



# Advertising Health Products

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## LEARNING OBJECTIVES

As a result of reading this chapter, students will:

1. Explain the ways in which consumers are influenced by product advertising.
  2. Describe the principle behind direct-to-consumer (DTC) marketing.
  3. Illustrate the more common advertising techniques used to influence consumers.
  4. Describe the constructs used in the VALS™ system.
  5. Analyze the pros and cons of DTC marketing.
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## ■ ADVERTISING IN AMERICA

Without advertising, consumers would not have any idea what products, services, and options are available to them. Advertising is an absolute necessity. But advertising is also an art form. Language can be used to attract, persuade, and convince consumers that one product or service is better than another. And advertisers know that Americans can be influenced. One source states that Americans see more than 16 hours of advertisements<sup>1</sup> every year just for pharmaceutical products. That adds up to more than \$4 billion in advertising!<sup>2</sup>

The challenge for consumers is weeding through the advertising language in an effort to determine which products are valuable and which are not. It is important to note that laws exist to protect the consumer from false or misleading advertising. More than 100 years ago the Pure Food and Drug Act was passed, followed shortly thereafter by the Sherley Amendment of that Act. Both efforts prohibited companies from making fraudulent claims about their products, or advertising those claims to the general public. There are, however, still a number of ways advertisers try to influence the consumer.

## ■ WHAT IS DIRECT-TO-CONSUMER MARKETING?

For most of the twentieth century, the marketing of health products was limited to “indirect” means. If a company

wanted consumers to purchase that company’s version of an anti-anxiety medicine, instead of a direct reference to the medicine, the advertisement would try to build consumer confidence in the company name.<sup>2</sup> This way, drug companies would attempt to get the consumer to ask for a specific company’s products for whatever ailed them. It wasn’t until the mid-1980s that consumers began to hear the names of specific products in an advertisement. When an advertisement makes a pitch for a specific product, it is referred to as direct-to-consumer (DTC) marketing.

## ■ HOW DOES DTC MARKETING INFLUENCE MY DECISIONS?

More than 30 years ago, Jeffrey Schrank compiled a list of the 10 most common approaches<sup>3</sup> in advertising used to sway consumer feelings about purchasing a product. The following sections describe five of the more common approaches seen in advertising health products and services.

### The Weasel Claim

A weasel claim uses terms that make a product sound great, but in reality say nothing about the product. It is a hollow claim. For instance, if you read, “Product X is the best at reducing your cough,” the term “best” is the weasel. Consumers will think that “best” must mean the cough medicine does a lot, but it doesn’t. It doesn’t claim to eliminate

your cough, only that it is the best of some mythical comparison. Popular weasel words make the consumer feel as though the product can do magic. “Virtually everyone who used Product Y had improved function.” The words “virtually” and “improved” tell the consumer nothing about the product.

### **The Water Is Wet**

This claim makes a statement that is true to all products like it. Antibacterial soap is a simple example of this. By labeling itself “antibacterial,” the soap company helps make consumer think it’s a new or better or special product. The reality is that all soaps are antibacterial. They’re soap!

### **The “So What?” Claim**

The statements made in these advertisements are essentially true, but really don’t mean anything related to the use of or benefit from the product. Statistical references are common in this group. “Product R has 75 percent more potassium than a banana!” OK . . . this may be true, but so what? Does that make the product better for you? Or safe? Or does it actually indicate how much 75 percent is? If a banana has 1 mg of potassium, does 1.75 mg make a big difference? Consumers need to be cautious of these types of claims—they sound great, but might mean very little.

In 1937, Edward Filene founded the Institute of Propaganda Analysis.<sup>4</sup> His goal was to inform Americans about the techniques used to influence the way Americans think. Many of the techniques he identified in 1937 are still prevalent in American advertising today. Two in particular are testimonials and bandwagon.

### **Testimonials**

This technique is used to associate a product or service with someone famous, and in turn get consumers to want to “be like” that spokesperson. This technique has been used to sell everything from cars to razor blades to, yes, health products. Today, weight loss and diet programs and products rely heavily on high profile public figures to influence the public. The message is simple: “If it worked for me it can work for you.” If the spokesperson is popular enough or influential enough, consumers will want to be like them. Consumers should initially ask themselves what makes this spokesperson qualified to talk about the product. The consumer also needs to consider whether the circumstances under which the spokesperson used the product will apply. Make sure you actually look at the product and its benefits, risk, costs, and whether it’s really for you, instead of just looking at who advertises the product.

### **Bandwagon**

Bandwagon advertising tries to convince the consumer to follow the crowd. If everyone else is doing “it,” shouldn’t

you be doing “it” too? What you might hear in the advertisement would be, “How could 6000 men a day be wrong? You should try Product M too!” Or, it could be as simple as, “You don’t want to be the last one to own a Product M, do you? Get yours today.” The big question here for the consumer to ask is, “Why?” Let’s say you choose not to hop on the bandwagon . . . what happens then? Is it possible that the crowd running along with the bandwagon has missed something about the product? A more comprehensive list of techniques is provided in **TABLE 3.1**.

## **■ WHO MAKES SURE ADVERTISERS ARE TELLING THE TRUTH?**

Federal agencies are responsible for monitoring product quality and information accuracy. The Federal Trade Commission and the U.S. Postal Inspection Service are two agencies that play a role in this effort. The Federal Trade Commission has the ultimate authority to create laws regarding advertising in the United States. It establishes the standards for what is deceptive, dishonest, or misleading. The U.S. Postal Inspection Service primarily focuses on the use of the postal service to defraud consumers through faulty advertising of jobs and products.

For the most part, advertising tries to maintain its position as a self-regulated industry, and minimize governmental oversight. There are private organizations that monitor the accuracy and legitimacy of advertising. One such group is the National Advertising Review Board (NARB), whose mission is to create and implement standards of truthfulness in advertising. However, the NARB is predominantly composed of advertising agencies and professionals, with a small number of academic or former public sector professionals. The risk for bias in situations like this is great. Because of the potential for bias, organizations align themselves with groups known for their impartiality; in this case the NARB functions under the watch of the Council of Better Business Bureaus.

There are many, many agencies that watch out for the general well-being of the consumer. These are discussed more thoroughly in Chapter 18.

The Food and Drug Administration makes a distinction between types of prescription drug television advertising directed at consumers. In general, there are product claim ads and reminder ads. Product claim ads include the product name, the ailment the product is designed to address, and the risk factors associated with using the product. Reminder ads, which are shorter commercials, mention the product’s name but cannot discuss the ailment, side effects, or dosing of the product. A 2007 analysis of prescription drug advertising<sup>1</sup> on television indicated that most ads were of the product claim variety. Almost all ads made some sort of emotional appeal (positive and/or negative), and nearly

**Table 3.1**  
**Examples of Advertising Techniques**

CLAIM TYPE	DESCRIPTION	EXAMPLE
The weasel claim	Claims that appear to be substantial, but in the end are empty.	Use of Treadmill X will help control your weight.
The unfinished claim	Claims that a product has more of something, or is better, but doesn't say what the comparison is.	Using Weight Loss Product X will make you lose more weight!
The "we're different and unique" claim	Claims that no other product on the market is like it.	Only Product Z has Alpha-PQX.
The water is wet claim	The claim made for this ad can be said of any other product like it.	Hospital X will bill your insurance so you don't have to.
The "so what?" claim	Makes a claim, but there is no real indication if it has significance.	Our vitamins have twice the vitamin D as our competitor.
The vague claim	The intent or meaning of the claim is unclear, subjective, and cannot be proven.	Product X will make you feel good again.
The endorsement	Someone famous pitches the claim.	I use Product Z to test my diabetes, and you should too.
The scientific claim	Claim includes data or testing results.	Product Y burns 27 percent more fat when used daily.
The compliment the consumer claim	Claim uses flattery to entice the consumer.	You take great care of your children, and that's why you feed them Product X.
The rhetorical claim	Claim asks a question to entice an answer from the consumer.	You want to feel like the "old you" again, right?

Source: Summarized from Schrank J. *The language of advertising claims: teaching about doublespeak*. Urbana, IL: National Council of Teachers of English; 1976.

one-third used humor, while one in four ads used fantasy to make the product appealing.

The Internet has proven to be fertile ground for advertising; however, because advertising online is for the most part unregulated, this has created a new dimension to consumer protection. Two primary issues of concern are consumer privacy and behavioral advertising. The Federal Trade Commission has made several suggestions to online advertisers (who, like their alternate media counterparts, would like to remain as unregulated as possible) to enhance the protection of consumer private information. Names, contact information, credit card numbers, personal health information, and health histories can be at risk for distribution if the company collecting the information does not act in an ethical fashion. The collection of as much information as possible works to the advertiser's advantage. A dimension of online advertising that does not exist in print, radio, or television is something called *behavioral advertising*. Marketing firms can track your pattern of online use. When you visit a site online, or use a search engine, or just kill a couple hours surfing the web, your history can be traced, and in some cases sold to other Web sites. Marketing firms can then make certain you see products, in the form of

pop-up ads or sidebar ads, that might interest you based on your usage pattern.

■ **HOW DO CONSUMERS MAKE PURCHASING DECISIONS?**

According to *Principles of Advertising: A Global Perspective*,<sup>5</sup> consumers go through five steps in making a decision about whether to purchase a product: need recognition, information search, alternative evaluation, purchase, and evaluation. Advertisers play to each of these levels of processing in their advertisements. Take for example **TABLE 3.2** regarding the purchase of a treadmill.

Beyond the process of choosing, there are certain factors that influence the decisions people make. Lee and Johnson discuss three primary factors that have an influence on whether a person is swayed by advertising. First are personal factors. These are things unique to each person such as age, sex, education, and income. Psychological influences also play a role, primarily perception, motivation, attitude, and lifestyle. Finally, social factors such as cultural background, present and perceived importance of social status, and the peer group the individual affiliates with will

**Table 3.2**  
**Stages of Decision Making and Advertising Influence**

STAGE	CONSUMER BEHAVIOR	ADVERTISING APPROACH
Need recognition	Issue: Purchase of a treadmill May or may not realize the need for a product.	For those who already see the need, the advertiser tells how its product can address the need. For those who do not see the need, the advertiser asks rhetorical questions. (Do you feel . . . ?)
Information search	Gathers information from self (memory), advertisement, friends, relatives, mail, and salespeople.	Descriptive ads and mailings, comparisons to other similar products.
Alternative evaluation	Determines the best option based on personal needs and potential end result.	Rational and emotional appeal.
Purchase	Buyer closes the deal: what to buy, from whom, what cost, etc.	Similar to alternative evaluation; designed to prevent consumers from changing their mind.
Evaluation	Consumer needs to feel as though it has been a good investment, and that the product will give intended results.	Designed to overcome the dissonance between wanting the product and spending the money to obtain it (buyer's remorse).

Source: Staging and descriptions summarized from Lee M, Johnson C. *Principles of advertising: a global perspective* (2nd ed.). New York: Hawthorne; 2005.

influence decision making. Clearly it is a complicated process, and advertisers may develop several approaches to promote the same product in an effort to appeal to a broad base of people.

### ■ WHAT ROLE DO EMOTIONS PLAY IN ADVERTISING?

Psychological research on the impact of emotions on personality, mood, and attitude is abundant.<sup>6</sup> Research is used, and even conducted, by advertising firms to determine just what emotions motivate spending. Consider a television advertisement for a drug to lower the risk of heart attack. If the company simply stated that the drug was effective and you should use it, it would not elicit much of an emotional response from the consumer. However, if the ads reference emotional scenarios such as the following, people might be more motivated to watch the commercial and get their doctors to order the product:

*Scenario one:* A television ad shows a person missing a daughter's wedding or a grandchild's graduation because of a heart attack. The ad then plays serene music in the background and shows visuals of how happy the family is if that family member is present for the wedding or grandchild's graduation.

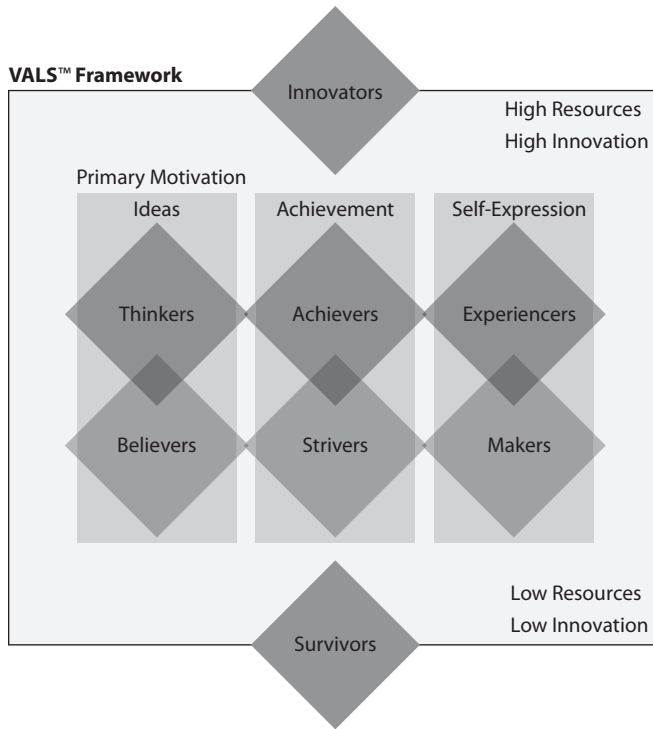
*Scenario two:* Consider an ad for depression medication. Almost universally the ad will begin with a visual of a person suffering with depression, and by the end of the commercial show them happy, more functional,

and content. This is done with great purpose; to create in the viewer a sense that the medicine being advertised can make the viewing consumer feel like the actor in the commercial.

### ■ WHAT IS THE VALS™ SYSTEM?

In 1978, SRI International released the original VALS™ system.<sup>7</sup> VALS (not an acronym, although it looks like one), which originally was used in the business arena, uses individual lifestyles and attitudes as predictors of consumer behavior. Over time, the system has evolved and is now focused on psychological traits, as opposed to social norms and shared values. It is owned and operated as a consulting business by an SRI Incorporated spin-off, Strategic Business Insights. VALS categorizes consumers into eight different groups based on what motivates them in their decision making (see **FIGURE 3.1**). Each group is motivated by one of three primary factors—ideals, achievement, or self-expression (see **TABLE 3.3**)—and is additionally impacted by the degree to which they have access to resources.

*Believers and Thinkers* are motivated by ideals. For *Believers*, those ideals are rooted in history and tradition. As consumers they have fewer resources, so they tend to be conservative, be loyal to a particular product, and have predictable trends in consumer choices. *Believers* tend to follow doctors' orders with little questioning. *Thinkers'* ideals still reflect a conservative trend, but these individuals are better educated, more



**FIGURE 3.1** VALS™ Framework.  
 Source: Courtesy of Strategic Business Insights (SBI). <http://www.strategicbusinessinsights.com/VALS>.

well-off financially, and they want to have thorough and accurate information. Where Believers tend to reject change, Thinkers are more likely to keep the doors to change open, if that change seems valuable and functional.

*Strivers and Achievers* are driven by achievement. Strivers, on the lower end of the resource spectrum, have to be careful about covering basic needs but can also be impulsive consumers. The opinion of others is a major motivator, because Strivers want to be seen as higher on the social order than they actually are. A high percentage of Strivers smoke and suffer later in life because of it. Achievers have made their mark, and because of that want to demonstrate that they have made it. Purchasing tends to be of established names, image-related products, and products that save time. Products and services that promote predictability and stability would be desired.

*Makers and Experiencers* are motivated by self-expression. For Makers, self-expression is a function of building things. They value the practical and are not impressed with wealth or status. Products and services must show a value, and promote self-sufficiency. Maker men pride themselves on being strong and may be more likely to avoid medical care, thinking they can “tough it out.” Experiencers are young and impul-

sive, and value looking good and having a good time. If the product is new and cutting edge, they want it, but as soon as the fad wanes, they are done with it and moving on.

*Survivors and Innovators* are two special categories in the VALS system. Survivors have few resources available to them. They may fall in the lower socioeconomic divisions of the economy, may be retired and living on a fixed income, or may live in a region that has little access to resources. Thirty-two percent of survivors are widowed. Because resources are scarce, the decisions made by these people are based on what they really need to have, not necessarily what they would like to have. Their focus on immediate needs may limit their ability to plan for the future. Health decisions in this group are high on the priority list. Innovators have plentiful resources and as such are motivated by all three of the primary motivators—image, achievement, and self-expression. Image matters, but serves as a function of expressing individuality and personality, not as a means to gain approval from others. Innovators will try anything cutting edge and new if it fits their lifestyle and allows a free expression of self. Alternative care practices would be intriguing to an Innovator. They are quick to do their own medical research and are likely to ask many, many questions of their health professional.

VALS helps medical marketers select target groups with particular affinities to particular products or services. In addition to providing insight into the lifestyles of the different VALS groups, the system also explains the different communication styles of each type so the marketer can tailor its message more effectively.

**Table 3.3**  
 VALS™ System

MOTIVATING FACTORS	VALS TYPES	RESOURCE LEVEL
Ideals, achievement, and self-expression	Innovators	Very high
Ideals	Thinkers	High
	Believers	Low
Achievement	Achievers	High
	Strivers	Low
Self-expression	Experiencers	High
	Makers	Low
Immediate needs	Survivors	Very low

Source: Adapted from SRI Business Insights.

**Box 3.1****Marketing to Children**

In spring 2011, a joint project incorporating the efforts of the Federal Trade Commission, Food and Drug Administration, Centers for Disease Control and Prevention, and Department of Agriculture established new voluntary guidelines<sup>9</sup> for the advertising industry related to the marketing of products to children. The project was designed to “advance current voluntary industry efforts by providing a template for uniform principles that could dramatically improve the nutritional quality of the foods most heavily marketed to children—and the health status of the next generation.”

Collaborators released two principles meant to encourage this outcome.

**Principle A: Meaningful Contribution to a Healthful Diet**

Foods marketed to children should provide a meaningful contribution to a healthful diet, with contributions from at least one of the following food groups:

- Fruit
- Vegetable
- Whole grain
- Fat-free or low-fat (1 percent) milk products
- Fish
- Extra lean meat or poultry
- Eggs

- Nuts and seeds
- Beans

**Principle B: Nutrients with Negative Impact on Health or Weight**

Foods marketed to children should be formulated to minimize the content of nutrients that could have a negative impact on health or weight. With the exception of nutrients naturally occurring in food contributions under Principle A (for example, the saturated fat and sodium naturally occurring in low-fat milk would not be counted), foods marketed to children should not contain more than the following amounts of saturated fat, trans fat, sugar, and sodium:

- *Saturated fat*: 1 g or less per reference amount customarily consumed (RACC) and 15 percent or less of calories
- *Trans fat*: 0 g per RACC
- *Added sugars*: No more than 13 g of added sugars per RACC
- *Sodium*: No more than 210 mg per serving

In the end, the government agencies involved hope these principles will be the foundation for uniform guidelines the advertising industry will follow when marketing food products to children.

**■ HOW DID THE INFOMERCIAL BEGIN?**

If you were born after 1990, infomercials may seem like they have always been on television. The truth is, they are a relatively new phenomenon. In the beginning of television, companies quickly figured out that a TV audience was a captive audience. Slowly but surely, program sponsors began placing more and more commercial material into the television programs they were sponsoring. Eventually, in the early 1950s, laws were passed regulating the number of minutes acceptable for commercials during a program. Those rules stayed in place until 1984, when then-President Ronald Reagan deregulated the cable television industry. Within weeks, 30-, 60-, and 90-minute programs for health products such as Herb-a-Life and Soloflex were on the air. Many of the original infomercials were get-rich-quick schemes, but a significant proportion focused on fitness and weight loss. Today, infomercials can be found on just about every cable network, at just about any time of day. Because many infomercials are low-budget endeavors, companies can actually spend less in advertising by taking this approach. Cowan<sup>9</sup> states that as the economy struggled between 2007 and 2010, the number of infomercials increased 18 percent, even as corporate advertising

budgets were shrinking. See **BOX 3.1** for special guidelines for marketing aimed at children.

**■ WHAT ARE THE HEALTH CARE FIELD ADVERTISING PRACTICES?**

You will find that advertisers of health care products and services use many of the same approaches to influence consumer choice as advertisers of any other product or service. For instance, a 2007 study of hospital advertising<sup>10</sup> reviewed the most common appeals marketers used for the top 17 hospitals in the nation. More than 61 percent of all advertisements made some sort of emotional appeal, focusing on hope, fear, happiness, anxiety, or sympathy. Sixty percent of the advertisements reviewed made a specific reference to the hospital’s status, levels of prestige, or awards received. More than half of the ads reviewed made specific reference to a disease or its symptoms. In contrast, less than 10 percent of the same reviewed ads indicated there would be less pain after the service, indicated minimal invasiveness of the procedure, used statistics to indicate successes, referred to safety, or mentioned cost.

What this study reveals is those hospitals, when competing for patients, use emotional and status-oriented appeals

far more regularly than providing information about the services or the hospital. Consumers motivated by status, image, or appearance will be greatly influenced by this type of ad, yet may make a decision based on that image as opposed to the services themselves or the track record of the hospital.

### ■ WHAT IS THE COST AND EFFECT OF DIRECT-TO-CONSUMER ADVERTISING?

The bulk of research related to health advertising practices focuses on the DTC marketing of pharmaceutical products. In short, it is big business, and pharmaceutical companies make a great deal of money through DTC advertising. A Kaiser Foundation study determined that for every dollar spent on DTC marketing, pharmaceutical companies made \$4.20 in profit. More than 39 million people each year report that a DTC advertisement led them to ask their medical professional about a specific drug. Because of the positive impact on sales, pharmaceutical companies now have more than 1000 lobbyists in Washington, D.C., and spend more than \$150 million to influence politicians on regulatory matters.<sup>11</sup> It is big business.

With that much time, energy, and resources being guided toward advertising, a great deal of emphasis has been placed on the outcomes of such an effort. Simply stated, the results are mixed. Royne and Myers<sup>12</sup> summarized the arguments both for and against advertising pharmaceutical products directly to the consumer.

#### **Supporters claim:**

- Consumers obtain more information related to existing products.
- Information helps consumers make educated decisions.
- Advertising encourages consumers to see their doctor.
- Advertising may increase consumer knowledge of alternatives to medical treatment, or improve compliance with existing treatment.

#### **Detractors claim:**

- Advertising is promotional, not educational.
- Advertising increases demand for name-brand products instead of less expensive generic options.
- Advertising “medicalizes” normal human conditions.
- Advertising promotes brand preference and interferes with physician expertise and decision making.

Of course, not everyone reacts the same way to a pharmaceutical advertisement. Several things can influence this reaction, including degree of existing illness, history, emotional state, personal experience, and existing knowledge of the illness promoted in the ad. Thomaselli<sup>13</sup> reported that the percentage of consumers taking action after seeing a DTC ad is rising, from 31 percent in 1997 to 41 percent

in 2006. Doohee and Begley add, however, that there are ethnic differences in how influenced consumers are. In their research,<sup>14</sup> advertising has a more significant influence on Hispanic and African American consumers, but those consumers were also most likely to be denied their request for a specific drug when presenting to a physician.

When all is taken into consideration, Royne and Myers<sup>12</sup> state the key is how the ads balance risk information with benefit information. When consumers have balanced information they can make choices in their best interest, and can initiate dialogue with their physician as opposed to demanding a particular drug.

### ■ HOW SHOULD WE ANALYZE ADVERTISING?

Experts suggest advertising should address a series of questions to help consumers make appropriate choices regarding pharmaceutical decisions. Consumers can use these suggestions to determine whether the company has provided enough information on a product to warrant a conversation with their personal physician. The following are guidelines suggested by Frosch et al.<sup>15</sup>:

When a product provides information on an illness the consumer has not yet had diagnosed, and the consumer has no symptoms, the advertisement should explain the name of the condition, how prevalent the condition is, what risk factors exist for the condition (including family history, race and ethnicity, and other confounding illnesses), and lifestyle issues that might promote the illness’ development. When a product provides information on a disorder, and the consumer *is* experiencing symptoms, the ad should describe the name of the condition and its prevalence, what symptoms the consumer might be experiencing, and the consequences of the condition if it were to go unaddressed. If the consumer has already been diagnosed with a condition, an advertisement should make sure it specifically states the name of the disorder.

Frosch et al. recommend that all pharmaceutical advertising address the benefits and potential risks of the drug. Benefit information should include how significant a reduction in symptoms a person should expect, how long treatment will last to get that benefit, how the medicine’s benefit compares to a placebo or to lifestyle change benefit, research results of medical trials, and whether a generic alternative exists. When describing risks associated with the drug, information should be contained in a block of text distinct from the rest of the ad, narrated without distractions of noise or picture, and at a pace the consumer can understand.

When these criteria are met, the consumer can make informed decisions about choosing a drug. It then makes sense to have conversations with one’s physician to determine whether the drug is the correct choice for the ailment,

or if symptoms warrant testing and diagnosis related to the disorder.

## ■ CONCLUSION

Advertising has a powerful effect on consumer decision making. It is imperative that the consumer recognize this influence and make every effort to “read through” the approach taken in the advertisement, and see whether the product can have real benefit. In this way, consumers can make legitimate choices regarding their personal health and well being.

## Review Questions

1. How much money did pharmaceutical companies spend on marketing in 2005?
2. What was the purpose of the Sherley Amendment and the Pure Food and Drug Act?
3. What is behavioral marketing?
4. Describe four marketing approaches commonly used in advertising.
5. Describe the stages a consumer goes through when deciding to purchase a product.
6. Write a five-sentence advertisement for a health product that makes an emotional appeal.
7. Describe the difference between Thinkers and Believers in the VALS system.
8. Describe the difference between Strivers and Achievers in the VALS system.
9. How do Innovators and Survivors fit into the VALS model?
10. What are the advantages of providing DTC marketing for health products?
11. What are the challenges to providing DTC marketing for health products?
12. If you already have been diagnosed with a disease, what should you look for when trying to determine whether an ad is telling you the “whole story” regarding its product? What if you have not been diagnosed yet?

## Key Terms

**advertising** The act or practice of calling public attention to a product or service.

**bandwagon** Advertising technique where mass appeal is used to attract customers.



## Case Study

Following are the transcripts from two hospital advertisements. Identify as many advertising techniques as you can for both ads.

Transcript for a new hospital opening in California:

Person in Ad: This is about making health care better.

Announcer: The extraordinary new Sharp Memorial Hospital is opening in January.

Person in Ad: They've thought of everything to make the nurses' jobs easier, the patient more comfortable, the family more welcome.

Announcer: It's the first hospital in San Diego where every room is a private room.

Person in Ad: And there's even a pull-out couch where family members are welcome to spend the night.

Announcer: For all that Sharp has to offer, call 1-800-82-SHARP or visit Sharp.com.

Person in Ad: You can feel the difference in these rooms.

Transcript for a children's hospital advertisement.

Kids don't use the word “impossible,” so neither do we.

I guess having 50 surgical specialists performing 9,000 procedures a year might seem “impossible.”

But “impossible” gets no respect around here.

And if one of those surgeries involves your child? You don't want to hear the word “impossible” either.

Our kids don't talk about impossible, so neither do we.

Children's Hospital Central California—amazing people, incredible care.



**behavioral advertising** Tracking a consumer's pattern of Internet use in an effort to display specific types of advertising that might appeal to those use patterns.

**deregulation** To remove governmental regulations and control.

**direct-to-consumer** Advertising sent directly to the consumer, not through a third-party provider.

**infomercial** A product commercial of significant length designed to look like a television show.

**NARB** (National Advertising Review Board) A group of advertising professionals organized to self-regulate the advertising industry.

**product claim advertising** A form of DTC advertising that reveals the product name and full disclosure of the product uses and side effects.

**reminder advertising** A form of DTC marketing that only provides the product name, without including details about its use or side effects.

**Sherley amendment** The section of the Pure Food and Drugs Act specifically designed to limit the amount of time commercials can be shown during a television program.

**testimonial** An advertising technique in which an individual client is used to share with consumers how a product or service worked for them.

**VALS™** Marketing model used to design advertising to appeal to a particular group of consumers.

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