





Health *equity* impact of policies to reduce children's exposure to food and beverages marketing

Summary of evidence, using the Best-ReMap framework

In brief: the prevailing evidence is that an intervention to reduce children's exposure to the promotional marketing of less healthful foods and beverages would reduce health inequities rather than widen them.

The red coloured cell indicates moderate evidence that the policy may lead to responses from interested parties that undermine the effectiveness the policy and maintain or widen health inequities.

Source of inequity	Assessment criteria	Evidence concerning the equity impact of restrictions on children's exposure to the marketing of less healthy foods and beverages.
Pre-occurring risk	Underlying health or diet differences	Evidence of greatest need among lower SES children.
	Vulnerability or susceptibility	Some evidence of greater vulnerability in lower-SES children.
	General exposure to potential hazard	Evidence of greater exposure in lower SES groups
	Targeted exposure to potential hazard	Evidence of targeting of lower-income or minority groups.
Reach and type of intervention	Reach across subgroups/gradient	Reach in proportion to exposure: universal and proportionate
	Degree of penetration within sub-groups	No evidence found
	Localised (micro) or widespread (macro)	At both levels interventions would improve health equity
	Is it upstream or downstream?	Upstream: likely to improve health equity
	Reach of supportive messaging	No evidence found.
	Access to supportive services	No evidence found.
Response to intervention	Agency- or structure-led behaviour change	Structure-led: likely to improve health equity.
	Resource requirements	No resource requirements for individuals.
	Skills, literacy and numeracy requirements	No personal skills, literacy or numeracy required.
	School-to-home transfer of behaviour changes	No school-to-home transfer required.
	Household-level acceptability of intervention	No evidence of differential acceptability.
	Household-level perceived priority	No evidence of differential perceived priority.
Sustainability of response	Compatibility with community and cultural environment	No evidence of community incompatibility.
	Voluntary vs regulatory	Regulatory implementation likely improves health equity
	Barriers/threats to policy maintenance	Commercial resistance could widen health inequity.

-  Dark green = good evidence in favour of interventions improving health equity;
-  Pale green = moderate evidence in favour of interventions improving health equity;
-  Pale red = Moderate evidence against intervention improving health equity; and
-  Grey = lack of evidence.