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Baby boomers' reasons for choosing specific food shops

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Abstract

Purpose – Baby boomers (people born between 1946 and 1964) are approaching retirement and there is concern about their preparation for their future health and wellbeing. Food shopping is likely to play a major role in their future lives. The purpose of this paper is to examine their reasons for choosing to buy food from particular shops and whether demographic characteristics and health status were associated with them.

Design/methodology/approach – A questionnaire survey was conducted among a random sample of 1,037 people aged between 40 and 71 years in Victoria, Australia. Respondents were asked to indicate, from a list, their reasons for choosing to shop at particular food outlets. Regression analysis was used to examine the relationships between respondents' demographics and health status and their reasons for shopping at the food stores.

Findings – Multivariate analysis showed that the reasons the respondents reported in choosing shops fell into four groups: saving, convenience, quality and healthy foods, and user-friendly environment. Saving was negatively related to income, age, level of education and also linked with country of birth, religious affiliation, and marital status. Convenience was negatively associated with age and also related to health status and religious affiliation. Quality/healthy food products were positively related to age but negatively associated with body mass index, and also linked to country of birth. User-friendly environment was negatively associated with income and education and related to gender and religious affiliation.

Originality/value – The paper's results show that stores could provide more information, perhaps as signage, to their recycling and health information facilities, particularly in low socio-economic status areas. Furthermore, the social status and religious associations confirm the view that shopping reflects broad societal affiliations among baby boomers. Shopping centres can be used to provide support for health and environmental sustainability promotions.
Introduction

It has been estimated that in most countries the proportion of the population aged over 60 years will rise substantially in the next 20 years (Lopez et al., 2006) bringing with it increased demand for health services associated with the management of chronic diseases (NATSEM, 2004; Slack-Smith and Laverty, 2005). This is particularly so with Australian “baby boomers” (those born between 1946 and 1965 (Australian Bureau of Statistics, ABS, 2005)) who are a group of 5.5 million people about to enter the high morbidity stage of their lives (Hamilton and Hamilton, 2006; Quine and Carter, 2006). Many of them are at high risk of, or suffer from, metabolic diseases such as heart disease, type 2 diabetes and various cancers. For example, 20 per cent of Australians over 55 years are obese, 72 per cent have high blood pressure, 62 per cent have elevated blood cholesterol levels, and 22 per cent have impaired glucose tolerance (Australian Institute of Health and Welfare, 2007). It is important that policies are developed which will enable them to maintain their health and wellbeing for as long as possible.

Approximately 18 per cent of the general population's burden of disease has been linked to poor dietary practices (Queensland Health, 2006) so the increased consumption of healthier, ecologically sustainable foods is an essential part of any reduction in the prevalence of chronic disease and the associated demand for health services (Strategy Unit, 2008). This necessarily involves an understanding of baby boomers' food shopping and food preparation practices. These behaviours have received relatively little attention in the past but the growing size of the older population means that retailers need to meet their particular needs and interests (Satterthwaite, 2001).

Although the influences on consumers' choice of retail food store have been investigated in the general consumer population (Dabholkar et al., 1995; Kerin et al., 1992; Siu and Chow, 2003), relatively little is known about the influences on middle to older aged people's choice of store. In a New Zealand study of older consumers, Goodwin and McElwee (2001) showed that service quality and the availability of well-known brands were important characteristics for the oldest consumers. More recently, Lu and Seock (2008) identified three dimensions of service quality among American “grey” consumers: personal interaction, store image, and convenience. Personal interaction was the strongest predictor of older consumers’ satisfaction and loyalty behaviour.

Little is known whether the observations made in these overseas studies apply to Australian baby boomers. In a series of three surveys of Australian baby boomers, we have been able to examine consumers' food preparation and shopping habits as well as their health behaviours and retirement expectations (Hunter and Worsley, 2009). In this paper, we report on respondents' reasons for choosing specific food shops. On the basis of the overseas studies, we expected that shoppers’ choices would be related to a number of demographic and personal factors such as age, gender, family income, education, religious affiliation, marital status, health condition, and body weight. We made several predictions which are outlined below.
Age

Age appears to affect food choice, though its effects have been under-examined (Bermudez and Dwyer, 1999; Dowling et al., 2001; Horwath and Worsley, 1989). It has been claimed that as people age they tend to become more conservative, preferring familiar foods (Horwath and Worsley, 1989). Several aspects of food shopping may be associated with age. For example, the pleasure of shopping appears to increase with age (Cox et al., 2005; Dennis et al., 2007), and older people tend to shop locally and more often (Bawa and Ghosh, 1999; Caraher et al., 1998; Mason and Bearden, 1979). These trends may be associated with increasing disability (Mason and Bearden, 1979) and reluctance to use transport (Visvabharathy and Rink, 1984) as well as increasing rates of living alone due to widowhood. Indeed, food shopping appears to be a form of social interaction for those who live alone (Myers and Lumbers, 2008). More generally, it might be expected that many retired baby boomers may have less money to spend and so might choose shops that offer lower prices, “good deals” and a wide range of products.

Gender

Women tend to be much more involved with food than men; most women remain responsible for the family food supply (Schafer et al., 1999; Ueland, 2009). They tend to have better nutritional and health knowledge than men (Fagerli and Wandel, 1999; Kline and Terry, 1986; Schafer, 1978; Shannon et al., 2002; Smith et al., 2000); and they also tend to exhibit healthier food choices (Milligan et al., 1998). We expected women to be more interested than men in the basic characteristics of the food shop, such as price, range of foods, and convenience, since most women remain responsible for family shopping.

Socio-economic position and family income

Previous research has shown that socio-economic position (or status) influences the types of foods people purchase and the frequency that they eat out of the home (Adrian and Daniel, 1976; Baghurst et al., 1990; Galobardes et al., 2001; Hupkens et al., 2000; Johanssona et al., 1999; Kearney et al., 2000; Milligan et al., 1998; Smith and Owen, 1992; Turrell et al., 2002; Worsley et al., 2003). Income, in particular, has been shown to affect the consumption of food. Those on lower incomes tend to purchase cheaper foods which can be of lower nutritional quality (Turrell et al., 2002; Worsley et al., 2003). Therefore, baby boomers in lower income families might be expected to choose shops more for their lower prices and value for money than for non-core attributes such as health information or recycling facilities. In contrast, higher income baby boomers might be expected to have more disposable income and so may spend more on food and perhaps shop at more expensive outlets.

Higher education

Higher education tends to be associated with greater adherence to new trends (Rogers, 2003), higher incomes (Worsley et al., 2003), greater social power (Marmot and Wilkinson, 2006), and stronger future orientation (Davies, 2000; Ippolito, 2003). Therefore, we expected tertiary-educated respondents to choose food shops that offer newer, non-core services like recycling rather than shops that offered lower prices.
Country of birth

Ethnic minority groups are often socially and politically disadvantaged and generally exhibit higher prevalence of nutrition-related health problems than the majority population (Kumanyika, 2006). We hypothesized that people from ethnic minority groups would consider the availability of healthy foods less as a reason for their store choice when compared to the majority population.

Marital status

Marital status has been found to be related to the dietary patterns; married men and women being less likely to purchase unhealthy foods (Kroshus, 2008). Therefore, it was expected that married people would regard shops with a range of healthy foods as an important factor in their food shopping.

Religious affiliation

Several studies have shown that religious affiliation (irrespective of practice) is changing in today's society (Bouma, 2006). In Australia, there has been an increase in adherence to fundamentalist Christian denominations, growth in non-Christian religions such as Buddhism, and an increase in the numbers of people who describe themselves as non-religious (ABS, 2006). We hypothesized that members of religious denominations may value traditional cultural practices more highly than non-religious groups, and so may live and shop differently.

Health status and body weight

Food behaviours including food shopping and food consumption are closely related to people's health (Champagne, 2006) and body weight (Booth et al., 2004). We hypothesized that people with poor health would be more likely to prefer convenience in their food shopping, and people who were overweight would be less likely to choose healthy foods because of known associations between overweight, obesity and the consumption of energy dense, nutrient poor foods (Drewnowski, 2004).

In summary, the main aim of the present study was to examine Australian baby boomers' reasons for choosing to buy food from particular shops, and secondarily, to examine the possible influences of several demographic characteristics and health status on their choices.

Methods

Participants and survey administration

A simple random sample of people over 40 years of age was drawn from the Electoral Rolls, Victoria (enrolment is compulsory for people over 18 years). A total of 2,990 people were invited to complete the survey questionnaire; 1,037 returned completed questionnaires. The questionnaire was mailed to the sample following the procedures recommended by Dillman (2009). In brief, a preparatory letter was sent, followed a week later by the questionnaire plus an explanatory letter; two weeks later by a reminder postcard, and two weeks thereafter, by a replacement questionnaire.
The questionnaire entitled: “Food shopping survey” included sections on: access to food shops; usual shopping habits and behaviours, use of particular diets (such vegetarian diets), attitudes to shopping, anticipated future food shopping behaviours, as well as questions about personal values, health status and demographic characteristics. In this paper, we report on the following sets of questions.

**Reasons for shopping**

Respondents were asked: do you purchase foods from specific outlets because of: then followed a list of 17 possible reasons (Table II). The respondents indicated whether they chose a shop for a specific reason by circling No or Yes beside each reason.

**Demographic and health variables**

Details of demographic status including age, gender, and education (coded as less than 12 years, trades or technical education, and tertiary education). Combined household income was aggregated into three categories: less than $40,000 p.a., $40 to 90,000 p.a., and more than $90,000 p.a. Marital status was coded as not married/widowed and married or living with partner. Religious affiliations were categorised as not religious and religious. Country of birth was recoded as Australia and other. In addition, health status had five response options: poor, fair, good, very good, and excellent while body mass index (BMI) was used as a continuous variable.

**Data analysis**

Data analyses were conducted using SPSS version 17 (SPSS, 2008) and Mplus version 6.1 (Muthén and Muthén, 2010). Descriptive statistics including frequency and contingency table analyses were used to summarise the sample’s responses and to compare their reasons for choice of shop by education, household income, and religious affiliation groups (Tables II-IV). An α level of 0.05 was adopted.

The shopping reason items were developed from our previous qualitative study (Hunter et al., 2007). In order to examine the stability of the measurement model, a split-sample strategy was used (Neumann et al., 2008). The sample was split randomly into two sub-samples and exploratory factor analysis (EFA) was conducted using a split-half of the total sample, followed by an attempt to replicate the EFA solution via confirmatory factor analysis (CFA) with the other split-half sample.

Regression modelling with the maximum likelihood (ML) estimation method was used. ML assumes that the data were continuous and multivariate-normally distributed. Scale scores were derived by parcelling the items measuring the same construct. Item parcelling (Nasser and Takahashi, 2003) was used to remedy non-normality and lack of continuity of the indicators to ensure that the assumptions of the ML estimation method were met.

Single-indicator latent variables were used in the regression models. One advantage of applying the single-indicator latent variable method rather than using measured composites is that measurement error can be estimated and controlled. Once composite variables have been computed through the item parcelling method, it is possible to fix both the regression
coefficients, which reflect the regression of each composite variable on its latent variable, and the measurement error variances associated with each composite variable via the formula provided by Munck (1979). Using Munck's formula, regression coefficients can be derived from $SD \sqrt{\alpha}$ and error variances from $SD^2 (1-\alpha)$. Both fixed values can be used for single-indicator construct in the regression model.

**Results**

**Characteristics of the sample**

Relative to the census statistics (ABS, 2006), trades and technically qualified people were under-represented and tertiary-educated people were over-represented in the sample (Table I). Approximately 12 per cent of the respondents had technical or trade qualifications and 40 per cent were tertiary qualified. Most of the respondents were married or in de facto relationships and born in Australia. The mean age of the sample was 56.49 years with a standard deviation of 7.01 years. Almost two-thirds (65 per cent) of the respondents were women. The percentages of people in the various religious affiliations were similar to those reported in the 2006 census.

**Reasons for choosing particular shops**

The most popular reasons, reported by the majority of the respondents, related to the essential assets of modern retailing: good quality of food (90.6 per cent), convenience or proximity to home or work (78.5 per cent), good range of healthy foods (75.5 per cent), cost/affordable prices (71 per cent), special offers available (65.5 per cent), shopping done in one place (55.3 per cent), and getting a good deal (52.3 per cent). However, the least reported reasons included the fact that family and friends shopped there (13.4 per cent), availability of information (e.g. health or recipe leaflets) (20.6 per cent), and recycling facilities (27.8 per cent).

Tables II-IV show that the shopping reason items aligned with the four domains derived from the EFA and cross-validated by CFA on the split two-half samples. The response percentages to the shopping reason items are presented across education, income, religious affiliation and $\chi^2$ statistics were showed between each reason item and these demographics. Contingency table analyses revealed statistically significant differences within several demographic categories except for marital status. For the sake of brevity, only major sets of significant bivariate associations are shown in the tables, greater reliance being placed on the findings from the multivariate analyses.

**Education**

Graduates or postgraduates were less likely to consider saving and user-friendly environments as reasons for shopping at the stores (Table II). Two items reflecting convenience (i.e. proximity to home or work, habit) were related to levels of education. That is, tertiary graduates were more likely to prefer to shop close to their home or work but less likely to agree that they had always shopped there (habit). However, there were no differences between the quality and healthy food items and levels of education (Table II).


**Family income**

Savings and user-friendly environment were significantly related to income. Respondents who had lower incomes were more likely to save money and prefer user-friendly environments in food stores when compared to respondents whose family incomes were higher. In addition, respondents who had higher incomes were more likely to choose shops close to their home or work, that is, preferred convenience (Table III).

**Religious affiliation**

There were significant associations between religious affiliation and shopping reasons. Religious-affiliated people were more likely to prefer to save money and use a user-friendly shopping environment than the non-religious. In addition, religious respondents were more likely to shop habitually in a particular store and to shop there because of the availability of a good range of healthy foods. However, proximity to home or work, shopping at one place, and good quality of food were found not related to religious affiliation (Table IV).

**Multiple regression**

Regression analyses were conducted between the set of independent variables of demographics and personal health background, and the four single-indicator latent dependent variables of shopping reasons. The predictors included in the analyses were the demographic variables: age, family income, education, marital status, country of birth, and religious affiliation; and the health background variables: health status and BMI. The outcome variables were the single-indicator latent variables of shopping reasons: saving, convenience, quality and healthy foods, and user-friendly environment.

Table V shows the means, standard deviations, and Cronbach's α values for each of the four shopping reason constructs. Using Munck's formulae, the regression coefficient and measurement error variance for the constructs of saving, convenience, quality and healthy foods, and user-friendly environment were calculated and are presented in Table V.

The results suggest that the four shopping reason constructs were associated with different personal background variables. Table VI presents the significant regression coefficients among the predictors and the outcome variables.

Saving was negatively related to income, age, level of education and positively linked with country of birth, religious affiliation, and marital status. In other words, younger or less-educated individuals, or people with lower income were more likely to shop at the store where they could get better deals. Moreover, married, people who were born overseas or individuals with religious affiliations were more likely to purchase discounted food products.

Convenience was negatively associated with health status and age but positively related to religious affiliation. This suggests that younger, or individuals with poor health were more likely to seek convenience in their shopping (e.g. closeness, do shopping at one place).

Quality/healthy food products were positively related to age but negatively associated with BMI and country of birth. Older people were more likely to patronize stores with quality and
healthy foods while individuals with a higher BMI or those born overseas were less likely to value these foods.

Finally, user-friendly environment was negatively associated with income and education but positively related to gender and religious affiliation. That is, people with lower income or a lower level of education were more likely to be interested in a user-friendly shopping environment (e.g. stores providing leaflets with health information or recipes). In addition, female shoppers or individuals with a religious affiliation were more likely to enjoy a user-friendly shopping environment.

**Discussion**

The respondents' most common reasons for shopping at particular shops were predictable: basic store properties such as low prices, convenience, a good range of healthy products, and user-friendly environment were desired characteristics.

A few of our hypotheses were confirmed. For example, low income and less-educated people tended to prefer shops that offered savings, people with reported poor health status preferred convenience and those who were overweight or obese were less interested in quality and healthy foods. However, the majority of our findings were new. One set of findings included additional associations with previously studied independent demographic variables, and the other set were new associations with previously unstudied variables.

Among the former, our findings showed that people were less interested in saving as age increases, and that younger respondents valued convenience more, perhaps because of the full-time family and work responsibilities of many of them. Women valued user-friendly environments more than men did, and, low-income people preferred user-friendly shopping environments more than high-income people who were more interested in convenience than less well off respondents. Married people valued savings more than unmarried people, possibly because of their likely larger households.

The finding that proximity to shops is less important to older people contrasts with Caraher et al.’s (1998) observation in the UK that the tendency to use local shops increased with age. However, our finding is indirectly supported by Bawa and Ghosh’s (1999) finding that older consumers shop more frequently (and perhaps, also shop elsewhere other than locally) due to fewer competing demands on their time.

Contrary to our hypotheses, it was the least educated and lowest income groups who preferred the recycling and add on facilities (as well as low prices). We have seen similar high awareness in studies of food and health concerns; lower socio-economic status people being more aware of many environmental and health issues (Worsley and Skrzypiec, 1998). Indeed, during the recent collapse of the PAN Pharmaceuticals Company in Australia, these same groups were more critical of government responses to the crisis (Blasche et al., 2008). We suggest that lower paid, less-educated people are more aware because the various health and environmental threats tend to impact more directly on them. They are less involved in the “system” and are less powerful.

The greater preference of women to shop at stores that provided healthy eating information and made recycling facilities available was consistent with findings from the study by Mohai (1992) who showed that women expressed greater concern for the environment than men.
They are also consistent with Umberson's (1992) finding that women generally possess more knowledge about health-related issues than men, are more likely to monitor their own health status, and are less likely to engage in a number of risky health behaviours.

Among our more novel findings are the associations with religious affiliation, country of birth, health status, and body mass. To our knowledge, religious affiliation differences in shopping have not been reported previously. They probably have less to do with the practice of religion and more to do with embeddedness in traditional Anglo-Celtic Australian culture. Rejection of religious affiliation appeared to be linked to rejection of tradition as exemplified by adherence to (traditional) brands, habit, friendships, low prices, etc. Further confirmation and exploration of these findings is required.

Respondents who were born in other countries were more likely to spend less on food and were less likely to choose stores that provide a range of healthy foods, than Australian born respondents. These findings are consistent with Kumanyika (2006) who showed that people who belong to minority groups are often social economically disadvantaged and therefore, foods at normal price and a range of healthy foods are probably less affordable to them.

The negative association between health status and convenience is a new finding; as health status increased, the desire for convenience decreased. Respondents with poor reported health status may be less able to travel to the shops and so value convenience more. This finding requires further confirmation.

The positive relationship between BMI and quality and healthy food is new but unsurprising. There is accumulating evidence that overweight and obesity are linked with the purchase and consumption of energy dense low-nutrient foods such as confectionery, cakes and buns, carbonated beverages, and fast foods (Drewnowski, 2004; Franco et al., 2007; Pereira, 2006; Rosenheck, 2008). Further work is needed to confirm this finding and to establish the directionality of this relationship, i.e. whether these shopping preferences habits cause overweight and obesity or whether overweight causes people to shop in this manner.

Overall, the findings suggest that these baby boomers had relatively little interest in health or environmental sustainability in their shopping. Since these issues are likely to be of increasing importance for them and their families in coming years, more might be done at retail outlets to raise their awareness of these issues, especially among the higher educated groups.

**Study limitations**

Women and tertiary-educated respondents were overrepresented in this study. However, there were sufficient numbers in the various demographic categories to allow hypothesis testing. The Cronbach's $\alpha$ values for each of the shopping reason constructs reported in the present study were low, ranging from 0.42 to 0.62. The low reliability values may be attributed to the low numbers of items within the constructs. In addition, the amount of variance of explained shop choice ranged from 16 to 27 per cent, which are reasonably high when compared to other health behavioural investigations (Brug et al., 1995). Finally, before any causal conclusions can be made further work is needed to examine the cross-sectional relationships identified here.
Conclusions

The choice of specific shops depends mainly on consumers' perceptions of their characteristics. Less education and low family income were associated with greater preference for lower priced shops and for "non-core assets" such as recycling and transport facilities. Religious affiliation, country of birth, health status and body mass are previously unexamined variables which appear to be associated with preferences for different shop characteristics and need to be further examined.

<table>
<thead>
<tr>
<th>% Sample (n = 1037)</th>
<th>2006 Victoria census (% all adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>65</td>
</tr>
<tr>
<td>Male</td>
<td>35</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>&lt;12 years</td>
<td>50</td>
</tr>
<tr>
<td>Technical or trades qualification</td>
<td>12</td>
</tr>
<tr>
<td>Bachelor degree and above</td>
<td>38</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married or de facto</td>
<td>81</td>
</tr>
<tr>
<td>Single/divorced/widowed</td>
<td>19</td>
</tr>
<tr>
<td>Household income ($)</td>
<td></td>
</tr>
<tr>
<td>&lt;40,000</td>
<td>29</td>
</tr>
<tr>
<td>40,000-890,000</td>
<td>41</td>
</tr>
<tr>
<td>&gt;90,000</td>
<td>24</td>
</tr>
<tr>
<td>Country of birth</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>79</td>
</tr>
<tr>
<td>Religious affiliations</td>
<td></td>
</tr>
<tr>
<td>Non-religious</td>
<td>34</td>
</tr>
<tr>
<td>Religious</td>
<td>66</td>
</tr>
</tbody>
</table>

Table I. Comparisons between the sample demographics and the Victoria Census 2006

Notes: "These percentages are Australia-wide estimates for the 45-54 and 55-64 age groups, respectively, from ABS 2009 Education and Training Experience Cat. No. 6278.0; NB state estimates based on 2006 Census: Regional Victoria in Profile, ABS (people 15 years and above)

Table II. Percentage of agreement on shopping reasons across education groups

Notes: Significant at: *p < 0.05, *p < 0.01; seven missing cases on education
Table III. Percentage of agreement on shopping reasons across household income groups

<table>
<thead>
<tr>
<th>Reasons</th>
<th>&lt; 40 k p.a.</th>
<th>40-90 k p.a.</th>
<th>&gt; 90 k p.a.</th>
<th>( \chi^2 ) (df = 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>( % \text{ Yes} ) (n = 289)</td>
<td>91.9</td>
<td>71.3</td>
<td>58.8</td>
<td>33.12*</td>
</tr>
<tr>
<td>( % \text{ Yes} ) (n = 411)</td>
<td>78.6</td>
<td>69.3</td>
<td>48.1</td>
<td>55.23*</td>
</tr>
<tr>
<td>( % \text{ Yes} ) (n = 230)</td>
<td>64.2</td>
<td>54.8</td>
<td>44.3</td>
<td>20.00*</td>
</tr>
<tr>
<td>( \chi^2 ) (df = 2)</td>
<td>24.31*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: Significant at: *p < 0.01; 98 missing cases on household income

Table IV. Percentage of agreement on shopping reasons across religious affiliation

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Not religious (n = 553)</th>
<th>Religious (n = 679)</th>
<th>( \chi^2 ) (df = 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>( % \text{ Yes} )</td>
<td>63.5</td>
<td>75.2</td>
<td>15.20**</td>
</tr>
<tr>
<td>( % \text{ Yes} )</td>
<td>39.5</td>
<td>71.5</td>
<td>14.98**</td>
</tr>
<tr>
<td>( % \text{ Yes} )</td>
<td>49.6</td>
<td>57.1</td>
<td>5.16</td>
</tr>
<tr>
<td>( \chi^2 ) (df = 1)</td>
<td>0.37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: Significant at: *p < 0.05; **p < 0.01; 11 missing cases on religious affiliation

Table V. Scale means, standard deviations, Cronbach's \( \alpha \), and calculated regression weights and measurement errors for the single-indicator latent variables

<table>
<thead>
<tr>
<th>Scale</th>
<th>( M )</th>
<th>SD</th>
<th>( \alpha )</th>
<th>( \lambda )</th>
<th>( e )</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Saving</td>
<td>1.63</td>
<td>0.37</td>
<td>0.64</td>
<td>0.29</td>
<td>0.05</td>
</tr>
<tr>
<td>2. Convenience</td>
<td>1.58</td>
<td>0.31</td>
<td>0.42</td>
<td>0.19</td>
<td>0.06</td>
</tr>
<tr>
<td>3. Quality/healthy foods</td>
<td>1.85</td>
<td>0.27</td>
<td>0.42</td>
<td>0.38</td>
<td>0.04</td>
</tr>
<tr>
<td>4. User-friendly environment</td>
<td>1.21</td>
<td>0.29</td>
<td>0.54</td>
<td>0.21</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Notes: M – mean, SD – standard deviation, \( \alpha \) – Cronbach's \( \alpha \), \( \lambda \) – regression weight, \( e \) – measurement error; calculation: \( \lambda = SD / \sqrt{\alpha} \), \( e = SD^2 (1 - \alpha) \)
Table VI
Regression weights of the dependent variables on the independent variables

<table>
<thead>
<tr>
<th></th>
<th>Saving</th>
<th>Convenience</th>
<th>Quality/healthy foods</th>
<th>User-friendly environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>0.27</td>
<td>0.19</td>
<td>0.16</td>
<td>0.21</td>
</tr>
<tr>
<td>Age</td>
<td>-0.15*</td>
<td>-0.34**</td>
<td>0.19*</td>
<td>0.14*</td>
</tr>
<tr>
<td>Education</td>
<td>-0.22**</td>
<td>-</td>
<td>-</td>
<td>-0.20**</td>
</tr>
<tr>
<td>Income</td>
<td>-0.38**</td>
<td>-</td>
<td>-</td>
<td>-0.24**</td>
</tr>
<tr>
<td>Marital status</td>
<td>0.13*</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Country of birth</td>
<td>0.19**</td>
<td>-0.20**</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Religious affiliation</td>
<td>0.17**</td>
<td>0.16*</td>
<td>-0.19*</td>
<td>0.19**</td>
</tr>
<tr>
<td>BMI</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health status</td>
<td>-</td>
<td>-0.18*</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Significant at: *p < 0.05 and **p < 0.01

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