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Operating in a Constricted Space: Policy Actor Perceptions of Targeting to Address U.S. Health Disparities

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Abstract

Policy actors design and implement targeted interventions to eliminate disparities that exist between groups. Although necessary for achieving health equity, the use of targeting as a policy tool carries the potential for political backlash and social debate, which may influence whether and how policy actors use it. In this research, the authors examine policy actor perceptions regarding the use of targeting in the implementation of health policy. The authors conduct elite interviews with policy actors to better understand their work to design and implement interventions to address health disparities. Findings identify key tensions and trade-offs faced by policy actors related to targeting and reveal sociopolitical influences that shape whether and how targeted programs are considered, who receives them, and by what means they are delivered. The authors discuss the implications of the findings for the use of targeting and related marketing practices by policy actors to address health disparities and other significant public health concerns.

Keywords

health disparities, policy actors, public health, sociopolitical, target marketing, targeting, social marketing, policy implementation

Targeting actions to specific groups of consumers is at the core of marketing strategy, and targeting is increasingly used by policy actors[1] to influence the behavior of constituent groups. Just as firms that focus on fulfilling the needs of one group of consumers over another are overall more profitable, policies and programs that are targeted to specific groups tend to enhance government efficiency, maximize use of limited resources, and show more success (Lee 2018; Pelletier 2005; U.S. Department of Health and Human Services [HHS] 2011). In the public sector, targeting is especially relevant to implementing policies and programs designed to address social inequities. Policy actors utilize targeted efforts to address demonstrated disparities in educational opportunity, employment, criminal justice, and health. For example, in the United States, health policy actors work to prevent disease and promote health among the general population, as well as among priority groups defined by age, gender, race, and income (HHS 2011). Consider the example of heart disease. It is the number one cause of death for women, and prevalence and mortality rates are significantly higher among black and Hispanic women than among white women (National Heart, Lung, and Blood Institute [NHLBI] 2018). To raise awareness about heart disease and educate and motivate women to take preventative action, NHLBI developed a nationwide program called The Heart Truth (NHLBI 2018). Although the program is designed for women ages 40 to 60 years, the program also "recognizes the critical need to eliminate health inequities by placing an emphasis on reaching African American and Hispanic women with heart health awareness messages" (NHLBI 2018).

Policy actors design these targeted approaches as they guide the implementation of various health policies and guidelines in their agencies. This process involves a series of decisions including segmenting a population into groups, selecting targeted segments, and directing activities to these segments (Kotler and Armstrong 1991). The design and delivery of programs to specific groups, which is at the core of targeting, is conceptually similar to the definition of politics, which encompasses processes that determine "who gets what, when and

[1] We use the term "policy actor" rather than "policy maker" or "bureaucrat" to capture the broad spectrum of individuals involved in the interpretation, design, and implementation of social policies and programs.

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how" (Pelletier 2005). The strategic choices policy actors make and the actions they undertake in this process of making a policy come to life directly influence policy outcomes, such as improved citizen health and well-being. However, most prior research on targeting in the policy process has examined targeting as a mechanism to provide benefits or services (e.g., Medicare or Supplemental Nutrition Assistance Program [SNAP] benefits) to particular population groups (Habicht and Frongillo 2005; Pelletier 2005). Such entitlement programs generally use objective criteria such as income or age guidelines that outline who is supposed to get what benefits. However, targeting for behavior change, often carried out through social marketing, involves a broader array of potential criteria and gives policy actors significant latitude in determining how targeting will be used to implement broad national policies (Einstein and Glick 2017; Kingdon 2002). Research in political administration demonstrates that in the absence of clear guidelines, policy actors may act according to their own perceptions and biases, in turn determining whether, when, and how targeting is used to achieve policy goals (Blomquist 2011; Einstein and Glick 2017).

Policy actor perceptions may also hinder the use of targeting in policy implementation given that the use of targeting carries the potential for political backlash and social consternation. For example, consider the radio novellas, a soap-opera-style communication effort, developed by the U.S. Department of Agriculture (USDA) to promote the availability of SNAP benefits (previously known as food stamps) to Spanish-speaking citizens (Heil 2012). The plot of the novellas centered on a mother who wants to lose weight and to serve healthier food to her daughter and highlighted the benefits of using food stamps for their health. Critics argued that the drama was targeting not only Spanish-speaking citizens, but also noncitizens and those who do not need taxpayer-sponsored government assistance. The USDA eventually removed the novellas from the radio and ceased further production following the controversy (May 2012). Of course, there is always overlap among target and nontarget markets, and sociopolitical dynamics undoubtedly play a role in policy actor behavior to implement policies (Kingdon 2002). Indeed, the SNAP example illustrates both the centrality of targeting in policy implementation and the potential influence of sociopolitical pressures on policy actors' targeting efforts. The importance of an enhanced understanding of targeted efforts to reduce inequality is underscored by the current administration's repeal of policies and guidelines designed to support disparate groups defined by race (e.g., Austin 2018).

Given an increased use of targeting in the policy context (Lee 2018), combined with a lack of research on the day-to-day decisions made by policy actors involved in this process, we take a proactive approach to better understand how this tool is being used amid an evolving institutional and sociopolitical terrain. In the next section, we discuss how social marketing, and targeting as a key embedded concept, are increasingly used as preferred tools in the implementation of health policies and programs. We then explain how policy actors use targeting to address health disparities. Next, we describe the elite interviews we conducted with policy actors to gain insight into their perceptions and use of targeting. We then describe our findings, which explicate a constrained space where policy actor beliefs and perceptions, as well as sociopolitical considerations, influence the way targeting is used in the implementation of health policies and programs. The results contribute to an understanding of the role of targeting in policy implementation and how it might be used more effectively as a policy tool. We discuss the implications of our findings for research and practice to enhance the use of targeting by federal agencies to support health equity and social equity more generally.

Background

Targeting as a Tool for Policy Implementation

The development and implementation of policies designed to remedy social inequalities is a dynamic, complex, multilevel, and multiorganizational process (Crammond and Carey 2017; Howlett 2011). Public policy has been described as "the expressed intent of government to allocate resources and capacities to resolve an expressly identified issue within a certain timeframe," which highlights the distinction between a policy issue and the policy instruments that may be used to address that issue (De Leeuw, Clavier, and Breton 2014, p. 1). Numerous layers of decisions and actions are made by a multitude of policy actors that intervene between the development of a policy and its receipt by targeted population segments (Salamon 2002). Once developed, a policy moves to a federal agency charged with the responsibility for implementing it, where policy actors or bureaucrats use their specialized expertise to reinterpret the policy, design related directives and guidelines, and develop programs and other interventions to carry out the policy (Kingdon 2002). Federal policy actors also utilize state and local government agencies to implement their programs, often through budgetary facilitation (Meler 1979).

Within this process, policy actors have significant interpretive leeway in how they translate a specific policy mandate into concrete programs, including the techniques they use to carry out the policy (Bach, Niklasson, and Painter 2012; Meler 1979). Although broad guidelines and objectives may be provided, the way in which a particular intervention reaches a target audience depends on a complex negotiated process as well as policy actor proclivities toward the use of certain policy tools (De Leeuw, Clavier, and Breton 2014). These tools reflect methods of public action that policy actors use to structure and influence collective action for the purposes of achieving specific public goals (Salamon 2002). Historically, policy actors have relied on education (focused on providing information) and legal tools (using coercion or threat of punishment) to prompt behavior change. Yet in the past decade, government agencies worldwide have emphasized more persuasive approaches that incorporate marketing and targeting as policy tools (John 2011; Lascoumes and Le Gales 2007). These

approaches reflect a more general trend toward the application of business practices to policy efforts (Bouzas-Lorenzo 2010).

The use of social marketing in particular has gained prominence given its proven effectiveness at achieving behavior change, and public-sector agencies are the most common sponsors of social marketing efforts (Lee 2018). Social marketing is used in government efforts to build awareness for public issues, to promote behavioral change, and to generate support for various policies and programs among targeted groups of citizens and constituents (Grier and Bryant 2005; Lee 2018). Thus, targeting is a crucial component of social marketing and critical to its success (Grier and Bryant 2005). At the federal level in the United States, social marketing is recommended as a strategic approach in Healthy People 2020, the government's strategic plan for improving population health (HHS Office of Disease Prevention and Health Promotion 2014). Research shows that policy actors find tools such as social marketing attractive because they are perceived as more indirect, less coercive, and potentially less expensive than alternative approaches (Howlett 2011; John 2011; Lascoumes and Le Gales 2007). Overall, marketing and, with it, targeting have moved from a tangential position in the public sector to a more influential role to address social challenges in domains such as health, crime, and education (Bouzas-Lorenzo 2010; Lee 2018).

The Use of Targeting to Address Health Disparities

Targeting is an important apparatus used by policy actors to implement policies to remediate social inequalities that, by definition, imply the need to address differences between particular groups. In the United States, the health disparities that exist between population groups pose a major challenge to public health and are a policy priority because of their significant economic, social, and moral implications (HHS 2011; Institute of Medicine 2012). Health disparities were formally recognized by the U.S. government with the 1985 release of a congressionally mandated report, and in 2011, HHS released the first Disparities Action Plan, which focuses specifically on health disparities defined by race and ethnicity (HHS 2011). To implement policies related to health disparities, programs are often developed and may encompass behavior change interventions, grants, partnerships, communications, and marketing campaigns.

Federal efforts aimed at reducing health disparities involve interventions that emphasize the entire population or target particular groups, and these efforts may vary in terms of the explicitness of their targeting (HHS 2011). Policy actors may directly target priority groups with the creation of targeted programs such as Sisters Together, a National Institutes of Health program that supports healthy eating and regular physical activity among black women. Priority groups may also be targeted within broader programs. For example, the National Cancer Institute targeted the population-oriented "5 a Day for Better Health" program to African American men with the aim of increasing fruit and vegetable consumption and reducing the risk of chronic diseases within this group (National Cancer Institute 2001). Alternatively, policy actors may choose not to target specific groups and instead expect that the benefits of general population interventions will trickle down to disparate groups. Of course, even broad universal efforts are "targeted" in practice, as judgments are made against some criteria even if unacknowledged (Crammond and Carey 2017).

Also framing these decisions is the sociopolitical context of policy making, which makes policy actors' decisions related to targeting potentially fraught with tension. Sociopolitical dynamics around targeting to address disparities among racial and ethnic minority groups, the area where disparities are most severe, may be particularly influential. Targeted efforts may engender resistance if they are perceived as favoring one group rather than the public good, especially if the group is "historically disfavored" (Powell 2008). Thus, even former president Barack Obama acknowledged that although race-targeted policies are necessary to address disparities, universal policies that are race-sensitive may be preferred as they are less likely to evoke animosity (Obama 2007). Indeed, policy actors' targeting decisions are immersed in the history and complexity of attitudes toward race and ethnicity in American society (Powell 2008). And as the example of the SNAP novellas illustrates, targeting that evokes such "politics" can derail the implementation of well-intended policies.

Methodology

Study Context

The unfortunate diversity of social inequalities across domains provides ample settings to examine policy actor perspectives on targeting. We examine this issue in the context of federal efforts to address health disparities in the United States. Current national goals for health promotion include three primary objectives: improving the health of all groups, achieving health equity, and eliminating health disparities (HHS 2011). The emphasis on eliminating health disparities between population groups is a focal policy area, which underscores the need for targeting. Health disparities are defined as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage," and priority groups are described as those disadvantaged by gender, race and ethnicity, education or income, disability, rural localities, or sexual orientation (HHS 2014).

In the present research, we focus on health disparities defined by race and ethnicity, which are especially longstanding, widespread, and pronounced, with earlier disease onset, greater disease severity, and higher mortality rates existing across major disease categories (Institute of Medicine 2012). Analysts estimate that eliminating health disparities for ethnic minorities in the 2003–2006 period alone would have reduced direct medical care expenditures by $229.4 billion and associated indirect costs by more than $1 trillion (LaVeist, Gaskin, and Richard 2009). Disparities based on socioeconomic status (SES) are frequently considered alongside those

based on ethnicity because SES is correlated with race and ethnicity, although these factors often play independent roles in health (Institute of Medicine 2012). Despite various federal initiatives, progress in reducing disparities, especially those related to race and ethnicity, has been slow and limited (HHS 2012).

Design, Informants, and Recruitment

We conducted elite interviews with policy actors to understand the "complex interactions, diffuse processes, and often tacit perceptions, beliefs, and values" that influence the policy process (Drumwright 1996, p. 72). Elite interviews seek to reveal what is important and relevant to understanding a multifaceted issue from the viewpoint of key decision makers (as opposed to consumers or an electorate). When relying on elite interviews, it is important to speak to individuals in positions with different levels of authority who might have different perspectives (Odendahl and Shaw 2002). Policy actors are important to the process of addressing health disparities because they often remain as longer-term employees when administrations change. We primarily interviewed individuals employed by U.S. federal agencies whose work included designing, implementing, or evaluating social marketing or health promotion efforts, or whose work gave them familiarity with such efforts. We included people from HHS, which is the focal point for federal health concerns and includes the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration, and the National Institutes of Health. We also included representatives from the USDA because of their activities related to health promotion (e.g., dietary guidelines). We recruited a variety of professionals, including policy and program specialists, contractors, program managers, directors, health scientists, and researchers, working at different levels in the organizations. We also interviewed representatives from academia, nongovernmental organizations (NGOs), industry trade groups, and private foundations who are members of the loosely organized policy network working on health disparity issues and who would be familiar with related agency initiatives. Their input is important because ideas and information flow through the entire policy network, independent of formal positions inside or outside of government (Adam and Kriesi 2007).

We relied on purposive and snowball sampling to identify and recruit potential informants. Of the 30 individuals we contacted and requested to interview, only 2 declined. The sample includes 15 women and 13 men. Informant race/ethnicity was self-reported as white (16), black (8), Asian (3), and Hispanic (1). Educational backgrounds varied and included having MD, MBA, MPH, MPA, and PhD degrees. Many of the individuals had worked in another agency or in another sector or were members of an interagency or multisectoral group. Given this overlap, many of our informants discussed their experience at their organizations as well as what they perceive happens in other agencies/groups. See Table 1 for informant descriptions. At the request of multiple informants, detailed information specific to each informant (e.g., agency, title, gender) has been withheld to ensure complete anonymity. Pseudonym initials were assigned by the researchers.

Data Collection and Analysis

We began each interview with broad questions assessing informants' professional activities and their familiarity with and/or use of social marketing to address public health challenges. The remainder of the interview covered informants' thoughts and behaviors related to targeting in general and specifically to address health disparities. We used follow-up probing questions to better understand the nuances of their descriptions and elicit specific examples and personal experiences. Most interviews took place in a private setting at the informants' workplaces, with some interviews conducted by telephone. The typical interview lasted about one hour 15 minutes. Each interview was audio recorded and transcribed verbatim for analysis. To garner immediate impressions, field notes were compiled after each interview.

Analysis involved ongoing coding, categorizing, and abstracting of the data following standard recommendations for qualitative data analysis (Miles and Huberman 1994). First, the transcripts and related field notes from each of the interviewers were carefully reviewed and subjected to open coding, whereby each author independently examined them to suggest initial categories, themes, and patterns. The transcripts were repeatedly reviewed, and emergent themes related to the data were intensely discussed between the authors. The thematic results that emerged from the data reflect the perspectives of the policy actors who were interviewed. In presenting the findings, we provide illustrative quotes that support each theme and extensively rely on our informants' own words and perceptions to increase transparency (Drumwright 1996; Geertz 1973). In some quotations, we obscure the names of specific programs and intiatives so as not to compromise the informant's identity.

Findings

> So, any policy that could address disparities is going to be politically controversial, so I think that people in a lot of these federal agencies walk a pretty fine line to try to make some changes. I certainly have seen from other areas people come into these positions and not last long because they didn't understand that they were really operating in a very constricted space. (NK)

Drawing from the perspectives of policy actors, we find that certain tensions arise around whether and how targeting is used to address health disparities and the decisions that must be made to carry out a targeted policy or program. These tensions reflect the "constricted space" that our informant referred to in the preceding quote. Despite having significant decision-making latitude, policy actors perceive that using targeting for behavior change is subject to external pressures beyond their control and that these influences guide their own actions. Here, we describe our findings in a thematic manner to reveal the key discourses that surround targeting-related discussions as

Table 1. Description of Informants.

Pseudonym Initials	Informant Description
AH	A policy adviser for nutrition programs, grants, and other activities who also works in a variety of intra-agency groups, conducts research, and has some community interaction.
AJ	A director of an agency division branch who has run multiple programs for the prevention of different diseases.
BA	A contractor who has been with an agency for five years in various marketing and communication capacities.
BK	A health scientist who conducts and disseminates research related to nutrition and healthy environments.
BP	A director of an agency division with a behavioral science background who works on a variety of health communication and marketing efforts.
CD	A director of an agency center that communicates with consumers about food, who has a background in nutrition and has worked at multiple agencies and served on health-related task forces.
DM	A behavioral scientist who works in an advisory role assisting multiple agency centers and conducts research to better understand consumers in relation to food and nutrition.
EE	A behavioral scientist with a marketing background who is currently a director and has served in multiple capacities within the agency.
EJ	A behavioral scientist who deals with research related to food and nutrition for different agencies within the executive branch.
HH	A health scientist who brings scientific context expertise to health-related policy.
JA	A health policy specialist who started out as a contractor and focuses on research and grants to shift diet and activity.
JB	An agency division director with a medical background who has over 30 years of work experience at the agency and interacts frequently with other divisions and agencies.
JD	A director of an agency that deals with the promotion of healthy eating and related policies, who has as an academic background in marketing.
JL	An agency contractor who works specifically on targeted multicultural health promotion outreach programs.
JR	A director whose responsibilities include administering state and federal programs related to food and nutrition.
LD	A director at a private foundation that works directly with several government agencies and offices focused on health prevention and promotion.
MP	A director of an agency-based health promotion program.
NK	An academic health expert with a public health background who has worked with government agencies, nonprofits, private foundations, and working groups in various capacities.
OW	A program director with a background in communications who runs a program that relates to health promotion and prevention.
RC	A policy consultant who has worked with various government agencies and offices in informal capacities related to health promotion and prevention.
RD	A director of an agency division who has a medical background and oversees a variety of grants and programs and other activities focused on health promotion and prevention.
RG	A director of an agency division who has an academic background in nutrition and participates in various cross-organization collaborations and committees related to health promotion and prevention.
SB	A health scientist at an agency who works on the collection and dissemination of nutrition and diet information.
SF	A consultant with a marketing and communications background who has worked on health promotion and prevention initiatives with industry, government agencies, and nonprofits.
TC	A director of an agency center who has an academic background in marketing and communications and whose role includes the design and implementation of health promotion programs.
TH	A director of an agency center who has a social science background and works on research that informs policies related to food, both internal and external to the agency.
WS	A director of an agency center with a public health and marketing background who develops food- and nutrition-related policy and creates programs to reach consumers.
ZD	A nonprofit health expert who has worked to advise various government agencies and committees in both formal (contractual) and informal (e.g., convening) capacities.

described by policy actors, including whether to target, the determination of target audiences, and the design and implementation of targeted programs by government agencies.

Raising All Boats or Closing the Gap? Tensions Around Policy Actor Use of Targeting

When considering the use of targeting to implement health programs, most policy actors recognized targeting as an effective strategy for addressing disparities but expressed concerns about whether targeted approaches would significantly affect population health. Referring to federal-level discussions about health policy, one informant who directs an agency division that oversees a variety of health prevention activities said:

> The question that keeps coming up is, does a policy need to target specific ethnic groups or is changing policy going to . . . it's like a rising tide raises all boats. (RD)

This informant elaborated on how policy actors view targeting, from the informant's perspective:

> I think we're particularly sensitized to the importance of targeting. The tension, I think, is between disparities and disease burden because even, let's take obesity in African Americans. Despite the fact that obesity is so much more prevalent in African Americans, when you look at total disease cost, they're really generated by the more dominant population, Caucasians. So if you want to hit the group that's most affected, you focus on African Americans. If you want to focus on the total disease burden in the population, you have to have more of a population-wide strategy, and that's a tension. (RD)

This informant's mention of the aphorism famously quoted by John F. Kennedy ("a rising tide . . . ") highlights the informant's ambiguity regarding whether intentional targeting is necessary.

A policy consultant who works with various government agencies in informal capacities related to obesity prevention described the related perception of an ideological hesitation that exists among some policy actors toward the design of targeted policies.

> I think that the conundrum for a lot of policy analysts and researchers and even philanthropists is how to actually translate their research evidence into targeted policies that help targeted populations. I think there's this perennial tension between designing policies that help everyone versus having targeted programs that help a few. And so I don't think that the public health community has resolved that tension yet. (RC)

This tension reflects the perception that resources allocated to serve the needs of the "few" are being diverted away from the "many" and come at the expense of improving overall population health. However, policy actors also demonstrate an idealistic tendency toward using targeting to address health disparities, in part because of perceived public appeal:

> I think they tend to gravitate more towards disparities approaches because it sounds better. You have an easier time. Now as I said before, I mean that's a disparities approach, how much really are you going to see population shifts? But that doesn't sound nearly as nice, I don't think. (BK)

Policy actors seem to be conscious of the public's response to targeting efforts and consider the perceived sensitivity of disparities-based approaches against the practicality (given limited time and resources) of populationwide strategies:

> 'Cause you see, with the government, you can never be criticized for being too sensitive toward a group, okay? That could be, well, what about the Eskimos? Does this address the Eskimo population? No one is going to roll their eyes, they're all just going to nod and just not listen. And so there's a lot of that that people are conditioned to talk about, but when you want to move the needle and you've got [limited time] to move the needle, I was really less sensitive to unique needs of Eskimos. (JD)

As informant JD pointed out, given competing interests and demands for resources within and across agencies, sometimes policy actors find it necessary to take a generic approach to have a significant effect. This and similar quotes also highlight the willingness of policy actors to discuss disparate groups even though it may be unlikely that any direct targeting will happen. A related perception is echoed in the following quote:

> I think that when we think about this, and I think this is one of the things that is changing, we think about what's going to make the biggest difference, and it's not that disparate populations are an afterthought, that our first thought is, what's going to make the biggest difference? And then where do we apply this in a way that may address the disparities, or do we need to think differently about how this policy might impact disparate populations? (RD)

This more complex consideration of targeting places a strategic priority on addressing the majority population but subsequently considers the role of disparities. Informant BK shared a frequently heard concern regarding the implementation of non-customized programs:

> We do spend a good deal of time trying to tease out where our underserved areas are and what type of interventions are appropriate to apply to those areas, and that includes health disparities, to make sure that interventions that we are suggesting to our various stakeholders are appropriate for all populations and won't have any negative ramifications because we decided to implement one strategy and maybe one group picked it up a lot faster and it widened the disparities gap. (BK)

The notion of general-market interventions increasing disparities was mentioned by several informants as a concern but did not lead them to suggest that more targeting is necessarily the best response. Rather, several informants mentioned that although much time is spent discussing disparities at a strategic level, less emphasis is placed on disparities in any formal documents that would guide the design of targeted programs. In the words of one informant (ZD), it has been "difficult to move beyond lip service." Informant BK addressed the tension:

> If you want to see probably the largest bang for your buck, you just want to see everybody in the population shift like, say, 10% off, so everybody eats one more fruit, two more vegetables, which would be amazing in terms of chronic disease impact and meeting dietary guideline recommendations, then you probably get a lot of bang for your buck, to use a common phrase, if you could just do that with a strategy. Now you'd have to be okay with, even though everybody shifted up, you'd have these disparities by age, sex, race/ethnicity, income that certain populations are far below in terms of dietary equality and although they improve some, they're still not up to the average. You'd have to be okay with this thing that, oh, that's not really that important, you shifted the entire population. And it's not really right or wrong, it just really depends on what type of

initiative you're doing and how it's important. I think it's important to do both. (BK)

Another informant (CD), who is the director of an agency center and has previously worked at multiple agencies and served on disparities-related task forces, has firsthand experience with the politics surrounding federal directives and agency responses. Although disparities are highlighted in policy documents such as the Healthy People objectives, "the information does not filter to the agency as to what you will do to help reach these goals" (CD). A director at a private foundation that works directly with several government agencies on obesity prevention made a similar point:

From the conversations that I've had on disparities and where marketing has come up, there's been a lot of talk about the need for more marketing to address disparities, that the disparities gaps are so wide and that many, many people need the information. That one, we need to have more ads. The other is that they should be very targeted to a particular audience and that the idea of a universal approach to reaching an audience should be discounted during a time of an epidemic. . . . analysts have looked at data from New York City showing that after years of efforts that they've made in the face of seeing decreasing childhood obesity rates, that in many cases, disparities gaps widened. (LD)

In response to the interviewer's question of whether the informant sees those discussions moving into particular programs or policies, the informant stated:

Not yet. I think it's happened on small-scale efforts where there's been concerned groups of mainly nonprofit folks who have tried to target particular audiences to change. I haven't seen anything large-scale, and I think what happens is that many people subscribe to universal approaches and that targeted approaches say that somebody gets something and somebody else doesn't get anything. And I don't know that that sits well with many folks and those folks who are making decisions about how much funding to put into a campaign or whether or not to even engage in a campaign. (LD)

Policy actor hesitation regarding the widespread adoption of targeted approaches reflects the pervasive tension that exists regarding the allocation of government resources and the view that with targeted programs "somebody gets something and somebody else doesn't get anything" (LD). Our informants' narratives suggest that this broadly held belief often acts as an ideological barrier to targeting and shapes the way in which targeting is subsequently approached.

Overall, we find that policy actors perceive tension between the consideration of targeted and universal approaches. Although these alternatives are potentially complementary and reflect a range of distributive approaches, our informants primarily viewed these approaches as either-or strategies. The perceived tension challenges policy actors' abilities to translate awareness and discussion of disparities into targeted action. This previously unacknowledged perspective may serve as a barrier to the consideration and development of nuanced targeting strategies when necessary. At the same time, policy actors recognize that general approaches have the potential to widen disparities. Accordingly, the final assessment study measuring progress toward the Healthy People 2010 goals found that for half of the ten objectives, although progress was made in the overall population, relative disparities increased (HHS 2012). Yet, even in light of these concerns, we find hesitation, resistance, and a lack of explicit guidance regarding the widespread adoption of targeted approaches. These findings may be related to the fact that our informants also reported that they lack the data, resources, and expertise to most effectively understand and reach priority groups, as we next describe.

Getting Down in the Weeds: Struggling to Identify and Prioritize Target Audiences

Once a targeted approach is selected, the next step in the process of targeting involves the identification of specific groups that will serve as the target audience or audiences. One recurrent theme that emerged from our interviews reflected frustration regarding the data sets that are typically used as the basis for agencies' targeting decisions. One behavioral scientist informant described the weaknesses of the obesity data used across agencies to make policy decisions:

They break them out by race, by sex, race by income, but they don't do race by sex by income, and so you don't see the serious relationship between obesity and income and minority [status] as you would. I mean few people have looked at it and presented it correctly, and the effects are overwhelming, they're huge. But if you look at the official data that CDC collects, it's obscured because they don't break it out on all three dimensions. (EJ)

This informant expressed frustration that the data are portrayed in a way that obscures the severity of certain disparities and influences the selection and prioritization of target audiences. Two other policy actors, who have backgrounds working in industry marketing, expressed their perceptions of the data that policy actors rely on to make segmentation decisions:

A few years ago, there were some epi-data [epidemiological data] showing that [African American women] in particular were at increased risk. . . . So they had campaigns that were more targeted to that segment based on the epi-data. Now do they [policy actors] do segmenting within that group to think about urban versus rural and educated versus lower education, internet users versus urban radio listeners, minority media users versus television, Oprah? No, I don't know how much within-group segmentation was done to really effectively target the people who they need to reach. So that's why I would describe it as epi-segmentation and targeting more than marketing segmentation and targeting. (TC)

One of the things is even when you say there might be another useful [segmentation] variable, conceptually, it's not realistic because we collect health data and classify health data on demographics. We don't collect data on the basis of what their

> leisure-time activities are or which channels they follow and listen to. (EE)

These informants' comments suggest how the type of data collected restricts the extent and effectiveness of targeting that can occur. Another informant expresses frustration at the data underlying government targeting efforts in comparison with the data used by industry marketers.

> There's very little research that informs this stuff. The normal model is (a) look at secondary data or the literature; (b) usually do some focus group qualitative data collection with people like the ones you're trying to reach or if you can't get the people like the ones you're trying to reach, just whomever's convenient to get to; (c) generate creative based on those two first steps, and then sometimes pretest the creative and get some feedback; and (d) launch. That's sort of the standard model. Can you imagine if a company ever did that for a product? Never in a million years would any company who knows anything about marketing do that little bit of upfront market research and then develop, launch, place, and promote a product, but government does it regularly. (TC)

An informant who works as a policy advisor for nutrition programs described a personal perception of the more sophisticated segmentation strategies that are used by industry players:

> I'm looking at this book—*Multicultural Market Report* . . . I'm like OMG, first of all, I didn't know people are marketed to in that way; and that's where I learned those little grocery store cards have all this information about you, and so we've started talking about that at [agency] like, well, how can we get this information? Of course, all that stuff is proprietary. So, yeah, I don't think we do that well. I think we do broad groups, we do African Americans, we do Asian and Pacific Islanders, we do Caucasians, but we don't get down in the weeds and understand that groups themselves are not homogeneous, they are heterogeneous, and so we miss a lot that way. And if you try to make it for everybody, it gets so confused that nobody gets anything out of it. That's the struggle. (AH)

Audience segmentation in public health is often limited by an overreliance on demographic variables (Grier and Bryant 2005). From our informants' accounts, we discover that policy actors are cognizant that they are not capturing the full complexity of disparities, particularly the heterogeneity that exists not only between but also within targeted groups.

> There are a lot of misconceptions about who is affected by obesity so that, for example, we can't show a socioeconomic gradient in any group but white women, and yet it's widely believed that poverty is associated with obesity and I think that poverty and ethnicity are confused. . . . And one of the disparities that I've been really interested in is when you look at kids, adolescents, the highest prevalence is in African American girls and Mexican American boys and so right away, it's not genetic, it's not economic, there's some cultural factors that come into play. (RD)

This informant's perspective is that an incomplete understanding of potential targets may not only lead to ineffective efforts but also contribute to public misconception. Another informant, who is a health scientist, described how the focus on disparities across racial/ethnic groups and SES may overshadow consideration of other important variables:

> I think racial/ethnic disparities and socioeconomic status specifically in terms of income are probably what comes to mind foremost when you talk about disparities even though there are disparities by sex, by age, by disability status, even by geographic region, but those are, when you talk about disparities, it usually goes first to one of those. . . . I'm not really certain why, I mean if it's more appealing to talk about different racial ethnic groups or different low-income groups? It's not that the data isn't there.- It's just not really discussed. (BK)

Multiple other informants expressed their perception that in some instances, target market segments may be selected on the basis of personal beliefs or political pressure. Indeed, we heard that policy entrepreneurs—frequently contractors or members of a group affected by health disparities—were often the ones to suggest specific targets and approaches based on their own insider or expert knowledge. Several informants echoed this notion in diverse ways, noting that the selection of target audiences is not always based on objective data and highlighting the use of more subjective criteria.

Overall, we find that target audiences are identified and selected on the basis of diverse priorities and understandings of government data. Our informants noted that targeting can be directed to population groups according to their size, the severity of disparities, perceived disadvantage, disease cost, total disease burden, or organizational mandate, but no explicit system guides the prioritization of these variables. Policy actors also expressed concern over how government data may misrepresent disparities, and how federal rules that require agencies to receive approval from the Office of Management and Budget for data collection involving more than nine respondents, may lead to a reliance on focus groups, limiting the ability to best understand target segments. Any ill-informed or preconceived notions about the disparities that exist within and across population groups that result could influence support for targeted approaches and potentially lead to misdirected and misguided interventions.

Facing Criticism: Concerns About the Design of Targeted Programs

The health disparities that exist among racial and ethnic groups in the United States are framed by historical and political events related to racism, segregation, and discrimination. We find, even among policy actors, a concern that targeted efforts may be perceived as discriminatory. Specifically, the perceived risk that targeting could create or promulgate certain stigmas among the targeted (self-stigma) and nontargeted (public stigma) groups is a concern:

> If you are African American and you listen to the news and you hear constantly that African Americans suffer more from heart disease and mental health issues and premature pregnancies, whatever that might mean, etc., then it could really lead you to feeling as if, to be devalued, that you are devalued in your society, and even if you may not take that on yourself, others may feel that you are devalued in your society, others may feel that you need more help than you actually do, and that you'll always need help and that may lead to fatigue in doing something for a particular group of people because you've tried everything and you've done so much for them. So I do think that there are some negatives that will surface when there is more targeted advertising if it's not done in a way that takes those things into consideration. (LD)

Another informant (EJ), who is a senior behavioral scientist, said more directly, "Anything that discriminates is open to criticism." This informant described the response received by agency administrators when a working group proposed a targeted intervention for inner-city schools that would differ from the intervention targeted to suburban schools.

> The [agency] wanted to do an after-school intervention and [we said] you know you can't do this saying the same thing in these inner-city schools as you're going to do in the suburban schools, it's just not going to work and you're going to have bad effects actually if you try to use the same program for everything. And they understood that, but they said we don't have enough money to do that. They didn't actually say this, but I think this is the case, they would get criticized if they targeted it too much, if they made too much of it, this difference between the program that was targeted to the white kids instead of the black kids. (EJ)

When the interviewer asked what the informant meant, the informant responded:

> Well, I think they would have been politically vulnerable. People would have criticized them. (EJ)

When asked about the consequences of using targeting, one informant immediately cited the case of BiDil, the first publicly marketed race-specific drug. The Food and Drug Administration approved BiDil in 2005 for treating heart disease among African Americans. The release of BiDil evoked controversy and concerns regarding "racial medicine" (Sankar and Kahn 2005).

> [I see] the pitfalls when you talk about general disparities versus a population-based approach. So, if you're marketing something to a specific group, is it really only intended for that specific group? Is it not applicable to other groups? There was a drug several years ago and they said they had better outcomes for African Americans than for other groups. . . . they were specifically targeting African Americans based on their randomized control trial, with stronger results in this subpopulation, so does that mean other groups aren't supposed to use it? They won't get a benefit from it? So, I think those types of things are really my only concern when you're talking about targeted marketing. (BK)

We find that well-known controversial cases such as BiDil frame perceptions of ethnic targeting by policy actors. Their hesitation seems driven by both their own concerns that members of nontargeted groups may be deprived of the benefits of the targeted intervention, as well as a belief that the public may perceive the targeted approach as unfair. Their concern with the public perception manifests as a third-person effect, whereby they do not explicitly indicate that they would feel a certain way but predict that others might, which influences their own perceptions and behavior.

One informant who works across sectors to address disparities described how critical it is for interventions to explicitly address the differences between groups:

> And I think the lesson that comes out of it is that it takes a very deliberate analysis to reduce disparities. You have to look at not only what's causing the problem but what's causing the problem to be different in the referenced population and the population that's experiencing the disparate obesity, and then you have to work on that pathway, the pathway that relates to the difference. And people aren't necessarily doing that. Let's take weight control for example. If you create a good weight control program, will that close the disparity relative to the general population where they might also need good weight control programs? So you're just kind of doing something in parallel and what you need is to create a weight control program that works better in blacks than it does in whites, for example, which is hard to imagine. (NK)

Other informants similarly noted the lack of deliberate analysis of how programs were intended to work. However, a few policy actors provided examples of when they felt that the targeting was done right—where a specific population was targeted with a customized intervention. These examples typically involved framing a message to have a specific cultural appeal:

> Another example of segmentation and targeting is because of the focus group research we did. Just as an example, the Asian value system is, letting kids go out to play is just not in the value system. So, the message had to be positioned from the perspective that it's not enough for kids to just study and get good grades but when they go out to play and they learn to get along with kids and be part of a team and enjoy themselves and have those accomplishments, that helps your child to be a more well-rounded child when he or she grows up. So, for them, we had to frame it differently. (AJ)

> There's a very good campaign, for example, I think one of the institutes, I can't remember . . . but it's getting mothers to have their children sleep on their backs and it's targeting Native Americans, and I've seen some of the materials and they were just beautiful. They show women in traditional dress, they use colors that are obviously appealing to that group so it's very specific, it's done deliberately and very specifically to appeal to a specific market. (JL)

Despite emphasizing the importance of direct targeting, our informants described their belief that most programs are designed in a way that is oriented toward parallel effects, and interventions that would have differential effects, though necessary, are often not considered acceptable. A behavioral scientist who advises multiple agencies described an initiative that was originally intended to target one group but was expanded to reach a broader audience:

> Initially, they were going to do a communications outreach targeting African Americans, but they decided to make the most use of the dollars and target these four large specific groups instead [Hispanics, African Americans, Asian Americans, Native Americans] . . . they said, well rather than just hit one group, why don't we hit all four if we're going to be doing this project and just go that route? (JL)

Given the expanded focus, the team was instructed to use messages and media that would address commonalities across groups, although research supported the need for customization to each group. The informant felt that the single, broad campaign was a less effective strategy:

> It has made this initiative more complex and challenging focusing on four groups as opposed to one. If they focused just on African Americans, I think that we could have maybe tested more than one, developed more than one product, for example. But since we're dealing with four groups and we have to focus on commonalities, we do one product, that for these two groups, it wasn't their first choice. (JL)

This strategy of implementing a single campaign that focuses on group commonalities has been referred to as a "common denominator campaign" (Hornik and Ramirez 2006, p. 870). Although potentially more cost-efficient, this approach is not optimized for any single targeted group.

Our informants' accounts reveal that often, a campaign may initially incorporate targeted efforts; however, these efforts are the first to be eliminated when the budget is reduced.

> So the first two years, we were able to have general market ads and targeted ethnic ads. So the Hispanic ads would go on the Hispanic media, American Indian would go on American Indian media, African American would go on African American media, Asian would go on the Asian media, but as our budget got cut, because our appropriation got less, we moved in the direction of using only general-market kids' advertising and not ethnic-specific kids' advertising. (AJ)

In addition, budgetary support for targeted initiatives is perceived to vary across agencies:

> It will be interesting to see with this initiative, because, as I mentioned, some of the ethnic groups within the Asian category specifically expressed an interest in having materials in their language. Well, we don't have the budget to do that, but how interesting would that have been to create a product in Chinese and then pilot test that product, so that's the thing that has affected this project. A lot of it is just budget driven and it's kind of, I don't want to say unprecedented, but not a lot of institutes are willing to devote the amount of dollars that we have to projects like this, so not every institute has as much emphasis on targeted communications as others, it varies. (JL)

An agency center director with a marketing background also described how policy actors generally perceive a lack of incentives to develop targeted efforts:

> There's almost disincentive to be creative and to try something new because it costs more money, it takes more time, it's easier to just do what you've done every year than do something innovative and different. There's no financial incentive, and the disincentives are many. And there's no mandate for it from above, from the federal government, 'cause they're not doing it, they don't quite get it either, and it's complex. It's more complex, obviously, to roll out a fairly well-targeted activity or tailored activity. (TC)

Overall, our findings reveal that the development of targeted programs is hindered by sociopolitical concerns and a lack of support, both monetarily and in terms of strategic guidance. As a result, programs aimed at a general population could actually worsen disparities if they are more effective in, or more attractive to, the relatively advantaged groups (Kumanyika et al. 2008). Sociopolitical concerns may also hinder targeted approaches, even when they are prioritized. Although policy actors referenced the importance of resources in decisions about targeting, their narratives also suggest concerns over what is implied by targeting. Our participant narratives illustrate that targeting elicits ideological hesitations because it is perceived as discriminatory, may lead to stigmatization of the target population, or may elicit negative backlash that undermines programs and policies. Health disparities exist within a particular political and historical context, and it should be no surprise that these perceptions arise and influence policy actors. However, our findings show that these unresolved tensions influence the level of emphasis placed on targeted strategies, which may lead to the adoption of undifferentiated strategies by default as they may be perceived as offering higher economies of scale and lower costs or as being more acceptable in the context of pressure to serve the most people or to equitably distribute products and services.

Extending Reach: Relying on Partners to Implement Targeting

Many of our informants described how partnerships with other government agencies, nonprofits, and commercial entities are frequently used to implement targeted programs. As expressed by our informants, the fusing of government actions with privately funded initiatives is effective in generating public support, garnering resources, and lending credibility to government actions, particularly in the case of targeted programs. Several informants expressed the belief that

sociopolitical sensitivity surrounds the actions of the federal government as related to targeting efforts to address disparities, and partnering with private organizations may improve the public's receptivity. A nonprofit director echoed this perception from an outsider's perspective:

> In this case, their marketing might be more impactful if the source wasn't the federal government, if it wasn't known that the source was the federal government, because in a very partisan country that we have right now, some may just be turned off by the fact that it's government. Due to the historical actions of government and treatments of particular people, and I'm thinking of people of color, on different health matters, the message might be better received if it's not the government. (LD)

Although public–private partnerships have been viewed as risky and somewhat controversial because of potentially conflicting values, motives, and interests (Kraak et al. 2011), our informants consistently pointed out the practical importance of government working with industry partners that are familiar with and serve the targeted populations of interest. One informant put it bluntly: "We've kept separate for so long for fear of being biased . . . but what I realized is people don't care what they [businesses] sell as long as they sell it, so if we could merge that in some way, I think we'd be further along with making an impact" (AH). As described by a director of an agency center who has a social science background, these partners are perceived to have better access to the targeted populations:

> The private sector can really extend the reach of the message, and they can also affect your success. It can be a key intermediary like Walmart announced that it was reformulating a lot of its house brands, the Great Value brands, to have less sodium, less saturated fat, less trans fat. And that's the kind of thing that is very realistic in a lot of ways because Walmart sells more food at the grocery level than anybody else in America. It sells it at a relatively low price, so the low-income households that we're particularly concerned about probably go there a lot. So you have a lot of reach. (TH)

However, for these partnerships to be used in the implementation of targeting efforts, policy actors realize that some incentive must be offered for the partner to participate.

> We partner with food distributors that went into inner-city schools and we gave them posters and stuff that they could—I'm sorry, inner-city places—and we gave them posters and things and we'd give them suggestions of things they could do and that was the best that we could do. I mean it was the best that I wanted to do 'cause I'm not going to send my people to inner-city Philadelphia to put up a poster. Let's put a distributor in there, they're the people who have the most to gain by selling more fruits and vegetables 'cause they're higher-margin items, once you account for the loss of spoilage. (JD)

According to our informants' accounts, policy actors see the value in the privileged access that community partners have to targeted population groups.

> And so we've done target outreach, we have another contractor who we worked with on that, who found that people get a lot of information from the bodegas and pharmacies beyond just the dispensing of medication and the picking up of bread and milk. (OW)

> And so we're trying to find the folks that can help, that really know about this and the population and we're probably going to hire somebody on the contract who, we have one person who's helping us with the Spanish language translations and all that sort of thing, but probably more a community-type person who is connected to the Hispanic community. (MP)

However, outsourcing these activities may lead to a lack of control and may hinder effectiveness. An agency director who has been involved with multiple health prevention campaigns described a personal perception of grant-funded targeted initiatives being implemented by partners ("grantees") in minority communities as consisting of "isolated programmatic efforts" without concerted action:

> Oftentimes what you end up with funded applications, it's basically a market basket of components thrown in there sometimes because they're the low-hanging fruits in a community . . . there isn't necessarily an articulated framework for why those things should be together to create the largest possible impact. (RG)

Many informants also suggested that the targeting that occurs is less strategic and more ad hoc:

> I mean, again, like I said, in specific interventions, studies that are funded, there may be a marketing piece and they're targeting, the interventions targeted at a particular ethnic minority, but there is no robust effort on part of the government to specifically address the psyche of minority communities. (JA)

Considering the multitude of government agencies, NGOs, businesses, and community partners working to address disparities, informants expressed policy actors' concern regarding the lack of coordination and oversight:

> There were two major issues trying to reach the same demographic group, Latino women, so it would have made perfect sense to join forces and try to leverage resources to reach that group because they had the same demographic subaudience—no chance. This silo here did their thing; this silo here did their thing. . . . There's probably 20 different groups at [agency] trying to reach any one target and there's no collaboration. (TC)

Another informant discussed a partnership that was established with a national ethnic minority-owned company to target members of that specific ethnic group. When asked how the partnership operates, the informant responded:

> This probably sounds like passive, but we just empower them. We can't provide any monetary support and we can't even provide that much staff time because we're a small staff, so we kind of just empower them, we provide them with those macro tools that I was

> telling you about . . . so we can be kind of a, well, a resource to them, but we don't have an official review process. We can't possibly have our fingers in everything or even police everything that's out there because it's just [too difficult]. (SB)

This comment highlights a point often mentioned by our informants: that evaluation of targeted programs is not common, and in cases where evaluation is conducted, it is typically focused on whether partner organizations followed through on their promised actions.

> There is evaluation going on, but it's less program evaluation and more just sort of an evaluation to make sure that they actually did what they said they were going to do, which is not necessarily getting into whether those changes are having impact. (HH)

Also consider the example from an agency director who guides the promotion of healthy eating:

> We told all entities whether it would be companies or NGOs or commodity boards that if you do something to promote [policy], we will acknowledge that you're doing something to move people forward. . . . So in less than a year, we had over a hundred companies come up with really neat initiatives. And we don't know whether all of them actually did what they promised because we never followed up on them. (JD)

Ideally, as program interventions are being implemented, they would be monitored for effectiveness to determine whether they are worthy of being sustained and to identify any program facets that require review and revision (Grier and Bryant 2005). However, our informants expressed the reality that little evaluation and monitoring occurs, especially when targeting efforts are implemented by partner organizations, which is often the case.

Our participant narratives illustrate policy actor reliance on contractors and partner organizations in the implementation of targeted marketing efforts, to overcome resource, data, expertise, and other constraints related to target marketing. Our informants discussed how contractors bring expertise about disparate populations and new ideas and innovation to bear, while corporate partners and NGOs bring an ability to reach large audiences and foster legitimacy by reducing the perception of programs as direct forms of government intervention. Findings are consistent with a trend toward increased governmental reliance on third-party intermediaries, given public mistrust and skepticism of government intervention and concerns about governmental control and spending (National Academies of Sciences, Engineering, and Medicine 2018). The use of third parties may be especially important for government interventions targeted on the basis of race and ethnicity given historical precedents that may constrain their perceived legitimacy. However, this approach is also admittedly risky given the influence that some third parties (e.g., corporations) have on social determinants of health (Kraak et al. 2011). On the other hand, government alone cannot solve these issues. The use of third parties also complicates the coordination and evaluation of the many diverse programs and policies implemented across multiple agencies and sectors. Our findings suggest that evaluation of the impact of targeted programs (i.e., measuring success) is rare, and although process evaluation (i.e., measurement of inputs and outputs) may be conducted, even this sometimes is done insufficiently. The lack of appropriate evaluation may hinder the implementation of collaborative, synergistic, effective interventions to reach targeted groups.

General Discussion

This study aimed to understand the ways in which policy actors consider and use targeting to address health disparities. We identify specific beliefs, barriers, and contextual forces that affect the development of targeted programs to implement policy. The identified tensions constrain policy actors' abilities to develop deliberate and comprehensive approaches to targeting, may limit the implementation of actionable programs, and potentially compromise the effectiveness of disparity intervention efforts. Thus, despite the prescribed role of targeting to address disparate groups, the identified influences reflect how policy actors face constraints in relation to the use of targeting to address health disparities. The results of our study contribute a qualitative understanding of targeting from the perspective of policy actors and expand our knowledge of how marketing concepts are used in the implementation of public policies. Although past research suggests that sociopolitical influences may play a role in targeting, studies have not elaborated specific concerns, nor explained the ways in which these considerations may affect the policy-making process. We provide empirical evidence of the role of sociopolitical concerns in the use of targeting by policy actors. Further, our informants' narratives show that whether or not these beliefs reflect reality, these perceptions factor into decisions regarding whether, when, and how particular segments are targeted for government programs. From this perspective, our research also contributes to the literature on the political nature of public health policy (e.g. Oliver 2006) by explaining the sociopolitical dimensions of one particular tool, target marketing, used to promote population health. This knowledge can contribute to the development of practical, evidence-based interventions.

Implications for Policy Actor Use of Targeting

Overall, our data suggest that policy actors struggle with the use of targeting to simultaneously address priority populations and overall population health. Although Healthy People 2020 and the HHS Disparities Action Plan use these terms, they do not specify what they mean in terms of intervention. For example, while the HHS Disparities Action Plan calls for the "implementation of both universal and targeted interventions to close the modifiable gaps in health" (2011, p. 25), it offers no specific strategies to determine when one or both would be the most appropriate. Our informants' narratives highlight how the various strategic documents focused on health disparities lack

specific guidelines regarding the use of targeting to move from talk to action. The identified tensions and concerns that influence the consideration of targeted approaches by the policy actors in our study appear to be driven by the absence of explicit prioritization regarding the role of targeting in government agencies. When the question of targeting is left ambiguous, it may be approached in a less than systematic manner, if at all. At the same time, the need for policy actors to discuss issues of targeting will only increase as inequality continues to rise (Crammond and Carey 2017).

Our informants' narratives thus highlight the need for more support, not only monetary support but also guidance regarding the strategic use of targeting in reaching priority populations to address health disparities. Policy actors thus may benefit from explicit guidelines regarding the use of targeting, or at least a shared understanding. More structured guidance may also serve to buffer some of the pressure from sociopolitical forces that influence targeting decisions. Our findings suggest the potential for increased effectiveness by making these identified trade-offs clear and conscious, especially given greater reliance on partnerships and third parties. While our study is not designed to create specific guidelines for policy actors to approach targeting and it is beyond the scope of our study to do so, we identify key implications for policy actors and suggest important questions where research in marketing can provide evidence to help support such guidelines (see Table 2).

Moving Practice Forward with Research

A better understanding of public-sector targeting efforts can assist in the maximization of resources, enhance the effectiveness of targeted public health interventions, and contribute to the resolution of health disparities and the sustainability of policies and programs. Marketing researchers can contribute to evidence-based guidance regarding how policy actors approach target marketing, especially since our informants note a desire for relevant, practical research to support the development of targeted efforts. Achieving health equity requires efforts that lead to faster improvements among disparate groups while simultaneously aiming to improve everyone's health (Institute of Medicine 2012). Thus, efforts should answer important questions such as when universal versus targeted approaches are most effective and the ways in which they might work best in tandem. Some research suggests that targeted approaches may produce the greatest public health gains, whereas universal approaches have the advantage of being less likely to stigmatize a group yet may have the greatest impact on those at lowest risk (Offord 2000; Sumartojo et al. 1997). However, these investigations focus on particular domains (psychiatric disorders and HIV) and thus may not capture the full complexity of targeting. Moreover, scholarly investigations of the relative effectiveness of these approaches are lacking, but necessary (Hornik and Ramirez 2006).

More importantly, although the policy actors in our study may have perceived these approaches as a binary choice, this is not the case. Researchers can develop targeting schemes that blend universal and targeted approaches in ways that help to eliminate disparities. For example, scholars concerned with inequality have recently turned to an evolving framework called targeted universalism (Powell 2018; Powell 2008). This approach involves setting universal goals that can be achieved through targeted approaches and rejects the notion of generic universal goals, which ignore the reality that different groups are differentially situated in society. From this perspective, targeted strategies based on an understanding of their needs and circumstances are used to move each group toward the universal goal. The structured, systematic exercise of identifying barriers that affect particular groups' achievement of population health goals would surely benefit the development of programs designed to address health disparities.

As policy actors create programs to address disparity, discussion and specific acknowledgment of whom the intervention is supposed to affect, in what ways it is intended to work, and how the identified target influences the approach are necessary. Although any one disparity is not more important to address than others, the lack of clarity and consensus among policy actors as to which variables are most influential may lead to an incomplete understanding of the causes of the problem, its prevalence among groups, and how best to intervene. Researchers can help identify different conceptualizations of priority groups and their relationship to the design and development of interventions. In addition, explicit specification of the means by which an intervention is hypothesized to reduce group differences (e.g., to decrease the gap by elevating the outcome among those most at risk, to improve the outcome among everyone, irrespective of the gap) would aid in the establishment of goals and objectives that explicate when targeting makes the most sense and how it should be used. Clear, shared goals might help in the coordination of efforts among agencies and stakeholders with diverse target-related mandates and missions.

Marketing scholars might also provide guidance on the design of targeted campaigns. The findings of our study reveal the complexity of designing targeted campaigns that are sensitive to group differences but not stigmatizing. Despite an abundant literature on stigma, few public health guidelines address how to minimize stigma in marketing efforts (Brenkert 2002; MacLean et al. 2009). Examinations that consider responses among both target and nontarget markets may provide direction for policy actors (Aaker, Brumbaugh, and Grier 2000). A marketing perspective could also help provide measurable metrics for better evaluation of targeted interventions. A review of public health metrics found that despite health disparities being a policy imperative, the literature showed sparse attention to metrics for health disparities, and the authors of the review identified a need to expand evidence and consensus on practical measures (Brownson, Seiler, and Eyler 2010). To assist policy actors who seek to improve disparities in health, marketing scholars can identify specific metrics for assessing whom to target, when to target, and how to target, as well as how to assess the impact of targeted interventions. Metrics are of special importance for analyzing efforts that target not only individual behavior but also social

Table 2. Key Findings, Implications, and Research Needs.

Key Targeting Decision	Key Findings	Practical Implications and Key Questions	Needed Research
Whether to target	• Perceived tension surrounding the use of universal versus targeted interventions • More talk than strategic guidance to put targeting into practice • Existence of ideological hesitations to serve the "few" versus the "many" • Beliefs about the fairness of targeting one group at the expense of others • Recognition that universal approaches may widen disparities	• Need for guidelines regarding the use of universal, targeted, and/or hybrid approaches • Need to develop clearer outcome goals such as health benefit, health impact, or disparity impact • Need to define the practical meaning of "priority group" • Need for explicit consideration of the means by which an intervention is hypothesized to reduce group differences	• Under what conditions are universal (targeted) approaches most appropriate? When, how, and in what ways might they be combined? • How do different conceptualizations of "priority group" relate to the design and development of interventions? • What approach or approaches would most effectively and efficiently accomplish identified goals?
Whom to target	• Target groups are selected on the basis of a variety of factors with no clear prioritization as to which variables are most important • Processes (e.g., data availability, data presentation, and bureaucracy) place constraints on the selection of targets • Perceived overreliance on certain variables and insensitivity to within-group differences	• Need for clarity and consensus as to which variables are most important • If a policy actor decides to target, how can the targeting parameters be best defined to achieve maximum effect? • Need explicit acknowledgement of whom the intervention is supposed to affect, and in what ways	• Under what conditions do specific targets make sense? • How should data be used to better determine whom to target? • How can the data collection and presentation process be improved? • Which targeting criteria are most relevant for different situations or under certain conditions?
How to design targeted programs	• The use of targeting is subject to sociopolitical concerns and worries about public backlash • Targeting elicits ideological hesitations because it may be perceived as discriminatory or lead to target stigmatization • Policy actors may adopt undifferentiated strategies by default, given such concerns	• Consider various approaches to targeting programs such as by message (e.g., culturally relevant content), media, or distribution channel to minimize sociopolitical concerns • Determine how to respond to pressures to serve the most people or to equitably distribute products and services	• What targeting approaches are more or less susceptible to sociopolitical concerns? • How should policy actors best respond to or alleviate sociopolitical concerns, either in conjunction with or separate from targeting efforts?
How to implement targeted programs	• Significant reliance on contractors and partner organizations to implement targeted efforts • Notable absence of sufficient coordination of initiatives aimed at similar target audiences • Absence of coordination of initiatives aimed at similar target audiences • Targeted program impact evaluation is rare, with process evaluation most likely if any assessment is conducted • The use of third parties complicates the coordination and evaluation of programs and policies across multiple agencies and sectors	• Need to investigate the extent of evaluation and monitoring that occurs with partners and in relation to goals • Need to find ways to eliminate duplication of policy and programmatic efforts or build synergies among them • Consideration of the costs/benefits of program evaluation is warranted • Need for coordination of efforts among agencies and stakeholders with diverse target-related mandates and missions	• What metrics should be used for both process and outcome evaluation with an eye toward equity for all interventions? • What metrics best capture how much money would be saved by a targeted versus universal effort? • How can campaigns be designed to best resonate with target audiences and avoid stigmatization and potential negative reactions?

determinants of that behavior. Identified metrics can also support efforts to understand any potential negative influences of targeted marketing on public health (Grier and Kumanyika 2010).

From a global perspective, the worldwide emphasis on reducing health disparities also highlights the potential fruitfulness of additional studies across countries and contexts. For example, in the United Kingdom, research suggests that up to 2.6 million

extra years of life could be gained across social groups through significant reductions in health inequalities (Popay, Whitehead, and Hunter 2010). Are the challenges related to targeting the same or different across diverse policy and cultural contexts? Examination of state and local authorities may also provide complementary insights, given that national strategies typically necessitate local involvement and local authorities may place more emphasis on reaching their most vulnerable citizens.

Although we look at multiple agencies and units that have different mandates, an internal study of one agency may yield additional insights. Future research may also be helpful with regard to the role of targeting in multisector collaboration, in light of reports indicating the complexity of integrating sectors and policies to improve health outcomes for all people (e.g., Institute of Medicine 2012). In addition, examining the role of targeting in other contexts of inequality may support an enhanced understanding of the best ways to use targeted interventions. For example, although in 2010 the Census Bureau was required to count the entire U.S. population, hard-to-reach multicultural population segments were prioritized to ensure proper representation, redistricting, and allocation of federal funds (Wentz 2009). Understanding the (in)effectiveness of targeting initiatives across contexts may help agencies develop more effective guidelines to support initiatives designed to address disparities in health and other domains.

Finally, policy actors are an important target sample for future studies. It is important within the fields of public policy and marketing to understand how policy actors perceive marketing within their daily realities. Policy actors not only utilize marketing concepts but also interpret, implement, and use policy-relevant research. This understanding has long been a central concept in the *Journal of Public Policy & Marketing* (DeBerry-Spence et al. 2013), yet we could not identify any studies in which researchers spoke to policy actors to understand their perceptions and beliefs in relation to the use of marketing concepts. Thus, marketing-related investigations could be relevant and highly impactful. Research examining views of targeting among both higher-level policy makers (e.g., legislators) and direct frontline program workers would add insight. Within these investigations, a variety of methods and disciplinary lenses would be appropriate. Such studies will have implications for our understanding of core marketing concepts, while also contributing to the resolution of social inequalities and enhancing consumer well-being.

Limitations

As an initial investigation of policy actor views on targeting, our study is not devoid of limitations. First, the diversity of the sample in terms of their roles at different levels in the organization means that the respondents may not be equally knowledgeable about the mandates to address health disparities in their organization. We aimed to understand the diversity of views, as our focus was less on how much the respondents knew about health disparities than on how they perceived targeting in the context of their daily practice. Given national goals, all agency employees should have some sense of these priorities (HHS 2011). Further, our findings of policy actors' perceptions are undoubtedly important, as their narratives show that their perceptions influence their decisions and actions. However, we are limited in our ability to tease apart whether the bulk of the influence comes from the policy actors' own perceptions or their concern about how the public will perceive their actions. Our analysis necessarily reflects an interpretive approach designed to understand policy actor perceptions of targeting as informed by both individual assumptions and contextual influences. A fruitful path for future studies includes teasing apart these influences.

Conclusion

The present research explains how particular influences shape whether, to what extent, for whom, and how targeted programs are considered, developed, and implemented. Our emphasis on targeting as perceived by policy actors, who have the dual mandate of maximizing scarce resources and serving multiple stakeholders, provides insight into the complexity of the use of targeting to address public health challenges. Further, our findings highlight important areas for future research.

Policy actors make important decisions related to what programs and policies are delivered to which population segments and how. From a broader perspective, our policy actors' views are similar to the views of many in the broader population who find initiatives that are selectively targeted to particular groups less palatable than those that focus on a more general population (Powell 2008). We recommend the need for more awareness and focused investigation of the best targeting approaches. The identified ideological hesitations must be weighed against the need for both equality (treating everyone the same) and equity (giving people what they need based on their unique circumstances). Health disparities reflect societal injustice and are a social challenge that must be addressed lest we undervalue segments of the population. These conversations are undoubtedly hard for policy actors to have, especially in the current partisan political climate. However, the significant material, economic, social, and ethical costs of health disparities underscore the value and importance of such conversations and related research on the role of targeting. We hope that our research contributes to an increase in attention to and consideration of targeting in the policy process.

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