

The Safeway at Georgia Avenue and Randolph Road in northwest Washington, DC is just one block from the Petworth Metro Station, in an up-and-coming but transitional neighborhood of low- to middle-income families and working professionals. The blighted store is in the capital of the most powerful nation in the world, but its customers have no deli, salad bar, or bakery; fresh produce is limited. "I will starve on the curb before I go to that Safeway," one resident wrote online.

On the next block, a Wendy's and a Pizza Hut beckon; other restaurants have closed doors and shuttered windows. Gatorade bottles and soda cans litter the sidewalk. A Yes! Organic Market recently opened nearby, but higher prices mean its goods are not affordable for all.

The Safeway is slated for a massive renovation that will leave the community underserved for the next three years. Even so, the overhaul comes not a moment too soon for the neighborhood that relies on it.

The simple decisions that take place there have high stakes. American waistlines are expanding; rates of heart disease and cancer are on the rise. At the recent unveiling of the US Department of Agriculture's new MyPlate graphic, created to replace the food pyramid, Agriculture Secretary Tom Vilsack noted that two-thirds of American adults and one-third of children are overweight or obese.

There are many factors that contribute to weight gain, but for most people obesity is simply the result of consuming too much and exercising too little. Thus, the products consumers place in their shopping carts have an impact long after they leave the store—an impact that extends to public health, the economy, and social relationships.

Yet although the decisions we make in the grocery store have far-reaching consequences, we have never been trained to make good ones, nor to fight off the marketing onslaught that awaits us on every aisle. The grocery industry is big business: there were 85,200 grocery stores in the United States as of 2008, not including convenience stores and discount warehouses, according to the Bureau of Labor Statistics.

As these stores compete in an increasingly fragmented food sales market, they place a premium on predicting what consumers will buy and providing it to them. Dangling ceiling promotions and floor advertisements are part of a new medium known as “shopper marketing”—one that's growing faster than Internet advertising, according to *Advertising Age*. Procter & Gamble Co. spends at least \$500 million annually on these efforts.

When it comes to choosing healthy foods, the scales are tipped against the consumer. And while shoppers focus on avoiding the obvious stumbling blocks—flashy end-caps and checkout-line promotions—there are larger influences at work.

GROCERY “BAGGAGE”

When you walk through the doors of the local supermarket, your cart is already more full than you realize.

As a consumer, you are a product of targeted marketing—the process of strategically reaching specific consumer groups in a focused way to influence their purchases. Targeted marketing strategies are based on extensive consumer research that exploits the target group's views and behaviors, and identifies exactly where—and how—to reach them. (For an example of successful targeted marketing, picture a toy modeled after a blockbuster movie and included in a McDonald's Happy Meal for kids.)

Young people often don't object to such marketing because it offers them the convenience of serving up exactly the products they want. And minority youth, particularly African Americans and Hispanics, are at the bull's-eye of targeted marketing tactics.

“Minority groups are exposed more to marketing, but they don't get the same attention that other groups do in terms of academic research,” Associate Professor Sonya Grier explained. Grier is an expert on targeted marketing; her research explores the complex relationship between marketing and consumer health, with a focus on how it impacts minorities. She's especially interested in the role of real-life contextual variables.

Grier knows it is not surprising that rates of obesity are significantly higher for minority youth than for their Caucasian peers, even when controlled for income and other differences. In 2004, \$5.6 billion was spent marketing to African Americans and Hispanics—an attractive market because of their projected demographic growth, increased purchasing power, and role as cultural trendsetters. They also spend four more hours per day interacting with media than their Caucasian counterparts do.

Of the many alleged causes of the obesity crisis, food and beverage marketing is among the most controversial. And it is a life-or-death issue with a huge bottom line, affecting the future workforce, the census, and costs to taxpayers.

Grier is four years into a five-year grant from the African American Obesity Research Collaborative (AACORN); she and colleague Shiriki Kumanyika are co-principal investigators, and are actively filling the gap in research on African Americans and targeted marketing. In a separate grant from the Robert Wood Johnson Foundation, she and Professor Kathryn Montgomery of AU's School of Communication are examining digital marketing metrics.

“When it's a community that I'm a part of, and I see the negative implications, it makes me want to do something that has an impact on the real solutions,” said Grier, herself an African American.

In the first phase of a three-phase deliverable through 2012, the professors dispersed “mini-grants” to four field sites—Chicago, Durham, Baltimore, and Birmingham—to gain qualitative data on African Americans' perceptions of marketing.

“For a long time, the biggest social marketing campaign in the United States was ‘5 A Day’ fruits and vegetables. Well, many communities don't have access to fruits and vegetables. So you're spending all this money to tell people to eat five servings a day, and some people simply *can't*,” Grier explained. “Understanding those realities on the ground is what we were trying to do.”

In the second phase of the study, they examined what happened when the aggregate effects of marketing were revealed to consumers. There frequently exists a personal perception that, as individuals, we are not affected by marketing—but other, anonymous groups are. Grier and colleagues

see this lack of awareness as a barrier that may prevent community members from taking action.

Now in the third phase of the grant, the professors are building a counter-marketing campaign that they hope can be replicated throughout the United States and build consumer demand for healthier food in needy areas. That's why the diverse field sites are so critical—they are getting different perspectives from African Americans in different situations. “If you don't get community buy-in, you don't know if people are going to buy healthy food after you're gone,” Grier said.

“Based on this research,” she continued, “you get the sense pretty strongly that it's an unhealthy food marketing environment.” And some barriers are structural: neighborhoods left behind, without supermarkets, farmers markets, or affordable fresh produce.

ALISHA'S WORLD

Grier and coauthor Guillaume Johnson won the Dark Side X Case-Writing Competition at the 2010 Academy of Management Conference with a narrative told from the perspective of Alisha, a 12-year-old African American girl living in an urban center.

Grier and Johnson ask readers to imagine that they are Alisha. Alisha's product preferences are the result of constant, and complex, interactions with marketing aimed at her and her peers. The examples used in their case are based on actual research findings.

In the morning, Alisha gets ready for school while watching a half-hour television program. The show is interrupted four times with advertisements; more than half of them promote soft drinks or fast food. As Alisha rides the bus 10 blocks to school, she passes 10 billboards, most promoting food-related products, cigarettes, and alcohol. The bus passes eight fast-food restaurants.

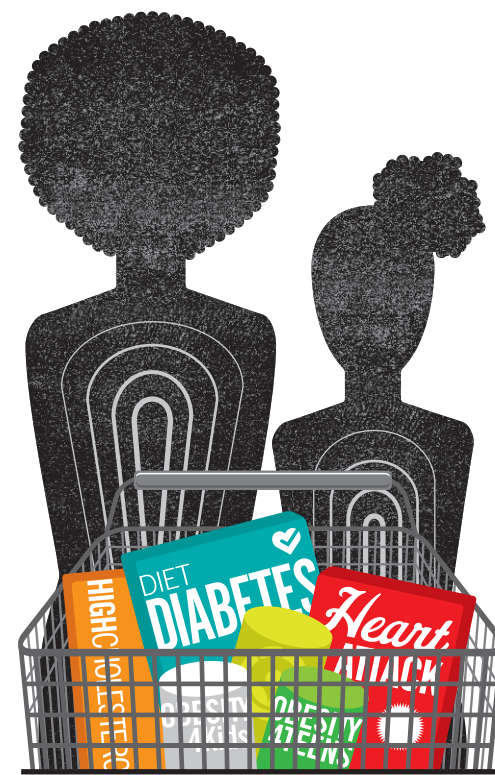
Alisha's school cafeteria offers dense, calorie-packed foods; her local library may have exhibits sponsored by marketers; she's likely to come in contact with promotional giveaways in her neighborhood. When she is at home, she surfs the Internet. She might land on digital communities such as PepsiCo's “We Inspire,” an interactive online community for multicultural women that recently won an NAACP award. She might check out her mother's *Essence* magazine. Her media (and food) consumption continues the next day.

Alisha has an almost 1-in-2 chance of developing diabetes, and her life expectancy is shorter than her mother's, write Grier and Johnson. She belongs to a generation of young people who are not expected to live longer than their parents, due to the obesity epidemic.

Grier and Johnson's case will be published in the *International Journal of Case Studies in Management* in 2011.

PARENTS AS GATEKEEPERS

If Alisha and her mother are at the grocery store together, then Alisha's access to food is dependent



ARE PARENTS MORE LIKELY TO BUY UNHEALTHY FOOD PRODUCTS FOR THEIR KIDS BECAUSE THEY REPEATEDLY HAVE BEEN LED TO BELIEVE CONSUMPTION OF THESE PRODUCTS IS NORMAL?

upon her mother's consent. Grier is also interested in the role of parents as a key to the equation of targeted marketing and youth obesity.

“Children exist in families. Children exist in relation to adults,” Grier said. “And their behavior later in life is somewhat formed by the early experiences that they have.”

Grier and co-authors conducted a study examining fast-food marketing as an influence on the fast-food consumption of children aged 2-12. The ethnically diverse sample included more than 300 children and their parents who attended community health centers in underserved areas.

The study found that amplified exposure to fast-food promotions was associated with parents' belief that eating fast food is normal within their community and led to their children's more frequent consumption of it. The findings suggest that a social marketing effort such as Michelle Obama's “Let's Move!” campaign could intervene by aiming to correct misperceived social norms.

But Grier points out that even the first lady faces tough competition in a crowded marketplace: “In any marketing strategy, you have to think about competition,” Grier explained. “When you get into the public health arena, it's often not thought of that way ... although within obesity, people are beginning to see that the commercial food marketing environment presents a barrier, because others can't spend as much and don't have as much detailed consumer research.”

In the grocery store aisle, the question becomes: Are parents more likely to buy unhealthy food prod-



ucts for their kids because they repeatedly have been led to believe consumption of these products is normal?

APPLIED UNDERSTANDING

We often think that exposure to marketing and advertising affects other people, but not us or our individual actions. We have free will; we can choose to stock up in the produce aisle and intentionally resist the temptation of less virtuous options.

But do we apply our knowledge and experiences in a consumer setting? And, perhaps more importantly, can our children?

At a young age, children begin to understand the components of a shopping trip: the process of events, store layouts, the exchange of money for goods and services.

But how sophisticated is their knowledge? Determining children’s limitations is especially vital given that the youth demographic is gaining more and more spending power. And the industry recognizes this trend: US food and beverage companies spent approximately \$1.6 billion in 2006 promoting their products to children, according to the Federal Trade Commission.

“From the time kids are little, they’re in the front of the shopping cart, and they’re very involved in that process,” said Assistant Professor Wendy Boland.

Despite their spending power, children in the United States are not formally protected by food and beverage marketing regulations. Since the 1970s, the FTC more than once has proposed regulations on advertising to children, but industry backlash put a stop to the efforts. The National Advertising Review Council did establish the Children’s Advertising Review Unit of the Better Business Bureau in 1974, which has published guidelines—not requirements—for self-regulation.

In 2008, the food and beverage industry took self-regulation more seriously when 10 multinational firms (now 17) made a common pledge to cease advertising to children under 12, other than products that meet specific nutritional guidelines.

Advertising to teenagers is much more contentious. The Interagency Working Group—comprising the FTC, the Food and Drug Administration, the Agriculture Department, and the Centers for Disease Control and Prevention—recently broke with tradition in seeking to extend marketing guidelines to kids aged 12-17, who are avid users of social media and smartphones. The effort continues to draw opposition from the food industry, which instead chooses to focus its voluntary guidelines on children.

One piece of children’s shopping experience that had not been studied was their understanding of sales—until Boland and her co-authors took it on. Their studies demonstrated that even second-graders grasp the idea that sales lower the regular price of a product. By the age of 7 or 8, the children showed that they knew what a “sale” was and why retailers might offer one to unload unwanted merchandise.

In the researchers’ next experiments—which

took place in a mock-store setting—they demonstrated that the way sales are communicated influences children’s understanding. The sample of second- and fifth-graders, from a public elementary school in the northeastern US, found the straight-shooter terms “sale,” “save,” and “clearance” easier to comprehend than “special.”

The students all strongly preferred the classic “Buy One, Get One Free”—or “BOGO”—sale to a 60 percent discount, which was in fact more beneficial. After the participants had made their initial selections and bought them, the experimenter calculated the 60 percent-off sale price for each child, and gave them the option to switch. Even so, not one of the children switched from BOGO to 60 percent off. Simply put, Boland’s team’s results demonstrated that elementary-aged children did not reframe the sales promotions so that they were comparable.

There was also a significant relationship between age and the ability to apply mathematical skills learned in the classroom to determine which sale is more beneficial for the buyer (“Take \$5 off” or “Take 50% off”). None of the second-graders were able to figure out the sale price of either item; only half the fifth-graders got it right.

So while Alisha may have money to spend, she—at age 12—might not be able to apply concepts from schoolwork to her local store, making children like her an easy target for retailers.

SUGAR-SWEETENED

Suppose that Alisha and her mother are in a grocery store and turn their cart down the soda aisle.

It’s a place to tread lightly. Health experts and policymakers are increasingly concerned about Americans’ consumption of sugar-sweetened beverages (SSBs)—soda, fruit juices, energy, and sports drinks that are flavored with caloric sweeteners. In fact, a May 2011 report in the journal *Pediatrics* recommended that parents only give children water or low-fat milk to drink, saying that all other nutrients should be consumed through healthy foods.

Grier serves as director of food marketing research initiatives for AACORN. She knows that increased SSB consumption is a particularly troublesome trend for African Americans, who consume more calories from these drinks than Caucasians do. Consumption has increased among blacks of all ages since the 1990s, while consumption by whites has been virtually unchanged. She and her colleagues have produced a research brief for AACORN on the issue as a deliverable of the Robert Wood Johnson Foundation grant.

Not surprisingly, intake is highest among youth, according to an analysis of national survey data by the US Department of Agriculture. But adult black women—like Alisha’s mom—far outpace women of other races, consuming 9.2 percent of their total daily calories from SSBs. Caucasian women consumed half that at 4.6 percent.

It’s a straightforward cause-and-effect situation: SSB consumption has been linked to weight gain,

and the cessation of drinking SSBs has been associated with weight loss. One 18-month study, called PREMIER, even found that the effect of changes in liquid calorie consumption on weight gain was greater than the effect of changes in calories from solid foods.

What’s not as clear is the relationship between exposure to food and beverage marketing and SSB consumption. There simply has not been much research conducted; however, the sheer volume of marketing to the African American population would indicate a likely influence. It also may undercut counter-efforts by limiting the impact of those trying to discourage consumption.

The highest rates of obesity in the US are among black girls and black women. Not only Alisha is at risk; her mom is, too. So when they choose to load their cart with sugar-sweetened Coke or Pepsi, their choice may have been made long before they arrived at the grocery store. And the calories they drink at home will add to their weight struggles.

COMPARISON SHOPPING

Across from Alisha, in the frozen foods aisle, her neighbor David is struggling to compare two products based on their nutrition labels. Which one is healthier?

For 20 years, Professor Manoj Hastak has worked on the concept of consumer disclosures. “Typically, I look at information that is mandated or required,” he explained. “I’m interested in how people might misunderstand what the marketer is trying to tell them.”

In the grocery store, a ubiquitous consumer disclosure is the Nutrition Facts panel, found on the back of packaging. The panel was introduced following the Nutrition Labeling and Education Act (NLEA) of 1990, which required almost all FDA-regulated foods to implement it by 1994. Hastak was invited to serve as an outside expert on the research the FDA conducted, which eventually led to development of the Nutrition Facts panel.

“I’ve always been interested in that issue: does the Nutrition Facts panel communicate effectively to consumers?” Hastak said. “Specifically, can consumers compare multiple products in the same category—such as cereal brands—within a single label?”

As the years went on, Hastak was curious about whether the Nutrition Facts panel could be improved. If the FDA were to consider improving the panel, what would it do? Hastak knew it could be refined further to make it easier for consumers to read. With his co-author, he examined how consumers compared products and put forth a paper they hoped the FDA would consider. They proposed new metrics—an “average value” field and range—allowing people to determine how a bag of potato chips compared to other bags of potato chips, without having to examine every bag in the store to make a thorough judgment.

According to Hastak, this would answer the question “What is the average amount of fat in a

ON THE SHELF

In 2008, a group of food and non-alcoholic-beverage companies formed the International Food and Beverage Alliance to help implement the World Health Organization’s 2004 Global Strategy on Diet, Physical Activity and Health.

To reduce childhood obesity, the companies have undertaken multiple initiatives, such as attempting to make nutrition information easier to understand; shrinking product sizes; promoting healthy lifestyles through public/private partnerships; and reducing sodium, fats, and sugars—or increasing nutrients and fiber—in their products. Here are a few examples of some of the actions the 10 companies have taken.



COCA-COLA committed to front-of-package calorie counts on most of its packaging by the end of 2011.



FERRERO, maker of Nutella and Tic-Tacs, introduced child-size packaging for two fruit and tea beverages and for one iced-tea beverage.



GENERAL MILLS has reduced (by 2 percent to 33 percent) the sodium content of more than 120 of its products. For example, 60 flavors of Progresso soup saw a 10 percent decrease in sodium.



GRUPO BIMBO, a Mexico-based baking company, made all of its products 100 percent trans-fat-free in 2010.



KELLOGG’S added fiber to many ready-to-eat cereals.



KRAFT FOODS will more than double the whole grain content in its Nabisco cracker brands by the end of 2013.



MARS began to discourage consumers from eating an entire king-size candy bar in one sitting, by splitting candy bars into two servings and packaging them in a resealable wrapper.



NESTLÉ plans to reduce sodium content in its prepared products by 10 percent, including the Stouffer’s, Lean Cuisine, Buitoni, Hot Pockets, and Lean Pockets brands.



PEPSICO’S Frito-Lay swapped cottonseed oil for sunflower oil in 2006, reducing saturated fat content in Lay’s and Ruffles potato chips by 50 percent.



UNILEVER removed partially hydrogenated vegetable oil from soft-spread tub brands such as I Can’t Believe It’s Not Butter, Country Crock, and Brummel & Brown, eliminating artificial trans fats.

Source: The International Food and Beverage Alliance’s 2009-2010 Progress Report

“THERE’S A PROLIFERATION OF SYMBOLS AND ICONS OUT THERE. MORE THAN LIKELY, **THEY ARE CONFUSING THE CONSUMERS.**”

ANUSREE MITRA, PROFESSOR



typical bag of potato chips?” and allow consumers to say, “I know potato chips aren’t the healthiest food, but this particular brand is relatively healthy in comparison to other brands.”

“Whether [our work] has an impact on the FDA’s decisions is a hard thing to say,” Hastak admitted. “But having a dialogue with them, and seeing that there is interest in looking at alternative formats and how they could communicate better, is rewarding.”

LOW-LITERATE CONSUMERS

David has a hard enough task determining which frozen dinner to buy—but what about a fellow shopper, Nancy, who has the same goal but is functioning at a lower literacy level? Imagine how much more intimidating her experience is, having attained only a sixth-grade reading level.

Low-literate consumers like Nancy have rarely been studied. Collecting data on them is not easy; historically, they are tough to access and don’t trust researchers. Hastak and his colleague studied a sample of low-literate adults at a literacy center in Illinois to determine how the population uses the Nutrition Facts panel, which presents abstract information. They’re not a small population: at least 22 percent of US consumers lack the language and number skills to perform basic retail tasks, according to the 2003 National Assessment of Adult Literacy.

Low-literate consumers have proved to think more visually than abstractly. For example, it is hard for them to picture an ounce of food and what that looks like while preparing a meal. They also have difficulty relating one piece of data to another. Sometimes, these consumers will rely on the presence or absence of single ingredients—say, sugar—without taking into account portion size or other nutrients. What they don’t know can, and will, hurt them.

Taking these factors into consideration, the researchers designed more pictorial labels, with bar graphs and other visual representations of the nutritional data, and found these mockups to be much more effective with low-literate consumers. They were inspired by the EnergyGuide labels that feature an easy-to-understand bar graph representing energy usage in kilowatts.

For their work, the researchers won the prestigious 2010 Thomas C. Kinnear/Journal of Public Policy & Marketing Award, marking the second time Hastak has received it. Now, he is moving on to front-of-package health claims to determine effectiveness—work that closely aligns with that of his Kogod colleague, Professor Anusree Mitra.

NEGATIVE OUTWEIGHS POSITIVE

While Alisha and her mother shop in the cereal aisle, they choose what to eat for breakfast. A box of oatmeal has a big red heart plastered on the front and claims to lower cholesterol. A cereal box features a running man and pledges that it’s full of essential vitamins.

They probably see similar claims posted all over the front of food packages elsewhere in the store, each brand trying to appeal to them by promising to make them healthier than the competition will.

But which one should they choose? Which one is really “better”?

Professor Mitra is trying to clear things up—from a regulatory perspective.

“There’s a proliferation of symbols and icons out there,” said Mitra, who serves as chair of the Marketing Department. “More than likely, they are confusing the consumers.”

Mitra’s relationship with food packaging labels extends as far back as Hastak’s, to the mid-’90s and the NLEA. “Before the Nutrition Facts panel was instituted, it was chaos,” she explained, saying that the front-of-pack labels—which are not currently regulated—are the same way now. “It was really a wild, wild West.”

During a sabbatical in 2005, Mitra was a visiting scientist at the FDA, where she saw firsthand the issues with which regulators and policymakers were grappling. “You want to be helpful to the industry, and you don’t want to create an environment where practitioners are scared to participate,” Mitra said. “At the same time, we have a serious obesity problem.”

Among the projects she worked on at the FDA was a longitudinal study of how use of the Nutrition Facts panel on the back of packaging has changed over the years. The data has yet to be published, but a key finding emerged: There has been a decline in the reading of the panel, adding to the FDA’s concern over how best to aid consumers in the marketplace.

In 2009, Mitra was invited to join a prestigious Institute of Medicine committee of marketers, doctors, and nutrition scientists in reviewing front-of-package nutrition rating systems. The committee was funded by Congress and supported by the FDA and the CDC. Members heard from representatives of government agencies, manufacturers, and study sponsors, as well as the public, to determine how current labels were developed. “This is an opportunity to affect public policy very quickly,” Mitra said.

The US government does not currently regulate systems used by manufacturers to apply these health labels to their products, making it hard to compare products “apples to apples.” Kraft, General Mills, the American Heart Association—all have deployed their own individual systems, in a perhaps misguided but well-intentioned effort to help the consumer. So the committee explored the possible benefits of creating a system regulated by the FDA and how to ensure its effectiveness, and also studied the nutritional underpinning to determine what *should* go on the front of the pack.

In its Phase I report, released in October 2010, the committee asserted that food companies should highlight the nutrients responsible for obesity, diabetes, and heart disease in their products rather than highlight only positive nutrients. The latter practice, which incentivizes food

CREATING THE COVER STORY

companies to unnecessarily fortify their products in order to score points, has resulted in labels claiming that products like sugary cereals or salty frozen dinners are “healthy”—sending mixed messages to consumers. Labels extolling a product’s high level of protein were a good example: “We don’t have a protein deficiency in this country,” Mitra said. “We really need to focus on the public health issues of today.”

The members instead advocated front-of-package food labels that provide information on the nutritional “Big Four”: calories, saturated fats, trans fats, and sodium—the nutrients most closely related to obesity and chronic disease.

In Phase II of the report, the committee is reviewing research on consumer responses to front-of-pack systems and will issue recommendations regarding the ideal characteristics for a front-of-package label. The committee’s hope is that a new front-of-package standard will change consumer behavior and also encourage the introduction of healthier products. These recommendations, along with implementation guidelines, will be presented to the FDA and Congress in October 2011.

In the meantime, the food and beverage industry has tried to circumvent possible regulation, with companies themselves proposing front-of-package “Nutrition Keys.” The keys draw attention to saturated fat, salt, sugar, and calorie content; the proposed guideline would allow companies the option of including two additional keys, promoting nutrients such as fiber or potassium. Academics and others, however, are concerned that such measures are merely preemptive strikes against the Institute of Medicine’s final recommendations for front-of-package labeling.

Until an ideal labeling system is established, Alisha and her mother will have to navigate the highly cluttered front-of-package labeling themselves.

POINT OF SALE

On the way home from the grocery store, the pair realize they forgot to buy milk. They stop at a convenience store and Alisha runs inside. As she reaches the checkout counter, she’s exposed to colorful advertisements for cigarette brands.

It’s hardly the first time she’s seen these ads. In fact, point of sale is the biggest form of marketing for tobacco, according to the FTC. It works exceptionally well on minors; teens who regularly visit stores that feature cigarette ads are at least twice as likely to try smoking as those who do not, according to the Stanford Prevention Research Center.

It’s a hot-button issue, and the FDA took aim at it with the sweeping U.S. Family Smoking Preven-

tion and Tobacco Control Act, which took effect in June 2010. However, a provision that would have restricted the ads to black-and-white and text-only at point of sale, outdoors at least 1,000 feet away from schools and playgrounds, and in adult-only publications was overturned.

Assistant Professor Wendy Boland knows that marketing cigarette products to children is not just a domestic issue. Children in the United Kingdom are seeing a lot less of the Marlboro Man, thanks in large part to her work. Boland was one of four authors of a paper that British antismoking advocates used to help successfully push for a ban on point-of-sale tobacco advertising. The measure passed both houses of Parliament in late 2009.

Boland and her colleagues published the paper in the journal *Addictive Behaviors*; it argued that cigarette advertisements do indeed prompt some adolescents to start smoking. The tobacco industry has long maintained that its ads aim only to entice smokers to switch brands, not to prompt nonsmokers to pick up the habit.

The study showed print advertisements for cigarettes and other products to a group of 7- to 12-year-olds. Researchers asked the children if they understood the product, understood the brand, or understood both the product and the brand. When they were shown cigarette ads, the majority was aware only of the product, not the brand.

“While cigarette companies have been saying for years that advertising only causes people to switch from one brand to another, our research showed that this wasn’t the case,” Boland said. “They remembered things like Tropicana orange juice, but they didn’t remember Camel cigarettes; they just remembered cigarettes.”

Martin Dockrell, director of policy and research for the UK-based nonprofit Action on Smoking and Health (ASH), read the paper and used it to lobby for the legislation to ban point-of-sale tobacco advertising.

“This is a very illuminating study; it illustrates powerfully how even very young children respond to tobacco marketing,” Dockrell told AU in 2009. “When the Health Act was in its committee stage, ASH sent members a summary of this and a small number of other studies to illustrate the strong and rapidly growing body of evidence on how cigarette marketing works on children.

“When the bill returned to the whole House every [member of Parliament] was sent a briefing highlighting the new evidence in this study. The tobacco industry’s main line of attack on the bill had been that there is no evidence that tobacco promotions lead young people to smoke. This study helped to nail that lie.”

“THE TOBACCO INDUSTRY’S MAIN LINE OF ATTACK ON THE BILL HAD BEEN THAT THERE IS NO EVIDENCE THAT TOBACCO PROMOTIONS LEAD YOUNG PEOPLE TO SMOKE. [BOLAND’S] STUDY HELPED TO NAIL THAT LIE.”

MARTIN DOCKRELL
DIRECTOR OF POLICY AND RESEARCH,
ACTION ON SMOKING AND HEALTH

“It’s important for me to do research that has long-term benefits,” said Boland, who came to AU in 2008. Kogod’s Department of Marketing was the perfect fit, she said, because of the priority it puts on socially responsible research.

“It was exciting to see that our research has made so much impact, and that this legislation could make a big difference in preventing smoking,” she said.

For its part, the US legislation has led to some change in the last year: it’s prohibited tobacco brands from sponsoring athletic, musical, or cultural events; disallowed the distribution of promotional items (hats, T-shirts) in exchange for cigarette sales; and barred audio ads from using music or sound effects. Yet several provisions—including point-of-sale advertising—are unimplemented and await appeal at press time.

Whether or not Alisha becomes a smoker, she and her mother are exposed to potentially deadly dietary items every day in the form of sodium, calories, saturated fats, and trans fats. They remain vulnerable to heavy targeted marketing from food and beverage companies that entice them to believe eating fast food is normal for their community. Because of what she will eat and drink, Alisha will likely grow into an obese adult and spend much of her life combating disease. But the research being done by these Kogod faculty—and their peers at esteemed institutions—aims to help eliminate that probability. **KN**

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