

Executive Perspective

# Childhood Obesity: America in Crisis

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*Developed in partnership with the Food Marketing Institute.*



Symphony **IRI** Group

Insight.  
Innovation.  
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# Childhood Obesity: America in Crisis

## Executive Perspective

Many believe childhood obesity is an epidemic that is easy to understand.

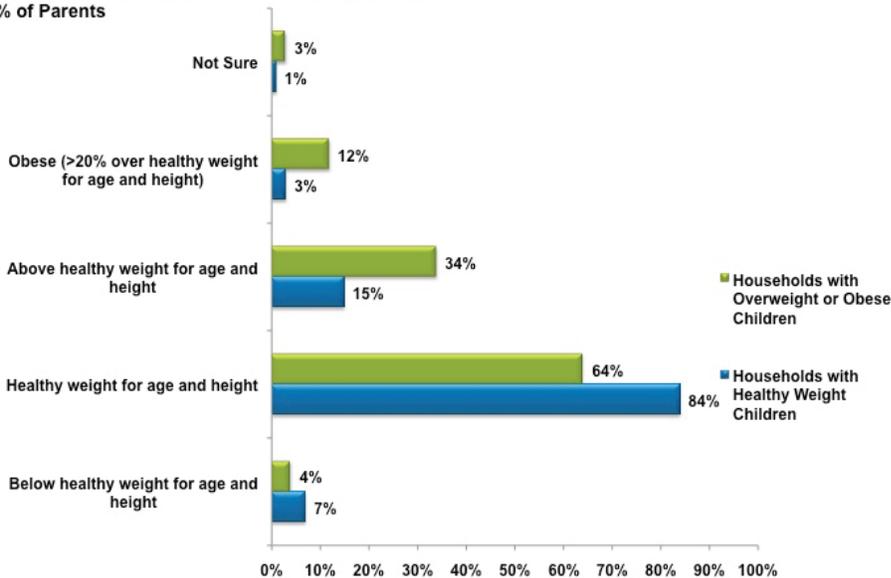
Today's children in families with at least one overweight/obese child stare at computer screens instead of playing outside, eat sweet and salty snacks in place of fruits and vegetables and take little interest in shopping and food preparation. The family with overweight/obese children is low income, unstable, undisciplined.

These are common and dangerous misperceptions. The truth about childhood obesity proves to be significantly more complex, subtle and nuanced. SymphonyIRI Group has generated an ongoing series of reports studying how Americans research, prepare and consume food and beverages, as well as think about nutrition, health and wellness. The company has just completed new research designed to uncover attitudes and behaviors of families that include at least one overweight/obese child as well as those with all healthy weight children.

The principal result of SymphonyIRI's new research reveals a startling truth: **the attitudes and behaviors of families with overweight/obese children differ very little from families with no overweight/obese children.** Differences in just a few key activities among the two types of families result in the propensity for one or more children within a family to become overweight or obese.

For example, in healthy weight households, children are more likely to participate in purchase decisions, but only by a small margin of 76 percent to 72 percent. There are also many similarities in the foods each family

Composition of Families that Participated in SymphonyIRI Obesity Research  
Describes One or More Children in the Household  
% of Parents



Source: SymphonyIRI Childhood Obesity Survey Apr 2010. Shoppers n=1000

SymphonyIRI's new quantitative research includes responses from 1,000 U.S. families, reflecting a demographic and geographic cross section of the population

type keeps on hand and feeds their children. There is good news for families that include one or more overweight/obese children; with modification of just a few behaviors, parents can work with their children to help them become and remain healthy weight.

## Analysis of Results

If just a few attitudes and behaviors can tip a family from all healthy weight kids to having at least one overweight/obese child, it is critical to understand the details and dynamics of these thoughts and activities. SymphonyIRI has uncovered five factors that can tip the balance between maintaining a family of all healthy children and one with at least one overweight/obese child.

### Factor #1 – Involvement in Purchase Decisions and Food Preparation Spurs Healthy Behaviors

Children in healthy weight households tend to be more involved in food purchase

decisions. In these families, children are more likely to request specific products, accompany parents on shopping trips and give feedback on products purchased. Furthermore, in healthy weight families, parents are more likely to prepare and cook most meals. These families also tend to prepare familiar, favorite recipes and make enough to have leftovers.

*Conclusion: Involving children in the process of purchasing food provides an opportunity for parents to teach them about making healthy choices. Including children in the preparation of familiar and satisfying meals educates them on healthy cooking habits. Both practices contribute to suppressing the desire to purchase and consume unhealthy foods.*

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## Factor #2 – Healthy Habits Trump Rules at the Dinner Table & Snacking

Households with healthy kids tend to have more fresh vegetables and frozen produce and less meat available than households with one or more overweight/obese children.

Ironically, healthy weight families tend to keep more snack foods and sweets on hand. It appears parents in these families have instilled positive nutrition habits that enable them to keep these foods in the household, but keep their children at healthy weights. This is supported by the trend of healthy weight families having fewer strict rules for eating.

*Conclusion: Teaching children safe and healthy eating habits is more effective than setting eating rules. These habits encourage children to turn to produce and other healthier snacks versus snacks loaded with fats and salt.*

## Factor #3 – How Children Spend Free Time Matters

Children in healthy families are more likely to play indoors or outdoors at least 30 minutes a day and are slightly more likely to be involved in household chores. In addition, these children tend to spend less time online either chatting with friends or on social networking sites and are less likely to spend free time on the phone with friends. They are also somewhat less inclined to play video games.

Interestingly, healthy weight kids are more likely to spend extra free time at school and reading books.

*Conclusion: Without a doubt, exercise contributes significantly to maintaining healthy weight households. Moreover, intellectually stimulating activities also appear to contribute to healthy behaviors.*

*Comment from “Person on the Street” Video: “People are shortening their life expectancies...kids don’t get outside to play; they get caught up with videogames and the computer, YouTube, Facebook, Twitter. We’re not as active as we were in past years.”*

## Factor #4 – Healthy Attitudes Spawn Healthy Behaviors

Parents of healthy weight families place a higher premium on the benefits of maintaining healthy weights than parents of one or more overweight/obese children. In every area surveyed, from “more energy” and “more self confidence” to “growing up to be healthier adults,” healthy weight parents significantly outscored parents of overweight/obese children.

Similarly, parents of healthy weight children tend to be more concerned about the risk factors of allowing children to become overweight or obese. In eight of 10 risk factors listed, healthy weight parents expressed greater concern than parents of overweight/obese children.

*Conclusion: Education is a powerful driver of healthy behaviors. Developing and maintaining education programs that highlight the benefits of healthy weight, outline the risks of living overweight or obese, and promote the training of healthy attitudes regarding purchase, preparation and consumption of foods and beverages will contribute significantly to combating obesity in children.*

*Comment from a Formerly Overweight/Obese Parent: “I now have control over food. It’s a lifestyle choice; it’s not a diet. Diets fail. A lifestyle is eating properly, eating healthy and exercising. If you want a cookie one day, have it, but don’t gorge on them. Portion control and exercise are the keys.*

## Factor #5 – Influence the Influencers

Among both family types, parents rely on primary care physicians/local hospitals/clinics, friends and relatives, health and wellness Internet sites, books/magazines/newspapers and nutritionists/dietitians for information, in descending order.

After these five, other information sources tend to have significantly less influence. It is relatively easy for government and/or private industry sponsored education programs to reach several of these influencers; e.g., physicians/hospital and clinics, nutritionists/dietitians and book/magazine/newspaper publishers.

*Conclusion: A focus on spreading positive, compelling information on the benefits of healthy weight, risks of obesity and strategies to instill healthy behaviors through these five channels should reinforce the behaviors of healthy weight families and at least encourage parents of overweight/obese children to take a new look at their current attitudes and behaviors.*

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## Detailed Findings

In this section, SymphonyIRI reviews areas where parents of healthy weight children and those of overweight/obese children share similar views. The next section identifies the areas of key differences.

### Similarities between Family Types Far Outnumber Differences

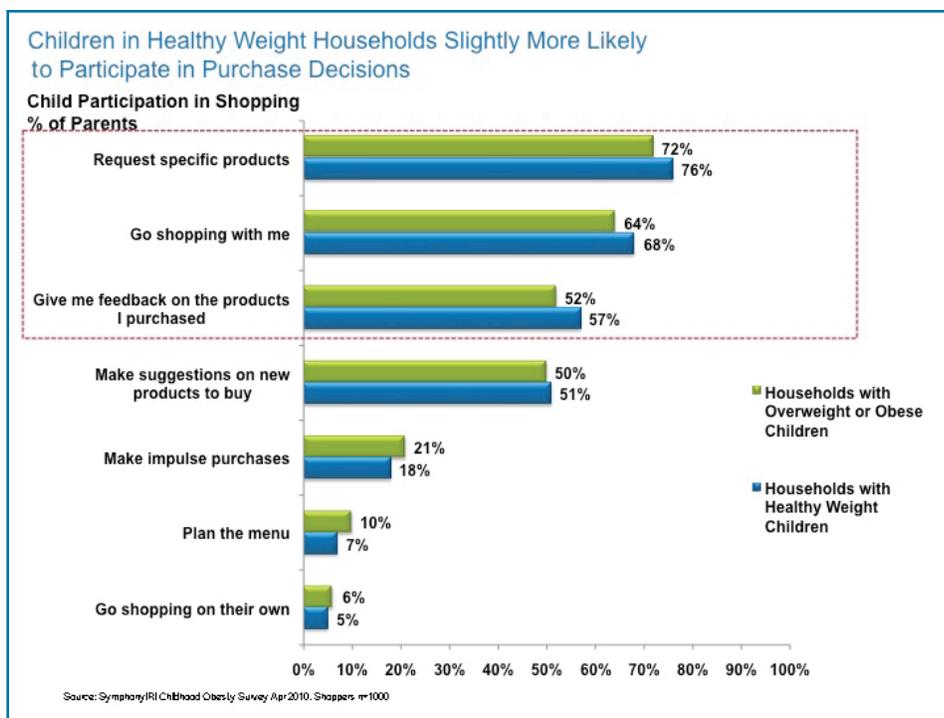
#### All Families Involve Their Children in Purchase Decisions

Among the seven shopping-related activities queried, behavior of families with overweight/obese children very closely resembled those with no overweight/obese children in four activities, and varied just slightly in three others.

Shopping strategies differ little as well. Price has displaced convenience as a principal decision driver in the last 12 months for approximately two-thirds of both types of families. Significant majorities of both family types have tried new, lower-priced brands in that timeframe and sought out retailers known for lower prices. An equal percentage of both families (57 percent) have turned to store brands to lock in lower prices. A slightly larger number of households with healthy weight families have cut back spending on “non-essential” groceries in the last 12 months, 65 percent to 61 percent.

#### Eating and Snacking Patterns Are Consistently Healthy

These two types of families keep many of the same foods in the household and feed them to their children. This is true with



In many practices related to shopping for food and beverage products, healthy weight families and those with at least one overweight/obese child behave similarly.

staples, including cereal, pasta and oatmeal in the bread and grain category, in addition to cheese, canned fruits and vegetables, fresh meats, poultry, produce and vegetables, as well as frozen meats, poultry and vegetables among meal components.

It would be a fair assumption to believe that if food choices are similar, differences in snack choices must account for the presence of overweight/obese children in some households. This would be a fair assumption, but incorrect.

Among beverages, including milk, juices and juice drinks, bottled water and sports drinks, behaviors of the two family types are nearly identical. Within the snack food category, both types of families answered similarly regarding snack foods, including crackers, yogurt, cookies, granola/granola bars, baked desserts and sweets, and dried fruit and nuts.

Both family types practice many positive rituals around food preparation. The key difference, outlined later, is that healthy weight family parents are more involved in preparing/cooking the actual meals, by a margin of 89 percent to 82 percent.

#### Families Practice Many Positive Rituals

Majorities or strong pluralities of both types of families practice many positive rituals with similar frequency. The most common rituals include preparing/cooking familiar, favorite family recipes, often making enough to have leftovers and preparing/cooking a variety of foods.

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Rules for eating are prevalent in both types of families. Responses for allowing second helpings, being aware of what children eat, requiring children to ask an adult before snacking between meals and allowing any member of the household to eat as much as he or she wants are nearly identical for families with healthy weight children and those with at least one overweight/obese child.

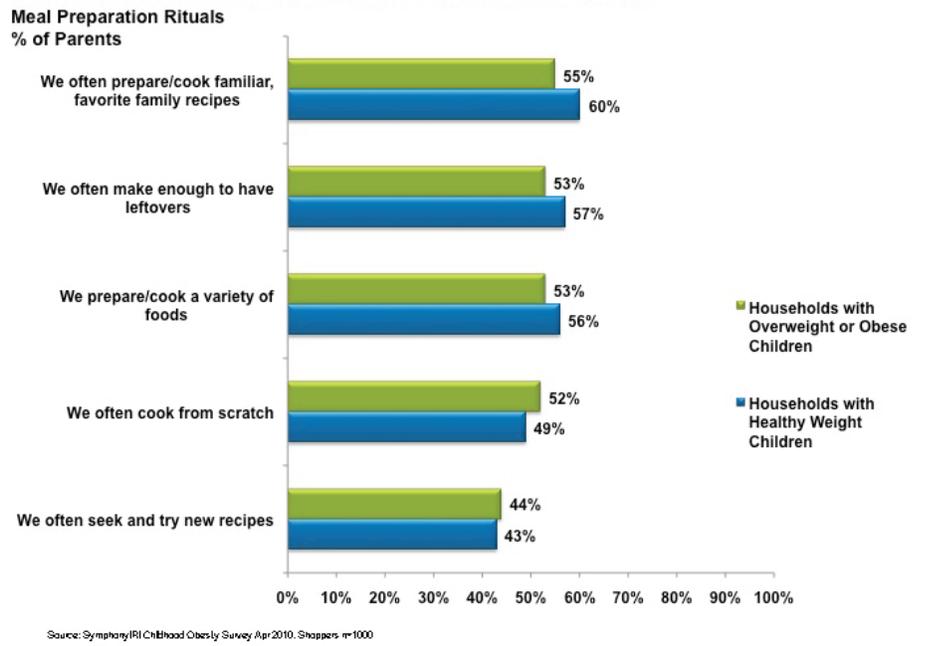
### Many Free Time Activities Are Identical

Similarly, both family types share several similar behaviors with regard to playtime. This is the case when it comes to spending time at a friend's house (53 percent for both types of families), playing or practicing for a sport for 30 minutes or more (59 percent for families with healthy kids and 58 percent for families with at least one overweight/obese child) and doing chores (70 percent and 67 percent, respectively).

With non-physical activities, several behaviors are also similar. Children in both types of families play video games, study and watch TV at approximately the same rates.

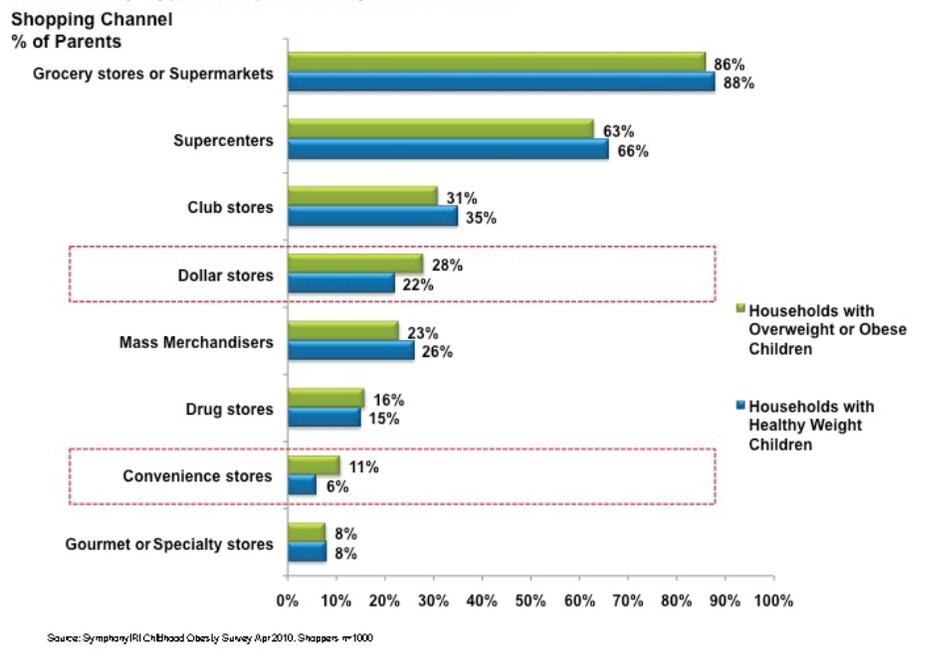
Both families are also influenced similarly by many marketing and other factors. At home, all families are influenced to a similar degree by TV or radio ads, coupon/discount websites, requests from children and other household members, convenience and newspaper circulars. On the package, families are similarly influenced by price, sodium/salt content, fiber content, fat content and calorie count. In the store, both are similarly influenced by shopper loyalty card discounts.

### Both Household Types Practice Similar Good Preparation Rituals



Both family types practice many positive rituals around food preparation. The key difference, outlined later, is that healthy weight family parents are more involved in preparing/cooking the actual meals, by a margin of 89 percent to 82 percent.

### Both Family Types Shop at Mostly Similar Stores



Other than slight upticks at dollar and convenience stores, all families shop at similar retail outlets.

### Families Tend to Shop in Similar Stores

With the exception of dollar and convenience stores, parents of both family types tend to shop in the same stores, with grocery and supercenters serving as the most popular retailers.

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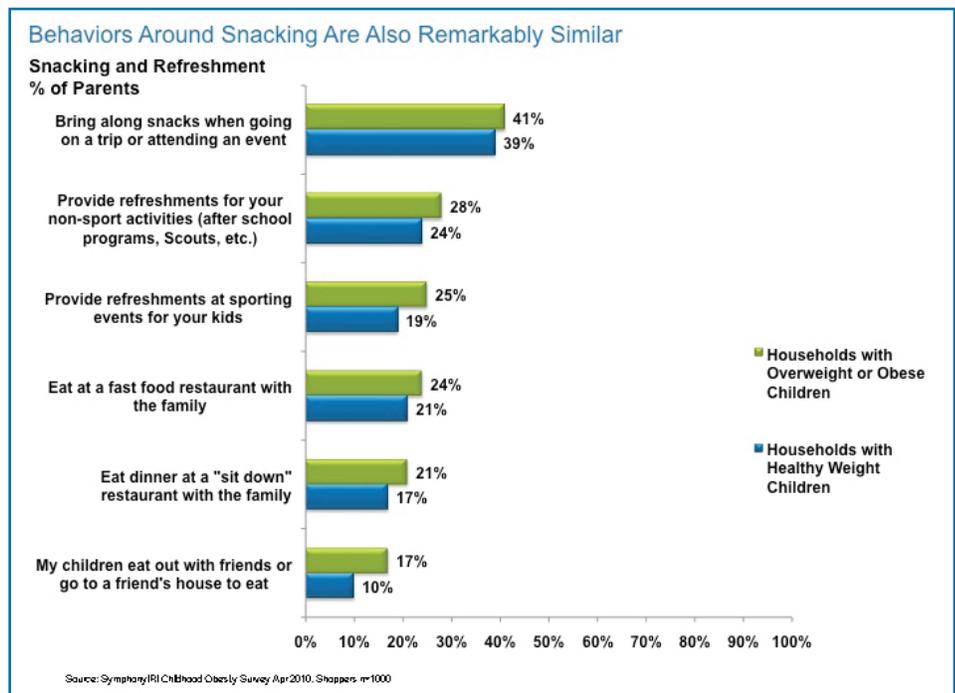
For main meals, parents of families with healthy weight children and families with overweight/obese children are near-equally likely to eat breakfast at home with the family, eat snacks while watching TV with the family, giving children money to buy lunch at school or preparing lunch for the children.

Uncontrolled eating at fast foods restaurants is frequently cited as a major cause of childhood obesity. While children in households with at least one overweight/obese child are somewhat more likely to eat out with friends (versus under family supervision) the delta from families with all healthy weight children is just seven percentage points and only 17 percent of households with overweight/obese children report allowing this behavior.

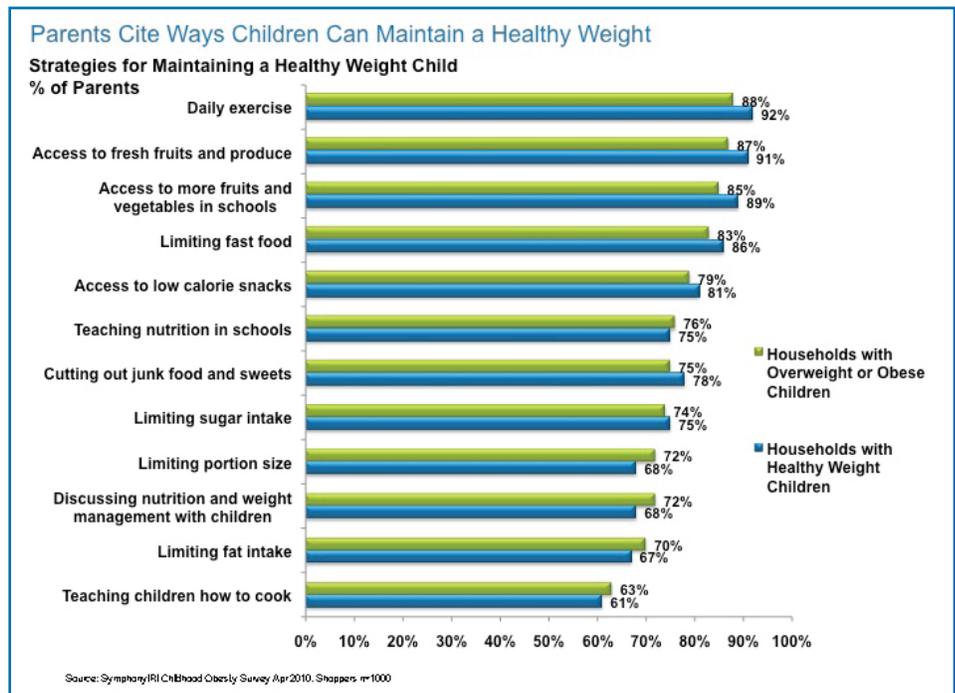
Parents of both family types cite many of the same problems children face today. Peer pressure (cited by 81 percent of parents within healthy weight families and 80 percent of parents of families with at least one overweight/obese child), being overweight or obese (82 percent and 80 percent, respectively), and getting bullied (72 percent and 71 percent, respectively).

Parents also largely agree on the activities children can undertake to maintain a healthy weight. This is especially true around critical behaviors, such as daily exercise, access to fresh fruits and produce and access to more fruits and vegetables in school.

*Comment from "Person on the Street" Video: "We need more education. Just because something says 'low cal' or 'diet' doesn't mean you can eat the whole thing. I don't think there's enough information out there about that."*



Other than providing refreshments at sporting events for their kids and children eating out with friends or visiting a friend's house to eat, both family types share similar snacking patterns.



Parents in healthy weight families are somewhat more aggressive in citing ways children can maintain a healthy weight.

In fact, even among responses where parents of families with all healthy weight children and those of families with at least one overweight/obese child vary, the largest difference in response (to be discussed in the next section) is seven percentage points.

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## Parents Get Information from Similar Sources

Parents of both types of families turn to multiple information sources to obtain information on their children’s nutrition. The primary care physician or similar medical resource is the only source that accounts for a majority of respondents from both family types.

*Comment from Parent of Overweight/Obese Children: If I’m going to buy pasta, they can be all different. There is multi-grain and whole wheat, for example. So, I read the back of everything before I buy it. I look for fat content, carb content, and other ingredients because that’s where they slip in information about the extra stuff that’s included. I look at everything.”*

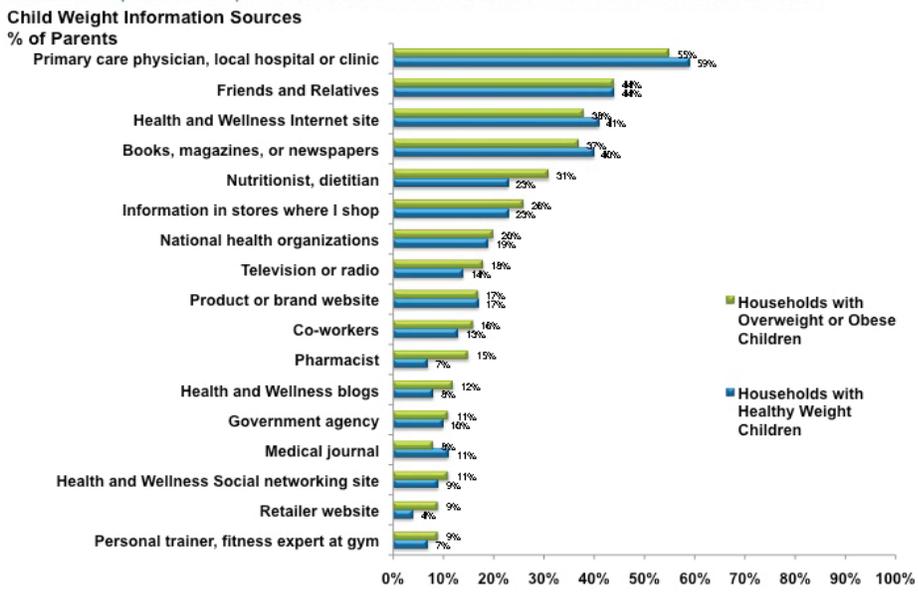
As reported in previous research published by SymphonyIRI, blogs and social networking sites play a small role as important information sources for parents, counter to the significant hype about the influence these sites play in parental decision making.

Despite the many positive behaviors, attitudes and activities among both family types, children in some families become significantly overweight or obese. This occurs in numbers far beyond what experts can attribute to genetic or metabolic issues. The differences in parental behaviors and attitudes revealed by SymphonyIRI’s new research unlocks several critical insights for CPG manufacturers and retailers eager to contribute to supporting healthy lifestyles.

## While Similarities Abound, Differences between Healthy Weight Families and Those with Overweight/Obese Children Tip the Scales

In a few critical areas, attitudes and practices between families with healthy weight children and those with at least one overweight/obese child diverge. A review of these differences follows.

### Parents Tap into Multiple Sources for Information on Their Children’s Nutrition



Medical services, friends and relatives, health and wellness websites, print materials and nutritionists/dieticians are the principal information sources tapped by parents.

### The Difference Is at the Dinner Table: Fried Foods vs. Fresh Produce

	Kept On Hand in The Household		Feed to Children	
	Healthy Weight Household	Overweight or Obese Household	Healthy Weight Household	Overweight or Obese Household
<b>Breads and Grains</b>				
Breads	97%	94%	94%	89%
Cereal	96%	93%	92%	88%
Pasta	91%	90%	87%	86%
Oatmeal	73%	68%	55%	53%
<b>Meal Components</b>				
Cheese	96%	93%	90%	87%
Canned fruits and vegetables	83%	85%	77%	79%
Fresh produce	85%	80%	77%	72%
Fresh meats	72%	78%	69%	73%
Frozen vegetables	81%	78%	73%	69%
Frozen meats	77%	77%	72%	71%
Frozen poultry	74%	69%	70%	63%
Fresh poultry	61%	64%	58%	58%
Fried foods	33%	41%	31%	38%

In just a few key areas, families with overweight/obese children differ in the food on hand and what is fed to children from their healthy weight counterparts.

### What’s in the Refrigerator and on the Table

While both family types include many of the same foods in their refrigerators and pantries, several key differences emerge. Healthy weight families are more likely to keep fresh produce on hand and make it available to their children.

Families with overweight/obese children are significantly more likely to have fried foods in the household and make them available to their children.

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In addition, parents in families with healthy weight children are more likely to prepare/cook most meals than parents in families with one or more overweight/obese children, by a margin of 89 percent to 82 percent.

## Families with Overweight/Obese Children Tend to be Stricter

However, counter-intuitively, healthy weight households are more likely to make treats available and feed them to their children.

This practice includes most types of beverages and snacks. It is possible this strictness causes young people in families with overweight/obese children to snack away from the home and parent supervision.

It is clear that parents are dialed in and focused on monitoring children's snacking habits, especially in households that include at least one overweight/obese child.

## Children in Families with Overweight/Obese Children Tend to Be More Sedentary

With regard to playtime, children in healthy weight families are more likely to play indoors at least 30 minutes or more per day (78 percent to 71 percent) and play outside at least 30 minutes per day (84 percent to 79 percent). Similarly, children in households with at least one overweight/obese child tend to chat online with friends more (42 percent to 35 percent), use online social networks more (42 percent to 35 percent) and talk on the phone with friends more (46 percent to 41 percent).

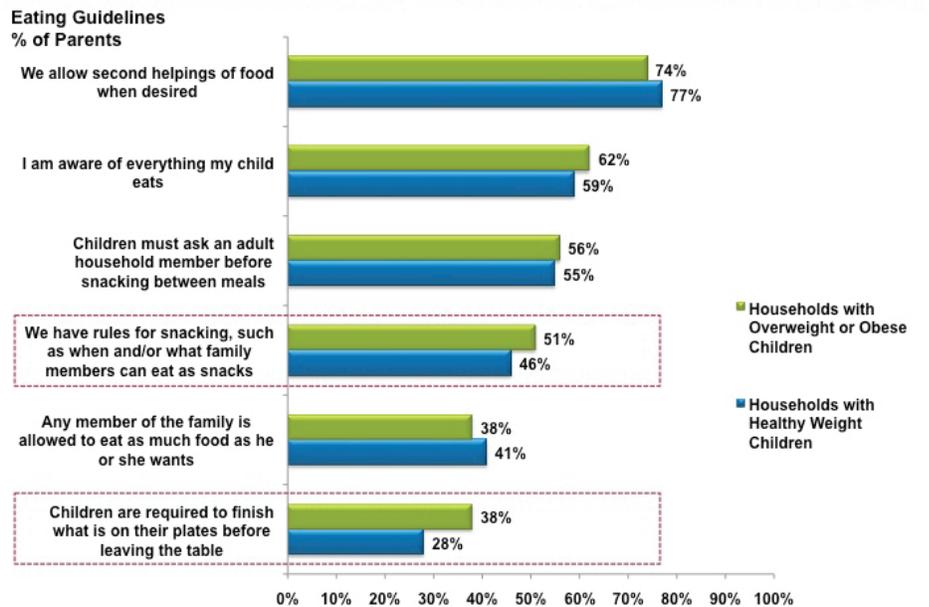
65% of Parents of Healthy Weight Children Feel Treats Are OK vs. 55% of Parents of Overweight/Obese Children  
Foods Kept On Hand vs. What Is Fed To Children  
% of Households

	Kept On Hand in The Household		Feed to Children	
	Healthy Weight Household	Overweight or Obese Household	Healthy Weight Household	Overweight or Obese Household
<b>Beverages</b>				
Milk	97%	96%	91%	91%
Juices & Juice drinks	87%	82%	84%	78%
Carbonated Soft Drinks	75%	73%	53%	57%
Bottled water	65%	64%	56%	55%
Sports Drinks	37%	40%	30%	32%
<b>Snacks</b>				
Crackers	86%	80%	80%	70%
Yogurt	72%	71%	60%	60%
Cookies	73%	71%	69%	67%
Salty Snacks	77%	68%	71%	62%
Ice cream & frozen desserts	73%	67%	71%	65%
Granola & Granola Bars	57%	58%	48%	48%
Candy	54%	52%	53%	48%
Baked desserts and sweets	45%	47%	43%	43%
Dried fruit & nuts	42%	37%	32%	27%

Source: SymphonyIRI Childhood Obesity Survey Apr 2010, Shoppers n=1000

Families with overweight/obese children tend to have fewer unhealthy drinks and snacks available.

Households with Overweight/Obese Children Most Likely to Have Strict Rules for Eating



Source: SymphonyIRI Childhood Obesity Survey Apr 2010, Shoppers n=1000

Families with overweight/obese children tend to be tighter on eating and snacking

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## Perceptions about Obesity

Perceptions of obesity differ among the two types of households. In some households with overweight/obese children, a certain percentage appear to discount the negative health effects of obesity, while in others, there is a view that weighing more than other children is a sign of affluence or social status.

*Comment from "Person on the Street" Video: "Childhood obesity is a huge problem. Kids are overweight from lack of exercise. There's no PE, no recess."*

## Marketing Influences

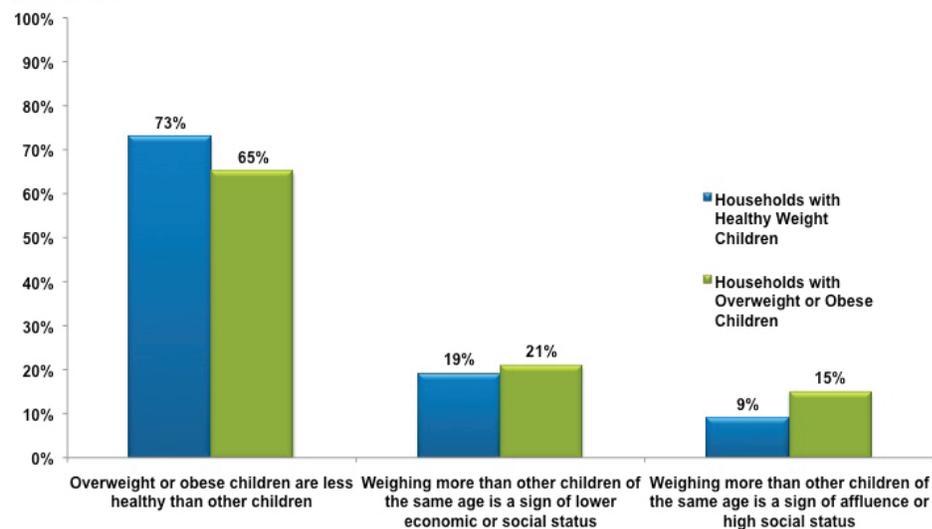
With approximately two-thirds of marketing influences, both types of families react similarly. Among the remaining one-third of influences, families with overweight/obese children are:

- More likely to react to online information, such as blogs, e-mails and websites
- Less inclined to be influenced by coupons in the home
- Influenced by previous usage or trust of a brand
- Less price sensitive
- Less inclined to react to product label/packaging
- Less likely to react to in-store fliers as well as signs and displays in the stores

It is likely that the higher level of online activity translates to families with overweight/obese children conducting more market research at home online and less through traditional coupons and in-store promotions.

## Each Group Has Very Different Views of Obesity

**Social Views of Childhood Obesity**  
% of Parents



Source: SymphonyIRI Childhood Obesity Survey Apr 2010. Shoppers n=1000

While the dominant views on obesity focus on health, significant pluralities tie it to either lower or higher social status.

*Comment from "Person on the Street" Video: "The manufacturers need to make more single-serving packages so people are aware how small portions are. Or, at least make the serving size more noticeable."*

## Problems Children Face Today

Parents of families with overweight/obese children appear to be slightly less concerned about taking care of their children's bodies than parents of healthy weight families. While 85 percent of healthy weight family parents are concerned about lack of exercise, just 80 percent of those in families with overweight/obese children share that belief. Similarly, 73 percent versus 68 percent are concerned about alcohol and illegal drugs, and 75 percent versus 67 percent are concerned about lack of proper nutrition.

## Parents of Overweight/Obese Kids Discount Benefits of Healthy Weight

When queried about the benefits of maintaining a healthy weight for their children, parents of families with overweight/obese children, across all responses, discounted these benefits.

Further reflecting this attitude, parents of overweight/obese children are less likely to be concerned about the risk factors associated with obesity than parents of healthy weight kids. This is especially true regarding obesity limiting performance in sports (85 percent for parents of healthy weight children versus 80 percent of parents of overweight/obese kids) and eating disorders (80 percent and 73 percent, respectively).

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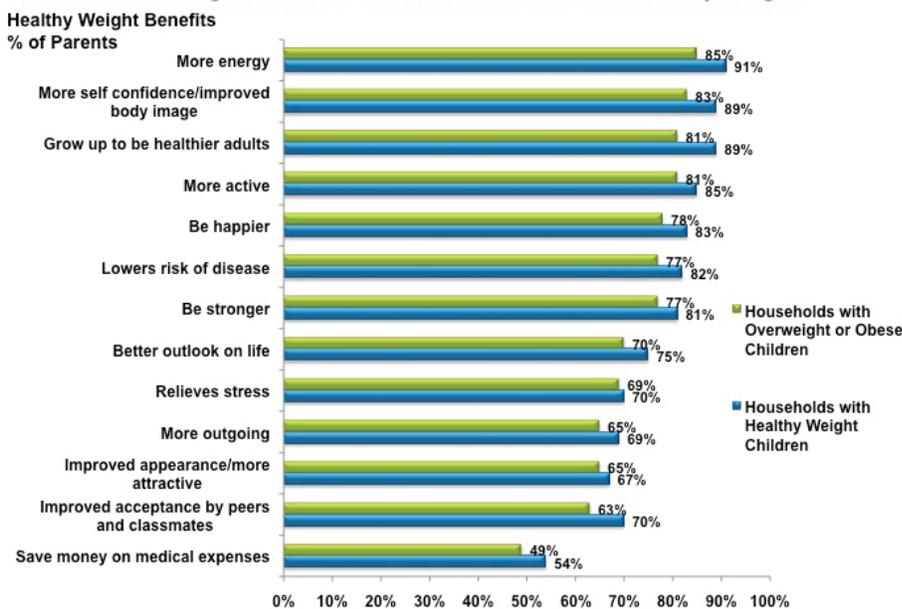
Strategies for maintaining healthy weight children also differ in a few key aspects between the two sets of parents. Both agree on a variety of activities, such as daily exercise, but parents of overweight/obese children emphasize these slightly less than parents of healthy weight children. Parents of overweight/obese children tend to focus more on teachers monitoring what children eat, counting calories and peer pressure.

*Comment from the Parent of an Overweight/Obese Teenager: "On Sunday, when we go grocery shopping, we get lunch money and keep it in a drawer, so he gets his \$5 and that's supposed to get him a nutritionally sound lunch at school. They don't have soda machines and things like that. But, he's got a license now, and even though we don't let him drive to school, his friends do. And, they go to Wendy's and Taco Bell. There's not much I can do about it."*

## Methodology

SymphonyIRI's new research "**Childhood Obesity: America in Crisis**," includes results from three research sources: original research of 1,000 families selected randomly from an independent panel that includes more than 1 million households representing a cross section of the U.S. consumer. Panelists were recruited from multiple online sources, such as banner advertisements. These families completed an online survey. Participants were then qualified by calculating BMI on height, weight and age of each of the children in the household, then sorting each household into two groups. The first included households in which all children had BMI below an index of 25 and the second included households with one or more children with a BMI over an index of 25.

### Parents of Overweight/Obese Children Discount Benefits of Healthy Weight



Source: SymphonyIRI Childhood Obesity Survey Apr 2010. Shoppers n=1000

Parents of overweight/obese children tend to not share the same emphasis on the benefits of healthy weight as do parents of healthy weight children.

SymphonyIRI also conducted three health-related focus groups, with one focused on childhood obesity. To participate in the childhood obesity focus group, the parent must have at least one child under 18 that is more than 20 percent overweight and serve as the primary grocery decision maker. The family must have at least one employed member of the household. The groups were conducted in the greater Chicago area.

The company also completed several "person on the street" interviews in Atlanta to gain qualitative information to accompany the quantitative research. To qualify, the interview participant had to display awareness about childhood obesity issues and have experience with childhood obesity in their families.

SymphonyIRI Group completed this research in March-April 2010.

## Food Marketing Institute (FMI)

conducts programs in public affairs, food safety, research, education and industry relations on behalf of its 1,500 member companies — food retailers and wholesalers — in the United States and around the world. FMI's U.S. members operate approximately 26,000 retail food stores and 14,000 pharmacies. Their combined annual sales volume of \$680 billion represents three-quarters of all retail food store sales in the United States. FMI's retail membership is composed of large multi-store chains, regional firms and independent supermarkets. Its international membership includes 200 companies from more than 50 countries. FMI's associate members include the supplier partners of its retail and wholesale members.

## About SymphonyIRI Group

SymphonyIRI group, formerly named Information Resources, Inc. ("IRI"), is the global leader in innovative solutions and services for driving revenue and profit growth in CPG, retail and healthcare companies. SymphonyIRI offers two families of solutions: core IRI solutions for market measurement and Symphony Advantage solutions for enabling new growth opportunities in marketing, sales, shopper marketing and category management. SymphonyIRI solutions uniquely combine content, analytics and technology to deliver maximum impact. SymphonyIRI helps companies create, plan and execute forward-looking, shopper-centric strategies across every level of the organization. For more information, visit [www.SymphonyIRI.com](http://www.SymphonyIRI.com).

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