Analysis of the healthy lifestyle consumer

Richard L. Divine and Lawrence Lepisto
Department of Marketing and Hospitality Services Administration, Central Michigan University, Mt Pleasant, Michigan, USA

Abstract
Purpose – The purpose of this study is to gain a better understanding of the healthy lifestyle consumer by examining demographic, personal value and psychographic antecedents.
Design/methodology/approach – A cluster analysis was used to divide consumers into healthy and unhealthy lifestyle segments based on their diet and exercise behavior. A logistic regression analysis was then run on these segments to test the impact of 17 hypothesized antecedents.
Findings – Results indicate that people who maintain a healthy lifestyle tend to be female, older, more educated, place less importance on the value of "excitement", have a greater tendency to plan ahead and tend to experience less role overload.
Research limitations/implications – One limitation is that the response rate of the mail survey used to collect data was only 28.8 percent. Another limitation was that the specific types of diet and exercise behavior used to classify respondents into clusters did not encompass the full range of diet and exercise options available to all consumers.
Practical implications – The financial impact of the healthy lifestyle consumer on a number of industries is documented. A demographic profile of the healthy lifestyle consumer was obtained which should assist companies seeking to target this segment. The significance of two time-related psychographic predictors suggests that companies looking to expand the market for healthy products may want to focus on ways of making their products/services more convenient to time-pressured consumers.
Originality/value – This paper represents one of the first attempts in the marketing literature to study the healthy lifestyle segment.

Keywords Lifestyles, Personal health, Consumer behaviour, Demographics

Paper type Research paper

An executive summary for managers and executive readers can be found at the end of this article.

Introduction

It is estimated that in 2003, the market for healthy products in the USA accounted for more than $440 billion dollars in sales (*Research Alert*, 2004). This sales figure represents 4.2 percent of gross national product (GNP) and is noteworthy for two reasons other than its considerable size; first, the market for "healthy products" barely even existed 30 years ago, and second, the sales trend suggests the strong growth rate in this market will continue well into the future (Towers, 2004; Berry, 2004; Dogheim-Rashid, 2004). The immense influence of this market is underscored by Roger Deromedi, CEO of Kraft Foods, who said: "The growing importance of health and wellness has altered buying patterns to a degree that I have not seen before in the food business" (Howell, 2004).

As is the case with most markets, the demand for healthy products is being driven by customer segments which have expressed a strong need for the benefits these products provide. With regard to this particular market, demand is being driven by a large customer need segment that bases a number of its purchase decisions on its desire to adopt or maintain a healthy lifestyle (Berry, 2004; Weiss, 2002, *Beverage Industry*, 2004; *National Petroleum News*, 2002). Despite the tremendous impact that this healthy lifestyle consumer has had on the marketplace, there has been very little research on this segment in the marketing literature. This study will attempt to better define the profile for this segment by analyzing associations between maintaining a healthy lifestyle and a number of demographic, personal value and psychological characteristics.

The healthy lifestyle segment

Bloch (1984) defined a healthy lifestyle as an orientation toward the prevention of health problems and the maximization of personal wellbeing. While this could legitimately encompass a wide variety of behaviors from flossing after meals to applying sunscreen, most healthy lifestyle research has focused on diet and exercise (Kraft and Goodell, 1993).

A review of the literature uncovered no prior research on what percentage of the population is currently maintaining a healthy lifestyle. However, the Center for Disease Control does publish research on both exercise and nutrition separately. The results of this research are called the behavioral risk factor surveillance system (BRFSS) and can be accessed online at www.cdc.gov/brfss/ According to the BRFSS, 75 percent of the adult population report that they engage in a regular exercise program; however, only 26.2

The Emerald Research Register for this journal is available at
www.emeraldinsight.com/researchregister

The current issue and full text archive of this journal is available at
www.emeraldinsight.com/0736-3761.htm

Journal of Consumer Marketing
22/5 (2005) 275–283
 [ISSN 0736-3761]
[DOI 10.1108/07363760510611707]

percent report they exercise at the levels recommended by most health organizations (five times a week for 30 minutes). Approximately 60.7 percent of the population indicate they are currently using exercise to help them either lose or maintain their weight.

With regard to nutrition, BRFSS research indicates that 71.8 percent of the population are eating fewer calories and/or less fat in an effort to lose or maintain their weight. A total of 61 percent have expressed a goal of losing 20 pounds or more (Duecy, 2003), and 90 percent indicate they select food products based on health considerations at least some of the time (Berry, 2004). On the other hand, BRFSS data indicate that 59.2 percent of adults in the USA are overweight or obese and only about 14 percent are on a weight loss diet program (Howell, 2004). In addition, BRFSS research indicates that only 22.6 percent of the US population consume the USDA recommended five daily servings of fruit and vegetables.

Based on these statistics, two general conclusions can be drawn. The first is that the percentage of consumers who are truly maintaining a healthy lifestyle probably does not constitute a large segment of the population. The second is that there is clearly a much larger mainstream segment who have adopted some aspects of a healthy lifestyle but who have not yet fully incorporated both a healthy diet and regular exercise into their daily routine. Assuming these conclusions are correct, it suggests that the growing demand for healthy products is not only being driven by those strictly maintaining a healthy lifestyle, but also by mainstream people who are attempting to live a little healthier. This also suggests that in terms of market impact, it may be more appropriate to look at healthy lifestyles from a broader perspective of people who regularly incorporate exercise and healthy eating into their lives.

The impact of healthy lifestyles on the marketplace

Regardless of which type of consumer is most responsible for driving demand for healthier products, it is clear that this demand has had a large impact on a number of industries. In the food industry, health oriented products accounted for five of the seven food categories that experienced double digit revenue growth between 2003 and 2004 (O'Leary, 2005). Nutritional supplements have grown from a health store niche product to a $19.82 billion category (*Research Alert*, 2004). Another category whose explosive growth has been fueled by health conscious consumers is bottled water (McNulty, 2004; Fuller, 2003). It is estimated that, per capita, Americans now drink 22.6 gallons of bottled water a year, and in the three-year period between 2002 and 2004, 328 new brands of bottled water were introduced into the marketplace (McArthur, 2005). Demand for healthier snack products is so strong that PepsiCo has mandated that at least 50 percent of their new food products be in the "healthier for you" category (Howell, 2004).

Industries more closely associated with unhealthy lifestyles are now courting the healthy lifestyle customer as a niche segment. Examples include:

- Anheuser Busch, which is marketing a low carbohydrate beer.
- Sobe, which is marketing alternative soft drinks fortified with herbs and natural fruit flavors (Holay, 1999).
- Applebee's, which is offering healthier menu options and a promotional tie-in with Weight Watchers (Duecy, 2003).
- Hilton Hotels, which are giving their guests access to personal trainers and in-room exercise equipment (*Hotel and Motel Management*, 1999).
- Even in the traditionally unhealthy fast-food category, sandwich restaurants such as Subway have targeted the health conscious and have been rewarded with substantially higher growth rates than those obtained by the traditional fast-food hamburger restaurants (Anderson *et al.*, 2003). In response, McDonald's has launched a healthy lifestyle campaign that includes a happy meal for adults that features a salad, bottled water and an odometer (Barrier, 2004).

Purpose of the current study

The current study will seek to gain a better understanding of this large and influential need segment by examining demographic, personal value and psychographic antecedents of maintaining a healthy lifestyle. Specifically, this analysis seeks to identify who this segment is, what personal values distinguish those who belong from those who are less likely to base product choice decisions on health considerations, and to determine whether a number of hypothesized psychological antecedents do in fact influence whether one maintains a healthy lifestyle.

Hypotheses

Demographic antecedents

Research data are somewhat mixed with regard to which gender is more likely to maintain a healthy lifestyle. The BRFSS data indicate that women are more likely to watch their diet while men are more likely to exercise. However, the BRFSS data also show that a higher percentage of men are overweight based on BMI indices. Other research indicates that women maintain healthier diets (Huston and Finke, 2003), are more likely than men to make accurate self assessments of their weight (Doliver, 2003), consume more health oriented products (Shiu *et al.*, 2004) and are more interested in nutrition (Nayga, 1997). Therefore the following is hypothesized:

H1. Women are more likely to maintain a healthy lifestyle.

Research data are also mixed with regard to the relationship between age and a healthy lifestyle. BRFSS data suggest that healthy lifestyle consumers are likely to be younger. According to the BRFSS, younger people are more likely to exercise, to exercise at the recommended guidelines and to be using exercise as a means of losing weight. With regard to nutrition, although older people are likely to eat more daily servings of fruit and vegetables, younger people are less likely to be overweight and more likely to be on a diet.

However, most other research suggests that older people are more likely to maintain a healthy lifestyle. Shiu *et al.* (2004), Huston and Finke (2003) and Mothersbaugh *et al.* (1993) all found that older people tend to maintain healthier diets. In addition, a *Prevention* magazine survey indicated 58 percent of adults over 56 indicate they are trying to adopt a healthier diet compared to only 38 percent for adults 18-37 (Fetto, 2003). Finally, with regard to exercise, aging baby boomers have been identified as the driving force behind the resurgence in the fitness industry (Weiss, 2002), while an industry study

found that people over 55 were the fastest growing segment in the health club market (Maquire, 1999). Therefore it is hypothesized:

H2. Age will have a positive effect on maintaining a healthy lifestyle.

With regard to income, research data suggest that healthy lifestyle consumers are likely to be wealthier. BRFSS data indicate higher income people are more likely to exercise, and are more likely to be using exercise as a means of losing weight. With regard to nutrition, income is positively linked to fruit and vegetable consumption. Therefore, it is hypothesized:

H3. Income will have a positive effect on maintaining a healthy lifestyle.

With regard to education, all the BRFSS data suggest that healthy lifestyle consumers are likely to be more educated. People with higher education are more likely to exercise and are more likely to watch their diet. In addition, Nayga (1997) found a positive link between education and interest in nutrition, while Goldsmith *et al.* (1995) found a negative link between education and attitudes toward snacking. Therefore, it is hypothesized:

H4. Education will have a positive effect on maintaining a healthy lifestyle.

Value antecedents

Values are defined as deeply held feelings about what is important in life (Goldsmith *et al.* 1995). Values are considered an important variable in understanding consumer behavior because they represent the fundamental goals that consumers are ultimately seeking to satisfy with regard to their market choices. For this study, values were put into operation using Kahle's (1983) list of values (LOV). The LOV contains the following nine values that were originally derived from Maslow's hierarchy of needs. These are:

(1) fun and enjoyment;
(2) security;
(3) warm relations with others;
(4) sense of accomplishment;
(5) self-fulfillment;
(6) being well respected;
(7) sense of belonging;
(8) self-respect; and
(9) excitement.

With regard to how personal values impact on choices related to maintaining a healthy lifestyle, it is believed that people who place a high level of importance on the more hedonistic values of fun and enjoyment and excitement will be less likely to maintain a healthy lifestyle. Luomala *et al.* (2003) found that one of the most common food conflicts is between health and indulgence. This might suggest that those who embrace the more hedonistic values will be more likely to choose in favor of indulgence. Similarly, since it is believed that most people do not consider exercise to be fun, enjoyable or exciting, it is hypothesized that those who place a high importance on those values will be less likely to maintain a regular exercise program:

H5. The importance of fun and enjoyment will have an adverse effect on maintaining a healthy lifestyle.

H6. The importance of excitement will have an adverse effect on maintaining a healthy lifestyle.

With regard to the other seven values, it is believed that all should have a positive impact on maintaining a healthy lifestyle. People who place high importance on the external/social values (sense of belonging, being well-respected, and warm relationships with others) are thought to be more likely to be concerned about their appearance to others and thus have greater motivation to diet and exercise. This is consistent with research that suggests that the desire to maintain a youthful appearance is the main motivator behind the healthy diet and exercise behavior of baby boomers (Weiss, 2002). Therefore, it is hypothesized:

H7. The importance of sense of belonging will have a positive effect on maintaining a healthy lifestyle.
H8. The importance of being well respected will have a positive effect on maintaining a healthy lifestyle.
H9. The importance of warm relationships with others will have a positive effect on maintaining a healthy lifestyle.

People who place high importance on the internal/non-hedonistic values (self-respect, self-fulfillment, sense of accomplishment and security) may be more resistant to the lure of instant gratification and adopt behaviors that will improve their long-term personal health, which should make them feel better about themselves. In addition, it is believed that unlike the hedonistic values, these would seem to direct people more toward the health side of health/indulgence food conflict. Therefore, it is hypothesized:

H10. The importance of self-respect will have a positive effect on maintaining a healthy lifestyle.
H11. The importance of self-fulfillment will have a positive effect on maintaining a healthy lifestyle.
H12. The importance of a sense of accomplishment will have a positive effect on maintaining a healthy lifestyle.
H13. The importance of security will have a positive effect on maintaining a healthy lifestyle.

Psychological antecedents

In addition to demographics and values, it is also believed that individual differences in personality traits can also explain differences in the healthiness of one's lifestyle. One personality trait that would appear to have relevance in this regard is locus of control. Locus of control is defined as the extent to which one believes they are in control of their life (internal orientation) as opposed to believing their life is being controlled by outside forces (external orientation) (Villani and Wind, 1975). It is hypothesized that internals are more likely to maintain a healthy lifestyle since their orientation would lead them to take more responsibility for their own health. This sense that they have control over their own health and wellbeing should lead to better exercise and diet behavior. Externals, on the other hand, are thought to be less inclined to attribute their level of health to their own diet and exercise behavior, and more likely to attribute it to factors beyond their control. Previous research has shown that internals are somewhat more likely than externals to maintain a healthy diet (AbuShabha and Achterberg, 1997). As a result, the following is hypothesized:

H14. The more internal one's locus of control the more likely one will maintain a healthy lifestyle.

Journal of Consumer Marketing
Volume 22 · Number 5 · 2005 · 275–283

Time management is another factor that is thought to have an impact on maintaining a healthy lifestyle. Stutts (2002) found that lack of time was the primary reason why people are not physically active. Similarly, maintaining a healthy diet can be problematic if one has difficulty finding time for shopping and cooking. This is supported by Berry (2004) and Mothersbaugh *et al.* (1993) who found that perceived time pressures have an adverse effect on eating habits and diet quality.

In this study, individual differences in time-related personality traits were modeled using two variables. The first was temporal orientation, a trait that indicates whether a person tends to plan ahead or live their life day to day. This trait was first researched by Hendrix (1984), who found that roughly one-half of his respondents fell into each category. It is believed that those who tend to plan ahead are more likely to maintain a healthy lifestyle. This is hypothesized not only because of time management reasons, but also because Hendrix found that planners are more likely than people with a day-to-day orientation to sacrifice for the future, i.e. do things they do not want to do if they think doing these things will make their lives better in the future:

H15. A planning temporal orientation will have a positive effect on maintaining a healthy lifestyle.

The second time-related personality trait examined in this study was role overload. This variable refers to the amount of time pressure one feels from trying to satisfy the various expectations and commitments that are produced by one's roles (Reilly, 1982). It is believed that people who feel role overloaded will be less likely to find the time necessary to maintain a regular program of diet and exercise:

H16. Role overload will have an adverse effect on maintaining a healthy lifestyle.

Psychological stress was also looked at as a potential antecedent. Research shows links between chronic stress and obesity, nutrient depletion and diabetes (Orsaga-Smith *et al.*, 2004; Atkinson, 2004). One reason for these findings is that overeating has been identified as a common coping behavior that many use to deal with stress (Park, 2004; Rubin, 2000). An explanation for this relationship is that stress can cause the body to crave certain types of unhealthy foods (such as refined sugars and salt) that actually work to maintain, not alleviate, stress and thereby cause even greater cravings for those foods (Atkinson, 2004). As a result the following is hypothesized:

H17. Stress will have an adverse effect on maintaining a healthy lifestyle.

Methodology

Overview

The current study analyzed survey data collected from a nationwide sample of consumers in order to examine the impact of three types of antecedents on whether or not someone is maintaining a healthy lifestyle. The healthiness of one's lifestyle was assessed using a two group cluster analysis performed on a series of survey questions regarding respondent's self-reported exercise and diet behavior. Stepwise binary logistic regression was used to test hypotheses regarding the impact on a healthy lifestyle of the following types of antecedents: demographics, values and psychological characteristics.

Measures

Healthy lifestyle

Whether or not someone's lifestyle was classified as healthy was determined based on responses to a series of questions regarding their diet and exercise behavior. Respondents were asked, in an open-ended format, to indicate how many times a month they ate certain foods, drank certain beverages or engaged in certain exercise activities. These responses were then summed into seven groupings:

(1) red meat (steak, hamburger, sausage and bacon);
(2) white meat (chicken and fish);
(3) fruit and vegetables (fruit, lettuce-based salads and broccoli);
(4) regular soft drinks (Coke, Pepsi and Seven-Up);
(5) snack chips (corn chips, tortilla chips and potato chips);
(6) alcohol (beer, wine, malt liquor, wine coolers and tequila); and
(7) exercise activities (jogging, walking, swimming, weight lifting, and aerobics).

Demographic antecedents

Gender was coded 1 for male, 2 for female. Income was measured with an open response question in which respondents were asked to indicate their pretax household income for the previous year. Age was also measured using an open response question in which respondents were asked to indicate how old they were on their last birthday. Education was measured with an open response question asking respondents to indicate how many years of education they had completed.

Values antecedents

Values were measured using Kahle's (1983) LOV scales. Respondents were asked to rate the importance of the nine values (sense of belonging, being well respected, warm relations with others, self respect, self-fulfillment, sense of accomplishment, security, fun and enjoyment and excitement) on a nine point semantic differential scale anchored by less important on the low end and more important on the high end.

Psychological antecedents

Locus of control was measured using a five-item scale previously validated by Villani and Wind (1975). Higher scores indicate a greater sense of external (rather than internal) control. The scale produced a reliability coefficient of 0.77. Temporal orientation was measured using a seven-point, single item Likert measure developed by Hendrix (1984). This question asked respondents to indicate the extent to which they agreed with the following statement, "I am the kind of person who plans life ahead rather than live life day to day". The higher the score indicated a greater tendency to plan ahead. Role overload was measured using a 13-item scale developed by Reilly (1982). The higher the score the more role overload/time pressure one feels. This scale produced a reliability coefficient of 0.93. Stress was measured using the index of psychological stress (Campbell *et al.*, 1976). This scale has six items, and a higher score indicates a higher level of stress. This scale produced a reliability coefficient of 0.80.

The sample

After the final questionnaire was completed, data for this study were collected using a nationwide mail survey of licensed drivers ranging in age from the early 20s to over 80. The sampling method followed Dilman's (1978) total design sampling method. Several months prior to mailing the questionnaire, a first class letter was sent to the sample members to correct address changes and alert them that the questionnaire was to arrive shortly. A week after the questionnaire was mailed, a reminder card followed. Approximately six weeks later a second mailing of the questionnaire went to non-respondents. The final sample contained 582 usable responses for an effective response rate of 28.8 percent.

Results

Cluster analysis: determination of healthy and non-healthy lifestyles

A cluster analysis was performed in order to divide respondents into segments based on the healthiness of their lifestyles. The classification variables used in this analysis were the seven measures of a healthy lifestyle; the number of servings per month a respondent consumed within each of the six food/drink categories (red meat, white meat, alcohol, regular soft drinks, fruit and vegetables and snack chips) and the number of times they exercised each month. Both a two and a three-group solution were derived from the cluster analysis. The two-group solution was selected because of its parsimony and because the three group solution did not further refine the healthy group but rather divided up the unhealthy group into two subgroups.

Table I shows the results of the two-group cluster analysis and reports the cluster centers and analysis of variance (ANOVA) performed on each classification variable. The results indicate there are significant differences between the two clusters on six of the seven classification variables (alcohol consumption is the exception). The greatest differences between clusters were observed with regard to fruit and vegetable consumption (the healthy cluster consumed an average of 44.73 servings per month versus 11.56 for the unhealthy cluster), and exercise (the healthy cluster exercised an averaged of 21.35 times per month versus 8.97 for the unhealthy cluster). Thus, the biggest determinants on whether one was classified in the healthy or the unhealthy cluster was their fruit/vegetable consumption followed by the frequency with which they exercised.

Logistic regression analysis: identifying antecedents of a healthy lifestyle

The research hypotheses in this study were tested using a stepwise logistic regression analysis. The dependent variable in the analysis was a respondent's healthy lifestyle cluster (based on the cluster analysis) while the independent variables were the 17 hypothesized demographic, personal value and psychographic antecedent variables. The results of this analysis are presented in Table II.

Overall, the results indicate six of the 17 predictor variables were significant determinants of whether or not one maintains a healthy lifestyle (based on one tail tests at the 95 percent level of confidence). With regard to the hypothesized demographic antecedents, three significant relationships were identified. Gender was found to be a significant predictor, with the coefficient indicating that females are more likely than males to maintain a healthy lifestyle. Education was found to be a significant predictor; with the positive coefficient indicating that the more educated one was the more likely one belonged to the healthy lifestyle segment. Age was also a significant demographic predictor. This positive coefficient was interpreted as indicating older people are more likely to maintain a healthy lifestyle. All three significant demographic predictors were in the hypothesized direction; thus, providing support for *H1*, *H2* and *H4*.

With regard to personal values, only one of the nine LOV values was found to have a significant relationship with maintaining a healthy lifestyle. Excitement had a significant and negative coefficient, indicating the less importance one places on the value excitement, the more likely it is that one will maintain a healthy lifestyle. This relationship was in the hypothesized direction and thus provided support for *H14*.

Finally, with regard to psychographics, only two of the four hypothesized antecedents had a significant relationship with the dependent variable. The results indicate maintaining a healthy lifestyle is affected by both of the two time-related variables; temporal orientation and role overload. Interpretations of the coefficients indicate that people who tend to plan ahead and people who experience less role overload/time pressure are more likely to maintain a healthy lifestyle. Both coefficients were in the hypothesized direction, thus supporting *H15* and *H16*.

Conclusions and managerial implications

Results of the cluster analysis suggest that the main indicators of whether or not one maintains a healthy lifestyle are fruit and vegetable consumption and exercise. Alcohol consumption was not found to be a very useful variable in

Table I Results of cluster analysis of healthy lifestyle behaviors

	Cluster 1 Non-healthy segment means: ($n = 356$)	Cluster 2 Healthy segment means: ($n = 162$)	*F*	Sig.
Alcohol (servings/month)	14.74	12.31	0.54	0.462
Red meat (servings/month)	11.70	9.71	4.75	0.030
White meat (servings/month)	9.94	13.54	21.45	<0.001
Fruit and vegetables (servings/month)	11.56	44.73	867.95	<0.001
Snack chips (servings/month)	7.60	5.88	4.34	0.038
Regular soft drinks (servings/month)	12.02	4.91	15.89	<0.001
Exercise (times/month)	8.97	21.35	90.88	<0.001

Table II Stepwise logistic regression analysis of whether or not one maintains a healthy lifestyle

Hypothesis	Type of antecedent	Predictor variable	Coeff.	Wald chi-square	Significance (one tailed)
H1	Demographics	Gender	0.41	2.88	0.045
H2		Age	0.05	18.50	< 0.001
H3		Income			NS
H4		Education	0.10	4.44	0.018
H5	Values	Fun and enjoyment			NS
H6		Security			NS
H7		Warm relationships with others			NS
H8		Sense of accomplishment			NS
H9		Self-fulfillment			NS
H10		Being well-respected			NS
H11		Sense of belonging			NS
H12		Self respect			NS
H13		Excitement	−0.12	3.14	0.038
H14	Psychographics	Locus of control			NS
H15		Temporal orientation	0.19	4.39	0.018
H16		Role overload	−0.02	4.93	0.013
H17		Stress			NS

Notes: Final model, Nagelkerke *R*-square = 0.159, $p =< 0.001$, 74.7 percent classified correctly (naïve rate = 68.7)

terms of defining healthy and unhealthy segments. One possible explanation for this is that a number of people in the healthy segment may incorporate moderate levels of alcohol consumption into their lifestyle. A breakdown of alcohol consumption between the two segments shows that on average people in the healthy segment actually drink about two more glasses of wine a month than do people in the unhealthy segment; however, people in the unhealthy segment tend to drink more servings of beer, wine coolers and mixed drinks. This higher wine consumption among the healthy cluster could be due to the fact that some health organizations recommend moderate wine consumption as a means to fight heart disease (Shapiro and Biddle, 1996; Dodd and Morse, 1994).

'... Based on its significance level, age appears to be the most influential of all the predictors used in this analysis. The obvious managerial implications of this strong age effect is that marketers of health and fitness products should not ignore the market potential of older consumers. One study demonstrates how lucrative this market can be... '

With regard to the demographic antecedents, the results indicate that people who maintain healthy lifestyles tend to be female, older in age and more educated. Based on its significance level, age appears to be the most influential of all the predictors used in this analysis. This is somewhat surprising since the BFRSS data had indicated younger people are more likely to exercise and less likely to be overweight. Possible reasons for the strong positive age/healthy lifestyle relationship might be that older people are more concerned about their mortality/longevity and thus are more committed to living healthier. Alternatively, they may have more health problems that necessitate maintenance of healthier diet and exercise programs. Even the BRFSS finding that older people are more likely to be overweight may in fact be a motivator for them to adopt a healthier lifestyle.

The obvious managerial implication of this strong age effect is that marketers of health and fitness products should not ignore the market potential of older consumers. One case study that demonstrates how lucrative this market can be is the popular fitness franchisor, Curves. Since its start with one fitness center in 1992, Curves has grown to nearly 7,000 locations with an estimated membership of 2.7 million (Fitzgerald, 2004). The average age of these members is 55 (Schnirring, 2002). Curves has achieved this tremendous growth by targeting the needs of older women who want to get into better shape with a fast, affordable exercise program offered in a non-ego-threatening, non-coed environment. Its approach has been so successful that Curves has spawned a number of similarly-themed new start-ups (Schnirring, 2004) and may have caused its competitor Bally's to abandon its traditional use of young fitness models in its advertising in favor of focusing on average people who are struggling with their lack of fitness (Fitzgerald, 2004).

With regard to values, only one LOV value, excitement, was significantly linked to maintaining a healthy lifestyle. The negative coefficient indicated the more one valued excitement, the less likely one was to maintain a healthy lifestyle. This supports the hypothesis that people who embrace hedonistic values are less likely to maintain a healthy lifestyle than those who place greater importance on more utilitarian values. It also suggests that companies looking to expand the market for healthy lifestyle products may need to build more excitement into their offerings. In the beverage industry, there is some evidence that this strategy is already being used. One of the biggest recent trends in this market has been the incorporation of unusual ingredients such as guava, pomegranate, white tea and yogurt cultures into beverages in order to increase novelty value as well as deliver more health benefits to consumers (*Beverage Industry*, 2004). In a similar fashion, fitness centers may want to explore offering more exiting activities like wall

climbing, spinning or martial arts classes in order to make exercise more appealing to those who are more motivated by their intrinsic interest in an activity than by the benefits they expect those activities to provide.

With regard to psychographic characteristics, both of the time related variables, temporal orientation and role overload, were linked to maintaining a healthy lifestyle. This reinforces previous research which had suggested one of the main issues influencing one's ability to maintain a healthy lifestyle was time (Stutts, 2002; Mothersbaugh *et al.*, 1993). This finding suggests that people who have a propensity to plan ahead and are less time pressured are more likely to be successful in incorporating healthy eating and exercise into their daily routine.

This also suggests that companies looking to expand the market for healthy lifestyle products may need to tailor their offerings to better meet the needs of people who are time pressured. Research indicates that the two biggest trends in the food industry are health and convenience (Berry, 2004; Dogheim-Rashid, 2004; Shiu *et al.*, 2004; Towers, 2004). Research also suggests that these two trends are often in conflict with each other (Shiu *et al.*, 2004; Towers, 2004; Luomala *et al.*, 2003). Developing products and services that resolve this health/convenience conflict may be the key to success for companies targeting the healthy lifestyle consumer. One example of a successful implementation of this strategy is in the nutritional bars and drinks category. This category is among the fastest growing in the nutritional supplement industry (Prince, 2002, *National Petroleum News*, 2002, Levitt, 1997) and its success is largely attributable to the effective repositioning of these bars and drinks from diet products to meal replacements for people who wish to maintain a healthy lifestyle but lack the time necessary to shop and prepare balanced meals (Levitt, 1997). Similarly, in the exercise market, the success of Curves is primarily the result of their taking a leadership position on the attribute of time efficiency by offering women an opportunity to get into better shape with 30-minute workouts, three times a week (Schnirring, 2002).

References

AbuShabha, R. and Achterberg, C. (1997), "Review of self efficacy and locus of control for nutrition and health-related behavior", *American Dietetic Association Journal*, Vol. 97 No. 10, pp. 1122-32.

Anderson, M., Baer, A., Stampley, K. and McMains, A. (2003), "Fast food nation", *Adweek*, Vol. 44 No. 38, p. 26.

Atkinson, W. (2004), "Stress: risk management's most serious challenge?", *Risk Management*, Vol. 51 No. 6, pp. 20-4.

Barrier, B. (2004), "McDonald's, Greene go the distance to strike healthful balance", *Nation's Restaurant News*, Vol. 38 No. 24, p. 40.

Berry, D. (2004), "In pursuit of wellness", *Dairy Foods*, Vol. 105 No. 5, pp. 34-8.

Beverage Industry (2004), "Around the beverage cooler", Vol. 95 No. 9, pp. 73-9.

Bloch, P. (1984), "The wellness movement: Imperatives for health care marketers", *Journal of Health Care Marketing*, Vol. 4, Winter, pp. 9-16.

Campbell, A., Converse, P. and Rodgers, W. (1976), *The Quality of American Life*, Sage, New York, NY.

Dillman, D. (1978), *Mail and Telephone Surveys: A Total Design Method*, Wiley & Sons, New York, NY.

Dodd, T. and Morse, S. (1994), "The impact of media stories concerning health issues on food product sales: management planning and responses", *The Journal of Consumer Marketing*, Vol. 11 No. 2, pp. 17-24.

Dogheim-Rashid, E. (2004), "Food on the go – management briefing: introduction", *Just – Food*, February, pp. 1-2.

Doliver, M. (2003), "Weight meets gender no time for gym, etc.", *Adweek*, Vol. 44 No. 8, pp. 32-3.

Duecy, E. (2003), "Low carbs, high profile: diet branding gains in popularity", *Nation's Restaurant News*, Vol. 37 No. 44, p. 4.

Fetto, J. (2003), "Foods that heal", *American Demographics*, Vol. 25 No. 6, p. 48.

Fitzgerald, K. (2004), "Health clubs go real to lure Average Joe", *Advertising Age*, Vol. 75 No. 21, pp. 3-4.

Fuller, F. (2003), "Bottled water goes to school", *Restaurants and Institutions*, Vol. 113 No. 8, pp. 107-8.

Goldsmith, R., Freiden, J. and Hendereson, K. (1995), "The impact of social values on food-related attitudes", *The Journal of Product & Brand Manangement*, Vol. 4 No. 4, pp. 6-14.

Hendrix, P. (1984), "Antecedents and consequences of time use: proposed measures and preliminary evidence", *Advances in Consumer Research*, Vol. 11, pp. 35-40.

Holay, A. (1999), "The evolution of new age beverages", *Beverage Industry*, Vol. 90 No. 12, pp. 39-40.

Hotel and Motel Management (1999), "Hilton rooms fight stress, fatigue: Hilton Health-Fit and Hilton Stress-Less guestrooms", *Hotel and Motel Management*, Vol. 214 No. 5, pp. 65-6.

Howell, D. (2004), "Wellness trend touches all categories", *DSN Retailing Today*, Vol. 43 No. 9, pp. 4-5.

Huston, S. and Finke, M. (2003), "Diet choice and the role of time preference", *The Journal of Consumer Affairs*, Vol. 37 No. 1, p. 143.

Kahle, L. (1983), *Social Values and Social Change: Adaptation to Life in America*, Praeger, New York, NY.

Kraft, F. and Goodell, P. (1993), "Identifying the health conscious consumer", *Journal of Health Care Marketing*, Vol. 13 No. 3, pp. 18-26.

Levitt, C. (1997), "An energized category", *Supermarket Business*, Vol. 52 No. 5, pp. 151-3.

Luomala, H., Laaksonen, P. and Leipamaa, H. (2003), "How do consumers solve value conflicts in food choices? An empirical description and points for theory building", *Advances in Consumer Research*, Vol. 31, p. 564.

McArthur, K. (2005), "Drink your fruits, veggies: water's the new fitness fad", *Advertising Age*, Vol. 76 No. 1, p. 4.

McNulty, B. (2004), "Bottled-up demand", *Restaurants and Institutions*, Vol. 114 No. 13, pp. 45-6.

Maquire, T. (1999), "Pre- boom to a boon to gyms", *American Demographics*, Vol. 21 No. 1, pp. 17-18.

Mothersbaugh, D., Herrmann, R. and Warland, R. (2003), "Perceived time pressure and recommended dietary practices: the moderating effect of knowledge of nutrition", *The Journal of Consumer Affairs*, Vol. 27 No. 1, pp. 106-26.

National Petroleum News (2002), "Energy, diet bars show high growth", *National Petroleum News*, Vol. 94 No. 6, p. 20.

Nayga, R. (1997), "Impact of sociodemographic factors on perceived importance of nutrition in food shopping", *Journal of Consumer Affairs*, Vol. 31, Summer, pp. 1-9.

O'Leary, N. (2005), "Food sales: healthier", *Adweek*, Vol. 46 No. 5, p. 25.
Orsaga-Smith, E., Mowen, A.J., Payne, L. and Godbey, G. (2004), "The interaction of stress and park use on psychosocial health in older adults", *Journal of Leisure Research*, Vol. 36 No. 2, pp. 232-56.
Park, A. (2004), "For psychological reasons", *Time*, Vol. 163 No. 23, p. 76.
Prince, G. (2002), "The replacements", *Beverage World*, Vol. 121 No. 1720, pp. 47-8.
Reilly, M. (1982), "Working wives and convenience consumption", *Journal of Consumer Research*, Vol. 8, March, pp. 407-17.
Research Alert (2004), "More than 4 percent of GNP is spent on healthy products", *Research Alert*, Vol. 22 No. 21, p. 8.
Rubin, K. (2000), "Foods that help you cope: stress and nutrition", *FoodService Director*, Vol. 13 No. 7, p. 62.
Schnirring, L. (2002), "What's behind the women-only fitness boom?", *The Physician and Sportsmedicine.*, Vol. 30 No. 11, p. 15.
Schnirring, L. (2004), "Puttin' on the blitz", *The Physician and Sportsmedicine.*, Vol. 33 No. 1, p. 11.
Shapiro, L. and Biddle, N. (1996), "To your health", *Newsweek*, Vol. 127 No. 4, p. 52.
Shiu, E., Dawson, J. and Marshall, D. (2004), "Segmenting the convenience and health trends in the British food market", *British Food Journal*, Vol. 106 Nos 2/3, p. 106.
Stutts, W. (2002), "Physical activity determinants in adults: perceived benefits, barriers, and self efficacy", *AAOHN Journal*, Vol. 50 No. 11, pp. 499-507.
Towers, P. (2004), "Convenience, indulgence and health drive evolution", *Retail World*, Vol. 57 No. 17, p. 25.
Villani, K. and Wind, Y. (1975), "On the usage of 'modified' personality trait measures in consumer research", *Journal of Consumer Research*, Vol. 2, December, pp. 223-8.
Weiss, M. (2002), "Chasing youth", *American Demographics*, Vol. 24 No. 9, pp. 34-43.

Further reading

Baranowski, T., Webber Cullen, K. and Baranowski, J. (1999), "Psychosocial correlates of dietary intake: advancing dietary intervention", *Annual Review of Nutrition*, Vol. 19, pp. 17-40.
Center for Disease Control (2005), "Behavioral risk factor surveillance system", available at: www.cdc.gov/brfss/.
Marketing Week (2004), "ASA rebukes Michelob Ultra over health claim", *Marketing Week*, September 23, p. 10.
Nijmeijer, M., Worsley, A. and Astill, B. (2004), "An exploration of the relationships between food lifestyle and vegetable consumption", *British Food Journal*, Vol. 106 No. 7, pp. 520-33.
Sleep, C. (2005), "Key food and health trends for 2005: in conclusion convenience culture comes at a price", *Just – Food*, January, pp. 19-20.
Thompson, S. (2004), "Food marketers latch on to health", *Advertising Age*, Vol. 75 No. 8, pp. 4-5.
Von Ah, D., Ebert, S., Ngamvitrov, A., Parj, N. and Kang, D. (2004), "Predictors of health behaviors in college students", *Journal of Advanced Nursing*, Vol. 48 No. 5, pp. 463-74.
Williamson, R. (2004), "Publics, Curves urge skeptics to dive in", *Adweek.com*, December 15.

Journal of Consumer Marketing
Volume 22 · Number 5 · 2005 · 275–283

Executive summary

This executive summary has been provided to allow managers and executives a rapid appreciation of the content of this article. Those with a particular interest in the topic covered may then read the article in toto *to take advantage of the more comprehensive description of the research undertaken and its results to get the full benefit of the material present.*

Make healthy living exciting!

Concerns about health and fitness have become more prevalent in recent times. Partly this reflects real concerns from public agencies and policy makers about the sedentary lifestyle that prevails in developed countries – accompanied as it is with a poor diet loaded with saturated fats and lacking in fresh fruit and vegetables. However, it also reflects changes in human behavior – physical exercise has become a matter of choice rather than a fact of life and we are rich enough to eat more or less what we want.

As a result consumers adopting a healthy lifestyle can be viewed as a specific segment within the overall market and those manufacturing or supplying products that appeal to this segment need to understand the antecedents to such behavior so as to target and promote better. At the same time, public agencies should consider the way in which they trigger these antecedents so as to attend to the growing incidence of gross obesity and other conditions such as diabetes that relate to poor diet and a lack of exercise.

In some ways the "healthy living" market responds to two trends – first, an increased number of people who see good, varied diet and regular exercise as essential and adjust the organization of their lives appropriately. Second, we see those who, if you like, look for the quick fix – slimming and low calorie process foods, health supplements and exercise equipment.

Vegetables and exercise – distinguishing factors in healthy living

The first – and perhaps most significant – pair of factors that identify those adopting a healthy life are the consumption of fresh fruit and vegetables and the taking of regular aerobic exercise. These two factors do not in themselves determine a healthy lifestyle but they provide a clear indicator of the route we have to take if we are to reduce the numbers living extremely unhealthy lives.

Public agencies have identified fruit and vegetable consumption as a central area in health promotion, developing promotions targeted at school children and encouraging caterers to make such foods available. At the same time some food manufacturers and retailers have begun to develop products that provide (in theory) part of the recommended daily intake.

Exercise is a more difficult nut to crack since, for many of us, there is no need to undertake any regular aerobic exercise in out daily lives. We drive from our garage to place of work, sit all day, drive to the supermarket or diner and then home to sit in front of the television or computer screen. Taking exercise has to be a choice we make and, once we have become very unfit, the barriers to taking up exercise increase since it becomes uncomfortable, or even unpleasant.

Healthy living is boring

The next important finding here is that those who seek excitement in life are far less likely to be living a healthy life – hedonism and health appear not to mix. Again this presents a

significant challenge since excitement is important to many of us. Those promoting products and services aimed at those with a healthy lifestyle need to try to introduce an element of the experience. Simply saying that something will be good for you or healthy works for some people, but others need a sense of pleasure in the experience, something that excites.

Given the pull that unhealthy living exerts – the pleasure of eating, the vicarious excitement of film and television and the buzz that comes from a good night out – it is difficult to see how to present the moderate life style as exciting! However, the use of associations can shift public perception, as can the recognition that successful people tend to be slimmer and fitter than the average.

Marketing the healthier lifestyle

There is an, as yet, untapped demand for products and services that reflect the reality of unhealthy lifestyles in the USA but do so in a way that appeals to people's desire to be slimmer, fitter and healthier. On one level this is a process of simple exploitation of desires and esteem through the use of images and messages that link our product or service to a healthy lifestyle. It is likely that any benefit deriving from this approach will prove short-lived as consumers realize that they are being exploited and as pressure is placed on advertisers by regulatory agencies.

On a different level we need to look at the creation of products and services that form part of a healthy lifestyle but capture the mainstream elements of pleasure, excitement and indulgence. For those charged with promoting aspects of healthy living such as active leisure, associating the activity with hedonistic or indulgent situations is a must (boarding down a virgin slope in beautiful mountains is clearly more exciting than skiing on an artificial snow slope near home).

The work here is of great assistance in determining the nature of current markets for healthy lifestyle products and services and in identifying how that market is growing. And this knowledge will help those wanting to move us away from our couch potato life into a more active life and a better diet.

(A précis of the article "Analysis of the healthy lifestyle consumer". Supplied by Marketing Consultants for Emerald.)