

Local government venues' sponsorship and signage policies to limit the promotion of harmful products: A Western Australian public health audit

Gabriella Jameson¹ Melissa Stoneham,^{1*} Melinda Edmunds¹ Christina M. Pollard¹

Curtin University School of Population Health, Bentley, 6102, Australia

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Abstract

Objective: Identify and assess publicly available local government sponsorship and signage policies related to harmful products in Western Australia (WA).

Methods: An audit of WA Local Government Authority (LGAs) websites (n=139) was conducted. Sponsorship, signage, venue hire and community grants' policies were located and assessed against set criterion. Policies were scored for the inclusion of statements regarding the display and promotion of harmful commodities (alcohol, tobacco, gambling products, unhealthy food and beverages).

Results: Across WA local governments, 477 relevant policies were identified. Six percent (n=28) included statements restricting the promotion of at least one harmful commodity via sponsorships, signage, venue hire, and sporting and/or community grants policy. Twenty-three local governments had at least one policy that restricted unhealthy signage or sponsorship.

Conclusions: Most WA local governments do not have publicly available policies that specifically limit the advertising and promotion of harmful commodities in their government-owned facilities.

Implications for Public Health: There is a dearth of research identifying LGA interventions addressing advertising of harmful commodities within council-owned sporting venues. This research indicates opportunities for West Australian LGAs to develop and implement policy to protect public health by restricting the promotion of harmful commodities to their communities, improving the healthfulness of environments.

Key words: local government, sponsorship, policy, public health, harmful commodities

Introduction

Avoidable noncommunicable diseases such as cardiovascular disease, Type 2 diabetes, some cancers and obesity are of major public health concern, impacting over half of Australians.¹ Over the past decade, increasing attention has been placed on addressing the commercial determinants of poor health, defined as the *strategies and approaches used by the private sector to promote products and choices that are detrimental to health*.² Harmful commodities that increase the risk of noncommunicable diseases and poor health include tobacco, energy-dense nutrient-poor (unhealthy) food, sugar-sweetened beverages (SSBs), alcohol and gambling.^{3,4} These are promoted heavily through sponsorship of sport, resulting in

extensive exposure among children, adolescents and adult spectators. Companies promote these harmful commodities through sponsorship to enhance their appeal, engage with consumers and normalise consumption of their products.^{2,5} Sports sponsorship is an effective method of positively influencing people's perceptions about a business and increasing brand salience.⁶ It presents opportunities to reach target groups more efficiently than other mass media. It also enhances the image of the company through association with positive characteristics of a sport or a successful athlete.⁶⁻⁸

Australian research has found unhealthy food sponsorship of elite sport increased children and young adults' awareness of, favourable attitudes towards, and consumption of unhealthy food.⁸ Kelly et al.

Abbreviations

SSB, sugar sweetened beverages; LGA, local government authorities; WA, Western Australia; EGM, electronic gaming machines; EDNP, energy-dense and nutrient-poor.

*Correspondence to: Curtin University School of Population Health, Kent St Bentley, Perth, WA 6102, Australia
e-mail: m.stoneham@curtin.edu.au.

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(2011) found that almost two-thirds of children interviewed, stated they would buy a food or beverage product because the company sponsored their favourite sports team.⁹ Pitt et al. (2016) found three-quarters of primary school-aged children who participated in sport were able to correctly align companies with that sport's sponsors and (75%) and most adults (90%) perceived that sports wagering was becoming a normal part of sport.¹⁰

Self-regulatory measures, including voluntary advertising codes, have proven ineffective in protecting children from the promotion of harmful commodities.^{11–13} The Federal Government is reluctant to evoke stronger regulatory measures relevant to unhealthy commodities¹⁴ despite Australia being one of the first countries to enact legislation to end tobacco sponsorship in sport¹⁵ and effectively limit children's exposure to cigarette advertising.

It has been over a decade since the World Health Organization (WHO) endorsed recommendations to restrict the advertising of unhealthy food and beverages in settings where children gather, including sporting events.¹⁶ Yet other than for tobacco, regulation to limit the promotion of unhealthy commodities through sponsorship across these industries has not been instated.^{13,14} At present, Australia has no statutory regulations restricting junior sporting clubs from entering sponsorship arrangements with unhealthy food and SSBs companies,¹⁷ allowing children to be exposed to harmful product promotions at community sporting venues. As such, research has identified that community sporting clubs are a setting where unhealthy food and alcohol-related marketing is suggested to be highly prevalent and in which unhealthy product marketing may have particularly adverse effects.^{18,19}

Policy can influence environments, health behaviour and population health outcomes. Local Government Authorities (LGAs) have the power to influence local sporting facilities that host community-based sporting clubs. This study reviewed LGA policies to identify the extent of policy development to reduce or restrict the advertising or sponsorship of harmful commodities at local LGA-managed sporting facilities. An opportunity exists to develop locally based regulation to stop the sponsorship and promotion of harmful commodities at sporting grounds through LGAs. LGAs play a central role in the provision of community sport and recreation facilities for young people, ranging from local football fields, to skate parks, to leisure centres. In Western Australia (WA), there are 139 LGAs, each required to develop policies that align with key public health objectives and address community needs. For example, the *Public Health Act 2016* (WA) specifies that LGAs have the responsibility to plan for, create and maintain a healthy environment.²¹ Being the closest form of government to the people, LGAs are well-positioned to achieve wellbeing outcomes and engage and partner with local communities, other levels of government and private and non-government organisations across many issues, to promote and achieve child health and well-being.²⁰

Common practice in LGAs with regard to community sporting clubs is generally to hire out grounds or facilities through leases, licenses or permits. Leases provide a right to exclude everyone including the landlord from a facility. Licenses are less exclusive, and access often involves shared use agreements, which may cover a specific day or sporting season. Permits are generally applied for a one-off event or activity. Within each agreement, LGAs require varying degrees of responsibility from the sporting clubs but often put funds towards the maintenance of the grounds. Clubs often seek sponsorship

agreements, including advertising signage and naming rights, providing them with a source of income that helps support sporting activities and opportunities for the local community. Clubs leasing from a LGA are responsible for the construction of any advertising or sponsorship signs on buildings and fences. Most LGAs require the clubs to obtain their consent in writing prior to any advertising being erected.

There is evidence that some Australian LGAs have restricted gambling promotion or advertising on Council owned or managed land and facilities, including for sports betting, online gambling and electronic gaming machines (EGMs).²¹ The City of Wyndham in Victoria ratified a policy stating that signage at sporting grounds is to promote healthy environments and be free of advertisements associated with alcohol, tobacco products, high risk unhealthy food and drink choices, gambling or any form of adult entertainment.²² However, these examples are not the norm.

As 60% of WA children aged 5–14 years of age participate in at least one organised sport or physical activity (excluding dancing) each week,²³ there is potential for frequent exposure to marketing of harmful commodities through community sport.¹⁸ Research has shown that junior sporting clubs are often engaged in sponsorship agreements with unhealthy brands.²⁴ This research aimed to identify policy tools within WA LGAs that support the restriction of advertising and promotion of harmful commodities within council-owned sporting venues.

Methods

Between August and October 2020, a desktop census audit of all WA LGA websites (n=139) was undertaken to identify publicly available policies restricting the marketing and promotion of harmful commodities in local government-owned facilities, with an emphasis on sporting facilities frequented by children and young people. Conceptual content analysis was used to quantify specific words and concepts within sponsorship and signage policy documents or guidelines on WA local government owned venues.

The audit was conducted in two stages. The first stage identified policies, guidelines and documents on each LGA website that related to sponsorship, signage and/or advertising, venue and/or reserve hire, sporting and/or community grants. The second stage analysed and quantified each harmful commodity addressed by the policy. The extent to which harmful commodity sponsorship and/or signage was restricted was measured using a predefined deductive coding approach.

An initial list of 10 codes was developed and trialed on two LGA policies. The commodity codes were (1) alcohol; (2) alcoholic beverages; (3) tobacco; (4) smoking; (5) cigarettes; (6) e-cigarettes; (7) vaping; (8) SSB; (9) EDNP (unhealthy) food; and (10) gambling. Data were entered using Microsoft Excel and the coding frame assigned the same level of importance to each harmful commodity.

Researchers then met to compare their application of the coding frame and to clarify node definitions. A codebook was developed. Consensus on the coding application was achieved. Two researchers independently coded all remaining policies, meeting to discuss any emerging patterns and confirm the application of codes. Both researchers independently summarised all codes, synthesised and organised thematic findings.

Figure 1: An example of policy scoring by unhealthy product mentioned.

Policy - <i>Temporary Advertising on Public Property</i>					
"The Town reserves the right to prohibit the display of any sponsor's name or logo, if it is deemed inappropriate and/or advertising/promoting tobacco products or political party"					
Mentions alcohol	Mentions tobacco	Mentions SSB	Mentions junk food	Mentions gambling products	Total
0	1	0	0	0	1

Policies that did not mention any harmful commodities in sponsorship and/or signage received a zero score. Policies that mentioned unhealthy products were given a score of "one" for every unhealthy product listed. The scores were added to provide a total score for that policy. An example of the process is provided in Figure 1. The total score for the policy is an indication of the strength of that policy.

Results

The audit of all WA LGA websites (n=139) identified 477 policies relating to sponsorship, signage, venue hire and sporting and community grants, yet only 28 policies (6%) incorporated clauses restricting the advertising or promotion of any harmful commodity on LGA-owned facilities.

The 28 policies represented a total of 25 LGAs across WA, with four metropolitan LGAs having multiple policies that specifically related to restricting the advertising or promotion of any harmful commodity on

LGA owned facilities. The remaining LGAs had only one policy that contained policy clauses relating to harmful commodities.

Across all 25 LGAs, the policies included 69 individual clauses relating specifically to restricting the advertising or promotion of alcohol, tobacco, SSBs, unhealthy food or gambling.

Of these 69 clauses, 21 (30%) related to alcohol; 30 (43%) related to tobacco; two (3%) related to SSBs; five (7%) related to unhealthy food and 11 (16%) related to gambling as illustrated in Figure 2.

When looking at regional differences, most policy clauses for harmful commodities were included in metropolitan LGA policies (n=41; 59%), with fewer in regional LGAs (n=27; 39%) and only one mention in a remote LGA (~1%). There were no statistical differences in the presence of policies by LGA socioeconomic position, population size, number of facilities or rurality (all p>0.05).

The type of policies that contained the restriction clauses (n=69) varied across regions, with restriction of harmful commodities clauses in sponsorship policies (n=26; 38%), advertising policies (n=16; 23%), community grants policies (n=13; 19%), facility hire policies (n=11 ;

Figure 2: Percentage of LGA policy clauses restricting advertising or promotion by harmful commodity, across all WA LGAs.

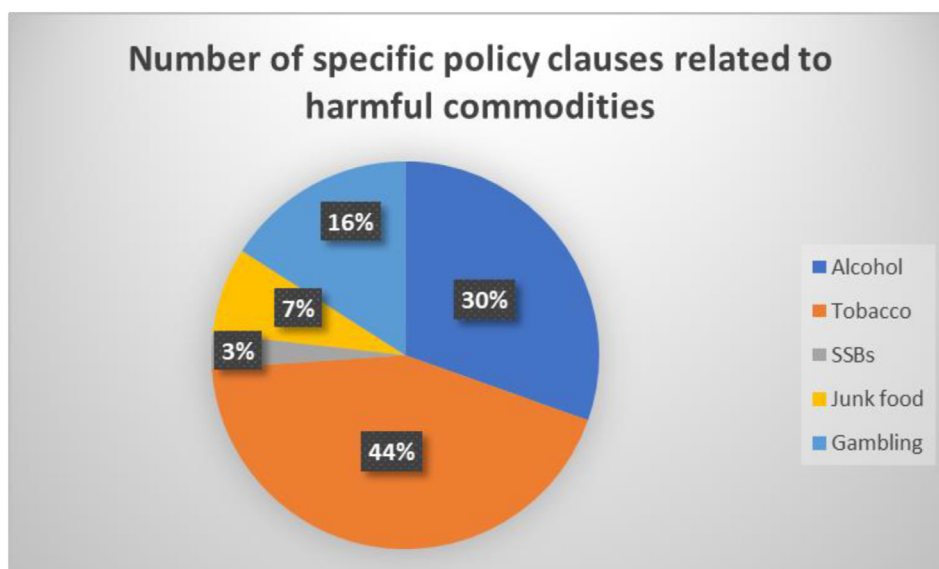


Table 1: Specific LGA policies mentioning harmful commodities by location.

Type of policy	Alcohol	Tobacco	SSBs	Junk food	Gambling
Metropolitan LGAs (n=11)					
Sponsorship	5	8	0	1	4
Facilities management/hire	2	3	1	1	2
Advertising	4	5	0	0	1
Community grants	1	1	0	1	1
Regional LGAs (n=13)					
Sponsorship	3	3	0	1	1
Facilities management/hire	1	1	0	0	0
Advertising	3	3	0	0	0
Community grants	2	3	1	1	2
Public health plan	0	1	0	0	0
Workplace and safety policies	0	1	0	0	0
Remote LGAs (n=1)					
Sponsorship	0	0	0	0	0
Facilities management/hire	0	0	0	0	0
Advertising	0	0	0	0	0
Community grants	0	0	0	0	0
Healthy environments	0	1	0	0	0

16%), workplace health and safety policies (n=1; 1.5%), Public Health Plans (n=1; 1.5%) and healthy environment policies (n=1; 1.5%). These data are detailed in [Table 1](#).

All LGAs had at least one policy restricting tobacco promotion. In relation to other harmful commodities, alcohol was restricted in 75% (n=21), gambling in 28% (n=8), unhealthy food in 14% (n=4) and SSBs in 7% of policies (n=2).

Discussion

This desktop audit of policies on WA LGA-owned facilities found 28 of 447 policies specifically restricted or limited the advertising and promotion of harmful commodities. These 28 policies included 69 specific clauses restricting the advertising or promotion of harmful commodities on Council owned facilities. The 28 policies represented 25 LGAs across WA.

All 28 policies restricted tobacco products. Despite Healthway (WA Health Promotion Foundation) encouraging sports sponsorship policies to restrict tobacco advertising and create smoke-free environments since 1987, only 6% of WA LGAs had explicit publicly available policies aligning with this intent. Healthway is an independent statutory body formed in 1981, funded by a levy raised on the wholesale sales of tobacco products. Healthway's legislative charter defines several objectives including the offering of alternative sources of funds for sports, arts and racing activities previously supported by tobacco sponsorship.²⁵ In 2001, an evaluation of Healthway's sports sponsorship policies showed an increase in prevalence of smoke-free policies in recreational settings and growing support for them as well as "evidence of good compliance with smoke-free policies, thus reducing exposure to environmental tobacco smoke".²⁶

In 2010, Healthway stretched beyond tobacco and developed a Sponsorship Charter in recognition of the negative impact of tobacco, alcohol and unhealthy food sponsors.^{26,27} Healthway continues to financially support sports and arts organisations to develop policies that promote healthy environments (e.g. smoke-free) and brand with

alternative healthy messaging. This study found that all LGA policies that directed the restriction of unhealthy commodities restricted tobacco sponsorship and advertising. This finding suggests that as Healthway supported several local governments with funding and stipulated no tobacco sponsorship was allowable, there is the possibility that their own policy requirements influenced the outcome of local government policies. The relatively low number of LGAs with a specific policy that bans the promotion or advertising of tobacco may be due to broader legislative restrictions that apply to all advertising and promotion of tobacco products in Australia. However, inclusion within LGA policy reinforces these restrictions locally. It may also be likely that as tobacco advertising was banned in 1992, LGAs no longer see the need to explicitly state these restrictions in their policies.

Findings show that only 21 of the 139 LGAs (15%) have developed policies that restrict sponsorship or advertising of alcohol and gambling. The LGAs that have included policy clauses on harmful products have made important gains in reducing exposure to alcohol and gambling advertising. Even fewer advances have been made in restricting unhealthy food and SSB sponsorship or advertising. These findings align with the Gonzalez et al. (2020) study, which identified that there is considerable scope to improve unhealthy sponsorship practices of sporting clubs with junior teams. That study found nearly all sporting clubs with junior members reported being sponsored (90%), with approximately half sponsored by the alcohol industry and just over one-quarter sponsored by a fast-food chain.²⁴

In 2018, Riesenberget al. (2020) explored policies, attitudes and practices of Victorian LGAs relating to obesity prevention and the provision of healthy food and drink options in LGA-owned sport and recreation facilities.²⁸ LGAs reported obesity prevention and the provision of healthy options to be a moderate to high priority, and they were making incremental changes such as increasing the availability of drinking water and reducing the availability of sugary drinks in facilities but did not identify policies to support these environmental changes. Reeve et al. (2020) found that LGAs were implementing policies to support improved nutrition such as providing food for disadvantaged groups and education on food and nutrition and identified that discouraging harmful food marketing was required.^{29,30}

Although the total number of metropolitan LGAs with policies included in this study (n=11) was lower than regional LGAs (n=13), the total number of policy clauses relating to the restriction of advertising or promotion of unhealthy commodities was greater in metropolitan LGAs (41 clauses in metropolitan and 28 clauses in regional and remote), reflecting the interconnected nature and increasing complexity of metropolitan LGAs. Regional and remote LGAs included in this study also had a larger variety of policy instruments that integrated the policy clauses when compared to metropolitan LGAs. These additional instruments included Public Health Plans and workplace health and safety and healthy environment policies.

The policy rationale for restricting harmful commodities varied between LGAs. A number of inner city LGA policies stated that any project or facility associated with sponsors and products had to ensure they were compatible with, and reflective of the LGA's values, strategic objectives and other policies. Examples of exclusions include political parties, drugs and alcohol, smoking, fast food, weaponry and pornography. For regional LGAs, policy rationales focused more on

representing community aspirations from the ground-up and protecting younger people from exposure to harmful commodity advertising.

LGA-owned sports and recreation facilities are considered a health promoting setting, yet these venues have also been classified as obesogenic environments due to the availability and promotion of unhealthy food and drinks.^{31,32} The current study findings highlight realistic opportunities for local government to incorporate policies to restrict advertising and promotion of unhealthy food within their government-owned settings. As the level closest to the people, local government despite its geographic location is, in principle, well positioned to deal with matters that require local knowledge and regulation on the basis of local needs and priorities, such as the development of policies that restrict harmful commodity sponsorship and advertising. The current study findings are consistent with those of Reeve et al. (2020) who found that a selection of LGAs in New South Wales had inadequate policies to restrict the marketing of unhealthy food within their communities.²⁹ Allender et al. (2012) found local governments prioritised improving environments to increase physical activity but viewed policies restricting the advertising of unhealthy food and beverages as outside their concern.³³

Some local governments appear to be trying to improve the healthfulness of government-owned sporting venues. Riesenberget al. (2020) found that the majority of Victorian local governments support obesity prevention strategies within recreation facilities; however, policies primarily focused on increasing the sale and provision of healthy food and drinks rather than policies to restrict advertising and promotion of harmful commodities.²⁸

Monitoring and reporting local government policy to create healthful environments is an important first step in creating policy change. It appears the political environment is supportive of government initiatives to improve the healthfulness of health service facilities.³⁴ To expand this window of opportunity, advocacy is required to influence the current political climate and the wider political factors that shape policy decisions.³⁵ Advocacy strategies can be a catalyst for policy diffusion, which recognises the impact the political climate has on policy adoption.³⁶ Building capacity within LGAs to develop healthy public policies, engaging with local sporting communities and forming coalitions and alliances with health groups and organisations to promote the message is recommended. Advocacy to consider strategies that ban advertising or promotion of unhealthy commodities within LGA Public Health Plans is another potential policy diffusion strategy.

Public health professionals can assist in building local government capacity by facilitating the dissemination of existing policy levers.³⁷ For example, local governments that currently have policies to ban advertising of tobacco products could expand this to prohibit the marketing of all harmful commodities. These local government have preexisting capacity conducive to supporting policy change.³⁷ The findings of this current study suggest that LGAs are beginning to restrict alcohol advertising and promotion; however, there is less evidence of policy action in reaction to unhealthy food and SSBs. More work is needed to support LGAs to restrict the promotion of these harmful commodities, and importantly, there is a need to increase support for LGAs who are lagging in their adoption of

policies. As well, as an increasing number of local governments are taking action to restrict the advertising and promotion of harmful commodities, the practice will become normalised and the process easier due to general support. The restrictions are contested by powerful commercial vested interests and LGAs need ongoing support to respond to these challenges.

Despite numerous studies identifying exposure to harmful commodities and the association with poor health, challenges exist within local governments to develop policies.³⁸ Stoneham and Dodds (2014) found that when developing local government Public Health Plans, risk factors were identified through “soft evidence” such as observation of the local community and local media.³⁸ Unreliable evidence and a lack of rigour is a problem in the development of evidence-based policies, suggesting that public health professionals should support local governments translate research into policy.³⁸

Community sporting clubs should be encouraged to enter sponsorship agreements with brands that only promote healthy products. It is particularly important to consider the role of sponsorship on children, who are influenced at a stage when they are forming habits that will influence their health throughout their life course. Children exposed to healthy food sponsorships have an increased awareness of healthier brands and a reduced preference for unhealthy food products.³⁹ Parents and club officials generally favour a shift towards healthier food and nonfood sponsors.^{40,41} As well, the broader community believe that it is inappropriate to use unhealthy food companies as sponsors of community events⁴² and that the development of sponsorship restrictions is the responsibility of the government.⁴¹ Community sports clubs should be made aware of alternative sponsorship options and supported through the transition.^{18,41}

There is an opportunity to support local governments to take action to limit the influence of commercial interests of companies promoting harmful commodities through strategic alliances. Forming coalitions and building alliances between groups such as nongovernment health organisations, community groups, academics committed to a common agenda is a powerful advocacy strategy which can expand the opportunity for policy change.⁴³

Acknowledging and broadcasting successful policies is a recognised strategy to support the replication and scaling of public health policy, and findings suggest there is an opportunity to do this. The theory of policy diffusion suggests that public policies spread from one government to another, either horizontally or vertically.^{44,45} Horizontal policy diffusion begins with a local government developing and implementing an innovative public policy, which is then emulated and adopted by another local governments.⁴⁴ One example is the Western Australian Local Government Policy Awards scheme, an advocacy strategy employed to incite policy diffusion between local governments.⁴⁶ The strengths-based scheme acknowledges and rewards local governments that demonstrate policy to improve public health by creating environments that support children living within their community.²⁰ One of the Award categories is Creating Healthy Environments for Children and Young People, where local governments that work with junior sports clubs to discontinue associations with unhealthy sponsors are recognised. Through the Awards, local governments showcase these and other

successful and innovative policy interventions and this can inspire and increase efficacy within other local governments to adopt similar policies.

Limitations

Desktop reviews may not capture immediate policy change and the study did not verify policies with local governments or assess their quality. The reliability of the study may be impacted by coding errors and inconsistency between reviewers; however, a cross-check was conducted to minimise error.

Conclusion

This study found that the majority of WA local governments did not have publicly available policies limiting the advertising and promotion of harmful commodities to their communities. The findings of this study suggest that opportunity exists for WA local governments to replicate and upscale existing local government policies to restrict the advertising and promotion of harmful commodities to families and children in their communities who are involved in junior sporting clubs. The adoption of innovative sports sponsorship policy initiatives by some WA local governments may be an effective avenue for other local governments to replicate to ensure junior sports clubs are not exposed to alcohol, unhealthy food or gambling brands. Local governments are ideally placed to develop socially responsible policies, particularly restricting harmful product sponsorship of children's sport. Existing sponsorship, signage and venue hire policies could be expanded to implement stricter community/sporting grant controls, and support for advocacy strategies within the local government sector is needed.

Ethical approval

Ethics approval was not required as the desktop audit relied exclusively on information that was publicly available on websites.

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Conflicts of interest

The authors have no competing interests to declare.

Author ORCIDs

Gabriella Jameson  <https://orcid.org/0000-0003-3010-3978>
 Melissa Stoneham  <https://orcid.org/0000-0001-8745-2664>
 Melinda Edmunds  <https://orcid.org/0000-0002-1693-5965>
 Christina M. Pollard  <https://orcid.org/0000-0003-4261-4601>

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