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*Food Marketing: Can "Voluntary" Government Restrictions*

*Improve Children's Health?*

Hearing before the  
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Subcommittee on Commerce, Manufacturing, and Trade  
and  
Subcommittee on Health

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My name is Dale Kunkel. I am a Professor of Communication from the University of Arizona. I have studied the effects of media on children for more than 25 years, and this marks the 20<sup>th</sup> Congressional or federal agency hearing at which I have testified.

Why are we here today? Based upon much of the recent policy dialogue about food marketing to children, one might surmise it is to argue about where to draw the line in terms of defining foods as healthy, or to debate the proper role of government in people's lives. But both of those answers are off the mark. While such issues may be central to *what* we discuss today, the fundamental reason *why* we are here is that the nation faces an unprecedented epidemic of childhood obesity, and there is compelling evidence that food marketing to children contributes significantly to the crisis.

A few years ago, landmark reports from the U.S. Surgeon General<sup>1</sup> and the Institute of Medicine (IOM) of the National Academy of Sciences<sup>2</sup> first brought this epidemic to public attention. Medical researchers and other scientists have probed for the causes, and there certainly are many. Fewer family meals, increased reliance on fast foods as part of the American diet, less physical activity, and a host of other elements all contribute to the problem.

But we now know that children's exposure to advertising for unhealthy foods stands prominently among the factors that lead to childhood obesity. *That evidence-based conclusion must remain front and center in the discussion about the fate of the IWG guidelines.* Indeed, that base of evidence already argues strongly for much more stringent government action than merely issuing voluntary guidelines for

industry behavior, such as the IWG effort. Before explaining why that is so, let me first summarize what we know about how food marketing currently contributes to childhood obesity.

In 2004, when the Congress learned about the startling growth of childhood obesity, it commissioned a study to ascertain whether food advertising to children was contributing to the problem. That study was conducted by an IOM panel of more than a dozen leading scientists in nutrition, child development, marketing, and media effects.<sup>3</sup> I was honored to serve among that group, which systematically reviewed every scientific study conducted on the topic, reaching back more than a quarter-century.

Among the key findings of the unanimous report issued by the IOM committee are that:

*1. Children are heavily exposed to advertisements promoting food products.*

The FTC found that children see roughly 5,500 food ads annually on TV, or about 15 per day.<sup>4</sup> The Kaiser Family Foundation placed the estimate slightly lower for younger children, and substantially higher (7,709 annually) for older children.<sup>5</sup> Modest declines in these numbers have occurred recently, while at the same time advertisers have pioneered new marketing strategies in other media, such as using web-based advergames to promote products to children. Over half of all child-targeted food ads on TV now encourage children to visit their company's web site.<sup>6</sup>

*2. The vast majority of child-targeted food advertising promotes obesogenic products that are high in added fat, salt, and sugar.*

Most food commercials targeted at children promote products that nutritionists label as “low-nutrient, calorie-dense,” or what the lay public generally terms “junk food.”<sup>7</sup> Two out of every three (66%) cereals advertised to children fail to meet national nutrition standards, particularly with regard to added sugar.<sup>8</sup> Nearly all (98%) food advertisements viewed by children and 89% viewed by adolescents are for products high in fat, sugar, or sodium.<sup>9</sup> In contrast, genuinely healthy foods that should be a part of a regular diet are almost never advertised to children.<sup>10</sup> For example, less than 1% of a sample of more than 500 food ads aired on children’s programs in 2009 featured products such as fruits, vegetables, whole grain breads, or other healthy items recommended for a child’s daily diet.<sup>11</sup>

*3. Child-targeted food advertising is highly effective.*

More than 100 studies demonstrate that food marketing is largely successful at influencing children, which is hardly a surprising outcome given the billions of dollars the industry invests in such efforts. In summarizing the overall evidence, the IOM concluded there is strong evidence that advertising influences the short-term food consumption of children aged 2-11, and the regular diet of 2-5 year-olds.<sup>12</sup>

*4. Children who see more food advertising have a significantly higher risk of succumbing to obesity.*

The IOM report found that television exposure is significantly associated with adiposity in children of all ages as well as teens, and that advertising was the likely agent causing the relationship. Further evidence published since the IOM report strengthens the indictment against food marketing as the causal mechanism linking TV exposure and childhood obesity. For example, researchers at UCLA and

the University of Washington found that children’s time spent watching commercial television was linked to overweight and obesity, but that the relationship did not hold for time spent with noncommercial content.<sup>13</sup> The conclusion that children’s exposure to unhealthy food advertising contributes to their weight status is now widely drawn. The final report of the White House Task Force on Childhood Obesity incorporates this perspective, asserting that “new or revised rules to limit advertising during children’s programming may be helpful or even necessary to fully address the childhood obesity epidemic.”<sup>14</sup>

In sum, there are literally dozens of studies that support each of these key findings, and collectively hundreds of scientific publications that uphold these conclusions. Based upon that foundation of evidence, the IOM judged that “food and beverage marketing practices geared to children and youth are out of balance with healthful diets and contribute to an environment that puts their health at risk.”<sup>15</sup>

The IOM report also offered recommendations for policy and industry practice. Two key recommendations targeted at industry have received plenty of attention. One called for food marketers to shift their child-oriented product portfolios to healthy foods, and the other asked the industry to similarly shift their advertising efforts.<sup>16</sup> But the IOM issued yet another key recommendation that has largely been overlooked, and I wish to draw your attention to it today. It explicitly recommended that:

“If voluntary efforts related to advertising during children’s television programming are unsuccessful in shifting the emphasis away from

high-calorie and low-nutrient foods and beverages to the advertising of healthful foods and beverages, Congress should enact legislation mandating the shift on both broadcast and cable television.”<sup>17</sup>

That report was released more than *five* years ago. It clearly served as a catalyst for the food marketing industry to initiate its self-regulatory project in an effort to avoid government regulation. And as we have heard today, there is no shortage of rhetoric and promises about the industry’s initiative. What we haven’t heard about today is -- what does the evidence say regarding how well industry self-regulation is achieving the goal of shifting child-targeted food advertising to healthy products?

On this point, the evidence is strong and consistent across numerous studies. Despite widespread compliance with industry self-regulatory pledges, the large majority of child-targeted food ads still promote unhealthy products that should not be part of a regular diet. Here’s a quick overview of some of the key findings.

Extensive research I have conducted since 2005 shows that prior to the advent of self-regulation, 84% of all foods advertised on television to children were for products in the poorest nutritional category, which consists mostly of highly sugared cereals, beverages, and snacks, along with fatty and salty fast foods.<sup>18</sup> The U.S. Department of Health and Human Services labels these items “Whoa” products as part of its nutritional education materials for parents, and recommends that they should be consumed only once in awhile, but not on a regular basis. If self-regulation was achieving its goal perfectly, the percentage of foods advertised to children that fall in this category should come down from 84% to zero. If self-

regulation was even moderately effective, that proportion should at least be below 50%.

But my studies show that in 2007, the proportion of foods marketed to children that remained unhealthy was 79%, and in 2009 it was still at 72%. I will soon release findings from research conducted in 2011 that indicate more of this pattern of inching in tiny steps in the desired direction, while falling far, far short of the actual goal.

Let me be clear about the implications of this evidence. The industry says *all* of the foods it advertises to children under its self-regulatory initiative are healthy; but my independent analysis, applying U.S. government nutritional standards, says more than two of every three advertised products fall in the poorest nutritional category. This disconnect underscores the deficient nature of the nutritional criteria the industry employs to define a healthy food for purposes of self-regulation. That's exactly why independent standards such as the IWG guidelines are essential to address this problem.

There are numerous other studies that examine the impact of self-regulation, but use alternative criteria to judge the nutritional quality of advertised foods. All found essentially the same result, and came to the identical conclusion as that offered by my research; that is, industry self-regulation has failed to accomplish any meaningful improvement in the nutritional quality of foods marketed to children.<sup>19</sup> Indeed, at the current rate of reform, my data indicate that it would take until the year 2033 for self-regulation to eliminate all child-targeted advertising for products in the poorest nutritional category, so-called "Whoa" foods.

Why isn't self-regulation working more effectively now, more than five years after the release of the IOM report? Part of the problem is that self-regulation applies only to companies that volunteer for it. The evidence shows that between one-quarter and one-third of televised advertising to children originates with companies that refuse to participate in the industry initiative. But the main reason self-regulation falls short is that to date, companies have relied upon inconsistent and inadequate definitions of what constitutes a "healthy food."

We've heard from the industry that the CFBAI is moving to establish uniform nutritional standards. It's good to hear that one company can no longer categorize a product as healthy when that same item would be considered unacceptable according to the standards for one of their competitors. But arguably the biggest reason why self-regulation is clearly failing to accomplish any meaningful improvement in the nutritional quality of foods marketed to children is that industry defines the standards for a "healthy" product in generous terms that favor its own economic interests, rather than in terms that protect child health.

That is exactly why strong IWG guidelines are essential. The fact that the IWG standards would exclude many foods currently marketed to children merely underscores the industry maneuver of creatively re-labeling foods that are fundamentally unhealthy as "better-for-you" because they have removed a small proportion of the undesirable ingredients. Taking 20 or 30% of the sugar out of an candy or snack may make it "better-for-you" than it used to be, but it surely doesn't make it good for you. Only products that are actually good for you to consume should qualify as genuinely healthy foods.



In his testimony today, Mr. Vladeck of the FTC observed that his agency seeks to find “balance between what is best for children’s health and what is workable for industry.” With all due respect, that places his position quite some distance from the scientific recommendations of the Institute of Medicine, which called upon Congress to restrict advertising of unhealthy food products to children if the industry could not achieve it voluntarily, and in short order. We’ve waited five years so far, and we are nowhere close to success in this effort. But instead of the Congress pursuing the regulation recommended by the IOM, this committee is conducting a hearing that calls into question federal efforts to devise mere recommendations for industry to be more responsible in their billion-dollar campaigns to influence children’s eating patterns. It seems to me this committee has lost sight of the fundamental cause for concern in this realm: that the marketing of unhealthy foods to children contributes to the epidemic of childhood obesity. As I said earlier, I urge the committee to hold that concern front and center as it pursues deliberations on this topic.

Finally, let me set the record straight on the subject of caveats. Certain industry officials are claiming that the scientific evidence documenting the adverse effects of advertising unhealthy foods to children is equivocal. In a classic “deny-the-science” tactic, they quote an isolated passage of a 500-page document in misleading and irresponsible fashion. It doesn’t require any scientific credentials to appreciate that an expert panel from the National Academy of Science would not unanimously recommend to Congress that it should ban or severely restrict televised food advertising to children on the basis of equivocal evidence. The

findings from the IOM report are clear, compelling, and warrant urgent action. The caveat to truly worry about in this issue area is the industry's current effort to soften the definition of what constitutes a healthy food under the IWG guidelines.

The nation's leading public health professionals have devised guidelines based on solid nutrition science, but the industry complains that following these recommendations would reduce its profits. Industry wants business as usual. If we pursue that path, let's be clear about the choice we are making, which would privilege food industry profits over child health. If that is the outcome of this debate, it is the nation's children that will suffer, and the nation's taxpayers who will be forced to shoulder the increased health care costs required to treat the growing number of obesity-related maladies.

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