OP33   FREE TRADE AGREEMENTS, POWER ASYMMETRIES, AND THE DESIGN OF NUTRITION POLICIES: A CRITICAL DISCOURSE ANALYSIS OF CHALLENGES TO NUTRITION LABELLING REGULATIONS AT THE WORLD TRADE ORGANIZATION, 2007–2018

[1]P Barlow*, [2]AM Thow. [1]*Department of Health Policy, London School of Economics, London, UK;* [2]*Faculty of Medicine and Health, University of Sydney, Sydney, Australia*

Background There is a long-standing debate about whether and how trade agreements may impact on nutrition policies. The debate centers on whether powerful countries and multi-national corporations may invoke trade rules in order to prevent governments in other countries from introducing effective interventions, including nutrition labelling designed to promote healthy diets. Most research examining this possibility has considered whether and how technical rules in trade agreements are - or can be - invoked to contest nutrition labelling policies. Yet, this overlooks how trade agreements may be used by powerful agents to exert normative and ideological pressure concerning the causes of nutrition-related illnesses and appropriate policy design.

Setting In this article we conduct a critical discourse analysis of the non-technical arguments and discursive strategies used to challenge nutrition labelling policies proposed by Thailand, Chile, Indonesia, Peru, Ecuador, Bolivia, and Uruguay at the World Trade Organization (WTO) between 2007 and 2018. We analyse the normative and ideological claims used to challenge these policies, and assess whether and how power imbalances manifest in these arguments using Gaventa's typology of power.

Results Our discourse analysis shows that nutrition labelling debates at the WTO feature normative and ideological arguments concerning the causes of nutrition-related diseases, legitimate policy goals, and the scope of acceptable means for achieving them. For example, members state that obesity is complex and no foods play a particular role in the development of nutritional diseases; they argue that policies should promote industry innovation; and they support policies encouraged healthy 'choices' and consumer awareness. These arguments are regularly made by high-income members, including the US and EU, and share marked similarities with industry arguments used to contest nutrition policies in other fora.

Conclusion Our analysis suggests that powerful countries and multi-national corporations use WTO rules to shape trade partners' understanding of the causes of nutrition-related diseases, legitimate nutrition policy goals, and the scope of acceptable means for achieving them. In short, trade agreements can be used to influence normative and ideological foundations of nutrition interventions, and this creates scope for a subtle mobilisation of power to shape policy.

OP34   THE INFORMAS HEALTHY FOOD ENVIRONMENT POLICY INDEX (FOOD EPI) IN IRELAND: AN ASSESSMENT OF IMPLEMENTATION GAPS AND PRIORITY RECOMMENDATIONS

JM Harrington*, C Griffin, IJ Perry. *School of Public Health, University College Cork, Cork, Ireland*

Background Food-EPI has been developed by the International Network for Food and Obesity/Non-communicable Diseases (NCDs) Research, Monitoring, and Action Support. It is classified into two components: 'policies' and 'infrastructure support'. The policy component includes 7 domains to address the key aspects of food environments, that can be influenced by governments to create healthy food choices. The infrastructure support component includes 6 domains that facilitate policy development and implementation to prevent obesity and NCDs. Good practice statements are proposed within each domain, describing 'best practices' governments put in place to contribute towards a healthier food environment. The aim of this work was to assess and compare the extent of implementation of national government policies and actions in Ireland, for creating healthy food environments against international best practice, and identifying the major implementation gaps.

Methods Evidence on the extent of government implementation of different policies on food environments and infrastructure support was collected. Government officials validated the evidence document, and an online survey with public health experts and NGO representatives to rate the performance of government against international best practice was conducted. The experts independently scored the degree of implementation of those policies against international benchmarks. A one-day workshop was convened with the expert rating panel to identify potential policy actions. Online prioritisation of these actions will be prioritised.

Results There was very little to low levels of implementation for indicators in the 'policy domain'. Specifically very low levels for 'Food composition targets for out of home meals'; restricting unhealthy food promotion to children', 'healthy public procurement standards;and 'zoning laws encouraging healthy food outlets'. Only one indicator in the policy domain was rated with a high level of implementation 'increasing taxes on unhealthy foods'. In the infrastructure domain experts rated policy implementation from medium to high. Experts identified 18 actions in the policy domain and 16 actions in the infrastructure domain to be brought forward for prioritisation.

Conclusion This is the first Food-EPI to be conducted in Ireland. It will allow for the first time benchmarking of Irish food environment policies against international best practice and thus identify Government action (or inaction) to improve Irish food environments.

Thursday 10 September

Mental Health: Social and Environmental Drivers

OP35   SCREENING INTERVENTIONS FOR PROBLEM GAMBLING IN HEALTH, CARE AND SUPPORT SETTINGS – A SYSTEMATIC REVIEW

L Blank*, S Baxter, H Buckley-Woods, E Goyder. *School of Health and Related Research, The University of Sheffield, Sheffield, UK*

Background Since the relaxing of gambling laws in 2005, gambling harm has become a serious and worsening public

health problem in the UK. Health and other care settings have the potential to act as screening sites in order to identify and support gamblers who may be at high risk of experiencing gambling related harm. This study aims to identify interventions to screen for risk of gambling related harm in the general population which may be delivered in health, care and support settings.

Methods Systematic review and narrative synthesis. Searches of key databases and grey sources since 2012 were undertaken in October 2019. We included all studies (with no limit on design) which related the inclusion of screening and support for (previously unidentified) problem gambling in users of health, care and support services. The findings were synthesised narratively and a typology of interventions and supporting evidence was developed.

Results Electronic database searches generated at total of 5826 unique hits. Nine studies published 2013–2019, along with thirteen grey literature documents met our eligibility criteria and were included in the synthesis. The published studies originated in the UK (3), Sweden (2), US (1), and Australia (3). Grey literature was from the US.

The papers in academic journals (n=9) provided evaluative data from interventions, or qualitative data on practitioners' views. Three of these papers evaluated the use of screening, brief intervention and referral to treatment (SBIRT) approaches to identify and treat people experiencing or at risk of problem gambling and related harms. These were delivered in general practice, a mental health support service, and a substance abuse treatment service. Six papers provided evidence regarding the feasibility and acceptability of delivering interventions in settings including general practice, mental health services, consumer credit counselling and social work. Evidence of feasibility in varied contexts was further supported by grey literature reports describing the implementation of interventions such as training materials, and transfer of the use of SBIRT from substance abuse populations by practitioners.

Discussion Health, care and support services offer potentially important contexts in which to identify and offer support to people who are at risk of becoming problem gamblers. Screening intervention approaches (such as SBIRT) used with people who have other addictions, appear to be feasible and acceptable in a range of community and healthcare settings for those at risk of gambling harm. However, evidence of effectiveness and cost-effectiveness in this population is currently limited.

that have been conceptualised and tested in UK based research.

Methods A theory-based systematic review of UK evidence was conducted. 15 literature databases were searched without date restriction until June 2019. The main eligibility criteria were as follows: an individual level mental health or well-being measure and ethnic density measured at a defined geographical unit. The population of interest was any ethnic group, both minority and majority. Reviewer NB conducted all stages of the review, with random 10% samples double reviewed by a second reviewer (SS) at each stage. All studies were assessed on quality using a refined version of the CASP checklist. The results of the review were synthesised in a thematic format, grouped by study context, mental health outcome, and the pathways tested or discussed. Following this, a visual representation of the hypothesised and tested pathways was developed.

Results An initial search returned 3,664 documents after removing duplicates. 286 documents were included after title and abstract screening, and a final 36 papers identified after full text screening. In general, evidence for an ethnic density effect was found in papers which had larger sample sizes and employed smaller areal units. Hypothesised causal pathways were inconsistently tested in statistical analysis. The main pathways analysed were: racism and victimisation, migration and residency, social capital and support and English language proficiency. 11 papers did not test any pathways.

Conclusion The hypothesised pathways operating between ethnic density and mental health have been tested inconsistently. However, several plausible pathways have been identified, particularly those relating to racism and social capital and support. A more consistent focus on pathways and the application of more specific analysis techniques is required in order to advance our understanding of the pathways behind the ethnic density effect. It is arguable that a considerable body of US research is missed due to the UK focus of this study. However, this focus was deemed necessary in order to gain a better understanding of the potential causal pathways involved.

---

[1]ES Walker*, [2]G Ploubidis, [3]D Fancourt. [1]Epidemiology and Public Health, University College London, London, UK; [2]Centre for Longitudinal Studies, University College London, London, UK; [3]Department of Behavioural Science and Health, University College London, London, UK

Background In recent years, associations between social isolation, loneliness and morbidity and mortality have become the focus of a great deal of cross-disciplinary research, public policy, media reporting and the wider public discourse. Some have suggested changes to our social structures have triggered a 'loneliness epidemic' to which older adults are particularly vulnerable. However, the mechanisms by which isolation may influence our biology and ultimately bring about disease states remains unclear. Furthermore, complex and longitudinal

---

[1]NC Bennett*, [1]S Salway, [2]A Piekut. [1]Sociological Studies, The University of Sheffield, Sheffield, UK; [2]Sheffield Methods Institute, The University of Sheffield, Sheffield, UK

Background A growing body of literature explores the effects of ethnic density on various mental health outcomes. However, the results have been mixed and there is a need for a better understanding of the pathways involved. This systematic review aims to synthesise theoretical and empirical evidence on the pathways between ethnic density and mental health