

Burnley match on BT Sport on 26th February where both football clubs had shirt sponsorship by gambling brands. FUN88, Newcastle's principal sponsor and a China-based online gaming firm, received 109 exposures at this single match whilst bet365, another sponsor, received 190. Whilst gambling companies were the most referenced (921) across the five matches analysed, there were also a combined 217 references to alcohol and food and beverages. Across all five games, there was a mean of 1.3 exposures to unhealthy products each minute (2.1 during Newcastle United v Burnley).

Conclusion Results show that watching men's football on television exposes the global audience, including many young people, to a significant level of advertising of unhealthy commodities. Given contemporary challenges to public health, such as obesity and non-communicable diseases (including mental health), and that marketing is intended to influence purchasing behaviour, the UK government, the EPL and its membership clubs should consider regulating EPL clubs' commercial relationships where these have the potential to damage fans' and viewers' health.

OP06

QUANTIFYING THE POTENTIAL HEALTH IMPACT OF RESTRICTING LESS-HEALTHY FOOD ADVERTISING ON UK TELEVISION BETWEEN 0530 AND 2100: A MULTI-STATE LIFETABLE MODELLING STUDY

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Background To tackle childhood obesity, the UK Government is consulting on prohibiting the advertising of high fat sugar salt foods (HFSS) on television between 0530 and 2100. We sought to estimate the health impact of this policy in the UK. **Methods** Informed by a literature review, we adapted an existing multi-state lifetable model (PRIMETime) to model the impact of television advertising exposure on children's caloric intake, and the subsequent impact on body mass index and health.

We used data from AC Nielsen and Broadcasters' Audience Research Board data (2015) on children's exposure to HFSS advertising (adopting the FSA-Ofcom definition of HFSS); published meta-analysis quantifying the effect of less-healthy food advertising on caloric intake in children; the Human Mortality Database for the UK (2015) on population numbers and all-cause mortality rates; the Health Survey for England (2016) on body mass index; the Global Burden of Disease Study for disability weights to estimate Disability Adjusted Life Years (DALYs).

We simulated a closed cohort of the UK population aged 0–17 years in 2015 (n=13,729,000), following the cohort to death. We assumed HFSS advertising had no effect on adults, and that changes in mean BMI observed at age 17 years persisted throughout adult life.

The main outcome measures were change in percentage of the children (aged 5–17 years) with obesity defined using International Obesity Task Force cut-points, and change in

health status (DALYs). Monte Carlo analysis was used to estimate 95% uncertainty intervals.

We compared three scenarios:

- A. All HFSS advertising between 0530 and 2100 is withdrawn
- B. All HFSS advertising between 0530 and 2100 is displaced to 2100 to 0530
- C. No intervention

Results If all HFSS advertising between 0530 and 2100 was withdrawn, we estimate that UK children would decrease caloric intake by 9.1kcal (95 CI: 0.5kcal–17.7kcal), which would reduce the number of children with obesity by 40,000 (12,000–81,000) or 4.6% (1.4%–9.5%) compared to no intervention. This would avert 240,000 (65,000–530,000) DALYs across the cohort's lifetime. Under a scenario where all HFSS advertising is displaced to 2100 to 0530, we estimate that the benefits would be reduced by around two-thirds.

Conclusion Measures that reduce exposure to less-healthy food advertising on television, such as restricting HFSS advertising between 0530 and 2100, could make a meaningful contribution to reducing childhood obesity. The impact of this policy may be reduced if adverts are displaced to after 2100 rather than being withdrawn.

OP07

FACTORS INFLUENCING WOMEN'S FOOD CHOICES AND SUPPORT THEY REQUIRE TO MAKE HEALTHIER FOOD CHOICES IN SUPERMARKETS – A QUALITATIVE STUDY

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Background Supermarkets are a major source of food for families and women remain primarily responsible for food shopping tasks. The factors women perceive to influence their food shopping choices are poorly understood, particularly in relation to in-store layout. We aimed to examine women's perceptions of factors that influence their food shopping choices, including product placement in-store, and identify ways that supermarkets could support healthier food shopping choices.

Methods In this qualitative cross-sectional study, semi-structured telephone interviews were conducted with a random sample of 20 women customers aged 18–45 years. Women were recruited from six supermarkets across England. Participants were asked to describe the reasons for their choice of supermarket and factors in-store that prompted their food selections. The actions supermarkets', governments' and customers' can take to encourage healthier food shopping choices were explored. Thematic analysis was conducted using QSR NVIVO software 11 to identify key themes. Four researchers were involved in developing the initial coding framework, double coding of six interview transcripts and refining the coding framework.

Results Participants had a median age of 39.5 years (IQR: 35.1, 42.3), median weekly grocery spend of £70 (IQR: 50, 88), and 44% had left school aged 16 years. Six key themes were identified: 1) Physical Environment, 2) Value for Money, 3) Influence of Family, 4) Physiological/Psychological State, 5) Healthy Eating Priorities and 6) Level of Awareness of Food Decisions. Women reported that achieving value for money,