

July 14, 2011

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

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

Strategic Alliance is pleased to have the opportunity to respond to the request for comments on the proposed nutrition principles to guide industry self-regulatory efforts as defined by the Interagency Working Group on Food Marketing to Children. In this letter, we will provide comments on the proposed nutrition principles for foods marketed directly to children. We believe these new parameters will increase the likelihood of voluntary adoption by industry of strong, uniform nutrition and marketing principles, encouraging children and parents to make better food choices, thus advancing the goal of promoting children's health.

The Strategic Alliance for Healthy Food and Activity Environments is a statewide network of nutrition and physical activity advocates in California. Since its founding in 2001, the Alliance has worked to advance an environmental and policy change approach to healthy eating and active living throughout California. We are committed to promoting access to whole and minimally processed foods, mostly from plants, that contain a wide variety of naturally occurring nutrients.ⁱ Thus, establishing evidence-based standards that limit junk food marketing to children has been, and continues to be, a key area of focus for the Alliance.

Children are constantly inundated with food marketing through increasingly sophisticated and pervasive marketing approaches. Each year, food and beverage companies spend approximately \$2 billion marketing their products to children and adolescents (including expenditures for toy give-aways with fast-food meals).ⁱⁱ Children ages 2-5 see an average of 10.9 food-related ads per day (an average of 4,000/year), while children ages 6-11 see an average of 12.7 food-related ads per day (an average of 4,700 ads annually).ⁱⁱⁱ In addition to television, companies market to children using a wide array of techniques, including through radio, magazines, Internet, cell phones, ipods, and other mobile devices, product placement, licensed and equity characters, celebrity endorsements, video and other games, packaging, in-store displays, schools, fundraisers, toys, premiums, sponsorship, and more.

Based on an exhaustive review of the literature, the Institute of Medicine has concluded that food and beverage advertising affects children's food preferences and choices, diets, and overall

health.^{iv} The Interagency Working Group (IWG) guidelines, if adopted by food and beverage manufacturers, would make a vital contribution to addressing the improvement of the overall nutritional profile of foods marketed to children.

Though the current self-regulatory approach through the Council of Better Business Bureau's Children's Food and Beverage Advertising Initiative (CFBAI) has prompted product reformulation and led to reductions in unhealthy food marketing to youth, several studies show that the vast majority of marketed products are still high in calories, saturated fat, sodium, or added sugars and low in fruits, vegetables, whole grains, or key nutrients.^{v,vii} The proposed Interagency Working Group principles would provide a consistent set of national marketing standards, which are solidly based on consensus recommendations and the 2010 Dietary Guidelines for Americans (DGA). We hope that the following comments will further increase the likelihood of inception of such practices by industry, and will provide the best possible outcomes on the improvement of children's food marketing and on children's diets.

We are presenting our comments to follow the format of the preliminary nutrition principles proposed by the Interagency Working Group. Our responses to the questions for comment (1-17) are included within each section.

Proposed Nutrition Principles (Response to questions 1-4)

Due to the urgency of chronic disease related to poor nutrition among American children, we need to move forward with product improvement as quickly as possible, while at the same time, giving companies adequate lead time to respond. Given that the finalization date for the proposed standards is unknown, a target date of two years from the time the standards are finalized would be a more appropriate date to meet the proposed requirements. We suggest a five-year timeframe for full implementation of the final sodium principles.

If brand advertising is to be used without reference to a specific food product within the brand line, we urge that 100% of the products within that line should meet the proposed nutrition standards in order to be directly marketed towards children.

Food Categories (Response to question 5)

Though standards should clearly apply to all foods, allowing companies to focus on the 10 categories of foods most heavily marketed to kids provides a good place to start. Industry efforts to change ads and reformulate their products should begin with the most frequently advertised foods. Ultimately, however, it should be made clear to companies that the standards apply to all foods marketed to children. Doing so will prevent companies from shifting their product mix to circumvent the standards.

Main Dishes/Meals (Response to questions 6-7)

Strategic Alliance is in support of the proposed adjustments to the nutrition principles for main dish and meal products including the proportionate increase in food group contributions for both. We agree that when defining main dishes and meals, two or more food groups should be included.

For meals, in line with the USDA's MyPlate, we encourage the IWG to require that at least one of the food groups be a fruit and/or vegetable.

Additionally, we recommend that restaurant meals that are advertised towards children should meet the same nutritional standards for meals as presented above. In order for advertising or marketing to focus on an entire restaurant brand (e.g. McDonald's Happy Meals), 100% of the products within that brand should meet the requirements for the proposed standards in order to be directly marketed to children.^{vii}

Nutrition Principle A – Meaningful Contribution to a Healthful Diet (Response to questions 8-12)

We strongly support the IWG's proposal to use a food-based approach to ensure that the foods marketed to children make a meaningful contribution to a healthful diet. With the food-based approach, the proposed principles are an important first step towards limiting marketing to healthful foods. Ultimately, Strategic Alliance would like to see uniform nutrition standards that limit the marketing of highly processed foods¹ completely: this approach would more fully align the standards with current Dietary Guidelines, which recommend whole fruits, vegetables, whole grains, low-fat dairy, and lean protein, as foods to encourage.

Option 1 vs. Option 2

With the exception of whole grains, Option 2 is strongly preferred over Option 1. Both MyPlate and the 2010 Dietary Guidelines for Americans recommend servings of food groups by the ounce or cup, not by percentage.^{viii,ix} Option 2 is far more useful for individuals and parents trying to make sure that children's diets contain the proper number of servings. Additionally, the monitoring of compliance for the proposed standards will be much easier with servings used as a measure of accuracy as opposed to a percentage

Strategic Alliance does not recommend option 2 in the case of whole grains. The DGA for whole grains is outlined by percentage as opposed to other measures (e.g., cup or ounce). At least half of grains consumed should be whole grains. Furthermore, whole grains should be based on natural fibers making up that particular food item, not added/fortified fibers.

Food Groups

We support the use of food groups to determine meaningful contribution to a healthful diet; however we feel that the listed food groups should be more strongly based on MyPlate categories and the 2010 DGA. Fish, extra lean meat/poultry, eggs, nuts, seeds, and beans should be combined to form one general protein category.^{8,9} Keeping these groups separate overemphasizes protein, which is not a nutrient of public health concern for today's children.

¹ Highly processed foods are characterized by three factors: (1) nutritional value of whole food ingredients are diminished, (2) calories from fats and/or sugars are added, and (3) salt, artificial colors and flavors, and other additives are included.

Recommendations for specific subgroups of vegetables are not necessary, as the consumption of all varieties is essential to a healthful diet; however, as comparable to WIC and School Lunch Standards, white potatoes should be excluded from this category as many children's diets include potatoes as the main vegetable component.^{x, xi} Removing white potatoes from the vegetable food group would encourage the inclusion of a variety of other types of vegetables as recommended by the 2010 DGA.

Fried Foods

The proposed principles specify that the meat that provides the positive nutritional value be extra lean and the dairy be low in fat. Similarly, the principles also should ensure that the poultry, fish, vegetables, or other foods not be deep-fat fried. Fried foods are often calorically dense and high in total calories. All fried foods should be excluded from contributing to a positive nutritional value standard.

Fruit Juice

Although it is not nutritionally ideal, we agree that fruit or vegetable juice should count toward the fruit or vegetable food group in Principle A. However, we recommend that the language be made clear that only real juice counts. It should be specified that companies can only market products that are 100 percent juice or 100 percent juice diluted with water or carbonated water, but not juice drinks with added sweeteners.

Water

Water does not contribute to any of the MyPlate food groups, but it makes a vital contribution to nutrition and health. Given the public health necessity for Americans to consume less high calorie beverages, the proposed standards should indicate that water is exempt from Principle A.

Nutrition Principle B – Nutrients to Limit (Response to questions 13-17)

We support the choice of providing limitations for the four specific nutrients outlined here, including saturated and trans-fats, sodium and sugar. We also suggest a limit on calories which is described in greater detail below.

Fats

We agree with the proposed targets for both saturated fats and trans-fats, and support the decision not to have a standard for dietary cholesterol. Saturated and trans fats are key dietary contributors to heart disease and should be limited in children's diets, as recommended by the *Dietary Guidelines*.

Sodium

We urge the IWG to adjust the interim target for main dishes to 480 mg, rather than 450 mg as proposed. Since 480 milligrams is the standard for healthy claims, many companies have already undergone significant product reformulation to meet that criterion. The difference between 450

and 480 mg of sodium is minor nutritionally, and benefit of reformulation wouldn't outweigh the cost.

Meals contain more food items than main dishes and therefore should be afforded a higher sodium limit than main dishes. We suggest an interim target of 600 mg, and a final target of 480 mg. A number of children's meals already meet the 600 mg benchmark, including some of the meals marketed by Burger King, McDonald's, Kraft (Lunchables), and ConAgra (Kid Cuisine frozen dinners).

We strongly support the use of interim levels set slightly higher than final levels this will aid in reformulation efforts by industry and allow for palate adjustments for consumers. However, given the high levels of sodium consumption and the public health impact of high sodium intake, we urge the IWG to modify the proposed implementation timeframe. We suggest a five-year timeframe for full implementation of the final sodium principles, with a two-year timeframe for the proposed interim levels.

Calories

As was pointed out, chronic disease resulting from unhealthy eating is one of the most pressing health problems for children and youth. The aggressive marketing to children of calorically dense foods and increase in daily caloric intake of the American population has been one of the primary drivers in the rise of chronic disease.^{xii} We strongly urge for the addition of calorie limits for both children and adolescents.

Two different standards should be set for those children 2-11 years, and adolescents (12-17 years), as the two age groups have different needs both in terms of overall caloric intake, as well as the consumption of specific nutrients.^{xiii} We recommend the following:

Recommended caloric limitations for children (ages 2-11 years):

- No more than 100 calories per serving as packaged or offered for sale for individual food and beverage items,
- No more than 350 calories per serving as packaged or offered for sale for main dishes (meal calories minus one side), and
- No more than 470 calories per meal.

Recommended caloric limitations for adolescents (ages 12-17 years):

- No more than 200 calories per serving as packaged or offered for sale for individual items,
- No more than 450 calories per serving as packaged or offered for sale for main dishes (meal calories minus one side, and rounded), and
- No more than 600 calories per meal.

Our recommended calorie limits for children were determined by taking the mean average total calorie needs per day for sedentary children ages 4-8 years old (1,500 calories, as recommended

by MyPlate, the DGA, and in the Dietary Reference Intakes), minus the calories for one snack (100 calories) and dividing by three meals per day. Our rationale for choosing 4-8 year olds is based on findings from the Rudd Center's Fast Food F.A.C.T.S. report showing that children's meals are most often purchased for children under the age 6.^{xiv}

Our recommended calorie limit for individual items for adolescents is based on recommendations made by the Alliance for a Healthier Generation^{xv} and the Institute of Medicine.^{xvi} Our recommended calorie limit for meals for adolescents was determined by removing the calories for one snack (200 calories) from a 2,000 calorie diet and dividing the remainder by three meals per day.

Added Sugars

Strategic Alliance strongly agrees with a focus on added sugars as opposed to total sugars. However, we feel that the calculations used to determine the proposed limit for added sugars need to be adjusted. Age appropriate proportions need to be calculated for children age 2-11 years (based on a 1,500 calorie/day diet for sedentary children ages 4-8 years old as recommended by MyPlate, the DGA, and in the Dietary Reference Intakes), and for children ages 12-17 years (based on a 2,000 calorie/day diet as recommended by the Alliance for a Healthier Generation and the Institute of Medicine)

As stated in the proposed standards, the 2010 DGA estimated that, in a 2,000 calorie daily diet, no more than 258 calories should come from SoFAS calories, which includes calories derived from solid fats and added sugars. The 2010 DGA also states that a healthy diet can contain 10% of calories from saturated fat. Therefore, it is better to assume that 10% of these calories would be coming from solid fats, and the other 90% (232 calories) would be coming from added sugar. Applying the 20% principle established by federal nutrient content claim regulations, with 58 grams of daily added sugars (4 calories per gram), a food with 11.5 grams would be considered high. Thus, for a 2,000 calorie/day diet for 12-17 year olds, the proposed limit for added sugars should be no more than 11 grams of added sugar per RACC for individual foods and per serving for main dishes and meals. If the same calculations were applied to a 1,500 calorie/day diet for 2-11 year olds, the proposed limit should be 8 grams of added sugar per RACC for individual foods and per serving for main dishes and meals.

Additionally, we would encourage that the FDA begin labeling added sugars to allow for easier and more transparent compliance. Currently, the ability for consumers to moderate their consumption of added sugars is complicated by the fact that many added sweeteners are hidden in prepared foods. The food label does not currently distinguish total from added sugars, which may make it difficult both to determine compliance with the nutrition standards, and for consumers to make conclusions about how much added sugar they are actually consuming. Specifically, the FDA should establish a Daily Reference Value for added sugars and require a mandatory disclosure of added sugars in both grams per serving and percent Daily Value. We believe that compliance costs are reasonable in light of the resulting public health benefits.

Naturally Occurring Nutrients

We agree with the IWG's proposal to provide a general exclusion for nutrients naturally occurring

in foods that count toward Principle A from the proposed limitations in Principle B.

Nutrients to Encourage

In line with the 2010 DGA, we support the promotion of whole and minimally processed foods including fruits, vegetables, whole grains, lean protein, and low fat dairy. Therefore, we do not support setting targets for nutrients to encourage, which often leads to the fortification of highly processed foods.

In closing, Strategic Alliance is in strong support of standards that encourage children to choose more whole and minimally processed foods, prioritize children's health, support parents, and urge industry to take greater responsibility for marketing strategies. Through the use of science-based, credible sources such as the 2010 Dietary Guidelines for Americans and IOM's Dietary Reference Intakes, we believe that the Interagency Working Group standards, if adopted, can successfully shift the balance of healthy marketing back into the hands of parents, ultimately safeguarding the health of children in America. We thank the IWG for the opportunity to share our comments, and we look forward to receiving your response.

Sincerely,

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ⁱ *Setting the Record Straight: Nutrition and Health Professionals Define Healthful Food*. Strategic Alliance. August 2009

ⁱⁱ Federal Trade Commission (FTC). *Marketing Food to Children and Adolescents: A Review of Industry Expenditures, Activities, and Self-regulation*. Washington, D.C.: FTC, 2008.

ⁱⁱⁱ Kaiser Family Foundation (KFF). *Food for Thought. Television Food Advertising to Children in the United States*. Washington, D.C.: KFF, 2007.

^{iv} Institute of Medicine (IOM). *Food Marketing to Children and Youth: Threat or Opportunity?* Washington, D.C.: The National Academies Press, 2006.

^v Larson, Nicole; Story, Mary. *Food and Beverage Marketing to Children and Adolescents Research Brief*. Robert Wood Johnson Foundation, October 2008.

^{vi} Kunkel D. et al. *Psychological Issues in the Increasing Commercialization of Childhood: Report of the APA Task Force on Advertising and Children*. Washington: American Psychological Association, 2004.

^{vii} Otten, J. (2011-04-01). *Changes at the fast-food restaurants in response to the 2010 Santa Clara County, CA Toy Ordinance*. *Annals of behavioral medicine*, 41 (S25-S25).

^{viii} 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.

^{ix} United States Department of Agriculture. <http://www.myplate.gov/>

^x United States Department of Agriculture. *Nutrition Standards in the National School Lunch and School Breakfast Programs Proposed Rules*. Federal Registrar. January 2011; 76: 9.

^{xi} Lorson, Melgar-Quinonez H, and Taylor C. *Correlates of Fruit and Vegetable Intakes in US Children*. *Journal of American Dietetic Association*. 2009. 109:3. Accessed at: <http://www.adajournal.org/article/S0002-8223%2808%2902185-8/abstract>

^{xii} Wright, JD; Kennedy-Stephenson, J; Wang, CY; McDowell MA; Johnson, CL. *Trends in Intake of Energy and Macronutrients -United States, 1971—2000*. *Morbidity and Mortality Weekly Report*. Center for Disease Control, 2004.

^{xiii} Otten, Jennifer J; Pitz Hellwig, Jennifer; Meyers Linda D. Institute of Medicine. *Dietary Reference Intakes: The Essential Guide to Nutrient Requirement*. The National Academies Press. Washington D.C., 2006.

^{xiv} Rudd Center for Food Policy and Obesity, Yale University. *Fast Food F.A.C.T.S*. New Haven, CT: Rudd Center, 2010.

^{xv} Alliance for a Healthier Generation. *Competitive Foods Guidelines for K-12 Schools*. Washington, D.C.: Alliance for a Healthier Generation, 2009.

^{xvi} Institute of Medicine (IOM). *Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth*. Washington, D.C.: The National Academies Press, 2007.