PREVALENCE OF OBESITY AMONG U.S. CHILDREN AND ADOLESCENTS
DATA FROM NHES, NHANES

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WHY??

Figure 2

Calories from the Per Capita U.S. Food Supply, Adjusted for Spoilage and Waste, Increased 21 Percent Between 1970 and 1994

Three-quarters of that increase occurred between 1984 and 1994

Calories per person per day

4,000

3,500

3,000

2,500

2,000


Total U.S. food supply¹

¹Rounded to the nearest hundred.

Source: USDA’s Center for Nutrition Policy and Promotion; USDA’s Economic Research Service.

Putnam J. Food Review 1999;22(3):2
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4,000
3,500
3,000
2,500
2,000

1957
1967
1977
1987
1997

% obese 12-19 yr

Total U.S. food supply

NHES 1966-70
NHANES 1971-74
NHANES II 1976-80

NHANES 1988-94
NHANES 1999-2000

1 Rounded to the nearest hundred.

Source: USDA's Center for Nutrition Policy and Promotion; USDA's Economic Research Service.

Putnam J. Food Review 1999;22(3):2
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Calories per person per day

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<thead>
<tr>
<th>Year</th>
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<tbody>
<tr>
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2-18 yr intake
CSFII 1977-78 to 1994-96
↑ by 194 kcal/d

Source: USDA's Center for Nutrition Policy and Promotion; USDA's Economic Research Service.

1 Rounded to the nearest hundred.

Putnam J. Food Review 1999;22(3):2
3500 extra kcal = 1 pound of body fat
Obesity 3

Quantification of the effect of energy imbalance on bodyweight

Kevin D Hall, Gary Sacks, Dhruva Chandramohan, Carson C Chow, Y Claire Wang, Steven L Gortmaker, Boyd A Swinburn

Obesity interventions can result in weight loss, but accurate prediction of the bodyweight time course requires properly accounting for dynamic energy imbalances. In this report, we describe a mathematical modelling approach to adult human metabolism that simulates energy expenditure adaptations during weight loss. We also present a web-based simulator for prediction of weight change dynamics. We show that the bodyweight response to a change of energy intake is slow, with half times of about 1 year. Furthermore, adults with greater adiposity have a larger expected weight loss for the same change of energy intake, and to reach their steady-state weight will take longer than it would for those with less initial body fat. Using a population-averaged model, we calculated the energy-balance dynamics corresponding to the development of the US adult obesity epidemic. A small persistent average daily energy imbalance gap between intake and expenditure of about 30 kJ per day underlies the observed average weight gain. However, energy intake must have risen to keep pace with increased expenditure associated with increased weight. The average increase of energy intake needed to sustain the increased weight (the maintenance energy gap) has amounted to about 0.9 MJ per day and quantifies the public health challenge to reverse the obesity epidemic.

= 215 kcal

Declining Rates of Physical Activity in the United States: What Are the Contributors?

Department of Community Health and Prevention Research Center, Saint Louis University
School of Public Health, St. Louis, Missouri 63104; email: brownson@slu.edu, boehmert@slu.edu, dluke@slu.edu

TIME TRENDS On the basis of available data from YRBS, rates of physical activity among youth appear to be relatively stable over the past decade
When yields rise, the market is flooded with grain, and its price collapses. As a result, there is a surfeit of cheap calories that clever marketers sooner or later will figure out a way to induce us to consume.

Michael Pollan
New York Times
Sunday Magazine
12 October 2003
MILESTONES IN OBESITY

1973

• worldwide grain shortage
• unprecedented food price inflation
• Nixon/Butz administration changes farm policy
FATAL HARVEST
THE TRAGEDY OF INDUSTRIAL AGRICULTURE
Figure 2
Calories from the Per Capita U.S. Food Supply, Adjusted for Spoilage and Waste, Increased 21 Percent Between 1970 and 1994
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2-18 yr intake
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Source: USDA's Center for Nutrition Policy and Promotion; USDA's Economic Research Service.

Putnam J. Food Review 1999;22(3):2
How did the food industry get us all to consume an extra 200 kcal/day?

• increased dietary added sugars
  – high-fructose corn syrup
  – sugar-sweetened beverages
• increased portion sizes
• increased caloric density
  – fast food
• relentless marketing, especially to children
How did the food industry get us all to consume an extra 200 kcal/day?

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Soft drink consumption and obesity: it is all about fructose
George A. Bray

U.S. fructose consumption rises by 30% since HFCS is introduced in the 1970s

Am J Clin Nutr 2004;79:537

Purpose of review
The purpose of the review is to suggest that fructose, a component of both sucrose (common sugar) and high fructose corn syrup, should be of concern to both healthcare providers and the public.

Recent findings
Consumption of sugar-sweetened beverages has increased steadily over the past century and with this increase has come more and more reports associating their use with the risk of overweight, diabetes and cardiometabolic disease. In a meta-analysis of the relationship between soft drink consumption and cardiometabolic risk, there was a 24% overall increased risk comparing the top and bottom quantiles of consumption. Several factors might account for this increased risk, including increased carbohydrate load and increased amounts of dietary fructose. Fructose acutely increases thermogenesis, triglycerides and lipogenesis as well as blood pressure, but has a smaller effect on leptin and insulin release than comparable amounts of glucose. In controlled feeding studies, changes in body weight, fat storage and triglycerides are observed as well as an increase in inflammatory markers.

Summary
The present review concludes on the basis of the data assembled here that in the amounts currently consumed, fructose is hazardous to the cardiometabolic health of many children, adolescents and adults.

Keywords
beverages, health risk, high fructose corn syrup, obesity, sucrose, weight gain
Beverage intake (grams/day), males 12-19 years of age

- ◆ fruit juice
- ■ fruit drinks
- ▲ soda

1977/78: 4.7
1989/91: 11.4
1994/96,98: 16.7
**HFCS in the U.S. diet**

- contribution to total energy intake of:
  
<table>
<thead>
<tr>
<th>Added Sugars $^1$</th>
<th>Fructose $^2$</th>
<th>SSB $^1$</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-5 yr: 13.4%</td>
<td>11.6%</td>
<td>4.0%</td>
</tr>
<tr>
<td>6-11 yr: 17.0%</td>
<td>10.9%</td>
<td>6.2%</td>
</tr>
<tr>
<td>12-17 yr: 17.4%</td>
<td>12.1%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

- HFCS: 40% of added caloric sweeteners
- beverages account for ~2/3 of HFCS consumed in U.S.

---

SUGARS-SWEETENED BEVERAGE CONSUMPTION ASSOCIATED WITH OVERWEIGHT

Among 6th–7th grade children participating in Planet Health for each additional serving of sugars-sweetened beverage:

- BMI increased by 0.24 kg/m²
- odds ratio for becoming obese rose by 1.6

RCT OF DECREASING SUGARS-SWEETENED SODA CONSUMPTION
N = 103, age 13-18, 42-47% >85\textsuperscript{th} centile BMI/age, 25 weeks

Ebbeling C et al. *Pediatrics* 2006;117:673
How did the food industry get us all to consume an extra 200 kcal/day?

• increased dietary added sugars
  – high-fructose corn syrup
  – sugar-sweetened beverages

• increased portion sizes

• increased caloric density
  – fast food

• relentless marketing, especially to children
MILESTONES IN OBESITY

1960s

David Wallerstein discovers the Supersizing Principle; later, joins McDonald’s
Figure 1. Portion Sizes for Selected Key Food Items for Americans Aged 2 Years and Older, 1977-1996

Error bars indicate SE.

Nielsen SM, Popkin BM. *JAMA* 2003;289:450
Figure 2
Growth in soda container size (oz.)

<table>
<thead>
<tr>
<th></th>
<th>1950s</th>
<th>1960s</th>
<th>1990s</th>
<th>2000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>6½ oz.</td>
<td>12 oz.</td>
<td>20 oz.</td>
<td>24 oz.</td>
</tr>
</tbody>
</table>

Jacobson M. *Liquid Candy*, CSPI, June 2005
Figure 2: Mean ± SE energy intake at lunch from all meal components by portion size of entrée ($n = 180$). Significant differences in intakes between conditions of portion size are marked ($^*p < 0.015$; $^{**}p < 0.0001$).
Amount of macaroni and cheese consumed at lunch by portion size (g) for younger (n=16) and older (n=16) children. Means (±standard error) marked by different letters are significantly different at P<.002.

How did the food industry get us all to consume an extra 200 kcal/day?

• increased dietary added sugars
  – high-fructose corn syrup
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• increased portion sizes
• increased caloric density
  – fast food
• relentless marketing, especially to children
Figure 2
Proportion of total calories obtained away from home on the rise, 1977-95

Percent of total calories

On a typical day, 30.3% of the total sample reported consuming fast food.

Children who ate fast food, compared with those who did not, consumed:

- more energy per gram of food: 0.29 kcal/g
- more total energy: 187 kcal
- more total fat: 9 g
- more total carbohydrate: 24 g
- more added sugars: 26 g
- more sugar-sweetened beverages: 228 g
- less fiber: 1.1 g
- less milk: 65 g
- fewer fruits and nonstarchy vegetables: 45 g

Bowman SA et al. *Pediatrics* 2004;113:112
ENERGY DENSITY AFFECTS ENERGY INTAKE

FIGURE 1. Cumulative food consumption by condition. Energy densities of the diets (main entrees and side dishes): low, 4.3 kJ/g (1.02 kcal/g); medium, 4.9 kJ/g (1.17 kcal/g); and high, 5.6 kJ/g (1.34 kcal/g). B, breakfast; L, lunch; D, dinner; S, evening snack. \( \bar{x} \pm \text{SEM}. \)

FIGURE 2. Cumulative energy intake by condition. Means with different letters are significantly different, including the meal indicated, at each time point \( (P < 0.05) \). Energy densities of the diets (main entrees and side dishes): low, 4.3 kJ/g (1.02 kcal/g); medium, 4.9 kJ/g (1.17 kcal/g); and high, 5.6 kJ/g (1.34 kcal/g). B, breakfast; L, lunch; D, dinner; S, evening snack. \( \bar{x} \pm \text{SEM}. \)

SUPER SIZE ME
A Film of Epic Portions

Why are Americans so fat? Super-Size Me is a tongue-in-cheek -- and burger in hand -- look at the legal, financial and physical costs of America's hunger for fast food. Filmmaker Morgan Spurlock puts his own body on the line, chowing down a grueling 30-day, drive-through-only diet... with radical results.

For more information contact The Con at 212-219-7617
Kids’ Meals: Obesity on the Menu
**Nutritional Quality of Children’s Meals**

Despite the fact that obesity rates have tripled in children over the last two decades,\(^5\) chain restaurants continue to offer primarily high calorie meals for children; 93% of children’s meals are high in calories (Table 3).

### Table 3. Nutritional Quality of Children’s Meals at Largest Chain Restaurants (n=13)

<table>
<thead>
<tr>
<th>Rank (by revenue of chain)</th>
<th>Restaurant</th>
<th>Meal/Combo Name</th>
<th>Total Number of Meal Combos</th>
<th>Meals that Exceed Calorie Limit (&gt;430 calories)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>KFC*</td>
<td>Kids Laptop Meal</td>
<td>440</td>
<td>440</td>
</tr>
<tr>
<td>13</td>
<td>Sonic</td>
<td>Wacky Pack</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>18</td>
<td>Jack in the Box</td>
<td>Kids Meal</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>24</td>
<td>Chick-fil-A</td>
<td>Kid’s Meal</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>8</td>
<td>Taco Bell</td>
<td>Kid's Meal</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Chili’s</td>
<td>Pepper Pals</td>
<td>700</td>
<td>658</td>
</tr>
<tr>
<td>7</td>
<td>Wendy’s</td>
<td>Kids’ Meal</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>1</td>
<td>McDonald’s</td>
<td>Happy Meal &amp; Mighty Kids Meal</td>
<td>40</td>
<td>37</td>
</tr>
<tr>
<td>3</td>
<td>Burger King**</td>
<td>Kids Meal &amp; Big Kids Meal</td>
<td>49</td>
<td>45</td>
</tr>
<tr>
<td>22</td>
<td>Dairy Queen</td>
<td>DeeQs Kids Meal</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>15</td>
<td>Arby’s</td>
<td>Kids Meal</td>
<td>32</td>
<td>22</td>
</tr>
<tr>
<td>22</td>
<td>Denny’s***</td>
<td>The D-Zone at Denny’s</td>
<td>52</td>
<td>31</td>
</tr>
<tr>
<td>5</td>
<td>Subway</td>
<td>Fresh Fit for Kids</td>
<td>18</td>
<td>6</td>
</tr>
</tbody>
</table>

**Total /Average**

|                          | 1474             | 1378                           | 93                           |

\(^5\)For KFC, the items offered for the children’s menu vary between outlets. Since our data was collected, KFC has discontinued Baked Cheetos.

\(^{**}\)Burger King’s new children’s meal (macaroni and cheese, apple fries, and 1% milk) was introduced after our data collection was completed and was not included; this meal would qualify as a healthier children’s meal.

\(^{***}\)Includes both breakfast and lunch/dinner combos and beverages are not included as a part of children’s meals. They must be purchased separately.
How did the food industry get us all to consume an extra 200 kcal/day?

- increased dietary added sugars
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- increased caloric density
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- relentless marketing, especially to children
“Walt Disney and Ray Kroc were masterful salesmen. They perfected the art of selling things to children. And their success has led many others to aim marketing efforts at kids, turning America’s youngest consumers into a demographic group that is now avidly studied, analyzed, and targeted by the world’s largest corporations.”
“All our advertising is targeted to kids. You want that nag factor so that seven-year-old Sarah is nagging mom in the grocery store to buy Funky Purple [ketchup]. We’re not sure mom would reach out for it on her own.”

Kelly Stitt
Senior Brand Manager
H. J. Heinz Company
Wall Street Journal
24 October 2001
THE NAG FACTOR
A mixed-methodology study in the US of young children's requests for advertised products

Holly K. M. Henry and Dina L. G. Borzekowski

The "Nag Factor" is the tendency of children, who are bombarded with marketers' messages, to unrelentingly request advertised items. Using quantitative and qualitative methodologies, we interviewed 64 mothers of children ages 3 to 5 years. All the participating mothers indicated that their young children engaged in some form of nagging. While overall media use was not associated with nagging, one's familiarity with commercial television characters was significantly associated with overall and specific types of nagging. Mothers described packaging, characters, and commercials as the three main forces compelling their children to nag. Ten strategies were offered as ways to deal with children's nagging; these fell on two continua from child- to parent-controlled and reactive to proactive strategies. This work scientifically examines the Nag Factor and offers a platform from which to propose future research and policy recommendations to lessen children's repeated requests for advertised items.
Influence of Licensed Spokescharacters and Health Cues on Children’s Ratings of Cereal Taste

Matthew A. Lapierre, MA; Sarah E. Vaala, MA; Deborah L. Linebarger, PhD

Arch Pediatr Adolesc Med. 2011;165(3):229-234
Figure 2. Mean (SD) taste assessment scores (on a scale of 1 to 5) based on character presence and cereal name.
Effects of Fast Food Branding on Young Children’s Taste Preferences

Thomas N. Robinson, MD, MPH; Dina L. G. Borzekowski, EdD; Donna M. Matheson, PhD; Helena C. Kraemer, PhD

Objective: To examine the effects of cumulative, real-world marketing and brand exposures on young children by testing the influence of branding from a heavily marketed source on taste preferences.

Design: Experimental study. Children tasted 5 pairs of identical foods and beverages in packaging from McDonald’s and matched but unbranded packaging and were asked to indicate if they tasted the same or if one tasted better.

Setting: Preschools for low-income children.

Participants: Sixty-three children (mean±SD age, 4.6±0.5 years; range, 3.5-5.4 years).

Main Exposure: Branding of fast foods.

Outcome Measures: A summary total taste preference score (ranging from −1 for the unbranded samples to 0 for no preference and +1 for McDonald’s branded samples) was used to test the null hypothesis that children would express no preference.

Results: The mean±SD total taste preference score across all food comparisons was 0.37±0.45 (median, 0.20; interquartile range, 0.00-0.80) and significantly greater than zero (P<.001), indicating that children preferred the tastes of foods and drinks if they thought they were from McDonald’s. Moderator analysis found significantly greater effects of branding among children with more television sets in their homes and children who ate food from McDonald’s more often.

Conclusion: Branding of foods and beverages influences young children’s taste perceptions. The findings are consistent with recommendations to regulate marketing to young children and also suggest that branding may be a useful strategy for improving young children’s eating behaviors.

Trial Registration: clinicaltrials.gov Identifier: NCT00185536.

Arch Pediatr Adolesc Med. 2007;161(8):792-797
The 30-second effect: An experiment revealing the impact of television commercials on food preferences of preschoolers

DINA L. G. BORZEKOWSKI, EdD; THOMAS N. ROBINSON, MD, MPH

ABSTRACT

Objective To examine whether televised food commercials influence preschool children's food preferences.

Design In this randomized, controlled trial, preschool children viewed a videotape of a popular children's cartoon either with or without embedded commercials. Children were then asked to identify their preferences from pairs of similar products, one of which was advertised in the videotape with embedded commercials. Preschoolers' parents were interviewed to determine children's demographic characteristics and media use patterns.

Subjects Forty-six 2- to 6-year-olds from a Head Start program in northern California.

Results Children exposed to the videotape with embedded commercials were significantly more likely to choose the advertised items than children who saw the same videotape without commercials ($Q_{diff}=8.13$, $df=1$, $P < .01$).

Conclusions/applications Even brief exposures to televised food commercials can influence preschool children's food preferences. Nutritionists and health educators should advise parents to limit their preschooler's exposure to television advertisements. Furthermore, advocates should raise the public policy issue of advertising and young children, especially given the recent epidemic of childhood obesity and the ever-changing media environment. J Am Diet Assoc. 2001;101:42-46.
Fig. 1. Illustrates the mean (± SE) amount of food eaten by the normal weight children and the obese and overweight children in the two advertisement conditions.

N = 93
age 5-7yr
When Children Eat What They Watch

Impact of Television Viewing on Dietary Intake in Youth

Jean L. Wiecha, PhD; Karen E. Peterson, ScD, RD; David S. Ludwig, MD, PhD; Juhee Kim, ScD; Arthur Sobol, MA; Steven L. Gortmaker, PhD

**Objectives:** To test whether increased television viewing is associated with increased total energy intake and with increased consumption of foods commonly advertised on television, and to test whether increased consumption of these foods mediates the relationship between television viewing and total energy intake.

**Design:** Prospective observational study with baseline (fall 1995) and follow-up (spring 1997) measures of youth diet, physical activity, and television viewing. We used food advertising data to identify 6 food groups for study (sweet baked snacks, candy, fried potatoes, main courses commonly served as fast food, salty snacks, and sugar-sweetened beverages).

**Setting and Participants:** Five public schools in 4 communities near Boston. The sample included 548 students (mean age at baseline, 11.70 years; 48.4% female; and 63.5% white).

**Main Outcome Measures:** Change in total energy intake and intake of foods commonly advertised on television from baseline to follow-up.

**Results:** After adjusting for baseline covariates, each hour increase in television viewing was associated with an additional 167 kcal/d (95% confidence interval, 136-198 kcal/d; \(P<.001\)) and with increases in the consumption of foods commonly advertised on television. Including changes in intakes of these foods in regression models provided evidence of their mediating role, diminishing or rendering nonsignificant the associations between change in television viewing and change in total energy intake.

**Conclusions:** Increases in television viewing are associated with increased calorie intake among youth. This association is mediated by increasing consumption of calorie-dense low-nutrient foods frequently advertised on television.

*Arch Pediatr Adolesc Med. 2006;160:436-442*
The average U.S. child sees

- 20,000–40,000 TV ads per year
- 360,000 TV ads by end of high school

Over half of ads targeting children are for food
FINDINGS FROM 2008 FTC REPORT
44 companies, 2006 data

- $1.6 billion promoting food and beverages to children and adolescents
  - 2/3 of this spent on soda, fast food, and cereal
- $9.6 billion promoting to all audiences
- $427 million on fast food toys
- $208 million on cross-promotions (cartoon characters, TV, movies, toys)
- >2/3 of companies using new media: websites, “advergames”, podcasts, downloads, texting
- celebrity endorsers, athletic sponsorships, product placement, marketing in schools
...Michael Brody, who chairs the American Academy of Child and Adolescent Psychiatry’s television and media committee, said, “Just like paedophiles, marketers have become child experts”.
**Bottlers Agree To a School Ban On Sweet Drinks**

By MARIAN BURROS and MELANIE WARNER

The country's top three soft-drink companies announced yesterday that beginning this fall they would start removing sweetened drinks like Coke, Pepsi and iced teas from school cafeterias and vending machines in response to the growing threat of lawsuits and state legislation.

Under an agreement between beverage makers and health advocates, students in elementary school would be served only bottled water, low-fat and nonfat milk, and 100 percent fruit juice in servings no bigger than eight ounces. Serving sizes would increase to 10 ounces in middle school. In high school, low-calorie juice drinks, sports drinks and diet sodas would be permitted, serving sizes would be limited to 12 ounces.

But the agreement — which includes parochial and private schools contracts — is voluntary, and the beverage industry says its school sales would not be affected because it expects to replace sugary drinks with other ones.

"This is a voluntary policy, but I think schools will want to follow it," said Susan E. Neely, president of the American Beverage Association.

Still, about 35 million public school children would be affected by the agreement, which would apply to extended school functions like band practice but would not apply to events likely to be attended by parents, like evening plays or interscholastic sports. An additional 15 million students attend schools that operate under stricter regulations, where the guidelines would not apply. Last week, for example, Connecticut banned all sodas, including diet drinks and sports drinks like Gatorade, in its schools; New York City schools permit only low-fat milk, water and 100 percent fruit juice — which is sold under an exclusive contract with Snapple.

Contracts between schools and beverage companies typically include clauses that tie beverage sales to annual contracts with the school, which means the school has to pay for the right to sell the beverage in the lunchroom. School districts have also been allowed to negotiate favorable pricing or favorable terms for sales to students. The agreement would also allow districts to negotiate terms that match those offered by the beverage companies.

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---

**Drinks that could, and could not, be sold in a high school under guidelines agreed to yesterday by the American Beverage Association, Coca-Cola, PepsiCo and Cadbury Schweppes.**

<table>
<thead>
<tr>
<th>Product</th>
<th>Bottle of water</th>
<th>Diet soda</th>
<th>100% orange juice</th>
<th>Vitamin water*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>0</td>
<td>0</td>
<td>140</td>
<td>75</td>
</tr>
<tr>
<td>Sugar</td>
<td>none</td>
<td>none</td>
<td>28 grams</td>
<td>13 grams</td>
</tr>
<tr>
<td>Vitamins and minerals (5% U.S. RDA and above)</td>
<td>none</td>
<td>none</td>
<td>Vitamins B6, C; thiamin; folic acid; magnesium</td>
<td>Vitamins A, B3, B6, B12, C, E; calcium; folic acid; magnesium; zinc</td>
</tr>
</tbody>
</table>

*Bottle pictured is 20 ounces.*

Source: The William J. Clinton Foundation

†Must include at least 10% of U.S. RDA of three vitamins or minerals

---

**Bottlers Agree to School Ban on Sweet Drinks**

Continued From Page A1

was more than the threat of lawsuits that spurred the agreement.

"We've been talking to them for months and months, and they may have liked the way we were working with them, not just singling them out," he said in a telephone interview. "I'm glad we did it without litigation and could accelerate the process."

It will take three years for the agreement to be fully put into effect. The industry has agreed at the end of each school year starting in 2007 to disclose the progress made toward fulfilling the agreement. The new standards are expected to be in place had successfully sued tobacco companies.

Richard A. Daynard, associate dean at Northeastern University School of Law, a tobacco-lawsuit veteran, called the agreement "the first major victory for the obesity-litigation strategy."

"This would not have happened but for the threat of litigation," Professor Daynard said.

Beverage industry officials acknowledged discussions with the lawyers but would not comment further.

Dr. Michael Jacobson, executive
Problems with the American Beverage Association’s 2006 School Beverage Guidelines:

• predefined benchmarks (e.g., lowered sugar intake) were not established
• no evaluation has been undertaken by parties not funded by industry
• some problematic beverages are not regulated, such as calorie dense sports drinks, energy drinks)
• the long phase-in period does not require amending existing contracts
• the requirement for signatory companies to follow the guidelines is not binding.

“In light of these concerns, the effectiveness of beverage industry self-regulation is uncertain.”
U.S. food lobby fighting hard to defend kid ads

Mon, Nov 7 2011

WASHINGTON (Reuters) - Some of the world's biggest food companies won a partial victory in a battle over junk food advertising for children and now they are going for the kill.

Food giants such as Coca-Cola, Pepsi and Kraft and advertising companies successfully pressed U.S. regulators to acknowledge they may weaken proposed guidelines that bar junk food advertisements aimed at children and younger teens. Their success alarmed campaigners fighting obesity.
Editorial

Selling Candy to Kids

To combat the rise in childhood obesity, Congress in 2009 asked the Federal Trade Commission and three other government agencies to create voluntary nutritional standards for foods that are marketed to children. In April, the interagency group released sound recommendations to guide self-regulation by the food industry.

After public comment, however, an F.T.C. official recently told a House subcommittee that the agency would substantially modify the guidelines to account for industry complaints. That would be bad news for the health of children in this country.

Lobbyists for the food industry, which spends almost $2 billion a year on advertising and marketing to children and adolescents, have been busy in recent months trying to squash the voluntary standards. Although these standards would not be enforceable, there is value to having a good set of criteria that could guide the industry.

The interagency group’s original proposal outlined limits on the amount of unhealthy ingredients like added sugars and trans fat in foods advertised to children and proposed increased nutritious ingredients like whole grains and low-fat dairy products. It covered marketing to young people ages 2 through 17 and focused on 10 food categories that take up a big share of children’s diets, including sugary cereals, snack foods, candy, carbonated beverages and fast foods.

Now the F.T.C. staff says the guidelines should not apply to ads directed at adolescents ages 12 through 17, except in in-school marketing activities. They also said the voluntary standards would not cover seasonal candies.

While a few companies like Mars and Hershey have limited commercials for candy or other sweets to very young children, the industry’s self-policing efforts have been weak. One study by researchers at the University of Illinois at Chicago showed that ads for unhealthy foods accounted for 86 percent of the food ads on television and the Web in 2009, only a modest improvement from 94 percent in 2003. Instead of giving in to lobbyists, the Obama administration should be doing more to limit the way unhealthy foods are sold to children.
What can be done about this truly toxic state of affairs? Some solutions are obvious: nutrition professionals need to divorce themselves from the food industry, or at least declare with whom they are working. Parents need to wake up and smell the chip fat: fast-food chains are not educational institutions, no matter how many maths and reading flash-cards they hand out. More radical solutions should be considered: taxing soft drinks and fast foods; subsidising nutritious foods, like fruits and vegetables; labelling the content of fast food; and prohibiting marketing and advertising to children. An advertising ban similar to that on tobacco advertising has been recommended to the European Union. In the USA, litigation inspired by the success of the tobacco lawsuits is underway; parallels between the tactics of the tobacco and food industries are striking.
Ounces of Prevention — The Public Policy Case for Taxes on Sugared Beverages

Kelly D. Brownell, Ph.D., and Thomas R. Frieden, M.D., M.P.H.

Sugar, rum, and tobacco are commodities which are nowhere necessaries of life, which are become objects of almost universal consumption, and which are therefore extremely proper subjects of taxation.

Adam Smith, *The Wealth of Nations*, 1776
"The food industry[‘s]… mission is not public health but profit, so they’ll continue to sell the health-damaging food that’s most profitable, until the market or another force skews things otherwise. That ‘other force’ should be the federal government, fulfilling its role as an agent of the public good and establishing a bold national fix."

Mark Bittman
The Commonwealth of Massachusetts

PRESENTED BY:

Kay Khan

1. An Act to reduce childhood obesity by removing the state subsidy for sugared sweetened beverages and candy.

2. Section 6 of Chapter 64H of the Massachusetts General Laws, as appearing in the 2008 official Edition, is hereby amended in paragraph (h) by deleting the following: “soft drinks” and further amended inserting after the second sentence the following new sentence; "Food products" does not include candy, confectionary, or soft drinks.”
Pediatricians should work with their state chapters, the AAP, parent and public health groups, and the White House to do the following:

Ask Congress, the Federal Trade Commission, and the Federal Communications Commission to **implement a ban on junk-food advertising during programming that is viewed predominantly by young children**. Currently, several European countries restrict food advertising aimed at young children.
‘Corporations Are People,’ Romney Tells Iowa Hecklers Angry Over His Tax Policy

By ASHLEY PARKER
Published: August 11, 2011
By Samantha Graff, Dale Kunkel, and Seth E. Mermin

ANALYSIS & COMMENTARY

Government Can Regulate Food Advertising To Children Because Cognitive Research Shows That It Is Inherently Misleading

**ABSTRACT** The childhood obesity crisis has prompted repeated calls for government action to curb the marketing of unhealthy food to children. Food and entertainment industry groups have asserted that the First Amendment prohibits such regulation. However, case law establishes that the First Amendment does not protect “inherently misleading” commercial speech. Cognitive research indicates that young children cannot effectively recognize the persuasive intent of advertising or apply the critical evaluation required to comprehend commercial messages. Given this combination—that government can prohibit “inherently misleading” advertising and that children cannot adequately understand commercial messages—advertising to children younger than age twelve should be considered beyond the scope of constitutional protection.
The Right to Sell Kids Junk

By MARK BITTMAN

The First Amendment to the Constitution, which tops our Bill of Rights, guarantees — theoretically, at least — things we all care about. So much is here: freedom of religion, of the press, of speech, the right to assemble and more. Yet it’s stealthily and incredibly being invoked to safeguard the nearly unimpeded “right” of a handful of powerful corporations to market junk food to children.

It’s been reported that kids see an average of 5,500 food ads on television every year (sounds low, when you think about it), nearly all peddling junk. (They may also see Apple commercials, but not of the fruit kind.) Worse are the online “advergames” that distract kids with entertainment while immersing them in a product-driven environment. (For example: create your own Froot Loops adventure!)
It's a tried-and-true marketing method: Slap a famous cartoon on food boxes and odds are children will be more likely to seek the food out at the store. But research now suggests that silly cartoons appearing on food boxes may also determine whether children will pester their mothers to buy the food and also the level of nagging parents are likely to experience.
The toxic truth about sugar

Added sweeteners pose dangers to health that justify controlling them like alcohol, argue Robert H. Lustig, Laura A. Schmidt and Claire D. Brindis.

Last September, the United Nations declared that, for the first time in human history, chronic non-communicable diseases such as heart disease, cancer and diabetes pose a greater health burden worldwide than do infectious diseases, contributing to 35 million deaths annually.

This is not just a problem of the developed world. Every country that has adopted the Western diet — one dominated by low-cost, highly processed food — has witnessed rising rates of obesity and related diseases. There are now 30% more people who are obese than who are undernourished. Economic development means that the populations of low- and middle-income countries are living longer, and therefore are more susceptible to non-communicable diseases; 80% of deaths attributable to them occur in these countries.

Many people think that obesity is the root cause of these diseases. But 20% of obese people have normal metabolism and will have a normal lifespan. Conversely, up to 40% of normal-weight people develop the diseases that constitute the metabolic syndrome: diabetes, hypertension, lipid problems, cardiovascular disease and non-alcoholic fatty liver disease. Obesity is not the cause; rather, it is a marker for metabolic dysfunction, which is even more prevalent.

The UN announcement targets tobacco, alcohol and diet as the central risk factors in non-communicable disease. Two of these three — tobacco and alcohol — are regulated by governments to protect public health, leaving one of the primary culprits behind this worldwide health crisis unchecked. Of course, regulating food is more
Is sugar toxic?

Watch the Segment »

Dr. Sanjay Gupta reports on new research showing that beyond weight gain, sugar can take a serious toll on your health, worsening conditions ranging from heart disease to cancer.

Web Extras

- Is sugar toxic?
- Sugar and kids: The toxic truth
- Calories: not all created equal

(CBS News) If you are what you eat, then what does it mean that the average American consumes 130 pounds of sugar a year? Sanjay Gupta reports on new research showing that beyond weight gain, sugar can take a serious toll on your health, worsening conditions ranging from heart disease to cancer.
December 5, 2007

For Immediate Release:

Contact: Josh Golin (617-896-9369; josh@commercialfreechildhood.org)

CCFC Blasts McDonald’s Report Card Advertising

The Campaign for a Commercial-Free Childhood is demanding that McDonald’s immediately stop advertising on children’s report cards. Last week, students in Seminole County, Florida received their report cards in envelopes adorned with Ronald McDonald promising a free Happy Meal to students with good grades, behavior, or attendance.

“This promotion takes in-school marketing to a new low,” said Susan Linn, director of CCFC and a psychologist at Judge Baker Children’s Center. “It bypasses parents and targets children directly with the message that doing well in school should be rewarded by a Happy Meal.”

The advertisement appears on report cards envelopes for students in kindergarten through fifth grade. The envelopes are used to transport report cards to and from home throughout the school year.

“My daughter worked so hard to get good grades this term and now she believes she is entitled to a prize from McDonald’s,” said Susan Pagan, an Orlando parent. “And now I’m the “bad guy” because I had to explain that our family does not eat at fast food chains. I’m outraged that McDonald’s is trying to exploit my daughter’s achievement — and that the Seminole County School Board would help facilitate this exploitation.”

While McDonald’s has pledged to only advertise its healthier options to children under twelve, the Happy Meal promotion explicitly mentions cheeseburgers, French fries, and soft drinks as options. Happy Meals featured on the report card can contain as many 710 calories, 28 grams of fat, or 35 grams of sugar. McDonald’s has also pledged to stop advertising all food or beverage products in elementary schools.

Added Dr. Linn, “Turning report cards into ads for McDonald’s undermines parents efforts to encourage healthy eating.”
Dear CEO Skinner,

As health professionals engaged directly in the largest preventable health crises facing this country, we ask that you stop marketing junk food to children.

The rates of sick children are staggering. Ballooning health care costs and an overburdened health care system make treatment more difficult than ever. And we know that reducing junk food marketing can significantly improve the health of kids.

Our community is devoted to caring for sick children and preventing illness through public education. But our efforts cannot compete with the hundreds of millions of dollars you spend each year directly marketing to kids.

Indeed, as health professionals, we know that parents exercising responsibility for their children’s dies and exercise is vital. We also know that authoritative data indicates a breakdown in parental responsibility.

Obesity and disease levels among kids are rising even though parents continue to parent and kids continue to exercise at rates similar to those of two decades ago. So what has changed?

What has changed is the food children eat and the amount of marketing they are bombarded with.

We know the contributors to today’s epidemic are manifold and a broad societal response is required. But marketing can no longer be ignored as a significant part of this massive problem.

We ask that you heed our call and return your marketing promotions for food high in salt, fat, sugar, and calories to children, whatever form they take – from Ronald McDonald to toy giveaways.

Our children and health care system will benefit from your leadership on this issue.

Sincerely,

(Vote the full text and signatures at www.LetterToMcDonalds.org)

DOCTORS’ ORDERS: STOP MARKETING JUNK FOOD TO KIDS

An open letter to McDonald’s CEO Jim Skinner from more than 550 health professionals and institutions in all 50 states.

To join the growing movement of health professionals, visit: www.LetterToMcDonalds.org

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