

OUTDOOR MEDIA ASSOCIATION



The OMA Health and Wellbeing Policy

Helping to tackle obesity in Australia

In 2018, the Out of Home industry donated advertising space valued at more than \$69 million to over 200 community groups and charities.

Out of Home advertising

By 2050, it is predicted that 94 per cent of Australia's population will be urbanised¹. As the only growing traditional media channel, Out of Home (OOH) advertising delivers a range of key benefits to modern cities and their inhabitants.

Digital disruption has caused other traditional media channels to lose both audiences and revenue, making OOH the only media channel that can reach 93 per cent of Australians each day. OOH advertising is the last true broadcast channel delivering information and ideas to a mass audience outside what they curate for themselves online.

The role of OOH advertising keeps growing as OOH audience growth continues to outstrip population growth. Since 2010, OOH audiences have grown 23 per cent, while population has grown by 14.9 per cent.²

Advertising and marketing play a fundamental role in the Australian economy and are significant drivers of economic growth, contributing some \$40 billion of value in 2014.³ This means advertising is responsible for contributing approximately 2.5 per cent of the Gross Domestic Product. For every person directly employed by advertising, another three people are reliant upon advertising for their jobs. Advertising is associated with the employment of over 200,000 people in the Australian economy – including direct employment in the advertising sector and indirect employment as part of the supply chain.⁴

The Out of Home (OOH) channel delivers more benefits still, with 50 per cent of its revenue returned to government and other landlords in rent and taxes.⁵ Furthermore, in 2015, the OOH industry in Australia provided more than 17,600 items of infrastructure for use by the community, including pedestrian bridges, bus shelters, retail kiosks, telephone booths, park benches and bicycles.⁶

The OOH industry also plays an important role in the community, supporting the arts, sports and charitable organisations. In 2018, the OOH industry donated advertising space valued at more than \$69 million to over 200 community groups and charities.⁷

OOH advertising is widely used by governments to advertise community messages such as road safety and health awareness campaigns.

In 2017-18, the combined overall government advertising spend was \$33 million.⁸ This went towards road safety, public health and community service campaigns that used OOH signs to share health and community messages, improve driver behaviour and prevent the loss of life on our roads.



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Advertising and marketing contributed

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In 2015 the Australian OOH industry provided more than

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items of infrastructure for use by the community

In 2017-18, the combined overall government advertising spend on OOH community and awareness campaigns was

\$33 MILLION

“Obesity is a complex problem... a comprehensive set of policy and programs with systematic and sustained co-ordination are needed to support children and families to be healthy and active throughout life.”

Professor Louise Baur⁹

Obesity and overweight in Australia

Unhealthy diets and obesity are the leading contributor to poor health in Australia.¹⁰ With almost one in four Australian children overweight or obese, Australia needs comprehensive policy action to address healthy diets and exercise. Strategic commitment to invest in improving population nutrition and preventive health is urgently required.

The success of individual efforts at the state level will be greatly increased with Commonwealth coordination and support. Co-ordinated action involving government, industry, health groups and the community, underpinned by a national strategy, will help to ensure that successful policy initiatives are broadly applied.

Simplistic interventions do not address the wider social determinants of health or the political economies of food. Australia needs a call to action on the non-health factors that impact health and weight, including macro level social and economic policies that impact on social determinants such as early life, poverty, lack of education, food security, housing, social isolation/support, and employment.¹¹

Many of the key factors that impact on physical activity, diet or weight can only be addressed through a ‘Health in All Policies’ (HiAP) approach to address the wider determinants of health. Communities also need to be supported and engaged to take action and address the local factors that impact on overweight and obesity.¹²

In addition to whole of population approaches, priority should be given to interventions for Aboriginal and Torres Strait Islander people, people living in low socioeconomic circumstances, rural and remote areas, and those with established risk for weight-related chronic conditions.

ALMOST
1 in 4

Australian children are
overweight or obese



“Health ministers agreed that a national strategy be developed on obesity, especially in relation to early childhood.”

COAG Health Council, 2018¹³

A focus on childhood obesity

At the 2016 World Health Assembly, Australia supported the World Health Organization’s report, *Ending Childhood Obesity (ECHO)*, which reinforced the need for a comprehensive approach to preventing obesity. But Australian governments are yet to act on it.¹⁴

Inequities in children’s health, development and wellbeing are unjust, unnecessary, systematic and, most importantly, preventable. Many of these inequities start in early childhood and increase along a clear social gradient. This means that the greater a child’s disadvantage, the worse their health, development and wellbeing.¹⁵ These gaps widen as children progress across the life trajectory, resulting in adverse adult health, educational and vocational outcomes, and increased subsequent mortality and morbidity. This can have an intergenerational effect with inequity passed on to the next generation. Significant benefits flow from providing strong and truly universal child health and education services that are proportionate to a population group’s needs, with those children most at need having the greatest access to quality services.

The Australian Institute of Health and Welfare has found that 35 per cent of children living in the most disadvantaged areas are overweight or obese, compared with 23 per cent of those from the most advantaged areas.¹⁶ The Australian Prevention Partnership Centre has shown that a healthy diet is already unaffordable for low-income families, costing up to 31 per cent of their disposable income.¹⁷ With food insecurity being an important cause of obesity among children, those living in households lacking access to affordable food are consuming foods with higher levels of energy, fat and sugar, and fewer vegetables.¹⁸

A working group of the International Health Economics Association’s Economics of Obesity Special Interest Group has highlighted the association of social and economic disadvantage with childhood obesity and the intergenerational persistence of obesity.¹⁹ Given the higher prevalence of obesity among children from lower socioeconomic backgrounds, the impact of obesity on a child’s long-term health and human capital development may perpetuate socioeconomic inequalities in Australia.²⁰ Understanding how obesity interventions affect and assist children from low socioeconomic backgrounds should be an important focus of any policy intervention.²¹



One message is clear: addressing overweight and obesity requires a systematic focus on reducing social and economic disadvantage, as well as wide-ranging regulatory and other responses. Cross-sectoral, HiAP and place-based approaches are all needed to tackle the rates of obesity and ensure a brighter and healthier future for all.



Using OOH for good

The Out of Home (OOH) industry has come together to create the OMA Health and Wellbeing Policy which will be implemented on a national scale. Primary and secondary schools are the hub of residential communities, where children, families and community members spend much of their time. By restricting advertisements around schools, the OOH advertising industry is targeting the heart of communities to help people make healthier lifestyle choices.

The OOH industry will also provide support to healthy eating and lifestyle awareness campaigns to help grow the community's awareness of the principles of a healthy lifestyle.

- Discretionary food or drink product advertising to be restricted within a 150 metre sightline of a primary or secondary school in Australia.
- The industry will donate \$3 million worth of advertising space across Australia every year to run targeted advertising campaigns supporting healthy diet and lifestyle choices.
- Full creative support from the OOH industry to create effective and meaningful campaigns that reach the target audience.
- Compliance monitoring of the national restrictions with annual reports provided to state and federal governments.
- Annual meetings to be held with key industry stakeholders and health promotion experts to assess the implementation and efficacy of the restrictions and the educational programs.

35%

of children living in the most disadvantaged areas are overweight or obese

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31%

of their disposable income

\$3

MILLION

donated per year for targeted advertising campaigns that support healthy diet and lifestyle choices

150

METRE

sightline of a primary or secondary school in Australia

Why the OMA Health and Wellbeing Policy?



A World First

The OOH industry will implement the strictest national advertising regulatory regime in the world



Evidence-based

The OOH industry has undertaken extensive research on Australian and international best practice to formulate the Policy.



Consultative & Collaborative

The OOH industry has worked with industry, food groups, advertisers, health promotion experts and government to devise the Policy.



Emphasis on Education

The OOH industry will partner with government to run health and wellbeing campaigns.



Place-based Policy

The Health and Wellbeing Policy is highly targeted and will help to address health inequalities.



Transparent Monitoring

The OOH industry will monitor the implementation and effects of the Policy and share the results with government annually.



A world first

While many countries and cities around the world see the importance of implementing restrictions on the marketing of discretionary food and/or drinks to children, there is no national policy in place that sees all advertisements restricted within a 150 metre sightline of a primary or secondary school.

While the **USA** has nutrition labelling for 'added sugar' and 'trans-fat' mandated for most packaged food on its updated Nutrition Facts label, there are no marketing restrictions in place.²²

London has implemented advertising restrictions, which came into effect in 2018. These only apply to the public transport network.²³

In **Norway**, industry and government agreed to a self-regulated ban in 2013 on TV marketing of unhealthy foods and drinks to children under the age of 16.²⁴

In the **Netherlands**, restrictions on advertising of unhealthy food and drinks has only been implemented in Amsterdam on the metro system.²⁵



Mexico has implemented restrictions to television programs with more than 35 per cent of the audience under 13 years old, between 2:30 pm and 7:30 pm on weekdays and 7:00 am and 7:30 pm on weekends.²⁶

Chile passed a law in 2012 restricting the advertising of unhealthy products on TV, as well as children's websites and magazines, between 6:00 am and 10:00 pm.²⁷

Authorities in **France** require that advertisements for products containing added fats, sweeteners, or sodium be accompanied by a message explaining dietary principles.²⁸

In 2016, **Taiwan** implemented unhealthy food advertising limits for children under 12 years old on dedicated television channels for children from 5:00 pm to 9:00 pm.²⁹

“We need to work with others across all sectors, particularly outside the health sector, to influence positive change”

Diabetes Australia

Consultative and collaborative

This policy was not developed in a vacuum. The Out of Home (OOH) industry is focused on partnership and collaboration with key stakeholders, as well as educating advertisers on their responsibilities.

Throughout 2019, the Outdoor Media Association (OMA), the peak industry body for the OOH industry, proactively approached key stakeholders involved in tackling obesity and overweight in Australia.

The OMA engaged with the Australian Food and Grocery Council, Ad Standards, the Australian Association of National Advertisers, state and federal health ministers as well as other interested parties and relevant organisations to ensure that the proposed policies and programs reflected best practice.



From left to right: Charles Parry-Okeden, Chairman of the OMA; John O'Neill, CEO of QMS Media; Andrew Tyquin, Managing Director of Outdoor Systems; Kirsty Dollisson, Managing Director of TorchMedia; Steve O'Connor, CEO of JCDecaux; Charmaine Moldrich, CEO of the OMA and Brendon Cook, CEO of oOH!media.



Place-based policy

The Outdoor Media Association (OMA) has over ten years' experience implementing and monitoring a place-based policy. For the last decade, the Out of Home (OOH) industry has proactively met and exceeded community expectations around advertising of alcohol, gambling, and adult products, ensuring that these products are not seen within a 150 metre sightline of a primary or secondary school in Australia.



The new OMA Health and Wellbeing Policy uses schools as a touchpoint because there is one in every suburb and they are centrally located. Schools are the hubs of communities everywhere; the buildings and grounds are used for more than just school activities – they are embraced by local communities every day.

MOVE is a web-based interactive tool for media buyers, advertisers and outdoor media operators. It is Australia's first national industry-wide audience measurement system for OOH media and world leading in that it covers all major OOH environments including roadside, airports, railway/bus stations, buses/trams and shopping centres.

No international system measures audiences to the same depth as MOVE.³⁰ MOVE has incorporated school boundary data – using PSMA's Australian Government data – and created 150 metres zones around each school boundary to identify which sites are at risk of breaching if restricted products are advertised.

A bonus of the MOVE system is that key locations can be targeted for the running of positive education and health campaigns. This means that locations facing serious health inequities can be targeted to ensure culturally-relevant and sensitive campaigns.

The 150 metre distance used by MOVE is based on the maximum distance at which a sign can be read. Both international and Australian research demonstrates that, even for the largest signs, the maximum distance for readability is 140 metres.³¹ Building a buffer zone around schools of 150 metres is the most effective way to ensure that signs are not legible from school grounds.





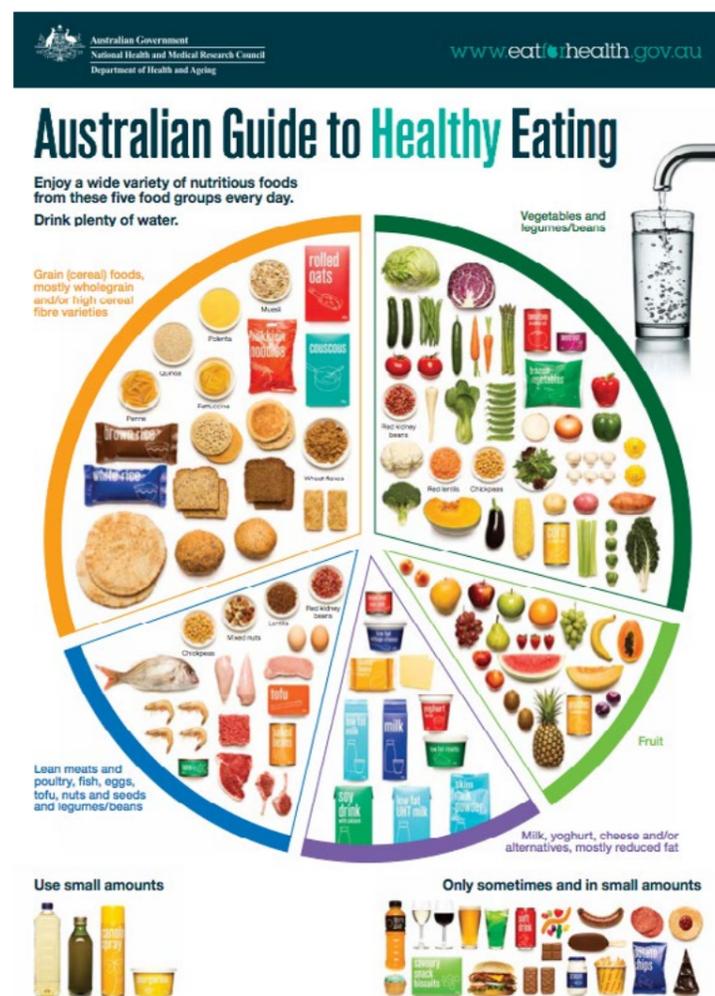
Evidence-based

The Outdoor Media Association (OMA) has extensively analysed the Australian Dietary Guidelines and the Australian Guide to Healthy Eating, a food selection guide that visually represents the five food groups recommended for consumption each day.³²

The OMA Health and Wellbeing Policy introduces restrictions around advertising discretionary food and drink products within a 150 metre sightline of a primary or secondary school. The Policy draws on the Australian Dietary Guidelines and the Australian Guide to Healthy Eating to determine what food and drink will be allowed to be advertised. The National Health and Medical Research Council developed the

Australian Dietary Guidelines with advice from experts on the Dietary Guidelines Working Committee.

Over 55,000 scientific journal articles were assessed in the creation of the Guidelines, as well as consultations with experts in food, nutrition and health around Australia and the world.³³



In addition to the Australian Guide to Healthy Eating, the Outdoor Media Association (OMA) has also used the Australian Health Star Rating System to determine what foods can and cannot be displayed near a school.

The Health Star Rating system was developed by the Australian state and territory governments in collaboration with industry, public health and consumer groups.³⁴

The system assigns a star rating to food from 0.5 to 5 stars depending on the nutritional content, including the proportion of fruit, vegetable, nut and legume content.

Advertising of foods that fit clearly within the five food groups of the Australian Guide to Healthy Eating will be allowed to be displayed within a 150 metre sightline of a school.

For foods that sit outside the five food groups — discretionary foods — advertisers will have to determine the Health Star Rating of the food. If the rating is over 3.5 stars then the advertising will be accepted.



A Health Star Rating of 3.5 or above is commonly used as a marking point for more healthy food choices. For example, the NSW The NSW Healthy School Canteen Strategy: Food and Drink Criteria recommends providing “the healthiest versions of Occasional foods with a Health Star Rating (HSR) of 3.5 stars and above” within their recommendation that occasional foods can make up a maximum of one quarter of the canteen menu.



Emphasis on education

Key health advocacy groups, including Diabetes Australia, the Cancer Council and the Heart Foundation, have all recommended high-impact, sustained public education campaigns around diet, physical activity and sedentary behaviour. This position is supported by both an extensive evidence base and international best-practice.

The new OMA Health and Wellbeing Policy draws on the existing positive relationship between the Out of Home (OOH) industry and governments around Australia. OOH signs are used extensively by government to advertise community messages such as road safety and health awareness campaigns.

In 2017-18, the combined overall government advertising spend was \$33 million.³⁵ This went towards road safety, public health and community service campaigns that used OOH signs to share health and community messages, improve driver behaviour and prevent the loss of life on our roads. Outdoor advertising works because it is immediate, targeting consumers where they live, work and shop; it changes behaviours through its immediacy and place-based efficacy.

Under the OMA Health and Wellbeing Policy, the OOH industry will donate \$3 million of advertising space to government and health advocacy groups every year. Outdoor Media Association (OMA) members, with decades of experience in creating successful campaigns, will also offer full creative support to maximise the success of each campaign and will monitor of the efficacy of the campaigns, which will be presented to government.



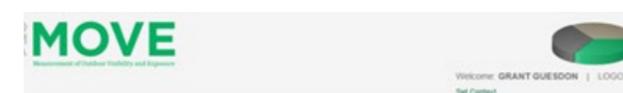
Transparent monitoring

MOVE, the industry-wide audience measurement system for Out of Home (OOH) media, can report on whether the signs included in a campaign are compliant with the OMA Health and Wellbeing Policy. The MOVE system identifies signs within the buffer zone as non-compliant; any non-compliant sites in a restricted category campaign will be identified by their unique MOVE identification numbers and as a result will not be included in a campaign.

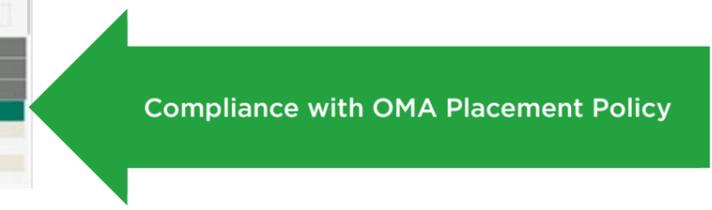
Measuring the efficacy of the new OMA Health and Wellbeing Policy is essential for its long-term success. The Outdoor Media Association (OMA) will collate compliance data annually and report to government to ensure the highest levels of transparency.

In addition to the monitoring option offered by MOVE, the OMA will host annual meetings of advertising clients, key stakeholders in the food

manufacturing industry, government and health advocacy groups. These meetings will allow true partnership and collaboration, with all groups provided with the opportunity to share their thoughts on the implementation and monitoring of the Policy, as well as the public health campaigns run that year.



ALCOHOL ADVERTISING COMPLIANCE	
REPORT IS NOT COMPLIANT WITH OMA PLACEMENT POLICY	
Number of compliant sites	21 / 27
Number of non-compliant sites	6 / 27
MOVE IDs of non-compliant sites	142431, 31855, 149162, 139364, 35594, 35623
Demographic	P18-54
Potential (000s)	5,404.1
Total Reach %	73.3%
Total Reach (000s)	3,958.9
Average Frequency	16.5
Total Contacts (000s)	65,162.8
Frequency	1+ 2+ 3+ 4+ 5+ 6+ 7+ 8+ 9+ 10+ 11+ 12+ 13+ 14+ 15+ 16+ 17+ 18+ 19+ 20+
Cumulative Reach %	72% 63% 56% 51% 47% 44% 41% 38% 36% 34% 32% 30% 29% 27% 26% 24% 23% 22% 21% 20%
Audience (000's)	3,959 3,405 3,046 2,779 2,591 2,379 2,216 2,077 1,950 1,835 1,731 1,635 1,547 1,466 1,390 1,320 1,255 1,193 1,136 1,081
Discrete Reach %	10% 7% 5% 4% 3% 3% 2% 2% 2% 2% 2% 1% 1% 1% 1% 1% 1% 1% 1% 1%
Audience (000's)	553 360 267 218 182 161 141 127 115 105 96 88 81 75 70 65 62 58 54 51
<ul style="list-style-type: none"> MODE SPLIT DATA MARKET SUMMARY ALCOHOL ADVERTISING COMPLIANCE 	
REPORT IS NOT COMPLIANT WITH OMA PLACEMENT POLICY	
Number of compliant sites	21 / 27
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DrinkWise, success in action

In 2018, the Outdoor Media Association (OMA) signed a three-year MoU with DrinkWise to run education campaigns on outdoor signs. It started a national conversation about how Australian adults drink alcohol in front of their children.

To date, the Out of Home (OOH) industry has donated advertising valued at over \$5 million to the DrinkWise partnership. The results show that outdoor advertising is memorable, can change behaviour, and starts important conversations.

After the third round of the DrinkWise campaign in 2019, the research³⁶ revealed consistently successful results with 63 per cent of those who saw the advertisements planning to reduce alcohol consumption in front of their children, one in three people discussed their drinking behaviours with their families and friends, and 95 per cent want to see more campaigns like this.

With 93 per cent of the population seeing, on average, 30 Out of Home signs every day, the industry is confident that outdoor advertising is an effective channel to raise awareness about key community issues.



63%

plan to reduce alcohol consumption in front of children as a result of the OMA-DrinkWise campaign

1 in 3

discussed their drinking behaviours with their families and friends

95%

want to see more campaigns like this

Anti-vaccination ads, meeting community expectations

In 2019, a series of anti-vaccination billboards drew widespread condemnation from medical and health professionals. With no national framework restricting these ads, the Outdoor Media Association (OMA) took decisive action to address community and government concerns regarding the spread of misinformation around vaccination campaigns.

After consulting with health ministers and state governments around Australia, the OMA utilised the updated Therapeutic Goods Act which states, “advertising must not be inconsistent with relevant current public health campaigns.”

Although the Act was designed to cover therapeutic goods, a new clause was added to the OMA Advertising Content Policy to reflect the *intent* of the legislation, providing a way forward for the industry to restrict anti-vaccination ads.

As a result of the proactive stance taken by the OMA and the Out of Home (OOH) industry, no ads that are contrary to official health advice around vaccination may be run on Out of Home signs across Australia. This ensures that all signs are now in line with federal and state health department guidance on the benefit of vaccination programs.



Look Up, starting a movement

In 2019, the Out of Home (OOH) industry united to encourage public dialogue and reflection about the life-changing benefits of connecting with each other and the world around us.

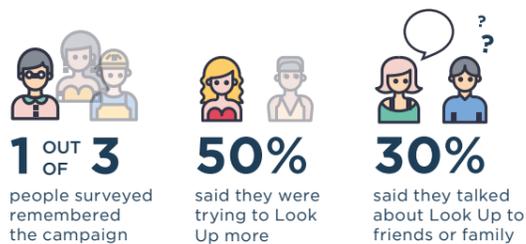
This unconventional campaign first appeared in 2019 and went live again in summer 2020. The message simply says 'Look Up'. It's a bid to engage people in an action that may have a significant impact on the way we think and interact with the world around us.

The expert on looking up, and its effects on the brain and our lives, is eminent neuroscientist Dr Fiona Kerr, who developed the report 'The Art and Science of Looking Up'. Dr Kerr's research shows that by looking up and out we can significantly change the way we think and interact with the world around us.

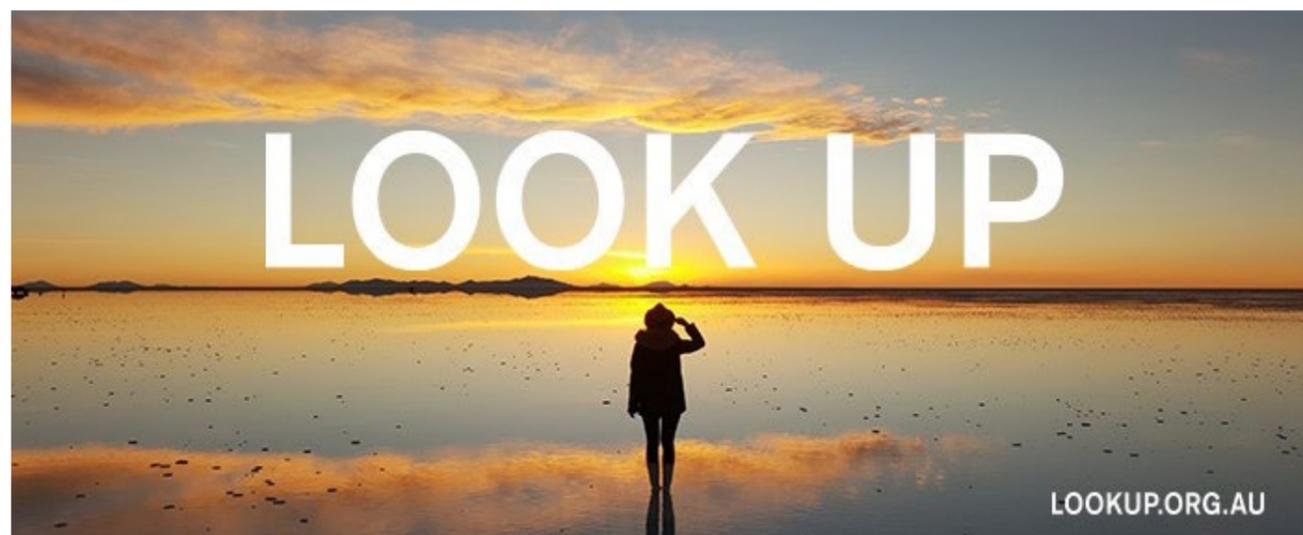
The campaign ran in January and July 2019, and again in January 2020. Post-survey results³⁷ show the impact of its message: the first phase of the campaign was recalled by 33 per cent of people and, of those people, 50 per cent said they were making an effort to Look Up more, and 30 per cent talked to a friend or family member about it.

The research gathered from the second phase showed a substantial increase in engagement with 45 per cent of people recalling the campaign; 67 per cent saying they were making an effort to Look Up more and 48 per cent talking to a friend or family member about the campaign.

Phase One



Phase Two



Footnotes

¹ UNICEF (2017). "An urban world," available at <https://www.unicef.org/sowc2012/urbanmap/>

² B&T (2017). "Aussie Out of Home Industry Sees Double-Digit Growth Since 2010," available at <https://www.bandt.com.au/media/aussie-home-industry-sees-double-digit-audience-growth-since-2010>

³ Deloitte Access Economics (2014). "Advertising Pays: The economic, employment and business value of advertising," commissioned by The Communications Council. Available at <https://www.communicationscouncil.org.au/advertisingpays/report/Deloitte-Executive-Summary.pdf>

⁴ Ibid.

⁵ Deloitte Access Economics (2016). "Out of Home Adds Value: Out of Home Advertising in the Australian Economy," Outdoor Media Association.

⁶ Ibid.

⁷ Outdoor Media Association (2018). 2018 Annual Report, available at <http://www.oma.org.au/about-us/annual-reports>

⁸ Nielsen AIS

⁹ Centre for Research Excellence in the Early Prevention of Obesity in Childhood (2018). Submission to the Select Committee into the Obesity Epidemic in Australia, Submission No. 10, available at https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Obesity_epidemic_in_Australia/Obesity_Submissions

¹⁰ The Australian Prevention Partnership Centre (2017). "Policies for tackling obesity and creating healthier food environments," available at <https://www.foodpolicyindex.org.au>

¹¹ Friel, S., Hattersley, L. & Ford, L. (2015). "Evidence Review: Addressing the social determinants of healthy eating," VicHealth.

¹² Kickbusch, I. (2010). "Health in All Policies: The evolution of the concept of horizontal health governance," in 'Implementing Health in All Policies: Adelaide, 2010', Department of Health, Government of South Australia, pp. 11 - 24.

¹³ Council of Australian Governments (COAG) Health Council (CHC), communique, 12 October 2018.

¹⁴ World Health Organization (2017). "Report of the Commission on Ending Childhood Obesity: implementation plan," available at <https://www.who.int/end-childhood-obesity/publications/echo-plan-executive-summary/en/>

¹⁵ Australian Government, Australian Institute of Health & Welfare (2012). "A picture of Australia's children," available at <https://www.aihw.gov.au/reports/children-youth/a-picture-of-australias-children-2012/contents/summary>

¹⁶ Australian Government, Australian Institute of Health & Welfare (2017). "A picture of overweight and obesity in Australia," available at <https://www.aihw.gov.au/getmedia/172fba28-785e-4a08-ab37-2da3bbae40b8/aihw-phe-216.pdf.aspx?inline=true>

¹⁷ The Australian Prevention Partnership Centre (2017). "Are healthy diets really more expensive?" available at https://preventioncentre.org.au/wp-content/uploads/2017/03/1702_FB_LEE_4p_final_lr.pdf

¹⁸ Ibid.

¹⁹ Haire-Joshu, D. & Wood, J. (2017). "Preventing obesity across generations: Evidence for early life intervention," Annual Review of Public Health, 37: 253 - 271.

²⁰ International Health Economics Association (iHEA) Economics of Obesity Special Interest Group (EOSIG) (2018). Submission to the Select Committee into the Obesity Epidemic in Australia, Submission No. 26, available at https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Obesity_epidemic_in_Australia/Obesity_Submissions

²¹ Ibid.

²² US Food & Drug Administration (2016). "Changes to the nutrition facts label," available at <https://www.fda.gov/food/food-labeling-nutrition/changes-nutrition-facts-label>

²³ Greater London Authority (2019). "TfL junk food bans will tackle childhood obesity," available at <https://www.london.gov.uk/what-we-do/business-and-economy/food/tfl-junk-food-ads-ban-will-tackle-child-obesity>

²⁴ ABC Health & Wellbeing (2004). "Ban junk food ads from kids TV?" available at <http://www.abc.net.au/health/thepulse/stories/2004/11/25/1251181.htm>

²⁵ Dutch News (2017). "Amsterdam bans metro ads featuring unhealthy foods for kids," 4 September 2017.

²⁶ Food Secure Canada (2015). "Restricting marketing to children in Mexico," available at <https://foodsecurecanada.org/resources/news-media/restricting-marketing-children-mexico>

²⁷ Correa, T. & Fierro, C. (2019). "Responses to the Chilean law of food labeling and advertising: exploring knowledge, perceptions and behaviors of mothers of young children," International Journal of Behavioural Nutrition and Physical Activity, 16: 21.

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²⁹ Taiwan Today (2013). "Taiwan fast food ads to be restricted," 11 January 2013.

³⁰ <http://moveoutdoor.com.au/know>

³¹ Barber, P. & Cooper, S. (2014). "Visibility: Estimating the visibility of poster panels for pedestrians," Route Research Limited; and, Barber, P., Sanderson, M. & Dickenson, A. (2008). "Postar Visibility Research: An integrative eye-tracking study of visibility hit rates for poster panels in UK environments," Postar Ltd.

³² Australian Government, Department of Health (2019). The Australian Dietary Guidelines & The Australian Guide to Healthy Eating, available at <https://www.eatforhealth.gov.au/guidelines>

³³ Ibid.

³⁴ Ibid.

³⁵ Front-of-Pack Labelling Secretariat "About Health Star Ratings" available at <http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/About-health-stars>

³⁶ Nielsen AIS

³⁷ Dynata survey, June 2019. Total sample size n=758

³⁸ Dynata Adhoc surveys: Phase One February 2019, n=2,003; Phase Two September 2019, n=1,199.

OMA members

Media display members



Non media display members



Asset owners



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