

>> Male Speaker: Okay, we're going to move on the final panel of the day. Presentation from the interagency working group on food marketed to children. There will be a presentation and then a town hall discussion will follow. I'm going to introduce the moderator of the panel, Senior Attorney Michelle Rusk.

>> Michelle Rusk: Good afternoon. And thank you for staying for the last panel of the day. I don't know when I've been at a conference where I've seen so many people stay for the last panel. But -- and thank you for the earlier panels for plugging this one. I'm Michelle Rusk. I am a senior attorney in the division of advertising practices at the Federal Trade Commission. It's my great honor to introduce my fellow panelists, who also happen to be the principal participants in the interagency working group on foods marketed to children, which you've been hearing about a lot today. You may have even heard it referred to by the unofficial name "Snack Pack." It is one and the same. With me this afternoon, I'm pleased to introduce Dr. William Dietz. Dr. Dietz is the director of nutrition, physical activity and obesity in the center for chronic disease prevention and health promotion at the CDC. From the Food and Drug Administration, we are honored to have Dr. Barbara Schneeman. Dr. Schneeman is the director of the office of nutrition, labeling and dietary supplements in the FDA center for food safety and applied nutrition. And from the Department of Agriculture, I'm happy to welcome Dr. Robert Post who is deputy director for nutrition policy and promotion. And I just need to say that our participants this afternoon bring to this panel and to the working group a very impressive set of credentials and years of experience in fields like pediatric medicine, clinical nutrition, food and health public policy, and I don't think that we could have hoped for a more qualified group of individuals to take on the charge of this working group. So, speaking for FTC staff it's been an honor working with all of you for the last several months. I would like to explain how this afternoon's panel will be organized, because it's our goal to allow as much time as possible for open discussion. But we do need to provide you with some background first. For my part, I will lay out the parameters of the task that congress set for the working group and before we get into what I hope will be the focus of our discussion this afternoon, which is the nutrition portion of our work, I do

need to briefly present our proposed standards on how we will be defining children's media. Dr. Dietz then will give us some background as to the health and nutrition concerns that were really guiding the group's efforts as we went forward. Dr. Schneeman has the big task of describing the nutrition standards that we're proposing today and those are standards as they have been developed and refined up to this point. I think you've all received a copy of the handout that includes a one-page summary of those standards. If you don't, raise your hands, somebody on our staff will get you a copy. Looks like there are a few. Dr. Post then will lay out what we've identified as some of the outstanding issues and questions that the working group has yet to resolve and I think everybody on this panel will readily admit that our work is not yet complete. So, we are soliciting your input on these outstanding issues today, and I do want to make sure that everybody understands that we will also be issuing a federal register notice so there will be a public comment period for more extensive comment. So, once we've heard from the panelists, we really do want to open up the forum to discussion with all of you. We know we'll need to provide some clarification. We want to answer your questions. And really, we would appreciate your candid reactions to what the group is proposing. Hopefully you won't be shy. I see from the day so far that's not going to be a problem about sharing your ideas with us, about what is workable and what is not and also about how to fill in some of the missing details. So, I encourage you to prepare your questions as you're listening to the panelists give their overviews, but please hold them to the second part. There are a couple of ways that you can participate. If you want to use the microphone and give us a brief statement or ask a question, just please identify yourself and your affiliation for the record and also we anticipate that there will be a lot of people who want to give us their input so please try to keep your statements brief. I'm going to limit you probably to a minute or less. If you prefer not to speak, you can submit your questions to the group on cards and just signal one of our staff if you need a card. And finally for those of you who are watching on web cast, again, if you have a question you can e-mail it to us at childhoodobesity@FTC.gov and we'll do our best to fit everybody in. But again, there will be a federal register notice and an opportunity for written comment after the new year. So, let's start. The interagency working group on food marketed to children was established last spring by congress. You all have on your handout the exact

language of the statement from the Omnibus Appropriations Act. But I will just summarize it quickly. Congress directed the Federal Trade Commission, together with FDA, CDC and USDA to form the working group, and the stated mission of the group was to develop standards for the marketing of foods to children, and I will note that children was specifically defined in the congressional language as 17 years old and younger. We were directed as a group to consider both positive and negative contributions to the diet and also the role of foods, as well as specific nutrients and ingredients in both preventing and promoting childhood obesity. We were also directed, obviously, to determine the scope of children's media to which these standards would apply. And finally, Congress requested a report of the working group's findings and recommendations no later than July 15, 2010, which is exactly seven months from today. I think that we will hear reminders of this from our other panelists, but I feel a need to address two things right up front about what this effort is and what it is not. It is not a regulatory proposal. Congress was seeking the best thinking of the government agencies that have expertise on children's health and nutrition and on marketing. But the final product of this group will be a report to congress and not regulations by the agencies. Second, we didn't want anyone to misinterpret these standards as either a substitute or replacement for any existing food labeling regulations or a change in official dietary guidance. The working group was absolutely guided by the policies and regulations of the participating agencies, but the proposed standards should not be seen as a change in policy. So these are not a new definition of healthy for labeling for children's food products nor do they signal any change in the dietary guidelines for Americans. We really see this as a set of standards to guide industry in determining what is appropriate to market to children, and especially given the tremendous health concerns that we've heard so much about earlier in the day. If industry responds, and we certainly hope and expect that they will, by limiting children's marketing to the foods that meet these standards, then we really do believe it will have a meaningful impact on children's food choices, on their diets and ultimately on their health, and that is really what was driving the work of the group. I do want to make sure we make the best use of this open forum to focus on the nutrition standards component of that -- of our task, because that really has been the lion's share of the efforts of the working group so far and probably going forward as well.

As to the other component, what constitutes children's media, the working group decided early on there was already a template in place, and that comes directly from the FTC's 2008 study and report to congress. So I don't want to use up valuable time outlining all of the details about that because it's available in our study and online and I know many of you in this room are already intimately familiar with them as companies that were asked to provide data for our study, but I will just describe a couple of key elements. First, those definitions, we divided up into marketing to children, ages 2 to 11 and adolescents which was ages 12-17. So children and adolescents, and for each of those we have definitions that encompass, I think, a significantly broad arrange of marketing activities than those that have typically been the basis of self-regulatory pledges, although I think we heard Elaine announce in the previous panel that those were being expanded. So the FTC definitions actually identify 20 categories of advertising, as well as marketing and promotional activities and I think it's worth me reading them to you so you really have a sense of how broadly this is defined. It covers traditional measured media like TV, radio, and print, marketing on the internet, other digital advertising like e-mail and text messages, packaging, point of purchase and in store labeling, product placement in movies and video games, contests and sweepstakes, cross promotions and product tie-ins., sponsorship of events, in-school marketing, philanthropic activities and word-of-mouth and viral marketing. So those are the categories, those are the ages, and then for each of those activities that we've identified, we've established a combination of both objective indicators, typically something like the audience share for a television program, as well as subjective indicators like the use of child-oriented characters, themes, language, and those two combined help us determine when something is child directed. So, again, all of those definitions are set out in our study. There will be a formal opportunity to comment on the children's media piece of this, as well as the nutrition standards, and I do really want us to try and focus this afternoon our discussion on the nutrition piece of the working group's effort. So with that I would like to turn it over to Dr. Dietz.

>> Dr. William H. Dietz: Thank you, Michelle. And let me just echo Michelle's comments that this group, this working group, I think, has been one of the most efficient

and compatible groups that I've worked with, either inside or outside the federal government. So it's been a real pleasure working with you, Michelle, Barbara and Rob. My job is to provide background that we considered for the standards for food marketed to children, and we began with the issue of obesity. You heard earlier about the rapid increase and the prevalence of obesity among children and adolescents. And although we're now at a plateau in some groups, that's no cause for complacency because these children will grow up to be obese adults and are likely to contribute disproportionately to the prevalence of severe obesity in adults and contribute even further to the major contribution that obesity makes to health care costs. And as was mentioned earlier in the day, those costs are about \$150 billion a year, almost 10% of the national health care budget and we cannot continue on this, we cannot achieve successful health reform and cost reduction unless we address the epidemic of obesity. Television is an important contributor to obesity. These are data that we published in 1996. They echo the data that we published earlier in 1985 showing a linear relationship between the prevalence of obesity and the amount of time that children were watching television. And as -- I'll come to the potential mechanism by which this relationship exists in a moment but I wanted to revisit the IOM standards that you heard mentioned several times earlier and the controversy about them. The IOM committee concluded that there were -- there was strong evidence that the quality of children's diets were affected by television viewing and the food marketing on television, both in terms of preferences, requests and short term consumption and moderate evidence that it affected food and beverage beliefs in younger children and affected usual dietary intake. But the key phrase here, which was batted about in very contradictory terms earlier today is the conclusion that there was insufficient evidence on the causal relationship of television advertising to obesity. And it's important to understand the term insufficient, because insufficient means there was just inadequate data that did not permit a conclusion one way or the other. And our perspective was like that shared by those who are interested in extraterrestrial life who say that the absence of evidence is not evidence of absence. And in this situation, given that the pressure of obesity and its adverse health effects, we felt that we couldn't wait for the best possible evidence around any of the criteria that I'm going to share with you or that actually Barbara's going to share with you. But we really had to act on the best

available evidence. And some of that evidence began with this study by Claire Wang, who showed that the average daily energy gap that accounted for the rise in BMI, mean BMI among adolescents in this study of 10 pounds was roughly 150 calories a day. Now that's quite a modest increase. It was certainly greater among those who became obese. But for the general population, that modest increase of about 150 calories a day is what accounted for the shift in average BMI over this roughly ten year period, and that can be accounted for by relatively modest alterations in dietary intake like replacing a can of soda or reducing television time or increased physical activity, either by walking or increasing physical education in schools. So these are manageable tasks, and it's likely that obesity is not caused by any single behavior but by a multiplicity of behaviors, all of which contribute small amount of excess calories to daily caloric intake. And many of those are promoted by television, and these are among the strategies we believe are essential to begin to implement to reduce obesity in the population, that is decrease the intake of high energy density foods, largely fast foods, reduce the intake of sugar-sweetened beverages, decrease television time and increase daily physical activity. All of these can be associated with the amount of time that children are watching television. But increasingly, as the Epstein study which was cited earlier today indicated, it appears that the relationship between television viewing and obesity is mediated more by food intake than by the displacement of vigorous or even moderate physical activity. Which once again brings us back to the issue of advertising. This is the -- this slide shows the contribution of food ads of food products advertised on television. You saw data, you heard about the data by Powell earlier today in terms of the fact that foods advertised on television are largely unhealthy and that was very nicely demonstrated by the study out of the Rudd Center that has also been alluded to. On the left column are the cereal ratings for the 10 least healthy cereals. And as you can see, these are also among the top ten marketed to children and top ten foods that -- top ten cereals that are marketed on the internet. And the foods that I showed you in the previous slide contribute to the discretionary calorie imbalance that is likely accountable for obesity, and led us to focus very carefully on the added sugar recommendation that you'll see when Barbara presents. Now we were also mindful of the fact that although sodium was not a factor that contributed to obesity, certainly hypertension is highly prevalent in the population and

elevated blood pressure is true across the population. And it's a particular problem for children and adolescents, as well as adults with obesity. So we felt that we also needed to consider a sodium standard, and just by way of review, the dietary guideline recommendation for sodium is 2,300 milligrams per day. But specific populations, namely 75% of the population, which are accounted for by African-Americans, older Americans and those who are hypertensive, is 1,500 milligrams per day, the average intake is about 3,500 milligrams per day. And the recommended allowance for children and adolescents, particularly children, I should say, is lower than 2,300 milligrams per day. And we felt that because the sodium intake and sodium tastes are likely to begin in childhood and that the predisposition to hypertension is augmented by overweight and obesity, which affects 30% of the population, we needed to consider a sodium standard particularly if we were going to have a long-term impact on reducing sodium in the food supply and reducing the consequent morbidity and mortality associated with increased sodium intake. Some of those numbers are shown here that in a model program that the effects of reducing sodium by 50% in processed and restaurant foods will contribute to an important decline in systolic blood pressure, a decline in the prevalence of hypertension, coronary disease, stroke deaths and mortality. Although these were not consequences suffered by children we felt that it was also important for us to go and address the issue of sodium in children's food supply. Now, I wanted to close with just a few comments about the process, and what led us to some of these standards. We recognize very well the role that children's advertising plays in support of children's television. That's been true for 40 or 50 years. Nonetheless, we recognize that children are this nation's most precious resource. And that our obligation was to health and health determined by what children ate. So at the outset although we began by focusing on the foods that needed to be excluded from advertising, we very quickly shifted to a consideration of criteria that were based on the impact of these foods on children's long-term health, at least to the best of our judgment, and focused on foods and nutrients to limit and encourage, as the original scope of our work required. But we thought food ads needed to be based on the merits of foods, and we recognize that the standards we were proposing may be challenging to meet. We recognize further that the product reformulation necessary to meet these standards may take time. However, we also believe that food industries that

cater to children are also concerned about their health and share our view that nothing is more important than the health of children in this country. So the discussion that will follow we urged industry to show how competing or alternative standards you might propose are compatible with the health of our children because that's the discussion we need have. It needs to be based on the merits of the foods that are advertised and nothing else. Thank you. [Applause]

>> Dr. Barbara Schneeman: Great, thank you. I'm Barbara Schneeman from the FDA, and I have the enviable task of walking through the standards that we have tentatively agreed to and as Michelle has indicated this is still a work in progress, and we look forward to the input that we will get from this forum as well as the input that we will get from the federal register notice. And I think can you be most helpful to us in terms of focusing on what you see works well and what we've developed and what you think could work better. Where have we missed the mark or have we not fully considered an important issue? I will also point out that my task is to walk you through the handout and the standards in terms of our thinking behind each of the standards. Rob will have the task then of kind of going back through that, talking about some of the unresolved issues, some of the questions that are still under consideration, some of the things that we need additional input on so that you see this is, indeed, a work in progress. So what, I click on my name, is that the trick? And then -- okay. So first of all the resources that the working group has used. I do want to highlight while you're seeing four of us up here as representing our various agencies, I know we have all tapped into excellent resources within our agencies. And we have done data runs to try and evaluate what is the impact of some of the standards that we might apply. Some of which we've been accepted, some of which we've rejected. We've engaged the expertise within our agencies to try and come up with our best thinking about how to approach this task, which has, indeed, been a challenging task. So while we're here to take the tomatoes, I guess, we have colleagues who can share. We also did look closely at the current regulations for particularly those for health claims and nutrient content claims. I refer you to the code of federal regulations, some of the criteria that are in the CFR. We look very closely at that to determine when something that has already gone through a process of vetting and we

know works, when we might be able to just tap into that and use that kind of criteria. And, of course, we have the 2005 dietary guidelines for Americans. That is the basis for federal policy in the area of nutrition. So we certainly wanted to be aligned with the dietary guidelines. And the relevant reports from the national academies of science, the institute of medicine and of particular interest, of course, are the two key reports, the dietary reference intake, especially the macro nutrient report but all of the DRI reports as well as the nutrition standards for foods in schools. So that just gives you an idea of some of the materials that we looked at, tried to evaluate in coming up with the standards. So, the first thing we felt we had to address is that there's certain foods that are recognized in the dietary guidelines as foods that are part of a healthful diet, and we felt that these are foods we would want to encourage their marketing to children as a part of a healthful diet and so we created foods exempt from standards two and three. And our goal here, we're not sure that we have the wording completely right yet, but our goal here is really to talk about these foods in their most basic form. So 100% fruit or fruit juices, 100% vegetables or vegetable juices and with that recognizing some might be processed that they must not exceed the 140 milligrams of sodium per -- I realize not all of you will know RACC. THAT'S the reference amount customarily consumed, that's the standard serving size that FDA has in the CFR. But also then things like 100% nonfat, low-fat milk and yogurt, 100% whole grain products and 100% water. Again, the goal was to address those foods in their most basic form and these are all representative of foods that are to be encouraged from the dietary guidelines for Americans. Now, when we moved to standard two and three, standard two and three are intended to work together. They are not two separate standards, they are standards that build upon each other. So they work together, not separately. Standard two is, I think, a new concept to consider, but, again, it comes out of the dietary guidelines for Americans, and that is that foods marketed to children must provide a meaningful contribution to a healthful diet. If, in fact, children are going to achieve a healthy diet, then the foods that they are choosing and consuming should help them along that path. The committee has two options to consider, and this is not you can choose an option, this is we're trying to choose an option. So we're interested in the comments. So the first option that was -- that has been discussed by the committee is that the food must contain at least 50% by weight or one or more of the following, a

fruit, vegetable, whole grain, fat free or low-fat milk or yogurt, fish, extra-lean meat or poultry, eggs, nuts and seeds or beans. So it's simply using a by weight criteria. Does it make a meaningful contribution to the diet? Option b refers back to the concept of the recommended serving. So if we look at the food guide developed by USDA commonly known as my pyramid but referred to in the dietary guidelines for Americans, there's several food groups that are recommended. And if we take the approach of saying you would typically achieve those food groups over four eating occasions per day, three meals one snack then a quarter of that recommended serving is what would constitute a meaningful contribution of a food group within a single food. So, the numbers here under option b, lay out what would be a quarter of the food groups that are encouraged or recommended. And we recognize that in some cases that may be equivalent to the RACC, the reference amount customarily consumed so that is something we would adjust for. And then standard three recognizes that there are nutrients to limit in the diet. And specifically what we focused on and Bill gave you some of the background here, we focused on saturated fat, transfat, sugar in particular, added sugars and sodium. Again, focusing on some of the key nutrients from the dietary guidelines. So for saturated fat the criteria are basically what FDA has used to evaluate the claim of low in saturated fat, which is one gram or less per RACC, referenced amount customarily consumed and not more than 15% of calories. For transfat, we don't have a reference value so we simply set the criteria at 0 grams per RACC, since there was no reference value that we could use other than to say zero. Sugar was a bit more challenging. Again, we do not have a reference value for sugar. To come up with a number that we have here, and I know many of you are saying "Oh no, that's a different number than what we just heard about." But to come up with this number, what we did was look in the dietary guidelines for Americans and in a 2,000 calorie diet it refers to 267 calories that can be considered discretionary calories. So if you convert that into grams of added sugar, you take all of those calories and convert that into grams of added sugar and estimate using the rule of thumb that FDA uses that 20% of a daily value would be considered high, you get to a value of 13 grams of added sugar. Now what's important about this number is that it's per RACC, it's not per label serving, it's per the reference amount customarily consumed. And the footnote becomes very important in this context because there's many foods that

have a small RACC. And for example, many of the cereals we've been hearing about all day have a small RACC, they are 30 grams or less. So in that case the criteria applies to 50 grams of that food. If I've done my arithmetic correctly that means that really in that smaller rack food, if it were about 30 grams of smaller RACC food, we're really talking more seven to eight grams of added sugar. So that consideration of how that criteria applied becomes very important. And then with sodium, sodium, again, was a very difficult number to evaluate. And I think our inclination was to use the criteria for low sodium, which is the 140 milligrams per RACC. However, you would be amazed at how many foods get eliminated with that, using that criteria. So in this case, we went to the IOM report on setting standards for competitive foods in which they use the 200 milligrams per portion. We felt that perhaps this needed to be an interim value before we could continue to ratchet down the criteria down until we got to a standard of low sodium. So, that's just walking you through the standards that where we are now as tentative standards, the thinking behind them. These apply to individual foods. And this last slide is just to remind you that standard one really sets what foods could be exempt from standards two and three whereas standard two and three are meant to work together. There's an and between them not an or between them. So with that, I'm going to turn it over to Rob to go through some of the issues, concerns, questions, that are still under consideration. [Applause]

>> Dr. Robert C. Post: I think it might be helpful to go through these and refer to the slides as they raise these questions and so, thank you. My role this afternoon, as you had heard, is to look at the tentative proposed nutrition standards, and review some of the questions and discussion issues that we know we have and we think you probably will as well and perhaps others will come to mind and we can promote some discussion that will help us better frame the questions, perhaps in our federal register document. And hopefully we'll get very helpful comments to help us complete this task. Well, the first set of questions that we thought of on which we're soliciting comment relate to the nutrition standards in general, and we had some concerns about the age category that we're dealing with, children versus teens. The tentative standards were presented for kids 2 to 17, as was noted, and that response to the congressional directive that we received.

So we're asking, should we recommend standards that include two age tiers based on nutritional needs and caloric intake of teens and younger children and further, should standards cover foods for children less than 2 years of age. That wasn't a category we were asked to deal with. With regard in a general comment on the standards, with regard to the standards, generally, they are representing proposed standards for foods and they focus on individual foods. We intend to also establish criteria as needed for meals and main dishes, which are categories of products that are defined in the nutritional labeling regulations. What criteria in that regard should be used to adjust to address larger portion sizes for meals and main dishes? We're asking that question, and you probably would think about that as well. With regard to nonspecific brand advertising, how will the criteria be applied to generic food brands and product line advertising? And advertising for restaurant chains, rather than specific foods or menu items. With regard to nutrients to encourage, Barbara described those. Our approach to nutrients to encourage, the standards as described don't address nutrients to encourage, the short fall nutrients. We were thinking of whether -- in fact we should establish a separate set of criteria for short fall nutrients to encourage. If so, how should the issue of nutrient fortification be addressed. With regard to portion size and caloric limits, should there be a criteria restricting the portion size or caloric foods marketed to children. For example, should the amount of product featured in an ad not exceed the labeled serving size? The next set of questions relate to standard one, that you see on the slide here. Foods exempt from standards two and three -- with regard to foods exempt from standards two and three. There are foods that should be, are there foods that should be added or eliminated from the foods that are exempt from the other standards? We've provided a listing here, but it's not exhaustive, and so you might consider what might be added or even removed from this list. With regard to the sodium limit for vegetables, as was noted there's a 140 milligram sodium per RACC limit that we're suggesting. Regarding canned vegetables which are typically packed in a solution that contains added salt, should the sodium limit for vegetables be exempt or be higher for canned vegetables since some of the sodium content is drained away before consumption. We weren't sure on how to deal with that. The next set of questions that we haven't fully completed our thought process on relate to the tentative standard two on meaningful contributions of a food component to a healthful

diet. So with regard to the food groups, the list of food groups in standard two goes beyond the food groups to encourage in the dietary guidelines for Americans. Are there food groups that should be added to or eliminated from this list? With regard to vegetables, regarding vegetables in standard two, should the meaningful contribution of vegetables in option A or B be limited to dark green vegetables, orange vegetables, red vegetables which are specifically identified, given the already high consumption of potatoes by children. Dark green, orange and red vegetables are the specific types of vegetables that Americans should consume more of. With regard to option A and option B in general, considering both of them, what are the advantages and disadvantages of these two options toward promoting food group recommendations. With regard to the calculation for option B, the option B calculation, option B thresholds are based as noted on a 2,000 calorie level and it assumes that people have four eating occasions per day. In this scenario, does the calorie level or eating occasion need to be adjusted for children? With regard to the tentative proposed standards that are identified as standard three, we also have some questions to ask regarding nutrients to limit. The proposed standard three limits are for nutrients. Are there other nutrients or food ingredients that should be limited, for example total fat, cholesterol, and food ingredients like non-nutritive sweeteners and caffeine. On the issue of added versus total sugars as described, the sugar criterion is no more than 13 grams of added sugar per RACC or if the rack is small, 50 grams per food. What are the challenges in verifying added sugars content for those that manufacture foods? Now, with regard to the calculation of the sugar limit, we had thought about this and the tentatively proposed 13 gram limit is based on a 2,000 calorie diet of which should not be more than 267 discretionary calories, as Barbara mentioned to conform to the dietary guidelines. Should discretionary calories from solid fats and added sugars be adjusted down for children and should it be apportioned between sugar and fat calories? And also, with regard to the sodium limit that you find in standard three, the 200 milligram criterion for sodium is based on the April 2007 IOM report on nutrition standards for foods in schools. Consideration was given to the approach taken by the more recent IOM report on school meals and the gradual reduction in sodium, that it recommends, and that is advised for schools -- foods in schools. Currently low sodium foods contain less than 140 milligrams by definition. Therefore, it's proposed that the

nutrition standards for marketing set an interim limit for sodium. Is there a nutrition-based rationale for establishing a limit higher than 140 milligrams? We would like to know that. And regarding a gradual reduction of sodium in foods that can be marketed, how can the sodium contents of such foods be lowered? What are the methods for doing that? With regard to some other general areas that might come to mind, marketplace impact issues, for example, there are some questions that were raised by the group. In terms of general impact, regarding general market impact, what impact will these standards likely have on foods currently marketed to children? What percentage of foods currently marketed will be eliminated? And to what extent can foods be reformulated to comply? We would like information and a discussion about that. With regard to outliers are there in fact outlier foods that need to be addressed with specific restrictions or specific allowances? And looking at some unintended Incentives or unintended consequences do any of these standards create Incentives for manufacturers to reformulate in a manner that would not improve the nutritional quality of the product? For example replacing sugar with a flour or a bulk filler or using more non-nutritive sweeteners to qualify for lower added sugars. With regard to the definition of marketing to children, as Michelle had mentioned, there are probably questions that relate to that area as well, but for our discussion today I think we'd like to have a, promote a discussion that relates more the nutrition standards but there will be ample time to comment in that regard with the federal register document that we're planning. So with that, I think I've given you some food for thought. Hopefully food that meets our nutritional standards. And by the way, the tomato issue really doesn't bother me because tomatoes are among the fruits, the vegetables that we're trying to promote.

>> Michelle Rusk: As long as they are low sodium. Thank you, Rob. Okay. So we've had a few months to wrestle with all of these issues and I know it's a lot for this audience to take in all in one sitting, so you may need a few moments to catch your breath and gather your thoughts. But maybe not. Actually, why don't we start with a question from Dale.

>> Dr. Dale Kunkel: Okay. I'm not sure if this is an issue that you thought of, but having studied advertising to children very carefully, historically, there are not always clearly identifiable products in the ads. For example, a McDonald's ad could promote the brand, but not a specific product, and in one case I had to make a judgment how I was going to classify the product based on a visual of the product on a bed stand for less than a second in a 30 second ad. So have you thought about how these guidelines would apply to an ad that might not promote a specific product out of fear that companies could potentially evade the guidelines by just having branded advertising?

>> Michelle Rusk: We have thought about that, and I think we thought about it in connection with other food advertising matters that we've handled and with our food marketing study, and it was one of the litany of questions we have yet to resolve. But I think it's a very valid issue, and I think it's one approach may be that if it's a branded ad without specific products depicted, we would be looking at the nutrition of the whole line of products. Yes, in the back there? Yes.

>> Celeste Clark: This question is for Barbara. I am going through the guidelines that you indicated for added sugar. I'd just like to have clarity on how you propose to track that, because the current regulations require total sugar to be disclosed on the label, and that's what we do in the industry. So just some idea of how you plan to monitor that.

>> Michelle Rusk: Okay, thank you. Before we go any further, I think I didn't ask Dale to identify himself, because he was just on the previous panel. But I wonder, for those of you who don't know, if you could identify yourself for us?

>> Celeste Clark: Celeste Clark, Kellogg company.

>> Michelle Rusk: Thanks.

>> Dr. Barbara Schneeman: The issue of added sugars is a question that we have in our list of questions and issues. I would say the scientific issue is a very challenging one,

because if you look in the dietary guidelines for Americans, the focus is on added sugars. That's where it's either excess calories or it's displacing more nutritious rich foods in the diet. So it's what the dietary guidelines focuses on, it's what the IOM macronutrient report focuses on. And we don't want to create a situation where you could have total sugars, but, yeah, 99% of it is added sugar. But it's still just under the total sugars marker. So from a scientific nutrition point of view, we feel it's important to try to get at the issue of added sugars. That's where the public health issue seems to be. And we are asking for comment and input on how can we make that a useful criteria? Particularly since at this point, it's not a regulatory standard, it's something that we would like to see that the industry could embrace, moving in that direction.

>> Michelle Rusk: Over here, in the front row, I think we have a question. Again, if you could identify yourself.

>> Female Speaker: I'm from Children's National. I wonder if you could consider limitations on highly processed foods or food products, as opposed to what we would traditionally call foods? Or if these standards were part of getting at that issue?

>> Dr. Barbara Schneeman: Actually, I think one of the initial phases, and where a lot of people began with this, is that we had a standard on foods exempt from the standards, since they are part of the healthful diet and you instantly start to think of where are there foods where you simply say, categorically, should not be marketed to children. And certainly, there's been discussion of that. But once we became engaged in the kind of issues that are outlined in standard two and standard three, then these standards seem to take over that issue, that you're less focused on what shouldn't be marketed and you're more focused on what could be marketed within the context of these standards.

>> Michelle Rusk: The comment was a concern there's still room for all kinds of additives and other ingredients that might be of concern to children's health, and that is a point that we've talked about within the group and something that we will be specifically asking, I think, in our federal register notice. I see a -- oh, I'm sorry, Bob.

>> Dr. Robert C. Post: Just to follow up, too. The idea that we are looking at a contribution of foods to encourage or food groups to encourage, or food components, helps address that, as well. And if you have comments in that regard in terms of the benefits of whole grains and vegetables, then please provide those comments.

>> Michelle Rusk: Bill, did you want to add anything to that?

>> Dr. William H. Dietz: No.

>> Michelle Rusk: Okay, I think there's a question over in the back over there.

>> Dan Jaffe: Hi, I'm Dan Jaffe with the Association of National Advertisers. Just having eyeballed this proposal, I could see immediately that while I don't, in any sense, have the full import, that this is an extremely complicated proposal that's going to affect a very wide range of our members, and going have extremely broad impact on the advertising community. So I was wondering, are you giving a fairly substantial amount of time for comments back? Have you thought out how long that could be? 'Cause I can assure you looking at it for two seconds, that there's going to be a lot of time that people are gonna need to have to really dig into all of this.

>> Michelle Rusk: I think that we do want to make sure that we give ample opportunity for people to give us well-thought out comments and to get valuable information. On the other hand, we're also balancing the constraints of a July 2010 deadline for getting a report to Congress. But certainly we want to work with everybody to make sure that we're getting detailed and useful feedback from the industry, and I think Bill alluded to this in his opening remarks, that we do appreciate the import of what we are recommending and we do appreciate that this is something that would be challenging for the industry. Anybody else?

>> Mike Jacobson: Thanks, I'm Mike Jacobson from the Center for Science and the Public Interest. I have three quick things. One is Dr. Dietz, I think, could have gone further on the harmfulness of salt. Salty foods induce thirst, and what kids often drink is fruit drinks soft drinks, soda pop. On the commenter about various additives added to foods, I think the committee should be aware that in the Institute of Medicine report on school foods, there was a question about the safety of artificial sweeteners for children, and also the National Institute for Mental Health acknowledges that food dyes may cause hyperactivity in some children. And the third thing is option A and B in standard two, they are complicated. You said you've done computer runs on -- looking at the effects of various proposals. I think it would be very helpful if you could provide the public with examples of what is the import of choosing option A versus option B. Which products might be include or excluded with these kinds of options?

>> Michelle Rusk: Okay. Thank you. So, I think that, you know, we will be looking for kind of input that you're giving, in terms of the specific threshold on salt. It was something we had a lot of discussion on, as well as additives, food colorings, artificial sweeteners. That's something we anticipate getting input on, in terms of whether there are other nutrients or ingredients to limit that would advance, you know, the mission of these standards. And then I think I'll let Rob comment on, sort of, some of the food runs we did and what data may be available, actually, soon for everybody to use.

>> Dr. Robert C. Post: As Barbara had mentioned and Michelle, as well, we did, in fact, plug in these nutritional standards into the real-life effects here and will consider how we can provide that information, perhaps in a federal register document to show how these, the various standards will be applied. And ultimately, you know, how an option A or option B will play out for standard two. We can show that, of course.

>> Dr. William H. Dietz: I would also fully expect that we're gonna see that from industry. I mean, that would be useful data for the food industry to provide so that we get a better sense of the scope and impact of these standards.

>> Dr. Robert C. Post: And to add to that, exactly. The formulations and the intricacies of formulating foods, we're not fully aware of. There might be foods that we haven't thought about, in terms of the effects. So we would look forward to manufacturers giving us this information.

>> Michelle Rusk: We'll get to you next.

>> William C. MacLeod: This is Bill MacLeod from the law firm of Kelley Drye and Warren. Can you elaborate on how you would define advertising to children 2 to 17, what factors you would take into account in determining what is marketing or advertising to individuals of those ages?

>> Michelle Rusk: Yes. I'm not sure if you came in after my opening. We are using Bill as a template the definitions that are in the appendix to our 2008 report and the food marketing study. So that defines a set of marketing activities for children, as well as adolescents. We felt like that was the right template to start with, because it was one that has been vetted already. It's one that it seems to be workable, at least as a starting point, it's one that many of the large food manufacturers use when they submitted data to us for the study. So we're certainly -- and the categories of marketing that are covered and the indicators for when something is child-directed are in that appendix to our study. But you know, we certainly recognize that that's a template and a starting point, and that that will be likely the subject of comment, as well.

>> Jared A. Favole: Hello? Here we go. Jared Favole from Dow Jones. I guess, from a nonscientific perspective, can you explain to me the importance of, you know, of these recommendations? And also, what you expect or what do you want to happen with these recommendations once they get to Congress?

>> Dr. William H. Dietz: Well, the impact of these standards, we hope, is going to improve the health of children, as I stated in my introductory comments. They are certainly open for input, because they are quite a challenge, based on what analyses we've

done for the industry. On the other hand, we were governed by our best guess. In some cases, it was a guess, in some cases, it was based in recently sound data that these were healthful standards, and would like input. As I said, about whether people agree with that or if they can -- if industry or others can produce competing standards based on the judgment about what's best for children's health. That's what governed our decision. With respect to this report delivered to Congress, I think that's the task that we were assigned. These are, as Michelle indicated, these are voluntary. There's not a -- this is not a regulatory process. But as earlier speakers pointed out, there's a lot of inconsistency about the standards that are currently available, in terms of what companies are doing. And we hope to improve that to set some goals for industry that would improve the health of children and, hopefully, adhere voluntarily to what we propose.

>> Michelle Rusk: Yes, go ahead. Can we get them microphone so that, and also for the webcast, I think it's important that we have a microphone.

>> Male Speaker: I guess one thing I'm confused about is whether these are nutritional standards or marketing limits?

>> Dr. William H. Dietz: These are nutritional standards.

>> Michelle Rusk: Well, yes, they are nutritional standards, but they govern -- the idea is that they would govern what foods would be marketed, advertised, in children's media. It's not what foods can be produced and sold in the marketplace, it's what foods do we think is appropriate for the industry to encourage children to eat. So we want to see the food industry encouraging them to eat foods that are not high in empty calories, that are high in nutrition.

>> Dr. Margo Wootan: I'm Margo Wootan with the Center for Science in the Public Interest. I was glad, Robert, to hear some of the additional issues that you all were working on, 'cause as Barbara was going through, I was thinking "what about meals and what about brands and what about portion sizes that are depicted?" You know, issues

that we've seen come up. So I think those are all-important considerations. I was very intrigued by the food-based approach, that it's not something that we've seen as much with individual company marketing standards. And I need to process it a little bit more. But I think it's very interesting and promising. I was wondering why you included some of the food groups that are not among the food groups to encourage in the dietary guidelines? You know, it's clear -- fruits, vegetables, low-fat dairy, whole grains are things that kids are not eating enough of, and we need to market them and encourage kids to eat them. But why did you decide to include meat and eggs and some of the other foods which kids are getting plenty of protein and are not areas of concern in the diet?

>> Dr. Barbara Schneeman: I can comment, and Rob may have some comments, as well. We discussed that issue, and it is important to keep in mind that there's a food guide that outlines what is an overall healthful dietary pattern. And so, we recognize that certain foods we need to get more of. Those have been outline in the dietary guidelines. And yet, there are foods that are part of a healthful diet. And so, it's not that we should not be telling children not to eat them, they are part of the healthful diet. So is the purpose here only to focus on meeting the dietary guidelines, or focusing on a specific recommendation in the dietary guidelines? Or is the focus to recognize the overall pattern of the healthful diet, and that those are foods that could be appropriate to be marketed to children if, in fact, the food makes a meaningful contribution towards that overall dietary pattern?

>> Dr. Robert C. Post: And I was going to follow up by saying it's a dietary pattern focus here that we thought was useful. And so the idea that, as Barbara has said, you can build a diet with a lot of foods, there are probably more foods you should be consuming more often. The other -- the other point I'd like to make is that we did mention, or we do list extra lean meat. I mean, we do take into consideration there's a need for lower fat versions of food or, where fish has benefits, as well, that's part of the healthful diet.

>> Michelle Rusk: Stunned silence. [Laughter] Do we have any questions from the internet, as well? I don't know if there are any cards from our webcast viewers. Go ahead.

>> Samantha Graff: Since there's total silence, I'm going to ask a question as a mother as opposed to the attorney, which is why I'm here. And I work in California.

>> Michelle Rusk: Can we get your name, too?

>> Samantha Graff: My question is whole grains. I'm not sure I understand it. Because I just understood you to say that Lucky Charms is one of the top three worst cereals for you, and yet it's advertised on the product front, as having or being whole grain and promoting whole grain. And my understanding it has something to do with 51% whole grain and then here, it says 50%. So how, how does -- how does that shake down, is my question?

>> Dr. Barbara Schneeman: A good question. And I think your question points to the confusion that people often have. So, what -- depending on which option you looked at, option A or option B, we would set a standard for, if you're going to market that cereal to children, then you have to meet a certain amount of whole grain, if that's the food group that that food is going to make a meaningful contribution, as well as meeting the requirements on nutrients to limit. So this would be the first time someone from federal government, we would say, "gosh, if you're going to market that to children and you're going use whole grain as part of the marketing, you should have at least this much within the product." And they can, obviously provide that information, they can add for more than that amount of whole grain within the product. This is not a limit. They can do more than that. So, I think it's setting a bar to say this is what you should have for that particular food group, food category. Does that help address your question?

>> Dr. William H. Dietz: And it also has to meet standard three.

>> Michelle Rusk: Right. Right. Over here.

>> Dr. Barbara Schneeman: If I could just maybe add another comment to that. I think one of the other issues that has come up during the day, and it came up in the issues that we're looking at. When we set standards like this, does it also provide an incentive for reformulation? So, for example, if your kid's favorite cereal has a little bit of whole grain in it, but it doesn't have this much whole grain in it, does it encourage the manufacturer to increase the amount of whole grains so it now meets the standard? And that's part of what we're interested in -- is this a way of encouraging reformulation in the right direction?

>> Lucy Ament: Lucy Ament, "Food Chemical News." Have you been charged by Congress, also, with coming up with possible penalties or compliance enforcement options if companies advertise foods that don't meet the standards that you had come up with?

>> Michelle Rusk: No, not an appropriations act language. It was definitely a mandate to issue findings and recommendations and put those in a report to Congress. Right here?

>> Susan Levin: Hi, Susan Levin from the Physicians Committee for Responsible Medicine. The 15% -- no more than 15% of calories from saturated fat -- seems a little high, considering American Heart Association's recommend to less than seven, and the dietary guidelines less than ten. How did you get to that number?

>> Dr.. Barbara Schneeman: The number for saturated fat is actually -- that's one we took straight out of the code of federal regulations that defines -- that's how low saturated fat is defined, the criteria. So that's one -- I mean, all of these, you're welcome to comment on, if you think there's another standard that we should be looking at or evaluating.

>> Michelle Rusk: And it isn't just 15%, it's also one gram or less.

>> Jake Landis: Hi, Jake Landis with PBS. Quick question -- since this is a large age range of kids, if you were to pick an age to split your recommendation, do you have one in mind across your panel?

>> Michelle Rusk: Well, I think there are kind of two ways that you can think about that question. One is how foods are marketed, and what the target audience is in the media, and one is the nutritional needs of different aged children. In terms of the marketing, I think a lot of the media is naturally kind of divided into children 2 to 11, adolescents 12 to 17, and that's the way our food marketing study looked at that and looked at the marketing. In terms of nutritional, I'll leave that for others to respond.

>> Dr. Robert C. Post: On the nutrition side, there's some concordance, because adolescence is a time of higher nutrient requirements. But the dividing point isn't very explicit or clear.

>> Jennifer Weber: Jennifer Weber with the American Dietetic Association. On the standard one, you have the note that says 100%, how you defined it, and then it says accept flavoring for water, milk or yogurt. Can you provide some additional information on your definition for flavoring?

>> Dr. Barbara Schneeman: Right. I don't know that this is the final wording that we will have, obviously. We don't know if this is the final wording we're gonna have on everything. But, again, what we were trying to do is make sure we categorized this in a way that said we're trying to get to the basic form of the food. And really modifications that are not changing the amount of solids from fruits, or changing the basic nature of the fruit juice -- I think this would particularly apply for the fruit juices, the milk and the yogurt. We recognize that for flavored milk and yogurt products, those can easily be evaluated. We think those can be evaluated using standard two and three. So once you start adding a lot of other ingredients to any of these food products, then you can look at them under standard two and three. What we're trying to do in standard one is just --

what foods get a pass. You don't even have to look at standard two and three. So all foods can be considered at some point. It's whether or not they get exempted from two and three.

>> Dr. Robert C. Post: And I might also add there's a benefit to, perhaps, consuming, in our view, of instead of sugared beverages, drinking water. And if it makes it more palatable, in terms of adding flavoring, then that should give it a pass. That was also part of the thinking here. And an understanding that flavored milk is low-fat or fat free flavored milk is also potentially better than perhaps a sugared beverage, as well. So flavorings also have an opportunity to be in these products. We believe, at least the way we've tentatively proposed it.

>> Michelle Rusk: Okay, I think we have time for maybe two -- two or three more questions. I see somebody over here.

>> Tracey Fox: Thanks. Tracey Fox, policy consultant. And having worked on the IOM Committee for School Foods, you all have struggled a lot, I know, and I think your list of questions is a very good list. I just had a follow-up question on the flavoring one. I thought I understood the answer and now I'm not sure I do. So flavored milk would also generally have added sugar. Does that bump it automatically down to the review process of standards of two and three

>> Dr. Barbara Schneeman: Yes.

>> Tracey Fox: Thank you. I thought I heard something different, but thank you.

>> Michelle Rusk: Anybody who hasn't yet had a chance to ask a question? Okay. We'll go here and here and then I think we may wrap.

>> Lucy Ament: Again, Lucy Ament, "Food Chemical News." Have you given any consideration to whether you consider where foods fall on the glycemic index? I'm not a

dietician, but from what I understand, things like skim milk might be low in fat and sugar, but they enter the bloodstream, work very quickly and can lead to spikes in appetite or things like that.

>> Dr. William H. Dietz: No. [Laughter]

>> Dr. Barbara Schneeman: And again, I would just refer you to the IOM report, the macronutrient report. It has a discussion of glycemic index and how the IOM, the recommendations it made with regard to that information. So that's where we're guided is from the IOM report.

>> Michelle Rusk: Okay. One last question, unless we have any questions from -- oh, okay. Go ahead.

>> Dr. William H. Dietz: Do you want to introduce yourself?

>> Susan Crockett: Oh, I'm sorry. My name is Susan Crockett. I work at General Mills. On the .75 ounce equivalent of whole grain, is that .75 of 30 grams, or .75 of 16 grams? Because I've understood at one point that since 16 grams of whole grain flour in a slice of bread, that that was the amount of whole grain in an ounce equivalent. I'm asking what your thought was.

>> Dr. Barbara Schneeman: You know, when we do the full report, I know that the ounce equivalents -- I don't have all my notes here. So I know the ounce equivalents on whole grains get complicated very quickly. But we will have that description of how it is we're using that concept of the ounce equivalence for the whole grain. But I'm not going to try to repeat it now, because don't have my notes sitting in front of me.

>> Dr. Robert C. Post: Yes. That unit of ounce equivalence, yes, is based on my pyramid recommendations.

>> Michelle Rusk: Okay, we'll finish with one question from our web audience, I think, and I will just read it rather than paraphrase it. Susie, it looks like this comes from a colleague of yours at General Mills. "Did you take into account the extensive body of peer reviewed, scientific evidence conducted over the past three decades that demonstrate the health benefits associated with ready-to-eat cereal consumption, all sweetness levels, including healthier body weight, improved nutrient intake, increased levels of physical activity, improved cognition and improved lipid levels, especially for children?"

>> Dr. Barbara Schneeman: I would comment that our approach is not to target one particular food and exempt one particular food, other than what we've tried to do in standard one. So I know it's very easy for people to hone in on one category of food. That's not the approach we used. We really tried to think about what's in standard one. What are foods that are part of a healthful diet? Standard two and three, how do we make those two concepts work together? Obviously, one of the goals of doing the data runs that we're doing is to make sure that it has face value, that when we look at what comes out of the criteria, it makes sense. But we're not -- we're not trying to develop criteria, see what foods get added or eliminated. It's really what's the rationale for the criteria? How can we use the resources that we have available, the experience of many people trying to develop these criteria? And then move from there to make some recommendations.

>> Michelle Rusk: Okay, and I think with that, as I said, we will be providing ample opportunity for more detailed comment from everybody, and we're looking forward to getting that information. We really are looking for your help on resolving some of the difficult questions still, and I would like to introduce or maybe Keith you want to? Our bureau director, David Vladeck, to adjourn the conference and tell us about the next steps. [Applause]

>> David C. Vladeck: Thank you. I promise to get you out of here by 5:00, so I will be brief. This has been a fascinating, exhilarating, somewhat exhausting day. But I'd like to begin by thanking the wonderful staff, the peerless staff, who made today possible.

Including BCP staff, Mary Engle, Heather Hipsley, Keith Fentonmiller, Michelle Rusk, Kyle Young, Mary Johnson, Sara Botha, Carol Jennings, Diane Feingold, Will, TJ Peeler, Deborah Clark, Wayne, and our stalwart, our Bureau of Economics colleague, Pauline Ippolito. So we also greatly appreciate those of you who are here today. Those of you who are panelists who contributed to the discussion and for those of you who are watching on the web. These are difficult issues. We're gonna need your help. We welcome your input. We're going to need your comments as the snack pack moves forward. [Laughter] So, we think of this as the start of an important dialogue, and we really do welcome and need your input. Let me give you just some thoughts about what we've heard today and what relevance it has to our work. First, we heard evidence correlating advertising to children and their preferences for and consumption of unhealthy foods. Exactly the kinds of foods that should not be the mainstays of a child's diet. We also heard about recent research on the causal impact of marketing on children's food preferences, purchase requests and short-term consumption. This is of particular concern in an age of integrated marketing techniques. With the use of ubiquitous and immersive marketing techniques with strong emotional appeal that may circumvent the reasoning capacities of the developing brain. Having raised two boys, I'm still waiting for that moment to happen. [Laughter] And they're in their 20s. But we can't ignore the science. The science is going to have to inform how we move forward. Next, our panel of First Amendment experts discussed the legal implications of regulating advertising to children. We explored the idea that commercial speech doctrine presumes that rational actors will make decisions based on information provided in part by advertising. Much of the advertising to children, however, doesn't fit this model. These ads don't convey information. They try to elicit an emotional response. For example, by marketing the idea that food is fun, to create positive psychological association with brands. Are these ads entitled to full bore, commercial speech protection? I think our panel was divided on that question. I think that's an understatement. [Laughter] Research will also suggests that the developing brains of children and teens are more heavily influenced by noninformational advertising messages, and the hypothetical, rational adult, around whom commercial speech jurisprudence centers is not the actor of children who are the targets of these ads are. So

the question remains whether the existing law can accommodate governmental restrictions on child or teen directed advertising. A question our panel found unresolved by existing case law, but remains an important issue. We would not be talking about government regulation if industry self-regulation had made greater strides. To be sure, I want to acknowledge CBB's work to get most of the major food marketers to agree on the need to improve the nutritional profile of foods marketed to kids. That is important. But I know that the industry members understood that their pledges would be a moving target as we move forward. I think it is clear that the target must move farther and faster. The stakes are too high to settle for partial improvement. Where improvements made at a snail's pace, and these companies should extend their pledges to encompass all forms of marketing, including product packaging. Responsibility rests with the entertainment companies, as well. Companies like Disney are to be commended for their positive messaging on health issues and for imposing nutritional standards on their licensees. That's all to the good. But, again, the reality is that these companies still run lots of ads for unhealthy foods. Just flip on Nickelodeon, Cartoon Network or Disney XD, which we have running constantly at the Bureau of Consumer Protection. Or go to their websites and you'll see what we mean. That, too, must change. Finally, we heard from the interagency working group on food marketing to children, or what we affectionately call the Snack Pack. Here they are. Our version of the Mod Squad. The Snack Pack's guiding principle is the food industry should not encourage children to eat high-calorie, low-nutrition foods. But this should be our collective goal. Our children are important. These foods are enticing enough without the marketing muscle of Madison Avenue behind them. The draft nutritional standards the FTC and our sister agencies have proposed today are our first cut on defining what foods children should be encouraged to eat. We will seek public comment on them before announcing the final standards in the July 2010 report. To be clear, these standards will not be regulations. They will not be binding. But we expect the food industry to make great strides in limiting children-directed marketing to foods that meet these standards. If not, I suspect that Congress may decide for all of us what additional steps are required. In the meantime, the FTC is gearing up to follow up on our previous report on marketing food to children and adolescents. In the spring, we will be serving compulsory process orders on major food

and beverage companies that market to children and adolescents. You all know this is coming. The data we collect will enable us to gauge how food marketing activities and expenditures have changed since 2006. As well as the overall nutritional profile of those foods. In sum, the FTC will continue to look closely at food marketing to kids. Not simply because of congressional mandates, but because it's the right thing to do. The status quo is unacceptable. We must stop posturing about responsible self-regulation and get to it. The public demands better, and unless there are substantial advances, our public officials will, as well. So thank you for joining us today. We want to hear from you as we move forward. Thanks so much. [Applause].