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Children's Commercial Communications Code

Consultation document
August 2011



BAI Children's Commercial Communications Code
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Content

Introduction	3
1. Context for the Consultation	5
2. Advertisements seen by Children	11
3. Expert Working Group Report	20
4. Nutrient Profiling Model	25
5. Regulatory Options	29
6. Summary of Consultation Questions	34
Appendices	36
• Expert Working Group Report	37
• Nutrient Profiling Model : Scoring Matrix	85

The Broadcasting Authority of Ireland

The Broadcasting Authority of Ireland (“BAI”) is an independent statutory organisation responsible for a number of key areas of activity with regard to television and radio services in Ireland. The work of the BAI is guided by the Broadcasting Act, 2009 (“2009 Act”) and by its Strategy Statement 2011-2013.

The principal objectives of the BAI as set out in Section 25 (1) of the 2009 Act are: to ensure that the number and categories of broadcasting services made available in the State best serve the needs of the people of the island of Ireland, bearing in mind their languages and traditions and their religious, ethical and cultural diversity; to ensure that the democratic values enshrined in the Constitution especially those relating to rightful liberty of expression, are upheld, and; to provide for open and pluralistic broadcasting services.

Introduction

This document is about the review of the BAI Children's Commercial Communications Code (the Children's Code). 'Commercial communications' is a term used to describe types of commercial promotion which include advertising, sponsorship and product placement. The review focuses on one section of the Children's Code - the Section 11 rules on Diet and Nutrition. This section sets down those standards with which commercial communications for food and drink must comply. The rules apply to commercial communications for food and drink shown during children's programmes and/or where these communications are for food and drink products or services that are of particular interest to children. For the purpose of the Children's Code, a child is anyone under the age of 18.

The consultation is being undertaken on foot of the outcomes of a review of the Children's Code undertaken by the BCI (the BAI's predecessor) in 2008. It is also being undertaken in a context where governments (including the Irish Government) and organisations such as the World Health Organisation and the European Union are calling for regulations to be applied to commercial communications to children for food and drink that are high in fat, salt and sugar (HFSS foods).

This document is part of the first stage of consultation being undertaken by the BAI on the Diet and Nutrition rules contained in the Children's Code. A number of consultation questions are outlined in the sections below and you are invited to give us your views on some or all of these. The questions concern the promotion of food and drink to children, in particular the regulation of commercial communications for HFSS foods. The second stage of consultation will commence in early 2012.

The document has six sections.

Context for the Consultation

- **Section one** - details the context for this consultation. The content of the current Children's Code, including the rules applying to the promotion of food and drink to children is outlined. In addition, this section details the rationale for the current review and the approach being taken to the review overall.
- **Section two** - examines the types of advertising, including food and drink advertising, seen by children. This is provided with a view to informing submissions to the consultation. Some general information on the amount of television that children watch and the times of day that they watch is also provided.

Consultation Issues

- **Section three** - summarises the findings and recommendations of the Expert Working Group convened in 2009 to examine the health and nutrition of children living in Ireland. This includes an examination of the types of food and drink that Irish children consume and the short- and long-term impact on their health. The group has made a number of recommendations.

- **Section four** - outlines the method by which the BAI proposes to define food and drink that are high in fat, salt and sugar (HFSS Foods). The method proposed is the nutrient profiling model developed by the UK Food Standards Agency for use by Ofcom, the broadcasting and telecoms regulator in the UK. Your views are invited on this method and the proposal to adopt it for the purpose of Irish regulation.
- **Section five** - sets out a range of approaches that can be taken to the regulation of commercial communications for HFSS foods. These approaches are drawn from practices in other countries. The BAI invites you to comment on these approaches.
- **Section six** – summarises the consultation questions.

In order to ensure that any revised rules introduced by the BAI are informed by all viewpoints, the BAI invites you to make a submission to the questions included in sections three, four and five of this consultation document. In summary, these questions invite your views on:

- The recommendations of the Expert Working Group;
- A proposal to adopt the mechanism for defining HFSS food and drink as developed by the UK Food Standards Agency;
- The types of measures that you believe are necessary or unnecessary for the regulation of HFSS food and drink.

We welcome your views on any or all of the questions included in this document. All responses will be considered by the BAI and will inform the decision-making process.

Responses to the consultation should be provided on or before close of business on **Thursday 6th October 2011**.

Responses should be sent to: - **sowens@bai.ie**.

Postal responses should be sent to:-

**Sinéad Owens
Children's Code Consultation,
Broadcasting Authority of Ireland,
2-5 Warrington Place,
Dublin 2.**

1. Context for the Consultation

This section of the document provides the context for the current consultation. The objectives and rules of the current Children's Code are outlined. In addition, the specific rules governing the promotion of food and drink to children are presented. The rationale for the review and the approach to the review are also highlighted.

1.1 The Children's Code

The Children's Code was first introduced in 2005 following a lengthy and detailed public consultation process. The Children's Code has a number of objectives, namely:

- To offer protection for children from inappropriate and/or harmful commercial communications;
- To acknowledge the special susceptibilities of children and ensure that commercial communications do not exploit these susceptibilities;
- To ensure that commercial communications are fair and present the product or service promoted in a way that is easily interpreted by children and does not raise unrealistic expectations of the capabilities or characteristics of the product or service being promoted, and;
- To provide unambiguous guidelines to broadcasters, advertisers, parents, guardians and children on the standards they can expect from commercial communications on Irish broadcasting services.

The Code sets out rules under 15 headings as follows:

1. Objectives;
2. Definitions;
3. Scheduling;
4. Compliance;
5. Social Values;
6. Inexperience and Credulity;
7. Undue Pressure;
8. Special Protection for Children in Advertising;
9. General Safety;
10. Violence;
- 11. Diet and Nutrition;**
12. Parental Responsibility;
13. Programme Characters;
14. Children's Advertising, Sponsorship and Product Placement;
15. Product Prohibitions and Restrictions.

The Children's Code includes a number of definitions. These definitions are used to identify those commercial communications that must comply with the rules in the Code. Any commercial communication that does not fall within this definition is required to comply with the BAI General Commercial Communications Code.¹

The key definitions are as follows:

- **Children's Commercial Communications** are commercial communications (including advertising, sponsorship and product placement) that promote products, services, or activities that are deemed to be of particular interest to children and/or broadcast during and between children's programmes.
- **Children's Programmes** are programmes that are commonly referred to as such and/or programmes where more than 50% of the audience watching the programme are under 18 years of ages, regardless of whether the programme is one made specifically for children.
- A '**Child**' is defined as a person less than 18 years of age.

The Children's Code recognises the principle that children of different ages require different levels of protection, in particular children less than 6 years of age and those aged 15 and over. In order to give this principle practical effect, the Code includes general principles that apply to children's commercial communications and also includes a number of protections that apply to under-6 and under-15 year olds. For example, in the case of small print included in advertisements, this must be spoken as well as written where the product or service is shown during programmes aimed at under-6 year olds, where under-6 years make up over 50% of the audience and/or where the product or service promoted is of particular interest to under 6-year olds.

A copy of the current Children's Code is available upon request from the offices of the BAI.

The Code can also be accessed here: <http://www.bai.ie/wordpress/wp-content/uploads/Childrens-Commercial-Communications-Code.pdf>

1.2 Section 11 Diet and Nutrition Rules

The Children's Code includes specific rules on the promotion of food and drink to children. These rules, included in section 11 of the Code, were introduced in order to recognise the concerns of the public, including parents and guardians, about the promotion of food and drink to children.

¹ A copy of the General Code can be found here: <http://www.bai.ie/wordpress/wp-content/uploads/General-Commercial-Communications-Code.pdf>

The rules are as follows:

Rule One

- Children’s commercial communications shall be responsible in the manner in which food and drink are portrayed. They should not encourage an unhealthy lifestyle or unhealthy eating or drinking habits such as immoderate consumption, excessive or compulsive eating. **U/18**

Rule Two

- Children’s commercial communications representing mealtimes should clearly and adequately depict the role of the product or service within the framework of a balanced diet. **U/18**

Rule Three

- Children’s commercial communications must not contain any misleading or incorrect information about the nutritional value of a product. They must not make misleading or incorrect comparisons between foods. They must not imply that particular foods are a substitute or replacement for fruit and/or vegetables. **U/18**

Rule Four

- All children’s commercial communications for fast food products, outlets and/or brands must display an acoustic or visual message stating ‘should be eaten in moderation and as part of a balanced diet’. ‘Fast food’ is defined as ‘food coming under the recognised character of fast food and/or inexpensive cooked food which is prepared and served quickly and is readily accessible for purchase by children’.

It is not the intention of the definition to include prepared and convenience foods or food which is purchased for preparation and cooking in the home. Fast food in this instance does not refer to the actual amount of time required to cook the food but rather the speed and ease with which the food can be procured and consumed. **U/18**

Rule Five

- Children’s commercial communications shall not portray or refer to celebrities or sports stars to promote food or drink products, unless the commercial communication is part of a public health or education campaign. Celebrities in this instance are defined as persons who are widely acclaimed, or honoured and/or known to children. It does not include those persons or characters that become known to children solely as a result of their participation in commercial communications. **U/15**

Rule Six

- Children’s commercial communications for confectionery products must display an acoustic or visual message stating that ‘snacking on sugary foods and drinks can damage teeth.’ ‘Confectionery’ in this instance includes sugar, honey, preserves, chocolate covered bars (excluding biscuits), non-chocolate confectionery – e.g. cereal bars – and artificial sweeteners². Carbonated drinks, including diet drinks, are included with the exception of water. **U/18**

1.3 Why Review the Children’s Code Now?

The BAI has decided that it is now appropriate to review the Diet and Nutrition rules included in the Children’s Code. This decision has been made for a number of reasons:

- The review is in keeping with the BAI’s Strategy Statement 2011-2013, in particular Strategic Objective 6.1 which commits the BAI to keep under review the development and implementation of broadcasting codes and rules.
- A statutory review of the Children’s Code was undertaken in 2008. It highlighted dissatisfaction with the current rules amongst a range of stakeholders, including parents, guardians, advertisers, health groups, children’s groups and broadcasters. The stakeholders expressed different reasons for their dissatisfaction, with some of the view that the rules were too strong and others of the view that the rules were too weak.³
- The 2008 statutory review highlighted issues regarding the effectiveness of the requirement in the code for on-screen messages to be carried during advertisements for ‘fast food’ and ‘confectionery’ products.⁴ Research undertaken as part of the review also highlighted the role of advertising as one of the factors that the public and children consider to be an influence on children’s behaviour, including the food choices that they make and the choices parents/guardians make for them.⁵
- The Broadcasting Act, 2009 requires the BAI to review its broadcasting codes and rules from time-to-time, including the Children’s Code. When undertaking these reviews, the BAI is obliged to protect the interests of children, having particular regard to the general public health interests of children.

² This definition of ‘confectionery’ is in accordance with the Food Safety Authority of Ireland. Samples are classified by EU category as defined by the European Communities. See Food Safety Authority of Ireland (2001), Guidance Note on the EU Classification of Food No. 2, p.15. For further clarification on the foodstuffs identified, see FSAI (2001) - Appendix 1, p.44.

³ A copy of the Statutory Report to the Minister for Communications can be found here:

http://www.bci.ie/documents/Child_Code_Statutory_Review_Sep08.pdf

⁴ These are detailed in section 11 (4) and 11 (6) of the current Children’s Code.

⁵ See BCI report on attitudes to advertising: <http://www.bai.ie/wordpress/wp-content/uploads/Childrens-Code-Attitudinal-Survey.pdf>

- When developing and/or reviewing the Children’s Code, the Broadcasting Act, 2009 provides the BAI with the powers to prohibit the advertising to children of food and drink products and services that are the subject of public concern. In this regard, the BAI may prohibit the advertising to children of foods and drinks which contain fat, trans-fatty acids, salts or sugars. Such foods and drinks are now a matter of public concern and it is appropriate to review how their promotion to children should be regulated.
- At a European level, the Audiovisual Media Services Directive requires EU Member States to encourage broadcasters (and other media service providers) to develop codes of conduct regarding commercial communications for HFSS foods that accompanying or included in children’s programmes.⁶

1.4 Approach to the Review of the Children’s Code

The review of the Code is being undertaken in two stages. The first stage begins with the publication of this consultation document. This stage provides broadcasters, advertisers and the public with the opportunity to inform the BAI about changes that they would like to see to the current regulation of commercial communications that promote food and drink to children.

While the rules apply to the promotion to children of all food and drink, this review is focused primarily on the promotion of foods and drinks that contain fat, trans-fatty acids, salt and sugar, in particular foods that have high levels of each i.e. HFSS foods. In this context, we would like your views on the Diet and Nutrition rules in general but in particular your views on how HFSS foods should be regulated.

In preparation for this first stage of consultation, the BAI convened an Expert Working Group (EWG). The work of the EWG is set out in greater detail in section 3 of this document. This group examined issues relating to the health and nutrition of children in Ireland.

The BAI will consider all submissions received as part of this first stage of consultation in tandem with the findings of the EWG and input from nutrition and advertising experts that it will use to review the submissions it receives⁷. On foot of this, the BAI will develop a draft set of revised Diet and Nutrition rules, if deemed necessary. These rules will be published during a second stage of consultation and finalised thereafter.

⁶ Article 9(2) of Directive 2010/13 of the European Parliament and Council (Audiovisual Media Services Directive).

⁷ See <http://www.bai.ie/?p=1258> & <http://www.bai.ie/?p=1244>

In agreeing any revision to the Children's Code, the BAI will have regard to its obligations as set out in the Broadcasting Act, 2009, in particular:

- The obligation to develop rules that take into account the public health interests of children;
- The obligation to publish any revised rules and to give due regard to any submissions received;
- The requirement that any measures introduced by the BAI are proportionate, predictable and stable.

Additionally, the BAI will have regard to its commitments to the public, broadcasters and other stakeholders as detailed in the BAI Strategy Statement 2011-2013.

2. Advertisements seen by Children

A growing body of evidence on the relationship between television viewing, children's diets and obesity suggests that television consumption and exposure to television advertising of food and drinks is one of a range of factors influencing children's health, including their food choices.⁸ The other factors include individual, social, environmental and cultural factors which interact in complex ways. It must also be acknowledged that income derived from advertising is vital to the continuance of quality Irish television programming insofar as funding from advertising wholly or substantially funds the cost of making such programmes.⁹ In this context, and in order to inform the public and other interested parties, this section of the document takes a closer look at the type of advertising that children see. This section looks at the type of advertisements seen generally by children but also examines in more detail advertising for food and drink products.

The information included in this section is drawn from TV ratings data gathered via the Arianna software supplied to the BAI by Nielsen TV Audience Measurement.¹⁰ TV ratings provide a currency for the buying and selling of airtime on television. The BAI access the Nielsen TV ratings via Nielsen's proprietary post-broadcast software, Arianna, available online and updated daily. The TV rating figures in this section relate mainly to RTÉ 1, RTÉ 2, TG4, TV3, 3e and Setanta Ireland. The figures presented reflect viewing by children to live television rather than time-shifted viewing of programmes on services such as Sky+.

2.1 Television Viewing by Children¹¹

By way of introduction to this section, we first look at the average amount of live television seen by Irish children each day for the 2008 to 2010 period. Viewing of Irish channels and viewing of all the channels available in Ireland (Total TV) is provided. We also look at the times of the day when they watch television.

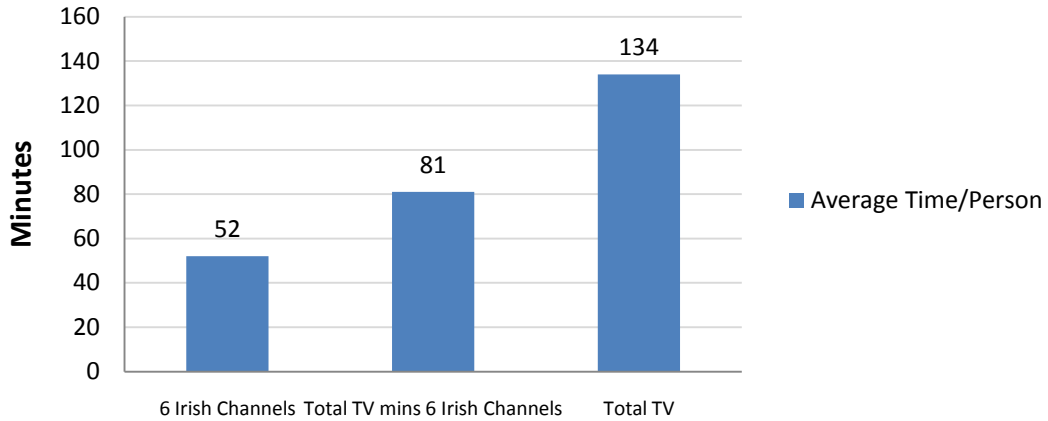
⁸ See Expert Working Group Report at Appendix 1, see also <http://www.who.int/dietphysicalactivity/publications/marketing/en/index.html>, http://whqlibdoc.who.int/publications/2009/9789241598835_eng.pdf & http://www.dohc.ie/publications/pdf/report_taskforce_on_obesity.pdf?direct=1

⁹ The degree to which advertising income pays for programme-making will depend on the type of broadcaster. Dependence on advertising varies between public broadcasters in receipt of exchequer or license fees but requiring substantial advertising income, those predominantly dependent on advertising (commercial broadcasters) and those depending on funding from viewers/listeners and grants (community broadcasters).

¹⁰ Nielsen is a worldwide market and media research corporation with component businesses including the Irish based Nielsen TV Audience Measurement. Since 1996 Nielsen TV Audience Measurement (previously AGB Nielsen Media Research) has been providing TV ratings in Ireland. Arianna displays amongst other variables, the channel share, the audience index and most importantly for all broadcasters and advertisers the television ratings or TVR. Nielsen TV Audience Measurement has been contracted to provide the service until 31 August 2015. Nielsen's client base includes RTÉ, TV3, TG4, BSKyB, Channel 4, Screen Producers Ireland and the BAI.

¹¹ Nielsen TV Audience Measurement only captures information from individuals aged 4 and upwards. Therefore viewership by children aged 4-17 is captured in this section in line with the definition of a 'child' in the Children's Code.

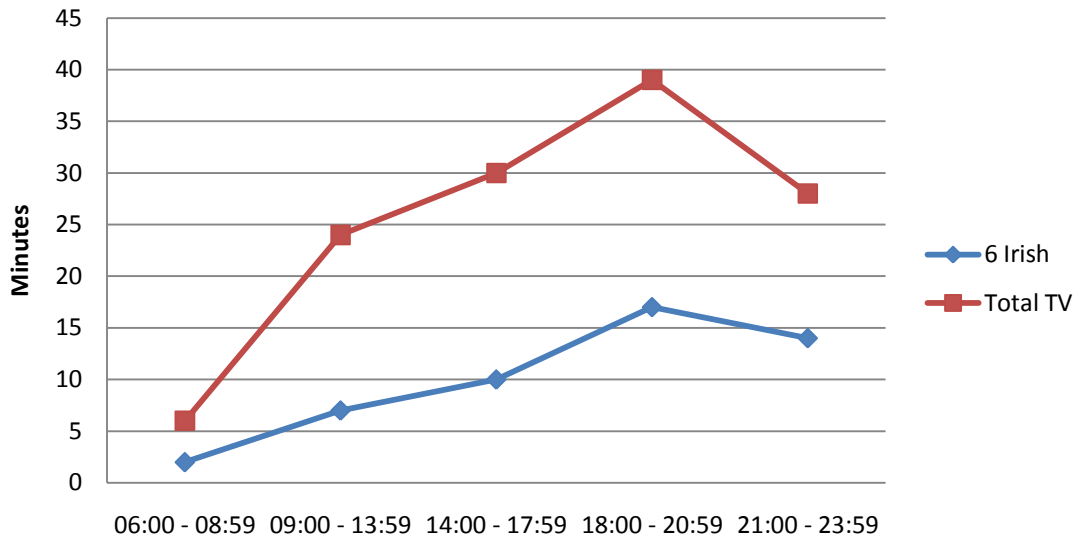
Average Live Viewing Time Children 4-17 year olds 2008 - 2010



As can be seen from the chart above, if the average time viewed by each individual child (4-17) is examined it can be determined that children in Ireland between 2008 and 2010 on average watched less of the Irish channels than other channels available to them, 52 minutes per day compared to 81 minutes. Overall 4-17 year olds in Ireland watched on average 134 minutes of television per day between 2008 and 2010.

If the viewing times are examined across a full 24 hours for the 2008 – 2010 period, it clearly shows that 4-17 year olds on average watched the most television between the hours of 6pm and 9pm. The second most popular time for children to watch television was between 9pm and midnight. The least popular time was between 6am and 9am.

Average time/Person spent by 4-17 year olds watching live television 2008 - 2010



2.2 Advertising on Irish channels seen by Irish children

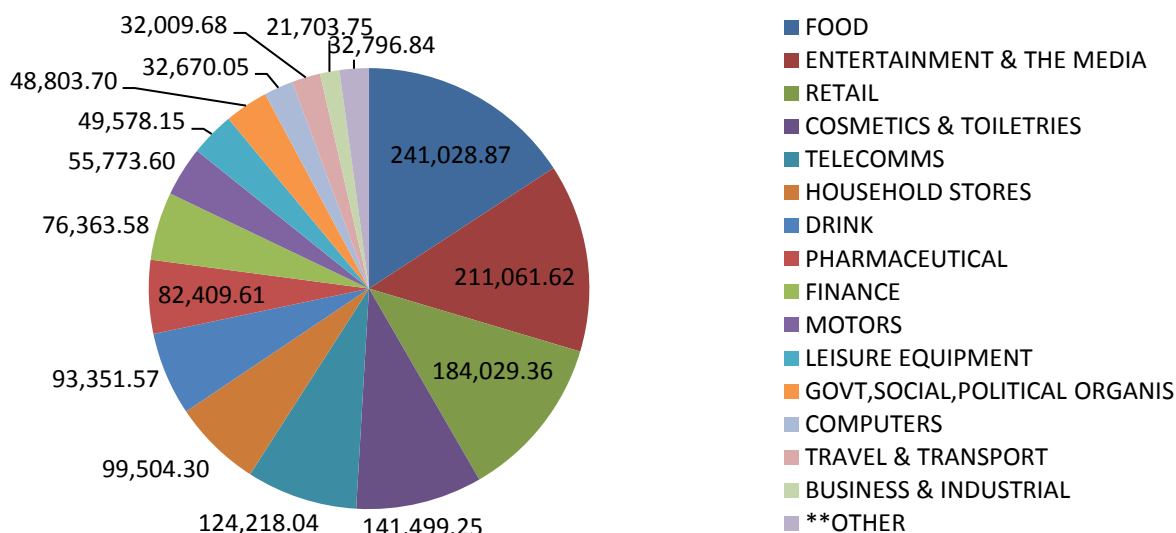
In order to understand the advertising information contained in this section, it is necessary to have an understanding of the concept of TVRs (TV Ratings). The **TVR** is the measure of the average percentage of a target audience viewing a programme, day-part¹², commercial break or advertisement. One TVR is equivalent to one per cent of a target audience e.g. Children. For example, if The Late Late Toy Show had a 'Children' TVR of 20, this means that, on average during the programme, 20% of all children watched The Late Late Show Toy Show. In the case of an advertising spot i.e. a single advertisement, an 'adult' TVR of 15 for an advertising spot indicates that on average 15% of all adults watched the single advertisement.

In the case of advertisements, the **Total TVR** of an advertising campaign is calculated by adding up all of the TVRs for each individual advertising spot to get a cumulative figure. The higher the Total TVR, the more people who have seen the advertisement. Total TVR is of particular interest to advertisers as TVR is the currency used between advertisers and broadcasters when buying and selling airtime for advertisements. In general the higher the TVR the more expensive the air time will be.

2.2.1 TVR for all Advertising Sectors

We will now examine advertising seen by children in more detail by looking at the TVR for the various advertising sectors listed within the Nielsen television audience measurement software programme (Arianna).. As noted, the figures relate to advertisements on the five Irish television channels: RTÉ 1, RTÉ 2, TG4, TV3, 3e and Setanta Ireland.

Total TVR for all advertising sectors for Irish Channels for 2008 - 2010 as viewed live by Children 4-17



**Other = Household appliances, Online Retail, Gardening and Agriculture, Electrical/Electronics, Misc, Property, Clothing and Accessories, Household equipment, Mail Order, Tobacco and Accessories and N/A.

¹² A day-part is a particular part of the day e.g. 9pm-midnight.

As can be clearly seen from the chart above, advertising from the food sector had the largest TVR for the period 2008 to 2010 and food advertising was therefore the category of advertising on Irish channels most viewed by children aged 4-17 between 2008 and 2010. Advertisements for entertainment and media were next, followed by retail.

2.2.2 Advertising Brands – all sectors

To understand what brands are being viewed by 4-17 year-olds on Irish television during the 2008-2010 period, it is necessary to examine the various brands within all the advertising sectors. In this regard, the table below clearly shows that the most viewed brand on Irish channels between 2008 and 2010 by children 4-17 was Danone Actimel. The brand with the second largest viewing by the same age group and channel list was also a Dairy Food product, Danone Activia.

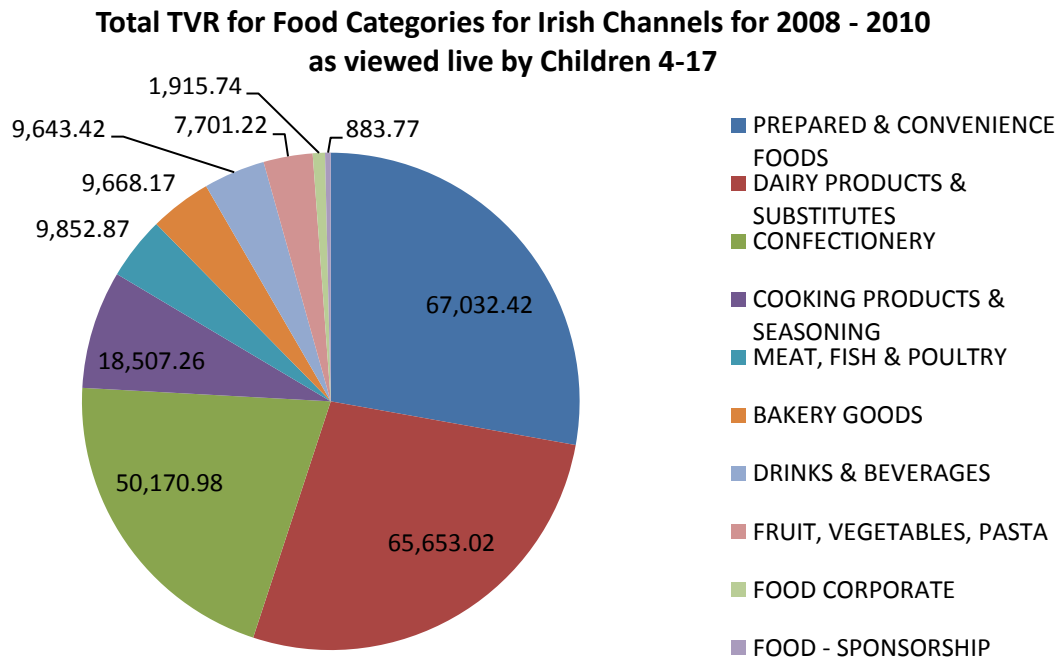
Top 20 brands viewed live by Children 4-17 on Irish Channels 2008 - 2010

Product\Variables	TVR
DANONE ACTIMEL	17,229.68
DANONE ACTIVIA	7,898.20
EIRCOM BROADBAND	7,677.99
VHI HEALTHCARE	6,514.29
OPTICAL EXPRESS	6,043.32
MCDONALDS RESTAURANTS	5,668.38
METEOR NETWORK	5,651.15
O2 NETWORK	5,640.32
CONDUIT 11850 DIRECTORY	5,342.05
COORS LIGHT	4,853.21
KELLOGGS SPECIAL K	4,786.28
METEOR BILL PAY	4,645.99
MCDONALDS EURO SAVER MENU	4,331.98
VODAFONE BRAND	4,203.44
HEAD & SHOULDERS	4,183.33
IRISH MAIL ON SUNDAY NEWSPAPER	4,151.43
REID FURNITURE	4,071.38
MCDONALDS HAPPY MEAL	4,068.82
LISTERINE MOUTH WASH	4,053.29
NUROFEN	3,692.02

2.2.3 The Food Sector

We shall now turn our attention to the food sector and look at the TV ratings for different categories of food advertising.

When the food sector is broken down into its categories, advertisements for Prepared and Convenience Foods were those most watched by 4-17 year olds watching Irish channels live between 2008 -2010. This is followed closely by Dairy Products and Substitutes. Of all the food advertisements seen live by children during the 2008-2010 period, advertisements for confectionery products were the third most watched by children. These trends are highlighted in the chart below.



2.2.4 Food Brands

If we look again at the food brands viewed live by children aged 4-17 we can see on the table below that of the top 20 food brands, six came from the Dairy Products and Substitute category, five brands came from the Confectionery category and four were for Prepared and Convenience Foods. Danone Actimel was the most viewed food brand.

**Top 20 Food brands viewed live by Children 4-17 between 03:00 – 26:59
on the Irish Channels 2008 – 2010**

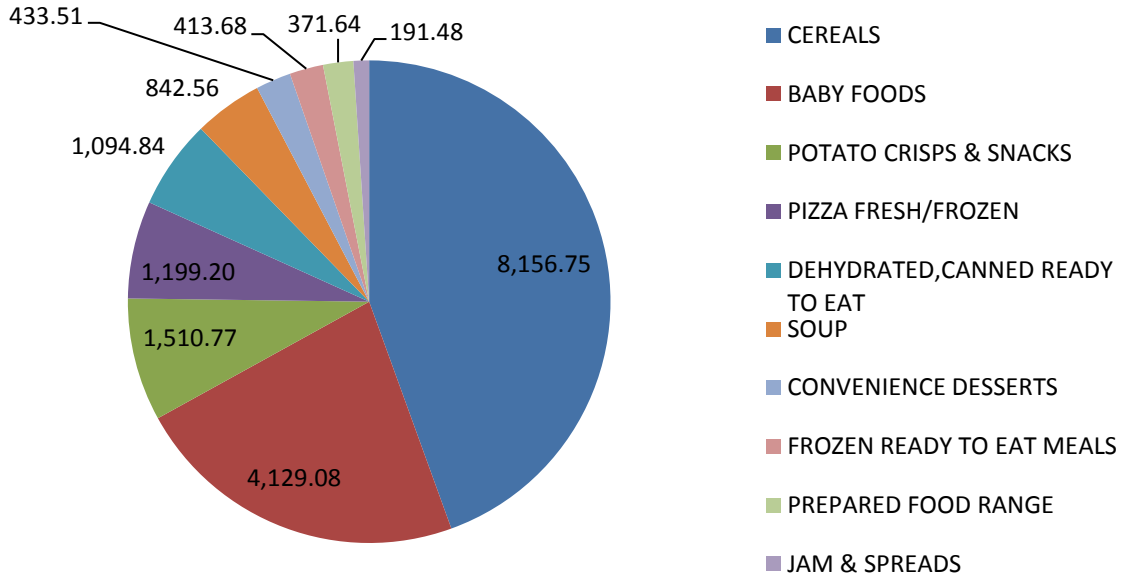
Product\Variables	TVR
DANONE ACTIMEL	17,229.68
DANONE ACTIVIA	7,898.20
KELLOGGS SPECIAL K	4,786.28
KELLOGGS RICE KRISPIES	3,100.05
AVONMORE SUPERMILK	2,669.97
COW & GATE PROD RANGE	2,618.99
BENECOL RANGE	2,397.33
MARS SNICKERS	2,318.74
PRINGLES	2,250.29
LYONS TEA	2,235.67
COW & GATE GROWING UP MILK	2,147.33
WRIGLEYS EXTRA	2,113.81
MULLER CORNER YOGHURT	2,100.59
NUTRICIA APTAMIL	2,093.53
KELLOGGS RICE KRISPIES SQUARES	2,076.20
KELLOGGS COCO POPS	2,044.18
NESTLE WHOLEGRAIN CEREAL	2,032.26
BATCHELORS BEANS	2,029.14
MARS M&MS	2,003.47
MARS MALTESERS	1,974.69

2.2.5 The Top Three

We shall now take a look in some more detail at the top three categories of food advertisements seen live by children during the 2010 period. Namely, Prepared and Convenience Foods, Dairy Products and Substitutes and Confectionery. In particular, this section examines the type of products that are included under these sub-categories. In addition, the parts of the day when advertisements for these products are most seen are examined.

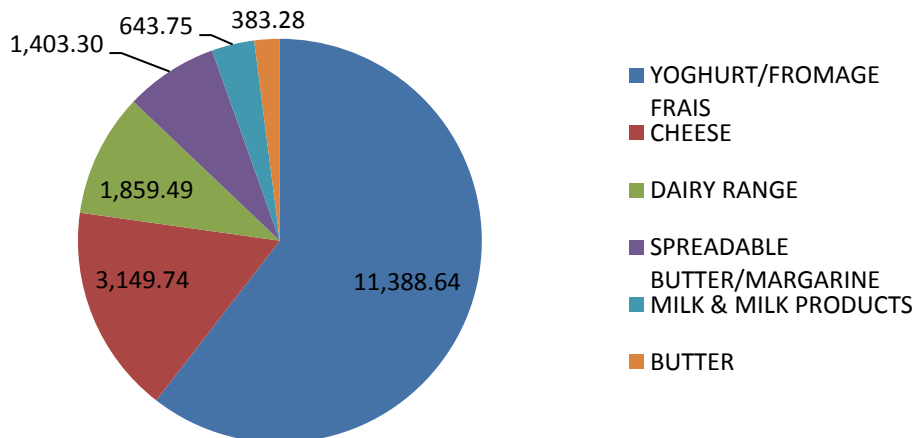
First, we examine the **Prepared and Convenience Food sub-category**. The chart below clearly shows that there is one dominant type of advertisement. In this case, advertisements for cereals are the most viewed type of prepared and convenience food advertisement seen live by children. This is followed by advertisements for baby food.

Total TVR for Prepared and Convenience Foods Sub Category for Irish Channels for 2010 as viewed live by Children 4-17



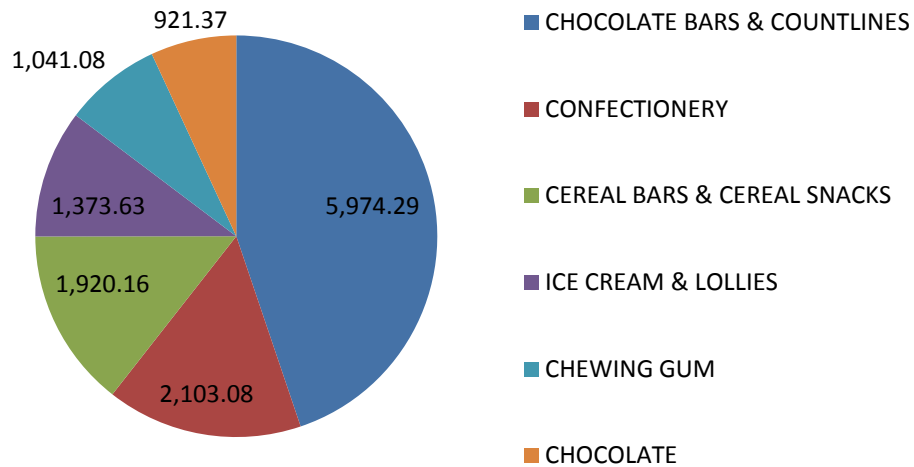
Taking a look at the second most viewed sub-category of food advertising as seen by children, **Dairy Products and Substitutes** categories, we see a similar trend to the trend in respect of Prepared and Convenience Foods. One product dominates the category insofar as advertisements for yoghurt/fromage frais had the highest TVR and of all the dairy advertisements seen by children in 2010 these were the most viewed live by children. Advertisements for cheese are the next most watched.

Total TVR for Dairy Products and Substitutes Sub Category for Irish Channels for 2010 as viewed live by Children 4-17



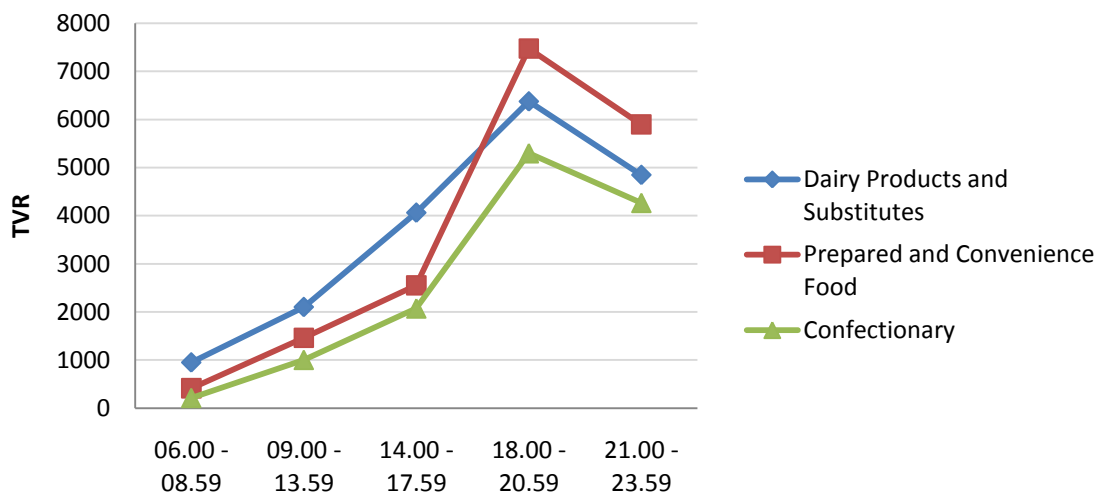
Turning to the third most viewed food category, **Confectionery**, as the chart below shows, the most viewed live confectionery advertisements by children in the 2010 period was for chocolate bars and countlines.¹³ Confectionery in general was second.

Total TVR for Confectionary Sub Category for Irish Channels for 2010 as viewed live by Children 4-17



Finally, we look at the times of the day when children saw advertisements for the top three categories of food advertising in 2010. Unsurprisingly, given the information at the beginning of this section on the general viewing patterns of children, live viewing of the top three food categories is highest after 6pm.

Total TVR for Top Three Food Categories for Irish Channels 2010 as viewed live by Children 4-17



¹³ Countlines are the individual bars sold at shop counters.

2.3 Summary

This section of the document provides only a brief and broad overview of the type of advertising seen by children in recent years. Nevertheless, it is quite apparent that advertising for food and drink products are those most watched by children. Of these food advertisements, those for prepared and convenience foods, dairy food products (and substitutes), as well as confectionery are the most watched.

It is also quite apparent that food and drink advertising makes a significant contribution to the revenues of Irish broadcasters and the impact of any restriction in such advertising must be carefully considered.

3. Expert Working Group Report

This section of the consultation document focuses on the report of the Expert Working Group (EWG). This group was convened in 2009 to examine issues pertaining to the health and nutrition of children in Ireland. The findings of the report of the EWG are summarised and their recommendations are detailed below. A copy of the complete EWG report is included at Appendix 1 to this document and we would encourage all respondents to read this document, where practicable.

3.1 The Expert Working Group (EWG)

In order to inform both the consultation process and the BAI's decision-making, a number of nutrition and public health policy experts were invited to partake in a working group. The EWG consisted of nominees from the Department of Health and Children¹⁴, Safefood¹⁵, the Health Service Executive¹⁶ and the Food Safety Authority of Ireland¹⁷. Three members of the BAI Executive supported the work of the group.

The EWG were asked to outline the major public health nutrition concerns for children in Ireland, to consider whether the advertising of food and drink of particular concern should be restricted and to consider ways in which the restriction of advertising such food and drink might be enabled (if deemed appropriate). Specifically, in drawing conclusions and making recommendations, the EWG was asked to:

- Review the evidence for public health nutrition issues affecting children;
- Assess the usefulness of a simple, yet scientifically valid “tool” which would enable the BAI and the food industry to assess the suitability of foods and drinks for advertising to children;
- Make recommendations in light of the findings of their work.

The EWG was not asked to detail specific measures for the regulation of food and drink e.g. prohibiting HFSS advertising before 6pm. Rather, they were asked to consider whether, in their view, the current BAI rules required further consideration in light of the findings of the EWG. The EWG was also not asked to review the issue of alcohol consumption.

¹⁴ Now the Department of Health (www.dohc.ie), children's affairs are overseen by the Department of Children and Youth Affairs <http://www.dcy.gov.ie/viewdoc.asp?DocID=120>

¹⁵ www.safefood.eu/

¹⁶ www.hse.ie & www.healthpromotion.ie

¹⁷ www.fsai.ie/

3.1.1 Methodology

In order to determine the major public health concerns for children in Ireland today, both immediate and long-term, the EWG examined:

- The results of recent surveys conducted in Ireland on the state of children's health, food and nutrient intake;
- The food survey findings compared to what children should be eating, according to recent recommendations by the Food Safety Authority of Ireland (FSAI¹⁸) on dietary guidelines for Ireland, 2009 and;
- The scientific literature on evidence relating to the relationship between nutrition, health and disease.

The EWG also examined, at the request of the BAI, the UK Food Standard Agency's (FSA) Nutrient Profiling (NP) Model. This scientific model was developed for the purpose of broadcast regulation and is used to define healthy and less healthy foods (including HFSS food and drink). The NP model is used by the UK regulator Ofcom to restrict advertising of HFSS food and drink in certain circumstances. The promotion on television of these foods to children is restricted by rules introduced by Ofcom in 2007.¹⁹

The EWG was asked by the BAI to assess the suitability of this model for defining HFSS food and drink in an Irish broadcasting context. In order to recommend such a tool, the EWG gave particular attention to two important issues related to the NP Model, namely:

- the omission of trans fats (which increase the risk of heart disease) from the FSA's NP Model²⁰, and;
- whether to make cheese, which provides a concentrated source of calcium, yet is high in fat, and saturated fat (animal fat), an exceptional case, and thus make it exempt from testing for suitability against the NP model in the event that it is applied to Irish broadcasters.

3.2 Summary of Findings of the EWG

The findings of the EWG are now summarised under two headings.²¹ The first is headed 'Key Public Health Nutrition Concerns' and examines children's nutrition. The second is headed 'Food Standards Agency Nutrient Profiling Model' and this examines the suitability of the FSA's nutrient profiling model as a tool for identifying healthy and less healthy food and drink including HFSS food and drink.

¹⁸ The work conducted by the FSAI was requested by the Department of Health and Children.

¹⁹ See: http://stakeholders.ofcom.org.uk/binaries/consultations/foodads_new/statement/statement.pdf

²⁰ Trans fats were excluded from the NP model on the grounds that estimated intake in the UK of trans fats are 1% of food energy.

²¹ The complete report is provided at Appendix 1.

3.2.1 EWG Report Summary - Key Public Health Nutrition Concerns

The following findings were made by the EWG.

- Healthy eating is important for optimal health and prevention of obesity and other lifestyle-related conditions (heart disease, stroke, cancers). Good nutrition in childhood is especially important as it is a critical period for growth and development. As well as helping to prevent disease, eating well in childhood can also pave the way for good eating habits in adulthood.
- Dietary guidelines aim to encourage children over the age of 5 years to choose foods low in fat, saturated fat, salt and sugar, and to eat protective foods such as fruit and vegetables, foods high in fibre, and foods rich in important nutrients such as calcium and iron. However, results from surveys have shown that Irish children's eating habits are generally poor, and they are lacking in many essential nutrients (e.g. calcium, iron, fibre). Overall, children are not eating enough protective foods such as fruit and vegetables, or foods high in fibre. Instead they are consuming too many snacks and drinks high in fat, sugar and salt.
- In addition, breastfeeding rates in Ireland are low and there is evidence that weaning practices are inappropriate.
- This means that children in Ireland today are vulnerable to short- and long-term risks to their health.
- Overweight and obesity in both children and adults is rapidly becoming a global epidemic. Surveys of children in Ireland confirm that obesity is on the increase with one in four primary school children in Ireland today either overweight or obese.
- In the short-term, obesity causes high blood pressure, high blood sugar/insulin levels and abnormal blood fats, which all eventually contribute to heart disease and stroke. Type 2 diabetes, which was previously unseen in childhood when obesity was rare, is now emerging as a problem.
- The social and psychological effects of obesity are especially difficult for a child to bear. Thus, there is a danger that an overweight child might engage in harmful behaviours in their efforts to cope with their weight.
- The long-term health effects of obesity in childhood include heart disease, stroke, Type 2 diabetes and some cancers. To compound these ill-effects, many overweight children grow up to become obese adults.

- It is recognised that an individual's environment greatly influences food choices. Therefore, action needs to be taken at many levels (e.g. home, school) to create an environment that is conducive to healthy eating. It is the view of the EWG that the restriction of television advertising of foods and drinks that is less healthy for children will go some way towards helping create such a supportive environment.

3.2.2 EWG Report Summary - Food Standards Agency Nutrient Profiling Model

The following findings were made by the EWG.

- In the UK, the Food Standards Agency (FSA) have developed and validated a “Nutrient Profiling (NP) Model”. This is a simple means of identifying foods and drinks high in calories (energy), saturated (animal) fat, salt and sugar, on the one hand, and the more desirable fibre, fruit, vegetables, nuts and protein on the other. The model is used by Ofcom, the UK broadcast regulator to determine when advertisements for HFSS foods are to be restricted when children are viewing.
- The Nutrient Profiling Model does not include trans fats (high intakes are linked to heart disease) in its assessment of foods, but the EWG agreed that this model should be adopted for use in Ireland, without modification. Notwithstanding this, the EWG recommends that the consumption of trans fats in Ireland should be closely monitored.
- The Nutrient Profiling Model in the UK is currently applied to all foods and drinks that are intended to be advertised to children. The Expert Working Group considered whether exemption should apply to cheese, as it is a valuable and concentrated source of calcium. However, cheese is also rich in fat and saturated fat. Recent examination of dietary guidelines in Ireland for those over the age of 5 has shown that in order to meet desirable goals for saturated fat, consumption of cheese should be limited. Lower-fat calcium sources are preferable such as low-fat yoghurts or lower-fat milks. It is for this reason that the Expert Working Group recommend that no exemption should be made for cheese in the application of the Nutrient Profiling Model.

3.3 EWG Report Summary - Conclusions and Recommendations

The EWG report details the current serious public health concerns relating to nutrition amongst children in Ireland. The EWG report also highlights the far-reaching implications for children, both immediately and well into the future. It is their view that the creation of health-promoting and supportive environments, including restrictions on certain types of television advertising, are a key element necessary to induce change in eating habits which are beneficial to the health of children.

In this context, the EWG has made the following recommendations:

- Advertising of foods and drinks high in energy, saturated fat, sugar and salt to children should be restricted by the Broadcasting Authority of Ireland (BAI).
- The UK's Food Standards Agency's Nutrient Profiling (NP) model should be adopted completely and without amendment for the purposes of deciding on suitability of food products for television advertising to children.
- Consideration should be given to the advertising of food and drinks for children to parents/carers. This is of importance as parents/carers are the gatekeepers of their children's health and this type of advertising influences parental choice of foods for young children (under fives) in particular.
- Consideration should be given to the broadcast times of food and drink advertising as many children watch television outside of the period strictly designated as children's viewing time.
- As it will not be practical to directly control advertising of foods high in *trans* fats (associated with increased risk of heart disease) to children²², surveys should be undertaken to ensure that intakes of *trans* fats remain low.

3.4 Consultation Question

The BAI welcomes your views on the following question.

Question 1 What are your views, generally, on the five recommendations of the Expert Working Group?

²² Food labelling of packaging in Ireland does not require manufacturers to include trans fats, hence including them in the model presents practical difficulties.

4. Nutrient Profiling Model

This section of the consultation document examines the UK Food Standards Agency's (FSA) Nutrient Profiling (NP) Model in more detail. The way in which the model works is outlined and some examples of the application of the model in practice are provided. In addition, an indicative list of products that would be classified as less healthy, such as HFSS food and drink, is provided.

4.1 The NP Model

As detailed in the last section, the Expert Working Group (EWG) examined the suitability of the Nutrient Profiling (NP) model. The NP model was developed by the UK Food Standards Agency (FSA) in 2004-2005 to provide Ofcom, the UK broadcast regulator, with a tool to differentiate food and drink on the basis of their nutritional composition, in the context of television advertising of food and drink to children. In summary, the model uses a simple scoring system where points are allocated on the basis of the nutrient content of 100g of a food or drink. This is a three step process.

Step One: Points are awarded for 'A' nutrients (energy, saturated fat, total sugar and sodium).

Step Two: Points are awarded for 'C' nutrients (fruit, vegetables and nut content, fibre and protein).²³

Step Three: The score for 'C' nutrients is then subtracted from the score for 'A' nutrients to give the final nutrient profile score.

- If a food or drink scores less than 11 'A' points then the overall score is calculated as follows: **Overall score = [total 'A' points] minus [total 'C' points]**.
- If a food or drink scores 11 or more 'A' points but scores 5 points for fruit, vegetables and nuts then the overall score is calculated as follows: **Overall score = [total 'A' points] minus [total 'C' points]**
- If a food or drink scores 11 or more 'A' points but also scores less than 5 points for fruit, vegetables and nuts then the overall score is calculated without reference to the protein value²⁴, as follows: **Overall score = [total 'A' points]**

Food scoring 4 or more points and drinks scoring 1 or more points are classified as 'less healthy' and are subject to advertising restrictions.²⁵

²³ The points allocated for each nutrient are detailed at Appendix 2.

²⁴ This is called the 'protein cap' and is intended to prevent foods with high energy, saturated fat, sodium or sugar levels, but also high in protein, from being classed as 'healthier' by the model e.g. beef burgers.

²⁵ A more detailed outline of the NP Model and how it is applied in practice can be found here: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123492.pdf

4.2 Application of the NP Model in Practice

Below are examples of the application of the FSA NP model to Fruit Fromage Fraises and Vanilla Ice Cream. These examples are drawn from the UK Department of Health's Guidance on the NP Model.²⁶

Worked example 1

Product: Fruit fromage fraises, 50g pot. Contains fruit puree (8%).

Product sold in 50g servings; however NP score worked out using amounts per 100g.

	Per 50g pot	Per 100g	Score
Energy (kJ)	230	459	1
Saturated Fat (g/100g)	0.9	1.8	1
Total sugar (g/100g)	6.7	13.4	2
Sodium (mg/100g)	<0.1	<0.1	0
Total A Points			4
Fruit, veg, nuts (%)	8%	8%	0
AOAC Fibre (g/100g)	0.3	0.6	0
Protein (9g/100g)	3.5	6.5	4
Total C Points			4
SCORE: A-C			0

Deducting A points from C points means that the product **scores 0 points** and is therefore a healthy food.

Worked example 2

Product: Vanilla Ice Cream

Product sold in millilitres and converted to grams for the calculation

	Nutrition information per 100ml ice cream	Nutrition information per 100g ice cream	Score
Energy (kJ)	1347	741	2
Saturated Fat (g/100g)	11.1	6.1	6
Total sugar (g/100g)	34.0	18.7	4
Sodium (mg/100g)	109.1	60	0
Total A Points			12
Fruit, veg, nuts (%)	0	0	0
AOAC Fibre (g/100g)	0	0	0
Protein (9g/100g)	6.5	3.6	0 ²⁷
Total C Points			0
SCORE: A-C			12

Deducting A points from C points means that the product **scores 12 points** and is therefore a less healthy food.

²⁶ The UK Department of Health is now responsible for this aspect of the FSA's previous work.

²⁷ The product is not eligible to score points for protein as it scores a total of 12 'A' points.

Using the NP model, the following food and drink are examples of those that would be classified as healthier:

- Wholemeal and white bread
- Muesli and wheat biscuit cereal with no added sugar
- Fresh and frozen fruit & vegetables
- Fresh and frozen unprocessed meat and fish
- Most unsalted nuts
- Some yoghurts and yoghurt drinks
- Takeaway salads with no dressing or croutons
- Most brands of baked beans
- Fish fingers
- Some brands of baked oven chips
- Unsweetened fruit juice
- Diet cola
- Skimmed, semi-skimmed and whole milk

Using the model, the following food and drink are examples of those that would be classified as less healthy, they include HFSS foods:

- Potato crisps, including low fat
- Cheddar cheese, half and full fat
- Most breakfast cereals
- Biscuits and cakes
- Confectionery
- French fries
- Mayonnaise
- Most pizzas
- Sweetened milkshakes, fruit juices
- Cola and other carbonated sweetened drinks
- Most sausages and burgers
- Butter and margarine

The model applies equally to all food and drink and there are no exemptions.²⁸

4.2.1 Copy Clearance

Copy clearance is a process undertaken by broadcasters and advertisers. It is a process where the content of an advertisement or other commercial communication is 'cleared' for broadcast. It involves a review of the advertisement against the broadcasting codes and rules and may involve changes being made to advertisements where it is believed that they do not comply with a broadcasting code.

If the BAI decides to apply the NP model in an Irish context and to introduce restrictions on HFSS advertisements, it will be up to broadcasters and advertisers to ensure that advertising complies with these restrictions. This means that advertisements will have to be copy-cleared and a process for doing this will have to be introduced. In the UK, this process is undertaken by an organisation called Clearcast. In practice, companies who wish to promote food in children's viewing periods must submit a Nutrition Profile Certificate. This involves the advertiser certifying that the food or drink is not a HFSS food.

²⁸ The model uses the definition of a fruit and vegetable included in the NHS 5 A Day programmes. See <http://www.nhs.uk/Livewell/5ADAY/Pages/Whatcounts.aspx>. This consultation invites views on how food and drink should be defined in an Irish context.

Clearcast do not separately analyse the certificate against the NP Model. Rather, the certification process is considered sufficient insofar as the advertiser risks damage to their reputation if they falsely certify a product as acceptable for broadcast in children's viewing times and it turns out to be a HFSS food or drink.²⁹

This approach is in line with the co- and self-regulatory approach taken by Ofcom, the UK broadcast regulator, to the regulation of advertising and other commercial communications. It is also considered suitable because it places the responsibility for certifying food and drink with those who make the product or service being promoted i.e. food and drink manufacturers who wish to advertise their product or services.

4.3 Consultation Questions

The BAI welcomes your views on the following four questions:

- Question 1** Do you think the BAI should adopt the Nutrient Profiling Model of the Food Standards Agency in the event that it puts in place specific regulation of HFSS foods?
- Question 2** Do you anticipate any difficulties implementing this model in practice? If yes, how might these be resolved?
- Question 3** Who should have responsibility for certifying that a product is/is not a HFSS food? Should it be advertisers or broadcasters? Please provide a reason for your response.
- Question 4** The NP model uses the UK National Health Services '5 A DAY' definition of what constitutes a fruit or vegetable. On what basis should the BAI define food and drink in the event that it applies the model in Ireland?

²⁹ See <http://www.clearcast.co.uk/clearcast-forms.html> for a copy of the Certificate and information on their copy clearance procedures.

5. Regulatory Options

In order to inform discussion on this matter, this section of the consultation document details a range of possible measures that might be applied to advertisements for food and drink that is high in fat, salt and sugar (HFSS food and drink). The approaches detailed are drawn from regulations in place in other countries. We welcome your views on two aspects of regulation. The first relates to the type of regulatory approach to be taken, the second relates to the specific measures that might be introduced.³⁰

It is important to state that at this time the BAI has no firm view on the type of regulation or the regulatory measures to be specifically applied to the promotion of HFSS food and drink. Indeed, the purpose of this consultation is to inform the BAI's view by inviting all interested parties to comment on the questions in this consultation document.

5.1 Types of Regulatory Approaches

Three regulatory approaches are detailed. They are:

- Self-regulation;
- Co-regulation;
- Governmental/Independent statutory regulation.

Each of these approaches is briefly discussed below. Respondents to the consultation are invited to provide their views on these approaches but it is also open to respondents to suggest other approaches.

5.1.1 Self-regulation

Self-regulation is a common method by which standards are set in advertising. For example, the complaints process operated by the Advertising Standards Authority of Ireland (ASAI) is a self-regulatory measure signed-up to by industry³¹. The Central Copy Clearance Ireland service operated by IAPI³² is another example; this provides copy clearance for alcohol advertisements. In essence, self-regulation is where an industry agrees the standards to be applied to it and monitors and enforces these standards, generally without the involvement of the Government, governmental bodies or independent statutory bodies such as the BAI.

At a European level, the advertising industry has taken self-regulatory steps to restrict the marketing of less healthy foods to children.³³ Furthermore, the AVMS Directive includes requirements that EU Member States work with companies to develop measures in this area.

³⁰ See <http://www.iaso.org/policy/marketing-children/policy-map/> for an overview of regulatory approaches.

³¹ www.asai.ie

³² www.iapi.ie

³³ For example, in 2007 eleven large food and drink companies announced on 11th December 2007 a common commitment to change the way they advertise to children. See <http://www.eu-pledge.eu/> for more information.

5.1.2 Co-regulation

Co-regulation is a type of regulation where the regulatory role is shared between a governmental or independent statutory body and an industry body. There are degrees of co-regulation but in its basic form it involves formal co-operation between regulators and industry to develop and implement rules. Co-regulation often has, but does not necessarily require, a legislative basis. An example in an Irish context is the regulation of alcohol.³⁴ Broadcasters have signed-up to the voluntary alcohol marketing code developed in conjunction with the Department of Health and Children. At the same time, the BAI's General Commercial Communications Code requires compliance with this Code and the BAI assists with the monitoring of compliance with this Code.

5.1.3 Governmental/Independent Statutory Regulation

Governmental and independent statutory regulation involves the development and implementation of rules by a governmental body or an independent statutory body, such as the BAI. While industry is consulted on any proposed regulations, the governmental or independent statutory body decides the rules to be applied. In general, compliance by a broadcaster, for example, is mandatory. The majority of regulations applying to Irish broadcasters are of this nature. This includes the BAI's General and Children's Code, the Code of Programme Standards, the Access Rules and the Broadcasting Code on Election Coverage.

5.2 Regulatory Measures

Five different regulatory measures are now detailed. They are:-

- No additional regulation;
- Scheduling restrictions based on day-parts;
- Scheduling restrictions based on the definition of children's programmes;
- Content Restrictions;
- On-screen measures.

Each of these is now briefly examined. This is not intended to be an exhaustive list of approaches. Instead, it is provided for information. Respondents to the consultation are invited to provide their views on these options but it is also open to respondents to suggest other approaches, including combinations of the approaches detailed below.

5.2.1 No additional regulation

This approach would entail the retention of the current Diet and Nutrition rules included in Section 11 of the BAI Children's Code. These rules were detailed in section one of this document. However, it might be argued that such an approach would not be a reasonable response to the consistent calls for the regulation of the advertisement of HFSS foods to children and action taken by regulators and industry to date. In this regard, the European Parliament, the European Commission, the Irish government and governments across Europe, the Irish Department of Health, a broad range of governmental and non-governmental organisations and the World Health Organisation, among others, have called for such regulation. In this context, it might be argued that the type of specific regulation to be applied to the promotion to children of HFSS foods, rather than the issue of whether there should be specific regulation of such foods, is the question to be considered by the BAI.

³⁴ See http://www.ccci.ie/link_files/alcohol_codes_practice.pdf for more information.

5.2.2 Scheduling restrictions based on day-parts

This approach would entail limiting the promotion of HFSS foods during certain parts of the day. For example, advertising of HFSS foods could be prohibited before 2pm or before 6pm or up to 9pm. The application of restrictions according to specific time-bands is informed by a number of considerations. These include consideration of whether children are viewing television in the absence of parental/guardian supervision. This is more likely during day-time hours. The other consideration is the number of children watching. For example, it has been argued that advertisements for HFSS foods should be restricted up to 9pm because the highest number of children watching television watch television between 6pm and 9pm. Arguments contrary to this are that this time of the day is family viewing and it is the responsibility of parents/guardians to monitor and advise children on all the advertisements that they see. In addition, such a restriction would limit what adults could see and this may be disproportionate.

5.2.3 Scheduling restrictions based on the definition of children's programmes

This approach would limit the advertising of HFSS foods during programmes that children watch. For example, children's programmes are defined in the current BAI Code with reference to the type of programme and the percentage of children watching. This means that any advertisement broadcast during a programme that targets children and/or a programme where over 50% of the audience are under-18 years of age would be required to comply with the Children's Code.

On foot of the review of the Children's Code in 2008, it was agreed that the review of the Diet and Nutrition rules would invite views on whether the 50% threshold is appropriate in the case of advertisements to children for products and services that are of public concern.³⁵ A lower threshold (25%) has been applied voluntarily by industry in the case of alcohol advertisement and your view is invited on whether a lower percentage threshold is appropriate in the case of advertisements for HFSS foods.

5.2.4 Content restrictions

This approach would place limits on the way in which advertisements appeal to children. This approach is informed by the view that it is not only the amount of advertising but also the content of that advertising that influences children's food choices and preferences. The Diet and Nutrition rules currently included in the BAI Children's Code include some content restrictions. For example, celebrities are not allowed to advertise food during children's programmes, except where the advertisement is for a healthy eating food campaign. The rule recognises the power of celebrities and their influence on children.

³⁵ See http://www.bci.ie/documents/Child_Code_Statutory_Review_Sep08.pdf

5.2.5 On-screen Measures including taglines and the promotion of healthy foods

The current BAI Children's Code includes a requirement to place on-screen taglines when broadcasting advertisements for 'fast-food' and confectionery products and services to children. There are two messages. The first, applying to 'fast-food' advertising is "should be eaten in moderation and as part of a balanced diet." The second, applying to confectionery is "snacking on sugar foods and drinks can damage teeth" with a variation permitted in the case of diet drinks – "snacking on diet drinks can damage teeth."

A similar approach is taken in France where food advertisements must include a number of messages on-screen. These include, "For your health, eat at least five fruits and vegetables a day", "For your health, undertake regular physical activity", "For your health, avoid eating too much fat, too much sugar, too much salt."

The function of this approach is to promote positive messages and to inform children and parents/guardians about healthy eating with a view to improving children's health. The BAI's own research has highlighted a number of issues regarding the effectiveness of such messages.³⁶ Notwithstanding this, we welcome your views on whether this approach is suitable and any recommendations on how to make it more effective.

An additional on-screen measure would be to apply preferential advertising rates in the case of campaigns promoting healthy foods. Such an approach has also been taken in France as part of co-regulation.

5.3 Consultation Questions

The BAI welcomes your views on the following five questions.

Question 1 Regarding the regulatory approaches outlined at 5.1, which of the three approaches do you think would work best:

- Self-regulation;
- Co-regulation, or;
- Governmental/Independent statutory regulation?

Please provide the reasons for your opinion.

Question 2 Regarding the regulatory approaches outlined at 5.1, which, if any, of the approaches outlined do you think is unsuitable? Please provide reasons for your opinion.

³⁶ See Attitudinal Survey conducted by IPSOS Mori (now Ipsos MRBI) on behalf of the BCI in 2008: <http://www.bai.ie/wordpress/wp-content/uploads/Childrens-Code-Attitudinal-Survey.pdf>

Question 3 Regarding the regulatory measures outlined at 5.2, which, if any, of these measures do you favour:

- No additional regulation;
- Restrictions based on day-parts;
- Restrictions based on the definition of children's programmes;
- Content restrictions;
- On-screen measures
- A combination of measures

Please provide the reasons for your opinion.

Question 4 Regarding the regulatory measures outlined at 5.2, which, if any of these, do you not favour? Please provide the reasons for your opinion. Please note that you may discuss one or more of the measures in your response.

Question 5 Are there other approaches to regulation that you would like the BAI to take? If yes, please detail these alternative approaches and outline the benefits.

6. Consultation Questions

For easy reference, the consultation questions included in sections 3, 4 and 5 are now presented together.

Section 3 – Expert Working Group Report

- What are your views, generally, on the five recommendations of the Expert Working Group?

Section 4 – Nutrient Profiling Model

- Do you think the BAI should adopt the Nutrient Profiling Model of the Food Standards Agency in the event that it puts in place specific regulation of HFSS foods?
- Do you anticipate any difficulties implementing this model in practice? If yes, how might these be resolved?
- Who should have responsibility for certifying that a product is/is not a HFSS food? Should it be advertisers or broadcasters?
- The NP model uses the UK National Health Services '5 A DAY' definition of what constitutes a fruit or vegetable. On what basis should the BAI define food and drink in the event that it applies the model in Ireland?

Section 5 – Regulatory Options

- Regarding the regulatory approaches outlined at 5.1, which of the three approaches do you think would work best:
 - Self-regulation;
 - Co-regulation, or;
 - Governmental/Independent statutory regulation?

Please provide the reasons for your opinion.

- Regarding the regulatory approaches outlined at 5.1, which, if any, of the approaches outlined do you think is unsuitable? Please provide reasons for your opinion.

- Regarding the regulatory measures outlined at 5.2, which, if any, of these measures do you favour:
 - No additional regulation;
 - Restrictions based on time bands;
 - Restrictions based on the definition of children's programmes;
 - Content restrictions;
 - On-screen measures;
 - A combination of measures;

Please provide the reasons for your opinion.

- Regarding the regulatory measures outlined at 5.2, which, if any of these, do you not favour? Please provide the reasons for your opinion. Please note that you may discuss one or more of the measures in your response.
- Are there other approaches to regulation that you would like the BAI to take? If yes, please detail these alternative approaches and outline the benefits.

APPENDIX 1
EXPERT WORKING GROUP REPORT

Health and Nutrition of Children Living in Ireland

Implications and Recommendations for the Broadcasting Authority of Ireland's review of the Children's Commercial Communications Code

A Report of an Expert Working Group

November 2010

CONTENTS

EXECUTIVE SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

1.1 Background

The Broadcasting Authority of Ireland (BAI) Children's Commercial Communications Code

Nutrition and health

2. PUBLIC HEALTH CONCERNS RELATING TO NUTRITION

2.1 Introduction

Dietary guidelines – what children should be eating

2.2 Overweight and obesity in children and teenagers in Ireland

Pre-school children

Primary school children

The rise in childhood overweight and obesity

Rising obesity in teenagers

The role of diet in the development of obesity

2.3 The consequences of obesity

Short-term consequences of childhood and teenage obesity

Long-term consequences of childhood and teenage obesity

Summary of consequences of childhood/teenage obesity

2.4 Breastfeeding and weaning practices in Ireland – implications for health

2.5 Nutrient inadequacies

Vitamin D, calcium and osteoporosis

Iron deficiency and anaemia

Fibre, fruit, vegetables and cancer

Salt and high blood pressure

2.6 Dental health in children and teenagers

2.7 Types of foods and drinks consumed by children and teenagers in Ireland

Foods eaten by infants and toddlers

Foods and nutrients eaten by pre-school children

Foods and nutrients eaten by school children and teenagers

2.8 Factors influencing food choice

3. FOOD STANDARDS AGENCY FOOD MODEL – A METHOD FOR DETERMINING THE SUITABILITY OF FOODS AND DRINKS FOR ADVERTISING TO CHILDREN

3.1 Introduction

3.2 The development of the Food Standards Agency (FSA) Food Model in the UK

3.3 The Food Standards Agency (FSA) Nutrient Profiling (NP) Model – How it works

The Protein Cap

The exclusion of *trans* fats from the FSA's NP Model

3.4 Review of Foods which might be considered “exceptional cases”

Cheese and cheese products

3.5 Conclusions on the suitability of the Food Standards Agency Nutrient Profiling Model

4. CONCLUSIONS AND RECOMMENDATIONS OF THE EXPERT WORKING GROUP

4.1 Conclusions

4.2 The Recommendations of the Expert Working Group

5. REFERENCES

6. APPENDICES

Appendix 1 Members of the Expert Working Group

Appendix 2 Irish population dietary goals for adults and children from 5 years onwards

Appendix 3 The Acceptable Macronutrient Distribution Ranges (AMDR's)

Appendix 4 Disorders related to childhood obesity, by body system

Appendix 5 Examples of use of the scoring system for the Food Standards Agency (FSA)'s Nutrient Profiling (NP) Model

Appendix 6 Food Standards Agency (FSA) independent review of the Nutrient Profiling (NP) Model 2007/8

Executive Summary

Background

A growing body of evidence on the relationship between television viewing, children's diets and obesity shows that television advertising of foods can be greatly influential in determining food choices.^{1,2} A recent survey was conducted on behalf of the Broadcasting Commission of Ireland (now the Broadcasting Authority of Ireland (BAI)³ looking at attitudes of children to food and drink advertising. It found that 41% of children surveyed agreed that “advertisements help me to tell the difference between food that is good for you and food that is bad for you”. Furthermore, 23% of children surveyed believed that “most of the food advertised on television is good for you”.

The Broadcasting Authority of Ireland (BAI) who are responsible for codes and rules in relation to advertising standards, have in place the Children’s Commercial Communications Code (“the Code”). This Code has the objective, among others, of offering protection for children (those under 18 years of age) from inappropriate and/or harmful commercial communications, including advertising. The Code applies to all advertising that is of particular interest to children as well as advertising broadcast in children’s programmes. The Code also applies to sponsorship, including competitions. Following a statutory review of the Code, which highlighted ongoing concern regarding the BAI’s regulations pertaining to food and drink advertising to children, the BAI convened an Expert Working Group to examine and report on the health and nutrition concerns relating to children in Ireland and to make appropriate recommendations.

Objectives

The Expert Working Group were asked to outline the major public health nutrition concerns for children in Ireland, to consider whether the advertising of foods of particular concern should be restricted and to consider ways in which restriction of advertising unsuitable food and drink products might be enabled (if deemed appropriate).

Specifically, in drawing conclusions and making recommendations, the Expert Working Group was asked to review:

1. The evidence for public health nutrition issues affecting children.
2. The usefulness of a simple, yet scientifically valid “tool” which would enable the BAI and the food industry to assess the suitability of foods and drinks for advertising to children.
3. To make recommendations in light of the findings of the report.

Methods

1. In order to determine the major public health concerns for children in Ireland today, both immediate and long-term, the Expert Working Group examined:
 - i. The results of recent surveys conducted in Ireland on the state of children's health, food and nutrient intake^{4,5};
 - ii. The food survey findings compared to what children should be eating, according to the most recent recommendations by the Food Safety Authority of Ireland (FSAI³⁷) on dietary guidelines for Ireland (2009)⁶⁻¹², (which translate calorie and nutrient needs into foods) and;
 - iii. The scientific literature for evidence relating to the relationship between nutrition, health and disease.

2. If restrictions are to be placed on certain foods and drinks to be advertised on television to children, then a method for assessing suitability of foods and drinks, which can be used by the BAI, broadcasters, advertisers and the food industry is necessary. In order to recommend such a tool, the Expert Working Group examined the already validated UK Food Standard Agency's (FSA) Nutrient Profiling (NP) Model to decide whether it was appropriate for adoption in Ireland.

The EWG gave particular attention to two important issues, namely:

- the omission of *trans* fats (which increase the risk of heart disease) from the FSA's NP Model, and;
- whether to make cheese, which provides a concentrated source of calcium, yet is high in fat, and saturated fat (animal fat), an exceptional case, and thus make it exempt from testing for suitability.

Key Public Health Nutrition Concerns

- Healthy eating is important for optimal health and prevention of obesity and other lifestyle-related conditions (heart disease, stroke, cancers). Good nutrition in childhood is especially important as it is a critical period for growth and development. As well as helping to prevent disease, eating well in childhood can also pave the way for good eating habits in adulthood.

³⁷ The work conducted by the FSAI was requested by the Department of Health and Children.

- Dietary guidelines aim to encourage children over the age of 5 years to choose foods low in fat, saturated fat, salt and sugar, and to eat protective foods such as fruit and vegetables, foods high in fibre, and foods rich in important nutrients such as calcium and iron. However, results from surveys of food, nutrition and health in children in Ireland have shown that eating habits are generally poor, and they are lacking in many essential nutrients (e.g. calcium, iron, fibre). Overall, children are not eating enough protective foods such as fruit and vegetables, or foods high in fibre. Instead they are consuming too many snacks and drinks high in fat, sugar and salt.
- In addition, breastfeeding rates in Ireland are low and there is evidence that weaning practices are inappropriate.
- This means that children in Ireland today are vulnerable to immediate health consequences of poor eating habits such as:
 - i. Overweight and obesity;
 - ii. Type 2 diabetes as a consequence of obesity;
 - iii. Anaemia due to inadequate intakes of iron;
 - iv. Tooth decay - (goals for reduction of tooth decay in 5 year olds have not yet been met);
 - v. Constipation due to low intakes of fibre.
- In addition, in the long term, children in Ireland today are at risk from:
 - i. Overweight and obesity;
 - ii. Heart disease and stroke;
 - iii. Type 2 diabetes;
 - iv. Osteoporosis due to inadequate intakes of vitamin D and calcium;
 - v. Colon cancers relating to low intakes of fibre and some other cancers relating to low intakes of fruit and vegetables.
- Overweight and obesity in both children and adults is rapidly becoming a global epidemic. Surveys of children in Ireland confirm that obesity is on the increase with one in 4 primary school children in Ireland today either overweight or obese. This is of great concern as there are a multitude of short and long-term effects in childhood.
- In the short-term, obesity causes high blood pressure, high blood sugar/insulin levels and abnormal blood fats, which all eventually contribute to heart disease and stroke. Type 2 diabetes, which was previously unseen in childhood when obesity was rare, is now emerging as a problem.
- The social and psychological effects of obesity are especially difficult for a child to bear. Thus, there is a danger that an overweight child might engage in harmful behaviours in their efforts to cope with their weight.

- The long-term health effects of obesity in childhood include heart disease, stroke, Type 2 diabetes and some cancers. To compound these ill-effects, many overweight children grow up to become obese adults.
- It is recognised that an individual's environment greatly influences food choices. Therefore, action needs to be taken at many levels (e.g. home, school) to create an environment that is conducive to healthy eating. Restriction of television advertising of foods and drinks that are less healthy for children will go some way towards helping create such a supportive environment.

Food Standards Agency Nutrient Profiling Model

- In the UK, the Food Standards Agency (FSA) have developed and validated a “Nutrient Profiling (NP) Model”. This is a simple means of identifying foods and drinks high in calories (energy), saturated (animal) fat, salt and sugar, on the one hand, and the more desirable fibre, fruit, vegetables, nuts and protein on the other. It can thus effectively determine which foods are suitable for television advertising to children and which are not.
- The Nutrient Profiling Model does not include *trans* fats (high intakes are linked to heart disease) in its' assessment of foods, but the Expert Working Group agreed that this model should be adopted for use in Ireland, without modification for several reasons: *Trans* fats are often found in foods high in saturated fat; labelling law does not currently require the food industry to put information on *trans* fats on packaging and so the data is not readily available to the industry; and the NP model has been rigorously evaluated as it exists in the UK, any change therefore could undermine its' effectiveness. However, it is recommended that the consumption of *trans* fats in Ireland should be closely monitored.
- The Nutrient Profiling Model in the UK is currently applied to all foods and drinks that are intended to be advertised to children. The Expert Working Group considered whether exemption should apply to cheese, as it is a valuable and concentrated source of calcium. However, cheese is also rich in fat and saturated fat. Recent examination of dietary guidelines in Ireland for those over the age of 5 has shown that in order to meet desirable goals for saturated fat, cheese, should be limited.⁶⁻¹⁵. Lower-fat calcium sources are preferable such as low-fat yoghurts or lower-fat milks. It is for this reason that the Expert Working Group recommend that no exemption should be made for cheese in the application of the Nutrient Profiling Model.

Conclusions and Recommendations

It is evident upon review of the currently available data in Ireland, that there are serious public health concerns relating to nutrition amongst children. The state of our children's health has far-reaching implications both immediately and well into the future. Creation of health-promoting and supportive environments are a key element necessary to induce change in eating habits which are beneficial to the health of children. This is particularly pertinent in efforts to turn the tide against the rapidly soaring rates of overweight and obesity.

The Expert Working Group's recommendations include:

1. Advertising of foods and drinks high in energy, saturated fat, sugar and salt to children should be restricted by the Broadcasting Authority of Ireland (BAI).
2. The UK's Food Standards Agency's Nutrient Profiling (NP) model should be adopted completely and without amendment, for use by broadcasters, advertisers, food and drink manufacturers in Ireland and the BAI for the purposes of deciding on suitability of food products for television advertising to children.
3. Consideration should be given to the advertising of food and drinks for children to parents/carers. This is of importance as parents/carers are the gatekeepers of their children's health and this type of advertising influences parental choice of foods for young children (under fives) in particular.
4. Consideration should be given to the broadcast times of food and drink advertising as many children watch television outside of the period strictly designated as children's viewing time.
5. As it will not be practical to directly control advertising of foods high in *trans* fats (associated with increased risk of heart disease) to children, surveys should be undertaken to ensure that intakes of *trans* fats remain low.

1. Introduction

1.1 Background

The BAI Children's Commercial Communication Code

The relationship between poor nutrition and lifestyle related diseases is indisputable. Public health experts the world over would agree that prevention is usually the foundation of any global, national or regional action to tackle ill-health and disease. Like many other lifestyle behaviours which can help prevent disease, good eating habits and therefore good nutrition is crucial to establish early on in childhood. If we desire better health for future generations, then any evidence of poor nutrition and eating habits in children in Ireland today should give cause for concern and act as an incentive to take preventive action on as many levels as possible to improve public health.

One of the ways in which the nutrition and health of children may be negatively influenced, is through the promotion of food and drink to children on television via advertising and other types of commercial communication. The Broadcasting Authority of Ireland (formerly the Broadcasting Commission of Ireland), which has responsibility for a number of key areas of activity with regard to television and radio services has in place the BAI Children's Commercial Communications Code (formerly the BCI Children's Advertising Code). The purpose of this Code is:

- To offer protection for children from inappropriate and/or harmful advertising;
- To acknowledge the special susceptibilities of children and ensure that commercial communications do not exploit these susceptibilities;
- To ensure that commercial communications are fair and present the product or service promoted in a way that is easily interpreted by children and does not raise unrealistic expectations of the capabilities or characteristics of the product or service being promoted, and;
- To provide unambiguous guidelines to broadcasters, advertisers, parents, guardians and children on the standards they can expect from commercial communications on Irish broadcasting services.

The predecessor to the BAI (the Broadcasting Commission of Ireland) undertook a Statutory Review of the effect of the Code between June 2007 and May 2008. This was carried out to identify those areas of the Code that were working well and those areas which require further consideration and possible revision. Upon completion of the Statutory Review, it was agreed to conduct a further review of the section of the Code that addresses the issue of food and drink advertising to children. It was agreed that this section of the Code would be revised if necessary on foot of the review outcomes.

In reaching its decision to undertake further review (and possible revision) to the Code, the following was taken into consideration: the ongoing concern regarding food and drink advertising to children evident from the findings of the Statutory Review; dissatisfaction with the current rules evident from stakeholder comments, and; recent legislative and regulatory developments.³⁸

In order to inform the further review of this section of the Code, an Expert Working Group on health and nutrition was convened. This working group consisted of representatives from the Department of Health and Children, The Food Safety Authority of Ireland, The Health Service Executive and Safefood (See Appendix 1 for members of the Expert Working Group).

The Expert Working Group was asked to review:

- **The evidence for public health nutrition issues affecting children.**
- **The usefulness of a simple, yet scientifically valid “tool” which would enable the BAI and the food industry to assess the suitability of foods and drinks for advertising to children.**
- **To make recommendations in light of the findings of the report.**

Nutrition and Health

Recent surveys of food intake and health status among children in Ireland have shown that eating habits are inappropriate for optimal health. Rates of breast feeding are low, weaning practices are inappropriate in many cases and school childrens’ and teenagers’ diets are high in undesirable nutrients such as fat, sugar and salt whilst at the same time lacking in essential vitamins, minerals and fibre. It is also apparent that children and teenagers are not eating enough fruit and vegetables but are instead consuming high-fat and high-sugar snacks and drinks.

There is no doubt that these unhealthy eating patterns are contributing to the rise in lifestyle-related conditions such as obesity, cardiovascular disease, Type 2 diabetes and some cancers. In addition, poor eating habits are giving rise to the occurrence of other nutrition-related conditions such as osteoporosis, anaemia and dental caries (tooth decay).

³⁸ This includes Irish legislation in respect of advertising to children of foods high in fat, trans-fatty acids, salt and sugar. Specifically, Section 423 (4) of the Broadcasting Act of 2009 requires the Broadcasting Authority of Ireland to examine advertising of this category of food and drink to children. Broader regulatory changes at a European level have also informed the decision, in particular the Audio Visual Media Services Directive.

The need for further deliberation of the section of the BAI Code that addresses the promotion of food and drink to children can also be considered in context of the wider recent EC initiatives to improve nutrition and health across Europe as well as World Health Organisation (WHO) plans to tackle obesity and nutrition globally. A particularly relevant EU priority action, aimed at creating better informed consumers, addresses nutrition labelling, nutrition and health claims as well as advertising and marketing. The latter are identified as powerful influencers of consumer behaviour, in particular that of children. This EU priority action recommends that media service providers should be encouraged by the Member States, and by the Commission, to develop codes of conduct regarding commercial communication on food and beverages targeted at children. It is with this in mind that this report aims to outline the public health concerns relating to nutrition in children.

2. Public Health Concerns Relating to Nutrition

2.1 Introduction

Over the past twenty years, the science of nutrition has rapidly evolved to embrace the realisation that if better health for current and future generations is going to be achieved, then dietary advice has to shift from providing “adequate” nutrition to providing “optimal” nutrition. In other words, it is no longer sufficient to merely avoid vitamin and mineral deficiencies – increasing consumption of foods which help protect against disease, (for instance, fruit and vegetables help protect against heart disease and cancer) is now also an immensely important goal.

To complicate matters, it is clear that Ireland, like most other countries around the globe, is facing one of the biggest public health challenges of our times – the alarmingly rapid rise in obesity. Hence, those working in public health now have to try to halt the rise in overweight and obesity, as well as deal with the impact of obesity on health, for example, the consequential rise in Type 2 diabetes, cardiovascular disease (heart disease and stroke) and even some cancers. To witness these same trends in children and teenagers is of particular significance – the effects of overweight and obesity are accumulative, and many overweight children grow up to become obese adults. The resulting health problems will no doubt place an additional huge burden on our future healthcare systems.

Apart from obesity and its health consequences, there is evidence from eating habits of children and teenagers in Ireland that they are at risk of other nutrition related problems such as anaemia, osteoporosis, the development of some cancers, high blood pressure and dental caries (tooth decay). Low rates of breastfeeding and poor weaning practices are also relevant public health issues to be considered in relation to the impact of food and drink advertising to children and will be discussed later in this chapter.

Dietary Guidelines – What children should be eating

Up until the late 1990s, healthy eating was mostly concerned with limiting the amount of fat eaten and with the avoidance of excessive sugar intakes while also emphasising the importance of achieving adequate intakes of fibre, vitamins and minerals. (Current dietary goals for the population of Ireland adopted by the Department of Health and Children and the Irish Heart Foundation (IHF) are outlined in Appendix 2).

However, the thorough revision of recommended intakes of nutrients in North America in the late 1990's to 2005¹³, took into account new scientific evidence that “optimal” nutrition should help prevent diseases such as:

- Obesity;
- Cardiovascular disease (such as heart disease and stroke);
- Cancer, and;
- Osteoporosis.

Hence the recommended levels of most vitamins and minerals as well as fibre, for all age and gender groups were revised upwards (See Appendices 2 and 3). At the same time, it was recognised that these higher levels of nutrients has to be provided in the context of a diet that is not excessive in energy (calories) and that supports an active lifestyle. The challenge in translating these new nutrient goals for disease prevention into food-based dietary guidance involves the achievement of higher intakes of some nutrients whilst at the same time limiting others.

For long-term optimal health, it is necessary to eat foods that provide adequate amounts of all nutrients, but in particular the following essential nutrients:

- Fibre, which helps protect against some cancers, especially colon cancer and heart disease. Foods containing fibre also add bulk to the diet and dilute energy intake and therefore are important in obesity prevention;
- Vitamins and minerals, which are necessary for good health. Vitamin D and Calcium are particularly important for good bone health and prevention of osteoporosis while Iron is important for the prevention of anaemia, optimal growth and brain function, especially in children;
- Omega 3 fatty acids, which helps to prevent cardiovascular disease (heart disease and strokes) and which are important during pregnancy for brain development in babies;
- Essential fatty acids, which are found in foods such as nuts, have protective effects against heart disease.

In addition to these nutrients, fruit and vegetables are particularly important foods for optimal health:

- Fruit and vegetables, which as well as being low in energy (calories) and high in fibre, also contain protective substances called “phytochemicals”. These help to combat cardiovascular disease (heart disease, stroke) and some cancers.

Conversely, it is important to eat fewer foods which provide undesirable nutrients:

- Total fat consumed increases overall energy (calorie) intakes, thereby contributing to overweight and obesity and increasing the risk of cardiovascular disease and some cancers;
- Saturated and *trans* fats raise blood fats such as cholesterol which contribute to heart disease;

- High salt intakes raise blood pressure and children may be especially vulnerable to the adverse effects of high blood pressure;
- Frequent consumption contributes to dental caries (tooth decay).

To meet this challenge, the US (2005)¹⁴ and Canada (2006)¹⁵ undertook a radical revision of their national food guides on healthy eating. In this context during 2008-2009, the Department of Health and Children requested that the Food Safety Authority of Ireland (FSAI) review Ireland's food-based dietary guidelines⁶⁻¹² and make recommendations for revision. This exercise highlighted several important issues that needed to be addressed to ensure healthy eating advice in Ireland provides guidance on optimal nutrient intakes within overall calorie needs. Most important are the high nutrient needs (vitamins and minerals) of children and teenagers because of the rapid growth and development they are going through. For example, needs for calcium are highest in 9-18 year olds due to bone formation¹³.

At the same time, children have different energy needs at different stages of development - a 9 year old moderately active girl needs to eat fewer calories (and therefore less food) than an 18 year old moderately active boy, yet she will need to obtain just as much calcium. There-fore, the quality of the diets of children and teenagers is especially vital. The analysis of diets of children over 5 years, teenagers and adults, for the purposes of developing Ireland's dietary guidelines has clearly shown that there is little room for foods rich in fat, saturated fat, and sugar, if goals for vitamins and minerals, fibre, calories, total and saturated fats are going to be met.

2.2 Overweight and obesity in children and teenagers in Ireland

Obesity is now one of the largest public health issue facing children in Europe¹⁶ and rates of obesity in children have increased rapidly in recent years.

In simple terms, obesity is the result of an energy imbalance, where energy (calories) consumed by an individual is greater than energy (calories) spent. It is well known that diets excessive in energy combined with physical inactivity are the key contributors to obesity. However, the relationships between the various factors which promote obesity are extremely complex (see further in this section for information on the relationship between diet and obesity).

Pre-school children

There is little data available on the body weight status of pre-school children (i.e. under five years) in Ireland. However, figures recently collected on 37 4-year old boys and 29 4-year old girls, by the School of Public Health and Population Science, University College Dublin¹⁷ has found:-

- 10.8% of boys were overweight; 8.1% were obese;
- 17.2% of girls were overweight; 13.8% were obese.

These findings are similar to those of the Health Survey for England carried out between 1995 and 2003 in children aged 2-3 years, where obesity increased from 9.4% to 11.2% during this period¹⁸.

Primary School Children

Three major studies have measured body weight status in Irish primary school children: The World Health European Childhood Obesity Surveillance Initiative (WHO COSI)¹⁹, 2008; The National Children's Food Survey (NCFS)⁴, conducted by the Irish Universities National Alliance, 2005, and; The Growing Up In Ireland Study, 2009.²⁰

The WHO COSI found that out of 2,420 seven year-old children from 148 primary schools¹⁹:

- 13% of boys were overweight; 5% were obese, and;
- 19% of girls were overweight and 7% were obese.

The National Children's Food Survey (NCFS) found that of 594 children aged 5-12 years⁴:

- 11% of boys were overweight, 9% were obese, and;
- 12% of girls were overweight, 13% were obese.

The Growing Up in Ireland Study²⁰ showed that:

- 17% of boys were overweight, 6% were obese, and;
- 22% of girls were overweight, 8% were obese.

While the WHO COSI and NCFS surveys used different methods to measure overweight, and were conducted in different age groups at different times, both showed that approximately one in four girls and one in five boys are now overweight or obese in this country. The 'Growing Up In Ireland' study supports this figure, with one in four 9-year olds either overweight or obese with higher rates in girls.

Approximately 1 in 4 primary school children in Ireland today are either overweight or obese

The rise in childhood overweight and obesity

Further evidence that overweight and obesity is on the rise in children in Ireland comes from the comparison of the NCFS figures with Irish data from 1990 and from 1948 (See Figure 1). Depending on the definition of obesity used, this shows that there has been a dramatic two-to-fourfold increase in obesity in children aged 8–12 years since 1990²¹.

Figure 1- Changes in weight, height and Body Mass Index (BMI) in primary school children since 1948²¹

(Body Mass Index is a measure of body weight relative to height)

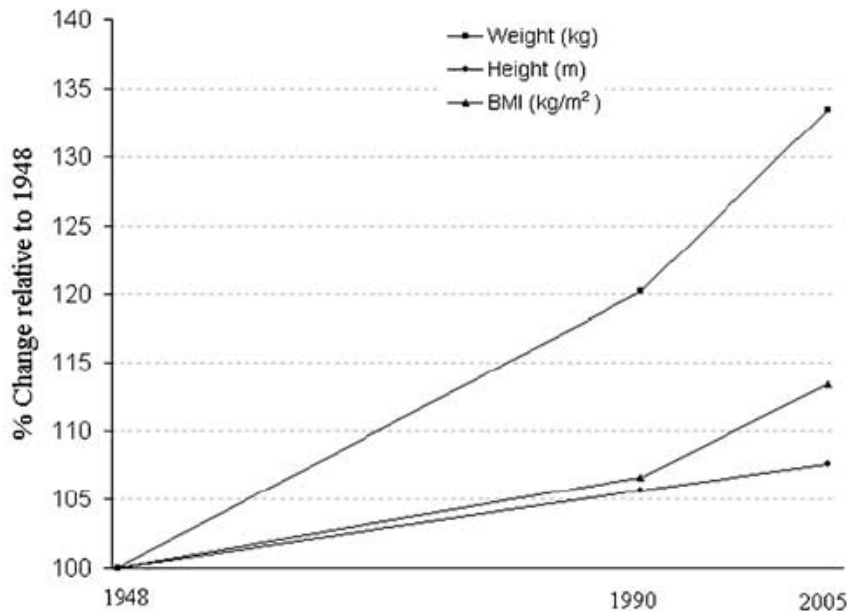


Figure 1 Percentage change in mean weight, height and BMI relative to 1948 for Irish children aged 8–12 years.

Rising obesity in teenagers

A similar upward trend in levels of overweight and obesity has been found amongst teenagers living in Ireland (ages 13 to 17 years). The National Teen Food Survey (NTFS)⁵, 2007 showed that one in five teenagers are overweight or obese (11% overweight and 8% obese). Rates have also increased significantly in this age group since 1990 with an 8-fold increase in obesity amongst teen boys (1% to 8%) and a 2-fold increase in obesity amongst teen girls (3% to 6%).

The role of diet in the development of obesity

Fat contains almost twice the energy of either carbohydrate or protein (9 kcalories per gram compared to 4 kcalories per gram respectively). This means that there is potential for overconsumption of calories on a diet rich in fats. This is because there are more calories packed into a smaller volume of food (i.e. it is energy-dense), normal appetite controls can be undermined, leading to accidental or “passive” overconsumption²². There is evidence to show that a high intake of energy dense foods and drinks (those high in fat, sugars or starch) can promote weight gain²³.

The National Children's Food Survey and the National Teen Food Survey^{4,5} has found that 40% of Irish children (aged 5-12 years) and 56% of Irish adolescents (13-17 years) have high fat intakes. Furthermore, most children are eating too much saturated fat (animal fat)²⁴, which is linked to increased risk of heart disease.

The UK recommendation for sugar is that no more than 10% of daily energy should come from added sugars (see Appendix 2)²⁵. Some sugar is necessary to maintain a balance between fat and carbohydrate and to make high fibre foods palatable.

In Ireland, 14.6% of children's energy comes from added sugars and 12.4% of teenagers' energy from added sugar²⁶; clearly exceeding the recommendations levels. One of the main items that is a cause for concern in the diets of children and teenagers is sweet drinks²³. Sugar-sweetened carbonated drinks may be a contributory factor to the obesity epidemic²⁷. Children who drink one regular carbonated drink a day have an average 10% more total energy than non-consumers²⁸ and it has been estimated that each additional can or glass of sugar-sweetened drink that children consume every day increases the risk of becoming obese by 60%²⁹. Most of the research relates to carbonated drinks but many fruit drinks and cordials are equally energy-dense and may promote weight gain if consumed in large quantities²⁷.

2.3 The Consequences of Obesity

One of the main concerns is the impact of childhood and teenage obesity on health, healthcare systems and on society in general³⁰.

The immediate physical effects of childhood obesity are evident in many areas of paediatric medicine (See Appendix 4) – yet experts believe that the true extent of the adverse health effects of obesity is underestimated³¹. Assessment of health risks associated with fatness during childhood and adolescence must consider the long-term consequences in addition to the immediate, or short-term, effects³⁰.

Short-term consequences of childhood and teenage obesity

Physical Consequences

The most significant physical effects of obesity during these years include:

- A higher occurrence of high blood pressure, abnormal blood fats and higher blood sugar/insulin levels, all major factors contributing to cardiovascular disease (heart disease and stroke).
- The emergence of Type 2 diabetes (non-insulin dependent diabetes). Previously, when childhood obesity was rare, Type 2 diabetes was not seen in children or young people and was even referred to as “adult - onset diabetes”.
- Other immediate health consequences of childhood and teen obesity include orthopaedic problems, hepatic (liver) complications and menstrual abnormalities.

- Although there are childhood cases involving serious complications of obesity such as breathing difficulties, cardiomyopathy (a serious heart condition) and pancreatitis (inflammation of the pancreas), these are very rare and are mainly confined to the severely obese.

The link between childhood and teenage obesity and the occurrence of high blood pressure, abnormal blood fats, high blood sugar/insulin levels and Type 2 diabetes, is of particular concern because cardiovascular disease is the greatest cause of death and illness among obese adults.

Psychological Consequences

From the overweight child's perspective, however, the most difficult consequences of childhood obesity are psychological and social in nature. Thus, another side to the ill-effects of obesity involves the potentially damaging behaviours that a child or teenager might turn to, in their efforts to cope with being overweight. Several studies have shown that children as young as 4 years of age are well aware of the unacceptability of being fat and discriminate against their overweight peers using their own childish tactics³². In addition to the negative impact on mental health and self-esteem, such stigma and prejudice prompt unhealthy slimming behaviours - episodic restriction or avoidance of staple foods followed by bingeing and purging, and even smoking as a slimming tactic^{33,34}. These behaviours in turn harm physical health and well-being. Apart from the potential of such slimming practices to interfere with growth and development, they are linked with the emergence of eating disorders³⁵. As many as 13% of American and Irish adolescents have reported purging behaviour involving either self-induced vomiting, laxative or diuretic abuse, with female purgers outnumbering male purgers by 2:1³⁶. These facts highlight the important role of the BAI Children's Commercial Communications Code in protecting children, as this Code prohibits the promotion of slimming products via advertising and other types of commercial communication that target children or which are broadcast in children's programmes

Long-term consequences of childhood and teenage obesity

Similar to adult obesity, the major long-term health risks include cardiovascular disease (heart disease and stroke) and some cancers. One long-term study found that these elevated risks persisted in males who were overweight during adolescence even if they managed to shed the excess weight during adulthood³⁰.

Factors that raise the risk of cardiovascular disease, such as elevated blood pressure, abnormal blood fat levels and higher blood sugar/insulin levels, tend to cluster in childhood and are strongly linked with:

- the severity of overweight – higher risk in those who are most overweight, and;
- the duration – higher risk in those who are overweight for the longest period.

The latter point is of particular importance because the presence of risk factors such as raised blood pressure and abnormal blood fats have been identified in overweight children as young as 5 years of age³⁰.

Another significant long-term aspect of the epidemic of childhood obesity is the increased prevalence of Type 2 diabetes (discussed above) and the prospect of the associated complications - premature cardiovascular disease, kidney failure and blindness.

Many overweight children grow up to become obese adults. This is particularly true for those children who are severely overweight, those who are affected by obesity during late childhood/adolescence, and those who have at least one parent who is obese – the latter situation made increasingly likely by dramatic increases in adult obesity rates over recent years³⁷. This is expected to add significantly to the prevalence of chronic diseases associated with adult obesity.

Finally, the cumulative anticipated impact of overweight during childhood and adolescence on disease prevalence in Ireland in future years will significantly increase the burden on the healthcare system.

Summary of consequences of childhood obesity

The outlook for the health of future generations of adults living in Ireland is grim given the significant numbers of children and adolescents affected by overweight and obesity. The more significant health consequences associated with overweight during childhood have been³⁰ as follows:

1. “Many obese children today are developing health problems that once afflicted only adults. These children thus have to cope with chronic illnesses for an unusually extended period of time. Living with type 2 diabetes beginning around age fifty is one thing; living with it from age sixteen is quite another”.
2. “In obese children, such health problems as heart disease begin, almost invisibly, earlier in life than they do in normal-weight children. Even if the disease is not diagnosed until adulthood, it begins taking its physical toll sooner, perhaps resulting in more complications and a less healthy life.”
3. “The possibility has even been raised that given the increasing prevalence of severe childhood obesity, children today may live less healthy and shorter lives than their parents. Although this claim is controversial, it is dramatic enough to give us pause and reinforce the idea that childhood obesity is far more than a cosmetic concern.”

2.4 Breastfeeding and Weaning Practices in Ireland - implications for health

The benefits of breastfeeding on the health of babies are enormous. It is recommended that babies are exclusively breastfed for at least 6 months³⁸. Breastfeeding protects against infections, helps to reduce the risk of allergy, and has been shown to enhance brain and intellectual development^{39,40}. Breastfeeding is also associated with a lower risk of obesity and Type 1 (insulin dependent) diabetes in infants as well as a lower risk of cardiovascular disease in adults⁴¹. The link with obesity is of particular interest in light of this growing public health problem, discussed in detail in Section 2.3.

The Health Service Executive recently commissioned a study to examine the rate and duration of breastfeeding across Ireland⁴². From a total of 2,527 women, only 50% of Irish -national mothers initiated breastfeeding compared to 76% of non-national mothers. By 3-4 months, only 19% of all women were exclusively breastfeeding their babies, and by 6-7 months, this figure had dropped to 2.4%⁴². Another recent study of 561 pregnant women attending a Dublin hospital, who were followed up for 6 months, found similar results⁴³. Less than half (47%) of Irish-national mothers initiated breast-feeding, while only 24% were still offering 'any' breast milk to their infants at 6 weeks⁴³. In addition, poor weaning practices were observed including early weaning onto solids, use of unmodified family foods, additions of solids to bottles and addition of salt and sugar to weaning foods⁴³.

It is also important to recognise that parents/carers are the main gatekeepers of their children's and infant's health. Infant formulae, for example, are not currently allowed to be advertised under current EU statutory legislation as such advertising may adversely affect decisions to provide the best source of nutrition to infants, i.e. breast milk.

However, a widely-accepted report commissioned by the Food Standards Agency (UK) on the effects of food promotion states that advertising of food to children may also adversely influence parental choice⁴⁴. For these reasons, the Expert Working Group recommends that the advertising of children's food and drink to adults should be reviewed.

2.5 Nutrient Inadequacies

Inappropriate weaning can lead to inappropriate diets in older children and consumption of foods high in fat, sugar and salt and low in fibre, fruit and vegetables may impact on the quality of children's diets. "Quality" refers to the concentration of important nutrients such as iron and calcium, as well as fibre in children's and teenagers' diets. The major potential health consequences of poor quality diets in Ireland today are: osteoporosis due to low calcium and vitamin D intakes; anaemia due to low iron status; increased risk of obesity due to excessive energy intakes; cardiovascular disease due to high animal (saturated) fat intakes; and poor gut health due to low fibre intakes. Although the problem of people under-reporting their food intake is widespread in dietary surveys, there is enough robust data available to reliably highlight a number of vitamin and mineral inadequacies in the diets of Irish children and teenagers. The most important nutrients lacking are vitamin D, calcium, iron and fibre. Poor fruit and vegetable consumption is discussed in terms of dietary quality, and salt is also highlighted as consumption is higher than recommended.

Vitamin D, calcium and osteoporosis

Vitamin D is vital for bone health. It is important for prevention of rickets in infants and prevention of osteoporosis in later life. Furthermore, it is now also recognised that Vitamin D may have potential to help protect against high blood pressure, cardiovascular disease, diabetes and some cancers⁴⁵. The most important source of vitamin D, produced from the action of sunlight on the skin is severely compromised due to Ireland's Northerly latitude, and ineffectiveness of the sun's rays in synthesising enough vitamin D to maintain adequate levels. In any event, it is not recommended that children or teenagers obtain vitamin D through exposure to sunlight, due to the damaging effects of the sun and risk of skin cancer.

It is well documented that dietary intakes of vitamin D are very low in most age groups in Ireland⁴⁵, as it is found in very few foods, such as oily fish and fortified foods such as margarines, breakfast cereals and milks.

Even with the most ideal diet, it would be extremely difficult to achieve the recommended intakes of 5-10micrograms per day¹³ from diet alone. In Irish studies, the average daily intake of vitamin D was found to be 2.3 micrograms among children and 2.7 micrograms among teenagers with 34% of children and 22% of teenagers having intakes less than 1 microgram per day^{46,47}.

Furthermore, a small number of 5-12 year olds who managed to achieve an adequate intake of 5.6 micrograms per day, only did so using supplements⁴⁷. Up to 55% of Irish adolescent girls were found to have low levels of vitamin D and 30% were deficient during the winter months⁴⁷.

Calcium is a very important nutrient in childhood but is critical in adolescence, as it is a time of rapid skeletal growth and the body's needs for calcium are at its' peak. Data from Ireland's national teen and children's dietary surveys have found inadequate intakes of calcium, with up to 42% (See Table 1 below) of girls aged 13-17 years having low intakes^{4,5}. As the main long-term effect of chronic lack of calcium and vitamin D is osteoporosis in later life, there is enough evidence from these surveys to suggest that osteoporosis will continue to be a major public health concern well into the future. Osteoporosis significantly reduces both quality of life and independence in late adulthood.

As discussed earlier, recent shifts in dietary recommendations towards "optimal" intakes in the USA¹⁴ and Canada¹⁵, means that recommended calcium intakes for children especially for those aged 9-18 years are even higher now, with goals of 1300milligrams calcium per day recommended in the US.¹³ Figures from the Irish children's national food survey show that average daily intakes of calcium for children aged 5-12 years are 862milligrams per day⁴, and figures from the teenage dietary survey (ages 13-17 years) show that average intakes of calcium are 906milligrams per day⁵.

Added to this is the fact that traditional sources of calcium such as full-fat milk and cheese are also sources of animal fat (saturated fat) which in turn has to be limited for protection against obesity and cardiovascular disease. This means that children aged 9-18 years need to achieve their high intakes of calcium using lower fat calcium sources, mainly low-fat milks and yoghurts.

The examination of Ireland's food based dietary guidelines developed by the FSAI at the request of the Department of Health and Children⁶⁻¹², have found that higher fat/saturated fat, calcium-containing foods such as cheese may have to be limited in order to reach goals for lower fat and saturated fat intakes.

Iron deficiency and anaemia

Iron from foods is necessary for healthy blood and the consequences of low iron levels include: reduction in work capacity, reduced resistance to infection and adverse effects on intellectual performance. Deficiency of iron results in anaemia, a condition that affects the ability of the blood to deliver oxygen from the lungs to other body organs and hence affects their functioning. Symptoms include fatigue, pale appearance and poor work or academic performance in school. Teenage girls are particularly vulnerable to developing anaemia – they experience blood loss in menstruation which means their iron needs are higher than for younger children or for boys. A study of children in Dublin city centre involving collection of dietary data and blood samples has found low reported dietary iron intakes – although this data may over-estimate the extent of low iron intakes, the analyses of the blood samples taken found low body stores of iron in up to 15% and anaemia in 4% of 12 year old girls⁴⁸. Data from Table 1 from the national children's and teenagers surveys below shows that the majority (74%) of teenage girls in Ireland are not getting enough iron from their diets. Anaemia is therefore undoubtedly a major public health concern.

There is some evidence that children as young as 11 years are avoiding good sources of iron such as red meat, in misguided efforts to control their body weight^{34,48}. This type of inappropriate slimming behaviour may be partly contributing to the poor iron intakes that are widespread in children and teenagers today.

Such findings again reinforce the need to ensure that children and teenagers are protected from the adverse influences of unrealistic body images often portrayed in television advertising (See Section 2.2 above).

Table 1. Percentage of Irish children with inadequate vitamin and mineral intakes^{4,5}.

	Calcium	Vitamin A	Folate	Iron	Vitamin C	Vitamin B ₂
Boys (5-12years)	28	22	21	13	10	8
Girls (5-12 years)	37	26	36	34	10	13
Boys (13 -17 years)	23	25	5	19	6	6

Other factors which can affect the dietary quality of the diet (not enough vitamins and minerals) includes not eating enough calories^{49,50} or excessive consumption of added sugars in both children and teenagers.²⁶. Any extreme or unbalanced type of eating pattern which may be adopted in order to help control weight can put children or teenagers at serious risk of vitamin and mineral deficiencies.

Fibre, fruit, vegetables and cancer

It has already been mentioned in Section 2.1 that dietary fibre adds bulk to the diet and dilutes the energy (calories) content of the diet, thereby having a role in obesity prevention. In addition, dietary fibre is necessary for keeping the bowel healthy and preventing constipation.

Of huge importance, is the fact that dietary fibre from wholegrain cereals, bread, pasta, and rice has been shown to reduce the risk of bowel cancer⁵¹. This is thought to be due to the more rapid movement of undigested food through the large bowel (colon), which reduces the length of time that the bowel wall is exposed to potentially harmful substances.

Fibre from fruit and vegetables is digested to produce fermented substances that may also help protect against bowel cancer. In addition, there is overwhelming evidence that fruit and vegetables are of huge importance in helping protect against cancer, as well as cardiovascular disease (heart disease and stroke). This is because fruit and vegetables, particularly the pigments in red, green, yellow and orange fruits and vegetables contain substances (not necessarily nutrients) that are thought to have beneficial effects on health. Recent examination of Ireland's food-based dietary guidelines has found that children from 5 years of age and teenagers need to be eating "at least" 5 portions of fruit and vegetables per day⁶⁻¹².

Ireland's national surveys have shown that the majority (61%) of Irish children⁴ and teenagers (81%)⁵ do not eat enough dietary fibre. Clearly, this is a problem which needs to be addressed in light of the role fibre plays in cancer prevention. The same surveys have found that children and teenagers are only consuming half of the recommended amounts of fruit and vegetables per day^{4,5}. The Irish Health Behaviour in School-aged Children survey (HBSC) reported that only 19% of children aged 10-17 years eat fruit more than once a day while only 18% of children eat vegetables more than once a day⁵².

Given that increased fruit and vegetable consumption in particular is so important in the prevention of cancer, the hope of reducing cancer rates (especially bowel cancer) for future generations seems less achievable in the light of current dietary habits of children and teenagers. Action needs to be urgently taken to address this public health concern.

Salt and high blood pressure

It is well established that excessive consumption of salt from the diet is linked to increased blood pressure, which is one of the major contributors to cardiovascular disease, particularly heart attack and stroke. It is estimated that adults in Ireland consume an average of 10g of salt per day, well in excess of the FSAI recommendation for the adult population of 6g of salt per day⁵³. Children are particularly vulnerable to the effects of high salt intake, and salt consumption needs to be even lower than 6g per day in children under 10 years because of their smaller body size⁵³. The average daily intake of salt in different age groups is shown below in Table 2⁴⁵. These food surveys tend to under-estimate actual salt consumption because they do not measure the amount of salt added at the table or added to foods during cooking.

Table 2 - Recommended⁵³ and actual salt intakes in Irish children and teenagers^{4,5}.

	5-6 years	7-10 years	11-12years	13-17 years
Recommended daily salt intake	3g	5g	6g	6g
Mean daily salt intake	4.6g	5.3	5.9g	6.3g

2.6 Dental health in children and teenagers

The development of tooth decay (dental caries) depends on many factors - genetics, the shape of the teeth, presence of mouth bacteria and exposure to the protective effects of fluoride (in both the water supply and in toothpastes) all play a role. Good oral hygiene such as brushing teeth twice daily with fluoride toothpaste helps protect teeth against decay. On the other hand, dietary habits such as the frequent consumption of sugary foods and drinks promote the development of tooth decay.

Overall, tooth decay in Ireland has declined dramatically since the 1960's^{54,55}. The most recent National Survey of Children's Oral Health in Ireland (North and South) included 19,950 children and adolescents who were examined by dentists and dental nurses for the presence of tooth decay⁵⁵. A measurement known as the "DMFT Index" was used to assess decay. This measurement counts the number of decayed (D), Missing (M) or Filled (F) teeth. The DMFT index was reported for various age groups. The findings were then compared to the goals for dental health set by the Dental Health Action Plan in the Republic of Ireland for the year 2000⁵⁶.

This Action Plan set a goal for the year 2000 that 12-year old children living in fluoridated areas should have no more than 1 decayed, missing or filled permanent teeth and in less than optimally fluoridated areas, no more than 2 decayed, missing or filled teeth⁵⁶. The survey found that the goal for 12-year olds was being approached as children had on average 1.1 decayed, missing or filled permanent teeth and that in non-fluoridated areas, decay levels were well within the set goal as the number of decayed, missing or filled permanent teeth was 1.3⁵⁵.

The goal for 5-year olds for the year 2000 was that 85% of 5-year olds in fluoridated areas and 60% of those in non-fluoridated areas should be decay free. The surveys found that these goals were not achieved with 70% and 53% decay-free respectively. The authors of the Irish National Survey conclude that these data are cause for concern, as it has been reported locally in various regions around the country that tooth decay in this age group may be on the increase⁵⁵. In addition, when compared to the UK, rates of decay in Ireland have deteriorated somewhat. In 1984, tooth decay was lower in fluoridated areas of Ireland amongst 15 year olds compared to the UK, whereas in 2002, the reverse is true - rates of decay in fluoridated areas of Ireland are substantially higher than in the UK^{54,55}.

The National Survey of Children's Oral Health also includes data collected by the World Health Organisation (WHO) on frequency of drinking sugary soft drinks, frequency of sweet consumption and frequency of tooth brushing in 12-year olds in 35 countries. 12 year olds in Ireland were found to have the second highest daily sweet consumption and the lowest frequency of at least twice daily tooth brushing^{54,55}.

The authors of the Irish National Survey suggest that in order to lower tooth decay further in Ireland, there is a need to support initiatives that include the reduction in the frequency of consumption of sweets. This may be of special importance in regions of Ireland where the water supply is not fluoridated.

2.7 Types of foods and drinks consumed by children and teenagers in Ireland

So far in this report, it has been established that there are many nutrition-related public health concerns facing the children and teenagers of Ireland today. Some of these, such as obesity, anaemia and tooth decay, have both immediate and long-term consequences. Others will affect the health of future generations to come – particularly obesity, cardiovascular disease (heart disease and stroke), cancers, osteoporosis and diabetes. It is clear therefore that the diets of children and teenagers in Ireland today are unfavourably balanced with excessive fat, saturated fat, salt and sugar intakes, and inadequate intakes of fibre, fruit and vegetables.

The following section outlines the types of foods and drinks consumed by children and teenagers which contribute to the imbalances that are seen in Ireland today. It is worth noting that when people under-report their food intake in dietary surveys, it tends to be foods high in fat, high in sugar or generally foods perceived by people as “less healthy”. This means that people may actually be eating more of these foods than the surveys tell us.

Foods eaten by infants and toddlers

Studies in Ireland have found a high quantity of refined sugars in the weaning diet of some infants (age 6 months to 12 months) from sources such as sweet snacks and desserts⁴³. Up to 59% of infants were consuming at least one snack daily in between their main meals with 8% snacking on chocolate, 7% on biscuits and 4% on crisps. A small proportion (6%) of infants were offered these snacks at least 4 times per week. Most infants (82%) were consuming fluids other than breast/formula milk by 6-months of age with some being offered water and sugar (4%), carbonated sugary drinks (1%) and tea (1%)⁴³. A British study has also shown that consumption of sweetened drinks, such as squashes and carbonated drinks, among 12-18 month olds was common⁵⁷. No published data is currently available on this age group in Ireland.

Foods and nutrients eaten by pre-school children

There is currently no data available on the diets of Irish toddlers. However, in the UK, where dietary habits do not differ greatly, food intakes measured in the National Diet and Nutrition Survey in 1995 found low intakes of fruit and vegetables and high intakes of confectionery, with chocolate eaten by 74% of children and confectionery eaten by 58% of children¹⁸. Salt intakes were twice the recommended levels.

Added sugars provided 29% of energy compared to the recommended 10%. Intakes of fibre were low (6.1 grams on average) and of saturated fats were high (16.2%). Only 50% of children consumed enough vitamin A, 5% consumed enough vitamin D and only 24% obtained enough iron from their diets.

Food and nutrients eaten by school children and teenagers

Robust data is available on the diets of school children and teenagers in Ireland from 2 major surveys - The National Children's Food Survey (NCFS) carried out in 2003 and 2004 on 594 Irish children aged 5-12 years⁴ and The National Teen Food Survey (NCFS), carried out between 2005 and 2006 on 441 Irish teenagers aged 13-17 years⁵. Measurements of body weight were also obtained along with questionnaires on health and lifestyle of the participants and their parents.

Thirty-nine percent of children report eating sweets daily or more frequently and 26% drank fizzy drinks at least once a day^{4,5}. Furthermore, 18% of children's daily energy and 15% of teenagers energy was from confectionery, snacks & biscuits^{4,5}, while 21% of children's fat intake and 18% of teenager's fat intake was from confectionery, snacks & biscuits^{4,5}. 42% of meat consumed by children and 40% consumed by teenagers was processed^{4,5}. The consumption of fish, fish products and fish dishes (a source of beneficial omega-3 fatty acids) was very low with less than half of all children and teenagers consuming fish^{4,5}. Cured/processed meats and meat dishes contributed to 24-25% of the salt intake in Irish children and teenagers while bread and rolls contributed a further 20-21%.

In 9-year olds, the recently published 'Growing Up in Ireland Study'²⁰ also showed widespread consumption of high calorie/high-fat snack foods: 55% of children had eaten at least one portion of crisps in the previous 24-hour period; 74% at least one portion of biscuits/cakes/chocolate, and 53% at least one non-diet soft drink.

2.8 Factors Influencing Food Choice

Many factors influence the amount and type of foods eaten by children in Ireland, including biological, physical, socio-economic, socio-cultural and psychological factors.

For example physical factors include the foods available and the level of access to food, the economic influences include food taxes and subsidies (such as the School Milk Scheme) and food prices, whereas the socio-cultural environment influences include consumer demand, family eating patterns, the media and food advertising. For children in Ireland, the home environment appears to be particularly relevant. Further research on the children's and teenager's surveys has shown other factors which influence food consumption and these should be considered in the context of advertising of foods to children. For example, 89% of food consumed by Irish children is prepared/eaten at home⁵⁸, while approximately 75% of food consumed by teenagers is prepared/eaten at home⁵. Furthermore, a family influence has been demonstrated in children aged 5-12 years in terms of weight status, TV viewing, and eating behaviour. In addition 28% of parents perceived food advertising as a barrier to providing a healthy diet for their child⁴.

The WHO Technical Meeting on the Marketing of Food and Non-Alcoholic Beverages to Children² concluded that a strong scientific rationale is available through robust science and research that links commercial promotion of foods and beverages to poor diets in children. Most of the food and drinks marketed to children are energy-dense, nutrient poor and high in fat, sugar and salt². The promotion to children of food and drink, high in fat, sugar and salt, has an effect on children, particularly their food preferences, purchase behaviour (including 'pester power') and consumption^{2,44,59,60}. It increases both brand and category consumption⁴⁴ - for example, a fast food advertisement will influence not just the purchase of that brand versus another brand but increase the purchase of fast food overall.

Crucially, from a public health perspective, it is increasingly recognised that socio-environmental influences are determinants of an individual's food and activity choices³⁰. Public health experts acknowledge that we are now living in a society that has an "obesogenic" or obesity-promoting environment. Therefore there is a growing consensus that effective intervention to tackle the obesity epidemic, particularly amongst children, requires a multi-strategic approach involving all levels of society – both for the population as a whole and for the individual³⁰.

In this context, the creation of 'supportive environments' must be considered an important part of any public health move to enable children to make healthy food choices. This is the underlying principle upon which the objectives of the various EC and WHO action plans on health and nutrition are based, bringing together many different facets of intervention.

An example of creating a "supportive environment" would be where food in vending machines in schools might be modified to include more fruit and fewer snacks high in fat and sugar. Children spend time in many different settings, all of which have the potential to affect their food and activity choices. Apart from a child's home and family, school, childminder's homes, clubs, after-school activity venues or friends' homes can all feature in a child's typical day. It is likely that some time will be spent watching television (including advertisements) in any of these surroundings.

The restriction of advertising of foods and drinks that are less healthy to children is an important tool in helping to create a more supportive environment to positively influence healthy eating behaviours. With the review of the BAI Children's Commercial Communications Code and the provision of the Broadcasting Act of 2009 that permits the BAI to ban the advertisement of foods high in fat, sugar and salt, there is now the opportunity to help make it easier for children to choose 'healthier' foods.

3. Food Standards Agency Food Model – a method for determining the suitability of foods and drinks for advertising to children.

3.1 Introduction

Given the evidence from the Ofcom (UK media advertising regulator) report¹ and the recent European report on the relationship between TV viewing, children's diets and obesity² it would be prudent to recommend a restriction of advertising of unhealthy foods on Irish television based on some acceptable "measure" of unhealthy nutrient profiles.

To this end, the Food Standards Agency (FSA) in the UK have developed a "nutrient profiling model" which is used as a tool to identify foods and drinks high in energy, saturated fat, salt and sugar. Use of this model enables the media and communications regulator, Ofcom, to improve the balance of television advertising by restricting those less healthy foods, whilst at the same time, promoting healthier alternatives.

The BAI have tasked the Expert Working Group with reviewing the FSA's food model with a view to adopting or adapting the model for use in Ireland. The group have been asked to consider the following issues:

- Have the appropriate nutrients been included in the model?
- Is the choice of base appropriate, i.e. Content of nutrient per 100 grams of food?
- Is an "all foods" approach better than one based on categories?
- Is a simple scoring system appropriate?
- Is the model appropriate in the context of recommended nutrient intake by Irish children as part of a healthy diet?
- Is the choice of scoring thresholds and the balance between the thresholds for the respective nutrients appropriate?
- Does the final classification of any category or group of foods after applying the model cause concern and if so, how might it be addressed?

3.2 The development of the Food Standards Agency (FSA) Nutrient Profiling Food Model in the UK

In 2004, the UK Government made a commitment to rebalance marketing, promotion and advertising to reduce exposure of "less healthy foods" to children and increase the exposure of healthier options (Choosing Health 2004 and Healthy Weight Healthy Lives, 2008^{61,62}). The Nutrient Profiling (NP) model was therefore developed to enable Ofcom to restrict TV advertising to children of "less healthy" foods. The development of this model was intended purely for broadcasting purposes and was not intended to be used as a labelling scheme, a consumer advice tool, a tool for restricting health claims or as a means for identifying foods to be taxed or subsidised. The FSA's NP Food Model was developed by the British Heart Foundation Health Promotion Group at Oxford University in 2004-2005. Its development was overseen by an Expert Working Group of nutrition professionals, industry representatives, consumers and independents.

During development of the tool, an International academic workshop was organised to discuss the basis of approach for a suitable model (February 2005), there were two 12-week public consultations (November 2004, July 2005) and the findings and deliberations were discussed by Scientific Advisory Committee on Nutrition (SACN) (February and September 2005). The model was endorsed by the FSA Board in October 2005. The FSA committed to evaluate its effectiveness one year from its first date of use in April 2007.

3.3 The Food Standards Agency (FSA) Nutrient Profiling Model – How it works

The FSA NP Model is applied to all foods and drinks intended to be advertised on television to children. It was decided not to use the model for selecting foods and drinks from particular categories of foods only. Not only is this a more non-biased approach, it also means that there is a better chance of capturing all foods and drinks with undesirable nutrient profiles for children's health.

The scientists and experts who developed the model also chose to do so on a concentration basis i.e. the model assesses content of nutrients of a food or drink per 100 grams of food or drink. This approach was favoured over content of nutrients per typical portion size e.g. 30 grams. One of the biggest reasons for this decision is that portion size is almost impossible to define for different foods, as perceptions of “normal” portion size varies enormously between consumers⁶³.

Indeed studies of what constitutes a “desirable” portion size from a nutritionists' perspective shows that there are too many complex issues (for example, should portions be designed to limit energy intake or to provide a certain amount of vitamin or mineral or both?) to be resolved before portion sizes for foods can be standardised.

The experts who developed the NP food model had to design a formula that would be simple to use for non-nutritionists and use of a simple scoring system was deemed most appropriate. The nutrients and ingredients assessed by the NP food model had to reflect those that are generally agreed by nutritionists and other experts to be the main factors that influence lifestyle-related conditions (which are the greatest public health concerns related to nutrition). Thus, the NP food model assesses foods and drinks for:

- Energy, Saturated fat, Salt, Sugar

which are considered to adversely affect health, as well as:

- Fibre, Protein, Fruit, Vegetables, Nuts

which are considered to have potential health benefits.

It is clear from the evidence presented in Chapter 2, outlining the public health nutrition issues relevant to children and teenagers that these same nutrients/foods are of particular concern in Ireland.

A simple scoring system was developed where points are allocated on the basis of the nutrient content (above list) per 100g of the food or drink. The scores are based on nutrient intake criteria established by the Scientific Advisory Committee on Nutrition (SACN) and the Committee on Medical Aspects of Foods (COMA). Points are awarded for 'A' nutrients (energy, saturated fat, sugar and sodium (salt) and for 'C' nutrients (fruit, vegetable and nut content, fibre and protein). The overall score is calculated by subtracting the C score from the A score. (See examples in Appendix 5). Scores are recipe dependent. Foods scoring 4 or more and drinks scoring 1 or more are classed as 'less healthy' and are subject to advertising restrictions.

The Protein Cap

Protein is included in the model as a marker for other important nutrients - calcium, iron, n-3 fatty acids. If a product scores 11 or more 'A' points and less than 5 points for fruit, vegetables and nuts, then it is not allowed points for protein. This "protein cap" was incorporated into the model to prevent products that scored 11 or more 'A' points (points for energy density, saturated fat, total sugar and sodium) from being able to score 'C' points for protein, unless they contained > 80% fruit, vegetable or nuts. This prevents foods with high energy, saturated fat, sodium or sugar levels, but also high in protein, from being classed as 'healthier' by the model unless reformulated, for example, beef burgers.

The exclusion of trans fats from the FSA's NP Model

In the development of the UK's NP Model, consideration was given to the inclusion of *trans* fats (which contribute to the risk of heart disease) in the assessment. *Trans* fats were excluded from the model on the grounds that estimated UK *trans* fats are 1% of food energy, which is already half of the SACN's maximum recommended average intake of 2% food energy (based on risk of heart disease). Voluntary industry action has reduced artificial *trans* fats in food and therefore UK average dietary intakes have decreased dramatically. Instead, reducing average intakes of saturated fat from the current 13.3% to 11% of food energy is the UK's priority for cardiovascular disease (heart disease and stroke) prevention.

In its consideration of the appropriateness of this approach in Ireland, the Expert Working Group concluded that the FSA's NP Model should be adopted without amending for *trans* fats for several reasons:

- Although it is of extreme importance, it is not possible for practical reasons to regulate the amount of *trans* fats contained in food products at the present time.
- FSAI surveys indicate that current consumption of *trans* fats in Ireland is low⁶⁴, but it is recommended that this situation should be reviewed to ensure that consumption does not rise.

Assessing foods and drinks for saturated fat content in the NP model, will also mean that intakes of some major sources of *trans* fats should be reduced simultaneously. This is because some of the major sources of *trans* fats in the diet are also sources of saturated fats, including items such as cakes, biscuits, confectionery, and high-fat snacks.

- Legislation on food labelling of packaging in Ireland does not require manufacturers to include *trans* fats. If the FSA's NP model is going to be adopted in Ireland, then it has to be simple to use and make use of data already easily accessible by the food industry. Any other approach would act as a barrier to implementation of this model.
- The FSA's NP model which uses a tried and tested formula has undergone extensive testing and evaluation. The Expert Working Group agree that any adaptation of this model would risk altering the effectiveness of the formula and undermine the confidence in its use.

3.4 Review of foods which might be considered “exceptional cases”.

The Expert Working Group considered that there might be foods, which on the basis of their nutritional merit could be deemed “exceptional cases” and thus be excluded from the application of the FSA's NP model. The main food item which fell into this category for discussion was cheese and cheese products.

Cheese and cheese products

There is no doubt that cheese is a concentrated source of calcium and other nutrients. However most hard cheeses such as cheddar and processed cheeses are also high in saturated fat and salt, and therefore these would not be expected to pass the criteria set by the FSA's NP model.

Recent FSAI examination of food based dietary guidelines for the population of Ireland (over 5 years of age)³⁹ has shown that advice to obtain daily calcium from the diet should focus on low-fat milks and yoghurts, and that consumption of lower-fat varieties of cheese should be limited.⁶⁻
¹²This is because achieving a dietary intake of 10% or less energy from saturated fat is one of the main priorities in healthy eating advice for prevention of cardiovascular disease (See Appendices 1 and 2). Without limiting the use of full-fat dairy products, in particular cheese and cheese products, it is extremely difficult for people of all age and gender groups to achieve this goal for saturated fat. These findings are in line with dietary recommendations from several other countries (US, Canada, Australia, and the UK) that face the same public health nutrition issues as Ireland i.e. Obesity and cardiovascular disease. Guidelines in these countries promote low fat dairy products and limit intake of higher-fat dairy foods such as full-fat cheeses. Even from over the age of 5 years, prevention of cardiovascular disease is important, and hence reductions in saturated fat are an important healthy eating goal.

It is for this reason that the Expert Working Group concluded that cheese should not be made an exceptional case and should be subject to the same testing using the FSA's NP model in the same way as all other foods and drinks advertised to children.

³⁹The work was conducted by the FSAI at the request of the Department of Health and Children.

3.5 Conclusions on the suitability of the Food Standards Agency (FSA) Nutrient Profiling Model

Having carefully considered the evidence for public health nutrition issues amongst children and teenagers in Ireland and the details of the development of the FSA's NP Food Model, the recommendations of this Expert Working Group are to adopt in full the FSA model, as it has undergone a validation process for which the rationale is sound and scientific.

The Expert Working Group is satisfied that the appropriate nutrients have been included in the model, the choice of assessing foods on the basis of concentration (per 100grams of food and drink) is sensible, and that an "all foods" approach is best. As well as being scientifically sound, the simple scoring system used by the FSA's NP model can be easily interpreted without additional cost or effort on the part of the food and drink manufactures in Ireland who wish to apply for advertising during children's viewing times.

4. Conclusions and Recommendations of the Expert Working Group

4.1 Conclusions

It is evident upon review of the currently available data in Ireland, that there are serious public health concerns relating to nutrition amongst children. The state of our children's health has far-reaching implications both immediately and well into the future. Creation of health-promoting and supportive environments are a key element necessary to induce change in eating habits which are beneficial to the health of children. This is particularly pertinent in efforts to turn the tide against the rapidly soaring rates of overweight and obesity.

The Expert Working Group has established that the following are the major public health nutrition concerns for children both present and future:

- Overweight and obesity – leading to higher rates of cardiovascular disease (heart disease, stroke) and Type 2 diabetes;
- Osteoporosis and Anaemia due to inadequate intakes of vitamin D, calcium and iron;
- Colon cancers relating to low intakes of fibre and some other cancers relating to low intakes of fruit and vegetables;
- Dental caries (tooth decay) - goals for reduction in 5 year olds have not yet been met.

The nutrients and foods that seem to be of most relevance to these public health concerns include: energy (calories), total and saturated fat, salt, sugar, calcium, iron, fibre, fruit and vegetables (including nuts). Therefore the Expert Working Group agree that the UK Food Standard Agency's Nutrient Profiling model is appropriate for use in Ireland in order to enable the BAI to regulate advertising of undesirable foods and drinks to children on television.

4.2 The Recommendations of the Expert Working Group

The Group's recommendations include:

1. Advertising of foods and drinks high in energy, saturated fat, sugar and salt to children should be restricted by the Broadcasting Authority of Ireland (BAI);
2. The UK's Food Standards Agency's Nutrient Profiling (NP) model should be adopted completely and without amendment, for use by broadcasters, advertisers, food and drink manufacturers in Ireland and the BAI for the purposes of deciding on suitability of food products for television advertising to children.
3. Consideration should be given to the advertising of food and drinks for children to parents/carers. This is of importance as parents/carers are the gatekeepers of their children's health and this type of advertising influences parental choice of foods for young children (under fives) in particular.

4. Consideration should be given to the broadcast times of food and drink advertising as many children watch television outside of the period strictly designated as children's' viewing time.
5. As it will not be practical to directly control advertising to children of foods high in *trans* fats (associated with increased risk of heart disease), surveys should be undertaken to ensure that intakes of *trans* fats remain low

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Appendix 1- Members of the Expert Working Group

Public Health Experts

Maria Lordan - Dunphy – Health Services Executive

Dr Mary Flynn - Food Safety Authority of Ireland

Patricia Lee - Department of Health and Children

Dr Aileen McGloin - Safefood

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Broadcasting Authority of Ireland – Working Group Support

Declan McLoughlin – Policy Officer, Children's Code Review Project Manager

Deborah Molloy – Clerical Officer, Secretary to the Expert Working Group

Michael O' Keeffe – BAI Chief Executive Officer, Chair of the Expert Working Group

Appendix 2 - Irish Population dietary goals for adults and children from 5 years onwards¹

FOOD	DESIRABLE LEVEL
Saturated fat	Providing less than 10% of dietary energy
Trans fat	Providing less than 2% of energy (less than 1% of energy by 2020).
Fruit & vegetables	More than 400g/day
Salt	Less than 6g/day for adults and less for children (less than 5g/day for adults by 2020)
Total fat	Providing less than 35% of energy (less than 30% of energy by 2020).
Polyunsaturated fat	n-6 polyunsaturated fat: 4-8% energy n-3 polyunsaturated fat: 2g/day of linolenic acid and 200mg/day of very long-chain fatty acids
Dietary fibre	Providing more than 25g/day (or 3MJ) of dietary fibre for adults and less for children (1) and more than 50% of energy from complex carbohydrates (more than 55% /day by 2020).
Folate from food	More than 400 µg/day
Sugary foods	Reduce overall quantity of sugary foods and reduce frequency of sugar intake to four or fewer times each day. Less than 10% of energy (WHO/FAO)
Obesity & overweight adults	BMI* 20-25 kg/m ² PAL** of more than 1.75 PAL
Obesity & overweight children	WHO growth charts (DOHC/HSE)

¹ Adapted from Eurodiet, European Heart Network, WHO/FAO and 3rd Joint European Societies' Task Force reports and the European Food Safety Authority.

*BMI: Body Mass Index is an index of body fatness (weight in kilos/height in metres squared)

** PAL: Physical Activity Level as the ratio of total energy expenditure to estimate basal metabolic rate. A PAL of 1.75 is equivalent to 60 min/day of moderate activity or 30 min/day of vigorous activity.

Appendix 3

The Acceptable Macronutrient Distribution Ranges (AMDR – defined as the percent energy intake that is associated with reduced risk of chronic disease, yet provides adequate amounts of essential nutrients) as follows

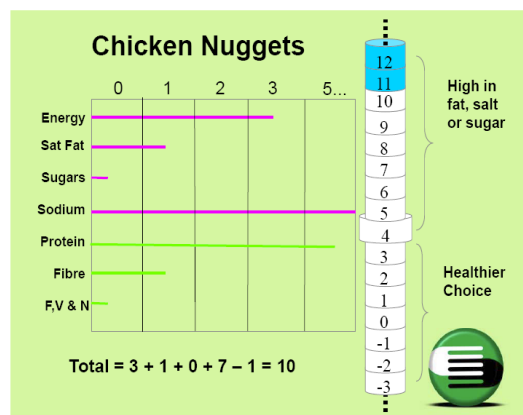
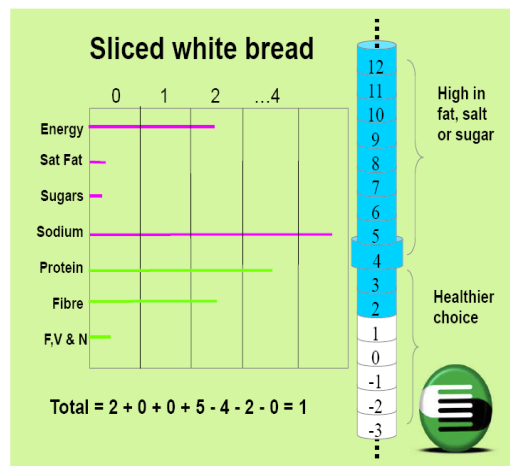
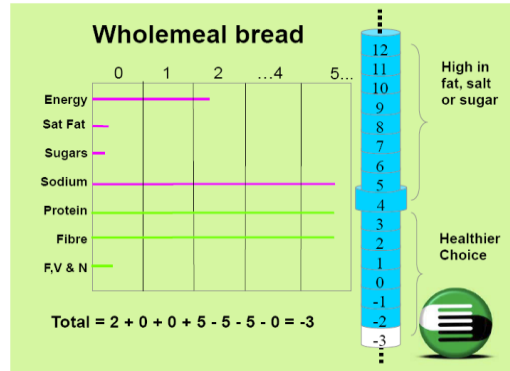
MACRONUTRIENT	AMDR (as percentage of energy)		
	Children 1-3 years	Children 4-18 years	ADULTS
Total Fat	30 - 40	25 - 35	20 - 35
n-6 polyunsaturated fatty acids	5 – 10	5 - 10	5 – 10
n-3 polyunsaturated fatty acids	0.6 – 1.2	0.6 – 1.2	0.6 – 1.2
Carbohydrate	45 – 65	45 – 65	45 – 65
Protein	5 – 20	10 - 30	10 – 35
Dietary fibre (g per day)	5 + age in years	5g+ age in years	25g
OTHER MACRONUTRIENTS			
Trans fatty acids ^a	As Low As Possible in Nutritionally Adequate Diet (goal ≤ 2% energy)		
Saturated fatty acids ^b	As Low As Possible in Nutritionally Adequate Diet (goal ≤ 10% energy)		
Dietary Cholesterol	As Low As Possible in Nutritionally Adequate Diet		
Added Sugars ^c	Limit to Maximal Intake of No More than 10% energy		
MICRONUTRIENTS			
Iron (mg)	EAR according to Nordic Nutrition Recommendations (2004) ⁶⁵		
Calcium (mg)	AI according to IOM 2006 ²		
Vitamin D (µg)	AI according to IOM 2006 ²		
^a Trans fatty acids – an upper limit of 2% of energy is generally used when formulating healthy eating food patterns. ^b Saturated fatty acids– an upper limit of 10% of energy is generally used when formulating healthy eating food patterns. ^c Added Sugars– an upper limit of 10% of energy is generally used when formulating healthy eating food patterns (FAO/WHO 2003 ²³ ; DRV COMA 1991 ²⁵).			

Appendix 4 - Disorders Related to Childhood Obesity, by Body System³¹

System and disorder	Explanation	Estimated prevalence
Cardiovascular		
Hypertension	High blood pressure	2-4%
Left ventricular hypertrophy	Increased thickness of the heart's main pumping chamber	Unknown
Atherosclerosis	Hardening of the arteries	50% (fatty streaks); 8% (fibrous plaques); 4% (>40% stenosis).x
Metabolic		
Insulin resistance	The action of insulin is retarded	Unknown
Dyslipidaemia	Abnormal changes in cholesterol and triglycerides (fats) in the blood)	5-10%
Metabolic syndrome	Constellation of risk factors including increased waist circumference, elevated blood pressure, increased triglyceride and decreased HDL cholesterol concentrations and raised plasma glucose	4% overall (30% obese)
Type 2 diabetes	A condition in which the body either makes too little insulin or cannot properly use the insulin it makes, leading to high blood glucose	1-15 persons per 100,000 who are obese
Pulmonary	A chronic inflammatory pulmonary disorder characterised by reversible obstruction of the airways.	7-9%
Asthma		
Obstrutive sleep apnoea	A breathing disorder characterized by interruptions of breathing	1-5% overall, 25% in sleep (obese)
Gatrointestinal		
Nonalcoholic fatty liver disease	Fatty inflammation of the liver not caused by excessive alcohol use.	3-8% overall 50% in obese
Gastroesophageal reflux	Backward flow of stomach contents into the oesophagus	2-20%

Skeletal		
Tibia vara (Blount disease)	Bowing of children's legs caused by a growth disturbance in the proximal tibial epiphysis.	Uncommon
Slipped capital-femoral epiphysis	A disorder of the hips growth plate	1-8 persons per 100,000
Psychosocial		
Depression	A mood disorder characterized by sadness, loss of interest in usually satisfying activities	1-2% children; 3-5% adolescents
Other		
Polycystic ovary syndrome	A constellation of abnormalities including abnormal menses, clinical manifestations of such androgen excess as acne and excessive growth of hair, elevated levels of circulatory androgens and polycystic ovaries on ultrasound evaluation	Unknown in adolescents. 5-10% in adult women
Pseudotumor cerebri	Raised intracranial pressure	Rare

Appendix 5 - Examples of use of the scoring system for the FSA's Nutrient Profiling Model.



Appendix 6 - FSA Independent Review of the NP Model 2007/8

The objective of this review was to assess the effectiveness of the NP model in differentiating foods on the basis of their nutritional composition in the context of Ofcom's UK broadcasting controls which seek to improve the balance of foods being advertised to children. Stakeholder input was sought and a 12 week public consultation was conducted on the Review Panel's draft recommendations in July-Sept 2008.

The issues considered by the Review Panel again included the base of the model i.e. portion size vs. 100g; food categories (breakfast cereals, cheese, dried fruit, dry products); the appropriateness of balancing positive and negative nutrients; brand advertising; the use of total sugars vs. non-milk extrinsic sugars (added sugars); recipe and menu advertising; the protein cap; dried fruit as a special case and foods for particular nutritional uses.

Product testing work was carried out to investigate several issues relating to particular foods raised by stakeholders. Data for 894 products was collected and analysed for: breakfast cereals; crisps and snacks, foods frequently consumed by 3 yr olds, cereal bars, cheese and cheese products, takeaway foods, takeaway-type retailer products, children's ready meals, yoghurt and fromage frais, the processed food databank, foods representative of the UK diet, foods representative of the UK's food-based dietary guidelines (known as "The balance of good health").

At an academic Workshop, issues arising from the testing work of food products were raised as "needing further consideration" were discussed. These included:

- Base of the NP model i.e. Nutrients per portion or nutrients per 100g. Participants concluded that the model appropriately classified foods and that there were practical disadvantages to using portion sizes as a base.
- Whether to include specific food categories. Participants concluded that all foods was appropriate for the NP model's intended use and there were no justifiable nutritional arguments for any additional categories.

- The protein cap. Participants considered that its removal would have minimal impact on the classification of foods, would simplify the use of the model and warranted further consideration.
- Whether advertisements featuring recipes were unfairly dealt with. Participants agreed that this needed further consideration and the issue was referred to the Broadcast Committee of Advertising practice (BCAP).

894 foods were tested. Of these, <3% were reclassified from 'less healthy' to 'healthy' if the protein cap was removed: 18 breakfast cereals (mostly sugary breakfast cereals; 5 crisps, 2 savoury snacks (rice cakes and breadsticks). Expert advice on the likelihood that manufacturers would add protein sources to foods to improve scores was sought. Between July and December 2008, various consultations on the Review Panels Draft Recommendations took place. Most notably, in October 2008, further work was commissioned to update and test the effect of removing the protein cap.

Finally, at the FSA Board Consultation in March 2009, the views of the Review Panel and advice from the Scientific Advisory Committee on Nutrition (SACN) was considered and the board considered that the NP model was fit for purpose and should not be amended. The FSA advice was provided to and agreed by the Minister of State for Public Health and Ofcom were informed that the NP model should continue to be used for the purposes of broadcasting controls without amendment.

APPENDIX 2

NUTRIENT PROFILING MODEL SIMPLE SCORING MATRIX

Points Allocation 'A' Nutrients:

Points	Energy (kJ)	Sat Fat (g)	Total Sugar (g)	Sodium (mg)
0	≤ 335	≤ 1	≤ 4.5	≤90
1	>335	>1	>4.5	>90
2	>670	>2	>9	>180
3	>1005	>3	>13.5	>270
4	>1340	>4	>18	>360
5	>1675	>5	>22.5	>450
6	>2010	>6	>27	>540
7	>2345	>7	>31	>630
8	>2680	>8	>36	>720
9	>3015	>9	>40	>810
10	>3350	>10	>45	>900

Points Allocation 'C' Nutrients:

Points	Fruit, Veg and Nuts (%)	N&P Fibre (g)	Or AOAC Fibre ⁴⁰ (g)	Protein (mg)
0	≤40	≤0.7	≤0.9	≤1.6
1	>40	>0.7	>0.9	>1.6
2	>60	>1.4	>1.9	>3.2
3	-	>2.1	>2.8	>4.8
4	-	>2.8	>3.7	>6.4
5	>80	>3.5	>4.7	>8.0

⁴⁰ One or other of the dietary fibre columns should be chosen to how the fibre content of the food or beverage was calculated by the manufacturer.

Freedom of Information

This is a public consultation process and following consideration of submissions by the Board of the BAI, all information submitted will be publicly available on request. However, there may be aspects of your submission which you may wish to make in confidence. If this is the case, when making the submission please identify any information which you do not wish to be publicly disclosed and specify the reasons for its sensitivity.

Agreements between the BAI and respondents to the consultation, regarding confidential information, are without prejudice to the BAI's obligations under the Freedom of Information Act, 1997 and the Freedom of Information (Amendment) Act, 2003. If the BAI receives a request for information submitted in confidence, you will be consulted before any decision is made.



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