



American Academy of Pediatrics



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**TESTIMONY OF**

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**on behalf of the**

**AMERICAN ACADEMY OF PEDIATRICS**

**before the**

**SUBCOMMITTEE ON TELECOMMUNICATIONS AND THE INTERNET  
OF THE U.S. HOUSE OF REPRESENTATIVES  
ENERGY AND COMMERCE COMMITTEE**

**On**

**“IMAGES KIDS SEE ON THE SCREEN”**

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**Summary of Dr. Don Shifrin's June 22<sup>nd</sup> Testimony  
for the American Academy of Pediatrics  
"Images Kids See on the Screen"**

My name is Don Shifrin, MD, and I am proud to represent the American Academy of Pediatrics (AAP), with its 60,000 pediatricians dedicated to the health, safety and well being of infants, children, adolescents, and young adults. For more than 25 years, the AAP has been addressing the issue of media and its positive and negative impact on the health and behavior of children. Media are an important part of our lives and have much to teach, but some media messages are negative and can be harmful to children.

**Advertising and Childhood Obesity**--There are many risk factors that contribute to childhood obesity and there are many lines of defense, beginning with parental responsibility. But that is not the *only* line of defense. According to the 2005 Institute of Medicine report, *Food Marketing to Children and Youth: Threat or Opportunity?* "...food and beverage marketing influences the preferences and purchase requests of children, influences consumption at least in the short term, is a likely contributor to less healthful diets, and may contribute to negative diet-related health outcomes and risks among children and youth."

- AAP considers advertising directly to young children to be inherently deceptive, and exploits children under the age of 8 years. Children younger than 8 cannot discriminate between fantasy and reality.
- Advertising and promotion of energy-dense, nutrient-poor food products to children should be reduced and restricted. The AAP has called for a ban on junk-food advertising during programming that is viewed predominantly by young children.
- The government should limit commercial advertising on children's programming to no more than 5 to 6 minutes per hour, which would decrease the current amount by 50%.
- AAP supports and advocates for social marketing intended to promote healthful food choices and increased physical activity. The food and beverage companies and media industry should develop and advertise healthful food and eating choices.
- The AAP supports more federally funded research on the impact of media on the health and behaviors of children.

**Media Violence**--The AAP recognizes exposure to violence in the media as a significant risk to the health of children. Extensive research evidence indicates that media violence can contribute to aggressive behavior, desensitization to violence, nightmares, and fear of being harmed. The AAP calls for simplified, content-based media ratings, and has specific recommendations for the entertainment industry.

**Tobacco**--Preventing young people from starting to use tobacco is the key to reducing the death and disease caused by tobacco use. The AAP has joined with other public health groups, and 31 state attorneys general, through the Smoke Free Movies project to urge moviemakers to change how smoking is portrayed in films. Mainstream movies are one of the most important factors in recruiting preteens and teens to begin smoking.

Good morning. I appreciate the opportunity to testify today before the Telecommunications and the Internet Subcommittee at this hearing, *Images Kids See on the Screen*. My name is Dr. Don Shifrin, and I am proud to represent the American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents, and young adults. For the past 4 years, I have served as chair of the American Academy of Pediatrics' Committee on Communications, which has developed several AAP policy statements on media, including advertising, media violence, television, sexuality and media, and media education. I also served on the AAP Task Force on Obesity. I am a general pediatrician in Seattle, Washington, where I have been treating newborns through young adults for 29 years. I also hold a clinical professorship in pediatrics at the University of Washington School of Medicine.

For more than 25 years, the American Academy of Pediatrics has been addressing the issue of media and its positive and negative impact on the health and behavior of children and adolescents. With greater access and time to influence young people's attitudes and actions from infancy into adolescence, television, movies, video games, music, and the Internet have displaced parents and teachers as children's primary role models, sources, and filters of information about their world, and how they can choose to behave in it. Children learn by observing and imitating—they cannot help but be influenced by the media. Media are an important part of our lives and have much to teach, but some media messages are negative and can be harmful to children.

Children in this country drink from a seemingly inexhaustible supply of media every day. What would we do if we discovered that the water our children drink was full of things toxic to their physical and mental health? There is a lot of toxic programming and advertising that's flowing unimpeded into homes and it's impacting the health of our children. We want media experiences for children to be positive as well as limited. Just as we would limit certain foods in a child's diet that may be unhealthy, we also need to limit their media diet of messages.

It takes a village to raise a child, but our concern is that the electronic village is supplanting parental values. The AAP believes there is a role for parents, medical professionals, the entertainment industry, food and beverage industry, advertising industry, and yes, our government, in addressing the impact of media on children.

### **AAP History on Impact of Media on Children**

For its part, the American Academy of Pediatrics has been directly involved in numerous voluntary, legislative, and regulatory solutions. For example, we supported the Children's TV Act of 1990 and the legislation creating the V-chip, and participated in the TV ratings negotiations---an AAP member currently serves on the TV Oversight Monitoring Board. We launched a Media Matters campaign 10 years ago to train pediatricians about media issues and to educate parents and children about how to make good media choices. We provide materials for pediatricians to use during office visits to ask families about media use. The AAP is an active member of the Children's Media Policy Coalition, which recently reached an agreement with the media industry over public interest obligations for children's programming and advertising for digital TV. The AAP also currently serves on the Joint Task Force on Media and Childhood

Obesity, initiated by Senators Brownback and Harkin and FCC Chairman Martin, FCC Commissioner Tate and FCC Commissioner Copps. This Task Force is several weeks away from completing its work, and the Academy hopes the groups involved can reach a final agreement that makes substantive changes in the way food is advertised to children.

### **Advertising and Childhood Obesity**

By now it is common knowledge that the prevalence of overweight and obese children has increased at an alarming rate in the United States, doubling in the past 20 years. Overweight and obese children are much more likely to be at risk for such medical problems as higher blood pressure, type 2 diabetes, and cardiovascular and mental health issues.

Prevention is the hallmark of all pediatric care. The present trends indicate that families (traditional, single-parents, divorced, and stepfamilies), schools, communities, policy makers, health care professionals, the food industry, and the media all influence what is now the most significant ongoing chronic health threat to children. Therefore, all play a critical role in working to reverse the trend of increasingly obese children. Much like it has been stated that smoking is a pediatric disease, the same could be said for obesity. Pediatricians are committed to helping kids and families lead healthy, active lives.

As a practicing pediatrician I see parents and caregivers every day who are searching for help for their overweight children. As I speak to you today for 5 minutes with a significant sense of urgency, I can assure you that these 5 minutes are statistically more time than many of my colleagues have with families to discuss nutritional and activity awareness, media time, and literacy issues during an annual or every other year health maintenance appointment. Contrast that time with the amount of time children spend seeing 40,000 ads per year on television alone, and according to the Kaiser Family Foundation, the fact that 33% of children younger than age 6 have a TV in their bedroom. It hardly seems like a level playing field for parents or pediatricians.

Leisure activity for children is increasingly sedentary, with wide availability of entertainment, including televisions at home, in cars and on cell phones, as well as videos and computer games. According to national survey data, children who watched 4 or more hours of television per day were significantly heavier compared to those watching fewer than 2 hours a day. Furthermore, having a TV in the bedroom has been reported to be a strong predictor of being overweight, even in preschool-aged children.

In addition to not getting enough exercise, children who consume media are being overwhelmed with junk food advertising and marketing. They are seeing an unhealthy, disproportionate amount of advertising for products that are high in fat, sugar and sodium, and low in nutrition. In a Kaiser Family Foundation report released this year, *Food for Thought*, food is the top product seen advertised by children. The study found that “tweens ages 8-12 see the most food ads on TV, an average of 21 ads a day, or more than 7,600 a year. Teenagers see slightly fewer ads, at 17 a day, for a total of more than 6,000 a year. For a variety of reasons -- because they watch less TV overall, and more of their viewing is on networks that have limited or no advertising, such as PBS and Disney -- children ages 2-7 see the least number of food ads, at 12 food ads a day, or 4,400 a year.” According to that same Kaiser report, 34% of all food ads

targeting children or teens are for candy and snacks, 28% are for cereal, and 10% are for fast foods. Of the 8,854 food and beverage ads reviewed in the study, none were for fruits or vegetables targeting children or teens. Yet, advertising healthy foods has been shown to increase wholesome eating in children as young as 3 to 6 years of age.

Since 1999, the AAP has recommended no more than 1-2 hours of screen time per day for children, and we discourage any screen time for children under age 2 to encourage more interactive activities with parents and caregivers. We also advise parents to take TV sets out of children's bedrooms. But we recognize that educating families about moderation, healthful choices, balance rather than restrictions, portion size, and physical activity many times are lost in the tsunami of their children's media exposure to less healthful foods. To put it simply, advertising works. If it didn't, the industry wouldn't spend billions of dollars persuading children and their parents. Unfortunately, children do not grow up in neighborhoods any more. They grow up defined by demographic niches, targeted at the youngest ages by advertising wanting to brand them early and brand them often.

Granted, there are many risk factors that contribute to childhood obesity. And there are many lines of defense, beginning with parental responsibility. But that is not the *only* line of defense. According to the 2005 Institute of Medicine report, *Food Marketing to Children and Youth: Threat or Opportunity?* "...food and beverage marketing influences the preferences and purchase requests of children, influences consumption at least in the short term, is a likely contributor to less healthful diets, and may contribute to negative diet-related health outcomes and risks among children and youth."

It has been 43 years since the first Surgeon General's report on smoking and we are still dealing with its terrible toll on our nation's health. Our children and their children cannot wait another 40 years for us to address the issue of food advertising and marketing and its role in obesity.

Advances in technology will definitely exacerbate the problem. Children's advertising protections will need to be updated for digital TV, which, if all goes according to plan, will be in place in 2009. Children watching a TV program will be able to click an on-screen link and go to a Web site during the program. Interactive games and promotions on digital TV will have the ability to lure children away from regular programming, encouraging them to spend a long time in an environment that lacks clear separation between content and advertising. Interactive technology also allows advertisers to collect information about children's viewing habits and preferences and target them much more specifically.

What should be done? The following are the Academy's positions and recommendations on advertising and marketing issues specifically as they relate to media and childhood obesity:

- AAP considers advertising directly to young children to be inherently deceptive, and exploits children under the age of 8 years. Children younger than 8 cannot discriminate between fantasy and reality and as such they are uniquely vulnerable.

- Advertising and promotion of energy-dense, nutrient-poor food products to children should be reduced and restricted. The AAP has called for a ban on junk-food advertising during programming that is viewed predominantly by young children.
- The government should limit commercial advertising on children’s programming to no more than 5 to 6 minutes per hour, which would decrease the current amount by 50%.
- AAP supports and advocates for social marketing intended to promote healthful food choices and increased physical activity. The food and beverage companies and media industry should develop and advertise healthful food and eating choices.
- The AAP wants more federally funded research on the impact of media on the health and behaviors of children.
- The government should prohibit interactive advertising to children in digital TV. Information about children and their viewing habits should not be collected without affirmative parental consent.

### **Media Violence**

America’s young people are being exposed to increasing amounts of media violence through television, movies, video games, and popular music. The American Academy of Pediatrics recognizes exposure to violence in the media as a significant risk to the health of children and adolescents. Extensive research evidence indicates that media violence can contribute to aggressive behavior, desensitization to violence, nightmares, and fear of being harmed. This ‘fear factor’ has also extended to television news reports of violence locally, nationally, and internationally.

Although exposure to media violence is not the sole factor contributing to aggression, antisocial attitudes, and violence among children and teens, it is an important health risk factor on which we, as pediatricians and as members of a compassionate society, can intervene.

In its 2001 Media Violence policy statement, the AAP calls for simplified, content-based media ratings to help parents guide their children to make healthy media choices. Following the release of the Federal Communications Commission (FCC) media violence report, the AAP would like to open discussions with the broadcast industry about improving the 10-year-old TV ratings system. For example, the ratings are inconsistent between networks. One network might apply a “V” for violence to a program and another network with a similar level of violence in a program doesn’t. The AAP has also long advocated for content-based, not just age-based, ratings. Tell parents what’s in the program and let them determine if they believe it’s appropriate for their children. The ‘alphabet soup’ of the TV ratings---V, S, D—are not understood by the public, especially “FV” which denotes fantasy violence, but many parents believe these letters stand for family viewing. A majority of parents also are not even aware that E/I stands for educational and informational children’s programming. We would recommend displaying the ratings more often during shows and increase their visibility in on-air and print guides.

The AAP has promoted media literacy among children and parents, and conducted public education campaigns to help parents understand all the ratings systems and to make them aware of the tools available, like the v-chip, to control content. We advise pediatricians to advocate for more child-positive media, not censorship, and created a “media history” form for pediatricians to use in their offices with families. Having such information can assist in reviewing and changing media diets.

What else can be done? The AAP offered recommendations from its Media Violence policy statement to the entertainment industry, such as:

- Avoid the glamorization of weapon carrying and the normalization of violence as an acceptable means of resolving conflict.
- Eliminate the use of violence in a comic or sexual context or in any other situation in which violence is amusing or trivialized.
- If violence is used, it should be used thoughtfully as serious drama, always showing realistic pain and suffering, and loss.
- Video games should not use human or other living targets or award points for killing, because this teaches children to associate pleasure and success with their ability to cause pain and suffering to others.

### **Tobacco**

Tobacco manufacturers spend \$30 million per day (\$11.2 billion per year) on advertising and promotion. Exposure to tobacco advertising may be a bigger risk factor than having family members and peers who smoke, and can undermine the effect of strong parenting practices.

Preventing young people from starting to use tobacco is the key to reducing the death and disease caused by tobacco use. The AAP has joined with other public health groups, and 31 state attorneys general, through the Smoke Free Movies project to urge moviemakers to change how smoking is portrayed in films. Mainstream movies are one of the most important factors in recruiting preteens and teens to begin smoking. Research published in our scientific, peer-reviewed journal *Pediatrics* just last month found that U.S. films deliver billions of smoking impressions to 10-14 year olds, which is the age when most kids are likely to experiment with cigarettes.

The U.S. film industry can cut adolescent exposure substantially by extending the R-rating to tobacco imagery. This voluntary step will not result in more films being rated R. It will simply keep smoking out of future G, PG and PG-13 films, producing public health benefits at virtually no cost.

The Smoke Free Movies project has four goals:

- **Rate new smoking movies “R”**—any film that shows or implies tobacco should be rated “R.” The only exceptions should be when the presentation of tobacco clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent the smoking of a real historical figure.
- **Certify no pay-offs**—declare in the credits that nobody received anything of value in exchange for using or displaying tobacco.

- **Require strong anti-smoking ads**—to run before any film with any tobacco presence, regardless of the rating.
- **Stop identifying tobacco brands in films.**

These are four *voluntary* solutions could and should be adopted immediately by the Motion Picture Association of America (MPAA) and their movie studios. Actions by them to date have fallen short. The AAP looks forward to the MPAA joining the effort to protect children and teens from becoming addicted to the largest avoidable cause of death in the United States by implementing evidence-based policies in rating movies.

The American Academy of Pediatrics also continues to urge Congress to pass federal legislation (S.625/HR 1108) that gives the Food and Drug Administration (FDA) authority to regulate both current and new tobacco products, and restrict tobacco product marketing. It bans such tactics as cartoon advertisements, free tobacco-themed merchandise that appeals to children, and sponsorship of sports and entertainment events.

Finally, in its December 2006 Advertising policy statement, the AAP calls on Congress to implement a ban on cigarette and tobacco advertising in all media, including banners and logos in sports arenas. We believe advertisements can be restricted if there is a significant public health risk, particularly to children.

### **Conclusion**

I appreciate this opportunity to present testimony on behalf of the American Academy of Pediatrics. Media permeates our lives and therefore it deserves our collective action. Pediatricians will continue to do their part. Policymakers need to keep protecting the public interest in this arena. Parents need to understand the impact of media on children's health and take responsibility for making informed choices about what media their family consumes. The industry should drastically reduce the number of junk food ads children see, rate their programs properly and standardize the ratings, offer more responsible portrayals of violence, and increase the amount of quality, educational programming for children. Together we can make a difference in the health and well being of all children, and that will benefit all of us.