

Marlene H. Dortch,
Office of the Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Via Electronic Submission.

Oct 22, 2010.

RE: MB Docket No 10-190, Comment Date Established for Campaign for Commercial Free Childhood Petition for a Declaratory Ruling.

Dear Ms. Dortch,

We the undersigned members of the Food Marketing Workgroup (FMWG) write this letter to support a Commission finding that the "Zevo-3" cartoon violates the Children's Television Act and several of the Commission's rules and policies. If the Commission allows Zevo-3 to air, we expect that there will be a significant increase in the marketing of junk food to children via the use of commercial spokescharacters in program content.

Junk-food marketing is a key contributor to the national obesity crisis. Spokescharacters are essentially trademarks, and their presence in media should be treated as advertising these trademarks. The Commission should make clear that such programs violate commercial time limits; violate the Commission's policies on host-selling; and are contrary to the public interest.

The FMWG represents more than 120 individuals and organizations in the United States who are concerned about the proliferation of food and beverage marketing targeting children and adolescents. We are a national collaborative, chaired by the Center for Science in the Public Interest (CSPI) and the Berkeley Media Studies Group (BMSG), which has convened regularly since 2007. We are composed of experts and leaders in nutrition, public health, advertising and marketing, consumer protection, public policy, child development, government and civil society. We share important research to inform policies and programs at national, state and local levels to promote healthful diets and healthy lifestyles to prevent obesity and promote healthy eating for children and adolescents. We actively identify and investigate practices that lead to unhealthy diets and lifestyles (including sedentary behaviors linked to physical inactivity) for children and adolescents, and we recommend effective ways to modify those practices.

The primary reason why food and beverage marketing has a detrimental effect on children's and adolescents' diets and health is that the overwhelming majority of marketing to

young people is for foods and beverages of poor nutritional quality.¹ Spokescharacters are an important component of this marketing. The Institute of Medicine has found that:

The use of child-oriented licensed cartoon and other fictional or real-life spokescharacters has been a prevalent practice used to promote low-nutrient high-calorie food and beverage products.²

The ability to develop feature length shows using these characters is likely to increase the amount of junk-food marketing directed at children.

Several food companies have considerable brand recognition through their spokescharacters. Spokescharacters have been developed over decades and carry across several media.³ Cereal companies have spent years familiarizing audiences with fanciful characters such as toucans, rabbits, tigers, cuckoos, leprechauns and vampires. The spokescharacter Ronald McDonald, created by McDonalds to promote its brand to children, is the second most famous advertising image of the 20th century, and is recognized by 96% of children.⁴ Preschool children more readily recognize brands if they have cues, such as spokescharacters.⁵ Children as young as 2-3 can recognize familiar spokescharacters.⁶

Overweight and obesity are a leading public health problem for young people in the United States today. About one-third of children and adolescents, ages 2 to 19 years, and 9.5 percent of infants and toddlers under the age of 2 years are affected.⁷ These trends translate into serious and costly chronic-diseases. A child born in the United States today has a 1 in 3 risk of developing type 2 diabetes,⁸ and a 1 in 5 risk of having an abnormal blood lipid level.⁹ About 1 to 2 million adolescents (3.5%) have the metabolic syndrome, which is 16 times higher in

¹ Institute of Medicine, *FOOD MARKETING TO CHILDREN AND YOUTH: THREAT OR OPPORTUNITY?* (2006).

² *Id.* at 175.

³ *Id.* at 170.

⁴ *Id.* at 171.

⁵ *Id.* at 103.

⁶ *Id.* at 103.

⁷ Ogden CL, Carroll MD, Curtin LR, Lamb MM, Flegal KM, *Prevalence of high body mass index in US children and adolescents, 2007-2008*. 2010 J. AM. MED. ASSOC. 242, available at <http://jama.ama-assn.org/cgi/reprint/2009.2014v1>; Ogden CL, Carroll MD, Flegal KM, *High body mass index for age among US children and adolescents, 2003-2006*, 2008 J. AM. MED. ASSOC. 2401.

⁸ Narayan KM, Boyle JP, Thompson TJ, Sorensen SW, Williamson DF, *Lifetime risk for diabetes mellitus in the United States*, 2003 J. AM. MED. ASSOC. 1884.

⁹ U.S. Department of Health and Human Services. *Prevalence of abnormal lipid levels among youths—United States, 1999-2006*. 2010 *MMWR* 29, available at <http://www.cdc.gov/mmwr/PDF/wk/mm5902.pdf>.

overweight or obese adolescents.¹⁰ Between 2002 and 2005, the number of children and adolescents, ages 5 to 19 years, who took medication for type 2 diabetes doubled.¹¹

We urge the Commission to halt the use of commercial spokescharacters in program content, which will curb the potential for expanding the amount of junk-food marketing directed at children.

Berkeley Media Studies Group

CA Center for Public Health Advocacy

Center for Science in the Public Interest

Children Now

Consortium to Lower Obesity in Chicago Children

Corporate Accountability International

David VB Britt, retired CEO, Sesame Workshop

National Policy & Legal Analysis Network to Prevent Childhood Obesity, a project of Public Health Law & Policy

The Praxis Project

Prevention Institute

Public Good

Robert Wood Johnson Foundation Center to Prevent Childhood Obesity

Rudd Center for Food Policy and Obesity

¹⁰ Pan Y, Pratt CA. *Metabolic syndrome and its association with diet and physical activity in US adolescents*, 2008 J. AM. DIET. ASSOC. 276.

¹¹ Cox ER, Halloran DR, Homan SM, Welliver S, Mager DE, *Trends in the prevalence of chronic medication use in children: 2002-2005*, 2008 PEDIATRICS e1053, available at <http://pediatrics.aappublications.org/cgi/reprint/122/5/e1053>.