

Association of Directors of Public Health North East

Position Statement on Commercial Determinants of Health

March 2024

Appendix 4 – Food and non-alcoholic drinks

The scale of the problem	 Food as a commercial determinant of health is not only concerned with the physical products we consume; it is also about the food environments around us and the food system as a whole (production, processing, transport, marketing and sustainability). Food insecurity refers to people not having physical access or sufficient funds for healthy food at all times. At the start of 2024, it was estimated that 15% of UK households (8 million adults and 3 million children) were experiencing food insecurity¹. This is associated with poorer diet quality. There are a wide range of health outcomes relating to food and diet, including malnutrition (underweight, overweight and obesity), dental caries, type 2 diabetes, cardiovascular disease and some cancers.
	 fruit and vegetables, oily fish, fibre and other healthy foods than children from the most well-off families² People on low incomes are more likely to suffer, and die from, diet-related conditions² The most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the
	 Government recommended healthy diet. This compares to just 11% for the least deprived fifth³ Local authorities with a higher deprivation score (i.e. more deprived) have a greater density of fast food outlets⁴ Disability is associated with being severely food insecure⁵ 25.2% of 4-5 year olds and 39.9% of 10-11 year olds in the North East are living with overweight and obesity – the highest rates in England. The most deprived communities have the highest proportions of overweight and obesity in these categories.
	 70.5% of adults are living with overweight or obesity in the North East – the highest rates in England. Men have higher rates than women. The North East has the highest (crude) rate of hospital admissions for dental caries, at 389.2 per 100,000. There is a clear dose-response relationship between free sugar consumption and dental caries; sugar-sweetened drinks are a primary source of free sugars⁶. In the North East, 36.7% of babies were totally or partially breastfed at 6-8 weeks in 2022/23.

Examples of food and non- alcoholic drinks industry tactics	 Driving the narrative of personal responsibility and the need for balance with physical activity Sponsorship of sporting events which supports the industry narrative that physical activity is the principle cause of obesity, such as Monster Energy sponsorship for Newcastle United, Lucozade Sport sponsorship of Sunderland AFC, McDonald's sponsorship of grassroots football and Coca Cola sponsorship of the Olympics Voluntary regulation (such as the UK's Responsibility Deal) Packaging and free toys that especially appeal to children and young people The use of celebrities and gamification in marketing to appeal to children⁷ Charitable work, such as the Coca Cola Foundation which provides grants and scholarships Funding of research In-store offers such as 'buy one get one free' Health professionals are targeted by commercial formula milk companies for 'professional collaborations' to promote their products to parents⁸
Supporting evidence	 There is emerging evidence around the impact of ultraprocessed food (UPF) on health; a 2024 umbrella review of meta-analyses found that greater exposure to UPF was associated with a higher risk of adverse health outcomes, especially cardiometabolic, common mental disorder, and mortality outcomes⁹ A review of public and private sector partnerships in UK obesity policy highlighted that such arrangements may favour commercial sector objectives; evaluation of the Department of Health's Responsibility Deal showed that personal responsibility for lifestyle behaviours became a key part of the narrative¹⁰ Seven out of 10 of the world's top food manufacturers see the majority of their profits in the UK come from the sale of foods that are high in fat, salt and sugar¹¹ Food companies spend most of their marketing money on promoting foods that are high in fat, salt and sugar² A 2022 WHO evidence review found that there is a link between level/frequency of adolescents' exposure to food product advertising and consumption of those products or less healthy foods¹²
Public perceptions	 Research by the Food Standards Agency exploring the UK public's interests, needs and concerns around food¹³ found that: People found it difficult if not impossible to successfully 'juggle' competing drivers when purchasing food (for example price, value, budget, convenience, health)

 What works to reduce food-related and non-alcoholic drinks to focused on the marketing of foods and non-alcoholic drinks to children¹⁴ – including a recommendation that settings where chil gather should be free from all forms of marketing of foods high ir saturated fats, trans-fatty acids, free sugars, or salt. Evaluation of Transport for London's ban on HFSS food and drin advertising found an association between the ban and a decreas average amount of calories purchased by households every wee these products¹⁵. An early review of the Soft Drinks Industry Levy ('sugar tax') in th found that it had a considerable impact – the percentage of drink available with sugar over 5 g per 100 mL decreased¹⁶. A cost benefit analysis of the expansion of free school meals to a children in England demonstrated a positive return on investmer only in relation to health outcomes but also educational, employr and wider economy outcomes¹⁷. Planning and licensing teams play a significant role in the creation healthy environments. For example, local authorities in the North work with their colleagues in planning and licensing to limit the concentration of hot food and drink in healthcare settings are in England with the aim to reduce variation in the quality, nutritio value and sustainability of food and drinks that are served to bot patients and staf¹⁹. These standards will form part of the legally binding NHS Standard Contract and present an opportunity to in food precurement in the NHS – with potential for learning for oth public sector bodies. Several local authorities and one NHS Trust in the North East had adopted Food Active's Healthy Weight Declaration, which includ specific commitments on the commercial determinants of health, help shape policies to build a healthier environment. Sustain and East ADPH have also partnered to map and benchmark local au action on good food, starting from 2024 for three years. 	dren k ke in k from he UK s all t, not nent on of East n place nal h prove er alve es to l North

Food and non- alcoholic drink principles	 The food and non-alcoholic drinks industry and the organisations it funds should not influence health policy, health services or education /awareness raising initiatives, particularly those aimed at young people.
	 Children and young people and people from lower socio- economic groups are priority groups to protect from the tactics of the industry.
	3. Food and non-alcoholic drinks industry marketing drives harmful consumption and health inequalities. Utilising the planning process and a wider determinants of health approach can help to tackle this.
	 Reframing the narrative from personal responsibility to the actions of the food industry and the impact of the food environment is a legitimate intervention

Version control

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