



Best-ReMaP
Healthy Food for a Healthy Future

Policy Symposium on NCD Prevention:

Future directions for nutrition and physical activity policies to prevent NCDs across Europe

14th-16th June 2022
Thon Hotel Brussels City Centre



The four projects organising this event have received European funding as follows: CO-CREATE and STOP have received funding from the European Union's Horizon 2020 Research and Innovation Programme under the grant agreement No. 7744210 and No. 774548 respectively. JA Best-ReMaP has received funding from the European Union's Health Programme under the grant agreement No. 951202 and PEN has received funding from the Joint Programming Initiative "A Healthy Diet for a Healthy Life" (JPI HDHL).



Session 11 - Oslo
11:00 – 12:30



Best-ReMaP
Healthy Food for a Healthy Future

Social marketing & marketing regulation

STOP, Best ReMaP

Chairs:

Dr. Mojca Gabrijelčič

Slovenian National Institut of
Public Health (NIJZ)

Nikolai Pushkarev

European Public Health Alliance
(EPHA)

#NCDPrevention22



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Social Marketing and Behavior Change: Lessons from Drink Up and Whole Grain Campaigns

Karen E. Watson
Honorary Visiting Researcher, CHEPI

Policy symposium on NCD prevention: Future directions for nutrition and physical activity policies to prevent NCDs across Europe
Thon Hotel Brussels City Center
14th – 16th June 2022



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Multiple stakeholders – Including manufacturers





Michelle Obama on TODAY: Drink more water, America

Scott Stump TODAY

Sep. 12, 2013 at 11:51 AM



Drink Up! Included over 60 Multi-stakeholder supporters

Supporters

Visit us on Amazon to become a supporter yourself while stocking up on a wide range of products from companies listed below and custom Drink Up merchandise. A portion of the proceeds from all purchases will benefit PHA, the folks behind Drink Up.



Science and Technology in
Childhood County Policy

Diversity of sectors was important



Science and Technology in
Childhood County Policy

Both campaigns disciplined the MESSAGE



Youarewhatyoudrink.org



<https://fuldkorn.dk/english>



Whole Grain ensured strategy aligned with vision and mission



Convenience store in Philadelphia





Why neuroscience? *A deeper, different perspective*



Effective communication





NMI's Health & Wellness Consumer Segmentation Highlights Opportunities & Challenges with Personal Health & Wellness



WELL BEINGS®: 17%

- Most health pro-active
- Market leaders & Influencers
- Highest organic usage
- Use some supplements
- Use many health modalities
- Most Green



FOOD ACTIVES®: 18%

- Mainstream healthy
- Basics, balance and control
- Desire inherently healthy foods
- Most influenced by physicians
- Least eco-friendly
- Price sensitive



MAGIC BULLETS®: 24%

- Conveniently healthy
- Heavy pill usage – supplements OTC, Rx
- Health managers vs. preventers
- Weight managers
- Least likely to cook at home
- Least likely to exercise



FENCE SITTERS®: 19%

- 'Wannabe' healthy
- Most likely to have kids
- Stressed out, want help and control
- More health kicks but no clear goals
- Receptive to eco-friendly
- Active weight loss
- High social media usage



EAT, DRINK & BE MERRYS®: 22%

- Least health active
- Unconcerned about prevention
- Focused on taste
- Most price driven
- Younger

Clients leverage this tool optimizing their target messages as well as identifying primary and secondary targets

U.S. General Population

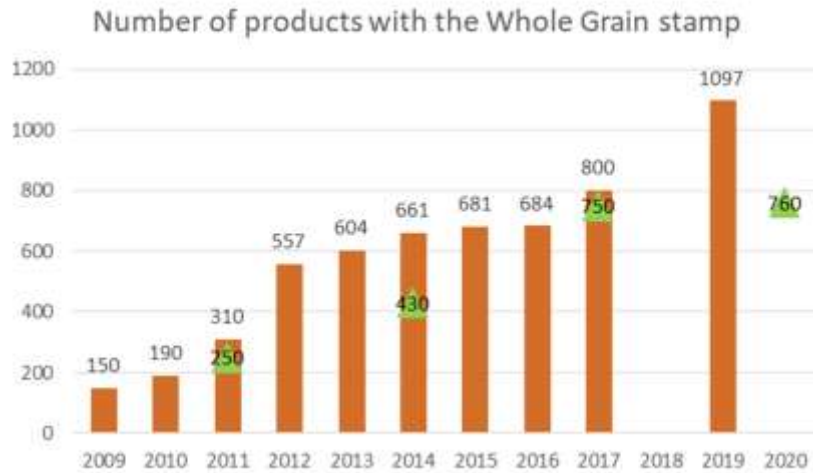


Priority health & wellness groups

NMI/PRISM Segment Profiles	Fence Sitters	Well Beings	Eat, Drink & Be Merrys
<p>Lifestyle & Demographics</p>	<ul style="list-style-type: none"> • Younger, Age 25-44 • Midscale-Upscale, Income \$90K-\$100K • Some Married; With Kids • Ethnically Diverse; Urban or Second City Renters 	<ul style="list-style-type: none"> • Younger-Middle Age, Age 35-54 • Wealthy, Income \$100K+ • Married; Some with kids • Mostly Caucasian; Suburban Homeowners 	<ul style="list-style-type: none"> • Younger, Age 25-54 • Downscale, Income <\$50K • Single/Not Married; Some with Kids • Ethnically Diverse; Second City Renters
<p>Attitudes</p>	<ul style="list-style-type: none"> • Influenced by What's Hot and What's Not • Strive to Achieve a High Social Status • Celebrity Endorsement May Influence Purchases 	<ul style="list-style-type: none"> • Eat Healthy and Pay Attention to Nutrition • Go to Doctor Regularly for Check-Ups • Follow a Regular Exercise Routine 	<ul style="list-style-type: none"> • Often Feel Like My Life is Slipping out of Control • Change Brands Often for Novelty/Variety • Risk-Taking is Exciting • Price Conscious
<p>Health & Wellness</p>	<ul style="list-style-type: none"> • Eat Organic Foods • Prefer Picking Up Quick Meals to Cooking Meals • Below Average Doctor Visits 	<ul style="list-style-type: none"> • Always Looking for Ways to Live a Healthier Life • Concerned About Family Health • Environmentally Conscious 	<ul style="list-style-type: none"> • Dine at Fast Food Restaurants • Below Average Doctor Visits • Play Sports for Exercise



Whole Grain, but no granular data



Drink Up: By the Numbers

Following a campaign that featured two public service announcements seen 700 million times over a 15-week period throughout the U.S. - in 15,000 stores, doctors' offices, gas stations, malls and other highly trafficked places - newly released data demonstrates that Drink Up is encouraging consumers to embrace water's benefits."

—Forbes, "A Refreshing (and Successful) Approach to the War on Obesity," April 29, 2014.

Drink Up's digital campaign spurred a 4% rise in incremental retail sales of bottled water from Oct. 2, 2014 - Dec. 31, 2014.

+4%*

This equates to an increase in retail sales of **\$1.8MM** for every 1.8 MM households exposed.

America's water consumption increased by more than **68 MILLION Servings**** from Q4 2013 to Q3 2014.

Daily eight-ounce servings up **2.7%**** in Q1 2014 vs. Q3 2013.

#H2Ocourse



DON'T FORGET
YOUR GREEN.

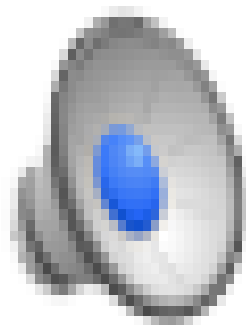


Effective communication grabs your attention and engages your emotions





Science and Technology in
Childhood County Policy





New York City street art



urh2o Following 175 posts 1,521 followers 45 following

Drink Up Water. So talented, yet so humble. Share the water-inspired moments in your life! #h2ofcourse youarewhatyoudrink.org



Lessons for Policymakers and Stakeholders

- **Research** and **segment** the audience and its behavior.
 - Understand exactly to whom it should be delivered.
 - Point-of-purchase reminders to consumers are key.
- **Test** the message, and discipline the delivery by stakeholders.
- **Understand** what is **NOT working** and **course correct** the campaign **quickly**.
- Have quantitative **measures** of success.



Thank you.

Science and Technology in
childhood Obesity Policy

Examining Innovative Advertising Techniques Food Companies Use to Target Youth on Social Media

The presented slides are not available as part of this slides set

Marie A. Bragg, PhD

Assistant Professor

Department of Population Health

NYU School of Medicine





Exploring the equity implications and acceptability of marketing policies

Margot Neveux
World Obesity Federation

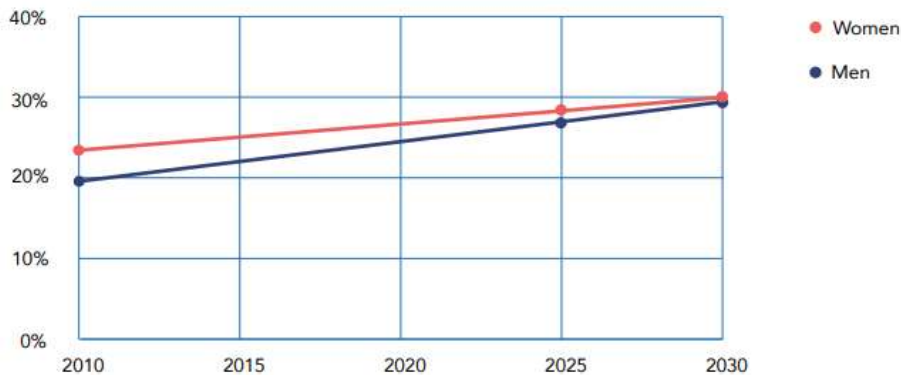
Joint Symposium
Brussels, Belgium
Thursday 16th June 2022



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Obesity across Europe

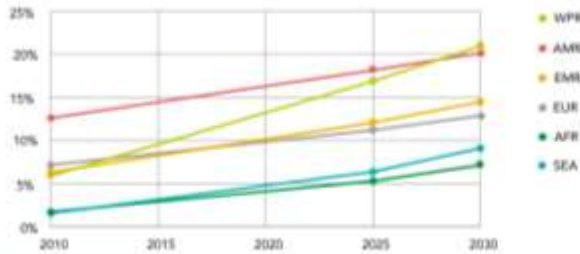


Source: NCD Risk Factor Collaboration (2017) and World Obesity Federation projections

Figure 1. Prevalence of obesity (BMI ≥ 30 kg/m²) amongst men and women in Europe in 2010-2030.



Prevalence of childhood obesity



Source: WHO World Population Clock

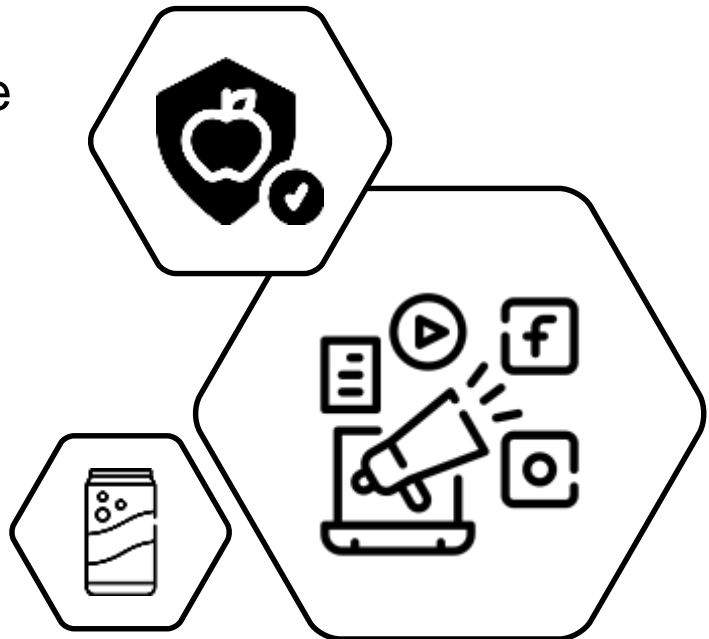
Figure 2. Prevalence of obesity amongst children (5-19 years) globally in 2010–2030.

- Across the EU, the risk of childhood overweight and obesity is higher in households of lower socio-economic affluence or lower parental educational attainment
- The Health Behaviour of School-Children Study found that over half of the populations surveyed showed significantly higher likelihood of overweight among children in less affluent families



Halting the trends

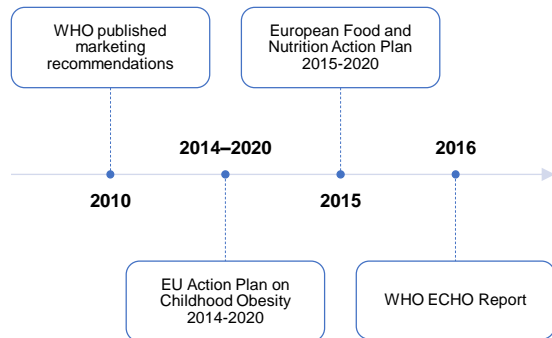
- Member States of the World Health Assembly agreed in 2013 to work towards a target, by 2025, of a 25% reduction in mortality for NCDs and no increase in the prevalence of adult obesity or diabetes above 2010 levels
- Governments have considered a range of population-wide policies





Marketing policies to address childhood obesity

- Marketing and advertising of high in fat, sugar and salt (HFSS) foods have been recognised as a **risk for obesity**. It is as an important tactic to **engage customers, push them to develop brand preference, and boost sales**.
- Children are particularly vulnerable to marketing.
- Marketing regulations have been identified as **cost-effective policies**.



Objectives

Our research was conducted as part of a review conducted for STOP's WP4. This presentation will specifically focusing on findings related to marketing policies and:

1. Examine the evidence available on whether marketing policies and their impact on children, and whether these specific policies are likely to narrow the social disparities in the risk of obesity or widen them, using evidence produced in the European region
2. Identify evidence gaps to help inform and shape the future priorities for research funding agencies, including the priorities of the European Union's research programmes



Methods

- We systematically investigated peer-reviewed evidence available in relation to restrictions to limit children's exposure to the promotional marketing foods and beverages.
- Papers were examined by title, abstract and in full, to determine whether they met the inclusion criteria specified in the PICO table

PICO feature	Exposure to promotional marketing of food and beverages
Population	Children (< 18 years), WHO European Region
Interventions	Actions to restrict children's exposure to commercial messages for foods and non-alcoholic beverages, or to reduce the strength or impact of those messages.
Comparisons	Controlled cross-sectional and longitudinal interventions, uncontrolled survey and observational evidence, interrupted time-series, modelled interventions.
Outcomes	Measures of exposure, vulnerability, consumption, bodyweight or diet-related health, differentiated in sub-groups defined according to social disparities (<i>including</i> socio-economic status, income, occupation, education, neighbourhood deprivation, ethnicity, migrant-status or similar disparity measure; <i>excluding</i> gender, disability, religion, language).



Results

- The search of five databases provided 1314 titles for promotional marketing.
- A total of 15 studies met the inclusion criteria
- Among the studies:
 - **4/15** were given a **'low' GRADE score**
 - **9/15** were given a **'moderate' GRADE score**
 - **3/15** were given a **'high' GRADE score**

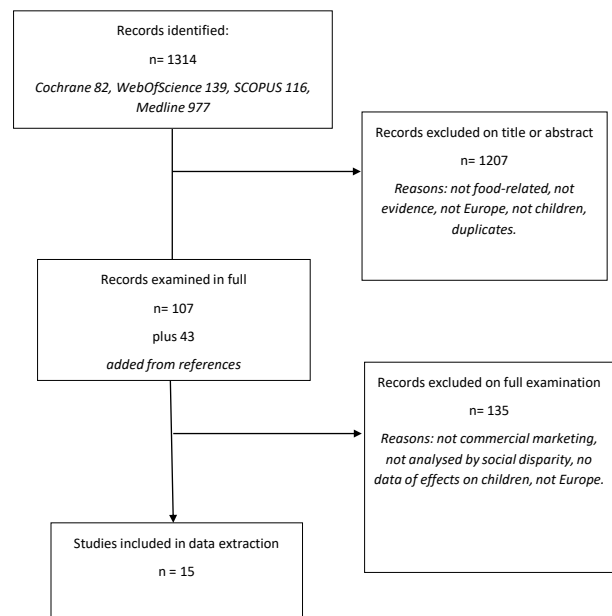


Figure 3. PRISMA chart for marketing to children



Summary of results & policy implications for marketing restrictions to reduce SES health inequalities

Study	Summary of SES-differentiated results	GRADE assessment	Policy implication to reduce health inequalities
Aljawad et al 2016 (14).	Greater promotion of low-cost confectionery in lower income areas.	Low	Redirect retail promotions towards healthier products.
Buijzen et al 2008 (15).	Association between television advertising and consumption of unhealthy and total food is higher for children in lower-income families.	Moderate	Reduce exposure to television advertising (quantity and quality).
Cetateanu & Jones 2014 (16).	Unhealthy food in local shops does not explain association of bodyweight to area deprivation.	Moderate	None (simple availability of unhealthy products is not a driver of overweight disparities).
Gatou et al 2016 (17).	Equal advertising exposure affects children's consumption equally across SES.	Moderate	Reduce differential exposure, as all children are susceptible.
Gebremariam et al 2017 (18).	Evidence in two countries shows TV viewing associated with more soft drink consumption in families with lower-educated parents.	Low	Reduce exposure for greater impact in lower SES families.
Giese H et al 2015 (19).	Evidence in one country of children's higher exposure to unhealthy advertisements, and higher unhealthy food consumption, in lower SES families.	Low	Reduce exposure for greater impact in lower SES families.
Griffith et al 2019 (13).	Modelling of impact of TV advertising restrictions shows reduced exposure and greater benefit for lower-income households.	Moderate	Reduce exposure for greater impact in lower SES families.



Summary of results & policy implications for marketing restrictions to reduce SES health inequalities (cont.)

Study	Summary of SES-differentiated results	GRADE assessment	Policy implication to reduce health inequalities
Kapetanaki AB et al 2019 (20).	Self-reported susceptibility to advertising shows no differences in food consumption across SES variables.	Low	Reduce differential exposure, as all children are susceptible.
Kearney et al 2021 (21).	Equal exposure to snack advertising shows same effect on children's consumption across SES level.	Moderate	Reduce differential exposure, as all children are susceptible.
Lissner et al 2012 (22).	Higher parental education linked to reduced TV viewing.	Moderate	Reduce exposure for greater impact in lower SES families.
Pérez-Farínós et al 2017 (23).	Higher parental education linked to reduced TV viewing, better sleep patterns and better diet.	Moderate	Reduce exposure for greater impact in lower SES families.
Rey-López et al 2011 (24).	Adolescents from low-SES families are more likely to consume unhealthy drinks while watching TV.	Moderate	Reduce exposure and improve eating patterns for greater impact in lower SES families.
Tatlow-Golden M et al 2014 (25).	Lower maternal education linked to children's greater TV viewing, greater brand awareness for unhealthy products, and unhealthy food consumption.	High	Reduce exposure for greater impact in lower SES families.
Thomas et al 2019 (26).	Young people in more deprived areas report greater exposure to HFSS advertising, are more likely to consume unhealthy products, and have a poorer awareness of health and overweight.	High	Reduce exposure and improve eating patterns for greater impact in lower SES families.
Vereecken et al 2006 (27).	Children of lower SES have higher TV viewing and TV viewing is linked to worse dietary intakes in most countries.	Moderate	Reduce exposure for greater impact in lower SES families.



Discussion

- Policymakers should consider whether potential interventions might **widen or narrow the socio-economic difference in obesity risk.**
- 13 studies included indicated that a policy of reducing marketing would be expected to **benefit children in lower SES categories to the same extent or a greater extent** than those in higher SES categories.
- There is a significant evidence gap on this topic:
 - There is a lack of clear evidence directly linking the advertising of foods which are highly advertise to consumption levels at household or among children in particular.
 - A review by Lupiáñez-Villanueva et al. found a lack of definitive evidence.
 - A review by Public Health England also sound insufficient evidence of different exposure across socio-economic groups but noted potential for differential response to marketing interventions.
 - A study in Norway by Klepp et al. found that lower class children watch more TV and have greater exposure to both healthy and unhealthy food advertisement.



Evidence gaps

- There is a **paucity of evidence on the impact of advertising** on children across social groups. There is also a **lack of evidence in peer-reviewed literature** on the impact overall, and event less on socio-economic disparities.
- One large gap in the evidence available is **integrated marketing using multiple platforms.**
- Children's exposure is likely to be higher than reported.



Conclusions & assessments

- Children's exposure to marketing may have a social gradient
- Restrictions to marketing will benefit children in proportion to their initial exposure
- Digital marketing channels are largely unexplored
- Overall, restrictions of children's exposure to marketing:
 - Are likely to be very highly cost-effective
 - Moderately favourable for health equity
 - Moderately to strongly supported by the public
 - Strongly supported by health professionals and civil society groups
 - Moderately to strongly opposed by commercial interests (unless voluntary)



Thank you!

Margot Neveux, World Obesity Federation

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Best-ReMaP
Healthy Food for a Healthy Future

WP6

Best practices in reducing marketing of unhealthy food to children and adolescents

Maria João Gregório and Margarida Bica
Directorate-General of Health of Portugal

Dr Mimi Tatlow-Golden and Dr Magdalena Muc
The Open University

19.05.2021



Co-funded by the European Union's
Health Programme (2014-2020)



BEST PRACTICES IN REDUCING MARKETING OF UNHEALTHY FOOD PRODUCTS TO CHILDREN AND ADOLESCENTS

Work Package 6

OBJECTIVE

To explore, develop and share, within participating countries, the best practices on how to implement effective policies to reduce marketing of unhealthy food products (food and non-alcoholic beverages) to children (up to 18 years).



Co-funded by the European Union's
Health Programme (2014-2020)



BEST PRACTICES IN REDUCING MARKETING OF UNHEALTHY FOOD PRODUCTS TO CHILDREN AND ADOLESCENTS

WP Leaders Directorate-General of Health of Portugal & Irish Department of Health



Maria João Gregório



Ursula O'Dwyer



Margarida Bica



Ivan J Perry



Mimi Tatlow-Golden



Magda Muc Da Encarnacao



Ana Contreras Navarro



Janas Harrington



Karen Matvienko-Sikar



Tom James

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WP6

Best practices in reducing marketing of unhealthy food to children and adolescents

Country partners

AUSTRIA (BMASGK)
 BELGIUM (SCIENSANO)
 BOSNIA AND HERZEGOVINA (MCA; PHI-FBH; PHI-RS)
 BULGARIA (NCPHA)
 CROATIA (CIPH)
 CYPRUS (MoH CY)
 ESTONIA (MoSA; NIHD)
 FINLAND (THL)
 FRANCE (ANSES; SPF; MoH-FR)
 GREECE (ICH)
 IRELAND (DoH; CHDR)
 LATVIA (CDPC)
 LITHUANIA (LR SAM)
 PORTUGAL (DGS; FCNAUP)
 ROMANIA (NIPH)
 SERBIA (IPHS)
 SLOVENIA (NIJZ)



MAIN OUTCOME

BEST PRACTICES IN REDUCING MARKETING OF UNHEALTHY FOODS

EU Harmonised Framework for Action on reducing unhealthy food marketing to children

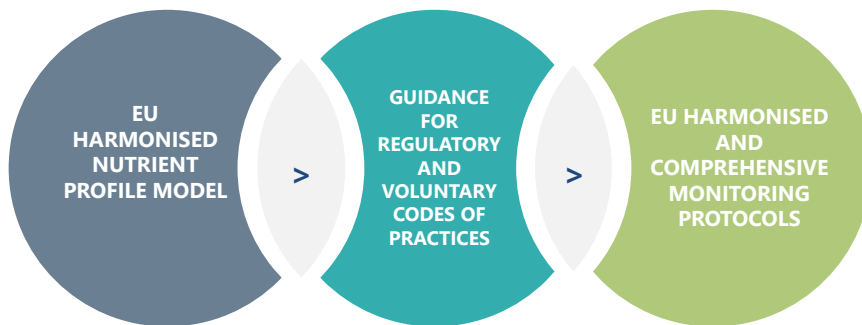


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EU FRAMEWORK FOR ACTION

BEST PRACTICES IN REDUCING MARKETING OF UNHEALTHY FOODS



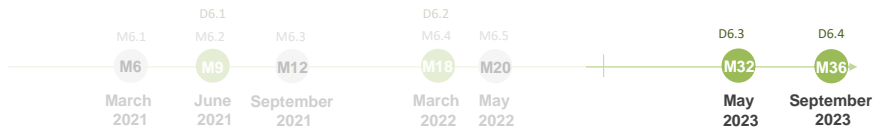
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WP6

Best practices in reducing marketing of unhealthy food to children and adolescents



DELIVERABLES

- D6.1 An EU harmonised approach using the WHO nutrient profile model for the identification of foods not permitted for marketing to children
- D6.2 Technical Guidance for codes of practice
- D6.3 Report on pilot EU-wide harmonised and comprehensive monitoring protocol for unhealthy food marketing to children, with a particular focus on digital marketing
- D6.4 A harmonised EU Framework for Action on reducing unhealthy food marketing to children, within the scope of HLG-N&PA

MILESTONES

- M6.1 Establishment of the EU Expert Group and national intersectoral working group
- M6.2 A workshop on how to use, adapt and implement the EU harmonised nutrient profile model organised
- M6.3 Regulation and legislation mapping report
- M6.4 A workshop on how to implement codes of practice to reduce unhealthy food marketing to children organised
- M6.5 A workshop to implement the EU protocol to monitor food marketing to children organised



WP6

Best practices in reducing marketing of unhealthy food to children and adolescents

September 2021

M12

M6.3

Regulation and legislation mapping report

➤ Quality assessment of the findings

TASK 6.2





WP6

Best practices in reducing marketing of unhealthy food to children and adolescents

Quality assessment of the findings

TASK 6.2

- WHO Set of Recommendations on the marketing of foods and non-alcoholic beverages to children
- UNICEF'S A Child Rights-Based Approach to Food Marketing: A Guide for Policy Makers
- Ending Childhood Obesity: A Challenge at the Crossroads of International Economic and Human Rights Law - Chapter 10: Combatting obesogenic commercial practices through the implementation of the best interests of the child principle
- JRC toolkit to support the development and update of codes of conduct on marketing of food, non-alcoholic, and alcoholic beverages



WP6

Best practices in reducing marketing of unhealthy food to children and adolescents

Regulation and legislation mapping report

- Research
- Type of code
- Goals and objectives
- Scope
- Age
- Responsible entities

General info

- Channels
- Settings
- Techniques
- NPM

Marketing restrictions

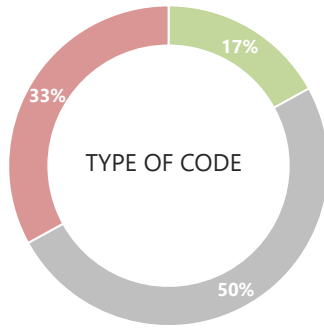
- Periodic monitoring

Monitoring /Evaluation

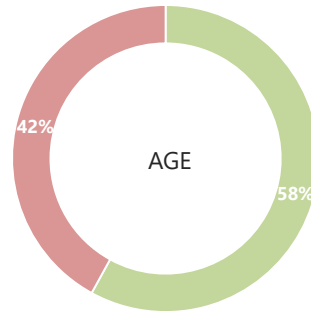




Regulation and legislation mapping report
PRELIMINARY RESULTS



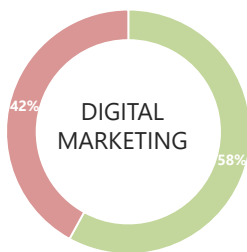
- Government-led statutory
- Government-led co-regulatory
- Self-regulation



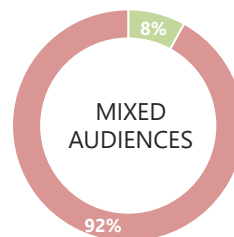
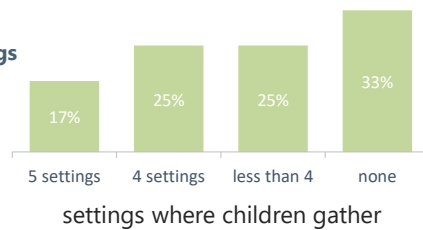
- <18y
- other age



Regulation and legislation mapping report
PRELIMINARY RESULTS - Channels and settings

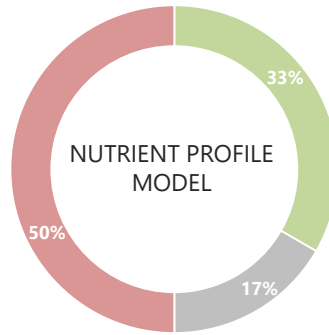


- Yes
- No





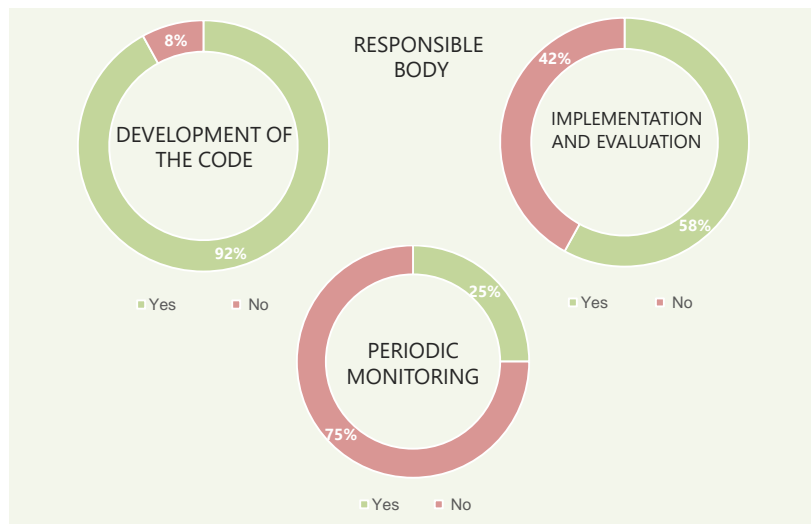
Regulation and legislation mapping report
PRELIMINARY RESULTS



■ Independent NPM ■ Industry-led NPM ■ No NPM



Regulation and legislation mapping report
PRELIMINARY RESULTS





WP6

Best practices in reducing marketing of unhealthy food to children and adolescents

Quality assessment of the findings

TASK 6.2

KEY MESSAGES

- Lack of definition in the codes and what these cover
- Less statutory measures
- Lack of adoption of clear and rigorous nutritional criteria – nutrient profile model
- Lack of (robust) monitoring systems in place



WP6

Best practices in reducing marketing of unhealthy food to children and adolescents

Development of an EU-wide
harmonised and comprehensive
monitoring protocol for reducing
unhealthy food marketing to children

TASK 6.4



METHODS



2022. 06. 29.

Monitoring of Marketing of Unhealthy Products to Children and Adolescents – Protocols and Templates

- Protocol and template: Unhealthy for people
- Protocol:
 1. Non-healthy marketing to all ages
 2. Unhealthy products for children
 3. Unhealthy marketing to children



Co-funded by the European Union's Health Programme (2014-2020)



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Summary of the protocols' review

TABLE 2. Different types of marketing and topics covered by each of the reviewed monitoring protocols

	INFORMAS	WHOIC	WHO PROTOCOLS	WHO CLICK
Ethical, privacy review addressed	✓	✓	✓	✓
Involve children (age-appropriate)	✓	✓	✓	✓
Mapping the landscape	✓	✓	✓	✓
System approach	✓	✓	✓	✓
Marketing power* variables included	✓	✓	✓	✓
Channel: TV live and streaming	✓	✓	✓	✓
Channel: Print (magazines, News)	✓	✓	✓	✓
Channel: Outdoors	✓	✓	✓	✓
Channel: Community events	✓	✓	✓	✓
Channel: In-store	✓	✓	✓	✓
Channel: Cinema	✓	✓	✓	✓
Channel: Sports sponsorship	✓	✓	✓	✓
Channel: Digital media	✓	✓	✓	✓
Screens capture /	✓	✓	✓	✓
Automatic email collection /	✓	✓	✓	✓
"buzzer" /	✓	✓	✓	✓
Social media (social pages) /	✓	✓	✓	✓
Social media (popular with children) /	✓	✓	✓	✓
Websites (social sites) /	✓	✓	✓	✓
Websites (not popular with children) /	✓	✓	✓	✓
Video (not sharing platforms) /	✓	✓	✓	✓
Influencers /	✓	✓	✓	✓
Advertising, video games /	✓	✓	✓	✓
Coding: examples provided	✓	✓	✓	✓
Coding: templates available	✓	✓	✓	✓
Analysis: guidance	✓	✓	✓	✓

2022. 06. 29.

Co-funded by the European Union's Health Programme (2014-2020)

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What we have done so far:

- **Review** of the global monitoring protocols
- Knowledge and information sharing **workshop** (46 participants from 13 MSs)
- **Consultations** with partners

Next steps:

- Complete the **review** with the gathered **feedback**
- **Further consultations** with experts in the field including young people
- Draft the **EU-wide monitoring protocol**
- **Pilot the protocol** in partner MSs

2022. 06. 29.



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Best-ReMaP
Healthy Food for a Healthy Future



Thank you for your attention!

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The Joint Action focusing on the implementation of validated best practices in nutrition – Best-ReMaP

This presentation arises from the Joint Action Best-ReMaP. This JA is addressing the adaption, replication and implementation of effective health interventions, based on practices that have been proven to work in the areas of food reformulation, framing of food marketing and public procurement of healthy food in public settings. This presentation was funded by the European Union's Health Programme (2014-2020). The content of this presentation represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.