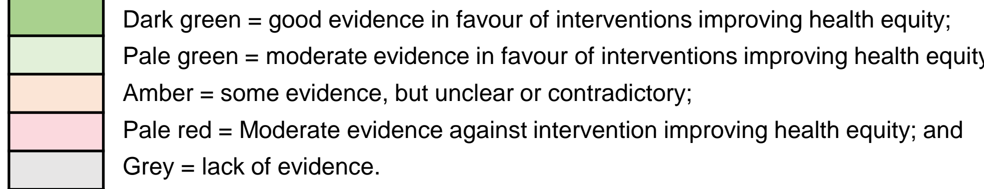
Health *equity* impact of policies for the public procurement of healthful foods and beverages

Summary of evidence, using the Best-ReMap framework

In brief: the prevailing evidence suggests that public procurement can reduce health inequities, but price barriers could widen health inequities unless compensating support is provided. Individual agency in food consumption may lead to a weakening of the effect (e.g. if schoolchildren choose to purchase food off the premises).

The effects of the negative elements highlighted in red can be minimised if there are requirements to ensure the procured foods are offered at the same price or a lower price than competitive food sources, possibly reinforced by agreed mandatory standards for the food provided.

Source of inequity	Assessment criteria	Evidence concerning the equity impact of policies to procure healthy foods and beverages.
Pre-occurring risk	Underlying health or diet differences	Evidence of greatest need among lower SES groups
	Vulnerability or susceptibility	Price sensitivity and resistance to change may be higher in low SES groups.
	General exposure to potential hazard	Exposure to poor food procurement may show a socio-economic gradient
	Targeted exposure to potential hazard	Lack of evidence of deliberate targeting of socio-economic subgroups.
Reach and type of intervention	Reach across subgroups/gradient	Limited evidence of reach across all groups: likely universal and proportionate.
	Degree of penetration within sub-groups	Limited evidence that improved food standards reach all subgroups.
	Localised (micro) or widespread (macro)	Both: localised practices and national standards
	Is it upstream or downstream?	Primarily upstream with potential to improve health equity
	Reach of supportive messaging	No evidence of differential reach of messaging
	Access to supportive services	Potential differential access to supportive services
Response to intervention	Agency- or structure-led behaviour change	Structure-led with some limited agency
	Resource requirements	Costs may act as a disincentive
	Skills, literacy and numeracy requirements	No skills, literacy or numeracy required
	School-to-home transfer of behaviour changes	Mixed evidence of school-home relations
	Household-level acceptability of intervention	Depends on cost and attractiveness, and parental involvement in adopting new standards
	Household-level perceived priority	No evidence on whether food procurement is differentially prioritised
Sustainability of response	Compatibility with community and cultural environment	No clear evidence of differential compatibility
	Voluntary vs regulatory	Improved standards likely to be mandatory
	Barriers/threats to policy maintenance	Price and attractiveness may affect sustainability



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