Federal Trade Commission
Office of the Secretary
Room H-113 (Annex W)
600 Pennsylvania Avenue, N.W.
Washington, DC 20580

Kellogg Company Comments on the Interagency Working Group on Food Marketed to Children Preliminary Proposed Nutrition Principles to Guide Industry Self-Regulatory Efforts

Interagency Working Group on Food Marketed to Children:
General Comments and Proposed Marketing Definitions:
FTC Project No. P094513

To: Interagency Working Group

I. INTRODUCTION

Kellogg Company (Kellogg) values the opportunity to provide comments to the Interagency Working Group on Food Marketing to Children's Preliminary Proposed Nutrition Principles to Guide Industry Self-Regulatory Efforts (IWG). Kellogg appreciates the effort that representatives from the Federal Trade Commission, the Centers for Disease Control and Prevention, the Food and Drug Administration and the United States Department of Agriculture put forth to address the complex issue of childhood obesity. Kellogg firmly believes that the health of our nation's children is an important priority and takes seriously efforts to improve children's health and nutrition.

Kellogg Company was founded by W.K. Kellogg in 1906 with a focus on health and nutrition, a commitment that continues today. We have a long history of developing and marketing great-tasting, nutritious products designed to help consumers choose products that provide nutritional relevance, great taste and a variety of choices to the diet. Kellogg Company has a long history of being committed to marketing responsibly to children. In June 2007, Kellogg announced that it had strengthened its commitment to marketing responsibly to children in that only products meeting rigorous internal Kellogg Global Nutrient Criteria (KGNC) can be advertised to children 6 to 11 years of age. Kellogg does not market to children under 6 years old.

Since committing to the KGNC in 2007, Kellogg has continued its journey to improve the nutritional benefits of our products without compromising the great taste consumers

love (e.g. removing *trans fatty* acids, reducing sugar, reducing sodium and adding nutrients that consumer, especially children need more of, such as fiber and whole grain), specifically focusing on cereals advertised to children. The company has invested significant R&D resources in this endeavor, focusing approximately 50% of its ready-to-eat cereal R&D investment on cereal renovations in recent years (up from typical renovation investments of 10 to 20%).

The Company is also proud to be a long-time supporter of self-regulation, specifically, the Council of Better Business Bureau's Children's Advertising Review Unit (CARU) and as one of the founding participants of the Children's Food and Beverage Advertising Initiative (CFBAI), which has had a profound impact on what foods and beverages are advertised and marketed to children under age twelve in the United States.

As stated in the FY 2009 Omnibus Appropriations Act, the Congressional charge to the IWG was to "conduct a study and develop recommendations for standards for the marketing of food when such marketing targets children who are 17 years old or younger or when such food represents a significant component of the diets of children." In developing the standards, the IWG was directed to consider "(1) positive and negative contributions of nutrients, ingredients, and food (including calories, portion size, saturated fat, *trans* fat, sodium, added sugars, and the presence of nutrients, fruits, vegetables, and whole grains) to the diets of such children; and (2) evidence concerning the role of consumption of nutrients, ingredients, and foods in preventing or promoting the development of obesity among such children."

Kellogg's commitment to improving children's health and nutrition has been continuous and unwavering as exemplified by its individual corporate efforts and policies. Kellogg promotes healthy eating in children, including the importance of breakfast and cereal as a nutrient dense breakfast choice, as well as promoting efforts designed to educate children and families on the importance of balancing calories in versus calories out.

To this end, Kellogg believes it is important to share our point-of-view and evidence as IWG deliberates on whether or how to move forward with developing recommendations. In response to the proposed Marketing Definitions, Kellogg respectfully submits comments based on the following key points:

- Industry self-regulation has been effective in decreasing the mix of what is advertised to children and can continue to be a viable path moving forward.
- The marketing definitions are overly broad and overly restrictive and would negatively impact activities that benefit children and adolescents.

II. Importance of Breakfast

Breakfast Cereals Offer Meaningful Contributions to the Diet

Before offering comments to the specific questions posed in the IWG Marketing Definitions, Kellogg would like to address the *charge* as outlined in the 2009 Omnibus Appropriations as discussed above. As a manufacturer of breakfast cereal, a category of specific food targeted by IWG, Kellogg would like to take this opportunity to highlight the numerous nutritional contributions and benefits of this mainstay in the diets of children.

Breakfast cereals significantly and positively contribute to nutrient intake, an overall healthful dietary pattern, and lower the risk of being overweight or obese.[1] Severely restricting the marketing of healthful foods, such as cereals, could lead to reduced intake of this nutritious food in children's diets and have unintended consequences to the public health goals set forth by the IWG.

Both the 2010 Dietary Guidelines for Americans (DGA) and the proposed IWG guidance emphasize the importance of encouraging foods that **"*make a meaningful contribution to the diet*"** (e.g., meeting nutrient recommendations within calorie needs) and contribute to intake of food groups to encourage. Many nutrients are vital for normal growth and development of children. However, four nutrients have been identified by the 2010 Dietary Guidelines as the most important nutrients *all* Americans – especially children – should increase in their diets because of their importance in preventing long-term health consequences. The 2010 DGA recommended that Americans "*Choose foods that provide more dietary fiber, potassium, calcium, and vitamin D, which are nutrients of concern in American diets*." DGA defined nutrient-dense foods as "*foods and beverages [that] provide vitamins, minerals, and other substances that may have positive health effects with relatively few calories*."[2]

Breakfast cereals make meaningful contributions to the diet as a nutrient dense food, contributing essential vitamins, minerals and fiber in less than 150 calories (with ½ cup of skim milk) per serving on average.

The 2010 DGAs specifically recognizes the positive contribution of breakfast cereal in several ways. Cereal is acknowledged as a way to increase consumption of whole grain

---

[1] *Cereal: The Complete Story*, Kellogg Company

[2] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. p. 34.

(and fiber), as a source of enriched grain, and as a fortified food that provides essential nutrients. The DGA points out the positive role of enriched grains in providing B vitamins (thiamin, riboflavin, niacin, folic acid) and iron.[3] In addition, many cereals also are fortified with other key nutrients, which further enhance the nutrient density of this food category. Other significant contributions include:

- Fortified breakfast cereals are recognized by the DGA as the number one food source of calcium.[4] In addition, because cereals are commonly consumed with milk, they also assist with meeting calcium needs of children.[5]
- Cereals are recognized by the DGA as some of the top sources of dietary fiber: 100% bran cereal (#2), regular bran cereal (#8), and shredded wheat cereal (#19).[6]
- Cereal is noted as contributing less than 4% added sugar to the diet and only 2.4% of refined grains[7] At the same time, National Panel Data (NPD) survey data shows that cereals contribute 35% of the daily requirement for calcium, 53% of daily requirement for vitamin A, 54% of daily requirement for magnesium, and 79% of daily requirement for vitamin C in kids 2-17[8]
- The 2007-08 National Health and Nutrition Examination Survey (NHANES) indicates that shortfall nutrients for children include vitamins A, C and D and calcium. Vitamins A, C, and D are commonly added to ready-to-eat cereal.
- Data from the NPD Group Nutrient Intake Database, collected for two years ending in August 2009, examined cereal eating habits over a two-week period and found that among kids 2 to 17 years, as cereal eating frequency increases, so do levels of Dietary Recommended Intake (DRI) achievement for key nutrients, including calcium, vitamins A and C, magnesium, iron, and zinc. The same finding holds true for presweetened cereal eaters.[9]

---

[3] Ibid. at p. 38.

[4] Ibid. at p. 89.

[5] Song W, et al. Ready-to-Eat Breakfast Cereal Consumption Enhances Milk and Calcium Intake in the US Population. *J Am Diet Assn*. 2006; 106:1783-1789.

[6] See fn. 2, p. 88.

[7] Ibid. at p. 29-30.

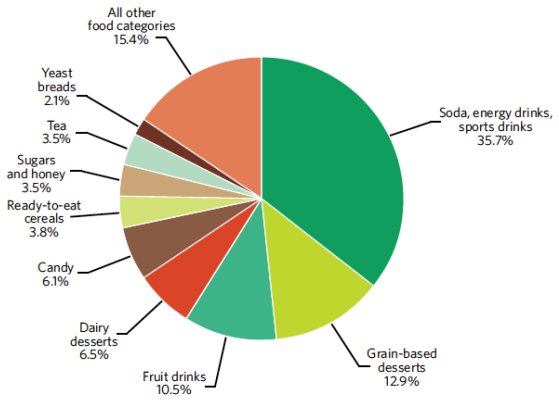
[8] NPD Group/Nutrient Intake Database; 2009. H/M/L Ready to Eat Cereal Users by DRI Achievement and Kids (2–17).

[9] Id.

Source

U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010.* 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. Pg. 29.

FIGURE 3-6. Sources of Added Sugars in the Diets of the U.S. Population Ages 2 Years and Older, NHANES 2005–2006[a]



a. Data are drawn from analyses of usual dietary intake conducted by the National Cancer Institute. Foods and beverages consumed were divided into 97 categories and ranked according to added sugars contribution to the diet. "All other food categories" represents food categories that each contributes less than 2% of the total added sugar intake.

Source: National Cancer Institute. Sources of added sugars in the diets of the U.S. population ages 2 years and older, NHANES 2005–2006. Risk Factor Monitoring and Methods. Cancer Control and Population Sciences. http://riskfactor.cancer.gov/diet/foodsources/added_sugars/table5a.html. Accessed August 11, 2010.

Breakfast is an important meal for children, but the type of breakfast also is important. Research shows that ready-to-eat cereal is a healthy breakfast choice and not only for its contribution to micronutrient intakes, but also promoting an overall healthy diet.

In fact, an analysis of the NHANES data (2003-2006) shows that children (5-18 years old), who eat ready-to-eat cereal (RTEC), including presweetened ready-to-eat cereal, have greater intakes of milk and whole grains. There were no differences in whole fruit, total fruit or total vegetable intakes between RTEC consumers and children who ate other breakfasts. These data highlight that total diet quality (as assessed by Healthy Eating Index) is at least as good, if not better, for children who eat RTEC compared to other breakfasts.[10]

Breakfast cereals serve as a vehicle for meeting dietary guidance recommendations for fruits, low-fat dairy, and fiber and whole grains.

The 2010 DGA, Healthier Schools Challenge, *Let's Move* and many other national public health education programs emphasize the importance of increasing fiber, whole

[10] Kellogg proprietary data on file

grain, fruits, and low-fat dairy. Data show that when children consume cereal, their average daily intake of other food groups—fruits, grains, dairy, and vegetables—are at levels equal or greater than non-cereal eaters.[11] When cereal frequency is measured against Healthy Eating Index (HEI), a marker of overall diet quality or healthfulness, a higher proportion of individuals are classified as "most healthy" as cereal frequency increases.[12] Very notably, cereal is a gateway for milk consumption for many children. Song et al (2006) reported that out of 1,579 people 9+ years old who consumed cereal, 95% of them also consumed milk,[13] which provides, on average, 100 IU of vitamin D and 300 mg calcium per standard serving size – two of the four nutrients of concern as defined in the 2010 DGA.

Data from NHANES 2003-2006 shows that intakes of important nutrients, including shortfall nutrients, are better for children consuming cereal at breakfast than for those consuming alternative breakfasts. In fact, cereal and milk is a leading source of 10 nutrients in children's diets.[14] Research has consistently shown that if essential nutrients are missed at breakfast, most do not compensate for the loss at other meals during the day. A study of 467 U.S. school children found higher intakes of vitamins A and E, iron, and B vitamins in those who consumed breakfast compared to those who skipped the meal. Breakfast skippers—16% of the children in the study—were less likely to achieve even two-thirds of their recommended daily intake for vitamins and minerals.[15] Encouraging consumption of cereal can help address these nutrient shortfalls. Cereals provide a shelf-stable, cost-efficient breakfast alternative for families, and at the same time, they offer calorie-efficient nutrition to children.

Cereal is typically a low-fat, nutrient-dense, food that encourages breakfast consumption, within relatively few calories. Eating a nutrient-dense breakfast is recommended by the 2010 DGA as a strategy for promoting calorie balance and weight management. Not eating breakfast is noted as being associated with excess body weight, especially among children and adolescents, while consuming breakfast is associated with more healthful BMI and lower waist circumference, as well as improved nutrient intake.

---

[11] See fn. 8.

[12] Id.

[13] See fn. 5.

[14] National Health and Nutrition Examination Survey, 2003-2006.

[15] Nicklas TA, Weihang B, Webber LS and Berenson GS. Breakfast consumption affects adequacy of total daily intake in children. *J Am Diet Assn* 1993; 93(8): 886-891.

Research over the past decade has demonstrated a positive relationship between consumption of cereal as part of a healthy eating pattern and a healthy body weight in children and adolescents.[16] Regardless of differences in composition, this review concluded that there is strong evidence to support cereal as playing a protective role against obesity. In one study, children aged 6-12 years who consumed cereal for breakfast had a lower BMI than breakfast skippers and a smaller waist circumference than kids who ate non-cereal breakfasts or were breakfast skippers.[17] Similarly, Albertson et al (2003) found that children aged 4-12 years in the highest tertile of cereal consumption had lower BMIs and were at reduced risk of being overweight or obese than those in the lowest tertile.[18] In girls 9-19 years of age, frequency of cereal consumption was positively associated with lower BMI.[19] The average serving of cereal with a ½ cup serving of non-fat milk contains 150 calories, or 9% of the recommended daily intake of 1,650 calories for kids age 6-11. As the number of calories U.S. children ages 6-11 have consumed for the past 30 years has increased only slightly, incidence of obesity has climbed sharply, suggesting that greater focus on the "calories out" portion of the calorie balance equation is needed.[20]

---

[16] Kosti RI, Panagiotakos DB and Zampelas A. Ready-to-eat cereals and the burden of obesity in the context of their nutritional contribution: are all ready-to-eat cereals equally healthy? A systematic review. *Nutr Res Rev*. 2010; 23(2):314-322.

[17] Williams BM, O'Neil CE, Keast DR, Cho S and Nicklas TA. Are breakfast consumption patterns associated with weight status and nutrient adequacy in African-American children? *Public Health Nutr.* 2009; 12(4):489-496.

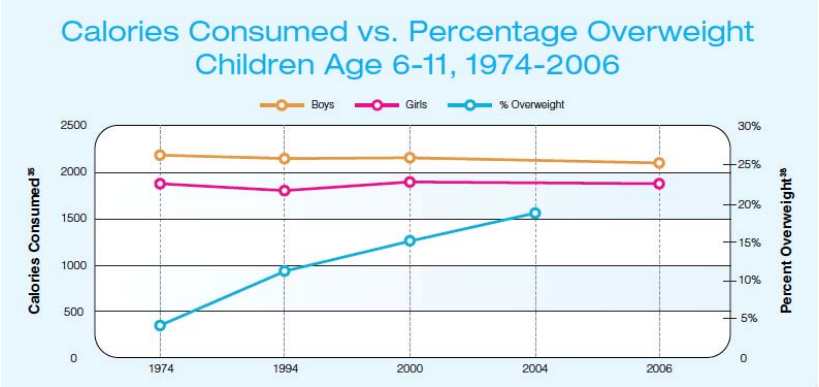
[18] Albertson AM, Anderson GH, Crockett SJ and Goebel MT. Ready-to-eat cereal consumption: its relationship with BMI and nutrient intake of children aged 4 to 12 years. *J Am Diet Assoc.* 2003; 103:1613-1619.

[19] Barton BA, Eldridge AL, Thompson D, Affenito SG, Striegel-Moore RH, Franko DL, Albertson AM and Crockett SJ. The relationship of breakfast and cereal consumption to nutrient intake and body mass index: the National Heart, Lung, and Blood Institute Growth and Health Study. *J Am Diet Assoc.* 2005; 105:1383-1389.

[20] San Jose Mercury News/Kaiser Family Foundation Survey on Childhood Obesity, March 2004; U.S. Department of Health and Human Services. Healthy Youth: An Investment in Our Nation's Future, 2007. Atlanta, GA: U.S. Department of Health and Human Services, CDC, Coordinating Center for Health Promotion; 2007.

Source
San Jose Mercury News/Kaiser Family Foundation Survey on Childhood Obesity, March 2004.

Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, *Healthy Youth!* 2007.



Related to added sugar consumption and BMI in children, Nicklas et al (2011) found that childhood obesity is not correlated with added sugars in the diet. In fact, intake of added sugars was inversely related to BMI (Z-score) in kids 12-18 years old.[21] Furthermore, kids who consume breakfast cereals presweetened with sugar are no more likely to be overweight or obese than those who consume other ready-to-eat cereals at breakfast.[22] In fact, research indicates that kids who consume presweetened cereal may be at a lower risk of being overweight or obese than kids who either skip breakfast or consume non-cereal breakfasts.[23] Updated analysis of the NHANES data confirmed the finding that no differences exist in weight, BMI, % overweight or obese, waist circumference, or skin-fold measurements (subscapular and triceps) between kids (5-8 or 9-13 years old) that ate presweetened (>6g sugar) or non-presweetened cereal.[24] The 2010 DGA recognize that limited calories from added sugars can be used to increase the palatability of nutrient-dense foods, which may include whole-grain breakfast cereals that contain small amounts of added sugars.[25]

---

[21] Nicklas TA, O'Neil CE and Liu Y. Intake of added sugars is not associated with weight measures in children 6 to 18 years: National Health and Nutrition Examination Surveys 2003-2006. *Nutr Res.* 2011; 31(5):338-346.

[22] O'Neil CE, Zanovec M, Nicklas TA and Cho SS. Presweetened and Nonpresweetened Ready-to-Eat Cereals at Breakfast Are Associated With Improved Nutrient Intake but Not With Increased Body Weight of Children and Adolescents: NHANES 1999-2002. *Am J Lifestyle Med* 2011 (epub ahead of print, May 12, 2011); See also, fn. 10.

[23] See fn. 10.

[24] Id.

[25] See fn. 2 at 46.

For more on the benefits of cereal, please see ***Cereal: The Complete Story***, attached as Appendix A.

III. Positive Effects of Kellogg's Commitment to Industry Self-Regulation

In June, 2007, Kellogg strengthened its long-standing commitment to communicating responsibly to children. The company adopted the Kellogg Global Nutrient Criteria (KGNC), which determines the products that Kellogg can advertise to children 6 to 11 years of age. Kellogg does not advertise to children under age 6, nor in elementary or preschool settings. With children ages 6 – 11 years, Kellogg exercises extra care, taking into consideration cognitive abilities of these children. Kellogg has committed that communication directed to children ages 6 – 11 years will:

- Not depict or encourage excessive consumption;
- Show sound nutritional practices where applicable and will offer clear and appropriate nutrition information;
- Encourage physical activity/exercise when possible;
- Not undermine the authority, responsibility or judgment of parents in making food choices for their families;
- Accurately portray products, premiums, and promotions using appropriate language to ensure understanding;
- Incorporate healthy lifestyle messaging on all child-directed Web sites;
- Not use product placement in any medium designed to appeal to children under age 12; and
- Use celebrity spokespersons, viral marketing, branded toys and games directed to children under age 12 only if the product meets KGNC.

Further, the CFBAI has matured since its inception by achieving the following:

- Uniform nutrition standards to determine which products can be depicted in child-directed advertising;
- Harmonization of the audience composition for "child-directed" advertising; and
- Increased the number of participating companies from ten (10) to seventeen (17).

The impact of the CFBAI's and Kellogg's commitments can already be seen in the marketplace. The amount of food and beverage advertising directed to children has fallen significantly in recent years. In fact, in the last 5 years, Kellogg has cut child-directed television spend by 51%, to where it now represents less than 10% of the company's total U.S. media spend. Nonetheless, as child-directed advertising has

decreased, unfortunately, there has not been a decrease in the rates of childhood obesity.[26]

IV. Proposed Marketing Definitions

Under the IWG's proposed guidelines, the landscape of products that Kellogg currently advertises to children would change dramatically, given that none of the products it advertises to children today meet the IWG proposed criteria.

In proposing to define what constitutes marketing to children, the IWG is using definitions developed by the FTC and used in connection with its 2008 report on youth-directed food marketing expenditures and activities and its follow-up study. The marketing definitions used by the FTC to collect data from industry were intentionally overly inclusive, designed to facilitate an exploratory investigation and to capture expenditures. The IWG indicated that these definitions have already been vetted through public comment. While industry filed comments opposing the breadth of these definitions, companies' compliance with the compulsory orders cannot reasonably be construed as having vetted or properly tested the definitions. The FTC's use of overly inclusive definitions, developed to collect a wide range of information to conduct its study, does not support the conclusion that those definitions can provide a workable framework for defining marketing to children and adolescents. The result of these definitions is an overly restrictive framework that could limit important messages to children about the significance of a healthy diet and exercise.

Generally, Kellogg believes the IWG's proposed marketing definitions are overly broad, ignore current and effective industry self-regulation, and will have a negative impact on the many positive promotions, sponsorships and educational activities directed to, and aimed to benefit, children by the food industry.

---

[26] Ogden CL, Lamb MM, Carroll MD, Flegal KM. "Obesity and socioeconomic status in children and adolescents: United States, 2005-2008"; Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. "Prevalence of overweight and obesity in the United States, 1999-2004." *Journal of the American Medical Association*, 295(13):1549-55, 2006.

While Kellogg is not submitting detailed comments on the economic impact of this proposal, this is not to ignore the tremendous impact this proposal will have on the entire food and beverage industry. This includes impact on the food and beverage manufacturers, retailers, broadcasters, and entertainment companies. The overall impact to the economy would be significant.

Overly Broad Definitions Would Negatively Impact Current Voluntary Efforts by Industry that Benefit Children

Kellogg is also filing comments regarding the Proposed Nutrition Principles. (*See* Appendix B). Because both the proposed nutrition principles and definitions of marketing can negatively impact many beneficial marketing activities and promotions that are conducted by Kellogg, it is important to consider these comments together. The Kellogg comments on the Proposed Nutrition Principles address the impact of the proposal on the types of products that could be marketed to children and also discuss research related to obesity.

There are many factors affecting childhood obesity, one of which is lack of physical activity/exercise. The breadth of the proposed definitions of marketing to children will negatively impact numerous initiatives that promote physical activity. For example, Kellogg has offered numerous premium items to encourage physical activity, such as pedometers, cyclometers, and soccer balls.

In addition, Kellogg's brands fund and promote numerous activities beneficial to children, which would be impacted by the IWG proposal. For example, the following recent promotions by Kellogg would not be permitted under the proposal:

- *Kellogg's Frosted Flakes*® Plant a Seed Promotion, where an athletic field makeover was awarded for the best essay on why their athletic field needed a makeover;
- Partnership with Plant a Tree foundation, supporting planting fruit trees at schools, including elementary schools, to promotion education about fruit as part of a healthy diet and planting of trees as part of contributing to the health of the planet;
- Coupon for purchase of book through Scholastic Book Club;
- Promotion where prize is a college scholarship;
- Books to military families with proof of purchase;
- Offer of reusable bags featuring equity characters with proof of purchase;
- On-pack recipes incorporating *Kellogg's® Rice Krispies*® cereal that parents and kids can make together;

- In-store promotions for back-to-school discounts;
- Sponsorships of children's sports teams and events, including Little League World Series, Pop Warner Football, American Youth Soccer Organization, Girls on the Run events, and Kids Marathon Milers;
- Donations to the Children's Miracle Network with purchases of *Kellogg's Frosted Flakes*® cereal; or
- Various promotions benefitting St. Jude's Children's Hospital, Make A Wish Foundation, Girl Scouts of America, including visits to related events with equity characters, such as Tony the Tiger

The IWG proposal will have a negative impact on all such positive activities conducted by the food industry that currently benefit children in so many ways.

V. Responses to Specific Questions Raised by the IWG

The below responses to some of the specific questions posed by the IWG indicate that the proposed definitions for "marketing to children" are overly broad and have unintended consequences of eliminating activities with respect to efforts to improve child nutrition and health that they are designed to achieve.

(23) The working group's proposed voluntary principles apply similarly broad definitions of what constitutes marketing to children age 2 – 11 years and adolescents ages 12 – 17 years. In the case of adolescents, those marketing definitions are more likely to result in limits on food marketing in media that is also reaching a substantial adult audience. What would be the advantages or disadvantages of applying the proposed nutrition principles only to those marketing techniques that are more narrowly focused on adolescents, for example, by limiting the scope to in-school marketing and social media, such as the Internet, digital, word of mouth, and viral marketing? If the range of covered marketing techniques is narrower for adolescents than for younger children, what techniques should be encompassed and why?

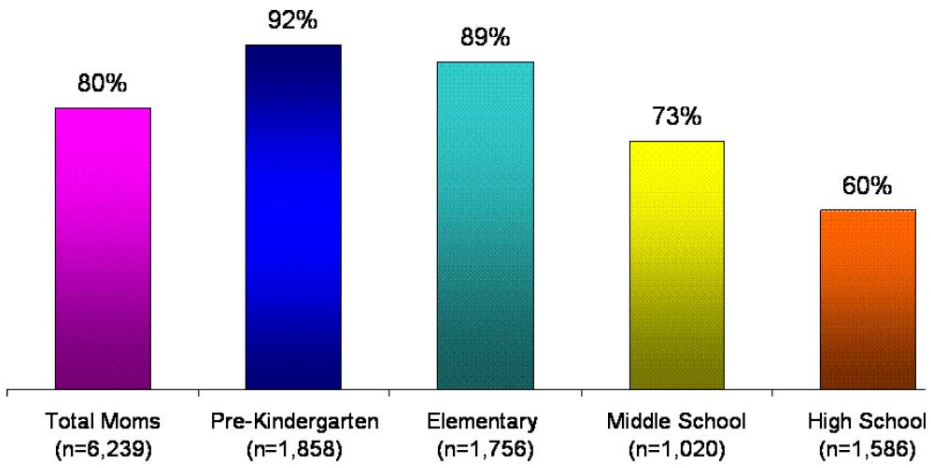
There are numerous disadvantages of limiting the scope of marketing techniques targeted to adolescents. Kellogg agrees with the IWG that that the marketing definitions in the case of adolescents will result in significant limits on food marketing in media that reaches a substantial adult audience. The IWG suggests limiting the scope of restrictions for adolescents to social media. This is an impractical approach, primarily because social media is a vehicle for reaching adults audiences. In fact, largest

demographic in social media is woman, ages 45+. Data from the year ending 2010, indicate that teens only made up 11.1% of total facebook users. [27] In addition, it is not clear what social media is intended to cover. For example, it could mean targeting consumers on facebook via ad units, or it could prohibit a brand having a brand page on facebook. Given the large adult audience, this would be limiting activities that were not intended to target teens and are not reaching a significant number of teens.

A Cereal Breakfast is Important for Children and Adolescents

Research has consistently demonstrated that as children move into adolescents, breakfast consumption significantly declines. *See* Figure 1 below. [28]

Figure 1. "How often does your child eat breakfast?" % that said "daily or near daily"

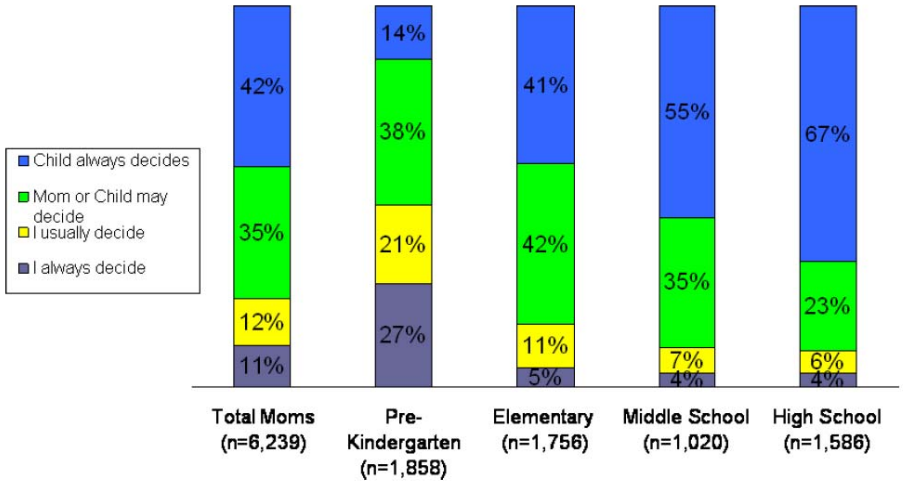


[27] Comscore, year ending 2010.

[28] The *Breakfast in America Survey* was conducted via a nationally representative sample from the NPD Online Panel fielded from December 29, 2010, through January 24, 2011. Survey responses were collected from 14,594 people and weighted back to reflect a nationally representative sample based on current U.S. Census population distributions.

In addition, teenagers have a larger role in deciding what they have for breakfast than other age groups. *See* Figure 2 below.[29]

Figure 2.



Adolescent breakfast skippers are more likely to be overweight and have poorer diet quality compared to those who regularly consume breakfast.[30] A 2011 study again confirmed that after taking total physical activity, total energy intake, puberty, race, socioeconomic status, and age into account, findings indicated that for both male and female adolescents, breakfast consumption was significantly and inversely associated with BMI and percent body fat.[31] Research over the past decade has also demonstrated a positive relationship between consumption of cereal as part of a healthy eating pattern and a healthy body weight in adolescents.[32] Regardless of differences in composition, this review concluded that **there is strong evidence to support cereal as playing a protective role against obesity.**

---

[29] Id.

[30] Keski-Rahkonen A, Kaprio J, Rissanen A, Virkkunen M, Rose RJ. Breakfast skipping and health-compromising behavior in adolescents and adults. *Eur J Clin Nutr.* 2003; 57(7):842–853; Timlin MT, Pereira MA, Story M, Neumark-Sztainer D. Breakfast eating and weight change in a 5-year prospective analysis of adolescents: Project EAT (Eating Among Teens). Pediatrics, 2008;121(3):e638-645.

[31] Laska MN, Murray DM, Lytle LA, Harnack LJ. Longitudinal Associations Between Key Dietary Behaviors and Weight Gain Over Time: Transitions Through the Adolescent Years. Obesity, 2011; doi: 10.1038/oby.2011.179. [Epub ahead of print].

[32] See fn. 16.

In girls 9-19 years of age, frequency of cereal consumption was positively associated with lower BMI.[33] Cereal intake has also been consistently related to positive nutrition intake. Related to added sugar consumption and BMI in children, Nicklas et al (2011) found that childhood obesity is not correlated with added sugars in the diet. In fact, intake of added sugars was inversely related to BMI (Z-score) in kids 12-18 years old.[34] Furthermore, kids who consume breakfast cereals presweetened with sugar are no more likely to be overweight or obese than those who consume other ready-to-eat cereals at breakfast.[35] In fact, research indicates that kids who consume presweetened cereal may be at a lower risk of being overweight or obese than kids who either skip breakfast or consume non-cereal breakfasts.[36] Updated analysis of the NHANES data confirmed the finding that no differences exist in weight, BMI, % overweight or obese, waist circumference, or skin-fold measurements (subscapular and triceps) between kids (5-8 or 9-13 years old) who ate presweetened (>6g sugar) or non-presweetened cereal.[37]

The evidence is clear and consistent, breakfast consumption, and specifically cereal, is a critical pathway to healthy body weights and improved diet quality for adolescents, and should be encouraged by multiple stakeholders including parents, schools, government and industry partners.

Adolescents are Capable of Contextualizing Advertising Messages

As the IWG acknowledges, adolescents are more capable than younger children of comprehending and contextualizing advertising/marketing communications. They have greater cognitive and emotional sophistication than younger children. In fact, evidence supports that they "are equipped with advanced critical understanding of advertising and can even be more sophisticated media consumers than adults."[38] Therefore, the same protections are not required for adolescents as for younger children. There is no sound public policy or empirical support to impose restrictions on food and beverage marketing to adolescents 12 – 17 years of age. As a matter of fact, the Institute of Medicine's

---

[33] See fn. 19.

[34] Nicklas TA, O'Neil CE and Liu Y. Intake of added sugars is not associated with weight measures in children 6 to 18 years: National Health and Nutrition Examination Surveys 2003-2006. *Nutr Res.* 2011; 31(5):338-346.

[35] See fn. 22; see also fn. 30, Timlin et al.

[36] See fn. 30, Timlin et al.

[37] See fn 14; see also fn. 10.

[38] "Food and Beverage advertising to Children; When is a Child a Child?," World Federation of Advertisers, July 2007.

2005 study found evidence that advertising did NOT affect teen diets. Therefore, restrictions on marketing to adolescents are unwarranted.

While we believe certain protections are necessary for children under 12, we believe the protections provided by self-regulation via CARU and CFBAI are sufficient. CARU and CFBAI have traditionally focused on children under 12 and continue to do so because special protections are important for this population whose cognitive skills may not be as developed as older children. Again, we believe these self-regulatory principles sufficiently take this into consideration and should not be broadened by the IWG's proposed definitions.

(24) Does the mix of objective and subjective criteria for food marketing directed to children and adolescents used by the FTC in preparing its 2008 Food Marketing Report adequately capture promotional activities targeted to the relevant age groups?

As previously indicated, the criteria used by the FTC in preparing its 2008 Food Marketing Report were overly broad and, therefore, captured promotional and marketing activities that were not primarily directed to children. Much of the promotion and marketing conducted by Kellogg can best be characterized as "all-family" or "Mom-directed." Marketing to families and moms with kids may reach a proportion of children; but that does not make the marketing child-directed.

Suggested subjective criteria, such as use of child- or teen-oriented animated characters, are of particular concern to Kellogg. Many Kellogg legacy brands use equity trademarked characters (e.g., Tony the Tiger®; Ernie®) that reflect significant financial and marketing investments over many years to develop their value and goodwill. These strong brands and characters are just as beloved by adults as they are by children, whether they appear on a cereal package, an in-store event or a TV commercial directed at adults. In fact, Kellogg's Frosted Flakes® cereal, which is marketed to both children and adults, enjoys well over a majority adult-consumption. Furthermore, given his mass appeal, *Kellogg's Frosted Flakes*® brand includes Tony the Tiger® in all of its adult communication; Tony the Tiger® is more familiar to adults 18 and over than with children 6 to 17.

Another example is Keebler's beloved Ernie® Keebler, the elf. Ernie® is intrinsically part of the Keebler equity, which includes cookies and crackers. Kellogg does not advertise cookies or crackers to children or adolescents and has no intentions of advertising to these audiences. However, based upon the IWG proposal, Kellogg would not be able to place Ernie® on its packages of Keebler cookies because of the overbroad

subjective criteria that he is an animated/cartoon character that may appeal to children. As a matter of fact, Ernie® is more familiar to, and more well-liked with, adults, 18 years of age and older, than he is with children and adolescents.

To restrict the use of equity characters, or to eliminate their use, which would be the result of the IWG proposal, would result in severe financial harm to Kellogg, as well as have a detrimental economic impact as a result of lost jobs due to the loss of advertising expenditures. The use of the characters cannot be extracted from the use of the brand name, as they are one in the same and so associated with the brand as to be intrinsically part of the brand equity and identity.

Furthermore, subjective criteria, such as whether children appear in a commercial, are inappropriate. If the target is Mom, and Kellogg is providing meaningful solutions for Mom regarding her busy morning and getting her kids to eat breakfast, we would not, for example, be able to run a television commercial that depicts children sitting at the breakfast table enjoying a nutritious breakfast of cereal, milk and fruit, as it could be deemed directed to children. This is a preposterous result, particularly given the importance of breakfast to the overall health of a child's diet.

Regarding promotional and philanthropic activities, the subjective criteria would prohibit sponsorship of events or athletic teams that encourage physical activity, such as the Little League World Series, whose participants are children. Furthermore, the definitions would discourage donations to charitable organizations whose beneficiaries are children, such as The Children's Miracle Network or the St. Jude's Children's Hospital.

The proposed subjective criteria are ambiguous and over-inclusive, encompassing marketing activities directed to families and adults. Thus, they should not be deemed as a meaningful way to determine whether marketing is *directed to* children or adolescents.

(25) For measured media, does the use of a percentage audience share that is approximately double the presence of the relevant group in the general population adequately capture marketing targeted to children or adolescents without being over-inclusive so as to include marketing directed primarily to adults?

The proposed percentage audience shares for defining marketing to children and adolescents are over-inclusive. It is clearly plausible to achieve the proposed percentage audience shares on programs that are targeted to adults. For example, if an advertiser wanted to target a program to reach an adult audience, ages 18 – 34

years, the teen composition for those programs would likely be over 20%. The broad audience composition proposed by the IWG would restrict placing advertising on this program, even though the intention was clearly to target adults.

In addition, the proposed percentage audience shares could have a negative impact on the amount of family programming that the networks are willing to put on air, as many advertisers would be unable to support them. This would be detrimental to the notion of all-family viewing and encouraging families to spend more time together. The potential reduction in family oriented programming is a growing concern, and one reason why Kellogg has joined the ANA's Alliance for Family Entertainment. This Alliance encourages networks to produce better content that is appropriate for family viewing. According to analysis completed by Wal-Mart and Procter & Gamble, when they joined forces for their "Family Movie Night" project, less than 20% of primetime programming was considered family-friendly.

For adolescents 12-17 the idea of using the 20% audience composition for this group is flawed, because many of the top rated shows against kids 12-17 do not have compositions of 20%+.[39] In other words, adolescents generally watch many of the broad appeal shows that adults are watching. American Idol is an example of a popular show with teens, that has broad viewing base, yet audience composition of kids 12-17 is below 10%.

(26) For measured media, such as television, radio, print and the Internet, the Working Group proposes using audience percentages as one of the criteria for determining whether a specific program, publication or web site is targeted toward children or adolescents. What are the advantages and disadvantages of this approach? Are there alternative approaches that would provide a more accurate and appropriate measure of whether these media are targeted toward children or adolescents?

See response to question 25. In addition, an alternative approach would be to use the audience composition percentage supported by the CFBAI and its participants (i.e., 35% or more children under the age of 12 years). When marketing to families and advertising on all-family programs there will commonly be a number of children in the audience. However, simply because children watch a television program or attend an event with their parents does not make the advertising or marketing child-*directed*.

(27) For unmeasured media, including some social media, such as word of mouth marketing and viral marketing, are the subjective criteria used by the FTC in preparing its 2008 Food Marketing Report sufficiently clear and adequate to

[39] Nielsen, ratings, 2011 broadcast season to date.

encompass promotional activities targeted to children or adolescents? Could these criteria be made more specific, and if so, how?

For unmeasured media, the proposed use of vague, subjective criteria for defining marketing to children is overreaching and overly inclusive. In addition to eliminating the use of Kellogg's valuable, trademarked assets, this criteria also eliminates the "use of child or teen models," and "use of child- or teen-oriented themes, activities, or incentives" to talk to Mom. For example, in-store signage promoting a discount on products for back-to-school featuring school-aged children would not be permitted under the guidelines. This result would be detrimental to the objectives of the proposal, since the products would be healthier options for Mom to provide her children with a breakfast to start their day, and provide an economic value for the shopper.

The primary audience in-store and on-pack is the shopper (e.g., adults, moms, dads), who should be the sole decision maker in the food and beverages choices made for his/her family. Thus, in-store activities should be excluded from any definition of marketing to children because the primary shopper is an adult. In its annual survey conducted in September/October 2010, TNS reported that of 55,000 shoppers surveyed, only 11% shopped with their children. The survey also indicated that 64% of shoppers shopped alone. Even in populations who are more likely to shop with their children, such as Hispanic shoppers, the percentages are lower than the number of shoppers who shop alone.

Furthermore, to use criteria, such as the height of the display, is not appropriate, given that many times this is outside of the control of the manufacturer/advertiser. This is something that is the responsibility of the retailer. To hold the manufacturer accountable for compliance is not realistic.

A further flaw in the subjective criteria is the notion that a sporting event or athlete who is popular with children cannot also be popular with adults. Many times, famous characters and talent have crossover appeal. For example, Harry Potter, the movie franchise and the books, is popular with all age groups. Additionally, the IWG include collectibles in their definition of marketing to children. A collectible can be more popular, thus more appealing to adults, than to children. For example, *Precious Moments*, which are figurines of children, are more popular with adults ages 18 and over than with children 17 and under. The same holds true for Raggedy Ann dolls. Nonetheless, under the IWG proposal, these popular franchises, dolls and figurines, if used in a co-promotion with a food or beverage manufacturer, would be deemed directed to children, and thus prohibited.

The subjective criteria have the unfortunate unintended consequence of negatively impacting corporate funding for numerous activities that are beneficial to both children and families. These include the activities mentioned previously, including:

- Promotion where prize is a college scholarship;
- On-pack recipes that parents and kids can make together;
- In-store promotions for back-to-school discounts;
- Sponsorships of children's sports teams and events, including Little League World Series, Pop Warner Football, American Youth Soccer Organization, Girls on the Run events, and Kids Marathon Milers;
- Partnership with Plant a Tree foundation, supporting planting fruit trees at schools, including elementary schools, to promotion education about fruit as part of a healthy diet and planting of trees as part of contributing to the health of the planet;
- Donations to the Children's Miracle Network with every purchase of Frosted Flakes cereal; or
- Various promotions benefitting St. Jude's Children's Hospital, Make A Wish Foundation, Girl Scouts of America, including visits to related events with equity characters, such as Tony the Tiger

All of these activities would be severely or completely eliminated under the proposed IWG's definitions.

(28) If the proposed voluntary nutrition principles were fully adopted by industry, what impact, if any would they have on children and family television programming and other children's media? What shifts might occur in the proportion of children's advertising involving food products relative to other categories of products advertised to children? What would be the resulting impact on children's health from any shift in advertising to non-food products?

See response to question 25.

Due to the overly broad proposed definitions for "child-directed advertising," there would be a significant negative impact on advertising dollars spent on family television programming. As pointed out above, the proposed definitions would restrict advertising on "all-family" programs by inappropriately defining it as child-directed advertising. Moreover, Kellogg is not willing to compromise its corporate values and spend the displaced advertising dollars on programming that is primarily adult-oriented and potentially inappropriate for children (e.g., contains violent or sexual content).

Advertising and marketing can be impactful, valuable tools for educating and informing consumers, including children and adolescents. Individual foods are not inherently good or bad; any food can be eaten without necessarily compromising a healthy diet. Advertising can be an important tool for educating about diet and health and Kellogg

believes it is providing “educational moments” when it advertises during all-family programming, regardless of the product being advertised.

Many quality all-family programs that teach family values and help promote a better society would be off limits because they contain an audience composition that includes more than 30% children under 12. This would decrease support for this type programming and thus fewer of these programs would be developed. Kellogg would not transfer media spend to more adult-oriented programming, because it does not comport with our corporate values. However, other companies might make this shift, increasing demand and thus increasing this type of content. In the end, there will be less all-family oriented programming and more programming that is not appropriate for children, which impedes many other public policies aimed at benefiting children.

Conclusion

Kellogg Company has been an industry leader in responsible marketing practices and in helping to advance self-regulatory principles around the world. In recent years, Kellogg strengthened its commitment to responsible marketing by only marketing to children ages 6 to 11 years products that meet rigorous nutrient criteria and reinstated its commitment of not advertising to children under 6 years old.

Kellogg and industry’s self-regulatory efforts through the CFBAI are impacting the types of products advertised to children. In addition, the amount of food and beverage advertising directed to children has fallen significantly in recent years. Nonetheless, as child-directed advertising has decreased, unfortunately, there has not been a decrease in the rates of childhood obesity.

While Kellogg supports the stated goal of the IWG to improve the diet and health of children in the United States and address the high rate of childhood obesity, there is no evidence that these broad restrictions on advertising will impact that important goal. Not only will the proposal not advance this goal, it could quite to the contrary, eliminate successful initiatives designed to educate children and families on the importance of a healthy diet and physical activity.

For these reasons, we respectfully request the proposal be withdrawn.

Cereal: The Complete Story

Kellogg's

Table of Contents

The Best Way to Start the Day

As we provide people the world over with nutritious, convenient and affordable breakfast foods, attention to health and nutrition remains at the core of our business.

From the time W.K. Kellogg discovered toasted wheat flakes and then developed *Kellogg's Corn Flakes* in the late 1800s – leading to the founding of the Kellogg Company in 1906 – our company has established itself as a breakfast innovator.

Early in the 20th century, American eating habits were shifting from heavy, fat-laden breakfasts to lighter, more grain-based meals. At the time, Kellogg was not the only cereal company in Battle Creek, Michigan – but it turned out to be "The Original" and one of the most progressive. Once Mr. Kellogg discovered that the corn grit, or "sweet heart of the corn," made the tastiest toasted flake, he put his signature on each box of *Kellogg's Corn Flakes* and proceeded with the belief that everybody, not just those on special diets, would enjoy cereal foods.

The cereal that changed the way people around the world ate breakfast became the foundation for a long line of cereals and an impressive array of "firsts." Building on Mr. Kellogg's mission, *"We are a company of dedicated people making quality products for a healthier world,"* the Kellogg Company continues its focus on *bringing our best to you each morning*.

As we provide people the world over with nutritious, convenient and affordable breakfast foods, attention to health and nutrition remains at the core of our business. These concerns also drive our continuous product research and development. We are always eager to share the latest research about breakfast in general and cereals in particular with the scientific and health communities.

Cereal: The Complete Story is an evidence-based resource that details the universal importance of breakfast and of ready-to-eat cereal, a grain-based food that makes a significant contribution to the diet.

We hope you find this resource a useful contribution to your own research, teaching and overall understanding of ready-to-eat cereal across the globe. We invite you to contact us with comments or questions (corporateresponsibility@kellogg.com) so that we may foster an ongoing dialogue as we continue on our journey to improve the nutrition credentials of our cereals without sacrificing taste or quality.

Sincerely,

Celeste A. Clark, Ph.D.
Senior Vice President, Global Nutrition, Corporate Affairs and Chief Sustainability Officer
Kellogg Company

Breakfast Is the Most Important Meal of the Day

Experts worldwide agree that breakfast is ***the most important meal of the day.*** A large body of international research supports the key role of breakfast in helping both adults and children meet nutrition recommendations.

As we literally "break the fast" of 8 to 12 hours without eating, the body and brain need to refuel. A balanced breakfast not only kick-starts the metabolism, it sets us up for a more successful day. More than a quarter-century of research supports a positive link between breakfast and improved mental alertness and physical performance.[1,2] What's more, research suggests that eating breakfast may help lower overall daily caloric intake.[3]

Eating breakfast can help improve mental alertness and physical performance.[1,2]

Breakfast Boosts Energy

The first meal of the day helps refuel the body and brain with energy and nutrients. As hunger is a distraction, people who eat balanced breakfasts are better able to carry out their daily activities.

Studies show that eating breakfast is positively associated with several aspects of short-term memory function for various age groups and types of tests, including:

- Short-term memory[4,5,6]
- Episodic memory[7]
- Recall[8]

A review of 22 studies related to breakfast consumption and academic performance published in the *Journal of the American Dietetic Association*[9] suggests that eating breakfast may help children do better in school by improving:

1. **memory**
2. **test grades**
3. **school attendance**
4. **psycho-social function**
5. **mood**

As a rule of thumb, breakfast should provide approximately 20% of your daily energy and nutrient needs.

A European study of 195 school-age children suggested that when children consumed more than 20% of their recommended calories at breakfast, their performance on voluntary physical endurance and creativity tests was significantly better than when they consumed less than 10% of their recommended calories at breakfast.[1]

Breakfast, and Cereal, Are Too Important to Miss

Researchers in France and other countries revealed that if essential nutrients are missed at breakfast, people don't compensate for the loss at other meals during the day.[10] And the Australian Dietary Survey showed that people who do not eat cereal were more likely to have inadequate nutrition intakes.[11]

Further, a study of 467 U.S. school children (where fortification is supported) found higher intakes of vitamins A and E, iron and the B vitamins in those who consumed breakfast than in those who skipped the meal. The breakfast skippers – 16% of the children in the study – were less likely to achieve even two-thirds of their recommended daily intake for vitamins and minerals.[12]

Fortification levels vary throughout many regions of the world due to regulations. Nevertheless, breakfast cereal can be an effective way to supply vitamins and minerals to the diet.

Though research supports the importance of breakfast, its consumption is decreasing in many regions of the world. In fact, in the U.S., people today are eating breakfast 10% less than their counterparts from 1965.[13] In Australia, nearly 25% of adults miss breakfast at least three days a week.[14]

Breakfast Consumption Declines as Children Get Older[15]

Recent data indicates that U.S. children tend to eat breakfast less often as they get older.

2-5 years old

96% of males and
95% of females eat breakfast

6-11 years old

87% of males and
86% of females eat breakfast

12-19 years old

69% of males and
70% of females eat breakfast

Cereal is Good Nutrition

What constitutes a nutritious breakfast? Cereal ranks as one of the best choices available.

- Cereal is a typically low-fat, nutrient-dense, cholesterol-free food that encourages breakfast consumption. That's because children and adults enjoy the variety, flavors and textures, as well as the convenience of ready-to-eat cereal.
- Breakfast cereal eaters have higher intakes of riboflavin, calcium, B vitamins, vitamin A and vitamin D.[8,16]
- Analysis of data from the U.K.'s National Diet and Nutrition Survey (where fortification is supported) shows that children age 4-18 who typically consume 30-40 grams of breakfast cereal daily have a 20-60% higher intake of iron, B vitamins and vitamin D when compared with those who do not consume as much cereal. Those who consume more breakfast cereal also had better folate, riboflavin and vitamin B12 levels.[16]
- In Canada, cereal is the number one contributor of iron in preschool-age children.[17]

Cereal's role in a nutritious breakfast goes

Cereal Delivers the Important Benefits of Grain

Since fruits, vegetables and grains are the recommended foundation of most diets, eating cereal has been shown to help deliver the important benefits of grain. The natural antioxidants and fiber found in grains contribute to overall health and may help reduce chronic diseases.[10,19]

Eating cereal is associated with:

- Better digestive health;
- Lower cholesterol for better heart health; and
- Reduced risk of obesity and diabetes.

What is Cereal?

The word "cereal" comes from the name Ceres, the ancient Roman goddess of the harvest. Cereals have been people's basic food since Neolithic times, following the birth of agriculture, which initially focused on the cultivation of wild grains.

In the most basic form, cereal is a food derived from any plant in the grass family that yields edible grain or seed. Barley, corn, oats, rice, rye and wheat are among the most popular grains.

Nutrition for Every Life Stage

Cereal provides important nutrition for everyone, regardless of their life stage:

- **Children**
  Offers a great-tasting way to get valuable nutrients they might not otherwise get.
- **Women of Child-bearing Age**
  Provides necessary iron, folic acid, fiber and calcium.
- **Elderly**
  The nutrient density helps ensure necessary nutrients for relatively few calories, particularly important as calorie needs decline, but nutrient needs do not.

Kellogg's cereals deliver on consumers' specific nutrition needs.

- *Kellogg's All-Bran* and *Kellogg's Nutridia* for digestive health
- *Kellogg's Special K* for weight management
- *Kellogg's Guardian*, *Kellogg's Optivita* and *Kashi Heart to Heart* for heart health

Weighing In on Cereal for Breakfast

Eating breakfast is not only important to start a healthy day, but it is also part of a healthy long-term lifestyle. Both children and adults who eat breakfast regularly are less likely to be overweight.

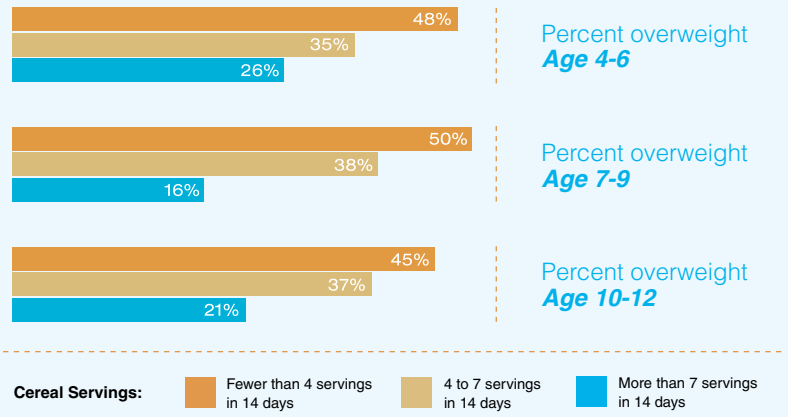
Further, a recent review of the evidence published in the British Nutrition Foundation Bulletin shows that people who eat breakfast cereal tend to be slimmer than those who do not.[20]

And, U.S. data shows an inverse association between ready-to-eat cereal and milk consumption and body mass index (BMI) in women.[21]

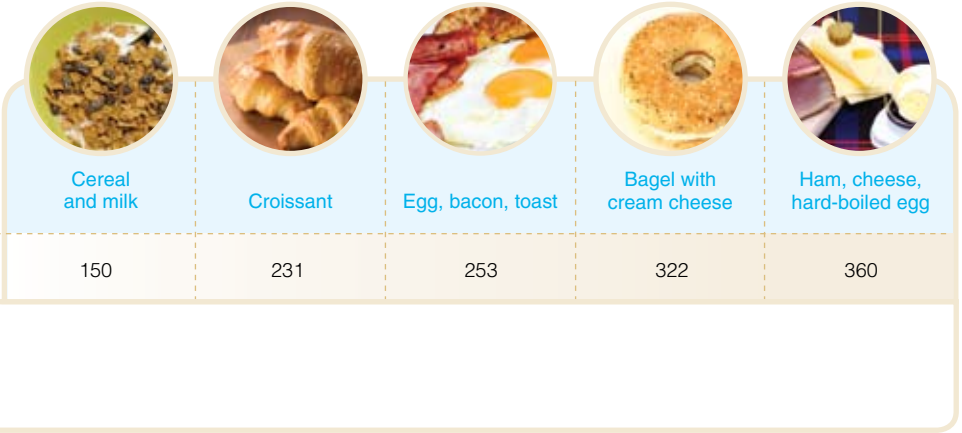
Regular cereal eaters, including children, tend to have lower BMIs and are less likely to be overweight than those who eat cereal less frequently.[22,23]

The National Heart, Lung, and Blood Institute Growth and Health Study shows a positive association between frequent cereal eating and a lower BMI in girls, when compared to girls who eat cereal less frequently.[24]

Regular cereal eaters tend to have lower BMIs.[23]



Compare ready-to-eat cereal to almost any other breakfast option. Not only is cereal relatively low in calories, it packs more nutrients too.



Cereal is Often Misunderstood

"Many of the media reports around breakfast cereals are inaccurate and misleading, only leading to confusion among consumers. Breakfast cereals can provide a healthy start to the day for adults and children alike."[25]

C.S. Williamson, British Nutrition Foundation Nutrition Bulletin, 2010

It seems that ready-to-eat cereal, a grain-based food that makes a positive contribution to the diet, is sometimes misunderstood. It is important to dispel some common myths about cereal.

Simple Process

Many people believe that cereal is a heavily processed food. In reality, the process is quite simple.

Kellogg's Frosted Mini-Wheats begin with shredded wheat berries.

Kellogg's Rice Krispies begin with puffed grains of rice.

Kellogg's Corn Flakes begin with flattened grits of corn.

Kellogg is on a continuous journey to improve the nutrition credentials of our products

To improve our products, we have:

- **Lowered Sodium**
- **Lowered Sugar**
- **Removed Trans Fats**
- **Added Fiber**

Understanding *Fiber* Content & Whole Grains

In addition to playing an important role in overall health, there is consistent, strong evidence for the role of fiber-containing foods in helping to address a number of health issues, including digestive health, weight management, diabetes, heart disease and certain cancers.[26]

The majority of adults and children worldwide do not get enough fiber in their diet. Since 2000 the intake of dietary fiber in the U.S. has not substantially increased, despite a 1,344% increase in whole-grain products.[27]

Recent Kellogg Company research of U.S. consumers demonstrates that the promotion of whole-grain ingredients in products that have little fiber may have unintended consequences, including exacerbating the fiber deficit and encouraging the potential overconsumption of foods perceived to be a good source of fiber.[28]

In a recent study, 75% of U.S. consumers surveyed said they expect products made with whole grain to also be at least a good source of fiber.[29]

The fact is, not all whole-grain foods are a good source of fiber. While whole grains contain micronutrients, the fiber content of whole-grain foods varies greatly and some whole-grain foods contain very little fiber.[28]

To help address the critical fiber dietary shortfall, Kellogg recently announced plans to add fiber to many of its cereals. Already, Kellogg has more ready-to-eat cereals than any other food company that are at least a "good source" of fiber in the U.S. and a "source" of fiber in Canada.[30,31]

Kellogg's ALL-BRAN Original

Provides **12 grams of fiber** per serving*

Kellogg's FROSTED MINI-WHEATS

Provides **6 grams of fiber** per serving**

Kellogg's Raisin Bran

Provides **7 grams of fiber** per serving**

Kellogg's Sultana Bran

Provides **10 grams of fiber** per serving***

*Canada Nutrition Facts **U.S. Nutrition Facts ***U.K. Nutrition Facts

Putting *Sugar* in Perspective

The criticism surrounding sugar includes the concern that it displaces nutrients with calorie-rich, nutrient-poor foods. In reality, the contribution of sugar to the diet from breakfast cereal is modest. On average, breakfast cereal – including kids' cereals – provides a small proportion (for example, 5-7% in the U.S. and U.K.) of the average child's daily intake of sugar.[18, 25]

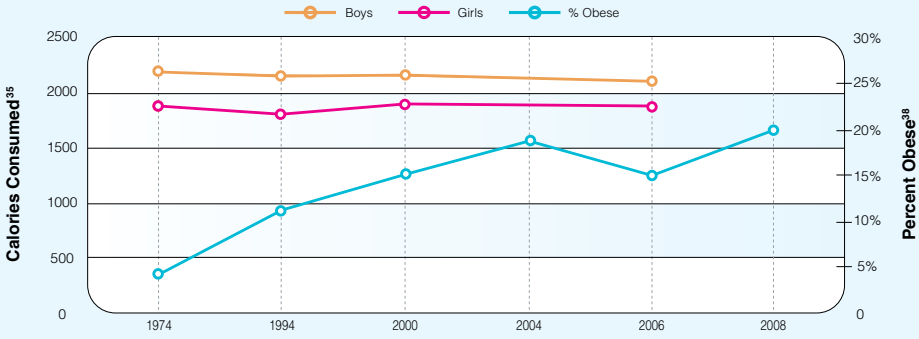
According to the 2005 U.S. Dietary Guidelines, "Sugars can improve the palatability of foods and beverages that otherwise might not be consumed. This may explain why the consumption of sweetened dairy foods and beverages and pre-sweetened cereals is positively associated with children's and adolescents' nutrient intake." [32]

Some critics also say that cereal contributes to obesity, yet cereal eaters – including those who eat "presweetened" cereal – have healthier body weights.[24] Obesity is the result of an imbalance of "calories in" and "calories out." No single food causes obesity; it's about moderation and balancing calories and physical activity. This is confirmed by a May 2010 report from the European Food Safety Authority that found no scientific evidence to recommend a limit on the amount of sugar people should consume.[34]

While the number of calories U.S. children age 6-11 have consumed for the past 30 years has increased only slightly, their incidence of obesity has climbed sharply.[35,38] As a society, we need to focus on the "calories out" portion of the equation as much, if not more, than the "calories in" portion of the equation.

Kids today lead significantly more sedentary lifestyles than children did 10, 20 or 30 years ago. According to a study by the Kaiser Family Foundation and the Centers for Disease Control and Prevention, a child today is 6 times more likely to play a video game on a typical day than ride a bike, and children age 8-18 spend an average of 7 hours and 38 minutes a day watching television, playing video games and using computers.[36,37]

Calories Consumed vs. Percentage Obese Children Age 6-11, 1974-2008



Truth About *Sodium* in Cereal

Although some say cereal is high in sodium, cereal contains less than half the sodium of many popular breakfast items, including bagels, toast and croissants.[33] In the U.S. and Canada, sodium from ready-to-eat cereal contributes about 2-3% of the sodium in the diet.[18, 39] To address concerns about sodium, Kellogg has been lowering sodium in our products for more than 10 years.

Global Comparison of Sodium Content[33]

	Kellogg's Frosted Mini-Wheats	Kashi Heart to Heart	Kellogg's Guardian	Kellogg's Corn Flakes	Bagel	Croissant	Wheat toast & margarine
Sodium (mg) per serving	5*	90*	160**	200*	359	424	474

*U.S. Nutrition Facts **Canada Nutrition Facts

Affordable, Nutritious Cereal is a Good Value

Ready-to-eat cereal is the preferred breakfast in many countries and the choices keep getting better. With more than 100 varieties worldwide, Kellogg offers cereals to meet consumers' many taste and nutrition preferences.

That's why Kellogg's cereals are a mainstay in more than 2/3 of the homes in our major markets.

Families Count on Cereal for Convenient, Affordable Nutrition

At a fraction of the cost of many other popular breakfast options, cereal is an affordable choice. Quickly prepared or eaten on the go, it's also convenient for today's busy families.

Average Cost of a Serving of Cereal with Milk

Since 1906, Kellogg's *cereals have been the best way to start the day with wholesome nutrition that's not only affordable and convenient, but also delicious. After all, it's not nutrition until it's consumed, and people love cereal!*

Kellogg's Cereals Then & Now – A Breakfast Revolution

Innovations in food production and the changing pace of life have dramatically changed the way the world eats breakfast. And Kellogg has played an instrumental role in that change, constantly working to address the evolving taste preferences and nutrition needs of consumers.

Typical 19th century breakfasts were heavy on meat and light on grains and fiber.

1863

Granula was one of the first attempts at a healthier breakfast alternative. Because it consisted of heavy bran nuggets that had to be soaked overnight before they were edible, most people preferred meat and eggs or a long-cooked porridge.

Late 1800s-1906

W.K. Kellogg forever changed the way we eat breakfast at the turn of the century. Committed to improving vegetarian diets at his Battle Creek Sanitarium, a combination hospital and health spa, W.K. Kellogg and his brother, Dr. John Harvey Kellogg, physician-in-chief, were in the process of cooking some wheat for a type of granola when they were called away. When they returned, the wheat had become stale. They decided to force the tempered grain through the rollers anyway. Surprisingly, each wheat berry was flattened and came out as a thin flake. When toasted, the grains had a crunchy appeal. In 1894, W.K. persuaded his brother to serve the food in flake form and it was an immediate favorite among the patients. Soon, the flake wheat was being packaged to meet hundreds of mail-order requests from guests after they left the Sanitarium. Eventually W.K. realized that corn made an even tastier flake. This led to the formation of the Battle Creek Toasted Corn Flake Company in 1906, which eventually became Kellogg Company.

1923

Kellogg hired the first dietitian to work in the food industry.

1930s

Kellogg was among the very first companies to print nutrition messages, recipes and product information on the back and side panels of cereal packages.

1938

Kellogg's Pep became the first cereal fortified with vitamins, marking the beginning of the cereal industry's fortification practice.

1950s

With the advent of ready-to-eat cereal, it was more convenient than ever to enjoy a nutritious breakfast. These cereals met a consumer need as the pace of life quickened and more and more people were looking for something quick, filling *and* nutritious for breakfast.

1955

Kellogg's Special K was the first high-protein breakfast cereal.

1997

The opening of the W.K. Kellogg Institute for Food and Nutrition Research – a world-class food research and development facility where all of Kellogg Company's global food research efforts were consolidated – helps ensure more effective interaction among Kellogg food scientists and improves the speed of bringing new foods to people around the world.

2005

Kellogg pioneered the use of Guideline Daily Amounts (GDAs), front-of-pack labeling that helps consumers easily discover total calories, fat, saturated fat, sugar and other nutrient information. This approach has since been adopted by other food companies.

2007

Kellogg announced the Kellogg Global Nutrient Criteria, based on a broad review of the scientific evidence, to ensure only products that meet the criteria are marketed to children age 6-11. Kellogg has reformulated more than 100 products worldwide by lowering sugar and sodium and removing trans fats to meet these strict criteria.

2008

Kellogg updated its Worldwide Marketing and Communications Guidelines to continue our heritage of responsible business practices. Additional commitments cover online and established media, licensed property use, privacy protection, digital media and other areas.

2010

Kellogg is an active participant in expanding and improving advertising self-regulatory programs around the world. The company is a member of programs in the United States, Australia, Brazil, Canada, Chile, the European Union, Mexico, Romania, Russia, South Africa, Spain and Thailand. We intend to sign on to similar self-regulatory programs that are currently under discussion or in development in India, Peru, the Philippines and other countries.

Kellogg announced plans to add fiber to many of its cereals as many people do not get enough of this important nutrient in their diet.

More than 100 years ago

our founder W.K. Kellogg said,

“We are a company of

dedicated people

making quality products for

a healthier world.”

Mr. Kellogg’s vision continues to

guide our commitment

to producing great-tasting,

nutritious foods that people love.

References

Breakfast Is the Most Important Meal of the Day

[1] Wyon DP, Abrahamsson L, Jartelius M, Fletcher RJ. An experimental study of the effects of energy intake at breakfast on test performance of 10-year-old children in school. *Int J Food Sci Nutr.* 1997;48:5-12.

[2] Kennedy, E, Davies C. US Department of Agriculture School Breakfast Program. Proceedings of the Napa Valley Symposium Cognition and School Learning 1995. *Am J Clin Nutr.* 1998;67:743S-5S.

[3] Timlin MT, Pereira MA. Breakfast frequency and quality in the etiology of adult obesity and chronic diseases. *Nutr Rev.* 2007;65:268-281.

[4] Michaud C, Musse N, Nicolas JP, Mejean L. Effects of breakfast-size on short-term memory, concentration, mood and blood glucose. *J Adolesc Health.* 1991;12:53-57.

[5] Simeon DT, Grantham-McGregor S. Effects of missing breakfast on the cognitive functions of school children of differing nutritional status. *Am J Clin Nutr.* 1989;49:646-653.

[6] Pollitt E, Leibel RL, Greenfield D. Brief fasting, stress, and cognition in children. *Am J Clin Nutr.* 1981;34:1526-1533.

[7] Wesnes KA, Pincock C, Richardson D, Helm G, Hails S. Breakfast reduces declines in attention and memory over the morning in schoolchildren. *Appetite.* 2003;41:329-331.

[8] Vaisman N, Voet H, Akivis A, Vakil E. Effect of breakfast timing on the cognitive functions of elementary school students. *Arch Pediatr Adolesc Med.* 1996;150:1089-1092.

[9] Rampersaud GC, Pereira MA, Girard BL, Adams J, Metzl JD. Breakfast habits, nutritional status, body weight, and academic performance. *J Am Diet Assoc.* 2005;105:743-760.

[10] Preziosi P, Galan P, Deheeger M, Yacoub N, Drewnowski A, Hercberg S. Breakfast type, daily nutrient intakes and vitamin and mineral status of French children, adolescents and adults. *J Am Coll Nur.* 1999;18:171-78.

[11] Williams P. Breakfast and the diets of Australian adults: an analysis of data from the 1995 National Nutrition Survey. *Int J Food Sc and Nutr.* 2005;56(1):65-79.

[12] Nicklas TA, Bao W, Webber LS, Berenson GS. Breakfast consumption affects adequacy of total daily intake in children. *J Am Diet Assoc.* 1993.;93(8):886-891.

[13] International Food Information Council, *IFIC Review: Breakfast and Health.* 2008;12.

[14] *Nutrition and Dietetics.* 2002;59:2.

[15] What We Eat America, NHANES, 2001-2002. Table 5: Percentage of Americans eating breakfast on any given day and location where eat. U.S. Department of Agriculture, Agricultural Research Service Web site http://www.ars.usda.gov/SP2UserFiles/Place/12355000/pdf/Table_5_BIA.pdf.

Cereal is Good Nutrition

[16] Gibson. *Public Health Nutr.* 2003;6:815-820.

[17] *Journal of the Canadian Dietetic Assoc.* Winter 1997;58:no.4.

[18] NHANES, 2003-2006.

[19] Prior RL, Cao G, Inglett G. Antioxidant content of cereal grain ingredients and commercial breakfast cereals. *Abstracts of Papers of the Am Chem Soc.* 1998;216:119.

[20] De la Hunty A, Ashwell M. Are people who regularly eat breakfast cereals slimmer than those who don't? A systematic review of the evidence. *BNF Nutr Bulletin.* 2007;32:118-28.

[21] Song WO, Chun OK, Obayashi S, Cho S, Chung CE. Is consumption of breakfast associated with body mass index in U.S. adults? *J Am Diet Assoc.* 2005;105:1373-1382.

[22] Albertson AM, Affenito SG, Bauserman R, et al. The relationship of ready-to-eat cereal consumption to nutrient intake, blood lipids, and body mass index of children as they age through adolescents. *J Am Diet Assoc.* 2009;109:1557-1565.

[23] Albertson AM, Anderson GH, Crockett SJ, Goebel MT. Ready-to-eat cereal consumption: its relationship with BMI and nutrient intake of children aged 4 to 12 years. *J Am Diet Assoc.* 2003;103:1613-1619.

[24] Barton BA, Eldridge AL, Thompson D, Affenito SG, Striegel-Moore RH, Franko DL, Albertson M, Crockett SJ. The relationship between breakfast and cereal consumption to nutrient intake and body mass index: The National Heart, Lung, and Blood Institute Growth and Health Study. *J Am Diet Assoc.* 2005;105:1383-1389.

Cereal is Often Misunderstood

[25] Williamson CS. Breakfast cereals – why all the bad press? *BNF Nutr Bulletin.* 2010;35:30-33.

[26] International Food Information Council. *Fiber Fact Sheet.* 2008. See www.IFIC.org.

[27] Whole Grains Council, http://www.wholegrainscouncil.org/newsroom/whole-grain-statistics.

[28] Kellogg Company's *Every Gram Counts: Eating Away at the Fiber Deficit.* 2009.

[29] Kellogg Company's *Whole Grains & Fiber Omnibus Survey.* 2009.

[30] Based upon 80.7% share of the cereal category according to IRI, 52 weeks ending Feb. 22, 2009.

[31] Based on 42% share of ready-to-eat cereals that qualify as a source, high source and/or very high source of fiber. Nielson GB+MM+DRU, latest 52 weeks ending March 12, 2009.

[32] Dietary Guidelines for Americans 2005. U.S. Dept of Health and Human Services. Available at www.health.gov/dietaryguidelines/dga2005/document/.

[33] U.S. Department of Agriculture, Agricultural Research Service. 2009. *USDA National Nutrient Database for Standard Reference, Release 22.* Nutrient Data Laboratory Home Page, http://www.ars.usda.gov/nutrientdata.

[34] *EFSA Journal.* 2010; 8(3):1462.

[35] NHANES, 1971-2006; in boys and girls 6-11 years of age.

[36] San Jose Mercury News/Kaiser Family Foundation Survey on Childhood Obesity, March 2004.

[37] Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, *Healthy Youth!* 2007.

[38] Centers for Disease Control and Prevention/National Center for Health Statistics, National Health Examination Survey and National Health and Nutrition Examination Survey.

[39] Canadian Community Health Survey 2.0. *Statistics Canada.* 2004.

July 14, 2011

Federal Trade Commission
Office of Secretary
Room H-113 (Annex W)
600 Pennsylvania Avenue, N.W.
Washington, DC 20580

Kellogg Company Comments on the Interagency Working Group on Food Marketing to Children Preliminary Proposed Nutrition Principles to Guide Industry Self-Regulatory Efforts Request for Comment

Interagency Working Group on Food Marketed to Children: Proposed Nutrition Principles: FTC Project No. P094513

To: Interagency Working Group

Kellogg Company appreciates the opportunity to provide comments regarding the Interagency Working Group on Food Marketing to Children's Preliminary Proposed Nutrition Principles to Guide Industry Self-Regulatory Efforts (IWG). Kellogg Company (Kellogg) appreciates the effort that representatives from the Federal Trade Commission, the Centers for Disease Control and Prevention, the Food and Drug Administration and the United States Department of Agriculture put forth to address the complex issue of childhood obesity. Kellogg firmly believes that the health of our nation's children is an important priority and takes seriously efforts to improve children's health and nutrition.

Kellogg Company was founded by W.K. Kellogg in 1906 with a focus on health and nutrition, a commitment that continues today. We have a long history of developing and marketing great-tasting, nutritious products designed to help consumers choose products that provide nutritional relevance and a variety of choice to the diet. Kellogg Company has a long history of being committed to marketing responsibility to children. In June 2007, Kellogg announced that it had strengthened our commitment to marketing responsibly to children in that only products meeting rigorous internal Kellogg Global Nutrient Criteria (KGNC) can be advertised to children 6 to 11 years of age, effective by the end of 2008. Kellogg does not market to children under 6 years old.

Since committing to the KGNC in 2007, Kellogg has continued Its journey to improve the nutritional benefits of our products without compromising the great taste consumers love (e.g. removing *trans fatty* acids, reducing sugar, reducing sodium and adding nutrients that consumer, especially children need more of, such as fiber and whole grain), specifically focusing on cereals advertised to children. The company has invested significant research and development (R&D) resources in this endeavor, focusing approximately 50 percent of its ready-to-eat cereal R&D investment on cereal renovations in recent years (up from typical renovation investments of 10 to 20 percent).

The Company is also proud to be a long-time supporter of self-regulation, specifically, the Council of Better Business Bureau's Children's Advertising Review Unit (CARU) and as one of the founding participants of the Children's Food and Beverage Advertising Initiative (CFBAI), which has had a profound impact on what and how foods and beverages are advertised and marketed to children under age twelve in the United States.

As stated in the FY 2009 Omnibus Appropriations Act, the Congressional charge to the Interagency Working Group (IWG) was to ~~c~~onduct a study and develop recommendations for standards for the marketing of food when such marketing targets children who are 17 years old or younger **or when such food represents a significant component of the diets of children.**" In developing the standards, the IWG was directed to consider ~~(~~1) **positive and negative contributions of nutrients**, ingredients, and food (including calories, portion size, saturated fat, *trans* fat, sodium, added sugars, and the presence of nutrients, fruits, vegetables, and whole grains) to the diets of such children; and (2) **evidence concerning the role of consumption of nutrients, ingredients, and foods in preventing or promoting the development of obesity among such children."**

The preliminary proposal from IWG sets forth to establish ~~v~~oluntary" principles to guide industry self-regulatory efforts to improve the nutritional profile of foods marketed to children, with the goal of improving children's diets and addressing the high rates of childhood obesity. Kellogg's commitment to improving children's health and nutrition has been continuous and unwavering as exemplified by its individual corporate efforts and policies. Kellogg promotes healthy eating in kids, including the importance of breakfast and cereal as a nutrient dense breakfast choice, for relatively few calories, as well as promoting efforts designed to educate children and families on the importance of balancing calories in versus calories out.

To this end, we believe it is important to share our point-of-view and evidence as IWG deliberates on whether or how to move forward with developing recommendations. In response to the proposed nutrition principles, Kellogg respectfully submits comments based on the following key points:

- **Industry self-regulation has been effective and can continue to be a viable path moving forward.**
- **As one of the 17 pledge companies currently in the Children's Food and Beverage Advertising Initiative (CFBAI), Kellogg believes that uniform product category nutrition criteria can provide a roadmap that others can follow and simplify compliance monitoring.**
- **Government-established criteria are unnecessary given the compliance and results industry has collectively shown thus far through self-regulatory pledges.**

Breakfast Cereals Offer Meaningful Contributions to the Diet

Before offering comments to the specific questions posed in the IWG Nutrition Principles, Kellogg would like to address the *charge* as outlined in the 2009 Omnibus Appropriations as discussed above. As a manufacturer of breakfast cereal, a category of specific food targeted by IWG, Kellogg would like to take this opportunity to highlight the numerous nutritional contributions and benefits of this mainstay in the diets of children.

Breakfast cereals significantly and positively contribute to nutrient intake, an overall healthful dietary pattern, and reduce the risk of being overweight or obese. Severely restricting the marketing of healthful foods, such as cereals, could lead to reduced intake of this nutritious food in children's diets and have unintended consequences to IWG's goal of reducing childhood obesity.

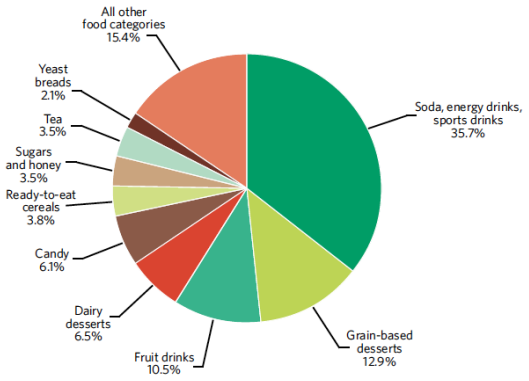
Both the 2010 Dietary Guidelines for Americans (DGA) and the proposed IWG guidance emphasize the importance of encouraging foods that **"*make a meaningful contribution to the diet*"** (e.g., meeting nutrient recommendations within calorie needs) and contribute to intake of food groups to encourage. Many nutrients are vital for normal growth and development of children. However, four nutrients have been identified by the 2010 Dietary Guidelines as the most important nutrients *all* Americans – especially

children – should increase in their diets because of their importance in preventing long-term health consequences. The 2010 DGA recommended that Americans –*Choose foods that provide more dietary fiber, potassium, calcium, and vitamin D, which are nutrients of concern in American diets*." DGA defined nutrient-dense foods as –*foods and beverages [that] provide vitamins, minerals, and other substances that may have positive health effects with relatively few calories*." [1] **Breakfast cereals make meaningful contributions to the diet as a nutrient dense food, contributing essential vitamins, minerals and fiber in less than 150 calories (with ½ cup of skim milk) per serving on average.**

The 2010 DGAs specifically recognizes the positive contribution of breakfast cereal in several ways. Cereal is acknowledged as a way to increase consumption of fiber and whole grain, as a source of enriched grain, and as a fortified food that provides essential nutrients. The DGA points out the positive role of enriched grains in providing B vitamins (thiamin, riboflavin, niacin, folic acid) and iron.[1] In addition, many cereals also are fortified with other key nutrients, which further enhance the nutrient density of this food category. Other significant contributions include:

- Fortified breakfast cereals are recognized by the DGA as the number one food source of calcium.[1] In addition, because cereals are commonly consumed with milk, they also assist with meeting calcium needs of children.[2]
- Cereals are recognized by the DGA as some of the top sources of dietary fiber: 100% bran cereal (#2), regular bran cereal (#8), and shredded wheat cereal (#19).[1]
- Cereal is noted as contributing less than 4% added sugar to the diet and only 2.4% of refined grains.[1] At the same time, National Panel Data (NPD) survey data shows that cereals contribute 35% of the daily requirement for calcium, 53% of daily requirement for vitamin A, 54% of daily requirement for magnesium, and 79% of daily requirement for vitamin C in kids 2-17.[3]
- The 2007-08 National Health and Nutrition Examination Survey (NHANES) indicates that shortfall nutrients for children include vitamins A, C and D and calcium. Vitamins A, C, and D are commonly added to ready-to-eat cereal.
- Data from the NPD Group Nutrient Intake Database, collected for two years ending in August 2009, examined cereal eating habits over a two-week period and found that among kids 2 to 17 years, as cereal eating frequency increases, so do levels of Dietary Recommended Intake (DRI) achievement for key nutrients, including calcium, vitamins A and C, magnesium, iron, and zinc. The same finding holds true for presweetened cereal eaters.[3]

FIGURE 3-6. Sources of Added Sugars in the Diets of the U.S. Population Ages 2 Years and Older, NHANES 2005–2006[a]



a. Data are drawn from analyses of usual dietary intake conducted by the National Cancer Institute. Foods and beverages consumed were divided into 97 categories and ranked according to added sugars contribution to the diet. "All other food categories" represents food categories that each contributes less than 2% of the total added sugar intake.

Source: National Cancer Institute. Sources of added sugars in the diets of the U.S. population ages 2 years and older, NHANES 2005–2006. Risk Factor Monitoring and Methods. Cancer Control and Population Sciences. http://riskfactor.cancer.gov/diet/foodsources/added_sugars/table5a.html. Accessed August 11, 2010.

Source

U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010.* 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. Pg. 29.

Breakfast is an important meal for children, but the type of breakfast also is important. Research shows that ready-to-eat cereal is a healthy breakfast choice and not only for its contribution to micronutrient intakes, but also promoting an overall healthy diet.

In fact, an analysis of the NHANES data (2003-2006) shows that children (5-18 years old), who eat ready-to-eat cereal, including presweetened ready-to-eat cereal (RTEC), have greater intakes of milk and whole grains. There were no differences in whole fruit, total fruit or total vegetable intakes between RTEC consumers and children who ate other breakfasts. These data highlight that total diet quality (as assessed by Healthy Eating Index) is at least as good, if not better, for children who eat RTEC compared to other breakfasts.[4]

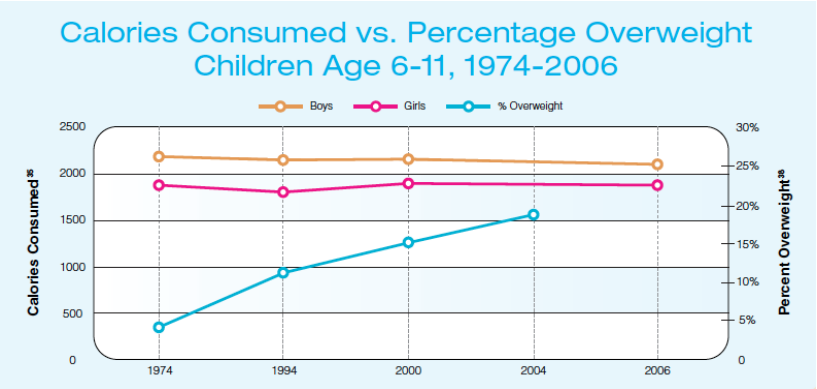
Breakfast cereals serve as a vehicle for meeting dietary guidance recommendations for fruits, low-fat dairy, and fiber and whole grains. The 2010 DGA, Healthier Schools Challenge, *Let's Move* and many other national public health education programs emphasize the importance of increasing fiber, whole grain, fruits, and low-fat dairy. Data show that when children consume cereal, their average daily intake of other food groups—fruits, grains, dairy, and vegetables—are at levels equal or greater than non-cereal eaters.[3] When cereal frequency is measured against Healthy Eating Index (HEI), a marker of overall diet quality or healthfulness, a higher proportion of individuals are classified as ~~"m~~most healthy" as cereal frequency increases.[3] Very notably, cereal is a gateway for milk consumption for many children. Song et al (2006) reported that out of 1579 people 9+ years old who consumed cereal, 95% of them also consumed milk,[2] which provides, on average, 100 IU of vitamin D and 300 mg calcium per standard serving size – two of the four nutrients of concern as defined in the 2010 DGA.

Data from NHANES 2003-2006 shows that intakes of important nutrients, including shortfall nutrients, are better for children consuming cereal at breakfast than for those consuming alternative breakfasts. In fact, cereal and milk is a leading source of 10 nutrients in children's diets.[4] Research has consistently shown that if essential nutrients are missed at breakfast, most do not compensate for the loss at other meals during the day. A study of 467 U.S. school children found higher intakes of vitamins A and E, iron, and B vitamins in those who consumed breakfast compared to those who skipped the meal. Breakfast skippers—16% of the children in the study—were less likely to achieve even two-thirds of their recommended daily intake for vitamins and minerals.[5] Encouraging consumption of cereal can help address these nutrient shortfalls. Cereals provide a shelf-stable, convenient cost-efficient breakfast alternative for families, and at the same time, they offer calorie-efficient nutrition to children.

Cereal is typically a low-fat, nutrient-dense, food that encourages breakfast consumption, within relatively few calories. Eating a nutrient-dense breakfast is recommended by the 2010 DGA as a strategy for promoting calorie balance and weight management. Not eating breakfast is noted as being associated with excess body weight, especially among children and adolescents, while consuming breakfast is associated with more healthful BMI and lower waist circumference, as well as improved nutrient intake.

Research over the past decade has demonstrated a positive relationship between consumption of cereal as part of a healthy eating pattern and a healthy body weight in children and adolescents.[6] Regardless of differences in composition, this review concluded that there is strong evidence to support cereal as playing a protective role against obesity.

In one study, children aged 6-12 years who consumed cereal for breakfast had a lower BMI than breakfast skippers and a smaller waist circumference than kids who ate non-cereal breakfasts or were breakfast skippers.[7] Similarly, Albertson et al (2003) found that children aged 4-12 years in the highest tertile of cereal consumption had lower BMIs and were at reduced risk of being overweight or obese than those in the lowest tertile.[8] In girls 9-19 years of age, frequency of cereal consumption was positively associated with lower BMI.[9] The average serving of cereal with a ½ cup serving of non-fat milk contains 150 calories, or 9% of the recommended daily intake of 1,650 calories for kids age 6-11. As the number of calories U.S. children ages 6-11 have consumed for the past 30 years has increased only slightly, incidence of obesity has climbed sharply, suggesting that greater focus on the ~~c~~alories out" portion of the calorie balance equation is needed.[10,11]



Source
San Jose Mercury News/Kaiser Family Foundation Survey on Childhood Obesity, March 2004.

Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, *Healthy Youth!* 2007.

Related to added sugar consumption and BMI in children, Nicklas et al (2011) found that childhood obesity is not correlated with added sugars in the diet. In fact, intake of added sugars was inversely related to BMI (Z-score) in kids 12-18 years old.[12] Furthermore, kids who consume breakfast cereals presweetened with sugar are no more likely to be overweight or obese than those who consume other ready-to-eat cereals at breakfast.[4,13] In fact, research indicates that kids who consume presweetened cereal may be at a lower risk of being overweight or obese than kids who either skip breakfast or consume non-cereal breakfasts.[4] Updated analysis of the data (NHANES 2003-2006) confirmed the finding that no differences exist in weight, BMI, % overweight or obese, waist circumference, or skin-fold measurements (subscapular and triceps) between kids (5-8 or 9-13 years old) that ate presweetened (>6g sugar) or non-presweetened cereal (unpublished Kellogg data – manuscript in development). The 2010 DGA recognize that limited calories from added sugars can be used to increase the palatability of nutrient-dense foods, which may include whole-grain breakfast cereals that contain small amounts of added sugars.[1]

For more on the benefits of cereal, please see ***Cereal: The Complete Story***, attached as Appendix A.

Kellogg supports continued self-regulation and believes industry can take their proven efforts to the next level and establish uniform nutrition standards to ensure consistency and a minimum level threshold to guide industry in advertising efforts to children. We strongly encourage the IWG to adopt the CFBAI Uniform Nutrition Criteria as alternate nutrition standards to the IWG *(see Kellogg Comments to the IWG on Marketing, Appendix B).*

Evidence concludes that self-regulation works. The IWG recognizes that self-regulatory programs in place since 2006 have already begun to have a positive impact on the nutritional quality of foods marketed to children.[14] Currently, the CFBAI is composed of 17 pledge companies constituting 80% of advertising for food and beverages during children's programming.

Annual compliance and progress reports document the development of the CFBAI uniform standards, the positive changes that have occurred in advertising to children, and improvements in the products participants advertise.[15] A review of the progress made in meeting the Institute of Medicine (IOM) Food Marketing Report's recommendations, conducted by leading academics, found that the food industry, through self-regulation, was the only sector that had made —some" progress (higher than all other groups that were evaluated) in implementing the Report's recommendations.[16]

Government-Established Criteria Unwarranted
While Kellogg does not support government-established criteria and encourages the IWG to reconsider this effort given the success of existing industry efforts, we believe it is important to share our evidence and point-of-view as IWG deliberates on whether or how to move forward in the developing recommendations.

Following are Kellogg's responses to specific questions related to the IWG's Proposed Nutrition Principles:

Proposed Nutrition Principles: General Questions
(1) Congress directed the Working Group to develop proposed nutrition principles for foods marketed to children and adolescents up to the age of 17. Does the prevalence of obesity in both children and adolescents warrant the same approach to limits on food marketing for both age groups? Given the wide age range, should there be two sets of nutrition principles, one for younger children (2-11 years) and one for adolescents (12-17 years), based on differences in the nutritional needs and recommended caloric intake of adolescents compared to younger children?

Kellogg supports applying the CFBAI Uniform Nutrition Criteria to food and beverage products advertised to children ages 6-11. Kellogg does not market to children under 6 and is strongly opposed to applying any such guidelines to adolescents 12 to 17.

Kellogg has a long-standing commitment to responsible marketing and to helping consumers successfully manage both sides of the calories in/calories out equation through products, packaging, community efforts, sponsorships and nutrition education initiatives. Kellogg follows existing internal Worldwide Marketing and Communication Guidelines, which reflect the company's commitment to fair and responsible advertising and govern the global marketing efforts to consumers, including children. The actions Kellogg Company is taking build on these Marketing Guidelines, which already include principles such as:

- No advertising to children under 6.
- Advertising on TV, print, radio and third-party Internet media directed primarily to children under 12 only products that meet the Nutrient Criteria. Kellogg's does not advertise to children when greater than 35 percent of the audience composition is under 12 years of age.
- Promoting appropriate levels of consumption.
- Portraying safe physical activity, exercise.

- Making content changes on all child-directed Web sites, including session time limits, limits on interactive games/activities based on the Nutrient Criteria and incorporating healthy lifestyle messaging.
- No product placement in any medium designed to appeal to children under 12.
- Using celebrity spokespersons, viral marketing, branded toys and games directed to children under 12 only if the product meets the Nutrient Criteria.
- Not advertising to children in elementary and preschool settings.

(2) The Working Group recognizes that companies often engage in brand advertising and marketing, without reference to a specific food product in the brand line. How should the nutrition principles be adapted to accommodate advertising and marketing of a general brand or an entire product line as opposed to specific food products or menu items?

Kellogg does not support the application of any nutrition criterion to brand level marketing due to the potential negative impact on nutrient/food group intakes and significant potential unintended consequence of restraining public health promoting partnerships. The IWG should consider the feasibility and impact of applying its Nutrition Principles to brand level marketing. The American Marketing Association defines a **brand** as a "name, term, design, symbol, or any other feature that identifies one seller's good or service as distinct from those of other sellers." The majority of brands, like Kellogg, represent a collection of products or items. Kellogg has a diverse portfolio of products, with a wide range of nutrition profiles – including breakfast cereal, snacks and frozen products. It is not feasible or practical to apply a nutrition profile to brands – which reflects a collective identify and not one specific product. Related to breakfast cereal, attempting such an application could have the negative effect of reducing consumption of a food that is a major source of 10 vitamins and minerals in the diet of children and provides significantly to the intake for nutrients of concern including fiber and calcium as outlined in the 2010 DGA.

This could also negatively affect possible partnerships between industry and government, particularly as the federal government is considering ways in which the food industry can use the MyPlate icon and messages on food packages to extend and promote the new Dietary Guidelines for Americans 2010, and other government initiatives such as *Let's Move*. The potential impact is significantly limiting reach of healthy eating messages.

(3) The proposed nutrition principles do not include a separate proposal setting targets for nutrients to encourage, including specific nutrients of concern as identified in the 2010 DGA, such as calcium, potassium, fiber, magnesium, and vitamins A, C, and E. Should the Working Group recommendations include targets for nutrients to encourage and, if so, how should the recommendations address the issue of nutrients added to foods through fortification as opposed to nutrients that are inherent in foods?

Kellogg believes government-established criteria – especially as proposed – could unnecessarily blunt the positive nutritional impact cereals contribute to a healthy eating pattern. Consistent with the 2010 DGA, Kellogg also believes in the importance of encouraging consumption of foods and food categories that provide critical shortfall nutrients and other positive nutrients as part of an overall diet, rather than focusing on specific nutrient limits in individual foods. The goal is to ensure consumers are getting the benefit of a food's total nutrient package as part of an overall healthful eating pattern.

The IWG states that its overall approach to the Nutrition Principles was primarily guided by dietary recommendations developed by the U.S. Departments of Health and Human Services (HHS) and Department of Agriculture (USDA) as set out in the 2010 DGA and by regulations promulgated by the Food and Drug Administration (FDA) pursuant to the Nutrition Labeling and Education Act of 1990 (NLEA), and by USDA, governing nutrient content and health claims in food labeling. It states that, in particular, —Nutrition Principle A is drawn from the principles of the 2010 DGA and is meant to ensure that children achieve a healthful diet, without overeating, by choosing individual foods that make a meaningful contribution to the diet and avoiding foods that do not."

However, the DGA identified four nutrients as the most important nutrients *all* Americans – especially children – should increase in their diets, including dietary fiber, potassium, calcium, and vitamin D, because of their importance in preventing long-term health consequences."[1] Imposing standards that may limit consumption of foods providing these key nutrients – specifically cereal – has the potential to compromise and contradict a primary directive of the DGA.

In addition, NHANES from 2007-2008 indicates that shortfall nutrients for children include vitamins A, C and D and calcium. Cereal has made significant contributions of micronutrient intake for children ages 6-11. Evidence shows that as cereal eating frequency increases in children 2-17 years, so do levels of DRI achievement.[3] Historically, fortification of foods, including cereals, stands out among public health interventions as one of the most effective methods of preventing certain nutritional deficiencies. In recent years, fortification has made important contributions to closing nutrient gaps and reducing risk for birth defects (folic acid) and potentially some chronic disease.[17,18]

It is well established that most Americans do not follow current dietary recommendations. Therefore, efforts to harmonize dietary guidance across government agencies and in communications to consumers (advertising and labeling) will increase consistent messages. Also, research shows Americans prefer positive nutrition messages and say they would rather hear what *to* eat (63 percent) than what *not to* eat.[19] Limiting the marketing of specific foods encouraged by dietary guidance that have the potential to improve nutrient intakes may have the unintended consequence of reducing intakes of nutrients of concern even further.

(4) The proposed nutrition principles do not include limits on portion size or calories for foods marketed to children. Should the Working Group recommendations address portion size or calories directly or is over-consumption adequately addressed by the recommendations that all foods marketed to children make a meaningful contribution to a healthful diet and minimize consumption of saturated fat, trans fat, and added sugars?

Consistent with the 2010 DGA, Kellogg's believes calories (energy balance) are a more appropriate measure than added sugars as a nutrient to limit in any effort to address childhood obesity concerns. The stated goal of the IWG's Nutrition Principles is to improve children's diets and address childhood obesity. As such, Kellogg believes it is important to provide consumers with calorie context for labeled servings and strongly believes reference to calories is a more appropriate measure than reference to added sugars as a nutrient to limit. Because added sugars are not quantified in nutrition labeling and established limits do not exist, this measure does not have relevant meaning to consumers. In addition, added sugars have the potential to increase palatability of foods that make meaningful nutrient contributions to a healthful diet and are not correlated with childhood obesity.[12]

As supported by the 2010 DGA, energy balance and overall eating patterns, not necessarily a focus on limiting individual foods or nutrients, are key to managing weight. Overall eating patterns that help promote calorie balance and weight management include foods that are low in calorie density, such as foods high in water and/or dietary fiber, which typically have fewer calories per gram. A dietary pattern low in calorie density is characterized by a relatively high intake of vegetables, fruit, and whole grains and a relatively low intake of total fat, saturated fat, and added sugars.[1] In addition to calories, it is important to also consider the nutrients such as dietary fiber, and other healthful properties of food and beverages when selecting an eating pattern for optimal health.[1] Eating recommended amounts from each food group in nutrient-dense forms is the best approach to achieving nutrient goals within calorie allowances.[1]

No scientific basis exists for singling out individual nutrients or foods as the cause for obesity. An Institute of Medicine (IOM) study examined front-of-package (FOP) nutrition labeling systems and symbols and the effects that FOP labeling could have on consumer food choices.[20] For FOP labeling systems to be helpful to consumers in making food choices that are consistent with the Dietary Guidelines for Americans, the report concluded that FOP labeling should focus on conveying limited information concerning the nutrients most strongly linked to significant diet-related disease risks affecting the greatest number of Americans. The Phase I Report identified the most critical information to be conveyed is the amount of calories, saturated fat, trans fat, and sodium contained in the food. The report also suggests that "it may not be essential or useful" for FOP labeling to characterize the levels of other nutrients, including total fat, cholesterol, total carbohydrate, total sugars, added sugars, protein, fiber, vitamins, and minerals other than sodium (e.g., calcium, potassium, iron, etc.). In addition, because not all nutrients of interest to public health, such as total calories, trans fat, and added sugars, have a Daily Value, there is no way to inform consumers whether the amount of a nutrient is ‗high' or ‗low.'"

Similarly, the IOM's proposed Nutrition Standards for Foods in Schools will bring school meals in line with the latest Dietary Guidelines for Americans and Dietary Reference Intakes with emphasis on planning meals around specific kinds and amounts of foods, instead of a set of nutrient targets. The report includes recommended nutrient standards that are higher for protein, vitamins, and minerals and lower for sodium. The committee also set maximum calorie levels for school meals for the first time.

Whereas the IWG proposed nutrition principles do not include limits on portion size or calories for foods marketed to children, CFBAI established in its Uniform Nutrient Criteria, nutrient targets including calories based on labeled serving sizes. This provides transparency at point of purchase, giving consumers an opportunity to make a choice based on relative nutrient-to-calorie composition, or nutrient density.

Food Categories

(5) The Working Group proposal recommends that the industry focus its efforts on improving the nutrition profile of products that fall within ten specific categories of foods most heavily marketed to children. While this approach would address a substantial majority of all products marketed directly to children, some foods marketed directly to children do not fall within any of the specified categories. Examples include hot dogs, jams and jellies, and sauces and dressings. Are there specific food products or categories of foods that should be added to or dropped from the proposed list? What are the advantages and disadvantages of focusing on the most heavily marketed foods rather than on all foods marketed to children?

Kellogg strongly believes that any nutrition education and public health effort should ensure that recommendations help Americans achieve optimal, healthy eating patterns, and do not inadvertently lead to unintended consequences – such as the potential removal of certain foods or nutrients from the food supply, or that reduce consumption of foods providing significant quantities of beneficial nutrients of public health concern.

Considering the stated goal of the IWG's Nutrition Principles to improve children's diets and address childhood obesity by communicating about foods that make a "meaningful contribution" to the diet, ready-to-eat cereals fall squarely in this category. The IWG relied on the 2010 DGA as guidance on establishing its Nutrition Principles, yet it fails to acknowledge the fact that cereal contributes *less than* 4% of sugar to the diet while contributing significantly to the intake of key nutrients of public health concern, including dietary fiber, calcium, vitamins A, C, D.[1]

Additionally, the average serving of cereal with a ½ cup of skim milk contains 150 calories, or 9% of the recommended daily intake of 1,650 calories for kids age 6-11, yet contributes significant nutrients, making cereal a nutrient-dense food.

The 2010 DGAs recognize the unique contribution of foods in the diet and importance of variety. The IWG "one size fits all" criterion conflicts with the 2010 DGA and FDA regulatory claims guidance that distinguishes between foods and food groupings. For example, IWG lumps non-nutrient contributing foods to the diet such as candy and sugar-sweetened beverages with nutrient dense products like cereal. There is no scientific or public health evidence-base for imposing cereal limits. Furthermore, the unintended consequence of reduced cereal consumption in US children is not clear. Based on the overwhelming scientific evidence that shows cereal eaters have lower body weights, lower BMIs and better micronutrient intake than non-cereal eaters and breakfast skippers, the IWG as proposed could be detrimental to the health and diets of children.

The goal of the IWG is to improve children's diets and address childhood obesity – therefore we believe that foods contributing significant nutrition to the diets of US children, and not contributing significantly to calories, sugars, sodium, or fat intake, such as ready-to-eat cereal should be eliminated from the IWG proposed categories – as these are in direct conflict with the stated goals.

Nutrition Principle A
(9) The list of food groups that make a meaningful contribution to a healthful diet under Principle A includes both the basic food groups to encourage as identified in the 2010 DGA – fruits, vegetables, whole grains, fat-free and low-fat milk products – as well as other food categories that are compatible with an overall healthful diet – fish, lean meat and poultry, beans, nuts and seeds, and eggs. Are there food categories that should be added to or eliminated from Principle A?

Kellogg supports expanding Principle A beyond food categories to also include nutrients that make a "meaningful contribution" to the diets of children, such as dietary fiber. The 2010 DGA recommends increasing fiber intake for all Americans, as well as increasing the proportion of whole grains in the diet. In all public health programs, foods providing a "meaningful contribution" should include all grain-based products that provide a "good source" (3 grams/serving) of fiber, as well as enriched grains, which also play a role in providing key nutrients for health.

Intakes of dietary fiber are low enough across all segments of the U.S. population to be considered a public health concern for all ages, an issue first acknowledged in the 2005 *Dietary Guidelines for Americans* and reaffirmed in 2010. Among the plant-based foods recommended to increase fiber intake, whole grains are recognized and promoted in dietary guidance, along with fruits and vegetables, as foods to consume as part of a diet that meets daily fiber goals. The Guidelines are explicit in stating that choosing whole grains higher in fiber is linked to specific health benefits. However, limiting any public health message that defines ~~m~~meaningful contribution" to 100% whole grain unnecessarily excludes other fiber-containing grain options available to help individuals increase their dietary fiber intake and limit disease risk, and fails to recognize the body of scientific evidence supporting health benefits associated with other fiber sources, like bran. There are many grain-based products made with added bran and/or fiber that provide a good source (3 grams per serving) of fiber and IWG would be short-sighted if it failed to recognize the potential consequence of limiting its Nutrition Principles to perceived ~~i~~deal" foods or forms of foods or nutrients, such as whole foods or naturally-occurring nutrients.

This approach could lead to missed opportunities for helping children get the most nutrition for their appropriate caloric intake. Further, nutrients missed at breakfast, namely fiber and certain vitamins and minerals, are rarely made up over the course of a day.[21,22]

In addition, enriched grains are recognized in the DGA and encourage up to one-half the recommended daily grain servings, providing key nutrients including thiamin, riboflavin, niacin, folic acid, and iron.[1]

(12) The food contribution amounts proposed in Option 2 are calculated based on a 2,000 calorie daily diet and assume four eating occasions per day. Should this calculation be adjusted to reflect children's caloric needs and eating patterns?

Kellogg supports the use of a 2,000-calorie daily diet as the underpinning for nutrition principles established as criteria for marketing to children. Harmonization across government agencies and consistency in nutrition education efforts -- from the FDA's use of a standard 2,000-calorie diet as the basis for food labels, to the use of a 2,000-calorie diet as the foundation of the Dietary Guidelines for Americans, and marketing/advertising standards -- is vital helping to ensure consumers receive the same messages and are empowered to make informed choices at point-of-purchase. In addition, this calorie level is appropriate for active children beginning at age 8 for boys and age 10 for girls.[1]

Nutrition Principle B
(13) Principle B provides that any nutrients naturally occurring as part of the food contributions under Principle A are not counted toward the proposed limits for specific nutrients under Principle B. This exemption is intended to resolve any inherent inconsistencies between Principle A and Principle B. At the same time, the Working Group recognizes that the calculations involved in partially "netting out" certain nutrients would entail a detailed knowledge of the product recipe or formulation and make it difficult for any third party to verify whether a product meets Principle B. Are there alternative approaches the Working Group should consider in reconciling the provisions of Principles A and B?

Kellogg believes it is important to provide consumers with calorie context for servings and strongly believes reference to calories is a more appropriate measure than reference to added sugars as a nutrient to limit. The stated goal of the IWG's Nutrition Principles is to improve children's diets and address childhood obesity. As such, Kellogg believes it is important to provide consumers with

calorie context for labeled servings and strongly believes reference to calories is a more appropriate measure than reference to added sugars as a nutrient to limit. The exemption in Principle B to resolve inherent inconsistencies may result in limiting foods, such as cereal, that make meaningful nutrient contributions to the diet, despite containing added sugars. Because added sugars are not quantified in nutrition labeling and established limits (i.e., Daily Value) for added sugars alone do not exist, this measure does not have relevant meaning. The IWG calculation ~~high~~" in added sugars is not supported by DGA or federal nutrient content claim regulations. In addition, added sugars are recognized by the DGA as having the potential to increase palatability of foods that make meaningful nutrient contributions to a healthful diet, and research suggests that added sugars are not correlated with childhood obesity.[12]

(14) Under Principle B, the proposed nutrient targets for individual foods are generally tied to the RACC. The proposal recommends that individual foods with a small RACC (30 grams or less), meet the targets for saturated fat, trans fat, added sugars, and sodium per 50 grams (with the exception of the interim sodium value of 210 milligrams per serving). What are the implications of this approach in particular for smaller serving foods like cereals or for foods marketed in smaller children's portions? What would be the advantages and disadvantages of tying Principle B recommendations to labeled serving instead of the RACC?

Kellogg strongly believes that the labeled serving size should be used for any nutrient criteria instead of RACC. Developing criteria based on food amounts declared on the Nutrition Facts Panel and the amounts upon which nutrients are disclosed provides considerable transparency and consistency for consumers. In the proposed nutrient criteria for CFBAI, the labeled serving size was chosen as the basis for nutrient criteria instead of the RACC. FDA developed regulations to determine the labeled serving size based on the RACC. In many but not all cases, the labeled serving size is the same as or close to the RACC. In the case of foods with smaller RACC servings, using the labeled serving size offers a more relevant interpretation of the nutrient criteria since this is the amount most likely to be consumed. Consumer eat by labeled serving size (household measure), not RACC weights. Implementing RACC as an underpinning can only lead to a lack of program transparency and increase consumer confusion.

(16) The Working Group proposal recommends a target for added sugars for foods marketed to children. What are the advantages and disadvantages of the proposal for limiting added sugars content as opposed to total sugars content?

Kellogg believes calories (energy balance) are a more appropriate measure than added sugars as a nutrient to limit in any effort to address childhood obesity concerns. No scientific basis exists for singling out individual nutrients or foods as the cause for obesity. Dietary recommendations, public health objectives, and nutrient standards for school meals consistently target reduced consumption of total calories because of concerns about overweight and obesity and added sugars because of concerns about overall dietary quality, i.e., the relative contribution of calories versus essential nutrients. As part of the CFBAI uniform criteria, we support limits for *total* sugars, rather than *added* sugars, because limits on total sugars are easier to apply and monitor since total sugars are listed on the Nutrition Facts Panel, while added sugars are difficult to quantify.

An IOM study examining front-of-package (FOP) nutrition labeling systems found that calories had the most meaning to consumers on FOP, while including sugars was not relevant due to a lack of established limits or Daily Value for this component. The 2010 DGA states that calories from solid fats and added sugars are best used to increase the palatability of nutrient-dense foods, such as whole-grain breakfast

cereals that contain small amounts of added sugars, cuts of meat that are marbled with fat, poultry baked with skin on, vegetables topped with butter or stick margarine, fruit sprinkled with sugar, and fat-free chocolate milk." [1] This confirms that some foods with sugar added, such as ready-to-eat cereals can make significant and meaningful food group and nutrient contributions to the diet.

(17) The Working Group proposal recommends an interim goal for limiting sodium content for foods marketed to children of 210 milligrams per serving for individual foods and 450 milligrams per serving for main dishes and meals, with a target date of 2016. Is there a nutrition-based rationale for an alternative interim goal for sodium that the Working Group should consider? The Working Group's final value for sodium is 140 milligrams per RACC for individual foods and 300 milligrams per serving for main dishes and meals, with a target date of 2021. Is there a nutrition-based rationale for an alternative final goal on sodium that the Working Group should consider?

Kellogg recommends that sodium limits should be consistent with the 2010 DGA and any limits be gradually implemented. Kellogg further believes that any limiting criteria for sodium should be specific to product categories rather than a "one-size fits all" designation. It is critical to point out that not all foods are created equal, nor do they contribute equally to nutrient intakes. Ready-to-eat cereal accounts, on average, for less than 2 percent of sodium intake in the diet of Americans. We believe that cereal, as such, should not be the target of sodium limits; however, any imposed limits need to allow for step-wise reductions and transition periods is well recognized by the 2010 DGA and other public health guidelines. For example, the need for a transition period to lower sodium limits, particularly for meals, is reflected in the IOM School Meals sodium recommendations of ≤ 640 mg for 5–9 year-olds and ≤ 710 mg for 10–13 year-olds for school lunches to be met by *2020* (IOM, 2010a). In general, CFBAI nutrient criteria for sodium are reflective of the limits in FDA's definition of ~~h~~healthy" and vary based on product category and labeled serving size.

General Feasibility/Marketplace Impact of Proposed Nutrition Principles
(18) What impact will the "voluntary" principles as proposed have on the nutritional quality of foods marketed to children if industry fully adopts them? Specifically, what percentage of foods currently marketed to children would not meet the proposed principles and to what extent could such foods be reformulated to do so?

Kellogg supports consistency among government nutrition programs, consumer messaging and feeding programs. Inconsistencies with national nutrition policy and programs will lead to increased consumer confusion in the marketplace. Consumer surveys reveal that close to half of Americans agree that information about food and health is confusing and conflicting.[19] It is vital that public nutrition and health programs harmonize their nutrition guidance to avoid further confusion about healthful eating. As proposed, the IWG principles will exclude various foods meeting other government guidance. For example, certain foods that meet The Supplemental Nutrition Program for Women, Infants, and Children nutrition criteria would be disallowed from being marketed to children, which will send mixed messages to consumers. Currently, eight of Kellogg's 14 cereal products that meet the WIC nutrition criteria do not meet the IWG nutrition principles and therefore would be excluded from any marketing to children; these products provide key nutrients to women, infants, and children enrolled in WIC, as well as the general population. Under the proposed IWG Nutrition Principles, these foods would be considered off limits – there could be no nutrition education or communication about their healthfulness to children. Specifically, breakfast cereal is a lower calorie, nutrient dense food that would be virtually eliminated under the proposed principles.

Breakfast cereals, including those with sugar added, make significant and meaningful food group and nutrient contributions to the diet and should be excluded as a focus category under IWG due to potential negative unintended consequences of reduced consumption on overweight and diet quality in children.

(19) Are there specific foods that are nutritional outliers and warrant special consideration under the proposed nutrition principles, either with additional limits or specific exceptions to proposed principles?

Kellogg strongly supports the concept of healthful dietary patterns and nutrient dense foods as outlined in DGA 2010, and strongly opposes any government programs that unscientifically target single foods or nutrients as the sole cause for childhood obesity when evidence strongly shows obesity is multi-factorial. In addition, any government-established criteria that could cause the unintended consequence of significantly increasing nutrient intake gaps (a potential outcome of significantly reduced intake of cereals) should be carefully weighed.

In light of the Congressional directive to the IWG to develop nutrition principles with a goal of ~~-i~~mproving children's diets and addressing the high rates of childhood obesity," it is clear that breakfast cereals make meaningful food group and nutrient contributions to children's diets and are in fact associated with eating patterns that promote healthy body weight in children and adolescents. Accessibility of foods should also be considered. When fresh or whole foods are not readily available, especially by at-risk populations, enriched and fortified foods become a critical and more practical option to meet dietary recommendations and should not be excluded. Government nutrition criteria that limit consumer access and consumption could have unintended consequences on meeting public health goals.

The 2010 DGAs specifically recognizes the positive contribution of breakfast cereal in several ways. Cereal is acknowledged as a way to get more whole grain (and fiber), as a source of enriched grain, and as a fortified food that provides essential nutrients. The DGA points out the positive role of enriched grains as providing B vitamins (thiamin, riboflavin, niacin, folic acid) and iron.[1] In addition, many cereals also are fortified with other key nutrients, which further enhance the nutrient density of this food category. Other significant contributions include:

- Fortified breakfast cereals are recognized by the DGA as the number one food source of calcium.[1] In addition, because cereals are commonly consumed with milk, they can also assist with meeting calcium needs of children.[2]
- Cereals are recognized by the DGA as some of the top sources of dietary fiber: 100% bran cereal (#2), regular bran cereal (#8), and shredded wheat cereal (#19).[1]
- Cereal is noted as contributing less than 4% added sugar to the diet and only 2.4% of refined grains.[1] At the same time, NPD survey data shows that cereals contribute 35% of the daily requirement for calcium, 53% of daily requirement for vitamin A, 54% of daily requirement for magnesium, and 79% of daily requirement for vitamin C in kids 2-17.[3]
- 2007-08 NHANES indicates that shortfall nutrients for children include vitamins A, C and D and calcium. Vitamins A, C, and D are commonly added to RTEC.
- Data from the NPD Group Nutrient Intake Database, collected for two years ending in August 2009, examined cereal eating habits over a 2-week period and found that among kids 2 to 17 years, as cereal eating frequency increases, so do levels of DRI achievement for key nutrients, including calcium, vitamins A and C, magnesium, iron, and zinc. The same finding holds true for presweetened cereal eaters.[3]

Breakfast cereals serve as a vehicle for meeting dietary guidance recommendations for fruits, low-fat dairy, and whole grains and fiber. The 2010 DGA, Healthier Schools Challenge, *Let's Move* and many other national public health education programs emphasize the importance of increasing whole grain, fruits, and low-fat dairy. Data show that when children consume cereal, their average daily intake of other food groups—fruits, grains, dairy, and vegetables—are at levels equal or greater than non-cereal eaters.[3] When cereal frequency is measured against Healthy Eating Index (HEI), a marker of overall diet quality or healthfulness, a higher proportion of individuals are classified as ~~"m~~most healthy" as cereal frequency increases.[3]

- According to analysis of the NHANES 2003-2006 databases, kids (6-17 years old) who consume RTEC have a significantly higher HEI (2005) scores than breakfast skippers or those who eat other breakfasts (HEI = 51.1 vs 47.7 and 48.1, respectively).
- In addition, kids who ate RTEC scored significantly higher for intakes of whole grains and milk. Sodium intakes were lower by kids who ate RTEC versus those who ate non-RTEC breakfasts.
- Further data shows that children (5-18 years old) who consume RTEC, presweetened or non-presweetened, have superior intakes of vitamins A, B6, B12, D, thiamin, riboflavin, niacin, folate, calcium, magnesium, iron, and zinc, but no increase in sodium. Total fat and cholesterol were lower in kids who eat RTEC.

Very notably, cereal is a gateway for milk consumption for many children. Forty-one percent of all milk consumed by children in the U.S. is consumed with cereal, which increases to 48% and 54% for Hispanic and African-American children respectively.[23] Cereal with milk provides significant intake for all four nutrients of concern as defined in the 2010 DGA.

Data from NHANES 2003-2006 shows that intakes of important nutrients, including shortfall nutrients, are better for children consuming cereal at breakfast than for those consuming alternative breakfasts. In fact, cereal and milk is a leading source of 10 nutrients in children's diets.[4] Research has consistently shown that if essential nutrients are missed at breakfast, most do not compensate for the loss at other meals during the day. A study of 467 U.S. school children found higher intakes of vitamins A and E, iron, and B vitamins in those who consumed breakfast compared to those who skipped the meal. Breakfast skippers—16% of the children in the study—were less likely to achieve even two-thirds of their recommended daily intake for vitamins and minerals.[5] Encouraging consumption of cereal can help address these nutrient shortfalls.

Cereals provide a shelf-stable, cost-efficient, convenient breakfast option for families, and at the same time, they offer calorie-efficient nutrition to children. Given the plethora of consistent research demonstrating the positive contribution of ready-to-eat cereal on diets and health, **the IWG could lead to less cereal consumption for children, and in turn decreased milk intake, which would be a devastating unintended consequence for children in our Nation.**

Respectfully,

Lisa A. Sutherland, Ph.D.
Vice President
Kellogg North America Nutrition

[1] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010.

[2] Song W, et al. Ready-to-Eat Breakfast Cereal Consumption Enhances Milk and Calcium Intake in the US Population. *J Am Diet Assn*. 2006; 106:1783-1789.

[3] NPD Group/Nutrient Intake Database; 2009. H/M/L Ready to Eat Cereal Users by DRI Achievement and Kids (2–17).

[4] Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey Data. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003-06. http://www.cdc.gov/nchs/nhanes.

[5] Nicklas TA, Weihang B, Webber LS and Berenson GS. Breakfast consumption affects adequacy of total daily intake in children. *J Am Diet Assn.* 1993; 93(8): 886-891.

[6] Kosti RI, Panagiotakos DB and Zampelas A. Ready-to-eat cereals and the burden of obesity in the context of their nutritional contribution: are all ready-to-eat cereals equally healthy? A systematic review. *Nutr Res Rev*. 2010; 23(2):314-322.

[7] Williams BM, O'Neil CE, Keast DR, Cho S and Nicklas TA. Are breakfast consumption patterns associated with weight status and nutrient adequacy in African-American children? *Public Health Nutr.* 2009; 12(4):489-496.

[8] Albertson AM, Anderson GH, Crockett SJ and Goebel MT. Ready-to-eat cereal consumption: its relationship with BMI and nutrient intake of children aged 4 to 12 years. *J Am Diet Assoc.* 2003; 103:1613-1619.

[9] Barton BA, Eldridge AL, Thompson D, Affenito SG, Striegel-Moore RH, Franko DL, Albertson AM and Crockett SJ. The relationship of breakfast and cereal consumption to nutrient intake and body mass index: the National Heart, Lung, and Blood Institute Growth and Health Study. *J Am Diet Assoc.* 2005; 105:1383-1389.

[10] San Jose Mercury News/Kaiser Family Foundation Survey on Childhood Obesity, March 2004.

[11] U.S. Department of Health and Human Services. Healthy Youth: An Investment in Our Nation's Future, 2007. Atlanta, GA: U.S. Department of Health and Human Services, CDC, Coordinating Center for Health Promotion; 2007.

[12] Nicklas TA, O'Neil CE and Liu Y. Intake of added sugars is not associated with weight measures in children 6 to 18 years: National Health and Nutrition Examination Surveys 2003-2006. *Nutr Res.* 2011; 31(5):338-346.

[13] O'Neil CE, Zanovec M, Nicklas TA and Cho SS. Presweetened and Nonpresweetened Ready-to-Eat Cereals at Breakfast Are Associated With Improved Nutrient Intake but Not With Increased Body Weight of Children and Adolescents: NHANES 1999-2002. *Am J Lifestyle Med.* 2011 (epub ahead of print, May 12, 2011).

[14] Federal Trade Commission, *Marketing Food to Children and Adolescents: A Review of Industry Expenditures, Activities, and Self-Regulation*, A Report to Congress (July 2008) (2008 Food Marketing Report), at p. 60-80. http://www.ftc.gov/os/2008/07/P064504foodmktingreport.pdf.

[15] Better Business Bureau. Children's Food and Beverage Advertising Initiative. www.bbb.org/us/children-food-beverage-advertising-initiative.

[16] Kraak VI, Story M, Ginter J, Wartella EA. 2011. Progress achieved toward the IOM food marketing report recommendations for American children and adolescents, 2005–2010. *FASEB J.* 25: 781.4 (meeting abstract).

[17] Dietary Reference Intakes: Guiding Principles for Nutrition Labeling and Fortification. Washington DC: National Academies Press, 2003.

[18] Obican SG, Finnell RH, Mills JL, Shaw GM, Scialli AR. Folic acid in early pregnancy: a public health success story. *FASEB J.* 2010 Nov;24(11):4167-4174.

[19] International Food Information Council Foundation. 2011 Food & Health Survey: Consumer Attitudes Toward Food Safety, Nutrition & Health. May 5, 2011.

[20] Institute of Medicine. Examination of Front-of-Package Nutrition Rating Systems and Symbols, Phase I Report. Oct. 21, 2010. http://www.iom.edu/~/media/Files/Report%20Files/2010/Examination-of-Front-of-Package-Nutrition-Rating-Systems-and-Symbols-Phase-1-Report/Front%20of%20Package%202010%20Report%20Brief.pdf.

[21] Rampersaud GC, Pereira MA, Girard BL, Adams J and Metzl JD. Breakfast habits, nutritional status, body weight and academic performance in children and adolescents. *J Am Diet Assoc.* 2005;105(5):743-760.

[22] Nicklas TA, O'Neil CE and Berenson GS. Nutrient contribution of breakfast, secular trends, and the role of cereals: A review of data from the Bogalusa Heart Study. *Am J Clin Nutr.* 1998; 67(4):757S-763S.

[23] Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey Data. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007-08. http://www.cdc.gov/nchs/nhanes.