Pediatricians’ Newest Battle: Combating Food and Beverage Marketing in the Digital Era

Presented by
AAP Provisional Section on Obesity and
AAP Council on Communications and Media

Speakers:
Joy Spencer, Project Director, Center for Digital Democracy
Don Shifrin, MD, FAAP

Moderator: Stephen Pont, MD, MPH, FAAP
Do you routinely counsel patients/families about unhealthy food and beverage advertisements and marketing?

- **Always**: 26%
- **Sometimes**: 44%
- **Never**: 30%
How knowledgeable do you feel about current food and beverage marketing tactics?

- Somewhat knowledgeable: 71%
- Very knowledgeable: 20%
- Not knowledgeable: 9%
Pediatricians’ Newest Battle: Combating Food and Beverage Marketing in the Digital Era

• “If it takes a village to raise a child, the electronic village is doing a poor job.” Pipher
What We Know

Child Obesity Statistics & Teenage Obesity Statistics by Age and Gender

http://www.bariatric-surgery-source.com/child-obesity-
Global report: Obesity bigger health crisis than hunger

Nearly 500 researchers from 50 countries compared health data from 1990 through 2010 for the Global Burden of Disease report.
WILLING HOST
Relationships Between Use of Television During Meals and Children's Food Consumption Patterns

- The dietary patterns of children from families in which television viewing is a normal part of meal routines may include fewer fruits and vegetables and more pizzas, snack foods, and sodas than the dietary patterns of children from families in which television viewing and eating are separate activities.

• **Assessment**

• *(d) levels of sedentary behavior*

• (including hours of behaviors such as watching television

• and/or DVDs, playing video games, and using

• the computer, in comparison with a baseline value

• of 2 hours per day).

*Pediatrics 2007;120;S164*
AAP NCE: Peds 21 Symposium

“Ending Childhood Obesity in A Generation: Innovations in Care”

Partnered with Academy of Nutrition and Dietetics, the American Heart Association, and the Alliance for a Healthier Generation.

Revised Hot Topic *PediaLink* “Pediatric Obesity” (online learning module)

October 14, 2011 Boston
Welcome to the AAP Web site dedicated to the prevention of childhood overweight and obesity. The purpose of this site is to bring awareness to the serious health problem of childhood overweight and obesity; empower pediatricians and families to take action in their homes, offices and communities to prevent childhood obesity; and to support pediatricians, families and community advocates in improving the health status of those children who are already overweight and obese.

The Academy acknowledges the Robert Wood Johnson Foundation (RWJF) for its generous support for the integration and coordination of the Academy's obesity initiatives.

www.2.aap.org/obesity
Food advertising effects

Most existing research is based on an information processing model

Source: IOM, 2006
AAP Agenda for Children 2012-2013
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Health Equity
Medical Home

Children, Adolescents and Media
Epigenetics
Early Brain and Child Development

Access
Quality
Finance

Profession of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
YOUTH MARKETING MASHUP
May 24-25, 2010 | San Francisco

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Ypulse.com | Event Home | Event Overview | Agenda | Speakers & Advisors | Sponsors | Logistics REGISTER Other Events

Announcements

We've gone green! Download the 2010 Ypulse Youth Marketing Mashup program.

Agenda at a Glance

Monday May 24, 2010

Pre-conferences

7:30 am  Registration and Continental Breakfast

8:15 am  Pre-conferences (to 11:45 am)
1. Youth, Health & Social Media Marketing
2. Reaching Youth Through Action Sports
3. U.S. & Global Youth By The Numbers

Why Attend

The 2010 Ypulse Youth Marketing Mashup is where top brand, corporate and social marketers, media professionals, educators and non-profit organizations gather to share best practices, research and latest strategies on marketing to youth with technology. Speakers include:

Neil Howe  LifeCourse Associates
Genevieve Bell  Intel
Kelly Pena  Disney
Jamie Tworkowski  To Write Love On Her Arms

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Tissla  College Marketing Experts

Sponsors

Who's Coming

Vicki Abeles, Reel Link Films
Ariel Aber-Riger, Creative Development & Marketing

Event Updates

June 1, 2010
2010 Ypulse Youth Marketing Mashup Presentations
Posted by anastasia
What We Knew

more m&m's math

percentages book

the hershey's kisses subtraction book

kellogg's froot loops counting fun book
Media Characters: The Unhidden Persuaders of Food Marketing to Children

Ellen Wartella
Al-Thani Professor of Communication, Psychology, Human Development and Social Policy, and Medical Social Sciences

October 17, 2012
What We Know
Food Marketing to Youth: The Best and the Worst of 2012

www.yaleruddcenter.org/marketing
Worst: Children’s App Games Promote Unhealthy Food

Food companies spread their messages and build brand loyalty among children by embedding their products in simple and enticing games for touch-screen devices.
What We Know
Question

Time Magazine: Are kids too wired for their own good?

Newsweek: Fat for Life? Six million kids are seriously overweight. What families can do.
Problematic Practices in Digital Food Marketing

Webinar: Pediatricians’ Newest Battle: Combating Food and Beverage Marketing in the Digital Era

February 8, 2013

American Academy of Pediatrics

By Joy Spencer, MA

Center for Digital Democracy
Digital Marketing is Marketing
6 Major Techniques of Food Marketers

- Creating Immersive Environments
- Infiltrating Social Networks
- Creating unique co-branded experiences
- Location-based and mobile marketing
- Collecting personal information for personal profiles
- Triggering and influencing the subconscious
Immersive
Interactive
Individualized
Influential
Immediate

New Age of Advertising
Immersive Environments
Example: Doritos Hotel 626 & Asylum 626

Date: 2008 & 2009
Target: Teens
Goal: Increase sales of Doritos

End Result: Sold over 2 million bags in 3 weeks

Concern: Doritos bag not featured in Hotel 626. Doritos bag purchase required rest of game in Asylum 626. Disguised marketing as content and blended with social networks.

Techniques: Mobile, Social Media, Interactive gaming, triggering emotions

Link: http://case-studies.digitalads.org/pepsico-frito-lays-
Infiltrating social networks: Facebook’s sell – Your Identity
Top Ten Food Brands on Facebook

1. Coca-Cola - 58+ million
2. McDonald's - 35+ million
3. Starbucks Coffee - 33+ million
4. Oreo - 31+ million
5. Red Bull - 27+ million
6. Skittles - 24+ million
7. Subway - 20+ million
8. Pringles - 22+ million
9. Monster Energy - 20+ million
10. Ferrero Rocher - 17+ million
Infiltrating Social Networks
Example: Sponsored Stories

- Launched in 2011
- Commercial use of personal social relationships
- Combining power of word of mouth in peer-to-peer networks with viral marketing
Creating Co-Branded Experiences
Example: Super Bowl Contests

User generated
Tapping into young people’s creativity, purposely engaging young to create the ads
Get people to do your ads for you with junk food
Ads you create for your friends
Location-Based and Mobile Marketing

- McDonald’s 2012 Mobile Advertiser of the Year
- They run 6 different mobile campaigns including one that draws people to make purchases from the dollar menu by playing word scrambles.
- White Castle opt-in SMS coupon alerts within 1-5 miles of chain restaurant
Multicultural Marketing
Tracking and profiling is the fuel that runs this new “surveillance” economy. Ad agencies, search engines like Google, Facebook - Data brokers collect, organize, and analyze personal information for marketing.
Triggering and influencing the subconscious: Rise of Neuromarketing

- Top brands are investing research dollars into learning how they can use emotional triggers to drive consumption.

- "The ability to evoke an emotional response from an ad is one of the most prized arrows in the creative department’s quiver" – Advertising Research Foundation.

- McDonald's, Coca-Cola, Kraft, Wrigley, P&G and Mars are sponsors of Beyond 30.

- Turner Warner has opened a neuromarketing research lab.
Concerns and Implications

- If left unchecked these practices have the potential to exacerbate a public health crisis – obesity and obesity related diseases

- Marketers have an extremely powerful tool at their disposal to shape and influence preferences at a deep level
Policy Opportunities

• Establish safeguards for sensitive users – ex. COPPA for children
• Push for safeguards for teens and build on current administrations proposals
• Promote privacy safeguards that push for the minimization of online data collected from children and teens

• Limit or restrict some of the more problematic techniques such as geo-location targeting, social media advertising, database marketing, immersive marketing.
Joy Spencer

Project Director, Digital Food Marketing and Youth Initiatives

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202.332.2670 ext. 14

For more case studies – www.digitalads.org
A 7 year old girl is 130 cm tall and weighs 34.6 kg with a body-mass index of 20.5 (all above the 95th percentile). Physical examination reveals no abnormalities aside from excess weight. She eats fast food and drinks soft drinks regularly, has limited exercise, and watches television or uses the computer for hours each day. What should you advise?
Commentary: The Role of Pediatricians in the Coordinated National Effort to Address Childhood Obesity

• Recognize that all pediatric providers manage obesity.

• Changing provider behavior may be difficult, however, because many pediatricians have reported feeling that such efforts are futile, despite some evidence to the contrary. Instead of succumbing to this sense of frustration, pediatricians should consider how important their role is.

Julie C. Lumeng, MD  Pediatrics  Vol 126 No. 3 September 1, 2010 pp574-575
Obesity Counseling by Pediatric Health Professionals: An Assessment Using Nationally Representative Data

- We provide the first nationally representative estimates of the rate of screening and counseling for adolescent obesity by pediatric health professionals.
- "Greater efforts should be made to incorporate guidelines on childhood obesity screening and counseling into clinical practice."

Lan Liang, PhD, et al. Pediatrics Vol 130 No. 1 July 2012 pp 67-77
Proportion of adolescents receiving obesity screening and related counselling.

Liang L et al. Pediatrics 2012;130:67-77
What We Know?

JOSEPH C. PISCATELLA

FAT-PROOF YOUR CHILD

Everything parents need to know to raise fit kids in a fat world • How to use 7 Basic Rules to improve your child’s eating habits • How to make fast food your friend • How to motivate kids to exercise and be more active • How to (continued on back cover)

Over 100 recipes & menus by Bernie Piscatella

Foreword by William C. Roberts, M.D.

American Academy of Pediatrics

GUIDE TO YOUR CHILD’S NUTRITION

THE OFFICIAL, COMPLETE HOME REFERENCE

MAKING PEACE AT THE TABLE AND BUILDING HEALTHY EATING HABITS FOR LIFE

• Comprehensive nutrition guidelines for toddlers, school-age children, and adolescents
• Dealing with outside influences, from grandparents to TV commercials
• Information on eating disorders, alternative diets, and food safety, allergies, and additives

WILLIAM H. DIETZ, M.D., PH.D., F.A.A.P., AND LORRAINE STERN, M.D., F.A.A.P., EDITORS
AAP obesity resources show you how to...

- Identify at-risk children and families
- Develop and implement early-intervention strategies that respond to patients' and parents' specific needs
- Screen for and address common obesity-related comorbidities
- Incorporate obesity prevention into your everyday office routines
- Teach parenting skills that foster positive lifestyle change
- Motivate parents to increase their children's physical activity levels
- Discuss obesity-related issues with preteens, teens, and young adults
- Code more efficiently and profitably for obesity-related services

...and much more!

**New! Pediatric Obesity Clinical Decision Support Chart**

Bring your practice the latest point-of-care recommendations and ready-to-use tools including:

- Step-by-step prevention, assessment, and treatment interventions for the overweight and obese child developed by the CDC
- 15-minute obesity prevention protocol
- Hypertension evaluation and management algorithms
- Growth charts spanning birth to age 20— including body mass index-for-age percentages
- Blood pressure levels for boys and girls
- Coding information for obesity-related health services
- And more!

Adapted from the keep ME healthy flip chart developed by the Maine Center for Public Health and the Maine Chapter of the American Academy of Pediatrics.

Available February 2008
X-MA0423 Price: $59.95  Member Price: $54.95

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**New! Eating Behaviors of the Young Child**

Prenatal and Postnatal Influences on Healthy Eating

By William Dietz, MD, MPH, and Leanne Birch, PhD

Developed by national and international child health and nutrition experts, this handy resource provides educational tools for parents and caregivers to help children develop healthier eating behaviors during their early years of life.

Softcover, 2006—274 pages
X-MA0422 Price: $49.95  Member Price: $46.95

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**Pediatric Obesity and Nutrition Package**

Includes Pediatric Obesity: Prevention, Intervention, and Treatment Strategies for Primary Care; Pediatric Obesity Clinical Decision Support Chart; and A Parent's Guide to Childhood Obesity.

X-MA0460
Price: $144.95  Member Price: $135.95

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**Pediatric Obesity**

Prevention, Intervention, and Treatment Strategies for Primary Care

Sandra G. Hassink, MD, FAAP

This all-in-one manual offers quick, convenient access to the latest guidelines and practice recommendations straight from the AAP.

- Step-by-step health supervision visit guidance spanning birth through late adolescence
- Real-life case studies illustrating successful family intervention strategies for each age group
- Workbooks, questionnaires, self-assessments, and other interactive materials to help parents help their children reach and maintain a healthy weight
- Patient education handouts and sample diets
- Physician's tracking form for pediatric obesity
- Growth charts spanning birth to age 20—including body mass index-for-age and weight-for-height percentiles
- Coding fact sheets for obesity-related health services; template letter for responding to corner payment denials

Softcover, 2007—358 pages
X-MA0455 Price: $59.95  Member Price: $49.95
Consistent Evidence

- Multiple studies show consistent association between recommended behavior and either obesity risk or energy balance.
  - Limit consumption of sugar sweetened beverages.
  - Limit TV (0 hours <2 years, <2 hours >2 years old).
  - Remove TV from primary sleeping area.
  - Eat breakfast daily.
  - Limit eating out.
  - Encourage family meals.
  - Limit portion size.
Ideas for Living a Healthy Active Life

1. Get 1 hour or more of physical activity every day.
2. Limit screen time (for example, TV, video games, computer) to 2 hours or less per day.
3. Eat at least 5 fruits and vegetables every day.

My Goals (choose one you would like to work on first)

☐ Eat _______ fruits and vegetables each day.
☐ Reduce screen time to _______ minutes per day.
☐ Get _______ minutes of physical activity each day.
☐ Reduce number of sugared drinks to _______ per day.

________________________________________
Patient or Parent/Guardian signature

________________________________________
Doctor signature

From Your Doctor

American Academy of Pediatrics
Dedicated to the Health of All Children

Healthy Active Living
An Initiative of the American Academy of Pediatrics
“Engagement”
Access?

Ask/assess/advise/assist/arrange???
Children, Adolescents, Obesity, and the Media
Council on Communications and Media

• Pediatricians should encourage parents to discuss food advertising with their children as they monitor children's TV-viewing and teach their children about appropriate nutrition.
Structuring the Bright Futures visit
Joe Hagan MD NCE 2006

• Your Agenda:
  – What you hafta’ do
  – Parent’s agenda, teen’s agenda
  – What you oughta’ do
    • AAP, Bright Futures, EPSDT
  – What you wanna’ do
    • Your agenda, beliefs, passions
• That’s a lot!
What Do We Do With Our 15 Minutes?

Robert Needleman, MD

• “we need to begin testing different combinations of screening and guidance, always keeping in mind the real-world limits of information transfer and behavior change and the real-world outcomes we are trying to affect”
Fight Obesity With Specific, Countable Goals

BY SHERRY BOSCHERT

EXPERT ANALYSIS FROM A PEDIATRIC UPDATE

STANFORD, CALIF. — Setting goals with families to reduce childhood obesity must be specific, explicit, and unambiguous to be effective.

Instead of encouraging them to walk or bike to school more often, try a goal of walking or biking to school 2 or more days per week. Don’t just say, “Watch less TV,” but recommend that the child watch no television on school days, Dr. Thomas N. Robinson said at the meeting sponsored by Stanford University.

“Keep it simple,” and only set one or two short-term goals at a time, said Dr. Robinson, the Irving Schulman M.D. Endowed Professor in Child Health at the university, and director of the Center for Healthy Weight at Lucile Packard Children’s Hospital at Stanford.

Talk with the child and parents to identify specific behaviors and routines that could be targets for change. “If you can’t count it, you can’t change it,” he stressed.

If your aim is to modify eating behaviors, don’t focus on consumption of calories, fat, carbohydrates, fiber, or the energy density of foods, which are hard to track. It’s easier to focus on more specific categories such as specific high-calorie foods, sweetened drinks, high-calorie food preparation methods (such as frying), eating out or eating fast food, or a specific eating pattern such as having multiple “dinners.” A rule of thumb for a child’s “portion” is the size of a parent’s palm. Suggest that they use smaller plates or bowls for children, or never let the child eat something right out of the box.

To promote activity instead of inactivity, it’s relatively easy to count transportation to school, organized sports or classes, time spent playing outdoors, chores, physical education, and sedentary behaviors such as time with TV, video games, phones, or computers.

A more specific goal than exercising as a family might be to take a family hike every Sunday afternoon. Rather than, “Eat less junk food,” perhaps aim to limit trips to McDonald’s to once a week, he said. “Drink less soda and juice” is not nearly as helpful and specific as “No soda or juice, only milk and water.”

Parents can set goals for their own behaviors to help their children, such as not keeping sugar-sweetened beverages in the home, or keeping a bowl of fresh fruit in the kitchen and a bowl of cut vegetables in the refrigerator. Approximately 85% of school-aged children have televisions in their bedrooms (a practice that’s most likely in lower socioeconomic groups), so moving the TV out could be a parental goal, he said.

Parents may aim to offer no rides to school. “They can have a walking school bus where a parent walks home to home, picking up kids along the way to school. They can even have a wagon for backpacks,” Dr. Robinson said. Or, starting new family routines or traditions could help, such as the Sunday afternoon hike.

Commonly, the parents of an obese child don’t perceive obesity to be a problem because everyone in the family is obese. Instead of focusing on weight loss, work with them to set short-term goals around nutrition and physical activity because those are about making their child healthy, he suggested. “Over time, you can talk about metabolic risk, etc., but start with short-term goals.”

“Think less of what motivates you, and more about what will motivate your patients. External rewards for a behavior — especially food or money — may work in the short term, but will backfire over time. Build intrinsic motivation by helping patients and families pick goals that are challenging but achievable, not too easy or too hard.

It’s extremely important that the child and parents know that they have choices and control. It’s the same concept employed in the strategy of getting a child to go to bed not by saying, “Time for bed,” but by asking which they want to do first before going to bed: brushing teeth or putting on pajamas. Help children and parents identify the target behaviors that are motivating for them and individualized to them.

Contextualized fantasy (also called gamification) may build intrinsic motivation in children. For example, the parent might propose that they build a house out of vegetables and then eat it. Cooperation, competition, and social interaction — doing things in groups — also build intrinsic motivation.

A behavior intervention doesn’t need to feel and smell like health education. Look for “stealth interventions” that are motivating in themselves and have the side effects of reducing inactivity or changing diets, Dr. Robinson suggested. Ethnic dance classes appeal to girls in his area, for example. Dr. Robinson and his associates created sports leagues specifically for overweight children, and the youngsters love it.

“Obesity is less about knowledge than about behavior and setting up behavioral systems,” he said.

Dr. Robinson reported having no relevant financial disclosures.
Dr. Thomas Robinson

• “Keep it simple, only set one or two short goals at a time.”
• “Identify target behaviors”
• “Obesity is less about knowledge than behavior and setting up behavioral systems”
New Tools

• Healthy Active Living for Families (launches May)
  – Consumer content and widgets on healthychildren
  – Physician implementation guide on aap.org

• Pediatric e-Practice (launches May)

• Suite of “Apps” (launches June)

• Motivational Interviewing – Virtual Reality (development begins April 2012)
Ancient History?
What indeed!

2005

2010

Popular SMARTPHONES

2013
All Screens Teach
Connect
Anytime, anywhere, any device

What will it cost?

“Some would say it’s the Wild West”
Jon Liebowitz
CoCm Wants to Educate and Empower

Media-tricians!

• Exposure to media is an expected event for all children.
• Media can transmit anti- or pro-social messages.
• Children learn what they live and they now live in two worlds: the non-screen and the screen world

Thank you
Thank you for joining today’s webinar.

The recorded webinar will be posted at:
http://www2.aap.org/obesity/SOOb/activities.html

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