



HEART HEALTHY CHILDREN & YOUTH Marketing of Unhealthy Foods & Beverages

ISSUE

- Canada and British Columbia are experiencing twin epidemics of physical inactivity and unhealthy eating that threaten the health and well-being of our children.¹
- Unhealthy weight among children is a complex issue underpinned by deep-rooted and multi-faceted causes that require a range of approaches and cooperative action by government, non-government organizations, parents, children and youth to address.
- HSF-funded research shows that societal changes have put healthy lifestyles beyond the reach of many families while unhealthy environments have worsened eating patterns and inactivity.
- While growth of child overweight and obesity is a relatively recent phenomenon, HSF believes it is **one that can be reversed**. With this in mind, addressing childhood obesity and its associated health impacts has become a key strategic priority for the Foundation.
- Regulating the marketing of energy-dense, nutrient-poor foods and beverages to children is one strategy that can help to prevent overweight and obesity and reduce the risk of chronic disease and premature death.
- This POSITION STATEMENT outlines evidence regarding the link between marketing to children and obesity, and facts respecting the twin epidemics of unhealthy eating and physical inactivity; and provides recommendations on the marketing of unhealthy food and beverages to children.

SUPPORTIVE EVIDENCE

MARKETING TO CHILDREN IS STRONGLY ASSOCIATED WITH CHILDHOOD OBESITY

- Children's exposure to television advertising is associated with overweight and obesity.²
- A 12-nation study of children's television programs during peak viewing times found 37% of advertisements were for food, and of these, 95% were for unhealthy foods.³ Canadian children see more than 50 fast food commercials on television each month.⁴
- Most children eight years of age or under do not understand the persuasive intent of marketing messages; and, children under four cannot consistently tell the difference between television advertisements and programming.⁵
- Even children 10 to 12 years of age will not use their critical evaluation skills to interpret advertisements unless prompted to do so.⁶
- Food and beverage companies reach children through venues such as schools, TV, the Internet, product placement in movies, logo-covered clothing, toys, books, popular songs, music videos and video games, and gifts-with-purchases.⁷
- A recent study conducted in Australia showed that restricting televised advertisements targeting children could potentially be one of the most cost-effective population-based

obesity prevention interventions available to governments today.⁸

- The Internet is also a key venue – 85% of food brands most heavily promoted to children have websites that directly target children or have content that interests them. The websites include games, promotion, viral marketing and messaging techniques, and links to movies and television.⁹
- 61% of popular children's websites market unhealthy food and beverages.¹⁰

LEGISLATION / REGULATION OF MARKETING TO CHILDREN CAN HELP TO ADDRESS CHILDHOOD OBESITY

- In Canada (except Quebec), advertising to children is self-regulated by industry.
- The Chronic Disease Prevention Alliance of Canada found that "the system of self-regulation of advertising to children – however extensive it is – is insufficient and was not designed to deal with the public health crisis of rising rates of childhood obesity. We live in a world where marketers are not just selling products, but are surrounding those products with multi-layered experiences. The current regulatory environment is insufficient in scope and vision to respond to this new world."¹¹

The Heart and Stroke Foundation recognizes that the life-long heart health of Canadians is affected by both individual and social factors. Individual factors include genetic make-up, personal health choices and actions, and social support. Social factors include social, economic and environmental conditions in which Canadians live, work, learn and play. The Foundation encourages Canadians to make heart-healthy choices and encourages governments and the private sector to develop policies and programs that support healthy communities and reduce inequalities that negatively affect health and well-being.



Position Statement

MARKETING OF UNHEALTHY FOODS & BEVERAGES

LEGISLATION / REGULATION OF MARKETING TO CHILDREN CAN HELP TO ADDRESS CHILDHOOD OBESITY (CONT'D)

- Quebec has shown that regulating advertising to children is effective. Fast food expenditures declined by 13% per week in French-speaking households leading up to 22 million fewer fast food meals eaten per year or up to 4.4 billion fewer calories consumed by children. Quebec has one of the lowest soft drink consumption rates in Canada, among the highest fruit and vegetable consumption rates, and lowest obesity rates among 6 to 11 year olds.¹²
- A large majority of parents (77%) support restricting the marketing of unhealthy food and beverages to children.¹³
- While addressing cross-border marketing to children is important, Canadian regulation can be effective – 89% of children's viewing involves Canadian television channels.¹⁴

RECOMMENDATIONS

The World Health Organization notes that the effectiveness of marketing is a function of exposure and power and recommends “both the exposure of children to, and power of, marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt” should be reduced.¹⁵ Federal / Provincial / Territorial Ministers of Health have recognized the need to look at ways of increasing the availability of nutritious foods and decreasing the marketing of unhealthy foods and beverages to children.¹⁶ The Heart and Stroke Foundation recommends the following actions.

FEDERAL GOVERNMENT

- Work with provinces and territories to:
 - ◆ Protect children from the marketing of unhealthy food and beverages by foreign-based television and other communications media.
 - ◆ Develop national standards, criteria, and definitions to support regulation of the marketing of unhealthy food and beverages to children.
 - ◆ Regulate the Internet, including social media (through amendments to the *Competition Act* or other legislation) to protect children from the marketing of unhealthy food and beverages.
- In the absence of regulation, develop a transparent system of monitoring and reporting on the marketing of unhealthy food and beverages to children by the food industry. This system could be modelled after Health Canada's Trans Fat Monitoring Program.

PROVINCIAL GOVERNMENT

- Adopt policies, legislation and regulations prohibiting the marketing of unhealthy food and beverages to children across the broad range of modern media. Specifically:
 - ◆ Ban television advertising of these products during programming viewed by children;
 - ◆ Ban the use of celebrities and all cartoon characters to promote unhealthy foods and beverages;
 - ◆ Ban advergames that promote unhealthy foods and beverages;
 - ◆ Block access to Internet sites that market unhealthy food and beverages to children;¹⁷ and,
 - ◆ Provide for effective complaints mechanisms and procedures to ensure effective implementation of the law.

- Work with the federal government to regulate the Internet to protect children from marketing of unhealthy food and beverages.
- Develop standards and criteria respecting food industry-sponsored events or programs at school or elsewhere that involve or include children.
 - ◆ Make all school funding received from the provincial government conditional on these standards and criteria being followed.
 - ◆ Until these standards and criteria are developed, require schools, school boards or other organizations receiving provincial government funding to provide information on the nature, extent and amount of funding received from the food industry for sponsored events or programs at school or elsewhere.
- Restrict food industry sponsorship depending on the extent to which a company has unhealthy foods and beverages in its product line for events attended by or aimed at children.¹⁸ Develop criteria to determine how sponsorship restrictions should be applied.
- Consider introducing incentives to the food and beverage industry that will encourage and reward them to market healthier foods and beverages to children and youth (such as tax incentives or recognition awards).

SCHOOL COMMUNITY

Nutrition literacy and nutrition education are important means of helping children to assess and respond appropriately to the marketing of unhealthy food and beverages. It is recommended that students, families, parent advisory councils, educators, administrators and boards take the following steps:

- Until standards and criteria are developed by the provincial government as described above respecting food industry-sponsored events or programs at school or elsewhere, provide information on the nature, extent and amount of funding received from the food industry for sponsored events or programs.
- Establish a web-based network of parents who wish to improve the food and beverage environment in schools, including the marketing of these products. One example is an Australian initiative called the Parents Jury.¹⁹
- Parents and teachers become aware of the techniques that the food industry uses to market unhealthy foods and beverages and introduce strategies at home and at school to bring children and students gradually to the point where they are able to make critical assessments of these techniques.²⁰

NON-PROFIT GROUPS, HEALTH CARE ORGANIZATIONS AND HEALTH CARE PROFESSIONALS

- Develop a BC-based website to help parents, educators and students to learn about:
 - ◆ The nature and extent of the marketing of unhealthy foods and beverages to children including the techniques and types of media used and how these advertisements can mislead children and parents;
 - ◆ The opportunities that the food and beverage industry could reasonably use for marketing healthy foods and beverages to children, and how parents and concerned groups could support the food and beverage industry to take this approach.
 - ◆ The various steps groups and individuals can take to:
 - counter the marketing strategies of unhealthy foods and beverages;
 - encourage the provincial and federal governments to regulate the marketing of food and beverages to children.

NON-PROFIT GROUPS, HEALTH CARE ORGANIZATIONS AND HEALTH CARE PROFESSIONALS (CONT'D)

- ◆ Provide information on the appropriate grounds for complaints about marketing to children and how complaints can be made most effectively.
- Play a role in investigating and monitoring marketing practices in schools and communities and report their findings to government and industry for remedial action.
- Collaborate on a joint declaration or position statement urging the federal and provincial governments to take action on restricting the marketing of unhealthy foods and beverages to children.
- Exercise discretion in accepting sponsorships by the food industry so as not to unintentionally endorse or promote unhealthy foods and beverages.

THE BC FOOD AND BEVERAGE INDUSTRY

- In conjunction with the provincial government, health care organizations and professionals, and concerned stakeholders, develop strategies and plans to:
 - ◆ Augment the marketing of healthy food and beverages to children and voluntarily reduce the marketing of unhealthy food and beverages to children.
 - ◆ Develop and enforce the highest standards for marketing food and beverages to children and youth.
 - ◆ Develop a robust and rigorous self-monitoring system for the food industry to follow until the federal government implements a monitoring and reporting system as described above.

KEY FACTS

THE EPIDEMIC OF UNHEALTHY WEIGHT AMONG CHILDREN AND YOUTH

- More than 31% of Canadian children are overweight or obese (with 19.8% being overweight and 11.7% obese).²¹ In 25 years, the number of overweight and obese children increased by 11%.²²
- 27% of BC children and youth are obese or overweight and growth rates are alarming; e.g., between 1978/79 and 2004 the number of obese adolescents tripled.²³
- BC parents consider obesity to be the leading health issue faced by children today.²⁴
- The direct and indirect costs of obesity to BC's health system are estimated at \$1 billion.²⁵

A MAJOR THREAT TO THE HEALTH OF BRITISH COLUMBIANS

- Cardiovascular disease (including heart disease and stroke) is the #1 cause of death and disability in BC. Excess body weight or obesity is a common risk factor for cardiovascular disease.²⁶
- Recent research has found that half of overweight teens and 61% of obese teens have at least one major health risk factor such as high blood pressure (hypertension), high cholesterol levels, and prediabetes / diabetes.²⁷
- Rates of disease in adulthood are greater for men and women who were overweight as adolescents. In adulthood, they suffer from higher rates

of coronary disease, diabetes, atherosclerosis, arthritis, and colorectal cancer *independently of their weight in adulthood*.²⁸

- Obesity-related diseases may negate the past 100 years' progress in public health care. Our children may not enjoy the life expectancy or quality of life of past generations.²⁹
- Excess weight may soon rival tobacco as the world's leading cause of preventable premature deaths.³⁰

EATING BEHAVIOURS AND SEDENTARY BEHAVIOUR OF BC CHILDREN FOSTER UNHEALTHY WEIGHTS

- Overweight and obesity are directly linked to over-consumption of energy-dense foods and beverages. Up to 80% of heart disease and stroke can be prevented through lifestyle changes including healthy eating.³¹
- A BC health assessment of school-aged children found:
 - ◆ Only 33% of girls and 34% of boys reported consuming vegetables and fruit at least six times the day before the survey; but
 - ◆ 77% of students reported eating candy, baked sweets or frozen desserts; 53% reported eating salty snacks at least once the previous day; and 71% reported drinking at least one serving of a sweetened beverage the day prior to the survey.³²
- For the seventh year in a row, the 2013 Active Healthy Kids Report Card gave 5 - 17 years old a failing grade – only 5% of Canada's children and youth meet its guideline of 60 minutes of physical activity a day. In 2012, Grades 6 -12 students spent 7 hours and 48 minutes a day in front of screens such as televisions and computers.³³
- In BC, parents report that:
 - ◆ During school, 11% of children have less than 30 minutes of daily physical activity and 3% have none – after school, 18% have less than 30 minutes of physical activity, 7% have none;
 - ◆ 45% of children are driven to school, 35% walk and 3% bike, rollerblade, or skateboard;³⁴ and
 - ◆ The risk of obesity has been shown to **decline** by 4.8% for each additional kilometre walked per day and **increase** by 6% for each hour spent in a car per day.³⁵

Position Statement

REFERENCES

- 1 See Federal/Provincial/Territorial Ministers of Health and / or Health Promotion / Healthy Living, *Curbing Childhood Obesity: A Federal, Provincial, Territorial Framework for Action to Promote Healthy Weights*, <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php>.
- 2 Brian Cook, "Marketing to Children in Canada: Summary of Key Issues," for the Public Health Agency of Canada, April 2007, citing Institute of Medicine 2006 review of 123 studies published between 1974 and 2005. The Chronic Disease Prevention Alliance of Canada also reported, "Numerous studies and reviews have found television viewing and the pervasive marketing of energy-dense, micronutrient-poor foods to be causally related to children's food selections and strongly implicated in the causal pathways to obesity." CDPAC Background Paper: Marketing and Advertising of Food and Beverages to Children, February 2006. See also "Food Marketing to Children and Youth: Threat or Opportunity," Institute of Medicine, 2006, http://www.nap.edu/catalog.php?record_id=11514.
- 3 Brian Cook, Toronto Public Health, "Healthier Nutrition for Kids: An Action Plan, Advertising to Children in Canada," February 24, 2011, slide presentation. See also Cook, "Marketing to Children," op.cit., and Coalition Quebecoise sur la problématique du Poids (Quebec Coalition on Weight-Related Problems), "Briefing Card – Advertising to Children;" WHO, "Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children," http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf. Other studies have found that advertisements for unhealthy food products are more concentrated in time slots when children watch TV. See Kathy Chapman, Cancer Council NSW Australia, "Reducing food marketing directed at children: an Australian Experience" <http://www.partnershipagainstcancer.ca/wp-content/uploads/Reducing-Food-Marketing-Directed-at-Children-an-Australian-Experience-Kathy-Chapman.pdf>.
- 4 "Actions Taken and Future Directions 2011: Curbing Childhood Obesity: A Federal, Provincial, and Territorial Framework for Action to Promote Healthy Weights," November 25, 2011. <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/2011/hw-os-2011-eng.php>.
- 5 Cook, "Marketing to Children," op. cit., and Institute of Medicine, 2006 op. cit.
- 6 Cook, "Marketing to Children," op. cit.
- 7 CDPAC, "Background Paper," op. cit.
- 8 Magnus, A; Haby, MM; Carter, R; Swinburn, B. "The cost-effectiveness of removing television advertising of high-fat and/or high-sugar food and beverages to Australian Children," *International Journal of Obesity* (2009) 33, 1094-1102.
- 9 Moore, E.S. (2006). *It's Child's Play: Advergaming and the Online Marketing of Food to Children*. A Kaiser Family Foundation Report. Available from <http://www.kff.org/entmedia/upload/7536.pdf>, cited in Cook "Marketing to Children," op. cit. Cook notes that the "advergame" has become one of the most popular on-line advertising techniques that he describes as "a product-centered video game with embedded brand messages such as product packaging, logos and / or brand characters. Whereas traditional TV commercials are short and can be avoided, advergames allow marketers to engage young consumers with their brand for several minutes at a time. Viral marketing for children, Cook explains, can include online sites that encourage visitors to send an email to friends in the form of a branded invitation to visit the site. An analysis of online food advertising found that 64% of children's sites associated with 96 top food brands encouraged this strategy. See also British Heart Foundation, "The 21st century gingerbread house: How companies are marketing junk food to children online." http://www.sustainweb.org/resources/files/reports/The_21st_century_gingerbread_house.pdf.
- 10 Chapman, op. cit.
- 11 "Obesity and the Impact of Marketing to Children: Policy Consensus Statement" March 28, 2008. See also Obesity Reduction Strategy Task Force of BC, "Recommendations for an Obesity Reduction Strategy for British Columbians," August 11, 2011.
- 12 See <http://www.stoneheartnewsletters.com/junk-food-consumption-drops-with-ad-bans-study/junk-food/> and Heart and Stroke Foundation, *Heart Healthy Children and Youth Guidebook*.
- 13 Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 14 Cook, slide presentation, op. cit.
- 15 World Health Organization, "Set of recommendations on the marketing of foods and non-alcoholic beverages to children," 2010, http://whqlibdoc.who.int/publications/2010/9789241500210_eng.pdf.
- 16 "Curbing Childhood Obesity: A Federal, Provincial, and Territorial Framework for Action to Promote Healthy Weights."
- 17 This is currently done in Quebec under their legislation.
- 18 A November 2012 survey of BC parents found that 69% support such restrictions. Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 19 See <http://www.partnershipagainstcancer.ca/wp-content/uploads/Reducing-Food-Marketing-Directed-at-Children-an-Australian-Experience-Kathy-Chapman.pdf>.
- 20 Beginning in November 2009, a three-year "junk food" denormalization campaign was introduced in Quebec by the RSEQ (Réseau du sport étudiant du Québec) targeted at 13 to 17 year old youth to raise awareness of the effects of marketing of unhealthy foods and beverages. See "Junk Food Marketing Survey: 10000 Quebec Teenagers Speak Out," RSEQ, January 2012, http://rseq.ca/media/27863/rapport_d_enquete-anglais_final.pdf. For an overview of the project, see http://rseq.ca/media/27896/igetit_overview.pdf.
- 21 See "Body mass index of Canadian children and youth, 2009-2011," Statistics Canada, <http://www.statcan.gc.ca/pub/82-625-x/2012001/article/11712-eng.htm>.
- 22 Final Report: Data and Evidence Working Group, *Recommendations for Obesity Reduction in BC*. July 13, 2010.
- 23 Obesity Reduction Strategy Task Force of BC, *Recommendations for an Obesity Reduction Strategy for British Columbia*, August 2010. For children and youth, obesity is defined as the 95th percentile of Body Mass Index (BMI) and overweight is between the 85th and 95th percentile. BMI is a measure of individuals' weight relative to their height. Op. cit. pp. 12-13.
- 24 Ipsos Reid, "Canadians' Perceptions of, and Support for, Potential Measures to Prevent and Reduce Childhood Obesity," Final Report, prepared for Public Health Agency of Canada, November 2011. A November 2012 survey of the general BC population found that 62% of respondents were very concerned about children being overweight and another 36% moderately concerned. Angus Reid survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 25 See Legislative Assembly of British Columbia, Select Standing Committee on Health, "A Strategy for Combating Childhood Obesity and Physical Inactivity in British Columbia Report," November 29, 2006, Appendix B, <http://www.leg.bc.ca/cmt/38thparl/session-2/health/reports/Rpt-Health-38-2-29Nov2006/index.htm>.
- 26 Heart and Stroke Foundation of British Columbia and Yukon Position Statement, *Obesity Reduction in British Columbia* citing BC Vital Statistics, *Vital Statistics Quarterly Digest*, 2009 18(4) and McLaren, L et al. *Are Integrated Approaches Working to Promote Healthy Weights and Prevent Obesity and Chronic Disease? A Review and Synthesis of the Literature with Suggestions and Recommendations for Policy and Decision Makers*, 2004. Centre for Health and Policy Studies, Dept Community Health Sciences, University of Calgary.
- 27 L. Ashleigh, et al, "Prevalence of Cardiovascular Disease Risk Factors Among US Adolescents, 1999-2008," *Pediatrics*, vol 129, no 6, June 2012. See also, Ball, Geoff D.C. and Linda J. McCargar, "Childhood Obesity in Canada, A Review of Prevalence Estimates and Risk Factors for Cardiovascular Disease and Type 2 Diabetes." http://www.ualberta.ca/~gdball/pubs/Ball_McCargar-Review_2003.pdf. See also, Institute of Medicine, *Local Government Actions to Prevent Childhood Obesity, Report Brief*, September 2009, <http://www.iom.edu/Reports/2009/Local-Government-Actions-to-Prevent-Childhood-Obesity.aspx>.
- 28 Must, Aviva, et al, "Long-term morbidity and mortality of overweight adolescents: A follow-up of the Harvard Growth Study of 1922 to 1935," *New England Journal of Medicine*, November 5, 1992, pp. 1350-55. The one exception to the independence of weight in adulthood was for diabetes.
- 29 Heart and Stroke Foundation, *Making Healthy Choices Easy Choices for All Our Children Submission to "Our Health Our Future – A National Dialogue on Healthy Weights"*, July 28, 2011.
- 30 McKinsey Quarterly, October 2010, *Healthcare Payor and Provider Practice: Why Governments must lead the fight against obesity*.
- 31 Heart and Stroke Foundation of Canada Position Statement, *Access to Affordable, Healthy and Nutritious Foods ("Food Security")* citing World Health Organization, *Facing the Facts: The Impact of Chronic Disease in Canada 2005*.
- 32 Data and Evidence Working Group, op. cit., citing British Columbia Health Assessment of School-Aged Children Project. British Columbians are concerned about children's unhealthy eating and drinking habits. A November 2012 survey found that 94% of respondents were either very (52%) or moderately (42%) concerned. Angus Reid Survey for the Heart and Stroke Foundation, BC and Yukon, November 2012.
- 33 2012 and 2013 Active Healthy Kids Canada Report Cards on Physical Activity for Children and Youth. See <http://www.activehealthykids.ca/ReportCard/ReportCardOverview.aspx>. Health Canada and the Canadian Society for Exercise Physiology recommend 60 minutes of moderate to vigorous physical activity each day for children and youth aged 5-17.
- 34 Environics Research Group, Heart and Stroke Foundation Back to School 2012, *British Columbia Report*, May 2012. The Daily Physical Activity K-12 Program Guide (2011) requires 30 minutes/day for K-7 and 30 minutes/day or 150 minutes/week for Grades 8-12.
- 35 Heart and Stroke Foundation Position Statement, *Community Design*, citing: Frank, L et al. Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars. *American Journal of Preventative Medicine* 2004; 27:87-95.