2019 CEREAL FACT SHEET

Children's Food & Beverage Advertising Initiative

Since CFBAI began in 2007, its participants have increased the whole grains and positive nutrients and decreased the amount of added sugars and sodium in the cereals that they advertise to children. These cereals are a nutrientdense breakfast option, providing whole grains and under-consumed nutrients, while containing modest amounts of calories, sat fat, sodium and sugar.

Under CFBAI's Uniform Nutrition Criteria, cereals with a one-ounce serving size must provide a food group or positive nutrient and contain no more than 10 grams of total sugars per serving. This Fact Sheet summarizes the nutritional content of the 28 RTE cereals on CFBAI's September 2019 Product List.¹

Whole grains. Whole grains are the first ingredient on the label in more than 60% of the cereals on CFBAI's 2019 Product List. Almost 70% provide at least a half-serving of whole grains,² up from 20% from in 2009.

Positive nutrients. Almost all the cereals are a good source of Vitamin D and more than half are a good source of calcium (both critical for bone-building),³ nutrients that the Dietary Guidelines for Americans identify as under-consumed nutrients.⁴

Calories. All cereals contain no more than 130 calories.

Saturated fat. All cereals contain no more than 0.5 grams of saturated fat. More than 60% contain 0 grams.

Sodium. The average sodium amount for cereals on CFBAI's Product List is 157 mg. More than 90% contain 180 mg or less.

Sugars. Before CFBAI, some cereals contained as much as 15 grams of sugar. Now, more than half the cereals on the list contain 9 grams or less and none contain more than 10 grams.⁵

Cereals meeting CFBAI's criteria can contribute to a healthy diet.

RTE cereals can improve children's overall diet

quality. Compared to many non-cereal breakfast choices, RTE cereals on CFBAI's Product List provide a meaningful amount of whole grains, vitamins, minerals, and other key essential nutrients⁶ without adding excessive amounts of calories, saturated fat, sodium, or sugar. Consuming these nutrients from cereals can increase children's intake of under-consumed nutrients⁷ and nutrients of public health concern. For example, children who ate RTE cereals consumed 80% more Vitamin D and 18% more calcium than non-RTE eaters.⁸ **Children who eat RTE cereal have a lower risk of being overweight.** RTE cereal consumption has been associated with healthier body weights in children (lower rates of obesity and lower standardized BMIs) in global and U.S. studies, compared to children who skip breakfast or eat a different breakfast.⁹

1 CFBAI's annual Snapshots of food advertising on Nickelodeon and Cartoon Network has found that cereals are the most advertised category of food, although children's exposure to cereal ads declined significantly over the last 10 years (Rudd Center, Trends in Television Food Advertising to Young People: 2017 Update, May 2018).

2 The 2015-2020 Dietary Guidelines for Americans (DGA) recommend making at least half of grains whole grains. Under CFBAI's Uniform Nutrition Criteria (2011), a half serving of whole grains is 8 grams. Under the Uniform Nutrition Criteria, 2nd edition, which will be implemented January 1, 2020, a half-serving of whole grains is defined as providing at least 8 grams and meeting one of the following: have whole grains as the first ingredient, have ≥ 50% whole grains by weight of product or have ≥ 50% whole grains by weight of grains.

- 3 A "good" source contains 10 to 19% of the government-established Daily Value (DV) for a nutrient.
- 4 The DGA identify calcium and Vitamin D as nutrients of public health concern (2015-2020 DGA at 60).

5 With implementation of FDA's new Nutrition Facts Panel (NFP) in January 2020, nutrition labels for the first time must include the amount of "added sugars." Also, in January 2020, CFBAI will implement revised nutrition criteria, which set an "added sugars," rather than "total sugar" limit (Uniform Nutrition Criteria, 2nd ed.) Although the reference unit for CFBAI's Cereal category has not changed (labeled serving size or "LSS"), FDA's Reference Amount Customarily Consumed (RACC) that is the basis for the LSS will increase by 33%. And, because the LSS will significantly increase, there will be a proportionate increase in all labeled nutrients, included added sugars and sodium. The added sugars limit under CFBAI's Revised Nutrition Criteria will proportionately increase to 12 g per LSS. On a per ounce basis, the 12 g limit represents a 10% decrease from the 2011 Criteria. The sodium limit under the Revised Criteria, however, remains the same despite the larger RACC.

6 Fortified cereals contribute essential nutrients such as Vitamin A, thiamin, niacin, folic acid, calcium, phosphorous, magnesium, and/or potassium.

- 7 Calcium, fiber, potassium, iron, magnesium, choline, Vitamins A, C, D, and E are under-consumed relative to the Estimated Average Requirement (EAR) level. Potassium and fiber are under-consumed relative to the Adequate Intake (AI) level.
- 8 National Health and Nutrition Examination Survey (NHANES), 2015-2016.

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⁹ A.M. Albertson et al., The association between ready-to-eat cereal consumption, nutrient intakes of the Canadian population 12 years and older and body weight measures: results from nationally representative Canadian population. J Food Research (2013); 2(3):11-21; De la Hunty A., et al., Does regular breakfast cereal consumption help children and adolescents stay slimmer? A systematic review and meta-analysis, OBESITY FACTS (2013); 6:70-85; Michels N et al. European adolescent ready-to-eat cereal (RTEC) consumers have a healthier dietary intake and body composition compared with non-RTEC consumers. EUR J NUTR (2015); 54: 653-664; Priebe MG, McMonagle JR. Effects of ready-to-eat cereals on key nutritional and health outcomes: a systematic review. PLoS ONE (2016); 11(10): e164931; Williams PG. The benefits of breakfast cereal consumption: a systematic review of the evidence base. Advances in Nutrition (2014); 5: 636S-673S.