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Baby boomers' desires for future health and food services

The Authors

Tony Worsley, University of Wollongong, Wollongong, Australia
Wei Wang, Deakin University, Melbourne, Australia
Wendy Hunter, Deakin University, Melbourne, Australia

Acknowledgements

This research was supported by a grant from the Australian Research Council (LP 0560363), Sodexo Australia, and Sanitarium Pty Ltd.

Abstract

Purpose – The purpose of this paper is to identify food and health services desired by baby boomers and to examine their likely antecedents.

Design/methodology/approach – A random sample of baby boomers in Victoria, Australia (n=1,108) completed a postal survey and rated the desirability of 13 post retirement food and health services.

Findings – The strongest demand was expressed for low cost fruit and vegetables, 24-hour GP services, environmentally friendly foods, and friendly places to meet friends and exercise, among others. Generally, psychographic variables were key predictors of demand for social (health) services, food services, and vitamin pills and herbal remedies. Demand for food services was associated with universalism values.

Research limitations/implications – The cross-sectional design prevents causal attributions; however, the findings suggest that baby boomers' demand for services falls into three groups, which are related to their psychographic characteristics.

Originality/value – Consideration of these desired services may facilitate the planning of future health and food services for this broad age group.

Keyword(s):

Survey; Baby boomer generation; Food services; Psychographics; Future; Australia.
Introduction

Baby boomers form an increasingly large part of the population (Australian Bureau of Statistics, ABS, 2002; Australian Treasury, 2010). Some are well off and some are not (Australian Prudential Regulation Authority, APRA, 2007; Australian Treasury, 2010). Many have health problems (Barr et al., 2006) and will cost a lot to care for (Australian Treasury, 2010), but they are likely to live for many years into retirement (ABS, 2005). They also form an invaluable resource for society. As they enter their retirement they are likely to demand services that relate to their social and health needs, particularly their needs for food, exercise and health services.

The Baby Boomer project is a series of studies of the food and health habits and beliefs of Victorians aged between 40 and 70 years. The series commenced with qualitative studies of baby boomers' views of food, health and retirement (Hunter et al., 2007). The first and second population surveys examined their retirement preparation and food shopping and consumption behaviours (Hunter and Worsley, 2009, Worsley et al., 2010a forthcoming) and the third Baby Boomer survey examined their planning for retirement including their ideas about the types of food and health services which they would like in retirement. This paper outlines their views of several services, which might be offered.

We expected baby boomers' views of future services might be influenced by several groups of factors. First, demographics, for example, women tend to be more interested in food and health issues and utilise health services more than men (Hibbard and Pope, 1983, Bertakis et al., 2000) and so might be expected to demand more food and health services. Family income and marital status may also be influential; people in low income groups may expect to rely more on government support in retirement (Quine et al., 2006) and may experience worse health (Marmot and Wilkinson, 1999) and so may be more interested in additional food and health services. Single people may be more disadvantaged in terms of health and well being (Kiecolt-Glaser and Newton, 2001; Sorensen and Verbrugge, 1987) and may be more interested in services which provide a social context (e.g. clubs that provide food or exercise facilities in social surroundings). People who are obese might also be more interested in these services since obese people are more likely to suffer from health problems (Barr et al., 2006). And, age itself may influence people's preferences for services; older people tend not to be in paid work, are more likely to be bereaved, and to experience health problems, and so may want more health and food services.

In addition to demographic characteristics there are a large number of psychological variables which were measured in this survey. They include:

- Universalist values (a strong orientation towards caring for others and the environment) which are linked to strong interest in food and health matters (e.g. Worsley, 2006, Worsley and Lea, 2008).
- Planning behaviours – the extent to which people plan for their retirement, e.g. making sure they are prepared financially and socially for retirement.
- Fears about retirement such as the fear of becoming helpless and dependent on others, fears about finance, fears about life becoming meaningless (anomia), and fears about families and relationships.
- Views about the ageing process itself, for example, that retirement is a happy (or unhappy) time, that ill health and decline are inevitable consequences of ageing.
Exercise and calorie reduction behaviours such as walking and swimming, choosing reduced food portion sizes, may also influence demand for food and recreational services.

We expected that people with strong Universalist values would be more interested in food matters, that those who had planned for their retirement would be more interested in new services than those who had not, that those who had various fears about life in retirement would be interested in a variety of services that might reduce their fears, and, that those with negative views of ageing would probably be less interested in new services.

Methods

The findings reported here are based on data from the third Baby Boomer survey, one of three random population surveys among 40-70 year olds living in Victoria, Australia. Further details have been given in another publication (Worsley et al., 2010).

Participants

Two thousand, four hundred and seventy two people aged between 40 and 70 years were invited to participate in the survey, of whom 1,105 returned completed questionnaires.

Procedure

The survey was mailed to the sample following the procedures recommended by Dillman (2009). First, a preparatory letter was sent followed a week later by the questionnaire along with an explanatory letter; two weeks later, a reminder postcard and two weeks thereafter, a replacement questionnaire were sent to non respondents. The demographic characteristics of the respondents are described in Tables I–V.

The questionnaire

The questionnaire, entitled: “Addressing future food and health needs of baby boomers: planning for the future” was in several parts. Thirteen items about possible food and health services were included in a section headed: “Your future food and nutrition service needs”. Respondents were asked: “How interested are you in having the following services available?” Five point response scales were used: not interested (0) to extremely interested (4). The items were based on the results of in-depth focus groups and interviews with baby boomers (Hunter et al., 2007; Hunter and Worsley, 2009).

In another section of the questionnaire demographic information was elicited including sex, age (converted into three groups (40-49, 50-59, 60+years), family income (<$35,000pa, $35,000-50.000 pa, $50,000-100,000pa,>$100,000pa), marital status (single, widowed, divorced, and, married/cohabiting), self reported height and weight were converted to body mass indices and converted into three groups (BMI: 20-24.99, 25-29.99, 30+).

Factor scores were generated from other parts of the questionnaire which assessed various behavioural and attitudinal constructs. Those which were statistically significantly related to desired services are briefly described as follows[1]:

- **Universalism**: strong orientation towards concern for others and the environment.
• *Travel and Moving Plans*: planned to travel around Australia or overseas or to move house.
• *Helplessness*: fears about becoming frail, unhealthy and dependent on others.
• *Financial fears*: worries about future finances.
• *Anomia*: concern about life becoming unstructured and disengaged from others.
• *Family fears*: worries about the wellbeing of partner, children and family.
• *Safety*: concerns about personal safety, e.g. safety of pavements.
• *Decline*: the view that decline in faculties is inevitable.
• *Enjoy life*: that retirement is an enjoyable phase of life.
• *Finance & Coping*: the importance of finance and the view that women can cope better with retirement.
• *Reduce calories*: trying to eat smaller amounts of foods at meals, balancing the food you eat with the amount of physical activity you do, trying to keep fewer high fat foods at home […].
• *Exercise behaviours*: doing flexibility exercises, doing 30-minute of daily activity, walking more than 1 km several times a week.
• *Dining behaviours*: sharing dessert, ordering a reduced size entrée, dining out less than twice a week.

**Data analysis**

The Statistical Package for the Social Sciences (Statistical Package for the Social Sciences, 2009) was used. Frequency and cross tabulation analyses ($\chi^2$) on the 13 desired service items to compare the responses of the gender, age, income, marital status, and BMI groups (Tables I–V). Subsequently, the 13 items were analysed by principal components analysis (with varimax rotation) and each of the three normally distributed component scores were analysed via forward stepwise multiple regression analysis with the demographic, behavioural and psychological variable (as described in the methods section) as independent variables (Table VI).

**Results**

**Demographic characteristics**

The respondents were mainly female (60 percent), married or co-habiting (78 percent), well educated (36 percent tertiary graduates), middle-aged (mean age: 57.05 years SD: 7.00), and quite highly remunerated (25 percent had family incomes over $100,000 pa). Over half of the sample was in full or part time work though one quarter had retired from paid employment. Eighty percent were born in Australia, and the remainder from a range of countries (9 percent from Britain).

**Desired services**

The most desired services, indicated by more than 70 percent of the respondents, were (in order), low cost fruit and vegetables, 24-hour GP services, environmentally friendly foods, a friendly place where I can meet friends, an age friendly physical fitness centre, meals delivered to my home if ill, and a low cost café nearby that sells nutritious foods. The remaining services, wanted by over half of the respondents were (in descending order), meals provided in a social environment, low cost organic foods, low cost vitamin pills, and herbal remedies, employment advisory services and low cost vegetarian meals (Tables I–V).
More women than men wanted nine of the services, especially: a low cost café nearby that sells nutritious foods, low cost vegetarian meals and organic foods, environmentally friendly foods, low cost vitamin pills and herbal remedies, and an age friendly physical fitness centre (Table I). More respondents in the 40 to 49 year age group wanted four of the services more than older respondents: meals delivered to my home if ill, employment advisory services, meals provided in a social environment and an age friendly physical fitness centre (Table II). Low cost vitamin pills and herbal remedies were wanted more by members of the low income group than better off respondents, environmentally friendly foods and employment advisory services were demanded more by the $50 to $100,000 income group, and a low cost café selling nutritious foods were preferred more by those earning over $100,000 pa (Table III), and low cost vitamin pills and 24-hour GP services were wanted more by people whose BMI > 30 (Table IV). More singles wanted low cost vitamin pills but more married people wanted an age friendly physical fitness centre (Table V).

The principal components analysis grouped the items into three groups which were provisionally named according to the items that loaded on them as: Social services, Food Services and Vitamins and herbal remedies (Table I). The results of the multiple regression analyses of the respondents' scores on these components (Table VI) were as follows:

- **Social services**: the belief that retirement is a time for enjoyment, worries about the family, safety concerns, helplessness fears, travel and moving plans, higher body mass index, Anomia (expectations that retirement would be a period of meaningless and disorder), fears about future financial disadvantage, calorie reduction actions and low education were all positively associated with the desire for social services. Approximately 17.1 percent of the variance of this variable was accounted for by these variables.

- **Food Services**: approximately one quarter of the variance of this variable was accounted for by six predictors, Universalism being most important (Adj. Rsq 18.60 percent). Calorie reduction actions, fear of helplessness and the performance of exercise behaviours were positive predictors (like Universalism). Age, and the belief that Decline is natural, were negatively related, i.e. the younger people were the more they wanted food services and the more they believed Decline is natural, the less they wanted these services.

- **Vitamins and Herbal remedies**: women, lesser educated people, those with financial and family worries, safety concerns, or those engaging in energy restriction, were more likely to want low cost vitamins and herbal remedies.

**Discussion**

The findings suggest that baby boomers do have expectations of the services and products they want in retirement. These expectations may provide opportunities for food and health service providers to provide suitable services and products. Women wanted more of the services than men did.

The three clusters derived from the principal components analysis suggest respondents think of these services in at least ways, i.e. they discriminate between food, social and medicinal wants. This discrimination suggests that baby boomers separate health and sociability, from the provision of nutritious and environmentally friendly food services from over the counter remedies like vitamin pills and herbal remedies. Perhaps the marketing of services to this broad age group should address each of these sets of interests.
Age and education played some predictive roles but with the exception of the greater preference for many of the services by women (particularly for Vitamin and herbal remedies) it is clear other psychographic and behavioural variables were more important predictors than demographics. The few demographic differences suggest that apart from sex, baby boomers are demographically a fairly homogenous group irrespective of age, income or marital status.

The associations with the three forms of desired services identified in the regression analyses provide some clues about the consumer characteristics associated with these demands. For example, the Food service component which is about the provision of environmentally friendly, nutritious foods was linked to the desire to care for others and the environment (Universalism) as well as Helplessness fears and the practice of behaviours that are likely to protect against ill health (exercise and calorie reduction behaviours). Consideration of these aspects during the planning and delivery of food services for this age group is likely to be rewarded through increased patronage. In contrast, the demand for Social services was linked to concerns and worries about a variety of issues, to higher body mass indices, and to the belief that retirement should be a time of enjoyment. Further, the demand for Vitamin pills and herbal remedies was associated with being female and another, different mix of fears and concerns. These findings, then, may help health and food service planners and marketers provide appropriate services and products for these different types of consumers.

Caution should be exercised in the interpretation of these findings as this is a preliminary, cross-sectional study. The list of possible services presented to the respondents was short and could be extended to cover other domains (e.g. financial planning services, housing requirements). A longitudinal study would be required to determine whether the identified wants and associated factors translate into increased custom for food and health service providers. However, the study has shown that baby boomers have quite clear wants that they bring to the marketplace and these are associated in the main with social psychological factors.

Conclusions

Australian baby boomers expressed strong interest in three groups of post retirement services and products: social (and health) services, Food services, and vitamin and herbal remedies. These three types of demand were associated mainly with psychographic and behavioural variables.
How interested are you in having [...] | Percentage men (n = 441) | Percentage women (n = 662) | Total (n = 1103) | p-value |
--- | --- | --- | --- | --- |
Social services (24.82%) Meals provided in a social environment | 79 | 64.7 | 65.3 | 65.0 | 0.841 |
A friendly place where I can meet friends | 78 | 82.2 | 85.8 | 84.4 | 0.111 |
24-hour GP services | 66 | 88.7 | 92.5 | 91.3 | 0.110 |
Meals delivered to my home, if ill | 62 | 74.0 | 73.5 | 77.3 | 0.005 |
An age friendly physical fitness centre | 61 | 75.4 | 85.4 | 81.4 | 0.0001 |
Employment advisory services | 52 | 48.5 | 56.0 | 53.0 | 0.015 |
Low cost fresh fruit and vegetables | 39 | 97.2 | 98.6 | 98.1 | 0.106 |
A low cost cafe nearby that sells nutritious foods | 48 | 67.9 | 77.6 | 73.7 | 0.0001 |
Food Services (20.11%) Low cost organic foods | 87 | 56.8 | 67.3 | 62.7 | 0.0001 |
Low cost vegetarian meals | 70 | 45.1 | 54.1 | 50.5 | 0.004 |
Environmentally friendly foods | 77 | 80.8 | 88.5 | 85.4 | 0.0001 |
A low cost cafe nearby that sells nutritious foods | 49 | 67.9 | 77.6 | 73.7 | 0.0001 |
Vitamins and herbal remedies (14.70%) Low cost vitamin pills | 49 | 54.8 | 67.5 | 62.4 | 0.0001 |
Low cost herbal remedies | 32 | 43.8 | 61.2 | 54.2 | 0.0001 |

Table I. Services desired by baby boomers: comparisons between the sexes (with factor loadings)

| | % < 49 yrs (n = 193) | % 50-59 yrs (n = 488) | % 60 + yrs (n = 413) | p-value |
--- | --- | --- | --- | --- |
Meals delivered to my home, if ill | 82.3 | 79.1 | 72.9 | 0.017 |
Employment advisory services | 69.4 | 57.8 | 39.6 | 0.0001 |
Meals provided in a social environment | 68.9 | 68.3 | 59.0 | 0.007 |
An age friendly physical fitness centre | 86.6 | 82.1 | 77.8 | 0.028 |

Table II. Services desired by baby boomers: statistically significant age group differences

| How interested are you in having [...] | % < $35k (n = 229) | % $35-50k (n = 179) | % $50-100k (n = 561) | >$100k (n = 366) | p-value |
--- | --- | --- | --- | --- | --- |
A low cost cafe nearby that sells nutritious foods | 68.6 | 66.5 | 78.7 | 76.7 | 0.003 |
Environmentally friendly foods | 83.2 | 84.7 | 90.1 | 81.1 | 0.010 |
Low cost vitamin pills | 69.6 | 64.0 | 59.7 | 57.9 | 0.034 |
Low cost herbal remedies | 63.1 | 48.0 | 54.4 | 48.9 | 0.005 |
Employment advisory services | 50.0 | 52.5 | 60.2 | 47.0 | 0.007 |

Table III. Services desired by baby boomers: statistically significant family income group differences

| Services desired by baby boomers: statistically significant BMI group differences |
|---|---|---|
| How interested are you in having [...] | % < 25 (n = 376) | % 25-30 (n = 382) | % 30+ (n = 231) | p-value |
Low cost vitamin pills | 57.5 | 65.9 | 66.7 | 0.023 |
24-hour GP services | 89.0 | 91.1 | 96.1 | 0.011 |

Table IV. Services desired by baby boomers: statistically significant BMI group differences
Table V

Services desired by baby boomers: statistically significant marital status group differences

<table>
<thead>
<tr>
<th>Social services</th>
<th>Std beta</th>
<th>p-value</th>
<th>Food services</th>
<th>Std beta</th>
<th>p-value</th>
<th>Vitamins &amp; herbal remedies</th>
<th>Std beta</th>
<th>p-value</th>
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<tr>
<td>Enjoy life</td>
<td>0.162</td>
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<td>Universalism</td>
<td>0.373</td>
<td>0.0001</td>
<td>Sex</td>
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<td>Family fears</td>
<td>0.131</td>
<td>0.001</td>
<td>Reduce calories</td>
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<td>Financial fears</td>
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<td>Safety</td>
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<td>0.021</td>
<td>Helplessness</td>
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<td>0.001</td>
<td>Safety</td>
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<td>Helplessness</td>
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<td>0.002</td>
<td>Decline</td>
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<td>0.010</td>
<td>Reduce calories</td>
<td>0.142</td>
<td>0.0001</td>
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<td>Travel and moving plans</td>
<td>0.102</td>
<td>0.008</td>
<td>Age</td>
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<td>Family</td>
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<td>BMI</td>
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<td>0.001</td>
<td>Exercise behaviours</td>
<td>0.080</td>
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<td>Education</td>
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<td>Finance and coping</td>
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<td>Dining behaviours</td>
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</table>

Table VI
Prediction of desired services by demographic and psychographic characteristics of respondents

Notes

1. Further details of these and other variables are available from the corresponding author.

References


**About the authors**

Tony Worsley is a Psychologist who has researched and taught in the consumer food behaviour field as it applies to public health for many years. Tony Worsley is the corresponding author and can be contacted at: tworsley@uow.edu.au

Wei Wang is a Postdoctoral Fellow specialising in multivariate analysis of health programs.
Wendy Hunter is a Nutritionist with strong interests in the provision of healthy foods for older citizens.