

Public Consultation: Feasibility study on options to limit unhealthy food marketing to children

March 2024

Introduction: about this public consultation

Statement of the problem (UW & DU, 2024):

The average Australian diet is too high in discretionary and ultra-processed foods and too low in heart healthy foods. Children in particular have suboptimal diets – over 90% of children are not meeting the recommended intakes of fruits and vegetables, and more than 40% of children's food intake is made up of discretionary foods (ABS, 2022; AIHW 2018). Such dietary patterns are a leading risk factor for cardiovascular disease in Australia (AIHW, 2023). Meanwhile, evidence shows that current methods of food marketing are extremely influential, and children in Australia are highly exposed to advertisements across all media and settings with which they engage (WHO, 2022; Kelly et al., 2021). In a review conducted for the World Health Organization (WHO), it was found that food marketing is associated with significant increases in children's food intake, food choice and food preferences, and discretionary foods are disproportionately represented in these advertisements (Boyland et al., 2022). In fact, the WHO Commission on Ending Childhood Obesity has stated '*there is unequivocal evidence that the marketing of unhealthy foods and sugar-sweetened beverages is related to childhood obesity*' (WHO, 2016).

The Australian Government Department of Health and Aged Care is investing in a feasibility study on options to limit unhealthy food marketing to children. The aim of this study is to inform on the options available to limit unhealthy food marketing, the costs and benefits of the available options, feasibility, acceptability, impact on priority populations and monitoring and evaluation implications. This work is supported by the National Preventive Health Strategy 2021-30, National Obesity Strategy 2022-32 and the National Diabetes Strategy 2021-30, which all include restricting unhealthy food marketing to children as a policy goal.

The Heart Foundation welcomed the opportunity to make a submission to the Australian Government Department of Health and Aged Care as part of this feasibility study on options to limit unhealthy food marketing to children in March 2024. This document lists the Heart Foundation's responses submitted via the survey format of this public consultation, detailing the policy options supported by the Heart Foundation, as well as evidence to support those options.

1.0 Policy objective and approach

Policy objectives reflect what the policy intends to achieve and may include different objectives over the short-, medium- and long-term.

Proposed policy objectives for consultation

- Option 1.1 To reduce children's exposure to unhealthy food marketing and the persuasive power of this marketing (short-term objective, within 1-2 years).
- Option 1.2 To reduce children's exposure to unhealthy food marketing and the persuasive power of this marketing (short-term objective, within 1-2 years) AND to improve children's dietary intakes (medium-term objective, within 3-4 years).

The Heart Foundation supports option 1.2

Additional information: Reducing unhealthy food marketing must be complemented with efforts to improve children's dietary intake, as this single policy objective alone will not achieve this desired outcome.

Poor diet is a leading risk factor for chronic disease, including cardiovascular disease. The Heart Foundation recommends improvements in dietary intake be defined by reference to the Australian Dietary Guidelines - an eating pattern focused on consumption of minimally processed foods, plenty of fruit, vegetables, wholegrains, and protein-rich food. An eating pattern focused on consumption of a variety of fresh, unprocessed foods is essential for optimal cardiovascular health. The Heart Foundation supports a diet naturally low in unhealthy fats, salt and added sugar, and rich in wholegrains, fibre, vitamins, minerals and healthy fats. Implementing policies which restrict marketing of unhealthy foods to children will help drive improvements in children's dietary intake, create sustainable eating habits, and ultimately reduce the risk of cardiovascular disease.

Notwithstanding, an effective and comprehensive monitoring framework must be developed to properly assess the impact of this policy objective. The Heart Foundation has concerns that the proposed 3–4-year monitoring of children's dietary intake may not be sufficient to see outcomes. Furthermore, as it currently stands, there is no comprehensive and regular monitoring of children's dietary intake.

2.0 Policy approach

The policy approach refers to the regulatory and non-regulatory policy interventions that can be used to achieve the policy objective/s.

Proposed policy approaches for consultation

- Option 2.1 Status quo, which relies on a self-regulatory approach whereby food marketing is governed by industry Codes of Practice.
- Option 2.2 A mandatory legislative approach with policy development, monitoring and enforcement led by the Australian Government.

The Heart Foundation supports Option 2.2

Additional information: The Heart Foundation strongly supports a mandatory legislative approach as the only approach to effectively achieve improvements in children's dietary intake. Globally, a growing body of literature identifies that self-regulatory approaches have

not meaningfully reduced children's exposure to marketing of unhealthy food and beverages (Taillie et al, 2019). Consequently, we strongly oppose retaining the status quo and industry self-regulation.

3.0 Age definition of children

The age definition of children refers to the age up to which the policy protects children from food marketing. The definition (age) of a child is required when a policy includes provisions that restrict marketing content that is 'directed to children' or delivered in children's settings or during children's media content/programming. It is of note that not all policy options need to include an age definition.

Proposed child age for consultation

Option 3.1 Children are defined as less than 18 years of age.

Option 3.2 Children are defined as less than 15 years of age.

The Heart Foundation supports Option 3.1

Additional information: In the Convention on the Rights of the Child (CRC), a child is defined as "every human being below the age of 18 years". As referred to within the consultation paper, children aged 14-18 years engage in the highest amount of online and broadcast media, exposing them to high amounts of unhealthy food marketing. Any policy objective must be implemented to create the best public health impact, which necessitates a broadened scope to all children less than 18 years of age.

4.0 Foods and beverages to be restricted from marketing

The WHO recommends that policies to protect children from unhealthy food marketing apply a government-led food classification system to classify foods to be restricted from marketing and that this should align with national dietary guidelines (WHO, 2023).

4.1 Food classification system

Proposed food classification systems for restricting food marketing for consultation

Option 4.1.1 A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products AND food brands that are associated with unhealthy products.

Option 4.1.2 A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products. Marketing of food brands (without referring to a specific product) would be exempt from restrictions.

Option 4.1.3 A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products. Marketing of food brands would only be permitted when a healthy food product owned by the brand was included in the marketing content.

The Heart Foundation supports Option 4.1

Rationale – The Heart Foundation is concerned that should this policy allow marketing of food brands that are associated with unhealthy products, the intended outcomes (improved children's dietary intake) will be considerably reduced. This is because well-known and ubiquitous advertising of popular unhealthy food brands, such as the likes of fast-food chains

and sugar-sweetened beverages, are already associated with unhealthy foods. As such, allowing these brands to substitute unhealthy for healthy products in an effort to continue their marketing will not be as effective in achieving policy objectives.

4.2 Which specific food classification system would be most appropriate?

Option 4.2.1 COAG Interim Guide

Option 4.2.2 FSANZ Nutrient Profiling Scoring Criteria

Option 4.2.3 Health Star Rating System

Option 4.2.4 Other

The Heart Foundation proposes Option 4.2.4: Other

Rationale – We support a definition of unhealthy food that:

- reflects the Australian Dietary Guidelines, noting they are currently under review, and best captures foods that are discretionary and/or should be limited in accordance with the guidelines;
- is category based, with clear categories of discretionary food that cannot be advertised at all, including sugary drinks, confectionery, desserts and ice creams, sweet snacks, drinks sweetened with non-nutritive sweeteners, fast food meals such as burgers, chips, pizzas, fried foods, pies, cakes and others;
- applies appropriate nutrient thresholds to some food categories that can include healthy and unhealthy products, such as breakfast cereals and yoghurts; and
- applies effectively to fast food and meals as well as packaged food.

The Heart Foundation recommends an additional classification system to help define what a healthy food is. The Health Star Rating system was designed as a tool to help consumers choose healthier options within defined food categories, and the FSANZ Nutrient Profiling Scoring Criteria helps determine which foods are permitted to carry nutrient content and general level health claims. To meet the needs of this policy objective, the Heart Foundation recommends an additional classification system be introduced which is fit-for-purpose, or alternatively an amalgamation of existing classification systems which will best help define subjective terminology such as 'unhealthy' and 'healthy'.

5.0 Media platforms, settings and marketing techniques to be restricted

Marketing media and settings considered include: i) broadcast media, ii) online media, iii) outdoor advertising, iv) retail settings; v) product packaging and vi) sports sponsorship.

5.1 Television advertising

Proposed TV food advertising restrictions for consultation

- Option 5.1.1 Restrict unhealthy food advertising on TV between 5:30am and 11:00pm. Restrictions apply across all TV services and platforms.

- Option 5.1.2 Restrict unhealthy food TV advertising that is ‘directed to children’, including in children’s programs (C and P programs), on children’s channels and during children’s peak viewing times (based on the number of children watching). Restrictions apply across all TV services and platforms.
- Option 5.1.3 Restrict unhealthy food advertising on *all* broadcast media between 05:30 and 11:00 pm (all TV services and platforms, radio, cinema, podcasts and music streaming services).

The Heart Foundation supports Option 5.1.3

Rationale – The Heart Foundation strongly supports option 5.1.3 to restrict all unhealthy food marketing on all broadcast media between 5:30am and 11:00pm. This policy option would best reflect findings from the consultation paper, which show the highest number of children watch TV during these hours.

The 5:30am-11:00pm is purposefully larger to accommodate the age breadth and variance of lifestyle of children less than 18 years. Evidence from other countries with total bans on television advertising show that such a restriction is possible. The province of Quebec in Canada has had a near-total ban on advertising directed to children under the age of 13 since the 1980s. This ban has included a complete restriction on television advertising directed to children under 13, with no specified hours. A 2011 study of Quebec's ban on television advertising directed at children showed that affected households had a 13% lower propensity for purchase of fast foods compared to households in provinces where there is no such ban (Dhar & Baylis, 2011).

Regulations should not be restricted to TV alone, and should also apply to radio, all streaming services, subscription and catch-up TV, and movie services. Any policy should be wide in its reach, extending regulations to platforms that are similar to those where there is evidence of exposure and impact on children, where a similar effect may be seen. This will ensure the policy can achieve its objectives effectively in the long-term, as media platforms continue to adapt and develop.

5.2 Online marketing

Proposed online media food marketing restrictions for consultation

- Option 5.2.1 Restrict all ‘paid for’ (monetary and non-monetary) marketing for unhealthy foods through online media. Restrictions apply across all online communication technologies.
- Option 5.2.2 Restrict all marketing for unhealthy foods through online media. This includes all marketing that has been ‘paid’ for (monetary and non-monetary) and ‘non-paid’ marketing where a company has acted to promote an unhealthy food (e.g., through sharing user content or encouraging user generated content with the intention of promoting an unhealthy food or brand).

The Heart Foundation supports Option 5.2.2

Rationale – The Heart Foundation supports option 5.2.2 to restrict all paid and non-paid unhealthy food marketing on online media. Evidence reviewed in the consultation paper shows that children spend significant amounts of time online, have multiple daily exposures to unhealthy food advertising and are negatively influenced by it. Any policy should impose a total restriction of food marketing on all online media to best protect children online.

Social media offers a unique opportunity for unhealthy food brands to benefit from unpaid marketing through user-generated content. This type of content is particularly successful in promoting engagement from users and being widely shared, increasing its potential to reach and negatively influence children. Furthermore, user-generated content can foster greater trust and a positive image in the brand when it is promoted by a peer or recognised public figure (Angella & Johnson, 2016). If unpaid marketing, such as user-generated content, is permitted in this policy, it is reasonable to expect brands will further capitalise on these advertising methods, at no cost to them. The policy must ensure that all forms of online marketing of unhealthy foods - both paid and unpaid - are not permitted.

5.3 Outdoor advertising

Proposed outdoor food advertising restrictions for consultation

- Option 5.3.1 Restrict unhealthy food advertising on all outdoor media.
- Option 5.3.2 Restrict unhealthy food advertising on outdoor media at government-owned and managed places, on public assets, within 750m around schools and along major transport corridors.

The Heart Foundation supports Option 5.3.1

Rationale – The Heart Foundation supports policy option 5.4.1 to restrict unhealthy food advertising on all outdoor media. Evidence shows that outdoor food marketing is associated with negative health outcomes. In Australia, exposure to unhealthy food advertising on public transport has been associated with unhealthy food consumption in adolescents. In the United States, it was found that for every 10% increase in outdoor food advertising in a neighbourhood, residents had 5% increased odds of overweight or obesity (Chung et al, 2022).

As outlined in the consultation paper, children in Australia are heavily exposed to unhealthy food marketing during their commutes to school. Per one-way commute to school, children in Perth were found to be exposed to 37 discretionary food advertisements when using public transit, and 22 advertisements when walking to school (Trapp, Hoover et al 2021). Beyond public transit, a 2015 ACT audit undertaken by the Heart Foundation showed that 80% and 86% of the food and drink advertising in major shopping centres and sport venues respectively, was for unhealthy food and drink products. The audit further reported that placement of food advertisements was common in places frequented by children, including near schools, children play areas at shopping centres, on school bus route shelters, inside cinemas and supermarkets (Paton L, 2015). A 2022 New Zealand study also examined exposure to harmful marketing in outdoor spaces, showing frequent advertising around school, bus stops, sports fields and parks, main roads, and residential areas. This outdoor advertising disproportionately impacted children from low socioeconomic households. It was estimated that targeted bans of unhealthy food advertisements outdoors could significantly decrease children's exposure to these, and potentially promote improved health equity (Liu et al, 2022).

Defining 'outdoor media' broadly to include all public spaces and events will be the most effective in protecting children from unhealthy food advertising. We do not support a policy option that is limited to only regulating unhealthy food advertising on outdoor media near schools and/or on government-owned assets. This will not best protect children as it does not fully reflect the many places and spaces where children are currently exposed to and influenced by unhealthy food advertising.

For this policy to meet its objectives, it should apply to all outdoor advertising, public transport vehicles and infrastructure, education, healthcare, sporting and recreation facilities, cultural institutions including libraries, museums, cultural and music events, and shopping centres. The policy should also extend to marketing on retail outlets and restaurants that is displayed so it can be seen from the street.

5.4 Product packaging

Proposed food packaging restrictions for consultation

- Option 5.4.1 Restrict on-pack marketing considered to be 'directed to children' on unhealthy foods.

Do you support Option 5.4.1?

Yes, the Heart Foundation supports Option 5.4.1

Rationale – Product packaging is a highly influential form of marketing to children. For instance, in a study conducted in the United States, children aged 4– 6 believed that a food item from a package with a cartoon character tasted better than the same food item from a package without a cartoon character (Roberto et al, 2010). Furthermore, a 2022 review showed that among several different packaging elements, cartoon characters on food packages held the strongest influence over both children's food choice and intake. Other packaging elements found to be influential included the presence of a celebrity, bright colours, in-product promotions, and product name (Arraztio-Cordoba, et al, 2022).

The Heart Foundation supports a policy which restricts unhealthy foods from using marketing techniques which specifically appeal to children, such as cartoon images, activities, competitions, promotions, characters or prizes.

5.5 Sponsorship

Proposed food sponsorship restrictions for consultation

- Option 5.5.1 Restrict unhealthy food sponsorship of elite and professional sports, community sports and arts and cultural events involving children as participants

Do you support Option 5.5.1?

Yes, the Heart Foundation supports Option 5.5.1

Rationale – The Heart Foundation strongly supports a policy option to stop all unhealthy food sponsorship of sports, arts and cultural events, with an appropriate definition being developed in consultation with public health experts.

As outlined in the consultation paper, children in Australia are significantly engaged with sport, both as players and as spectators, and unhealthy food sponsorship is highly prevalent in sport, both at the community and professional level.

Evidence shows that brand sponsorship in sports can promote an 'image transfer', wherein brands benefit from the positive images of youth, health and peak performance associated with sports, creating a highly influential 'health halo' (Dixon, et al 2018). This effect enhances unhealthy food brand awareness in children, which is associated with higher levels of unhealthy food consumption, as outlined in the consultation paper. By restricting brand

sponsorship in sports through effective policy, the impacts of unhealthy food advertising on children will be greatly reduced.

Extending this policy beyond sporting events to arts and cultural events will ensure its effectiveness by preventing unhealthy food advertising expansion to these other spaces.

5.6 Retail marketing

Proposed food retail marketing restrictions for consultation

- Option 5.6.1 Status quo, whereby food marketing within food retail outlets is determined by the retail industry.
- Option 5.6.2 Option 5.6.2 Restrict placement-based promotions of unhealthy foods within food retail outlets (e.g. end-of-aisle, check-outs).
- Option 5.6.3 Option 5.6.3 Restrict price-based promotions of unhealthy foods within food retail outlets (e.g. multi-buys, temporary price promotions).
- Option 5.6.4 Option 5.6.4 Restrict placement-based and price-based promotion of unhealthy foods within food retail outlets.

The Heart Foundation supports Option 5.6.4

Rationale – The Heart Foundation supports policy option 5.6.4 to restrict both placement and price-based promotion of unhealthy food within in-store and online retail environments. It is important to note that retail outlets are one of the most important settings for unhealthy food marketing in certain priority population areas, such as rural and remote communities. These isolated communities may not have the same level of exposure to other marketing formats such as outdoor, online media and event sponsorships, therefore limiting the impacts of policies that only restrict marketing in these formats. Effectively protecting children in these communities from the impacts of unhealthy food marketing must include restrictions on retail outlet settings.

To meet policy objectives, we recommend the introduction of:

- restrictions that prevent retailers from featuring unhealthy food and drinks in prominent areas, such as at the ends of aisles and near point-of-sale (checkouts),
- restrictions in the online retail environment that prevent retailers from featuring unhealthy food at the top of search results or on the main page of a webpage or mobile app, and
- restrictions on price promotions intended to encourage purchasing of unhealthy food, such as temporary price discounts and multibuys (eg. Buy 2 for \$5) for unhealthy foods.

Any policy on retail marketing must apply equally to both the in-store and online environments.

This policy option would also be in line with the National Obesity Strategy and the National Preventive Health Strategy, which aim to restrict price promotions and placement of unhealthy food and drinks at the point of sale and end of aisle in food retail environments. These strategies are supported by evidence showing that unhealthy food and drinks are more likely to be price-promoted than healthier foods, will see larger discounts applied, that

price promotions lead to people buying more unhealthy food than they normally would, and do not save consumers money overall (Obesity Evidence Hub, 2024).

While this policy aims to address unhealthy food marketing, it is also of critical importance that the Government introduce policies to improve affordability and accessibility of healthy foods across Australia. Such policies should have a particular focus on priority populations, including Aboriginal and Torres Strait Islander Peoples, people in low socio-economic groups and people living in rural and remote areas.

5.7 Marketing 'directed to children'

Proposed restrictions on marketing 'directed to children' for consultation

- Option 5.7 Restrict direct unhealthy food marketing to children and any unhealthy food marketing that uses promotional techniques with child appeal across all media and settings. This policy would be combined alongside time and media- or settings-based food marketing restrictions (e.g. Sections 5.1 to 5.6) to cover marketing not restriction under other provisions.

Do you support restricting unhealthy food marketing 'directed' to children, in addition to policy options 5.1-5.6?

Yes, the Heart Foundation supports Option 5.7, in addition to policy options 5.1-5.6

Rationale – The Heart Foundation supports the addition of 5.7 (restrict direct unhealthy food marketing to children and any unhealthy food marketing that uses promotional techniques with child appeal across all media and settings) to ensure that there are no loopholes in the policy objective which may inadvertently allow food industry to use marketing tactics which target children. Global evidence has shown that children's exposure to food marketing is associated with significant impacts on their food choices and preferences, and significant increases in their food intake (Boyland, et al 2022). It is important that all marketing that targets children are not permitted. This must include:

- marketing that uses any feature or technique that is likely to appeal to children including images, activities, characters and prizes, including on product packaging;
- marketing in any physical place or form of media that is primarily for children; and
- marketing sent or displayed directly to a child by email, text message or in any other way.

6.0 Priority for action

Which media and settings do you see as the top priority for action? Please rank in order of priority (1 = highest priority).

The Heart Foundation supports the following ranking for priority for action:

1. Online
2. Broadcast media (TV, radio, cinema, podcasts, streaming services)
3. Sponsorship
4. Retail
5. Outdoor
6. Marketing 'directed' to children
7. Food packaging

Is there any other information you would like to share to inform this consultation process?

Exposure to the marketing of unhealthy foods and beverages is a risk factor for the development of childhood obesity and non-communicable disease, including cardiovascular disease. In 2021, a scientific statement from the American Heart Association stated “Obesity contributes directly to incident cardiovascular risk factors, including dyslipidemia, type 2 diabetes, hypertension, and sleep disorders. Obesity also leads to the development of cardiovascular disease and cardiovascular disease mortality independently of other cardiovascular risk factors” (Powell-Wiley, et al 2021).

The consultation paper provides clear evidence that children in Australia are exposed to high amounts of unhealthy food marketing in their daily lives, and that unhealthy food marketing has strong, negative influences on the foods that children prefer and eat. Introducing comprehensive regulations to restrict unhealthy food marketing to children will be an important measure to promote healthier food environments and support Australian children to adopt healthy living practices that they will carry into adulthood.

Regulation to protect children from unhealthy food marketing should form part of a comprehensive set of actions to improve diets and reduce overweight and obesity in Australia, guided by the National Preventive Health Strategy and the National Obesity Strategy.

Cost effectiveness

The consultation paper has clearly outlined that policies aimed at protecting children from unhealthy food marketing are cost effective. By restricting unhealthy food marketing, it is expected that this would result in significant reductions in the costs linked to overweight and obesity, and diet-related non-communicable diseases, incurred by both governments and individuals.

Supporting health equity

As outlined in the consultation paper, children of ethnic minority and lower socioeconomic status are at a greater risk of exposure to unhealthy food marketing, which results in the potential for a stronger impact on these children. By restricting unhealthy food marketing to children across all relevant settings, there is likely to be positive impact on health equity. This is supported by Australian research finding that restrictions on food marketing to children on television were likely to have greater health benefits and greater health care cost savings for children of lower socioeconomic position than for those of higher socio-economic position (Brown, et al 2018).

The Heart Foundation supports the analysis on the cost-effectiveness and healthy equity impacts of policy options as part of this feasibility study.

Monitoring, evaluation and enforcement

The Heart Foundation strongly supports the development of a comprehensive monitoring and evaluation framework as part of the policy design to ensure policy objectives are met. We also recommend that such a framework undergo further consultation with public health and consumer organisations. Effective monitoring and evaluation will be government-led and require mandatory reporting from the food and advertising industries.

Policy development and conflict of interest

To attain policy objectives effectively, further policy development is required to ensure a comprehensive approach. This should be done in close consultation with public health and

consumer organisations. The Heart Foundation recommends that this include a stakeholder engagement and conflict of interest policy to ensure the complete exclusion of influence from the processed food, advertising and related industries in the development of a comprehensive policy and legislation.

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