

FOOD & HEALTHY AGEING

MARKET SEGMENTATION REPORT

JULY 2018



FOOD & HEALTHY AGEING
Market Segmentation Report – July 2018

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Development Australia Adelaide Hills
Fleurieu & Kangaroo Island (RDA) and
Primary Industries and Regions SA
(PIRSA)

Disclaimer:

This segmentation has been undertaken to better understand the 60 years and over South Australian population and their choices and attitudes around the purchase and consumption of food. This work does not constitute, nor should it be regarded in any manner whatsoever, as advice, and is not intended to influence a person in making a decision. The segmentation analysis was based on data collected through the Food and Healthy Ageing survey conducted in May 2018 and qualitative research and consultation with the food industry and consumer focus group participants aged 60+ years. As such it is not a true representation of the 60+ South Australian demographic.

TABLE OF CONTENTS

- EXECUTIVE SUMMARY..... 4**
- BACKGROUND 6**
 - Why Market Segmentation of Older People?..... 7*
- ANALYTICAL FRAMEWORK..... 9**
 - EARLY MARKET SEGMENTATION 9
 - FOOD AND HEALTHY AGEING SURVEY10
- SEGMENTATION METHODOLOGY 12**
 - SEGMENTATION TECHNIQUE12
 - ALIGNMENT WITH AGEING WELL SEGMENTATION.....13
 - SEGMENTATION LIMITATION.....13
- CUSTOMER SEGMENTATION 14**
 - SEGMENT 1: ISOLATED14
 - SEGMENT 2: PROACTIVE HEALTH CONSCIOUS15
 - SEGMENT 3: REACTIVE HEALTH CONSCIOUS.....16
 - SEGMENT 4: DISENGAGED17
- REFERENCES 18**
- APPENDICIES 19**
- APPENDIX 1: KEY THEMES IDENTIFIED BY THE FOOD INDUSTRY 19**
- APPENDIX 2: KEY THEMES IDENTIFIED BY THE FOCUS GROUPS 25**
- APPENDIX 3: SURVEY QUESTIONS..... 28**
- APPENDIX 4: SEGMENTATION VARIABLES 37**
- APPENDIX 5: GENERAL SURVEY RESPONSES..... 39**
- APPENDIX 6: SAMPLE DATA TABLES 43**
 - Table 1.43*
 - Table 243*
 - Table 344*

EXECUTIVE SUMMARY

The Food and Healthy Ageing Market Segmentation activity was a partnership between Primary Industries and Regions South Australia (PIRSA) and Regional Development Australia Adelaide Hills Fleurieu & Kangaroo Island (RDA). This project set out to define the 60+ aged cohort to provide market intelligence for the local food industry for the purpose of the development or refinement of targeted food products for the older market. The market segmentation work was built on previous work done by the Economic Development Board of SA and the market segments identified in their Shaping the Future of SA, Ageing Well Report and Appendices (2015).

The Food and Healthy Ageing Survey was conducted in May 2018 based on information collected in consultation with South Australian food and beverage producers, associated organisations and consumer focus groups with all participants aged 60+ years. The survey received 842 responses. Note only 2% of responders were aged 80+ years.

The segmentation was conducted using Latent Class Analysis (LCA) which uses probability modelling to maximize the overall fit of the model to the data.

Of the 29 variables analysed, 13 variable and six attitudinal areas provided statistically relevant data to identify four market segments:

- Isolated
- Proactive Health Conscious
- Reactive Health Conscious; and
- Disengaged

In addition to the market segments identified, 169 data tables were created providing further detail and insight into these segments and their attitudes, behaviours and purchasing choices around food (Appendix 7 – separate document). Businesses may want to seek marketing expertise to help

contextualise and interpret this data to ensure the best decisions are made for the business or industry in question.

BACKGROUND

“Healthy Food for Healthy Ageing” is a real and tangible opportunity to maintain and improve the health and wellness of individuals as they age, through the delivery of food and beverage products and services.

The International Union of Food Science and Technology estimates that the global population of those aged 60 or over will triple by 2050 to about 2 billion. The United Nations Department of Economic and Social Affairs breaks this growth down with Asia expected to grow by 66%, Africa 64%, Oceania by 47%, North America by 41% and Europe by 23%. The largest growth is expected to occur in Latin America and the Caribbean with a projected 71% increase. Population ageing is also expected to grow faster in urban areas with an expected 68% increase compared to only 25% in rural areas.

The Shaping the Future of SA, Ageing Well, A Report of the Key Ideas and Findings (2015) states that “In the 30 years from 2020 to 2050, the number of South Australia’s aged 65+ and over is expected to increase by 56% to 530,000.”

Quality of life and ageing ‘in place’ have become important elements for older markets, as they are closely linked to their health, family and social networks, home and independence (Meeting the Food Needs of the Ageing Population – Implications for Food Science and Technology (2014)). Consequently, the notion of healthy ageing is a pressing concern for not only South Australia but for both the developed and developing world. Improved health outcomes are important right across the age demographic. Focussing specifically on those living independently in their own homes (60-70 years), improving aspects such as bone health, cognitive function and balance would reduce risks such as falls and broken bones. This would in turn maintain people’s ability to live independently and reduce reliance on health services, and maintain general quality of life and well-being. Also, enabling people to age in place provides the community with continued access to this group’s skills, knowledge and support for longer. All of

which have positive benefits not only for the individual but for the community and state budgets.

Within this framework there are business growth opportunities for South Australia's many quality food and beverage manufacturers and value adders to target local, interstate and international markets. With South Australia's ageing population and our reputation for food safety, biosecurity and product integrity and given the right support for the industry, South Australia has the foundation and potential to be a leader in this area.

WHY MARKET SEGMENTATION OF OLDER PEOPLE?

Market segmentation provides industry and business with a better understanding of the different segments of customers within their markets. Typically we differentiate between children, adolescents and young adults – all of them under the age of 30. But as yet there is little breakdown in the different segments with the older population and even less understanding of their preferences and attitudes beyond the anecdotal. By better understanding and using relevant market segments (in this case older customers), businesses will be able to:

- maximum their business gains
- better meet the needs of particular segments including both current and potential customers; and
- develop products and services targeted at meeting specific needs and wants of specific segments.

Types of market segmentation typically cover a combination of demographic, geographic, psychographic and behavioural data. Common differentiators include variables such as age, income, education, gender, place, occupation, lifestyle, behaviours, and attitudes.

Market segmentation groups together individuals with similar responses and allows:

- Better understanding of customer needs and satisfaction of these needs
- Better opportunities for business growth improving competitive positioning
- Improves business profits by better targeting their product offering and pricing strategies
- Enables development of better targeted marketing strategies

Market segmentation divides a broad target market into subsets of consumers who have common needs, attitudes and applications to particular types of goods and services. Products can then be specifically designed to meet those needs and/or marketed accordingly with messages that directly appeal to that group.

It is intended that the data captured through this project will assist our food and beverage producers in the above areas for consumers over the age of 60 years.

ANALYTICAL FRAMEWORK

EARLY MARKET SEGMENTATION

In 2016 the Economic Development Board of South Australia undertook the Shaping the Future of South Australia, Ageing Well Survey to provide better understanding of the 60+ cohort. From the data collected in the Ageing Well Survey five key groups were identified for this cohort that showed significant differences by demographic, socio-economic, behavioural and health variables. As the research was conducted predominantly via email, little was captured from the 85+ age groups.

The identified customer segments from Ageing Well Survey were:

- **The Worker** – Consisting of approximately 8-10% of the SA population, they are roughly age 62 years, living in metropolitan Adelaide with paid work. Not accessing superannuation, no pension, and concerned with their financial security. Predominantly good to excellent health status.
- **The Renter** – Consisting of approximately 22-24% of the SA population, they are roughly 77 years of age, renting in metropolitan Adelaide. They don't work, don't access superannuation and live on a full pension. They have low financial security and poor to average health.
- **The Regional Resident** – Consisting of approximately 12-14% of the SA population they are roughly 65 years in age living most likely in regional areas. They work part-time, access part-pension and don't access superannuation. They have medium financial security and average to good health. They are more likely to be involved in community groups and describe themselves as handy people and/or gardeners.
- **The Grandparent** – Consisting of 38-40% of the SA population, the Grandparent is roughly 68 years of age, living in the family home in metropolitan Adelaide, They might spend 1 day per week in paid work and 2 days per week volunteering. They access their superannuation and part-pension. They have medium financial security and good health. They self-describe as 'Grandparents' and volunteers.

- **The Traveller** – Consisting of 16-18% of the SA population, the Traveller is roughly 66 years of age, living in the family home in metropolitan Adelaide. They don't work, don't access the pension but are accessing superannuation. They have high financial security and good to excellent health. They are the least likely to volunteer and like to travel often taking more than three trips per year.

This initial work did enquire into some variables around food and social interaction but further knowledge was required to provide more specific insight for the food and beverage industry. It was decided to build upon this earlier work by conducting further focus groups and a survey to expand the variables for segmentation analysis to include food and shopping attitudes and habits and reactions to different marketing messages.

As such, the current work sought to further disaggregate the older market specifically towards food preferences and attitudes.

The full Shaping the Future of SA, Ageing Well Reports can be found at:
<http://economicdevelopmentboardsa.com.au/shaping-the-future-of-south-australia-ageing-well-report/>

FOOD AND HEALTHY AGEING SURVEY

An initial Food and Beverage Industry workshop was conducted on the 30th January 2018 to establish current industry knowledge of the 60+ age group and to ascertain what industry would like to understand better from this diverse consumer group.

Key themes identified from the day can be found in Appendix 1.

From this consultation, lines of enquiry were established and a number of consumer focus groups were held across the Adelaide metropolitan and in the Fleurieu region. The age profile of participants, focus group locations and summary of issues identified can be found in Appendix 2.

The information collected was then used to design the survey questions.

The Food and Health Ageing Survey was conducted between Monday 30th April and 27th May 2018 and contained 43 demographic, behavioural and attitudinal questions.

The survey was sent out to a number of different types of organisations with requests for distribution. Some were more successful than others. Types of distribution channels were:

- The Week End Plus On-line Magazine through The Office of the Ageing with the South Australian Government
- Local Government Associations
- Regional Development Australia Boards
- Community Groups
- Home and Community Care Providers
- Social media (Facebook and LinkedIn)

In total 842 responses were collected with 71% from metropolitan Adelaide and 29% from regional South Australia. Survey questions and general results from the survey can be found in Appendix 3 and 5.

SEGMENTATION METHODOLOGY

SEGMENTATION TECHNIQUE

The segmentation was conducted using Latent Class Analysis (LCA) by KPMG Australia. LCA is a mixed-mode segmentation method allowing the creation of segments using a combination of numeric and categorical data.

Latent class cluster analysis uses probability modelling to maximize the overall fit of the model to the data. For each survey respondent, the analysis delivers the probability of belonging to each cluster (segment). Respondents are assigned to the cluster to which they have the highest probability of belonging.

The LCA was carried out iteratively with the majority of behavioural and attitudinal variables (collected in the survey) included in the analysis. Variables that did not differ significantly between segments were removed, and the segmentation analysis re-run through multiple iterations to maximise the efficiency of the segmentation model.

Appendix 4 provides a list of the variables collected through the survey and those used in the segmentation analysis.

The segmentation identified 4 distinct segments:

Isolated	Proactive Health Conscious
Disengaged	Reactive Health Conscious

ALIGNMENT WITH AGEING WELL SEGMENTATION

Following this new segmentation analysis the main alignment with the original Economic Development Board's Ageing Well market segmentation was the Isolated Aged with The Renter. Significant correlation with the other groups could not be identified.

SEGMENTATION LIMITATION

As with the original segmentation work the 85+ age group was again difficult to capture despite additional actions taken to do so. Assistance to capture this group would need the support of home and community care providers or paid survey companies to individually door knock or undertake phone surveys.

Bias risks identified in the data are:

- Sample is under represented by the older/frail aged. Just 2% of respondents were aged 80 years or more, compared to approximately 20% of over 60s being 80+ years in the general South Australian population;
- There was a predominance of female responders. Males accounted for only 28% of respondents, compared to 47% of over 60s in the general South Australian population;
- Sample selection was skewed towards those who have internet access, and who access the specific distribution channels used for the survey.

The sample is also possibly skewed toward those who are more engaged with the research topic and therefore more likely to take the survey. This could also account for the high response from females. This may mean the results understate the market significance of the Disengaged segment.

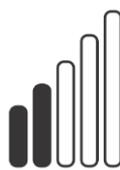
CUSTOMER SEGMENTATION

SEGMENT 1: ISOLATED

The Isolated (I) segment generally live alone. They earn less on average and are more likely than other segments to rent their home - leading to lower levels of financial security. They usually eat and shop alone and, while they mostly prepare their own meals, they are more likely than other segments to eat ready-made meals. While recognising the importance of healthy eating and exercise, they generally place less value on the social aspects of eating.



Most likely live alone



Lower income and less likely to feel financially secure

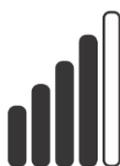
Living arrangements	More likely than other segments to rent or live in retirement village
Hours spent with others	Average amount of time spent with others
Hours spent exercising	Average amount of time spent exercising
Food decision maker	Usually sole food decision maker (more likely to live alone)
Food preparer	Usually sole food preparer
Times eat alone	Usually eat alone
Home cooking frequency	Less likely than other segments to cook at home every day
Ready-made meal frequency	More likely than other segments to eat ready-made meals multiple times a week
Takeaway frequency	Eat takeaway sometimes
Delivery service frequency	Rarely use delivery services
Changes to diet	Average levels of dietary change in recent years
Most trusted source of information	Most likely to trust GP or own research
Food shopping	Usually shop alone
Attitudes – Eating healthy meals	Mostly see eating healthy meals as important
Attitudes – Preparing own meal	Less likely to place high importance on preparing own meal
Attitudes – Exercising	Place average levels of importance on exercising
Attitudes – Eating socially with friends	Less likely to place high levels of importance on eating with friends
Attitudes – Eating socially with family	Less likely to place high levels of importance on eating with family
Attitudes – Eating out	View eating out as moderately important

SEGMENT 2: PROACTIVE HEALTH CONSCIOUS

The Proactive Health Conscious (PHC) typically live as couples in their own home. They tend to have high income levels, high weekly spend on food and high levels of financial security. PHCs often shop with their partner, and usually cook at home. PHCs tend to be health conscious placing high levels of importance on eating healthy foods, exercising and eating socially with family and friends. PHCs keep themselves informed through their own food research. PHCs are health conscious placing high levels of importance on exercise and eating healthy meals. They are less likely to have made a dietary change in recent years.



Mostly live with partner or spouse



Higher income than other segments and more likely to feel financially secure

Living arrangements	Mostly owner occupier
Hours spent with others	Above average amount of time spent with others
Hours spent exercising	Above average amount of time spent exercising
Food decision maker	Sole or (less often) joint food decision maker
Food preparer	Sole or (less often) joint food preparer
Times eat alone	Rarely eat alone
Home cooking frequency	Cook at home most days
Ready-made meal frequency	Rarely eat ready-made meals
Takeaway frequency	Eat takeaway sometimes
Delivery service frequency	Rarely use delivery services
Changes to diet	Less likely to have made a dietary change in recent years
Most trusted source of information	More likely to trust own research than other sources, followed by GP
Food shopping	Usually shop alone or with partner
Attitudes – Eating healthy meals	Place high importance on eating healthy meals
Attitudes – Preparing own meal	Mostly see preparing own meals as important
Attitudes – Exercising	Place high levels of importance on exercise
Attitudes – Eating socially with friends	Mostly see eating socially with friends as important
Attitudes – Eating socially with family	Place high levels of importance on eating socially with family
Attitudes – Eating out	View eating out as moderately important

SEGMENT 3: REACTIVE HEALTH CONSCIOUS

The Reactive Health Conscious (RHC) also live mostly as couples in their own home. They have moderate to high income levels, and this is reflected in their weekly food shopping spend and feelings of financial security. RHCs usually shop alone or with their partner, and mostly cook their own meals at home. Like PHCs, RHCs tend to be health conscious although they are less inclined toward exercise than PHCs. RHCs place greater trust in the advice of GPs and dietitians (than PHCs) and this may contribute to why they report above average levels of recent dietary change.



Mostly live with partner or spouse



Higher income than other segments and more likely to feel financially secure

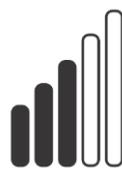
Living arrangements	Mostly owner occupier
Hours spent with others	Average amount of time spent with others
Hours spent exercising	Average amount of time spent exercising
Food decision maker	Sole or (less often) joint food decision maker
Food preparer	Sole or (less often) joint food preparer
Times eat alone	Rarely eat alone
Home cooking frequency	Cook at home most days
Ready-made meal frequency	Rarely eat ready-made meals
Takeaway frequency	Eat takeaway sometimes
Delivery service frequency	Rarely use delivery services
Changes to diet	More likely to have made a dietary change in recent years
Most trusted source of information	Most likely to trust GP or own research. More likely to put trust in Dietitian than other segments
Food shopping	Usually shop alone or with partner
Attitudes – Eating healthy meals	Place high importance on eating healthy meals
Attitudes – Preparing own meal	Place high importance on preparing own meals
Attitudes – Exercising	Place high levels of importance on exercise
Attitudes – Eating socially with friends	Place high levels of importance on eating socially with friends
Attitudes – Eating socially with family	Place high levels of importance on eating socially with family
Attitudes – Eating out	View eating out a moderately important

SEGMENT 4: DISENGAGED

The Disengaged (D) individual are usually couples living in their own home, although they are more likely than other segments to be living with other family members. Ds tend to have average levels of income, food spend and financial security. They are more likely than other segments to leave shopping and food preparation to others, and less likely to cook at home. Ds are more inclined than others to eat takeaway and (to a lesser extent) ready-made meals. They are generally less health conscious than other segments placing lower importance on healthy eating, exercise and social eating. Ds are less likely to have made recent changes to their diet and, while they place most trust in their GP, when it comes to food advice they are open to magazine and online sources of information.



Mostly live with partner or spouse; more likely than other segments to live with other family members



Average income level; average levels of financial security

Living arrangements	Mostly owner occupier
Hours spent with others	Below average amount of time spent with others
Hours spent exercising	Below average amount of time spent exercising
Food decision maker	Either sole or joint food decision maker, although more likely than other segments to not be involved in food decisions
Food preparer	Either sole or joint food preparer, although more likely than other segments to not be involved in food preparation
Times eat alone	Rarely eat alone
Home cooking frequency	Less likely than other segments to cook at home every day
Ready-made meal frequency	Eat ready-made meals sometimes
Takeaway frequency	More likely to eat takeaway than other segments
Delivery service frequency	Rarely use delivery services
Changes to diet	Less likely to have made a dietary change in recent years
Most trusted source of information	Most likely to trust a GP. More likely than other segments to trust magazine articles and online sources. Less likely to undertake own research
Food shopping	Usually shop alone or with partner although more likely to leave shopping to someone else
Attitudes – Eating healthy meals	Less likely to place high importance on eating healthy meals
Attitudes – Preparing own meal	Less likely to place high importance on preparing own meals
Attitudes – Exercising	Less likely to place high importance on exercise
Attitudes – Eating socially with friends	Less likely to place high importance on eating with friends
Attitudes – Eating socially with family	Less likely to place high importance on eating with family
Attitudes – Eating out	View eating out as moderately important

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Websites

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- Age Friendly SA Strategy
<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+of+health/office+for+the+ageing/age+friendly+sa>

APPENDICIES

APPENDIX 1: KEY THEMES IDENTIFIED BY THE FOOD INDUSTRY

Source: Food and Healthy Ageing Workshop Outputs

What was learnt

- Perception of the 60+ demographic –
 - Most health messages are aimed at and intended for younger age groups
 - Consideration needs to be given to a range of demographics in the older population with a focus on a wider range of needs. Not just a single group, with most assumptions leaning towards the frailer groups, need to look at the other groups
 - Negative 60+ stereotype – invisible and high risk
- Inconsistency with information sources
 - Inconsistency in expert / influential advice given, need better messaging and less confusing noise
 - Conflicting messages and advice given by people like doctors, naturopaths and marketeers regarding diets and health findings
- Weight-loss & appetite
 - Weight-loss not necessarily the primary objective for older people
 - Weight-loss can be accompanied by loss of muscle which can constitute risks to the immune capacity, wound and organ repair, brain fuel and physical and cognitive health
 - Weight-loss can be worsened by inactivity, dementia, illness and infection
 - Too much emphasis on weight loss
 - Appetite can be affected by too much focus on diets or the latest fad
 - Enjoyment of food can decline with ageing due to decline in taste acuity
- Nutritional requirements and Ingredients
 - Sugar doesn't need to be totally avoided – the brain needs glucose
 - Less restrictions are better
 - Importance of proteins, meat and vegetable and colourful foods
 - Potential detrimental effects of emulsifiers and processing additives

- Allowance of full fat & alcohol
- General Awareness around the 60+ demographic
 - Main focus should be on finding the right balance between proteins, meals and snacks, added nutritional powders, colourful vegetables, nuts and seeds and Omega-3 rich foods that assist in gut health (fibrous and fermented). No single miracle solution or diet
 - Social issues around food
 - Product packaging/innovation for the elderly i.e. large print and ease of opening
 - Fresh or frozen, pick up or delivery – no ideal meal
 - How to order and pay – technology, internet and credit card access

Other insights

- Appetite
 - Lack of appetite in older people
 - More traditional foods work best, familiarity and nostalgia
 - Mindset because they are older and less active the 60+ demographic think they need less food when in fact the opposite is true
 - Eating on your own is most boring – socialization is very important to encourage greater food intake and nutrition
- Nutritional requirements and ingredients
 - Fortification of food is needed
 - Mushrooms enhance cognition
 - Value of proteins including seeds and grains
 - Grandmothers knew best – meat and 3 veg, desert
- Financial, emotional & physical barriers
 - Don't underestimate cost issues – finances impact on food choices both for those at home and those in aged care, needs to be sustainable and affordable
 - 60+ are prepared to spend when eating out but restrict spending money on food to eat at home
 - Skills and physical capabilities can impact on what foods 60+ can prepare
 - 80-90 demographic going on weightwatchers / light'n'easy for the convenience
- Lack of Support / influence
 - Not enough care packages across the board to service the needs of people requiring support in the home

- Lack of resources to promote food
- The big supermarkets choose what gets promoted – they call the shots
- Aged Care, research & market perspective
 - High need to fortify foods to increase nutrition density whilst retaining taste and texture
 - Ageing is a continuum – must look at food for ageing from birth
 - Ageing, not aged care should be the focus
 - We live in a multiethnic society so 'one diet fits all' doesn't necessarily work
 - Why don't we see the aged sector identified in supermarkets? Has the demographic been neglected because they are categorised as high-risk, low-spenders?
 - Marketing messages are crucial to change 'entrenched' ideas
 - Size of the product needs to be smaller, making costs higher and packaging more expensive and wasteful

Further knowledge gaps

- Market (60+)
 - Effectiveness of existing market strategies for this demographic
 - Purchasing behaviour drivers
 - Need for greater understanding of market segments and their needs
 - Channels to market
 - Who/what are the champions of change?
- Consumer (60+)
 - Preferences of consumers – who wants to prep and cook?
 - What are they looking for in food and beverages, taste preferences etc
 - Need for greater understanding of consumer trends, when, how do they want to shop?
 - What/who influences consumer's choices
 - How much do consumers already know? Sources of information?
 - How can we educate about better food choices
- Product & Packaging
 - Cost / benefit of portions sizes vs waste and environmental sustainability
 - Product labelling and nutritional information
 - Branding for a positive, prestigious experience
 - Industry standards
 - Packaging design for easy opening – what works?

- Ingredient Supply & Formation and Waste Streams
 - How can we prepare the food so that nutrients are better absorbed?
 - Are nutrients dense and fortified foods, and or smaller meals more often able to solve the issue of meeting required daily nutrients intake levels of older people? How do we design and market products that meet these needs?
 - Will small portions sizes help to reduce food wastage?
- Competitors and Production and supply
 - Are competitors the same for the 60+ market as for other products
 - What food processing techniques have less impact on nutritional values?
 - How can we adapt the equipment and technology that is already available?
- Technical and regulatory
 - Better communication of research is required
 - SME's have very limited resources and scalability
- Financial and risk
 - Financial aspects have to stack up for the business and the individual – i.e. what is financially feasible
 - What are people prepared to pay for healthier options? Will they pay more?
 - Need to understand the financial barriers for those not financially secure, what can they afford to eat?
- Social concerns
 - What impacts do social isolation have on eating habits and choices, their engagement in consumption of food and how do you effectively communicate information to them?
 - Stigma of 'being older(er)', how do we change societies perceptions of ageing from negative to positive?

What are the barriers to better servicing the 60+ cohort

- Consumer understanding, education, behaviours and awareness
 - Education and awareness of older peoples nutritional requirements to the end user, general population, their family and carers and service providers
 - Lack of access to willing 60+ demographic to engage in trialling new products
 - Noisy places affect older people's desire to purchase food products in-home and dining out
- Government funding

- Current R&D schemes being scaled back rather than expanded
- Not enough access to research and development
- Cost to develop new products for new markets
- Need support funding to access facilities and resources
- Sources of information and scientific verification of health claims
 - Conflicting research and quality and quantities of different types of proteins
 - Plethora of mixed messages around food in the media, conflicting messages from influencers and expertise sources, need to join together to provide consistent messages that the industry can use effectively
 - Awareness about scientific evidence that could be used to market and support development of healthier food ingredients and products
- Financial barriers & risks
 - Increased advertising, packaging and manufacturing costs
 - Preferences of retailers to higher turnover segments i.e. younger groups that can shop for longer
 - Profitability opportunities compared to other investment opportunities
 - High failure rates in the past due to poor understanding of this market and no guarantee of success
 - End price points and narrow margins
- Competition and collaborations
 - How to get potential competitors to collaborate and partner effectively without giving up competitive advantage
 - Better industry and academic integration
 - Understanding cost sharing across stakeholders
- Packaging, distribution, equipment and production
 - Packaging for better visual appeal, longer shelf life and ease of opening will increase the costs to a group that is price sensitive
 - Verification that current equipment maintains the appropriate level of nutrients through processing
 - Product creation for this demographic will be different than the rest of the consumer market
- Marketing
 - A national approach to ensure clear dietary guidelines for older people
 - Accessing the high-risk, socially isolated, low-spending 60+ individuals to find out how they buy their food and cook for themselves

- Stigma associated with some services, pride and negative perception of being 'old'
- Should we have functional food targeting specific issues of the consumer or should we have a more holistic approach?
- Regulatory issues and general lack of information and concerns
 - Lack of understanding within the food industry of regulatory guidelines are around health claims or nutrient content claims
 - Access to accurate nutritional data for any food product
 - Focus on moving towards national dietary guidelines vs current mixed messages
 - Lack of direction and guidance for industry from dietitians associations and lack of coordination and communication between research organisation and industry
 - Different nutritional requirements within a multicultural society, between different ethnic groups

Other areas to think about

- Consumers
 - Combat attitude of 'simple fix' or 'silver bullet'
 - Are consumers ready for specialized products for the older demographic?
 - Will consumers actually make the change
- Evidence backed health claims
 - Objective verification of health claims but also emotive
 - Need for evidence based food standards and regulation of health claims
- Risk
 - Need endorsement from the retail sector as the route to market to match effort and investment from the food sector
 - Access to a pool of product testers and ability to fail fast to get a viable product sooner
 - Home delivery is an expensive, high risk service model, but provide other benefits that just a meal
- Marketing
 - How to better market healthy ageing products in a supermarket
 - Value adding industries should be promoted

APPENDIX 2: KEY THEMES IDENTIFIED BY THE FOCUS GROUPS

Number of participants by age group and focus group locations

Age Range	Marion	TTG	Goolwa / VH
60-64 years	5	2	
65-69 years	2	2	1
70-74 years	2	2	4
75-79 years	1	2	
80-84 years		1	2
85+ years			2

(TTG = Tea Tree Gully, VH = Victor Harbor)

Summary of Issues Identified In the Three Focus Groups

- General Health comments:
 - Eating less and weight loss is still seen as a requisite to being “healthy”
 - Low salt, low fat and low sugar also seen as being “healthy”
 - Many eat less meat as get older especially red meat
 - Heart Foundation seen as a good source of information
 - Healthy food seen as more expensive
 - Lack of appetite and/or motivation to prepare meals especially when living alone
 - Mass production of food is against healthy eating
- Marketing
 - Conflicting information on what is healthy even from professionals like GPs
 - Cynical about advertising campaigns
- Supermarkets and food products
 - Portion sizes of basic ingredients in supermarkets too large for singles and even couples eg. Water melon, roasts, deli. People don’t know they can ask to get smaller portions in fresh food and meat sections, Not advertised by the supermarkets
 - Food boxes (like Hello Fresh) – too much for one person
 - Wasteful packaging
 - Packaging difficult to open especially for those with dexterity and strengths issues.

- Cost and increasing costs of food, particularly meat
- Avoidance of over processed foods, additives, artificial colours and preservatives
- Fresh is best
- On-line ordering and delivery - some scepticism in the quality but reports of those who have tried it are very positive
- Going out shopping is seen as a social interaction
- Nostalgic recipes are good to revisit but not over cooking of vegetables, more recent food trends are also seen as good
- Labelling
 - Clearer labelling needed – where it has been made, what’s in it, if antibiotics used etc
 - currently too complex, needs to be simpler
- Social needs
 - Meals on Wheels seen as poor quality but good for social connection
 - Younger older eat out more often, but declines in the older old. Influenced by access to social networks
 - Eating socially is seen as important
- Knowledge
 - Many will research and use multiple sources of information then make a choice that suits them
 - Exercise is seen as important but it is acknowledge that once health declines less effort is then put towards this
- Dining Out
 - Excess noise in restaurants is seen as a big turn off
 - Portion sizes in restaurants often too large – exception are those pubs that do seniors meals

Attendees were asked to write down what they saw as the three top issues.
Tally of written responses were:

Issue / Comment	Number of responses
Price, healthy costs more	8
Quality & Freshness	8
Portion sizes	6
Less Sugar, fat and salt	6
Plenty of fruit, vegetables	4
Less meat, less red meat	4
Processed foods, additives	3
Physical ability to purchase and prepare food	3
Smaller meals more often	2
Local products	2
Eat less	1
Grow own food	1
Clear / better labelling	2
Food intolerances	1
Healthy packaged meals	1
Loss of appetite, motivation to cook	1
Want simpler foods	1
Physical ability to chew	1

APPENDIX 3: SURVEY QUESTIONS

Number	Question & Response Options	Comments
<p>Welcome to the Food and Healthy Ageing Survey.</p> <p>If you are 60 years and over and living independently or with at-home assistance, we invite you to help guide our South Australian food industry in providing food that supports healthy ageing.</p>		
<p>A: Instructions: Questions that require only a single answer will automatically move to the next question once answered. Questions where you can enter multiple choices will remain open to allow you to make more choices until you click "OK" to move onto the next question.</p>		
<p>B: First, a bit about you ...</p>		
1	<p>What is your age?</p> <ol style="list-style-type: none"> 1. 60-64 2. 65-69 3. 70-74 4. 75-79 5. 80-84 6. 85+ 	
2	<p>What is your gender?</p> <ol style="list-style-type: none"> 1. Male 2. Female 	
3	<p>Do you live:</p> <ol style="list-style-type: none"> 1. Alone 2. With partner/spouse 3. With extended family 4. Other, please specify _____ 	
4	<p>From the below, what best describes your current living arrangement?</p> <ol style="list-style-type: none"> 1. Owner occupier 2. Renting 3. Granny flat 4. Retirement village 5. Residential aged care facility 6. Other, please specify _____ 	
5	<p>What is your weekly income, after tax?</p> <ol style="list-style-type: none"> 1. \$0 - \$200 2. \$201 - \$400 3. \$401 - \$600 4. \$600 - \$800 5. \$801 - \$1,000 6. \$1,001 + 	
6	<p>What are your main sources of income?</p>	Multiple selection

FOOD & HEALTHY AGEING
Market Segmentation Report – July 2018

	<ol style="list-style-type: none"> 1. Full pension 2. Part pension 3. Superannuation 4. Investments 5. Part-time or casual work 6. Full time work 7. Own business 8. Other, please specify _____ 	
7	<p>How financially secure do you feel?</p> <ol style="list-style-type: none"> 1. Completely secure 2. Mostly secure 3. Somewhat secure 4. Not very secure 5. Not secure at all 	
8	<p>Where are you located?</p> <ol style="list-style-type: none"> 1. Metropolitan Adelaide 2. Regional 	<p>Single selection If Regional Q9 If Metro skip to Q10</p>
9	<p>What town in regional SA do you live?</p>	<p>Text</p>
10	<p>Please provide your post code:</p>	<p>Text</p>
11	<p>How do you rate your overall health?</p> <ol style="list-style-type: none"> 1. Excellent 2. Good 3. Average 4. Poor 5. Very poor 	
12	<p>Do you still drive a car?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	
13	<p>What is your highest level of educational attainment:</p> <ol style="list-style-type: none"> 1. Bachelor degree level and above 2. Advanced diploma and diploma level 3. Certificate level IV 4. Certificate level III 5. Year 12 6. Year 11 7. Year 10 8. Certificate level II 9. Certificate level I 10. Year 9 or below 11. No educational attainment 	
14	<p>On average, how many hours per week do you spend with people other than those you live with?</p>	

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Market Segmentation Report – July 2018

	<ol style="list-style-type: none"> 1. 0 2. 1 - 2 3. 3 - 5 4. 6 - 8 5. 9 - 11 6. 12+ 	
15	<p>In an average week, how many hours do you spend doing physical exercise (e.g. walking, swimming, cycling, group exercises, water based exercises, gardening, yoga or other exercise)?</p> <ol style="list-style-type: none"> 1. 0 2. 1 - 2 3. 3 - 5 4. 4 - 7 5. 8+ 	
C: Now, Let's get down to food!		
16	<p>Who makes the majority of the food decisions in your home?</p> <ol style="list-style-type: none"> 1. Yourself 2. Partner 3. Both 4. Other, please specify 	
17	<p>Who prepares the majority of meals in your home?</p> <ol style="list-style-type: none"> 1. Yourself 2. Partner 3. Both 4. Other, please specify 	
18	<p>How many times a week do you eat your main meal on your own?</p> <ol style="list-style-type: none"> 1. Rarely 2. Sometimes 3. Several times a week 4. Most days 	
19	<p>On average, for your household, how much would you spend on food shopping each week?</p> <ol style="list-style-type: none"> 1. \$0 - \$50 2. \$51 - \$100 3. \$101 - \$150 4. \$151 - \$200 5. \$200 plus 	
20	<p>Name your three favourite meals:</p> <ul style="list-style-type: none"> • Meal 1 _____ • Meal 2 _____ • Meal 3 _____ 	Short text
21 a-e	<p>For your main meal each day, how often each week do you:</p> <ol style="list-style-type: none"> a) Prepare a home-cooked meal b) Eat a purchased ready-made meal i.e. frozen/microwave 	Multiple choice for each option Never, Rarely, Sometimes,

FOOD & HEALTHY AGEING
Market Segmentation Report – July 2018

21e	<p>meal</p> <p>c) Eat takeaway</p> <p>d) Access delivery services (such as Meals on Wheels or Lite n' Easy)</p> <p>What food delivery service do you use?</p>	<p>Several times a week, Most days</p> <p>If B, C or D then Q22e</p> <p>If A then skip to Q23</p> <p>22e text</p>
22	<p>Name any specific diets you currently follow:</p> <ol style="list-style-type: none"> 1. Vegetarian 2. Vegan 3. Gluten free 4. Dairy free 5. Organic foods 6. None 7. Other _____ 	
23 a-f	<p>Thinking about the last 2 years, show us how you might have modified your food consumption? <i>Select each that best matches your situation.</i></p> <p>a) Changes to diet:</p> <ul style="list-style-type: none"> Vegan Vegetarian Gluten free Dairy free No change Other (please specify) <p>b) Meals sizes</p> <ul style="list-style-type: none"> Smaller meals Larger meals Less meals per day More meals per day No change <p>c) Protein</p> <ul style="list-style-type: none"> Less meat More meat Less dairy and eggs More dairy and eggs Less pulses (e.g. soy, beans, lentils etc.) More pulses (e.g. soy, beans, lentils etc.) Less nuts and seeds More nuts and seeds Less proteins from other sources (e.g. shakes, powders, snack bars) More proteins from other sources (e.g. shakes, powders, snack bars) No change <p>[if Less or More meat selected Q24d all others skip to Q24e]</p> <p>d) Which types of meat do you eat more or less of?</p> <ul style="list-style-type: none"> White meat (chicken and pork) Fish and seafood 	<p>Multiple selection – Select all that apply</p> <p>19f text</p>

FOOD & HEALTHY AGEING
Market Segmentation Report – July 2018

	<p>Red meat</p> <p>e) Vegetables and fruit More fruit Less fruit More vegetables Less vegetables No change</p> <p>f) Sugar, salt and fats Less sugar More sugar Less salt More salt Less fat More fat No change</p> <p>g) Grains and starches Less breads More bread Less rice, potatoes and other starches More rice, potatoes and other starches No change</p>	
24	<p>Thinking about the changes you have made to your diet in the last 2 years, what are the main reasons that you made those changes?</p> <ol style="list-style-type: none"> 1. Medical advice 2. To be healthier 3. To achieve a healthier body weight 4. Encouragement from family 5. Influence from the media 6. To enjoy life more 7. To look better 8. My body could not tolerate the foods I used to eat 9. Financial reasons 10. Other, please specify 11. Not applicable 	Multiple selection
25	<p>In the last 12 months, which of the following sources have you used to inform your food choices?</p> <ol style="list-style-type: none"> 1. Doctor / GP 2. Dietitian 3. Friends / Family 4. Magazine/newspaper articles 5. Television Commercials and other advertising 6. Research/documentaries/TV reports 7. Cooking shows and celebrity chefs 8. Internet / On-line 9. Social media (e.g. Facebook, Twitter etc) 10. Other (please specify) 	Multiple selection
26	Of the sources you have used in the last 12 months, which one do	Single choice

FOOD & HEALTHY AGEING
Market Segmentation Report – July 2018

	<p>you consider to be the most trustworthy:</p> <ol style="list-style-type: none"> 1. Doctor / GP 2. Dietitian 3. Friends / Family 4. Magazine/newspaper articles 5. Television Commercials and other advertising 6. Research/documentaries/TV reports 7. Cooking shows and celebrity chefs 8. Internet / On-line 9. Social media (e.g. Facebook, Twitter etc) 10. Other (please specify) 	
D: Shopping for Food		
27 a-b	<p>Which of the following statements best describes where and how you do your food shopping?</p> <p>I usually shop:</p> <ul style="list-style-type: none"> Alone With my partner With a family member With a carer Someone else buys my groceries for me <p>I usually:</p> <ul style="list-style-type: none"> Buy my groceries at the supermarket/store Order my groceries online and have them delivered Order my groceries online and pick them up 	
28	<p>How often do you buy your groceries?</p> <ol style="list-style-type: none"> 1. Daily 2. Every 2 days 3. Weekly 4. Fortnightly 	
29 a-q	<p>How important do you consider each of the following factors to be when deciding your food choices?</p> <ol style="list-style-type: none"> a) Nutritional benefit b) Locally made c) Brand d) Taste e) Texture of food f) Health claims g) Organic h) Quality and freshness i) Easy to chew and swallow j) No artificial additives, preservatives or colourings k) Low in sugar, fat or salt l) Price and special offers m) Pack or portions sizes n) Product aimed at weight loss 	<p>Opinion scale for each Not important to Very Important (1 – 5)</p>

FOOD & HEALTHY AGEING
Market Segmentation Report – July 2018

	<ul style="list-style-type: none"> o) Novelty p) Familiarity i.e. I've tried it before 	
30	<p>When shopping for food, which of the following would stop you buying a certain product?</p> <ol style="list-style-type: none"> 1. High in sugar, salt and/or fat 2. Highly processed 3. Poor quality 4. Bad reviews 5. I've never tried it 6. Artificial additives, preservatives etc. 7. Eating it makes me feel unwell 8. Large portions 9. Wasteful packaging 10. Non-recyclable packaging 11. Packaging that is hard to open 12. High price 13. Cheap price 14. Imported from overseas 15. Other, please specify 	<p>Multiply selection</p> <p>Randomised</p>
E. Food and your health (Image – baskets of vegetables)		
31 a-f	<p>Please rate how important or not important the following is to you:</p> <ol style="list-style-type: none"> a) Eating healthy meals b) Preparing your own meals c) Exercising d) Eating socially with friends e) Eating socially with family f) Eating out 	<p>Opinion scale for each</p> <p>Not important to Very Important (1 – 5)</p>
32	<p>Do you currently take any dietary supplements like vitamins, minerals,</p>	<p>Yes, No</p>
33	<p>[If 'Yes'] What supplements are you currently taking?</p> <p>[If 'No', skip to 32]</p>	<p>Text</p>
34	<p>How likely would you be to buy foods that have added essential nutrients (such as vitamins and minerals) that older people require for health ageing?</p>	<p>Opinion scale (very unlikely to very likely)</p>
35	<p>How likely would you be to buy a product that helped protect against each of the following health conditions?</p> <ol style="list-style-type: none"> 1. Diabetes 2. Heart conditions 3. Cognitive function (brain health) 4. Dementia and Alzheimer's 5. Bone health 	<p>Opinion scale for each (very unlikely, neither, very likely)</p>

FOOD & HEALTHY AGEING
Market Segmentation Report – July 2018

	<ul style="list-style-type: none"> 6. Skin and hair 7. Maintaining or enhancing vitality and energy 8. Chewing and swallowing difficulties 9. High or low blood pressure 10. Other 	
36	How likely would you be to eat a specially designed snack food that supports your body's nutritional requirements?	Opinion scale (very unlikely, neither, very likely)
F. Food Packaging and Marketing		
37 a - f	<p>When deciding which foods to buy, how important are each of the following considerations?</p> <ul style="list-style-type: none"> a) Packaging is able to be recycled b) Packaging is biodegradable c) Packaging is easy for me to open d) Environmentally sustainable sourcing of packaging materials e) Packaging that maintains food freshness f) Packaging that increases the safety and storage life of food 	Opinion scale for each Not important to Very important (1 – 5)
38 a-f	<p>When considering which food to buy, how appealing are each of the following types of packaging?</p> <ul style="list-style-type: none"> a) Plastic b) Glass c) Foil d) Cardboard and paper e) Cans f) Other, please specify 	Opinion scale for each Not at all appealing to Very appealing (1 – 5) I think industry input will be useful here.
39 a - j	<p>What messages attract you to a product?</p> <ul style="list-style-type: none"> a) Nutritional content b) Improved lifestyle c) Improved health d) Natural product e) Quality and freshness f) Reminders of the past g) For my age group h) Reliability of brand i) Value for money j) Better experience (taste, smell, texture) 	Opinion scale for each Not appealing to Very appealing (1 – 5)
G. Almost done! Just a couple of questions about Potatoes (potatoes image)		
40	<p>If there was a new range of potato-based food products designed to be highly nutritious to support health, wellbeing and positive lifestyles, what messages would attract you to buy from this range? Please select all that apply.</p> <ul style="list-style-type: none"> 1. Nutritional benefit 2. Nutritional content 3. Improved lifestyle 4. Improved health 5. Connecting with people/socialising 	

FOOD & HEALTHY AGEING
Market Segmentation Report – July 2018

	6. Natural product 7. Reduces food wastage 8. Quality/freshness 9. Reminders of the past 10. For my age group 11. For all generations 12. Reliability of brand 13. Value for money 14. Better experience (tastes, smells, texture) 15. Other, please specify _____	
41 a-c	How likely would you be to buy a new food claiming to be: a) Nutrient dense b) Energy dense c) High protein	(5-point Likert scale from "Not at all likely" to "extremely likely")
H. And to wrap up...		
42	Would you like to receive information about future initiatives around food and healthy ageing?	Yes, No If Yes Q41 If No skip to End
43 a-c	Please provide us with some contact details: a) Name: b) Contact phone number: c) Email address:	Text
End	Thank you for taking the time to complete the Food and Healthy Ageing Survey.	

APPENDIX 4: SEGMENTATION VARIABLES

Survey questions collected data on the following variables with the final set of variables used in the segmentation analysis identified in **RED**

- Age
- Gender
- **HOUSEHOLD TYPE**
- **LIVING ARRANGEMENTS**
- **HOUSEHOLD INCOME**
- Sources of income
- **FINANCIAL SECURITY**
- Location
- Health status
- Driving a car
- Highest level of education
- **AVERAGE HOURS PER WEEK SPENT WITH OTHER PEOPLE THAN THOSE THEY LIVE WITH**
- **AVERAGE HOURS PER WEEK SPENT EXERCISING**
- **FOOD DECISION MAKER**
- **FOOD PREPARER**
- **TIMES THEY EAT ALONE**
- How much spent weekly on food shopping
- Three favourite meals
- **FREQUENCY OF; PREPARING A HOME COOKED MEAL, EATING A PURCHASED READY-MADE MEAL, EATING TAKEAWAY AND ACCESSING DELIVERY SERVICES SUCH AS MEAL ON WHEELS OR LITE'N'EASY**
- Specific diets they follow
- **CHANGES TO DIET**
- Food choices information sources
- **MOST TRUSTED SOURCES OF INFORMATION**
- **HOW THEY FOOD SHOP** – frequency, who shops, how they shop and how often

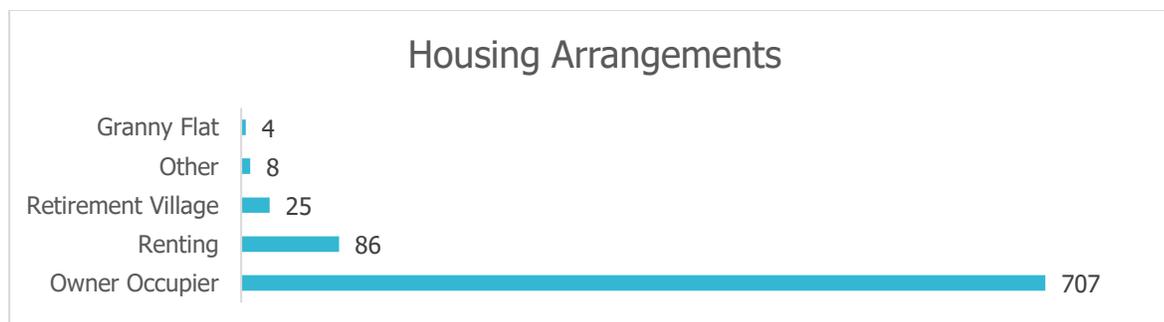
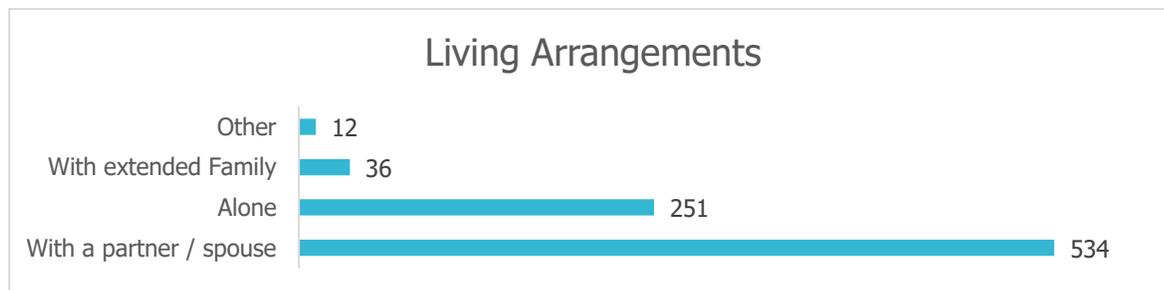
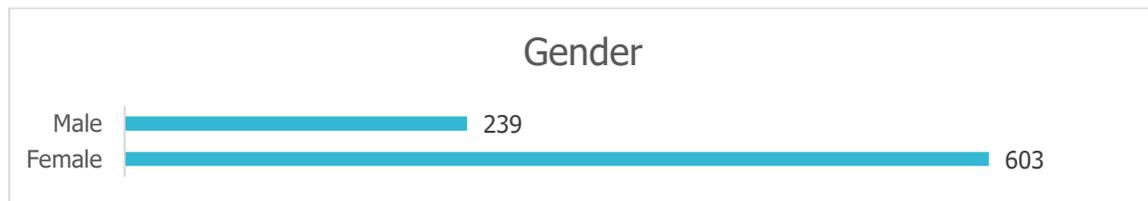
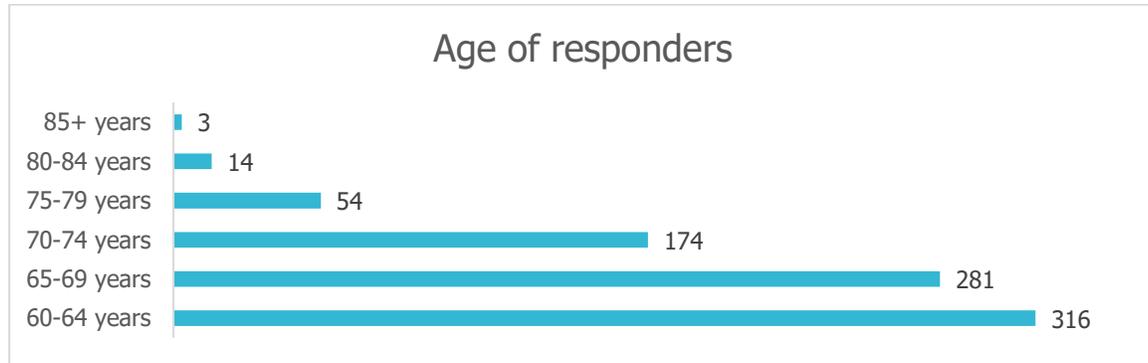
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Market Segmentation Report – July 2018

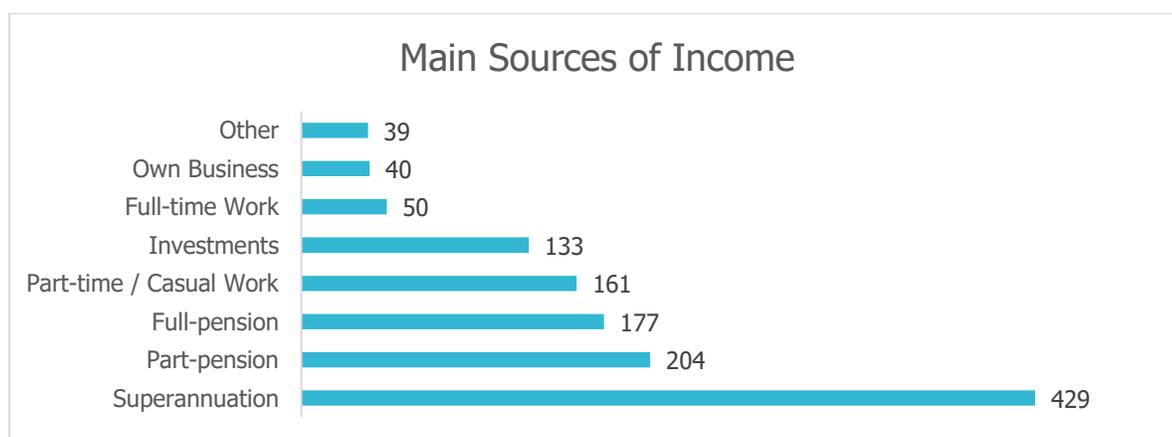
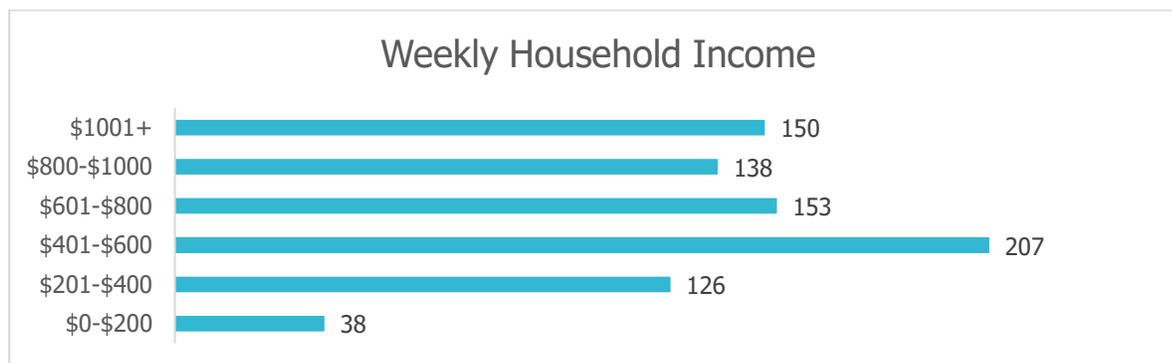
- What they consider important when choosing food i.e. quality, taste, nutrition, packaging etc
- What stops them buying a certain product
- How likely would they be to purchase products aimed at specific health conditions or ones that supported specific nutritional requirements
- Which types of packaging is preferred and specific environmental considerations of packaging
- What marketing messages most attract them to a product

Other information collected from the responses used in the segmentation analysis were general attitudes to:

- Eating healthy meals;
- Preparing own meals;
- Exercising;
- Eating socially with friends;
- Eating socially with family; and
- Eating out

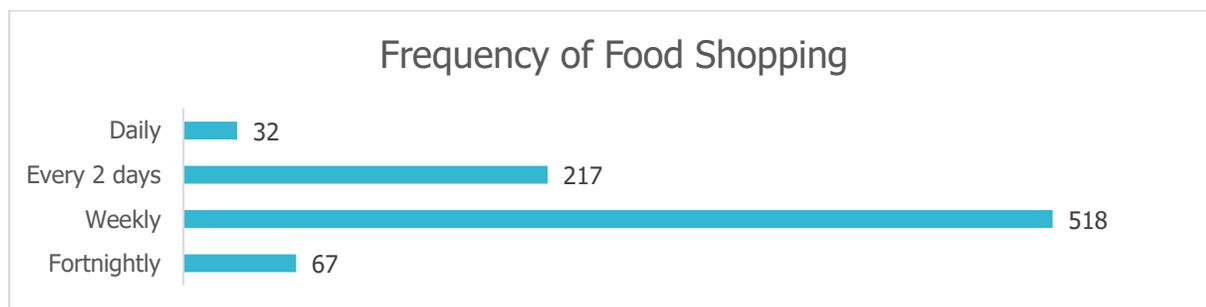
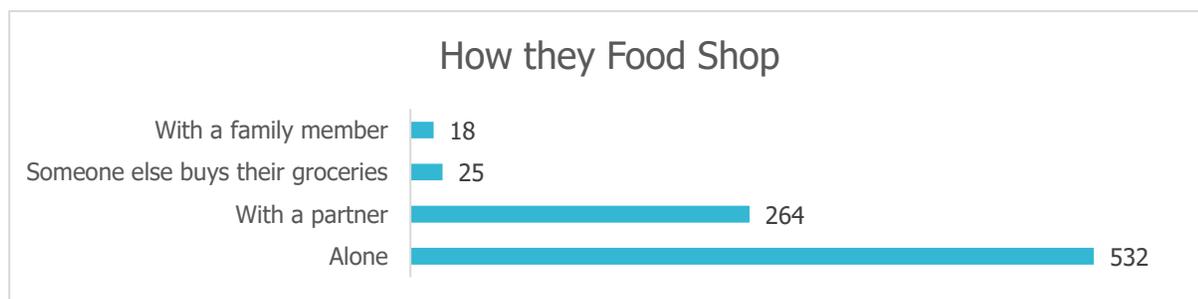
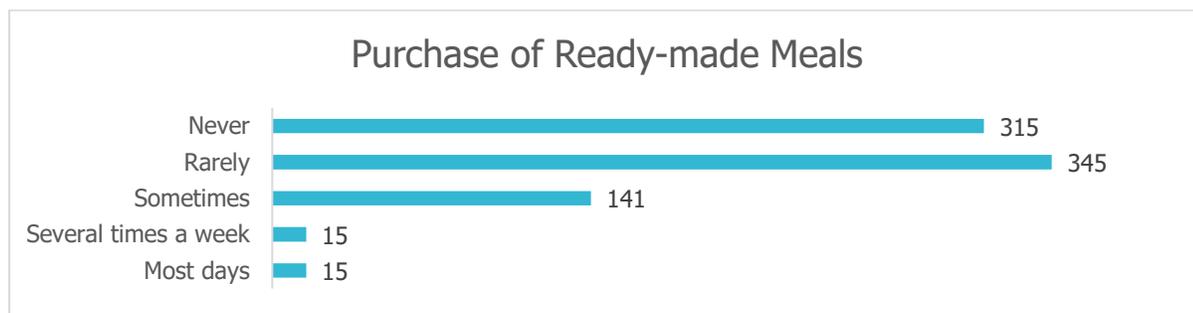
APPENDIX 5: GENERAL SURVEY RESPONSES





Note: Respondents could provide multiple income sources





Groceries – 98% said they purchased their groceries at the supermarket / store. Only 14% said they purchased on-line with home delivery.

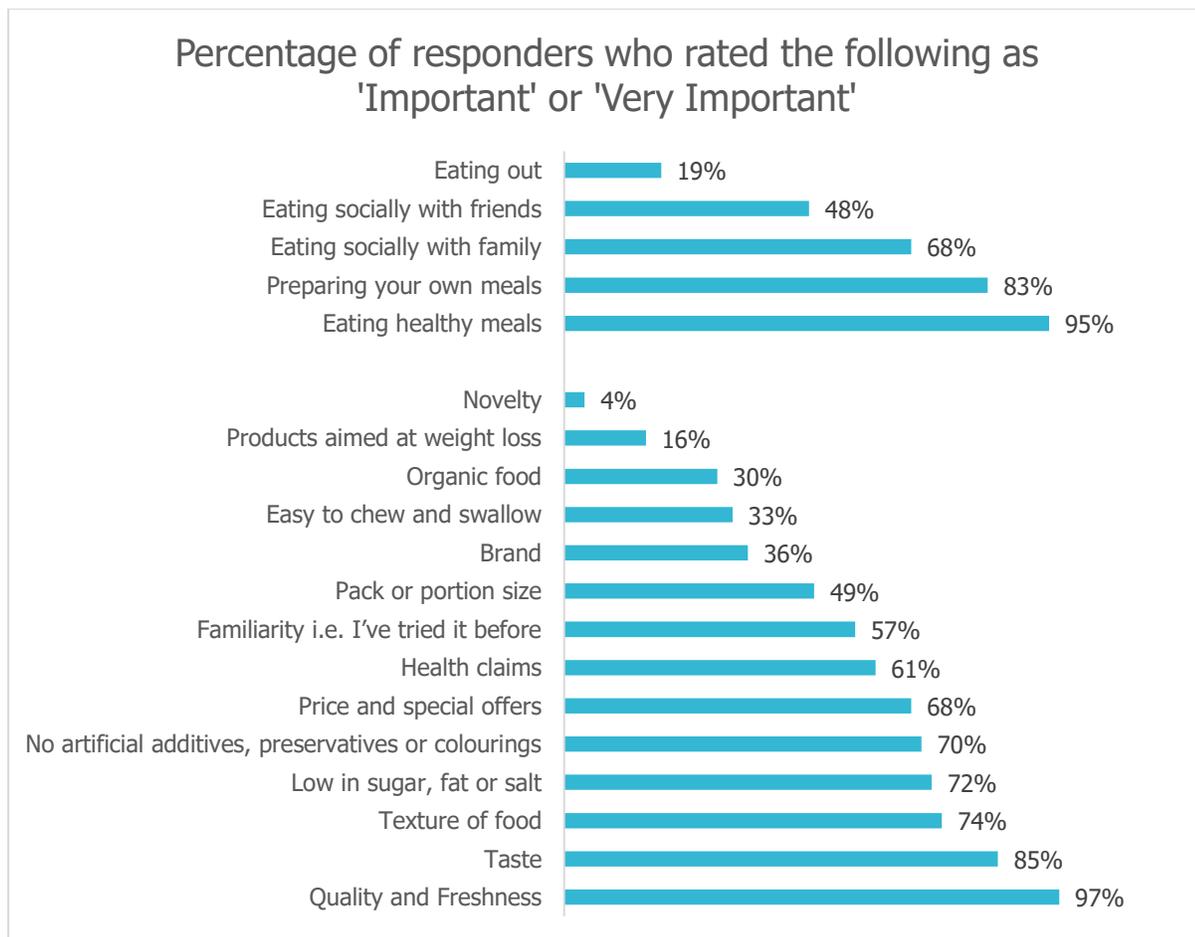
Meal sizes – 61% said they now ate smaller meals and 32% said there had been no change in their meal sizes.

Protein – 56% said they ate less meat than when younger

Fruit and Vegetables – 63% said they ate more vegetables and 46% more fruit than when younger

Sugar, Salt and Fats – 72%, 46% and 45% said they ate less sugar, salt and fat respectively than when younger. 21% had not changed how much sugar, salt and fats they ate.

Grains and Starches – 49% said they ate less bread and 34% less rice, potatoes and other starches. 38% had not changed how much grains and starches they ate.



APPENDIX 6: SAMPLE DATA TABLES

The data collected through the survey provides much more information beyond just the variables used in the segmentation analysis. In total there are 169 tables available across the variable topics as listed in page 11, Segmentation Variables. The following are some examples of these data tables that could be accessed to further inform product, service and marketing strategies. The full list of data tables are available in The Food and Healthy Ageing Market Segmentation Data Tables (2018) resource.

TABLE 1.

Table 1 shows the results for question 19, “On average, for your household, how much would you spend on food shopping each week?”

Weekly food spend					
Column %	Segments FINAL1				
	Isolated	PHC	RHC	Disengaged	NET
\$0 - \$50	16% ↑	0% ↓	1% ↓	2%	6%
\$51 - \$100	46% ↑	9% ↓	12% ↓	16% ↓	23%
\$101 - \$150	29% ↓	43%	41%	45%	38%
\$151 - \$200	7% ↓	28%	31% ↑	25%	22%
\$200+	3% ↓	20% ↑	15% ↑	11%	11%
NET	100%	100%	100%	100%	100%
Column n	261	158	250	169	838
Total sample; Unweighted; base n = 838; total n = 842; 4 missing					
Multiple comparison correction: False Discovery Rate (FDR) (p = 0.05)					

PHC – Proactive Health Conscious, RHC – Reactive Health Conscious

Figures in Blue show significantly higher number of responses in that category than other segments

Figures in Red show significantly lower number of responses in that category than other segments

TABLE 2

Table 2 shows the results for the response “Packaging is easy for me to open” from question 37 “When deciding which foods to buy, how important are each of the following considerations?”. The average over all response shows that 35% say it is ‘very important’ that packaging is easy for them to open, but this response is significantly higher in Segment 1 at 42% than the other segments.

Packaging considerations: Packaging is easy for me to open

Column %	Segments FINAL1				
	Isolated	PHC	RHC	Disengaged	NET
Not important	8%	16% ↑	7%	8%	9%
2	7%	8%	5%	10%	7%
3	18%	28%	22%	26%	23%
4	24%	17% ↓	27%	33% ↑	26%
Very important	42% ↑	31%	39%	22% ↓	35%
NET	100%	100%	100%	100%	100%
Column n	259	158	251	171	839

Total sample; Unweighted; base n = 839; total n = 842; 3 missing

Multiple comparison correction: False Discovery Rate (FDR) (p = 0.05)

PHC – Proactive Health Conscious, RHC – Reactive Health Conscious

Figures in Blue show significantly higher number of responses in that category than other segments

Figures in Red show significantly lower number of responses in that category than other segments

TABLE 3

Table 3 shows the responses for “Pack or Portion Sizes” for Question 29 “How important do you consider each of the following factors to be when deciding your food choices?”. While no segment is statistically different to any other we can see that 56% of Segment 1 indicate that pack or portion sizes are important or very important and that overall 49% say that pack and portion sizes are important or very important.

Food decision drivers: Pack or portion sizes

Column %	Segments FINAL1				
	Isolated	PHC	RHC	Disengaged	NET
Not important	6%	13%	10%	5%	8%
2	8%	12%	6%	11%	9%
3	30%	36%	32%	37%	33%
4	30%	25%	31%	35%	30%
Very important	26%	14%	21%	13%	19%
NET	100%	100%	100%	100%	100%
Column n	258	156	250	171	835

Total sample; Unweighted; base n = 835; total n = 842; 7 missing

Multiple comparison correction: False Discovery Rate (FDR) (p = 0.05)

PHC – Proactive Health Conscious, RHC – Reactive Health Conscious