

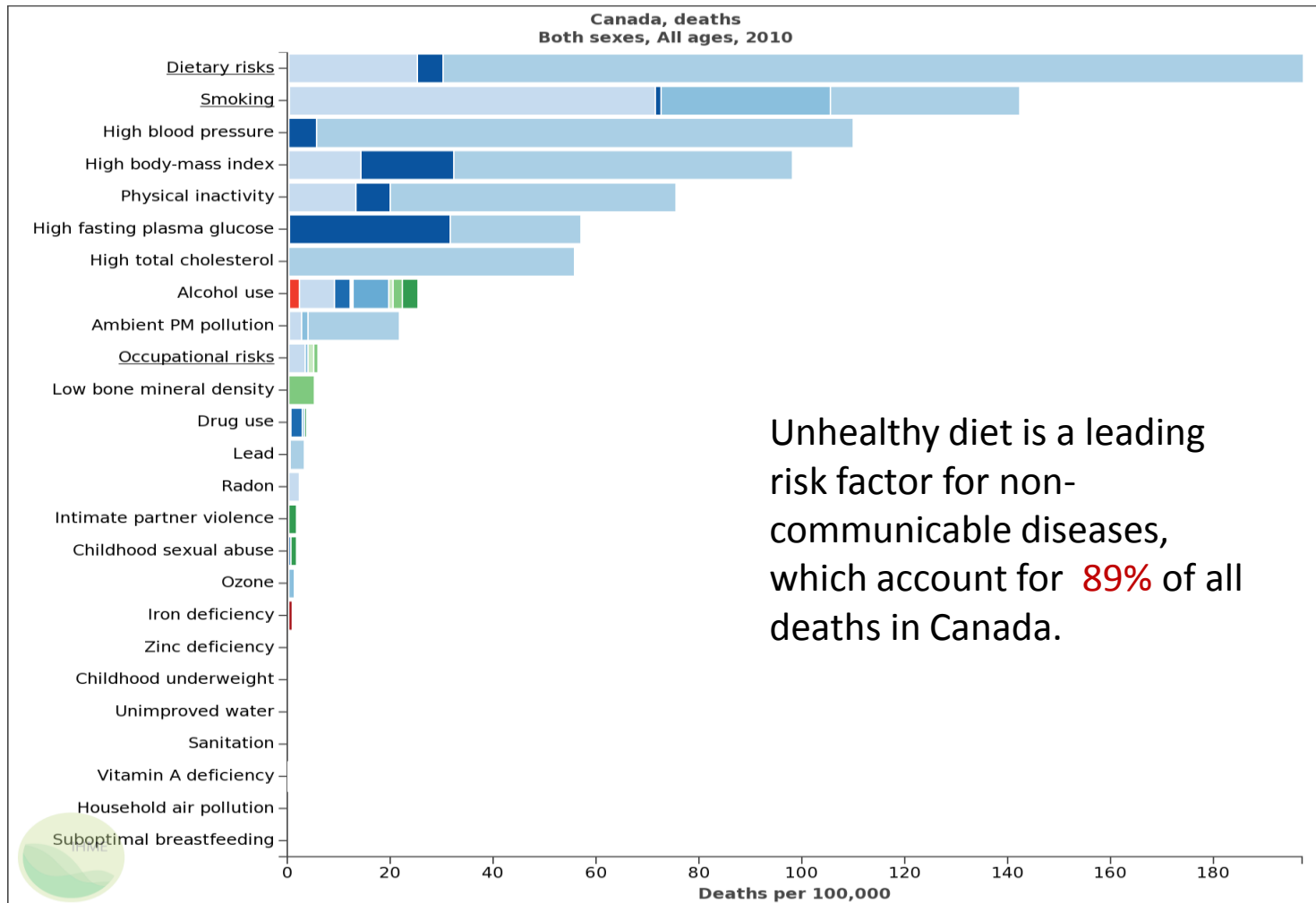
How to Use This Slide Deck

- This slide deck provides an overview the evidence behind the development of the Policy Consensus Statement Restricting the Marketing of Unhealthy Food and Beverages to Children.
- The presentation is intended to increase health care provider knowledge and engagement in advocating for, and supporting, restrictions on unhealthy food and beverage marketing to children as a risk factor in the development of diet-induced chronic disease.
- It may be tailored to reflect the needs of your venue/audience.
- There are speaker notes for each slide

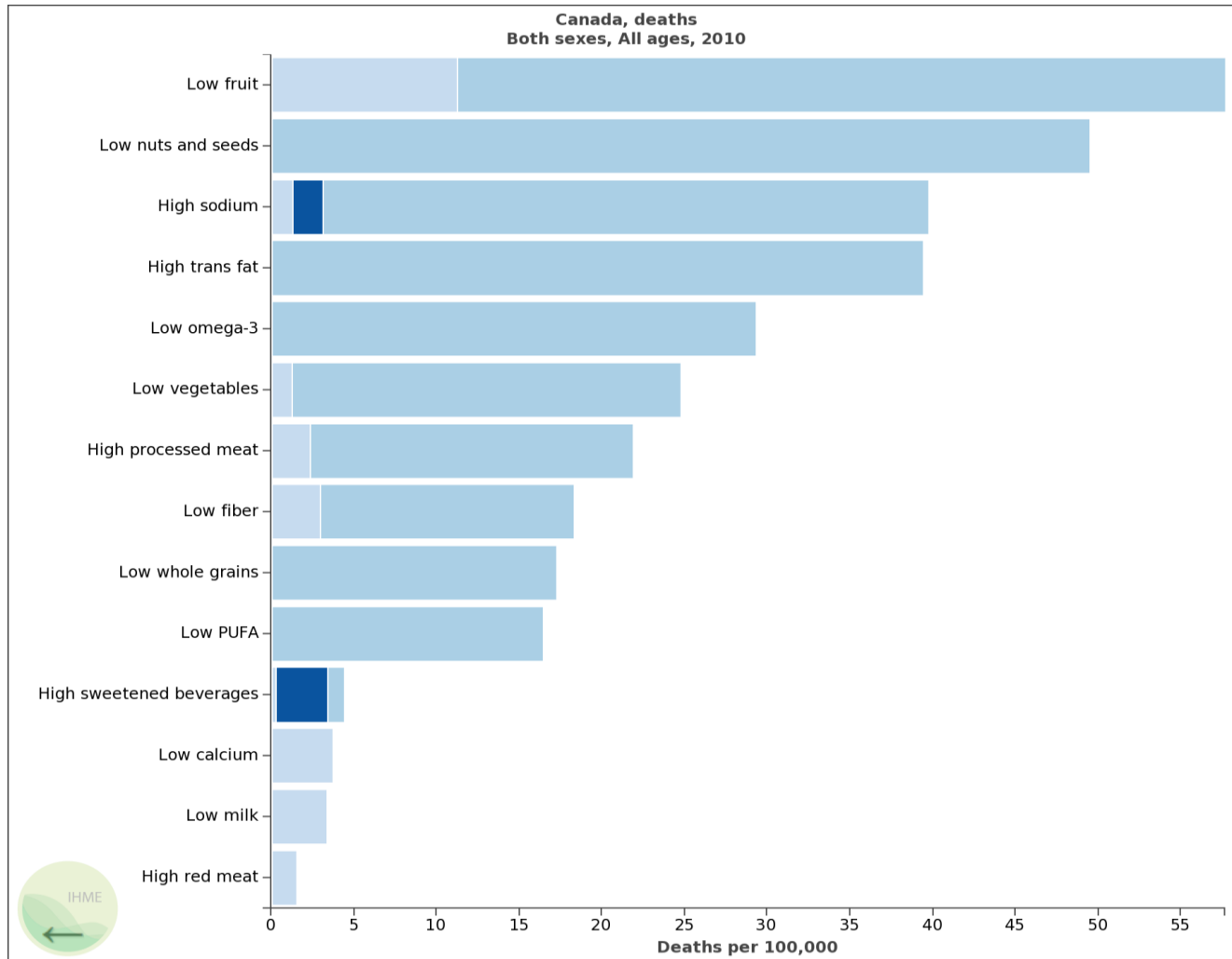
Restricting Food Marketing to Kids as a Policy Intervention for the Prevention of Chronic Disease Risk Factors

The Development of a Canadian NGO Policy Consensus Statement

Leading risk factors for death & disability

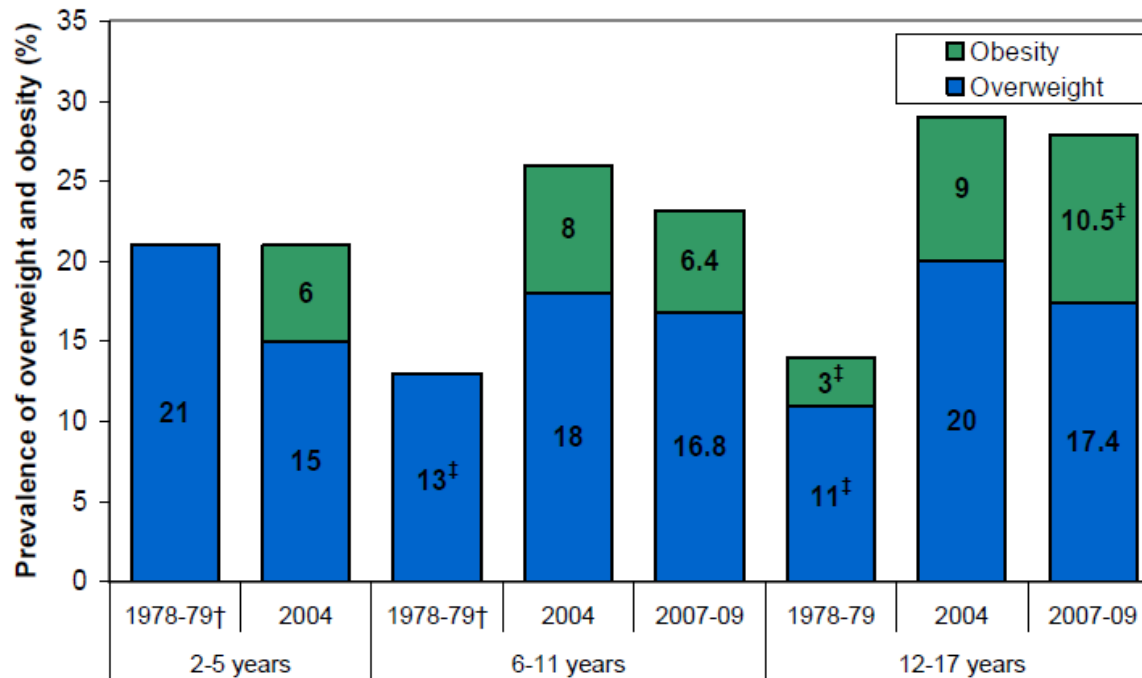


Dietary Risks



Childhood Obesity

Prevalence of Overweight and Obesity in Canada, classified using BMI, by age, 1978-2009



†The obesity prevalence estimate has a coefficient of variation greater than 33.3%, therefore it cannot be released and the combined prevalence of overweight and obesity is shown.

‡Estimates should be used with caution (coefficient of variation between 16.6% and 33.3%)

Consumption of ultra-processed foods and likely impact on human health. Evidence from Canada

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Submitted 19 March 2012: Final revision received 18 September 2012: Accepted 19 September 2012

Abstract

Objective: To investigate consumption of ultra-processed products in Canada and to assess their association with dietary quality.

Design: Application of a classification of foodstuffs based on the nature, extent and purpose of food processing to data from a national household food budget survey. Foods are classified as unprocessed/minimally processed foods (Group 1), processed culinary ingredients (Group 2) or ultra-processed products (Group 3).

Setting: All provinces and territories of Canada, 2001.

Subjects: Households (*n* 5643).

Results: Food purchases provided a mean per capita energy availability of 8908 (SE 81) kJ/d (2129 (SE 19) kcal/d). Over 61·7% of dietary energy came from ultra-processed products (Group 3), 25·6% from Group 1 and 12·7% from Group 2. The overall diet exceeded WHO upper limits for fat, saturated fat, free sugars and Na density, with less fibre than recommended. It also exceeded the average energy density target of the World Cancer Research Fund/American Institute for Cancer Research. Group 3 products taken together are more fatty, sugary, salty and energy-dense than a combination of Group 1 and Group 2 items. Only the 20% lowest consumers of ultra-processed products (who consumed 33·2% of energy from these products) were anywhere near reaching all nutrient goals for the prevention of obesity and chronic non-communicable diseases.

Conclusions: The 2001 Canadian diet was dominated by ultra-processed products. As a group, these products are unhealthy. The present analysis indicates that any substantial improvement of the diet would involve much lower consumption of ultra-processed products and much higher consumption of meals and dishes prepared from minimally processed foods and processed culinary ingredients.

Keywords
Ultra-processed foods
Nutrition
Diet
Food classification
Obesity

Food Marketing to Children

- Largely for foods high in fat (saturated and trans), sugar and salt
- 'Probable' cause of obesity (WHO)
- (Negatively) influences children's dietary preferences, purchases and consumption patterns
- Involves advertising, sponsorship, product placement, sales promotion, cross-promotions, using celebrities, brand mascots or characters popular with children, web sites, packaging, labelling and point-of-purchase displays, e-mails and text messages.....
- Manipulates



Canadian Context

Television Food Advertising to Children: A Global Perspective

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Excess weight in children is a significant global public health issue: 10% of school-aged children,¹ and a further 22 million children younger than 5 years,² are estimated to be overweight or obese. Although the absolute prevalence of childhood obesity varies between and within countries,³ obesity levels are rising across the globe.⁴

Food marketing to children has been recognized as 1 factor contributing to the obesity-promoting environment, and it is considered an important arena for action in the prevention of obesity.⁵ Systematic reviews have found that marketing generates positive beliefs about advertised foods and influences children's food preferences, purchase requests, and consumption.⁶⁻⁸ These findings are a concern because advertised foods are typically the antithesis of dietary recommendations.⁹

Evidence from psychological research indicates that children, particularly those younger than 8 years, are not fully aware of the

Objectives. We compared television food advertising to children in several countries.

Methods. We undertook a collaboration among 13 research groups in Australia, Asia, Western Europe, and North and South America. Each group recorded programming for 2 weekdays and 2 weekend days between 6:00 and 22:00, for the 3 channels most watched by children, between October 2007 and March 2008. We classified food advertisements as core (nutrient dense, low in energy)

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- Canadian children (AB sample) exposed to **7 television advertisements per hour** ;
- **80% advertise food 'high in undesirable nutrients and/or energy'** – 3rd highest rate behind Germany and US

Conclusions. Across all sampled countries, children were exposed to high volumes of television advertising for unhealthy foods, featuring child-oriented persuasive techniques. Because of the proven connections between food advertising, preferences, and consumption, our findings lend support to calls for regulation of food advertising during children's peak viewing times. (*Am J Public Health.* 2010;100:1730-1736. doi:10.2105/AJPH.2009.179267)

The Canadian Children's Food and Beverage Advertising Initiative (CAI)



“Through CAI, Participants are shifting their advertising and marketing emphasis to foods and beverages...that are lower in total calories, fats, salts and added sugars, and higher in nutrients that are significant to public health.”

- Advertising Standards Canada

<http://www.adstandards.com/en/childrensinitiative/default.htm>

Healthy Dietary Products (ASC, 2011)



ORIGINAL ARTICLE

Self-regulation by industry of food marketing is having little impact during children's preferred television

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Abstract

Objective. To examine the efficacy of self-regulation of food marketing during viewing on television, the differences in food/beverage marketing between corporations participating in the Canadian Children's Food and Beverage Advertising Initiative (CAI) and those not participating (non-CAI) in this initiative. **Methods.** The food/beverage marketing was recorded during 99.5 hours of children's preferred viewing on television with 272 children aged 10–12 years from Ontario and Quebec who completed a survey. This was determined. A total of 32 television stations were simultaneously recorded, and a content analysis of children's preferred viewing was conducted and included coding all food/beverage promotions and their nutritional content. Each food/beverage promotion was classified by corporation type (i.e., CAI or non-CAI). **Results.** The CAI was responsible for significantly more food/beverage promotions, and used media characters and repetition more frequently in their food/beverage promotions than the non-CAI group. Nutritionally, the CAI food/beverage promotions were higher in fats, sugar, sodium and energy per 100 grams. A significantly greater proportion of the CAI food/beverage promotions were considered 'less healthy' compared to the non-CAI promotions. **Conclusion.** With the exception of the four corporations that did not market to children at all, the commitments that have been made in the CAI are not having a significant impact on the food and beverage marketing environment on television which is viewed by 10–12-year-olds.

Key words: Child, obesity, policy, television, prevention, marketing, food

“...the commitments that have been made in the CAI are not having a significant impact on the food and beverage marketing environment ...”

Quebec Consumer Protection Act

- Bans all commercial advertising directed at persons under 13 years of age
- Renowned as among most stringent policies in the world
- Does a better job at protecting Francophone population ^{1,2}
- Marketing Exclusions: Product Placements, Sales promotion, cross promotion using celebrities, packaging, labeling, point of purchase displays, viral marketing, etc.³




Recommendations

Interagency Working Group
on Food Marketed to Children


Preliminary Proposed Nutrition Principles
to Guide Industry Self-Regulatory Efforts

Request for Comments



Pan American
Health
Organization
OEA/Organización
de la Salud Panamericana

Recommendations from a Pan American Health
Organization Expert Consultation on
the Marketing of Food and Non-Alcoholic Beverages
to Children in the Americas



**No Time to Wait:
The Healthy Kids Strategy**

Healthy Kids Panel

World Health
Organization

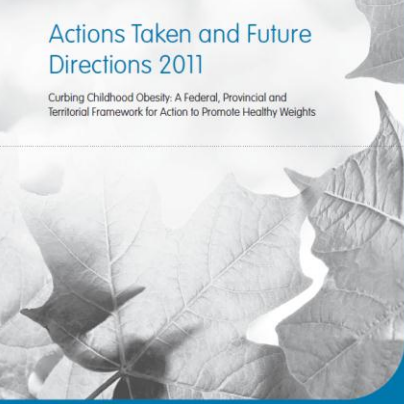
ZERO DRAFT
(Version dated 10 October 2012)

ZERO DRAFT


GLOBAL ACTION PLAN
FOR THE PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES
2013-2020

Actions Taken and Future
Directions 2011


Curbing Childhood Obesity: A Federal, Provincial and
Territorial Framework for Action to Promote Healthy Weights



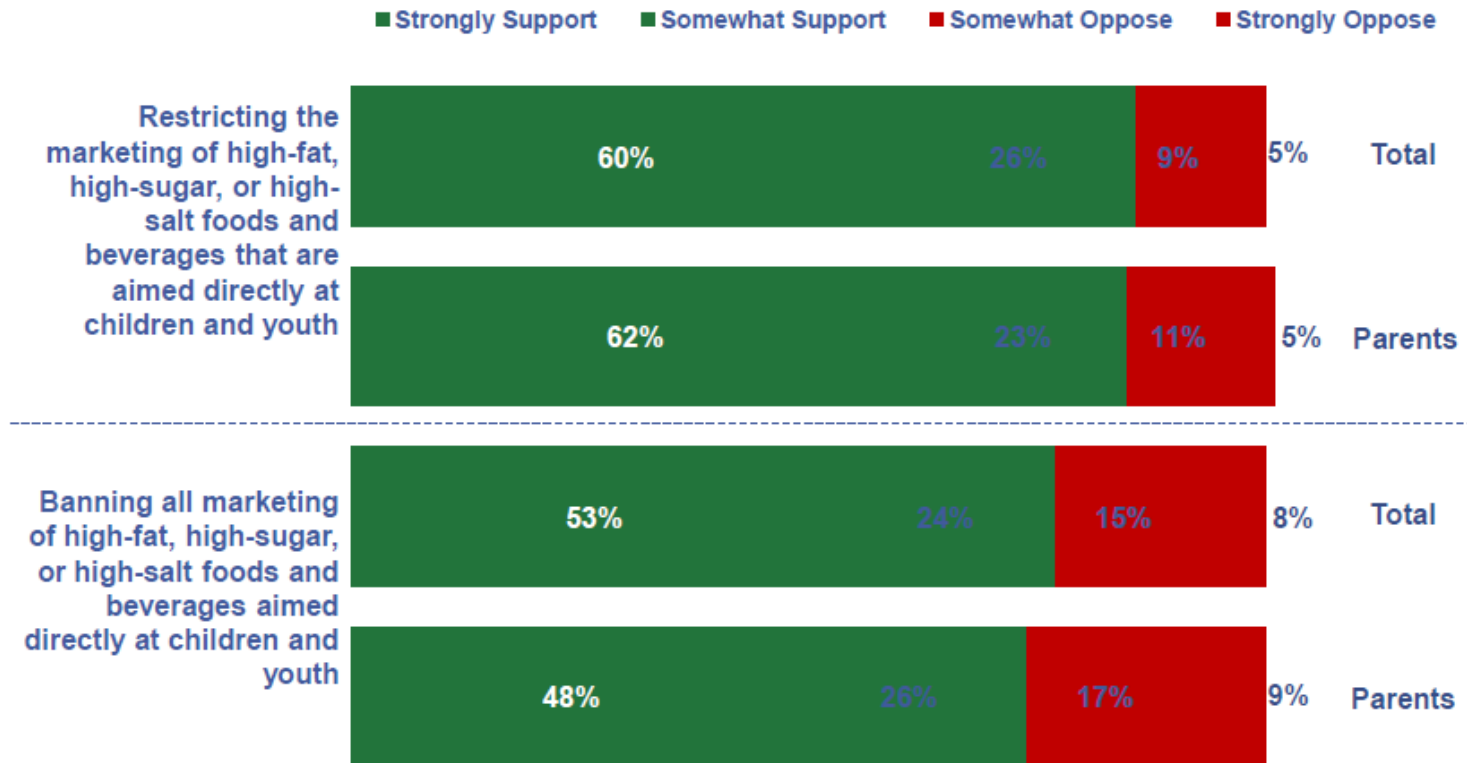
November 25, 2011



SET OF RECOMMENDATIONS
ON THE MARKETING OF FOODS
AND NON-ALCOHOLIC BEVERAGES
TO CHILDREN



Public Opinion



Base: All respondents (n=1222); Parents = Those with children 17 and under currently living in household (n=626)

NGO Policy Consensus Statement

Improving Canada's Eating Environment

**Restricting Marketing of Unhealthy
Foods and Beverages to Children and
Youth in Canada**

Canadian Health and Scientific Organization
Policy Consensus Statement

May 2013



- Offers recommendations directed at all levels of government and non-governmental organizations, including industry
- Broadly, calls for the development and implementation of policies to curb unhealthy food and beverage marketing to children under 13 years of age

Endorsers

- Alberta Policy Coalition for Chronic Disease Prevention
- Alberta Public Health Association
- Canadian Association of Cardiac Rehabilitation
- Canadian Association of Pediatric Nephrologists
- Canadian Cardiovascular Society
- Canadian Council of Cardiovascular Nurses
- Canadian Dental Association
- Canadian Diabetes Association
- Canadian Medical Association
- Canadian Nurses Association
- Canadian Public Health Association
- Canadian Society of Internal Medicine
- Canadian Society of Nephrology
- Canadian Stroke Network
- Childhood Obesity Foundation
- College of Family Physicians of Canada
- Dietitians of Canada
- Heart and Stroke Foundation of Canada
- Hypertension Canada
- Kidney Foundation of Canada
- Public Health Physicians of Canada
- Quebec Coalition on Weight-Related Problems (Weight Coalition)
- CIHR/HSFC Chair in Hypertension Prevention and Control
- H el ene Delisle, TRANSNUT, World Health Organization Collaborating Centre on Nutrition Changes and Development

...and hopefully many more

What can we do?

- Support, communicate and advocate to:
 - Our colleagues
 - Fellow Canadians
 - Our professional organizations
 - Canadian policy makers
- How?
 - Incorporate impact of unhealthy eating and need for dietary policy into professional educational programs and publications (newsletters, websites, text books, peer reviewed manuscripts)
 - Educate local and provincial health organizations of the impact of unhealthy eating and of marketing unhealthy foods to children
 - Encourage and mobilize professional associations in support of policies that have potential to reduce cardiovascular disease.



Conclusions

- Adherence to industry self-regulated guidelines is not working (effectively).
- Effective policies are needed to reduce the impact on children of marketing of foods that contribute to NCD disease risk.
- Restricting unhealthy food and beverage marketing is an effective, and cost-effective, strategy to improve diet.
- Canadian health organizations and other stakeholders are urged to champion and advocate for effective policies to restrict such marketing.

Thank-you

Download the official policy statement here

http://www.hypertensiontalk.com/publications/marketing_to_children/

Available in French and English