Societal Resolve and the Health of Children

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I f the true measure of society's progress is the attention devoted to the condition of its children, the nation may need a better compass to right its course. Six years ago, the IOM's Committee on Food Marketing to Children and Youth found, in effect, when it comes to health as arguably the key component of the human condition, 21st-century American culture has not measured up well in tending to its children's futures. Where do we stand today?

Prompted by the need to address the rapid growth in obesity and overweight among American children during the past 3 decades, at the request of the CDC, the IOM formed an expert Committee to undertake a congressionally mandated study of the influence of food and beverage marketing practices on child health. In its 2006 report, Food Marketing to Children and Youth: Threat or *Opportunity*,¹ the IOM Committee released the results of the most comprehensive assessment of the issue, finding that (1) the evidence was strong for a causal relationship between television advertising and children's diets; (2) growth in food and beverage products and advertising targeted to children substantially outpaced that for other populations and disproportionately emphasized energydense, low-nutrient products; (3) food marketing was rapidly becoming a much more sophisticated multimedia activity than simply advertising; and (4) wholesale change would require large-scale, sustained, multifaceted efforts, with industry's full participation.

Explicitly stated in the title of the IOM report is the notion that with the established certainty of marketing's influence over children's diets comes not only the threat of adverse influences from adverse practices but the promise of salutary influences from salutary practices. The question is, how well has industry engaged the opportunity to become part of the solution?² In their article in this issue of the *American Journal of Preventive Medicine*—"Industry Progress to Market a Healthful Diet to American Children and Adolescents"— Kraak et al.³ offer some initial answers.

Based on a comprehensive survey of the literature produced since the release of the report in 2006, the authors

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find mixed results. Citing developments related to revising policies for industry self-regulation; reformulating and expanding healthier products (albeit incremental); developing front-of-package labeling; reducing television advertising and use of cartoon characters for some unhealthy foods; and investing in public-private initiatives to promote healthy lifestyles, they report moderate progress by food and beverage companies and by industrysupported groups setting marketing practice standards.

On the other hand, the authors find much more limited progress made (1) by restaurants, especially many quickservice restaurants, in the expansion of competitively priced healthier choices and the provision of useful pointof-choice information on nutrition content; (2) by industry trade associations in fostering and enforcing industrywide standards for reporting and illustrating product content and healthfulness; or providing mechanisms, technical assistance, and encouragement for industrywide cooperation in social marketing for healthier diets or research initiatives for healthier product development, with certain trade associations lobbying strongly for marketing targeting children; and (3) by media and entertainment companies in storylines that encourage healthful dietary habits and in reporting that accurately transmits and interprets nutrition-related press stories to the public.

The study by Kraak et al.³ both offers important insights and reference points on the nature of the progress since the release of the IOM report and underscores the difficulty of the challenges to change. On the basis of their assessment, the authors suggest nearly 30 actions for the consideration of industry stakeholders, if they are to become significant contributors to healthier dietary profiles among children. The nature of the actions identified makes it clear that leadership and culture change from outside industry is critical to the prospects for progress.

There are some distinctly positive developments in that respect. After the release of the IOM report, the Federal Trade Commission (FTC) created a task force on food and beverage marketing to youth and, in 2009, an Intra-agency Working Group (IWG) on Marketing to Children was formed across several federal agencies. In a leadership effort with the potential to match that of the U.S. Surgeon General's 1964 Report on Smoking and Health,⁴ the First Lady launched her *Let's Move* campaign, supported by the guidance and input of the President's Task

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Force on Childhood Obesity,⁵ and augmented by outside capacity she helped create, that is, the nonprofit Partnership for a Healthier America, which is devoted to marshaling private-sector initiatives on food and fitness for healthier children. In addition, menu-labeling requirements were set forth in 2010 in the Affordable Care Act⁶ and, in 2011, a Congressionally-Chartered National Foundation on Fitness, Sports, and Nutrition was created as a private entity to support the work of the renamed President's Council on Fitness, Sports, and Nutrition in the area. Together, these initiatives create an infrastructure to facilitate positive change that was not present at the time of the IOM report.

It is also clear that the success of these initiatives in the face of powerful countervailing cultural, economic, and environmental forces will hinge on the evolution of certain basic capacities, including those related to:

Science

Progress derives ultimately from science that is reliable and is translated clearly and consistently. With respect to food choices, this means investing more heavily in several key elements important to better nutrition: greater insight on the issue of the healthfulness of different foodsthe "good food/bad food" issue-in different circumstances, joint public-private ventures in healthy product development, how marketing works, the basic science of human decision-making. And at least as important as the generation of new knowledge is the means of its application. To be effective, education must not only be an accurate translation of the science but it must be sustained over time, be reinforced, and consistently presented from multiple sources. With different definitions of healthy products, labeling practices, food and advertising standards, the current culture is not conducive to well-informed health choices.

Marketing

"Marketing works." This was the first sentence in the 2006 IOM report. That has been established. What has not yet been established is the mechanism and the support for sustained marketing to work on behalf of the nation's children. The experience with tobacco is instructive. The most rapid period of decline in the use of cigarettes occurred not after television advertising was banned but in the period before the ban when counter ads were mandated as a proportion to the product ads. With the stakes what they are for childhood fitness and nutrition, dedicating the resources necessary perhaps through a public–private effort funded in part by a fractional set-aside from product marketing dollars—for a significant and sustained social marketing campaign would seem well worth the investment.

Metrics

"What gets measured gets done" is the old adage. This means that it is not sufficient merely to track the prevalence of obesity and its health consequences but also the levels and results of efforts among key stakeholders industry, media, policymakers, clinicians, consumers. And might it not be useful to try to establish a set of metrics that reflected some aggregate impact among key elements of a balanced societal strategy: for example, healthy products introduced, choices informed, healthy school meals consumed, labeling consistency and accuracy, ratio of lifestyle social marketing to marketing for energy-dense/nutrient-scarce products, impact of agricultural policies—in effect, leading indicators of an "obesogenic society"—to provide accurate compass readings by which to navigate progress?

Kraak et al.³ show us that current efforts, while incrementally positive, are far too slow for the progress needed. With the health of a generation at stake, such basic steps and investments seem a small price for tending to society's most basic obligation and most basic strength: the well-being of its children.

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