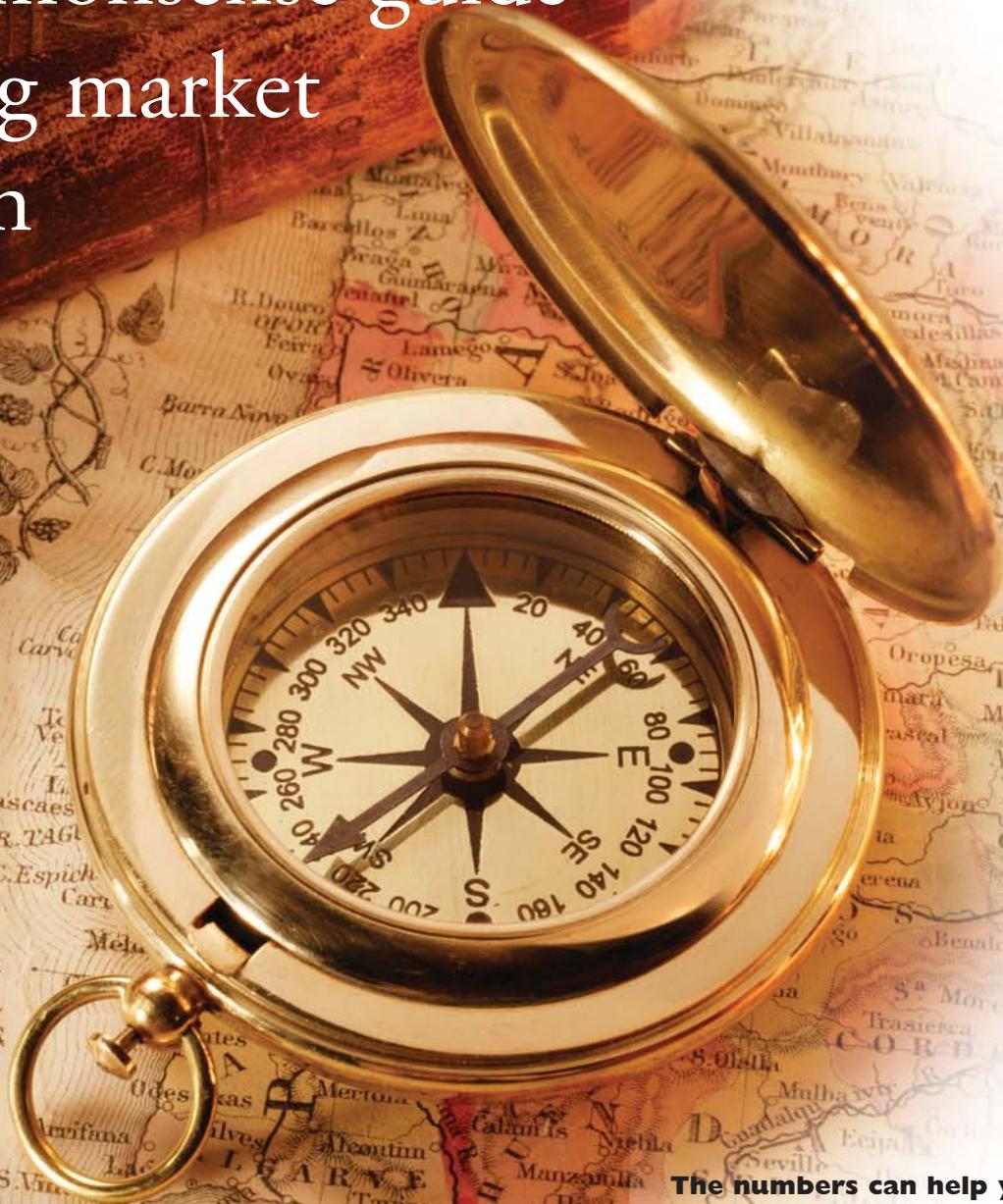


A commonsense guide to using market research



**The numbers can help you
direct your wellness program**

by Patricia Ryan, MS

An emerging body of research exists that you can use to guide your wellness program. Research can help you decide which programs to offer, support a grant proposal, and demonstrate the value of health and wellness activities. This information can tell you what has (and has

not) worked in the past, and indicate what will interest older adults. Research is the perfect companion to your best judgment and intuition.

The term *research* is used to describe rigorously designed, randomly distributed double-blind studies, as well as inexpertly designed online polls with leading questions answered by people who choose to do so. There are a lot of studies, surveys and polls in between—many are well-conducted, others are not. Let's examine how a commonsense approach to using available research can help your organization.

Looking at the numbers

The result of research—whether a rigorous study or a quick poll—is numbers. The numbers purport to tell us about a subject or group of people, or single or multiple organizations. Research can be conducted indirectly, as in epidemiological reviews of medical records to determine the number of adults over 50 with high blood pressure. Or the numbers can be the responses of people who answered survey questions to “self-report” what they (or an organization) did or did not do, or to express how they feel.

When looking at studies, surveys and polls, you can determine how influential the numbers will be on your decision-making by asking four questions. These questions are not aimed at defining statistical accuracy (although they include core concepts); rather, they are commonsense questions to ask when looking at what research is available.

1. Who conducted the survey?

Any individual or organization—university, government or private business—can conduct research. The sponsor does not make the research results good or bad; the way it is conducted is more at issue. For example, a company can conduct a customer satisfaction survey on the particular characteristics of its prod-

ucts, which may not apply to your particular products. However, a survey on customer satisfaction rates for 30 companies in the same business may well apply because it is more generic. Cast a skeptical eye on survey results that seem to promote a particular product or company.

2. Who answered the questions?

Consider how well the description of the people who answered the questions matches the people who interest you. If you want to find out whether 70-year-old previously sedentary adults use treadmills, look for a survey that includes 70-year-old previously sedentary adults. If you can't find that, then look for treadmill use by the nearest age group, or by a category, such as treadmill use in retirement communities or by people with diabetes. Consider, too, that a group of people solely defined by chronological age is a dubious category (outside of very large population reports, such as how much 65 year-olds spend on movies). Examples of descriptors to look for include functional level, health status, and areas of interest.

3. How many people are represented?

A survey answered by seven people tells you what seven people think. However, if 300 people or more are represented, their responses will more likely apply to a cross section of the population. How many people *could* have answered? If 100 people visit your community center every day, and 25 answer your one-day survey, the results likely represent a lot of your clients. Surveys with smaller sample sizes can still prove useful. You just need to keep in mind how many people are represented.

4. Do the results make sense compared to similar information?

A single study or survey that appears to contradict all the other studies and surveys on the topic needs closer examination. Is the data groundbreaking, or is it

faulty? For example, there are several sources of statistics on older adult participation in exercise and physical activity. The US federal summaries, AARP results and American Sports Data results say close to the same thing—even though all are drawn from different populations and study designs. If a study has out-of-the-ordinary results, a fair investigator points it out and tells you why it's different or that the results need to be confirmed.

The investigator establishes the protocol for the study. This person determines who will answer the questions and how many people will be required (or for indirect studies, how many other previous studies or records will need to be examined). There are, of course, a lot of other things to consider. Market research companies and university-trained researchers have the background to establish these considerations.

Look for statements that tell you who conducted the research, how they did so, how many of what type of people responded, and when they responded. A sentence or two can contain all this information. If there is no information source, it's not *research*. Use common sense as your guide.

Market research can shape programs

Whether you're designing a wellness program or the physical layout of a wellness center, research can both support (or debunk) a plan and provide new ideas. You can use the numbers to:

- plan programs and the required supplies, equipment and staffing
- compare your organization's offerings to industry peers
- keep pace with industry trends and competitors' offerings
- identify areas for growth

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General research areas that aid wellness programs

| Goal | Research areas | Tracks | Key: |
|---|---|---|--|
| buying and spending habits | <ul style="list-style-type: none"> • industry (for businesses) • economic (for individuals) | purchasing behaviors; big-picture buying power and economic value | <ul style="list-style-type: none"> • Industry research asks questions of people who work in or operate businesses in a field. This includes compensation surveys, sales statistics, financial and benchmark data. • Clinical research and epidemiology research usually have a well-defined protocol to examine health or medical conditions in small or large numbers of people. • Health promotion research includes studies on behavior change and effectiveness. Behaviors are also covered in psychology and sociology. • Economics and medical economics provide quantities and financial impact, generally for large groups, based on a set of assumptions (for example, how much an individual spends or costs, multiplied by how many spend or cost). |
| compare wellness programs and equipment | <ul style="list-style-type: none"> • industry | type of programs and equipment offered to older adults; consumer preferences | |
| identify ways to encourage healthy behaviors | <ul style="list-style-type: none"> • health promotion | interventions to help people change, such as protocols to start an exercise program or stop smoking | |
| number of organizations, product and service needs, scope | <ul style="list-style-type: none"> • industry | often primary and secondary research seeking to describe an industry or product or service category | |
| older adult program participation | <ul style="list-style-type: none"> • industry • health promotion | programs and activities older adults participate in and are interested in; barriers to participation | |
| value of wellness programs | <ul style="list-style-type: none"> • epidemiology • clinical • medical economics • industry | how physical activity, diet and psychosocial factors reduce the risks for chronic disease and disability; how programs attract and retain clientele | |

- re-evaluate your organizational structure
- emphasize your competitive advantages

A research series launched by the International Council on Active Aging® (ICAA), an association that supports professionals who develop wellness and fitness facilities and services for adults over 50, is making more market research available to help develop the industry. ICAA's *Active Aging in America* series provides primary and secondary research. (Primary research refers to original surveys; secondary research to collecting data from multiple sources.) Some statistics from this series appear below, which you may find useful.

The first *Active Aging in America* product was an email poll answered by 540 people representing 14 types of public and

private organizations, including seniors centers, fitness facilities and seniors housing (*Marketing value and financing methods*, 2005). They said that a fitness or wellness center or a physical activity program targeting older adults:

- attracted more residents/members 95%
- retained more residents/members 93%

Developing or expanding a wellness center is an important consideration in the industry. Nearly half (45%) of 589 organizations reported that their companies plan to develop a new fitness or wellness center or expand the current location over the next two years (*ICAA Wellness Program Products and Services Survey*, 2006).

What is included in the wellness program? Respondents to an informal ICAA survey of 37 organizations (August 2006)

said they considered these areas part of the wellness program:

- exercise/fitness 54%
- lectures, computer classes, museum visits 46%
- physical or occupational therapy 44%
- recreational swimming 41%
- clubs, crafts, games 39%
- golf, tennis, sports 37%

The 46% of respondents who marked *other* named spirituality; arts program; travel; disease, weight and stress management classes; or reported a mind/body/spirit model.

While ICAA members focus on the six dimensions of wellness, there is more information from multiple organizations on physical activity than on the other areas. Data on physical activity, such as walking or cycling, can be collected

Activity preferences of older adults

The following statistics, reported in *Active Aging in America: Residential and Commercial Wellness and Fitness for Older Adults, United States*, are examples of how numbers collected using different methods with different populations reasonably reinforce one another. The commonsense message here: Walking is the most popular activity.

Activity preferences of older adults

| | |
|-------|---|
| 68.3% | Walking |
| 9.6% | Gardening |
| 3.9% | Bicycling |
| 3.3% | Doing home exercises |
| 2.8% | Golfing |
| 12.1% | Other activities, including aerobics classes, swimming, weight lifting, running/jogging, tennis |

Source: Centers for Disease Control and Prevention and Merck Institute of Aging & Health. *The State of Aging & Health in America 2004*

across many types of organizations, because everyone understands what the terms mean. Physical activity is also a part of health promotion and environment studies, providing additional sources. The following section uses physical activity examples to show you how the numbers can guide wellness programming.

How research can shape wellness offerings

Surveys of older adults say that walking is their number-one activity choice (see “Activity preferences of older adults” on this page). This may not seem like a news flash, but it is a nugget of useful information. This statistic, available from multiple sources in a variety of industry and health promotion studies, provides facts that you can use to gain management support for financing, land use, product development and staffing. Wellness directors who expand walking activities; developers who add walking trails and side-walks to attract residents; city planners who lobby for land use and pedestrian-friendly neighborhoods; manufacturers who supply shoes, socks, treadmills and recumbent walking machines—all can use the walking statistics. Also, *ICAA Research Review* regularly covers studies that demonstrate the value of walking for

Most popular activities for adults 55+

| Participate 100+ days a year | number of participants |
|----------------------------------|------------------------|
| Fitness walking | 6,277,000 |
| Stretching | 4,011,000 |
| Treadmill exercise | 3,059,000 |
| Free weights: hand weights | 1,735,000 |
| Weight/resistance machines | 1,493,000 |
| Calisthenics | 1,161,000 |
| Free weights: dumbbells | 1,040,000 |
| Stationary cycling: upright bike | 1,031,000 |

Participate 25+ days a year

| | |
|---------|-----------|
| Golf | 2,966,000 |
| Bowling | 1,647,000 |

Source: SGMA International. *2003 Superstudy® of Sports Participation*

health promotion, which also assist in achieving management buy-in.

If *walking* seems too tame, look at the list of creative ideas for walking activities in the recent article on Active Aging Week 2006 (*Journal on Active Aging®*, November/December 2006). There are plenty of ways to add interest to walking for all functional levels.

What about strength training? Notice how many wellness programs have strength-training equipment in “Activities offered by wellness programs” on page 60. Professionals know from clinical and health promotion research that lower-body strength is necessary to walk, and upper- and lower-body strength is necessary for independent functioning. Offering strength programs is “leading the market,” while offering walking programs is “following the market.” Both approaches are needed. What classes, competitions, circuits, incentives, peer counseling or role models could you put into place to attract your clientele to strength training?

Use research to gain support

Research provides facts, and facts help when you are seeking support from deci-

sion-makers, peers and older adults themselves. The facts you find become outside experts to bolster your recommendations. Facts also help you decide when you are weighing two or three apparently equal solutions.

Keep an open mind when looking at research. If you look only for numbers that support your personal belief, and discount the numbers that contradict it, you gain no benefit from using research. Look at research that agrees and disagrees with your assumptions. Your best ideas might come from a new perspective.

It makes sense to use all the tools available to support your programs for aging adults. Industry and national-level research gives you direction. Your experience and internal tracking will continue to guide you in refining programs that attract and satisfy your clientele. ☺

Patricia Ryan, MS, is vice president of education for ICAA. Pat has conducted industry product, compensation and program satisfaction surveys for over 10 years. She uses common sense to select and summarize the studies and surveys that appear nearly every week in ICAA Research Review.

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Activities offered by wellness programs

In this survey of organizations within the ICAA network, there were three separate categories asked for most questions: exercise, recreation or activities. Some organizations structure everything under a single wellness program, while others separate them into individual departments.

In looking at these numbers, a commonsense observation is that not all respondents have all the activities. For example, a seniors center or apartment building may not have a swimming pool, and therefore has no need for aquatics equipment and services. Locations that do not have racquet sports do not need nets and balls. On the other hand, since 65% need recreation supplies, doesn't it make sense to add this type of program to remain competitive? Virtually any location can have some small resistance-training equipment, like bands and tubing, if they have staff trained on how to use it.

Products and services purchased or leased

Exercise equipment 81%
Staff training and/or continuing education 72%
Recreation supplies (nets, balls, etc.) 65%
Activity supplies (e.g., art, board or other games) 57%
Educational products and services for clients 55%
Aquatics equipment and services 45%
Computer equipment for older adults to use 44%

Source: *ICAA Wellness Program Products and Services Survey* (589 respondents in retirement communities, community centers and government agencies, and fitness businesses)

Equipment in fitness or strength training area (This area may be the same as the group fitness area.)

Bands, tubing, elastic resistance 83%
Free weights 79%
Cardiovascular machines 72%
Strength machines 68%
Stability balls 66%
Foam rollers, BOSU, balance board 50%

Source: *ICAA Wellness Program Products and Services Survey* (589 respondents in retirement communities, community centers and government agencies, and fitness businesses)

Equipment in group exercise area (This area may be the same as the strength training area.)

Bands, tubing, elastic resistance 78%
Handheld weights 76%
Stereo system 60%
Exercise or yoga mats 59%
Stability balls 52%
Foam rollers, BOSU, balance board 37%

Source: *ICAA Wellness Program Products and Services Survey* (589 respondents in retirement communities, community centers and government agencies, and fitness businesses)

Active Aging in America series

Residential and Commercial Wellness and Fitness for Older Adults, United States

A comprehensive compilation of primary and secondary research covering the market scope of retirement and seniors housing, community services, health clubs and corporate fitness, along with a collection of statistics on buying power and interests of adults 50 years and older. The report provides the size of the market, defines terms, details product offerings, consumer preferences and financing, and features ICAA analysis and forward-looking perspective. Includes appendix of requirements for planning a facility that meets the needs of aging adults. (2006)

128 pages, 23 tables, glossary, appendices
Printed and bound copy. Shipping extra. ICAA member discount available.

Product

| | | |
|-----|-------|---------------------|
| RE1 | \$799 | nonmember price |
| RE2 | \$599 | current ICAA member |

Older Adult Wellness: Market Perspectives

Excerpt from the full report of *Residential and Commercial Wellness and Fitness for Older Adults, United States*

The definitive overview of the emerging active-aging industry and the opportunities it presents for product and service companies. Includes market trends, demand for active-aging products and services, business-to-business opportunities, older adult demographics and activity preferences.

Approx. 43 pages, 10 tables, glossary
Printed and bound copy. Shipping extra. ICAA member discount available.

Product

| | | |
|-----|-------|---------------------|
| RE3 | \$279 | nonmember price |
| RE4 | \$199 | current ICAA member |

Older Adult Wellness Market Segment: Retirement Communities and Seniors Housing

Excerpt from the full report of *Residential and Commercial Wellness and Fitness for Older Adults, United States*

Market scope, product offerings, consumer preferences, and ICAA analysis and forward-looking perspective for active adult communities, independent living and seniors communities, continuing care retirement communities, assisted living and skilled nursing.

Approx. 39 pages, 8 tables, glossary
Printed and bound copy. Shipping extra. ICAA member discount available.

Product

| | | |
|-----|-------|---------------------|
| RE5 | \$279 | nonmember price |
| RE6 | \$199 | current ICAA member |

Older Adult Wellness Market Segment: Community Services and Fitness Facilities

Excerpt from the full report of *Residential and Commercial Wellness and Fitness for Older Adults, United States*

Market scope, product offerings, consumer preferences, and ICAA analysis and forward-looking perspective for seniors centers, adult day care, health clubs, YMCAs, personal training, medical fitness and hospital-based wellness programs, and corporate fitness.

Approx. 55 pages, 5 tables, glossary
Printed and bound copy. Shipping extra. ICAA member discount available.

Product

| | | |
|-----|-------|---------------------|
| RE7 | \$279 | nonmember price |
| RE8 | \$199 | current ICAA member |

Wellness Program Products and Services Survey

This survey, conducted by ICAA, is the first to explore the buying power, product purchases and selection process for the decision-makers who purchase products and services for wellness programs. Located in retirement communities, community seniors/recreation centers and fitness facilities, 589 respondents provide the physical locations of programs, wellness center growth plans, budget information, and the factors that influence buying decisions. (2006)

34 pages. Shipping extra. ICAA member discount available.

Product

| | | |
|------|-------|---------------------|
| RE9 | \$299 | nonmember price |
| RE10 | \$99 | current ICAA member |

Marketing value and financing methods

The results of an ICAA poll of 540 people who provide fitness and wellness programs for older adults show the importance of these programs for attracting and retaining clients, and the methods organizations use to pay for the programs. Respondents represent 14 types of public and private organizations, including seniors centers, fitness facilities and seniors housing. (2005)

Portable Document Format (PDF). Available as a free download at www.icaa.cc/reports. 