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

1P Barlow*, 2AM Thow. 1Department of Health Policy, London School of Economics, London, UK; 2Faculty 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 multinational 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 support 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 multinational 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.

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

JM Harrington*, C Griffin, Ll 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 that 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.

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

1PB arlow*, 2AM Thow, 1Department of Health Policy, London School of Economics, London, UK; 2Faculty of Medicine and Health, University of Sydney, Sydney, Australia

Background Since the relaxing of gambling laws in 2005, gambling harm has become a serious and worsening public
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 aimed to synthesize theoretical and empirical evidence on the pathways between ethnic density and mental health that have been conceptualized 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 synthesized 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 victimization, 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 argued 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.