



American Dental Association  
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August 12, 2005

Federal Trade Commission  
Office of the Secretary  
Room 159-H (Annex H)  
600 Pennsylvania Ave NW  
Washington, DC 20580

**RE: Food Marketing to Kids Workshop—Comment (Project No. P034519)**

To Whom It May Concern:

The American Dental Association (ADA) is pleased to comment on the Federal Trade Commission's (FTC's) joint initiative with the U.S. Department of Health and Human Services (HHS), to reduce the prevalence childhood obesity. These comments are offered in response to the joint *Federal Register* notice<sup>1</sup> of May 12, 2005—and subsequent to your recent and highly successful *Food Marketing to Kids Workshop*.

As you move forward with your initiative to promote more health conscious marketing practices within the food and beverage industry, the ADA urges you to highlight our nation's schools in your efforts. The Association is particularly concerned about the wide-spread use of school vending contracts that permit the targeted marketing of soft drinks to children.

The ADA has long recognized the link between good oral health and sound nutrition. We oppose targeting children in the promotion and advertisement of foods low in nutritional value and high in cariogenic carbohydrates. We also oppose contractual arrangements—including pouring rights contracts—designed to influence youth consumption patterns and increase soft drink access for children.

Carbonated soft drinks are now the leading source of added sugar among children and teens.<sup>2-3</sup> Long known to promote tooth decay<sup>4,5,6,7</sup>, mounting evidence suggests that excessive, long-term soft drink consumption may also be associated with higher rates of childhood obesity<sup>8</sup> and obesity-related health conditions. These conditions include heart disease, diabetes<sup>9</sup>, osteoporosis<sup>10-11</sup>, various forms of cancer, and other chronic conditions.<sup>12</sup>

Youth soft drink consumption has spiked<sup>13</sup> in recent years while, at the same time, public schools have come to rely on exclusive vending contracts with food and beverage distributors, as a means to sustain their educational activities. These arrangements (sometimes referred to as “pouring rights contracts”) enable public schools to share a portion of school vending machine revenue in exchange for allowing soft drink companies market and sell their products to schoolchildren.

Since 1998 over 300 school districts in 32 states have entered into pouring rights contracts. In 2000 alone, 47.1 percent of public schools and 49.9 percent of public school districts had exclusive licensing agreements with soft drink distributors.<sup>14</sup>

These vending contracts inevitably provide for direct and indirect product advertising on school grounds (i.e., providing free samples, posting signage, branding school equipment, sponsoring events, etc.). They often require some minimum number of vending machines to be housed on campus and, in some cases, govern where they must be placed and when they must be in operation (i.e., placed within 25 feet of a school cafeteria, operating during student meal times, etc.). Some contracts even entice schools with bonus profit-sharing payments when sales volumes increase.

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As a source of income for food and beverage retailers, the revenue generated by school vending contracts is relatively small. But as a means of cultivating lifelong brand loyalty and influencing youth consumption patterns into adulthood, the marketing benefits can be enticing. Children spend much of their time in school, providing a “captive” market for food and beverage advertisers. Young children also lack the analytical skills needed to understand the “persuasive intent” of advertising messages. As a result, they are more easily influenced by advertisements, product placements, and other marketing techniques.<sup>15</sup>

For your consideration, the ADA is pleased to enclose several brochures, fact sheets, and other materials, highlighting various obesity-prevention campaigns and initiatives with which the ADA has been involved or has been made aware. Also included are several reports, studies, and other items that contain data and offer analysis about the relationship between school vending contracts and the obesity epidemic. In addition, the Association would like recommend several options for you to consider in advancing your joint initiative:

- Partner with the U.S. Department of Agriculture’s Food and Nutrition Service, to help cultivate more health conscious vendor marketing provisions in local student wellness policies, being developed by educational agencies participating in the USDA’s school meal program(s).<sup>16</sup>
- Provide for the FTC to collaborate more directly with the federal Centers for Disease Control and Prevention’s (CDC’s) new Coordinating Center for Health Promotion, to facilitate state and local efforts to curb the sale and promotion of non-nutritious foods in the school environment.
- Weigh the self-regulatory efforts of the food and beverage industry against the science-based recommendations of the U.S. Surgeon General and other health professionals, which encourage children to drink water and to limit their intake of beverages with added sugars (i.e., carbonated beverages, fruit juices, sports hydrates, etc.).
- Encourage private sector organizations to leverage national health observances—such as National Children's Dental Health Month—as a means of promoting healthier nutritional habits.

We would welcome the opportunity to meet with you to explore how the ADA might enhance or supplement your joint obesity prevention efforts. Should you have any questions or wish to arrange for a meeting, please contact Robert J. Burns at 202-789-5176, or via email at [burnsr@ada.org](mailto:burnsr@ada.org).

Our member dentists appreciate the opportunity to comment on your work and look forward to your favorable reply. In the meantime, we urge you to consider again making our nation’s schools the centerpiece of your efforts to promote more health conscious industry marketing practices, particularly as they are reflected in exclusive school vending contracts.

Sincerely,

/s/

James B. Bramson, D.D.S.  
Executive Director

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Enclosures (16)

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- <sup>1</sup> Federal Trade Commission and the U.S. Department of Health and Human Services, “Public Workshop; Marketing, Self-Regulation & Childhood Obesity,” *Federal Register* 70, no. 91 (Washington, DC: Government Printing Office; May 12, 2005): 25060.
  - <sup>2</sup> Samara Joy Nielsen and Barry M. Popkin, “Changes in Beverage Intake Between 1977 and 2001,” *Am J Prev Med* 27, no. 3 (October 2004): 205–210.
  - <sup>3</sup> U.S. Department of Agriculture, Food, Nutrition, and Consumer Services, *Foods Sold in Competition with USDA School Meal Programs: A Report to Congress*, (12 January 2001).
  - <sup>4</sup> Amid I. Ismail, Brian A. Burt, Stephen A. Eklund, “The cariogenicity of soft drinks in the United States,” *J Am Dent Assoc* 109, no. 2 (August 1984): 241–245.
  - <sup>5</sup> Teresa A. Marshall et al., “Dental Caries and Beverage Consumption in Young Children,” *Pediatrics* 112, no. 3 (September 2003): 184–191.
  - <sup>6</sup> Andrew Rugg-Gunn and June H. Nunn, *Nutrition, Diet and Oral Health*, (Oxford, U.K.; Oxford University Press, 1999) and Andrew Rugg-Gunn and June H. Nunn, “Nutrition, diet and oral health,” *J R Coll Surg Edinb* 46, no. 6 (December 2001): 320–328.
  - <sup>7</sup> Keith E. Heller, Brian A. Burt, Stephen A. Eklund, “Association between sugared soda consumption and permanent tooth caries,” *J Dent Res* 80, no. 11 (November 2001): 1949–1953.
  - <sup>8</sup> David S. Ludwig, Karen E. Peterson, and Steven L. Gortmaker, “Relation between consumption of sugar sweetened drinks and childhood obesity: a prospective, observational analysis,” *Lancet*. 357, no. 9255 (17 February 2001): 505–508.
  - <sup>9</sup> Joel Gittelsohn et al., “Specific patterns of food consumption and preparation are associated with diabetes and obesity in a Native Canadian community,” *J Nutr* 128, no. 3 (March 1998): 541–547.
  - <sup>10</sup> Linda K. Massey and M.M. Strang, “Soft drink consumption, phosphorus intake, and osteoporosis,” *J Am Diet Assoc*. 80 (1982): 581–583.
  - <sup>11</sup> Sook He Kim, Deborah J. Morton, and Elizabeth Barrett-Connor, “Carbonated beverage consumption and bone mineral density among older women: the Rancho Bernardo Study,” *Am J Public Health* 87, no. 2 (February 1997): 276–279.
  - <sup>12</sup> U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* (Rockville, MD: Government Printing Office, 2001), 8.
  - <sup>13</sup> Cecilia Wilkinson Enns, Sharon J. Mickle, and Joseph D. Goldman, “Trends in Food and Nutrient Intakes by Adolescents in the United States,” *Family Economics and Nutrition Review* 15, no. 2 (2003): 15–28.
  - <sup>14</sup> Lloyd J. Kolbe, Laura Kann, and Nancy D. Brener, “Overview and Summary of Findings: School Health Policies and Programs Study 2000,” *Journal of School Health* 71, no. 7 (September 2001).
  - <sup>15</sup> American Psychological Association, *Report of the APA Task Force on Advertising and Children*, (Washington, DC: American Psychological Association, 20 February 2004).
  - <sup>16</sup> To help combat child obesity, the Congress included a provision in the *Child Nutrition and WIC Reauthorization Act of 2004* (Public Law 108-265) that requires every local educational agency participating in the USDA’s school meal program(s) to establish a formal student wellness and physical education policy by the start of the 2006-2007 school year.