



July 14, 2011

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

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

The Rudd Center for Food Policy and Obesity fully supports the recommendations by the Interagency Working Group to set uniform nutrition principles for foods that promote children's health through better diet. Acceptance of these voluntary principles by the food industry will significantly improve the nutritional quality of foods marketed to children. We agree with the need for limitations on the amounts of harmful nutrients in these foods, including saturated fat, trans fat, sodium, and added sugar, as well as the need for foods to meaningfully contribute to a healthful diet by containing one of the major food groups.

We are also pleased to provide data to help answer specific questions raised by the Working Group regarding the proposed nutrition principles.

1) High rates of obesity and poor dietary habits among adolescents warrant the need for the same approach to limit food marketing of calorie-dense nutrient-poor products to both children and adolescents.

Adolescents, as well as children, lack the self-regulatory abilities to forgo the immediate rewards of consumption in return for the long-term benefits to their health.¹ In addition, adolescents have the ability to make purchases without their parents' supervision. As a result, youth in this age group are among the most-frequent consumers of many of the least nutritious advertised products. For example, 84% of adolescents consume one or more sugar-sweetened beverages daily totaling 356 calories from added sugar.² Fast food companies market snacks and desserts disproportionately to teens, these items often contain as many as 1,500 calories each, and teens order more fast food than any other age group during non-meal times, including after school and

¹ Pechmann C, Levine L, Loughlin S, Leslie F. Impulsive and self-conscious: Adolescents' vulnerability to advertising and promotion. *Journal of Public Policy and Marketing*. 2005;24(2):202-221;
Steinberg L. Risk taking in adolescence: New perspectives from brain and behavioral science. *Current Directions in Psychological Science*, 2007;16(2):55-59.

² Wang YC, Bleich SN, Gortmaker SL. Increasing Caloric Contribution From Sugar-Sweetened Beverages and 100% Fruit Juices Among US Children and Adolescents, 1988 –2004. *Pediatrics*. 2008; 121: e1604-e1614.

evenings.³ These dietary patterns place teens at high risk for future diet-related diseases, such as diabetes and coronary disease, and adolescent rates of obesity continue to climb. From a public health perspective, there is no evidence that adolescents do not also need protection from the massive onslaught of marketing for calorie-dense nutrient-poor foods targeted to them.

2) The nutrition principles should apply to all food products in a line of branded products when the advertising does not prominently feature a specific product.

CFBAI participants have pledged to promote only better-for-you foods in child-directed media; however, in many cases, child-directed food advertising focuses on the brand and does not promote purchase or consumption of the approved food products. In situations in which the advertised brand also includes many products that do not meet better-for-you criteria, these ads should not be promoted in child-directed media. For example, both McDonald's and Burger King have pledged that they will only market the most nutritious products available with their kids' meals on children's television.⁴ However, content analysis of the actual advertisements demonstrates that McDonald's child-directed ads primarily focus on the Happy Meal or Happy Meal box, and the Burger King ads focus on the toy that comes with the kids' meal.⁵ In most cases, the apples and milk that come with the meals are featured briefly and in the background and are barely recognizable without close scrutiny of the ads. The child-directed ads present a stark contrast to these companies' ads for their regular and value menu products that typically include close-ups of the menu items that are presented during half of the ads or more.⁶ In addition, when someone orders a kids' meal at McDonald's or Burger King, they automatically receive french fries 94-98% of the time and a cup to pour their own soft drink 54-62% of the time; the counter person does not even offer the choice of the healthier options.⁷

In other cases, companies list a few products within a larger line of brands as better-for-you products. For example, Kraft Foods lists 10 out of 35 different versions of Lunchables that meet their nutrition criteria and ConAgra lists 11 out of 29 different Chef Boyardee canned pastas as better-for-you.⁸ Similarly, Kraft Foods add artificial sweeteners to their singles, sugar-free and fizz drink drops Kool-Aid powder drink mix products that enable these products to meet their calorie limits for better-for-you foods; however, their Kool-Aid Jammers or Bursts ready-to-serve products do not meet their better-for-you criteria.⁹ For children, who have a limited

³ Harris JL, Brownell KD, Schwartz MB. Fast Food FACTS: Evaluation of the nutritional quality and marketing of fast food to youth. 2010; www.fastfoodfacts.org.

⁴ Council of Better Business Bureaus. Children's Food and Beverage Advertising Initiative. 2011: www.bbb.org/us/children-food-beverage-advertising-initiative

⁵ Harris JL, Brownell KD, Schwartz MB. Fast Food FACTS: Evaluation of the nutritional quality and marketing of fast food to youth. 2010; www.fastfoodfacts.org.

⁶ *Ibid.*

⁷ *Ibid.*

⁸ Council of Better Business Bureaus. BBB Children's Food and Beverage Advertising Initiative: Food and Beverage Products that Meet Participants' Approved Nutrition Standards. 2011 April: www.bbb.org/us/storage/0/Shared%20Documents/April%202011.pdf;

ConAgra Foods. Chef Boyardee Products, 2011: www.chefboyardee.com/products.jsp;

Kraft Foods. Lunchables, 2011: www.kraftbrands.com/lunchables/ourproducts/

⁹ Council of Better Business Bureaus. Children's Food and Beverage Advertising Initiative. 2011:

www.bbb.org/us/children-food-beverage-advertising-initiative;

Kraft Foods. Kool-Aid, 2009: www.kraftbrands.com/koolaid/products.aspx

understanding of advertising, these distinctions between better-for-you and other products likely have little meaning. Children process the ads as promotions for the brand, and when they arrive at the supermarket with their parents, they just want Lunchables, Chef Boyardee or Kool-Aid.

We propose that products should be a key focus of the marketing message to be considered marketing for a specific product, and not brand marketing, according to the following criteria:

- In a television ad, the product should be easily recognizable and appear prominently for at least 5 continuous seconds in a :15 or :30-second commercial.
- For all other forms of marketing, specific product depictions should be recognizable and prominently featured. Generic brand depictions, such as logos or spokescharacters, should be considered brand marketing.

In addition, when a company engages in brand marketing (as defined above) targeted to children, 100% of products in that brand line should meet the nutrition principles.

5) The ten categories proposed by the Working Group cover the majority of television food advertisements viewed by children and adolescents.

The Rudd Center used data from Nielsen to conduct an analysis of gross ratings points (GRPs) for children, ages 2-11, in 2009 using the categories defined by the Working Group (see Table 1). These ten categories comprised 90% of all television food advertisements viewed by children. We did not observe any individual categories that had a significant number of child GRPs and were not included in these categories.

Table 1: Child exposure to television food advertising by product category in 2009

Product category	Child GRPs (ages 2-11)	% of total GRPs
Working group categories - total	377,419	90.3%
Quick serve restaurant food	101,830	24.4%
Breakfast cereals	70,193	16.8%
Restaurant food	46,013	11.0%
Prepared foods and meals	35,418	8.5%
Snack foods	32,727	7.8%
Candy	28,099	6.7%
Dairy products	25,301	6.1%
Fruit juice and non-carbonated beverages	24,001	5.7%
Baked goods	6,933	1.7%
Carbonated beverages	5,144	1.2%
Frozen and chilled desserts	1,760	0.4%
All others	40,482	9.7%
Total	417,901	100.0%

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7) All meal components, especially those offered as kids' meals by fast food companies, should independently qualify as healthy in accordance with the nutrition principles for individual items.

McDonald's and Burger King have pledged through the Children's Food and Beverage Advertising Initiative to only promote side items (i.e., apple dippers/apple fries) and beverages (i.e., low-fat plain milk or 100% juice) in their child-targeted advertising that meet the proposed nutrition principles.¹⁰ However, in the same advertisements, they also promote chicken nuggets or chicken fries and hamburgers that would not meet the nutrition principles because these single items exceed the proposed 450 mg sodium limit for a main dish or meal in addition to exceeding recommended saturated fat limits of 1 gram per 100 grams for main dishes.¹¹ Research conducted by the Rudd Center suggests that inclusion of these nutrition-poor items together with healthier options leads parents to believe that all items presented are nutritious: 66% of parents reported that they consider chicken nuggets to be healthy.¹² Allowing healthy components of a meal to cover the nutritional flaws of other food items is misleading; therefore, all individual food items that are marketed directly to children should independently meet the nutrition principles.

9) We agree with the proposed food group distinctions with two exceptions: We propose that the fish, lean meat and poultry, beans, nuts, seeds, and eggs groups be combined into one protein category and that water be included as an approved item.

According to the most recent NHANES data, protein intake among children and adolescents is adequate and not an area of concern.¹³ Dictating six protein groups overemphasizes a nutrient which is not a public health concern and may discourage the inclusion of other food groups for which intake among children is often inadequate, such as fruits, vegetables and whole grains.¹⁴ Water is a valuable contributor to the diet but is not currently included as an acceptable food category. We suggest including water as it is a desirable, healthful alternative to sugary drinks.

10) Sub-groups for the vegetable category are not necessary; however, vegetables that are fried should not contribute towards the vegetable category.

Fried foods contribute excessive and unnecessary calories and saturated fat to children's diets compared to non-fried vegetables. NHANES data show that fried potatoes are the greatest source

¹⁰ Council of Better Business Bureaus. Children's Food and Beverage Advertising Initiative. 2011: www.bbb.org/us/children-food-beverage-advertising-initiative

¹¹ Burger King Corporation. Menu & Nutrition. 2011: www.bk.com/en/us/menu-nutrition/index.html;
McDonald's. Happy Meals. 2011: www.mcdonalds.com/us/en/food/meal_bundles/happy_meals.html.

¹² Harris JL, Brownell KD, Schwartz MB. Fast Food FACTS: Evaluation of the nutritional quality and marketing of fast food to youth. 2010; www.fastfoodfacts.org.

¹³ Wright JD, Wang CY, Kennedy-Stephenson J, Ervin RB. Dietary intake of ten key nutrients for public health, United States: 1999-2000. Advance data from vital and health statistics; no. 334. Hyattsville, Maryland: National Center for Health Statistics. 2003. <http://www.cdc.gov/nchs/data/ad/ad334.pdf>.

¹⁴ U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7th Edition. Table 2 (p12). <http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/Appendices.pdf>.

of calories from any fruit or vegetable, including 100% juice, in children's diets.¹⁵ Additionally, research from the Rudd Center shows that children are much more likely to order french fries than healthier side dishes at fast food restaurants.¹⁶

16) We support the added sugar guidelines presented by the Working Group in light of the strong evidence indicating that high intake of added sugar is a significant contributor to obesity and a risk factor for cardiovascular disease, in both adolescents and adults.^{17,18}

The Working Group recommendation that food and beverages with 13 grams of added sugar should be considered high in added sugar, is based on the 2010 DGA recommendations. This is in line with the best science from the USDA,¹⁹ American Heart Association²⁰ and World Health Organization.²¹ Food manufacturers have been reluctant to disclose the amount of added sugar on food products. However, this disclosure is both feasible and warranted.

First, the onus should be on the food industry and not on consumers to determine how much added sugar is in food offered for sale in the marketplace. Restaurants and food manufacturers know how much sugar they add to their products. In accordance with the Nutrition Labeling and Education Act of 1990 and the federal menu labeling law, food manufacturers are, and covered restaurants will be, responsible for assuring the validity of the nutrition disclosures for their products.^{22,23} Second, the USDA created a database which estimates added sugar values for 2,038 foods. The USDA used ingredient lists to identify added sugar sources and calculated added sugars using total carbohydrate and total sugar values.²⁴ This is a rational method on which to base disclosure requirements for purposes of the Working Group standards. If the government seeks to verify the information, it currently can by requiring the food industry to confidentially submit food recipes to the government for verification as is currently done for

¹⁵ *Ibid.*

¹⁶ Harris JL, Brownell KD, Schwartz MB. Fast Food FACTS: Evaluation of the nutritional quality and marketing of fast food to youth. 2010; www.fastfoodfacts.org.

¹⁷ Welsh JA, Sharma A, Abramson JL, Vaccarino V, Gillespie C, Vos MB. Caloric sweetener consumption and dyslipidemia among US adults. *JAMA*. 2010; 303(15):1490-1497.

¹⁸ Welsh JA, Sharma A, Cunningham SA, Vos MB. Consumption of added sugars and indicators of cardiovascular disease risk among US adolescents. *Circulation*. 2011; 123:249-257.

¹⁹ U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans*. 7th Edition. 2010: Appendix 7 (p79).

www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/Appendices.pdf

²⁰ Johnson RK, Appel LJ, Brands M, Howard BV, Lefevre M, Lustig RH, Sacks F, Steffen LM, Wylie-Rosett J; on behalf of the American Heart Association Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism and the Council on Epidemiology and Prevention. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation*. 2009;120:1011-1020.

²¹ Nishida C, Uauy R, Kumanyika S, Shetty P. The Joint WHO/FAO Expert Consultation on diet, nutrition and the prevention of chronic diseases: process, product and policy implications. *Public Health Nutrition*. 2004; 7(1A): 245-250.

²² FDA. Guidance for Industry: Nutrition Labeling Manual - A Guide for Developing and Using Data Bases. March 1998. www.fda.gov/Food/GuidanceComplianceRegulatoryInformation/GuidanceDocuments/FoodLabelingNutrition/ucm063113.htm

²³ Section 4205 of the Patient Protection and Affordable Care Act of 2010, proposed rules on nutrition labeling in restaurants and similar retail food establishments (Docket No. FDA-2011-F-0172).

²⁴ USDA. Database for the Added Sugars Content of Selected Foods. February 2006.

www.ars.usda.gov/SP2UserFiles/Place/12354500/Data/Add_Sug/addsug01.pdf

tobacco products.²⁵ This would alleviate concerns over confidentiality of proprietary information.

18) The quality of foods marketed to children would improve if industry fully adopts these principals and companies can produce foods that comply.

Many companies have a wide range of products which already meet these standards but which are not currently marketed to children. For example, none of the cereals currently targeted to children on television meet these nutritional principles; however, all cereal companies have products targeted to parents and adults that do meet them.²⁶ These adult-targeted products may be more difficult and expensive to market to children than current child-targeted products that contain higher levels of sugar and sodium and less fiber; however, we have confidence that the industry could develop compelling campaigns for their healthier products that would appeal to children and assist parents in improving their children's diet. Furthermore, many products already meet a number of the nutrition criteria and could likely be reformulated to meet all of the principals within the recommended time frames. For example, Burger King developed a kids' meal main dish, macaroni and cheese that, if made with whole grain pasta, would comply.²⁷

22) The recommended time frames are too long and should be shortened to reflect the immediacy of the childhood obesity epidemic.

We recommend that the 5-year time frame for full implementation be reduced to a 2-year time frame for *all categories of food marketed to children*. In addition, the 10-year time frame for sodium reductions should be shortened. As reported by the Institute of Medicine, nearly 80% of daily sodium intake comes from processed and prepared foods while only 5% of dietary sodium is added by individuals at the table.²⁸ It is evident that packaged foods and pre-prepared foods are the major contributor to sodium in most people's diets and should be addressed at the manufacturing level. In addition, laboratory markers for the early stages of heart disease are appearing earlier than ever before in children and adolescents.²⁹ This unfortunate trend should be addressed with a sense of urgency, and reducing sodium, a well-documented contributor to high blood pressure and heart disease, should not take an entire decade for necessary reductions. We recommend a reduced 5-year time frame for sodium reductions, with completion by 2016.

Thank you for the opportunity to submit these comments for your consideration and for the substantial contribution of the Working Group to develop nutrition principles for foods marketed to children and adolescents that will improve children's diet and health.

²⁵ FDA. Final Guidance for Industry: Listing of Ingredients in Tobacco Products. November 2009. www.fda.gov/TobaccoProducts/GuidanceComplianceRegulatoryInformation/ucm191982.htm .

²⁶ Cereal facts

²⁷ Burger King. CBBB CFBAI, Burger King Corp's Pledge 2010. www.bbb.org/us/storage/0/Shared%20Documents/BKC_Restated_Pledge_9-14-10.pdf

²⁸ Institute of Medicine. Report: Strategies to Reduce Sodium Intake in the United States. Table F-1. April 2010. http://books.nap.edu/openbook.php?record_id=12818

²⁹ Freedman DS, Zugno M, Srinivasan SR, Berenson GS, Dietz WH. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study. *Journal of Pediatrics* 2007;150(1):12-17

Sincerely,

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