

White House Childhood Obesity Task Force’s “Action Plan” for “Solving the Problem of Childhood Obesity Within a Generation”: Key Areas of Focus for the Conventional Food and Beverage Industry

On May 11, 2010, the White House Childhood Obesity Task Force submitted a report to President Obama titled, “Solving the Problem of Childhood Obesity Within A Generation.”

The report was submitted in response to President Obama’s February 9, 2010 Memorandum Establishing a Task Force on Obesity (“Memorandum”). The memorandum created “a Task Force on Childhood Obesity (Task Force) to develop an interagency action plan to solve the problem of obesity among our Nation’s children within a generation,” and required that, within 90 days, the Task Force “develop and submit to the President a comprehensive interagency plan that,” among other things, “details a coordinated strategy by executive departments and agencies to meet the objectives of the Task Force and identifies areas for reform ... both across the Federal Government and between other public or nongovernmental actors.”

Twelve federal agencies participate actively in the Task Force, including the Departments of Agriculture, Defense, Education, Health and Human Services, Housing and Urban Development, Interior, Justice, and Transportation, as well as the Corporation for National and Community Service, the Environmental

Protection Agency, the Federal Communications Commission, and the Federal Trade Commission. The Task Force also “received more than 2,500 public comments with specific and creative suggestions” for combating the obesity epidemic.

The recommendations in the Task Force report “focus on the priority areas set forth in the Memorandum, which also form the pillars of the First Lady’s Let’s Move! Campaign: (1) empowering parents and caregivers; (2) providing healthy foods in schools; (3) improving access to healthy, affordable foods; and (4) increasing physical activity.”¹ The Report also includes “a set of recommendations for actions that can be taken very early in a child’s life, when the risk of obesity first emerges.”²

The Task Force report reinforces the authoritative public health recommendations that have developed in the United States since 2001, when Former Surgeon General David Satcher issued the nation’s “Call to Action To Prevent and Decrease Overweight and Obesity”, including recommendations made in the Institute of Medicine’s reports entitled, “Action Plan for Obesity Prevention” (2005) and “Food Marketing to Children and Youth: Threat or

¹ Letter to the President from Melody Barnes, Chair of the Task Force on Childhood Obesity and Director of the Domestic Policy Council.

² Id.

Opportunity?” (2005). The Task Force report elaborates upon previous recommendations aimed at fostering a healthy environment for children at school and elsewhere, and extends the range of specific public health intervention strategies considered to include regulation of obesogenic chemical exposures, front-of-package and menu labeling, and various economic incentives (taxes, subsidies, licensing standards) to encourage the marketing of food products that support dietary patterns that meet U.S. Dietary Guidelines standards. In addition, the Task Force report recommends “concrete actionable benchmarks” for marking progress and determining success. For example, the Task Force “defines solving the problem of childhood obesity in a generation as returning to a childhood obesity rate of just 5 percent by 2030, which was the rate before childhood obesity first began to rise in the late 1970s.”³

In the coming year alone, federal agencies are expected to implement the following Task Force recommendations:

- **HHS** (which includes FDA) will release new guidance for standards for physical activity and nutrition in child care settings, and help consumers make informed choices at restaurants and grocery stores, by getting calorie counts onto menus and by working with the food and beverage industry to develop a clear, standard “front of pack” food label;
- **USDA** will update the Dietary Guidelines and Food Pyramid to provide parents and caregivers with helpful information about nutrition, and work with Congress to pass a child nutrition reauthorization bill that improves food in schools;
- **FTC** will continue monitoring how food is marketed to children, with a follow-up study to its 2008 report on industry practices;
- **USDA, Treasury, and HHS** will work with Congress to bring grocery stores and other healthy food retailers to underserved areas by supporting more than \$400 million in investments in a Healthy Food Financing Initiative;
- **DOT** and **EPA** will promote walking and biking to school, with a new best practices guide from the DOT-funded National Center for Safe Routes to School and new proposed voluntary “school sitting” guidelines from EPA;
- Federal agencies will also make funds available to local communities, including \$25 million from **HHS** to support obesity prevention and screening services for children, and \$35 million in physical education program grants to schools from the **Department of Education**, which will also be working with Congress to create a Successful, Safe, and Healthy Students initiative as part of a reauthorized Elementary and Secondary Education Act.⁴

³ The White House, Office of the Press Secretary, Press Release: “Childhood Obesity Task Force Unveils Action Plan: Solving the Problem of Childhood Obesity Within a Generation,” May 11, 2010.

⁴ Id.

KEY RECOMMENDATIONS AND THEIR IMPLICATIONS

The 120 page report recommends action by the federal government, states, localities, nonprofits, food and beverage companies, and the media and entertainment industry. For your convenience, we have highlighted key recommendations expected to impact the conventional food and beverage industry, below. The overview includes excerpts of key findings, recommendations, and related benchmarks established by the Task Force for assessing compliance with the reports recommendations and is organized, by chapter, in alignment with the Task Force Report.

I. EARLY CHILDHOOD

Chemical Exposures:

Key Findings:

“In addition to fetal ‘over-nutrition’ or ‘under-nutrition,’ it is possible that exposure to endocrine disrupting chemicals (EDCs) or other chemicals plays a role in the development of diabetes and childhood obesity. Some scientists have coined the term ‘obesogens’ for chemicals they believe may promote weight gain and obesity. Such chemicals may promote obesity by increasing the number of fat cells, changing the amount of calories burned at rest, altering energy balance, and altering the body’s mechanisms for appetite and safety. ...Government should work closely with industries to translate...emerging science into programs that supports product reformulation (for example, of plastic containers) as appropriate.”

Key Recommendations:

Recommendation 1.7: “Federal and State agencies conducting health research should prioritize research into the effects of possibly obesogenic chemicals.”

This recommendation could impact food additive and other product safety regulations for substances, such as BPA.

Key Benchmarks of Success:

“A stronger knowledge of chemical exposures that may be related to obesity.”

Early Care and Education (Pre-School Nutrition Standards)

Key Findings:

“More than 3.5 million children under age five are cared for in child care centers, and many more are cared for through less formal arrangements while a parent works.... Early childhood settings, including both child care centers and informal care, present a tremendous opportunity to prevent obesity by making an impact at a pivotal phase in children’s lives. . . [R]esearch has shown that public programs can improve the nutritional quality of the food consumed in child care settings. Children in early childhood settings who are served by USDA’s Child and Adult Care Food Program (CAFP), eat healthier food than children who bring food and snacks from home.”

Key Recommendations:

Recommendation 1.10: “The Federal government, incorporating input from health care providers and other stakeholders, should provide **clear, actionable guidance** to states, providers, and families on how

to increase physical activity, **increase nutrition**, and reduce screen time in early childcare settings.”

Recommendation 1.11: “States should be encouraged to **strengthen licensing standards** and Quality Rating and Improvements Systems to support good program practices **regarding nutrition**, physical activity, and screen time in early education and child care settings.”

Recommendation 1.12: “The Federal government should look for opportunities in all early childhood programs it funds (such as the Child and Adult Care Food Program at USDA, the Child Care and Development block Grant, Head Start, military child care, and Federal employee child care) to **base policies and practices on current scientific evidence related to child nutrition** and physical activity and seek to improve access to these programs.”

These recommendations suggest that standards may be established outlining a nutritional profile for foods distributed in “early care”/“pre-school” settings.

Key Benchmarks of Success:

“An increased number of states will adopt more stringent licensing standards that include nutrition, physical activity, and screen time that align for *Caring for our Children: National Health and Safety Performance Standards, 3rd edition* and coordinate across systems with Pre-K, Head Start, and child care.”

II. EMPOWERING PARENTS AND CAREGIVERS

Making Nutrition Information Useful (Food Package and Menu Labeling)

Key Findings:

“Parents and children need accurate, clear and consistent information on food packages in order to choose healthier foods. At present, the main source of consistent information is the detailed Nutrition Facts panel on food packages, designed by the Food and Drug Administration (FDA) pursuant to the Nutrition Labeling Education Act of 1990. . . . Despite its value and importance, the Nutrition Facts panel has been criticized as unduly detailed and complex. To make it easier for consumers to get information at a quick glance, FDA is currently investigating options for a standard, front-of-pack label. FDA is also working to update the Nutrition Facts panel based on new scientific information and consumer research. Serving sizes also play an important role... FDA is currently analyzing comments, and food intake survey data to determine steps to take and how changes in serving size will impact updates to the Nutrition Facts panel.”

“The recently-enacted Affordable Care Act requires display of calorie counts by chain restaurants with 20 or more locations and vending machine operators with 20 or more machines. Chain restaurants must also make available for consumers, upon request, more detailed nutritional information such as sodium and sugars, and the menu or menu board must also include a clear statement indicating the availability of this information.”

Key Recommendations:

Recommendation 2.1: “The Federal government, working with local communities, should disseminate information about the 2010 Dietary Guidelines for Americans through simple, easily actionable messages for consumers and a next generation Food Pyramid.... Updated Dietary Guidelines...should include simple advice and messages for consumers.” (e.g. “drink water instead of soda or juice with added sugar,” “avoid foods that consist mainly of added sugars or fats,” “eat more fruits, vegetables, whole grains, and lean proteins”; “choose low-fat or fat-free dairy products (such as 1% or skim milk); and “when possible, eat dinner together as a family.”)

Recommendation 2.2: “The FDA and USDA’s Food Safety and Inspection Service should collaborate with the food and beverage industry to develop and implement a standard system of nutrition labeling for the front of packages...based on scientific research that assesses the formats people will notice, understand, and use to make healthy choices. To complement this effort, FDA should address portion size and continue its work to prevent misleading claims on food packages.”

Recommendation 2.4: “Restaurants should consider their portion sizes, improve children’s menus, and make healthy options the default choice whenever possible.”

Key Benchmarks of Success:

“An increase in the number of parents who are better able to notice, understand, and use food labels. FDA collects data on use of nutrition labels by consumers in households with children through the Health and Diet

Survey and will be looking for a steady increase in the percentage using the labels.”

“In addition...it will be critically important to monitor the overall health of children’s diets and make steady progress toward improvements such as reducing added sugars and increasing fruit and vegetable consumption.”

Food Marketing**Key Findings:**

“An examination of the food and beverage industry’s efforts to voluntarily limit marketing to children suggests the following conditions are necessary for meaningful improvements to occur through industry-directed initiatives:

First self-regulatory groups must adopt a uniform set of nutritional standards....The freedom of the [Children Food and Beverage Advertising Initiative] CFBAI members to define what constitutes a “better-for-you” food product has resulted in variations of the nutritional criteria used from one company to the next.

...Second, any framework for voluntary reform must provide a level competitive playing field within the industry...Media companies can directly control the type and volume of advertisements shown on their platforms. Accordingly, they can impose limits on advertising.... Media companies’ use of uniform nutritional criteria would facilitate these efforts.

...Third, to create a meaningful impact, self-regulation must apply to all forms of marketing cross multiple platforms.

...Finally, effective voluntary reform will only occur if companies are presented with sufficient reasons to comply. The prospect of regulation or legislation has often served as a catalyst for driving meaningful reform in other industries and may do so in the context of food marketing as well.”

Key Recommendations:

Recommendation 2.5: “**The food and beverage industry should extend its self-regulatory program to cover all forms of marketing to children**, and food retailers should avoid in-store marketing that promotes unhealthy products to children....Currently, the CFBAI guidelines...do not apply to in-store advertising, product packaging, and many other forms of marketing. For truly meaningful and effective self-regulation, all forms of child-directed marketing should be covered.”

Recommendation 2.6: “All **media and entertainment companies should limit the licensing of their popular characters to food and beverage products that are healthy** and consistent with science-based nutrition standards.”

Recommendation 2.7: “The **food and beverage industry and the media and entertainment industry should jointly adopt meaningful, uniform nutrition standards for marketing food and beverages to children**, as well as a uniform standard for what constitutes marketing to children. All nutrition standards should be based on the Dietary Guidelines. As part of this effort, the food and beverage industry should develop aggressive targets and metrics for increasing the proportion of advertisements for healthy foods and beverages across all marketing

channels and platforms. The media and entertainment industry should develop uniform guidelines to ensure that a higher proportion of advertisements shown on their network and platforms are for healthy foods and beverages.”

Recommendation 2.8: “...The **food and beverage industry and the media and entertainment industry should create on-air labeling system that helps consumers easily distinguish between advertising for healthy and unhealthy foods**. The FCC could also urge these industries to create innovative technologies that allow parents to block unhealthy food and beverage advertising from all programming. The nutritional standards should be uniform and based on the Dietary Guidelines.”

Recommendation 2.9: “If voluntary efforts to limit marketing of less healthy foods and beverages to children do not yield substantial results, the FCC could consider revisiting and modernizing rules on commercial time during children’s programming.”

Key Benchmarks of Success:

“A substantial yearly increase in the proportion of healthy food and beverage advertisements targeting children such that, within three years, the majority of food and beverage advertisements directed to children promote healthy foods.”

“A substantial yearly decrease in the use of licensed characters to promote foods and beverages that are not healthy such that, within three years, licensed characters are used only to promote healthy foods and beverages.”

“To measure progress, data-driven studies are needed to evaluate the nutritional content of foods advertised to children. The FTC’s follow-up study, expected in 2011, will explore this issue, as well as shifts in consumption that have occurred following the implementation of industry self-regulation.”

“If industries and government begin implementing recommendations immediately, meaningful progress could be achieved in three years.”

III. PROVIDING HEALTHY FOOD IN SCHOOLS

Quality of School Meals

Key Findings:

“The meals served through the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) are the main nutrition intervention in elementary and secondary schools, and are a substantial part of the diets of many school children. For schools to contribute effectively to reshaping eating behaviors, the meals offered at schools must model healthful choices and improve healthful dietary intakes.”

Key Recommendations:

Recommendation 3.1: “Update Federal nutritional standards for school meals and improve the nutritional quality of USDA commodities provided to schools. USDA should issue revised meal pattern requirements for the NSLP and SBP based on the Institute of Medicine’s recommendations for standards that conform to the 2005 Dietary Guidelines for Americans... In recent years, USDA has made great improvements in the nutritional profile of foods that it gives to schools through its commodity support programs by reducing fat, sodium, and added sugars in many

of its offerings. USDA should continue to seek and implement more improvements from commodity suppliers and reprocessors, and ensure that ordering and distribution systems favor school foods that meet the updated standards.”

Recommendation 3.2: “Increase resources for school meals. Improving meals requires an investment in better foods, as well as modernized preparation and service equipment. Costs for meal programs are shared by Federal, Tribal and state governments and families of participating children, and they each have a role in supporting meal improvements....**School food service companies and other suppliers should constantly seek ways to improve the nutritional quality of the food they provide without increasing prices.**”

Recommendation 3.6: “USDA should work to connect school meals programs to local growers, and use **farm-to-school programs**, where possible, to incorporate more fresh, appealing food in school meals.”

Recommendation 3.7: “Schools should be encouraged to make improvements to their school meal programs through the HealthierUS Schools Challenge in advance of updated Federal standards.”

Key Benchmarks of Success:

“Double the number of schools that meet the “HealthierUS School Challenge” goal by June 2011, and add another thousand schools in each of the following two years.”

“All elementary and secondary schools offering meal options that meet standards for total fat and saturated

fat by 2015. This can be measured by the USDA-commissioned School Nutrition Dietary Assessment Study. Assuming funds continue to be made available for this survey on a regular five year schedule, data on school year 2014-15 would be published in early 2017.”

Other Foods in Schools

Key Findings:

“Food offered in addition to and in completion with the meal program often do not contribute to a good diet. Such foods can be sold in the cafeteria, snack bars, vending machines, or other venues.”

“Many schools offer foods in vending and snack bars that may undermine more balanced offerings at meal time. Foods commonly available in these venues include cookies, crackers, pastries, and other high-fat baked goods, as well as salty snacks and sport drinks.”

“In too many schools, such foods, facilitate poor nutritional choices for students, and accustom children to poor dietary practices that may ultimately contribute to obesity.”

Key Recommendations:

Recommendation 3.8: “Increase the alignment of foods sold at school, including in the a la carte lines and vending machines, with the Dietary Guidelines.”

Recommendation 3.9: “**Food companies should be encouraged to develop new products and reformulate existing products so they meet nutritional standards based on the Dietary Guidelines and appeal to children.** Food manufacturers and marketers have a critical role to play in meeting new standards, and have already shown an

ability to adapt their products to appeal to more nutrition-conscious consumers over the past several years. These industries should be encouraged to continue to use their energy and ingenuity to develop foods that schools can offer within and outside of the school meals programs. These foods should support healthy diets and offer the taste and convenience needed to appeal to students. For example, food companies should be encouraged to:

- offer whole grain-rich bread and cereal products such as sandwich rolls and pastas;
- reformulate entrees, sauces, and condiments to contain less sodium, while incorporating alternative flavorings and seasonings to maintain palatability; and
- reduce the high levels of added sugars in many flavored milks and yogurts.”

Key Benchmarks of Success:

“Assuming new Federal standards for nutritional quality of all foods in schools are in effect by 2013, schools should achieve full substantive compliance by that date. In the meantime, progress can be measured by an increase in the number of schools meeting the HealthierUS Challenge... “Substantive compliance” is meant to denote full consistency between all foods sold in school and Federal standards; any non-compliant schools should be working on USDA-approved corrective actions to achieve substantive compliance.”

Food-related Factors in School Environment

Key Findings:

“Many facets of the school setting can affect children’s dietary choices.... In too many schools, the con-

nection between service of meals and other foods at school and the responsibility to educate, enable, and motivate healthful nutrition habits is weak or non-existent.”

Key Recommendations:

Recommendation 3.14: “Schools should be encouraged to consider the impact of food marketing on education. Food marketing can occur at school in a number of forms, including on scoreboards, food display cases, and vending machines; in student publications, educational materials provided “free” by food firms, branded fundraisers and food reward programs; and even market research conducted on campus. Schools should be encouraged to limit school-based marketing that contributes to poor health. Private companies should be encouraged to voluntarily shift towards the promotion of healthy food and away from advertising that promotes unhealthy products.”

Key Benchmarks of Success:

“Increase in the number of school districts that provide a healthful school environment.”

Food in Other Institutions (e.g., Afterschool Programs, Juvenile Detention, and Correctional Settings)

Key Findings:

“Other institutions that play a significant role in the lives of children and young adults do not consistently support healthful nutrition behaviors.”

Key Recommendations:

Recommendation 3.16: “Promote good nutrition through after school programs. Afterschool programs face distinct circumstances and challenges beyond those that impact children and young people during

the school day. States and communities can develop standards and strategies tailored for afterschool programs by building on and integrating the afterschool snack components of USDA’s Child Nutrition programs. The Federal government could develop and offer model approaches and resources to inform these efforts.”

Recommendation 3.17: “Promote healthy behaviors in juvenile correctional and related facilities. States and localities should be encouraged to ensure that juvenile justice facilities use nutrition programs available to them, such as USDA’s school meal programs.”

Key Benchmarks of Success:

“As the area is explored further, it may be appropriate to develop benchmarks to track progress in improving nutritional outcomes in these settings.”

IV. ACCESS TO HEALTHY, AFFORDABLE FOOD

Physical Access to Healthy Food – “Food Deserts”

Key Findings:

“A number of policy interventions can lead to improved access to healthy, affordable food. Communities can bring supermarkets to underserved neighborhoods, help smaller groceries or corner stores expand their stock of healthy and affordable food, and develop other retail outlets such as farmers’ markets, public markets, cooperatives, farm stands, community-supported agriculture, and mobile vendors.”

“There are also many publicly and privately managed facilities that are frequented by children and their families, including at meal times, such as national, state, and local parks, as well as privately-run amusement parks, sport venues, and other recreational facilities for

children. These places can be considered small scale “food deserts” because meals or snacks are available for purchase but few, if any, healthy options are available.”

Key Recommendations:

Recommendation 4.1: Launch a multi-year, multi-agency Health Food Financing Initiative to leverage private funds to increase the availability of affordable, healthy foods in underserved urban and rural communities across the country... Such interventions include helping grocery stores, small businesses, and other retailers provide healthy food options in lower-income communities. Interventions may also include helping improve supply chains to bring fruits, vegetables, and other healthy foods from rural agricultural areas to urban stores and markets.”

Recommendation 4.3: Food distributors should be encouraged to explore ways to use their existing distribution chains and systems to bring fresh and healthy foods into underserved communities. The private supply chains that have been developed to bring healthy foods to restaurants and less healthy items to corner stores and grocery stores should be deployed to bring healthy foods to communities that lack these retail options.”

Recommendation 4.6: “Encourage publicly and privately-managed facilities that serve children, such as hospitals, after school programs, recreation centers, and parks (including national parks), to implement policies and practices, consistent with Dietary Guidelines, to promote healthy foods and beverages and reduce or eliminate the availability of calorie-dense, nutrient poor foods.”

Key Benchmarks of Success:

“Eliminate food deserts in America in seven years. To monitor progress towards this goal, USDA will estimate the number of people in low income areas more than a mile from a supermarket or large grocery store (10 miles in rural areas) every three years beginning in 2012, using demographic data from the American Community Survey and store location information from commercial sources and USDA’s directory of stores authorized to accept SNAP benefits.”

Food Pricing

Key Findings:

“Prices have a large effect on consumer choices... Technological advances have made food cheaper... But these price advantages do not extend to all types of food. Over the last 30 years, prices for fruits and vegetables increased nearly twice as fast as the price of carbonated drinks.”

“Studies suggest that if the price of a particular food increases or decreases, consumption will decrease or increase. Research has found increases in purchases of healthier foods when prices are reduced, and decreases in purchases of less healthy foods as prices increase. The potential influence of food prices on consumption necessitates consideration of the extent to which changes in farm, tax, and subsidy policies might affect consumption patterns.”

“The Institute of Medicine and others have recommended that governments implement a tax strategy to discourage consumption of foods and beverages that have minimal nutritional value as a step in the fight against childhood obesity. Based on the notion that consumers will respond to the increased food cost by

reducing their consumption, a tax could generate considerable revenue to fund obesity-fighting programs.”

Key Recommendations:

Recommendation 4.7: “Provide economic incentives to increase production of healthy foods such as fruits, vegetables, and whole grains, as well as create greater access to local and healthy food for consumers. The upcoming reauthorization of programs governed by the Food, Conservation and Energy Act of 2008 provides another opportunity to strengthen Federal farm and food policy to help meet the needs of all Americans.”

Recommendation 4.8: “Demonstrate and evaluate the effect of targeted subsidies on purchases of healthy food through nutrition assistance programs.”

Recommendation 4.9: “Analyze the effect of state and local taxes on less healthy, energy-dense foods based on nutrient content or categories with low nutritional value (such as soft drinks, candy, snack foods, and fast foods).”

Benchmarks of Success:

“By 2020, increase the availability of fruits and vegetables in the American food supply by 70%, or 450 pounds per person per year.”

Food Product Formulations

Key Findings:

“To address the obesity crisis, we must expand and accelerate efforts to reformulate products, particularly those aimed at kids, so they have less fat, salt, and sugar, and more of the nutrients children need.”

“It is easy for companies to take advantage of the human craving for sugary, fatty, salty foods by creat-

ing products that are sweeter, richer, and saltier than ever before. Doing so does not just respond to people’s natural inclinations, it also helps shape them. This is particularly dangerous for our Nation’s children, as these foods become embedded in their life-long eating habits.”

“Rather than finding creative ways to market existing products as healthy, we must develop new products proven to be healthy—products that help shape the health habits of an entire generation. Products like baby carrots and apple slices have proven appealing to children, as well as whole grains. Developing and marketing more of these products, as well as reducing sugar in items popular with children like flavored milk or yogurt, help children form healthy eating habits and ultimately, combat the obesity trend.”

Key Recommendations:

Recommendation 4.10: “The food, beverage, and restaurant industries should be encouraged to use their creativity and resources to develop or reformulate more healthful foods for children and young people. Industries should be encouraged to shift product portfolios to promote new and reformulated child-oriented foods and beverages that are substantially lower in total calories, fats, salt, and added sugars, and higher in nutrient content. This should be informed by research about which products are favored by children, and in particular, by children at high risk for obesity. Restaurants should be encouraged to expand and actively promote healthier food, beverage, and meal options for children, and be attentive to the effects of plate and portion size.”

Key Benchmarks of Success:

“Increase new product introductions that are consistent with dietary recommendations and substantially lower in total calories, fat, salt, and added sugars. Proprietary data sources can be used to monitor the number and percent of annual product introductions with healthier formulations, such as low fat, no trans fat, low or no sodium, low or no sugar, added calcium, or reduced calories per serving. Over time, it should be possible to monitor consumer purchases of these new product introductions to determine whether they have become a larger share of purchase and intake, using commercial data.”

Click here for [more information regarding the Task Force](#).

KELLEY DRYE & WARREN LLP

Kelley Drye’s team of [Food and Drug](#) lawyers strives to integrate our clients’ business strategies with FDA compliance and to help resolve regulatory enforcement matters when they arise. Working side-by-side with business development and marketing professionals, we provide comprehensive regulatory counseling and assist in developing products, labels, and promotional materials that achieve our clients’ goals without running afoul of regulatory requirements. With close knowledge of FDA’s enforcement priorities and deep experience with the FTC’s regulation of advertising, our team can provide comprehensive legal advice with an eye towards giving clients a competitive edge.

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