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Older Consumers' Expectations of their Service Providers

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ABSTRACT

This study reports the results of a study undertaken by the Positive Ageing Foundation of Australia and the Western Australia Department for Community Development, Seniors Interest. Seniors' experiences with their GPs, supermarkets and financial planners were explored to identify areas of potential improvement in service provision to older consumers. The results of the study provide support for previous research into seniors' needs, with clear information, personal relationships, manageable waiting times, and clear cost structures being identified as significant issues. The results indicate that while seniors view these issues as both important to seniors in general and personally relevant, they tend to rate them as more pertinent to others. Potential reasons for these findings are discussed.

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Introduction

The World Health Organisation (WHO 1999a, 1999b, 2001) has drawn attention to the ageing of the world's population. This demographic change is recognised as having significant implications for marketers of goods and services (Cooper and Miaoulis 1988; Greco 1988; Greco and Swayne 1992; Miller and Soyoungh 1999; Peterson 1992, 1995; Tepper 1994; Uncles and Ehrenberg 1990; White-Means 1989). In Australia approximately 24% of the population is forecast to be over the age of 65 by 2051 (Australian Bureau of Statistics [ABS]

1999a). This is almost double the 13% of Australians who were in this age group in 2001 (ABS 2002). The importance of the senior market is apparent in its spending power. The over 55 segment in Australia controls over one third of the nation's wealth and almost one quarter of disposable income (Access Economics 2001). This combination of assets and income makes seniors a financially powerful group in the Australian marketplace.

A pilot study conducted by the Positive Ageing Foundation of Australia (PAFA) under the sponsorship of the Western Australian Department for Community Development, Seniors Interests (SI) identified several service industries as those considered by seniors to be most in need of research into older consumers' needs (Positive Ageing Foundation of Australia 2002). These industries included GPs, supermarkets, and financial planners. As a result of the findings of this pilot study, the PAFA and SI instigated a major research project to identify the service issues of greatest relevance to Australian seniors and provide recommendations for ways marketers in these industries can better serve their older customers. This paper addresses the service issues that were found to be important and personally relevant to Australian seniors and seeks to relate these issues to those that have been identified in previous literature.

GPs

The services provided by GPs become increasingly important as people age due to the onset of age-related illnesses (Vaillant and Mukamal 2001). Seniors are more likely than others to experience chronic conditions such as hypertension and arthritis (ABS 1999a; Byles et al. 1999; Moschis 1992). These conditions are particularly prevalent among older women because of their greater longevity and their lower levels of muscle and bone mass (Friedrich 2001; WHO 1999b). Given this greater dependence on GPs in later life, it is fortunate that older Australian patients report being highly satisfied with the services provided by their GPs (Dent, Broe, Creasey, Waite, Cullen, and Grayson 1999). Both the World Health Organisation (WHO 1999b) and the ABS (1997) have noted a tendency amongst seniors to consider themselves in good health regardless of being more likely to suffer chronic illnesses.

The medical literature is largely silent on the issue of seniors' generic service needs. In the few published works within the medical literature that address these needs the typical approach has been to survey medical staff, primarily nurses, to document their impressions of the special needs of the elderly (Abbey 1995; Rantz, Davis, and Tapp 1995). The outcomes of these studies have tended to emphasise hospital experiences and the levels of care required while patients are institutionalised.

The non-medical literature also demonstrates a tendency to make suggestions without directly accessing the thoughts and feelings of older patients. The suggestions offered include: (1) adopting a preventative approach with younger patients to reduce susceptibility to certain conditions in old age (Kendig, Browning, and Wells 1998; WHO 1998), (2) providing information in clear language and in written form where possible (Tooth, Clark, and McKenna 2000), and (3) proactively identifying and addressing the loneliness that can be experienced in later years (Forbes 1996). Gething (1999) suggests that GPs should be exposed during their education to training that specifically focuses on older patients' physical and social needs.

As a result of the sparse information available, Davis, Trim, Le Couteur, Rubenach, and McLean (1999) call for research that explores older patients' preferences and concerns relating to their usage of GP services. It has also been suggested that it is critical for older patients to be consulted in the design and implementation of health promotion programs to ensure their needs are met (Kendig, Andrews, Browning, Quine, and Parsons 2000; O'Connor-Fleming 1999). These approaches have been neglected in an area where the emphasis has been on advances in treatments and managing increasing national healthcare costs.

The communications literature offers some insight into the needs of seniors that may have relevance for the medical context. Older people have been found to process information better if they can control the speed of information flow (Spotts and Schewe 1989). Slower processing times and deteriorating vision and hearing mean that seniors can experience difficulties prioritising different pieces of information (Emery, Huppert, and Schein 1995; Hedden and Park 2001), and this

has important implications for providers of medical services where comprehension of information is critical. For example, it is likely that in order to best service their older patients GPs will need to take actions such as providing information in writing and where possible in pictorial form. One way of doing this would be to put relevant information on the Internet. Seniors on average are not high Internet users, although disabled seniors can be (Wellner 2000).

Supermarkets

The retailing literature suggests several characteristics of older shoppers. These include stronger store loyalty (Miller and Soyoung 1999; Moschis 1992), a greater prevalence of joint buying decisions (Tongren 1988), preferences for higher quality products (Moschis and Mathur 1993), an emphasis on functionality, convenience, simplicity, and risk reduction (Gruca and Schewe 1992; Moschis 1994), reduced price sensitivity (Tongren 1988), more restricted brand repertoires (Uncles and Ehrenberg 1990), and stronger preferences for nostalgic advertising appeals (Gruca and Schewe 1992).

The literature relating specifically to seniors' experiences in supermarkets is more limited, and what research has been conducted has generated inconsistent results. Tongren (1988) notes that different studies have reached varying conclusions concerning the perceived importance to seniors of wide aisles, availability of seating and in-store amenities, delivery services, and clear labels and signage. Some have suggested that shopping frequency diminishes with age (Uncles and Ehrenberg 1990), while others have found frequency levels to remain stable over the lifespan (Mathur and Moschis 1994).

Past studies of relevance to older consumers have suggested that: (1) care should be taken to ensure packages are not "senior-proof" (Fairley et al. 1997; Peterson 1992), (2) supermarket managers should avoid making older customers wait in line for extended periods (Moschis 1992), (3) senior discounts should be offered discreetly to avoid embarrassing those taking advantage of them (Tongren 1988), and (4) socialising should be acknowledged as an important aspect of shopping for older consumers, with particular implications for

the recruitment and training of store attendants (Moschis 1992, Tongren 1988).

A problem that can be encountered when targeting the senior market is the possibility that older customers will be offended by references to their age (Fairley et al. 1997). This has implications for selecting models to use in advertisements, as studies have produced conflicting results when exploring seniors' attitudes to older models (e.g., Johnson 1996; Long 1988). Added to this is the risk retailers face when aligning themselves with older target markets, as this has been found to alienate younger customers of at least one supermarket (Moschis, Lee, and Mathur 1997).

Financial Planners

The financial power of older consumers combined with their need to manage their funds to ensure a satisfactory income flow in future years makes the senior segment a very important target market for financial planners (Kennet, Moschis, and Bellenger 1995). Financial planners are defined as "people who provide assistance in choosing investments to achieve particular investment goals" (Commonwealth Department of Health and Aged Care [CDHAC] 1999, p.29). There is a National Strategy for an Ageing Australia (CDHAC 1999) that provides general recommendations for those seeking to employ the services of a financial planner. These recommendations include: (1) establishing that the planner holds an appropriate license and possesses indemnity insurance, (2) ensuring the planner is adequately experienced, (3) speaking with at least three financial advisors before making a choice, (4) asking all potential planners to detail any relationships they have with third parties such as investment companies, (5) requiring planners to document in writing all applicable fees and commissions, and (6) ensuring that any selected financial planner clearly explains the implications of any plans provided on pension eligibility and taxation levels.

Similarly, the Financial Planning Association (FPA) of Australia specifies a code of conduct that outlines the levels of service that should be provided to clients (FPA 2001). The main requirements are for financial planners to: (1) be honest and objective and provide sound advice to clients, (2) provide all information in writing in language that can be understood by clients, (3) disclose all conflicts of interest, and (4) provide

clients with information that will enable them to lodge a complaint should they experience such a need.

There are very few studies relevant to financial planners reported in the marketing literature relating to older consumers. The most relevant study is Kennet et al.'s (1995) analysis of the attention given to seniors in the American financial services sector. They found that service providers in this industry are less likely than those in other industries to implement senior-friendly strategies. Kennet et al. recommended that financial planners should ensure that: (1) older clients are supplied with assistance when filling in documents, (2) font sizes on forms are appropriate, (3) lighting levels are adequate, (4) access to offices visited by seniors is manageable, and (5) staff are trained in the needs of older clients. Timmerman (2002) has offered a set of strategies based on anecdotal evidence, and these tend to support those recommended by Kennet et al. (1995), although they tend to be focused on the nature of verbal presentations made to older clients. Her strategies include relating the information provided to the life experiences of seniors, presenting only key facts, slowing the pace of the presentation, providing written information in conjunction with the verbal presentation, using a larger font size in written materials, encouraging discussion during the presentation, re-stating information to overcome hearing difficulties, and being sensitive to possible life problems the older client may be experiencing (e.g., bereavement, caring for a sick spouse, or slowed reactions due to medications).

Gibbs (1998) highlights the importance of effective communication between financial planners and their older clients. The point is made that the long-term nature of financial planning services entails the client being able to visualise their future selves in order to see the benefit of the service. The financial planner must therefore be able to employ effective communication skills to assist the client through this visualisation process. This can be difficult in an industry characterised by extensive jargon that can confuse the layperson, and is likely to be even more complex when seniors' need for slower-paced information provision (Long 1988; Tongren 1988) and their preferences for pictorial stimuli (Gruca and Schewe 1992) are taken into consideration.

Method

There were two stages to the data collection process. In the first instance eight focus groups were conducted in Western Australia. The purpose of the focus groups was to tease out those issues perceived to be of greatest importance to seniors when interacting with their GPs, supermarkets, and financial planners. The groups were split by age and gender. Four groups were comprised of only women (as women tend to be more frequent users of GPs and supermarkets in Australia [ABS 1997; Roy Morgan 1999]), two groups were held with only men, and two groups were comprised of both male and female participants. The purpose of running single-sex groups was to explore gender differences in attitudes towards service provision in each of the three industries. Half the groups were comprised of seniors aged 50 to 65, and the other half were attended by those over 65 years of age. The composition of the groups is detailed in Table 1.

Table 1 - Focus Group Compositions

Group	Gender	Age
1	Females	50-64
2	Females	50-64
3	Females	65+
4	Females	65+
5	Males	50-64
6	Males	65+
7	Females and Males	50-64
8	Females and Males	65+

The themes generated from the focus groups were used to develop a questionnaire that was administered to a sample of Australian seniors via a telephone survey. The resulting sample consisted of 505 respondents (254 male and 251 female) over 50 years of age. Using a five-point scale, with 1 being very important or highly relevant to 5 being very unimportant or not at all relevant, respondents were asked to rate the importance and relevance of each of the issues identified in the focus groups.

Results

The survey results were initially analysed using the entire sample. The previously reviewed research addressed seniors

as a group without placing much distinction on different segments within the group. The results of the general importance and personal relevance measures are reported by industry below.

GPs

With relation to GPs, four variables are reported in terms of general importance and personal relevance. Table 2 provides percent responses and mean scores using the 5 point scale on general importance and personal relevance for the service issues identified for GPs. There were no missing respondents resulting in a sample size of 505.

Table 2 - Percent Respondents by Issue

Variable	1	2	3	4	5	Mean
Take the time to listen to patients' concerns and where appropriate enable the booking of longer appointment times	62.0*	31.7	2.4	2.4	1.6	1.49
	48.1^	25.1	4.8	8.7	13.3	2.14
Be familiar with the patient's history and background	77.4*	20.4	1.2	0.8	0.2	1.26
	67.7^	18.4	3.0	4.0	6.9	1.64
Provide patients with clear information regarding fee structure and Medicare rebate	52.5*	37.4	4.6	2.8	2.8	1.66
	41.8^	24.0	5.7	8.5	20.0	2.41
Provide clear explanations of medication usage, including possible side effects and information on cost options	80.2*	16.6	1.2	1.6	0.4	1.25
	66.3^	19.8	2.2	4.6	7.1	1.66

*Important to seniors in general ^Personally relevant Mean scores for all variables were in the low end of the range indicating that the subjects not only felt these areas were personally relevant to them, but also important to seniors in general. Of note however was the number of respondents who

stated that information regarding fee structure was not relevant to them. Twenty per cent rated the issue as "not at all relevant to you," while a further 8.5% stated it was "somewhat irrelevant". These percentages far outweighed any of the other areas under study. Interestingly, however, when asked to consider the importance of the issue to seniors in general, approximately 90% viewed it as either important or very important, with only 5.6% stating it was unimportant.

Tests for differences between means for importance and relevance were conducted on all variables. In all cases the mean scores were significantly different between relevance and importance ($\alpha = .01$) with subjects overall viewing the issues as more important to seniors in general than personally relevant.

Supermarkets

The results for the supermarkets provided a much wider divergence in terms of importance and relevance (see Table 3).

Table 3 - Percent Respondents by Issue

Variable	1	2	3	4	5	Mean
Consider the provision of senior discounts	44.2*	34.5	7.7	6.5	7.1	1.98
	38.0^	19.8	6.3	7.3	28.5	2.68
Prevent seniors from waiting for extended periods by providing express lanes	51.3*	30.3	5.7	5.3	7.3	1.87
	40.4^	18.0	4.8	9.9	26.9	2.65
Ensure all goods can be easily reached	69.5*	25.7	1.8	1.0	2.0	1.40
	45.5^	17.6	3.6	9.1	24.2	2.49
Ensure staff are courteous, friendly and efficient	74.1*	24.6	0.8	0.4	0.2	1.28
	67.5^	24.8	1.8	2.2	3.8	1.50

* Important to seniors in general

^ Personally relevant

Based on the entire sample of 505 respondents, higher scores were again found in the area of personal relevance than for importance to seniors in general. As with the previous analyses, the mean scores were significantly greater in all cases except for the area of courteous staff.

Financial Planners

Table 4 provides the statements and results for the financial planners. As can be seen in the table, the results are similar to those found for GPs and supermarkets. The range of responses, however, was much greater. For example, in the case of the financial planner taking the client's total financial situation and desired lifestyle into account, respondents rated it more towards the personally irrelevant side. Indeed, a full 49.2% rated it as "somewhat irrelevant" or "not at all relevant" to them whereas 89.7% deemed it of importance to seniors in general. As with the other industries, the mean scores are significantly different in all cases.

Table 4 - Percent Respondents by Issue

Variable	1	2	3	4	5	Mean
The financial planner takes the client's total financial situation and desired lifestyle into account	60.0*	29.7	5.0	2.8	2.6	1.58
	33.1^	14.1	3.8	4.2	45.0	3.14
The financial planner ensures all fees and commissions are clear, reasonable and fully disclosed in writing	78.2*	17.0	2.6	0.4	1.8	1.31
	43.0^	9.9	3.0	3.2	41.0	2.89
The FP keeps up to date with changes in government regulations, market performance, and	71.7*	22.6	3.4	1.0	1.4	1.38
	39.4^	10.7	3.8	3.4	42.8	2.99

gives clients any relevant advice						
The financial planner provides the amount of information the client wants in clear English, using graphs and illustrations where appropriate	66.1*	28.1	3.2	1.2	1.4	1.44
	37.0^	14.7	3.4	3.4	41.6	2.98

*Important to seniors in general

^Personally relevant

Discussion

The results from the current study lend support to recommendations arising from previous studies in the area of seniors' service preferences. Although the issues examined in the survey were phrased in the terms generated from the focus groups rather than in the language used in the literature, support for previous findings is evident in the results. With regard to GPs, respondents felt it important that GPs were familiar with each patient's history and background. This familiarity would normally be built up over time and could relate to the need identified in previous studies for practitioners to adopt a preventative approach earlier in life (Kendig, Browning and Wells 1998). The need has also been identified to have information provided in clear language for older patients (Tooth, Clark and McKenna 2000). This issue was ranked highest in terms of overall importance in the current study. This level of importance may be attributable to the fact that as people age, many become more reliant on medicines. This increased reliance facilitates the need to understand how to take the medications properly and what side effects they may expect. The third area identified in the literature as important was addressing the loneliness encountered in later life (Forbes 1996, Gething 1999). A number of focus group participants noted that at times they felt rushed and not listened to when visiting their GPs. This feeling could serve to exacerbate the loneliness that is more common in this age group (Forbes 1996). By allowing a little

extra time for appointments, GPs may help alleviate this feeling in their older patients.

The supermarket analysis also lends support to previous research, indicating that Australian seniors view the same issues as important as do other seniors. Although the current study did not specifically address the issue of "senior-proof" packaging, it did address the issue of "senior-proof shelves." As people age, they tend to become shorter. This may be particularly true of females who are the primary grocery shoppers. In light of this, the respondents noted the importance of "ease of access" for products. It is likely that this would also apply to "ease of access" in terms of opening packages.

Respondents were asked to rate the importance and relevance of three areas identified in the literature - not having to wait in line for extended periods (Moschis 1992), provision of senior discounts (Tongren 1988), and the social aspect with regards to having friendly and courteous store attendants (Tongren 1988; Moschis 1992). In all cases these issues were identified as important to seniors in general. The latter issue was one of the few identified in the study that did not reveal significant differences between importance and personal relevance. This would seem to indicate that this is an issue that would be pertinent to a much wider population and is not a "senior specific" issue. The overall support for the findings would indicate to Australian supermarkets that this segment of the population has specific age-related needs that could easily be catered for. The provision of these services would likely translate into increased patronage and loyalty.

Previous research into financial planners was limited. The one empirical study that did address seniors' needs did so in a very cursory manner. The issues identified as pertinent to seniors were reflective of a wide range of services and not necessarily unique to the financial services industry. In light of this, areas identified as important to Australian seniors were analysed. The one area that stands out in relation to the previous research was that staff members are trained in the needs of older clients. This is a rather ambiguous statement and could be measured in a number of ways. In terms of the current study, two areas were felt to address the issue - 1) financial planner takes total financial situation and desired lifestyle into

account, and 2) keeps up to date with changes. In both cases these were viewed as important to seniors in general although not considered personally relevant.

The discrepancies observed in terms of how the same individuals view general importance as opposed to personal relevance deserve closer scrutiny. Focus group participants frequently referred to those considerably older than themselves as seniors, and many did not appear to perceive themselves as fitting into the category of older consumers. The tendency to perceive oneself as "not old" was particularly apparent among those who still had living parents. This may explain why both the focus group participants and survey respondents often considered the issues under investigation as important to seniors but not, as yet, highly relevant to themselves.

While age was a significant factor for the discrepancies related to financial planners and to a lesser extent GPs, it did not explain the differences in the responses to supermarket service issues. Indeed, as the population continues to age one must question whether someone in their 50s should still be considered a "senior", or perhaps more appropriately classified as a mid-lifer. Nonetheless, numerous organisations (e.g., AARP) recognise 55 as the official starting point for "senior" services. Future research could focus on exploring the differences that exist between groups of seniors to determine if there are any moderating factors such as income, employment or gender that may impact upon their perceptions of the personal relevance of the issues examined.

Other areas for future research include an in-depth analysis of other factors identified in the literature as relevant for these particular service industries. Although previous research has addressed the issues as they concern a wider population, research needs to be undertaken to determine if these broader issues are still relevant as people age. The continued ageing of the population makes a proactive approach by service providers a necessity in order to remain competitive.

Conclusion

This paper highlights the importance of specific issues to seniors when interacting with their GPs, supermarkets and

financial planners. Of particular importance were the issues of clear explanations and personal familiarity when interacting with GPs, courteous staff and length of waiting time when visiting supermarkets, and the full disclosure of fees by financial planners. These issues are similar to those raised in the literature, indicating that there are similarities in the needs of seniors in different countries. The results of this study provide GPs, supermarket managers and financial planners with insight into the special needs of seniors, enabling them to better serve their older clients. In addition, it alerts older consumers to the service issues they may have in common with seniors around the country. This awareness may encourage them to seek higher service levels from their service providers to improve their quality of life as impacted by their marketplace activities.

References

Abley, C. (1995), "Developing Standards of Care to Meet Older Patients' Needs," *Nursing Standard*, 10(20): 44-47.

Access Economics (2001), *Population Ageing and the Economy*, Canberra, Commonwealth of Australia.

Australian Bureau of Statistics (1997), *National Health Survey - Summary of Results*, Australia, Canberra, Catalog No. 4364.0.

Australian Bureau of Statistics (1999a), *Older People, Australia: A Social Report*, Canberra.

Australian Bureau of Statistics (2002), *2001 Census Basic Community Profile and Snapshot*, Australia, Canberra.

Byles, J. and The Women's Health Australia Researchers (1999), "Over the Hill and Picking up Speed: Older Women of the Australian Longitudinal Study on Women's Health," *Australasian Journal on Ageing*, 18(3), 55-62.

Commonwealth Department of Health and Aged Care (1999), *The National Strategy for an Ageing Australia*, Canberra.

Cooper, P. D. and G. Miaoulis (1988), "Altering Corporate Strategic Criteria to Reflect the Changing Environment: The

Role of Life Satisfaction and the Growing Senior Market," *California Management Review*, (Fall), 87-97.

Davis, M. W., G. Trim, D. G. Le Couteur, S. Rubenach, and A. J. McLean (1999), "Older People in Hospital," *Australasian Journal on Ageing*, 18(3), 26-31.

Dent, O. F., G. A. Broe, L. M. Creasey, J. S. Waite, J. S. Cullen, and D. A. Grayson (1999), "Satisfaction with Medical and Allied Health Services among Aged People in Sydney," *Australasian Journal on Ageing*, 18(3), 130-133.

Emery, C. F., F. A. Huppert, and R. L. Schein (1995), "Relationships Among Age Exercise, Health and Cognitive Function in a British Sample," *The Gerontologist*, 35(5), 378.

Fairley, S., G. P. Moschis, H. M. Meyers, A. Thiesfeldt (1997), "The Experts Sound Off," *Brandweek*, 38(30), 24-25. Financial Planning Association of Australia (2001), Annual Report, Melbourne.

Forbes, A. (1996), "Loneliness," *British Medical Journal*, 313(7053), 352-354.

Freidrich, M. J. (2001), "Women, Exercise, and Aging: Strong Message for the "Weaker" Sex," *Journal of the American Medical Association*, 285(11), 1429-1431.

Gething, L. (1999), "Ageism and Health Care: The Challenge for the Future," *Australasian Journal on Ageing*, 18(1), 2-3.

Gibbs, P. T. (1998), "Time, Temporality and Consumer Behaviour: A Review of the Literature and Implications for Certain Financial Services," *European Journal of Marketing*, 32(11/12), 993-1007.

Greco, A. J. (1988), "The Elderly as Communicators: Perceptions of Advertising Practitioners," *Journal of Advertising Research*, (June/July), 39-46.

Greco, A. J. and L. E. Swayne (1992), "Sales Response of Elderly Consumers to Point-of-Purchase Advertising," *Journal of Advertising Research*, 32(5), 43.

Gruca, T. S. and C. D. Schewe (1992), "Researching Older Consumers," *Marketing Research*, 4(3), 18. Hedden, T. and D. Park (2001), "Aging and Interference in Verbal Working Memory," *Psychology and Aging*, 16(4), 666-681.

Johnson, E. B. (1996), "Cognitive Age: Understanding Consumer Alienation in the Mature Market," *Review of Business*, 17(3), 35.

Kendig, H. L., G. Andrews, C. Browning, S. Quine, and A. Parsons (2000), *A Review of Healthy Ageing Research in Australia*, Canberra, Commonwealth Department of Health and Aged Care.

Kendig, H. L., C. Browning, and Y. Wells (1998), "Australian Research on Ageing, Families, and Health Promotion," *Social Policy Journal of New Zealand*, (December).

Kennet, P. A., G. P. Moschis, and D. N. Bellenger (1995), "Marketing Financial Services to Mature Consumers," *Journal of Services Marketing*, 9(2), 62-72.

Long, N. (1998), "Broken Down by Age and Sex - Exploring the Ways We Approach the Elderly Consumer," *Journal of the Market Research Society*, 40(2), 73-91.

Mathur, A. and G. P. Moschis (1994), "Use of Credit Cards by Older Americans," *Journal of Services Marketing*, 8(1), 27-36.

Miller, N. J. and K. Soyoung (1999), "The Importance of Older Consumers to Small Business Survival: Evidence from Rural Iowa," *Journal of Small Business Management*, 37(4), 1.

Moschis, G. P. (1992), *Marketing to Older Consumers*, Westport, Connecticut, Quorum Books.

Moschis, G. P. (1994), *Marketing Strategies for the Mature Market*, Westport, Connecticut, Quorum Books.

Moschis, G. P., E. Lee, and A. Mathur (1997), "Targeting the Mature Market: Opportunities and Challenges," *Journal of Consumer Marketing*, 14(4), 282-293.

- Moschis, G. P. and A. Mathur (1993), "How They're Acting Their Age," *Marketing Management*, 2(2), 40.
- O'Connor-Fleming, M. (1999), "An Evaluation of Healthy Ageing Programs," *Australasian Journal on Ageing*, 18(3), 63-69.
- Peterson, R. T. (1992), "The Depiction of Senior Citizens in Magazine Advertisements: A Content Analysis," *Journal of Business Ethics*, 11(9), 701.
- Peterson, R. T. (1995), "The Portrayal of Senior Citizens by Banks in Newspaper Advertisements: A Content Analysis," *Journal of Professional Services Marketing*, 12 (2), 95.
- Positive Ageing Foundation of Australia (2002), *The Age Friendly Guidelines Project*, Perth, Western Australia.
- Rantz, M., N. K. Davis, and R. A. Tapp (1995), "Assessing Elderly Acute Care Services: Improving Quality Amid Chaos," *Journal of Nursing Care Quality*, 9(3): 1-9. Roy Morgan (1999), *Asteroid Database*. Melbourne.
- Spotts, H. E. and C. D. Schewe (1989), "Communicating with the Elderly Consumer: The Growing Health Care Challenge," *Journal of Health Care Marketing*, 9(3), 36-44.
- Timmerman, S. (2002), "Never Too Old to Learn: Strategies for Working with our Older Customers," *Journal of Financial Service Professionals*, 56(5), 33-34.
- Tepper, K. (1994), "The Role of Labeling Processes in Elderly Consumers' Responses to Age Segmentation Cues," *Journal of Consumer Research*, 20, 503-519.
- Tongren, H. N. (1988), "Determinant Behavior Characteristics of Older Consumers," *Journal of Consumer Affairs*, 22(1), 136-157.
- Tooth, L., M. Clark, and K. McKenna (2000), "Poor Functional Health Literacy: The Silent Disability for Older People," *Australasian Journal on Ageing*, 19(1), 14-22.

Uncles, M. D. and A. S. C. Ehrenberg (1990), "Brand Choice among Older Consumers," *Journal of Advertising Research*, 30(4), 19-22.

Vaillant, G. E. and K. Mukamal (2001), "Successful Aging," *The American Journal of Psychiatry*, 158(6), 839-847.

Wellner, A. S. (2000), "The Internet's Next Niche," *American Demographics*, September.

White-Means, S. I. (1989), "Consumer Information, Insurance, and Doctor Shopping: The Elderly Consumer's Perspective," *Journal of Consumer Affairs*, 23(1), 45-64.

World Health Organization (1998), *Social Determinants of Health: The Solid Facts*, Europe.

World Health Organization (1999a), *Action Towards Active Ageing*, Geneva, Available:
www.who.int/archives/whday/en/pages1999/whd99_8.html.
Accessed 13/11/2001.

World Health Organization (1999b), *Ageing: Exploding the Myths*, Geneva, Switzerland, Available:
www.who.int/archives/whday/en/pages1999/whd99_1.html,
accessed 13/11/2001.

World Health Organization (2001), *Health and Ageing: A Discussion Paper*, Geneva, Switzerland.

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