

## Effects of Food Marketing to Kids: I'm Lovin' It?

Eileen Salinsky, *Principal Research Associate*

**OVERVIEW** — *This issue brief reviews key findings and recommendations from the Institute of Medicine study on food marketing and its effects on childhood obesity. The brief describes the childhood obesity epidemic, discusses key trends associated with rising childhood obesity rates, and considers the relative role of marketing practices on diet and obesity within the broader context of complex contributory factors. The brief also summarizes the current legal framework for regulating marketing directed at children; discusses voluntary, self-regulatory mechanisms; and highlights proposals to re-orient marketing practices to combat childhood obesity.*

## Effects of Food Marketing to Kids: I'm Lovin' It?

Anyone who has ever shared a grocery store aisle with a child has likely heard the anguished pleas and frantic demands for the junk food du jour: "Pleeeeeeease, can I have it!!?" Parents seeking to encourage healthy eating habits can feel overwhelmed and completely outmatched by slick, seemingly relentless advertisements hawking the latest high-sugar, high-fat, or high-sodium goodie to their kids. Marketing tie-ins to popular characters near and dear to children's hearts further undermine the comparative appeal of the boring, "spokesprincess"-free apple or carrot offered as an alternative. Such encounters can leave parents yearning for some kind of sanctuary from the barrage of consumer advertising directed at their children.

Yet parents can (and often do) say "NO!" They are free to restrict their children's exposure to advertising and to deny requests for unhealthy products. The food and beverage industries have a legitimate business interest in marketing products that apparently meet broad consumer demands, and they have a constitutionally protected right to provide truthful information about those products to the public. Commercial interests and rights can be curtailed to protect a compelling public interest, but striking an appropriate balance between the public good and constitutionally protected individual or corporate right to freedom of expression can be challenging.

As the nation's childhood obesity rate reaches epidemic proportions, debate has intensified regarding the role that food and beverage marketing has played in shaping the diets and health of children and youth. Congress directed the Centers for Disease Control and Prevention (CDC) to review the evidence base regarding the effect of food marketing on childhood obesity and related chronic health conditions in fiscal year 2004. CDC, in turn, charged the Institute of Medicine (IOM) of the National Academies with exploring these issues. The IOM convened a committee to investigate and their study, *Food Marketing to Children and Youth: Threat or Opportunity?*, confirms the alarming growth in the number of obese children and youth and documents a sobering range of negative health outcomes linked to this trend. The committee's report compiles ample evidence that the prevailing pattern of food and beverage products marketing to children and youth has been focused on products that are high in total calories, sugar, salt, and fat and low in nutrients. Over the past few decades, children have been eating more of these products, and the changes in children's diets are partly responsible for increased rates of childhood obesity.

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202/872-1390  
202/862-9837 [fax]  
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Marketing practices appear to contribute to this dynamic. The IOM found that the existing evidence base was sufficient to establish a relationship between television advertising and children's diets, but it could not establish a direct causal link between commercial advertising and other forms of marketing and increasing childhood obesity rates. In light of the broad range of individual, environmental, cultural, and societal factors that influence childhood obesity and the methodological challenges inherent in disentangling these effects, the IOM committee could not conclude the degree to which marketing has led to changing dietary practices, increased caloric consumption, and weight gain based on available evidence.

The IOM committee convened to study the issue did, however, identify a number of ways that marketing efforts could be redirected to promote children's health, and it laid out discrete steps that could be taken by the food, beverage, restaurant, food retail, entertainment, and advertising industries; the media; parents; schools; and policymakers to move in this direction. This issue brief reviews the key findings and recommendations of the IOM report and provides an update on recent industry and policy efforts to modify food marketing strategies directed at children.

## A GROWING PROBLEM

Obesity rates in children have more than tripled over the past four decades. In 1963 just 4 percent of children aged 6–11 and 5 percent of youth aged 12–19 were obese.<sup>1</sup> By 2003, the rate of obesity had risen to approximately 17 percent for both age groups.<sup>2</sup> An additional 15 percent of children are at risk of becoming obese. These prevalence rates suggest that more than 18 million school-age children and youth in the United States are obese or at risk. The prospects for preschool children are not encouraging; approximately 10 percent of young children aged 2–5 are obese.<sup>3</sup>

### Defining Obesity

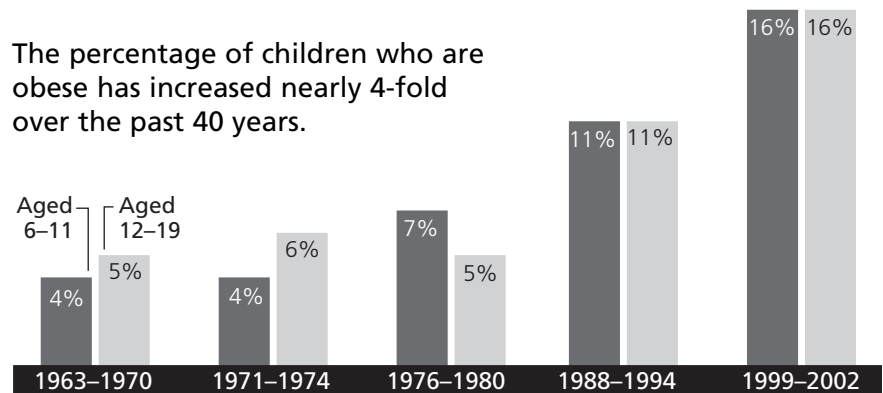
The IOM defines obesity in children as those having a body mass index (BMI) equal to or greater than the 95th percentile of the age- and gender-specific BMI charts developed by the Centers for Disease Control and Prevention (CDC); at risk for obesity is defined as having a BMI between the 85th and 95th percentiles. CDC chose not to include the NHANES III (1988-1994) body weight data in the revised year 2000 BMI standards for children aged 6 years or older, as these data would have shifted the BMI curves upwards, erroneously conveying appropriateness to the higher weights. The CDC uses the terms overweight and at risk for overweight for children according to the same cut-off points.

Childhood obesity is even more common in racial and ethnic minority communities. African-American and Mexican-American children have a greater prevalence of obesity and are at greater risk of becoming obese than are non-Hispanic whites. These disparities in obesity rates become more pronounced with increasing age. Although obesity rates in adults appear to be inversely related to income, racial differences in childhood obesity are not clearly correlated to income inequality. Although the prevalence of obesity in white adolescents is higher among low-income children, no clear relationship between family income and obesity exists in other age, racial, or ethnic subgroups.<sup>4</sup>

The consequences of childhood obesity are severe, influencing children’s mental, physical, and social well-being and resulting in significant health care expenditures. Despite the fact that obesity in children is becoming increasingly common, obese children continue to be stigmatized and discriminated against by their peers, leading to low self-esteem, negative body image, and sometimes depression. The physical disorders associated with childhood obesity include hypertension, glucose intolerance/insulin resistance, and orthopedic problems. Within a decade, it is estimated that more children will have type 2 diabetes than type 1 diabetes.<sup>5</sup> In 2001, an estimated \$127 million was spent on hospital costs for children and youth with obesity-related conditions, representing a three-fold increase over the last two decades.<sup>6</sup>

The negative health outcomes associated with childhood obesity have both short- and long-term implications. Even when clinical symptoms of disease do not appear in childhood, the social, metabolic, and physiological changes related to obesity tend to track into adult life and increase the risk of both premature death and disability. An estimated three-fourths of obese adolescents will be overweight as adults and will thus face the persistent risk of developing diabetes and cardiovascular disease.<sup>7</sup> A growing body of evidence suggests that the brain-body response to stress is conditioned in childhood, and childhood obesity may set the stage for a lifetime of emotional, physical, and social disorders. Childhood obesity may even contribute to the risk of developing certain types of cancer later in life. There is also some evidence that obese children are less likely to continue their education than their lean peers, and therefore face diminished earning potential.

The percentage of children who are obese has increased nearly 4-fold over the past 40 years.



Source: Adapted from Institute of Medicine (IOM), *Food Marketing to Children and Youth: Threat or Opportunity?* December 2006, figure 2-1, p. 2-4.

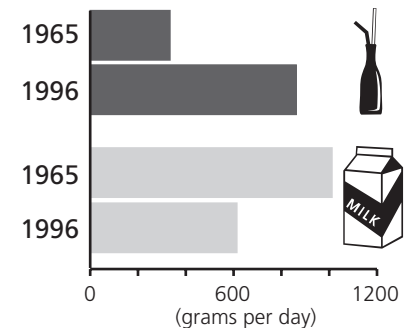
## BALANCING CALORIC CONSUMPTION WITH ENERGY EXPENDITURES

Changing diets have contributed to the rise in childhood obesity, but the impact of these dietary trends relative to declines in physical activity on obesity rates cannot be determined precisely. However, increases in caloric consumption are clear. Total caloric intake has increased substantially over the past 25 years for preschool children and adolescents, and more modest increases have been observed for children aged 6–11. Average daily calorie consumption has increased across age groups more than 6 percent, rising from 1,840 calories in the late 1970s to 1,958 calories in the mid-1990s.<sup>8</sup> This seemingly small increase in daily consumption patterns is significant because obesity can develop from a relatively small daily caloric excess sustained over several months or years.

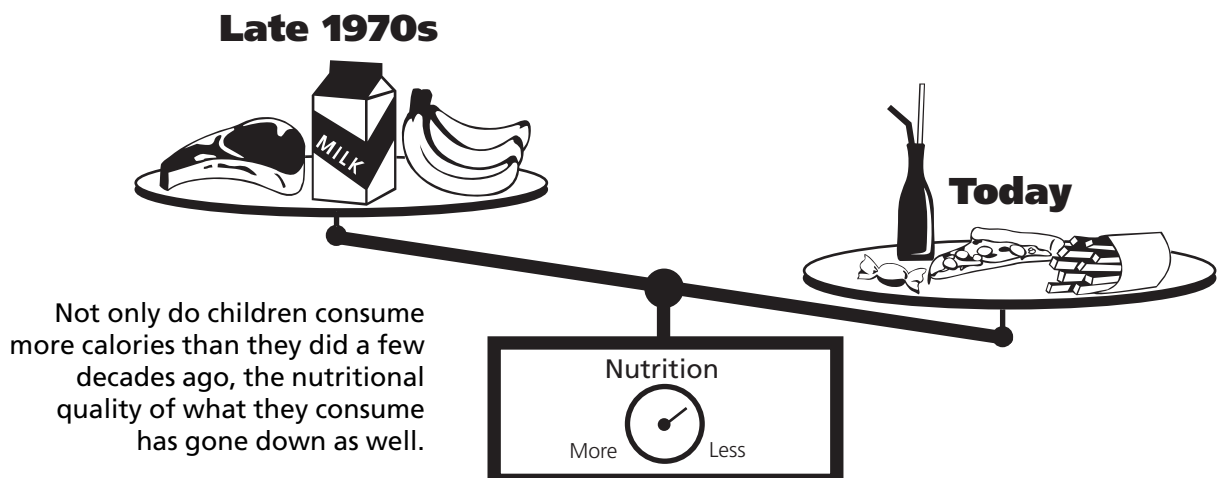
In addition to consuming an increased number of calories, the mix of foods in children’s diets has also changed substantially over the past few decades. Children consume a large proportion of their total calories from foods and beverages that are of high-calorie and low-nutrient value. Today’s children consume more carbonated soft drinks, fruit drinks, candy, french fries, and pizza than they did in the late 1970s. Consumption of milk, beef, and pork declined during the same period. These dietary changes have resulted in increased carbohydrate intake, increased sodium intake, and decreased fat intake (although total fat and saturated fat intake remain at levels that exceed dietary recommendations). Children consume added sugars well above suggested limits and fail to meet daily recommendations for eating vegetables, fruits, and whole grains.

A number of changes in dietary practices are associated with these dietary outcomes. Snacking prevalence has increased, breakfast consumption has decreased, portion sizes have increased, and a greater proportion of total calories are now consumed outside the home. Approximately one-third of children’s daily caloric intake is derived

Between 1965 and 1996, the total amount (in grams per day) of soft drinks that adolescents drink has risen, whereas the amount of milk has fallen.



Source: Adapted from IOM, Food Marketing to Children and Youth, figure 2-4, p. 2-23.



from foods prepared outside the home, increasing more than 60 percent since the late 1970s. “Away from home” eating is distributed fairly evenly across schools (9 percent of total calorie consumption), fast food restaurants (10 percent of total calorie consumption), and other out-of-home locations (13 percent of total calorie consumption). Foods prepared away from home generally contain more total fat and less dietary fiber than foods prepared at home. No single product or trend in eating behavior can be isolated as being “responsible” for driving childhood obesity rates upward. The collective influence of a number of dietary changes for children has contributed to a growing imbalance between “energy in” and “energy out,” thus increasing obesity risk.

Declines in physical activity also appear complicit in increasing energy imbalance and obesity in children, but the magnitude of its role is unclear. Longitudinal data are not available to estimate how children’s energy

expenditure (due to physical activity, metabolic processes, and normal growth and development) has changed over time. The absence of these data makes it difficult to gauge the extent to which declines in physical activity have compounded the observed increases in caloric intake. Many experts believe that children are less active than they were decades ago. The amount of time spent engaged in sedentary pursuits (such as television viewing and video game playing) has increased, while opportunities for physical activity (such as time spent outdoors and physical education during school hours) have declined. While exact changes in the energy in–energy out calculation cannot be reliably measured, it is clear that (i) more children are now experiencing an energy imbalance, (ii) the level of this imbalance appears to be increasing, and (iii) increased calorie consumption has certainly played a significant role.

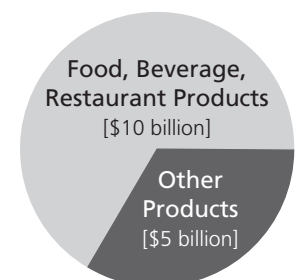
$$\text{Energy IN} > \text{Energy OUT} = \text{Excess WEIGHT}$$

## IS MARKETING TO BLAME?

Commercial advertising and other forms of marketing directed at children have risen in concert with increasing caloric intake, undesirable dietary changes, and escalating obesity rates. Spending on all advertising and marketing directed at children and youth in 2004 totaled approximately \$15 billion. Roughly two-thirds (\$10 billion) of these marketing dollars were spent to promote food, beverage, and restaurant products. The nature of these efforts has also diversified as food and beverage manufacturers have pursued a broad variety of marketing strategies including Internet-based “advergaming,” in-school promotions, and cross-marketing with movies and other forms of entertainment, in addition to the more familiar forms of television advertising.<sup>9</sup>

The scale and breadth of food and beverage marketing directed at children underscores the importance of the childhood and adolescent markets to these industries. Market research suggests that the sales revenue driven by the purchase influence of children and adolescents has increased

Advertising dollars spent on products geared toward children and youth grew to a total of \$15 billion in 2004.



Source: IOM, Food Marketing to Children and Youth, pp. 4-32 and 4-33.

by nearly 70 percent over the last decade, rising from approximately \$295 billion in 1993 to \$500 billion today. Children and youth are an important segment of the consumer goods market because they represent more than one-quarter of the U.S. population, increasingly command discretionary income, are influential in determining household purchases, and are in the formative stages of developing brand loyalty—a key attraction for manufacturers hoping to secure long-term customers and sales revenue.

Industry investments alone are suggestive of the effectiveness of marketing, but strong scientific evidence also documents that advertising influences both the food and beverage preferences and the purchase requests of children.<sup>10</sup> Research also shows that children’s purchase requests exert a significant influence on parental purchase decisions. One study found that children observed in a grocery store with their parents successfully instigated purchases 45 percent of the time. Although a smaller evidence base exists for adolescents (who are more likely to make direct purchase decisions and wield more influence in parental purchase decisions), available research on teens is consistent with these findings.

Although advertising is clearly effective in increasing both requests for and sales of promoted products, the role of marketing in shaping children’s overall diets and influencing their risk of obesity is more ambiguous. Increased exposure to television advertising is associated with both increased dietary intake and increased adiposity in children. In teens, increased advertising exposure has been correlated to increased body weight, but it does not appear to have an independent effect on diet. These findings might tempt some to a where-there’s-smoke-there’s-fire conclusion, but the *causal* effect of marketing on children’s body weight is difficult to prove.

### Gaps in the Evidence Base

The IOM committee indicates that existing evidence suggests a link between exposure to advertising and obesity but found that available research is insufficient to conclusively establish a direct, causal relationship. Experimental studies (which carefully controlled for other variables that might influence diet and BMI) demonstrate that exposure to advertising does directly influence children’s short-term dietary choices independent of other factors. Monitoring longer term dietary patterns and their effect on body weight outside an experimental setting has proven more challenging.

The available evidence base is flawed in a number of respects. Most importantly, existing studies focus almost exclusively on the impact of television advertising, generally use overall television viewing time as a proxy for exposure to advertising, and do not fully control for the influence of other factors, such as physical activity and parental dietary habits. Children’s exposure to televised advertisements for foods actually appears to have declined somewhat from the 1970s, as promotions for other television programs, movies, games, and other products command a greater proportion of television ad time.<sup>11</sup>

At the same time, the increasingly diverse array of marketing techniques being used to target children, such as Internet-based promotions and product placement across multiple media, make it difficult to gauge children's overall exposure to food marketing messages. Industry analysts project a five-fold increase in expenditures on advergames by 2009.<sup>12</sup> Recently released research sponsored by the Kaiser Family Foundation<sup>13</sup> found that among 96 food brands selected for study because they are among the heaviest advertisers of foods during children's television programming, 85 percent had a corporate or brand Web site that would likely appeal to a young audience. The clear majority of corporate sites (73 percent) included at least one advergame. Some type of brand mark or identifier was included in 97 percent of the games analyzed. While these data hint at the importance of newer forms of marketing, the scale, reach, and effectiveness of these techniques are not well documented.

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Because exposure to marketing—whether through television, videogames, the Internet, or other forms of entertainment—is linked to sedentary activity, it is quite challenging to tease out the independent effect of marketing on obesity rates. The IOM committee concluded that if any direct causal relationship between exposure to marketing and childhood obesity exists, the independent influence of marketing is likely to be small given the broad range of variables that affect body weight. However, the committee also noted that even a small influence, aggregated over the entire population of children and youth, would represent a significant concern.

Although the IOM committee did not feel it could isolate and measure the relative influence of marketing on rising obesity rates, the committee strongly encouraged food and beverage manufacturers, restaurants, the advertising industry, policymakers, schools, communities, and parents to use marketing strategies to promote healthier nutritional choices for children. Despite limitations in the evidence base, the power of mass media to influence children's attitudes and behaviors has intuitive appeal. The IOM committee proposed a number of voluntary measures to redirect marketing activities away from high-calorie, low-nutrient foods and beverages and suggested that legislative mandates might be needed if voluntary efforts were unsuccessful (see "Future Directions").

## EXISTING REGULATORY FRAMEWORK

As a form of commercial speech, advertising is protected by the constitutional right to freedom of expression. In order to enjoy First Amendment protections, commercial speech must concern lawful activity and not be misleading. Statutory, judicial, and administrative laws forbid the use of unfair or deceptive claims in advertising and allow for government regulation to guard against false advertisement. Further government regulation of truthful commercial speech is permissible provided that the



governmental interest in such regulation is substantial, the regulation directly advances the governmental interest, and the regulation is not more extensive than is necessary to serve that interest.

Although First Amendment concerns limit regulation of paid advertising, some degree of governmental oversight does occur. Both the Federal Trade Commission (FTC) and the Federal Communications Commission (FCC) play important roles in regulating consumer advertising. The FTC is broadly authorized to regulate unfair or deceptive commerce practices and specially authorized to intervene in cases of false advertisement related to food products. The FCC is authorized to regulate broadcast media to ensure that broadcasters act in the public interest. Because the broadcast frequencies on television and radio are considered a scarce resource that broadcasters hold in trust for the general public and are uniquely pervasive in reaching the broad population, the constitutionality of regulations related to the broadcast media are generally held to distinct, less restrictive First Amendment standards, which give the FCC more regulatory latitude relative to the FTC.

Regulatory bodies and the courts have recognized the special status and cognitive limitations of children in determining the lawfulness of child-oriented advertising practices and the regulation of such practices. In order to achieve mature comprehension of advertising messages, children must be able to both distinguish commercial from noncommercial content and attribute persuasive intent to advertising. Although children begin to differentiate ads from entertainment content as early as three years of age, children generally do not develop the ability to attribute persuasive intent to advertising until the age of seven or eight.<sup>14</sup> Because they lack the ability to discern the self-interested claims of advertisements and cannot reasonably be expected to assume the “buyer beware” attitude common among adults, regulatory bodies have enacted special rules related to advertising directed toward children.

As the steward of a public resource, the FCC has relatively broad power to promulgate specific rules to protect the interests of children. FCC rules enforcing the Children’s Television Act<sup>15</sup> limit the duration of ads in children’s television programming on the broadcast networks to not more than 10.5 minutes per hour on weekends and not more than 12 minutes per hour on weekdays. The FCC also prohibits the broadcast of commercials for products during any children’s programming associated with that product, a practice known as host selling. For example, FCC fined a television station for airing an ad for a Disney product during an episode of a Disney cartoon show. This type of regulation is motivated by young children’s cognitive limitations in distinguishing program content from commercial messages.

In light of the special constitutional status of the broadcast media as a public resource, FCC generally has more regulatory latitude relative to FTC oversight of other media-based marketing practices. Government

efforts to restrict truthful, nonmisleading advertising to children outside of the broadcast media face a more stringent First Amendment test than FCC regulations. The courts have rejected some types of regulatory efforts largely because the restrictions imposed interfered with marketers' legitimate interest in communicating with adults. For example, in a recent case related to the regulation of advertising tobacco products to children, the court found that although the government has a compelling interest in protecting the health of children, its regulations must respect the integrity of communications between an advertiser and adults. The court's ruling stated that regulatory activities may not "reduce the adult population...to reading only what is fit for children."<sup>16</sup> In contrast, in the special case of broadcast media, government regulation can infringe on marketers' rights to communicate with adults in order to ensure the protection of children.

As the media outlets accessed by children increasingly diversify beyond the broadcast networks, existing FCC efforts to regulate child-oriented advertising will have a diminishing impact and FTC rules will take on even more importance. FTC regulations to protect children have significantly broader reach than FCC rules, as they apply to all forms of promotion directed to children, regardless of dissemination media. To date, the FTC's regulation of the Internet, along with cable, satellite, and other forms of "subscription-based" television, through the Children's Online Privacy Protection Act (COPPA),<sup>17</sup> has been subject to ordinary First Amendment principles. This stringent constraint has largely limited FTC's authority in regulating child-oriented advertising to the prevention of misleading and deceptive practices.<sup>18</sup>

In crafting and enforcing rules related to defining misleading and deceptive practices, the FTC evaluates the legality of ads directed at children based on how they are perceived by children, rather than by adults. The FTC has required child-oriented ads to disclose relevant information in a manner understandable to children. In enforcing the Telephone Disclosure and Dispute Resolution Act,<sup>19</sup> the FTC also specifically prohibits marketers from directing advertising for pay-per-call services at children under the age of 12 years unless the ad is for an educational service. The FTC has issued rules related to Web site collection of personal information from children, including disclosures regarding privacy policies and parental permission requirements.

Earlier efforts to enact more expansive federal regulation of child-oriented advertising were derailed by constitutional concerns. In 1978, the FTC initiated a rulemaking process known as "Kidvid" that would have significantly restricted or completely banned television advertising to young children. The rule was grounded in the notion that any advertising directed at young children is, by definition, unfair because of children's inability to discern persuasive intent. Congressional pressure led the FTC to withdraw its proposed rule and the Commission concluded that it

would be difficult to proceed with the ban without infringing on First Amendment rights. The FTC officially terminated KidVid when Congress formally barred the Commission from promulgating any broad advertising ban based exclusively on the inherent unfairness of advertising to young children. Advertising bans have been adopted in other countries, such as Sweden and Norway, and in the Canadian province of Quebec, but the impact of these policies has not been formally evaluated. However, limited evidence suggests that national borders may not serve as effective barriers to children's broadcast media and advertising where it is common for other countries to transmit broadcasts that do not need to comply with the advertising bans.

## INDUSTRY SELF-REGULATION

In addition to government regulation of child-oriented advertising, the advertising and food and beverage industries have adopted voluntary, self-regulatory standards that seek to ensure that marketing directed at children is not inappropriately manipulative. Industry self-regulation has the potential to address concerns more immediately and responsively than government intervention. Self-regulation is particularly important in areas where the FCC, FTC, and other agencies lack legal authority.

The Children's Advertising Review Unit (CARU) was established by the advertising industry in 1974 to set parameters for responsible advertising practices to children ages 12 years and younger.<sup>20</sup> CARU is funded by annual fees paid by companies who advertise to children, is operated by the Council of Better Business Bureaus (CBBB), is jointly governed by CBBB and the major advertising associations, and receives guidance from an advisory board of experts in education, child development, nutrition, mental health, and other relevant disciplines. CARU is charged with ensuring that all advertising targeted to children under the age of 12 is truthful, accurate, and takes into consideration young children's cognitive abilities.

CARU has issued guidelines that clarify the basic principles and practices that represent responsible marketing to children. The guidelines are broadly oriented to any type of advertising directed at children, are not focused solely on food and beverage products, and do not identify particular food products that should not be marketed to children. Rather, the guidelines prohibit techniques that might confuse children or undermine parental authority. For example, they specify that advertisers should not exploit the imaginative quality of children by promoting unrealistic expectations of product quality or performance and they prohibit ads that urge children to "ask your parents" to buy the product. Like FCC regulations, CARU guidelines do not prohibit the use of licensed cartoon characters and other entertainment-related tie-ins, but they do require a clear separation of entertainment programming from

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paid advertising. The guidelines also require depictions that convey “sound” use of the product, including requiring an accurate portrayal of the role of the product within the framework of a balanced diet and prohibiting encouragement to eat excessive amounts of food.

Consistent with the voluntary nature of CARU guidelines, compliance with these standards largely rests on goodwill among industry, although CARU does engage in some limited enforcement activities. CARU’s six-person staff reviews approximately 1,000 television commercials each month, along with print and radio ads and Web sites. Over the past 30 years, more than 1,200 child-directed ads have been investigated. Companies found to have violated CARU guidelines are identified in a press release, and their violation can be referred to the FTC if a regulatory infraction is identified. CARU itself does not impose fines or other penalties on violators.

Advocates have questioned the effectiveness of CARU efforts, citing both problems with current enforcement activities and inadequacy in the scope of existing guidelines. At a workshop convened by the Department of Health and Human Services (HHS) and FTC on July 14–15, 2005, consumer advocates raised a variety of concerns related to CARU’s current operational practices. These concerns included charges that CARU is not adequately staffed to effectively monitor the volume of ads being run, does not provide the public with accessible mechanisms to file complaints, does not solicit input from consumer advocates, and does not have the authority to issue appropriate sanctions against advertisers who fail to comply with guidelines. Advocates noted that the guidelines themselves need to be updated to respond to newer forms of advertising and marketing, such as in-school promotions, advergames, and “viral” (peer-to-peer) marketing. CARU has taken steps to respond to these concerns, including developing a Web site to collect public complaints, and it has convened a formal industry workgroup to conduct a comprehensive review of its guidelines.

Individual companies and the industry trade association, such as the Grocery Manufacturers Association (GMA), have their own policies related to child-oriented marketing and some are placing increasing emphasis on healthier options in both their product portfolios and promotional strategies. Innovations in food and beverage products include new product introductions (for example, snacks that feature whole grains), product reformulations (for example, *trans* fat-free baked goods), new packaging (for example, single serving bags), and new labeling (for example, special logos to highlight product choices meeting specific nutritional guidelines).

A number of companies are also reconsidering their child-oriented marketing practices in order to limit advertising of low-nutrition food or, conversely, to increase the visibility of more nutritious offerings. For example,

**The effectiveness of the Children’s Advertising Review Unit has been questioned based on the adequacy of both enforcement activities and scope of guidelines.**

the major soft drink manufacturers recently announced their decision to discontinue school-based sales and advertising of sweetened carbonated beverages in elementary schools. Similarly, Kraft has a long-standing policy not to advertise to children under the age of 6. The company recently decided to limit its television and Internet advertising directed at older children (aged 6–11 years) to those products meeting Kraft's nutritional standards (which are identified by its Sensible Solutions logo). These types of efforts are motivated by a growing consciousness among food and beverage manufacturers regarding the problems of childhood obesity, savvy business decisions based on changing consumer attitudes and product expectations, and concerns regarding the potential for increased government scrutiny.

## FUTURE DIRECTIONS

While industry-sponsored efforts suggest promising new directions in child-oriented marketing, regulators and experts believe that even more could be done to harness the creativity of food marketers to encourage children and their parents to make choices that support healthy diets. The IOM committee studying this issue strongly encouraged industry to continue expanding healthy product offerings and to accelerate efforts to shift marketing activities toward these more nutritional foods and beverages. The committee concluded that voluntary industry efforts were likely to be more feasible and expedient than increased government regulation, but it also recommended that regulatory interventions might be needed in the future if industry efforts appear inadequate.

Specifically, the committee recommended that if voluntary efforts related to children's television programming are unsuccessful in shifting the emphasis away from high-calorie and low-nutrient foods and beverages to the advertising of healthful foods and beverages, then Congress should enact legislation mandating the shift on both broadcast and cable television. In order to create some incentives for voluntary action by manufacturers, restaurants, and advertisers, the committee called on industry associations to incorporate more proactive principles in their self-regulatory guidance and suggested that exemplary performance should be recognized through formal awards.

Government agencies have also called for changes in food marketing practices. Prior to the release of the IOM report, a forum on "away-from-home foods" convened by the Food and Drug Administration (FDA) in December 2004 identified many of the same recommendations ultimately made by the IOM committee. In April 2006, shortly after the release of the IOM report, the FTC and HHS issued recommendations to CARU regarding specific ways that self-regulatory guidelines and enforcement processes could be improved to ensure responsible advertising of food and beverages to children. These recommendations include (i) expanding the CARU advisory board to add more individuals with expertise in fields related

to childhood obesity (such as nutrition), (ii) providing more direct mechanisms for parents and others to file complaints, (iii) making information about investigations and infractions more readily available, (iv) and evaluating the sufficiency of staffing resources. The agencies called on CARU to reassess the scope of marketing activities covered by self-regulation and to reconsider what types of sanctions should be instituted to deter violations, particularly repeated violations. The FTC and HHS also suggested that CARU consider some far-reaching options to reorient advertising practices to combat childhood obesity, and they asked CARU to consider the feasibility of establishing minimum nutritional standards for foods marketed to children; creating an independent third-party seal or logo program to identify more nutritious, lower-calorie foods; and limiting the product placement of foods in certain media.

Although much of the emphasis has been placed on industry self-regulatory efforts, the IOM committee did recommend a direct public sector role in promoting health dietary choices through social marketing campaigns. Like general marketing, social marketing seeks to influence the behavior of the audience. Rather than promoting the purchase of a particular product, social marketing promotes behaviors, such as healthy eating, that benefit the health and well-being of the audience and society as a whole. The committee determined that schools and government agencies could be more active in educating parents and children about healthy diets and proposed that additional public resources should be invested in the development of social marketing campaigns, including market research to assess the best way to communicate relevant messages to parents and children.

“Public service announcements” abound, but they often lack the sophistication and engaging appeal of commercial advertising. In order to improve the reach and impact of publicly sponsored social marketing, the committee called for better collaboration between the public and the private sector. Improved collaboration is necessary to ensure that privately funded market research, expertise, licensed characters, and media outlets be made more readily available to organizations seeking to develop and disseminate public service messages. Evaluations of social marketing campaigns, such as CDC’s VERB campaign (which received no Congressional budget in fiscal year 2006 and will officially end in September 2006), suggest that these types of campaigns using applied marketing strategies can be very effective. However, ensuring successful outcomes requires formative research to carefully develop messages targeting the intended audience’s culture, beliefs, and preferences; sustained funding; integrated marketing techniques; and ongoing monitoring and evaluation. By partnering with successful marketers and utilizing the communication techniques and marketing research data employed by

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commercial interests, social marketing campaigns can craft targeted messages that resonate and influence behaviors.

Models of public-private collaboration related to marketing of healthier diets already exist. For example, the Ad Council has developed a “Can Your Food Do That?” campaign with funding from HHS that encourages kids to see healthy foods as appealing snack choices. The Ad Council is a private, nonprofit organization that develops public service advertising and is funded by private donations and public grants. In developing its campaigns, the Ad Council relies heavily on the volunteer efforts of advertising agencies to develop ad content and on donated media air time and print space to broadcast announcements. In a similar example of public-private cooperation, Nickelodeon has recently announced plans to license the use of some of its most popular characters, like SpongeBob Squarepants and Dora the Explorer, for use in marketing fruits and vegetables.

## CONCLUSION

The convergence of the growing number of children burdened by obesity with the expanding evidence base on obesity’s emotional, physical, and economic toll has heightened policymakers’ sense of urgency to address this problem. Given the broad range of individual and societal factors influencing childhood obesity, action will be required along multiple fronts in order to reverse the current trends. The power of mass media and commercial advertising clearly has a role to play in combating the epidemic.

Policymakers will be closely monitoring voluntary efforts by the food, beverage, advertising, and broadcast industries to determine whether additional government intervention is warranted. An outright ban of advertising to children is unlikely in light of prevailing constitutional interpretations. However, more targeted regulatory restrictions regarding the form and content of child-oriented food and beverage advertising may be necessary if self-regulatory efforts are deemed unsuccessful.

Independent of policy decisions related to the regulation of commercial advertising, opportunities regarding public investment in social marketing campaigns to promote healthy dietary choices must also be considered. Such budgetary decisions will likely hinge on the extent to which private sector initiatives are viewed as effective. The topic of food and beverage marketing to children often elicits strong feelings and an adversarial dynamic. However, meaningful efforts that leverage the unique contributions and perspectives of both public and private partners would hold tremendous promise for improving the health of our nation’s children.

## ENDNOTES

1. Institute of Medicine (IOM), *Food Marketing to Children and Youth: Threat or Opportunity?* December 2006, 2-3.
2. C. L. Ogden *et al.*, "Prevalence of Overweight and Obesity in the United States, 1999-2004," *JAMA*, 295, no. 13 (April 5, 2006): 1549.
3. IOM, *Preventing Childhood Obesity: Health in the Balance*, September 2004, 2-3.
4. IOM, *Food Marketing to Children and Youth*, 2-32.
5. IOM, *Preventing Childhood Obesity*, 77. Type 2 diabetes was previously referred to as adult-onset diabetes, and type 1 diabetes was previously called juvenile-onset diabetes.
6. IOM, *Preventing Childhood Obesity*, 82.
7. IOM, *Preventing Childhood Obesity*, 78.
8. IOM, *Food Marketing to Children and Youth*, 2-12.
9. IOM, *Food Marketing to Children and Youth*, 4-32 and 4-33.
10. It is not clear that the relationships observed between advertising and food preferences, purchase requests, and purchase decisions would hold for marketing geared to the promotion of more healthy food and beverage options. The evidence base focuses almost exclusively on high-calorie, low-nutrient food, reflecting both the predominance of these products in the prevailing advertising environment and researcher-driven decisions in designing experimental studies.
11. *Perspectives on Marketing, Self-Regulation, & Childhood Obesity*, report on a joint workshop (held in July 2005) of the Federal Trade Commission and the Department of Health and Human Services, April 2006, p. 9; available at [www.ftc.gov/os/2006/05/PerspectivesOnMarketingSelf-Regulation&ChildhoodObesityFTCandHHSReportonJointWorkshop.pdf](http://www.ftc.gov/os/2006/05/PerspectivesOnMarketingSelf-Regulation&ChildhoodObesityFTCandHHSReportonJointWorkshop.pdf).
12. Elizabeth S. Moore, *It's Child's Play: Advergaming and the Online Marketing of Food to Children*, A Kaiser Family Foundation Report, July 2006, 1; available at [www.kff.org/entmedia/upload/7536.pdf](http://www.kff.org/entmedia/upload/7536.pdf).
13. Moore, *It's Child's Play*, 27.
14. IOM, *Food Marketing to Children and Youth*, 5-61.
15. Public Law No. 101-437, 104 Stat. 996 (1990).
16. *Butler v. Michigan* (1957); IOM, *Food Marketing to Children and Youth*, 6-22.
17. 15 U.S. Code 6501-6506 (2002).
18. Deception is defined under section 5 of the FTC statute, 15 U.S. Code §45, as a representation, omission, act, or practice that is likely to mislead consumers to act reasonably under given circumstances or affect consumers' conduct or decisions with respect to a product.
19. Public Law No. 102-556, 106 (1992) Codified at 15 U.S. Code 5701.
20. *Perspectives on Marketing, Self-Regulation, & Childhood Obesity*, 40.



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