



American Society for Nutrition  
*Excellence in Nutrition Research and Practice*

July 13, 2011

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

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

Dear Interagency Working Group members:

The American Society for Nutrition (ASN) appreciates the opportunity to provide comments on the Interagency Working Group (IWG) on Food Marketed to Children's Proposed Nutrition Principles. Founded in 1928, ASN<sup>1</sup> is a nonprofit scientific society with over 4,200 members in academia, practice, government and industry. ASN is dedicated to bringing together the world's top nutrition research scientists to advance our knowledge and application of nutrition. ASN is a constituent society of the Federation of American Societies for Experimental Biology (FASEB).

ASN supports efforts to improve the nutritional profile of foods and beverages marketed specifically to children and adolescents in order to ensure nutrient adequacy and enhance efforts to prevent excessive weight gain. While direct food marketing to children is a concern, educating children and adolescents on the nutritional quality of the food being advertised and the merits of a more active lifestyle are equally important. Promoting energy balance is key to obesity prevention. ASN encourages the development and dissemination of educational and promotional efforts, such as public service campaigns, to educate the U.S. population on their energy needs and how to balance energy intake through diet and physical activity. This should include school curricula at all grade levels that provide students, as well as parents and teachers, with information to make healthful choices when eating out of the home and to prepare healthy meal choices at home.

Achieving childhood obesity prevention depends on collaborative partnerships that include parents, the food industry, nutrition researchers, and others. *ASN encourages the coordination of all federal agency childhood obesity prevention efforts so that nutrition principles for food advertising/marketing are based in sound science and are consistent with multiple federal agency recommendations including the 2010 U.S. Dietary Guidelines.* ASN encourages the IWG to collaborate with non-governmental parties to develop future food marketing principles and guidance to limit food marketed to children.

Multidisciplinary research is an important tool to ensure the development of nutrition principles and policy recommendations that are based on sound science at all levels of

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personal and environmental influence. ASN supports research to elucidate the etiology of childhood obesity since it is a multifactorial epidemic affecting the majority of Americans with influences beyond food marketing and advertising. Additional research to better understand how marketing influences the food and beverage choices of children, adolescents, and their families and on improving education techniques and treatment methods is also important, since stemming the current obesity epidemic cannot be achieved by prevention alone and current treatments are widely recognized to have limited effectiveness.

ASN recommends that the federal agencies that make up the IWG establish a formal program to monitor, evaluate, and assess voluntary action steps to ensure that the proposed nutrition principles result in meaningful change with respect to the nutritional profile of foods and beverages being marketed and advertised to children and adolescents if adopted, to ultimately achieve the objective of healthier food and beverage consumption and improved energy balance among children and adolescents.

***ASN Responses to Select Questions (#1-17) relating to the Proposed Nutrition Principles are Italicized Below***

***Proposed Nutrition Principles: General Questions***

(1) Congress directed the Working Group to develop proposed nutrition principles for foods marketed to children and adolescents up to the age of 17. Does the prevalence of obesity in both children and adolescents warrant the same approach to limits on food marketing for both age groups? Given the wide age range, should there be two sets of nutrition principles, one for younger children (2-11 years) and one for adolescents (12-17 years), based on differences in the nutritional needs and recommended caloric intake of adolescents compared to younger children?

***ASN recommends that the Working Group further limit food advertising and marketing directed at younger children, whether for a general brand, a product line, specific food products, or menu items. The American Psychological Association's Task Force on Advertising to Children recommended that advertising and marketing to children ages 8 and under be restricted, based on scientific studies demonstrating that children at those ages lack the ability to discriminate commercial from noncommercial content. Younger children (2-11 years) may be developmentally unable to distinguish between program content and advertising, and to comprehend the intent of marketing and advertising strategies.***

***ASN recommends that nutrition guidelines apply to all children of a certain age range, but also supports strategic efforts to limit food marketing and advertising for populations most at risk for obesity, as the influence of food marketing and advertising has an increased adverse impact on these populations. Scientific studies have demonstrated that***

*populations such as low-income children are more susceptible to marketing techniques, but all children are at risk of developing obesity and prevention should be a priority.*

*ASN supports Option 1 of Nutrition Principle A since Option 2 is based on Reference Amount Customarily Consumed (RACC) and the proposed amounts contributed from each food category are based on a 2,000 calorie diet. Recommended caloric intake varies widely for children and adolescents depending on age, sex, and level of activity (typically 1,000-1,400 calories for 2-3 year old children, up to 2,200-2,700 calories for 14-18 year old active boys). Option 2 would therefore need to take the varying recommended daily caloric intakes for children and adolescents into account and calorie limits should be included in the proposed nutrition principles if Option 2 is adopted.*

(2) The Working Group recognizes that companies often engage in brand advertising and marketing, without reference to a specific food product in the brand line. How should the nutrition principles be adapted to accommodate advertising and marketing of a general brand or an entire product line as opposed to specific food products or menu items?

*ASN is unable to provide a scientific perspective to answer this question.*

(3) The proposed nutrition principles do not include a separate proposal setting targets for nutrients to encourage, including specific nutrients of concern as identified in the 2010 DGA, such as calcium, potassium, fiber, magnesium, and vitamins A, C, and E. Should the Working Group recommendations include targets for nutrients to encourage and, if so, how should the recommendations address the issue of nutrients added to foods through fortification as opposed to nutrients that are inherent in foods?

*ASN suggests that all foods marketed to children will be inherent sources of naturally-occurring nutrients including calcium, potassium, fiber, vitamin D, etc. if they are derived from healthier food groups such as fruits, vegetables, whole grains, low-fat or fat-free dairy, lean protein, etc. Therefore, ASN suggests that further targets for nutrients to encourage are not necessary in the proposed nutrition principles for food advertising and marketing. ASN also suggests that if targets are set for nutrients to encourage, the IWG should first ensure that most fruits and vegetables and other nutrient-dense foods can meet the majority of these targets.*

*ASN encourages the IWG to further explore nutrition principles that find balance in obesity prevention and appropriate consumption of nutrients to encourage. For example, some scientific studies have shown that children consume the nutrient to encourage, calcium, more readily via flavored milk and yogurts. ASN suggests that fortification of select nutrients not readily consumed via the food supply, such as folic acid and vitamin D, may be an efficient way to balance these concerns, dependent upon the food product. Nutrition education campaigns are also an effective technique to*

*appropriately promote consumption of nutrients to encourage to children and adolescents, as well as the entire U.S. population.*

(4) The proposed nutrition principles do not include limits on portion size or calories for foods marketed to children. Should the Working Group recommendations address portion size or calories directly or is over-consumption adequately addressed by the recommendations that all foods marketed to children make a meaningful contribution to a healthful diet and minimize consumption of saturated fat, *trans* fat, and added sugars?

*ASN recognizes the important role that portion size and calorie control play in health and weight maintenance. Overconsumption of calories and larger-than-recommended portion sizes play an even greater role in childhood obesity than many of the nutrients currently targeted in the proposed nutrition principles. ASN supports the inclusion of calories in nutrition principles for food marketed to children. This is especially necessary if Option 2 (of Nutrition Principle A) is adopted since it is based on RACC and the proposed amounts contributed from each food category are based on a 2,000 calorie diet. The varying recommended daily caloric intakes for children and adolescents must be taken into account and calorie limits should be included with this option. ASN also cautions that to achieve significant contribution of fruits, vegetables, etc. in foods and meals, total caloric content per serving should not be increased.*

*ASN recommends that stakeholders including the food industry play an active role in educating children and families about the importance of calorie balance (per the comment above). Messaging regarding the calorie needs of children, the negative impact overconsumption of calories and large portion sizes have on health and weight, and the important role of physical activity could be used in tandem with efforts to improve the nutritional profile of foods marketed towards children and adolescents.*

### ***Food Categories***

(5) The Working Group proposal recommends that the industry focus its efforts on improving the nutrition profile of products that fall within ten specific categories of foods most heavily marketed to children. While this approach would address a substantial majority of all products marketed directly to children, some foods marketed directly to children do not fall within any of the specified categories. Examples include hot dogs, jams and jellies, and sauces and dressings. Are there specific food products or categories of foods that should be added to or dropped from the proposed list? What are the advantages and disadvantages of focusing on the most heavily marketed foods rather than on all foods marketed to children?

*ASN suggests that all foods marketed to children should follow nutrition principles (not just those heavily marketed to children) to have a greater impact on the health of children and adolescents. Alternatively, consumption rates could be used to limit the*

*marketing to children and adolescents of food products most readily consumed by those populations. Focusing nutrition principles solely on the most heavily marketed foods may increase voluntary industry action to meet the principles, but many other foods that are high in total calories, fats, sodium, and added sugars, and low in nutrient content will continue to be marketed to and consumed by children. Should nutrition principles be implemented for the most heavily marketed foods, ASN suggests that the IWG monitor the list of foods most heavily marketed to children following implementation to ensure that new food products not covered by the nutrition principles do not become more heavily marketed to children in the future.*

### ***Main Dishes/Meals***

(6) The Working Group is seeking comment on the proposed adjustments to the nutrition principles for main dish and meal products. For instance, should main dishes and meals make meaningful contributions from at least two and three food groups respectively, as proposed under Principle A? Should the targets set under Principle B be tied to a 100-gram amount, a labeled serving, a 40-gram portion, or some combination of these? What would be the advantages or disadvantages of using a 100-gram basis to set food group contributions and nutrient targets for all individual foods, main dishes, and meals?

*ASN supports that main dish and meal products must contribute at least two and three, respectively, of the listed healthier food groups such as fruits and vegetables, leading to inherently more nutrient-dense ingredients and components. ASN also cautions that to achieve significant contribution of fruits, vegetables, etc. in foods and meals, total caloric content per serving should not be increased. ASN supports Option 1 of Nutrition Principle A (that food marketed to children contain at least 50% by weight of one or more of the listed food groups) rather than Option 2 (that individual foods marketed to children contain the specified amount of at least one, or a proportionate combination of more than one, of the listed food groups per RACC). More companies will comply with the nutrition principles, the easier it is to apply the nutrition principles to foods. Targets set on a 100-gram basis for food group contributions may be more cumbersome than calculating by 50% weight.*

(7) The Working Group also seeks comment on alternative approaches to address the marketing of children's meals by restaurants. One possible approach would be to recommend that a minimum number of the offerings on a children's menu be healthier and that at least two out of three components of the meals marketed to children meet certain nutrition principles that make them healthier choices. What would be the advantages or disadvantages of such an approach? Are there other approaches to the marketing of children's meals by restaurants that the Working Group should consider?

*ASN encourages restaurants to highlight healthier food, beverage, and meal options for all patrons, including children and adolescents. Requiring that restaurants offer a minimum number of healthier options on children's menus and that at least two out of three components of the meals marketed to children meet certain nutrition principles may be cumbersome for small restaurants to comply with and many children and adolescents order from the regular menu, not from a children's menu. ASN also encourages the IWG to collaborate with the Food and Drug Administration and monitor closely their proposed rule for nutrition labeling of standard menu items in restaurants and the impact that calorie labeling of menu items will have on childhood obesity prevention. ASN encourages restaurants to only provide tangible non-food incentives such as toys directed to children for healthier food and meal selections. ASN supports the IWG guidelines limiting the use of animated or licensed characters and other marketing practices frequently used by restaurants.*

#### ***Nutrition Principle A***

(8) Under both the Option 1 and Option 2 proposals for Principle A, companies can aggregate contributions from more than one of the specified food categories to meet the meaningful amount targets for individual foods. Does this approach diminish the meaningful contribution to the diet by allowing small contributions from multiple food groups? Should the principle recommend that the entire contribution come from one food group?

*ASN suggests that the nutritional contribution smaller contributions from multiple food groups provide in the diet is not diminished because the nutrients come from multiple ingredients or components of that food product. Following Option 1 (of Nutrition Principle A), contributions from multiple food groups still must total 50% by weight of one or more of the listed healthier food groups such as fruits and vegetables, leading to inherently more nutrient-dense foods being consumed.*

(9) The list of food groups that make a meaningful contribution to a healthful diet under Principle A includes both the basic food groups to encourage as identified in the 2010 DGA – fruits, vegetables, whole grains, fat-free and low-fat milk products – as well as other food categories that are compatible with an overall healthful diet – fish, lean meat and poultry, beans, nuts and seeds, and eggs. Are there food categories that should be added to or eliminated from Principle A?

*ASN has no additional food categories to suggest for inclusion in Principle A.*

(10) The 2010 DGA recommend consuming a variety of vegetables, especially dark green and red and orange vegetables and beans and peas. Given that children consume starchy vegetables disproportionately to other subgroups like dark-green and red and

orange vegetables, should Principle A include recommendations for specific subgroups of vegetables?

*ASN suggests that Principle A include language highlighting the meaningful contribution that a wide variety of vegetables, especially dark green, red, and orange vegetables, contribute to the diet and that their consumption is particularly encouraged for vegetables. ASN again notes that nutrition education campaigns can help promote consumption of a wide variety of vegetables.*

(11) The Working Group has included two possible approaches for Principle A. What are the advantages and disadvantages of Option 1 (based on weight) and Option 2 (based on amounts per RACC)?

*ASN supports Option 1 of Nutrition Principle A (that food marketed to children contain at least 50% by weight of one or more of the listed food groups) rather than Option 2 (that individual foods marketed to children contain the specified amount of at least one, or a proportionate combination of more than one, of the listed food groups per Reference Amount Customarily Consumed (RACC). Option 1 does not vary for children vs. adolescents since it is based on weight of ingredients (vs. RACC) and Option 1 does not vary for individual foods vs. meals and main dishes thus making it easier for food companies and parents to calculate and understand. Option 2 would differ for children vs. adolescents and for individual foods vs. meals and main dishes since it is based on RACC, and the proposed nutrient amounts contributed from each food category are based on a 2,000 calorie diet.*

(12) The food contribution amounts proposed in Option 2 are calculated based on a 2,000 calorie daily diet and assume four eating occasions per day. Should this calculation be adjusted to reflect children's caloric needs and eating patterns?

*ASN supports Option 1 of Nutrition Principle A since Option 2 is based on Reference Amount Customarily Consumed (RACC) and the proposed amounts contributed from each food category are based on a 2,000 calorie diet. Recommended caloric intake varies widely for children and adolescents depending on age, sex, and level of activity (typically 1,000-1,400 calories for 2-3 year old children, up to 2,200-2,700 calories for 14-18 year old active boys). Option 2 would therefore need to take the varying recommended daily caloric intakes for children and adolescents into account and caloric limits should be included in the proposed nutrition principles if Option 2 is adopted.*

### ***Nutrition Principle B***

(13) Principle B provides that any nutrients naturally occurring as part of the food contributions under Principle A are not counted toward the proposed limits for specific nutrients under Principle B. This exemption is intended to resolve any inherent

inconsistencies between Principle A and Principle B. At the same time, the Working Group recognizes that the calculations involved in partially “netting out” certain nutrients would entail a detailed knowledge of the product recipe or formulation and make it difficult for any third party to verify whether a product meets Principle B. Are there alternative approaches the Working Group should consider in reconciling the provisions of Principles A and B?

*ASN is unable to provide a scientific perspective to answer this question.*

(14) Under Principle B, the proposed nutrient targets for individual foods are generally tied to the RACC. The proposal recommends that individual foods with a small RACC (30 grams or less), meet the targets for saturated fat, *trans* fat, added sugars, and sodium per 50 grams (with the exception of the interim sodium value of 210 milligrams per serving). What are the implications of this approach in particular for smaller serving foods like cereals or for foods marketed in smaller children’s portions? What would be the advantages and disadvantages of tying Principle B recommendations to labeled serving instead of the RACC?

*ASN is unable to provide a scientific perspective to answer this question.*

(15) Are there other nutrients or ingredients not currently included in Principle B that the Working Group should recommend be limited in foods marketed to children? If so, what is the evidence regarding the nutrition and health justification for including the nutrient or ingredient?

*Based on existing knowledge of children’s nutrient intake, ASN suggests that the current list of nutrients in Principle B of the nutrition principles is adequate. ASN also recommends that limitations be placed on calories. Overconsumption of calories and larger-than-recommended portion sizes play an even greater role in childhood obesity than many of the nutrients currently targeted in the proposed nutrition principles.*

(16) The Working Group proposal recommends a target for added sugars for foods marketed to children. What are the advantages and disadvantages of the proposal for limiting added sugars content as opposed to total sugars content?

*Although ASN recognizes that added sugars can contribute to weight gain, there may be some confusion surrounding the term added sugars vs. total sugars since this is not a nutrient category currently required for reporting on food product labels. Since added sugars are not required on a food product label, it may be difficult for some companies to calculate content of added sugars by distinguishing naturally occurring from added sugars or sharing the content of added sugars per RACC confidentially (since this information isn’t currently public information via food labels). It may also be difficult*

*for some consumers, especially children and adolescents, to understand this term if they are not familiar with it through food labels. Nutrition education can again play a beneficial role in helping consumers better understand how the term added sugars is defined and why added sugars should be limited in the diet.*

(17) The Working Group proposal recommends an interim goal for limiting sodium content for foods marketed to children of 210 milligrams per serving for individual foods and 450 milligrams per serving for main dishes and meals, with a target date of 2016. Is there a nutrition-based rationale for an alternative interim goal for sodium that the Working Group should consider? The Working Group's final value for sodium is 140 milligrams per RACC for individual foods and 300 milligrams per serving for main dishes and meals, with a target date of 2021. Is there a nutrition-based rationale for an alternative final goal on sodium that the Working Group should consider?

*ASN does not suggest alternative interim or final goals for sodium.*

ASN appreciates the opportunity to provide comments on the Interagency Working Group on Food Marketed to Children's Proposed Nutrition Principles. In summary, ASN's responses to questions 1-17 relating to the Proposed Nutrition Principles include: ASN hopes these comments are useful as implementation of the Interagency Working Group on Food Marketed to Children's Proposed Nutrition Principles moves forward. ASN looks forward to the opportunity to assist the Federal Trade Commission and other federal agencies involved in the IWG in any other way deemed appropriate. Please contact Sarah Ohlhorst, M.S., R.D., Director of Government Relations, at 301.634.7281 or sohlhorst@nutrition.org if ASN may provide further assistance.

Sincerely,

  
Sharon M. Donovan, Ph.D., R.D.  
President, American Society for Nutrition

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<sup>1</sup> ASN website: <http://www.nutrition.org/about-asn/>