Policy Position Statement on Food Advertising and Marketing Practices to Children

I. Position
The obesity epidemic in children is an enormous, societal problem with far reaching consequences. Currently, 32% of children are obese or overweight. The American Heart Association (AHA) places a high priority on addressing the nation’s childhood obesity epidemic because childhood obesity usually tracks into adulthood. The projected increase in obesity could reverse much of the progress made in the fight against cardiovascular diseases and stroke. Inappropriate consumption of low nutrient, high calorie foods contributes to energy imbalance. Consequently, the AHA sees no ethical, political, scientific, or social justification for marketing and advertising low-nutrient, high-calorie foods to children and supports efforts to diminish this practice in the United States. Typically, researchers define children as infants (birth to less than 2), preschool (ages 2-5), school age (ages 6-11), and adolescents (ages 12-17). This policy statement particularly relates to children 12 and under who are developmentally less able to comprehend the intent of marketing and advertising strategies, but does not preclude the need to curb strategies targeted at adolescents as well.

The AHA believes Congress should restore to the Federal Trade Commission (FTC) and the Federal Communications Commission (FCC) the ability to regulate marketing of foods and beverages to children. The AHA would support other measures that restrict food advertising and marketing to children including, but not limited to allowing only healthy foods to be marketed and advertised to children, discouraging the product placement of food brands in multiple media technologies, eliminating the use of toys in unhealthy kids’ restaurant meals, using licensed characters on only healthy foods, and not allowing food and beverage advertising and marketing in schools or on educational materials.

The intended effect of advocating for these positions is two-fold: to improve children’s dietary behaviors by reducing the consumption of low-nutrient, high-calorie foods, while promoting consumption of healthy food choices.

II. Rationale
Television and other electronic media are a pervasive influence on children’s lives in the United States. Young people see more than 40,000 advertisements per year on television alone. They are also bombarded with carefully crafted marketing tactics employed in multiple environments such as the Internet, magazines, schools, product placement, incentive programs, video games, social networking sites, podcasts, and cell phones, all designed to improve brand recognition and increase sales. A recent study showed that although food advertising was not all-pervasive on popular kids’ websites, the foods that were promoted were primarily candy, cereal, quick-serve restaurant foods, and snacks. By developing a presence with these established and emerging
technologies, the food industry is reaching children in a domain where parents have little or no oversight or consent.

Although many European countries rigidly control or ban food advertising to children,\(^v\) it is not well regulated in the United States. The food industry spends $15 billion per year on marketing and advertising to children, twice the amount spent a decade before.\(^vi\) Since 1994, U.S. companies have introduced over 600 new children’s food products.\(^vii\) Brand licensing is becoming more and more pervasive, where a program or its licensed characters are used to promote purchase of a particular food. Grocery store shelves are filled with examples such as “Shrek” (ogre-sized) candies, and “Captain Jack Sparrow” sugary cereals. A recent study showed that the majority of cereals marketed to children (66%) did not meet national nutrition standards and were especially high in energy, sugar and sodium when compared to cereals marketed to adults.\(^viii\) From a public health perspective, it would make much more sense to spend these advertising and marketing dollars on the promotion of healthy foods and beverages.

The food industry recognizes that children and adolescents have significant discretionary income and are a powerful consumer segment, spending over $180 billion/year and influencing their parents’ spending for another $200 billion/year.\(^ix\)\(^x\) Unfortunately, children tend to spend their discretionary income on high-calorie, low nutrient-dense foods\(^xi\) and advertising certainly leads them in this direction. A recent study assessing the typical Saturday morning children’s programming showed that of the ads promoting food products, 43% fell in the fats, oils, and sweets group, fast-food restaurant advertising accounted for 11% of the advertisements, and there were no advertisements for fruits and vegetables.\(^xii\) Other research shows that exposure to food advertisements produced substantial and significant increases in energy intake in all children and the increase was largest in obese children.\(^xiii\) Aggressive advertising of high-calorie, low nutrient-dense foods, (foods that are readily available in corner markets and low-income neighborhoods), contributes to higher consumption of those foods and thus is an important causative factor in the obesity epidemic.\(^xiv\)

In addition to advertising, the packaging on less healthy foods is often misleading to parents and children. For example, in one study, nearly two thirds of highly-advertised children’s food products that had images of or references to fruit on the package, yet these products contained little or no fruit and were high in added sweeteners.\(^xv\)

Advertisers emphasize emotion rather than reason – a developmentally appropriate strategy – in appealing to children: fun/happiness and play; fantasy/imagination; social enhancement/peer acceptance; and ‘coolness’.\(^xvi\) The food industry predicates its advertising and marketing strategies on extensive internal research that identifies what is most compelling to children at different development ages; product use (purchase) is based on encouraging children to use foods for empowerment, fun and social acceptance, not for their nutritional value or health consequences.

The influence of food advertising has a particularly adverse impact on at-risk children. Research indicates that children from lower socioeconomic classes, where obesity rates are higher, report more television viewing than children in higher socioeconomic classes,\(^xvii\) increasing their
exposure to advertising, as well as reducing their physical activity. Racial/ethnic minorities are attractive audiences for industry, because of their large numbers and purchasing power.xviii The food industry is looking to establish brand identity at an early age, which promotes life-long adherence to potentially unhealthy patterns of consumption.

Some would argue against increased regulation of food advertising and other marketing practices to children, proposing that it furthers establishment of the “nanny state,” whereby a government entity is trying to control too much of our lives. These same arguments were made by those who argued against banning cigarette advertising, smoke free laws, and seat-belt regulation. Decades after these types of laws have been in existence however, there is a clear indication that they have markedly improved public health, which is an unquestionable benefit to individuals and society. If the United States is to effectively address the obesity epidemic, regulating food marketing and advertising to children should be one of the key prevention strategies. These promotional tactics impact the environment in which young people make important purchasing decisions, establishing patterns of consumption that will have life-long health effects.

III. The Current Landscape
The FCC and the FTC share most of the authority for regulating advertising and marketing to all segments of the American population, including children. In the late 1970s, the FCC responded to a petition from Action for Children’s Television (ACT), a grassroots organization dedicated to improving children’s television, and established regulations that did the following: limited the total amount of time during children’s television programming that could be devoted to commercials; required a clear separation between program and commercial content; and restricted selling by program characters within program content.xix Reinforcing this decision, the FTC, in 1978, stated that advertising directed to children who were too young to understand the principles of advertising was unfair and deceptive.xx Unfortunately, this decision came during a general climate of deregulation and, upon pressure by food, toy, broadcasting, and advertising industries, Congress passed the 1980 FTC Improvements Act, which rescinded the FTC’s authority to regulate advertising categorized as “unfair” and limited its policies for advertising to children.

Currently, the FTC maintains authority to regulate “deceptive” advertising, but Congress’s restrictions undercut the potential of broader regulation pertaining to advertising for children, such that advertising to children is regulated only on the basis of deceptive practices. For adults, it is regulated on both deceptive and unfair practices. Thus, ironically, a much higher regulatory bar is set for children than for adults.xxv Other forms of marketing to children are regulated to an even lesser degree than advertising.

In 1984, the FCC “rescinded all restrictions on the amount of commercial content” and established a self-regulatory policy for the food industry that remains in effect today.xxvi The Children’s Advertising Review Unit (CARU) was created in 1974 to provide oversight as an alternative to more stringent government regulation and its influence has grown steadily.xxvii CARU is funded by the advertising industry, with its purview on child-directed advertising and promotion in the media. In 2007, to stave off pressure from CSPI lawsuits and the threat of greater government regulation posed by the task force, eleven major food companies announced
detailed voluntary pledges to restrict advertising to children and opened their marketing plans to the Better Business Bureau and CARU. There is, however, real concern about CARU’s ability to enforce these pledges, since the commitments are only voluntary. Participating companies may sidestep these agreements with little repercussion. Additionally, many major industry members are not participating in the agreement. The current voluntary guidelines do not outline specific nutrition standards for foods that can or cannot be marketed and the current guidelines do not cover the entire range of marketing strategies used to reach children.

On a positive note, the Children’s Television Act of 1990 reinstated commercial time limits, but there is no restriction on the content in those advertising windows.

In 2005, the Institute of Medicine undertook a comprehensive study of the science-based effects of food marketing on the diets of children and adolescents and published a report with an extensive set of findings. The overarching conclusions were that, along with many other intersecting factors, food and beverage marketing does influence the diet of children and youth, increasing health risks. Current food and beverage marketing practices for children do not promote healthy dietary habits.

The American Academy of Pediatrics (AAP) published a position statement on the impact of advertising on children and adolescents, stating that exposure to current food advertising contributes significantly to childhood and adolescent obesity, poor nutrition, and cigarette and alcohol use. Among many recommendations, the AAP called for Congress and the FCC to do the following: decrease the amount of commercial advertising time permitted during children’s programming from 10-12 minutes/hour to 5-6 minutes/hour; prohibit interactive advertising to children on digital television; and ask Congress to ban the advertising of unhealthy foods completely during children’s programming.

Many other groups also oppose food advertising to young children including the American Psychological Association, the Center for Science in the Public Interest (CSPI), Children Now, and the American Medical Association. Children Now maintains that the comprehensive media environment should provide children with content that supports their healthy development, protects them from potential harm and teaches them how to make good choices forming a pattern for life-long consumption.

In 2006, the FCC convened a task force entitled, “Media and Childhood Obesity: Today and Tomorrow” to gather feedback on food industry marketing activities and expenditures targeted to children and adolescents. The agency task force was established by a Congressional mandate in response to growing concerns about the adverse impact of product marketing on children’s health. The initiative is spearheaded by Senator Sam Brownback, FCC chairman Kevin Martin and FCC Commissioner Deborah Taylor Tate. The task force includes representation from consumer advocacy groups, health experts and industry. Although it gathered information through public comment and subpoenas to industry, the task force does not seem to be making headway in producing a final report. The task force’s final report has been delayed in publication since fall 2007.
IV. Summary Policy Recommendations
The American Heart Association supports efforts to limit the marketing and advertising of low-nutrient, high-calorie foods and beverages to children.

Specific Recommendations:
1. Congress should restore the FTC and FCC to their full capacity to regulate marketing to children. At minimum, as the third-party oversight system continues over the short term, the goal should be to strengthen enforcement as much as possible to minimize non-compliance and establish uniform nutrition standards for foods that can be marketed and advertised to children.

2. Only healthy foods should be advertised and marketed to children (these foods would include fruit, 100% fruit juice, vegetables, low fat dairy products, and whole grain foods). Implicit in this is that foods that are advertised meet criteria that AHA has set for nutrients that affect CVD risk (i.e., saturated fat, trans fat, cholesterol, fiber). Additionally, advertising of healthy foods to children should include positive messages about physical activity.

3. Product placement of food brands should be discouraged in the multiple media technologies including movies, videogames, advergaming, social networking sites, cell phones, Podcasts, and television programming geared to children.

4. Toy companies and the movie industry should not be able to partner with fast-food companies to market unhealthy meals to children.

5. Licensed characters should only be used to market healthy foods to children.

6. Advertising, marketing and brand awareness strategies used by industry should not be allowed in schools or on educational materials.

V. Conclusion
Within the public health community there is growing consensus and public pressure to regulate food marketing and advertising to children to promote healthy choices and consumption. Although greater federal regulation would add expense – expense which might be passed along to consumers – for advertisers, the television industry, and the food industry, the health benefit to society would justify this investment. Additionally, to the degree that industry is not marketing its products to children, there may be cost-savings passed to consumers. Whereas freedom of speech is a cornerstone of our democracy, the health and well-being of our children is the foundation for the future of our nation. Government, working with parents, has a particular obligation to safe-guard the health of children.
References:


Center for Science in the Public Interest, Decreasing the marketing of low-nutrition foods to children. Available at: [http://www.cspinet.org/nutritionpolicy/policy_options.html#DecreaseMarketingToChildren](http://www.cspinet.org/nutritionpolicy/policy_options.html#DecreaseMarketingToChildren) (accessed on February 20, 2008).


