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Marketing Review Final Report

Prepared for the National Institute for Health and Clinical Excellence (NICE)

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CONTENTS

	<u>Page No</u>
EXECUTIVE SUMMARY	1
1.0 INTRODUCTION	7
1.1 Justification of approach	7
1.2 Scope of the review	8
2.0 METHODOLOGY	10
2.1 Nature and effects of marketing to low-income consumers	10
2.1.1 Literature search	10
Table 2.1: Electronic databases used for the marketing to low-income literature search	10
2.1.2 Selection of articles for inclusion	11
Box 2.1: Inclusion criteria	11
2.1.3 Data extraction and quality appraisal	12
2.2 Summaries of existing reviews	12
3.0 MARKETING AND SOCIAL MARKETING AS BEHAVIOURAL CHANGE INTERVENTIONS	14
3.1 The basic idea	14
3.2 Putting the ideas into practice	15
3.3 Additional features of a marketing approach	19
Figure 1 - Building customer relationships with young people in the alcohol market	19
3.4 Research in social marketing	21
Figure 2 - The social marketing research process	22
3.5 Summary/Discussion	22
4.0 FINDINGS FROM THE REVIEW OF MARKETING AIMED AT LOW-INCOME CONSUMERS	24
4.1 What is the nature of marketing strategies and activities aimed at low-income consumers?	24
4.1.1 Understanding low-income consumers	24
4.1.2 The marketing of financial products and services	26
4.1.3 Value-brands	30
4.2 What is the effect of marketing on low-income consumers?	31
4.2.1 Results from primary studies	32
4.2.2 Findings from other studies	33
4.3 Summary/Discussion	35

5.0 OTHER EVIDENCE: THE EFFECTS OF FOOD MARKETING TO CHILDREN	36
5.1 Food marketing: what strategies and activities do marketers use to influence food behaviour in children?	36
5.1.1 What promotional channels are used by food marketers to reach children?	36
5.1.2 What food items are promoted to children?	37
5.1.3 What creative strategies are used by food marketers to target children?	38
5.1.4 What marketing strategies are being used to promote foods in developing countries?	39
5.2 What is the effect of food marketing on children’s food related knowledge, attitudes and behaviour?	40
5.2.1 Does food promotion influence children’s nutritional knowledge?	40
5.2.2 Does food promotion influence children’s food preferences?	41
5.2.3 Does food promotion influence children’s food purchasing and purchase-related behaviour?	41
5.2.4 Does food promotion influence children’s food consumption behaviour?	42
5.2.5 Does food promotion influence children’s diet and other health-related outcomes?	43
5.3 Summary/Discussion	44
6.0 OTHER EVIDENCE: THE EFFECTS OF SOCIAL MARKETING INTERVENTIONS ON BEHAVIOUR	46
6.1 Identifying genuine examples of social marketing	46
Fig 6.1: Andreasen’s benchmark criteria	46
6.2 Summary of review findings	47
6.2.1 Characteristics of the interventions	47
6.2.2 Specific social marketing characteristics of the interventions	48
6.2.3 Smoking, alcohol and substance misuse	49
6.2.4 Physical activity	51
6.2.5 Diet and nutrition	52
6.2.6 Policy and environmental level change	53
6.3 Summary/Discussion	55
7.0 DISCUSSION AND LEARNING POINTS	56
8.0 APPENDICES	
Appendix 8.1: Background references	59
Appendix 8.2: Methods for the systematic review on the effects of food marketing to children	62
Appendix 8.3: List of studies included in the systematic review of the effects of foodmarketing to children	67
Appendix 8.4: Methods for the reviews of social marketing effectiveness	78
Appendix 8.5: List of studies included in the reviews of social marketing effectiveness	80
Appendix 8.6: Search strategies	89
Appendix 8.7: Summary of search results	95
Appendix 8.8: Sample data extraction form for included articles on marketing to low-income consumers	96

Appendix 8.9: References for included articles on marketing to low-income consumers	97
Appendix 8.10: Evidence tables for included articles on marketing to low-income consumers	99
Appendix 8.11: Categories of excluded articles	110

EXECUTIVE SUMMARY

Background

The review was conducted on behalf of NICE by the Institute for Social Marketing (ISM) at Stirling and the Open University. The report helps to shed light on the question of whether and how commercial marketing and social marketing can influence behaviour. To do so, it draws upon several types of evidence:

- a narrative review on the nature of marketing and social marketing as behaviour change techniques (Section 3)
- a review of marketing strategies for low-income consumers (Section 4)
- a recent systematic review of the extent and nature of food promotion to children and its effects on their food knowledge, preferences and behaviour (Section 5)
- a series of reviews of social marketing effectiveness in changing health behaviours (Section 6).

Methods

The narrative review of marketing and social marketing (Section 3) draws upon key marketing and social marketing publications in order to provide a useful account of social marketing's origins and development, its key principles and processes, and the role of research in social marketing.

The review of marketing strategies for low-income consumers (Section 4) adopted systematic search methods. A wide-ranging literature search was designed and carried out to identify any literature reviews, primary studies or other articles providing information on the marketing strategies used to influence low-income consumers' and any effects on their behaviour. Six electronic databases were searched for relevant literature published since 1980. These searches identified over 17,000 potentially relevant titles and abstracts. The majority of these records described grey literature - mostly descriptive or discursive accounts in practitioner journals describing marketing strategies and interventions designed to appeal to low-income consumer segments. Nevertheless, basic relevance appraisal was conducted by three reviewers using a set of inclusion criteria developed for the review.

Full text articles were obtained for 526 records, and these were re-screened for relevance. Only 21 articles met the full relevance criteria for the review. Of these, 18 were non-study articles that provided information on marketing strategies used to target low-income consumers. A further three were primary studies that provided some information on the effects of marketing on low-income consumers. As the vast majority of identified articles did not comprise reviews or primary research, the usual NICE process of critical appraisal and quality scoring was neither appropriate nor possible. Data extraction forms were completed for all 21 included articles (both studies and non-studies).

The examination of the extent and nature of food promotion to children and its effects on their food knowledge, preferences and behaviour (Section 5) is based upon a recent systematic review conducted on behalf of the World Health Organization (Hastings et al 2006). This research is based on two previous systematic reviews (Hastings et al 2003, McDermott et al

2004). A summary of the review methodology is provided in the appendices.

Evidence on social marketing effectiveness (Section 6) is based on three existing reviews (Stead et al 2006, Gordon et al 2006, McDermott et al 2006). These reviews were recently conducted for the National Social Marketing Centre for Excellence (NSMC), a partnership between the National Consumer Council and Department of Health. The reviews examined the effects of using social marketing techniques to improve diet, increase physical activity and tackle smoking, alcohol and illicit drug use. A summary of the methods used by these reviews is provided in the appendices.

Marketing and social marketing as behavioural change interventions

Social marketing takes learning from commercial marketing and applies it to the social and health sectors: ideas and techniques that are being used to influence *consumer* behaviour can cross the profit divide and be used to influence *health* behaviour. Social marketing techniques and thinking have spread considerably and are now at the centre of health improvement in many developed countries, including the UK.

Social marketing implies a strategic way of *thinking about and managing social change*. Both marketers and social marketers adopt a strategic approach to planning their activities, guided by seven key stages: defining the problem, defining objectives, understanding the consumer, segmenting and targeting consumers, understanding and addressing competition, creating an exchange, and developing the marketing mix.

Recent thinking in social marketing is characterised by a focus on building relationships, long-term strategic thinking, and customer defined quality. In social marketing, the concept of relationship marketing suggests there are benefits to be gained if we think in terms of building long-term relationships with our target groups. This idea has particular resonance for social marketers typically targeting behaviours which are often high-involvement and multi-faceted, and where trust is particularly important. Relational thinking should apply both to engaging the general public and to social marketing's 'upstream' targets: policymakers, professionals, retailers, and stakeholders, for example. Social marketing efforts should have the same kind of longevity as commercial marketing programmes and the target group's opinion about a social marketing offering is as important as that of health professionals and other experts.

Finally, social marketing sees research as a process that provides progressive learning, not just about how we should intervene, but about the people with whom we want to intervene. Social marketers draw upon both positivist and humanist research traditions. The first pushes us towards quantitative methods, establishing cause and effect, and hypotheses testing. The second encourages us to adopt a pragmatic mix of methodologies that will best aid decision making and provide us with a better (though imperfect) understanding of what makes people do what they do.

Findings from the review of marketing aimed at low-income consumers

Eighteen articles were found that provide insights in the strategies and activities used by commercial marketers to target low-income consumers. The articles provide useful insights about the characteristics of this group and how they are taken into account when marketing

strategies are developed.

Financial products and services are successfully marketed to low-income consumers by ensuring that offerings are tailored specifically to their needs. This has involved:

- Developing straightforward products and services that low-income consumers can understand.
- Removing potential barriers like complex application forms and unobtainable deposit requirements/fees.
- Maximising convenience by making services available through channels accessible to low-income consumers and at times that suit their lifestyles.
- Providing education and counselling to help low-income consumers understand the options available to them and manage their financial commitments.
- Addressing low-income consumers' specific security concerns.

Finance firms have also taken a long-term approach to this market and have attempted to build strong relationships both with the end consumer and important stakeholders. Grassroots marketing has formed a crucial aspect of this relationship building and finance firms have successfully penetrated the low-income market by offering additional services to community groups and organisations and by attending community events.

Multinational organisations including Unilever and P&G are very dedicated to the low-income market. They have teams of people responsible for developing marketing strategies for this particular group and rely on ethnographic research to guide their product development efforts. Because they recognise the significance of brands to the low-income market, their primary focus is on developing value-brands - convenient, well-performing, affordable brands – and encouraging affinity for these brands among low-income groups.

Only three studies that directly measured the effects of specific marketing efforts on low-income consumers were found. Because the studies examine very different campaigns and are so few in number, it is difficult to draw any meaningful conclusions. Several additional study and review articles shed light on how low-income consumers engage with or are affected by marketing in general. These articles show that low-income consumers are skilled at adopting 'coping strategies' to tackle the financial and other constraints affecting their consumer behaviour. Low income consumers are 'savvy' and even develop shopping strategies that allow them to purchase the best assortment of products they can within a tight budget. Low-income consumers also demonstrate more accurate price knowledge than more affluent consumers and spend a bigger proportion of their budget on key household products and services including housing, food and transport.

Branding is very important to the low-income market. One study involving school children showed that parents will pay more money for popular, dependable fashion brands for their children because they have knowledge of these brands and are familiar with them.

Other evidence: the effects of food promotion to children

A recent review of the international evidence on food promotion to children confirms that in both developed and developing countries: (i) there is a great deal of food promotion to children, particularly in the form of television advertising; (ii) this is typically for highly

processed, energy dense, unhealthy products with evocative branding; and (iii) that children recall, enjoy and engage with this advertising (Hastings 2006). Thus it is clear that children across the world are being exposed to an unhealthy diet of food promotion. Furthermore, globalisation and specifically the opening up of massive economies in India and China mean that this marketing effort is set to increase. Food brands such as Coca Cola and McDonalds can gain an almost iconic status in the conflation of development with western values.

Complex studies capable of establishing cause and effect demonstrate that food promotion influences children's food preferences, purchase behaviour and consumption; the earlier review for the FSA also found that these effects were significant, independent of other influences and operated at both brand and category level (Hastings et al 2003). There is also evidence that food promotion encourages children to request their parents to purchase foods they have seen advertised.

The complexity and cost of cause and effect research means that it has only been done in developed countries. However, there is no reason to believe that children in the developing world will be any less vulnerable to food promotion. Other research, usually in the form of surveys, from countries including Chile, Bahrain, India and Venezuela show that children are interested in trying advertised foods and often ask their parents to buy the foods they have seen advertised. Parents - especially those from disadvantaged backgrounds - frequently yield to such requests. Disadvantaged mothers also attribute more importance to advertised food products and credibility to food adverts than their more privileged peers. Overall, this indicates that children in developed and developing countries respond to food promotion in similar ways. It is therefore plausible that any evidence of cause and effect from developed countries can apply to children in the developing world.

Indeed three factors suggest that children in the developing world may be more vulnerable to food promotion:

1. They are likely to be less sophisticated about modern marketing and branding because it is such a new phenomenon in many developing countries. In China, for example, the economy has only just opened up to western influence.
2. Western firms see children as a bridgehead for entering developing economies, because they are more flexible and responsive than their parents.
3. They also represent a very real direct and indirect market: even in relatively poor countries they have disposable income from an early age and are known to have a big influence on family consumption behaviour.

Furthermore, the review almost certainly understates the problem. The evidence base focuses on television advertising, with relatively little attention given to other forms of advertising, let alone marketing as a whole. The latter is a much broader phenomenon than advertising, incorporating not just other forms of promotion (eg merchandising and packaging), but also product development, pricing strategies and distribution. Some of these other variables may be just as influential as advertising, and it is the combination of all four that underpins the most powerful food brands.

Other evidence: the effects of social marketing interventions on health behaviours

Three reviews examined the effectiveness of social marketing interventions for changing health behaviours – nutrition, physical activity and drug use. All of the interventions included in the reviews were judged to have adopted social marketing principles in their design and implementation: they all had specific behavioural objectives; used consumer research to understand the target audience, the people whose behaviour they were trying to change (including upstream target groups such as retailers); and considered ways of segmenting the population and tailored the intervention accordingly and appropriately. They also all considered what would motivate people to change ('exchange'), used a combination of the channels and activities that make up 'the marketing mix', and addressed competition or barriers to behaviour change.

The reviews were not intended or designed to compare social marketing with some other framework for developing interventions, rather to contribute to the evidence base for the effectiveness of social marketing itself. Overall, the reviews found reasonable evidence that interventions developed using social marketing principles can be effective. A majority of the interventions which sought to prevent youth smoking, alcohol use and illicit drug use reported significant positive effects in the short term. Effects tended to dissipate in the medium and longer term, although several of the tobacco and alcohol interventions still displayed some positive effects two years after the intervention. The evidence was more mixed for adult smoking cessation, although small numbers of programmes were nonetheless effective in this area. There was modest evidence of impact on levels of physical activity and psychosocial outcomes, with an apparently weaker effect on physical activity-related physiological outcomes. There was strong evidence that social marketing can be used to increase fruit and vegetable consumption and improve dietary knowledge and psychosocial factors associated with diet. The evidence for reducing fat intake was more mixed and again the impact on physiological outcomes was limited.

The interventions seem also to have had some effects on the behaviour of retailers, and to have encouraged adoption of policies and other environmental-level changes, although the data on these are less robust and it is often difficult to attribute changes to the interventions rather than to other events and trends in the community.

Learning points from the report

The report identifies several key, fairly generic learning points for public health:

- Move away from a prescriptive approach and 'get to know' the target group(s). Seek to understand the problem from their perspective – identify their motivations and the factors that influence their behaviour. These insights are particularly important when trying to influence 'hard-to-reach' groups like low-income households. Formative research can be a useful navigational aid and can help provide some of this understanding.
- Group individuals according to the similarity of their needs then identify the most appropriate group(s) around whom to organise the marketing effort. Develop a marketing strategy that utilises the various elements of the marketing mix (eg.

promotion, distribution, product) and is tailored to the specific requirements of the target group(s).

- Identify any competition to behaviour change that exists (eg. apathy, effort, time) and consider how to best remove or minimise its influence. It is critical to make it easy for people to adopt new behaviours, especially in the case of vulnerable groups (eg. children, low-income) who face extra difficulties. An insider perspective on these difficulties can be especially insightful and can highlight problems that may be otherwise difficult to detect.
- In the past marketers viewed the low-income market as problematic, alienated and difficult to reach. However, they soon realised that this was because they were not communicating with low-income consumers in the right way and were offering them products and services not suited to their needs. Following a change in mindset – and by listening to their needs – marketers discovered that they could engage with low-income consumers and successfully influence their behaviour. The public health community should adopt a similar mindset when trying to influence this group.
- In public health, positive emotion and branding are potentially useful but typically underused (in huge contrast to commercial marketing). Consideration should be given to the use of positively framed and upbeat messages (eg. stressing the benefits to be gained from a healthy lifestyle rather than the consequences of an unhealthy one).
- Convenience is especially important among the low-income market. The commercial sector has learned to bring messages and services to this group by infiltrating local communities, engaging in grassroots marketing and providing a range of services under one roof. A grassroots approach is also helpful for tackling issues of mistrust. The public health community could too make use of some of these strategies to help to penetrate the low-income sector.
- It is important to do things over and over again. For example, food marketers advertise to children continuously because they know that repeated exposure to advertising increases its effectiveness.
- Stakeholders and other key influencers should be identified and accounted for in the marketing strategy. The target group's environment should be addressed and 'upstream' change targeted where appropriate.
- Like the commercial sector, the public health community should also engage in long-term thinking and view engagement with the target group(s) as strategic ongoing relationships, not discrete interactions.

1.0 INTRODUCTION

1.1 Justification of approach

As part of its programme for developing public health guidance on behaviour change, NICE commissioned a review that aimed to assess the effectiveness of general interventions, approaches and models at individual, community and population levels, in areas outside of core public health activities. The aim was to gather evidence on behaviour change from other fields, such as marketing, the environment or criminal justice, which might transfer to or yield useful learning for public health interventions.

The review was conducted on behalf of NICE by the Institute for Social Marketing (ISM) at Stirling and the Open University. Following discussion, three topic areas were selected on the basis of their relevance to the guidance and their potential for yielding useful evidence:

1. Road safety
2. Pro-environmental behaviour change
3. Marketing to low-income consumers

In light of the breadth of the topic areas, and the fact that considering interventions in these areas in relation to public health is a relatively novel activity, the decision was made to focus on review-level literature. The advantages and disadvantages of this approach have been discussed elsewhere¹.

‘Marketing to low-income consumers’ was selected because NICE was particularly interested in the potential learning which could be transferred from marketing to public health. It was decided to restrict the review to low-income consumers because NICE was particularly interested in intervention impacts on socially excluded groups, and also in the interests of manageability. It was also decided initially that the search would exclude studies of marketing of alcohol, tobacco and food, as these had already been examined by public health researchers.

The road safety and pro-environmental sections of the review examined the nature and effectiveness of interventions in these areas by addressing the following three review questions:

1. What are the characteristics of road safety (pro-environmental) interventions?
2. What is the evidence for effectiveness of interventions in terms of changes in road safety-related (pro-environmental) knowledge, attitudes, behaviours and other related outcomes?
3. What information if any is provided on factors which influence effectiveness?

It had originally been intended that the marketing section of the review would address similar research questions, and would adopt similar search, appraisal and data extraction procedures (although it was anticipated that there would be no existing reviews in this area and that the review would therefore examine primary studies). Systematic searches, of both academic and

¹ See, for example, Swann, C, Naidoo, B & Kelly, M (2006) Evidence for public health practice: conceptual and methodological challenges. In A Killoran, C Swann & M Kelly (eds) (2006) *Public Health Evidence: Tackling health inequalities*. Oxford: Oxford University Press.

grey literature, were conducted for reviews and studies capable of answering the research questions. These searches yielded an extremely high number of titles and abstracts (over 17,000), but examination of these found no reviews and very few relevant studies. The former had been anticipated but the latter had not. Several studies were found on how low-income consumers engage with and are affected by marketing in general (for example, cross-sectional studies examining different types of consumers' price sensitivity or attitudes to product attributes; qualitative studies of how low-income consumers feel and cope when exposed to marketing for products they cannot afford). Three studies were found that compared the response of low-income consumers to specific marketing campaigns with that of other demographic groups. However, no studies describing and measuring the effects of specific marketing interventions aimed at low-income consumers were found. The most relevant information thrown up by the searches was a body of grey literature – mostly descriptive or discursive accounts in practitioner journals describing marketing strategies and interventions designed to appeal to low-income consumer segments. These accounts did not comprise primary research, and the usual NICE process of critical appraisal and quality scoring was neither appropriate nor possible. Nevertheless, basic data extraction was conducted.

A different approach was therefore taken with this section of the review. Decisions about how to proceed were informed by discussions with NICE and also with the wider Programme Development Group. These confirmed that NICE's primary interest was in gathering potentially transferable learning for public health from behaviour change techniques in other fields. There was an interest in behaviour change techniques which had been proven to be effective in changing knowledge, attitudes and behaviour, including marketing and *social* marketing. There was also a recognition that the remit of this particular review was both ambitious and unconventional, and that a different review approach may be warranted, such as one drawing on qualitative and case study accounts as well as or instead of primary 'gold standard' evidence.

1.2 Scope of the review

The scope of this section of the review has therefore been altered, and a slightly different format adopted. As well as reporting findings from the information on marketing to low-income consumers retrieved through the searches (as noted above, mostly grey literature), we have included summaries of recent review evidence on, firstly, the nature and effects of food marketing aimed at children, and secondly, the nature and effects of social marketing interventions on a range of health behaviours. We have included this evidence in the report because it is capable of examining causal relationships between marketing and behaviour. It therefore helps to shed light on the question of whether and how commercial marketing and social marketing can influence behaviour.

The report therefore comprises the following sections. Section 3 is a narrative review and discusses the nature of marketing and social marketing as behaviour change techniques, providing a brief overview of key marketing principles and tools. Section 4 reports findings from the review of marketing to low-income consumers, structured around two research questions:

1. What strategies and activities are used by marketers to influence low-income consumer behaviour?

2. What are the effects of marketing on low-income consumers?

Section 5 summarises findings from a recent systematic review of international evidence on the effects of food marketing on children's food choices, and Section 6 summarises evidence from recent reviews of the impact of social marketing interventions on behaviour. The report concludes by discussing this report's key findings and considering the key learning points (Section 7).

2.0 METHODOLOGY

2.1 Nature and effects of marketing to low-income consumers

2.1.1 Literature search

A wide-ranging literature search was designed and carried out to identify any literature reviews, primary studies or other articles providing information on marketing strategies used to influence low-income consumers' and any effects on their behaviour.

The search strategy was created by combining a list of terms relating to low-income situations with different marketing terms. For example, terms referring to socio-economic gradings, deprivation, finances, housing, welfare, health and employment were added to marketing terms such as advertising, target marketing, direct mail, telesales, and product placement. The strategy excluded food, alcohol, tobacco and pharmaceutical advertising, marketing and promotion. It was the researchers' intention that the strategies be specific enough to pick up relevant reviews in the downloaded citations without being too insensitive so as to produce many irrelevant results. See Appendix 8.6 for examples of the search strategies used (a complete set of search strategies is available on request).

A wide date parameter was used. The given date parameters were from the beginning of 1980 up to the date of the searches. The electronic database searches were conducted between the 14th and 30th of June 2006. The content of all the databases is international, however the searches were restricted to the English language only where possible. See Table 2.1 for a complete list and description of the electronic databases searched. It was originally intended that PAIS International (which includes an index to international literature on public and social policies) would also be searched, however financial and time constraints prevented this.

Table 2.1: Electronic databases used for the marketing to low-income consumers literature search

Database	Brief Description
ASSIA	Applied Social Sciences Index and Abstracts - index to journals in the fields of sociology, social services, health, psychology, education and politics.
Business Source Elite	Provides indexing and abstracting to business publications and management, marketing and economics journals.
Emerald	Index to journals published by Emerald covering marketing, general management, human resources and related areas.
PsycINFO	Index to journal articles, technical reports, dissertations and books in psychology. Also resources relating to psychological aspects of healthcare, nursing, sociology, psychiatry, education, law, business and linguistics.
WARC	World Advertising Resource Center - index to articles on advertising, marketing, brands and campaigns. Also contains case studies.
Zetoc	The British Library's table of contents covering journals and conference proceedings on all subjects.

The core search strategy was refined slightly for each database but broadly the same strategy was used in all. For example, the Business Source Elite database did not combine the large number of searches very easily so the filter to remove the promotion of products connected to ill health could not be used. Articles of this type were screened out manually as described below in 2.1.2. The Emerald and Zetoc databases do not have the facility to combine searches, therefore a simplified search strategy was created that still combined low income with marketing terms. Finally, the WARC database was also less well suited to the systematic

search strategy. Although it did allow the health and ill-health related product promotion filter, the search strategy itself was slightly simplified.

Results from each database (containing at least the author, title, publication year, source and ideally an abstract for each record) were downloaded as text files and imported to a suite of bespoke bibliographic software supplied by Owl Research Ltd (ORL software).

2.1.2 Selection of articles for inclusion

As outlined in Section 1.1 it had originally been intended that the marketing section of the review would address similar research questions to the reviews of road safety and pro-environmental behaviour, and adopt similar search, appraisal and data extraction procedures (although it was anticipated that the review would examine primary studies).

It was clear when undertaking the searches that they had thrown up no reviews and very few relevant primary studies. The majority of records described grey literature - mostly descriptive or discursive accounts in practitioner journals describing marketing strategies and interventions designed to appeal to low-income consumer segments. Nevertheless, basic relevance appraisal was conducted by applying a set of inclusion criteria (see Box 2.1) to the records based on their titles and abstracts.

Box 2.1: Inclusion criteria

1. Published in English language
2. Published in or after 1980
3. Reports sufficient information on the strategies used by marketers to influence low-income consumers and/or any evidence of their effects on this group.
 - By 'commercial marketing' we mean any form of commercial activity designed to advertise, promote and sell a product or service.
 - By 'low-income consumers' we mean financially disadvantaged individuals, communities or populations.
4. Does not report marketing for health and ill-health related products such as tobacco, alcohol, food and pharmaceuticals.

The 17,617 abstracts were initially screened by one reviewer. The results downloaded from the databases should have contained only English language publications from 1980 onwards, however this was checked for errors. Though the programme was designed to remove duplicates, some were missed due to the matching criteria used by the software. Records were excluded at this stage for two primary reasons:

- paper was a duplicate (manually identified)
- paper was off subject

A second and third reviewer audited the appraisal process by each checking 50% of the records. A flow-chart in Appendix 8.7 gives an overview of the number of records being removed at each stage of this exclusion hierarchy, showing that a total of 526 records were considered potentially relevant from the original 17,617 abstracts. The auditing process achieved 98% agreement on what may and may not be included and discrepant decisions were resolved through discussion.

Full text articles (or complete abstracts, where missing) were obtained for 526 records, and

these were re-screened for relevance. Only 21 articles met the full relevance criteria for the review. Of these, 18 were non-study articles that provided information on marketing strategies used to target low-income consumers. A further three were primary studies that provided some information on the effects of marketing on low-income consumers. See Appendix 8.9 for a list of included articles and studies and Appendix 8.11 for a description of the categories of excluded articles and studies.

2.1.3 Data extraction and quality appraisal

As the vast majority of identified articles did not comprise reviews or primary research, the usual NICE process of critical appraisal and quality scoring was neither appropriate nor possible. Nevertheless, basic data extraction was conducted. Data extraction forms were completed for all of the included articles (both studies and non-studies). This process was undertaken by one reviewer and checked by a second reviewer. The data extraction forms standardised the extraction of information across articles, providing a concise description of each piece in terms of authorship, publication type, geographical origin, key results and UK relevance. A sample data extraction form is contained in Appendix 8.8.

Because there were very few primary studies that addressed the review questions (and they were each fairly limited in relevance), no formal quality appraisal was undertaken. Instead, two reviewers independently judged whether the studies were of sufficient methodological quality to be included by considering the following:

1. Is the study design adequately described?
2. Is the sampling strategy adequate?
3. Are data collection methods adequate?
4. Is the data analysis adequate?
5. Do the findings support the conclusions?

All three studies were described as ‘well-conducted’ and included in the review.

2.2 Summaries of existing reviews

In addition to the search and review methods described above, we have also in this report summarised a number of recent reviews examining the nature and effects of marketing and social marketing interventions. The methodologies used in these reviews are summarised in Appendices 8.2 and 8.4. The reviews are:

- (i) A systematic review of international evidence on the nature and effects of food marketing to children in both the developed and developing world (Hastings et al 2006). This research was conducted on behalf of the World Health Organization in 2006 and is based on two previous systematic reviews (Hastings et al 2003, McDermott et al 2004). The review sought to determine the nature and extent of food marketing to children, and its effects on their knowledge, preference and behaviour.
- (ii) Three reviews of evidence of the effectiveness of social marketing interventions (Stead et al 2006, Gordon et al 2006, McDermott et al 2006). These were conducted for National Consumer Council and Department of Health in 2006. The reviews examined the effects of using social marketing techniques to improve diet, increase physical

activity and tackle smoking, alcohol and illicit drug use.

3.0 MARKETING AND SOCIAL MARKETING AS BEHAVIOURAL CHANGE INTERVENTIONS

This section discusses the general principles and tools of marketing and social marketing as approaches to behaviour change. Section 3.1 begins by discussing the basic idea underpinning social marketing: the transfer of ideas between consumer and health behaviour. Section 3.2 describes the seven key stages of the social marketing process, and Section 3.3 outlines three more recent social marketing ideas. Section 3.4 discusses the role of research in social marketing. An overall summary is provided in Section 3.5.

3.1 The Basic Idea

The most basic – and universally accepted - truth about social marketing is that it takes learning from commercial marketing and applies it to the social and health sectors: ideas and techniques that are being used to influence *consumer* behaviour can cross the profit divide and be used to influence *health* behaviour.

This thinking dates back to 1951, when Wiebe asked the question ‘Can brotherhood be sold like soap?’ He evaluated four different social change campaigns, and concluded that the more similarities they had with commercial marketing, the more successful they were. Over the next two to three decades, marketers, public health and social change experts developed and refined this thinking, learning particularly from international development efforts, where social marketing was used to inform family planning and disease control programmes (Manoff 1985). Social marketing thinking and techniques spread to the developed world, and social marketing is now located at the centre of health improvement in Australia, New Zealand, Canada and the US, as well as the UK.

Choosing Health argued for the “*power of social marketing*”, and “*marketing tools applied to social good*” being “*used to build public awareness and change behaviour*” (Department of Health 2004). This led to the formation of the National Social Marketing Centre for Excellence (NSMC), a collaboration between the Department of Health and the National Consumer Council, which has already conducted a national review of social marketing and is developing the first National Social Marketing Strategy for Health in England. The potential of social marketing for improving health has also been discussed in two recent articles for the British Medical Journal (Hastings & McDermott 2006, Evans 2006).

Lazer and Kelley’s classic definition of social marketing underlines the point that social marketing recognises both these phenomena, and, whilst learning from commerce, also adopts a critical perspective when its activities push competing agendas:

“Social marketing is concerned with the application of marketing knowledge, concepts, and techniques to enhance social as well as economic ends. It is also concerned with analysis of the social consequence of marketing policies, decisions and activities.”

(Lazer & Kelley 1973: pix)

3.2 Putting the ideas into practice

Social marketing does not imply one particular type of intervention, but rather a strategic way of *thinking about and managing social change* which is underpinned by marketing (MacFadyen et al 2003). Both marketers and social marketers adopt a strategic approach to planning their activities, guided by the following key stages:

1. *Defining the problem*
2. *Defining objectives*
3. *Understanding the consumer*
4. *Segmentation and targeting*
5. *Understanding and addressing competition*
6. *The exchange*
7. *Developing the marketing mix*

The NSMC has developed a useful guide to the social marketing planning process (based on similar steps) in its Social Marketing Pocket Guide (Department of Health and National Consumer Council 2005). This resource provides practical help for developing, implementing and evaluating social marketing programmes.

1. Defining the problem

Any marketing enterprise, whether commercial or social, starts by defining the problem. In social marketing this involves looking at the particular behaviour – say teen binge drinking – and trying to determine what is causing it. The answer may lie in individual factors, such as a lack of understanding of the dangers of excessive alcohol consumption among young people; the behaviour of publicans and the drinks promotions they offer; or with licensing and taxation policy which have made drink too cheap and ubiquitous. Whether it be a matter of individual behaviour, professional practice or public policy (or, typically, a combination of all three) the social marketer seeks to get a clear view of the cultural, economic, societal and other forces which are influencing these.

He or she then thinks through the opportunities and threats this analysis throws up, and maps these against their own organisation's strengths and weaknesses (often referred to as a SWOT analysis). This provides strategic direction. For example, an analysis of dental health in a particular region may suggest that fluoridation presents the greatest opportunity for bringing improvements, is politically popular with the current Government and is well within the professional capabilities and capacity of the social marketing organisation (Hastings et al 2000). It also identifies the main competition in the form of a vociferous group of anti-fluoridationists.

2. Defining objectives

Based on a clear understanding of the problem, the marketer seeks to pinpoint clearly the precise behaviour change which is needed and to formulate clear objectives.

Clear objectives are valuable for two reasons (Hastings et al 2005). First, they ensure that a clear understanding and consensus about the intent of the intervention is developed by all those involved. This includes both people within the organisation and outwith it. For example, if an advertising agency is being used, well defined and agreed objectives can ensure that they are absolutely clear about what their advertising has to achieve from the outset. Similarly, good objectives facilitate communication with superiors and controlling bodies. This can be

particularly important in social marketing where funding agencies or politicians may have to be convinced of the value of an intervention. Second, objectives provide an excellent management tool. They provide a clear focus for intervention design and make it possible to monitor progress and ultimately to measure success.

Good objectives are **measurable** (ie. able to be readily evaluated) and **realistic** (ie. within the capability of the organisation). The latter point is particularly important; there is a tendency for social marketing efforts to be overly optimistic, perhaps because the behaviours they are trying to influence are so important.

3. Understanding the consumer

The 'big idea' of marketing is that the consumer – rather than production – should be at the heart of the business process. Whilst Henry Ford focussed on selling what he could produce, offering his customer little choice but cheapness – “*any colour that he wants so long as it's black*” - modern marketers invert this rubric and produce what they can sell. This deceptively simple change has revolutionised commerce over the last fifty years and it has succeeded because, paradoxically, listening to consumers actually makes it easier to influence their behaviour.

Social marketing, then, argues that we should move away from an expert-knows-best mentality, in which decisions are based on professional judgement and rigorous epidemiology, followed by post hoc research on how these perfectly defined interventions can be sold to the public (MacFadyen et al 2003). When people behave in a way that prejudices their health and safety – by having unprotected sex or driving too fast – we should not assume they are simply being irrational and need louder exhortation to be brought into line. Rather, we should recognise that other needs may drive their choices: taking risks, having fun, seeking solace or just trying to cope with life. Social marketers advocate that recognition of the complexities of life, and the need to help people navigate these, is integral to sustained behaviour change (Hastings & Stead, in press).

4. Segmentation and targeting

Successful marketing operates by offering optimum satisfaction of consumer needs (Kotler et al 2005). In theory, to do this properly, every individual needs to be treated differently and made a unique offering. Clearly this would be impractical. Instead, there is a compromise, and people are grouped according to the similarity of their needs. A decision is then made as to which is (are) the most appropriate group(s) of consumers around whom to organise the marketing effort. In short, the population is 'segmented' into 'target markets'.

The next task is to decide which segments will become targets (Patron 1998). Three principles guide this decision. **First** the target should be *substantial* - ie. big enough to warrant attention (Kotler et al 2005, Dibb et al 1994). In commercial terms, it must be capable of generating sufficient profit, in behaviour change terms it must be capable of having a significant impact on the problem being tackled. **Second** it must be *accessible* (Kotler et al 2005, Dibb et al 1994) - viable channels of communication and service delivery must exist. In drugs prevention, school children are, for example, likely to be much more accessible than young adults. **Third** the target should be *actionable*: one that the marketer is capable of serving (Kotler et al 2005, Dibb et al 1994). There is no point in having a big and accessible target if there is nothing to offer them or they are likely to be impervious to any initiatives.

In social marketing the same principles of segmentation and targeting apply whether the target

group is patients, members of the public, professionals or policymakers. For example, if the aim is to implement water fluoridation to protect dental health, it is clear that many groups are involved - including the media, politicians and the general public - but water providers are the key segment, because they have the power to make the desired behaviour change: to fluoridate the water (Hastings and Stead, in press). The decision may therefore be made to target all four groups, but with the greatest emphasis on the last.

5. Understanding and addressing competition

This stage asks what competition exists to the desired behaviour, and how the social marketing effort can best remove or minimise its influence.

Good competitive analyses, as with so much else in marketing, looks at the world through the eyes of the customers (Hastings in press). What products do they use to satisfy the same need? What do they buy instead? Who do they see as the competition? For the commercial marketer the competition is typically other companies, products and services which customers may use instead of the marketer's own. In social marketing, similar commercial competition might exist: a social marketer trying to promote consumption of fruit as a snack among children faces competition from retailers like McDonald's who are also promoting foods to children. But in social marketing, competition also exists in the form of other health messages and campaigns (the same consumers may be simultaneously being targeted by a dental health initiative warning them against eating too much sugar or snacking between meals). Another type of competition is inertia: the powerful appeal of current behaviour or the status quo. For physical activity interventions this may be one of the most powerful forms of competition.

Competition also clearly applies when the social marketer is working upstream. Tobacco control campaigns face severe competition from the activities of Philip Morris and Imperial Tobacco: how they stand in their customers' and stakeholders' eyes, their likely response to regulation, their possible future actions, their lobbying and media advocacy efforts and so on.

6. The exchange

If marketing's underlying 'philosophy' is consumer orientation, its key mechanism is exchange. Kotler and Zaltman (1971) argue that: "*marketing does not occur unless there are two or more parties, each with something to exchange, and both able to carry out communications and distribution*" (p4). Exchange is defined as an exchange of resources or values between two or more parties with the expectation of some benefits. The motivation to become involved in an exchange is to satisfy needs (Houston and Gassenheimer 1987). Exchange is easily understood as the exchange of goods for money, but can also be conceived in a variety of other ways: further education in return for fees; a vote in return for lower taxes; or immunisation in return for the peace of mind that one's child is protected from rubella.

The essence of exchange is the insight that consumers do not buy products, they buy solutions to problems (Houston and Gassenheimer 1987). This means thinking through what it is that consumers *really* want – often a deceptively simple challenge. By divining consumers' problems and needs and providing ever more imaginative and intricate ways of satisfying them, marketers seek, not to force us to buy, but seduce us with mutually beneficial offerings (Hastings in press)

7. Developing the marketing mix

'Commercial marketing is essentially about getting the right product, at the right time, in the right place, with the right price and presented in the right way that succeeds in

satisfying buyer needs.'

(Cannon 1992, p46)

In commercial marketing the marketing mix comprises the four Ps of product, price, place and promotion (Baker 2002). The 'product' is the company's offering and can include both goods and services, 'price' is what the consumer has to pay for the firm's offering, and 'place' concerns the distribution strategy (Kotler et al 2005). 'Promotion' covers all the means by which an organisation communicates with its (potential) customers and other target audiences in an effort to persuade them to buy their goods or services. It takes many forms, including mass media advertising personal selling, sales promotion, public relations, direct mail and point-of-sale merchandising (Kitchen 1999). Technological developments have added electronic and digital media, such as the internet and mobile-phone technology, to this 'promotional mix' (Crosier 1999), which offer opportunities for interactive communications (Pavlou & Stewart 2000). By creating complementary promotion, product, price and distribution strategies, marketers seek to influence consumers so that their needs and desires are directed towards the marketer's offering (Kitchen 1999).

The same thinking is applied in social marketing (MacFadyen et al 2003). Products may be tangible (condoms, fruit, nicotine patches) or intangible (ideas, values, services). Price represents the cost of adoption. In commercial marketing, this obviously includes the monetary cost of buying the product. But costs can also be psychological and emotional (the 'cost' of stepping out of one's comfort zone), social (the cost of looking different in one's peer group), practical (getting to the gym), temporal (the extra time needed to cook from scratch rather than use convenience foods), physical (nicotine withdrawal), and so on. Place refers to the channels by which the change is promoted and in which it is supported. It might include distribution channels (places in which people can obtain patches or buy fruit) and settings (bringing interventions to the consumer, into workplaces or homes, rather than expecting consumers to come to the intervention); it can also encompass non-physical places such as the general social and cultural climate in which health behaviours are practised (making the idea of smokefree more socially acceptable). Finally, promotion refers to the means and messages by which the benefits of the change are communicated: advertising, PR, media advocacy, information materials, word of mouth, direct mail and so on.

Three general points should be noted about the marketing mix. First, as the name suggests, the four elements are often (though not always) used in conjunction with each other. If only the promotional P is used, it is more appropriate to describe the intervention as communication or advertising. Health campaigns which use only promotion are often described as social marketing when in reality they are simply social advertising (Stead & Hastings 1997).

Second, in operating the mix, the marketer is seeking the best combination of variables to offer their consumers (Kotler et al 1999). This best combination is the one which comes closest to satisfying their needs. This is what Cannon means by the term 'right' in the quote above. Hence it is essential to monitor the marketing mix continually so it can be designed and developed to meet these needs. For example consumer research may show that a particular population is unaware of the benefits of safer sex, and so the promotional element of the mix may be given greatest emphasis. However as the campaign proceeds, awareness may become widespread and the main problem change to one of condom availability. This is likely to increase the importance of the product element of the mix. In essence the marketing mix is a multi-faceted and flexible means of responding to consumer needs.

Third, as this last example shows the importance of the different Ps is likely to vary, and in some instances individual tools may be of little importance. Social marketers do not use the whole mix on every occasion. The mix is a rubric for thinking about an intervention, not a straitjacket to determine it.

3.3 Additional features of a marketing approach

Recent thinking in social marketing has also begun to discuss the role of long-term relationships in social marketing, long-term strategic thinking, and the concept of customer-defined quality.

Relationship marketing

In the last ten years or so there has been a development in commercial marketing that brings an important new dimension to social marketing. Business has become increasingly conscious that customer loyalty matters: it is much more expensive to acquire new customers than keep existing ones. Consequently the focus has shifted from isolated transactions to a longer term perspective that emphasises the importance of building mutually beneficial relationships with customers and other stakeholders. Put simply, commercial marketers are moving from one-off transactions to ongoing relationships (Grönroos 1994). Customer satisfaction, trust and commitment have all become crucial considerations.

Relationship building requires an ever more intimate knowledge of the customer. Until recently such insights were only possible on a small scale – a buyer dealing with a couple of dozen suppliers, or a local pub, for instance. But information technology has changed all that. Data mining, mobile communications, vastly enhanced computers, opportunistic and endemic data gathering all provide even the biggest operators with the potential to understand and respond sensitively to their customers. Figure 1 below illustrates how the alcohol industry has used ‘customer relationship marketing’ on the internet and through mobile communications to build relationships with young people.

Figure 1: Building Customer Relationships with Young People in the Alcohol Market

Young people are the biggest users of ‘new media’; many have access to the internet at home or at school and 50% have mobile phones – a figure that rises to 77% of 14-16 year olds. The technology is evolving very quickly and young people both enjoy and succeed in keeping well abreast of the changes.

The opportunities for the marketer are considerable: the chance to produce flexible and customised messages, interact directly with individual consumers and get them involved in generating and passing on messages. The last idea has been termed ‘viral marketing’ and creates “the potential for exponential growth in the message’s exposure and influence”. Furthermore the process becomes a social experience, involving the peer group and taking place in young people’s own leisure space. This in turn provides the opportunity to tie in with other aspects of marketing, such as sales promotions and new product development. Being at the technological cutting edge adds credibility to the process.

Example 1: Anheuser-Busch made effective use of viral marketing in their “Whassup?!” campaign for Budweiser. Prior to any ads appearing, text messages were sent to a database of key customers giving them advance information about the campaign. Once they had appeared, the slogan was then sent out so that it could be passed on by the receivers to their friends. This was supported by a website offering interactive activities, including further opportunities to forward the slogan, messages and characters from the adverts to friends using both email and text messaging. The campaign was very successful: “Whassup?!” became a popular catchphrase in many languages and a musical version of the ad made it into the UK chart listings.

Example 2: In Glasgow, owners of mobile phones could register details of their favourite city bars at a website called barbeep.com, which sent text messages as and when they chose, alerting them to the latest promotions in

these establishments.

Source: Hastings, Stead and MacKintosh (2002)

There are many benefits to relationship marketing (Grönroos 1994). If customers remain loyal then planning is much easier, pricing becomes less critical and the developing trust brings opportunities to sell new offerings. Relational thinking can also be applied to suppliers, retailers, competitors (through alliances), employees and other stakeholders.

In social marketing, the concept of relationship marketing suggests there are benefits to be gained if we move beyond what might be termed the ‘intervention mentality’, and instead think in terms of building long-term relationships with our target groups (Hastings & Stead in press). This idea has particular resonance for social marketers typically targeting behaviours which are often high involvement (eg. quitting smoking) and multifaceted (eg. teen smokers are more likely than their non-smoking peers to misuse drugs and alcohol) and where trust is particularly important (for example, the recent difficulties in the UK over childhood immunisations where Government protestations about the safety of particular vaccines were just not believed) (Evans et al 2001). Transferring the same thinking to social marketing suggests that we should seek not simply to target people with a series of interventions but to build relationships with them, and to learn from some of the tools used by commercial marketers to do this. Relational thinking should apply not just to engaging with the general public but also to social marketing’s upstream targets: policymakers, professionals, retailers, stakeholders and so on.

Long-term strategic thinking

In line with the points made above about strategic thinking, longer timeframes are essential in marketing, and social marketing programme should have the same kind of longevity as commercial marketing programmes (Hastings, in press).

From a business perspective, the ultimate aim of competitive analysis is to gain sustainable competitive advantage. Above all else, studying rivals informs strategic planning; it helps define where the organisation wants to be not just in the next year, but the next decade. And this long-term vision is invaluable. In commercial marketing, long-term strategic thinking is the norm among the ‘best’ marketers. Ford have been successful for nearly 100 years; their basic product, cars, has remained the same whilst the design and performance of these has improved exponentially in careful response to consumer need on the one hand, and advancing technological know-how on the other. Equally, the packaging and logos for Marlboro cigarettes have changed relatively little over 50 years; the Coke logo is nearly 100 years old, and the Nike Swoosh has been around for over 30 years. Closer to home, the NHS brand has flourished for 50 years, and although it is frequently reviewed and re-organised few would advocate closing it down. Recent thinking in social marketing suggests that we need to adopt similar time frames – and focus on generational change.

Customer defined quality

‘Customer defined quality’ has become a prominent business concept in recent years (Hastings in press). The essence of this idea is that it is not the objective technical quality of the product or service which matters, but the customer’s perception of the product’s quality. Social marketers argue that this thinking from consumer behaviour has to be applied with equal rigour to health behaviour. This is potentially challenging in a field with traditions of the medical model and professional expertise, where rigorous scientific decision making is prized. Nonetheless, social marketers argue that in the world of behaviour change, the target

group's opinion about an offering is as important as the clinician's.

3.4 Research in social marketing

Two basic characteristics of social marketing drive its use of research. First, it works on a strategic basis, recognising that building successful behaviour change programmes is like climbing a Himalayan peak – with a resulting need for maps, compasses and careful route planning. Research fulfils the role of these navigational aids. It helps us get our bearings, establish achievable objectives and staging posts towards these, check on progress, adjust our route and determine when we have reached the summit. Furthermore, because our ultimate goal is relative rather than absolute (improved, rather than perfect health; a better society, not an idyll), the mountain is infinitely high.

This emphasises the need for progressive learning, not just within but between, initiatives. The implications for research methodology feed back to the work of Kurt Lewin who emphasised the need for empirical study to go beyond the production of books and articles and help us take action on social phenomena. Lewin emphasised the notion of incremental learning using a range of methodologies and saw this as a cyclical research process which feeds into a plan of action. This not only defines ultimate goals, but also immediate and intermediate steps, all of which will be honed and adapted as the plan is implemented. At the same time, however, the sequential model should not be applied too rigidly; because social phenomena are complex and subtle, the researcher has to be both flexible and sensitive. All these lessons transfer neatly into social marketing thinking which sees research as a process (see Figure 2) that provides progressive learning, not just about how we should intervene, but about the people with whom we want to intervene.

The second basic characteristic of social marketing that fundamentally influences thinking about research, is that it addresses voluntary behaviour. As we have already noted, clients, stakeholders and competitors are all free to choose whether or not they do business with us. The decisions we make about constructing our marketing plan therefore have to be driven by an understanding of these actors, their motives and lifestyles.

These two ideas, of navigation and empathy, encourage social marketers to draw on both positivist and humanist research traditions. The first builds on the notion that there is an objective reality out there that we are trying to measure and influence. This pushes us towards quantitative methods, theory to build on previous insights, establishing cause and effect and hypothesis testing. The second recognises that the world – or at least the social and behavioural bits of it in which we are interested - is actually much messier than this, and will not succumb to scientific analysis, however rigorous and highly powered. As a result social marketers, like their commercial equivalents, adopt a pragmatic mix of methodologies that they feel will best aid decision making and help them get a better (though always imperfect) understanding of what makes people do what they do.



3.5 Summary/Discussion

Social marketing takes learning from commercial marketing and applies it to the social and health sectors: ideas and techniques that are being used to influence *consumer* behaviour can cross the profit divide and be used to influence *health* behaviour. Social marketing techniques and thinking have spread considerably and are now at the centre of health improvement in many developed countries, including the UK.

Social marketing implies a strategic way of *thinking about and managing social change*. Both marketers and social marketers adopt a strategic approach to planning their activities, guided by seven key stages: defining the problem, defining objectives, understanding the consumer, segmenting and targeting consumers, understanding and addressing competition, creating an exchange, and developing the marketing mix.

Recent thinking in social marketing is characterised by a focus on building relationships, long-term strategic thinking, and customer defined quality. In social marketing, the concept of relationship marketing suggests there are benefits to be gained if we think in terms of building long-term relationships with our target groups. This idea has particular resonance for social marketers typically targeting behaviours which are often high involvement and multi-faceted and where trust is particularly important. Relational thinking should apply not just to engaging with the general public but also to social marketing's 'upstream' targets: policymakers, professionals, retailers, and stakeholders, for example. Social marketing efforts

should have the same kind of longevity as commercial marketing programmes and the target group's opinion about a social marketing offering is as important as that of health professionals and other experts.

Finally, social marketing sees research as a process that provides progressive learning, not just about how we should intervene, but about the people with whom we want to intervene. Social marketers draw upon both positivist and humanist research traditions. The first pushes us towards quantitative methods, establishing cause and effect, and hypotheses testing. The second encourages us to adopt a pragmatic mix of methodologies that will best aid decision making and provide us with a better (though imperfect) understanding of what makes people do what they do.

4.0 FINDINGS FROM THE REVIEW OF MARKETING AIMED AT LOW-INCOME CONSUMERS

This section reports original data from the review of marketing strategies and activities used to target low-income consumers. The findings are reported in two sections:

- 4.1 What is the nature of marketing strategies and activities aimed at low-income consumers?
- 4.2 What are the effects of marketing on low-income consumers?

4.1 What is the nature of marketing strategies and activities aimed at low-income consumers?

Eighteen articles were found providing information on the nature of marketing to low-income consumers. Grey literature and non-studies – for example, articles in practitioner journals, discussion pieces, features and news items – were included because marketing evidence does not typically comprise other forms of evidence such as RCTs or systematic reviews. No primary studies examining this question were found, only descriptive articles.

Of the eighteen articles, twelve exclusively describe marketing activity in the United States. The remaining articles describe marketing activities across a range of developing countries and regions including South Asia, Latin America and Africa. The publication dates of the articles range from 1994 to 2005, although the majority were published after 2000. In terms of publication types, six were news items in finance or advertising industry magazines, ten were discussion pieces in practitioner journals (including *American Banker* and *The Wall Street Journal*, for example), one was a published conference paper and the other was a book chapter. Further details of the individual articles are given in the Evidence Tables in Appendix 8.11.

In terms of content, the articles provide insights about the characteristics of low-income consumers as well as the marketing strategies used to target them. This section will therefore begin by discussing how commercial marketers perceive low-income consumers and the unique characteristics they associate with them (4.1.1). It will then provide examples of how commercial marketers have used some of these insights to develop marketing strategies to target this group. This will be presented in the form of two short case studies. Section 4.1.2 will examine the marketing of financial products and services (eg. bank accounts, loans, and mortgages) and Section 4.1.3 will examine the marketing of value-brands by multinational organisations like Unilever and Procter & Gamble (P&G). Rather than discuss individual articles in turn, the evidence will be drawn upon more generally to form a narrative discussion. An overall summary is provided in Section 4.1.4.

4.1.1 Understanding low-income consumers

As outlined in Section 3.1, marketing strategies and activities are based on a sound understanding of target consumers' lives, needs, desires, aspirations and fears. Davidson (2000) suggests that the best way to understand low-income consumers is through involvement and observation. The articles identified by the review reveal crucial insights that

marketers have gained through dedicated research with low-income consumers. This section will briefly explore some of these characteristics.

Marketers recognise that low-income consumers do not have much money and have to run their households on very stretched budgets (Davidson 2000), surviving from paycheque to paycheque (Rand 1999). This is made especially difficult by the fact that they often live in big families. They can often be unemployed, and those who are employed tend to be engaged in employment characterised by long and unsociable hours. This work is usually very labour intensive and sporadic in nature. Many low-income consumers have only a very rudimentary education, and this can sometimes lead to literacy problems throughout life, with many individuals struggling to even read or write (Davidson 2000).

In terms of consumer behaviour, marketers view low-income consumers as a neglected consumer segment that seeks legitimate products at reasonable cost (Major 1994). One misconception about this group is that they simply look for cheap products. Marketers note that this is not true – what they look for is value (Fattah 2001). Low-income consumers are clearly constrained by budget but rather than make a purchase decision based solely on price, they carefully shop around for good, well-performing products at affordable prices. They pride themselves on being ‘savvy’ consumers (Neff 2004), and because they have to be careful with the little money that they do have they cannot afford to waste money on useless or lower-performing products (Fattah 2001). Low-income consumers determine the value of a product by comparing it with all of the other things that their money could be spent on instead (Neff 2004).

Branding has a lot of significance for the low-income market (Fattah 2001). This group tends to be very loyal and may be more brand conscious than other demographic groups. Research with low-income consumers suggests that they aspire to and identify with leading brands (Davidson 2000). They only buy lower-priced (but good performance) products because that is what they can afford. When they do have some extra money, they will purchase premium brands and use them sparingly. Another important feature of this group is that they rely heavily on word of mouth referrals and endorsements (Moore 2000, Neff 1999). They place a lot of trust in the opinions and experiences of friends and families and will spread word of mouth when things go right – and wrong (Fattah 2001).

These observations about low-income consumers are valuable to marketers when developing marketing strategies. Perhaps of even more importance are insights into the attitudes and values of the low-income segment (Davidson 2000). Marketers recognise that low-income consumers are very sensitive to issues of trust, for example, and have a strong sense of pride (Davidson 2000). They want to be taken seriously as consumers. The secret is to treat them as well as affluent consumers, while taking their specific economic and social circumstances into account (Fattah 2001). Though they should be treated just as well as other consumers, reaching the low-income market requires a different approach (Griffin 1995). Their unique characteristics and circumstances create a very different kind of consumer. The challenge is to develop products which satisfy low-income consumers’ social and economic aspirations. Businesses need to develop affordable products and services without the loss of either performance or convenience in response to the specific consumer needs of this market (Davidson 2000).

4.1.2 The marketing of financial products and services

One sector that has succeeded in targeting the low-income market is the financial services industry. Moore (2000) notes that, in the past, finance firms' lack of success with this market was largely the result of not tailoring financial products and services - and the ways in which they were distributed - to the specific requirements of low-income consumers. Instead, fairly complex products and services were directed towards more affluent consumer segments that had a sophisticated understanding of the finance market. The distribution networks used were those that best served middle- and high-class groups. As a result, low-income consumers were put off – products were too costly, too complex and difficult to access. Insurance products, for example, were unobtainable for low-income consumers because premiums were too expensive and payment schedules not flexible enough to accommodate stretched incomes (Moore 2000).

More recently, finance firms have enjoyed more success with the low-income market (Moore 2000). Major (1994) argues that to successfully target low-income consumers requires looking at banking services in a new way. According to Major, financial products and services can be 're-engineered, reinvented, re-priced and repackaged' to meet the unique needs of this group. The articles identified by the review provide numerous examples of how the financial services industry has penetrated the low-income market. These activities can be grouped under two headings: (i) tailoring the offering and (ii) relationship marketing and long-term strategic thinking.

(i) Tailoring the offering

In the case of financial products and services it is critical to offer something that is uniquely tailored to the needs of the low-income market (Koonce 2004). These needs include:

- Simple products and ease of access
- Competitive and straightforward pricing
- Convenience
- Education and counselling
- Security

Examples of how financial services firms have met these needs are now provided.

Simple products and ease of access

Research undertaken on behalf of the Standard Bank of South Africa suggested that low-income consumers were looking for user-friendly bank services that were easily accessible (Moore 2000). Based on these insights, the bank developed a bank account for low-income consumers with the following unique features:

1. Costs associated with maintaining the account were transparent and simple. All facilities including withdrawals, fund transfers and monthly account management costs were charged at a cheap, flat, consistent fee.
2. Consumers were required to produce only a very small deposit to open the account, thus minimising any financial barriers to participation.
3. Bank cards were issued within minutes and the paper trail was minimal – only essential questions were asked on a limited number of application forms. This

increased the ‘user-friendliness’ of the service, reduced literacy concerns and ensured that the account was easy for consumers to purchase.

Similarly, the Union Bank in the US developed a programme for low-income consumers called ‘Cash & Save’ (Major 1994). This cheque-cashing based account was designed to ‘reach out and service’ individuals not accustomed to doing business with a bank and sought to encourage the low-income market to participate in mainstream banking. Research showed that low-income consumers did not want the legal entanglements of a bank, hence the account did not require consumers to be formally affiliated with it (Major 1994). Like the Standard Bank of South Africa, the Union Bank too made it very easy for consumers to access the account. It recognised that the people that would use this account would typically have difficulty opening a bank account – for example, they may not have the minimum identification or balance requirements. Because of this, the bank required minimal verification from the customer’s employer (in terms of ID) and only a small deposit to open the account.

The Community Reinvestment Act (CRIA) in the US encourages banks and other providers to service the low-income market (Rand 1999). The First Bank of Chicago NBD Corporation is just one organisation that has implemented some of the act’s recommendations. It has established and marketed low-cost current accounts and provides ‘financial literacy’ training. This kind of training is critical because low-income consumers are usually less educated and may have English literacy limitations or learning disabilities. The bank also produces low-literacy materials and the act recommends that when these materials are prepared, they are reviewed by local community groups for readability and appropriateness (Rand 1999).

Competitive and straightforward pricing

Research also showed that low-income households look for inexpensive products and services (Moore 2000). Consequently, financial services firms recognised the need to be competitive on price. For example, the All-Access National Savings Programme (US) offers low-income consumers a pre-paid debit card together with a savings account (Reosti 2005). Crucially, the account (unlike most other bank accounts) has no minimum balance requirements and no monthly maintenance charges. The bank recognised that ‘fees matter’ to these consumers and so removed this barrier to make it easier for them to participate (Reosti 2005). Similarly, the Union Bank’s ‘Cash & Save’ cheque-cashing account is offered free of charge, with low interest rates and requires only a minimal deposit to open the account (Major 1994). Ramos (2004) notes that some consumers are anxious that they be less well off when they open a bank account and start to save money, because they may lose access to government benefits. To tackle this, several US banks have formally integrated government assistant cards with their own services, and ensure that individuals are allowed to received government benefits even in cases where they earn and save money.

Mortgage providers too recognise the importance of costs to low-income consumers. Merrill & Temkin (2001) discuss the characteristics of “housing microfinance” which include: shorter loan durations than conventional mortgage finance, fixed interest rates to provide low-income borrowers with predictable repayments, and the use of progressive loans (ie. repeat lending of small additional amounts). BankAmerica, for example, has developed home purchase and renovation loan services designed to appeal to the low-income market (Brockman 1998). To address cost barriers, the bank ensures that deposits on homes involved only a small contribution from the buyers themselves which was supplemented by extra money in the form of either a gift or grant from the government or other source. The Bank of

America Corp has created a similar mortgage facility for low income consumers – the programme requires no deposit, closing costs or application fees (Anon 1999).

Convenience

Marketers recognise that convenience is important to the low-income market (Davidson 2000). Automated cheque-cashing machines meet the needs of low-income consumers who often need to cash bank cheques in a hurry (Fattah 2001). One US bank, for example, has developed a network of automated machines that cashes cheques without the need for a bank teller. The bank recognised that face-to-face encounters can prove embarrassing for consumers who need to access cash quickly. It found that consumers appreciate the anonymity of using the machines as well as the ability to access them at a range of locations and at any time of the day or night. Similarly, the Autobank attributes much of its success with the low-income market to its distribution network based on Automated Teller Machines (ATMs) (Moore 2000). These machines allow consumers easy access to their current accounts. To service the low-income market, the bank ensured that machines were located in areas that are both safe and convenient for these consumers. It also addressed initial concerns among consumers about using the technology by training bank personnel to educate consumers on how to use the machines.

The All-Access National Savings Programme offers individuals on low-incomes a prepaid debit card together with a savings account (Reosti 2005). To maximise convenience for these consumers, accounts can be easily set up online or by telephoning a toll-free number. The programme's services are also distributed through channels easily accessible to the low-income market, including cheque cashing outlets, grocers and other retailers. The Union Bank (US) has also developed its services for low-income consumers with convenience in mind (Major 1994). The bank tailors its hours to the low-income market and has responded to requests for nearby locations as well as one-stop financial service centres by offering low-income consumers a whole range of services under one roof including utility and other bill transfer payments, and the opportunity to purchase bus passes, lottery tickets and collect government benefit cheques.

Education and counselling

Griffin (1995) highlights the importance of providing a service of financial counselling to low-income consumers when they purchase mortgages. Counselling is important throughout the various stages of buying a mortgage because low-income consumers tend to be unfamiliar with the types of products available. They also have limited experience of managing a household budget with a mortgage in mind. According to Griffin (1995) counselling should be offered to low-income consumers prior to purchase in order to provide advice on how to manage household budgets effectively to be able to save for a small deposit and maintain regular mortgage repayments in the future. It can also be used as an opportunity to help prospective consumers repair blemished credit histories. Further down the line, when consumers are preparing to buy a mortgage, counselling is important because low-income consumers may feel overwhelmed at the range of options available to them. Counselling should be used to explain the various options, the advantages and disadvantages of each, and help them choose the right mortgage. Low-income consumers should be empowered to understand and evaluate their options (Griffin 1995).

Security

Research also shows that low-income consumers have concerns about safety and security when they open a bank account (Moore 2000). To address customers' concerns about

security, as part of a special bank account service for low-income consumers, the Standard Bank of South Africa provided consumers with ‘stop’ cards that they can put into any ATM to freeze their accounts immediately. They are also provided with the option of stipulating maximum daily withdrawals on their account.

(ii) Relationship marketing and long-term strategic thinking

Financial services firms engage in relationship marketing and provide evidence of long-term strategic thinking when targeting the low-income market: “*We are in the business of building relationships, not doing transactions. We are dedicated to these customers.*” (Reosti 2005).

Griffin (1995) stresses the importance of establishing lasting relationships with the end consumer. One way of doing so is through ‘bond marketing’ which, according to Griffin, is ‘the act of relating to, then influencing the feelings that drive the actions of a targeted market’. However, there are many challenges for businesses trying to engage with the low-income market. One barrier is trust. Several commentators note that low-income consumers are generally less trusting of commerce than other demographic groups (eg. Koonce 2004). Because of this, financial services firms have come up with creative ways of building trust among low-income consumers. The Fleet Bank’s Community Banking Group, for example, ensured that its agents have face-to-face contact with prospective customers and make sales pitches in venues where people within the community feel most comfortable (Fattah 2001). Marketers in other sectors use similar strategies. For example, one US clothing retailer pays its employees to attend social events in low-income communities to “talk up the store” (Anon 1996). CashBank has trained its staff in how to effectively underwrite and service the low-income market and develop staff who are respected by customers for their ‘competence, integrity and advice’ (Merrill & Temkin 2001). Banks have also recognised that low-income consumers depend heavily on the opinions and recommendations of friends and family and hence work hard for referrals. Other methods for tackling mistrust include training bank personnel to run simple seminars for prospective and existing consumers on, for example, family budgeting, financial planning and calculating interest rates (Major 1994).

Recruiting employees from within the local community is also an effective strategy for developing good relationships with prospective consumers (Koonce 2004). This generates goodwill among key sectors of the community and provides the firm with frontline staff that local people can easily relate to and feel comfortable dealing with. These staff are used to help forge the critically needed relationships with communities. In addition, many finance firms now pay staff through fixed salaries because staff on fixed salaries are more credible to the low-income market than commission-based staff (Moore 2000). Companies have also engaged in ‘internal’ marketing, and have kept staff happy by, for example, offering good terms and conditions and being responsive to their needs. The banks reason that if staff are satisfied they are likely to present a more positive image to both prospective and existing customers. Again this thinking is common in other product sectors. In the US clothing sector, one retailer believes that the key to tapping into the low-income market is through providing first class service and that good service begins with the good treatment of employees. In this case, the employer pays its staff good rates, offers health insurance packages, and pays tuition fees for individuals keen to further themselves through educational programmes (Anon 1996).

Developing formal partnerships with other organisations to offer services is also a useful

strategy. Several financial services firms have formed formal strategic partnerships with other organisations in attempts to penetrate the low-income market. For example, BankAmerica joined forces with a non-profit organisation to develop a lending initiative designed to provide mortgages and home renovation loans to low-income consumers (Brockman 1998). The non-profit partner provided a counselling service for the homebuyers as well as ‘professional oversight’ for the bank.

Banks also develop a strong consumer base by forming strong relationships with different stakeholders *within* the community (Koonce 2004). This is often called ‘grassroots’ marketing. Engaging in partnerships with community organisations can ensure that the company is attuned to consumer needs (Griffin 1995) and partnerships with influential community groups and leaders can help cultivate trust and achieve successful market penetration (Koonce 2004). Examples of stakeholders include local businesses, residents associations, churches and other community groups. Building strong relationships with gatekeepers like trade union executives, human resource directors and business owners is also a valuable way of tapping into the low-income market (Moore 2000).

Banks have found that another way of building community ties is by providing critical ‘community services’ as well as banking facilities. For example, Koonce (2004) suggests that banks can offer space to local community organisations for meetings or provide educational courses in credit and debt management to local residents. Marketers also engage in continuous ‘community outreach work’ to build brand identity and establish and sustain market presence. This kind of outreach work enables firms to demonstrate a commitment to improving the lives of local people. For example, the International Bank of Chicago has provided scholarships to local colleges and sponsored literacy programmes at community schools (Koonce 2004). Similarly, Major (1994) describes how the Union Bank’s agents have participated in community pride days, job fairs and other local events. This intensive grass roots marketing pays off both in terms of attracting individual customers and the community organisations that represent these customers (Major 1994). Building links with local media can supplement ‘on-the-ground’ marketing efforts and give the organisation visibility within the community (Koonce 2004).

4.1.3 Value-brands

Large multinational organisations including Unilever and P&G view low-income consumers as a key market for many of their households brands including cleaning products (eg. detergents) and toiletries (eg. hair shampoos).

To help them maximise the potential from this market, these firms have specially appointed directors of low-income business and dedicated teams of staff who have responsibility for developing brands tailored specifically to the needs of low-income groups (Penteado 2004, Davidson 2000, Neff 1999, Madden 2005). Again, research plays a critical role in developing suitable offerings. Davidson (2000) suggests that marketers can invest in a deeper understanding of low-income consumers’ habits and attitudes using unconventional investigation procedures that help identify and develop opportunities. For example, Unilever commissions ‘cross-functional’ teams (comprising experts in marketing, research and product development) to infiltrate the communities of low-income consumers and spend several days at a time with local people, observing and experiencing their habits and lifestyles (Davidson 2000). This kind of ethnographic research enables the organisation to get inside the skin of its

consumers and see the world as they do. In the past Unilever has even employed social anthropologists on its research teams (Penteado 2004). These very detailed insights into the lives of target groups enable organisations like Unilever to develop products that match the specific needs of the low-income market.

For companies like P&G and Unilever, the secret to reaching low-income consumers is to focus on branding (Davidson 2000). Marketers claim that low-income consumers tend to be very brand loyal and are more brand conscious than other demographic groups (Fattah 2001). For these consumers, firms have developed value-brands which are essentially value-versions of premium brands (Neff 2004). Marketers recognise that low-income consumers operate on a stretched budget and therefore like to shop around for dependable, trustworthy products. The use of branding can help reassure consumers of quality and performance. Commercial marketers develop marketing strategies that encourage affinity among low-income consumers for these value brands.

For value-brands to prove successful with low-income consumers, Davidson (2000) suggests that they first need to be affordable. In the past, P&G has taken some of its former premium brands (that are not performing particularly well) down several price points and repositioned them as mid- or low-tier products. The Pantene hair care range, for example, was once a premium brand. In an effort to promote the product line to low-income groups, P&G reduced the price and distributed it through 'dollar and discount' stores, which are often frequented by low-income consumers (Fattah 2001). Another advantage of these outlets is that they adopt simple pricing schemes which are favoured by the low-income market. The company has repositioned many of its 'lesser acquired' brands in this way for the low-income market (Neff & Cardona 1999, Neff 1999, Neff 2004). Another way that organisations like P&G and Unilever make their leading brands affordable to low-income households is by offering packaging sizes or units that the low-income market can afford, for example, sachets for liquid detergents or small bags for washing powders (Davidson 2000). Because low-income consumers cannot afford to waste anything, added-value can also be provided on certain products through functional packaging that allows things to be re-sealed and enables consumers to use only a small amount of the product at a time.

To be truly effective, value brands need to offer low-income consumers real benefits (Davidson 2000). To help identify what these key benefits might be, marketers can further segment the low-income market to identify key significant groups of low-income consumers with specific needs. Performance is also important to the low-income market and when developing new products, organisations like P&G and Unilever consider how much time and effort consumers are prepared to invest in the use of products like detergents and shampoos in order to get the desired results (Davidson 2000). They examine products currently used by these consumers to meet certain needs in order to identify their strengths and weaknesses. Using this information, they then develop brands that significantly increase the benefits to the consumer and reduce the amount of time and effort needed to produce a result.

4.2 What is the effect of marketing on low-income consumers?

No primary studies describing and measuring the effects of specific marketing interventions aimed at low-income consumers were found. However, three studies were found that compared the response of low-income consumers to specific marketing campaigns with other demographic groups. The findings from these studies are reported in Section 4.2.1. The

findings from other more general studies that shed light on how low-income consumers engage with or are affected marketing in general are reported in section 4.2.2.

4.2.1 Results from primary studies

The review identified three studies that compared the response of low-income consumers to specific marketing campaigns with other demographic groups. All three studies were published in academic marketing journals. One was published in 1987 and two were published in 2005. One study focused exclusively on the US, one exclusively on the UK, while the third drew upon both US- and UK-based data.

The studies compared the effects of specific types of marketing on different income groups. In the case of two studies this was not the primary focus of the paper, instead income was just one of a range of demographic and other variables that were examined as part of the analyses (Trappey & Woodside 2005, Guirdham & Choo Tan 1987). Evidence on the effects of the campaigns on low-income consumers is therefore fairly limited. Though a detailed quality assessment of these studies was not undertaken, two reviewers independently considered all three to be well-conducted. The findings of these studies are now briefly described in turn.

(i) Direct marketing and television advertising

One study sought to measure the effects of interactive advertising campaigns on different consumer groups (Trappey & Woodside 2005). The study examined the impact of television advertising designed to encourage consumers to respond by sending a text message from their mobile phone.

To do so, the study analysed data from three sources. First, it drew upon 26 existing consumer surveys (involving 5401 individual UK households) undertaken to evaluate the effectiveness of various advertising campaigns involving text messaging. The surveys assessed advertising awareness, response, acceptability and actions taken by consumers in response to seeing the advertising. The study also used data from a review of four previous US campaigns based on similar advertising techniques. This evaluation involved around 800 individuals and was based on methods similar to those used in the UK evaluations. Finally, the study analysed data from a database comprising over 2,200 telephone interviews with UK consumers that examined mobile phone usage and other attitudes, lifestyles and behaviours.

The study examined response to these interactive advertising campaigns across a range of demographic variables including age, gender, and marital status. The study also compared results across different social class and housing groups. The study found that individuals in lower social class groupings were just as responsive to advertising that encouraged them to respond by sending a text message as higher social class groups. Individuals in the C2 category were predicted to respond at a rate of 9% compared with an overall rate of 8%. This effect was even more marked among C2 females who responded at a rate of 12%. Individuals in the DE category were predicted to respond at a rate of 7%. Males who live in council housing were predicted to respond by text message at a rate of 13% compared with an overall rate of only 7%. Those who lived in rent-free accommodated responded at the even higher rate of 18%. In contrast, males who paid rent or owned their own home responded at the population rate.

(ii) Response to a British Telecom campaign

One study sought to examine consumers' responses to a marketing campaign for shares in British Telecom (BT) (Guirdham & Choo Tan 1987). The campaign aimed to encourage as many people as possible to buy shares in British Telecom, especially first-time buyers, and ran for approximately eight months. Its main component was advertising but few other details are provided in the paper.

The campaign was supported by a large-scale evaluation. Nine large-sample tracking studies that ran between 1984 and 1986 were undertaken by two commercial research agencies (MORI and Dewe Rogerson). The surveys monitored changes in consumer awareness of the campaign and interest in and intention to purchase BT shares. Each survey used a quota sample of about 2000 respondents. No further details are provided.

As predicted, the study found that the percentages of respondents that bought BT shares in response to the advertising campaign were lower in each successive lower socio-economic band. Similarly, the percentages of consumers who reported being 'very interested' and 'certain to buy' at the end of the campaign were consistent with expected social class patterns, with lower percentages being observed among lower socioeconomic groups. Individuals in the 'AB' social class bracket appeared to have been the most influenced by the campaign.

(iii) Lottery advertising

One study examined the impact of lottery advertising on lottery participation and expenditures among different socioeconomic groups in the US (Borg & Stranahan 2005). The study sought to determine whether this kind of advertising exploited disadvantaged and vulnerable groups.

Modelling techniques (probit and Tobit) were used to examine the impact of lottery advertising on the probability of purchasing lottery tickets and the amount of money that a household spends on the lottery. Data were obtained from telephone interviews undertaken by the Bureau of Economic and Business Research Survey Research Center in November and December 1998. The sample was drawn from the state of Florida and chosen randomly based upon population densities within each county. Though just over 2000 observations were collected, only 1331 remained after observations with missing data were excluded from the analyses.

The study found that lottery advertising awareness makes no statistical difference in the average monthly 'Lotto' expenditures across any of the income groups. Similarly, there were no significant differences in average monthly expenditures for other lottery games. None of the predicted lottery expenditures in any of the income categories were statistically different from one another based upon lottery advertising awareness. Overall, results suggest that lottery advertising does not have a significant differential impact among households with different income levels.

4.2.2 Findings from other studies

Though the searches did not identify any additional studies or review articles that directly

addressed the review questions, other studies and reviews that shed light on how low-income consumers engage with or are affected marketing in general were found. The key findings from a selection of these articles are now briefly reported. No data extraction or quality appraisal was undertaken.

Coping strategies

One strand of consumer behaviour research has examined how low-income people cope with the financial (and other) constraints restricting their consumer behaviour. They often demonstrate great skill and ingenuity in overcoming these constraints (Hill 2002) and have been found to adopt both emotional and behavioural coping strategies. For example, to overcome feelings of hopelessness or despair, low-income consumers engage in 'distancing' (which involves emotionally and physically distancing themselves from other individuals in a similar situation) and often fantasise about a better future (eg. by imagining themselves to be more financially secure in coming years) (Hill & Stephens 1997). On a more practical level, Kempson et al (1994) identified a hierarchy of behavioural coping strategies among families with children living on very low incomes. These strategies included finding better paid full-time employment, selling non-essential items, and delaying paying bills. Holloway & Cardozo (1969) found that low-income consumers develop shopping strategies to 'obtain the best assortment of products they can within budgets limited in size and flexibility'.

Pricing knowledge

Findings from a study of consumer knowledge of product prices provides valuable insights into the significance of price among low-income consumers (Rosa-Diaz 2004). The study, which examined price knowledge accuracy for a range of consumer goods including coffee, washing machine detergent, and fruit), showed that low-income consumers paid considerable attention to the price of household products and demonstrated more accurate price knowledge than their wealthier counterparts.

Branding knowledge

A qualitative study involving in-depth interviews with 8-12 year old children suggests that children from poorer families have less control or influence over their parents' spending than children from more affluent backgrounds (Elliot & Leonard 2004). The study, which examined attitudes towards fashion brands for trainers and athletic shoes, also revealed that low-income parents often purchased branded trainers for their children (albeit from the less expensive end of the market) because they had knowledge of these popular brands and were fairly familiar with them. These findings are consistent with previous research showing that low-income families have little knowledge about less well-known brands and prefer information about more popular brands – and thus spend more money on these brands.

Purchase behaviour

Although expenditures are obviously lower for less-affluent households, low-income consumers have been found to purchase many of the same products and services as more affluent households (Alwitt 2002). For all households, expenditures are greatest for housing, food and groceries, and transport – all of which are necessary items. However, among lower-income families nearly 70% of the overall household budget is spent on these items compared with only 57% among wealthier households. More affluent consumers spend a greater part of their household budget on discretionary consumer goods.

4.3 Summary/Discussion

Eighteen articles were found that provide insights in the strategies and activities used by commercial marketers to target low-income consumers. The articles share useful insights about the characteristics of this group and how they are taken into account when marketing strategies are developed.

Financial products and services are successfully marketed to low-income consumers by ensuring that offerings are tailored specifically to their needs. This has involved:

- Developing straightforward products and services that low-income consumers can understand
- Removing potential barriers like complex application forms and unobtainable deposit requirements/fees
- Maximising convenience by making services available through channels accessible to low-income consumers and at times that suit their lifestyles.
- Providing education and counselling to help low-income consumers understand the options available to them and manage their financial commitments.
- Addressing low-income consumers' specific security concerns.

Finance firms have also taken a long-term approach to this market and have attempted to build strong relationships both with the end consumer and important stakeholders. Grassroots marketing has formed a crucial aspect of this relationship building and finance firms have successfully penetrated the low-income market by offering additional services to community groups and organisations and by attending community events.

Multinational organisations including Unilever and P&G are very dedicated to the low-income market. They have teams of people responsible for developing marketing strategies for this particular group and rely on ethnographic research to guide their product development efforts. Because they recognise the significance of brands to the low-income market, their primary focus is on developing value-brands - convenient, well-performing, affordable brands – and encouraging affinity for these brands among low-income groups.

Only three studies that directly measured the effects of specific marketing efforts on low-income consumers were found. Because the studies examine very different campaigns and are so few in number, it is difficult to draw any meaningful conclusions. Several additional study and review articles shed light on how low-income consumers engage with or are affected marketing in general. These articles show that low-income consumers are skilled at adopting 'coping strategies' to tackle the financial and other constraints affecting their consumer behaviour. Low income consumers are 'savvy' and even develop shopping strategies that allow them to purchase the best assortment of products they can within a tight budget. Low-income consumers also demonstrate more accurate price knowledge than more affluent consumers and spend a bigger proportion of their budget on key household products and services including housing, food and transport.

Branding is very important to the low-income market. One study involving school children showed that parents will pay more money for popular, dependable fashion brands for their children because they have knowledge of these brands and are familiar with them.

5.0 OTHER EVIDENCE: THE EFFECTS OF FOOD MARKETING TO CHILDREN

This section summarises recent international systematic review evidence examining the nature and effects of food marketing to children (Hastings et al 2006). The methodology used in the review is summarised in Appendix 8.2. Findings are reported in two sections:

- 5.1 What strategies and activities do marketers use to influence food behaviour in children?
- 5.2 What are the effects of food marketing on children's food related knowledge, attitudes and behaviour?

5.1 Food marketing: What strategies and activities do marketers use to influence food behaviour in children?

In the review (Hastings et al 2006) 63 studies provided evidence of the extent and nature of food promotion to children and met the inclusion criteria for the review (see Appendix 8.3 for a summary of the included studies). Fifty-five involved the collection of original data, and the remaining eight were reviews. The vast majority of studies were conducted wholly in the USA; the remaining studies were undertaken across a range of countries including the UK, Australia, New Zealand, Holland, and Iran. Publication dates ranged from the early 1970s, although most studies took place during the 1990s. Mainly, the studies used content analyses of television advertising to children. This usually involved viewing videotapes (or live monitoring, prior to the invention of video) of television channels which carry advertisements. Recordings were often made during children's programming, for example on Saturday mornings or in weekday evenings immediately after school.

5.1.1 What promotional channels are used by food marketers to reach children?

Television was the main channel used by food marketers to reach children and studies of television advertising dominate the published literature. Of the 63 included studies, only three did *not* examine television advertising, with only another two focusing on other forms of promotion as well as television advertising. Of the television advertising studies, most examined adverts that featured during children's time-slots: Saturday and Sunday morning television and the mid-week, after-school 'children's hour'. These time-slots were shown to be heavily used by food marketers to promote foods to children, and this trend was consistent across countries.

There was limited evidence of other forms of "above-the-line" promotion (ie. conventional but fairly impersonal brand-building methods) in channels such as the printed media (eg. comics or magazines), public signage, direct mailing and the internet. Beyond television advertising, "below-the-line" promotional techniques (ie. less conventional, more personalised brand-building methods) such as sponsorship, point-of-sale, free samples of food items, free gifts/tokens (premiums) with food items, loyalty/clubs, inter-active food, novel packaging, tie-ins with movies, tie-ins with computer software and other forms of wider brand building were identified by a small numbers of studies. In-school marketing was identified as an increasingly useful channel for promoting foods to children.

Findings from the studies, coupled with original advertising spend data from AC Nielsen, showed that television was by far the dominant promotional channel throughout the past decade, although advertising spend appeared to be decreasing slightly in both relative and absolute terms by 2002. One study looked at potential future trends in food promotion to children including below-the-line marketing activities such as branding, packaging and the advent of new 'fun' food (Longman 2000). This analysis showed that, despite the growth in new media, the tendency for television to dominate children's food promotion was likely to continue over the long-term.

5.1.2 What food items are promoted to children?

Twenty-five studies investigated the extent of food promotion to children by comparing it with the promotion of other products directed towards children. These showed that only toys threatened the prominence of food in terms of advertising, and then usually only in the run up to Christmas. Nine studies compared the extent of food promotion to children with the extent of food promotion to adults and found that food made up a far greater proportion of promotions aimed at children than of promotions for adults. One analysis of over 200 hours of children's television and 42 hours of adults' television in the UK found significantly more food advertising during children's programming (62.5%) than on prime-time television (18.4%). Similarly, an Australian study found that confectionary adverts were three times more likely and fast food adverts twice as likely to feature during children's programming compared with adult's programming.

Forty-nine studies analysed children's food advertisements to determine the sorts of food products being promoted. Televised children's food promotions were dominated by the 'big four' (breakfast cereals, confectionary, savoury-snacks and soft-drinks) in virtually every relevant study. Examples include a Portuguese study showing that, of 504 children's adverts analysed, 26% were for breads and sugared cereals, 35% were for sweets (chocolates and cookies), and 12% were for soft drinks (Lemos 2004). Two studies from the developing world (both from Iran) showed that the most frequently advertised food items were salty or fatty snacks (eg. cheese puffs, crisps), biscuits or cakes, and soft drinks (Kelishadi et al 2004, Maryam et al 2005). The advertised diet contrasts strongly with that recommended by the public health community; it is consistently higher in fat, sugar and salt, and healthier food items like fruits and vegetables are significantly under-represented.

Thirteen studies looked at time trends in the types of food being promoted to children, and found evidence that the 'big four' have recently been joined by fast-food outlets to make up a 'big five'. One study found that fast-food restaurants' advertising increased from 8% to 28% on American television between 1971 and 1999. Advertising spend on fast food brands in the UK increased in both relative and absolute terms over the past decade, mirroring trends found in the USA, with an increase in fast-food promotions being both relative to and replacing those for breakfast cereals as the most promoted product.

5.1.3 What creative strategies are used by food marketers to target children?

Forty-one studies examined the creative strategies used in food promotions to target children. A wide range of strategies were found including:

1. the use of characterisation and animation
2. the use of humour or other themes
3. the types of theme appeals or messages used to attract children
4. the use of disclaimers that provide information about the products
5. the use of premiums and competitions

The types of appeals used in children's adverts were examined in 18 studies. Although there was little consensus about the definition of these themes, the review found that food marketers generally used appeals based on the following:

- taste (eg. emphasising sweetness)
- nutritional or health properties
- the physical appearance or texture of the food
- fantasy and adventure themes
- fun and humour
- price
- novelty

The most popular appeals used in the promotion of foods to children were found to be hedonistic, including taste, humour, action-adventure and fun. A study of Dutch advertising found that nearly 90% of children's food adverts used taste as an appeal and around 85% used humour (Buijzen & Valkenburg 2002). In Iran, one study found that 56% of food adverts to children used 'taste' appeals (Maryam et al 2005). In general, breakfast cereal adverts alone were found to regularly use nutritional appeals, regardless of whether or not these appeals were deemed to be misleading.

Adverts designed to promote food to children were said to utilise 'pester-power' or 'purchase-influence-attempts'. A common creative strategy said to employ pester-power was the use of premiums or competition prizes offering collectibles (eg. toys). Six studies examining programme-commercial tie-ins found the boundary between television shows and advert breaks to be less than clear cut. The food products which tended to sponsor shows and utilise tie-ins tended to be those categorised as pre-sugared or of low nutritional value, with the same food items or services (eg. fast-food outlets) being present.

Time trends, examined in ten studies, suggested that the basic creative strategies used to promote food to children were beginning to change. The growth of new media was found to be giving rise to a host of new potential creative strategies, with the evolution of brand-stretching and 'globalisation' allowing promotional messages to cut across many different media and also allowing increased tie-ins with below-the-line marketing activities.

5.1.4 What marketing strategies are being used to promote foods in developing countries?

The review also examined food marketing strategies and activities in developing countries and ‘emerging economies’ - countries where more open trading has allowed the onset of the marketing of Western-style food. Because of the scarcity of good quality primary studies, a variety of additional data sources was used to address this question (see Appendix 8.2).

The review suggests that many developing and emerging countries are experiencing what has been termed ‘nutrition transition’ - the increasing shift away from local dietary practices to a Western-style energy dense diet. Key factors associated with this transition include the freeing up of trade restrictions, increased global movement of people and increasingly global media. This transformation is actively encouraged by food marketers, especially in the fast food industry, using similar techniques to in the developed world – including television advertising, free toys and sports sponsorship. The pivotal role played by young people in the change process and their increasing economic importance as a consumer group make them a particularly attractive target for this marketing. This prioritisation is particularly marked in China, which has seen a shift from children as the passive recipients of parentally chosen food in the 1960s to a 1990s environment where children determine the majority of household spending. Other studies note how marketers have identified children in developing and emerging economies as consumers in their own right; McDonald’s and Pizza Hut have relied heavily on children to expand their overseas market in both Europe and Pacific Asia.

Food marketing in developing countries uses standard developed world strategies such as offering child-specific menus (the McDonald’s ‘Happy Meal’ and KFCs ‘Chicky Meal’), a mainstay of which is the ‘free’ toy, typically part of a collectable set and thereby encouraging several restaurant visits. This strategy has been particularly successful in countries where there has historically been a scarcity of manufactured toys. In addition, the review found evidence of adaptation of products and services to new markets and consumer groups. Taste modifications by food marketers include McDonalds adapting its menus to consumers who abstain from eating beef and pork for religious reasons, and the introduction of ‘Teriyaki Burgers’ and ‘Samurai Pork Burgers’ in Japan and Thailand (Vignali 2001). When Pizza Hut, first entered India in 1996 it had to adapt to local tastes and culture by including more vegetarian pizzas and making some outlets vegetarian only.

Services too have adapted to different cultures and the needs of new consumer groups. Studies of fast food retailer use by Asian children and teenagers showed that they placed a strong emphasis on hygiene and relaxed atmospheres, which western outlets were perceived provide in contrast to indigenous retailers, and that these played an important part in building and retaining brand loyalty.

Product positioning was found to harness the appeal that ‘authentic’ Western food experiences have for young people in developing countries and emerging economies. One study suggested that although Chinese teenagers did not necessarily like the food in Pizza Hut and McDonalds, they frequented the restaurants to meet friends, be seen, and ‘listen to music’.

5.2 What is the effect of food marketing on children’s food-related knowledge, attitudes and behaviour?

This section summarises evidence from the review (Hastings et al 2006) of the effects of food promotion on children’s food knowledge, preferences and behaviour. A summary of the studies included in this section is provided in Appendix 8.3.

5.2.1 Does food promotion influence children’s nutritional knowledge?

Nine studies investigated the influence of food promotion on children’s nutritional knowledge. Five were experiments deploying a randomised controlled design and four were cross-sectional surveys examining the association between exposure to food advertising and nutritional knowledge. In terms of quality, two studies were higher scoring and seven were medium scoring. All but one were conducted with North American samples, and the vast majority took place during the 1970s and 1980s.

The nine studies provide modest evidence of an effect on children’s nutritional knowledge. Five studies found that food promotion had an effect on or was associated with differences in nutritional knowledge. Three of these five studies provided evidence that exposure to food promotion for ‘low nutrition’ foods was associated with poorer nutritional knowledge. One study found that TV viewing had a significant detrimental effect on nutritional knowledge in relation to foods that are heavily marketed at ‘diet’ foods (Harrison 2005). Of the four studies that found an effect, one was an experiment providing causal evidence (Ross et al 1980 & 1981) and the other two (Wiman & Newman 1989, Gracey et al 1996, Harrison 2005) were cross-sectional studies. The fifth study, an experiment (Peterson et al 1984), found that exposure to adverts for foods “high in nutritional value” increased nutritional knowledge, although it was impossible to separate out the effects of the adverts from other nutritional messages in this study.

Three studies found that exposure to food promotion had no impact on, or was not associated with changes in, children’s perceptions of the healthiness of different foods or what constitutes a healthy diet. Two were experimental (Goldberg et al 1978a & 1978b Study 1, Goldberg et al 1978a and 1978b Study 2) and one was cross-sectional (Atkin 1975b). The eighth study produced inconclusive results (Galst 1980).

The evidence is modest rather than strong. In two of the studies (one of which showed an effect and one where the results were inconclusive) it was difficult to separate out the effects of advertising from other exposure variables (Peterson et al 1984, Galst 1980); furthermore, studies which found effects tended to take more detailed knowledge measures than did the studies which did not find effects: the studies were not measuring the same effect.

Overall, the weight of evidence suggests that food promotion may have little influence on children’s general perceptions of what constitutes a healthy diet, but that it can, in certain contexts, have an effect on more specific types of nutritional knowledge.

5.2.2 Does food promotion influence children's food preferences?

Fifteen studies investigated the influence of food promotion on children's food preferences. Fourteen were experiments, and one was a cross-sectional study. The studies covered a wide age range, 2-18 years. The majority of the studies were conducted in North America during the 1980s.

The 14 studies reviewed provided reasonably strong evidence of an effect on children's food preferences. Of the 13 studies that reported results (two did not), seven found that exposure to food promotion had an impact on, or was associated with significant changes in, children's food preferences (Goldberg et al 1978a & 1978b Study 1, Gorn & Goldberg 1980a, Stoneman & Brody 1981, Kaufman & Sandman 1983, Borzekowski & Robinson 2001, Heslop & Ryans 1980, Norton et al 2000). Three of these were good quality experimental studies (Goldberg et al 1978a & 1978b Study 1, Stoneman & Brody 1981, Kaufman & Sandman 1983); they found that children were significantly more likely to prefer high fat, salt or sugar foods over lower fat, salt or sugar alternatives after exposure to food adverts. Three studies found that children were more likely to choose the advertised brand than a non-advertised brand of the same product type after exposure to food adverts (Borzekowski & Robinson 2001, Gorn & Goldberg 1980a, Heslop & Ryans 1980). One cross-sectional study found a weak association between television advertising and preferences for specific foods (Norton et al 2000).

One study found non-significant results in the direction of an effect (Goldberg et al 1978a & 1978b Study 2), and four (three experiments and one cross-sectional study) found no significant effects or associations (Peterson et al 1984, Clarke 1984, Ritchey & Olson 1983, Gorn & Florsheim 1985, Neeley & Schumann 2004).

Overall, the stronger studies were generally more likely to find effects and the less strong studies were not, suggesting that there is reasonably robust evidence that food promotion influences food preferences.

5.2.3 Does food promotion influence children's food purchasing and purchase-related behaviour?

Seven studies examined the impact of food promotion on children's food purchasing and purchase-related behaviour. Purchase-related behaviour was defined as behaviour intended to influence parents' food purchasing selections. Three were randomized controlled experimental studies, one was a natural quasi-experiment, one was an observational study, and two were cross-sectional surveys. In terms of quality, four were higher scoring, two were medium scoring, and one was lower scoring.

All seven studies found that exposure to food promotion had an influence on, or was significantly associated with, the specific purchase or purchase-related behaviour measured in each study. One experimental study (French et al 2001) found that promotional signage on vending machines significantly increased sales of low fat snacks in secondary schools independently of pricing variables. This was the only study in the review to provide robust evidence of a causal link between promotion and actual purchasing behaviour by children. One study involving a natural experiment (Goldberg 1990) compared the household purchase of cereals among English- and French-speaking children in Montreal. At the time of the study, English-speaking children in Quebec were exposed to and mostly watched American

television, while French-speaking children were also potentially exposed to American television but tended to watch more Quebec television, which banned children's advertising in 1980; they were therefore less likely to be exposed to advertising for children's cereals. Regression analysis indicated that exposure to American television significantly increased household purchase of advertised cereals independently of income or language, suggesting that the difference could not be solely attributable to cultural differences between high and low cereal purchasing households.

Two experimental studies found that exposure to food promotion increased children's purchase influence behaviour observed in a natural setting (supermarket shopping with parents) (Stoneman & Brody 1982, Galst & White 1976). The latter study also found that the more attentive a child was to television advertising, as opposed to television programmes, the greater the number of attempts to influence parental shopping purchases he or she made at the supermarket. One observational study (Reeves & Atkin 1979) and one cross-sectional study (Atkin 1975b) also found significant associations between amount of Saturday morning television viewed and frequency of making food purchase requests to parents, with 'heavy' viewers in both studies making more requests than 'light' viewers. The second cross-sectional study (Taras et al 1989) found a weak association between television watching in general and food purchase requests to mothers.

Overall, the studies provide strong evidence that food promotion influences children's food purchase-related behaviour. Both the methodologically stronger and less strong studies found evidence of effects. In all except one study, the effect was in the direction of increasing purchase requests for foods high in fat, sugar or salt; in the remaining study, the effect was in the direction of increasing low fat snack sales, in line with the promotional stimulus examined in the study.

5.2.4 Does food promotion influence children's food consumption behaviour?

Fourteen studies investigated the effects of exposure to food promotion on children's food consumption behaviour. Consumption behaviour was defined as including consumption of food on a single occasion, daily selection of foods for consumption over a short period of time, and self-reported patterns of consumption behaviour. Nine studies used experimental designs and five were cross-sectional studies. In terms of quality, two studies were higher scoring, 10 were medium scoring, and two was lower scoring. All the studies were North American except from one study which was undertaken in the UK (Halford 2004).

The studies provided modest evidence of an effect on consumption behaviour. Three experimental studies found that exposure to food promotion had a significant effect on children's consumption behaviour: in one, it reduced their likelihood of selecting fruit or orange juice, compared to a sweet, for a daily snack (Gorn & Goldberg 1982/Gorn & Goldberg 1980b), in another it increased boys' calorific consumption from a tray of snack foods (Jeffrey et al 1982 Study 2/Fox 1981), and in a third study it increased the food intake of lean, overweight and obese children (Halford 2004). Four cross-sectional studies (Atkin 1975b, Ritchey & Olson 1983, Bolton 1983, Boynton-Jarrett et al 2003) found small associations, of varying degrees of strength, between exposure to television food advertising (as measured using television viewing) and frequency of snacking or consumption of specific foods, although the studies were of varying quality. Notably, Boynton-Jarrett et al (2003) found that for each additional hour of television children viewed per day, daily consumption

of fruit and vegetables reduced by 0.14 servings.

Two studies found variations in consumption behaviour, according to exposure to food promotion, but the results were not statistically significant and, therefore, no effect could be concluded (Dawson et al 1988, Jeffrey et al 1982 Study 1).

Four studies produced results which were inconclusive: Galst (1980) appeared to indicate that exposure to food promotion had a *positive* effect on consumption behaviour (ie. it reduced children's selection of sugared snacks), whereas Peterson et al (1984) found that exposure to food promotion had no effect on children's consumption behaviour, but it was not possible in either study to disentangle the effects of food promotion from other experimental stimuli examined at the same time. Two studies found that exposure to food promotion under certain conditions had an effect on consumption behaviour but that under other conditions it did not: in Cantor (1981) the effect was to *increase* consumption of sweet foods, while in Gorn & Goldberg (1980a) the effect was to *reduce* consumption of ice cream.

Overall, the studies provide modest evidence of an effect of food promotion on consumption behaviour. Effects were sometimes inconsistent and were not found in all the studies, but were found in sufficient studies to suggest that food promotion can, in some contexts, influence children's food consumption behaviour.

5.2.5 Does food promotion influence children's diet and other health-related outcomes?

Seven cross-sectional studies addressed this question. Four investigated the relationship between television viewing and children's diet (Bolton 1983, Coon et al 2001, Gracey et al 1996, Taras et al 1989). The other three studies examined health-related variables: three examined the relationship between television viewing and obesity (Dietz & Gortmaker 1985, Matheson et al 2004) and one (Wong et al 1992) examined the relationship between television and video viewing and cholesterol levels. One of the studies was higher scoring in terms of quality, five were medium scoring and one was lower scoring.

All four dietary studies found significant associations, of varying strength, between television viewing and dietary intake. Bolton (1983), a strong study, found that food advertising exposure as calculated from children's television viewing diaries was significantly related with children's snacking frequency, calorific intake and nutrient efficiency. Coon et al (2001) found a significant association between television being on during meals and children's diet. Taras et al (1989) and Gracey et al (1996) found weak evidence of a relationship between television watching and food purchase requests (in the first study) and fat intake (in both studies). The other two studies found significant relationships between television viewing and obesity (Dietz & Gortmaker 1985), and between television viewing/video game playing and high cholesterol (Wong et al 1992).

Overall, there was evidence of small but significant associations between television viewing and diet (four studies), television viewing and obesity (two studies) and television viewing and cholesterol (one study). In six of the studies, the potential effect of food advertising on this relationship could not be disentangled from the general effect of television viewing. The effects may have been attributable to the impact of the advertising seen while watching television, the impact of other messages seen while watching television, such as programme

content, or to the sedentary nature of the activity itself (Dietz & Gortmaker 1985). Alternatively, it is possible that a high level of television viewing acts as a marker for a complex set of attitudes and behaviours within the family which taken together lead to observed associations between television and children's food-related behaviour and diets (Coon et al 2001). One study, however, (Bolton 1983), measured the specific contribution of food advertising. The use of detailed television viewing diaries enabled a calculation of the extent to which each subject was exposed specifically to food advertising rather than simply the amount of time the subject spent watching television in general. The study found that the greater a child's food advertising exposure, the more frequent his or her snacking and the lower his or her nutrient efficiency.

5.3 Summary/Discussion

A recent review of the international evidence on food promotion to children confirms that in both developed and developing countries: (i) there is a great deal of food promotion to children, particularly in the form of television advertising; (ii) this is typically for highly processed, energy dense, unhealthy products with evocative branding; and (iii) that children recall, enjoy and engage with this advertising (Hastings 2006). Thus it is clear that children across the world are being exposed to an unhealthy diet of food promotion. Furthermore, globalisation and specifically the opening up of massive economies in India and China, mean that this marketing effort is set to increase. Food brands such as Coca Cola and McDonalds can gain an almost iconic status in the conflation of development with western values.

Establishing the effects of all this promotional activity requires complex (and expensive) studies. From these it is clear that food promotion does influence children's food preferences, purchase behaviour and consumption; the earlier review for the FSA also found that these effects were significant, independent of other influences and operated at both brand and category level (Hastings et al 2003). There is also evidence that food promotion encourages children to request their parents to purchase foods they have seen advertised.

The complexity and cost of cause and effect research means that it has only been done in developed countries. However, there is no reason to believe that children in the developing world will be any less vulnerable to food promotion. Other research, usually in the form of surveys, from countries including Chile, Bahrain, India and Venezuela show that children are interested in trying advertised foods and often ask their parents to buy the foods they have seen advertised. Parents - especially those from disadvantaged backgrounds - frequently yield to such requests. Disadvantaged mothers also attribute more importance to advertised food products and credibility to food adverts than their more privileged peers. Overall, this indicates that children in developed and developing countries respond to food promotion in similar ways. It is therefore plausible that any evidence of cause and effect from developed countries can apply to children in the developing world.

Indeed three factors suggest that children in the developing world may be more vulnerable to food promotion:

1. They are likely to be less sophisticated about modern marketing and branding because it is such a new phenomenon in many developing countries. In China, for example, the economy has only just opened up to western influence.
2. Western firms see children as a bridgehead for entering developing economies,

because they are more flexible and responsive than their parents.

3. They also represent a very real direct and indirect market: even in relatively poor countries they have disposable income from an early age and are known to have a big influence on family consumption behaviour.

Furthermore, the review almost certainly understates the problem. The evidence base focuses on television advertising, with relatively little attention given to other forms of advertising, let alone marketing as a whole. The latter is a much broader phenomenon than advertising, incorporating not just other forms of promotion (eg merchandising and packaging), but product development, pricing strategies and distribution. Some of these other variables may be just as influential as advertising, and it is the combination of all four that underpins the most powerful food brands.

6.0 OTHER EVIDENCE: THE EFFECTS OF SOCIAL MARKETING INTERVENTIONS ON BEHAVIOUR

This section summarises evidence from three recent reviews on the effectiveness of social marketing as an intervention approach (Stead et al 2006, Gordon et al 2006, McDermott et al 2006). The reviews were conducted for the National Consumer Council and Department of Health, and examined the effectiveness of social marketing interventions addressing:

- substance misuse (alcohol, tobacco and other drugs)
- physical activity
- diet and nutrition

6.1 Identifying genuine examples of social marketing

The principles of social marketing have been discussed in Section 3 above. For the reviews, it was necessary to turn these principles into a workable definition of a social marketing intervention. In 2002, Andreasen identified what he termed six essential benchmarks of a 'genuine' social marketing intervention; one which applies social marketing throughout rather than as an add-on (see Figure 6.1). These benchmarks were translated into criteria for defining an intervention as social marketing.

Figure 6.1: Andreasen's benchmark criteria

Benchmark	Explanation
1. Behaviour Change	Intervention seeks to change behaviour and has specific measurable behavioural objectives
2. Consumer Research	Intervention is based on an understanding of consumer experiences, values and needs. Formative research is conducted to identify these. Intervention elements are pre-tested with the target group.
3. Segmentation & Targeting	Different segmentation variables are considered when selecting the intervention target group. Intervention strategy is tailored for the selected segment/s.
4. Marketing Mix	Intervention considers the best strategic application of the 'marketing mix'. This consists of the four Ps of 'product', 'price', 'place' and 'promotion'. Other Ps might include 'policy change' or 'people' (eg. training is provided to intervention delivery agents). Interventions which only use the promotion P are social advertising, not social marketing.
5. Exchange	Intervention considers what will motivate people to engage voluntarily with the intervention and offers them something beneficial in return. The offered benefit may be intangible (eg. personal satisfaction) or tangible (eg. rewards for participating in the programme and making behavioural changes).
6. Competition	Competing forces to the behaviour change are analysed. Intervention considers the appeal of competing behaviours (including current behaviour) and uses strategies that seek to remove or minimise this competition.

(adapted from McDermott et al 2005)

Interventions were assessed against these criteria rather than the descriptor used by the intervention designer or evaluator. Eligible interventions included several which had not been explicitly described as social marketing, and some which had been labelled social marketing were not deemed to meet all the criteria. The search methods for the three reviews were slightly different, and are summarised in Appendix 8.4. A list of studies included in the three reviews is provided in Appendix 8.5.

6.2 Summary of review findings

6.2.1 Characteristics of the interventions

All three reviews included a similar wide range of interventions. A large proportion were school-based programmes, with classroom education often taking place alongside other activities such as mass media campaigns, school-wide and community events.

A similar proportion were multi-component and/or community interventions, addressing both general adult and youth populations. Several of these also included policy dimensions designed, for example, to restrict youth access to substances through increasing retailer/server compliance with existing laws, greater enforcement of the law, or adoption of new policies and legislation. A small number were primarily mass media-based, although all of these also included activities delivered through other channels such as educational materials, telephone helpline, support in the community. (If no channels were used other than mass media, an intervention was judged not to have utilised the marketing mix fully, and was not included in the review).

As noted above, social marketing is not a theory in itself but rather draws from many bodies of knowledge to understand how to influence people's behaviour. This was reflected in the wide range of theories and models adopted in the programmes (where information was actually provided or could be inferred; not all studies describe the theoretical basis of the programme). Several of the school-based programmes were informed by social influences theory and were designed to address direct and indirect pressures. Several claimed to have used social cognitive or social learning theory in their development and some used the trans-theoretical model. Community interventions sometimes claimed to be underpinned by theories of community organisation and community participation. Interventions concerned with policy and environmental change made reference to media advocacy.

The majority of the interventions were implemented in North America, but Dutch, Australian, UK, Finnish and Brazilian programmes were also included.

Most of the school-based programmes targeted the early secondary school years (11-14), although younger and older groups were also targeted, and although the majority of the school-based programmes were 'universal', that is, designed for the whole student population in specific school years, some were deliberately tailored for high risk or disadvantaged populations. Around a quarter of the interventions were targeted at minority ethnic groups, including, for example, Hispanics (Fitzgibbon 1996) and Mexican-Americans (Nader 1989). Two interventions included components targeted at older people (Matsudo 2002; Reger 2002) and several involved targeting low income groups (eg. O'Loughlin 1999; Brownson 1996; Havas 1998, 2003). One intervention was targeted at people with low levels of literacy (Pawtucket 1995). The remaining target groups included church members (Campbell 1999; Resnicow 2001; Resnicow 2004), co-habiting couples (Burke 2002 Study 1), and supermarket shoppers (Steenhuis 2004).

The vast majority of the interventions were evaluated using a randomised controlled trial or quasi-experimental design. The period of follow-up ranged widely in the studies from a month after implementation to several years (Vartiainen 1998 was unusual in having a 15 year follow-up). The majority of the studies involved one to two year follow-up.

6.2.2 Specific social marketing characteristics of the interventions

All included interventions had to show evidence of having met all six social marketing criteria. This meant that they had to:

- i) Have a specific Behaviour Change goal. Behaviour change goals sought by the included interventions included: to increase fruit and vegetable consumption or decrease fat intake, to reduce or delay onset of substance use, to increase smoking cessation, to encourage retailers to comply with laws on underage access to substances, to persuade local councils to pass or strengthen legislation on sales of substances.
- ii) Have used Consumer Research to inform the intervention. Typical consumer research conducted by the interventions included community needs assessments, focus groups, qualitative interviews, pre-testing of materials, and pilot tests of intervention activities prior to the main trial.
- iii) Consider different Segmentation variables and Target interventions appropriately. Interventions demonstrated segmentation and targeting if, for example, activities were designed interventions to be age-appropriate or particularly appropriate to the setting in which they were delivered, or if they tailored activities and materials to specific groups, such as low income or minority ethnic participants.
- iv) Demonstrate use of more than one element of the Marketing Mix. We defined the marketing mix as comprising '6 Ps': Product, Price, Place, Promotion/communication, Person and Policy. For example, a school-based intervention might comprise a curriculum element, teacher training, materials and home activities (place, promotion/communication, person), whereas an access intervention might comprise media advocacy, policy development and community activities (place, promotion / communication, policy).
- v) Consider what would motivate people to engage voluntarily with the intervention and offer them something beneficial in return (Exchange). The exchange could be tangible or intangible. Examples include: school-based prevention programmes which emphasised the positive benefits of non-use or offered students the opportunity to participate in appealing alcohol-free activities; smoking cessation programmes which used motivation strategies or provided inspirational role models in the form of testimonials; and access interventions which rewarded responsible retailers with positive publicity and community approval.
- vi) Consider the appeal of competing behaviours and use strategies that seek to minimise this Competition. These strategies could address competition at an external or internal level, or both. External competition strategies included adopting or encouraging compliance with policies making it harder for young people to obtain substances. Internal competition strategies included teaching relapse prevention and coping skills. School-based prevention curricula based on a social influences approach, which seeks to 'inoculate' young people against peer, social and advertising pressures to use drugs, addressed competition at several different levels.

6.2.3 Smoking, alcohol and substance misuse

This section summarising findings from the review of social marketing interventions designed to tackle smoking, alcohol and substance misuse.

Smoking prevention

Twenty one studies (14 school-based interventions, five multi-component community interventions, one media-based programme and one access intervention) examined whether interventions were effective in preventing smoking among young people. Many measured only short-term impact, although a few took medium and longer term follow-ups.

Eighteen of these 21 studies examined short-term impact (up to 1 year), of which 13 reported significant positive effects. Several of the short-term effective interventions were school-based programmes adopting the 'social influences' approach. For example, students who received the Project SMART social influences programme had significantly lower smoking onset than control students, equivalent to a 38% reduction, at the end of one year (Hansen 1988). Four of the short-term effective interventions were multi-component community programmes. Project SixTeen (Biglan 2000), designed to reduce both illegal sales of tobacco and youth tobacco use, was associated with lower smoking prevalence (smoking in the past week) at one-year follow-up.

Eleven studies examined medium-term impact on smoking prevention (up to 2 years) and seven of these reported significant positive effects. Four of these were multi-component community interventions: Project STAR, or the Midwestern Prevention Project (Pentz 1989), the North Karelia project (Vartiainen 1998), the Minnesota Heart Health 'Class of 89' study (Perry 1992) and Project SixTeen. Effects were also found for two school-based interventions adopting a social influences approach and for an intervention combining mass media smoking prevention television programming with a school curriculum (Flay 1995). Finally, of five studies examining longer-term impact (over 2 years), two reported sustained significant positive effects on prevalence. Among students who received the youth component of the North Karelia project, a major community intervention to reduce cardiovascular disease, at 15-year follow-up, when participants were aged 28, meantime lifetime consumption was 22% lower in the intervention community compared with the control area. In the 'Class of 89' study (Perry 1992) students who received a 3-year school-programme within the 5-year Minnesota Heart Health Program, had significantly lower weekly smoking prevalence than control community students at all follow-ups up to 5 years.

Alcohol prevention and harm minimisation

Fifteen studies (10 school-based interventions, four multi-component community interventions, one delivered in a family setting) examined whether interventions were effective in preventing alcohol use or reducing the harm associated with alcohol use (eg. drink-driving). Again, most took only short-term follow-up measures, although some also measured medium and longer term impact.

Thirteen of the 15 studies examined short-term impact on alcohol use (up to 12 months), of which eight reported some significant positive effects. These included trials of the school-based Life Skills Training programme with minority ethnic inner city student populations (Botvin 1997, Botvin 2001), and an Australian school-based alcohol harm minimisation programme (McBride 2000).

Seven studies examined medium-term impact (one to two years) on alcohol use, and four of these reported some significant effects. One of these was a trial of a three year school-based programme (Cuijpers 2002), which found a significant impact on daily alcohol use at immediate post-test and at two years after the start of the intervention. Finally, two out of four interventions which examined effects in the longer-term, over two years, reported some significant impacts. Project Northland (Perry 1996), which comprised a 3-year school curriculum, peer and parent activities and community taskforces, found a significant impact on past month and past week alcohol use ($p < 0.05$ for each) in the intervention group compared with the control group at 2.5 years, although the effect had dissipated at 4 years. Project Northland also found a significant reduction in 'proneness to alcohol, drug and family problems' after 3 years of the programme, suggesting that the family-focused 6th grade component of the programme was effective in influencing wider precursors of problem behaviour. A family-focused intervention (Spoth 2001), targeting both parents and children, found lower alcohol use onset in the intervention group compared with the control at both one and two year follow-ups; the increase in 'ever use' and 'ever been drunk' was lower in the intervention group than the control group at every follow-up up to 4 years, with increasing effect sizes, suggesting that the intervention intensified in impact over time.

Illicit drug use prevention

Thirteen studies (ten school-based interventions, three multi-component community interventions) examined whether interventions were effective in preventing or reducing illicit drug use.

Twelve of the studies examined short-term impact (up to 12 months), and eight of these reported some significant positive impact on illicit drug use. Nearly all were school-based programmes, including a trial of Life Skills Training with minority ethnic inner city students which found less frequent marijuana use and lower polydrug use at three months (Botvin 1997), two versions of Project ALERT, both of which found short-term reductions in marijuana use (Ellickson 1990, Ellickson 2003) and a Dutch school programme (Cuijpers 2002).

Of the six studies which examined medium-term impact (one to two years), two reported some significant effects. These were a version of Project Towards No Drug Abuse (Sussman 2002) tested with minority ethnic inner city students, which found significantly lower hard drug use at two years among students who received a health-educator led version of the programme, and the multi-component programme Project STAR (Pentz 1989) which found significant marijuana use reductions both in the short term and at two year follow-up. However, neither of the two studies which examined longer-term impacts on drug use found sustained effects (Ellickson 1990, Project Northland).

Smoking cessation

Nine studies examined whether interventions had an impact on smoking cessation (four multi-component community interventions, three media-based interventions, a church-based programme and a worksite programme). Two of the interventions, both two-year mass media-based programmes (the North Coast Quit for Life programme in NSW, Australia, and a programme for Vietnamese American men in Texas (McPhee 1995), had significant effects. A further five interventions had weak effects. For example, the Alliance of Black Churches Project (Schorling 1997), which adopted a community organisation approach and included the formation of church coalitions as well as individually-focussed activities and community activities, found a higher quit rate in the intervention community than the comparison

community, but the differences were not significant, the trend suggested a possible intervention effect. Two interventions had no effect.

6.2.4 Physical activity

This section summarising findings from the review of social marketing interventions designed to increase physical activity.

Levels of physical activity

Twenty one interventions aimed to increase level of physical activity as defined by total time spent or frequency of activity (14 community based interventions, 7 school-based interventions, one mass media intervention and one work-based intervention). Of these, 8 of the 21 reported a significant positive effect on behaviour. For example, the Social Marketing for Public Health Employees Intervention (Neiger 2001), a workplace-based programme comprising communications and promotions, ongoing activities, one-off events and environmental changes, resulted in pre-test to post-test increases in the primary treatment group on three levels of physical activity. Similarly, the Wheeling Walks intervention (Reger 2002), a community based campaign to promote walking among sedentary 50 to 65 year old adults underpinned by the Theory of Planned Behaviour, had a positive effect on physical activity levels in terms of total time spent and frequency of walking.

Physical activity psychosocial variables

Eleven studies examined changes in physical activity psychosocial variables such as self efficacy or stage of change for physical activity. Of these, six reported a positive effect for at least one variable. Three of these six were school based interventions, two were community based and one was based in a workplace setting. Pathways (Caballero 2003), a school based intervention targeting 3rd and 5th grade American-Indian children and comprising a physical activity programme supplemented by a classroom curriculum and family component, significantly increased self efficacy for physical activity in the treatment group. It also found a positive effect on stage of change to physical activity. The New Moves intervention (Neumark-Sztainer 2003), incorporating a specially designed curriculum, physical activity classes, instruction and education packs, found a mean increase in stage of change for physical activity post-intervention, and at one year follow-up, with around twice as many girls progressing in stage than regressing.

Physical activity physiological outcomes

Fourteen studies measured physiological outcomes following physical activity. Of eleven studies using Body Mass Index (BMI) as a measure, two found a positive effect. These were a community based study targeted at newly co-habiting couples (Burke 2002) and a major seven year community-based intervention targeting a general adult population. (Pawtucket 1995). Of six studies using cholesterol levels as a measure three found a positive effect, all of which were community based interventions (Burke 2002, Goodman 1995, Puska 2002). Two interventions used CVD as a measure with both resulting in a reduction in CVD rates (Puska 2002, Pawtucket 1995). Finally five of the 14 interventions used blood pressure as a measure but only one of these five interventions showed a positive effect (Burke 2002).

6.2.5 Diet and nutrition

This section summarising findings from the review of social marketing interventions designed to improve diet and nutrition.

Fruit and vegetable intake

Of the eighteen studies that sought to increase fruit and vegetable intake, ten had a positive overall effect, six had mixed or moderate effects, one had no effect, and one was counter productive. Of the effective studies, for example, one used an education-based social marketing intervention to produce a mean increase in daily fruit and vegetable consumption of 0.56 servings among low-income women in Maryland USA (Havas et al 1998). Another study reported significant improvements in the fruit and vegetable consumption of primary school children in England and Wales following the implementation of a rewards-based peer modelling intervention (Lowe et al 2004). Overall, these results provide strong evidence that social marketing can improve fruit and vegetable consumption.

Fat intake

Eighteen studies sought to reduce fat intake. Of these, eight had a positive overall effect, seven had mixed or moderate effects and three produced no change. For example, the CATCH school-based programme implemented in the US reported a significant reduction in fat intake among students in intervention schools compared with control schools ($p < 0.001$), and also successfully lowered the percentage of calories from total fat in school meals (Luepker et al 1996). Similarly, a church-based intervention based on motivational interviewing reported small but significantly greater changes in the desired direction for percentage calories from fat among church-goers in the intervention condition ($p < 0.05$) (Resnicow et al 2004). Overall, these studies provide reasonable evidence that social marketing interventions can influence fat intake.

Dietary knowledge

Of the 11 studies that sought to improve dietary knowledge, nine reported a positive overall effect. For example, a '5-a-Day' programme with low-income women (comprising nutrition sessions, printed materials and direct mail) significantly increased their knowledge of the recommendation to eat five or more fruits and vegetables a day ($p < 0.001$) (Havas et al 1998). Although the remaining two studies reported mixed or moderate effects, overall there is strong evidence that social marketing can improve nutritional knowledge.

Diet and nutrition psychosocial variables

Social marketing interventions were also successful in influencing psychosocial factors associated with nutrition, such as attitudes towards healthy eating and self-efficacy for eating a better diet. Thirteen out of 17 studies had a positive effect on at least one psychosocial variable. For example, a badge-based intervention with Boy Scouts in Houston, Texas brought about significant improvements in boys' preferences for fruit, juice and vegetables as well as their perceptions of positive outcomes associated with healthy eating ($p = 0.01$ for fruit and $p = 0.0001$ for vegetables) (Baranowski et al 2002). In another study, a church-based intervention brought about significant improvements in self-efficacy for eating five daily portions of fruit and vegetables among African-American church members (Campbell et al 2000). Overall, the review provides strong evidence that social marketing can improve nutrition related psychosocial variables.

Diet and nutrition physiological variables

The evidence for effects on physiological variables is less convincing. Only three out of the thirteen studies that examined this had a positive effect on at least one physiological variable; though positive changes were seen for blood pressure and cholesterol none were reported for BMI (Body Mass Index) in any of the studies.

6.2.6 Policy and environmental level change

Several of the interventions sought also to bring about changes at an environmental and/or policy level.

Selling age-restricted substances

Four studies reported changes in retailers' behaviour in relation to selling tobacco and alcohol illegally to underage youth. Project Trust, a one-year retailer education campaign which included personal visits and positive media coverage for law-abiding retailers, reduced illegal sales from 70% to 32% in four out of six intervention communities, compared with a comparison area; the effect was sustained at six-month follow-up (Willey 1995). TPOP (Tobacco Policy Options for Prevention) adopted a direct action community organising approach to encourage adoption of tobacco ordinances and deter illegal underage sales in Minnesota (Forster 1998). Illegal sales fell from 36.7% to 3.1% in intervention communities, but also by a similar amount in control communities; the difference was not significant.

A multi-component community intervention in Oregon, comprising media advocacy, youth anti-tobacco activities, community mobilisation, and giving retailers feedback on their response during test purchase attempts, showed a reduction in the mean level of illegal sales from 57% to 22% (Biglan 2000). There was no comparison community in this study which limited the conclusions which could be drawn. The fourth intervention addressed alcohol and included community mobilisation, media advocacy and merchant education (Wagenaar 2000). Retailers reported more frequent checking of age ID and a higher perceived risk of prosecution following the intervention, while test purchase attempts found lower incidence of selling under-age, but none of the differences were significant.

Substance-related policy change

Three interventions specifically sought to promote the adoption of substance-related policies. One goal of the TPOP (1996) intervention was to "change local ordinances to more effectively restrict youth access to tobacco". At the end of the intervention period, all seven intervention communities had adopted a comprehensive ordinance, with varying ingredients. Over the same period, three of the seven control communities also adopted modifications to their tobacco ordinances, but the study authors described the control community ordinances as "weaker and much less comprehensive" than the intervention community ordinances.

The CATCH intervention sought to promote the adoption of formal tobacco-free policies in its 56 intervention schools, spread across 3 states (CATCH 1996). The number of schools adopting policies increased markedly over the three years of the study from a baseline figure of 49.7% to 76.8%. However, because of other events and trends at the time of the intervention, it was difficult to attribute the policy adoption process to the intervention. In Project Northland, the authors note that five alcohol-related ordinances were successfully passed in the first year of the intervention, including requirement of responsible beverage service training to prevent illegal sales to underage youth and intoxicated patrons (Perry

1996). Although school alcohol education programmes used in the control communities were monitored in the control communities during the intervention, policy developments in the same period were not recorded, and therefore it was not clear to what extent the alcohol policy changes in Project Northland communities were attributable to the intervention.

Physical activity-related policy change

Evidence of effectiveness at changing policy or the environment was more limited in relation to physical activity, and few studies used designs capable of measuring policy and environmental changes. In the M-Span intervention (Sallis 2003), key school personnel were described as having met regularly with project staff to select and implement policy changes to create healthier school environments, such as allowing students to use activity areas after school and hiring aides to lead activity programmes. Nonetheless it was noted that project support for the groups was probably inadequate to yield more meaningful policy changes.

In the Bootheel Heart Health Project (Brownson 1996), an evaluation of environmental factors was conducted and walking paths were constructed in low income communities where cost was a barrier to other forms of physical activity. This led to the adoption of a policy to construct a network of such paths throughout the community. In the North Karelia Project (Puska 2002) policy changes were effected which led to the provision of dedicated walking space and recreational areas assisting in the delivery of the intervention. The Pawtucket Heart Health Program (Pawtucket 1995) aimed to influence the environment in which risk factor behaviours occurred, leading to efforts to effect policy change within the community. These efforts led to the construction of a series of leisure facilities and a multiple station exercise course. However, in each of these interventions policy developments in the control communities were not recorded and therefore it is unclear to what extent policy changes in the experimental communities were attributable to the interventions.

Nutrition-related policy change

Thirteen interventions sought to create policy/environmental changes in relation to nutrition. Nearly half of these were school-based interventions that included strategies to make healthy foods more available (and/or unhealthy foods less available) at school, and other efforts to make healthy food choices easier and more appealing to students. Typically, these environmental strategies sought to influence the availability and accessibility of healthy foods within these settings and to generally create more health focused environments. For example, as part of the Pathways school-based intervention, which sought to reduce the fat intake of American Indian children, training was provided to school food service personnel (eg. to improve their knowledge and skills in relation to reduced fat options) and the fat content of foods sold at the school cafeterias was subsequently reduced. The study observed a trend towards lower fat intake among students in the intervention group compared to the control group, however there was no difference in energy intake across the two groups (data not shown) (Caballero 2003).

Similarly, the TEENS school programme included a 'schoolwide' component that involved working with district food service directors and local food service managers to increase the availability of and promote fruit and vegetables (and other healthier snacks) (Birnbaum 2002). Again, councils comprising school staff, parents, students and the research team met monthly to try to bring about these changes. This component of the intervention was evaluated using 'food service visits and meeting logs'. In addition to successfully providing food service training, project staff made approximately 10 and 26 visits in the 7th and 8th grade intervention years to school food service staff for on-site consultation and extended

training and support, and school councils were successfully established. No other outcome data on this aspect of the intervention is provided.

In the North Karelia study, the programme sought to bring about 'social policy' favouring healthy change (Vartiainen 1995). The research team worked with health service providers, business leaders and political decision makers to bring about these changes and also collaborated with the food industry. The food industry became heavily involved, encouraged by the potential of new markets for healthier products (eg. unsaturated vegetable oil). During the latter years of the programme, national policy decisions and legislation contributed towards improvements in diet and related outcomes. The study's policy actions are believed to have reinforced changes including the development of low fat spreads, labelling of fat, salt and other food groups, and improvements in the quality of meals within the public sector (eg. schools, the army). Reforms were also made that helped 'neutralise' the taxation between dairy and vegetable oil fats (previously dairy fats were favoured). Finally, the programme also resulted in the creation of national guidelines for dietary changes and the reduction of risk factors.

6.3 Summary/Discussion

Three reviews examined the effectiveness of social marketing interventions for changing health behaviour. All of the interventions included in the reviews were judged to have adopted social marketing principles in their design and implementation: they all had specific behavioural objectives; used consumer research to understand the target audience, the people whose behaviour they were trying to change (including upstream target groups such as retailers); and considered ways of segmenting the population and tailored the intervention accordingly and appropriately. They also all considered what would motivate people to change ('exchange'), used a combination of the channels and activities that make up 'the marketing mix', and addressed competition or barriers to behaviour change.

The reviews were not intended or designed to compare social marketing with some other framework for developing interventions, rather to contribute to the evidence base for the effectiveness of social marketing itself. Overall, the reviews found reasonable evidence that interventions developed using social marketing principles can be effective. A majority of the interventions which sought to prevent youth smoking, alcohol use and illicit drug use reported significant positive effects in the short term. Effects tended to dissipate in the medium and longer term, although several of the tobacco and alcohol interventions still displayed some positive effects two years after the intervention. The evidence was more mixed for adult smoking cessation, although small numbers of programmes were nonetheless effective in this area. There was modest evidence of impact on levels of physical activity and psychosocial outcomes, with an apparently weaker effect on physical activity related physiological outcomes. There was strong evidence that social marketing can be used to increase fruit and vegetable consumption and improve dietary knowledge and psychosocial factors associated with diet. The evidence for reducing fat intake was more mixed and again the impact on physiological outcomes was limited.

The interventions seem also to have had some effects on the behaviour of retailers, and to have encouraged adoption of policies and other environmental-level changes, although the data on these are less robust and it is often difficult to attribute changes to the interventions rather than to other events and trends in the community.

7.0 DISCUSSION AND LEARNING POINTS

The scope of work

This report helps to shed light on the question of whether and how commercial marketing and social marketing can influence behaviour. To do so, it has taken a different approach to other NICE reviews. Because of the different approach used here, and the different quality and types of evidence identified, this review has not attempted to produce ‘evidence statements’ in the same manner as other reviews. Instead, summary ‘learning points’ from each area are given at the end of this section.

The review originally set out to address review questions about marketing to low-income consumers. As there were no reviews and very few primary studies capable of addressing the original review questions, it was necessary to depend upon grey literature which mostly comprised descriptive or discursive accounts in practitioner journals describing marketing strategies and interventions designed to appeal to low income consumer segments. Because of limits on the available evidence, and in an effort to respond to NICE’s interest in learning constructively about behaviour change techniques used in other fields, the scope of the review was widened to include additional evidence of marketing and its effects, namely a systematic review of the effects of food promotion to children and a series of reviews on the effectiveness of social marketing interventions for changing health behaviour.

Marketing and social marketing

The report describes marketing as a strategic way of thinking about and managing behaviour change. Social marketing takes learning from commercial marketing and applies it to the social and health sectors: ideas and techniques used to influence *consumer* behaviour can be used to influence *health* behaviour. Both marketers and social marketers adopt a strategic approach to planning activities that involves key stages including understanding the consumer, segmenting and targeting audiences, and creating an ‘exchange’ with that audience.

Marketing strategies for vulnerable groups

Both the review of marketing to low-income consumers and the review of the extent and nature of food promotion to children give insights into the specific strategies and activities used by marketers. The reviews show that commercial marketers actively and creatively target these groups with specific marketing strategies and activities suited to their needs. In the case of low-income groups, financial marketers recognise that this group has unique characteristics and needs and therefore requires a very different approach to other consumer groups. Financial service providers offer low-income consumers a customised service and tailor their offerings to meet consumer needs that have been identified through research with these groups. Perhaps more importantly, they engage in relationship marketing and long term strategic thinking (two of the key marketing principles discussed in Section 3.0) and talk of “trust and relationships”, “building future value”, and “affinity groups”. The commercial sector recognises that trust is very important among lower income groups and taps into this

market by establishing and nurturing relationships with local community organisations, citizens groups and neighbourhood associations. Additional (seemingly successful) strategies also include employing local people, using local buildings and understanding local culture.

The food promotion review reveals that commercial food marketers tailor their products and strategies to appeal to children of different ages. Their advertising is ubiquitous with a strong emphasis on the things that children (the target group) really like – fun, humour, great taste, animations, and likeable and memorable characters and spokespeople. Crucially, commercial marketers also recognise that children under a certain age are not yet independent purchasers and even develop marketing strategies, such as product ‘tie-ins’ to encourage children to ask their parents to buy them certain products.

The effects of marketing and social marketing

It is extremely difficult to measure the impact of marketing behaviour, but it *is* possible. Though there was limited evidence in the public domain of commercial marketing’s impact on the low-income market – this kind of data is very expensive to purchase from market research firms and is sensitive for competitive reasons – the anecdotal evidence provided in the grey literature suggests that it is working. In the case of food promotion, a vast body of good quality academic research shows that it is having a powerful effect on children. The marketing strategies examined in this report may be particularly effective with vulnerable groups such as low-income families and children because, for example, they help overcome barriers to participation (eg. mistrust, price, and age), and recognise and account for key influencers and gatekeepers including parents and community leaders. The social marketing reviews provide good quality evidence that the same techniques can be successfully applied to health behaviours.

Learning Points

The report identifies several key, fairly generic learning points for public health:

- Move away from a prescriptive approach and ‘get to know’ the target group(s). Seek to understand the problem from their perspective – identify their motivations and the factors that influence their behaviour. These insights are particularly important when trying to influence ‘hard-to-reach’ groups like low-income households. Formative research can be a useful navigational aid and can help provide some of this understanding.
- Group individuals according to the similarity of their needs then identify the most appropriate group(s) around whom to organise the marketing effort. Develop a marketing strategy that utilises the various elements of the marketing mix (eg. promotion, distribution, product) and is tailored to the specific requirements of the target group(s).
- Identify any competition to behaviour change that exists (eg. apathy, effort, time) and consider how to best remove or minimise its influence. It is critical to make it easy for people to adopt new behaviours, especially in the case of vulnerable groups (eg. children, low-income) who face extra difficulties. An insider perspective on these difficulties can be especially insightful and can highlight problems that may be otherwise difficult to detect.

- In the past marketers viewed the low-income market as problematic, alienated and difficult to reach. However, they soon realised that this was because they were not communicating with low-income consumers in the right way and were offering them products and services not suited to their needs. Following a change in mindset – and by listening to their needs – marketers discovered that they could engage with low-income consumers and successfully influence their behaviour. The public health community should adopt a similar mindset when trying to influence this group.
- In public health, positive emotion and branding are potentially useful but typically underused (in huge contrast to commercial marketing). Consideration should be given to the use of positively framed and upbeat messages (eg. stressing the benefits to be gained from a healthy lifestyle rather than the consequences of an unhealthy one).
- Convenience is especially important among the low-income market. The commercial sector has learned to bring messages and services to this group by infiltrating local communities, engaging in grassroots marketing and providing a range of services under one roof. A grassroots approach is also helpful for tackling issues of mistrust. The public health community could too make use of some of these strategies to help to change penetrate the low-income sector.
- It is important to do things over and over again. For example, food marketers advertise to children continuously because they know that repeated exposure to advertising increases its effectiveness.
- Stakeholders and other key influencers should be identified and accounted for in the marketing strategy. The target group's environment should be addressed and 'upstream' change targeted where appropriate.
- Like the commercial sector, the public health community should also engage in long-term thinking and view engagement with the target group(s) as strategic ongoing relationships, not discrete interactions.

APPENDIX 8.1

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APPENDIX 8.2

Methods for the systematic review on the effects of food marketing on children

Review questions

The review addressed the following research questions:

Extent and nature of food promotion to children

1. What promotional channels are used by food marketers to reach children?
2. What food items are promoted to children?
3. What creative strategies are used by food marketers to target children?

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Effects of food promotion to children

1. How do children respond to food promotion?
2. Is there a causal link between food promotion and children's food knowledge, attitudes and behaviour?
3. If food promotion is shown to have an effect on children's food knowledge, preferences and behaviour, what is the extent of this influence relative to other factors?
4. In the studies which demonstrate an effect of food promotion on children's food knowledge, preferences and behaviour, does this affect total category sales, brand switching or both?

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Review methods

(i) Literature searching

Systematic review methods were used to search for, identify, and assess evidence for the review. Three main approaches were used to search for relevant research:

Reference lists from previous systematic reviews

Two previous systematic reviews provided a useful starting point for this review. The bibliographies of the first ever systematic review of food promotion to children¹ and an additional review focusing on food promotion to children in developing countries² were systematically examined. As these earlier reviews had very similar remits to the current review, and applied similar inclusion criteria, all of the included studies from these earlier reviews have been included in this report.

Update of database searches

New searches were undertaken to identify relevant studies published since 2003. Two main methods were used: searches of academic databases and grey literature.

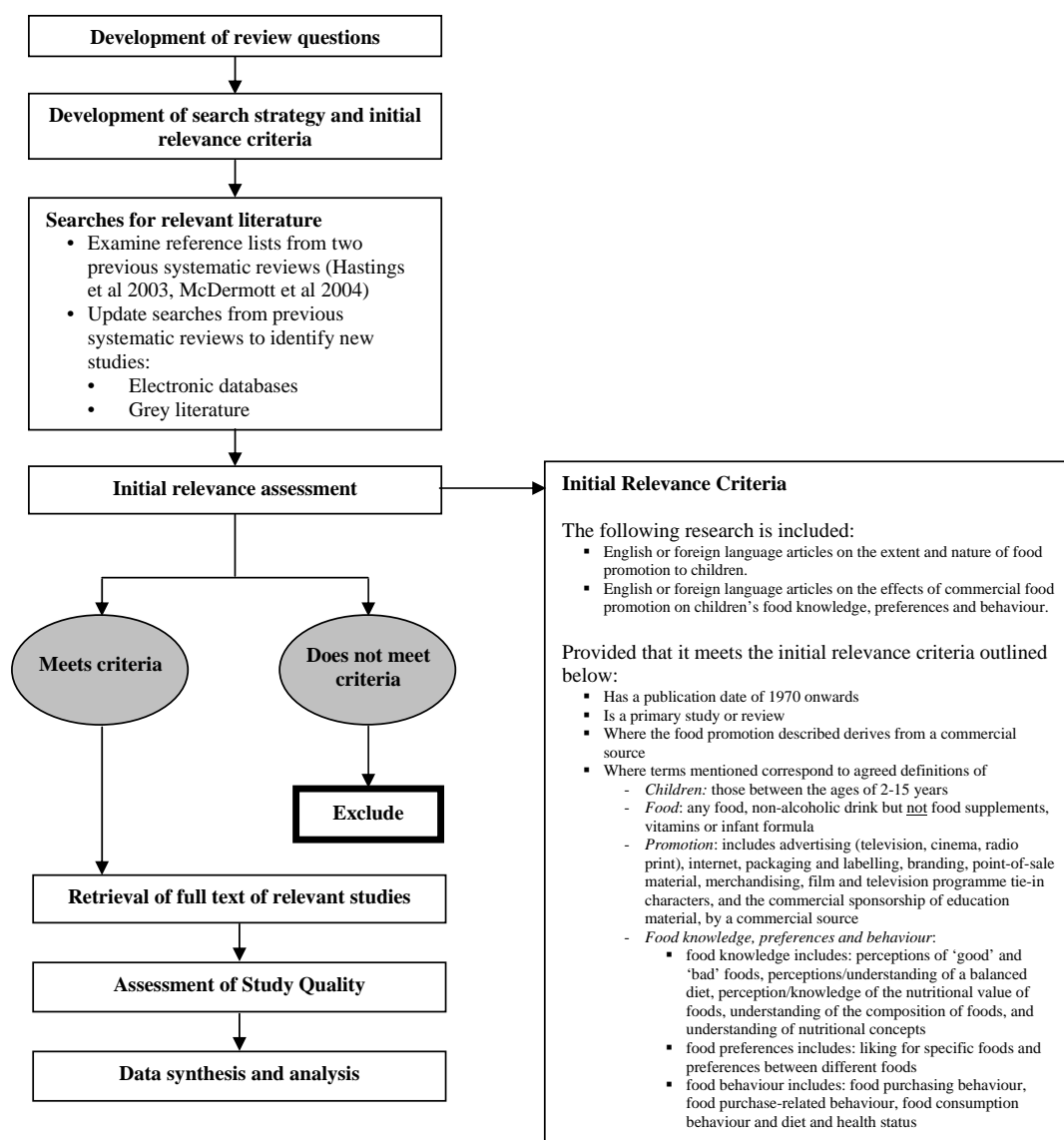
The primary source for literature was academic databases. Systematic searches were undertaken on eleven such databases (the Cochrane Library, CSA Illumina (including Medline), Emerald, ERIC, IBSS, Ingentaconnect Electronic, Ingentaconnect Fax/Ariel, ScienceDirect, Sociological Abstracts and Web of Knowledge Arts, Science & Social Science Citation Indices) to identify relevant studies published from 2003 onwards. Typical search strings used were: “(children AND food) AND (marketing OR advertising OR promotion)” and “(children AND (food OR nutrition)) AND (developing OR “third world”) AND

(*advertising OR marketing*)". Details of every search were carefully documented to provide a transparent and replicable record of the review process. A full record was made of every search undertaken including the search term or phrase used, the search field in which the term or phrase was used, any applied limits and the number of hits generated by each search. Full details of the searches undertaken are available upon request from the review authors.

Grey literature

Two additional databases that contain 'grey' (unpublished) literature were also searched. Regard, an online electronic database of social science research funded by the Economic and Social Research Council (ESRC), contains records of ESRC funded research projects dating back to the mid-1980s. The Advertising Education Forum's database of research on advertising and children was also searched using its country index, and by using relevant terms and phrases like "food marketing" and "food advertising". Full details of these searches are also provided in Hastings et al 2006³.

Figure 1: Overview of Review Process



(ii) Initial relevance assessment

The titles and abstracts generated through the new searches were assessed against relevance criteria to determine whether or not they should be included in the review (see ‘Initial Relevance Criteria box in Figure 1). These criteria were applied to the studies yielded by the database searches. This process identified an additional 13 studies on the extent and nature of food promotion to children and an additional 12 examining its effects. These studies were added to the studies already included in the two previous systematic reviews. This resulted in a total of 63 studies on the extent and nature of food promotion to children and 70 on its effects.

(iii) Quality assessment

A quantitative rating scale was developed to assess the quality of each of the included studies. Studies were scored, using a 1-5 scale where 1=poor and 5=very good, on five criteria (see Figure 3). The minimum a study could score was five and the maximum 25. Studies were scored and banded into three categories: 5-11 = lower scoring studies, 12-18 = medium scoring studies, and 19-25 = higher scoring studies. Two reviewers conducted the ratings independently. In total, there were eleven discrepancies between the reviewers, all of which were resolved through discussion and by re-analysis (by both reviewers) of the studies. These judgments of quality were then used in assessing how much weight to attach to the findings of each study.

Judgements on the strength of evidence for each review question (i.e. whether it was “weak”, “modest” or “strong”) were based on three criteria: the number of studies indicating a positive effect, the size of the effect reported in the studies, and the methodological quality of the studies themselves.

Figure 3: Quality rating criteria

<p><i>Extent and Nature of Food Promotion</i></p> <ul style="list-style-type: none"> • For studies measuring the <i>extent</i> of food promotions to children, the criteria were the sample’s size (usually number of television adverts), diversity (number of promotional channels, including different television formats) and timing (including both longitudinality and market segmentation by hour of the day, day of the week and season of the year) as well as the thoroughness of the analysis, and the clarity and completeness of data reporting. • For studies measuring the <i>nature</i> of food promotions to children, the criteria were the sampling procedure used (as defined by the criteria measuring extent), the rating or coding procedures used (eg. the use of standardised or validated instruments and the diversity of ratings) and the use of rating reliability (eg. the number of raters, their expertise or independence and the use of reliability statistics), as well as an assessment of the analysis and reporting. • Where a study addressed both <i>extent</i> and <i>nature</i> of food promotion to children, a separate rating was obtained in relation to each. <p><i>Effects of Food Promotion</i></p> <ul style="list-style-type: none"> • Only effects studies that were capable of demonstrating a potential causal relationship between food promotion and children’s food knowledge, preferences and behaviour were quality assessed (n=38). These studies were assessed on the following five criteria: the quality of the exposure measure, the quality of the effect(s) measure(s), the appropriateness of the analysis procedures, the extent and thoroughness of the analysis, and the clarity and completeness of data reporting. Where a study was capable of answering more than one specific review question (for example, if it measured the effects of food promotion on both knowledge and consumption behaviour), a separate rating was obtained in relation to all relevant questions, as different effects measures and analyses may have been used. • The remaining studies, whose results are discussed under the question ‘<i>How do children respond to food promotion?</i>’, were not capable of demonstrating a causal relationship, and were mostly simple surveys reporting only descriptive data. It was not judged necessary to carry out a quality rating assessment of these studies.
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(iv) Other evidence of the extent and nature of food promotion in developing countries

The academic searches identified limited evidence on the extent and nature of food promotion in developing countries. Because of this, further searches were undertaken on a range of other business and media resources (eg. practitioner journals like *Business Insights* and *Business Source Elite*, the international press, and online databases of relevant organisations) to identify additional data that might shed light on this issue. Sources included editorials, commentary pieces, news items and food industry reports.

Review material was drawn from two main source areas, first via a rigorous search of the electronic journal archives (Table 1) and second a search of relevant business resources and media organisations (Table 2). The search terms and phrases used are listed in Table 3.

Table 1: Journal resources

Electronic database	Brief Description
ASSIA	Applied Social Sciences Index and Abstracts
Blackwell Synergy	Journal Resource
BioMed	Open access to biomedical research
Business Insights	Market analysis resource
Business Source Elite	Business journal resource
Elsevier	Multiple-media publisher of scientific, technical and health information. Includes Embase and The Lancet articles.
Emerald	Journal resource
JSTOR	Journal resource
Ingenta	Global research gateway
IBSS	Including GEOBASE, IBSS, IPSA and PsychINFO
Lexisnexis	Journal resource
Periodicals Archive Online	Journal resource
Social Science Citation Index	Social science journal resource
Web of Science	Science and technical journal resource, includes Science Citation Index

Table 2: Industry and organisation resources

Industry and Organisations	
American Chamber of Commerce in China http://www.amcham-china.org/	Web based resource for American businesses in China
Asia Market Research News http://www.asiamarketresearch.com/	Provides information on market research in Asian countries for marketing professionals targeting Asian markets.
Consumers International http://www.consumersinternational.org/	Represents over 250 consumer groups in 115 countries
ESOMAR http://www.esomar.org/	European Society for Opinion and Marketing Research
Exchange 4 media http://www.exchange4media.com/	Indian web based marketing magazine
imc India (independent Media Centre) http://india.indymedia.org/	Web based Indian media resource
India Resource Centre http://www.indiaresource.org/	Focusing on resistance to factors of globalisation.
World Advertising Research Centre http://www.warc.com/	Web based resource for advertising and media professionals
WHO Library Database http://www.who.int/library/	World Health Organisation

Table 3: Search terms and phrases used

Advertisement	Developing	McDonaldization
Advertising	Developing Country	McDonald's
Adverts	Diet	McDs
Adspend	Fast Food	Nutrition
Asia	Food	Selling
Big Mac	India	Snacks
Child	Junk Food	Soft Drinks
Children	LDC	South America
China	Less Developed Country	Third World
Coca Cola	Marketing	Young People
Coke		

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APPENDIX 8.3
List of studies included in the systematic review of the effects of food marketing on children

INCLUDED ARTICLES ON THE EXTENT AND NATURE OF FOOD PROMOTION TO CHILDREN

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APPENDIX 8.4

Methods for the reviews of social marketing effectiveness

Different search strategies were used for each of the three reviews. For full details of these searches please refer to the original reports^{1,2,3}. Only brief summaries are provided here.

The nutrition review was based upon a previous review⁴ and was fully systematic. To update the original review eight electronic databases (ERIC, Ingenta Online, Ingenta Fax/Ariel, International Bibliography of the Social Sciences, ISI Web of Science Indices, Medline, PsycINFO, and Sociological Abstracts) were revisited and searched using the following string (*food OR diet OR obesity OR nutrition*) AND (*intervention OR communication OR campaign OR promotion*) AND (*behavio* OR outcome OR policy*) AND (*behavio* OR audience OR consumer OR pre-testing OR segment* OR target* OR exchange OR communication*) in abstracts, titles and keywords/descriptors for 2004 onwards. This yielded sixty-seven articles that were retrieved in full text and examined against social marketing (SM) criteria. Thirty-one studies met all six SM criteria and were included in the nutrition review.

For the physical activity review, eight electronic databases (Arts & Humanities Citation Index, Centre for Reviews and Dissemination's databases, Cochrane Library, PsycINFO, PubMed, Science Citation Index, Social Science Citation Index and NICE's publications database) were searched using combinations of the terms "*physical activity*", "*exercise*", and "*social marketing*". Including further reference chasing from the articles identified in the databases, 110 articles were assessed against Andreason's six criteria for a social marketing intervention. Twenty two interventions met all six criteria and were included in the review.

As a wealth of data exists on substance misuse interventions, for the substance misuse review a search was conducted for good quality reviews on this topic and the reference lists for these reviews provided the sampling frame for potentially eligible social marketing studies. The following databases were browsed or searched by topic: Cochrane Database of Systematic Reviews, the Centre for Reviews and Dissemination's databases (Database of Abstracts of Reviews of Effects and Health Technology Assessment Database), the EPPI-Centre's and NICE's publications databases. This yielded 35 systematic reviews, and from these, 310 individual studies were retrieved and assessed in full text against Andreason's six criteria. Thirty five studies met all six of Andreason's criteria for a social marketing intervention and were included in the review.

Formal statistical synthesis was not possible because of the heterogeneity in interventions, study designs, and outcome variables so a qualitative synthesis was used. We weighted our conclusions by study quality, with greater emphasis given to higher quality studies.

1. McDermott L, Stead M, Gordon R, Angus K, Hastings G (2006). *A review of the effectiveness of social marketing nutrition interventions*. Report prepared for the National Social Marketing Strategy for Health. Stirling: Institute for Social Marketing.
2. Gordon R, McDermott L, Stead M, Angus K, Hastings G (2006). *A review of the effectiveness of social marketing physical activity interventions*. Report prepared for the National Social Marketing Strategy for Health. Stirling: Institute for Social Marketing.
3. Stead M, McDermott L, Gordon R, Angus K, Hastings G (2006). *A review of the effectiveness of social marketing alcohol, tobacco and substance misuse interventions*. Report prepared for the National Social Marketing Strategy for Health. Stirling: Institute for Social Marketing.

4. McDermott L, Stead M, Hastings GB, Angus K, Banerjee S, Rayner M, Kent R (2005). *A Systematic Review of the Effectiveness of Social Marketing Nutrition and Food Safety Interventions - Final Report prepared for safefood*. Stirling: University of Stirling, Institute for Social Marketing: March.

APPENDIX 8.5

List of studies included in the systematic reviews of social marketing effectiveness

Please note the bold title is how the study is referred to in the text of Section 6.0. Each study may have more than one paper describing them.

Ary 1990

Ary DV, Biglan A, Glasgow R, Zoref L, Black C, Ochs L, et al (1990). The efficacy of social-influence prevention programs versus “standard care”: Are new initiatives needed? *Journal of Behavioral Medicine*, **13**(3): 281-296.

Baranowski 2003

Baranowski T, Baranowski J, Cullen K, Thompson D, Nicklas T, Zakeri IF (2003). The Fun, Food, and Fitness Project (Fffp): the Baylor Gems Pilot Study. *Ethnicity and Disease*, **13**(Supplement): S30-S39.

Beech 2003

Beech BM, Klesges RC, Kumanyika SK, Murray DM, Klesges L, McClanahan B, Slawson D, Nunnally C, Rochon J, McLain-Allen B, Pree-Cary J (2003). Child- and parent-targeted interventions: The Memphis GEMS pilot study. *Ethnicity and Disease*, **13** (Supplement 1): S40-53.

Biglan 2000

Biglan A, Ary DV, Duncan TE, Black C, Smolkowski K (1998). *A randomized control trial of a community intervention to prevent adolescent tobacco use* (Draft report). Oregon: Oregon Research Institute.

Biglan A, Ary DV, Smolkowski K, Duncan T, Black C (2000). A randomised controlled trial of a community intervention to prevent adolescent tobacco use, *Tobacco Control*, **9**: 24-32.

Biglan A, Henderson J, Humphrey D, Yasui M, Whisman R, Black C, et al (1995). Mobilising positive reinforcement to reduce youth access to tobacco. *Tobacco Control*, **4**: 42-48.

Biglan A, Ary D, Koehn V, Levings D, Smith S, Wright Z, et al (1996). Mobilizing positive reinforcement in communities to reduce youth access to tobacco. *American Journal of Community Psychology*, **24**: 625-638.

Botvin 1997

Botvin GJ, Epstein JA, Baker E, Diaz T, Ifill-Williams M (1997). Schoolbased drug abuse prevention with inner-city minority youth. *Journal of Child and Adolescent Substance Abuse*; **6**(1): 5-19.

Botvin 1999

Botvin GJ, Griffin KW, Diaz T, Miller N, Ifill-Williams M (1999). Smoking initiation and escalation in early adolescent girls: one-year follow-up of a school-based prevention intervention for minority youth. *Journal of the American Medical Women's Association*, **54**: 139-143, 152.

Botvin 2001

Botvin GJ, Griffin KW, Diaz T, Ifill-Williams M (2001). Drug abuse prevention among minority adolescents: posttest and one-year follow-up of a school-based preventive intervention. *Prevention Science*, **2**(1): 1-13.

Brownson 1996

Brownson RC, Smith CA, Pratt M, Mack NE, Jackson-Thompson J, Dean CG, Dabney S, Wilkerson JC (1996). Preventing cardiovascular disease through community-based risk reduction: the Bootheel Heart Health Project. *American Journal of Public Health*, **86**(2): 206-213.

Burke 2002

Burke V, Mori TA, Giangiulio N, Gillam HF, Beilin LJ, Houghton S, Cutt HE, Mansour J, Wilson A (2002). An innovative program for changing health behaviours. *Asia Pac J Clin Nutr*, **11**(Supplement 3): S586-597.

Burke V, Giangiulio N, Gillam HF, Beilin LJ, Houghton S (2004). Changes in cognitive measures in a randomized controlled trial of a health promotion program for couples targeting diet and physical activity. *American Journal of Health Promotion*, **18**(4): 300-311.

Caballero 2003

Caballero B, Davis S, Davis E, Ethelbah B, Evans M, Lohman T, Stephenson L, Story M, White J (1998). Pathways: A school-based program for the primary prevention of obesity in American Indian children. *J Nutr Biochem*, **9**(9): 535-543.

Caballero B, Clay T, Davis SM, Ethelbah B, Rock BH, Lohman T, Norman J, Story M, Stone EJ, Stephenson L, Stevens J (2003). Pathways Study Research Group. Pathways: A school-based, randomized controlled trial for the prevention of obesity in American Indian schoolchildren. *Am J Clin Nutr*, **78**(5): 1030-1038.

Stone EJ, Norman JE, Davis SM, Stewart D, Clay TE, Caballero B, Lohman TG, Murray DM (2003). Design, implementation, and quality control in the Pathways American-Indian multicenter trial. *Preventive Medicine*, **37**(6 Pt 2): S13-23.

CATCH 1996

Elder JP, Perry CL, Stone EJ, Johnson CC, Yang M, Edmundson EW, et al (1996). Tobacco use measurement, prediction and intervention in elementary schools in four states: The CATCH Study. *Preventive Medicine*, **25**: 486-494.

Luepker RV, Perry CL, McKinlay SM, Nader PR, Parcel GS, Stone EJ, et al (1996). Outcomes of a field trial to improve children's dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). *Journal of the American Medical Association*, **275**: 768-776.

Nader PR, Stone EJ, Lytle LA, Perry CL, Osganian SK, Kelder S, Webber LS, Elder JP, Montgomery D, Feldman HA, Wu M, Johnson C, Parcel GS, Luepker RV (1999). Three-Year Maintenance of Improved Diet and Physical Activity: The CATCH Cohort. *Arch Pediatr Adolesc Med*, **153**(7): 695-704.

Stone EJ, Osganian SK, McKinlay SM, Wu MC, Webber LS, Luepker RV, Perry CL, Parcel GS, Elder JP (1996). Operational design and quality control in the CATCH multicenter Trial. *Preventive Medicine*, **25**(4): 384-399.

COMMIT 1995

COMMIT Research Group, The (1995). Community intervention trial for smoking cessation (COMMIT): I Cohort results from a four-year community intervention. *American Journal of Public Health*, **85**: 183-192.

Cuijpers 2002

Cuijpers P, Jonkers R, de WI de JA (2002). The effects of drug abuse prevention at school: the 'Healthy School and Drugs' project. *Addiction*, **97**(1), Jan: 67-73.

De Vries 1994

De Vries H, Backbier E, Dijkstra M, Van Breukelen G, Parcel G, Kok G (1994). A Dutch social influence smoking prevention approach for vocational school students. *Health Education Research*, **9**: 365-374.

Egger 1983

Egger G, Fitzgerald W, Frape G, Monaem A, Rubinstein P, Tyler C, McKay B (1983). Results of large scale media antismoking campaign in Australia: North Coast 'Quit for Life' programme. *British Medical Journal*, **287**: 1125-1128.

Ellickson 1990

Bell RM, Ellickson PL, Harrison ER (1993). Do drug prevention effects persist into high school? How Project ALERT did with ninth graders. *Preventive Medicine*, **22**: 463-483.

Ellickson PL, Bell RM (1990). Drug prevention in junior high: a multisite longitudinal test. *Science*, **247**: 1299-1305.

Ellickson PL, Bell RM, Harrison ER (1993). Changing adolescent propensities to use drugs: results from Project ALERT. *Health Education Quarterly*, **20**(2): 227-242.

Ellickson PL, Bell RM, McGuigan K (1993). Preventing adolescent drug use: long-term results of a junior high program. *American Journal of Public Health*, **83**(6): 856-861.

Ellickson 2003

Ellickson PL, McCaffrey DF, Ghosh-Dastidar B, Longshore DL (2003). New inroads in preventing adolescent drug use: results from a large scale trial of project ALERT in middle schools. *Adolescent Health*, **93**(11): 1830-1836.

Flay 1995

Flay BR, Miller TQ, Hedeker D, Siddiqui O, Britton CF, Brannon BR, et al (1995). The television, school, and family smoking prevention and cessation project. VIII student outcomes and mediating variables. *Preventive Medicine*, **24**: 29-40.

Flynn 1994

Flynn BS, Worden JK, Secker-Walker RH, Pirie PL, Badger GJ, Carpenter JH, Geller BM (1994). Mass media and school interventions for cigarette smoking prevention: Effects 2 years after completion. *American Journal of Public Health*, **84**(7): 1148-1150.

Flynn BS, Worden JK, Secker-Walker RH, Badger GJ, Geller BM (1995). Cigarette smoking prevention effects of mass media and school interventions targeted to gender and age groups. *Journal of Health Education*, **26**(2): S45-S51.

Forster 1998

Forster JL, Murray DM, Wolfson M, Blaine TM, Wagenaar AC, Hennrikus DJ (1998). The effects of community policies to reduce youth access to tobacco. *American Journal of Public Health*, **88**: 1193-1198.

Blaine TM, Forster JL, Hennrikus D, O'Neil S, Wolfson M, Pham H (1997). Creating tobacco control policy at the local level: implementation of a direct action organizing approach. *Health Education and Behavior*, **24**(5): 640-651.

Forster JL, Wolfson M, Murray DM, Wagenaar AC, Claxton AJ (1997). Perceived and measured availability of tobacco to youth in 14 Minnesota communities: The TPOP study. *American Journal of Preventive Medicine*, **13**: 167-174.

Fortmann 1993

Fortmann SP, Taylor CB, Flora JA, Jatulis D (1993). Changes in adult cigarette smoking prevalence after 5 years of community health education: The Stanford Five-City Project. *American Journal of Epidemiology*, **137**: 82- 96.

Goodman 1995

Goodman RM, Wheeler FC, Lee PR (1995). Evaluation of the Heart To Heart Project: lessons from a community- based chronic disease prevention project. *American Journal of Health Promotion*, **9**(6): 443-455.

Hansen 1988

Hansen WB, Anderson JC, Flay BR, Graham JW, Sobel J (1988). Affective and social influences approaches to the prevention of multiple substance abuse among seventh grade students: results from project SMART. *Preventive Medicine*, **17**: 135-154.

Hecht 1993

Hecht ML, Corman SR, Miller-Rassulo M (1993). An evaluation of the Drug Resistance Project: a comparison of film versus live performance media. *Health Communication*, **5**(2): 75-88.

Huhman 2005

Bauman A (2004). Commentary on the VERB campaign - perspectives on social marketing to encourage physical activity among youth. *Prev Chronic Dis*, **1**: A02.

Huhman M, Potter LD, Wong FL, Banspach SW, Duke JC, Heitzler CD (2005). Effects of a mass media campaign to increase physical activity among children: year-1 results of the VERB campaign. *Pediatrics*, **116**(2): e277-284.

Wong F, Huhman M, Heitzler C, Asbury L, Bretthauer-Mueller R, McCarthy S, Londe P (2004). VERB - a social marketing campaign to increase physical activity among youth. *Prev Chronic Dis*, **1**: A10.

Lewis 1993

Lewis CE, Raczynski JM, Heath GW, Levinson R, Hilyer JC Jr, Cutter GR (1993). Promoting physical activity in low-income African American communities: the PARR project. *Ethnicity and Disease*, **3**(2): 106-118

Matsudo 2002

Matsudo V, Matsudo S, Andrade D, Araujo T, Andrade E, de Oliveira LC, Braggion G (2002). Promotion of physical activity in a developing country: The Agita Sao Paulo experience. *Public Health Nutrition*, Special Issue, **5**(1A): 253-261.

McAlister 1992

Ramirez AG, McAlister AL (1988). Mass media campaign - A Su Salud. *Preventive Medicine*, **17**(5): 608-621.

McAlister AL, Ramirez AG, Amezcua C, Pulley LV, Stern MP, Mercado S (1992). Smoking cessation in Texas-Mexico border communities: A quasi-experimental panel study. *American Journal of Health Promotion*, **6**: 274-279.

McBride 2000

McBride N, Midford R, Farrington F, Phillips M (2000). Early results from a school alcohol harm minimisation study: the School Health and Alcohol Harm Reduction Project. *Addiction*, **95**(7): 1021-1042.

McPhee 1995

McPhee SJ, Jenkins CNH, Wong C, Fordham D, et al (1995). Smoking cessation intervention among Vietnamese Americans: a controlled trial. *Tobacco Control*, **4**(Supplement 1): S16-S24.

MHHP (Minnesota Heart Health Program) 1994

Carlaw RW, Mittlemark MB, Bracht N, Luepker RV (1984). Organization for a Community Cardiovascular Health Program: Experiences from the Minnesota Heart Health Program. *Health Education Quarterly*, **11**: 243-252.

Jacobs DR Jr, Luepker RV, Mittlemark MB, et al (1996). Community-wide prevention strategies: Evaluation design of the Minnesota Heart Health Program. *Journal of Chronic Diseases*, **39**: 775-788.

Lando HA, Pechacek TF, Pirie PL, Murray DM, Mittlemark MB, Lichtenstein E, et al (1995). Changes in adult cigarette smoking in Minnesota Heart Health Program. *American Journal of Public Health*, **85**(2): 201-208.

Luepker RV, Murray DM, Jacobs DR, Mittlemark MB, Bracht N, Carlaw R, Crow R, Elmer P, Finnegan J, Folsom AR, Grimm R, Hannan PJ, Jeffrey R, Lando H, McGovern P, Mullis R, Perry CL, Pechacek T, Pirie P, Sprafka JM, Weisbrod R, Blackburn H (1994). Community education for cardiovascular disease prevention: Risk factor changes in the Minnesota Heart Health Program. *American Journal of Public Health*, **84**: 1383-1393.

Mittlemark MB, Russell V, Luepker RV, Jacobs DR, Bracht NF, Carlaw RW, Crow RS, Finnegan J, Grimm RH, Jeffery RW, Gerald Kline F, et al (1986). Community-wide

prevention of cardiovascular disease: Education strategies of the Minnesota Heart Health Program. *Preventive Medicine*, **15**: 1-17.

Nader 1992

Nader PR, Baranowski T, Vanderpool NA, Dunn K, Dworkin R, Ray L (1983). The family health project: cardiovascular risk reduction education for children and parents. *J Dev Behav Pediatr*, **4**(1): 3-10.

Nader PR, Sallis JF, Rupp J, Atkins C, Patterson T, Abramson I (1986). San Diego family health project: reaching families through the schools. *Journal of School Health*, **56**(6): 227-231.

Nader PR, Sallis JF, Abramson IS, Broyles SL, Patterson TL, Rupp JW, Nelson JA (1992). Family-based cardiovascular risk reduction education among Mexican- and Anglo-Americans. *Family and Community Health*, **15**: 57-74.

Neiger 2001

Neiger BL, Thackeray R, Merrill RM, Miner KM, Larsen L, Chalkley CM (2001). The impact of social marketing on fruit and vegetable consumption and physical activity among public health employees at the Utah Department of Health. *Social Marketing Quarterly*, **7**: 9-28.

Neumark-Sztainer 2003

Neumark-Sztainer D, Story M, Hannan PJ, Rex J (2003). New Moves: a school-based obesity prevention program for adolescent girls. *Preventive Medicine*, **37**(1): 41-51.

O'Loughlin 1999

O'Loughlin J, Paradis G, Kishchuk N, Gray-Donald K, Renaud L, Fines P, Barnett T (1995). Coeur en sante St-Henri--a heart health promotion programme in Montreal, Canada: design and methods for evaluation. *Journal of Epidemiology and Community Health*, **49**(5): 495-502.

O'Loughlin J, Paradis G, Gray-Donald K, Renaud L (1999). The impact of community-based heart disease prevention program in a low-income, inner-city neighbourhood. *American Journal of Public Health*, **89**: 1819-1826.

Paradis G, O'Loughlin J, Elliot M, Mason P, Renaud L, Sacks-Silver G, Lampron G (1995). Coeur en sante St-Henri--a heart health promotion programme in a low income, low education neighbourhood in Montreal, Canada: theoretical model and early field experience. *Journal of Epidemiology and Community Health*, **49**(5): 503-512.

Pawtucket 1995

Carleton RA, Lasater TM, Assaf AR, Feldman HA, McKinlay S, et al (1995). The Pawtucket Heart Health Program: Community changes in cardiovascular risk factors and projected disease risk. *American Journal of Public Health*, **85**(6): 777-785.

Gans KM, Assmann SF, Sallar A, Lasater TM (1999). Knowledge of cardiovascular disease prevention: an analysis from two New England communities. *Preventive Medicine*, **29**(4): 229-237.

Pentz 1989

Pentz MA, Dwyer JH, MacKinnon DP, Flay BR, Hansen WB, Wang EY, Johnson CA (1989). A multicomunity trial for primary prevention of adolescent drug abuse. Effects on drug use prevalence. *JAMA*, **261**: 3259-3266.

Pentz MA, Johnson CA, Dwyer JH, MacKinnon DM, Hansen WB, Flay BR (1989). A Comprehensive Community Approach to Adolescent Drug Abuse Prevention: Effects on Cardiovascular Disease Risk Behaviours. *Annals of Medicine*, **21**: 219-222.

Perry 1992

Perry CL, et al (1992). Communitywide smoking prevention: long-term outcomes of the Minnesota Heart Health Program and the Class of 1989 study. *American Journal of Public Health*, **82**(9): 1210-1216.

Perry CL, Kelder SH, Klepp K (1994). Community-wide cardiovascular disease prevention in young people: long-term outcomes of the Class of 1989 Study. *European Journal of Public Health*, **4**: 188-194.

Perry 1996

Williams CL, Perry CL, Farbakhsh K, Veblen-Mortenson S (1999). Project Northland: Comprehensive Alcohol Use Prevention for Young Adolescents, Their Parents, Schools, Peers and Communities. *Journal of Studies of Alcohol*, Supplement 13: 112-123.

Perry CL, Williams CL, Veblen-Mortenson S, Toomey TL, Komro KA, Anstine PS, McGovern PG, Finnegan JR, Forster JL, Wagenaar AC, Wolfson M (1996). Project Northland: Outcomes of a Communitywide Alcohol Use Prevention program during Early Adolescence. *American Journal of Public Health*, **86**(7): 956-965.

Toomey TL, Williams CL, Perry CL, Murray DM, Dudovitz B, Veblen-Mortenson S (1996). An alcohol primary prevention program for parents of 7th graders: The Amazing Alternatives! Home Program. *Journal of Child and Adolescent Substance Abuse*, **5**(4): 35-53.

Prochaska 2004

Prochaska JJ, Zabinski MF, Calfas KJ, Sallis JF, Patrick K (2000). PACE+: Interactive communication technology for behavior change in clinical settings. *American Journal of Preventive Medicine*, **19**: 127-131.

Prochaska JJ, Sallis JF (2004). A randomized controlled trial of single versus multiple health behavior change: Promoting physical activity and nutrition among adolescents. *Health Psychology*, **23**: 314-318.

Patrick K, Sallis JF, Prochaska JJ, Lydston DD, Calfas KJ, Zabinski MF, et al (2001). A multi-component program for nutrition and physical activity change in primary care: PACE+ for adolescents. *Archives of Pediatrics Adolescent Medicine*, **155**: 940-946.

Puska 2002

Puska P, Nissinen A, Salonen J, Tuomilehto J (1983). Ten years of the north karelia project: results with community based prevention of coronary heart disease. *Scand J Soc Med*, **11**(3): 65-68.

Puska P, Tuomilehto J, Nissinen A, Vartiainen E (eds) (1995). *The North Kareli Project: 20 Years Results and Experiences*. Helsinki: National Public Health Institute.

Puska P (2002). Successful prevention of non-communicable diseases: 25 year experiences with the North Karelia Project in Finland. *Public Health Medicine*, **4**(1): 5-7.

Reger 2002

Reger B, Cooper L, Booth-Butterfield S, et al (2002). A community campaign using paid media to encourage walking among sedentary older adults. *Preventive Medicine*, **35**: 285-292.

Resnicow 2000

Resnicow K, Yaroch AL, Davis A, Wang DT, Carter S, Slaughter L, Coleman D, Baranowski T (2000). GO GIRLS!: Results From a Nutrition and Physical Activity Program for Low-Income, Overweight African American Adolescent Females. *Health Education and Behaviour*, **27**(5): 616-31.

Sallis 2003

Sallis JF, McKenzie TL, Conway TL, Elder JP, Prochaska JJ, Brown M, Zive MM, Marshall SJ, Alcaraz JE (2003). Environmental interventions for eating and physical activity: A randomized controlled trial in middle schools. *American Journal of Preventive Medicine*, **24**(3): 209-217.

Schorling 1997

Schorling JB, Roach J, Siegel M, Baturka N, Hunt DE, Guterbock TM, Stewart HL (1997). A trial of church-based smoking cessation interventions for rural African Americans. *Preventive Medicine*, **26**: 92-101.

Spoth 2001

Spoth RL, Redmond C, Lepper H (1999). Alcohol Initiation Outcomes of Universal Family-Focused Preventive Interventions: One- and Two Year Follow-Ups of a Controlled Study. *Journal of Studies on Alcohol*, **13**: 103-111.

Spoth RL, Lopez RM, Redmond C, Shin C (1999). Assessing a public health approach to delay onset and progression of adolescent substance use: Latent transition and log-linear analyses of longitudinal family preventive intervention outcomes. *Journal of Consulting and Clinical Psychology*, **67**(5): 619-630.

Spoth RL, Redmond C, Shin C (2001). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes 4 years following baseline. *Journal of Consulting and Clinical Psychology*, **69**(4): 1-15.

Story and Sherwood 2003

Story M, Sherwood NE, Himes JH, Davis M, Jacobs DR Jr, Cartwright Y, Smyth M, Rochon J (2003). An after-school obesity prevention program for African-American girls: The Minnesota GEMS pilot study. *Ethn Dis*, **13**(Supplement 1): S54-64.

Sussman 1993

Sussman S, Dent CW, Stacy AW, Hodgson CS, Burton D, Flay BR (1993). Project Towards No Tobacco Use: Implementation, process and post-test knowledge evaluation. *Health Education Research*, **8**: 109-123.

Sussman 1998

Sussman S, Dent CW, Stacy AW, Craig S (1998). One-year outcomes of project towards no drug abuse. *Preventive Medicine*, **27**: 632-642.

Sussman 2002

Sussman S, Sun P, McCuller WJ, Dent CW (2003). Project towards no drug abuse: two-year outcomes of a trial that compares health educator delivery to self-instruction. *Preventive Medicine*, **37**: 155-162.

Sussman S, Dent CW, Craig S, Ritt-Olsen A, McCuller WJ (2002). Development and immediate impact of a self-instruction curriculum for an adolescent indicated drug abuse prevention trial. *Journal of Drug Education*, **32**(2): 121-137.

Vartiainen 1998

Vartiainen E, Paavola M, McAlister A, Puska P (1998). Fifteen-year followup of smoking prevention effects in the North Karelia Youth Project. *American Journal of Public Health*, **88**: 81-85.

Wagenaar 2000

Wagenaar AC, Murray DM, Toomey TL (2000). Communities Mobilizing for Change on Alcohol (CMCA): Effects of a randomized trial on arrests and traffic crashes. *Addiction*, **95**(2): 209-217.

Wagenaar AC, Murray DM, Gehan JP, Wolfson M, Forster JL, Toomey TL, Perry CL, Jones-Webb R (2000). Communities Mobilizing for Change on Alcohol: Outcomes from a randomized community trial. *Journal of Studies on Alcohol*, **61**: 85-94.

Willey 1995

Willey MB, Woodruff SI, Agro A, Keay KD, Kenney EM, Conway TL (1995). Sustained effects of educating retailers to reduce cigarette sales to minors. *Public Health Reports*, **110**: 625-629.

Keay KD, Woodruff SI, Willey MB, Kenney EM (1993). Effect of a retailer intervention on cigarette sales to minors in San Diego County, California. *Tobacco Control*, **2**: 145-151.

Windsor 1988

Windsor RA, Lowe JB, Bartlett EE (1988). The effectiveness of a worksite self-help smoking cessation program: a randomized trial. *Journal of Behavioral Medicine*, **11**(4): 407-421.

Windsor RA, Lowe JB (1989). Behavioral impact and cost analysis of a worksite self-help smoking cessation program. *Progress in Clinical and Biological Research*, **392**: 231-242.

APPENDIX 8.6

Search strategies

Database: ASSIA; **Host:** CSA Illumina; **Years Covered:** 1987 to date; **Years Searched:** 1987-2006;
By: KA on 14th June 2006; **Results Downloaded:** 1740

Limits: Date Range 1980-2006, English Language only

SEARCH TERMS

- 1 TI=((socio within 1 economic) or socioeconomic) or AB=((socio within 1 economic) or socioeconomic)
- 2 TI=(SES) or AB=(SES)
- 3 TI=((socio* within 1 demograph*) or socio-demograph*) or AB=((socio* within 1 demograph*) or socio-demograph*)
- 4 TI=(social* within 1 (grade* or grading or gradient* or classification*)) or AB=(social* within 1 (grade* or grading or classification*))
- 5 TI=(demograph* within 1 (grade* or grading or classification*)) or AB=(demograph* within 1 (grade* or grading or classification*))
- 6 TI=(social within 1 (capital or class or classes or context* or status*)) or AB=(social within 1 (capital or class or classes or context* or status*))
- 7 TI=(social* within 1 position*) or AB=(social* within 1 position*)
- 8 TI=(soci* within 1 cultural*) or AB=(soci* within 1 cultural*)
- 9 TI=(depriv* within 1 (communit* or people or person or persons or family or families)) or AB=(depriv* within 1 (communit* or people or person or persons or family or families))
- 10 TI=deprivation or AB=deprivation
- 11 TI=(disadvantage*) or AB=(disadvantage*)
- 12 TI=(low within 1 income) or AB=(low within 1 income)
- 13 TI=((poor or vulnerable) within 1 (communit* or people of person or persons or family or families)) or AB=((poor or vulnerable) within 1 (communit* or people of person or persons or family or families))
- 14 TI=(poverty) or AB=(poverty)
- 15 TI=(inequalit*) or AB=(inequalit*)
- 16 TI=(moderate within 1 means) or AB=(moderate within 1 means)
- 17 TI=(hard within 1 pressed) or AB=(hard within 1 pressed)
- 18 TI=((depriv* or disadvantage* or (low within 1 income) or poor) within 3 (house* or housing or neighbo*r* or communit* or people or family or families)) or AB=((depriv* or disadvantage* or (low within 1 income) or poor) within 3 (house* or housing or neighbo*r* or communit* or people or family or families))
- 19 TI=(social within 1 housing) or AB=(social within 1 housing)
- 20 TI=((local within 1 authority) or council) within 1 (tenant* or tenancy)) or AB=((local within 1 authority) or council) within 1 (tenant* or tenancy))
- 21 TI=(council within 1 (house* or housing or estate*)) or AB=(council within 1 (house* or housing or estate*))
- 22 TI=(housing within 1 association) or AB=(housing within 1 association)
- 23 TI=((post* within 1 code*) or postcode* or (zip within 1 code*) or zipcode*) or AB=((post* within 1 code*) or postcode* or (zip within 1 code*) or zipcode*)
- 24 TI=(employment within 1 status) or AB=(employment within 1 status)
- 25 TI=(semiskilled or (semi within 1 skilled)) or AB=(semiskilled or (semi within 1 skilled))
- 26 TI=(unskilled or (un within 1 skilled)) or AB=(unskilled or (un within 1 skilled))
- 27 TI=(bluecollar or (blue within 1 collar)) or AB=(bluecollar or (blue within 1 collar))
- 28 TI=(working within 1 class) or AB=(working within 1 class)
- 29 TI=((manual or casual or routine) within 1 work*) or AB=((manual or casual or routine) within 1 work*)
- 30 TI=(unemployed or ((un or non) within 1 employed) or nonemployed) or AB=(unemployed or ((un or non) within 1 employed) or nonemployed)
- 31 TI=((longterm within 1 illness) or ("long term" within 1 illness)) or AB=((longterm

- within 1 illness) or ("long term" within 1 illness))
- 32 TI=(social within 1 (welfare or security)) or AB=(social within 1 (welfare or security))
- 33 TI=(tax within 1 credit*) or AB=(tax within 1 credit*)
- 34 TI=(financial* within 1 exclu*) or AB=(financial* within 1 exclu*)
- 35 TI=((poor or bad) within 1 credit*) or AB=((poor or bad) within 1 credit*)
- 36 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35
- 37 TI=(advert*) or AB=(advert*)
- 38 TI=(market*) or AB=(market*)
- 39 TI=(target* within 1 market*) or AB=(target* within 1 market*)
- 40 TI=(promotion* or promoting) or AB=(promotion* or promoting)
- 41 TI=(sale or sales) or AB=(sale or sales)
- 42 TI=(selling) or AB=(selling)
- 43 TI=(publici*) or AB=(publici*)
- 44 TI=(competition* or competitor*) or AB=(competition* or competitor*)
- 45 TI=(direct* within 1 market*) or AB=(direct* within 1 market*)
- 46 TI=(direct* within 1 mail*) or AB=(direct* within 1 mail*)
- 47 TI=((prize within 1 draw*) or prizedraw*) or AB=((prize within 1 draw*) or prizedraw*)
- 48 TI=((call within 1 centre*) or callcentre*) or AB=((call within 1 centre*) or callcentre*)
- 49 TI=((telephone within 1 (sale* or market*)) or (tele within 1 (sale* or market*)) or telesale* or telemarket*) or AB=((telephone within 1 (sale* or market*)) or (tele within 1 (sale* or market*)) or telesale* or telemarket*)
- 50 TI=((door within 1 to) before door) or AB=((door within 1 to) before door)
- 51 TI=(sales within 1 (person* or people)) or salesperson* or salespeople) or AB=(sales within 1 (person* or people)) or salesperson* or salespeople)
- 52 TI=((agent* or representative* or agenc*) within 1 (company or companies or sale* selling or promotion* or market*)) or AB=((agent* or representative* or agent* or agenc*) within 1 (company* or sale* selling or promotion* or market*))
- 53 TI=((point within 1 of) before (sale* or purchase*)) or AB=((point within 1 of) before (sale* or purchase*))
- 54 TI=(product within 1 placement) or AB=(product within 1 placement)
- 55 TI=(packaging) or AB=(packaging)
- 56 TI=("below the line" or "below-the-line" or "above the line" or "above-the-line") or AB=("below the line" or "below-the-line" or "above the line" or "above-the-line")
- 57 TI=(branding or (brand within 1 stretch*)) or AB=(branding or (brand within 1 stretch*))
- 58 TI=(spam* or ((unsolicit* or junk) within 1 (mail or email* or e-mail*))) or AB=(spam* or ((unsolicit* or junk) within 1 (mail or email* or e-mail*)))
- 59 TI((((television or tv or tele) within 1 shop*) or teleshopping or (shopping within 1 channel*)) or AB((((television or tv or tele) within 1 shop*) or teleshopping or (shopping within 1 channel*))
- 60 #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49 OR #50 OR #51 OR #52 OR #53 OR #54 OR #55 OR #56 OR #57 OR #58 OR #59
- 61 #36 and #60
- 62 TI=((alcohol or tobacco) within 1 (market* or promot* or advert*)) or AB=((alcohol or tobacco) within 1 (market* or promot* or advert*))
- 63 TI=(food within 1 (market* or promot* or advert*)) or AB=(food within 1 (market* or promot* or advert*))
- 64 TI=((pharmaceutical* or drug*) within 1 (market* or promot* or advert*)) or AB=((pharmaceutical* or drug*) within 1 (market* or promot* or advert*))
- 65 TI=(health* within 2 promot*) or AB=(health* within 2 promot*)
- 66 #61 not (#62 or #63 or #64 or #65)

Database: Business Source Elite; **Host:** EBSCOhost; **Years Covered:** 1985 to date; **Years Searched:** 1985-2006; **By:** ST on 30th June 2006; **Results Downloaded:** 11,399 (without duplicates filtered out)

Limits: Date Range 1980-2006

Note: Searched using default fields: authors, subjects, keywords, title info (including source title) and abstracts.

SEARCH TERMS

- 1 ((socio N1 economic) or socioeconomic)
- 2 (SES)
- 3 ((socio* N1 demograph*) or socio-demograph*)
- 4 ((social* N1 grade*) or (social* N1 grading) or (social* N1 classification*))
- 5 ((demograph* N1 grade*) or (demograph* N1 grading) or (demograph* N1 classification*))
- 6 ((social N1 capital) or (social N1 class) or (social N1 classes) or (social N1 context*) or (social N1 status*))
- 7 (social* N1 position*)
- 8 (soci* N1 cultural*)
- 9 (depriv*)
- 10 (disadvantage*)
- 11 ("low income")
- 12 (poverty)
- 13 (inequalit*)
- 14 (moderate N1 means)
- 15 (hard N1 pressed)
- 16 ("low income" N3 house*) or ("low income" N3 housing) or ("low income" N3 neighbo?r*) or (poor N3 house*) or (poor N3 housing) or (poor N3 neighbo?r*) or (poverty N3 house*) or (poverty N3 housing) or (poverty N3 neighbo?r*) or (inequalit* N3 house*) or (inequalit* N3 housing) or (inequalit* N3 neighbo?r*)
- 17 (social N1 housing)
- 18 ((local N1 authority N1 tenant*) or (council N1 tenant*) or (local N1 authority N1 tenancy) or (council N1 tenancy))
- 19 ((council N1 house*) or (council N1 housing) or (council N1 estate*))
- 20 (housing N1 association)
- 21 ((post* N1 code*) or (zip N1 code*) or zipcode)
- 22 (employment N1 status)
- 23 (semiskilled or (semi N1 skilled))
- 24 (unskilled or (un N1 skilled))
- 25 (bluecollar or (blue N1 collar))
- 26 (working N1 class)
- 27 ((manual N1 work*) or (casual N1 work*) or (routine N1 work*))
- 28 ((unemployed) or (un N1 employed) or (non N1 employed) or nonemployed)
- 29 ((longterm N1 illness) or ("long term" N1 illness))
- 30 (social N1 security)
- 31 (tax N1 credit*)
- 32 (financial* N1 exclu*)
- 33 ((poor N1 credit) or (bad N1 credit*))
- 34 (advert*)
- 35 (market*)
- 36 (target* N1 market*)
- 37 (promot*)
- 38 (sale* N1 promot*)
- 39 (selling)
- 40 (publici*)
- 41 (communicat*)
- 42 (competition* or competitor*)
- 43 (direct* N1 market*)

44 (direct* N1 mail*)
 45 ((prize N1 draw*) or prizedraw*)
 46 ((call N1 centre*) or callcentre*)
 47 ((telephone N1 sale*) or (telephone N1 market*) or (tele N1 sale*) or (tele N1
 market*) or telesale* or telemarket*)
 48 ("door to door" or "door-to-door")
 49 ((sales N1 person*) or (sales N1 people) or salesperson* or salespeople)
 50 (agent* N1 compan*) or (agent* N1 sale*) or (agent* N1 selling) or (agent N1
 promotion*) or (agent* N1 market*) or (representative* N1 compan*) or
 (representative N1 sale*) or (representative N1 selling) or (representative N1
 promotion) or (representative N1 market) or (agenc* N1 compan*) or (agenc* N1
 sale*) or (agenc* N1 selling) or (agenc* N1 promotion*) or (agenc* N1 market*)
 51 ("point of sale*" or "point of purchase*")
 52 (product N1 placement)
 53 (packaging)
 54 (("below the line") or ("below-the-line") or ("above the line") or ("above-the-line"))
 55 (branding or (brand N1 stretch*))
 56 ((spam* N1 mail) or (spam* N1 email) or (unsolicit* N1 mail) or (unsolicit* N1
 email*) or (junk N1 mail) or (junk N1 email*))
 57 (tv N1 shop*)
 58 (tele N1 shop*)
 59 (television* N1 shop)
 60 (teleshopping)
 61 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR
 #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21
 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR
 #31 OR #32 OR #33
 62 #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43
 OR #44 OR #45 OR #46 OR #47 OR #48 OR #49 OR #50 OR #51 OR #52 OR
 #53 OR #54 OR #55 OR #56 OR #57 OR #58 OR #59 OR #60
 63 #61 AND #62

Database: ZETOC; **Host:** MIMAS, on behalf of British Library and JISC; **Years Covered:** 1993 to date; **Years Searched:** 1993-2006; **By:** ST on 14th June 2006; **Results Downloaded:** 2958 (without duplicates filtered out)

Limits: Publication Year = 1993-; Search: General Search (conferences & journals)

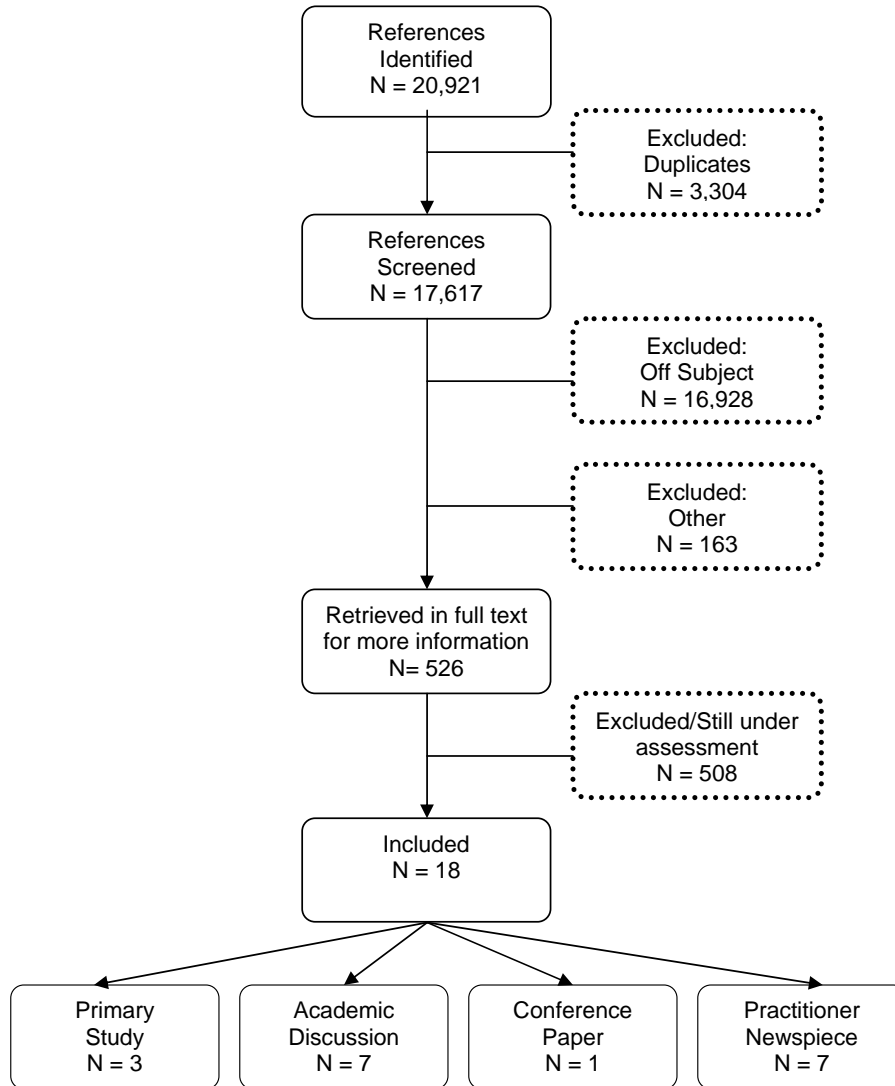
#	Low-Income Terms	Marketing Terms
1	"low income"	advert*
2	"low income"	"below the line"
3	"low income"	brand*
4	"low income"	email
5	"low income"	market*
6	"low income"	product
7	"low income"	promot*
8	"low income"	publici*
9	"low income"	sale*
10	"low income"	selling
11	socio-demographic*	advert*
12	socio-economic*	advert*
13	socio-demographic*	"below the line"
14	socio-economic*	"below the line"
15	socio-demographic*	brand*
16	socio-economic*	brand*
17	socio-demographic*	email
18	socio-economic*	email
19	socio-demographic*	market*
20	socio-economic*	market*
21	socio-demographic*	product
22	socio-economic*	product
23	socio-demographic*	promot*
24	socio-economic*	promot*
25	socio-demographic*	publici*
26	socio-economic*	publici*
27	socio-demographic*	sale*
28	socio-economic*	sale*
29	socio-demographic*	selling
30	socio-economic*	selling
31	"social class"	advert*
32	"social grade"	advert*
33	"social group"	advert*
34	social	"below the line"
35	"social class"	brand*
36	"social grade"	brand*
37	"social group"	brand*
38	"social class"	email
39	"social grade"	email
40	"social group"	email
41	"social class"	market*
42	"social grade"	market*
43	"social group"	market*
44	"social class"	product
45	"social grade"	product
46	"social group"	product
47	"social class"	promot*
48	"social grade"	promot*
49	"social group"	promot*
50	"social class"	publici*
51	"social grade"	publici*
52	"social group"	publici*

53	"social class"	sale*
54	"social grade"	sale*
55	"social group"	sale*
56	"social class"	selling
57	"social grade"	selling
58	"social group"	selling
59	inequalit*	advert*
60	inequalit*	"below the line"
61	inequalit*	brand*
62	inequalit*	email
63	inequalit*	market*
64	inequalit*	market* (TI only)
65	inequalit*	product
66	inequalit*	promot*
67	inequalit*	publici*
68	inequalit*	sale*
69	inequalit*	selling
70	"inner city"	advert*
71	"inner city"	"below the line"
72	"inner city"	brand*
73	"inner city"	email
74	"inner city"	market*
75	"inner city"	product
76	"inner city"	promot*
77	"inner city"	publici*
78	"inner city"	sale*
79	"inner city"	selling
80	exclu*	advert*
81	exclu*	"below the line"
82	exclu*	brand*
83	exclu*	email
84	exclusion*	market*
85	exclusion*	product
86	exclusion*	promot*
87	exclusion*	publici*
88	exclusion*	sale*
89	exclusion*	selling
90	"poor people"	advert*
91	"poor people"	"below the line"
92	"poor people"	brand*
93	poor*	e-mail
94	"poor people"	market*
95	"poor people"	product
96	"poor people"	promot*
97	"poor people"	publici*
98	"poor people"	sale*
99	"poor people"	selling
100	poverty	advert*
101	poverty	"below the line"
102	poverty	brand*
103	poverty	email
104	poverty	market*
105	poverty	product
106	poverty	promot*
107	poverty	publici*
108	poverty	sale*
109	poverty	selling

APPENDIX 8.7

Summary of search results

Results of electronic database searching for marketing to low-income consumers



APPENDIX 8.8

Sample data extraction form for included articles on low-income marketing

AUTHOR, YEAR

Article title

Year

*Publication and
article type (study
or non-study)?*

Geographic origin

Focus of study

*Methods (studies
only)*

Relevant data

*Notes on study
quality (studies
only)*

UK relevance

APPENDIX 8.9

References for included articles on marketing to low-income consumers

Included articles (studies and non-studies)

- Anon (1996). Urban rarity: stores offering spiffy service. *The Wall Street Journal*, 25th July, 228(18): B1, 0p.
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Hill RP (2002). Consumer culture and the culture of poverty: implications for marketing theory and practice. *Marketing Theory*, **2**(3): 273-293.

Hill RP, Stephens DL (1997). Impoverished consumers and consumer behaviour: The case of AFDC mothers. *Journal of Macromarketing*, **17**: 32-48.

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APPENDIX 8.10

Evidence tables for non-studies and studies of marketing to low-income consumers

Included non-studies

Author, Date and Title	Publication Type	Geographical Origin	Focus of Article	Key Results	Applicability to the UK
Anon 1996 <i>Urban rarity: stores offering spiffy service</i> Non-study	The Wall Street Journal	US	Clothing retailers in low-income neighbourhoods offering good service	The staff at clothing stores preparing to tap into low-income neighbourhoods treat customers like family. These organisations advocate local, targeted marketing, for example using neighbourhood billboards and paying employees to attend local dance clubs to “talk up the store”. Most important is first class service. Individuals from these communities often feel slighted or mistrusted by sales staff in mainstream clothing stores, so they are particularly receptive to clothing retailers that treat them well. Word of mouth and personal recommendations are good ways of ensuring success in this market. Good service begins with the good treatment of employees. One company pays its staff very well and also offers health insurance, pays tuition fees for additional education, and offers a straightforward easy-access loan programme should employees get into financial difficulties.	High
Anon 1999 <i>Mortgage program is set for low-income borrowers</i> Non-study	The Wall Street Journal	US	Marketing of financial products & services to low-income consumers	Bank of America Corp. launched a programme to offer mortgage loans to low-income borrowers. The programme will require no deposit, closing costs or application fees. The loans are directed towards those with little or no savings and/or blemished credit histories.	High
Brockman 1998 <i>B of A lending program offers residential credit to low-income in Boston</i> Non-study	American Banker	US	Marketing of financial products & services to low-income consumers	BankAmerica has developed home purchase and renovation loan services designed to appeal to the low-income market. To address cost barriers, the bank ensures that deposits on homes involved only a small contribution from the buyers themselves which was supplemented by extra money in the form of either a gift or grant from the government or other source. The bank has also joined forces with a non-profit organisation to develop a lending initiative designed to provide mortgages and home renovation loans to low-income consumers. The non-profit partner provided a counselling services for the homebuyers as well as ‘professional oversight’ for the bank.	High
Davidson 2000	Conference paper	International (focuses on Latin America)	Marketing to low-income consumers	The best way to understand low-income consumers is through involvement and observation. Low-income consumers do not have much money and	High

<p><i>The changing marketplace in Latin America/Africa: Low-income consumers, The Challenge</i></p> <p>Non-study</p>		<p>and Africa)</p>	<p>(several markets)</p>	<p>have to run households on stretched budgets. They often live in big families and any employment tends to be characterised by long and unsociable hours, and is usually very labour intensive and sporadic in nature. Many low-income consumers have only a very rudimentary education. They are sensitive to issues of trust and have a strong sense of pride. The marketing challenge is to develop products which satisfy low-income consumers' social and economic aspirations. Businesses need to develop affordable products and services without the loss of either performance or convenience.</p> <p>Marketers can invest in a deeper understanding of low-income consumers' habits and attitudes using unconventional investigation procedures that help identify and develop opportunities. Unilever commissions 'cross-functional' teams (comprising experts in marketing, research and product development) to infiltrate the communities of low-income consumers and spend several days at a time with local people, observing and experiencing their habits and lifestyles. To help them maximise the potential from this market, many multinational firms also have specially appointed directors of low-income business and dedicated teams of staff who have responsibility for developing brands tailored specifically to the needs of low-income groups.</p> <p>Research with low-income consumers suggests that they aspire to and identify with leading brands. They only buy lower-priced (but good performance) products because that is what they can afford. When they do have some extra money, they will purchase premium brands and use them sparingly.</p> <p>Davidson (2000) suggests that they first need to be affordable. In the past, P&G has taken some of its former premium brands (that are not performing particularly well) down several price points and repositioned them as mid- or low-tier products. Another way that organisations like P&G make their leading brands affordable to low-income households is by offering packaging sizes or units that the low-income market can afford, for example, sachets for liquid detergents or small bags for washing powders.</p> <p>Value brands need to offer low-income consumers real benefits. To help identify what these key benefits might be, marketers can further segment the low-income market to identify key significant groups of low-income consumers with specific needs. Performance is also important to the low-income market and when developing new products, organisations like P&G and Unilever consider how much time and effort consumers are prepared to invest in the use of products like detergents and</p>	
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				shampoos in order to get the desired results. They examine products currently used by these consumers to meet certain needs in order to identify their strengths and weaknesses. Using this information, they then develop brands that significantly increase the benefits to the consumer and reduce the amount of time and effort needed to produce a result.	
Fattah 2001 <i>The rising tide</i> Non-study	American Demographics	US	Marketing to low-income consumers (several markets)	<p>Low-income consumers look for value. Branding has a lot of significance for this market. Low-income consumers tend to be very loyal and more brand conscious than other demographic groups. They place a lot of trust in the opinions and experiences of friends and families and will spread word of mouth when things go right – and wrong. The secret is to treat them as well as affluent consumers, while taking their specific economic and social circumstances into account.</p> <p>Automated cheque-cashing machines meet the needs of low-income consumers who often need to cash bank cheques in a hurry. One US bank has developed a network of automated machines that cash cheques without the need for a bank teller. The bank recognised that face-to-face encounters can prove embarrassing for consumers who need to access cash quickly. It found that consumers appreciate the anonymity of using the machines as well as the ability to access them at a range of locations and at any time of the day or night. The Fleet Bank's Community Banking Group has also ensured that its agents have face-to-face contact with prospective customers and make sales pitches in venues where people within the community feel most comfortable.</p> <p>P&G has adapted its marketing strategies for particular brands in order to increase their appeal among low-income consumers. The Pantene hair care range, for example, was once a premium brand. In an effort to promote the product line to low-income groups, P&G reduced the price and distributed it through 'dollar and discount' stores, which are often frequented by low-income consumers.</p>	High
Griffin 1995 <i>Marketing with feeling</i> Non-study	Mortgage Banking	US	Marketing of financial products & services to low-income consumers	<p>Reaching the low-income market requires a different approach. It is important to provide a service of financial counselling to low-income consumers when they purchase mortgages. Counselling is important throughout the various stages of buying a mortgage because low-income consumers tend to be unfamiliar with the types of products available. They also have limited experience of managing a household budget with a mortgage in mind. Counselling should be offered to low-income consumers prior to purchase in order to provide advice on how to manage household budgets effectively to be able to save for a small</p>	High

				<p>deposit and maintain regular mortgage repayments in the future. It can also be used as an opportunity to help prospective consumers repair blemished credit histories. Further down the line, when consumers are preparing to buy a mortgage, counselling is important because low-income consumers may feel overwhelmed at the range of options available to them. Counselling should be used to explain the various options, the advantages and disadvantages of each, and help them choose the right mortgage. Low-income consumers should be empowered to understand and evaluate their options.</p> <p>It is important to establish lasting relationships with the end consumer. One way of doing so is through 'bond marketing' which, according to Griffin, is 'the act of relating to, then influencing the feelings that drive the actions of a targeted market'.</p>	
<p>Koonce 2004</p> <p><i>Think your job is tough?</i></p> <p>Non-study</p>	ABA Bank Marketing	US	<p>Marketing of financial products & services to low-income consumers</p>	<p>In the case of financial products and services it is critical to offer something that is uniquely tailored to the needs of the low-income market.</p> <p>Recruiting employees from within the local community can be an effective strategy for developing good relationships with prospective consumers. This generates goodwill among key sectors of the community and provides the firm with frontline staff that local people can easily relate to and feel comfortable dealing with. These staff are used to help forge the critically needed relationships with communities. Partnerships with influential community groups and leaders can also help cultivate trust and achieve successful market penetration. Examples of stakeholders include local businesses, residents associations, churches and other community groups.</p> <p>Banks can offer space to local community organisations for meetings or provide educational courses in credit and debt management to local residents. Marketers also engage in continuous 'community outreach work' to build brand identity and establish and sustain market presence. This kind of outreach work enables firms to demonstrate a commitment to improving the lives of local people. For example, the International Bank of Chicago has provided scholarships to local colleges and sponsored literacy programmes at community schools.</p>	High
<p>Madden 2005</p> <p><i>Rohini Miglani</i></p> <p>Non-study</p>	Advertising Age	International (Asia, Latin America and Eastern Europe)	P&G's marketing activities (includes branding)	<p>P&G has specially appointed directors of low-income business and dedicated teams of staff who have responsibility for developing brands tailored specifically to the needs of low-income groups.</p>	Medium

Major 1994 <i>Check cashing</i> Non-study	Bank Marketing	US	Marketing of financial products & services to low-income consumers	<p>Marketers view low-income consumers as a neglected consumer segment that seeks legitimate products at reasonable cost. To successfully target low-income consumers requires looking at banking services in a new way; financial products and services can be 're-engineered, reinvented, re-priced and repackaged' to meet the unique needs of this group.</p> <p>The Union Bank (US) has also developed its services for low-income consumers . The 'Cash & Save' cheque-cashing account is offered free of charge, with low interest rates and requires only a minimal deposit to open the account. The bank also tailors its hours to the low-income market and has responded to requests for nearby locations as well as one-stop financial service centres by offering low-income consumers a whole range of services under one roof including utility and other bill transfer payments, and the opportunity to purchase bus passes, lottery tickets and collect government benefit cheques.</p> <p>To tackle mistrust among the low-income market, banks can train bank personnel to run simple seminars for prospective and existing consumers on, for example, family budgeting, financial planning and calculating interest rates.</p>	High
Merrill & Temkin 2002 <i>Microfinance and low-and moderate-income lending for housing in emerging markets and the United States</i> Non-study	Conference paper	International (US and emerging markets)	Microfinance and low-income lending for housing	<p>The 'poor' not only save, but can repay. In some cases, their repayment rates are generally as good as – or better than – those of wealthier, traditional borrowers.</p> <p>Characteristics of housing microfinance loans include:</p> <ul style="list-style-type: none"> - Shorter duration than conventional mortgage finance - Loans generally have a fixed interest rate, which provides low-income borrowers with predictable repayments - Progressive loans are common (ie. there is often repeat lending of additional small amounts) <p>Many loans are often unsecured using guarantors as "moral security". Other features of microfinance for housing include: mandatory savings, monitoring of sales behaviour, manual application procedures, homeowner counselling, payroll reduction procedures and aggressive servicing.</p> <p>CashBank has trained its staff in how to effectively underwrite and service the low-income market and has sought to develop an institution in which both clients and staff have a stake and to develop staff who are respected by clients for their competence,</p>	High

				integrity and advice.	
Moore 2000 <i>Financial services for everyone</i> Non-study	The McKinsey Quarterly	South Africa	Marketing of financial products & services to low-income consumers	<p>Low-income consumers rely heavily on word of mouth referrals and endorsements.</p> <p>In the past, finance firms' lack of success with the low-income market was largely the result of not tailoring financial products and services - and the ways in which they were distributed - to the specific requirements of low-income consumers. Instead fairly complex products and services were directed towards more affluent consumer segments that had a sophisticated understanding of the finance market. In addition, the distribution networks used were those that best served middle- and high-class groups. As a result, low-income consumers were put off – products were too costly, too complex and difficult to access. Insurance products, for example, were unobtainable for low-income consumers because premiums were too expensive and payment schedules not flexible enough to accommodate stretched incomes.</p> <p>Research undertaken on behalf of the Standard Bank of South Africa suggested that low-income consumers were looking for user-friendly bank services that are easily accessible. Based on these insights, the bank developed a bank account for low-income consumers with the following unique features:</p> <ul style="list-style-type: none"> - Costs associated with maintaining the account were transparent and simple. All facilities including withdrawals, fund transfers and monthly account management costs were all charged at a cheap, flat, consistent fee. - Consumers were required to produce only a very small deposit to open the account, thus minimising any financial barriers to participation. - Bank cards were issued within minutes and the paper trail was minimal – only essential questions were asked on a limited number of application forms. This increased the 'user-friendliness' of the service, reduced literacy concerns and ensured that the account was easy for consumers to purchase. <p>Research also shows that low-income consumers have concerns about safety and security when they open a bank account. To address customers' concerns about security, as part of a special bank account service for low-income consumers, the Standard Bank of South Africa provided consumers with 'stop' cards that they can put into any ATM to freeze their accounts immediately. They are also provided with the option of stipulating maximum daily withdrawals on their account.</p>	High

				<p>The Autobank attributes much of its success with the low-income market to its distribution network based on Automated Teller Machines (ATMs). These machines allow consumers easy access to their current accounts. To service the low-income market, the bank ensured that machines were located in areas that are both safe and convenient for these consumers. It also addressed initial concerns among consumers about using the technology by training bank personnel to educate consumers on how to use the machines.</p> <p>In addition, many finance firms now pay staff through fixed salaries because staff on fixed salaries are more credible to the low-income market than commission-based staff. Building strong relationships with gatekeepers like trade union executives, human resource directors and business owners is also a valuable way of tapping into the low-income market</p>	
<p>Neff & Cardona 1999</p> <p><i>P&G's Jager vows new, faster ways to sell its products</i></p> <p>Non-study</p>	Advertising Age	US	P&G's marketing activities (includes branding)	<p>The company has repositioned many of its 'lesser acquired' brands for the low-income market.</p>	High
<p>Neff 1999</p> <p><i>The new brand management</i></p> <p>Non-study</p>	Advertising Age	US	P&G's marketing activities (includes branding)	<p>Low income consumers rely heavily on word of mouth referrals and endorsements.</p> <p>To help P&G maximise the potential from the low-income market, they have specially appointed directors of low-income business and dedicated teams of staff who have responsibility for developing brands tailored specifically to the needs of low-income groups.</p>	High
<p>Neff 2004</p> <p><i>Value positioning becomes a priority</i></p> <p>Non-study</p>	Advertising Age	US	P&G's marketing activities (includes branding)	<p>Low-income groups pride themselves on being 'savvy' consumers. They determine the value of a product by comparing it with all of the other things that their money could be spent on instead.</p> <p>Firms including P&G have developed value-brands which are essentially value-versions of premium brands. Marketers recognise that low-income consumers operate on a stretched budget and therefore like to shop around for dependable, trustworthy products. The use of branding can help reassure consumers of quality and performance. Commercial marketers develop marketing strategies that encourage affinity among low-income consumers for these value brands.</p>	High
Penteado	Advertising	Latin America	Unilver's	Unilever has specially appointed directors of low-	Medium

2004 <i>Laercio Cardoso</i> Non-study	Age		marketing activities (includes branding)	income business and dedicated teams of staff who have responsibility for developing brands tailored specifically to the needs of low-income groups. In the past Unilever has employed social anthropologists on its research teams.	
Ramos 2004 <i>Expert forum discusses how to plug the unbanked into the financial system</i> Non-study	Caribbean Business	Puerto Rico	Marketing of financial products & services to low-income consumers	Some consumers are anxious that they be less well off when they open a bank account and start to save money, because they may lose access to government benefits. To tackle this, several US banks have formally integrated government assistant cards with their own services, and ensure that individuals are allowed to received government benefits even in cases where they earn and save money.	Medium
Rand 1999 <i>Using the community reinvestment act to promote checking accounts for low-income people</i> Non-study	Clearinghouse Review	US	Legislation that encourages financial services providers to adapt their offerings for low-income consumers	<p>Low-income people are less likely to have any transactions with traditional financial institutions and are more likely to use services like cheque-cashing. Many live from paycheque to paycheque and cannot wait for several days for a cheque to clear. Other barriers include the fact that they do not have balances large enough to obtain immediate availability of funds from deposited pay-cheques. They may also lack access to a bank in a convenient location or with convenient hours of operation. Cheque-cashing facilities, for example, are open for business at all times of day and night and are easy for this group to access.</p> <p>The Community Reinvestment Act (CRA) in the US encourages banks and other providers to be more convenient alternatives for low-income consumers. This agreement can require banks to locate their facilities in underserved areas, provide low-cost and flexible accounts, and offer financial literacy workshops. Financial literacy should be a key part of bank efforts to serve the needs of low-income consumers. The banks should explore ways to reach both young people and adults who never had the opportunity to learn about financial services. They can serve adults through community-based education in collaboration with community groups, education programmes in bank branches and bank-at-work programmes. Because members of unbanked households are likely to be less educated and may have English literacy limitations or learning disabilities the use of low-literacy-level materials is critical. Related to the need for staff who can relate to customers (eg. staff who come from the same communities or speak the customers' language). Low-income consumers also often have privacy concerns. Some do not want anyone to know their personal information while others want to evade private debt collectors or</p>	

				<p>immigration officials.</p> <p>Banks should also work with community groups familiar with neighbourhood people, their language, their culture, literacy levels, and other information that may not be readily apparent to an outsider. Once appropriate marketing and informational materials are prepared, banks should enlist community groups to review materials for readability and appropriateness, host financial literacy workshops and spread the word about the availability of bank services.</p> <p>The First Chicago NBD Corporation, Chicago's largest bank, has taken on board these recommendations. It has established and marketed low-cost current accounts, increased financial literacy training, and increased the number of full-service banks branches in underserved communities.</p> <p>It is crucial to remove barriers experienced by low-income consumers to establishing current accounts and relationships with mainstream financial institutions. For example, banks can eliminate requirements that applicants for a current account pass a credit cheque.</p>	
<p>Reosti 2005</p> <p><i>A Texas bank's unseen driver: the unbanked</i></p> <p>Non-study</p>	American Banker	US	Marketing of financial products & services to low-income consumers	<p>The All-Access National Savings Programme (US) offers low-income consumers a pre-paid debit card together with a savings account. The account has no minimum balance requirements and no monthly maintenance charges. The bank recognised that 'fees matter' to these consumers and so removed this barrier to make it easier for them to participate. To maximise convenience for low-income consumers, accounts can be easily set up online or by telephoning a toll-free number. The programme's services are also distributed through channels easily accessible to the low-income market, including cheque cashing outlets, grocers and other retailers.</p> <p>There is also evidence of relationship marketing: one executive is quoted as saying: "<i>We are in the business of building relationships, not doing transactions. We are dedicated to these customers.</i>"</p>	High

Included studies

Author, Date and Title	Publication Type and Study Quality	Geographical Origin	Focus of Study	Methods	Key Results	Applicability to the UK
<p>Trappey & Woodside, 2005</p> <p><i>Consumer Responses to</i></p>	Journal of Advertising Research	US & UK	To examine the responsiveness of UK and US consumers to interactive	<p>Well-conducted study.</p> <p>The study analysed data from three sources. First, it drew upon 26 existing consumer surveys</p>	<p>The study also compared results across different social class and housing groups. The study found that individuals in lower social class groupings were just as responsive to advertising that encouraged them to respond by sending a text message as higher social class groups. Individuals in</p>	High

<p><i>Interactive Advertising Campaigns Coupling Short-Message-Service Direct Marketing and TV Commercials</i></p> <p>Primary study</p>			<p>advertising campaigns that involve both SMS direct marketing and television advertising and to compare different demographic groups.</p>	<p>(involving 5401 individual UK households) undertaken to evaluate the effectiveness of various advertising campaigns involving text messaging. The surveys assessed advertising awareness, response, acceptability and actions taken by consumers in response to seeing the advertising. The study also used data from a review of four previous US campaigns based on similar advertising techniques. This evaluation involved around 800 individuals and was based on methods similar to those used in the UK evaluations. Finally, the study analysed data from a database comprising over 2,200 telephone interviews with UK consumers that examined mobile phone usage and other attitudes, lifestyles and behaviours.</p>	<p>the C2 category were predicted to respond at a rate of 9% compared with an overall rate of 8%. This effect was even more marked among C2 females who responded at a rate of 12%. Individuals in the DE category were predicted to respond at a rate of 7%. Males who live in council housing were predicted to respond by text message at a rate of 13% compared with an overall rate of only 7%. Those who lived in rent-free accommodated responded at the even higher rate of 18%. In contrast, males who paid rent or owned their own home responded at the population rate.</p>	
<p>Guirdham & Choo Tan, 1987</p> <p><i>Age, Gender, Status and the Response to the British Telecom Share Campaign</i></p> <p>Primary study</p>	<p>International Journal of Advertising</p>	<p>UK</p>	<p>To examine response to the marketing campaign from British Telecom Shares and compare results across different demographic groups.</p>	<p>Well-conducted study but dated.</p> <p>Data were obtained from nine large-sample tracking studies that ran between 1984 and 1986 were undertaken by two commercial research agencies (MORI and Dewe Rogerson). The surveys monitored changes in consumer awareness of the campaign and interest in and intention to purchase BT shares. Each survey used a quota sample of about 2000 respondents. No further details are provided.</p>	<p>The percentages of respondents that bought BT shares in response to the advertising campaign were lower in each successively lower socio-economic band. Similarly, the percentages of consumers who reported being 'very interested' and 'certain to buy' at the end of the campaign were consistent with expected social class patterns, with lower percentages being observed among lower socioeconomic groups. Individuals in the 'AB' social class bracket appeared to have been the most influenced by the campaign.</p>	<p>High</p>
<p>Borg & Stranahan, 2005</p> <p><i>Does Lottery Advertising Exploit Disadvantaged and Vulnerable Markets?</i></p> <p>Primary study</p>	<p>Business Ethics Quarterly</p>	<p>US</p>	<p>To examine the impact of advertising on lottery participation and expenditures among difference socioeconomic groups.</p>	<p>Well-conducted study.</p> <p>This study used modelling techniques (probit and Tobit) to examine the impact of lottery advertising on the probability of purchasing lottery tickets and the amount of money that a household spends on the lottery, given that it chooses to play. Data</p>	<p>Lottery advertising awareness makes no statistical difference in the average monthly 'Lotto' expenditures across any of the income groups. Similarly, there were no significant differences in average monthly expenditures for other lottery games. None of the predicted lottery expenditures in any of the income categories are statistically different from one another based upon lottery advertising awareness. Overall, results suggest that advertising does not have a significant differential impact among households with different income levels.</p>	<p>High</p>

				<p>were obtained from telephone interviews undertaken by the Bureau of Economic and Business Research Survey Research Center in November and December 1998. The sample was drawn from the state of Florida and chosen randomly based upon population densities within each county. Though just over 2000 observations were collected, only 1331 remained after observations with missing data were excluded from the analyses.</p>		
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APPENDIX 8.11

Categories of excluded articles and studies

Of the 526 full text articles that were retrieved for the review of marketing strategies for low income consumers, only 21 met the inclusion criteria. A full list of excluded references is available from the report authors upon request. A broad list of exclusion categories is provided here.

Articles were excluded from the review for the following reasons:

- If the article provided insufficient information about marketing strategies used to reach low-income consumers or its effect on this group.
- If the focus of the article was on discussing the ethics of marketing to low-income consumers.
- If the aim of the article was to expose unethical marketing practices directed at low-income consumers.
- If the main focus of the article was on food or alcohol marketing.
- If the marketing described in the article was not derived from a commercial source (eg. government marketing programmes).
- If the article did not have a sufficient focus on low-income consumers.