's a clear a clear articulation of what it is we are asking for, you know, I think it's a completely nonsensical thing just to sort of say, oh, you know, the commercial entities are bad for health. That's just too blunt a thing. And what do we do with that? So what specifically is the ask that's being made? And then what are the persuasive ways of talking about that? Again, historically, we know that persuasive framing has helped move that advocacy agenda forward. I don't know quite what that would be specific to, to oral health, but certainly from an equity perspective, we've seen the child rights, the death of children, the morbidity among children, being really important in getting the sugar sweetened beverage tax agenda moved forward for example. It is also about the really concerted attention to coalition building among unusual bedfellows. It can't just be the usual suspects, the usual voices, and finding those industries or those companies that are, you know, the ethical businesses that have got a better alignment with the ask or the concern, we know that that really matters. My final sort of remark is the evidence really does matter. Having the right sort of evidence at the right time in front of the right people, and I'm sitting here putting inverted commas above the right you know, you've got to work out who has power and influence along these sorts of decision making processes in different venues. What I've just sort of described there all of those points at some of the analysis that we have done looking where social campaigns or social movements or advocacy by

NGOs has been successful, it's a suite of activities sequenced over time which can make a very positive change In some of these very difficult and highly politically charged agendas.

Richard Watt 27:05
So that that's a nice, positive way to end that analysis, and Delan for you in terms of the advocacy message based on our conversation, what would your summary point be in terms of implications for advocacy?

Declan Keenan 27:20
Yeah, and it's incredibly important. And thank you, Sharon for describing that so well. I think we live in a particularly fractious society at the moment where there are people passionately arguing for different sides of a debate. And take gun debates as an example, there's people really standing on their pedestal asking for the right to bear arms, and other people passionately arguing that guns should be banned. You know, even for that kind of debate, there are such powerful arguments from both sides. One thing you mentioned is there are increasingly a number of groups, front groups, as you described them, but they are becoming more powerful and using the power of the internet and social media. But it often feels to me like this is unbalanced, debate, discussion, fight in some cases. That some of these corporations have huge financial power, power of technology and people to argue certain points to put things in a certain way, then thinking about what we can do so that framing of the issue, thinking about the evidence, taking that evidence and trying to put it in a way that makes sense for people, that people will understand, that you frame an argument. An example might be within climate change, that climate change advocates have talked about the difference between discussing climate change as an issue for polar bears in the Arctic, but instead of that, you could talk about climate change as an issue for your children, your children becoming unwell from so many different aspects of climate change, and you can present the same issue in a different way that really speaks to people, that speaks to the issues that they are facing on a day to day basis, and you can use that evidence, and that's where we as academics and researchers and health professionals can help to provide that evidence, can help to talk to people, can help to transmit that evidence in a way that I guess most people will believe and take on board. And I think that's maybe our role in particular.

Richard Watt 29:24
Brilliant. Well, look, thank you both for what is a really fascinating discussion. And we could go on and on and on, because we're raising so many fundamental issues here that are of huge importance. But if I could try and just maybe sort of summarise things for what we discussed. I think the discussion on these intersection between social, commercial, political determinants, the relevance to oral health, to global oral health, to equity in terms of oral health, just is so strong and so apparent. And Sharon your point about we need to get our house in order, it really feels that we as an oral health community have got so much to do and move forward, but very importantly, not alone. We need to work in coalition with many other groups and agencies and organisations that are moving forward, and there are areas where real change has been achieved, and understanding those enablers of changes is such an exciting area forward. So I'd like to thank both Sharon and Delan, and to you for listening to our podcast today. In the next episode of our Oral Health Matters podcast, I'll be joined by Benoit Varenne from the World Health Organisation, and Dympna Kavanagh, Chief dentist in Ireland, to look specifically at recent developments in global oral health policy. Oral Health Matters is produced by the dental Public Health

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