

Title of project: Healthier Food and Drink Advertising Policy

Evidence based equality analysis

The purpose of this report is to seek the Cabinet's approval to adopt a healthier food and drink advertising policy for council-owned sites in Cheshire West and Chester.

Adverts often promote high fat, salt and sugar food and drink as part of a normal diet, with marketing frequently targeted at young people and associated with fun cartoon characters or toy collections, specifically aimed at children. The evidence base showing the negative impact on children's diets at ages 3-12 is particularly strongⁱ.

Academic research has found inequality in exposure to these types of adverts, with people in more deprived areas seeing them more regularly which widens health inequalities. This is likely to be a combination of greater exposure to adverts in general, for example, on bus shelters, bus tickets, telephone boxes or billboards, as well as direct marketing placement decisions for this cheap, energy dense and 'family-friendly' food. This constant and often repeat exposure (on the route to school or work) increases brand awareness and preferences. Evidence suggests this contributes to the obesity promoting environment and is therefore a key area for interventionⁱⁱ.

In conjunction with this relationship, there is a parallel link between areas of higher deprivation and higher rates of obesity. Figures from the latest National Child Measurement Programme show rates of overweight and obesity in Cheshire West and Chester have risen, going against the decreasing regional and national trends. In Reception aged children, 21.1% are living with overweight or obesity, this rises to 34.7% of our Year 6 children and 65.4% of adults.

Causes of overweight and obesity are complex and multi-factorial and often a consequence of the interplay between a wide variety of variables and determinants related to individual biology, eating behaviours and physical activity, set within a social, cultural, and environmental landscape. Tackling them requires a whole-system, multi-layered, evidence-based approach. Adopting a healthier food and drink advertising policy is just one part of this approach but something which is within the gift of the Council.

The policy uses the Nutrient Profiling Model to distinguish between food and non-alcoholic drinks which are high in fat, salt and sugar and healthier options using their nutritional content per 100g. The Nutrient Profiling Model gives points based on a food's energy, sugar, saturated fat, and sodium. It subtracts points for fruit, vegetables, and nut content, protein, and fibre. The advertising industry are familiar with this model and chose to adopt it for existing, but quite limited,

voluntary restrictions. Products which do not need the NPM will not be allowed to be advertised, however this applies to products only and not brands.

If the policy is approved at Cabinet and formally adopted, the policy will replace the existing section of the Cheshire West and Chester Advertising and Sponsorship Policy relating to food and drink. The policy will then be applied to all advertising on roundabout, digital screens, bus shelters and any new advertising opportunities.

The key objectives for the policy are:

- a. Reducing inequalities
- b. Improved health - specifically diet-related diseases such as obesity, diabetes, cancer, heart disease and tooth decay as well as saving local NHS and Council services money
- c. Climate change
- d. At negligible cost - this policy is expected to maintain advertising revenues and has done so when implemented by other local authorities

Target Audience: Residents of Cheshire West and Chester

Lead officer: Alex Holt, Public Health Programme Lead, Email: alex.holt@cheshirewestandchester.gov.uk

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact – some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	Positive	Negative
Target group / area			
Race and ethnicity (including Gypsies and Travellers; migrant workers, asylum seekers etc.)		There is evidence to suggest that children from minority and socio-economically disadvantaged backgrounds are disproportionately exposed to unhealthy food advertising ⁱⁱⁱ .	
Disability (as defined by the Equality Act - a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities)		Evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle. It is recognised that people with restricted mobility find it harder to maintain a healthy weight. Further to this, weight gain or body fat redistribution are common side effects of many widely used drugs. Weight gain amounts varying between a few kg to an increase of 10% or more of initial body weight have been described. Often accompanying this weight gain are worsened health risks, including an increased incidence of the metabolic syndrome, type 2	

		diabetes, and other cardiovascular risk factors ^{iv} .	
Sex	No specific evidence for persons with this specific protected characteristic. Generally, evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle across cohorts.		
Gender identity (gender reassignment)		<p>Trans people are more at risk of inequalities in health. A study found that trans men were more likely to have a BMI in the obese category when compared to non-trans peers^v.</p> <p>Trans people have an increased risk of developing an eating disorder. A primary driver of this is likely oppressive social stigma^{vi}.</p> <p>For one study, researchers surveyed more than 80,000 high school students in Minnesota^{vii}. They found that transgender and gender nonconforming students were more likely to skip meals than cisgender students. They also consumed soda and fast food more often.</p>	

		During medical transition, studies have found increased BMI and cardiovascular risk particularly in trans men.	
Religion and belief	No specific evidence for persons with this specific protected characteristic. Generally, evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle across cohorts.		
Sexual orientation (including heterosexual, lesbian, gay, bisexual)		Sexual minorities have a higher risk for health and nutrition-related disparities across the life course compared to the heterosexual population ^{viii} . A review on the relationship between minority stress and health found that nonheterosexual people “experience higher rates of physical health problems.” ^{ix} Among them were problems related to heart and immune health, both of which a healthy diet can help support.	
Age (children and young people aged 0 – 24, adults 25 – 50, younger older people 51 – 75/80; older		Advertising for food and drink is often targeted at children. Restrictions on this type of advertising will reduce the impact	

<p>older people 81+. Age bands are for illustration only as overriding consideration should be given to needs</p>		<p>on children.</p> <p>The evidence suggests that exposure to HFSS advertising can shape children's food choices, affecting what they eat and when they eat both immediately after being exposed to an advert^x.</p>	
<p>Carers</p>	<p>No specific evidence for persons with this specific protected characteristic. Generally, evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle across cohorts.</p>		
<p>Rural communities</p>	<p>No specific evidence for persons with this specific protected characteristic. Generally, evidence from other areas has shown a reduction in calories purchased therefore promoting a healthier lifestyle across cohorts.</p>		
<p>Areas of deprivation</p>		<p>Evidence shows that advertising for less healthy food and drink products is more prevalent in areas of deprivation^{xi}. This is also the case with excess weight, with higher rates of overweight and obesity in areas of deprivation.</p>	

		Reducing the prevalence of less healthy advertising will have a positive impact on those people living in the more deprived areas of the borough, with evidence from other areas having shown a reduction in calories purchased therefore promoting a healthier lifestyle. overweight and obesity in both children and adults.	
Human rights	No impact on human rights		
Health and wellbeing (consider both the wider determinants of health such as education, housing, employment, environment, crime and transport, as well as the possible impacts on lifestyles and any effect on health and care services)		Improved health - specifically diet-related diseases such as obesity, diabetes, cancer, heart disease and tooth decay.	
Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	N/A	N/A	N/A

Evidence (see guidance note for details of what to include here):

[Transport for London's junk food advertising restrictions linked to reductions in high fat, salt and sugar product purchases | LSHTM](#)

[Differential exposure to, and potential impact of, unhealthy advertising to children by socio-economic and ethnic groups: A systematic review of the evidence - Backholer - 2021 - Obesity Reviews - Wiley Online Library](#)

[Drugs That Affect Body Weight, Body Fat Distribution, and Metabolism - Endotext - NCBI Bookshelf \(nih.gov\)](#)

[Transport for London's junk food advertising restrictions linked to reductions in high fat, salt and sugar product purchases | LSHTM](#)

[Differences in Psychosocial Predictors of Obesity Among LGBT Subgroups | LGBT Health \(liebertpub.com\)](#)

[Gender Identity, Sexual Orientation, and Eating-Related Pathology in a National Sample of College Students - Journal of Adolescent Health \(jahonline.org\)](#)

[The relationship between minority stress and biological outcomes: A systematic review - PMC \(nih.gov\)](#)

[Diet and Physical Activity Behaviors Among Adolescent Transgender Students: School Survey Results - PubMed \(nih.gov\)](#)

[Nutrition and Health in the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Community: A Narrative Review - Advances in Nutrition](#)

[Evidence note - GOV.UK \(www.gov.uk\)](#)

[Area deprivation, screen time and consumption of food and drink high in fat salt and sugar \(HFSS\) in young people: results from a cross-sectional study in the UK](#)

Action plan:

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
Monitor and review	Monitor the implementation of the policy to ensure no negative impact on residents in the borough.	Medium	Ensure no negative impact	Alex Holt	June 2025

Sign off	
Lead officer:	Alex Holt, Public Health Programme Lead
Approved by Tier 4 Manager:	Gillian Cowan, Public Health Strategy Manager
Moderation and/or Scrutiny	
Date: Moderation Subgroup 8 April 2024	
Date analysis to be reviewed based on rating (high impact – review in one-year, medium impact - review in two years, low impact in three years)	April 2027

ⁱ Boyland E, McGale L, Maden M, et al. Association of Food and Nonalcoholic Beverage Marketing With Children and Adolescents' Eating Behaviors and Health: A Systematic Review and Meta-analysis. *JAMA Pediatr.* doi:[10.1001/jamapediatrics.2022.1037](https://doi.org/10.1001/jamapediatrics.2022.1037)

ⁱⁱ Yau A, Adams J, Boyland EJ, Burgoine T, Cornelsen L, De Vocht F, Egan M, Er V, Lake AA, Lock K, Mytton O. Sociodemographic differences in self-reported exposure to high fat, salt and sugar food and drink advertising: a cross-sectional analysis of 2019 UK panel data. *BMJ open.* 2021 Apr 1;11(4):e048139.

ⁱⁱⁱ [Differential exposure to, and potential impact of, unhealthy advertising to children by socio-economic and ethnic groups: A systematic review of the evidence - Backholer - 2021 - Obesity Reviews - Wiley Online Library](#)

^{iv} [Drugs That Affect Body Weight, Body Fat Distribution, and Metabolism - Endotext - NCBI Bookshelf \(nih.gov\)](#)

^v [Differences in Psychosocial Predictors of Obesity Among LGBT Subgroups | LGBT Health \(liebertpub.com\)](#)

^{vi} [Gender Identity, Sexual Orientation, and Eating-Related Pathology in a National Sample of College Students - Journal of Adolescent Health \(jahonline.org\)](#)

^{vii} [Diet and Physical Activity Behaviors Among Adolescent Transgender Students: School Survey Results - PubMed \(nih.gov\)](#)

^{viii} [Nutrition and Health in the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Community: A Narrative Review - Advances in Nutrition](#)

^{ix} [The relationship between minority stress and biological outcomes: A systematic review - PMC \(nih.gov\)](#)

^x [Evidence note - GOV.UK \(www.gov.uk\)](#)

^{xi} bmjopen.bmj.com/content/bmjopen/9/6/e027333.full.pdf