

Fighting Childhood Obesity

Introduction

Obesity in America is epidemic. In 2005, 60.5% of adults Americans were overweight, 23.9% were obese, and 3.0% were extremely obese¹. Rates of obesity in children and adolescents have also increased dramatically in recent years, doubling for children age 2-5 and tripling for children age 6-11 since the 1970s². Today, nearly one in six children in the U.S. is overweight. A host of other serious health concerns are associated with obesity, including hypertension, diabetes, stroke, respiratory problems, heart disease and cancer³. Based on current trends, one third of children born in the U.S. today are at risk for type II diabetes.

Health care costs related to obesity in adults run to over \$100 billion annually, and are on the rise. The growing numbers of obese children foreshadow even greater demands on the health care system in the future; up to 80% of overweight teens are likely to become overweight adults⁴.

Reducing Obesity

Obesity is difficult to address, as it is due, in large part, to individuals' personal choices regarding diet and exercise. In America, many feel that legislation of these behaviors is anathema; the idea goes against deep-seated notions of freedom and self-determination. Because of these concerns, policies to limit Americans' food choices or make it more difficult for people to be sedentary are destined for vigorous confrontation. Policies aimed at combating the childhood obesity epidemic, however, may be easier to enact.

Advertising to Children

Children are aggressively marketed to through multiple channels. On average, children spend 5.5 hours watching television, playing video games, or using computers each day. This block of time represents substantial opportunities for advertisements targeted at the youth audience. On

This brief was prepared by Daniel Morris, M.S., Saint Louis University, St. Louis, MO. Contents are the sole responsibility of the author and do not necessarily represent the views of Saint Louis University. Send correspondence to morrisds@slu.edu.

April 2007

Recommendations

The seriousness of the childhood obesity epidemic demands a strong response. A recent IOM report concluded that strong evidence shows food marketing to children influences their dietary choices and food requests, and called for food, beverage, and restaurant industries to promote healthier diets to children and youth⁵. Policies should focus on limiting children's access to unhealthy foods, and restricting food advertising to them. Even though it may not be feasible to enact all these recommendations, pursuing them will put industry on notice.

- **Restrict food advertising on shows for children under the age of 13.**
- **Limit product placement in television shows for youth**
- **Restrict food advertising during shows for older youth (13+)**
- **Limit the availability of foods of minimal nutritional value in public schools**
- **Promote closed-campus rules to limit youth access to fast food restaurants during school hours**

average, a child today will see 40,000 television advertisements a year⁶. Advertisements are not limited to television, though. Ads targeting children are placed in video games, on the web, and in movies. This product placement seems especially insidious, young children are usually unable to distinguish television shows from advertisements to begin with, and do not have the wherewithal to understand they are being marketed to.

Companies advertise to children because it works. Aside from persuading kids to spend their own money (\$35 billion, in 2004), children can have a significant impact on family shopping habits. One estimate has children under 12 leveraging \$200 billion on household spending in 2004⁷. For instance, kids' food requests at the grocery store are often successful, and time spent watching television is a good predictor of the frequency of these requests. As most of the ads kids see are for food, and most of these are for candy, cereal, or fast food, it is not hard to make the case that advertisers are exploiting children in order to

pressure parents to buy their products.

As the stakes of marketing to children have increased, so too has the sophistication of the advertising. Cross-promotions that tie popular programs to products are especially prevalent; nearly one-half of all fruit snack products sold today have licensing agreements for these cross-promotions.

As to whether television directly leads to obesity, mixed but growing evidence suggests that it does. Children who watch more television are more likely to be overweight, though it is not clear whether television actually replaces physically activity. Few intervention studies have tested the effect on overweight of limiting television, but those that have achieved promising results.

- In a study of 3rd and 4th graders, limiting screen time decreased BMI, waist circumference, and waist-to-hip ratio⁸.
- In another school-based study, the prevalence of obesity in girls decreased for each hour television viewing was reduced⁹.
- Families who reduced screen time saw significant decreases in obese children's body fat and percent overweight¹⁰.

Even though most of the foods marketed to children are unhealthy, it does not have to be the case. Studies have shown healthy food can also be advertised successfully to kids¹¹, suggesting that companies can still profit after switching to healthier products.

There will be substantial costs associated with new restrictions on products advertised to children, but these are costs worth paying. In fact, a message bill may be powerful enough to prompt industry to develop and market healthier products to children. If the marketing sophistication that currently sells unhealthy food can be redirected to combat childhood obesity, substantial improvements can be realized.

References

1. Centers for Disease Control (2006). State-Specific Prevalence of Obesity Among Adults -- United States, 2005. *MMWR* 55(36); 985-988.
2. Institute of Medicine (2004). Preventing childhood obesity: health in the balance. Retrieved April 2, 2007 from <http://www.iom.edu/CMS/3788/25044/36980.aspx>.
3. Centers for Disease Control (2007). Overweight and Obesity. Retrieved April 2, 2007 from <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>.
4. Styne, D. (2001). Childhood and adolescent obesity: prevalence and significance. *Pediatric Clinics of North America* 48(4); 823-854.
5. Institute of Medicine (2005). Food Marketing to Children and Youth: Threat or Opportunity? Retrieved April 2, 2007 from <http://www.iom.edu/CMS/3788/21939/31330.aspx>.
6. Kaiser Foundation (2004). "The Role of Media in Childhood Obesity." Retrieved April 2, 2007 from <http://www.kff.org/ent-media/entmedia022404pkg.cfm>.
7. Kane, C. (2003, December 8). TV and Movie Characters Sell Children Snacks. *The New York Times*, pp C7.
8. Robinson, T. (1999). Reducing children's television to prevent obesity: a randomized control trial. *JAMA* 282; 1561-1567.
9. Gortmaker, S., Peterson, K., Wiecha, J., Sobol, A., Dixit, S., Fox, M.K., and Laird, N. (1999). Reducing obesity via a school-based interdisciplinary intervention among youth. *Archives of Pediatrics and Adolescent Medicine* 153 (4); 409-418.
10. Epstein, L., Valoski, A., Vara, L., et al. (1995). Effects of decreasing sedentary behavior and increasing activity on weight change in obese children. *Health Psychology* 14; 109-115.
11. Gorn, G. and Goldberg, M. (1982). Behavioral evidence of the effects of televised food messages on children. *Journal of Consumer Research* 9(2); 200-205.