

## **Yorkshire & Humber Association of Directors of Public Health**

### **Position Statement on Commercial Determinants of Health:**

#### **Food and non-alcoholic drinks - June 2025**

##### **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 plays a much wider role in health than risk reduction of diet related disease. Food choices shape financial wellbeing, mental health, community connection, and environmental resilience.

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 insecurity<sup>1</sup>. 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.

##### **Inequalities**

- Children from the least well-off families eat substantially less fruit and vegetables, oily fish, fibre and other healthy foods than children from the most well-off families<sup>2</sup>
- People on low incomes are more likely to suffer, and die from, diet-related conditions<sup>2</sup>
- 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 fifth<sup>3</sup>
- Local authorities with a higher deprivation score (i.e. more deprived) have a greater density of fast food outlets<sup>4</sup>
- Disability is associated with being severely food insecure<sup>5</sup>
- 23.8% of 4–5-year-olds and 37.5% of 10–11-year-olds in Yorkshire & Humber are living with overweight and obesity. The most deprived communities have the highest proportions of overweight and obesity in these categories.
- 67.2% of adults are living with overweight or obesity in Yorkshire & Humber. Men have higher rates than women.

- Yorkshire & Humber has the 2nd highest (crude) rate of hospital admissions for dental caries in England, at 403.8 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 sugars<sup>6</sup>.

### **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 inactivity is the principal cause of obesity, such as Yorkshire County Cricket Club sponsored by Carlsberg Britvic and Leeds United are sponsored by Red Bull

, 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 children<sup>7</sup>
- 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 parents<sup>8</sup>

### **Supporting evidence**

- There is emerging evidence around the impact of ultra processed food (UPF) on health: A population-based cohort study with 104,000 participants found a higher intake of ultra-processed foods was associated with slightly higher all-cause mortality when the effects of smoking and alcohol were also accounted for. Meat, poultry and seafood based ready-to-eat products showed strong associations with mortality.<sup>9</sup>
- 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 narrative<sup>10</sup>
- 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 sugar<sup>11</sup>

- Food companies spend most of their marketing money on promoting foods that are high in fat, salt and sugar<sup>2</sup>
- 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 foods<sup>12</sup>

## Public perceptions

Research by the Food Standards Agency exploring the UK public's interests, needs and concerns around food<sup>13</sup> found that:

- People found it difficult if not impossible to successfully 'juggle' competing drivers when purchasing food (for example price, value, budget, convenience, health)
- There was a sense that 'no choice is perfect': the tasty meal may not be healthy; the quality meal is too expensive; the healthy meal takes too long to make
- Price often won out as a driver of food choices
- The public worried that our food systems and decision-makers (including food businesses and 'Government') prioritise profit over people.

## What works to reduce food related and non-alcoholic drinks harms

The World Health Organization has a number of recommendations focused on the marketing of foods and non-alcoholic drinks to children<sup>14</sup> – including a recommendation that settings where children gather should be free from all forms of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt.

Evaluation of Transport for London's ban on HFSS food and drink advertising found an association between the ban and a decrease in average amount of calories purchased by households every week from these products<sup>15</sup>. Sustain and Yorkshire & Humber ADPH have also partnered to support training to develop of local authority's local advertising policies to support healthier food environments.

An early review of the Soft Drinks Industry Levy ('sugar tax') in the UK found that it had a considerable impact – the percentage of drinks available with sugar over 5 g per 100 mL decreased<sup>16</sup>.

A cost benefit analysis of the expansion of free school meals to all children in England demonstrated a positive return on investment, not only in relation to health outcomes but also educational, employment and wider economy outcomes<sup>17</sup>.

Planning and licensing teams play a significant role in the creation of healthy environments. For example, local authorities in the Yorkshire & Humber work with their colleagues in planning and licensing to limit the concentration of hot food takeaways in our communities. National standards for food and drink in healthcare

settings are in place in England with the aim to reduce variation in the quality, nutritional value and sustainability of food and drinks that are served to both patients and staff<sup>18</sup>.

These standards will form part of the legally binding NHS Standard Contract and present an opportunity to improve food procurement in the NHS – with potential for learning for other public sector bodies. Several local authorities in Yorkshire & Humber have adopted Food Active's Healthy Weight Declaration, which includes specific commitments on the commercial determinants of health, to help shape policies to build a healthier environment.

### **Food and non-alcoholic drink principles**

1. The food and non-alcoholic drinks industry and the organisations, including corporate partners, it funds should not influence, research, health policy, health services or training, education /awareness raising initiatives & resources, particularly those aimed at children & young people.
2. Families, children and young people and people from lower socio-economic and some ethnic groups are priority groups to protect from the tactics of the industry.
3. Food and non-alcoholic drinks industry marketing drives harmful consumption and widens health inequalities. Utilising the planning process and a wider determinants of health approach will help to tackle this.
4. Shifting the narrative from personal responsibility to the actions and impact of the food industry, and their subsequent impact on the food environment, is a legitimate change in perspective. This shift should inform policy and planning and reflect that this is an organisational & industry responsibility.

### **Acknowledgement**

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