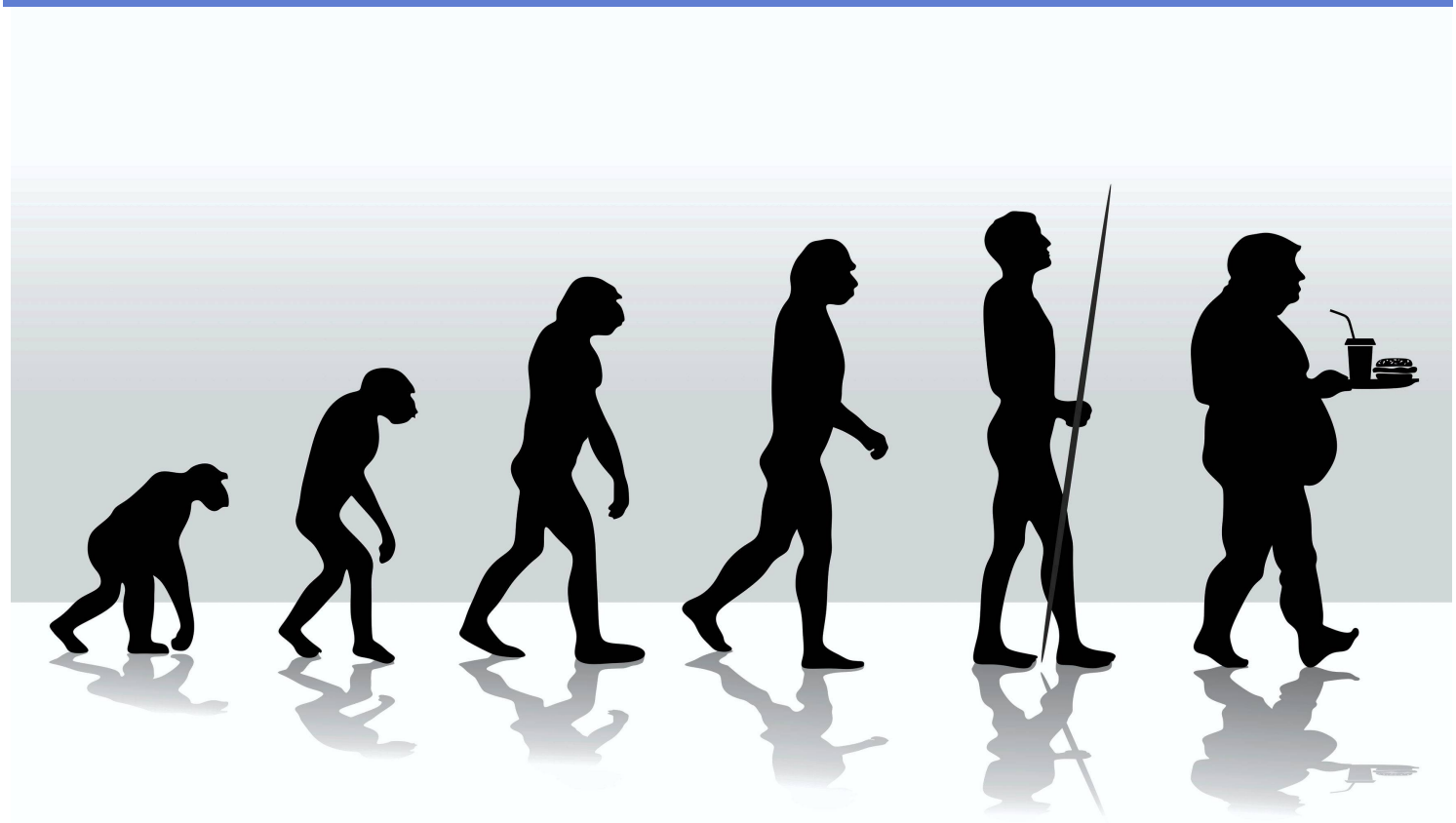

Obesity as a Disease

A study on how overweight Americans perceive weight-loss brands in the context of obesity as a disease

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Abstract

This research has a goal of answering the question, *How do overweight Americans perceive weight-loss brands in the context of obesity as a disease?.* To answer this question, the research investigates both the perceptions of the context as well as of the impact of the context on weight-loss brands. To explore this question, a mixture of quantitative and qualitative methodologies was utilized. Additionally, Keller's Customer-Based Brand Equity model forms the theoretical foundation.

First, multiple insights regarding the context of obesity as a disease were discovered. This research showed uniform opinions about the Obesity Epidemic, but differing reactions to the label of obesity as a disease. More specifically, this research provides evidence that the Obesity Epidemic is a reality, a problem, and a topic of interest for overweight Americans. Furthermore, Americans believe that diet and exercise is always the logical first step in weight-loss, before using any weight-loss brand. Ideally, Americans would like to have a weight-loss option that provides significant and sustainable weight loss, but currently no brands are meeting these expectations. Additionally, there are divided opinions regarding the label as a disease, which is important as only those that believe obesity is a disease perceive there to be a noticeable impact on weight-loss brands.

Second, it was discovered that the label of obesity as a disease has no uniform impact on weight-loss brands and their brand equity. Instead, those that believe obesity is a disease, perceive some brands to be positively influenced while others to be negatively, while those that do not believe the label, perceive no impact at all. There are also differing levels of impact for each component of Keller's Customer-Based Brand Equity model, with the rational components being far more impacted than the irrational, providing evidence that overweight Americans respond to the disease label rationally.

Third, this research showed that consumers are not able to separate brands from their environment, providing support of adding "Environmentally-Driven Need" to Keller's brand equity model.

Finally, as it was discovered that weight-loss brands are impacted uniquely from the label of obesity as a disease, communication recommendations are provided for each brand included in this research.

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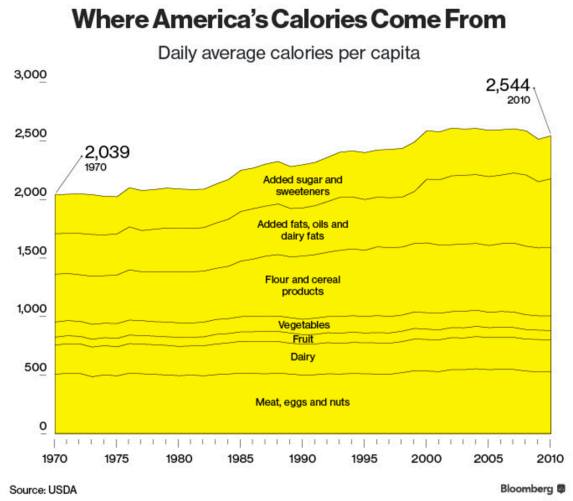
Chapter 1: Introduction

Obesity in adults is defined by the World Health Organization (WHO) as having a Body Mass Index (BMI) of greater than or equal to 30, while overweight is a broader classification of a BMI greater than or equal to 25. Therefore, obesity is a sub-category of the overweight classification. Furthermore, BMI is defined as a person's weight in kilograms divided by the square of their height in meters (WHO, 2016).

Obesity is prevalent globally, with 13% of the world's adult population, or 600 million adults, being classified as obese in 2014 (WHO, 2016). The United States has a significantly higher obesity rate of 37.9% of adults, a drastic increase from 1994 when the rate was 22.3% (Center for Disease Control and Prevention (CDC), 2015). The percentage of overweight Americans has also rapidly increased from 54.9% in 1994, to 70.7% in 2014 (CDC, 2015).

This Obesity Epidemic (CDC, 2011), as it has been labeled, is nearly universally blamed on poor eating habits and lack of exercise (Bloomberg, 2016; National Geographic, 2016; Time, 2015; Public Health, 2016). As is shown in the below chart, Americans are consuming approximately 25% more calories daily than in 1970. Additionally, Americans are far from meeting the necessary physical activity requirements for maintaining a healthy lifestyle. Less than 5% of American adults participate in 30 minutes of physical activity each day and only one third of adults receive the weekly recommended amount of physical activity. The physical activity of American youth is also poor with only one third of children being physically active every day (President's Council on Fitness, Sports & Nutrition (PCFSN), 2016).

Image 1



Source: Bloomberg, 2016

However, as explained by Dr. Dietz from the Centers for Disease Control and Prevention (CDC), "People didn't decide to become overweight. Their weight gain is a consequence of complicated changes in the environment, where food is more readily available and opportunities for physical

activity are lacking". Food is more processed in general, and Americans eat out more frequently. Additionally, the food served in restaurants is unhealthier than what is usually prepared in one's home, with higher sugar, calories, and fat content (CDC, 2011). Portion sizes have also increased and in lower income areas, unhealthy food and beverages are often more affordable than healthier alternatives (CDC, 2011).

Americans' lifestyles have also become more sedentary due to factors such as technology and the design of American communities (CDC, 2011). In general, distances are large, requiring Americans to drive to school or work, rather than walk. Many Americans spend their workdays in front of a computer, and continue to sit in front of a screen for entertainment purposes in their free time (CDC, 2011). American youth are no exception with nearly one-third of American high school students spending three or more hours per day playing video and computer games (PCFSN, 2016). These students also most likely will not receive physical education in their schooling, as it is required in only six states (PCFSN, 2016).

Coinciding with the Obesity Epidemic, there is a large and well-funded weight loss market. In 2012, there were approximately 108 million Americans on a diet (ABC News, 2012). In 2014, the approximate revenue of the American weight management market was $59.8 billion (Marketdata Enterprises, 2015, cited in Weight Watchers 10-K, 2015). One major player, the leading weight-loss service, Weight Watchers, had a net revenue in 2015 of $1.16 billion (Weight Watchers 10-K, 2015).

Additionally, many Americans may also include prescription weight-loss medications in their consideration set. The United States is one of only two countries globally, the other being New Zealand, that permits direct to consumer marketing of prescription drugs (American Medical Association (AMA), 2015). Americans are also viewing more drug advertisements as advertising spend by the pharmaceutical companies has grown 30% from 2013 to 2015, leading to a total spend of approximately $4.5 billion (AMA, 2015).

On June 18th, 2013, the American Medical Association (AMA) adopted a policy that recognized "obesity as a disease requiring a range of medical interventions to advance obesity treatment and prevention" (AMA, 2013). The reasoning behind this decision is that labeling obesity as a disease will influence the way the medical community approaches this issue that is linked to cardiovascular disease and type 2 diabetes (AMA, 2013). The hope is to increase awareness of obesity and its consequences, and to be a catalyst that causes overweight Americans as well as doctors to treat obesity with a more serious approach.

Response to this decision by the AMA has been far from uniform. Many articles highlight both the positive and negative aspects of this decision, such as Forbes' article titled, *Declaring Obesity a Disease: the Good, the Bad, the Ugly* (Forbes, 2013). In another article titled, *AMA Declares*

Obesity a Disease: Should We LIKE This Decision?, Sabrina Martinez, MS, RDN, argues in support of the decision that physicians will be able to provide more treatment to more patients, that insurance companies will allow for nutrition counseling to be reimbursed, and that there will likely be more funding for obesity-related research. However she also argues against the decision including points such as the limitations of BMI as a measurement tool, and the downplaying of the importance of exercise and lifestyle changes. She states, "Patients may think that they do not have control over their disease, are considered ill, therefore, they have no personal responsibility and behavioral changes are unimportant" (American Society for Nutrition, 2013).

Additionally, others firmly dismiss the AMA's ruling and argue that it will cause more harm than good. Hank Cardello from the Hudson Institute wrote in an article for Forbes, "In short, calling obesity a disease gives a hall pass to many who either don't care or who struggle with their food and lifestyle choices. It could cause even more of them to backslide into obesity" (Forbes, 2013). Abigail Saguy, an associate professor of sociology at the University of California, Los Angeles, argues, "People think that being obese means being sick, and there are some health risks, but risk is not the same thing as illness" (NPR, 2013). One study found that a disease-based weight-management message, compared to an information-based, lessened the emphasis on healthy dieting and weight concern among obese individuals, and even predicted higher-calorie food choices (Hoyt et al., 2013).

Although there are disagreeing responses to the AMA's decision to label obesity a disease, there is an overarching agreement that with the growing obesity epidemic, the weight-loss market is a particularly important industry. However, even with so much focus on this market, virtually no research has been conducted to understand how the AMA's label of obesity as a disease is impacting the brands competing within this market. Therefore, this leads to the research question:

How do overweight Americans perceive weight-loss brands in the context of obesity as a disease?

To answer this research question, overweight Americans' perceptions of the context as well as their perceptions of the impact of the context on weight-loss brands are investigated.

Chapter 2: Scientific Method

This section provides an overview of the scientific method used throughout the conduction of this research. First, the structure of the thesis is presented. Second, delimitations are stated. Third, the research onion as a tool to structure the scientific method is shown. Fourth, the philosophy of science is argued. Fifth, the methodology is explained, which includes an explanation on the gathering of theory and empirical data; data analysis; validity, reliability and generalizability of the research; as well as bias and ethical considerations.

2.1 Structure of Thesis

This thesis begins with an introduction to the topic at hand, as well as poses the research question and argues for its importance. Next, the selection of philosophy of science is presented, which is followed by a description of the methodology as well as a presentation of the bias and ethical considerations. After, the key terms and their definitions are provided. Following is a comparison of the key brand equity theories as well as an explanation of why certain theories were selected. The next section, the analysis, addresses each key theme that answers the research question. After the analysis is the discussion section which ties together the points made in the analysis section as well as provides the practical applications of the research results. Finally, conclusions and topics for further research are identified.

2.2 Delimitations

In order to conduct this research within the boundaries of time, page, and budget restrictions, multiple delimitations were made. These include the market, theories, companies, philosophy, and methodology selections.

This research focuses on the American weight-loss market, and in particular, overweight and obese Americans. The United States has a unique market dynamic due to multiple factors including high overweight and obesity rates, direct to consumer pharmaceutical marketing, and a large population size. Therefore, rather than include multiple markets with different characteristics, only the United States has been selected as a focus to ensure that a deep understanding can be found. Additionally, only Americans who currently identify as being overweight or obese have been included. While there is a sample of the population who is currently at a healthy weight and will become overweight over time, they are not currently part of the target market for weight-loss brands and therefore have not been included.

The selection of philosophical approach, or the lens through which the researcher approaches the topic, can influence the results. The selection of pragmatism, which is described later in this chapter, could limit the results to the most practical applications.

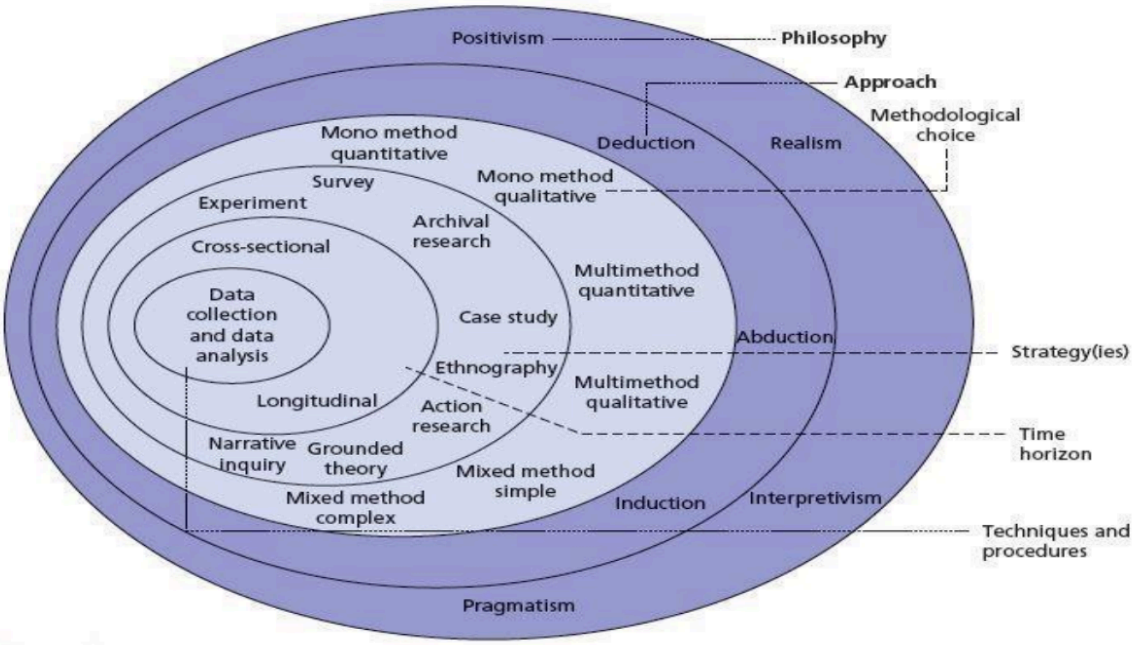
The selection of theories is also another delimitation. There are many possible interesting research questions regarding the impact of the new label of obesity as a disease, but this research has chosen to only focus on brand equity, which is defended in *Chapter 3: Theoretical Foundation*. However, this leads to other areas for further research.

Additionally, due to budget and page limitations, this research narrowed down the weight-loss industry to five key brands, all of which are market leaders in their subcategory. This selection is obviously not the entire population of brands within the weight-loss market, and therefore is a limitation of this research.

2.3 The Research Onion

To organize the process of making assumptions during research, Saunders, Lewis, and Thornhill created the "Research Onion", shown below.

The Research Onion



Source: Saunders et al., 2011

While there is no 'best' research philosophy, a researcher must consider their own philosophical views as well as keep in mind what is to be achieved in the research (Saunders et al., 2011). To summarize the key assumptions and selections made, this research has been conducted with a pragmatist philosophy, has a combination of deductive and inductive approaches, uses complex mixed methods including a survey with an experimental component and in-depth interviews, and includes both cross-sectional empirical data and longitudinal secondary data. These points are elaborated on in the following sections.

2.4 Research Philosophy

Research philosophy is a broad, overarching term that includes the development of knowledge and the nature of that knowledge (Saunders et al., 2011). The two key components of the research philosophy are epistemology and ontology. The first, refers to what constitutes acceptable knowledge, while the second, ontology, is concerned with the nature of reality (Saunders et al., 2011). This research has been conducted with a pragmatist epistemology and an ontology that falls in-between subjectivist and objectivist. These topics are expanded on in the following sections.

2.4.1 Epistemology

Epistemology is defined by O'Gorman and Macintosh as "the branch of metaphysics that deals with the nature of knowledge, its presuppositions and foundations, and its extent and validity; the study of knowledge" (2014, p. 59). There are many philosophies of science, or epistemologies, but the two most common are positivism and interpretivism.

Positivism is often associated with the natural sciences, focuses on facts, involves testing hypotheses, seeks causality, and requires large sample sizes (O'Gorman and MacIntosh, 2014). Positivism is usually connected with deduction, where a research is designed to test a theory.

Interpretivism is often associated with the social sciences, focuses on meaning, looks to gain an understanding of a phenomenon, and typically investigates small sample sizes in depth over extended periods of time (O'Gorman and MacIntosh, 2014). Interpretivism is usually connected with induction, where research begins by collecting data in order to explore a phenomenon, which is then analyzed to generate or build theory (Saunders et al., 2011).

A third epistemology, pragmatism, is broader and more flexible. "Pragmatists recognize that there are many different ways of interpreting the world and undertaking research, that no single point of view can ever give the entire picture and that there may be multiple realities" (Saunders et al., 2011). The foundation of pragmatism is that if there is no practical difference, then all alternatives are basically one in the same. In other words, pragmatists interpret a notion by tracing its practical consequences (James, 1907).

This researcher is practically-minded with a pre-professional bachelor's degree as well as experience in the corporate environment. Therefore, there exists an innate interest in finding both theoretical implications as well as practical applications to the research, which is most in line with the pragmatic epistemology. This selection of pragmatism consequentially impacted the ontology and methodology, which are elaborated in the following sections.

2.4.2 Ontology

Ontology is defined as “the branch of metaphysics that deals with the nature of being and of reality” (O’Gorman and Macintosh, 2014, p. 59). There are two broad types of ontology, which are objectivism and subjectivism. Objectivism refers to a belief that “social entities exist in reality external to social actors concerned with their existence” (Saunders et al., 2011, p. 131). In other words, there is only one reality. Subjectivism, believes that “social phenomena are created from the perceptions and consequent actions of social actors” (Saunders et al., 2011). In other words, reality exists in each person’s mind, constituting many subjective realities.

Objectivism and subjectivism are two extremes, and it is common that researchers make use of both lenses (Saunders et al., 2011; O’Gorman and MacIntosh, 2014). The ontology of this paper has objectivist tones in that there are certain measureable realities, such as the number of weight loss products purchased in the United States in a specific year, and the percentage increase of overweight Americans. However, there are also subjective qualities, such as the change in perceived quality of a specific weight-loss brand. This perception differs from person to person, constituting multiple subjective realities.

Inclusion of components of both objectivism and subjectivism also naturally leads to a mixed methods approach, which is explained in the following section.

2.5 Methodology

This section details the gathering of theory and empirical data, the tools used for data analysis, as well as bias and ethical considerations. Each decision regarding methodology has been made in the context of a pragmatist approach. In other words, the selected methodology was chosen to best answer the research question with the goal of providing both theoretical and practical applications.

2.5.1 Gathering of Theory

The key theory of brand equity was selected as the foundation for this research, with the reasoning detailed in *Chapter 3: Theoretical Foundation*. A review of brand equity literature also identified other key theories, which are detailed in the aforementioned chapter. Additional theories including communications models were gathered through a review of suggestions made by academics both available publicly and through the researcher’s previous educations.

A variety of sources were used during the theory gathering stage, which include news articles, corporate websites, government websites, academic articles, academic journals, textbooks, presentations, and lecture transcripts. These sources were gathered through Google searches, Google Scholar, and the Copenhagen Business School library.

2.5.2 Gathering of Empirical Data

This section highlights in theoretical terms, how the data was collected. First the gathering of empirical data is described on a high-level, which is followed by in-depth explanations of the selection of brands, as well as the quantitative and qualitative data collection methods.

Historically, there have been two key research paradigms, which are quantitative and qualitative (Guba and Lincoln, 1994). Quantitative research is focused on deduction, and is primarily used for theory and hypothesis testing. It uses standard data collection methods such as a survey and typically includes statistical analysis. Qualitative research, on the other hand, is characterized with induction, exploration, theory and hypothesis generation, as well as more qualitative analyses such as sense-making (Johnson and Onwuegbuzie, 2004).

However, there has recently been increased support for a third paradigm, which is called mixed methods, which includes a combination of quantitative and qualitative research methods (Creswell, 2013). This paradigm coincides with pragmatist beliefs as the "research approaches should be mixed in ways that offer the best opportunities for answering important research questions" (Johnson and Onwuegbuzie, 2004, p. 16). With the research question, "How do overweight Americans perceive weight-loss brands in the context of obesity as a disease?", one can argue that both quantitative and qualitative methods will assist in providing an answer. Quantitative methods can provide a generalizable answer to whether or not perceptions have changed. On the other hand, qualitative methods better answer the "how" component and can provide a deeper understanding of what has changed in overweight Americans' minds, as well as why this has happened. Therefore, to most optimally answer the research question, both methods will be used, which falls into the third paradigm of mixed methods.

To elaborate further, the goal of this paradigm is to capitalize on the strengths and minimize the weaknesses of each single paradigm.

Conducting quantitative research requires the researcher to eliminate all bias, remain emotionally detached, and overall act in a completely objective manner. However, "the conduct of fully objective and value-free research is a myth" (Johnson and Onwuegbuzie, 2004, p. 16). Quantitative research may also be too abstract or broad for application in specific contexts (Johnson and Onwuegbuzie, 2004). One may also argue that quantitative research only skims the surface of the problem, rather than providing deep insights.

There are also limitations of qualitative research. For example, it may not be generalizable, is difficult to test hypotheses and theories, has lower credibility, takes more time, and is easily influenced by the personal biases and experiences of the researcher (Johnson and Onwuegbuzie, 2004, p. 20).

Five major rationales for conducting mixed methods research have been identified by Greene et al. (1989). These are triangulation, where one seeks convergence through different methods; complementarity, where one seeks elaboration or clarification; initiation, where one discovers contradictions that leads to a re-framing of the research question; development, where one uses the findings from the first method to help inform the second; and finally, expansion, where one seeks to expand the breadth of the research through multiple methods. This specific research uses mixed methods on the rationales of triangulation, complementarity, and development. By using secondary data, quantitative data, and qualitative data, the validity of the research increases. Secondly, the multiple methods provide complementarity as the qualitative data can be used to explain patterns that evolve from the quantitative data, and vice versa. Finally, the mixed methods assist in the development. The quantitative research narrows the broad range of topics, thereby helping develop the qualitative discussion guide and enabling the in-depth interviews to dive deeper into the topics. The quantitative method is also used to gather respondents for the qualitative component.

This research design can be categorized as sequential, with quantitative first (Creswell, 2013). The reason behind this design is that the quantitative component helps develop the qualitative half. This research can also be described as qualitative dominant. The quantitative component is largely a support for the qualitative, as it helps narrow down the range of topics to be discussed in the in-depth interviews, enabling more time to dive deeper into a smaller spread of points.

2.5.2.1 Selection of Brands

The weight-loss market consists of many diverse brands, and it can be argued that insights would be limited if all of the brands were clumped together into a category labeled “weight-loss brands”. Therefore, the market was divided into five subcategories, with the market leader of each subcategory selected as a representative. These subcategories are weight-loss services, weight-loss supplements, over-the-counter weight-loss medications, prescription weight-loss pills, and prescription weight-loss injectable medications. The individual representative brands are described in the following paragraph.

Weight Watchers is the market leader in weight-loss services (Weight Watchers, 2016). The company brands itself as a lifestyle and a new perspective to staying healthy, rather than a diet (Weight Watchers, 2016). Founded by Jean Nidetch in the 1960’s when she invited friends to her home to discuss weight-loss, the brand still centers on group dynamics and losing weight with support from fellow brand community members. The brand’s advertisements often focus on success stories, both of celebrities and “normal” people. The advertisement used during the quantitative research can be seen below.

Image 2

Source: Weight Watchers, 2016

Hydroxycut is America's top weight loss supplement brand (Hydroxycut, 2016). The supplement's key ingredient is C. canephora robusta, which the Hydroxycut website explains is supported through two separate research studies. The website has a defensive tone with a Q&A page including questions such as *Is there really research that shows the key ingredient in Hydroxycut works?* and *Is Hydroxycut safe?*. This defensive tone is likely in reaction to warnings against Hydroxycut from the U.S. Food and Drug Administration (2009) and University Health News (2016). Regardless of the health warnings, Hydroxycut still maintains its position as the top weight loss supplement brand (AC Nielsen FDMx sales data for Hydroxycut caplets, cited in Hydroxycut, 2016).

Image 3

Source: Hydroxycut, 2016

Alli is the only FDA-approved weight loss product available without a prescription (GlaxoSmithKline, 2016). The key message that Alli promotes is, for every two pounds one loses

with diet and exercise, Alli helps one lose an additional pound (Alli, 2016). Alli is a fat-blocker, blocking approximately 25% of the fat entering the body (FAQs, Alli, 2016). It consists of 60mg of the active ingredient, Orlistat, which is a lipase inhibitor that binds to specific enzymes that break down fats, known as triglycerides. This binding blocks the fat from being absorbed, and instead, passes the fats through the digestive system and naturally excretes them (FAQs, Alli, 2016). On Alli, individuals can expect to lose approximately 5% of their body weight, and are also forewarned that the weight may come back after discontinuation (FAQs, Alli, 2016).

Image 4

Source: Alli, 2016

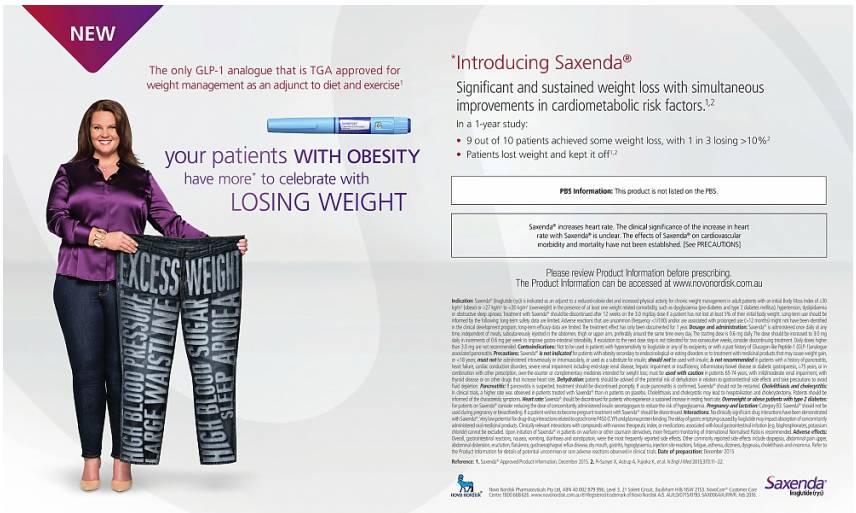
Contrave is a prescription pill that is the most prescribed branded weight loss medication (IMS Health, NPA Market Dynamics Dec 15-Feb 16, cited in Contrave, 2016). Contrave contains two components that work in the brain, specifically in the appetite center, helping one eat less, and in the reward center, changing the feelings one has in response to eating. However, the exact way in which Contrave leads to weight-loss has not been understood at this point (About, Contrave, 2016). According to clinical trial results, 57% of those who took Contrave in combination with a comprehensive lifestyle modification, lost at least 5% of their body weight. In a second clinical trial, 42% of individuals who took Contrave as we well as increased physical activity and reduced calorie intake lost at least 5% of their body weight (About, Contrave, 2016). Contrave has been linked to many side effects including nausea, constipation, headaches, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea (Side Effects, Contrave, 2016). Contrave brands itself as an option after other weight-loss approaches have not been successful, as can be seen on their website in the phrase, “Has your weight-loss journey been filled with ups and downs? It may be time to try a different approach” (Contrave, 2016).

Image 5

Source: Contrave, 2016

Saxenda is a prescription injectable medication that is the value market leader of branded anti-obesity medications (Novo Nordisk, 2016). Saxenda, which consists of the active ingredient liraglutide, is an FDA-approved prescription injectable, which when combined with diet and exercise "may help some adults with excess weight who also have weight-related medical problems, or obesity, to lose weight and keep it off" (Saxenda, 2016). In a clinical trial, 62% of patients on Saxenda lost more than 5% of their body weight, while 34% lost more than 10% of their body weight after 56 weeks (Learn about Saxenda, Saxenda, 2016). Saxenda also forewarns about notable side effects, including possible thyroid tumors including cancer, pancreatitis, gallbladder problems, hypoglycemia, increased heart rate, kidney failure, allergic reactions, and depression or thought of suicide (Saxenda, 2016). Positioned as a product for when other weight-loss options have not been successful, the key messages that Saxenda promotes are significant weight-loss and keeping weight off, or in other words, sustained weight-loss.

Image 6



Source: Saxenda, 2016

2.5.2.2 Quantitative Method

For the quantitative component, this research utilized the most common research strategy for deductive research, the survey. This tool is particularly helpful at exploratory and descriptive research (Saunders et al., 2011). The specific platform used is Google Forms, which is a free online survey tool created by Google. This platform is simple to use and free of charge, but has limitations in terms of skip logic and question formats.

The survey begins with an introduction to the research, to ensure translucency and informed content, followed by a few demographic questions and a screener. Participants who do not fit into the criteria of the target group, namely Americans who are overweight or obese, were informed that they do not meet the necessary criteria and had their survey terminated. Next, respondents answered a question that randomly placed them into one of two groups, the experimental group and the control group. The experimental group viewed an image of the headline "A.M.A. Recognizes Obesity as a Disease", along with a description of the American Medical Association. The experimental group was then asked to keep this information in mind when answering the rest of the questions in the survey. The control group did not see this message, but rather continued straight to the brand equity questions. The decision behind creating two groups was to see if statistically speaking there is a difference between those who are informed or reminded that obesity is a disease compared to those who are not. Following the group division is the bulk of the survey questions, which is divided into five sections, one for each brand. For each brand, the respondent is asked to answer fifteen questions on a five-point scale, each question providing insights on a component of brand equity. These questions are adapted from Keller's suggestions (2001). Keller's suggested questionnaire included more than 75 questions, which was reduced for this survey due to consideration of respondent fatigue and fallout. At the end of the survey, respondents were thanked and asked if they would be interested in a follow-up interview, for the qualitative component of this research. Additionally, when creating the survey, great concern was made to ensure that questions were not biased, but rather were as neutral as possible. Furthermore, only closed-ended questions were included since the qualitative component was already planned, which would provide the deep insights needed. Therefore, by excluding open-ended questions, time was saved which helped prevent respondent fatigue. Finally, to view the full questionnaire, please see the appendix.

To recruit survey respondents, a self-selection approach was used, where respondents volunteer to complete the survey (Saunders et al., 2011). The survey was first posted on a variety of online locations, which included weight-loss forums and weight-loss oriented Facebook groups. These specific channels were selected based on activity levels, member characteristics, ease of access, and permission rights to post surveys. After seeing a very low response rate, a networking approach was added where the researcher posted the survey link on her Facebook wall, had friends repost on their walls, and requested that her network repost the link to their networks as

well. Additionally, the link was forwarded through e-mail to an extended network to increase sample size.

To further incentivize respondents, a raffle of $50 was utilized; as it has been shown that monetary incentives will help increase response rates. While ideally a pre-paid incentive would have been used (Coughlin et al., 2011), this was not feasible due to budgetary restrictions.

2.5.2.3 Qualitative Method

The second component of this research, the dominant half, is the qualitative research, which utilizes in-depth telephone interviews. This format was selected as it enables flexibility of time and location, making more respondents accessible. Accessibility was a particularly crucial component when determining methodology due to the difficulties of interviewing respondents who live in the United States, when the researcher is based in Denmark. Additionally, in-depth interviews provide the time and space needed to dive deeper into respondents' answers, generating deep and insightful information. In-depth interviews were selected over the other very common qualitative research method, focus groups, which are small group discussions led by a moderator (Zikmund and Babin, 2010), for a few key reasons. First, as weight-loss is often considered a sensitive matter, one could argue that respondents would feel more comfortable in a one-to-one interaction rather than in a group setting. Second, it can be argued that weight-loss decisions are usually made by one individual rather than a group, such as a household. If only one family member is overweight, they likely will select their own weight-loss method. Therefore, since the decision occurs at the individual level, a group dynamic does not need to be measured, which is the key benefit of a focus group. Finally, as sample proved difficult to obtain, it was determined that more insights would be gathered through multiple in-depth interviews, rather than one or two focus groups.

The structure of the in-depth interviews is semi-structured, meaning certain topics and questions were included in a discussion guide, but there was not a strict step-by-step procedure that fully dictated the interviews. As is recommended by King and Horrocks (2010), the interview began with simple questions, developed into the more complex topics, and concluded by asking the respondents if they had any further comments or questions. Additionally, built into the semi-structured design was space for probing, which is a technique used to draw deeper and more elaborate explanations, and consequentially, insights (Zikmund and Babin, 2010). Examples of probing used are clarification, or asking the respondent to explain what a phrase means and including a pause in the conversation which signals to the respondent to elaborate further.

To recruit respondents, the following question was included in quantitative survey. "Would you be interested in a follow-up phone interview to further explore your opinions? There will be a $10 reward." All five participants were recruited through this process of self-selection (Sterba and Foster, 2008). This was chosen, as it is simple and efficient, which are priorities due to the limitations of this research.

2.5.3 Data Analysis

As is characteristic of a sequential research methodology, the data analysis of the quantitative component occurred before the initiation of the qualitative data collection. Additionally, the quantitative and qualitative data were analyzed differently, as is standard with the two types of research paradigms. Finally, at the end of the overall data collection, all insights generated were revisited to identify themes. A summary of the data analysis procedures is detailed in the following two sections.

2.5.3.1 Quantitative Data Analysis

After the allotted time, the survey was closed with a total of 58 respondents. The data was then cleaned to ensure that only respondents who met the criteria of being overweight and living in the US were included. Additionally, any respondents who did not thoughtfully complete the survey, for example using the same answer for every question, were removed. Next the data analysis of the 27 remaining respondents began.

Quantitative data analysis techniques range from the basic such as the creation of simple tables and diagrams to complex statistical analysis and modeling. For this research, a combination has been used. First, simple tables and diagrams of the survey results, which are created through the Google Forms program, were analyzed to gain an understanding of the bigger picture. Next, the raw data was extracted in the form of an Excel spreadsheet. Descriptive statistics, such as analyzing averages, maximums, minimums, spreads, etc. were calculated along with comparative statistics. The comparative statistics were used to understand the differences in results between the experimental and control groups. More specifically, a two-sided significance test was used to compare the means of the two groups, with the null hypothesis being that the means are equal, and the alternative hypothesis that they are not equal. The test statistic for this purpose is $t = \frac{(\bar{x}_1 - \bar{x}_2) - 0}{se}$, where $se = \sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}$. The P-value, which shows the two-tail probability of values even more extreme than the observed t test statistic, was calculated using degrees of freedom 25 (sum of sample sizes minus 2). A confidence level of 90% was used, meaning that P-values smaller than 0.1 were considered statistically significant (Agresti and Franklin, 2007).

The results of these analyses assisted in the identification of key topics that needed further exploration, and consequentially were used to develop the qualitative discussion guide. The quantitative data was also revisited after the qualitative data collection for confirmation and additional support of insights.

2.5.3.2 Qualitative Data Analysis

As mentioned previously, the interview respondents were gathered through a self-selection process, leading to six interviewees. After conducting the six interviews, they were transcribed, which is where the interviews are written down either partially or verbatim, the later referred to

as full transcription. For this research, partial transcription was used, where notes as well as key quotations were written (Lewis-Beck et al., 2004). Full audio recordings were made in case the research needed to be revisited.

Next, the process of data interpretation and thematic analysis began. The quantitative data analysis provided a thematic foundation on which the qualitative was based. Therefore, the qualitative data was first coded based on these themes. Additionally, each interview was reviewed twice in order to confirm accurate interpretation, and was analyzed for additional patterns and themes. Additional themes were also provided a code. After all themes were identified, evidence from both the quantitative and qualitative components were merged to form an overarching analysis, which is presented in *Chapter 4: Analysis*.

2.5.4 Validity, Reliability, and Generalizability

Validity, reliability, and generalizability all refer to the data quality of the research conducted. Validity relates to whether or not the measures taken to study the topic actually measure what one intends them to assess. Reliability refers to the ability of other researchers to duplicate the research and conclude similar findings. Generalizability refers to whether or not the research can provide insights in a broader context (Saunders et al., 2011).

To ensure validity, each question has been evaluated to ensure that they will provide insight into the research question. Additionally, the research design, namely mixed methods, has been chosen to increase the reliability through means of data triangulation. Triangulation is using multiple sources of data to create synergy, increase confidence in results, and gather richer syndicated data (Johnson et al., 2007).

As mentioned previously, the sampling method can impact the validity, reliability, and in particular, the generalizability of the study. For example, self-selection likely led to the inclusion of individuals with more free-time or with a financial need as there was a monetary incentive, which may not be representative of the entire population. Additionally, the survey was conducted online, which limits respondents to those with Internet. However, this is not considered a significant issue, as the Internet penetration in the United States is very high at nearly 90% (World Bank, 2016). Additionally, many respondents were found through weight-loss forums and groups, which can cause bias as those not interested in weight-loss were not largely included in the research. However, one could argue that weight-loss brands' target markets are consumers interested in losing weight, and therefore interested in their products. Therefore, having a sample including mostly only those actively interested in losing weight could be considered representative. Finally, survey respondents skewed towards women, at approximately 85%. However, this is representative of the weight-loss market as an estimated 85% of customers consuming weight-loss products and services are female (ABC News, 2012). Therefore, based on

the above, one can argue that it is still fair to generalize this research's results to the target population of the American weight-loss market, namely, obese and overweight Americans.

2.5.5 Bias Considerations

When conducting research, there are many potential biases that can impact the quality and results of the research, and therefore should be minimized as much as is possible. Saunders et al. have highlighted three key types of bias, which are interviewer bias, response bias, and participation bias (Saunders et al., 2011).

Interviewer bias occurs when the comments, tone or non-verbal communication of the interviewer causes bias in the manner in which the interviewees respond to the questions posed. Interviewer bias can also occur during the interpretation process. It can also arise if the interviewee sees the interviewer as lacking credibility and therefore responds by limiting their disclosure of information. The nature of this research assists in the reduction of interviewer bias, as the researcher does not have a personal investment in one outcome of the research over another. If there is an impact of the label of obesity as a disease on brands, it is equally informative as if no impact is found. Additionally, the interviewer maintained as professional of a tone as possible in order to maintain credibility.

The second key type of bias is response bias, which is where respondents provide the answers that they believe the researcher seeks. As mentioned previously, the interviewer has no desired outcome of the research, which means that questions asked were not leading. Additionally, there is often a "social desirability" component, wherein respondents feel they should answer with "socially-approved" responses. Caution was made to ensure that respondents felt comfortable providing honest answers. For example, the interviewer reiterated that the goal of the research is to find the truth, and that no judgment on one's answers would be made.

The final key type of bias is called participation bias, which refers to participants not being representative of the population as a whole. This is also often referred to as selection bias. In an ideal context, a randomized sample of the population of overweight and obese Americans would complete the survey and participate in the in-depth interviews. Unfortunately, the contact information of this population is not publicly available, so other forms of sampling had to be used, which naturally leads to a form of participation bias. The type of sampling used was self-selection, where respondents elect to participate after being exposed to a post about the research. Snowball sampling was also used, where the link to the survey was emailed to one individual within the population, and asked to be forwarded to another member of the population, and so forth (Saunders et al., 2011). These forms of sampling methods can impact the validity, reliability, and generalizability of the research, as explained previously.

2.5.6 Ethical Considerations

Weight, and in particular, obesity, have often been labeled as a sensitive subject (Avant, 2016; U.S. Department of Health and Human Services, 2016). When conducting research on sensitive subject matters, research ethics become even more important (American Psychological Association, 2003). Multiple precautions have been made in this research to ensure a high ethical standard, which includes translucency, informed consent, anonymity, and confidentiality.

At all points in the research, translucency has been sought. Creswell argues that it is important to be translucent with the respondents about the intention of the research, so that they can make an educated decision on participating (2013). Therefore, every time a post was made requesting respondents for the survey, they were informed that the data was for a Master's Thesis on the American weight-loss market, which was reiterated in the survey's introduction.

Second, no research was conducted without securing permission first. Oliver describes the important concept of informed consent as the "…obligation to ensure that before respondents agree to take part in the research, they are made fully aware of the nature of the research and of their role within it" (2008, p. 115). As was mentioned above, respondents were informed of the nature of the research and were always permitted to exit the survey or end the interview if they no longer desired to participate. Additionally, verbal permission was obtained for the audio recordings.

Third, steps were taken to ensure anonymity and confidentiality of respondents. Anonymity refers to individuals not being identifiable in the final writing. Confidentiality refers to the range of people who are granted access to the data (Oliver, 2008, p. 116). Anonymity was achieved by not requiring respondents to provide their name nor email address if they did not desire. To further secure anonymity, interview respondents' names were excluded from audio-recordings and replaced with "Respondent X" in this research. Regarding confidentiality, access to the raw data has been severely limited, with only the researcher having access to the survey data. However, as it is a requirement of the university, the audio-recordings of the interviews are available upon the university's request, but access is limited to only the researcher, the University, the supervisor, and the external sensor.

Finally, while it is not a standard ethical requirement, steps were taken to ensure that respondents felt as comfortable as possible. For example, respondents were able to complete the survey in their own time in the location of their choice. Additionally, in-depth interviews were conducted over Skype to provide more flexibility. Respondents were able to choose if they preferred to have a video recording in addition to audio, and they were also able to select their own location and time. Overall, Skype was selected due to it being free of charge and it providing an element of flexibility. However, there was the downside of a less personal interaction than would have occurred with in-person interviews.

Chapter 3: Theoretical Foundation

This chapter lays the theoretical foundation of the research. First, definitions of the key brand-related terms are provided to provide clarity. Second, a selection of brand equity models are presented and critiqued. Third, an argumentation is presented regarding the selection of the brand equity model used to structure this research. Finally, the selected communications model is detailed.

3.1 Brands

This section provides definitions of key terms related to brands that will be used throughout this research report.

Brand. A brand is defined by the Oxford Dictionary as "A type of product manufactured by a particular company under a particular name" (2016). The American Marketing Association elaborates by defining a brand as "a name, term, sign, symbol, or design, or a combination of them, intended to identify the goods or services of one seller or group of sellers and to differentiate them from those of competitors" (2016).

Brand Awareness. Brand awareness refers to the ability for consumers to recall or recognize the brand (Keller, 1993).

Brand Image. Brand image is defined as "the perception of the brand by consumers" (Heding et al., 2008).

Brand Identity. While Brand Image is from the perception of consumers, Brand Identity is from the point of view of the company. Aaker and Joachimsthaler define Brand Identity as "a set of associations the brand strategist seeks to create or maintain" (2002, p. 43).

Brand Image-Identity Gap. The Brand Image-Identity gap refers to the differences in perceptions of the brand from the consumers' side versus the company side (McElhaney, 2008).

Brand Knowledge. Brand knowledge is the sum of its two components, brand awareness and brand image (Keller, 1993), which have both been defined above.

Brand Equity. Brand Equity does not have one uniform or agreed upon definition. Keller describes brand equity as "the differential effect of brand knowledge on consumer response to the marketing of the brand" (1993, p. 2). Srinivasan expresses brand equity as "the component of overall preference for a branded product, not explained by objectively measured product attributes" (1979). Simon and Sullivan define brand equity as, "the incremental cash flows which

accrue to branded products over and above the cash flows which would result from the sale of unbranded products" (1993, p. 29).

3.2 Brand Equity

Brand equity has many different definitions, but many scholars can agree that it is a broad term used to describe the impact of a product being branded rather than unbranded. Strong brand equity also has many various benefits, which range from increased customer loyalty, to higher margins, to reduced vulnerability, to competitive marketing tactics, to increased marketing communication effectiveness.

Since brand equity is a broad theory relating to the measurement or value of a brand, this theory has been selected as the foundational theory for this research. The goal of the research is to understand the impact of the new label of obesity as a disease on brands, which makes brand equity a good theory to measure any changes resulting from the new label.

There is a plethora of brand equity models available, which range broadly in terms of perspective, inputs, and objectives. The following sections categorize some of the most prevalent brand equity models into three perspectives: Consumer-Based Brand Equity, Employee-Based Brand Equity, and Financial-Based Brand Equity. The decision to organize based on perspectives was made as this research focuses on the consumers' perspective, but acknowledges that other perspectives are also important.

3.2.1 Consumer-Based Brand Equity

The first category of brand equity models is Consumer-Based Brand Equity. These models all have one point of parity; they all center on the consumers' viewpoint. Five key models have been identified and are detailed and critiqued below. These are Keller's Customer-Based Brand Equity Model, Aaker's Brand Equity Ten, Young and Rubicam's BrandAsset Valuator (BAV), Millward Brown's BrandDynamics Pyramid, and Research International's Equity Engine.

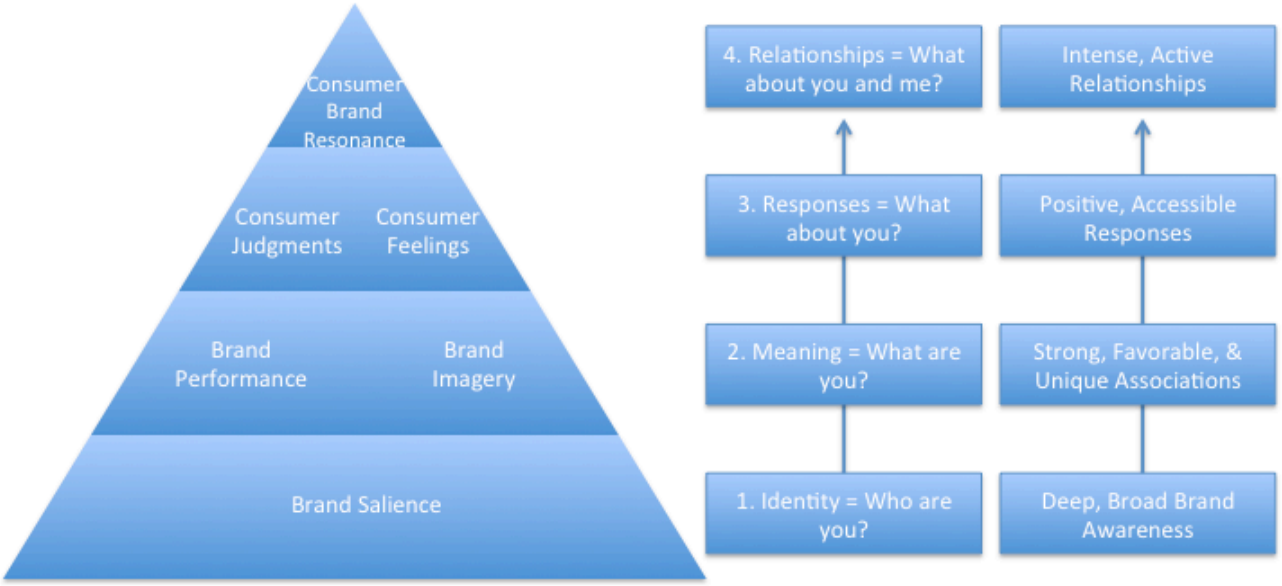
3.2.1.1 Keller's Customer-Based Brand Equity Model

Keller's Customer-Based Brand Equity Model (CBBE) is considered the originator of brand equity from the consumers' perspective. The premise of this model is that "the power of a brand resides in the minds of customers" (Keller, 2001, p. 3). The brand consists of everything that consumers have learned, felt, seen, and heard over time. The model's framework provides four key steps to build a strong brand. First, brand identity must be established, which is done through establishing breadth and depth of brand awareness. Second, appropriate brand meaning is created by the means of strong, favorable, and unique brand associations. Third, positive and accessible brand responses must be elicited. Fourth, brand relationships with customers are formed, which are characterized by intense and active loyalty. These four steps consequentially lead to the six key

brand building blocks, which are Brand Salience, Brand Performance, Brand Imagery, Consumer Judgments, Consumer Feelings, and Consumer Brand Resonance (Keller, 2001).

This model is organized in the form of a pyramid, which is shown below (Keller, 2001).

Keller's Customer-Based Brand Equity Model



The pyramid has four levels, which, in order from bottom to top, are Identity, Meaning, Responses, and Relationships. These correspond to the four steps as mentioned previously. Additionally, there is a clear sequence in this pyramid, as an identity must be established before meaning is developed, which must occur prior to responses, which sub-sequentially must be elicited before a relationship can be forged. Therefore, the levels of the pyramid are dependent on those below. For example, one cannot form a relationship with a brand if they are not aware that the brand exists. Additionally, the pyramid has rational and irrational components, which is noticeable in the two middle layers, Meaning and Responses. The left half of the pyramid is the rational component, and consists of variables such as durability, price, and credibility. The right half, on the other hand, reflects the irrational component of consumers, or their emotions, and consists of variables such as brand personality and social approval. It is important to note that both halves play a role in a consumers' perception of a brand and must be taken into account. Further elaboration on the levels of the pyramid is provided in the following paragraphs.

The first level, Identity, reflects the question, "Who are you?". This level has only one component, Brand Salience, which corresponds to the depth and breadth of brand awareness. Brand Awareness refers to customers' ability to recall and recognize a brand. Brand recall is the foundation of unaided brand awareness, while brand recognition is the fundamental component

of aided brand awareness. The ease with which customers can recall and/or recognize the brand corresponds to the depth of brand awareness. Additionally, the breadth of brand awareness correlates to the range of consumption situations wherein the brand comes to the consumers' minds. Brand Salience is the important foundation of Keller's CBBE model, as the salience influences the development of brand associations, which consequentially form the brand image and meaning.

The second level, Meaning, answers the question "What are you?". It has two components, which are Brand Performance and Brand Imagery. Together, these form the strong, favorable, and unique brand associations, which can be created either directly, which is through customers' personal experience with the brand, or indirectly, such as through advertising or other sources of information. Brand Performance centers on the product satisfying consumer wants and needs. Brand Performance can be further divided into five key types of attributes and benefits. These are primary characteristics and secondary features; product reliability, durability, and serviceability; service effectiveness, efficiency, and empathy; style and design; and finally, price. In general, a strong brand positioning involves a superior performance on at least one of these attributes. Additionally, Brand Performance is an important component of brand equity, as a consumer will not form loyalty to a brand that does not exceed, or at the very least, meet their expectations. While Brand Performance relates to the more functional components of the product, the second half of Meaning, Brand Imagery, relates to the extrinsic properties such as how the brand meets consumers' psychological and social needs. Brand Imagery can also be further dissected into four categories, which are, user profiles; purchase and usage situation; personality and value; and finally, history, heritage, and experiences. Overall, the associations that form the Brand Performance and Brand Imagery, and consequentially, the Brand Meaning, have to be successful on three dimensions, which are strength, favorability, and uniqueness. Strength relates to how intensely the brand is connected to the association. Favorability refers to how important or valuable the association is to the customers. Finally, uniqueness refers to how distinctly the brand is identified with the association. One should note, that in order to create brand equity, brands must have success in these three characteristics in that particular order. For example, it will not matter that consumers consider high durability important and favorable, if they do not strongly identify it with the brand.

The next level of the model is Responses, which answers the question, "What about you?". At this level, the goal is to create positive and accessible responses. Responses refer to "how customers respond to the brand, its marketing activity, and other sources of information" (Keller, 2001, p. 13). It is divided into Consumer Judgments and Consumer Feelings, which relate to what consumers feel in their head and in the heart, correspondingly. Brand Judgments can be divided into four categories, which are quality, credibility, consideration, and superiority. Brand Feelings are divided into six types, which are warmth, fun, excitement, security, social approval, and self-respect. The ultimate goal of the responses is that they are positive. It is also important that they

readily come to mind, or in other words, are accessible. This provides the foundation for Brand Relationships, which is the final level of the CBBE model.

The top of Keller's model is Relationships, which answers the question, "What about you and me?". This level has one component, Brand Resonance, which "refers to the nature of the relationship that customers have with the brand and the extent to which they feel that they are 'in synch' with the brand" (Keller, 2001, p. 15). There are four key categories, which are behavioral loyalty, attitudinal attachment, sense of community, and active engagement. The ultimate goal is to form brand relationships that are both intense and active. Intensity refers to the strength of the attachment and sense of community, or how deeply they feel loyal. Activity refers to the frequency with which the consumer buys and uses the brand, and also refers to engagement in brand activities not related to consumption (Keller, 2001).

The key advantages of Keller's CBBE model include that it is all-encompassing, including both rational and irrational components. This model also uses Brand Resonance, which is a further developed and deeper theory than brand loyalty. It also is the original, or "forefather" of consumer-based brand equity, which means that subsequent models are based off of Keller's.

The key disadvantages are that the model does not account for external environmental factors, and also only includes the perspective of the consumer, thereby leaving out the employees, shareholders, etc.

3.2.1.2 Aaker's Brand Equity Ten

David Aaker provides a set of brand equity measures that are intended to be applied across markets and products. They are inspired by the four dimensions of brand equity developed in his book, *Managing Brand Equity*, which are loyalty, perceived quality, associations, and awareness. Aaker's model has also been influenced by other existing brand equity models, including Young and Rubicam's BrandAsset Valuator, which is explained in the next section.

The first four categories, Loyalty Measures, Perceived Quality/Leadership Measures, Associations/Differentiation Measures, and Awareness Measures represent customer perceptions of the brand. The final category, Market Behavior Measures, represents information obtained from the market, rather than the customers.

Aaker considers Loyalty to be the core dimension of brand equity, because "you usually offend your core first because they are connected to the brand and they care" (Aaker, 1996, p. 105). He also emphasizes that other measures, such as perceived quality and associations, can often be evaluated based on their capabilities of influencing loyalty. Loyalty Measures consists of Price Premium and Satisfaction/Loyalty. Price Premium is a key indicator of loyalty, and can be seen by how much a customer will pay for the brand in comparison to competition. Satisfaction/Loyalty measures can, for example, be gathered through intend-to-buy questions.

Perceived Quality/Leadership Measures is two-fold. The first component, Perceived Quality, is a key dimension as it has been shown to be connected to price premiums, price elasticity, brand usage, as well as stock return. It is also related to the functional product benefits. The second component, Leadership Measures, refers to three sub-dimensions, which are No. 1 Syndrome, or being the market leader, Innovation, and finally, Customer Acceptance, or in other words, being the product that makes consumers "be on the bandwagon".

The third category, Associations/Differentiation Measures, has three parts, which are Perceived Value, Brand Personality, and Organizational Associations. Perceived Value refers to the value proposition, which often involves a functional benefit. Brand Personality enables consumers to connect with the brands through emotional and self-expressive benefits. Finally, Organizational Associations refers to the aspects of the organization, such as the people, values, and programs that lie behind the brand.

Awareness Measures is the final category within the customer's perspective. This category consists of Brand Awareness, which has multiple levels, including Recognition, Recall, Top-of-Mind (the first-named brand in a recall task), Brand Dominance (the only brand recalled), Brand

Knowledge (knowing what a brand represents), and Brand Opinion (having an opinion about the brand) (Aaker, 1996).

Unlike the previous fourth categories, the fifth category, Market Behavior Measures, does not need to be collected through a survey, but rather can be gathered through market information, such as market share, market price, distribution coverage, etc. The first component of Market Behavior Measures, is Market Share, which provides a "valid and sensitive reflection of the brand's standing with customers" (Aaker, 1996, p. 115). If the brand's relative advantage is growing in the consumers' minds, then this will likely be reflected in the brand's market share. The second component, Market Price and Distribution Coverage, provides supplementary information to the market share. The market share is influenced by many factors, including price promotions and reductions, which is why it is also important to measure the relative market price. Distribution coverage is also another supplementary measurement to market share, and can be measured by, for example, the percentage of stores who carry the brand.

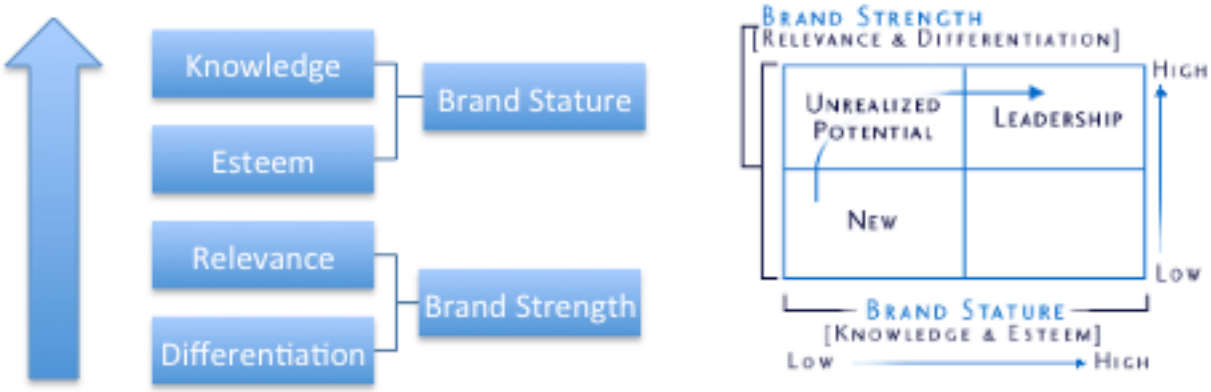
Aaker's Brand Equity Ten is a brand equity model with many advantages. It is very thorough and encompasses nearly all key points touched upon in the other key brand equity models. Additionally, it adds the unique component of the Market Behavior Measures, which provide an objective supplement to consumers' responses. It also emphasizes the importance of comparisons and relativity. For example, perceived quality lies within a competitor frame of reference.

One disadvantage is that the perspective does not include employees. Also, because of its thoroughness, it involves gathering a very large amount of information, which can be difficult to gain access to, to determine the brand equity. This model also has less of a clear connection and relationship between the categories, in comparison to other brand equity models.

3.2.1.3 Young and Rubicam's BrandAsset Valuator (BAV)

Young and Rubicam's BrandAsset Valuator, referred to as BAV, has four key components, which, in order, are Differentiation, Relevance, Esteem, and Knowledge. Differentiation refers to the strength of the brand's meaning. Relevance measures how appropriate the brand is for a consumer. These two combined form Brand Strength, which indicates future performance and potential. Next is Esteem, which is how highly consumers regard, or like, the brand. This pillar also refers to consumers' responses to marketing activities. Finally, at the top is Knowledge, which refers to how well consumers understand the brand. Esteem and Knowledge combined form Brand Stature, which is more present-focused and highlights the current operating value (Young and Rubicam, 1997).

Young and Rubicam's BrandAsset Valuator



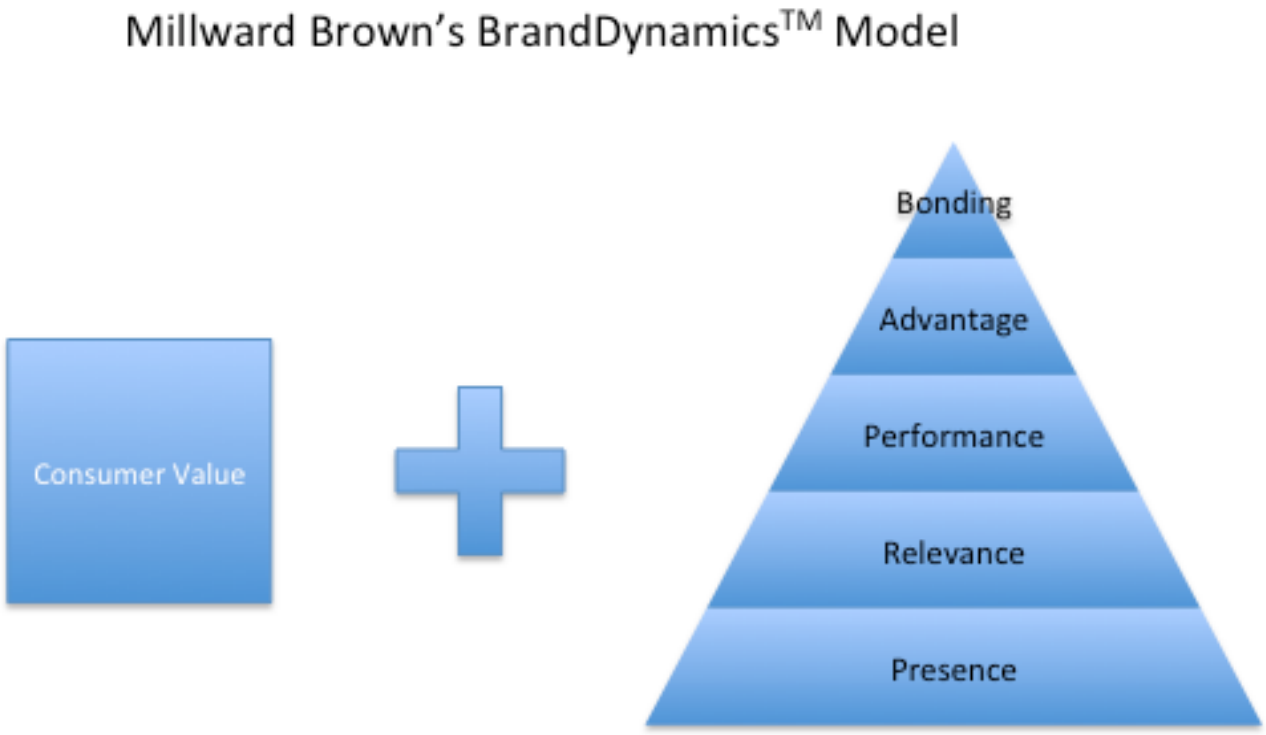
Young and Rubicam's BAV, then takes these four measures and plots them on the Power Grid (see above), which "identifies the strategic direction to maximize brand strength and helps clarify the role of elements in the marketing mix" (Young and Rubicam, 1997).

The key advantage of this model is that it very clearly identifies the strategic direction that must be taken through the Power Grid. Additionally, the model is quite simple and easy to understand. It also aknowledges the fact that a brand must follow a process of steps to achieve the ultimate goal, which according to this model, is Brand Knowledge. The key disadvantages are that it accounts for little external input, and it does not go very in depth into each of the four pillars.

3.2.1.4 Millward Brown's BrandDynamics Model

Millward Brown's BrandDynamics™ Model consists of two key components, Consumer Value and the Brand Pyramid (Millward Brown, 2009). Consumer Value measures the sales value of each respondent to the brand, and provides a respondent-level prediction of brand loyalty. It consists of the consumer's predisposition to the brand, the size of the brand, the type of consumer, and the brand's relative price. The second component, the Brand Pyramid, validates the respondent-based measures of the first component, and explains why some consumers are more valueable than others. From bottom to top, it increases from low loyalty to high loyalty. At the bottom is Presence, which refers to brand knowledge and a need for consumers to be aware of the brand. The next level is Relevance, which refers to the requirement that consumers must consider the brand as fullfilling a need or desire at a price they are willing to pay. The middle level, Performance, refers to the brand delivering at a level that consumers find acceptable, which does not necessarily require being superior to competition. The fourth level, Advantage, means that the product is perceived to have benefits that competition does not have. The top level, Bonding, is

what is achieved when consumers are most loyal. At this level, they believe that this brand is the only one that offers the key advantages that they seek (Haigh, 1999).



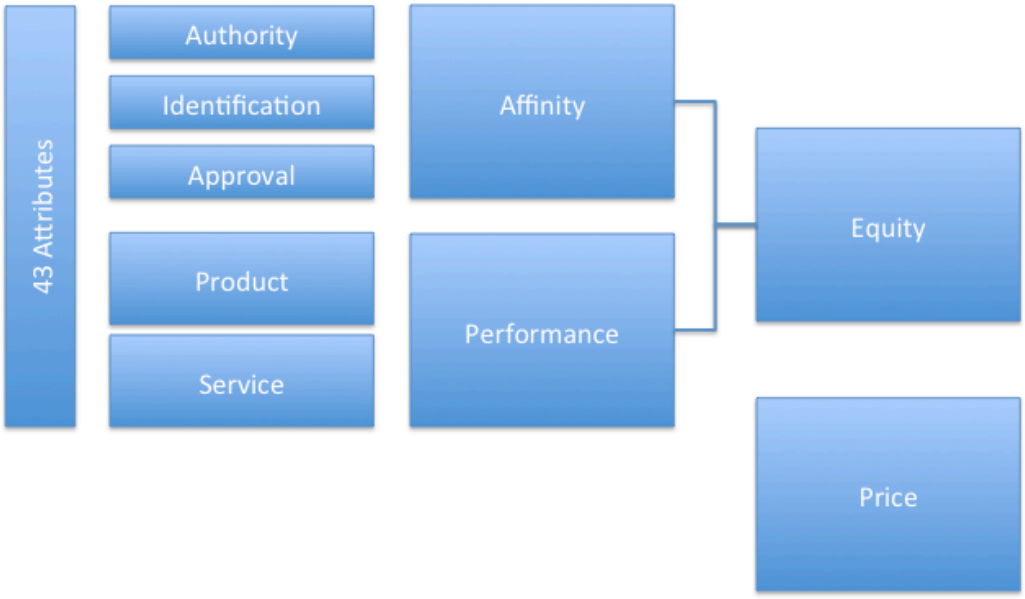
This model has the advantage that the two components provide a holistic viewpoint, one from a more sales-oriented point of view, and the other more qualitative. This provides an overall evaluation plus helps identify where in the pyramid a brand is struggling. This model also takes into consideration the competition by incorporating relative price. The key disadvantages are that it does not take into account for other stakeholders' points of view, and that it requires a lot of data that is difficult to obtain.

3.2.1.5 Research International's Equity Engine™

Research International's Equity Engine™ has two key components, Performance and Affinity. Performance, which represents the functional benefits of the product, is broken down into Product and Service. Affinity, which refers to the emotional benefits of a product, is further divided into Authority, Identification, and Approval. There is another layer below these that is comprised of 43 attributes. For example, Authority consists of heritage, trust, and innovation. Identification includes bonding, caring, and nostalgia. Finally, Approval is comprised of prestige, acceptability, and endorsement (Research International, 2003).

The key advantage of Research International's Equity Engine is that it is straight-forward with its foundation on attributes. However, because of this simplified nature, it has a large disadvantage of missing many of the complexities of branding, such as brand-consumer relationships.

Equity Engine™ from Research International



3.2.2 Financial-Based Brand Equity

As the name implies, Simon and Sullivan's Financial-Based Brand Equity (FBBE) model approaches brand equity from the financial perspective. They define brand equity overall as "the incremental cash flows, which accrue to branded products over unbranded products" (1993, p. 1). This FBBE model has two components, a macro approach and a micro approach. The goal of this model is to determine the value of a company's brand names, not determine the potential value to another company who is contemplating purchasing, which other FBBE models do. Since the goal of this research is to determine the impact on a company's brand equity, rather than the value of the brand for a potential acquisition, Simon and Sullivan's FBBE has been selected to represent this category of Brand Equity models.

Within the Macro approach, Simon and Sullivan define the brand equity as "the capitalized value of the profits that result from associating that brand's name with particular products or services" (1993, p. 4). The key assumptions of the macro approach is that the company's stock price fully reflects all available information and that a firm's brand equity is a firm asset that can be separated from other assets of the firm. Additionally, since the macro approach uses stock prices, it is a forward-looking measure, as stocks reflect the expected value of future returns. The methodology involves extracting the brand equity of the firm from the financial market value by using "Tobin's Q", which quantifies tangible assets.

The Micro approach measures the response of brand equity to major marketing decisions. Once new information hits the market, the value of securities change. Therefore, one can estimate the

impact of major marketing decisions such as new-product launches and major advertising campaigns, on the brand equity. However, there is one large critique, which is that the stock market is noisy and a change in stock price can reflect many different influencing factors.

One key advantage of the FBBE model is that it uses objective market-based measures, which leave less room for bias than measures gathered from a survey or interviews. This methodology also enables comparisons over time as well as across companies. Secondly, it incorporates the impact of market size and growth as well as other factors that influence future profitability. Finally, this brand equity model incorporates both the revenue-enhancing and cost-cutting components of a brand. However, there are also disadvantages. There is a lot of noise in the stock market that can make it difficult to accurately measure brand equity. Additionally, this model is very limited in its perspective in that it mostly provides a snapshot of brand equity. It does not clearly identify key action areas where a company can improve on its brand.

3.2.3 Employee-Based Brand Equity

A third brand equity perspective, termed the Employee-Based Brand Equity (EBBE) Model and founded by King and Grace, describe brand equity as "the differential effect that brand knowledge has on an employee's response to their work environment" (2010, p. 12). Unlike the previous two categories of brand equity models, the EBBE model is from an internal perspective, meaning brand equity is determined by employees within the firm. The key theoretical foundation underlying the EBBE model, is Vargo and Lusch's concept of a service dominant logic (2004). According to this theory, consumers no longer buy mere products, but rather a solution to their problem, or in other words, a service. Therefore, "…the role of employees, as being the gatekeeper for performing processes, exchanging skills and/or services, in which value is derived for the consumer, is amplified" (King and Grace, 2010, p. 7). Based on this reasoning, King and Grace argue that it is important to measure brand equity from the employees' perspective, not just the customers or the shareholders.

The EBBE model consists of five key components. The first, Brand Knowledge, refers to the fact that employees already have an existing brand knowledge. Therefore, the goal of the firm is to transform the brand knowledge so that it enables employees to be successful and correctly deliver the brand promise. The second component, Internal Brand Management, is further divided into Information Generation and Knowledge Dissemination. Information Generation refers to conducting employee research with the goal of gaining insights into the state of "the organization climate, employee skills, or lack thereof" (King and Grace, 2010, p. 15). Knowledge Dissemination refers to "providing the context with which the brand identity is made relevant to each employee" (Lings and Greenley, 2005, cited in King and Grace, 2010). This includes training and development, as well as the Human Resources functions that communicate roles and responsibilities. The third component is Motivation and Ability to be a Brand Performer. This refers to the need for employees to have the confidence and motivation to put in extra work effort as required. The key

factor in this step, is that employees need to be open to organizational dialogue, and they need to believe that the organization is treating them like a human being, for example, by being treated with respect (Corace, 2007, cited in King and Grace, 2010). The fourth component is Employee Brand Knowledge Effects. This refers to the fact that as employees gain brand knowledge, their clarity and commitment to the brand increases. The fifth and final component is the EBBE Benefits, which are Brand Citizenship Behavior, Employee Satisfaction, Intention to Stay, and Positive Employee Word of Mouth.

The key advantage of the Employee-Based Brand Equity Model is that it provides an internal perspective, which is particularly important for a service brand, as the employee does the actual delivering of the brand promise. However, this model is very limited in its view, and therefore should likely be treated only as a supplement to the other brand equity models.

3.2.4 Comparison and Selection of Brand Equity Models

As the objective of this research is to determine the impact of the new label of obesity as a disease on consumers' perceptions, it is most logical to select a Consumer-Based Brand Equity model (CBBE). Additionally, as Cobb-Walgren et al. stated, "if a brand has no meaning to a consumer, then it is consequentially useless to investors, manufacturers, and retailers" (1995). This further supports first understanding the impact on consumers, with potential further research to study the impact on shareholders, manufacturers, retailers, employees, etc.

Amongst Consumer-Based Brand Equity models, Keller's is selected for this research, as it is the original brand equity model from the customer perspective, on which all other consumer-based brand equity models are based. Additionally, it is a thorough model, which thereby highlights most potential areas of brand equity that may be impacted by the new label of obesity as a disease.

3.3 7-Step Communications Model

This research has elected to utilize the popular 7-Step Communication model by Joep Cornelissen (2008) to structure the recommendations section of *Chapter 5: Discussion* due to its simplicity and completeness. The intention of this model is to provide a framework to identify broad targets of a company's communication and to assist in effective planning of communication programs and campaigns (Cornelissen, 2008, p. 109). This model can be depicted in a flowing set of steps, seen below.

This communication model begins with Strategic Intent, which is influenced by the vision and reputation of a company, and more specifically, the difference between how a company is currently perceived and how they want to be seen. This is commonly referred to as the image-identity gap. The second step, Define Communication Objectives, is based upon the strategic intent, and is the specific goal of what a company is trying to change through this communication. The third, Identify and Prioritize Target Audiences, refers to selecting who will be on the receiving end of the communication. The fourth, Identify Themed Message(s) refers to the core message of the communication. The fifth, Develop Message Styles, refers to selecting one of five styles, which are rational message style, symbolic message style, emotional message style, generic message style, and preemptive message style. This selection also includes choosing visual stimuli. The sixth step, Develop Media Strategy, refers to choosing a media based on the reach and coverage of the target audience. The final step, Prepare the Budget, refers to calculating the costs of the communications, which include the production of the materials, as well as the costs of the media, which is usually the most significant cost. Additionally, after the seven steps and the execution of the communication, the company should collect data to evaluate the success of the program (Cornelissen, 2008).

Chapter 4: Analysis

This section highlights and discusses each theme that emerged during the course of the research, which answer the research question, *How do overweight Americans perceive weight-loss brands in the context of obesity as a disease?*. Furthermore, themes relating to the context component are first presented, which is followed by insights relating to the impact of obesity as a disease on the weight-loss brands.

In all, five themes have been identified and are explained in the following sections. First, the obesity epidemic and respondents' nearly uniform opinions on this topic are discussed. Second, a general discussion on skepticism of the weight-loss industry is presented. Third, reactions both positive and negative towards the statement, "Obesity is a Disease" are presented, as well as the observed effect of these reactions. Fourth is the most prominent sub-section of this chapter, which is an analysis on the impact on brands, particularly in reference to Keller's brand equity model. Fifth, an extension on Keller's brand equity model is provided, along with support from the research.

4.1 Uniformity Regarding the Obesity Epidemic

Uniformly, all respondents were well aware of the growing obesity rates in the United States, and were also aware of the term *Obesity Epidemic*. The respondents also agreed on a negative change in health from previous generations. In addition to agreeing on the status of the Obesity Epidemic, the respondents also agreed on an ideal form of weight loss and agreed on diet and exercise being the best first step for losing weight. These are elaborated in this section.

"*If you look around in a store, everybody is fat"* (Respondent U).

The respondents were conscious of the fact that the issue is worse in the United States than most other countries. One respondent described the obesity epidemic as "the number of people that are overweight and obese in America today or throughout the world. I think it's worse in America than most other places. It's the sheer number of people that are overweight now compared to previous generations where it was less" (Respondent L).

The respondents also all referred to the growing obesity rates, in particular in relation to previous generations being healthier and skinnier. "What I didn't see in my youth was overweight children. People were only overweight starting in the mid-30s. Now you see children who look like they were pumped up like a balloon" (Respondent U).

The respondents also all referred to changes in lifestyle and habits from previous generations, particularly in reference to physical activity and eating habits.

"*These days people are not doing the heavy, laborious jobs or work that they used to do. They're all just sitting down…not getting any exercise. They're also having more foods these days, which are very unhealthy. People are just not cooking at home nearly to the extent that they used to"* (Respondent P).

These uniform opinions on the Obesity Epidemic reinforced the assumption that this is a serious and complex issue facing the United States, which is getting worse and worse. Additionally, Respondents were asked if there was an obvious solution to the problem, which also prompted uniform responses regarding ideal weight loss as well as diet and exercise. Both of these themes are explained below.

4.1.1 Ideal Weight Loss

All interview respondents agreed that an ideal form of weight loss would efficiently take weight off as well as provide sustainable results.

"I would like to find a diet where I can get weight off and keep it off" (Respondent U).

However, the respondents were also all in unanimous agreement that in today's market, there is no perfect, or ideal, form of weight loss available.

"There is nothing magical available or out there and there won't be, I don't think" (Respondent P).

Multiple respondents used the term "magic" or "magical", reinforcing the idea that an ideal weight loss product is fictional. This also suggests that respondents felt that all weight-loss products available do not meet their needs, let alone exceed them, as is argued as a key necessity for brands by Keller (2001). Instead, they suggested that the best of the available options is diet and exercise, which is described in the following section.

4.1.2. Diet and Exercise as the First Step

When discussing ideal forms of weight loss, every in-depth interview respondent suggested some form of diet and exercise as the best available method that should always be tried first before considering any medications. Respondent U explains, "First I would say cut out your bread and cheese, lower the liquor, lower the cake. I think it would be a multi-step process. I would certainly not go to the medicine right away."

However, respondents also acknowledge that diet and exercise may not be enough, or that it may not be successful for certain individuals.

"Diet and exercise is the most reasonable first approach, but there are people who have gotten to a weight that is just so high and unmanageable that they may need other treatments, whether that be surgery or appetite suppressants" (Respondent L).

Many of the respondents themselves described their difficulty with diet and exercise, and contributed their current weight partially to that difficulty. As one respondent put it, "I am working all the time; I am busy; I am not making meals at home. It isn't a priority. I think initially it needs to be a priority. Developing new habits takes time and conscious effort to do that" (Respondent K).

Through the analysis of the interviews, a discrepancy between the statements made by the respondents was noticed. On the one hand, they argue for diet and exercise saying that it is the healthiest option available, but at the same time, none of the respondents have been satisfied with the results from diet and exercise alone, and are still themselves classified as overweight or obese. Therefore, one can argue that the dissatisfaction with the difficulty of diet and exercise shows that there is space in the market for superior forms of weight-loss products, services, and programs.

4.2 Skepticism Towards the Weight-Loss Industry and Brands

Another broad trend noticed in this research was a general skepticism towards the weight-loss industry and the subsequent brands. Therefore, brands in the weight-loss market are in a position where they need to defend themselves against the negative industry associations. The first key argument is that the businesses are designed to make a profit, rather than to improve the health of their customers. Secondly, multiple respondents have negative associations connected to recalls or bad side effects from previously existing products.

Respondent U discussed the priorities of the companies, stating that they are designed to make a profit, not to make customers healthier. Respondent S supported this claim, stating, "I think that all of the products out there except for Weight Watchers are designed for you to fail. They are out there knowing that you are not going to do well with it in the long run and you are going to come back for more. If you did do well, then you wouldn't have to buy more again."

Respondent K elaborated on this topic, arguing that the companies would prefer for a customer to look great rather than to be healthy, since the ultimate goal for most customers is to look skinny. In response to the question, "*Do you think the weight loss market is designed to help people get back to that healthy level [of weight]?"*, Respondent K answered, "No I don't. The ads that I have seen, they don't market themselves as being for your health as opposed to look great in your bikini this summer. It is marketed towards people who just want to look better opposed to people who want to feel better."

Secondly, current brands face negative associations from poor products previously available on the market. “The supplements that are just over the counter I think have a bad connotation…I feel like those supplements are more dangerous because of the stories from 20 years ago. Those drugs have probably changed since this, but to me they still seem dangerous” (Respondent L). Respondent L elaborated on this issue, stating that the current products need to prove that they are safe in order to gain consumers’ trust. “I don’t really trust them since there has been so much controversy…they make me nervous.”

In conclusion, respondents argued that in the weight-loss market, trust is not inherent and rather must be earned. Therefore, one could argue that this baseline negativity towards the market as a whole could negatively impact the brand equity of weight-loss brands.

4.3 Divided Reactions to “Obesity is a Disease”

While all respondents agreed on most aspects of the context, namely, Obesity Epidemic, ideal weight loss, diet and exercise as a first step, and skepticism towards the weight-loss industry, there were differing awareness levels and reactions to the statement by the American Medical Association, “Obesity is a Disease.”

Overall, more respondents were aware (Respondents U, S, L, and P) than unaware (Respondents K and N) of this new label of obesity as a disease. However, one respondent who was aware (Respondent P), was unsure of which governing body had made the decision that obesity is a disease. Additionally, Respondent U, who was aware, did not feel that most Americans would be aware. These results with more aware than unaware are surprising, as the American Medical Association has not run any communications campaigns about labeling obesity as a disease. Instead, most of the aware respondents became aware of the label through news programs that have presented the decision.

As was mentioned in *Chapter 1: Introduction*, the American medical field has not uniformly accepted this label of obesity as a disease. The same scenario was noticed in this research. Respondents were split in terms of accepting or disagreeing that obesity is a disease. One respondent even stated outright that she felt that obesity both *is* and *is not* a disease. She stated, “I do agree [that obesity is a disease]” (Respondent U) as well as “I don’t think that it is correct to label it as a disease for the simple reason that people are going to use it as an excuse. I actually think that it will do more harm than good” (Respondent U).

Additionally, many respondents argued both for and against the decision of labeling obesity as a disease. One respondent described this two-sided reaction, seen below.

"There are good things and bad things about giving it that classification. On the one hand it helps people take it more seriously. On the other hand it will make people think this is something I am plagued with rather than something that I did to myself" (Respondent K).

This concept of self-infliction versus an unforeseeable circumstance was mentioned by multiple respondents. Also, closely connected are the concepts of willpower and excuses, which were also often mentioned. Respondents stated being concerned that the label of obesity as a disease would provide people with justification to be at an unhealthy weight. As one respondent explained, "It will just make excuses for consumers for being obese. Oh I am not responsible for this. I just have a disease" (Respondent U).

One respondent was also felt that labeling obesity as a disease is nothing new, arguing that the health risks associated with being overweight are already well known. "Indirectly nowadays it is already labeled as something that will kill you because you'll develop heart disease earlier, a stroke earlier, other cardiovascular diseases earlier. Indirectly it is already labeled as a disease" (Respondent U).

These differing reactions to obesity as a disease are very important to take into consideration, as whether or not an individual believes that obesity is a disease will inherently impact whether or not they see a change in weight-loss brands within this context. In other words, if an individual sees no change in the context, they will not perceive any impact caused by the change in context. The following two sections highlight arguments made by respondents both for and against the label of obesity as a disease.

4.3.1 Proponents For Obesity as a Disease

Respondents K, L, U, and S, are the four female respondents, and were all proponents for obesity as a disease. They had the key arguments that labeling obesity as a disease emphasizes the importance of the issue, legitimizes the struggle that overweight individuals face, opens opportunities for research, and provides support for weight-loss to be included in insurance policies.

Multiple respondents emphasized the importance for Americans to realize that obesity is a serious health issue that deserves attention. Additionally, they felt that labeling obesity as a disease would entice people to look at obesity in a more serious light. One respondent supported obesity as a disease by saying, "I think it's a good thing. It's important for people to know that there are certain ramifications to being overweight other than 'I don't look as good in a bathing-suit'. It is actually a health issue. [It] is an important push in the direction of people becoming aware that it is something that really does need to be corrected from a health standpoint and not just as a vanity" (Respondent K).

Secondly, respondents felt as though the label of obesity as a disease provides a layer of legitimacy to the situation that they face, causing people to take obesity more seriously. Respondent L described this as, "It kind of legitimizes the struggle that I have experienced my whole life. This is not just me being lazy and stupid. Maybe there is some other physical factor that makes it difficult to really lose and maintain a healthy weight."

Additionally, another respondent compared obesity to anorexia and argued that both should be treated equally seriously, which she felt that the label of obesity as a disease would help with. "I personally don't see a difference between anorexia and obesity. I think something in the brain switches. I don't think one sees themselves as overweight as you are. I can start with myself. What I see in the mirror every day is not what I see in photographs… Isn't that also the same with anorexic people? When they look in the mirror, they see a fat person even though they are skinny" (Respondent U).

Thirdly, respondents felt that labeling obesity as a disease would have financial ramifications as well, most notably in the medical research fields as well as regarding insurance coverage. One respondent argued for the benefits that weight loss research would receive, stating, "I think that it is important in the medical community to classify it like that so that people can do legitimate research on obesity and weight loss and not have it be seen as a crazy project" (Respondent L). A second respondent supported this statement as well as expanded the impact on insurance coverage.

"If you give something a label as a disease, then there's more medical funding towards it and it can also be something that can be covered by insurance; more people will get help" (Respondent S).

Insurance coverage was a commonly mentioned point throughout the in-depth interviews, particularly regarding value for money, which will be touched upon in *Chapter 4.4.2.2 Value for Money*.

While Respondents K, L, U, and S all provided arguments for labeling obesity as a disease, each respondent also provided reasons against. Those reasons, as well as those provided by Respondents N and P, are provided in the following section.

4.3.2. Proponents Against Obesity as a Disease

Respondents N and P, the two males, both adamantly felt that obesity is not a disease, and thereby disagreed with the American Medical Association's decision. They both felt that obesity is a result of lifestyle choice, which is a voluntary decision. Respondent P describes his opinion on obesity as a disease below.

"I don't think it's a disease. I think it's a matter of lifestyle. It's a matter of what restaurants people choose to go to, McDonalds, Kentucky Fried Chicken...People are opting for that food and that's a voluntary decision. When they go to a grocery stores, very often they're buying prepared foods that have a lot of ingredients that are particularly unhealthy" (Respondent P).

Respondent N elaborates on the difference between a voluntary decision and the inherent lack of control associated with a disease. "Obesity is more self-inflicted, whereas a disease is something that you don't really have control over, like when a bacteria or virus infects you."

Additionally, Respondent P felt that labeling obesity as a disease would not help those struggling with their weight, but rather would only benefit corporations, and in particular the pharmaceutical industry. He stated, "I think that it's a way of selling more drugs rather than convincing people to go outside and get exercise and change their diets."

As mentioned in the previous section, the respondents in favor of the AMA's decision also provided reasons against labeling obesity as a disease. Respondent S stated that labeling obesity as a disease can become an excuse for many people. Additionally, Respondent K mentioned that people may come to believe that "it's in their DNA to be fat", and consequentially will feel as though it is "something that you don't have control over."

The trend of providing arguments for the opposing viewpoint also applies to those who felt obesity is not a disease. The key argument provided was that it could provide additional awareness and attention to the issue. However, they still believed that this did not justify the label as a disease. This is evidenced in Respondent N's statement seen below.

"If it wakes people up about it, I think that's potentially good, but I think it's an overstep" (Respondent N).

4.3.3 Sub-Conclusion: The Role of the Context of Obesity as a Disease on this Research

As is evidenced by the above, overweight Americans are in agreement that the Obesity Epidemic is real, is a problem, and is a topic of interest. However, there is no uniform acceptance or disagreement as to whether obesity is a disease. These varying viewpoints provide a crucial role in consumers' perceptions of weight-loss brands in this context. Those supporting obesity as a disease, particularly respondents S, L and K, saw more noticeable changes in the components of Keller's Customer-Based Brand Equity model compared to those who were unsure (Respondent U), and even more-so than those who strongly opposed the decision, namely Respondents N and P. This difference will be addressed throughout each of the topics presented in this chapter.

4.4 Impact of Obesity as a Disease on Brands

As stated in *Chapter 3: Theoretical Foundation*, Keller's Customer Based Brand Equity model was selected to measure the change in perception of brands in this context of obesity as a disease. This model is visualized in the form of a pyramid with four building layers: Identity, Meaning, Responses, and Relationships, from bottom to top. To reiterate, the two middle layers are subdivided, with Meaning being divided into Brand Performance and Brand Imagery, and Responses being split into Consumer Judgments and Consumer Feelings.

At a high level, perception of impact on weight-loss brands differed greatly dependent on if the respondent believes that obesity is a disease. This is a logical correlation as one cannot be expected to perceive a difference if they feel that the context has not been altered. This is evidenced by the fact that respondents L, S, and K all strongly believed obesity is a disease, and consequentially perceived large changes, while respondents P and N strongly felt the opposite, and consequentially perceived little to no changes in the brands. Respondent U, who had a wavering opinion on obesity as a disease, had responses that fell between the two extreme groups. This high-level observation will be touched upon in each relevant subsection that follows.

A second high-level observation is that the label of obesity as a disease has a more significant impact on the rational than irrational sides of consumers. The quantitative component of the research showed that the most significant changes in perception were regarding the attributes of satisfaction, value for money, liking of brand users, quality, relevance, recommendation, and superiority. The first two represent Brand Performance, liking of brand users falls under the category of Brand Imagery, and the last four are attributes of Brand Judgments. As Brand Performance and Brand Judgments both constitute the rational half of Keller's Customer Based Brand Equity model, one can argue that the impact on perception is largely rational rather than irrational. This is further supported from the qualitative research where respondents frequently referred to scientific research, clinical trials, and education.

The above-mentioned high-level observations, as well as the more nuanced insights are detailed in the following sub-sections, which are divided into the components of Keller's Customer-Based Brand Equity model.

4.4.1 Brand Identity: Brand Salience

The foundational level of Keller's Customer-Based Brand Equity model is Brand Identity, which consists of Brand Salience, or what is often referred to as brand awareness. The rudimentary concept of this level is that consumers must be aware of a brand and correctly associate it with the category in order to form brand opinions and relationships. Brand awareness consists of two components, depth, which is how easily customers can recall or recognize the brand, and breadth which is the range of purchase and consumption scenarios wherein the brand comes to a consumers' mind (Keller, 2001, p. 9).

Overarchingly, this research showed that Weight Watchers has by far the strongest brand salience within the weight-loss market. In the quantitative research, 74% of respondents were able to recall Weight Watchers and 100% were able to recognize it. This is a significant advantage over the next strongest brand included in this research, Hydroxycut, which had 7% recall and 74% recognition. Alli, Contrave, and Saxenda all had 0% recall, but had 52%, 4%, and 0% recognition, in that order. Three other brands presented themselves strongly in the recall question. Jenny Craig, a competitor to Weight Watchers, had 52% recall. Slim Fast, a diet food products brand, had 33% recall and Nutrisystem, which provides both weight-loss products and services, had a recall rate of 26%. These survey results also provide evidence that weight-loss services and food products have higher Brand Salience than the FDA-approved weight-loss medications.

Interview respondents confirmed the quantitative results, with all being aware of the Weight Watchers brand, as well as being able to correctly identify the service that it provides. Respondent L supported this high level of awareness when she described her own brand selection process when beginning her weight loss journey. She stated, "When I was looking to start a program, Weight Watchers was really at the top of my mind. I have known other people that have been successful on it and I feel like they do a lot of marketing on TV."

The level of Brand Salience for Weight Watchers was already so high, that respondents didn't feel that this component of brand equity would be impacted at all by the label of obesity as a disease.

"I think that Weight Watchers is so well known that I don't think that they really need to become more popular or more well known. That's just the normal thing" (Respondent U).

One respondent went so far as to use the word "commodity" to describe Weight Watchers, stating, "Weight Watchers is obviously the known commodity" (Respondent P).

On the other hand, the prescription medications currently have extremely low levels of Brand Salience amongst the survey sample, with only one respondent being able to recognize Contrave, and none being able to recognize Saxenda, nor recall either prescription medication. However, respondents who believed obesity is a disease expected this level of awareness to increase, as interest in and relevance of prescription medications grows and as more consumers talk to their doctors about prescription options. As one respondent explained, "If I had more information about it from a doctor, [prescription weight-loss medications] would be something that I would be willing to try" (Respondent K). This respondent was completely unaware that any prescription weight-loss medications exist, but after hearing obesity is a disease and learning about Contrave and Saxenda, she became interested in learning more about the available options, which would consequentially increase her Brand Salience of the prescription weight-loss medications. She also felt that her reaction would be similar to other overweight Americans.

Additionally, the brands Hydroxycut and Alli will likely increase at least somewhat in awareness as the respondents felt that overweight Americans would take more of an effort to educate themselves on weight-loss options if they knew that obesity is a disease.

4.4.2 Brand Meaning: Brand Performance

The next level of Keller's model, Brand Meaning, involves forming a brand image, which is how a brand is characterized in a consumer's mind (Heding et al., 2008). As mentioned previously, Brand Meaning is divided into two components, Brand Performance and Brand Imagery, the later of which is elaborated in the next section, *4.4.3 Brand Meaning: Brand Imagery.* Brand Performance is described by Keller as "the heart of brand equity, as it is the primary influence of what consumers experience with a brand, what they hear about a brand from others, and what the firm can tell customers about the brand in their communications (2001, p. 10)." Brand Performance, therefore, is closely connected with rationality, and relates to how well a brand satisfies a need.

Two components of Brand Performance have been identified in the quantitative research as having a noticeable change, which are Satisfaction and Value for Money. These two attributes are the 4th and 7th questions, respectively, with the largest difference in response between the control and experimental groups, with the experimental group being reminded obesity is a disease. Additionally, the impact differed between brands regarding whether it was positive or negative.

Satisfaction	Weight Watchers	Hydroxycut	Alli	Contrave	Saxenda
Experimental Avg.	2.75	1.81	2.50	1.94	1.81
Control Avg.	3.27	1.64	2.00	2.18	1.91
Difference (Experimental – Control)	-0.52	0.18	0.50	-0.24	-0.10
P-Value	0.35	0.67	0.34	0.65	0.80

Value for Money	Weight Watchers	Hydroxycut	Alli	Contrave	Saxenda
Experimental Avg.	2.94	1.50	2.44	2.13	2.06
Control Avg.	3.27	1.64	1.91	1.91	1.82
Difference (Experimental – Control)	-0.34	-0.14	0.53	0.22	0.24
P-Value	0.50	0.72	0.28	0.65	0.57

As can be seen above, none of the results were considered statistically significant. Therefore, these results are taken into consideration as directional output. Due to their position as the 4th and 7th most impacted questions, these two components, Satisfaction and Value for Money, have been included in the qualitative component of the research for deeper insights. The corresponding analyses are provided in the following two sections.

4.4.2.1 Satisfaction

Although no statistical significance was found in the quantitative component of the research regarding Satisfaction, the qualitative half provided strong support that consumers perceive the label of obesity as a disease as influencing satisfaction of weight-loss brands. However, of particular interest is that respondents' in-depth interview answers did not completely align with the results seen in the quantitative portion, regarding the positive versus negative impact. For example, one respondent felt that all brands would receive a positive impact, stating, "I think across the board people would be more satisfied by getting this stamp from the government, that yes this is more of a serious problem than earlier stated and maybe something someone could say to their spouse 'Look - this is another reason why I am doing this'" (Respondent N).

Additionally, respondents felt that all FDA-approved weight-loss products would be positively impacted in terms of satisfaction. While this aligns with the results of the quantitative research for Alli, it is actually contradictory for the two prescription medications, Contrave and Saxenda. These two brands had been perceived more negatively in terms of satisfaction by the experimental group, which is the group that was reminded that obesity is a disease. Arguments from interview respondents who perceived a positive impact often mentioned clinical trial testing, scientific research, as well as the overall stringency of achieving FDA-approval.

"If it is something recommended by a physician or FDA approved, it would be higher satisfaction knowing that it is treating obesity as a disease" (Respondent K).

When asked to elaborate on why they perceived the two prescription medications to be positively, rather than negatively, impacted, the respondents argued that the medications have scientific backing and require rigorous testing in order to be approved by the FDA. As one respondent explained, "If you're told that you have a disease and there's a prescription medication, you may perceive that it is more effective. There is a medication that can actually help you" (Respondent L).

Respondents also felt that prescription medications take more effort to obtain, which could lead to higher satisfaction. One respondent described this perception by stating, "It is that extra effort that you have to go through. It sounds kind of silly, but I think being a prescription would make you feel like it really worked if the doctor has to give the approval." (Respondent U).

Although the qualitative respondents disagreed with the results of the quantitative component regarding the prescription medications, they did uniformly agree that Weight Watchers would be negatively impacted. The main argument in support of this viewpoint is that rather than being a medication, Weight Watchers encourages lifestyle changes, which is contradictory to what consumers usually expect is needed to treat a disease.

"People probably wouldn't be as satisfied with Weight Watchers if they knew that obesity was a disease because I think that when people think of something as a disease, you feel like you need to take some sort of a pill to treat it rather than just making lifestyle changes" (Respondent K).

This viewpoint was also argued by Respondent P, who firmly believed that obesity is not a disease. Although he personally did not see a change in satisfaction, he argued that he could imagine that those who do believe obesity is a disease would perceive a difference. He stated, "If it's being called a disease, then [they] would think that Weight Watchers is less likely to be beneficial, that that would have the greatest influence on a person who had that viewpoint. Because if it's a disease, they might think that they need some medications, something in addition, whether it be some supplements or something that they have to take, versus changing their diets and lifestyles, which I primarily associate with Weight Watchers."

Respondent U, who was unsure of whether or not obesity is a disease, also believed that Weight Watchers would be negatively impacted. She stated, "Isn't it implying that just changing a few things around won't make a difference because you have a disease?".

Finally, most interview respondents felt neutrally towards Hydroxycut, which most attributed to their lack of knowledge regarding the product and its results. This is in line with the quantitative component where only a 0.18 difference was realized between the control and experimental groups.

Overall, the quantitative and qualitative components were aligned with regards to perceiving Weight Watchers as negatively impacted in terms of satisfaction, while Hydroxycut would likely stay neutral. In addition, no agreement was found regarding FDA-approved medications, as the interview respondents expected a positive impact, while the quantitative data predicted a negative impact. However, as no statistical significance was found in the quantitative results, one could argue that the evidence from the qualitative interviews is stronger, and that the prescriptions will likely be perceived to satisfy more.

4.4.2.2. Value for Money

The second component of Brand Performance identified in the quantitative research is Value for Money. Similarly to Satisfaction, no statistical significance was found, but as Value for Money is the 7th most affected question between the control and experimental groups, it has been included in the qualitative research for further investigation.

Respondents had very differing opinions regarding whether they felt the value for money of the different weight-loss brands would change in the context of obesity as a disease. Respondent N, who firmly believed that obesity is not a disease, expected no change, stating, "I can't say that it would make any difference there in my mind."

Incongruously, Respondent L, who did believe that obesity is a disease, expected the opposite, stating, "Maybe all of them would be seen as a better value. Classification as a disease maybe makes people realize that it's a very serious problem and they want something that will help them solve that problem and that gives all of those different products a higher value."

Respondent U, on the other hand, felt that only the FDA-approved products, in particular, the pills and injectable medication, would be impacted, and more specifically, that they would be impacted positively. She argued, "I think you'd be willing to spend more money on the pills and on the shots, but not on Weight Watchers."

These differing responses make it unfeasible to provide any conclusions regarding change in Value for Money. However, this may also be due to the difficulty that interview respondents had with the question. The interviewees felt uncomfortable making comments about Value for Money without having the exact price of each brand. The prices were purposefully excluded from the research, as they can broadly range dependent on promotions, purchase channel, and insurance coverage.

Additionally, insurance coverage was mentioned by all six interview-respondents, and is therefore, an important point to consider. Each respondent felt that whether or not insurance would cover the medications would influence the perceived Value for Money. Insurance Coverage was also mentioned by those in favor of obesity as a disease as a hope that more insurance companies will cover weight-loss prescriptions.

> *"You would think that if obesity is a disease, then people's insurance would cover it. That would make you feel like you get more value for those. They are acknowledging that obesity is not necessarily something you can conquer on your own and you may need help"* (Respondent K).

Unfortunately, due to the above differing opinions, this research is not able to provide any conclusions regarding Value for Money at this point. However, as the topic sparked great debate, it can therefore be considered something that should be considered as important and worthy of further investigation, particularly regarding insurance coverage.

4.4.3 Brand Meaning: Brand Imagery

The second half of Brand Meaning is the irrational, or emotional, component called Brand Imagery. This relates to the intangible and extrinsic properties of a brand, such as how it addresses a consumer's psychological and social needs (Keller, 2001, p. 11). To gain an insight into Brand Imagery, Keller's suggested question of "How much do you like people who use this brand?" was utilized in the survey (Keller, 2001). This question had the 6th greatest difference between the control and experimental groups. The numerical results are displayed in the below table.

Like Brand Users	Weight Watchers	Hydroxycut	Alli	Contrave	Saxenda
Experimental Avg.	2.94	1.63	2.56	2.13	2.06
Control Avg.	3.18	2.00	2.00	2.18	1.82
Difference (Experimental – Control)	-0.24	-0.38	0.56	-0.06	0.24
P-Value	0.62	0.37	0.22	0.91	0.55

Although there was no statistical significance found, Brand Imagery was still selected for elaboration in the qualitative component due to its position as the 6th most impacted question.

When probing for deeper insights during the interviews, varying responses were found. Respondents U, S, and N all felt strongly that they were not in the position to judge anyone based on their choice of weight-loss option, because it was their own personal decision. As Respondent S explains, "Everyone is on their own journey." Additionally, Respondent N, who does not believe obesity is a disease, felt that he had no opinion of someone simply based on their selection of weight-loss brand, and that he thinks "the same before and after [the label of obesity as a disease]."

Conversely, Respondent P, who does not believe obesity is a disease, did feel strongly about the users of the different brands, but did not feel that the term "liking" was appropriate, but instead referred to the users' rational thinking when selecting an option, using the words "sensible" and "wise". He explains, "It's not a matter of liking them more, but I would say that they are doing what is more sensible because whether it's a disease or not, if you can improve things by diet and exercise, that's the wise way to go, rather than having something injected into you…Don't take anything that you don't have to."

A second interviewee, Respondent K, also had strong opinions about different brand users, regardless of the context of obesity as a disease. However, her opinions differ greatly before and after introducing the context of obesity as a disease. Before considering it a disease, she felt very negatively towards people who use any form of weight-loss product. She explained, "I unfortunately do not look positively on people who take short cuts to weight loss. I am a big proponent of if you make healthier choices, work out, and maintain a healthy lifestyle, you should be able to lose weight without the use of additional supplements and products."

However, in the context of obesity as a disease, she felt far more positively towards people who utilize weight-loss products to assist in weight loss. She explains, "If I were told obesity is a disease, obesity is something that genetically plagues some people more than others and other people can't lose weight as easily as others, which I know to be true to an extent. If I know that

someone suffers from obesity as a disease, I think that I would look more positively on them utilizing any of these products" (Respondent K). Out of all interview respondents, Respondent K had the largest change in opinion, but this change only impacted the FDA-approved brands.

"I feel like that [since it] is sort of along the diet and exercise route, my opinion of someone using Weight Watchers wouldn't be changed whether or not obesity was a disease. I think that for Hydroxycut I would look more unfavorable for someone where obesity is a disease because they are using a non-FDA approved product without consulting a physician. However, not in the context of obesity as a disease, I still think it's a short cut" (Respondent K).

Overall, even though Brand Imagery relates to the irrational side of consumers, the interview respondents still provided very rational arguments to the question of how much they like the users of different weight-loss brands. They commented on the effectiveness, risks of side effects, safety, and FDA approval of the products, all of which are very rational lines of reasoning. This provides further evidence that the label of obesity as a disease impacts the rational side of consumers more than their irrational side.

4.4.4 Brand Responses: Brand Judgments

Brand Responses is the third level of Keller's Customer Based Brand Equity model, and refer to how consumers react to a brand, its marketing activities, and other brand-related information. This level has two components, Brand Judgments, which are the rational responses, and Brand Feelings, which are the irrational, or emotional responses. This section will address the rational component, while the subsequent section will discuss Brand Feelings.

Customers make many differing forms of judgment about a brand, but there are four key types that are particularly important, which are Brand Quality, Brand Credibility, Brand Consideration, and Brand Superiority. Of these four, three were identified by the quantitative research as potential areas of impact by the label of obesity as a disease. These are Brand Quality, Relevance and Recommendation, which together form Brand Consideration, as well as Superiority. In order, they are the 3rd, 1st, 2nd, and 5th attributes with the largest differences between the control and experimental groups. Therefore, one can argue that Brand Judgments is the section of Keller's Customer-Based Brand Equity model most impacted by the label as a disease. This further supports the argument that customers are more greatly impacted in their rational than irrational responses to brands. Each of these four attributes, namely Quality, Relevance, Recommendation, and Superiority are elaborated in the following sections.

4.4.4.1 Brand Quality

As mentioned above, the question representing Brand Quality ("What is the level of quality of this brand?") has the 3rd largest difference in responses between the control and experimental groups of the survey. The data is summarized in the below chart.

Brand Quality	Weight Watchers	Hydroxycut	Alli	Contrave	Saxenda
Experimental Avg.	3.31	1.69	2.63	2.13	2.13
Control Avg.	4.00	1.82	2.09	2.18	1.91
Difference (Experimental – Control)	-0.69	-0.13	0.53	-0.06	0.22
P-Value	0.11	0.67	0.28	0.91	0.61

These results warranted Brand Quality as a topic for further investigation through the qualitative component of the research.

One should note that Brand Quality is very closely connected with the concept of satisfaction (Keller, 2001), which was addressed in the previous section by that name. This is supported by the fact that many interview respondents' arguments regarding the Brand Quality, are very in line with those made for Satisfaction. Similarly to what was seen for Satisfaction, interview respondents did not fully agree with the quantitative results, which is understandable considering the lack of statistical significance. Another similarity is that interview respondents felt as though the prescriptions would have a positive change as a result of obesity as a disease. Respondent K explains, "To be a prescription…given to you by a doctor, you know that it has to be high quality. It has to go through pretty stringent testing. Knowing obesity is a disease and it's being prescribed for that improves its quality because when you prescribe someone a prescription you're basically promoting the product as being effective."

Respondents felt that the channel through which you can buy a product impacts its perceived quality. If a brand is prescribed to you by a doctor, it means that it has already undergone rigorous scientific testing, which innately requires a higher quality standard than an over-the-counter product which does not have required testing. However, scientific testing and FDA-approval alone are not enough; the doctor's recommendation also plays a part. This can be seen in the lower perceived quality of Alli compared to the prescriptions, as Respondent U describes, "Alli is a medicine too. I would think lower quality if it is not a prescription. It is that extra effort that you have to go through…would make you feel like it really worked."

Although interview respondents disagreed with the survey results for Contrave, which had been negative, they did agree with the results for the non-FDA-approved brands, Hydroxycut and Weight Watchers.

One respondent describes the impact on Hydroxycut and elaborates on the claim that the channel through which you obtain the brand impacts the perceived quality, stating, "If it is a disease and you're taking Hydroxycut, you don't seem like you're taking it seriously. You're not going through

the appropriate channels to diagnose your disease. You're just trying to over-the-counter treat for a disease, where you should be getting a prescription from a doctor" (Respondent K).

Another respondent highlights the fact that if obesity is a disease, one feels as though they need a medicinal approach to the problem, not a lifestyle change as Weight Watchers provides. Therefore, she felt as though the medicines are all positively impacted, while Weight Watchers is negatively impacted.

"[Brand Quality] is probably more positive in light of it being a disease for not Weight Watchers, but for the medicine kind of approach to it" (Respondent U).

Respondent L, on the other hand, had a differing opinion. She felt as though prescriptions already undergo rigorous testing, so their quality would not be impacted by the disease label. However, she felt as though the over the counter options would improve in perceived quality as the label as a disease provides more justification for the products. She stated, "Maybe the lower end ones, like supplements, such as Alli and Hydroxycut, I would see as almost higher quality. Obesity as a disease gives it a little bit of a better connotation. These are supplements that are trying to combat a disease instead of just being pills that are just for helping people lose weight. But for the other ones, I feel like it's pretty neutral. For me, a prescription drug's quality has been tested by the FDA and all of that. So whether the thing it's treating was classified as a disease, it doesn't really change my opinion of it."

While the four interview respondents who believed obesity is a disease, or at least were open to the idea of it being a disease, all felt that Brand Quality would be impacted, the two respondents who do not believe obesity is a disease provided a different outlook. One respondent who does not believe the disease label, stated, "I can't see there being any changes [to Brand Quality]" (Respondent N). This respondent has consistently stated that the AMA stating obesity is a disease would not cause any changes, and brand quality was no exception. Respondent P, who is of the same opinion, also felt that there would be no innate change. However, he provided a suggestion for how brands would potentially be able to improve their quality, stating, "I think that having medical journals and high level testing and publications would add to the quality" (Respondent P). He further elaborated by saying that if they cannot achieve successful results, then that is just evidence that the brands have low quality levels.

Overall, while the quantitative and qualitative components did not perfectly align, there is evidence that those who believe obesity is a disease perceive a positive impact on prescription medications and a negative impact on Weight Watchers when it comes to Brand Quality. However, those that do not believe the disease label, perceive no changes. This also provides support for the saying, "Perception is Reality", which is based on a quote by Albert Einstein, as Brand Quality has

been evidenced to change due to context, proving that quality is not an inherent characteristic consisting of materials or craftsmanship.

4.4.4.2 Brand Relevance

Brand Relevance, which is a subcategory of Brand Consideration, refers to how much overweight Americans consider the brands as being appropriate for their needs (Keller, 2001). Interestingly, this question was the top most impacted by the label of obesity as a disease as can be seen in the difference in results between the control and experimental groups, which is summarized in the below chart.

Brand Relevance	Weight Watchers	Hydroxycut	Alli	Contrave	Saxenda
Experimental Avg.	2.88	1.50	2.44	1.94	1.94
Control Avg.	3.27	1.36	1.73	1.45	1.55
Difference (Experimental – Control)	-0.40	0.14	0.71	0.48	0.39
P-Value	0.45	0.57	0.13	0.21	0.29

As can be seen above, none of the results regarding this question are of statistical significance, but can be considered directionally, with a positive impact on all brands with the exception of Weight Watchers, which is negatively impacted.

Overall, the respondents who believed the statement that obesity is a disease, felt more interested in the medical options than they had been prior to hearing the disease label. The biggest reason behind this logic is respondents believed diseases need "cures". One respondent explained this logic, stating, "Yes. I do think relevance has changed particularly given that if someone is telling you obesity is now a disease, it's not just a problem that can maybe cause health issues, this is a disease. When you think of something that's a disease, you think oh my gosh I need to cure this and it propels you into considering what do I need to do in order to cure myself of this problem that the governing body has classified as a disease" (Respondent K).

Furthermore, the respondents felt that taking the step towards a prescription has become more justified in the light of obesity being labeled as a disease. This is in particular due to the fact that being overweight or obese is seen as a more serious problem than it had been previously.

"The prescription ones, I have always felt like were too serious of a step for me. But with more and more research about how your body likes to keep the weight on, or likes to drag you back to an old weight, it makes the prescriptions seem more relevant. It seems like a more serious problem and that I need more help than just what I can give me" (Respondent L).

Additionally, relevance for the specific prescriptions depended somewhat on the product's form. Respondent U felt as though Saxenda would be seen more positively as it is not just "another Pill", but rather is differentiated by being a shot. She also felt that seeing obesity as a disease would make taking an injectable more relevant than it had been before the label. She explained, "[Pills] are not relevant to me at all because I don't like taking pills. I would be most likely to get a shot." However, her opinion was not unanimously felt by the other respondents, multiple of whom stated being afraid of needles. Respondent P also mentioned the possibility of dirty needles, which made him feel uncomfortable with the injectable options, thereby making Saxenda irrelevant for him.

While the interview respondents agreed with the quantitative results regarding the products, they disagreed with the results of Weight Watchers. Instead, they felt as though Weight Watchers is still a viable option, with one respondent arguing, "Weight Watchers is about even (Respondent U)." A second respondent supported this claim by saying that Weight Watchers is still a logical first step, even though the prescriptions have become more relevant to use as a second line.

"As an initial matter, it leads me more towards Weight Watchers…Doing Weight Watchers is a step in the right direction without diving head first into all sorts of other chemically based options. If it's not working, then I think knowing obesity is a disease leads me to consider other options where I had not done so before. So now it's not just a matter of 'oh you can't run a mile, bummer', it's a serious problem" (Respondent K).

Finally, similarly to the other brand equity components, the two respondents who did not consider obesity to be a disease had a differing opinion. Respondents P and N both thought that the relevance of existing products has remained neutral, with their interest being very low. Respondent N reinforced this notion by stating, "I have not seriously considered any of them for myself. That doesn't change with that government statement."

Overall, respondents who believe obesity is a disease do perceive there to be a positive change in relevance of weight-loss brands. However, those who do not believe the label have the opinion that the brands do not become more or less relevant.

4.4.4.2 Brand Recommendation

Brand Recommendation joins Brand Relevance to form Brand Consideration. Additionally, Brand Recommendation, which refers to how likely one is to suggest a brand to a friend, is the second most differing question between the control and experimental groups. Therefore, one can argue that Brand Consideration, and consequentially its parent category, Brand Judgments, is the most impacted component of brand equity. These results are summarized below.

Brand Recommendation	Weight Watchers	Hydroxycut	Alli	Contrave	Saxenda
Experimental Avg.	2.81	1.31	2.13	1.81	1.88
Control Avg.	3.09	1.36	1.27	1.55	1.36
Difference (Experimental – Control)	-0.28	-0.05	0.85	0.27	0.51
P-Value	0.62	0.87	**0.02**	0.52	0.11

As can be seen above, the difference between the control and experimental groups for Alli is of statistical significance, with a p-value of .02.

When asked about Brand Recommendation, Interview respondents felt strongly that recommendations should only come from one of two ways.

First, they would provide a recommendation based on personal experience and success. Respondent L explains this notion by describing why she would recommend Weight Watchers. She stated, "Because of my personal experience with Weight Watchers and being successful, that is the first place that I would point them." She also elaborated by stating that had she had success with a different brand, she would have recommended that one. She also stated that her recommendation would not change in light of obesity as a disease.

Secondly, nearly all respondents suggested that someone interested in losing weight should obtain a recommendation from their doctor, who is more educated on the available options.

> *"I would definitely recommend that someone go to the doctor because I just think that that is my first instinct. Don't try to self diagnose. Don't try to Web-MD [1] your symptoms"* (Respondent K).

However, when asked if she would have provided the same answer before knowing obesity was a disease, she responded, "I probably would've just told them to eat less and work out more. I still might even recommend that from the get go, but they might have already explored those obvious options, like don't eat so many cheeseburgers" (Respondent K).

One respondent even argued that before recommending anything at all, including the basic diet and exercise, he would refer the friend to a doctor. He argued, "It just seems logical that the first step would be some exercise. But you should consult a doctor first to make sure that you're healthy enough" (Respondent P).

[1] Web-MD is a website that specializes in providing information pertaining to human health and well-being.

Even though the respondents stated that they would always encourage someone to receive recommended weight-loss options through a doctor, some respondents still felt that their personal opinions might try to discourage friends from some options. For example, Respondent U's aversion to pills would likely cause her to suggest a friend selects an option in a different format. She explains, "I don't think that I would ever recommend for anyone to pop some pills, that's just not the way that I am. I would say I am taking this and it's working, but I am not so sure that I would encourage anybody to pop a pill."

Finally, as has been the case with other components of brand equity, the respondents who did not feel that obesity is a disease perceived no changes.

Overall, the respondents feel strongly that a doctor should be making the recommendations. Additionally, the survey showed with statistical significance that Alli would be more recommended in the context of obesity as a disease. However, as the interview respondents were unfamiliar with the brand and also felt that they were not in the right position to provide recommendations, this point remains an area for further investigation.

4.4.4.2 Brand Superiority

The final subcategory of Brand Judgments investigated in the qualitative component of the research is Brand Superiority. This refers to the extent to which consumers find the brand to be unique and better than competition (Keller, 2001). Additionally, this was selected as part of the qualitative discussion guide as it has the fifth largest differences in response between the control and experimental groups. The relevant data is provided in the below table.

Brand Superiority	Weight Watchers	Hydroxycut	Alli	Contrave	Saxenda
Experimental Avg.	3.31	1.63	2.50	2.19	2.13
Control Avg.	3.55	1.36	1.73	2.09	2.00
Difference (Experimental – Control)	-0.23	0.26	0.77	0.10	0.13
P-Value	0.61	0.37	**0.07**	0.86	0.80

The only brand that had a statistically significant difference is Alli. Therefore all other results can only be treated as directional.

As can be seen above, the brand with the highest superiority scores is Weight Watchers, with the control group averaging 3.55 and the experimental group averaging 3.33. This also makes Weight Watchers the only brand with above average results, considering the one-to-five scale used. This was supported in the qualitative research as all respondents suggested Weight Watchers as being

the superior option. One respondent stated, “I would probably pick weight watchers. You’re going to get information in Weight Watchers” (Respondent S).

Respondent P elaborates on Weight Watchers’ superiority, stating that it has the advantage of not requiring an individual to consume anything, and in particular, no chemicals. He explains that this is safer, which is an important advantage. He clarifies, “Everything else sounds like something you’re taking into your body. I wouldn’t put superiority on any of those. I would have to have proof that one has better results and is very safe…But at this point I would say Weight Watchers is superior to the others because you’re not ingesting anything.”

While Respondents S and P both felt that Weight Watchers is superior both with and without the context of obesity as a disease, one respondent felt that other options in addition to Weight Watchers also become advantageous.

“Where obesity is not derived from a genetic predisposition, you just eat too much, I think certainly a Weight Watchers is more superior. I do think that there is an effect on superiority based on whether obesity is a disease or not. Looking at obesity as a disease, while I still think that Weight Watchers is the first go-to…rising to the top also would be a prescription option” (Respondent K).

Respondent L also supported the claim that Weight Watchers and prescription medications are superior to the over-the-counter options. However, she felt that it is not possible to establish superiority between these two subcategories, that the deciding factor is the level of need. She explains, “I definitely think that the plans and the prescriptions are superior over the supplements. The choice between plan or prescription is not really a superiority, it’s like a level of struggle. If you’re really struggling with a plan, maybe move to a prescription. Or if your doctor says lets just start with a prescription. I don’t think that it’s a superiority thing.”

Again, as has been the case with other components of brand equity, the respondents who do not believe obesity is a disease, also did not perceive there to be any change in superiority.

Overall, those who believe obesity is a disease felt that in the context of obesity as a disease, Weight Watchers remains strong in terms of its superiority, and that the two prescription medications are perceived to be more advantageous than they were perceived to be prior to the label as a disease.

4.4.5 Brand Responses: Consumer Feelings

Consumer Feelings forms the other half of Brand Responses. While Consumer Judgments is the rational component, as is evidence by the word ‘feelings’, Consumer Feelings refers to the emotional, or irrational responses elicited from a brand. To investigate this section of Keller’s model, the question “Does this brand give you positive feelings?” was included in the survey. The

results seen made this question the ninth most differing point between the control and experimental groups, which thereby rendered it excluded from the qualitative component. The survey results are summarized below.

Positive Feelings	Weight Watchers	Hydroxycut	Alli	Contrave	Saxenda
Experimental Avg.	3.19	1.63	2.31	2.13	1.75
Control Avg.	3.36	1.55	1.73	1.73	1.73
Difference (Experimental – Control)	-0.18	0.08	0.59	0.4	0.02
P-Value	0.75	0.83	0.16	0.37	0.95

However, even though respondents were not directly asked about their emotional responses to weight-loss brands, a few emotionally-charged comments were made. In general, emotional comments made were regarding the social approval of certain weight-loss options.

Respondent K touches upon the social disapproval of weight-loss options that do not take dedication and effort, using the term "snooty" to describe the general public's response to weight-loss. She stated, "I think that people can be very snooty about losing weight naturally by just putting in the hard work and things like that."

Additionally, Respondent N touched upon this topic, going so far as to use the word "stupid" to describe overweight Americans who either select to take a pill or on a broader term, choose an option other than diet and exercise.

"Most people want the easy way out of popping a pill, when they really should be increasing their exercise, get off the couch, and cut down on the Big Macs and I think that Americans are much too stupid, 'I don't want to do the hard work'" (Respondent N).

These comments show that although the main changes seen in brand equity are regarding the rational side of consumers, there still is an inherent emotional aspect associated with weight-loss.

4.4.6 Consumer Brand Resonance

At the top of Keller's Customer-Based Brand Equity model is Consumer Brand Resonance, or in other words, consumer-brand relationships. This apex of the model is characterized by a psychological bond that customers have with the brand, and can be further segmented into four key components. These components are behavioral loyalty, attitudinal attachment, sense of community, and active engagement.

As mentioned previously, the model builds upon its layers, which therefore requires a brand to have first established an identity, formed meanings, and elicited responses. As there was little

difference in response between the control and experimental groups in the survey regarding any questions directed at Consumer Brand Resonance, it was not directly investigated during the qualitative interviews. However, three interview respondents mentioned Weight Watchers very favorably with regards to this component of brand equity.

These three interviewees frequently used the word "community" when describing Weight Watchers, which naturally fulfills the criteria of 'sense of community'. One respondent mentioned the word "community" repeatedly when describing Weight Watchers. "Something like Weight Watchers is a community. And I think it's a community that helps people. It's about the individual person meeting a goal and having a community that helps them" (Respondent S).

The respondents also emphasized the fact that while losing weight is a process that occurs at the individual level, the group aspect is what keeps people motivated, and indirectly assists in the weight loss. They also elaborate to describe the interactions between members as an active engagement, fulfilling another criteria. Respondent U used the words "camaraderie and group experience" to describe Weight Watchers. Respondent S expanded on this concept by providing a comparison of Weight Watchers to social media.

"Weight Watchers is almost like being on a Facebook page. The people are going to share their own experiences and what worked for them and didn't work for them…When you go to Weight Watchers you have that sense of community and you find out things that worked for people…With that community, it is the most important thing to keep people coming back" (Respondent S).

Additionally, one respondent described her personal relationship with Weight Watchers, the brand that she is currently using, in a positive manner, stating, "Because of my personal experience with Weight Watchers and being successful, that is the first place that I would point them" (Respondent L). Her loyalty to Weight Watchers was evident in her answers to the relevance and recommendation questions, which she adamantly argued that Weight Watchers should be the first step. She also stated that her opinion does not change in the context of obesity as a disease.

The relationships that current Weight Watchers customers have with the brand has been evidenced to be very strong, and importantly, unwavering in the light of obesity as a disease. Therefore, one could argue that weight-loss brands with strong existing consumer-brand relationships are not likely threatened by the label of obesity as a disease, but that potential customers have a higher likelihood of being impacted as was shown in the previous brand equity sections.

4.5 Beyond the Customer Based Brand Equity Model - Environmental Factors

As was mentioned in *Chapter 3: Theoretical Foundation*, Keller's Customer Based Brand Equity model has many strengths, but also has a major limitation of excluding all environmental factors. This lack of inclusion of environmental factors is not just a limitation for Keller's model, but for virtually all of the leading Customer Based Brand Equity models. The only one that touches upon it is David Aaker's Brand Equity Ten, which includes Market Behavior Measures, such as market share, price, and distribution indices. However, this is also a limited viewpoint.

Through this research, it was discovered that consumers are unable to separate the brand from its environment. In other words, consumers believe that the environment is what is driving a need, and if that environment changes, then the overall brand equity will be impacted as well. Therefore, it is suggested to add this component to Keller's model, which can be seen depicted in the below graphic.

Regardless of the section of the model being investigated, respondents constantly referred back to the environment, stating that the reason these brands are even being considered is due to a need

caused by their environment. For example, respondents claimed that if the American environment were improved, leading to healthy weight levels of residents, consumers would not be considering weight-loss brand options, let alone maintain loyalty to their favorite weight-loss brand. To elaborate, there would be no loyalty or repeat use of weight-loss brands if Americans no longer had the weight to lose. Respondents felt that if serious changes were made to the American diet and exercise environment, this would become a plausible scenario. This phenomenon will be termed "Environmentally-Driven Need." As it impacts all areas of Keller's Customer-Based Brand Equity model, it is depicted as the area in which the pyramid is located.

Additionally, this "Environmentally-Driven Need" phenomenon impacts certain industries more than others. For example, a food product will always have an Environmentally-Driven Need as it is necessary for survival to consume food. Weight-loss brands, on the other hand, require people to either fail at losing weight or regain the weight in order for a need to exist.

All six interview-respondents felt that this failure to lose weight or maintain a healthy level of weight can at least partly be blamed on the environment. One could argue that the environmental factors are merely excuses, but the respondents felt adamantly that the environment is a very real obstacle.

"I would say that it is primarily the environment" (Respondent P).

Currently, this environment provides an opportunistic market for weight-loss brands to compete in. Therefore, changes to this environment can be perceived as a threat to the brands.

The first key point that respondents made regarding the environment, is that there is a general lack of education regarding what is nutritious and what steps must be taken to live a healthy life. One respondent described the obesity epidemic as being caused directly from this lack of health-related knowledge. She stated, "It derives from the misunderstanding of what it means to be healthy and a prioritization of being healthy. You see overweight kids and you think the parents just don't know what they should be feeding their children" (Respondent K).

A second point commonly argued is a lack of exercise naturally built into people's lives. Respondents felt that one has to go out of their way to incorporate exercise into their lives. Respondent U explains, "Part of it is also the environment here. There are no sidewalks to walk to different places. Everything is just too far to take a bicycle or to walk. The whole society and environment isn't conducive to physical exercise unless you go to a gym."

Related to this is a transition from typically manual labor work towards an office-based work environment. As one respondent explained, "We're moving towards a service-based economy, which means that we are sitting behind desks more and not moving" (Respondent L).

Respondents also felt that the lack of exercise is starting earlier than it had in the past, with children having sports and physical activity deprioritized in their busy lives. Respondent L described this scenario, "Even if you look at schools, they have taken out recess, they've taken out PE[2] because they're fitting in more academic requirements."

A third point made regards the food options that Americans face. Respondents felt that healthy options are expensive, while unhealthy options are affordable and convenient. One respondent argued that the price of healthy food is a large environmental obstacle, stating, "People just don't have the money to eat healthy. It is so expensive to eat organic and to shop at stores that are good for you and that's a big factor as to why I haven't" (Respondent K). Another respondent mentioned the difficultly of having to make extra effort to eat healthy, when unhealthy options are easier to obtain and less costly. She explains, "There are also a lot of really bad food choices that are everywhere. Fast food, processed food in stores, so many added sugars, which are really terrible for you and add a lot of empty calories. A lot of people survive on those foods since they're convenient or cheap" (Respondent L).

Another respondent blamed the high calorie intake on portion size. He stated, "Portions have gotten ridiculous. People expect to stuff themselves. That's something that the marketers did to us when they were competing with each other" (Respondent N).

Another environmental factor that influences Americans' needs is the overall approach to health. Respondents felt that the current emphasis is on helping fix something after it has gone wrong.

"Preventative health has sadly always been on the back burner. You are not encouraged to take care of things before they become a problem" (Respondent U).

If this approach were altered, then consumers would be more interested in brands that help maintain a healthy weight and prevent one from becoming overweight or obese, rather than weight-loss brands, which provide assistance after weight has become an issue.

Finally, two respondents mentioned a lack of trust in physicians, which could provide a threat to prescription brands. One respondent explained this lack of trust by stating, "People don't believe their doctors anymore. If they tell you that you need to lose weight, people are like 'well he doesn't know what he's talking about'. When did it become listening to your doctor is the wrong thing to do?" (Respondent K). Respondent S supported this, stating that as a nurse, she meets many doctors who have never had any nutritional education. This point was further elaborated by Respondent P, who blamed the pharmaceutical industry and the bonus structure on Americans'

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lack of trust in their doctors. He argued that he would be interested in a weight-loss brand "as long as there is more proof than just the doctor saying so. Many doctors get big bonuses from the prescription companies or their distributors. You need more than just the doctor's recommendation."

In summary, interview respondents' constant mentioning of the environment and its cause of an inherent need for weight-loss brands, has provided evidence that consumers cannot isolate brands from the environment. This provides support for expanding upon Keller's Customer-Based Brand Equity model, adding in "Environmentally-Driven Need".

Additionally, respondents provided suggestions for how the environment could be improved, leading to healthier weight levels of Americans. These include naturally incorporating more physical exercise into people's days by, for example, building more bike paths so commutes to work or school can be by bike. They also suggest banning added sugars in food and limiting portion sizes. It was also suggested to improve nutritional education for students, parents, and doctors. While these steps would likely benefit Americans and help them achieve a lower and healthier average weight, these changes can be perceived by the weight-loss industry as a threat, as it would remove the environmentally-driven need, making their brands irrelevant for consumers.

Chapter 5: Discussion

As was shown in *Chapter 4: Analysis*, there is no uniform impact on weight-loss brands. Therefore, each brand will naturally have a different recommendation for how to react in this context of obesity as a disease. These recommendations are provided in the following sections, after which suggestions for further research are provided.

5.1 Recommendations for Key Weight Loss Brands and corresponding Subcategories

This section provides recommendations for each key weight-loss brand studied in this research. These sections are structured using Joep Cornelissen's 7-Step communication model (2008), as described in *Chapter 3: Theoretical Foundation*. Additionally, each of the five brands was selected as the representative for its sub-category of weight-loss brands, due to its market leader position. However, when generalizing to other brands within the same sub-category, one must take into consideration the effect that being a market leader may have, such as higher awareness levels, for example.

5.1.1 Weight Watchers and Weight-Loss Service Brands

Weight Watchers was perceived as having the strongest brand equity of the tested brands, but also as being the most negatively impacted by the label of obesity as a disease. However, those who are already in a loyal relationship with the brand, did not feel any differently about the brand overall.

Strategic Intent

Weight Watchers is currently positioned as a service to assist in losing weight. While this positioning has earned Weight Watchers the position as the top selling weight-loss service, it is recommended for the brand to be repositioned slightly in the context of obesity as a disease. Rather than focusing solely on weight-loss, the brand should expand its positioning to "healthy weight management". In other words, the brand becomes a tool to help achieve and maintain a healthy weight, for those who are overweight, have lost weight, or simply want to prevent obesity. As it was shown that the label of obesity as a disease will likely increase Americans' interest in obesity prevention, positioning the brand as a prevention tool in addition to a weight-loss solution will expand the viable market.

Define Communication Objectives

The objective of the communication should be to increase the percentage of overweight Americans who associate Weight Watchers as a safe and effective tool for healthy weight management. Therefore, the focus will be on the second level of Keller's Brand Equity model, Meaning, with emphasis on Brand Performance. In other words, the communication should assist

consumers in forming strong, favorable, and unique associations with Weight Watchers and healthy weight management, and do so with rational supporting arguments, as it was shown that consumers respond rationally in the context of obesity as a disease.

Identify and Prioritize Target Audiences

Broadening the positioning from solely weight-loss to healthy weight management naturally expands the target market, to essentially all Americans who are interested in having a healthy weight level. Therefore, the target audience of the recommended campaign is very broad and includes both current and potential customers. More specifically, in addition to the standard target audience of overweight Americans, it would also include those who have already lost weight and are looking to maintain, such as those who have already had success with Weight Watchers and achieved their recommended BMI, and those who would like to prevent themselves from becoming overweight, such as those with a BMI on the high side of the "normal range".

Identify Themed Messages

It is recommended for Weight Watchers to position itself as the "drug-free healthy weight management tool." More specifically, in addition to having messages around drug-free weight-loss, Weight Watchers should also be promoted as a drug-free tool to help prevent obesity. This messaging highlights Weight Watcher's key advantage of being free of chemicals, and will also assist consumers in associating the brand with weight management, in addition to weight loss.

Develop Message Styles

As was seen in the research, consumers respond very rationally to the label of obesity as a disease. Therefore, a rational, rather than emotional, message style should be used, with the key supporting evidence being that Weight Watchers does not include any chemicals with potentially harmful side effects like the medicines and supplements do.

Develop a Media Strategy

As explained above, the target audience is very broad, and therefore mass media as a medium is recommended, as media with niche audiences would be costly and could exclude potential customers. Additionally, as most consumers of weight-loss brands, including Weight Watchers, are female, mass media options with heavy female viewership are ideal. Potential suggestions are TV advertisements during female-oriented shows and women's magazines such as Women's Health.

Prepare the Budget

Weight Watchers is the leading weight loss company in terms of advertising spend (Broadcasting and Cable, 2016), and currently advertises heavily through the suggested medium. It is recommended for Weight Watchers to replace their current campaigns with the suggested communication, therefore not altering the overall advertising budget.

5.1.2 Hydroxycut and Weight-Loss Supplement Brands

Insights from this research regarding Hydroxycut were limited due to the fact that Hydroxycut's target market is slightly-overweight individuals, which is a different segment that the respondents, who are all severely overweight. Therefore, further research conducted with Hydroxycut's target market is recommended before implementing any new communication campaigns.

Strategic Intent

Hydroxycut is currently positioned as a product to look great in a bikini, as is evidenced by nearly every advertisement featuring a woman in her bathing-suit. Considering the company's historical success, this should not change, and therefore, Hydroxycut should not be repositioned, in light of obesity as a disease. The main reason behind this is that Hydroxycut is not considered a viable option for an obese person, as it is not "serious" enough. Since the target market is not obese people, then the label of obesity as a disease is not a major impact, and should not be a catalyst for a change in communication.

Define Communication Objectives

In line with the unchanging strategic intent, the communication objective is to maintain Hydroxycut's position as the top selling weight-loss supplement. To do this, Hydroxycut's goal is to increase brand salience, ensuring that more potential customers are aware of the product and can include it in their consideration set.

Identify and Prioritize Target Audiences

While most weight-loss brands' advertisements include before and after photos of obese individuals, Hydroxycut's "before" people are only slightly overweight, as can be seen in *Appendix 8.5*. As the strategic intent is not altering, the target market, and therefore, target audience of slightly overweight people looking to have more muscle definition, should also not change. It could also be expected that this target market will grow as more obese individuals lose weight and therefore, enter Hydroxycut's target market.

Identify Themed Messages

The core message of future Hydroxycut campaigns should be in line with current communication, which is that taking Hydroxycut will "transform you (Hydroxycut, 2016)" and make you look great in a bikini. Even in light of obesity as a disease, this will likely still resonate with consumers. Although consumers are putting greater emphasis on having a healthy body, there is still an innate desire to look great, which is what Hydroxycut is capitalizing on.

Develop Message Styles

Rather than a rational message style, which is recommended for the other brands in light of obesity as a disease, Hydroxycut should continue to use emotional message style. One main

reason for this is that in order to use a rational style, there must be the scientific evidence to support the claims. As Hydroxycut is not FDA-approved, this is not a viable option.

Instead, what is recommended is to continue with the current advertisements, which induce feelings of guilt, disgust, and shame over looking bad in a bathing-suit, as well as hope and excitement for how one could look by using the brand. This will likely resonate with consumers as even though they respond rationally to obesity as a disease, when discussing their weight, consumers use emotional phrases such as “struggle”, signaling that they are open to emotional messaging.

Develop a Media Strategy

As the message style is very visual, the medium selected should allow the communication to be delivered visually. Therefore, print advertisements and TV spots are recommended over non-visual options such as radio advertisements. These visual channels are already the selected delivery methods used by the brand, therefore meaning that the brand should not change its channel strategy. Additionally, the viewers of the selected media channels should be younger and slightly overweight, to be in line with the target market.

Prepare the Budget

Although it is recommended for Hydroxycut to maintain its current positioning, the budget will likely need to be increased to successfully achieve the goal of increasing brand salience to new potential customers, such as those who were obese but have lost weight, rendering them a member of the target market.

5.1.3 Alli and FDA-Approved Over-the-Counter Weight-Loss Medications

Regrettably, this research was not able to provide a uniform stance on the impact of the label of obesity on Alli, with the quantitative and qualitative components not aligning. However, based on the limited insights gathered, recommendations for Alli are provided below.

Strategic Intent

In light of obesity as a disease, Alli should reposition itself as a “first step in weight-loss medication.” The brand has the scientific backing required for a “right-to-play” with its FDA-approval, but does not require the effort of going to a doctor to receive a prescription. Additionally, the brand should emphasize that while yes it has the negative side effect of anal leakage, this is a far more minor side effect than those of the prescription weight loss medications, making it a smaller risk.

Define Communication Objectives

The goal of the communication is to alter Brand Responses, and in particular, the rational component, Brand Judgments. Currently, consumers heavily associate Alli with its negative side

effects and some perceive it as lower quality than prescription medications. This campaign seeks to increase the perceived quality, by emphasizing the benefits of an effective, FDA-approved medication with fewer dangerous side effects than prescription medications. It is important to stress the fewer side effects advantage, as Alli is a weaker version of the prescription Orlistat, and therefore, cannot compete in terms of effectiveness.

Identify and Prioritize Target Audiences

Alli's target market, and therefore target audience, is people who have failed at losing weight with diet and exercise alone, but are not willing to try the prescription medications. One should note that this is a somewhat niche market, and could potentially be difficult to identify. Another potential is for Alli to consider doctors as a target market. Doctors would easily be able to identify patients who need medical assistance, but are hesitant to try a prescription. However, with a lack of scientific backing relative to prescriptions, it is unlikely that doctors would be willing to promote Alli, and therefore should not be considered a target market.

Identify Themed Messages

This campaign's core message should be "Serious weight-loss help, without the serious side effects." This message emphasizes the fact that Alli is a serious option with its FDA-approval, but that it has fewer dangerous, or even deadly side effects, when compared to the prescription options. This is a very rational message, which is important as this research showed that consumers respond rationally to the label of obesity as a disease.

Develop Message Styles

Consistent with the message, a rational style should be used. Therefore, the advertisements should use scientific evidence to support the claims, as well as comparison claims to show the extent to which Alli's negative side effects are much less dangerous than competition's. While many argue that anal leakage is a horrific disadvantage, it is significantly better than risk of death.

Develop a Media Strategy

As the target audience is relatively niche, mass media is likely not the most cost efficient option. Instead, market research should be conducted to determine which channels the target market is most receptive to. Additionally, as the claims are rational with scientific facts, rather than visual, the potential medium is not limited to visual options, but instead radio advertisements or other cheaper forms of media are viable.

Prepare the Budget

In order to successfully position the brand within the context of obesity as a disease, and improve consumer responses, an increase in budget will likely be necessary. This will be largely dependent on which channels the target audience is most receptive to, and if market research shows that cheaper forms of medium, such as radio advertisements, are as effective as television ads.

5.1.4 Prescription Medications – Pills and Injectable Medicines

The final sub-category of weight-loss brands included in this research is prescription medication, which includes pills and injectable medicines. The brands used to represent these sub-categories are Contrave and Saxenda, respectively. This research showed that respondents felt that marketing communications would be very similar for the two prescriptions. Therefore, they have been merged together in this section.

Strategic Intent

This research showed that the prescription medications are positively impacted by the label of obesity as a disease. Therefore, the prescription medications should capitalize on this and market themselves as the "cure" to this illness.

Define Communication Objectives

The communication objectives are two-fold. First, this research showed that only those who are aware and believe that obesity is a disease perceive there to be any impact on the brands. Therefore, the first goal should be to increase awareness of obesity as a disease. Second, the prescription medications should seek to establish themselves as the solution to the illness. In other words, the prescription medications need to improve their brand salience, ensuring that consumers correctly identify the brands with the category, and include them in their consideration sets.

Identify and Prioritize Target Audiences

As is standard with the American pharmaceutical industry, which can use direct-to-consumer marketing, there are two sets of target audiences, namely, the end-users and the physicians. First, the end-users need to be informed that obesity is a disease, that it is an issue serious enough to be discussed with a doctor, and that there are prescription medications available to help "cure" it. Second, as consumers are not able to purchase the brand without a prescription, physicians need to be targeted and educated on the benefits of the prescription medications.

Identify Themed Messages

The core message for prescription medications should be that they are a medicine that will help "cure" this disease. This should be supported with strong scientific evidence, particularly for the messages targeted at the medical community. Messages targeted at physicians should emphasize that the prescription medications can provide patients with the serious help they need to get their health in order. On the other hand, messages targeted at end-users should have more of a call to action tone, encouraging them to talk to their doctor about the medical options.

It is also important for Contrave and Saxenda to be differentiated, with the largest perceived difference being format, with Contrave as a pill and Saxenda as an injectable. Some patients are afraid of needles, making Contrave the only viable option, while others feel that "popping a pill" is

not a serious enough format, and therefore, are more interested in an injectable. This should be incorporated in the messaging.

Develop Message Styles

As was seen in this research, overweight Americans respond very rationally to the label of obesity as a disease. Therefore, a rational message style should be used, where the prescriptions emphasize their scientific research, clinical trial results, and overall advantages to non-prescription options.

Develop a Media Strategy

The optimal media channels will differ significantly between the two target groups. To target physicians, the pharmaceutical companies should utilize key opinion leaders, scientific journals, pharmaceutical rep visits, and medical conferences. On the other hand, end-users should be targeted through mass media, such as television advertisements during the evening news, when viewers are highly engaged.

Prepare the Budget

In order to increase Brand Salience and successfully deliver two separate messages to two separate target audiences, an increase in budget can be expected.

5.2 Suggestions for Future Research

While the insights presented are supported both quantitatively and qualitatively, they should be considered as highlighting important areas of interest within the overlap of branding and obesity as a disease. In other words, they should be interpreted directionally rather than considered as conclusive facts. As is inherent with the structure of a Master's Thesis, this research has face multiple limitations, including budget restrictions. Therefore, the sample size of the quantitative research is limited, rendering it difficult to find statistically significant evidence. Additionally, the respondents of the qualitative research, which were gathered from a self-selection process, are not perfectly representative of the American weight-loss target market. Overall, this leads to multiple interesting areas for future research.

First, it is recommended to duplicate this study on a larger scale, to confirm the analysis and insights gathered. This is particularly important for the quantitative research, where the low sample size made it difficult to find statistically significant evidence. This will also generate additional insights if the sample includes respondents familiar or even experienced with each of the brands, as this research only included respondents who have had experience with Weight Watchers, which could have lead to bias.

Second, further investigation should be conducted regarding respondents' ability to segregate brands from their environment. This research provided evidence that respondents were unable to

do so, suggesting that “Environmentally-Driven Need” should be added into Keller’s Customer-Based Brand Equity model. Further support is warranted to justify this addition.

Third, further research should be conducted regarding consumers’ responses to weight-loss brands’ communication in the context of obesity as a disease. The previous section has provided recommendations for each brand’s communication, but research should be conducted to determine if this communication would actually alter consumers’ perceptions.

Fourth, this research focuses on the impact in the minds of consumers. However, as was presented in *Chapter 3: Theoretical Foundation*, there are other measures of brand equity such as Financial-Based Brand Equity and Employee-Based Brand Equity that take into account the perceptions of other stakeholders. Therefore, further research to investigate the impact on shareholders, employees, retailers, manufacturers, etc. could be of interest.

Chapter 6: Conclusion

This research has a goal of answering the question, *How do overweight Americans perceive weight-loss brands in the context of obesity as a disease?.* To answer this question, the research investigates both the perceptions of the context as well as of the impact of the context on weight-loss brands. A pragmatist philosophy was used, with the goal of providing both theoretical and practical applications to the research. Therefore, it was determined that to best answer the research question, a combination of quantitative and qualitative methodologies would be used, in the form of an online survey and in-depth interviews. Additionally, Keller's Customer-Based Brand Equity model was selected to form the theoretical foundation of this research due to its breadth, depth, and position as the founding model of Customer-Based Brand Equity. Overall, this research provided multiple interesting insights related to the research question.

First, multiple themes and insights related to the context of obesity as a disease were discovered. This research provided evidence that the Obesity Epidemic is a reality, a problem, and a topic of interest for overweight Americans. Furthermore, Americans believe that diet and exercise is always the logical first step in weight-loss, before one utilizes any weight-loss brand. Ideally, Americans would like to have a weight-loss option that provides significant and sustainable weight loss, but currently no available brands are meeting these expectations. Additionally, there are divided opinions regarding the label of obesity as a disease, with some in favor, some against, and some unsure. However, this opinion is important as only those that believe obesity is a disease perceive there to be a noticeable impact on weight-loss brands. This is logical as if one perceives there to be no change, one cannot expect there to be any effects of the change.

Second, the impact of the label of obesity as a disease on brands was studied. It was discovered that there is no uniform impact on brand equity. Instead, those that believe obesity is a disease, perceive some brands to be positively influenced while others to be negatively, while those that do not believe the label, perceive no impact at all. There are also differing levels of impact for each component of Keller's Customer-Based Brand Equity model. Overall, the rational components of brand equity were far more impacted than the irrational, with the most significant changes in perception being with regards to satisfaction, value for money, liking of brand users, quality, relevance, recommendation, and superiority. The first two represent Brand Performance, liking of brand users falls under the category of Brand Imagery, and the last four are attributes of Brand Judgments. As Brand Performance and Brand Judgments both constitute the rational half of Keller's Customer-Based Brand Equity model, this provides evidence that overweight Americans respond to the label of obesity as a disease rationally. Additionally, this research provided support that consumers are not able to separate brands from their environment, suggesting an addition of "Environmentally-Driven Need" to Keller's brand equity model.

Third, as it was discovered that weight-loss brands are impacted uniquely from the label of obesity as a disease, communication recommendations were provided for each brand. Weight Watchers is recommended to reposition itself as a healthy weight management brand, providing consumers assistance with maintaining a healthy weight rather than only weight-loss. Hydroxycut is recommended to maintain its current communication that has provided great success, as it is determined that their target market is slightly overweight Americans, which would not be impacted by the label as a disease since they are not obese. Alli should be positioned as the "first step in weight loss medication", emphasizing the less serious side effects than prescriptions. Finally, the two prescription medications, Contrave and Saxenda were perceived as being very similar, and therefore have the same recommended communication. More specifically, these brands should target two groups, physicians and end-users, with the goals of increasing awareness of obesity as a disease and positioning themselves as a "cure" to this illness. It was also noted that respondents only differentiate between the products based on form, namely pill versus injectable.

Finally, this has proven to be an interesting topic with much debate and many unexplored areas. Therefore, there are multiple areas for future research. These include duplicating the study on a larger scale, further exploring consumers' inability to separate brands from their environment and the phenomenon called "Environmentally-Driven Need", researching consumers reactions to communications centered around obesity as a disease, as well as researching the impact of the label of obesity as a disease on other forms of brand equity, such as Financial-Based and Employee-Based.

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Chapter 8: Appendix

Appendix 8.1: Questionnaire

Section 1: American Weight Loss Market
Thank you for choosing to complete this survey, which I am using to gather data for my Master's Thesis. All questions will relate to the American weight-loss market, and should take about 10-15 minutes to complete. At the end, you will be able to choose to provide an email address, and thereby be entered into a raffle to win $50.

Thanks again!
Lena

Section 2: Screener
- What is your age?
- Where do you live? (The United States, Outside the US)
- What is your gender? (Male, Female, Prefer not to answer)
- What is your height in feet and inches?

Section 3: Weight
- What is your weight in pounds?
- Which of the following best describes your weight? (Underweight, Normal Weight, Overweight, Obese)

Section 4: Do Not Meet Criteria
Shown conditionally based on previous answers

Section 5: Group Division
Please select the first option (This Option, That Option)

Section 6: Obesity is a Disease
In 2013, the American Medical Association (AMA) officially declared obesity a disease. Please keep this in mind when answering all of the following questions.

Section 7: The American Weight Loss Market
- Please name any weight loss brands that you can think of
- Please select all of the following that you have heard of (Weight Watchers, Hydroxycut, Alli, Contrave, Saxenda)

Section 8: Explanation

In the following sections you will see a series of advertisements followed by questions. If you are unfamiliar with the brand, please answer the questions based on the advertisement. I am particularly interested in your perceptions of the brand, even if you have not had any experience with it previously.

Sections 9-13 (Note, one each for each brand)

- First the advertisement is shown (*see Chapter 2: Scientific Methods*)
- Please answering the following questions with 1 being "least/little" and 5 being "most/very"
- How well does this brand satisfy your weight loss needs?
- How effective is this brand?
- What is your perception of the value for money of this brand?
- How much do you like people who you imagine use this brand?
- How appropriate is it to use this brand for weight loss?
- What is the level of quality of this brand?
- How credible is this brand?
- How relevant is this brand for you?
- How likely would you recommend this brand?
- How superior is this brand relative to competition?
- Does this brand give you positive feelings?
- How loyal are you to this brand?
- How much would you miss this brand if it went away?
- How much do you identify with people who use this brand?
- How much do you like to talk about this brand?

Section 14: Thank You!

- Thank you very much for taking the time to complete this survey - it is a huge help for my thesis!
- Please enter your email address if you are interested in participating in the raffle for $50
- Would you be interested in a follow-up phone interview to further explore your opinions? There will be a $10 reward.

Appendix 8.2: Discussion Guide

1. **Introduction (2 minutes)**
    a. First of all, thank you very much for taking the time to both complete the questionnaire as well as volunteer to participate in this interview. The interview should take around 1 hour, for which you will be compensated $10 for your time. To give you a bit of a background, my name is Lena and I am a master's student studying brand and communications management at Copenhagen Business School. This research is part of my master's thesis, which focuses on the American weight-loss market. If at any point you have any questions or do not feel comfortable, please do not hesitate to bring these to my attention. Are you still happy to proceed?
    b. Receive verbal confirmation
    c. Additionally, just a few practicalities – I would like for us to maintain your anonymity to help you feel more comfortable. Therefore, please do not use your full name or provide any obviously identifying information. I also will be recording this interview so that I can refer back to it during the writing process, are you all right with that?
    d. Receive verbal confirmation.
2. **Interviewee's history with weight and weight loss (3 minutes)**
    a. Would you mind telling me a bit about yourself regarding your history with weight and weight loss?
    b. Which brands have you used?
    c. What do you think is the ideal way to lose weight?
3. What does the term **Obesity Epidemic** mean to you? **(5 minutes)**
    a. How do you feel about this?
4. In 2013, the American Medical Association officially labeled **obesity a disease. (20 minutes)**
    a. Were you aware of this?
    b. How do you feel about this?
    c. Do you think that this will impact brands competing in the weight loss market?
        i. If yes, how so?
        ii. Which types of brands in particular?
            1. Note to Interviewer: Weight Watchers and Alli were most impacted according to quant data
5. **Specific Brand Equity Components (15 minutes) (about 2 minutes each)**
        i. Satisfaction
        ii. Value for Money
        iii. Like the people who use the brand
        iv. Quality
        v. Relevance
        vi. Recommendation
        vii. Superiority
6. **Recommendations for brands/brand managers (10 minutes)**
    a. If you were a weight loss brand, would you change any of your marketing or communication in reaction to the label of obesity as a disease?

        i. Probe for more details

7. **Conclusion and questions/additional comments (5 minutes)**
    a. Note to interviewer: Summarize the key points made and ask for confirmation
    b. Additional comments or questions?
    c. Logistics with payment - $10 can be mailed, or can buy a $10 online gift card that can be emailed.
        i. Amazon, Target, Sephora, CVS Pharmacy, Nike, Overstock.com, JCPenney, The Limited

Appendix 8.3: Interview Respondent Overview

Interview Respondents	Gender	US Region	Age Range	Weight Category	Believe Obesity is a Disease
Respondent K	Female	Mid-West	20-30	Overweight	Yes
Respondent L	Female	North-East	20-30	Obese	Yes
Respondent N	Male	South-East	50-60	Overweight	No
Respondent P	Male	South-East	60+	Overweight	No
Respondent S	Female	South-East	60+	Overweight	Yes
Respondent U	Female	South-East	50-60	Obese	Unsure

Appendix 8.4: Thematic Analysis

Broad Weight Loss Discussions

- Respondent U "I have been battling weight my entire life". "I tend to eat for stress"
- Respondent S "The way people talk about food is bad. You had a piece of cake. You cheated. Or you were bad. Those kinds of connotations that go along with eating. What that bad part does is it makes you feel badly about yourself. You will do it more or you will set yourself up to where you say oh well I already failed because I had a piece of cake so I'm going to continue to fail. As opposed to somebody else where it's Sunday afternoon and I want a damn piece of cake."
- Respondent L "I have been struggling, that is how I will characterize it, with my weight since I was a teenager"
- Respondent P "I have never been anorexic, but I maybe have a few too many pounds."
- Respondent P – said that this is something that you should discuss with your doctor.

Ideal Weight Loss

- Respondent K "I think the best way to lose weight is a lifestyle change, like working out consistently and making healthier choices. I guess the reason I haven't delved into any sort of diet programs or anything like that is because of **sustainability** over time. The number of people who have tried, you know, Weight watchers or pills then they just gained the weight back. That is why I haven't taken that route is because for me weight loss is a health decision opposed to lets just drop weight quickly. I don't think that that is a way to keep weight off over time."
- Respondent K "I think that if there were a quick fix that would keep weight off, then yes, that would be something that I would be interested in. There are surgical options, which for me, since my weight gain was so slow over time, if I were to have a quick fix, I could probably keep the weight off."
- Respondent U "I would like to find a diet where I can get weight off and keep it off"
- Respondent U "It would be great if I could lose weight without being horrible hungry"
- Respondent S "I would say diet and exercise. But because I am a nurse and I have researched this and I have digestive products, I am more on the medical side of it than it would be just television ads. I think that there are lots of things involved in it, and it's not just diet and exercise." Examples included diabetes and their insulin medication. There can be side effects of different medications that cause people to gain weight.
- Respondent S "If you're really obese then it should be medically supervised with the help of a dietician."
- Respondent L "Doctors tell you that you should lose weight by watching what you eat and exercising. I have experienced that watching what you eat and moving more is really effective and also the healthiest way to do it."
- Respondent N – mentioned diet and exercise (see below) "There's no simple solution"
- Respondent P "Will yourself to quickly lose weight. But there is nothing magical available or out there and there won't be, I don't think"

Advocates for Diet and Exercise

- Respondent K "Since it was slow, it is a result of my lifestyle. I am working all the time, I am busy, I am not making meals at home. It isn't a **priority**. I think initially it needs to be a

priority. Developing new habits takes time and conscious effort to do that, but then once it becomes more of a habit, then it becomes easier to do. I know friends who have done Weight Watchers and said that it is awesome. Weight Watchers you have to consistently think about your point system and what points are worth and things like that."

- Respondent K [in response to asking if she would've recommended they'd go to the doctor before knowing it was a disease] "I probably would've just told them to eat less and work out more. I still might even recommend that from the get go, but they might have already explored those obvious options, like don't eat so many cheeseburgers."
- Respondent U "I don't think that there is an ideal way. I think that it needs to be a combination of the foods you put in your body and exercise"
- Respondent U "Long term weight loss is obviously a lifestyle change"
- Respondent U "First I would say cut out your bread or cut our your cheese, lower the liquor, lower the cake. I think it would be a multi-step process. I would certainly not go to the medicine right away"
- Respondent U "It's the healthiest way to do it. If you fall into the obese category, then it should be approached in a medical viewpoint."
- Respondent L "Diet and exercise is the most reasonable first approach, but there are people who have gotten to a weight that is just so high and unmanageable that they may need other treatments, whether that be surgery or appetite suppressants, things of that nature. All of those things should definitely be done under a doctor's supervision and guidance."
- Respondent N "Most people they want the easy way out of popping a pill, when they really should be increasing their exercise, get off the couch, and cut down on the big macs and I think that Americans are much too stupid, 'I don't want to do the hard work'."
- Respondent N "People should just be exercising and eating cleaner, rather than taking the easy way out and paying for a pill or open a box of prepared foods. There is a better way out. I think everybody, especially Americans, we have gotten to where we want fast everything. We want drive-up everything, we want more eating in the car. I think that we really need to change our way of living."
- Respondent P "Exercise and trying not to eat foods that are particularly fattening" "

Obesity Epidemic

- Respondent K "It means that it's a problem that is continuing and it's not getting better. It's something that people need to be better educated about in order to avoid in the future. When you think of epidemic, you think of diseases that are unstoppable unless there is some form of a cure. The cure in this case would be educating people about healthy choices and educating people that being extremely overweight is not healthy. It's not good for you. It's going to shorten your lifespan. It will cause you problems down the road. Obesity, in my understanding, is one of the aggravating factors for a lot of underlying diseases and problems. People don't really understand that this is an issue that needs to be 'cured'."
- Respondent K [In response to 'Do you think that the term Epidemic makes sense and describes what's going on in the US well?] "Yes. For the main reason that not only is it a problem on the level of people who are buying food and taking their kids to fast food restaurants, but also from a base level of the people who are producing food are using a lot

of chemicals and things that aren't able to be broken down by our bodies so it's creating a problem that has to be 'cured'."

- Respondent U "It means that I am at least probably 30% overweight."
- Respondent U [In response to "Do you think that Epidemic is the correct words to describe this?] "Yes. Because if you look around in a store, everybody is fat. And what I didn't see in my youth if overweight children. People were only overweight starting in the mid 30s. Now you see children who look like they were pumped up like a balloon"
- Respondent U "I once went to an Italian restaurant called Carrabbas and I was so grossed out by all of the fat people that I couldn't eat. Even though I was probably one of them"
- Respondent U "The medical association should be pushing the insurance companies to cover more preventative issues. You should get a tax credit if you join a gym and go a certain number of times."
- Respondent U "There should be studies done by the government about why this is happening"
- Respondent S – was aware of the term. "I think people are getting fatter and fatter and they try different things, foods that have less fat but have more sugar. Having less fat was supposed to make people lose weight but people still gained more weight. A lot of it is diet related and it has to do with a lot of the things that the body can no longer break down. It has a lot to do with GMO products and refined sugars and starches. It makes me kinda sad. I am more on the medical side of things and I see people that are desperate and desperate to lose weight and to weight they think they should be. There are so many things that go against them that they don't even know about."
- Respondent S "It makes me sad that people are not educated. They're more educated on weight loss products than they are on eating healthy"
- Respondent S "It has a lot to do with the corporations and the money they spend, for example, on school lunches. Schools have x amount of money to spend and corporations are the ones supplying the food, really mediocre food, as opposed to doing something good. For example, in Food Inc, I believe it was France, where they took foods that were healthy that were cooked, not from corporations, and learned that it actually cost much less to serve those foods"
- Respondent S "I think what Michelle Obama is doing is good and is a start. But if you go to a doctor, they don't know the first thing about nutrition. I think when someone goes to a physical, there should be a nutritionist also in the office. They should be educated at an early age that the more educated the parents are, they would know what to feed their kids. Not just what's fast or what's on TV."
- Respondent S "I think that it needs to be very important because it's the route cause of especially auto-immune diseases"
- Respondent L "That is the number of people that are overweight and obese in America today or throughout the world. I think it's worse in America than most other places. The sheer number of people that are overweight now compared to previous generations where it was less. I don't have that big of an opinion on it. It's probably something that the media likes to talk about a lot and make scarier than it really is. I don't have a big opinion on it."
- Respondent N – had heard of it. "I had seen maps of the US, and I happen to live in South Carolina in the South, and oh my goodness the percentage of especially people in this area….and it's because of diet. I moved down here 10-11 years ago, fried everything is the

staple. What I would like to see is this new eating clean sot of thing that's coming around. One of my favorite new quotes, 'The food you're eating should not have an ingredients label. In other words, it should be, 'I have an apple! Ingredients are: Apple.' Also, the amount of salt they put in American food is horrific."

- Respondent N "I think it's really dangerous. The obesity part leads to diabetes and high blood pressure, and all of these others things and heart disease and so it's something that we're going to have to pay for, especially with the movement towards more socialized medicine, it's not just the person dealing with it, everyone will have to pay for it."
- Respondent P "It means everybody is getting too fat. These days people are not doing the heavy, laborious jobs or work that they used to do, and they're all just sitting down, being on the internet or something else electronic and they're not getting any exercise, and they're also having more and more foods these days, whether its fast food, which is very unhealthy. They're just eating foods that have far too many calories, or too much salt. People are just not cooking at home nearly to the extent that they used to."

Respondent P "I think that it is going to shorten the lifespan for many people and there will be many obesity related illnesses."

Environmental Factors: (Note – Keller's model does not include external environmental factors)

- Respondent K "It is not just the fact that I am in professional school, it is the fact that I live in a big city and going out for drinks, going out for meals things like that is a social aspect of living in the city. It is difficult to make choices that separate you from that, basically. I don't want to stay in just so that I can have chicken and rice. It's hard to order things on the menu anywhere that are healthy unless you pick a specifically health food location."
- Respondent K – confirmed that the environment isn't conducive to being healthy.
- Respondent K "It derives from the misunderstanding of what it means to be healthy and a prioritization of being healthy. You see overweight kids and you think the parents just don't know what they should be feeding their children and people just don't have the money to eat healthy. It is so expensive to eat organic and to shop at stores that are good for you and that's a big factor as to why I haven't."
- Respondent K "At a manufacturing and production level as well as a level at by the time you cook it up…it doesn't really resemble the original product anymore. If you read about the chemicals used to process meat and to store it. But when you have a country as big as the US, you have to use those sorts of processes in order to just feed everyone. Not everyone can eat organic."
- Respondent K "People don't believe their doctors anymore. If they tell you that you need to lose weight, people are like 'well he doesn't know what he's talking about'. When did it become listening to your doctor is the wrong thing to do?"
- Respondent U "I actually question the food that is in the grocery stores. Part of it is also the environment here. There are no sidewalks to walk to different places. Everything is just too far to take a bicycle or to walk. The whole society and environment isn't conducive to physical exercise unless you go to a gym"
- Respondent U "I think that the average American is totally overmedicated. But preventative health has sadly always been on the back burner. You are not encourages to take care of things before they become a problem. I have been on many diets and I know

how expensive they can be. It would help if they were to pay for this, even if it were just a percentage."

- Respondent U "They should pay for something that is proven to be effective" [Referring to insurance companies]
- Respondent L "We're moving towards a service-based economy which means that we are sitting behind desks more and not moving. Even if you look at schools, they have taken out recess, they've taken out PE because they're fitting in more academic requirements. There are also a lot of really bad food choices that are everywhere. Fast food, processed food in stores, so many added sugars which are really terrible for you and add a lot of empty calories. A lot of people survive on those foods since they're convenient or cheap."
- Respondent N 'I think government should be involved in control of the pharma industry and their claims and the food companies that are lying about things like what is natural, and companies that claim organic when they're not and the companies, they are people who take advantage of things."
- Respondent N "All of the major fast food outlets have just said that they're not going to put this one ingredient in their bread, they were all using this certain ingredient that was also used in Yoga mats, some kind of plastic product that makes the breads more appealing. But are you kidding me? You're using it in yoga mats? I mean we should just eat more fresh stuff, I mean I don't do that completely. But I am retired so I can go to the market every day. I can get the freshest but also what's on sale. Us Americans have to run around like crazy people with our jobs and kids and other commitments. We do want that pop it in the microwave."
- Respondent N "Portions have gotten ridiculous. People expect to stuff themselves. That's something that the marketers did to us when they were competing with each other."
- Respondent P "These days people are not doing the heavy, laborious jobs or work that they used to do, and they're all just sitting down, being on the internet or something else electronic and they're not getting any exercise, and they're also having more and more foods these days, whether its fast food, which is very unhealthy."
- Respondent P "I would say that it is primarily the environment."
- Respondent P "one needs to endorse politicians who are trying to get more publications of the contents of food. People who are addressing quantities that are being served. That may help people who have very little will power. When they see what's actually in these things, it may give them reason to reconsider. It would help everyone to have the nutritional info available."

Obesity as a Disease – Overall

- Respondent K – "I did not know that, I wasn't aware of it"
- Respondent K "I feel like people would maybe see both sides of it. There are good things and bad things about giving it that classification. One the one hand it helps people take it more seriously. On the hand it will make people think this is something I am plagued with rather than something that I did to myself"
- Respondent U – Does not think that most Americans will accept that it is a disease.
- Respondent U "Indirectly nowadays it is already labeled as something that will kill you because you'll develop heart disease earlier, a stroke earlier, other cardiovascular diseases

earlier, indirectly it is already labeled as a disease because all of these other things will follow."

- Respondent S – was aware
- Respondent L – was aware
- Respondent N – Was not aware
- Respondent P – Aware, but did not know who was calling it that.

Obesity as a Disease – Acceptance

- Respondent K "I think it's a good thing. It's important for people to know that there are certain ramifications to being overweight other than 'I don't look as good in a bathing-suit'. It is actually a health issue. That happening is an important push in the direction of people becoming aware that it is something that really does need to be corrected from a health standpoint and not just a vanity."
- Respondent K "People don't want to believe that it is as big of a problem as it is. I feel like people are more likely to live in a world where they can sideline it as not an issue. Because it is not like the ticking time bomb of having a blood clot or a tumor or having an identifiable, discernable problem because obesity can manifest itself in so many different problems."
- Respondent K "I know one person who would definitely be defined as extremely obese. She's very active on Facebook and I'm very familiar with her opinions about 'fat people'. She is very fat positive**.** She makes comments like 'I'm just as healthy as other people I know. I have good blood pressure and cholesterol. Just because I'm fat doesn't mean I'm unhealthy"
- Respondent K "I think that the fast positive movement is a bad thing. Being obese is not good for you. When you spin it in a positive light 'skinny people are just being mean to us', you're minimizing the problem. You're telling people it's okay to live unhealthfully. There are people who are still bigger even though they work out and eat healthy, but everybody's bodies are different."
- Respondent K "People that are overweight don't want to hear that their weight might be the cause of their problems. They just think that the doctors are discriminating against them because they're fat. It's almost like people don't believe that obesity can be a cause of health issues."
- Respondent U "I personally don't see a difference between anorexia and obesity. I think something in the brain switches. I don't think one sees themselves as overweight as you are. I can start with myself. What I see in the mirror every day is not what I see in photographs. Why that disconnect happens I have absolutely no clue. Isn't that also the same with anorexic people? When they look in the mirror, they see a fat person even though they are skinny"
- Respondent U "I do agree, but you are giving people an excuse for being fat, and I think that that is a problem"
- Respondent U "It is usually the people who don't need weight loss who go on the band wagon. The ones who will pop the pills are those who are 10-15 pounds overweight, not those who are 30-45 who really would take advantage of it. But how do you reach those? I don't know"

- Respondent S – does think it's a disease. "I think it's brought on by poor diet. There are so many things that are linked to other things. You are what you eat. I think that the food is getting worse and worse and it has now become a disease. That obesity is a disease. It's not obesity itself, it's all of the other things that happen morbidity wise because people are obese."
- Respondent S – it's a step in the right direction "If you can give something a label as a disease, then there's more medical funding towards it and it can also be something that can be covered by insurance, so more people will get help."
- Respondent S "Obesity is seen as someone's fault. When people see someone who is fat, well all they have to do is put down the spoon. It's not a thyroid problem. It's not a hormone problem. This is what people say about people who are fat. Now that it has a medical definition, I'm hoping that it will turn into a better thing. What will happen, I don't know?"
- Respondent L "It kinda legitimizes the struggle that I have experienced my whole life. This is not just me being lazy and stupid. Maybe there is some other physical factor that makes it difficult to really lose and maintain a healthy weight. I think that it is important in the medical community to classify it like that so that people can do legitimate research on obesity and weight loss and not have it be seen as a crazy project forcing people to lose weight. It can be legitimate research."
- Respondent L "Okay I have this disease or problem that there are solutions for, and I need help outside of myself. A doctor's help or a program's help to combat it.

Obesity as a Disease – Against

- Respondent K "If you classify it as a disease, it makes it sound like there is a magical pill that will cure it. As cheesy as it sounds, compared to digging deep inside yourself and working hard to lose weight on your own. And then people fall back on that. I am obese. I have a disease. I should be able to get disability restrictions since it is classified as a disease. A disease sounds like it is something that you couldn't have prevented, like the flu."
- Respondent K "The crux of the argument is if it's a disease it is something that you can fight back against and keep the balance and it's something you can take seriously. But also, it might be considered something that you don't have control over. There are plenty of people who think that they were born fat and they will always be fat. That it's in their DNA to be fat. You will end up with people on all sides of the spectrum. The more weight you gain the harder it is to say I am going to do something about it. Someone else telling you how you can do it opposed to doing it for yourself, those are really appealing options"
- Respondent U "I don't think that it is correct to label it as a disease for the simple reason that people are going to use it as an excuse"
- Respondent U "It will just make excuses for consumers for being obese. Oh I am not responsible for this. I just have a disease. I actually think that it does more harm than good."
- Respondent S "Sometimes people give up more. It can be an excuse for something." [Regarding feeling like they would have less control]
- Respondent L "People may write it off and become comfortable with who they are. But that is good and bad."

- Respondent N “If it wakes people up about it, I think that’s potentially good, but I think it’s an overstep”
- Respondent P “I don’t think it’s a disease. I think it’s a matter of lifestyle. It’s a matter of what restaurants people choose to go to, if we did not have McDonalds years ago, Kentucky Fried Chicken, places like that. People are opting for that food and that’s a voluntary decision that they’re making. When they go to a grocery stores, very often they’re buying prepared foods that have a lot of ingredients that are particularly unhealthy.”
- Respondent P “I think that it’s a way of selling more drugs rather than convincing people to go outside and get exercise and change their diets.” “I think that we are taking far too many drugs and we should look for alternatives.”

Impact of Obesity as a Disease

- Respondent K “I don’t think so unless weight-loss supplements and programs etc. start marketing themselves as being used for that purpose. I mean they could. I don’t know if they would be in violation of FDA regulations. If they try and market themselves as a cure of the obesity disease, I don’t think that they could do that.”
- Respondent U “Yes, I think that they [weight loss brands] can actually take advantage of it. In two different ways. If people feel sick it’s like oh I have to take care of my health, maybe I can do something. In a secondary way, does this mean that insurance companies may pay for some weight loss programs.”
- Respondent U “I am not so sure that it will change anything in consumer minds.”
- Respondent U “If it is a disease, then it means that you have no control over it. Weight Watchers is dealing with what you are putting in your mouth. It doesn’t fit into the disease category, the way that they handle losing weight”
- Respondent U – confirmed that her opinion of weight watchers has changed in the context of obesity being a disease.
- Respondent U “I don’t think that it has changed my opinion. It is trying to change an opinion that I have had for 50 years practically, that is not so easy to do. I think you’d be more successful with a younger person trying to change that around. I was always taught that it is about self-control”
- Respondent S “There will still be weight loss products. I think people in general want a quick fix and so I think people in general will still be looking for that. But I don’t think that anything happens quickly.”
- Respondent L “I think that the ones that are medically focused or to be taken under a doctor’s guidance, prescription drugs, they may be able to use that as a selling point, saying you have a disease, this is a medication so you should be using that. But brands like weight watchers or Jenny Craig, they may not get as much value from that.”
- Respondent L “I think that they will probably get some positive impact. They can almost make the same kind of claims as the doctor supervised ones, just like any other over the counter drug”
- Respondent L “I think people more obese than me would be more interested in the doctor prescribed drugs.”

- Respondent L – When asked if the context makes it seem like when diet and exercise isn't working well, that prescriptions are okay. She confirmed that that's definitely how she feels.
- Respondent L [regarding whether her opinion changing being good or bad] "I think it's a good thing. I had gotten comfortable with where I was. Finally, it took a while to decide that it wasn't a good thing and that it was really unhealthy. Obesity being classified as a disease probably informed that opinion of myself which helps give that extra push."
- Respondent N "Obesity is more self-inflicted, whereas a disease is something that you don't really have control over, like when a bacteria or virus infects you."
- Respondent N "If it is something that you have caused, in a way it's like drug addiction is now a disease and I know that people just have a propensity, or psychologically they are more prone to addiction."
- Respondent N "Yes, I would say I disagree with it, with the caveat that maybe it's like the cigarette commercial where they show the most horrific cases, where people are almost shocked into realizing how bad it is for them." Said that he doesn't think it would make any impact at all on consumers.
- Respondent N "I am sure that they are going to use that in their marketing. I think that people are too dumb to it for that to really make a big difference."
- Respondent N – thought that the pharma industry would be using this more "They would be using this to show people how necessary their product is"
- Respondent P "Not necessarily. I think calling it a disease will raise more red flags perhaps and people will say well I am fat and I have a disease and that's tough, but it's from their own lack of ambition not doing anything to improve their lifestyle. Well, can't help it. I just think again that it's going to perhaps have people taking more medications when instead they should be altering their life style."
- Respondent P "It's a lot of people think the solution to anything is to take a pill."
- Respondent P "For Weight Watchers, instead of taking medications for people who have no idea how to change their lifestyle, that that may be a good method for getting the knowledge and instructions on how to do it." Confirmed that he recommends Weight Watchers over taking a drug.

General Weight Loss Market:

- Respondent K [In response to, Do you think the big weight loss market out there is designed to help people get back to that healthy level?] "No I don't. The ads that I have seen, they don't market themselves, in my experience, as being for your health as opposed to look great in your bikini this summer. It is marketed towards people who just want to look better opposed to people who want to feel better. Diet pills are a quick fix to a bigger problem"
- Respondent K "These just don't seem legit to me. The only time you ever see them is on infomercials. You would never have a doctor who knew what they were talking about provide you with weight loss pills"
- Respondent K [In response to do you think that having prescription weight loss medications available is a good thing?] "I think it's a good thing that doctors aren't just telling people to lose weight, they are offering solutions to do so. I guess I feel like you shouldn't need that.

- Respondent K “Knowing that there are prescriptions that you would need to see a doctor to get prescribed, I mean that’s maybe even a route that I would consider now knowing that they are out there. And I don’t even have as much weight to lose as some other people. My biggest worry with the ones that you see on TV, is you don’t have a doctor advising you of the risks, outcomes, things like that. If I had more information about it from a doctor, that would be something that I would be willing to try. I just want to get the weight off. I want to get to where I want to be and then maintain. Something that is helping you lose more weight more quickly on the way. It may also give you false expectations. It could help people in their weight loss journey if it helps them lose weight more quickly. I do think that it would be a way to help people kick start their weight loos as long as it comes with a caveat that this isn’t a one and done solution. This is something that you need to combined with other things. You can’t expect to eat like shit and lose weight. It’s not a fix all, but it could be a kick start.”
- Respondent K “For me they [Saxenda and Contrave] are pretty much the same”
- Respondent U “I think that you may be asking for more trouble than it is good” [referring to weight loss prescriptions. “It takes more than a pill. It would be a shame to get the message across that you can pop a pill and lose weight versus you’ve got to change your lifestyle. If you pop the pill, you are still putting the foods that are not good for you into your body.”
- Respondent U “I am not a pill taker”. “I don’t believe in popping pills. I think it takes more lifestyle alterations”
- Respondent U – confirmed the subcategories that were chosen in the research. “Maybe some should just go into the supply foods category. Like lean cuisine”
- Respondent U “Somebody who has been successful is certainly better than an advertisement.”
- Respondent U “If I had to go to a doctor to get an injection, I think that I would trust that product. I figured they wouldn’t give me anything I wouldn’t need or benefit from”
- Respondent U “Those 100 calorie snack packs, give you an excuse to eat more, but you’re still eating a lot of stuff that you shouldn’t be eating. We should go back to the old 3 proper meals of a day with no snacking except for a fruit.”
- Respondent U – Talked about how the weight loss companies are there to make a profit.
- Respondent S “I don’t think that products work and there are a lot of side effects”
- Respondent S “Dr. Oz is on TV and he is popular. He knows that if he does something on diets, then people will watch it even more. People are interested in that.”
- Respondent S “if it’s medically monitored, if someone has to come into a doctor, I think people need some help to see a light at the end of the tunnel. If it’s medically monitored, then I think that that might give them hope that they can get back to where they want to be. At least a healthy place. I don’t see these as the same type of product as weight loss supplements. If you’re being medically monitored, at least you have a better shot.”
- Respondent S “It [frustrates] because people get to point and they think that this is their only way out. Anything that you use like that, you just go right back to where you were before or more because you don’t really understand how you got there in the first place. If you don’t understand that journey of how you got there and deal with those issues, you will probably just gain it back and more and mess up your metabolism.”

- Respondent S “People should have more positive relationships with food. I think that all of the products out there except for weight watchers are designed for you to fail. They are out there knowing that you are not going to do well with it in the long run and you are going to come back for more. If you did do well, then you wouldn’t have to buy more again.”
- Respondent L “I think that there is a place to help people manage [their weight loss] and that’s where a lot of the apps and brands can come in. It makes it easier to understand what is a good or a bad choice. There are professionals being paid to do all of that research for you.”
- Respondent L “I see an injectable medication as a little bit more serious, but I think that that is just because I am afraid of needles. As long as they are both under a doctor’s supervision, I wouldn’t think that one is more dangerous or even more effective than the other.”
- Respondent L “For the person, it’s a bad thing. You have a bad problem so you’re using this serious drug to help with it. For the drug, it’s almost higher end, except that sounds like luxury. It’s for a worse problem than maybe the pill is. That’s a similar step different from over the counter pill to prescription pill.”
- Respondent L “The supplements that are just over the counter I think have a bad connotation, so I would put those underneath the programs. I feel like those supplements are more dangerous because of the stories from 20 years ago. Those drugs have probably changed since this, but to me they still seem dangerous.”
- Respondent L “If your mother has lost a ton of weight with one of these things, you’d be more likely to try it than just seeing a commercial for it. But if you don’t have someone really close to you who has experienced something positive, then it would just be the ads that you have seen on TV or read in a magazine.”
- Respondent P “Yes, you are having something injected which is so much worse. Those benefits would have to be far greater than any of the others to have to warrant that. I would think of all of these that would be the least desirable thing to take. I don’t like the idea of needles.”
- Respondent P “As long as there is more proof than just the doctor saying so. Many doctors get big bonuses from the prescription companies or their distributors. You need more than just the doctor’s recommendation.”

Brand Equity Components:

Salience/awareness

- Respondent K – Wasn’t aware of prescription medications being available. Also didn’t know that Alli was the only FDA approved OTC option. However, is familiar with weight watchers and has heard of Alli. Also didn’t know where Hydroxycut could be purchased.
- Respondent L “When I was looking to starting a program, Weight Watchers was really at the top of my mind. I have known other people that have been successful on it and I feel like they do do a lot of marketing on TV, commercials and all that stuff. When it comes to something like the supplements like Alli, I don’t really trust them since there has been so much controversy. Supplements make me nervous.”

- Respondent N – Not very familiar with many of the brands out there. Had only ever used Diet Coke.

Performance/Satisfaction

- Respondent K "I think that ones where you see results more quickly would have increased satisfaction. Obesity is a problem you need to fix this right away, something that would help you lose weight right away would seemingly create more satisfaction if you knew obesity was a disease."
- Respondent K "It would be more on the end of the prescriptions." Because the results are larger and faster (said by interviewer and confirmed)
- Respondent K "If it is something recommended by a physician or FDA approved, it would be higher satisfaction knowing that it is treating obesity as a disease"
- Respondent K "People probably wouldn't be as satisfied with Weight Watchers if they knew that obesity was a disease because I think that when people think of something as a disease, you feel like you need to take some sort of a pill to treat it rather than just making lifestyle changes."
- Respondent K "I have a disease and we are supposed to be treating it. Whether or not it works is definitely going to be impacted by I am taking this because it is supposed to be helping me. Helping my symptoms. People think oh weight loss pills are a crack. If you take them and you don't lose weight, whatever. I knew that maybe it was a scam. You kinda know that you are running a risk whenever you use diet pills you can assume that they won't work well or that they will have side effects. If you start to represent them as the cure for a disease and then they don't work or they have negative side effects, your satisfaction with that product will certainly be different knowing it was a remedy. It doesn't necessarily apply to ones where you don't need a doctor or they are not FDA approved. It's almost buyer be aware. I am not going to a doctor for this, I am just trying it out. There are guarantees."
- Respondent K "If you know obesity was a disease, and you took one of these products with the expectation that it was going to help you and it cost a lot and then they didn't work, the fact that it was supposed to be treating a disease, your satisfaction with the product is going to be negatively impacted.
- Respondent U "Well I think that getting the shot definitely means that you have medical issues. I lean towards a shot versus popping a pill. I just feel that way. There's a pill for everything. If you get an injection it seems more serious than taking a pill. It's a good thing because it takes more effort. If you really think you have a disease and you're willing to take a shot. Popping a pill, I mean you take vitamins every day. It just doesn't make a difference."
- Respondent U "Ultimately the only thing that will make a difference in results. Howe much does one lose and how do you feel while you're losing weight?"
- Respondent U "Maybe weight watchers, isn't it implying that just changing a few things around won't make a difference because you have a disease. I think that there is a psychological issue. Why would you go to just discuss your weight issues and discussing loss of control of what you are putting in your mouth if it's a disease? You no longer have that. Because a disease is something you have no control over."

- Respondent S “The people who saw obesity as a disease would be more open to using these products. Probably the two prescription products in particular. A prescription is medically supervised. I believe that you would do better with a medication that is proven and that is based on a doctor’s recommendation. They would be checking your labs and vital signs.” [This opinion is pretty similar to what it was before knowing it was a disease]
- Respondent L “When it comes to the prescription ones, if you’re told that you have a disease and there’s a prescription medication, you may perceive that that is more effective. There is a medication that can actually help you.”
- Respondent L – thinks products like WW and Hydroxycut will stay neutral. “Because either way whether it is classified as a disease or not, diet and exercise has always been a way that people have said that’s how you lose weight and that’s what a lot of those supplements are trying to help you do. Appetite suppressants help you eat less. Or programs telling you how to eat. The disease classification doesn’t add anything to those on that end of the spectrum.”
- Respondent N “I think across the board people would be more satisfied by getting this stamp from the government, that yes this is more of a serious problem than earlier stated and maybe something someone could say to their spouse ‘Look this is another reason why I am doing this’.”
- Respondent P “If it’s being called a disease, that Weight Watchers would think that that is less likely to be beneficial, that that would have the greatest influence on a person who had that viewpoint. Because if it’s a disease, they might think that they need some medications, something in addition, whether it be some supplements or something that they have to take, versus changing their diets and lifestyles, which I primarily associate with Weight Watchers.”
- Respondent P “I think if somebody seriously believes it’s a disease, it usually means people think that there is some magical medicine that they can take that will help it. So yes” [answering if the other four would be positively impacted]

Performance/Value for Money

- Respondent K “You would think that if obesity is a disease, then people’s insurance would cover it. That would make you feel like you get more value for those. They are acknowledging that obesity is not necessarily something you can conquer on your own and you may need help and finally my health coverage is acknowledging that this might be something that I need assistance with.”
- Respondent K “I definitely think [obesity as a disease] would impact [value for money].” Went on to discuss satisfaction – she closely connected it with value for money. See above section.
- Respondent U “I think that you would spend more if you think that you have a disease. I think that it would take forever to change people’s minds. If you were raised where you simply can’t control yourself, it’s going to take a generation to change that opinion in people’s minds. All of a sudden saying it’s a disease.”
- Respondent U “I think you’d be willing to spend more money on the pills and on the shots, but not on weight watchers”
- Respondent S “I don’t believe a lot of them work. I believe that something like Weight Watchers work. I believe that the true medications when medically supervised work. I think

the others are out there because someone wants to make money off of them. They want you to continue to have to use them. They know in the beginning that it's not going to work for most people and that they're going to have to come back to buy more" [Confirmed that it is a marketing ploy]

- Respondent S "I think Alli is horrible. I think Orlistat is too. What is it? It gives you greasy diarrhea. The fats aren't absorbed causing this. Do I think there's a place for it? No. You would only use this if you are absolutely desperate. I think that they're playing on people."
- Respondent L "maybe all of them would be seen as a better value. Classification as a disease maybe makes people realize that it's a very serious problem and they want something that will help them solve that problem and that gives all of those different products a higher value."
- Respondent N "I can't say that it would make any difference there in my mind."
- Respondent N "With more of this government stamp, it's like when they put the warning label on cigarettes "these will kill you", it's pretty much another red flag. Especially someone that may be on the service side and they pay more for these meals and they start to think well this is more money than I thought, or I've been doing this for a month of three months, and then they hear about this, maybe it's a way of getting more commitment."
- Respondent P "Depends on each individual product and their cost and on the success rate"

Imagery/Like the people who use the brand

- Respondent K "I unfortunately do not look positively on people who take short cuts to weight loss. I am a big proponent of if you make healthier choices and work out and maintain a healthy lifestyle, you should be able to lose weight without the use of additional supplements of products and things like that. If I were told obesity is a disease, obesity is something that genetically plagues some people more than others and other people can't lose weight as easily as others, which I know to be true to an extent, if I know that someone suffers from obesity as a disease, I think that I would look more positively on them utilizing any of these products as opposed to someone who is just doing it as a cop-out."
- Respondent K "I wouldn't think differently about it if you were doing Weight Watchers because I feel like that is sort of along the diet and exercise route. My opinion of someone using Weight Watchers wouldn't be changed whether or not obesity was a disease. I think that for Hydroxycut I would look more unfavorable for someone where obesity is a disease because they are using a non-FDA approved product without consulting a physician. However, not in the context of obesity as a disease, I still think it's a short cut."
- Respondent U "I don't discuss diet options with friends. I only discuss it with people who I happen to know, like people you see at Weight Watchers or if someone is buying lean cuisine at the grocery store. I think that weight is not something you discuss with someone outside of your close circle. I don't think my husband even has a clue what I weigh."
- Respondent U [response to if opinion has changed] "not really, no. But I would be more likely to use something if a friend used it and they talked positively about the product…the more medical treatment of it if it is considered a disease, then yes definitely. If I know someone who used it and spoke positively or if a doctor recommended it, then I would look at it in a different light"

- Respondent S “No, I really would not personally feel any different. Every person is on their own journey. I’m sorry some people aren’t more educated in why they would be using such and such. Or they just want a quick fix. But I personally wouldn’t feel any differently.”
- Respondent L “Each of those people are making a personal choice about whether they should be doing it under the supervision of the doctor or whether they should be following a program or taking a supplement, but my opinion of that choice doesn’t change with whether obesity is a disease or not.” [confirmed that it’s a personal choice.]
- Respondent N “I guess it would all depend on their health. There’s also this 6th level with bariatric surgery. I have known people who have done it, and it’s life changing in every way. In my mind, the service level people are more testing the waters. Then you talk about people getting injections, anything about an injection, that’s when you’re really serious because if you have to get a shot, that’s a very high level of commitment. I also think it’s wrong.” “I think the same before and after”
- Respondent P “It’s almost irrelevant. With Weight Watchers, you are controlling what you eat and with better exercise. That would bet he most logical thing to do first to see if your blood numbers improve before taking any pills.”
- Respondent P “It’s not a matter of liking them more, but I would say that they are doing what is more sensible because whether it’s a disease or not, if you can improve things by diet and exercise, that’s the wise way to go, rather than having something injected into you. That’s becoming part of the botox generation then. Don’t take anything that you don’t have to.”
- Respondent P “I would say contact a physician to make sure that they don’t have any underlying medical problem and then to see if they can actually find a different diet and exercise program that’s out there. I would make many attempts at all of that before taking any medicines.”

Judgments/Quality

- Respondent K “That is derived directly from their marketing. I think Hydroxycut would have the lowest quality because it is non-FDA approved weight loss pills. You know you are taking a cop-out, you know you are taking a quick and easy pill. It is affected by obesity as a disease because if it is a disease and you’re taking Hydroxycut, you don’t seem like you’re taking it seriously. You’re not going through the appropriate channels to diagnose your disease. You’re just trying to over the counter treat for a disease. Where you should be getting a prescription from a doctor.”
- Respondent K [Does this mean that you feel more positively about the prescriptions?] “Yes. To be a prescription, something that is actually given to you by a doctor, you know that it has to be high quality. It has to go through pretty stringent testing. Knowing obesity is a disease and it’s being prescribed for that improves its quality because when you prescribe someone a prescription you’re basically promoting the product as being effective.”
- Respondent U “It’s probably more positive in light of it being a disease for not weight watchers, but for the medicine kind of approach to it. Because otherwise why would you take medicine for something that you don’t have self control over, like eating habits.”
- Respondent U “Alli is a medicine too. I would think lower quality if it is not a prescription. It is that extra effort that you have to go through. It sounds kinda silly but I think being a prescription would make you feel like it really worked if the doctor has to give the approval.”

- Respondent S “If it’s a disease, then either people would try to treat it medically, but I wouldn’t know.”
- Respondent L “Maybe the lower end ones, like supplements, such as Alli and Hydroxycut, I would see as almost higher quality. Obesity as a disease gives it a little bit of a better connotation. These are supplements that are trying to combat a disease instead of just being pills that are jut for helping people lose weight instead of combating a disease. But for the other ones, I feel like it’s pretty neutral. For me, a prescription drug’s quality has been tested by the FDA and all of that. So whether the thing its treating was classified as a disease, it doesn’t really change my opinion of it.”
- Respondent L – confirmed that her opinion relies heavily on scientific backing. “I am probably a little bit of an outlier. Some people would probably be more following what their friends or family have done, but maybe those experiences, what they’ve read, what they’ve seen on TV, instead of research.”
- Respondent N “I can’t see there being any changes”
- Respondent P “No, I think that having medical journals and high level testing and publications would add to the quality.”
- Respondent P “Exactly.” [in response to, do you think the best way to market these brands is to have the scientific backing]
- Respondent P “The more, the better. [FDA approval] is certainly a help. However, FDA approval does not mean that it’s 100% safe. They are obviously letting things slip by that are not healthy.”
- Respondent P “I think it’s a matter of what is in each of those [brands]. I always have hesitations for anything that is injected. You are running into the problems of dirty needles, or mishandled needles, so I would say that that would be the one that I would put at the bottom of my list to ever use.”
- Respondent P “I am certainly open for more information. I would certainly pay attention to it. If it was convincing, I would use it. But you certainly can’t convince me that going to these restaurants that serve huge portions of very unhealthy food, that matter of self control and bad choices. You see that every time you go to the restaurants and see the people who go there. I think that is not a matter of being a disease. That is a matter of what they’re choosing to eat.”

Judgments/Relevance

- Respondent K “Yes. I do think relevance has changed particularly given that if someone is telling you obesity is now a disease, it’s not just a problem that can maybe cause health issues, this is a disease. When you think of something that’s a disease, you think oh my gosh I need to cure this and it propels you into considering what do I need to do in order to cure myself of this problem that the governing body has classified as a disease. They’re telling me that I need to fix this so I really need to do something about it, I’m not doing it on my own. So I need to consider doing something else.”
- Respondent K “As an initial matter, it leads me more towards Weight Watchers. You’re not putting chemicals into your body, which is the scariest thing. Doing Weight Watchers is a step in the right direction without diving head first into all sorts of other chemically based options. If it’s not working, then I think knowing obesity is a disease leads me to consider

other options where I had not done so before. So now it's not just a matter of oh you can't run a mile, bummer, it's a serious problem"

- Respondent U "They are not relevant to me at all because I don't like taking pills. I would be most likely to get a shot."
- Respondent U "Weight Watchers is about even."
- Respondent S "If I was obese I would look at it differently. I was able to change things for myself with diet and exercise and hormones. For people who are desperate, I think that they'll try just about anything"
- Respondent L "The prescription ones, I have always felt like were too serious of a step for me. But with more and more research about how your body likes to keep the weight on, or likes to drag you back to an old weight, it makes the prescriptions seem more relevant. It seems like a more serious problem and that I need more help than just what I can give me."
- Respondent N "I have not seriously considered any of them for myself. That doesn't change with that government statement"
- Respondent P "I feel much better with anything being taken, supplement or prescription, that it needs to come from someone who has a very strong medical background. It's not only taking something, it's also that it does not have negative effect upon some other illness that one might have or that it does not battle against some other medication that one is taking."
- Respondent P "I would be less comfortable, I would want some medical go ahead that there aren't any risks involved with any other conditions."[referring to supplement and over the counter]

Judgments/Recommendation

- Respondent K "I would definitely recommend that someone go to the doctor because I just think that that is my first instinct. Don't try to self diagnose. Don't try to web-md your symptoms. Oh I'm fat, better take a weight loss pill. You better talk about what are the best options for you." [discussed the similarity to birth control]. "You're putting something into your body that's altering the way you metabolize food or how hungry you are. It's not a decision that should be taken lightly, particularly when obesity is classified as a disease. You're not just going to grab any drug off the shelf to treat a disease. You should really go to your doctor. I would more likely recommend that someone talk to their doctor about getting a prescription. If the doctor says the over the counter will work for you, that's different. But that's not something that I would tell them."
- Respondent K [in response to asking if she would've recommended they'd go to the doctor before knowing it was a disease] "I probably would've just told them to eat less and work out more. I still might even recommend that from the get go, but they might have already explored those obvious options, like don't eat so many cheeseburgers."
- Respondent U "It is my life-long learning that it is self-control, not a disease. Probably not. Of course I think that there are some people who are truly obese. Like 350 lbs. But if someone is 30-40 pounds overweight, I don't think that I would tell them that it is a disease and that they need to think differently. I would tell them to get their stomach stapled."

- Respondent U “I don’t think that I would ever recommend for anyone to pop some pills, that’s just not the way that I am. I would say I am taking this and it’s working, but I am not so sure that I would encourage anybody to pop a pill.”
- Respondent S “Weight Watchers is one where it’s community and so you’re not out there alone trying to do it. If somebody told me that they were going to Weight Watchers I would tell them that I thought it was a good idea. What do I think people should do? Everybody’s needs are different. I think that they should go to a physicians and a nutritionist.”
- Respondent S ”The other medications are a shot in the dark. There are lots of side effects too”
- Respondent L “because of my personal experience with weight watchers and being successful, that is the first place that I would point them. Start watching what you eat. Start moving around a little more and then see where it goes from there.” – mentioned that had she had success with another brand, she would’ve recommended them. This would not change with the context of obesity as a disease.
- Respondent N “No.” Confirmed it’s because he doesn’t believe that obesity is a disease.
- Respondent P “Whether it’s a service or some medical professional involved in weight loss programs, as long as they’ve got a strong medical background, I think that’s the most logical approach.”
- Respondent P “it just seems logical that the first step would be some exercise. But you should consult a doctor first to make sure that you’re healthy enough.” Would never recommend a prescription because that’s a doctor’s job. “If it had great medical reports out and there are no side effects from it, maybe. But it would also depend on what it is. There are so many medications given these days that this does wonders, but the negative effects could be a stroke or a heart attack or something else. If there’s a severe negative potential effect, I would very much hesitate using it.”

Judgments/Superiority

- Respondent K “Where obesity is not derived from a genetic predisposition, you just eat too much, I think certainly a weight watchers is more superior. I do think that there is an effect on superiority based on whether obesity is a disease or not. Looking at obesity as a disease, while I still think that weight watchers is the first go to, weight loss in a natural way is the first go to, rising to the top also would be a prescription option. I think that that kind of makes it way along with natural ways of losing weight. Because you know that you’re not going to necessarily be able to do it without help.”
- Respondent U “Not really, I do not know enough about any of the products. Alli tells you that you shouldn’t wear white pants because you might end up with a spot on your pants. What does it do to the lining of your intestines? Does this mean that you’re not absorbing the nutrients either? I don’t think that there is superiority amongst any of them since I don’t know enough”
- Respondent U “I think that for other people pills may be an easy solution to the issue. But this is just me talking, I do not know enough about any of the specific products to give an opinion”
- Respondent S “It goes back to why somebody is obese in the first place. If I was going to pick one, I would probably pick weight watchers. You’re going to get information in Weight Watchers.”

- Respondent L “I definitely think that the plans and the prescriptions are superior over the supplements. The choice between plan or prescription is not really a superiority, it’s like a level of struggle. If you’re really struggling with a plan, maybe move to a prescription. Or if your doctor says lets just start with a prescription. I don’t think that it’s a superiority thing.”
- Respondent N “No.”
- Respondent P “Weight Watchers is obviously the known commodity that for quite a few people has had a beneficial result. Everything else sounds like something taking you’re taking into your body. I wouldn’t put superiority on any of those. I would have to have proof that one has better results and is very safe. I haven’t seen any results on any of those. But at this point I would say weight watchers is superior to the others because you’re not ingesting anything.”

Other parts of pyramid/Consumer Feelings (ex: social approval, self-respect)

- Respondent K “Not knowing obesity is a disease, superiority would go with like a weight watchers option. Because I think that people can be very snooty about losing weight naturally by just putting in the hard work and things like that.”

Other parts of pyramid/Consumer Brand Resonance (ex: sense of community)

- Respondent U “Would call a program like weight watchers “Psychological help. And I think that’s the most important actually. And the camaraderie and group experience.”
- Respondent S “Something like weight watchers is a community. And I think it’s a community that helps people. It’s about the individual person meeting a goal and having a community that helps them”
- Respondent S “Weight Watchers is one where it’s community and so you’re not out there alone trying to do it. If somebody told me that they were going to Weight Watchers I would tell them that I thought it was a good idea. What do I think people should do? Everybody’s needs are different. I think that they should go to a physicians and a nutritionist.”
- Respondent S “Weight Watchers is almost like being on a Facebook page. The people are going to share their own experiences and what worked for them and didn’t work for them. You are going to have that community. When you go to Weight Watchers you have that sense of community and you find out things that worked for people. It gives people hope. If you gained a little weight, there are other people who have done that. With that community, it is the most important thing to keep people coming back.”

Recommendations:

Recommendations for Weight Watchers

- Respondent K “I think yes, they need to do it carefully. I don’t think that you can represent yourself as a cure for a disease unless you’re FDA approved. You might run into some problems with the consumer product protection act for that. I think that they might direct some more of their marketing toward a healthy lifestyle opposed to just weight loss. I think that they should change their marketing to push more towards weight watchers as something that is essential to your life.”
- Respondent K “They would maybe move into some keep weight off. Maybe people who have already used weight watchers and have lost a dramatic amount of weight. Helping

people stay where they're at and maintain their health. Like don't let yourself fall back into obesity."

- Respondent U "Weight Watchers would have to market itself as preventative medicine rather than a treatment for a disease which is stupid because I actually think that it is the best of all of the choices out there in the long run."
- Respondent U "I think that Weight Watchers is so well known that I don't think that they really need to become more popular or more well known. That's just the normal thing."
- Respondent U "I think that they are doing the right thing, using very famous people and helping them to lose weight. It's a camaraderie thing, like let's do this together. I think that they are on the right track with what they're doing. I think that they should keep doing what they're doing"
- Respondent S "I would want them to think that it was something that they could do that they had control over. Sometimes when something is a disease, you feel like you don't have as much control. I think that I wouldn't be quite as happy that it was classified as a disease and I would want to downplay that."
- Respondent L "I don't think so [would change anything]. They have a very positive marketing strategy centered around making good choices and having non-scale victories but also being able to eat what you want and make your own choices. I think that their strategy is a little it divorced from all of the really heavy science. That has been successful for them and I don't know how much they would gain from trying to bring in this obesity as a disease which seems a little bit negative." Mentioned should not try a combative approach against the prescriptions
- Respondent N "Yes. I would sort of like the sticker on every cigarette pack that is shocking to people, that I would play it up that this is, like when they show someone with throat cancer for cigarettes. This is more serious than you may have considered."
- Respondent P "I don't think so, I would make my campaign be obesity is a disease. Here's a way to improve yourself and your condition without having to take any medications or supplements. A drug-free approach to health."

Recommendations for Hydroxycut

- Respondent K "I feel like the commercials I have seen for Hydroxycut are really geared towards people who want to look better in their bikini. I am thinking of people who are maybe only slightly overweight who wants to cut down a little more. I imagine really vain people who live in LA use Hydroxycut. I don't know if their target audience is someone who wants to get healthy. Someone who is taking their health seriously wouldn't use a non-FDA product. I don't think that their market would change with obesity being labeled as a disease. I don't think their market was the morbidly obese to begin with"
- Respondent U "I think that Hydroxycut has already been spaced out of my mind. I've never taken it, but what bothers me about that is Hydroxycut sounds like some hair dye like a bleach thing"
- Respondent U "I almost think that they need to go the sneaky route and infiltrating people in the neighborhoods where they talk about their success with weight loss with these products. It sounds terrible but peer pressure is what would get that going."

- Respondent U [regarding the networking/influencer approach] “yea, I think that would be a great approach, but you don’t know if it will react with something else people will take, that’s the downside”
- Respondent S “At first when they’re heavier than they want to be, they have on plain clothes and plain hair and they don’t have makeup on. All of a sudden they take Hydroxycut and they have cute little ponytails and they are in bathing-suits and they’ve got make up on. It’s more of a visual. Oh yea I want to be that! Oh yea I used to look like that! It is also going towards a much younger market because most of the people that you see are younger.”
- Respondent L “Maybe try and have more research done. Bring in the obesity as a disease information and bring in your own scientific research and say we are here to help combat this disease and this is how successful our users have been.”
- Respondent L “There is probably a cost advantage of the supplements over the prescriptions. This is cheaper. Maybe it’s a better value than the prescriptions, so you can get x amount of pounds, more bang for your buck.”
- Respondent N “Supplements that are a little different. They have to say that they are not FDA-approved. They are the ones who probably don’t want to get some involved in government claims.” Also, said No, they don’t think that they would be hurt by the claim.
- Respondent P “I would say that they should get the best medical testing that they could from the best known authorities. If poor results, I would declare bankruptcy.” “If they don’t have any positive medical backing, it’s going to hurt them. And they have a horrible name. They would need to have something else going for them. They need a decent name that’s appealing. It sounds like some bad chemical. Hydroxy- something or other. And cut doesn’t sound very good either. So first it’s the name.”

Recommendations for Alli

- Respondent K “I feel like their target audience is already people who are trying to get healthier and lose weight in a safer way. I think that their marketing would stay the same. Their marketing is already stay healthy, maintenance almost, if I remember correctly. I don’t know if their would change much.”
- Respondent S “I would sell a roll of toilet paper with every box because it makes people sick. I don’t even know how they do it. I am trying to think of a commercial and I can’t. I am thinking about the box, which is a white color with cheerful other colors. The only thing that they can say is that you don’t absorb one third of the fat and one third of the fat calories. I have no idea on that one.”
- Respondent L “I think that it would be a lot of the same things that I was saying for Hydroxycut. Alli probably has a little bit of a better reputation than Hydroxycut, for being a little safer. They could really use the obesity as a disease to their advantage in marketing a supplement.” Mentioned she would market it to consumers.
- Respondent N – would use the shock tactic (see what’s written under Weight watchers)
- Respondent P “If you’re getting into a drug, they have got to have the testing and publish that. Unless they can come across the group of people who think that here’s a drug that will cure anything. I think that’s their only way. I think that’s true for all of these. They need to have no negative results. And if they don’t, then they will have a lot of competition.”

Recommendations for Contrave

- Respondent K "I think that you might see more commercials for it in general. I don't know if I have even seen an advertisement for a prescription pill. I watch a lot of Netflix so I don't see a lot of TV commercials, but I think that there would be a bigger push from the pharmaceutical industry for more marketing of those products. Go to your doctor! Get a prescription! It's a disease. The pharma industry capitalizes on these sorts of situations. Maybe that's cynical. If I were their marketing person I would push for more air time."
- Respondent S "That you would use these under the supervision of your doctor and they would help you get to the place that you wanted to be. That would sort of be the angle there."
- Respondent L "Especially when you're marketing to consumers, it's much easier to market it when you can say that they have a legitimate illness. Nobody wants to be taking medication that they don't have to be taking. But also to be marketing to doctors and saying obesity is a real disease, look at the new research. This is something that could maybe help your patients and they have to go through you to get it."
- Respondent N – would use the shock tactic (see what's written under Weight watchers)
- Respondent P "Same thing as with the others."

Recommendations for Saxenda

- Respondent K "I do [feel the same as I do about Contrave]."
- Respondent K "If you can isolate out what type of person would want a pill versus an injection, I would need to know more about the pros and cons of each product. Is it just the method? How often? I feel like they could find a niche to distinguish their marketing from one another."
- Respondent U "That needs to come through the medical community. Like advertisements in doctor's offices. Or in serious weight loss clinics where you are supervised by a doctor."
- Respondent S "The same thing [as Contrave]."
- Respondent L "I think that it would be very much the same as the prescription pill."
- Respondent L [regarding whether they see a differentiation between prescriptions] "No, not really. I think that that would be a choice that a patient and a doctor would make together."
- Respondent N – would use the shock tactic (see what's written under Weight watchers)
- Respondent P – also same thing as the others.

Appendix 8.5: Hydroxycut Current Advertisement

Source: Hydroxycut, 2016