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To cite this article: Michael Mackert, Marie Guadagno & Sara Champlin (2015) Advancing Health Marketing Research and Policy Recommendations by Incorporating Source Perspectives, Health Marketing Quarterly, 32:3, 250-262, DOI: [10.1080/07359683.2015.1061854](https://doi.org/10.1080/07359683.2015.1061854)

To link to this article: <http://dx.doi.org/10.1080/07359683.2015.1061854>



Published online: 14 Sep 2015.



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# **Advancing Health Marketing Research and Policy Recommendations by Incorporating Source Perspectives**

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*Communication researchers, recognizing the message sent is not necessarily the same as the message received, have incorporated the perspective of advertising professionals into the study of advertising effects. Health marketing research could similarly benefit from incorporating this largely absent perspective into the academic and policy debate surrounding the impact of advertising on health issues ranging from obesity to alcohol use. This commentary serves as a call to action to stakeholders in this academic and policy debate: focus on the perspective of advertising professionals to enrich health marketing and public health research in which advertising is the delivery vehicle for health messages.*

**KEYWORDS** *health marketing, advertising, public health*

Imagine an art director and copywriter team working in an advertising agency responding to a creative brief for Oreo cookies. The agency has been tasked with developing advertisements to reach school-aged youth. The creative brief describes the target audience (age, personality traits, media usage habits,

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and current attitudes toward Oreo cookies), outlines messages to be communicated, brand guidelines, and the competition. Is the competition other cookie brands or fruits and vegetables? Are ads on the Internet designed to “sneak” messages to kids without their parents knowing or because kids are already online ads should be placed where kids will actually see them? Looking only at the resulting advertisements, it could be impossible to infer what the advertisers considered to be the competition or why they chose a particular media outlet. Yet this approach, viewing advertisements and assuming the intent behind them, is often adopted by scholars from a variety of fields when studying advertising—something we argue is overly simplistic and results in weaker research and resulting policy recommendations.

Communication researchers have strived for decades to advance knowledge of how mass media, and advertisements in particular, influence people. Many theories have been used to conduct mass media research such as agenda setting (McCombs & Shaw, 1972), diffusion of innovations (Rogers, 1995), cultivation theory (Gerbner & Gross, 1976), uses and gratifications (Katz, 1973), and the elaboration likelihood model (Petty & Cacioppo, 1986). Health communication scholars use theories including the health belief model (Janz, Champion, & Strecher, 2002) and extended parallel process model (Witte, 1994) to study health communication campaigns. Whether the context is general or health advertising, the understanding of how advertising is processed by audiences and influences behavior has advanced significantly since the hypodermic needle model of the 1930s, which saw consumers as passive and easily influenced recipients of targeted communication (Bineham, 1988).

Communication researchers are not the only scholars to study the impact of advertising on consumer behavior, of course, as advertising has drawn the attention of scholars from fields such as marketing and public health. This is particularly true when advertising is thought to contribute to negative health outcomes. A study of the role of advertising in promoting cigarette smoking, for example, led to restrictions on cigarette advertising that played a part in broader policy efforts to discourage smoking (Gilpin, White, Messer, & Pierce, 2007). The role of marketing in contributing to the U.S. obesity epidemic in general, and among children in particular (e.g., Institute of Medicine, 2006), has been a major research concentration; this work has focused on a number of specialty markets, such as sugar-sweetened beverages, fast food restaurants, and junk food (Harris & Graff, 2011; Mello, Pomeranz, & Moran, 2008; Pomeranz, 2012).

As communication theory and research has progressed, one fundamental aspect of communication has remained constant—the message sent is not necessarily the same as the message received (Shannon, 1948). For this reason, it has been argued the study of the advertising professionals who create advertisements, and the advertising production process, must be an integral element of the academic study of advertising (Soar, 2000). Research on

advertising professionals is not completely absent. Investigations of advertising professionals have considered their views on advertising (Hite & Fraser, 1988), the ethical frameworks used by professionals involved in advertising research (Castleberry, French, & Carlin, 1993; Drumwright & Murphy, 2004), advertising professionals' evolving use of product placement (Karrh, McKee, & Pardun, 2003), and their theories of how advertising works (Nyilasy & Reid, 2009).

Communication scholars have recognized the value of incorporating the voice of advertising professionals in their research—to better understand the original intent behind advertisements, the process of creating them, and build bridges between theory and practice. Public health and health marketing researchers could benefit from more frequently incorporating the perspective of advertising professionals into their research on advertising and its impact on health outcomes. The purpose of this commentary is to serve as a call to action to stakeholders in this academic and policy debate: focus on the perspective of advertising professionals to enrich health marketing and public health research in which advertising is the delivery vehicle for health messages. The remainder of this article includes an example of how investigating advertising professionals can improve research and policy making in a particular health marketing context, specifically direct-to-consumer (DTC) prescription drug advertising; this is followed by a discussion of how research focusing on advertising professionals could more broadly benefit investigations of the impact of advertising on health behavior, public health, and policy recommendations stemming from that research.

### TALKING TO ADVERTISING PROFESSIONALS: THE CASE OF DTC PRESCRIPTION DRUG ADVERTISING

Scholars from many backgrounds have studied DTC prescription drug advertising and its effects. Advocates note potential benefits such as reducing undertreatment of health conditions, increasing patient adherence to medications, educating consumers, and increasing patients' participation in their own care (Auton, 2004; Frosch, Grande, Tarn, & Kravitz, 2010; Hollon, 2005; Mastin, Andsager, Choi, & Lee, 2007; Murray, Lo, Pollack, Donelan, & Lee, 2004; Schwartz, Silverman, Hulka, & Appel, 2009). Critics contend DTC advertising leads to inappropriate overdiagnosis and prescribing, degrades interpersonal interactions between patients and healthcare providers, and medicalizes conditions common to aging (Auton, 2004; Mulligan, 2011; Royne & Myers, 2008).

One major concern for scholars doing research in this area is health literacy (a person's ability to obtain, process, and act appropriately on health information; Ad Hoc Committee on Health Literacy, 1999). Low health literate individuals find it difficult to obtain information from DTC drug

advertisements (Kaphingst, Dejong, Rudd, & Daltroy, 2004; Kaphingst, Rudd, Dejong, & Daltroy, 2005). Television advertisements often provide more time for viewers to process the benefits associated with a drug than potential risks (Kaphingst et al., 2004). The use of narratives can exaggerate the benefits of an advertised drug (Frosch et al., 2010). The content of print advertisements is more complicated than the recommended reading level for average audiences, and design decisions made to make advertisements appealing are often at odds with best practices for developing materials for low health literate audiences (Kaphingst et al., 2005; Mackert & Love, 2011).

Given this list of concerns, it would be easy, and perhaps logical to conclude DTC prescription drug ads are constructed to obscure information advertisers do not want audiences to understand. However, an investigation of what advertising professionals know about health literacy found that not to be the case (Mackert, 2011). Interviews with professionals involved with the design of these campaigns indicated training for how to communicate with low-health-literate audiences, a desire to engage with consumers and get their attention, testing messages to help ensure audience comprehension, and how complementary imagery can enhance individuals' understanding of complicated text. Perhaps most significantly, it was clear regulations and concerns about legal liability can force the use of complicated medical terms when the use of "plain language" might lead to better consumer understanding.

This research has broad implications that only come to light through research on advertising professionals. If advertising professionals are trained how to communicate with low-health-literate audiences, but regulations and legal issues force the use of more complicated terminology, this is an issue improved regulations could address. A focus on clear and effective communication, rather than medically precise terminology, could lead to improved comprehension of the content of DTC prescription drug advertisements.

#### MOVING FORWARD: INCORPORATING THE ADVERTISING PERSPECTIVE

Numerous domains of health marketing and communication research could benefit from incorporating the perspective of advertising professionals. Following are examples from a variety of marketing domains relevant to public health—food, alcohol, gambling, tobacco, genetic testing, and advanced medical procedures—that provide starting points for inviting this perspective to improve health marketing and communication research.

One of the most vibrant and important areas where scholars consider the impact of advertising is obesity. Researchers have investigated advertising related to a range of products and how it might contribute to obesity among

both adults and children. As an example, a prominent commentary on food marketing and child obesity stated:

Marketing to children is hardly new, but recent methods are far more intense and pervasive. Television still predominates, but the balance is shifting to product placements in toys, games, educational materials, songs, and movies; character licensing and celebrity endorsements; and less visible “stealth” campaigns involving word-of-mouth, cellular-telephone text messages, and the Internet. (Nestle, 2006, p. 2528)

Without disagreeing with many of the arguments in the commentary, the perspective of advertising professionals could shed light on the use of these tactics. Shifting away from television to product placement and other media options is likely due to changing media habits of children, the development of digital video recorders, and more sophisticated consumers that pay less attention to standard television advertisements. An interest in word-of-mouth, text messaging, and Internet-based campaigns may not reflect an effort to be stealth, but perhaps a desire to follow the creative brief and tap into the credibility of peers in communication. Studying advertising professionals and how they develop these campaigns would help health marketing and communication scholars better understand the campaigns experienced by people in the real world, the intentions behind them, and also provide useful lessons for the successful delivery of health promotion campaigns designed to achieve positive health behavior change in an increasingly cluttered media landscape.

Similarly, a commentary discussing the role of the food industry in addressing the obesity epidemic argues the industry does not have the economic incentive to focus on healthier food:

Thus, food industry strategies to increase revenues typically depend on “eat more” campaigns designed to promote larger portions, frequent snacking, and the normalization of sweets, soft drinks, snacks, and fast food as daily fare. Advice to eat less often, eat foods in smaller portions, and avoid high-calorie foods of low-nutritional quality undermines the fundamental business model of many companies. (Ludwig & Nestle, 2008, p. 1809)

Extending that logic to advertising campaigns promoting unhealthy products might lead one to assume an advertisement promoting a particular brand of cookie is designed to change kids' preferences from healthy foods to that brand, encouraging children to pester their parents for a cookie as a snack instead of a healthier choice. However, inviting the voice of advertising professionals is likely to bring a different view on a cookie advertisement and the strategy behind it. To the advertiser, the “competition” for a brand of cookies more likely includes other cookies and unhealthy snacks, and

perhaps even other “bad” things parents might let their children indulge in (e.g., staying up past their bed time). Indeed, research suggests that advertising in mature markets leads to changes in brand preference but not overall consumption (Wilcox, Kim, & Schulz, 2012). Health marketing and communication research focused on the strategy behind advertising campaigns (the kinds of messages developed, how a brand views its competition, etc.) would enrich investigation in this area; it could also be useful for improving how health social marketing practitioners consider the competition for a health promotion campaign and think more strategically about messages to be delivered.

The point about talking to advertising professionals does not relate solely to obesity. As another example, understanding the motive for creating advertisements for alcohol could benefit the study of marketing related to the use and abuse of this product. The discussion that follows highlights findings uncovered through examining a collection of print alcohol advertisements.

Not only can alcohol advertisers be accused of advertising in media whose audiences consist largely of underage consumers but they also can be legitimately criticized for producing print advertisements that appeal to underage consumers. The findings from this study also support this criticism and concern because persuasive themes that appeal to teens such as humor, sex appeal, and hanging out/partying were frequently used in the content of the advertisements that were analyzed. (Hill, Thomsen, Page, & Parrott, 2005).

Again, it is important to emphasize the general argument—alcohol should not be promoted to teens—is not to be disputed. However, drawing conclusions based on prevalence of advertising themes results in accusations that imply advertisers purposely selected tactics that target teen audiences. A specific argument presented—that humor, sex, and having fun target and influence a teen audience—may be correct, but does not acknowledge the same themes would appeal to many adults of legal drinking age as well. The same criticism has been leveled against gambling advertising:

Consistent with the findings from qualitative studies examining the impact of gambling advertisements, adolescents perceive the primary messages in such ads to be that gambling is fun, exciting, entertaining, and that individuals can easily achieve wealth, success, and happiness. Humor, bright and flashy colors, the use of celebrities, provocative females (often on Internet gambling sites), and glamour were prominent features of commercial gambling ads. (Derevensky, Sklar, Gupta, & Messerlian, 2010, p. 30)

Soliciting information from advertising professionals could help reveal how they see these themes appealing both to legal and underage audiences of both alcohol and gambling, as well as how they do or do not try to account



for this in the design and implementation of ads. A better understanding of the thinking behind the ads, and more conversation between advertising professionals, health marketing researchers, and public health scholars, could lead to smarter policies to prevent undue advertising to teens of age-restricted products such as alcohol and gambling.

Researchers have also studied links between alcohol and tobacco in advertising, suggesting that cigarette manufacturers are attempting to create an association between cigarettes and alcohol. In summarizing findings, the following criticism was leveled at cigarette advertising:

Cigarette advertisements in which alcohol or alcohol-related settings were portrayed were significantly more likely to show individuals holding cigarettes and to depict smoke, thereby linking the act of smoking with lifestyles that involve alcohol and alcohol use. In addition, the observation that such cross-product promotion is absent from advertisements for alcoholic beverages and that cigarette advertisements are nearly as likely as alcohol advertisements to incorporate a bar or nightclub setting also reveals the deliberate nature of these cigarette marketing techniques. (Belstock, Connolly, Carpenter, & Tucker, 2008, p. 7)

It is possible formative research with smokers indicated bars and nightclubs were a frequent setting where they socialize and smoke, meaning this would be an appropriate context for cigarette advertising. More significantly, the finding that the pairing was not reciprocal—no alcohol advertisements featuring cigarette smoking—does not serve as evidence of the true intent of those developing cigarette advertisements; it may tell us something about the end result of alcohol advertisers' work, but even then the intent behind those advertisements and the lack of cigarette smoking present cannot be determined only by studying print advertisements.

Criticism of health marketing goes beyond common consumer products such as food, alcohol, and tobacco. As clinical and personal genetic testing services become more common, for example, they are being more widely advertised directly to consumers. In a commentary discussing the limitations of DTC advertising of clinical genetic testing services, one criticism was leveled against such advertising:

These advertisements describe complex, confusing, and anxiety-producing genetic concepts for the consumer. Drawing on themes of "choice," "hope," "fear," and "peace of mind," these advertisements validate patients' worries about their genetic risks and appeal to their desire to assert control over potential outcomes. (Gollust, Hull, & Wilfond, 2002, p. 1763)

This echoes concerns about the use of emotional appeals in DTC prescription drug advertising (Auton, 2004). But there is a reason advertisers



of complicated health products might rely on themes such as fear and peace of mind, as consumers may be frightened about health problems: approaching them with an emotional story they can connect with could help them engage with the advertising content. Indeed, research suggests this is the case when DTC prescription drug advertising professionals discuss their use of emotion (Ball & Mackert, 2013). As a final example, recent research has investigated the marketing claims made by providers of stereotactic radiation therapy, a type of external radiation treatment that uses special equipment to position the patient and precisely delivers radiation (Narang et al., 2013). While considering potential issues with such advertising, the authors provided the critique:

Given the absence of clinical data, emphasis on institutional expertise, and claims of improved outcomes compared with alternative treatment options, we found that the advertising campaigns for stereotactic technology appear to be largely shaped by the competitive market for radio-surgical services rather than a specific interest in patient education. (Narang et al., 2013, p. 60)

While many of the criticisms leveled in the article against the marketing of this procedure cannot be argued with, this particular complaint shows a potential lack of understanding of the marketer's perspective. There is little incentive for an advertiser other than a clear market leader to engage in patient education around a health product (Mackert, 2011). While guidelines and best practices for health marketing in a particular sector, such as the prescription drug advertising guidelines of the Pharmaceutical Research and Manufacturers of America (2008), might allay this concern, the criticism itself is grounded in perhaps unrealistic expectations of the role advertisers are likely to play with patient education in a competitive market.

## DISCUSSION

The purpose of this article is not to defend the advertising industry. Many of the criticisms leveled against advertising as a factor in contributing to serious health issues are valid. Regulations of advertising, both in general and in ads specifically targeting children, can be a useful policy tool for improving health outcomes. At the same time, it is too easy to draw a caricature of unethical advertisers developing advertisements to manipulate consumers into making poor choices regarding their health. It is overly simplistic and unrealistic to assume advertising professionals charged with developing campaigns for unhealthy products view their competition as healthy products. As noted earlier, particularly in mature markets the purpose and result of advertising is more likely to be shifting brand preferences (Wilcox et al., 2012).

The case study of DTC prescription drug advertising serves as an example of how research focused only on ads might lead to incorrect conclusions about the motives of the professionals developing the advertisements and appropriate policy recommendations. The problem is not necessarily advertisers purposely complicating content, as regulations and legal issues can drive designers of drug advertisements to more complicated terminology than advertisers would prefer (and have been trained) to use (Mackert, 2011). The end result of better regulation would be an improved system of DTC prescription drug advertising that would benefit all parties and call attention to bad actors. Such policy recommendations could not come to light without understanding the perspective of advertising professionals designing the messages.

DTC prescription drug advertising is one category governed by particular regulations. The main point—incorporating the perspective of advertising professionals into health marketing and communication research enriches the field and can lead to better policy recommendations—holds for many other areas of advertising. This commentary touched on advertising of food, alcohol, gambling, tobacco, genetic testing, and advanced medical procedures as examples where talking to advertising professionals might enrich health marketing and communication research. While it may not be possible to predict specific findings to be gained from focusing on advertising professionals and how they produce these advertising campaigns, or the policy implications stemming from those findings, it is undeniably a better approach to understanding how the ads advertisements are produced rather than simply making assumptions.

In considering specific directions for research, there are a variety of ways to pursue the perspective of advertising professionals. First, there is the clear first step of investigating how advertising professionals working in different health marketing contexts go about their work. The perspective of advertisers is likely to vary due to a variety of factors: the target of the advertising, as communicating with children or minority populations can be a more sensitive process than advertising to adults or a general mass market; the amount of regulation in an industry, as more highly regulated marketing environments could be more likely to have unintended or subtle effects on advertisers' work; and the maturity of a market, as consumers' need for education in making an informed decision might be different for a new category of health product or service.

In addition to considering how the perspective of advertisers might vary across contexts, research should consider differences among professionals. Different roles within advertising agencies—art directors, copywriters, creative directors, account planners, and account executives—might have different training and views on health marketing. Such research might consider ethical frameworks these professionals bring to their work, for example, similar to the work of Drumwright and Murphy (2004); it could

also consider how professionals explicitly or implicitly use academic constructs such as emotion and trust in their work and judge their utility and appropriateness (e.g., Ball & Mackert, 2013). The culture of advertising agencies could mean different agencies have varying policies and processes for producing health marketing, and study of agency-level influences on health marketing would be another productive avenue for future investigation.

Communication researchers have recognized the need to incorporate the perspective of advertising professionals into the study of advertising and mass media effects. The result has been improved research, as well as stronger linkages between theory and practice. The field of health marketing research would similarly benefit from investigation of how advertising professionals go about their work. It could lead to improved understanding of the role of advertising in issues of public health, better recommendations for policy, and improve the design of health promotion campaigns.

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