



Scoping paper: Limiting unhealthy food and drink marketing to children through sports sponsorship

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January 2017

1. Background to topic

Approximately 60% of children aged between 5-14 years participate in at least 1 organised sport outside school hours (Australian Bureau of Statistics 2012). Sports sponsorship is another form of marketing which uses a child's positive attitude towards the sporting event or team to be transferred to the sporting sponsor company. Companies who are otherwise restricted in their advertising targeted at children can use sponsorship to penetrate this market (Pettigrew et al. 2013). Sponsors representing unhealthy food and beverage send confusing and mixed messages to children and parents as a result of the association between unhealthy products with healthy activities such as sport (SA Health 2012). Parallel evidence from tobacco sponsorship has shown that sponsorship has an impact on product recall, attitudes and behavioural intention (Kelly et al. 2011a).

Sponsorship is one of the fastest growing forms of marketing with companies spending US\$2 billion worldwide in 1984, US\$28 billion in 2004 and increasing to over US\$46 billion in 2010 (Kelly et al. 2011a; WHO 2013). Approximately 75% of sponsorship is spent on sport (Kelly et al. 2011a).

In this scoping paper, sponsorship will be limited to sponsorship of sports organisations, sporting events/competition, sporting development programs, and sports clubs. It will not include the impact of individual athlete sponsorship or celebrity product endorsement.

2. Intended policy impact

It is expected that mandatory restrictions on marketing of products high in fat, sugar and salt (HFSS) to children through sports sponsorship will reduce children's (and adults') exposure to these products and change their attitude towards these products. This in turn will reduce consumption of HFSS food and drink and have a positive impact on population obesity levels.

3. Current policy status

a. Australia

Currently in Australia there are no regulations restricting children's exposure to marketing of HFSS products through sports sponsorship. Current voluntary codes of practice aimed at restricting children's exposure to HFSS marketing don't apply to sports sponsorship (Kelly et al. 2011a).

b. International

Despite WHO recommendations on the restriction of unhealthy food and drink marketing in settings where children gather, including sporting activities; a brief literature search suggests that there are currently no examples of countries with regulatory mechanisms to limit sports sponsorship by companies marketing HFSS products.

4. Evidence of efficacy/effectiveness

a. Overview of evidence

Evidence is required in the following areas to model this intervention:

- I. Exposure of children to unhealthy food and beverage marketing through sports sponsorship*

According to research sponsored by the Cancer council (Cancer Council NSW 2012) – 17% of sponsors for community sports clubs and 9% of sponsors for elite sporting clubs were companies promoting food and beverage. Half and two-thirds of these food and beverage sponsors of community and elite sports respectively, represented unhealthy foods. 53% of these companies at community sports clubs had their logo on the children's sports uniforms and 29% gave away vouchers for their products to players (children). Research from South Australia reports a higher proportion of sports sponsors representing food and beverage companies. The website review showed that 63% of popular children's sport is sponsored by food and drink companies; 92% of food and beverage sponsors of peak state sporting organisations (e.g. Cricket SA) represented unhealthy products; and 84% of sponsors of regional sports clubs represented unhealthy products (Mehta et al. 2010).

Development programs are national programs aimed at young children to create interest in specific sports and develop skills (E.g. Milo cricket, Little Athletics etc.). Six of the eight children's sports investigated by Mehta et al (2010) had development programs sponsored by food or drink companies – 5 of the 6 sponsors represented unhealthy products (83%). A website review of junior sport development programs in Australia (that received funding from the Australian Sports Commission) showed that although unhealthy sponsorship was not prevalent (4% of all sponsors), over 90% of food sponsors were unhealthy (Watson et al. 2016)

A New Zealand study which reviewed the websites of sports organisations which represented the most popular sports among children revealed that there was significantly more sponsorship of junior sports by companies promoting HFSS products compared to other sports (Maher et al. 2006).

Studies have also shown that children are exposed to HFSS marketing by viewing televised elite sports which are sponsored by companies representing HFSS products. Content analysis of the televised Twenty20 Big Bash cricket revealed that the KFC sponsor logo was clearly visible for 58.6 minutes of the 95.8 minutes game time (61% of game time). The same study found that during the KFC Twenty20 International game, the logo was visible for 44% of the game time, and in addition, KFC advertisements captured 7% of the total commercial advertising time (Sherriff, Griffiths & Daube 2010).

- II. Impact of sport sponsorship on children's attitude towards the sponsor and therefore the unhealthy food and beverage they are promoting*

The Cancer council research (Cancer Council NSW 2012) found that 68% of children from community sports teams who were sponsored by food and drink companies could name a median of 2 sponsors of their own sports club including 1 food and drink sponsor. 69% of children thought that the food and drink company sponsoring their club was 'cool' and 59% would return the favour by buying their products.

III. *Impact of sport sponsorship on children's consumption of unhealthy food and beverage*

No evidence on this was found, however the above mentioned Cancer council research found that 59% of children would like to return the favour of these sponsor by buying their product (Kelly et al. 2011c).

IV. *Parallel evidence from tobacco and alcohol sponsorship*

i. *Impact of sponsorship on consumption*

In an Indian study, children aged between 13-16 years (n=1948) were surveyed regarding their awareness of the tobacco sponsorship of a recent televised cricket series and their smoking habits. The results showed that experimentation with tobacco was significantly higher for children who reported watching the matches (7.8% vs. 4.8%; $p=0.01$) (Vaidya, Naik & J.S 1996). The same group of investigators conducted a surveyed of 5822 13 to 17 year old children about their cigarette consumption before and 6 months after the 1996 World cup cricket series which was sponsored by a tobacco company. They found that the proportion of smokers increased from 2.4% before the series to 11.1% after the series (Vaidya, Vaidya & Naik 1999)

A study in the UK surveyed boys in 1994 and then again in 1995 and asked them which sport they most liked to watch and their smoking habits. The study results showed that amongst boys who were not regular smokers at the time of the initial survey, the likelihood of becoming a regular smoker was greater for those who named motor racing¹ as their favourite television sport compared to those who didn't (OR=1.96 95% CI: 1.09-3.51) (Charlton, While & Kelly 1997).

A Canadian study surveyed 98 children aged 13-15 years before and after the Montreal Formula 1 Grand Prix which was sponsored by several tobacco companies. Logistic regression showed that the Grand Prix event ($p<0.001$) and interest in car racing ($p<0.001$) significantly increased cigarette consumption (Chebat & Daoud 2003).

ii. *Impact of sponsorship restriction regulation on consumption*

A study commissioned by the New Zealand Toxic Substances Board investigated the impact of advertising bans across 33 countries. The study found that countries with a total ban on tobacco promotion had an average decline in smoking per annum of 1.6%, compared to countries which allowed tobacco promotion in all media where the average smoking per annum increased by 1.7%. The study also found that the differences in tobacco consumption couldn't be fully explained by differences in health promotion, incomes, or the price of cigarettes in the different countries. This study concluded that the greater the degree of governmental control on tobacco promotion, the greater the fall in tobacco consumption in adults and young people (Toxic Substances Board 1989).

These findings are supported by another study (Saffer & Chaloupka 2000) which also showed that the increase in the number of bans on different types of tobacco advertising media results in reductions in per capita cigarette consumption. The authors conclude that a limited set of advertising bans won't have an impact on the level of advertising due to advertising media substitution; however comprehensive advertising bans can reduce tobacco consumption.

¹ At this time cigarette companies were sponsors of motor racing in the UK

iii. *Sponsorship substitution*

If there is regulation banning companies representing HFSS products from sponsoring sports clubs; sponsorship substitution is a method of ensuring that these sports clubs are not disadvantaged due to loss of sponsorship funds.

Evidence of the application of sponsorship substitution comes from the experience of using public funds to replace the sponsorship provided by tobacco companies to sports and the arts in the 1980s.

VicHealth the world's first health promotion body which was entirely funded by a tax on tobacco was established in 1987. In 1988-1989 VicHealth's budget was A\$25.2 million. In 1988-1989 VicHealth spent A\$6 million to buy out the sponsorship by tobacco companies of sports and cultural events. In return for the sponsorship provided by VicHealth, the sporting organisations endorsed healthy activities. They were encouraged to promote smoke-free environments, implement sun smart standards and provide healthy food options (VicHealth 2005).

South Australia and Western Australia have also set up health promotion foundations that have used funds for tobacco sponsorship substitution.

As part of the Tobacco Act, VicHealth is legislated to use a minimum of 30% of its budget on sporting bodies. In 2011-2012, the total government funding provided to VicHealth was \$A34.8 million, 37% was spent on the sports setting. *Improving nutrition* and *increasing physical activity* are two of the key strategic areas for VicHealth. It is reported that 5% and 25% of grant expenditure were used on each of these strategic areas respectively. The proportion of grant expenditure targeting whole of population initiatives and children was 55% and 7% respectively (Victorian Health Promotion Foundation 2012)

The Western Australian Health Promotion Foundation - Healthway uses sponsorship of sports, arts and racing organisations to encourage healthy lifestyles. In 2011-12, 40% of the sponsorship program budget was allocated to the prevention of overweight and obesity (Healthway 2012). Healthway has a co-sponsorship policy which requires organisations applying for sponsorship to provide details of sponsorship by alcohol and food and beverage companies to ensure that unhealthy brands are not co-promoted with Healthway. In 2010-2011, 11% of organisations were offered sponsorship with specific conditions relating to co-sponsors. Healthway reports that the co-sponsorship policy has significantly reduced the promotion of HFSS products.

As part of the National Binge Drink Strategy, the Australian Government provided A\$25 million over 4 years (starting 2010-11) to the Community Sponsorship Fund which provides alternative funding to alcohol sponsorship of community sports and cultural organisations (Australian National Preventive Health Agency 2013)

b. Potential to use evidence as the basis for an intervention

Evidence of exposure – children participating in sports

Variable	Study	Results for use in modelling
Proportion of children participating in at least 1 organised sport activity	(Australian Bureau of Statistics 2012)	Children aged between 5-14 yrs Males – 66.4% Females – 53.6% All – 60.2%
Proportion of sports clubs with food sponsors	(Mehta et al. 2010) (Kelly et al. 2011b) (Watson et al. 2016)	75% of regional clubs 75% of development programs 4% of all sponsors in development programs 65% of children's sports clubs had sponsors. 17% of the sponsors were food and beverage (F&B) companies
Proportion of food sponsors promoting HFSS products	(Mehta et al. 2010) (Kelly et al. 2011b)	84% of regional sports clubs 83% of development programs 50% of the F&B sponsors of children's sports clubs were unhealthy

Evidence of exposure – children watching sport on television

Variable	Study	Results for use in modelling
Proportion of children watching sports on television	(Sherriff, Griffiths & Daube 2010) (Lindsay et al. 2013)	Over 2 million Australians watched the KFC Twenty20 Big Bash game. <i>Need to estimate a proportion that were children</i> During the 3 televised National Rugby League State of Origin 2012 series – the proportion of young people (5-17 year olds) in the audience was between 10.7% and 11.9%
	Other sources - OzTAM	Official source of television audience measurement

Impact of sponsorship on consumption

Variable	Study	Results for use in modelling
Purchase intention	(Kelly et al. 2011c) (Cancer Council NSW 2012)	85% of children thought F&B companies sponsored sports to help out sports clubs 59% of children will 'return the favour' by buying sponsors' products 30% think about sponsors when buying something to eat or drink
Product uptake due to viewing televised sports sponsored by tobacco companies	(Vaidya, Naik & J.S 1996) (Vaidya, Vaidya & Naik 1999) (Charlton, While & Kelly 1997) (Chebat & Daoud 2003)	Tobacco experimentation for children who watched the cricket was significantly higher (7.8% vs. 4.8%; p=0.01) Proportion of smokers increased from 2.4% before to 11.1% after the cricket was televised OR 1.96 (95% CI: 1.09-3.51) for becoming a regular smoker for boys whose favourite sport is motor racing compared to other boys The Grand Prix event significantly increased cigarette consumption (p<001)

Sponsorship substitution

Variable	Study	Results for use in modelling
Cost of sponsorship substitution (tobacco)	(VicHealth 2005)	1988-1989 \$A6 million spent on tobacco sponsorship substitution
Cost of sponsorship substitution (alcohol)	(Australian National Preventive Health Agency 2013)	Community Sponsorship Fund - 25 million over 4 years
Funding currently available for sponsorship substitution	(Victorian Health Promotion Foundation 2012) (Healthway 2012)	VicHealth fund allocation in 2011-2012 was 34.8 million 30% of VicHealth funding available for sports clubs 40% of sponsorship budget available for addressing overweight and obesity

c. Description of potential interventions

Type of regulation	Level of restriction	Sponsorship substitution	Industry impact
Mandatory	Community sports clubs where children participate	No substitution	Exclude impact on industry
Voluntary code of practice	Regional sports clubs	Include substitution for all	Include impact on industry
Voluntary code of practice	Elite sports clubs	Targeted substitution to limit equity implications of lost sponsorship	
	Elite sports competitions		

5. Feasibility of intervention's implementation in Australian context

- Feasibility will be limited by the lack of similar policies elsewhere in the world, and therefore there is no 'policy evidence' for this intervention. However there is evidence that the Australian government is prepared to legislate against tobacco sponsorship and more recently has provided funding to discourage alcohol sponsorship of sporting organisations
- There is evidence from experience with tobacco sponsorship that sponsorship substitution works, is affordable and is available through the state health promotion foundations
- Studies have found that the general public support restrictions on sponsorship by companies representing unhealthy food and beverage (Kelly et al. 2013; Morley et al. 2012). However there is more support for restrictions related to broadcast media compared to sport sponsorship
- In the study by Mehta and colleagues (Mehta et al. 2010), the study protocol included a survey of executive officers of sporting organisations; however the survey component was not completed due to non-participation. The authors suggest that the reluctance to comment could be due to increasing sensitivity towards marketing of unhealthy products to children through sponsorship.

6. Issues specific to this intervention

a. Modelling

Evidence of effectiveness of regulation on decreasing children's exposure to HFSS products is not available due to the lack of any such regulation in Australia or internationally. However there is parallel evidence from tobacco sponsorship regulation that shows that the level of promotion bans has an impact on consumption – with a greater number of bans resulting in decreased consumption.

Evidence related to the impact of decreasing exposure to unhealthy food and beverage sponsorship on consumption and therefore obesity is limited. Parallel evidence from TV advertising could be applicable. Evidence from tobacco sponsorship restrictions can also be used to inform the modelling.

If a measure of impact (on consumption/weight) per unit of marketing exposure can be determined, exposure related to sponsorship can be used to inform this intervention. However the impact of sponsorship of sports events and sports clubs may have a different impact on attitudes towards the sponsor and therefore consumption of products promoted by the sponsor as compared to normal advertising. It could be perceived that the product promoted by sports sponsors improves sporting ability or is healthy due to its association with sports participation being good for health.

If a societal perspective loss of income for the food industry due to marketing restrictions will not be included as it is assumed that there will be substitution to other products and no net impact on the economy. Impact on community sports needs to be investigated if there is no sponsorship substitution.

b. Other issues (e.g. equity)

A survey conducted by Morley et al (2012) found that there was significantly less support for sport sponsorship restrictions among participants from low to medium SES areas compared to high. This may be due to the perceived impact of these policies on the ability to raise funds for children's sporting activities for children living in lower SES areas. Another study found that 76% of parents support the restriction of HFSS product sponsors of children's sports with no differences by SES (Kelly et al. 2013)

7. Intervention's potential to meet intervention selection criteria

a. Potential impact on addressing the problem of obesity

- A large proportion of children participate in sport outside of school hours, and a greater proportion attend sporting events and/or watch sports on television. Limiting marketing of HFSS products through sports sponsorship is likely to decrease exposure to and therefore consumption of these products
- If the intervention includes restriction of elite sport sponsorship, exposure to HFSS marketing will not only be reduced for children but also adults and therefore may also have an impact on the consumption of HFSS products by adults
- Commercial evidence of the increasing spend on sponsorship indicates that sponsorship is effective in increasing consumption

b. Relevance to current policy decision making

- Although the greatest focus is on TV advertising of HFSS products to children, there is increasing interest in other types of marketing such as on websites, SMS etc. and sports sponsorship.

- The South Australian Government Department of Health commissioned a study to investigate the exposure of children to HFSS products through sport sponsorship. In a discussion document prepared by the SA Department of Health for the national seminar on food marketing to children in 2012 – there was mention that sport sponsorship is a major form of HFSS marketing to children and is increasingly being used by food companies.
- Discussions regarding the restriction of alcohol sponsorship is likely to be higher on the political agenda than restriction of sponsorship by HFSS companies (Johnson & Carroll 2013)

c. Availability of evidence of efficacy/effectiveness to support the analyses (using a broad definition of evidence)

- Policy evidence will be limited to parallel evidence from tobacco sponsorship restrictions
- There is some evidence of exposure of children to HFSS marketing through sports sponsorship
- Evidence of impact of restriction on consumption is likely to be limited to evidence from TV advertising (e.g. consumption per unit of exposure). However given the different impact of sponsorship on attitudes towards HFSS products compared to TV advertising may mean that the consumption per unit of exposure maybe different for sponsorship compared to TV advertising. Parallel evidence from restrictions on tobacco sponsorship can also be useful.

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