

**Summary Policy Position of the American Heart Association
Food Marketing and Advertising to Children in Schools
May 2012**

Background: The food and beverage industry in the United States views children and adolescents as a major target in the marketplace for their spending power, purchasing influence and the ability to build brand awareness and brand loyalty.¹ Also, young children grow into future adult consumers. Television and other electronic media are a pervasive influence on children's lives in the United States. Young people see more than 40,000 advertisements per year on television alone.² They are also bombarded with carefully crafted marketing tactics employed in multiple environments such as the Internet, magazines, schools, product placement, incentive programs, video games, social networking sites, podcasts, and cell phones. The foods marketed to children generally are high in sugar and fat, and are often inconsistent with national dietary recommendations. The American Heart Association (AHA) sees no ethical, political, scientific, or social justification for marketing and advertising low-nutrient, high-calorie foods to children and supports efforts to diminish this practice in the United States.

AHA Position: The AHA supports measures that restrict food advertising and marketing to children including, but not limited to allowing only healthy foods to be marketed and advertised to children, discouraging the product placement of food brands in multiple media technologies, eliminating the use of toys in unhealthy kids' restaurant meals, using licensed characters on only healthy foods, and not allowing unhealthy food and beverage advertising and marketing in schools, on school buses, or on educational materials. The intended effect of advocating for these positions is two-fold: to improve children's dietary behaviors by reducing the consumption of low-nutrient, high-calorie foods, while promoting consumption of healthy food and beverages.

Special Considerations for the School Environment: Advertising and marketing to children in schools requires special consideration because the food industry is reaching children in a closed environment where parents have little or no oversight or consent and students should have a learning environment free of commercial influence and pressure. A majority of schools and states do not have any policies about commercial marketing activities in schools, however that may change with development of updated local wellness policies with forthcoming implementation of Child Nutrition Reauthorization.¹ Several national organizations and advocacy groups for youth, including Consumers Union and Children Now, are concerned about the growing rate of marketing and advertising in schools, noting that children's health should not be compromised for the need for revenue.

It is extremely important that children receive quality nutrition education and that healthy foods are offered and promoted in school meals, foods and beverages sold in the cafeteria, vending machines, school stores, and fundraisers. Comprehensive nutrition education and promotion, high quality physical activity and physical education have proven successful in preventing and reducing obesity, most importantly in low income students^{3,4} and are an important part of the school environment. Obviously, the AHA is undertaking a number of programmatic initiatives in schools to promote healthy foods and physical activity and seeking fundraising to support these efforts. It is very important that the AHA coordinate its programmatic efforts with its policy work on creating healthy school environments (e.g. nutrition standards in schools, food marketing and advertising to children, reducing sodium in the food supply, menu labeling, physical education in schools, promotion of the Fresh Fruit and Vegetable Program) and assure that fundraising efforts do not compromise the association's integrity with federal

policy makers on Capitol Hill or in State Capitols as the AHA advocates for robust local wellness policies, healthy foods and physical education and physical activity in schools at the national, state, and local level.

- Brand placement does qualify as marketing and advertising in schools. Food companies have developed a wide array of strategies to target children in the school environment including reading clubs, lunch menu posters, digital and social marketing, advertisements on school buses, textbook covers, lesson plans/education curriculum, bookmarks, sampling programs, report card reward programs, and incentive programs.
- The AHA should only consider working with companies where the predominant number of products in their portfolio meet our Heart Check criteria and they are promoting foods that are in line with AHA Diet and Lifestyle Recommendations, primarily fruits and vegetables. Evaluation of the Fresh Fruit and Vegetable Program in Schools as well as School Garden programs show that children exposed to these programs have more familiarity with fruits and vegetables, they consume these healthy foods more often, they are more willing to try new fruits and vegetables, and they promote these foods at home to their parents.^{5,6,7} These kinds of healthy food promotion programs can have an impact on children's diet and lifestyle choices and may help reverse our obesity epidemic in the future.
- Major retailers do play an important role in increasing access to healthy foods and are acceptable. The AHA should avoid convenience stores/corner stores since many are selling a large amount of unhealthy foods, marketing tobacco products, and do not have fresh fruit and vegetables readily available in their stores. In some areas of the country, there are healthy corner store initiatives, so these would have to be considered on a case-by-case basis.
- Fast food restaurants are discouraged since these chains are working intensely to enter the school meal program and have a presence on school campuses. Their offerings are predominantly less healthy. Our position in this area may evolve as we continue to develop our restaurant recognition program and evaluate the quality of meals served to children in relation to our Heart Check criteria. Our relationship with Subway in our Jump for Heart and Hoops for Heart programs was in existence before our policy development in the area of food marketing and advertising to children and so is currently grandfathered.
- Commodity Boards generally may complement school nutrition education programs and commodities offered in school meal programs. These efforts should only include commodities that fall within the AHA's Diet and Lifestyle Recommendations and Dietary Guidelines for Americans.
- The AHA should be especially sensitive to marketing/branding on nutrition education curriculum as that branding will negatively impact the credibility of the content and can be viewed merely as advertising.

References:

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² *Committee on Communications, American Academy of Pediatrics. Children, adolescents, and advertising. Pediatrics.* 2006; 118:2563-2569.

³ Madsen KA. et al., *Physical activity opportunities associated with fitness and weight status among adolescents in low-income communities. Arch Pediatr AdolescMed.* 2009; 163(11):1014-1021.

⁴ Foster GD, Sherman S, Borradaile KE, Grundy KM, Vander Veur SS, Nachmani J, Karpyn A, Kumanyika S, Shults J, A policy-based school ntervention to prevent overweight and obesity. *Pediatrics* 121:4(e794-802)2008 Apr

⁵ Hoffman, J. A., Franko, D. L., Thompson, D. R., Power, T. J., & Stallings, V. A. (2009). *Longitudinal behavioral effects of a school-based fruit and vegetable promotion program*. *Journal of Pediatric Psychology*, E pub May 13, 2009 doi:10.1093/jpepsy/jsp04.

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⁷ McAleese, J. D., & Rankin, L. L. (2007). *Garden-based nutrition education affects fruit and vegetable consumption in sixth-grade adolescents*. *Journal of the American Dietetic Association*, 107, 662-665.