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“Lose 30?lbs in 30 days”: Assigning responsibility for deceptive advertising of weight-loss products

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Abstract

Purpose – The aim of this paper is to outline key social marketing issues apparent in deceptive weight-loss advertising, from the perspective of government policy-makers, manufacturers, the media, and consumers. The purpose is to examine the complexity of one aspect of the obesity battle and provide a framework for coordinated and integrated social marketing initiatives from a multiple stakeholder perspective.

Design/methodology/approach – The results of deceptive weight-loss advertising are framed using the harm chain model, and the paper offers recommended solutions based on a framework of marketing, education and policy changes across the network of stakeholders.

Findings – This paper concludes that a resolution to the harm created by deceptive weight-loss advertising can be achieved by the creation of a more holistic, system-wide solution to this important health and policy issue. This networked approach must involve all aspects of harm in a multi-stakeholder solution, including both upstream and downstream integration. Specific recommendations are made for policy-makers, manufacturers, the media, and consumers to achieve this goal.

Social implications – From a marketing perspective, analyzing the issue of deceptive weight-loss advertising using the harm chain allows for the creation of a more holistic, system-wide solution involving stakeholders in all aspects of harm for this important health and policy issue.

Originality/value – This research examines the problem of obesity and weight-loss advertising from the unique perspective of the harm chain framework. The authors make unified recommendations for various stakeholders including industry, media, government and consumers, in order to direct integrated social marketing and consumer-oriented strategies within this industry.

Keyword(s):
Deceptive advertising; Social marketing; Harm chain; Public policy; Advertising.

Introduction

Obesity has been recognized as a major issue in the world since the World Health Organization described it as an epidemic in 1998. Obesity is not only a problem in America, but also in the European Union and other developed countries. An estimated six out of ten Americans are either obese or overweight (Berg and Holtbrugge, 2001; FTC, 2003, 2005), representing a 75 per cent increase since 1991 (CDC, 2005). More than one-third of US adults and 17 per cent of children were considered obese in 2010 (CDC, 2012) and some ethnicities, such as African Americans and Mexican Americans, have an even higher propensity to be overweight or obese, i.e. 77.2 and 71.7 per cent, respectively, (Hadley et al., 2004). The problem is critical as there are more than nine million overweight children between the ages of six and 19 in the USA (Hadley et al., 2004) and most of them will continue to be overweight or obese well into adulthood (US Department of Health and Human Services (USDHHS), 2001). The obesity epidemic constitutes the second leading cause of preventable deaths in the USA behind smoking, and costs the economy more than US$100 billion per annum (USDHHS, 2001).

There are many reasons for weight gain. A general lack of activity, more meals eaten away from home, and the prevalence of fast food and sugar are all contributors (Schlosser, 2001; Schultze et al., 2005). Since last century, Americans have struggled to address their weight problems, with remedies ranging from responsible methods
that focus on long-term permanent behavioral changes, to seeking “miracle” quick-fix pills, patches and diet programs (Nestle, 2002). Unfortunately, less than half of Americans (54.1 per cent) do not engage in the recommended minimum amount of physical activity daily to maintain weight, much less lose weight (CDC, 2005), and more than half of Americans (55 per cent) report they are on a diet, often with little long-term success in weight reduction (International Food Information Council Foundation (IFICF), 2012). Indeed, almost two-thirds of dieters regain their weight loss after about two years (Mann et al., 2007). Many Americans report that it is easier to figure out their taxes than to figure out what food is healthy or not healthy to eat (IFICF, 2012).

Good information about safe weight loss can be hard to find and understand for many consumers, as is estimating calorie intake or energy expended with physical activity (IFICF, 2012). As a result, many people turn to other means to lose weight, such as diets, supplements and even medical interventions. In 2009, it was estimated that US consumers spent US$58 billion on weight-loss activities, with 22 percent of Americans using a weight-loss supplement program at any one time (Daggett and Rigdon, 2006). Weight-loss products, however, have limited efficacy, result in significant financial expenditure, and can result in consumer disillusionment with trying to lose weight. So, how can government and non-governmental agencies assist consumers in making better diet and weight-loss decisions, or at least better understand the decisions that consumers make? This question represents an opportunity for integrated social marketing interventions in which regulations are unified, and messaging is united across the four Ps of marketing (Alden et al., 2011).

In the search of methods to lose weight, advertising and communication inevitably play an important role in information/disinformation dissemination. Firms are seeking to promote their products more aggressively, and public policy-makers are seeking to better inform consumers about healthier lifestyles, increased awareness, and appropriate dieting behavior through various integrated social marketing initiatives. Add in society's increasing focus on health and obesity, and consumers are likely to be more intensely engaged with commercial advertising messages which promote weight loss than the fragmented governmental attempts at integrated social marketing.

This increased level of engagement becomes particularly critical to social marketers who focus on empowering and encouraging consumers to undertake behavior change that improves their quality of life. This is made harder when much of the advertising from the weight-loss industry can be classified as misleading, confusing and even deceptive, and can impede people from making informed improvements in eating and weight-loss-related behavior (Federal Trade Commission (FTC), 2002b). The FTC examined weight-loss advertising in a series of studies and in an industry-based workshop, and found repeated evidence of consumer deception (FTC, 2002b). For example, they found that 65 per cent of all weight-loss ads employed unproven testimonials and before/after photos. More than 57 per cent promised rapid weight loss beyond realistic expectations, and, more than 41 per cent falsely stated that diet aids result in long-term weight loss. These findings are particularly troubling knowing that the overall number of weight-loss advertisements has increased over the past several years in traditional and electronic media (Mintel, 2007).

The FTC has argued that public health suffers when consumers choose products with exaggerated claims over other products or programs that focus on long-term behavior change, portion control and exercise (FTC, 2002b). Consumers who inaccurately believe that they can lose “30 lbs in 30 days” may lose interest in the slower methods that are more responsible and provide better, healthier, longer-lasting results. Given the significant implications risky weight-loss products have for consumers, understanding the implications of the advertising practices in the weight-loss industry becomes increasingly critical from a policy perspective. This could be achieved through regulating misleading messages as well as improved integrated social marketing aimed at enhancing consumers' understanding of the complexity of the problem and solutions through a united and consistent approach to messaging to the consumer.

But, who is responsible for the problem of misleading and potentially deceptive weight control and dieting advertising? In the USA, the FTC believes that manufacturers of weight-loss products are partially to blame, which might explain the increased FTC litigation against those companies (Mintel, 2007). Industry organizations shy away from setting voluntary guidelines, as these organizations do not have the ability to enforce them against unscrupulous industry members. Others argue that media outlets carrying potentially misleading advertisements should bear some responsibility (Galloway, 2003). Media outlets counter this argument, stating it is not their responsibility to monitor the veracity of the advertising content and claims of their advertisers (Dezember, 2002). Of course, the problem is compounded by the fact that many of the images presented in the media and advertising are often of unrealistically thin people (Holmstrom, 2004), thus creating more unrealistic body image expectations within society. Finally, consumers, too, must bear responsibility for
their past behavior, which, in many cases, has resulted in consumption and lifestyle choices that have led them to “need” assistance with their weight management.

This paper examines misleading weight-loss advertising claims in the context of the harm chain (Polonsky et al., 2003), a theory that considers the production and regulation of harm, as well as looking at those who are affected across the stakeholder network. Integrated social marketing recommendations addressing harm are then presented, which can draw on a range of tools. In particular, we discuss Rothschild's (1999) alternatives of:

- regulatory approaches (i.e. laws), requiring behavior change;
- educational perspectives, where consumers are given information empowering them to make “better choices”; and
- marketing, which focuses on persuasion leveraging consequences of action, and how these tools can be integrated through social marketing to facilitate more responsible behavior across all actors within the wider exchange system, and the harm arising from misleading weight-loss advertising.

The harm chain and deceptive weight-loss advertising

There are many ways to control weight. The simplest way to lose weight is to consume fewer calories than are expended through exercise. Some people can exercise more or eat less and lose weight. Others, however, have additional factors such as genetics and health issues that make controlling weight more difficult. While weight loss is receiving increasing medical research attention (Parker-Pope, 2011), it is increasingly clear that there is no “right” weight-loss solution for everyone, and a variety of factors need to be considered for each individual. There is, however, extensive and reliable weight-loss information and support or assistance which can be used to assist consumers to make informed decisions about behavior change.

Some examples of available information include the National Institute of Health's guidelines that call for restricting caloric intake while increasing physical activity levels in order to realistically lose weight (NIH, 2011), the USDHHS' (2001) guidelines and tools informing consumers about healthy lifestyle and eating behaviors, and the revised US Government “food pyramid”, now called “my plate”, to convey dietary guidelines for Americans (USDA, 2011). Consumers also have ample opportunity to learn about and to incorporate healthy, medically safe, weight-loss techniques into their diet and exercise programs through their health providers, the diverse range of social marketing initiatives of health care providers such as nutrition labeling, and published information contained in communication programs from a number of government agencies. Additionally, a multitude of commercial organizations provide information about nutrition, many of whom have a commercial interest in consumers “purchasing” advice.

However, many Americans find the myriad of guidelines for diet and exercise difficult to understand and act on (IFICF, 2012). Government information also has to cut through the extensive amount of commercial speech (i.e. advertising) that presents a vast array of products and services related to weight loss and weight-loss supplements (Mintel, 2007).

Promoting responsible dieting or consumption messages through integrated social marketing is, therefore, difficult given the plethora of persuasive but often misleading commercial messages being communicated. For example, according to the FTC (2003), the top five false weight-loss claims include:

1. lose weight without diet or exercise (when consistent and permanent weight loss takes work and effort);
2. block the absorption of fat (there is no magic non-prescription pill for this);
3. lose 20 lbs in 20 days (experts say 1-2 lbs per week is a safe weight-loss goal);
4. everybody will lose weight (everyone is unique and no single product works for all); and
5. lose weight from your hips (targeted spot weight-loss reduction is not possible).

It is, therefore, not surprising that many people have unrealistic goals and expectations about weight loss, in particular the amount they can lose, the speed at which they can lose it, and their general outcomes regarding their lifestyle (Averkamp, 2012). These unrealistic promises result in consumers forming unrealistic expectations, making them even more vulnerable to misleading messages (Berzins, 1999; FTC, 2002b).
This effect is magnified given the sheer volume of weight-loss advertisements (FTC, 2002a). The FTC (2002a) found that many of the ads used multiple false claims, compounding consumer deception and shifting consumers’ frame of reference for product performance. The FTC has brought more than 100 cases since 2007 to fight false claims against products like One-A-Day Weight Control, Xenadrine, CortiSlim, CortiStress and TrimSpa, resulting in tens of millions of dollars in fines (Mintel, 2007). Unfortunately, the FTC’s actions have not stopped inaccurate weight-loss advertising claims.

Advertising regulations require that the content of advertisements must be truthful and all objective product claims must be substantiated. Ads are considered deceptive if the representation, omission, or practice is likely to mislead the consumer, or if the ad prompts the consumer to act in a way that is detrimental to him or herself, or if the ad is likely to mislead a “reasonable” consumer in the targeted consumer group (FTC, 2002a). Thus, ads that purport to produce unrealistic outcomes or depict inaccurate claims (or images) would be deceptive under most government advertising regulations.

Deceptive weight-loss advertising has significant ramifications for consumers. There is a financial loss in purchasing products that do not deliver on their claims, and the omission of relevant health and safety data puts consumers at risk, and sets unrealistic weight-loss standards. Misleading claims frequently take advantage of a highly involved vulnerable population of overweight consumers who need regulatory protection and correct information about appropriate weight loss.

Effective solutions to the problems associated with questionable weight-loss advertising require that policy-makers integrate all parties involved in developing, disseminating and consuming weight-loss advertising. Integration of the weight-loss regulations would assist in improving consumer health outcomes by coordinating messaging about appropriate behavior changes. Additionally, including a cohesive integrated social marketing communications program that emphasizes the pro-social aspect of behavior change would further success as well (Alden et al., 2011).

Polonsky et al. (2003) proposed a theoretical framework, called the harm chain, which is grounded in stakeholder theory and provides a useful framework to integrate the multiple parties involved in this issue. The framework is based on Porter's (1995) value chain concept. The authors apply a stakeholder model to examine the types of harm arising from a particular action, namely, the antecedents of the harm, the parties being harmed and the parties responsible for that harm. The framework identifies that various stakeholders have some capacity not only to create harm (a manufacturer creates a non-standardized product, the consumer uses the product in the wrong way), but also to prevent harm, or to take actions to control the harm involved (the manufacturer could implement tighter manufacturing control, the consumer could read the directions more carefully, regulators could change consumers' understanding of issues). Thus, the harm chain identifies the underlying problematic exchanges between stakeholders as a network of interconnecting relationships rather than a simple dyadic exchange.

Resolving harm requires a network approach as well, as harm must be proactively addressed across the network of stakeholders (Polonsky et al., 2003). These complex interactions often have stakeholders undertaking multiple roles, resulting in system-wide solutions to the problem that go beyond the direct outcomes (i.e. stopping harm arising rather than simply dealing with harm after the event). Unfortunately, there is generally no overarching regulatory entity responsible for coordinating system-wide solutions integrating social marketing interventions. Fragmentation of public policy is partly responsible for the failure to deal effectively with harm (Chilton, 2000).

At the same time, it is essential to understand that each stakeholder group, while interconnected, will have differing interests in the issue of concern (Polonsky and Hyman, 2007). Each stakeholder will view the issue from its own frame of reference, and may view a given behavior and the appropriateness of alternative responses differently. For example, a regulatory body may believe it is limiting the dissemination of misleading information to the consumer, while consumers may see the regulations as restricting needed commercial information required to improve their product choice. Creating a comprehensive and holistic public policy perspective using alternative tools can, therefore, be a significant challenge to policy-makers (Hoek and Jones, 2011; Wymer, 2011).

Polonsky et al. (2003) suggest that for this process, there are four phases in which harm must be considered. In the case of misleading advertising for weight-loss products, the phases translate as pre-advertising, advertising, post-advertising/consumption, and post-advertising policy introduction. These four phases are explored across
the stakeholders in the weight-loss industry, namely, government/regulatory agencies (such as the FTC, FDA, and state governments), industry associations, manufacturers, media outlets, and consumers themselves.

This research argues that each stakeholder has a role in the creation, dissemination and adoption of false or misleading weight-loss claims through advertising. These parties can serve as parties that are harmed, cause harm, or can regulate or address harm. Figure 1 sets out the framework used in this paper for the broad roles and stages of harm where each of the players can participate, and a range of integrated social marketing tools can be applied. It is only through unified social marketing “upstream” (Hoek and Jones, 2011; Wymer, 2011) and consumer-oriented “downstream” approaches that marketers can effectively minimize harm to consumers in the weight-loss category.

Harm chain stakeholders

Government/regulatory bodies

Society traditionally assigns responsibility for protecting the public interest from harm to government bodies, with the ultimate aim of preventing explicit harm and encouraging positive behavior from both consumers and firms operating in society. This strategy has been referred to as an “upstream” approach (Hoek and Jones, 2011), in that it uses an integrated social marketing approach to focus on public policy and regulation to control behavior and/or promote behavioral change. However, many government regulatory efforts focus more on redressing the harm after it has taken place (a “downstream”, individual level approach, Hoek and Jones, 2011) rather than pre-empting the harm. For example, advertising is generally not reviewed for accuracy. Instead, regulators focus on prosecuting firms when there are complaints advertising is misleading. This reactive approach is often supported by conservative politicians who are focused on limiting government intervention in the business sector, and presents a significant challenge to social marketers. By focusing only on post-harm regulation, potentially, unscrupulous companies can exploit consumers, at least until there are complaints.

This result was seen when tobacco firms began using cartoon characters to promote smoking when using “real people” in advertisements became illegal. While corporate practice adhered to the letter of the law, a smoking avatar in an advertisement certainly conflicted with its spirit and intent (Kelly et al., 2000), with the law ultimately being changed to preclude using cartoon characters as well. In another example, alcohol manufacturers used advertisements to promote the benefits and positive attributes of their products, without highlighting the harm to vulnerable populations such as pregnant women (Hankin et al., 1998), or young consumers prone to binge drinking (Szmigin et al., 2011). These groups were later targeted with specific integrated social marketing efforts to deter consumption, but these efforts are less actively promoted than the harm-producing product.

While government and regulatory activities seek to deal with various aspects of the harm chain, their efforts are fragmented between agencies with different regulatory domains, the courts, state and local governments (Berzins, 1999). Additionally, for many regulatory agencies, the scope of their regulatory domain is limited to a narrow set of issues. Agencies are required to look at selected elements of a particular issue, which can limit the ability of regulations to address holistically the potential for delivering harm across the whole exchange system. Multi-agency involvement can also lead to confusing requirements for manufacturers, and potential regulatory loopholes that leave the consumer vulnerable to harm. This general lack of a holistic government approach (i.e. regulation supported by integrated social marketing and education programs) represents a critical public policy failing that could significantly harm the consumer or, at the very least, create the opportunity for consumers to be harmed.

This issue can be seen through the conflicting and confusing regulatory picture presented across government agencies for weight-loss advertising. At the federal level, the FTC and the FDA are the principal direct regulators of the diet and weight-loss industry. The FTC has a mandate to regulate misleading information by investigating firms and industries that are seen to be misleading consumers. In the weight-loss industry, the FTC has recently undertaken extensive investigations of deceptive advertising (FTC, 2002a, 2003, 2005) and has brought cases against numerous makers of weight-loss products by enforcing the regulations. The FTC also seeks to prevent instances of harm arising through the development of industry guidelines to ensure that manufacturers do not breach regulations (Foley, 2003). Further adding to the challenge, neither agency is mandated to encourage responsible consumer behavior focused on nutritional choices (i.e. managing caloric intake that would eliminate the need for future dieting).
The FDA, on the other hand, is responsible for:

[...] protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply [...] and helping the public get the accurate, science-based information they need to use medicines and foods to improve their health (FDA, 2008).

Therefore, in the weight-loss industry, the FDA controls labeling for dietary supplements. These labels are not subject to the same scrutiny as prescription or other types of drugs, even though the FTC is responsible for monitoring health claims and deceptive advertising claims for this product category – a confusing distinction.

Given the FTC and the FDA do not deal with issues related to healthy eating or dieting there is a need for other players in the regulatory and public health domain to become involved. This wide array of players can result in a confusing message to consumers. For example, the USDHHS promotes healthy eating and exercise (USDHHS, 2005), while other programs target nutrition-related behaviors such as improving young people's eating habits (Donato, 2006; McGraw et al., 2000), increasing exercise exclusively (Veugelers and Fitzgerald, 2005), or promoting more realistic body images (Yager and O'Dea, 2008). Messages across these organizations not only differ but also do not leverage the messages promoted in the other weight/diet-related programs.

In summary, while each government department may work individually to minimize consumer harm, the piecemeal approach to regulation of the weight-loss industry leads to a confusing regulatory picture without a cohesive or coordinated social marketing message. Further, the emphasis is on dealing with harm after it has been done, rather than attempting to prevent harm arising to the consumer and other stakeholders.

Manufacturers and trade/industry groups

Manufacturers are, of course, the principal creators of weight-loss advertising. However, they face conflict between their desire for profitability and their responsibility to consumers to deliver effective products with realistic claims that are accurately communicated to consumers. Responsible firms resolve this conflict by selling tested products with realistic advertising messages and appropriate warnings. Unfortunately, other firms make unrealistic claims, thus inappropriately raising consumers' expectations about various weight-loss products, or encourage consumers to undertake activities that are unhealthy (Santora, 2005).

Unscrupulous firms cause significant harm to the weight-loss industry and to consumer wellbeing. Deceptive claims made by one firm are bad for all firms in the industry (FTC, 2003), as they negatively affect the image of legitimate companies. False claims also decrease consumer confidence in the industry, hindering efforts to clean up the industry's tarnished reputation. As a result, consumers can become cynical about all weight-loss information, and discount the accurate information provided by promotional campaigns which outline more realistic but longer-term solutions for weight loss and healthy lifestyles.

Lack of industry self-regulation also causes harm to both the industry itself and the consumer. There are, in fact, few specific standards for weight-loss products (FTC, 2003). Any attempt at self-regulation by industry associations is voluntary, and there is no enforceable industry sanction for manufacturers who opt out of complying with industry regulation. While some leading firms and trade associations have developed guidelines and a code of best practices, many companies do not comply with those practices (Rotfeld, 2003). Thus, additional confusion is created as consumers have limited sources of information to determine the veracity of claims.

Other self-regulatory bodies, such as the Council for Better Business Bureaus and the National Advertising Division (NAD), have also failed to establish guidelines for punishing companies making false claims. However, even if the organizations had such guidelines, it is unclear whether they could compel those flouting such guidelines to comply. Companies can bring complaints against competitor ads, and the NAD will launch an investigation. However, the current process is designed to ensure the accuracy of advertisements (FTC, 2002b) rather than to take corrective or legal action against the offending company, thereby bypassing the opportunity to address the longer-term harm issues. The NAD's jurisdiction does not extend to foreign companies exporting to the USA, which leads to opportunities for deceptive claims from overseas firms (which is becoming increasingly problematic as more weight-loss supplements are being sold online).
The voluntary nature of self-regulation means that some companies may be unwilling to comply, and trade associations may be unwilling and unable to take significant action against members because of the risk of alienating the general membership. In order for self-regulation to be effective, organizations within the trade group need to cooperate with each other, a concept that is contrary to the competitive nature of most businesses (Boddewyn, 1992; Gupta and Lad, 1983). Stricter self-regulation, however, does not necessarily mean that resulting corporate actions will ensure consumers will make better decisions about weight loss (or about lifestyle issues leading to the perceived need for weight-loss supplements), however, it does assist in making advertising less misleading.

Companies can be motivated to self-regulate in order to protect themselves from consumer lawsuits, or to protect themselves from FTC scrutiny and prosecution. In addition, companies operating under stricter standards of self-regulation can also use their marketing position to gain a competitive advantage over other companies who do not self-regulate (or who do not adhere to self-regulatory industry standards) by publicizing their quality standards. Finally, companies can benefit from self-regulation in order to combat the effects of negative word-of-mouth through social media and other online communications.

The media

The media must bear some responsibility for the harm created by deceptive weight-loss advertising as well. While the FTC has brought cases against manufacturers for false or deceptive weight-loss claims, there has been no meaningful action against the media who carry misleading ads. At present, media outlets do not take responsibility for the content of weight-loss advertisements, despite the fact that they may provide the most effective way to regulate false claims by weight-loss companies (Galloway, 2003). Ironically, while the media do screen for offensive words or images, they are, however, not eager to screen potential ads for deceptive claims (Rotfeld, 2003).

In general, media outlets have questioned whether they have an obligation to verify the accuracy of advertisements (Dezember, 2002; Kent, 1992), or whether this responsibility best rests with the manufacturers generating the ads (Vranica and Flint, 2002). Media companies have also pointed out the practical impediments to regulating advertisements, such as their lack of expertise about the advertising claims, the high costs associated with screening, the high volume of ads to be reviewed, and the tight deadlines associated with some media (FTC, 2003). Additionally, some media trade groups fear that asking the media to screen weight-loss ads would result in the rejection of all weight-loss advertising – even those that are not misleading – in order to protect themselves from possible consumer litigation. Asking the media to regulate or screen advertising content could also lead to significant conflicts of interest, as “[…] [the media's] decisions often are focused on priorities other than consumer protection” (Rotfeld, 1992, p. 93).

Consumers

One of the most interesting and compelling stakeholders in the harm chain is the consumer. The consumer is the stakeholder most at risk of harm from deceptive weight-loss advertising, either by losing money purchasing an ineffective product, or by being physically harmed through its use. However, consumers must also bear some of the responsibility for misleading advertising in the weight-loss area, as they sometimes fail to vet the claims presented by advertising. The literature suggests that there are three possible ways of looking at consumers, each with its own associated level of harm.

If consumers are savvy users of weight-loss products, they are at significantly less risk of being harmed by deceptive weight-loss advertising. Under the “smart consumer” model, consumers approach advertising with skepticism. Smart consumers generally mistrust advertising (Calfee and Ringold, 1988) and must be convinced before making a purchase (Calfee and Ringold, 1988, 1992); they are more informed and, therefore, more knowledgeable about weight-loss and lifestyle issues that may lead them to these products. Smart consumers also understand sellers' incentives to exploit consumer ignorance (Calfee and Ringold, 1992) and take that into account when making their purchases. Sellers must earn consumers' trust through credible actions, which requires more than advertising. Smart consumers are self-regulating, to some extent, based on their inherent skepticism of advertisers in general and on their desire to make informed purchases. Smart consumers, therefore, may be more receptive to an integrated approach to social marketing which identifies the underlying behaviors and actions needed to address weight loss, particularly when the adoption of these behaviors are presented as attractive options for the consumer. Presenting realistic weight loss options by outlining the
benefits and ease of access to these programs, and motivating trial and reinforcing maintenance through promotional tools such as personal selling or sales promotions can be particularly helpful in enhancing the effectiveness of a social marketing campaign for these consumers (Alden et al., 2011; Deshpande et al., 2004; Smith, 2009).

If consumers are not savvy, they are at considerably more risk of harm from deceptive weight-loss advertising. Under the “dumb consumer” model (Cohen, 1989; Pollay, 1989), advertising is seen as a powerful influence that consumers are ill-prepared to resist. Consumers passively consume advertising and media, then passively succumb in large numbers to impulse purchases (Calfee and Ringold, 1992). This passive reliance on advertising is assumed to stem from faulty information processing on the part of the consumer, that is, they do not have information about weight loss or lifestyle activities that enables them to objectively assess the advertising. Intervention in the form of regulation and education (or integrated social marketing) will be most effective at both protecting the consumer, as well as enabling them to become more informed and able to protect themselves.

At the extreme end of the “dumb” consumer spectrum, are consumers seeking weight-loss products who may be considered a vulnerable audience (Smith and Cooper-Martin, 1997), and thus at significant risk of harm from deceptive weight-loss advertising. Under this argument, the consumers’ overall inability to recognize and protect against persuasion (Laczniak et al., 1995), plus their inability to understand the implications of marketing messages (Laczniak and Murphy, 1993), make them particularly vulnerable to weight-loss messages appealing to consumers’ weight concerns. These factors especially prevail in the case of hedonistic or impulsive decisions. The desire for health or good looks (Aditya, 2001) could, therefore, prevent even a “smart” consumer from completely processing advertising information, allowing them to be misled by inaccurate or highly emotive advertising. Vulnerable consumers are generally unable to ensure that their decisions will not result in self-harm, and thus need to be protected when making market decisions.

This concept is reinforced by recent research demonstrating that weight-loss advertising is designed to elicit a visceral response (Amos and Grau, 2011). The temporal proximity of reward (rapid weight-loss messages), visual prime (before/after photos) and vividness of reward (the match-up of the model and the target audience), are all considered visceral cues. Results show that these cues are associated with greater buying impulses, more positive attitudes toward the product, positive attitudes toward the advertisements and increased purchase intentions. A high level of involvement with body weight is shown to increase respondent susceptibility to these cues. Amos and Grau (2011) found that visceral cues that emphasize the vividness of the reward and provide a visual prime, have an attention-narrowing and impulse-inducing effect, which is present regardless of advertising skepticism. Weight-loss advertisers can overcome consumer skepticism through message development and visceral images, a technique more commonly associated with deceptive advertising than with integrated social marketing campaigns focused on weight loss and healthy lifestyles.

Not all consumers purchasing weight-loss products fall solely into one category (i.e. “smart” or “dumb”). However, it seems that many are willing to believe weight-loss advertising claims that cannot stand up to scientific scrutiny and contradict the social messages communicated by health-focused policy organizations. By passively accepting these inaccurate advertising messages, consumers facilitate the harm generated by manufacturers and advertisers peddling outrageous or unattainable weight-loss possibilities. Consumers willingly purchase products and services that promise unrealistic results, generating profits for the misleading advertisers and manufacturers, and encouraging additional newcomers to enter into this lucrative market. And, in the face of these marketing messages, consumers often ignore marketing messages that communicate less attractive but more realistic alternatives.

Consumers can also adopt behaviors that may result in becoming overweight, potentially leading to the “need” for weight-loss supplements. Weight gain and weight loss are frequently a result of long-term behaviors; consumers seeking unrealistic short-cuts are searching for miracle cures which are generally too good to be true. Integrated social marketing can assist in changing behaviors and expectations, resulting in long-term behavior changes through trial and maintenance (Alden et al., 2011).

**Stakeholder recommendations for mitigating harm**

The harm chain process focuses on the stakeholders' roles in harm which arise in four distinct ways: prior to advertising being initiated (i.e. pre-advertising), during the creation of the advertising (i.e. advertising), when
consumers are viewing or engaging with the advertising (i.e. consumption), and when consumers purchase and use the products being advertised (i.e. post-consumption) (Polonsky et al., 2003).

From a social marketing and policy perspective the question remains as to how to integrate social marketing tools to deal with the various stages of the harm chain and associated stakeholder actions. As has been discussed throughout this paper, a holistic approach drawing on regulation, education and marketing needs to be designed to address the complexities of antecedents, harm and its consequences. Rothschild (1999, p. 24) proposes using his framework of marketing, law and education for “[...] specific targets and specific public health or social issues for which the targets may or may not have any motivation, opportunity, and/or ability to cooperate but that nevertheless have been selected for management” and that “result in social costs for which other members of the society must pay either directly or indirectly.”

A harm chain perspective to weight-loss fits this approach, as there are instances where legal perspectives (such as FTC regulation of misleading advertising) can be used to respond to the occurrence of harm, or where education can be highlighted in the antecedent harm stages by making consumers better aware of the consequences of behaviors. Coordination of effort across these tools is critical, though, as consumers can only effectively assess their consumption behavior if there is easily understandable information about their food purchases (i.e. mandatory food nutritional labels). Further, the effectiveness of the information will require skilled and integrated social marketing efforts highlighting the costs and benefits of behavior change (or non-change).

The first action, marketing, provides incentives for changes in behavior of any of the stakeholders by offering rewards and/or consequences for voluntary action. Rothschild (1999) argues that marketing caters directly to the short-term, self-interest of the individual (or stakeholder group), and is based in positive rather than negative consequences. This action provides a direct inducement to respond positively to the relevant individual or group. For example, an integrated approach to government-sponsored social marketing and health programs may encourage consumers to engage in more healthy behaviors by subsidizing community exercise programs, or providing additional resources in health care as rewards for weight loss. Or, social marketers may fund schools to provide additional physical education that becomes integrated into a lifestyle, minimizing the need to require weight-loss programs in the future. The more integrated the social marketing approach across the four P's of marketing, the more consistent this message. And, the more these campaigns can take a pro-social approach to instigate trial and maintain behavioral change, the more effective these integrated marketing campaigns can be in influencing behavior choices (Alden et al., 2011).

The second action, education, allows the stakeholder to influence behavior by attempting to inform and persuade someone to behave in a desired way, without providing an incentive to the participant. According to Rothschild (1999, p. 25), “Education can teach and create awareness about existing benefits, but cannot deliver them.” Education can sometimes be harder for consumers to integrate, as the reward or consequence is more distant with no instantaneous reward. For example, consumers may learn that in order to lose weight they must consume fewer calories than they burn on a day-to-day basis. However, the results of implementing this practice take a long time to see for the average weight-loss consumer, as it requires changes in food-related behaviors that consumers are accustomed to (such as eating less processed food, or consuming fresh foods). This can be true even when education includes an argument that behavior change is for the greater good of society as a whole, or that the revised behaviors can result in individual rewards over the long term (i.e. enabling more active participation with one's children through healthier lifestyle choices).

The third action, law, relies on traditional public policy actions that seek to modify behavior through coercion and threat of punishment. Law, typically, affects businesses in this case, with resulting business behaviors affecting consumers through available products and services, marketing communications options, or prices, among others. Law can be used in a negative way to deter harmful behaviors, by punishing people who engage in those behaviors. For example, laws can ban snack/fast-food advertising on television during certain times to limit their effect on children and their consumption choices (Caraher et al., 2006), and impose fines on those networks which air the advertisements. Or, regulations can require warnings or more balanced communication about the potential harmful aspects of a product or service, such as requiring that chain restaurants post basic nutritional information next to menu items although there are mixed results on the effectiveness of such activities when sponsored by the offending firms (Lee and Ferguson, 2002; Suffin, 2006). Laws can also offer positive results for positive behaviors. For example, laws may require decreased health insurance premiums for people who meet body mass index targets, or who are non-smokers.
In the following sections, Rothschild’s framework will be applied to each of the cells shown in Figure 1, outlining the marketing, education and legal actions the stakeholders in the harm chain can take to minimize the creation of harm, taking action against harm created by stakeholders in weight-loss advertising, and regulating the process to minimize harm in the future (Figure 2).

**Recommendations for government/regulatory bodies**

During the pre-advertising phase, government and regulatory bodies should take steps to establish more effective legal guidelines for manufacturers and industry groups in the weight-loss business. The current piecemeal approach to regulation of advertising claims outlined above fails to produce a network-wide monitoring system for preventing deceptive weight-loss advertising, resulting in regulatory loopholes and confusing guidelines. In the case of pharmaceuticals, testing approval is concentrated within one specific organization, the FDA, which tightly controls the vetting process of drugs. Concentrating regulation of the weight-loss industry within one government organization would provide a similar unified approach, thus minimizing harm to consumers, and providing a centralized resource for universal government regulation.

Centralizing regulation within a specific government agency accomplishes a number of goals. First, it allows for manufacturers to understand more clearly and, therefore, adhere to the constraints placed by government regulations on advertising of weight-loss products. Second, centralizing regulation helps eliminate gaps in public policy between agencies, minimizing the opportunities for their exploitation by weight-loss companies. Third, centralized regulation protects consumers more effectively from harm, as weight-loss products must meet key criteria in order to be approved for consumer use. Last, centralized regulation of the weight-loss industry allows for more standardized application of penalties to companies violating public policy regulation.

Government agencies can take simpler steps as well to improve the efficiency and effectiveness of oversight. Improving inter-agency communication and coordination of activities can assist in identifying common ground for the multitude of governmental bodies promoting healthy lifestyles. Educational programs, such as seminars and coordination meetings across regulatory agencies, can also assist in building a framework of more cohesive and effective regulation. Participation from trade and industry associations would further enhance education and coordination of public policy.

From an education and marketing perspective, government organizations can provide consistent information about dietary issues across all agencies. Integrated social marketing campaigns highlighting the consequences of given behaviors or non-behaviors could build on this standardized information. Both the information and marketing of the information would need to assist consumers in better understanding the complexities of weight gain and loss and highlight the long-term causes and solutions. Simply consolidating cross-agency information about weight loss, nutrition, and how to recognize false weight-loss advertising claims would enhance and simplify consumers’ ability to find, understand and respond to weight-loss information. Consistently delivered integrated social marketing information can enhance the effectiveness and impact of this messaging, making the sum of the effort greater than the individual promotional parts (Alden et al., 2011).

An additional challenge arises in that any coordinated education and integrated social marketing efforts would need to be appropriately resourced so that they effectively compete with well-funded commercial marketers of unhealthy food options and weight-loss products. Justification for additional funding comes from the expected resulting reduction in obesity and the associated reduction in health costs, as well as increased productivity from a healthier population (USDHHS, 2001). Some jurisdictions are suggesting a “sugar tax” on unhealthy products such as soda beverages; funds from this tax could be used for an enhanced, integrated social marketing campaign promoting healthy eating and dieting (Vauhini, 2012).

Government and regulatory bodies currently have no established screening process during the advertising phase to assess the accuracy of advertising claims. Claims are only reviewed when complaints are made, leading to uneven regulation across the industry. Guidelines for acceptable and unacceptable marketing claims have been developed in other areas, such as green marketing (Kangun and Polonsky, 1995); however, this was designed for manufacturers and marketers, not the media companies. If screening is required, voluntary approaches would have a limited pool of enforceable penalties. A regulated approach is likely the only way inaccurate claims could be effectively controlled. Screening stops harm arising, as misleading claims would not exist.
In the post-advertising consumption phase, punishments associated with violating regulatory requirements should be increased to deter companies from using inappropriate advertising messages. This could be extended to making manufacturing and marketing executives personally responsible for the truth of their advertising claims, similar to the Sarbanes-Oxley regulations in the USA requiring designated corporate officers to certify that public financial reports meet accepted control standards. Such actions would increase the costs and risks of misleading consumers, and encourage more effective self-monitoring as a form of due diligence.

Recommendations for manufacturers, trade/industry groups

The biggest challenge for trade and industry groups when trying to minimize deceptive weight-loss advertising is the lack of authority over group members. One alternative way to circumvent this issue is to reward those companies that comply with industry standards rather than attempting to punish those companies that violate industry standards. This goal could be accomplished, in part, by establishing a certification program much like a seal of approval (e.g. Good Housekeeping Seal) or a standardized point system certifying the efficacy of products and their claims. In order to earn a seal of approval, products would be subjected to objective testing and would have to meet guidelines (Kangun and Polonsky, 1995) established by the trade and industry group, based on government policies. This educational tool would have the additional benefit of acting as a heuristic for product quality for consumers (Parkinson, 1975) in the absence of in-depth product knowledge (Kamins and Marks, 1987; Parkinson, 1975).

Using a seal would generate voluntary compliance through the risk of bad publicity associated with not being accredited, as well as allowing consumers to compare products with an independent evaluation of the producer's accuracy of information. In a similar way, many US supermarket chains are considering experimenting with a nutritional rating system for fresh and packaged foods (Martin and Brat, 2010). The system provides a one (low nutritional value) to 100 (high nutritional value) score to allow shoppers to make more informed nutritional decisions at point of purchase. The point system was developed for the supermarket chains by university and private health experts, and is based on nutritional data from food labels (among other sources) to determine how well a product meets federal dietary requirements. Similarly, consumers could use a seal or points system to make determinations about the efficacy and the truth of weight-loss product claims, based on established government standards. Certification could reduce unhealthy eating as well by deterring less favorable food choices.

In the advertising phase, manufacturers could promote their compliance with established industry standards when marketing their products. Comparative advertising showing compliant “approved” products contrasted with non-compliant “unapproved” products could provide significant marketing advantages to the manufacturer, especially if the unapproved products provide misleading claims.

In the post-advertising consumption phase, trade and industry groups can take specific action to sponsor consumer and product research to evaluate various weight-loss products by product category which is, essentially, an industry-sponsored form of social marketing. Many well-funded trade groups provide this education service to their members (e.g. National Association for Home Builders), allowing members to better understand the standards within their industry. This could include explanations of government regulations, outlining parameters for the certification system, and workshops for companies interested in leveraging their legitimate weight-loss claims. These results could also be publicized directly to consumers through the marketing efforts of the trade and industry groups.

Finally, industry groups could also proactively lobby lawmakers for a concentration of regulation within one government agency, or at least for a coordinating authority. As argued earlier, this would minimize confusion and close any regulatory loopholes.

Recommendations for the media

In the pre-advertising phase, media outlets can take a self-regulatory approach to prevent harm by ensuring weight-loss product claims are factual. This program would establish formal regulation for weight-loss advertising and could result in rules similar to the pharmaceutical industry's “Draft Guidance for Industry on Consumer-Directed Broadcast Advertisements” (FDA, 1999), which establishes formal rules for the content of direct-to-consumer broadcast advertisements. Establishing a set of enforceable guidelines for weight-loss advertising would allow for more accurate screening of blatantly fraudulent advertisements, thereby eliminating
false weight-loss advertising claims before they are viewed. This would protect consumers from downstream harm and would also protect media outlets from litigation resulting from false claims made through their outlet. Additional support through integrated social marketing (i.e. public service announcements) promoting information about weight loss, healthy lifestyles (Beaudoin et al., 2007), and a diversity of body images, could be effective in educating consumers as well. This would increase consumers' ability to assess the veracity of the commercial advertising they were then exposed to.

Implementing guidelines established by other bodies (government or industry) could also be used to improve the advertising phase. This would empower media outlets to refuse advertisements that did not comply with the guidelines. Implementing guidelines would mean that media organizations would change their role in dealing with harm, as they would be charged with preventing offending ads from airing, or alerting regulators when offending ads appear.

**Recommendations for consumers**

Whether the consumer is “smart” (Calfee and Ringold, 1992), “dumb” (Cohen, 1989; Pollay, 1989), vulnerable (Smith and Cooper-Martin, 1997), or acting out of a hedonic response (Amos and Grau, 2011), the fact remains, they bear much of the responsibility as instigators and victims of harm in the weight-loss equation. Consumers of weight-loss products have often engaged in unhealthy lifestyles and behaviors which cause initial weight gain. Further, consumers become active participants in the problem by looking for unrealistic quick-fixes for their weight problems. Therefore, actions focusing on shaping the precursory behaviors that result in people becoming overweight may have a greater long-term impact than simply regulating the weight-loss products that are made available, or improving consumers' understanding of what are realistic weight-loss outcomes. That is where integrated social marketing has the greatest role to play.

Consumers have a responsibility to understand the basic science involved in factors leading to weight gain and those associated with weight loss: calories consumed must be equal to calories burned to prevent weight gain, and calories consumed must be less than calories burned for long-term weight loss. This simple, well-publicized equation should assist consumers in developing realistic eating and weight-loss beliefs, thereby enabling them to evaluate more effectively the advertising messages associated with weight loss, and creating a healthy skepticism for miracle cures for weight loss. Consumers must also recognize that, in the majority of cases, “quick fixes” are both unrealistic and unobtainable, and that understanding how to manage weight loss safely is essential. Consumers developing a healthy skepticism can be nurtured by other stakeholders within the harm chain (media, government, industry bodies and society).

For example, consumers have ample access to education and information programs from organizations like the FDA or the National Institute of Health, who repeatedly point out that reducing caloric intake by 500-1,000 calories a day and increasing exercise will lead to a one to two pound per week weight loss. However, it is unclear whether the associated informational messages are effectively marketed to ensure consumers engage with this information. Multi-pronged approaches across the four P's of marketing (Alden et al., 2011) need to target consumers when they form their expectations about eating and dieting (for example, when at school) as well as when they are seeking to address any weight gain issues (i.e. through their physicians or through health care innovations). Preventing excessive weight gain in society is possibly the best defense against the unethical marketing of weight-loss products.

During the advertising phase, consumers must proactively “protect themselves” from misleading advertising by scrutinizing and/or investigating the efficacy of claims. This does, of course, require that they understand the lifestyle and consumption issues associated with weight gain and loss. While consumers may feel “safe” trusting advertising because of a belief that regulation protects them from harmful products, it may inadvertently make them more vulnerable to misleading marketing practices. Integrated social marketing efforts must engage consumers so that they can understand and relate to the benefits and disadvantages of acting or not acting in terms of weight-loss choices, and spell out how trial and maintenance is beneficial both for the individual and secondarily for society in general (Alden et al., 2011).

During the post-advertising consumption phase, consumers need to act on false claims by complaining to regulators, independent organizations and media outlets when products do not perform as claimed. Many false claims may go unreported, prohibiting regulators from taking action against offending weight-loss companies.
During the post-advertising policy phase, consumers could take action to pressure government and regulatory bodies for more stringent regulation of the industry through lobby groups or independent consumer organizations. This is already starting to happen as grassroots organizations lobby for healthier food in public school cafeterias. Finally, consumers can become more supportive of integrated social marketing by seeking to create a change in societal norms and expectations. Forming better knowledge and expectations will encourage consumers to become engaged with these processes, altering their perception that the process is an external force outside their control, and making them active participants who control their own weight destiny.

**Conclusion**

This paper outlines the key social marketing issues apparent in deceptive weight-loss advertising from the perspective of government policy-makers, manufacturers, the media, and consumers (Table I). Its purpose is to examine the complexity of one aspect of the obesity battle and provide a framework for coordinated social marketing initiatives from a multiple stakeholder perspective. Many weight-loss advertising claims fit within the existing definition of misleading and deceptive advertising, resulting in the deceptive approach being reinforced through a harm chain of stakeholders, including government organizations, manufacturers and trade groups, media outlets and the consumer. From a marketing perspective, analyzing the issue of deceptive weight-loss advertising using the harm chain allows for the creation of a more holistic, system-wide solution drawing on regulation, education and marketing, which can be applied across stages of the harm chain. It is important to note that many stakeholders may not be willing to cooperate as many have differing goals that put them at odds with one another, even when they are on the same side of the issue, and also that there is no overarching organization or regulator to coordinate their actions.

To create an effective solution, stakeholders will need to view their responsibilities more broadly, and take action for the greater good. While all stakeholders must focus on their area of expertise, they should also respect and support the work of the other stakeholders in the network, recognizing that solutions in other domains will directly and indirectly impact on the occurrence of harm and, thus, each stakeholder's need to act. In the long run, these actions can result in a multifaceted approach to addressing the harm, where regulators would use more integrated social marketing techniques comprising legislation, education and marketing to create a safe and credible experience for consumers.

By developing solutions that move outside dyadic, downstream (firm-to-consumer) exchange systems to consider the societal benefits of more comprehensive integrated solutions, the antecedents, consequences and post-policy outcomes of deceptive weight-loss advertising can be addressed. Through this process, a system-wide solution can be developed across all stakeholders, thus minimizing the harmful effects of deceptive weight-loss advertising, and educating consumers about healthier lifestyles.

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<tr>
<th>Cause Harm</th>
<th>Are Harmed</th>
<th>Regulate Harm</th>
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<tr>
<td>Government and Regulatory Bodies, Manufacturers and Trade/Industry Associations, Media and Consumers can affect or be affected in each phase of the harm chain of the weight loss advertising process.</td>
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Figure 1 Harm chain and conceptual frameworks
Figure 2 Marketing, education and law applied to harm chain stakeholder actions

Table I Summary of recommendations

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<th>Stakeholder</th>
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<th>Education</th>
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<td>Manufacturers/Trade Industry Associations</td>
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<td>Government &amp; Regulatory Bodies</td>
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**Government and regulatory bodies**

**Law**
- Concentrate regulation of weight-loss industry within one government organization
- Systematically review weight-loss claims in advertisements (i.e. randomly choose X number of advertisements per month to review)
- Increase financial penalties for deceptive advertising offences
- Make executives of weight-loss companies responsible for the veracity of their claims, similar to the Sarbanes-Oxley regulations relating to corporate financial statements

**Education**
- Hold educational seminars for government leaders to enhance cooperation
- Consolidate consumer weight loss and nutritional information across agencies to provide one central location to source this information
- Publicize the list of weight-loss claim violations and their associated products and companies

**Manufacturers and trade groups**

**Law**
- Trade groups: create a certification or seal of approval system for companies meeting industry standards, guidelines and/or government policy requirements
- Manufacturers and trade groups: lobby for the concentration of regulation in the weight-loss industry within one government organization

**Education**
- Trade groups: sponsor research to evaluate weight-loss methods within the industry; publicize results for consumer consumption
- Trade groups: provide educational events at industry trade shows, etc. to present changes in government regulations

**Marketing**
- Trade groups: publish a list of products and companies who violate industry standard guidelines
- Manufacturers: promote compliance with the certification/seal of approval program

**Media**
- Develop joint guidelines with government regulators to screen consumer advertisements, similar to those in place for the pharmaceutical industry

**Consumers**

**Law**
- Lobby at the grassroots level to consolidate weight-loss industry regulation within one government organization
- Take action against false weight-loss claims by filing complaints with government regulators

**Education**
- Vet weight-loss claims through government websites
- Remain skeptical when viewing weight-loss claims; investigate when they seem "too good to be true"
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