

# Targeted Marketing and Public Health

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## Abstract

Targeted marketing techniques, which identify consumers who share common needs or characteristics and position products or services to appeal to and reach these consumers, are now the core of all marketing and facilitate its effectiveness. However, targeted marketing, particularly of products with proven or potential adverse effects (e.g., tobacco, alcohol, entertainment violence, or unhealthful foods) to consumer segments defined as vulnerable raises complex concerns for public health. It is critical that practitioners, academics, and policy makers in marketing, public health, and other fields recognize and understand targeted marketing as a specific contextual influence on the health of children and adolescents and, for different reasons, ethnic minority populations and other populations who may benefit from public health protections. For beneficial products, such understanding can foster more socially productive targeting. For potentially harmful products, understanding the nature and scope of targeted marketing influences will support identification and implementation of corrective policies.

## INTRODUCTION

The use of marketing to connect products and services with consumers has increased and expanded over recent years. However, the pervasiveness and potential influence of advertising and other forms of marketing on consumer behavior and on sociocultural processes more generally continue to generate concerns, particularly as techniques change in ways that appear to extend marketing's influence, specificity, and reach (90, 119). Digital marketing, and the ease with which marketers can obtain personal data through these methods, is one example. Another example is the advent of direct marketing to consumers of prescription drugs (102), reflecting an expansion of marketing into domains previously under the control of professionals. Targeted marketing is at the heart of developing an effective marketing strategy and is driven by the longstanding recognition that a one-size-fits-all approach to marketing no longer works among diverse, sophisticated consumers. Targeted marketing refers to the identification of a group of people who share common needs or characteristics that an organization decides to serve (73). Although targeted marketing often refers to commercial activities, government agencies and nonprofit organizations, including public health organizations, also use targeted marketing (93), usually under the rubric of social marketing (45).

Public health concerns about targeted marketing focus on the targeting of products with potentially adverse effects (e.g., tobacco, alcohol, or entertainment violence), especially in relation to consumer segments defined as vulnerable or particularly likely to be disadvantaged by the effects of product consumption (91, 104, 120). This concern also applies to marketing of foods and beverages that may cause harm by increasing the risk of obesity and other chronic diseases (6, 101). Population subgroups considered vulnerable may include children or adolescents at certain ages, women, the elderly, ethnic minorities, or low-income populations (88, 120). These groups may be perceived as vulnerable because of (*a*) their perceived

susceptibility to the marketing techniques (e.g., inability to distinguish advertising from the entertainment in which it is embedded) or (*b*) a particular susceptibility to harm based on product use (e.g., given a disproportionate burden of product-related disease).

Meeting the challenges posed by these targeted marketing issues requires understanding how targeting works and the ways in which consumers respond, the nature of evidence available to establish that targeting causes harm, and considerations for taking corrective actions when warranted. This article provides a foundation for such understanding and identifies key challenges and knowledge gaps that must be addressed to inform related policy and practices. We provide specific, complementary examples from evidence related to the products mentioned above (i.e., tobacco, alcohol, entertainment violence, and foods and beverages) when marketed to young people or when marketed to U.S. ethnic minority populations as an example of an adult population with perceived marketplace vulnerability. We limit the focus to commercial marketing, although different types of public health concerns can also arise with respect to the potentially harmful effects or unintended adverse consequences of non-commercial targeted marketing (9, 76). Policy issues are discussed from both U.S. and global perspectives.

## THE TARGETED MARKETING PROCESS

### Background

Marketing as a formal process has existed for more than 100 years. The basic process involves analyzing marketing opportunities, developing strategies, planning programs, and managing marketing efforts (72). The general aim is to create perceptions of value among consumers to prompt voluntary exchanges, e.g., product acceptance and purchase. Techniques involve segmentation, targeting, and positioning, strategies that facilitate maximum effectiveness

with specific population subgroups that are defined and characterized by consumer research findings. Although much of the dialogue about marketing relates to advertising (promotion), the basic strategy that results from the targeted marketing process is implemented by integrating several marketing tools, the four Ps: product, place, promotion, and price, which together comprise the marketing mix. Products include tangible goods, services, and ideas that are offered to a market to satisfy a want or a need (71). Promotion refers to persuasive communications that are used to express product access and availability, features and benefits, and pricing strategies. These include advertising, sales promotions, direct mail, promotional Web sites, public relations, free food samples, special events, and product placement. Place refers to how products are made accessible to target consumers and the quality and convenience of the available products. Price refers to the cost that is exchanged for the product.

The beginnings of targeting can be traced back to the 1920s, on the basis of research indicating that men and women read different parts of the newspaper (83). Targeted marketing is now the essence of modern marketing (71) and has supplanted the notion of mass marketing. Targeting helps marketers compete in a climate of product proliferation and changing economic conditions. Targeted marketing differs from public health tailoring, which involves personalization strategies designed to reach one specific person on the basis of an individual assessment (57, 75). Nonetheless, both strategies are based on the assumption that customization, whether by group (targeting) or person (tailoring), will enhance relevance and response to communications.

### **Segmentation, Targeting, and Positioning**

The backbone of targeted marketing is segmentation, whereby groups of potential customers are divided into groups or segments that have different purchase-related behaviors. The resulting market segments are composed

of consumers who share common needs, characteristics, and/or behavior and are expected to respond similarly to marketing activities. Segmentation criteria encompass variables pertinent to product purchase that may lead people to respond similarly to marketing efforts. These include demographics (e.g., age, race/ethnicity, gender), consumer behavior (e.g., light versus heavy product users), psychographics (e.g., lifestyle, personality characteristics), geographic location (e.g., neighborhood, region), or other variables relevant to the marketed product.

Key features of the targeted marketing process are a company's evaluation of the attractiveness of the various segments with regard to the company's own strengths and capabilities and the subsequent decision about the segment(s) on which they will focus. From a commercial perspective, the goal is to target one or more consumer segments in ways that provide companies with a sustainable competitive advantage relative to alternative products. These alternative and competing products, i.e., competitors, are alternative solutions to the same consumer needs and may be different brands of the same product or different products altogether.

After a company decides which consumer segments to target, they determine their product positioning. A product's position is the place the product occupies in the consumer's mind relative to competing products (72) and is typically built on specific company advantages. Typical positioning strategies may include lowest priced, best quality, or greatest value. So, for example, a company that can make products at a lower cost than competitors might pursue the lowest cost positioning strategy. Recognition of this aspect of the process seems critical from a public health perspective because it is at this step that particular products are actually targeted to particular segments (some of which are more vulnerable to harm) and where considerations of potential harm or benefit might be weighed.

Activities used to reach target populations selectively may involve some or all the four Ps. Products or their packaging may be

designed to meet the preferences, needs, or social or cultural aspirations of a particular segment (e.g., children and adolescents or members of a particular ethnic group), distributed in settings frequented by the targeted consumers (e.g., schools or ethnic communities), promoted through channels known to reach the targeted consumers (e.g., children's television programs, in schools or in ethnic media or neighborhoods), and priced to be affordable to the targeted consumers in the particular segment, or a complementary combination of these strategies.

## CONSUMER RESPONSES TO TARGETED MARKETING

### Perceived Similarity and Cultural Congruence

Targeted marketing is based on the notion that if you speak to consumers in a way that resonates with their attitudes, beliefs, values, or behavior, they will respond favorably to what you are marketing. Thus, marketing strategies are based on the acquired understanding of how specific segments respond to specific marketing tactics. There is no dearth of literature on how consumers respond to marketing activities, and the primary focus of research relevant for understanding consumer response to targeted marketing emphasizes the role of persuasion. Research has demonstrated that targeted consumers are more persuaded, i.e., respond more favorably to targeted advertisements, when there is homophily (112), that is, where people infer similarity between themselves and some characteristics of the advertisement, e.g., person pictured, language used, or lifestyle represented (1). Studies have shown positive effects of targeted marketing based on similarity of a variety of consumer characteristics including race and ethnicity (126), strength of ethnic identification (5), and shared cultural knowledge (11). Research has also shown that the process that underlies the positive effects of similarity on consumer response is driven by an

ad viewer's belief that he or she is the intended audience for the ad, a process known as "felt targetedness" (1).

Factors that are more personally meaningful to the consumer are more likely to prompt feelings of similarity and result in stronger positive targeted marketing effects (1). One factor identified as motivating inferences of similarity is consumer distinctiveness, which refers to the numerical rarity of a particular group of individuals (85). Distinctiveness theory predicts that an individual's distinctive traits will be more salient to him/herself than commonly held traits because such highly distinctive traits are more central to the self-concept. Consumers who belong to a numerically rare group (e.g., ethnic minorities, disabled consumers) are more likely to incorporate that group identity into their self-concept than are individuals who do not belong to such a group (49). Research suggests that viewer distinctiveness is an important moderator of source effects in a consumer behavior context and impacts consumer response to targeted marketing efforts (35, 48). For example, ethnic minority group members tend to identify more strongly with their ethnic group relative to members of ethnic majority groups. Social status differences and deficits also heighten chronic distinctiveness among lower-status groups whether a numeric minority or majority (50). Findings also demonstrate that targeted marketing operates through different mechanisms for distinctive and nondistinctive individuals. Distinctive individuals respond via perceived similarity and processes of identification, whereas nondistinctive individuals respond on the basis of a variety of factors that lead them to believe the ad is intended for them (1). Some research argues that consumers who were not traditionally targeted (e.g., ethnic minorities, immigrants, and gays and lesbians) may perceive marketer attention as group legitimating, which may also support more favorable responses to targeted marketing (48, 98).

Strength of group identification also influences the likelihood that a consumer will

perceive similarity and prompt positive targeted marketing effects. For example, ethnic minority consumers who identified more strongly with their own ethnic groups had a stronger preference for an ethnically congruent advertising spokesperson (133). Other factors also influence response to targeted ads outside of similarity. For example, children and adolescents tend to aspire upward with regard to age in their consumer behavior and tend to desire and emulate aspects of the lifestyles and behaviors of older children (137). Marketers use children's age aspiration to target their marketing strategies to youth of various ages. For example, to reach 12- to 15-year-olds, advertisers might use 17-year-old actors, who will appeal to children their own age as well as to younger children (137). In fact, the consumer response process among children is viewed as based on the child's age and cognitive development. Specifically, as children undergo cognitive and social maturation, they are viewed as responding more critically to advertising, although recent research challenges this view (67, 92).

### Persuasion Knowledge and Skepticism

Consumers' understanding of persuasion, i.e., their "persuasion knowledge," is also an important factor in how they respond to targeted marketing (39). The persuasion knowledge model (PKM) describes how an individual's persuasion knowledge evolves over time as a result of personal experience, folk wisdom, and social interactions with others. Specifically, the PKM describes how a consumer uses his/her stored knowledge about both the topic of the advertisement and the marketer to cope with persuasion attempts, similar to the way a marketer uses knowledge about the target market and the product to design the persuasive message. The PKM highlights the notion of consumer skepticism and how consumers may resist the lure of marketing efforts. Skepticism has been conceptualized as a trait that predisposes individuals to doubt the veracity of various forms of marketing communication (96). Consumer skepticism

is also produced by situational variables that direct consumer attention to the motives of marketers and thereby induce a state of skepticism (34).

Recent research extends the discussion to consider response processes beyond explicit persuasion. Some scholars emphasize how marketing often uses subtle affective associations that influence consumers through implicit (versus explicit) persuasion (92). Newer marketing methods, such as digital advertising, are designed to encourage emotionally based and unconscious choices as opposed to reasoned thoughtful decision making (90). In addition, advertising does not work solely through persuasion; rather it also serves to reinforce existing behavior patterns (60). From this perspective, advertising serves as a form of operant conditioning that maintains current behaviors. For example, use of sports sponsorships, which pair role model attributes with less healthy brands, may create the impression that consumption of such foods is consistent with good sports performance, may encourage regular purchases, and may provide reinforcement for ongoing purchases (60). Similarly, behavior viewed in entertainment (e.g., smoking in movies) may reinforce the social acceptability of specific product use patterns (131). Research that shows the role of norms in a consumer's response to his or her perceived marketing environment is also consistent with this view (52). The aforementioned discussion emphasizes consumer response to promotional marketing stimuli; a full discussion of response to products, distribution, and pricing is beyond the scope of this review. Nonetheless, these concepts are important. For example, product design may also influence a consumer's response, and products themselves may be targeted to specific audiences (7, 19). Taken together, prior research on commercial marketing suggests that marketing may serve to persuade and/or maintain and reinforce specific behaviors among particular target audiences. Whether these effects apply to noncommercial targeted marketing, and which countermarketing strategies or policies might be appropriate, is addressed later in this article.

## THE CONCEPT OF VULNERABLE CONSUMER SEGMENTS

### Children and Adolescents

Children and adolescents are an important target market from a business perspective. For example, an analysis by the U.S. Federal Trade Commission (FTC) of 2006 spending by 44 reporting companies identified ~\$1.6 billion in expenditures to promote food and beverages to children ages 2–17: \$870 million and \$1 billion were directed to children and adolescents, respectively, with about a \$300 million overlap. The \$1.6 billion in expenditures constituted ~17% of the total advertising expenditures for the relevant products and brands (32). The Institute of Medicine (IOM) report on the influence of food and beverage marketing to children took note of the marketing engagement of children as consumers as early as age 2 (reflected in requests to parents for specific foods or beverages) (84). The attractiveness of children and adolescents as market segments includes their considerable and increasing buying power, their increasing influence over parental purchases, their heavy use of media, and their ready adoption of new media technologies, such as the Internet and cell phones, which provide additional marketing channels (13, 81, 84). These newer channels have advantages for frequent, sustained, and interactive engagement of children with products and brands and are essentially unregulated at this stage, as discussed below (90). Youth-oriented marketing initiatives target both direct purchases (especially those geared to older children with more money to spend) and purchases mediated through requests to parents.

Strategies used in advertising to children are creative, diversified, and pervasive. Marketers use traditional advertising, digital marketing, licensed characters and other merchandising, customized packaging, product placement in entertainment, youth-oriented sales promotions, viral (i.e., word of mouth or person-to-person) marketing, educational sponsorship in schools, and even loyalty programs, among

other approaches (32, 54). Some tactics are in the realm of stealth marketing, that is, advertising in the form of games or contests that may work particularly well because it is not actually recognized as advertising.

Youth in ethnic minority populations are an attractive market segment within the overall child-focused market because of their distinctive demographic, psychosocial, and geographic characteristics; growth in size and economic impact; spending patterns; media use patterns; and influence on the broader youth culture, e.g., through hip-hop culture (18, 47, 53). Certain advertising strategies may be especially effective with ethnic minority youth (77). One reason is that media habits of African American and Latino children reflect more television exposure and higher use of certain digital media (e.g., cell phones) compared with non-Hispanic white children (44, 108, 111). Another reason is felt targetedness as previously described, which may render ethnically targeted advertisements particularly salient for those in the targeted segment.

Society generally agrees that children, and sometimes adolescents, are in need of protection in the marketplace given differences (relative to adults) in their ability to recognize persuasive intent and the perception that they are not as personally responsible as adults for behaviors that affect their health. Rejection of the argument sometimes made by industry organizations that children and adolescents have the right to be targeted as consumers (64) is reflected in global efforts to curb marketing of potentially harmful products to children. These efforts include initiatives by the World Health Organization to address promotions to children that fall outside of individual country jurisdictions (56, 135). The case for protecting children often draws on the ethical principle of protecting children from commercial activities during their developmental years. Issues relating to targeting by ethnicity are less straightforward and discussed in the next section with respect to adults. However, to the extent that ethnicity is the basis of concern related to vulnerability,



this also applies to ethnic minority children and adolescents.

## Adults

Whether targeted marketing to adult populations can be criticized is controversial. The attendant issues are very complex, and a full discussion of these issues is beyond the scope of this article. As previously noted, the potential vulnerability of adult consumers from a public health perspective arises with respect to targeted marketing of alcohol and tobacco or certain food and beverage products to ethnic groups who have higher-than-average rates of diseases associated with these products. For example, targeted marketing of alcohol, cigarettes, fast foods, and other high-calorie, low-nutrient foods to African Americans and Latinos, both adults and youth, is of particular concern because of the persistence of a high burden in these and other ethnic minority populations of health problems linked to these products (33, 38, 66, 77, 78, 90, 91, 97, 131). Targeted marketing of less healthful foods and beverages to African Americans has been documented with respect to the lower availability of chain supermarkets and the above-average number of fast-food restaurants in African American neighborhoods, the lower availability of healthful products within supermarkets that are present in these neighborhoods, and a higher-than-average intensity of television advertisements in black-oriented media (33, 51). More generally, ethnic minorities are an attractive target segment for marketers given increasing buying power, demographic growth, family sizes, and specific consumer behaviors (51). The basic strategies are similar to those used to reach youth but are based on ethnically resonant attitudes and values, ethnic-specific media channels, residential channels, social institutions (e.g., faith organizations), and shopping and media use patterns and may also include significant public relations and community involvement. Many soft-drink companies have had “special market” departments focused on ethnic minorities

since the 1930s (41). Also, fast-food companies have been major supporters of Black History Month (122), reflecting the common use of corporate sponsorships as a key component of integrated targeted marketing initiatives to ethnic groups.

Although targeting ethnic groups is consistent with the well-established principles of marketing, targeting ethnic groups that are considered in other respects to experience discrimination or other types of systematic social disadvantage may be viewed negatively across societies, particularly when the products are intrinsically harmful or their patterns of use are associated with harm (103, 121). Marketers may also be accused of deliberately ignoring or at least being insensitive to the importance of remediating health disparities (91). Worse, with regard to harmful products, marketers may be perceived as unethical if they appear to be targeting populations that have less political or economic agency.

The academic literature related to targeting of adults centers on one or both sides of a polemic debate. On the one hand, supporters of targeted marketing are viewed as subscribing to a competent consumer model (109, 110). This model implies “that adult consumers are generally skeptical of commercial information and recognize both its limitations and its usefulness” (109). Adult consumers, regardless of race or ethnicity, are assumed to be autonomous agents capable of making rational, self-appropriate choices, and as such, criticism of targeted marketing is deemed paternalistic, unjustifiable, and an infringement of First Amendment rights to free speech, especially absent an empirical basis on which to characterize adults as vulnerable consumers (109). The existence of skepticism among consumers is also used to argue that adult consumers cannot be viewed as vulnerable because skepticism suggests few consumers believe advertising is essentially truthful (109, 110). On the other hand, some scholars, advocates, and government officials have argued that race and ethnicity may render a consumer vulnerable in the marketplace on the basis of a disproportionate burden

of negative health effects, and thus that special consideration is necessary (2, 101, 103).

Some scholars characterize those who criticize targeted marketing as subscribing to a vulnerable consumer model, which views consumers as limited in their ability to process information relevant to their own welfare (109, 110). Against the backdrop of the default assumption of a consumer who is competent to evaluate information and make decisions in his or her best interests, any construction of a vulnerable consumer implies incompetence, an implication that is all the more objectionable when applied to societal groups such as ethnic minorities who are already subject to unfavorable stereotypes. However, the competent versus vulnerable consumer view limits the notion of consumer vulnerability to one of cognitive information-processing capabilities related to advertising. Such a view is incomplete because it ignores noncognitive functions of advertising and marketers' use of other promotions and Ps to target consumers. The aggregate marketing environment of a consumer segment may serve to constrain "free choice" (51). Research also increasingly demonstrates that marketing activities aim to foster emotionally based and unconscious choices and may also serve to reinforce existing behavior patterns (60, 92).

Recent research on consumer vulnerability notes that defining vulnerability on the basis of who experiences it lacks clarity because anyone may experience vulnerability; this also blurs the distinction between actual and perceived vulnerability (88). These scholars define vulnerability as

a state of powerlessness that arises from an imbalance in marketplace interactions or from the consumption of marketing messages and product. It occurs when control is not in individuals' hands, creating a dependency on external factors (e.g., marketers) to create fairness in the marketplace. The actual vulnerability arises from the interaction of individual states, individual characteristics and external conditions within a context where consumption goals may be hindered

and the experience affects personal and social perceptions of self. (p. 7)

Actual vulnerability is experienced by the consumer, whereas perceived vulnerability occurs when others believe a person is vulnerable, although the person may or may not be (120). The focal issue here is a consumer's actual vulnerability to disproportionately negative group outcomes related to targeted marketing.

A less central, but still important issue involves marketer intent, which is highlighted by the military metaphor of a target but which is difficult to assess in this area. For example, Moore et al. (91) note that the fact that alcohol and tobacco are differentially targeted to minorities is not sufficient evidence for attributing a racially biased motivation to marketers. They note that a key issue is whether the demand for the product preceded the promotion or whether the promotion produced the demand (91). This issue is difficult to resolve because it is impossible to document that demand precedes marketing exposure for nonessential products such as tobacco and alcohol. One could posit that the targeted marketing fostered the demand, at least in part.

## DOCUMENTING POTENTIAL HARM TO A TARGETED GROUP

In cultures where there is wide latitude in marketing activities that are allowed legally or are socially acceptable and where perceived interference in the free market is unpopular, ethical arguments may be insufficient to justify actions taken to limit potential harm. Assertions that targeting of a particular group may lead to potentially adverse health effects therefore often require supporting evidence, especially where regulation is implied and in light of likely opposition from the affected industries. Such support may include evidence that the product is harmful, evidence of excess exposure to marketing activities, and evidence that exposure influences behavior and that the influence goes beyond what the consumer can be expected to cope with. Although targeted marketing



involves a mix of marketing strategies, the complexity of this issue is most readily illustrated with respect to attempts to regulate promotional activities such as advertising. Hastings & Aitken note in their review of tobacco marketing and child smoking behavior that “establishing the influence of promotional activity is always challenging; it is extremely difficult to ‘prove’ it has specific impacts on attitudes and behaviors, and to disentangle these from other socio-cultural and individual influences such as education, parental and peer influence, culture, religion, socio-economic status, the mass media and the wider political and legislative climate” (55). Furthermore, public health efforts may be constrained by the fact that much of the requisite information about the consumer behavior in relation to the product is proprietary or very costly.

### Identifying Targeted Advertising

Ringold (109) identified three key ways targeting can be identified in the advertising context: (a) as customized advertising content that can be assessed via comparative content analyses; (b) as differential intensity of ad placement in media with different audiences, which can be measured by comparative intensity measures; and (c) by differential advertising effects that can be assessed in laboratory experiments. A key focus has been on the assessment of differential exposure of a target audience to advertising. Exposure can be conceptualized in a variety of ways, including nature and amount of advertising placement, amount of directed advertising, or frequency of advertising placement. For example, the FTC study on the marketing of violent entertainment to youth examined whether advertisements were placed on television programs that had a large share of youth viewers (30). The Center on Alcohol Marketing and Youth (CAMY) integrates data on advertising occurrence and audience data to calculate total exposure among youth 12–20 years old and adults to alcohol advertising on television and radio, in magazines, and on the Internet. However, the CAMY approach, which is based

on “measured” media does not assess exposure from unmeasured promotions, which include sponsorships, point-of-purchase promotions, and giveaways of items with brand logos, and may amount to two to three times the exposure through measured media (66). Another method is to focus on appeal of the advertisements as a measure of the potential persuasive influence, for example, the appeal of Joe Camel to youth as a possible inducement to cigarette smoking (12).

### Establishing Links to Adverse Behavior or Health Outcomes

Substantial research across substantive domains supports concerns about harmful targeted marketing to youth. For example, recent reviews identify numerous longitudinal studies that document a greater likelihood of initiation of or increases in cigarette and alcohol use in youth with greater exposure to advertising of these products (4, 82). The case regarding whether entertainment media contribute to youth violence is another longstanding public health issue of major proportions. The study by the FTC concluded that there is a high correlation between exposure to media violence and aggressive or violent behavior and that exposure to media violence is correlated with increased acceptance of others’ violent behavior and exaggerated perception of the amount of societal violence. Nonetheless, the reviewed studies were characterized as less conclusive regarding issues of causation (29).

Evidence to support assertions that exposure to marketing of high-calorie or high-sugar foods and beverages influences preferences, parental requests, and consumption of such foods was compiled by the aforementioned IOM committee to assess the potential contribution of food and beverage marketing practices to the epidemic of childhood obesity (84). Within the limitations of publicly available data, which was primarily about effects of television advertising, this IOM committee also conducted a systematic review to address questions about the influence of food and beverage

marketing on behaviors and body weights of children of different ages. Findings were strongest for influences of TV advertising on preferences, purchase requests, and short-term intakes of children ages 2–11 years. There was less evidence for an influence of TV advertising on these variables for older children (ages 12–18 years) or for effects on usual intake. The report did not attempt to portray marketing as the only influence on children's eating patterns or to provide definitive evidence causally linking children's exposure to advertising to their weight levels. Nevertheless, the findings were sufficiently convincing that food and beverage marketing were important contributors to childhood obesity to set the stage for renewed attention to the possibilities for regulation—voluntary, by industry, or mandated through federal authority if necessary—to limit children's exposure to marketing.

## **PUBLIC HEALTH COUNTERMARKETING**

Within public health, there is increased focus on modifying corporate practices that harm health (36, 37). An important public health strategy to offset the effects of commercial marketing is countermarketing. Countermarketing is the use of marketing techniques to “unsell” a product to reduce or destroy demand for the product (70). Whereas traditional examples of countermarketing have emphasized products such as tobacco, alcohol, and drugs, more recent efforts also argue for use of the strategy in gun control, food marketing, and gambling targeted to kids (8, 24, 70, 89). These countermarketing campaigns aim to reduce demand among specific target markets, most typically youth. Early tobacco countermarketing was facilitated in the late 1960s by a requirement for the tobacco industry to provide free time for antismoking advertising when they aired paid cigarette advertising (63). National antitobacco advertisements were eliminated in 1970, returning in 2000 with the launch of the national Truth campaign by the American Legacy Foundation

following several state-funded countermarketing campaigns (63).

Research suggests that public health countermarketing efforts can be an effective strategy to reduce and prevent the use of health-damaging products. On the basis of the success of several campaigns, the Centers for Disease Control and Prevention (CDC) recommended that a comprehensive tobacco control program include countermarketing (17). Tobacco countermarketing efforts have been effective in the prevention of smoking among youth, the Truth campaign in particular. The Truth campaign marketed an antismoking message based on exposing tobacco industry marketing practices designed to resonate with youths' need for independence and individuality (27). The Truth message was marketed like a commercial brand designed to reach youths most at risk of smoking and also included components to reinforce its appeal to African Americans, Hispanics, and Asians (27). Evaluation of the campaign showed that it influenced attitudes toward the tobacco industry and tobacco use and significantly contributed to a decline in smoking prevalence among youth (26–28, 95). Furthermore, a cost-utility analysis showed that the campaign was cost-effective because it both recouped its cost and averted significant future medical costs (61).

However, countermarketing has not been successful in other domains and has even contributed to boomerang effects, increasing positive attitudes toward alcohol and illicit drugs among youth (3, 62). More generally, commercial marketers face few countermarketing campaigns relative to the numerous counterhealth marketing campaigns faced by public health. Research worldwide has identified strategies used by the industry to undermine countermarketing efforts, including (less effective) industry-sponsored prevention programs, strategies to prevent campaign development or to limit the target audience, and partnerships with educational organizations and government health agencies (63, 80, 114). Furthermore, given product and industry differences, the successes seen in tobacco countermarketing

may not be readily transferrable to other products such as foods and beverages. Public health strategies increasingly encourage countermarketing campaigns to enable people to resist food marketing manipulation (24, 38). However, whereas cigarettes are harmful and it is illegal to sell them to minors, this is not the case for foods and nonalcoholic beverages. Furthermore, the types of food and beverage products that may be the least healthy, e.g., fried foods, signature foods of fast-food restaurants, snack foods, and soft drinks, are good tasting, popular, convenient, affordable, socially valued, and socially normative. Given that countermarketing aims to designate a product as “intrinsically unwholesome” (70), the challenges of countermarketing for food and beverage products are further complicated. Research on countermarketing is needed to better understand strategies to reduce tobacco use disparities (25), as well as for other products.

## PUBLIC POLICY ISSUES

The fundamental goal of marketing-related public policy is to obtain a fair and efficient marketplace for both marketers and consumers. The system includes three primary sets of actors: consumers, industry, and government entities, whose policy decisions are meant to facilitate fair (e.g., truth in advertising) and efficient market functioning (129). Wilkie (128) describes how these key actors have different orientations. Consumers’ perspectives on what is fair and efficient focus on their personal transactions and efforts to obtain the best product among competing offerings. In contrast, industry has a more aggregate view of fairness and efficiency that emphasizes the products that companies make and how they can influence consumers to buy their products. The public policy view focuses both on consumers and on marketers at an aggregate level across all products and services. Policy makers take a neutral view toward product choice, emphasizing that the setting within which consumption choices are made must be fair and not deceptive (56).

The public health and public policy challenges related to targeted marketing are clearest with respect to the marketing of regulated or restricted products such as alcohol, tobacco, and entertainment violence (37, 65, 109) to children and adolescents. The challenges are also increasingly evident in the food and beverage marketing arena because of concerns about childhood obesity, frequently by analogy with tobacco issues (10, 20, 56, 84, 134). Targeted marketing that may perpetuate or cause health-related harm to ethnic groups merits no specific legal protection (101) and, to our knowledge, has apparently not been the focus of public health-related regulatory activity. The targeting of ethnic minority children and youth, for example, does not appear to have constituted a focal point for regulation over and above protections for children and adolescents in general.

Because marketing and trade are global phenomena, the policy context is also global and includes country-level, regional, and cross-border elements (15, 56, 65, 134, 135). Looking across countries, there are interesting similarities and differences in policies related to the marketing of alcohol, tobacco, entertainment violence, and less healthful foods and beverages to youth. The similarities reflect common themes in the positions taken by the different actors, the increasingly global nature and cross-border nature of the marketing activities being addressed, and the need for government intervention rather than only industry self-regulation. The sometimes striking differences in policies among countries reflect their inclination and ability (i.e., from cultural, political, and legal perspectives) to create consumer protections that vary in strength from relatively weak to extremely strong. Differences in policies are evident even in comparisons across relatively similar countries such as the United States and the United Kingdom, and also among countries within the European Union.

Marketing activities that cross borders or that relate to provisions of international trade agreements may fall within the domain of agencies such as the World Health Organization or World Trade Organization (42, 65, 134, 135).

They are also of interest to internationally focused advocacy groups such as Consumers International and the International Obesity Task Force (21, 123) and to international industry associations such as the International Chamber of Commerce (64). Trade agreements are designed to facilitate cross-border commerce and place constraints on restrictive actions that can be taken by countries, whereas public health strategies may require strong within-country and cross-border restrictions. Policy conflicts between international trade agreements and public health-oriented policies are of concern generally and with specific respect to the marketing of harmful products (42, 116–118).

Marketing activities within countries are subject to rules and regulations, issued by various agencies at national and subnational levels, of which many are designed specifically to curb marketing of harmful products to children and adolescents (100). Regulations may restrict the sales of tobacco or alcohol to minors and where and how these products can be made available or advertised. Restrictions on advertisements may address content (e.g., techniques that associate tobacco or alcohol with certain types of lifestyles or include endorsements by celebrities) or placement (e.g., scenes depicting alcohol consumption or cigarette smoking in television programs or movies). Regulations related to packaging may include requirements for warning labels or restrictions on the use of images designed to attract young people. Taxation is also used to raise prices and, thereby, discourage consumption and has been especially effective as a strategy for reducing tobacco and alcohol consumption by youth. As already noted, the regulatory context for foods and beverages is inherently much more complicated given that, unlike either tobacco or alcohol, food is essential for life, is inherently not harmful, and must be made available to the public. Efforts to limit the targeted marketing of unhealthful foods and beverages to youth require qualitative considerations related to types of food, for example, profiling of foods with respect to sugar and fat content to designate certain foods as more or less desirable than others

for regular consumption. Strategies such as taxation may be discouraged on the basis of protecting low-income consumers for whom cost is a major determinant of food access.

Agencies that are responsible for food standards, trade regulations, and communications have prominent roles in the regulation of marketing both within countries and in the international sphere. In the United States, the FTC, the primary regulatory agency governing the advertising industry, is charged with protecting consumers from deceptive or misleading advertising. The U.S. Food and Drug Administration (FDA) and the U.S. Federal Communications Commission (FCC) also have jurisdiction over certain marketing activities. In 1997, the FDA restricted tobacco advertising to children, which included a ban on all outdoor advertising within 1000 feet of schools (58). In 2009, the FDA was given broad authority to regulate the advertising of tobacco, and a key focus of the law is the reduction of targeted marketing of tobacco products to children and adolescents (43).

The U.S. Children's Online Privacy Protection Act of 1998 (15 U.S.C. 6501 et seq.) prohibits commercial Web sites targeted to children from collecting personal information from a child in violation of FTC regulations (99). However, regulations that directly address marketing through the Internet and other digital media are either absent or lag far behind those that apply to more traditional advertising channels (14, 90). These gaps in coverage have become increasingly problematic, given that most advertising budgets have shifted to nontraditional channels (15, 65); thus, a large proportion of targeted marketing is essentially unregulated even in countries that have extensive protections in place for the traditional channels and especially in developing countries where there may be major regulatory gaps overall. Also, industry observers note that tobacco companies are using social influence efforts such as "underground" parties in South Africa to target youth and circumvent the country's regulations on tobacco marketing (130).

From an industry perspective, mandatory restrictions are opposed as being unjustified on the basis of the available evidence and as violating the companies' First Amendment rights of freedom of speech. In the United States, for example, the Advertising Review Council (ARC), along with several trade associations such as the Direct Marketing Association (DMA) and the National Broadcasters Association (NBA), has adopted specific guidelines regarding targeted marketing. Self-regulation would presumably be guided by industry codes of conduct, but these may lack effectiveness owing to insufficient specificity (79). The Code of Ethics of the American Marketing Association does not provide specific guidance on targeting yet broadly discusses marketers' responsibilities for the consequences of their actions (120).

Large-scale cases in which targeted marketing has been linked to negative public health influences highlight the inherent challenges. For example, the FTC has published six reports (one original and five follow-up) that examine the marketing of violent entertainment to children. The 2000 FTC report found that industry members routinely targeted children in their marketing of violent entertainment products and that children under age 17 could purchase these products relatively easily (30). The Commission recommended that the industries prohibit targeted marketing to children, improve self-regulatory programs around product access at the retail level, and increase parental awareness of industry ratings systems. Subsequent monitoring reports all found that the industries had made progress in limiting marketing of restricted products to children, except the music recording industry, which had not significantly changed its marketing practices since the Commission's initial report. The most recent follow-up report finds that although industry practices have improved, the industries still permit the advertising of these violent entertainment products in many of the media most popular with teens, especially with regard to digital marketing (31). Furthermore, despite research showing that ethnic minority youth watched

significantly more television (and thus likely had higher exposure to violent entertainment), no special attention was placed on these groups (46).

Similar examples can be identified for the other targeted marketing issues discussed in this article relative to youth. Youth are still exposed to marketing of tobacco and alcohol (4, 16, 82) in spite of mandates or industry self-regulation programs intended to prevent this, and exposure to marketing of unhealthy food is still dependent on industry self-regulation (69, 127). In the food arena, development of principles, codes, and evidence to support statutory regulations on advertising is in the relatively early stages, although efforts are becoming more intensive within the United States and globally (21, 22, 123, 124, 134). Unlike tobacco, for which there is no health benefit from any product form (116), positive targeted food marketing strategies are possible in principle (10, 74, 127). However, skeptics assert that voluntary codes and self-regulation may be inadequate, citing precedents of tobacco companies (many of which are or have been linked to food companies) (94). Concerns are that apparent concessions may be stalling tactics or diversions for other targeted marketing strategies, including stealth tactics or use of positive promotions to increase brand recognition and loyalty that transfer to less healthful products (10, 74, 127).

## KNOWLEDGE GAPS AND CHALLENGES

The preceding discussion points out numerous challenges and areas where more knowledge is needed to understand how consumers respond to targeted marketing and the extent of harm to health that can be attributed to marketing. Both marketing and the health behaviors and outcomes of interest reflect systems that involve multiple, interrelated elements and pathways, and which pose challenges for causal attributions of harm to any single factor. These challenges apply to understanding the effects of marketing on health generally, but the



focus here is on the special concerns associated with understanding and mitigating harm from marketing to groups deemed to warrant special protection. Social concerns about targeted marketing to specific groups not only drive public interest in increased government regulation, but also encourage companies to modify their marketing activities voluntarily (115) or face consumer boycotts. As Freudenberg et al. (38) note, a clear understanding of the mechanisms or pathways by which specific corporate practices contribute to disparities could help to identify policy priorities for primary prevention.

Research is needed to increase specificity and certainty in this arena, to better articulate the ethical issues and their implications for industry and for policy makers, and ultimately to guide policy makers regarding how changes in corporate marketing practices and public health countermarketing can lead to improvements in public health (38). There is a particularly critical need for research to influence corporate consciousness regarding the collective effects of marketers' actions on specific target segments. This need may be greatest with respect to food and beverage companies because at least some of their products are necessary and fundamental to health and survival. A public health-specific definition of consumer vulnerability, how it should be operationalized and what it implies about the need for protective actions, might be needed (109, 120). Any policy-related measures to restrict targeting will necessitate a deeper understanding of actual vulnerability (120). Definitions of vulnerability are already being debated in relation to other facets of health and health care (86, 125) but may need to be considered separately with respect to targeted marketing of harmful products.

The use of new digital and interactive technology in targeting poses particular challenges, and research to understand its potential contribution to adverse health effects on youth and members of ethnic minority populations is needed urgently (44, 90). Digital media are consistent with the fundamental goal of targeted

marketing: to resonate with consumer characteristics. Just as television took advertisements from radio and gave them a multisensory feel, digital marketing, with its interactive element, takes this mindset to a new level. New communication tools and social networks enable instantaneous and constant contact with peers and offer youth engaging opportunities for their development and growth including self-expression, identity exploration, social influence, and social interaction (90). Ethnic minority youth may be most affected by these strategies, as already noted. For example, Sprite (68) recently unveiled the Sprite Yard program for mobile handsets, to interact with its "mostly African American youth target audience." The program "will let consumers download and share pictures, interact with friends via text messages, receive nuggets of exclusive information and use a planner" (68). A related issue requiring further study is that of behavioral targeting: the ability to deliver ads to consumers based on their recent behavior, such as what they have searched for, viewed, or purchased online. Although the basic approach emphasizes the use of a consumer's behavior as a key strategic input, proxies may be used to facilitate targeting by age, race, or ethnicity. These strategies may have many benefits for consumers as well as marketers, but the ratio of benefit to harm to the health of vulnerable populations is an important issue requiring study.

## CONCLUSIONS

The basic assumptions, conceptual models, and methods of public health and marketing professionals differ in terminology, culture, goals, and the extent of mutual familiarity despite both being interdisciplinary fields. Whereas public health aims to create "social profit" and to protect and serve the neediest and least advantaged in society, marketing originated in business schools to help managers do their jobs better and has its primary emphasis on shareholders (113). Furthermore, the fields of marketing and health sometimes have divergent research



paradigms and different approaches as to what constitutes evidence (6). A mutual lack of familiarity between these fields may also contribute to differences in their respective views on issues related to targeted marketing and public health.

Although there is nothing inherently wrong with segmentation and targeting, these tactics raise issues about “which consumers are included, and how they are targeted, as well as which consumers are excluded and the benefits they are denied” (121). Potential positive effects of targeted marketing, such as providing needed products to traditionally overlooked groups, must be balanced against the potential for negative health effects. As a result of different characteristics, consumption patterns, and media usage, different consumer segments may experience different marketing and message environments with respect to products of relevance to public health (51). This difference, a crucial assumption of the targeting process, is open to interpretation from an ethical perspective (121). Theories of justice suggest that marketers may want to avoid practices that systematically worsen the situation of a group in society (121). The politically sensitive aspects of targeting ethnic minority populations may include accusations of racial bias, exploitation, or lack of social responsibility, which may cause problems for marketers with respect to image and may trigger boycotts or other countering strategies (38, 53, 91, 101, 105, 120).

The present discussion by no means covers all the issues related to targeted marketing that are important to public health. Rather than an exhaustive treatment of the philosophical and practical issues that this topic engenders, the objective has been to foster mutual understanding and a more socially productive use of targeting. However, it is useful to point out additional potentially important targeted marketing issues that are not addressed here. With respect to vulnerable populations, low-income populations also merit critical public health consideration (59). Some targeted marketing

concerns related to low-income populations are encountered within considerations of targeting to youth and to ethnic minorities, for example, with respect to food and beverage marketing and to outdoor advertising in general (33, 51, 77, 106, 107, 136). Issues for low-literacy populations deserve a level of focused attention as well. Also of substantial current interest to policy makers is the issue of whether direct-to-consumer (DTC) advertising exerts an unfair influence on consumers and their requests for prescription medicines (40). The marketing of DTC drugs may vary by consumer segment, for example, depending on the prevalence of the condition in question, on ethnic and cultural characteristics, or on distinctiveness. Thus, targeted DTC marketing merits particular attention. Research also suggests that increased competition in the health plan market is related to risk-selective advertising behavior evidenced through increased targeting of healthier patients, highlighting the relevance of targeted marketing to health care reform debates (87). Another area is consumer discrimination in service settings, which may apply particularly to ethnic minority populations in situations where they are explicitly perceived as not in the target market, and which may contribute to stresses that have health effects (23, 132).

It is important for researchers, practitioners, and policy makers in marketing, public health, and other sectors to understand the influence of targeted marketing as a contextual influence on population health generally and the health of children and ethnic minorities specifically. The potential for adverse health effects of targeted marketing practices challenges policy makers to identify ways in which public policies, corporate marketing practices, health promotion, and disease prevention efforts, as well as cross-sector collaborations, can be harmonized toward effective actions to foster healthy youth development and to improve the health of ethnic minority populations, especially where disparities exist relative to the population at large.

## DISCLOSURE STATEMENT

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