



Community Co-Design of the Chicago Food & Beverage Marketing Study: A Process Brief

CHICAGO DEPARTMENT OF PUBLIC HEALTH, ILLINOIS PUBLIC HEALTH INSTITUTE

Key Points

- **As a result of collaborative planning by the Chicago Department of Public Health, the Illinois Public Health Institute, and six community-based organizations, this community-based pilot study was launched to examine food and beverage advertising on city-owned assets across seven diverse neighborhoods.**
- **The results of this pilot study found a limited number of food and beverage advertisements on city-owned assets: 24 of the 434 marketing exposures included food or beverages. Of the foods and beverages marketed across all neighborhoods, none met the selected nutrition standards.**
- **The results of this pilot study also indicated that lower-income communities are not being exposed to substantially more food and beverage marketing on city-owned advertising assets than other neighborhoods.**

Introduction

The City of Chicago's [Healthy Chicago 2025 Strategic Plan](#) (Strategic Plan) calls for action around chronic disease prevention and management to help reduce disparities and improve health outcomes.¹ Chronic conditions among adults, such as obesity, diabetes, and cardiovascular disease and its risk factors (namely hypertension, high cholesterol, and stroke) are prevalent across the city, with Black and Latine communities experiencing disproportionately higher rates.¹ Diet is a major driver of individual and population health, with healthy, balanced, and diverse diets supporting growth and development while reducing the risk of malnutrition, chronic disease, disability, and premature death.² Because dietary habits often begin early and persist into adulthood, promoting the consumption of a variety of safe and minimally processed foods across the lifespan can improve long-term health outcomes.² To address these concerns, the Strategic Plan calls for “*systematically address[ing] each of the leading causes of disproportionate mortality and the underlying factors of the racial life expectancy gap through implementation of a hyperlocal approach.*” This includes a four-step process:

- 1 **Reframing the life expectancy gap** by comparing Black Chicagoans to all other non-Black Chicagoans,
- 2 **Moving away from white-focused health outcomes** as the standard,
- 3 **Focusing on long-term trends**, prioritizing the most impacted people and places in five specific neighborhoods, including East Garfield Park, West Garfield Park, North Lawndale, Englewood, and West Englewood, and
- 4 **Focusing on primary drivers.**

It calls for increased opportunities for physical activity and access to fresh and nutritious food, promotion of heart disease health literacy, and tobacco prevention and cessation, among other strategies.¹ It also notes that Black communities in Chicago have increased exposure to environmental harms, including predatory marketing.¹

There is a long history of predatory marketing across a variety of products including marketing of unhealthy foods and beverages.³ Additionally, ethnic minorities experience disproportionately targeted marketing by U.S. food companies.⁴ Exposure to food marketing increases choice for unhealthy foods (over healthier options) and food consumption.⁵ One New York City study of outdoor marketing, conducted by CUNY Urban Food Policy Institute, found a disproportionate presence of predatory food and beverage marketing in low-income neighborhoods with negative health outcomes.⁶ A Los Angeles study of outdoor marketing found harmful content (e.g. promoting unhealthy food consumption and addictive behaviors) on 24% of all advertisements in outdoor spaces, with the greatest prevalence of unhealthy high-calorie food advertisements displayed in Black and Hispanic/Latine study communities with a high density of young people, and advertisements displaying addictive behaviors, such as alcohol consumption, most prevalent in Asian and Hispanic/Latine communities.⁷

Throughout 2024-2025, the Chicago Department of Public Health (CDPH) and the Illinois Public Health Institute (IPHI) partnered to investigate the types of food and beverage marketing that Chicago residents encounter while navigating their communities. Given the value of community members' knowledge and perspective, CDPH and IPHI established a collaborative co-design approach with local

community-based organizations representing communities with some of the highest rates of chronic conditions in the city. Throughout 2024, the collaborative group refined objectives and began development of a pilot study.

Chicago residents are exposed to advertisements (hereafter ads) found in digital media (e.g. online applications and general internet browsing) and displayed within the physical environment on privately- and city-owned assets. CDPH and IPHI considered the implications for community health strategy and decided to focus this study on physical ads found on city-owned assets as the city lacks influence over the marketing found on digital media and privately-owned assets.

The purpose of this pilot study was to assess food and beverage marketing found on City of Chicago-owned (hereafter city-owned) assets to determine the type, frequency, and nutrient profile of ads across seven diverse neighborhoods. All publicly accessible outdoor advertising assets from city-based authorities were investigated including train stations, train car wraps, and bus wraps (under authority of the Chicago Transit Authority (CTA)); bus shelters and bike stations (under authority of the Chicago Department of Transportation (CDOT)); bus benches, street furniture and information panels (under authority of additional City of Chicago departments), and park benches, fencing, and buildings (under authority of the Chicago Park District). Ads found within bus and train interiors were *not* included, nor were state and regional agency assets including commuter trains and stations, and state-controlled signage along routes and highways.

Data and Methods

IPHI and CDPH worked with six community-based organizations (hereafter community partners) representing diverse communities across Chicago, with guidance from researchers at the University of Illinois Chicago (UIC), to develop the study methods and data collection and coding protocols.

Study Area Selection

Study areas were selected using data from the American Community Survey (ACS); the Healthy Chicago Survey, an annual population-based randomized survey of Chicago adults; the Child Opportunity Index 3.0; and consultation with community-based organizations with experience serving Chicago neighborhoods.^{8,9,10} Neighborhoods were also considered for inclusion if they were prioritized in CDPH's 2025 Strategic Plan, which identifies neighborhoods where life expectancy is persistently lower than the Chicago average.¹ The most current data available were downloaded from the Chicago Health Atlas (<https://chicagohealthatlas.org>) in March 2025.¹¹

For the study design, CDPH, IPHI, and community partners wanted to include 3-5 lower-resourced neighborhoods as well as at least one comparison higher-resourced neighborhood. After consultation with UIC research partners, the number of study neighborhoods was increased. The final sample included 4 lower-resourced neighborhoods as those of priority focus and 3 higher-resourced neighborhoods for comparison.

The first phase of neighborhood selection focused the inclusion criteria on demographic data (using ACS) and three diet-related health indicators from the Healthy Chicago Survey: hypertension, diabetes, and daily consumption of sugar-sweetened beverages.^{8,9,11} In this phase, the goal was to recommend 3-5 total neighborhoods for a single wave of data collection. Neighborhoods were suggested for inclusion if they met at least two of the following criteria: higher than average prevalence for hypertension, diabetes, or sugar-sweetened beverage consumption as compared to the city overall;⁹ being a

2025 Strategic Plan priority area; and adding to the racial or ethnic diversity of the total study sample. Initially, three communities met these criteria and were presented to community members, along with a fourth neighborhood, as a suggested comparison neighborhood based on lower prevalence and consumption across the same health indicators. Community partners approved of the overall approach but wanted greater emphasis on neighborhoods with lower fruit and vegetable access and/or consumption and neighborhoods with higher child health needs, as well as representation from neighborhoods on the South and Southwest sides to ensure the inclusion of diverse communities experiencing health inequities.

In the second phase of neighborhood selection, inclusion criteria were expanded to include the additional health indicators and geographic distribution recommended by community partners. Healthy Chicago Survey data were added to identify neighborhoods with low access to fruits and vegetables. To address community partners' recommendation to focus on neighborhoods with poorer health outcomes for children, the Child Opportunity Index (COI) was added. COI is a composite index that captures neighborhood resources and conditions important to the healthy development of children and is scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100).¹⁰ For the lower-resourced neighborhoods of focus, selection was limited to those with Low or Very Low COI scores. Population density (population per square mile)¹¹ was also added as a consideration to have a mix of population density within both the lower- and higher-resourced communities. With the additional

criteria, eight potential lower-resourced neighborhoods were identified, including three Strategic Plan priority neighborhoods, and presented to community partners.

In collaboration with CDPH and IPHI, the community partners selected four of the identified study neighborhoods during the community planning meeting. CDPH and IPHI, in consultation with researchers from UIC, confirmed the selection of these four neighborhoods due to their high prevalence of chronic conditions influenced by diet and food access, variety of racial/ethnic demographic representation, and for having a range of population densities. CDPH and IPHI also selected

Audit Tool & Data Collection

The UIC research partners worked to develop a data collection process and audit tool to give direction to the community-based data collectors for what marketing landscape characteristics to collect within selected neighborhoods. CDPH provided guidance on the advertising assets owned or administered by City of Chicago agencies or authorities, including bus shelters, train stations, shared bike stations, park benches, and informational kiosks, among others. Based on community input, three types of locations—½ mile bus route corridors, train stations, and neighborhood parks with playgrounds—were prioritized for study. The ½ mile routes and train stations were selected as they all had community-reported high volume of vehicle and foot traffic, commercial activity, with highly frequented locations. Parks and playgrounds were selected because other Chicago policies (e.g. tobacco marketing) focus on parks and playgrounds as places children spend time.

Community partners who live and work in the selected communities were paid to support data collection. A comprehensive training manual was developed to detail data collection methods. The manual focused on visiting the correct routes and parks, adhering to data collection requirements, and using the data collection tool. The data collection tool was programmed in REDCap's Mobile App, which allows for offline use when internet access is scarce.

three racially and ethnically diverse neighborhoods with a range of population densities, higher COI scores, and lower than average prevalence of hypertension, diabetes, or sugar-sweetened beverage consumption compared to the city overall to serve as comparisons for the priority neighborhoods. The seven neighborhoods selected for the study were:

- Chicago Lawn
- Englewood
- Little Village/
South Lawndale
- West Garfield Park

Comparison Neighborhoods:

- Kenwood
- Lincoln Square
- Uptown

In the context of this pilot study, although the REDCap data collection tool underwent brief field testing, formal interrater reliability testing of the tool was not conducted.

Training for the community-based data collectors was conducted in September 2025, and data were collected in September and October 2025. Data collectors entered the information in the data collection tool in REDCap for each marketing exposure, which also included capturing and uploading photographs of each marketing exposure into the REDCap App for data coding. While all data collectors were trained using the manual, some variation in how photos were captured (i.e. the clarity of the photo, distance from ad, etc.) may have occurred due to time constraints that limited practice during the training session. For this study, marketing exposure was defined as “any display or depiction that promotes specific products or companies or encourages specific practices and behaviors.”

After field data were collected, photographs of marketing exposures were coded to identify the type of advertising (e.g. food/beverage, gambling, other), and, for food and beverage marketing exposures, the type of food/beverage advertising (e.g. branded foods and beverages, branded restaurants, depictions of food products, etc.) was coded.

Nutrition Standards & Nutrient Profile Model

Nutrition standards were used to classify whether the food and beverage products found on marketing were supportive of health. To select the nutrition standards, IPHI and CDPH first conducted a literature review of available nutrition standards being applied to food and beverage marketing across the world, as well as the potential benefits and challenges of using each set of standards. IPHI and CDPH consulted with subject matter experts from the World Health Organization (WHO), Center for Science in the Public Interest (CSPI), Partnership for Healthy Cities (PHC), and UIC to identify a list of possible nutrition standards: [Food and Drug Administration \(FDA\) Healthy Final Rule](#),¹² [Smart Snacks](#),¹³ and [National School Lunch Program standards](#),¹⁴ and the [New York City Food Standards](#).¹⁵

IPHI and CDPH convened a committee to select the nutrition standard that would be used to analyze the food and beverage marketing identified on city assets. The committee was composed of representatives from IPHI, CDPH, the Chicago Park District, Sinai Community Institute, Southwest Organizing Project, Ann & Robert H. Lurie Children's Hospital of Chicago, and

a former professional in the food industry. The group learned about each of the options, brainstormed pros and cons, and considered potential impact on equity, nutrition, and feasibility of implementation. The group came to consensus that the [FDA Healthy Final Rule](#) was the best option for this project. The FDA *Healthy Final Rule* provides a set of standards for food groups and nutrients to limit (e.g. sugars, sodium, and saturated fat) and food groups to include (e.g. vegetables, whole grains) in order to claim a food, mixed food product, main dish product, or meal product as “healthy.”¹²

Marketing exposures depicting food and/or beverages were assessed for alignment with the FDA *Healthy Final Rule* when the food or beverage item could be clearly identified and nutrition information was available. For advertisements with more than one food or meal product included, all products would have to meet the FDA *Healthy Final Rule* standards to be classified as “healthy” in this study. Eligible items included identifiable unbranded food or beverages, such as fruit or other recognizable food items, as well as branded products with publicly available nutrition information, such as menu items from chain restaurants.

Eligible exposures were coded as either “unbranded food/beverage depiction” or “branded food/beverage.” Items meeting inclusion criteria were then compared to the FDA *Healthy Final Rule* standards. IPHI created a coding spreadsheet that a UIC-trained research assistant used to input product information from the manufacturer’s website and determine alignment with standards.

Study Findings

Neighborhood Marketing Audit

Seven neighborhoods were audited during September and October 2025. Chicago Lawn, Englewood, Little Village, and West Garfield Park were selected as priority neighborhoods because these communities are diverse, lower-resourced, and residents have a high prevalence of diet-related health conditions. Lincoln Square, Kenwood, and Uptown were selected as comparison neighborhoods because these communities are diverse, medium- to higher-resourced, and residents have a lower prevalence of diet-related health conditions relative to the priority neighborhoods. Routes and data collection locations included: 27 parks, 14 CTA train stations, 36 ½-mile routes considered high-traffic for commercial activity (as defined by the community), and 14 CTA bus stops across the seven neighborhoods.

In total, 434 marketing exposures were recorded on city-owned advertising assets during the study period: 87 ads in parks; 203 ads in high-traffic corridors, including bus stops; and 144 ads in CTA train stations (Table 1). Of the 434 marketing exposures, 24 exposures included food or beverages. (Five additional ads featuring alcoholic beverages were observed but have not been included in this brief.) Of the 24 food and beverage marketing exposures, two included branded foods/beverages, 14 included branded restaurants, seven included depictions of foods/beverages without brands, and one included a food brand without a specific product displayed. This means 5.5% of all ads captured on city-owned assets across all study neighborhoods included foods and/or beverages.

Food and beverage marketing exposures were not equally distributed across the neighborhoods studied. Of the 434 marketing exposures collected, 206 were from the three higher-resourced communities, and 228 were from the four lower-resourced communities. Of the 24 food and beverage marketing exposures, 20 were found in the three higher-resourced communities with just four found across the four lower-resourced communities, suggesting limited food and beverage product advertising on city-owned assets in lower-resourced communities. The four food and beverage marketing



Example of a branded beverage ad collected during data collection.

exposures identified in the lower-resourced communities were all unbranded food and beverage images/illustrations.

IPHI and CDPH conducted a nutrient profile review of food and beverage ads using FDA’s *Healthy Final Rule* nutrition standards. Of the 24 food and beverage marketing exposures, 17 were branded and met criteria to undergo nutrient profile review. Of the 17 branded marketing exposures, 14 were for branded restaurants and three were other branded food and beverage products. Across the 17 marketing exposures, 12 included food products, four included nonalcoholic beverage products, and one included pictures of 12 food items, nine of which were fresh fruits/vegetables and three of which were unidentifiable. There were 10 unique branded food and beverage products displayed across the 17 marketing exposures. Nutrition information could be found for 10 unique products; none met the definition of “healthy” in the FDA’s *Healthy Final Rule*. For the ad with a variety of food products displayed, it was unclear if it met the definition of “healthy” as only nine of the 12 products were identifiable.



Example of a branded food ad collected during data collection.



Example of an ad showing multiple identified and unidentifiable food items collected during data collection.

TABLE 1 Marketing exposures from neighborhood audits, by neighborhood, location type and marketing type

Variable	Full Sample	Neighborhood by Resource Level		Chicago Lawn	Englewood	Little Village/ South Lawndale	West Garfield Park	Kenwood	Lincoln Square	Uptown
		High	Low							
TOTAL MARKETING EXPOSURES	434	206	228	20	51	76	81	57	81	68
By Audit Location										
Parks (#)	87	32	55	8	8	18	21	10	13	9
High-traffic Corridors (#)	203	86	117	12	22	46	37	27	22	37
Train Stations (#)	144	88	56	0	21	12	23	20	46	22
Food & Beverage (F&B) Marketing Exposures										
Food & Beverage Marketing	24	20	4	1	1	1	1	2	8	10
Branded F&B	2	2	0	0	0	0	0	0	0	2
Branded Restaurant	14	14	0	0	0	0	0	1	7	6
Other F&B Services	0	0	0	0	0	0	0	0	0	0
Unbranded F&B	7	3	4	1	1	1	1	1	1	1
Food brand w/out specific product	1	1	0	0	0	0	0	0	0	1

Conclusion and Next Steps

The planning, implementation, and interpretation of this community-based pilot study demonstrated the value of community co-design. During the iterative planning process, representatives from community-based organizations identified a broader range of concerns than what could be fully examined through the planned structured data collection, such as concerns over marketing of gaming and gambling and targeted online advertising. While this pilot study was limited, these broader concerns provide a solid foundation for future potential study. The community helped to confirm the study approach and design and participated in the data collection efforts.

Community members facilitated the inclusion of expanded representation of neighborhoods, which expanded the dataset and improved the pilot study's ability to describe marketing exposures across Chicago neighborhoods. Although the pilot study was not sufficiently powered to draw definitive conclusions, this expanded approach generated valuable information to guide potential future work. Community input also supported interpretation of the findings by highlighting how the relative amount and content of marketing may matter differently across neighborhood contexts. Through community co-design, the community representatives made substantive contributions to the study's design, implementation, interpretation, and framing greatly strengthening both the data collected and the relevance of the final findings.

While the findings showed limited food and beverage marketing on city-owned assets, they were consistent with other research on the retail environment in Chicago and its relationship to health (e.g. ASPIRE Center research on tobacco retail density) showing that limited retail occurs in low-income, disinvested communities.^{16,17} While this study focused on outdoor assets, research in other cities has found that ads inside public transit vehicles including train cars and buses can be a major pathway for exposures to food and beverage marketing.¹⁸ As a result, marketing exposures inside public transit vehicles remain an important future area of study along with a greater understanding of the full marketing landscape within Chicago. In addition, community members and study data collectors anecdotally shared observations of extensive marketing on privately-owned assets and geo-located online advertising to individuals via phones and other personal devices. As this was a community co-designed pilot, additional evaluation is needed to understand the marketing landscape in a fully representative sample of Chicago neighborhoods, and across various marketing assets (i.e. city- and privately-owned, and online).

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