



New Zealand

# Association of Gerontology

Te Ropu Matauranga Kaumatua o Aotearoa

April 2008

## Marketing to People Over 50

Does it seem to you that there are a plethora of ads that annoy you, with loud background music or blaring voice-overs and seemingly pointless messages? How often do you look at an advert and think, "I have no idea what that is all about"?

Don't worry, it's not you and you are not alone in this thinking. In fact the "Grey Gold" effectiveness scorecard, which measures empathy towards advertising, rates advertising effectiveness at its worst for people aged between 55 to 59 and only slightly better for the 60 to 64 age group!

There is good reason for this. Most ad agencies are staffed by people aged under 30, who make ads that they like. There are also a number of myths and misunderstandings about marketing to people over the age of 50. This includes myths such as brand loyalty. Marketers believe older people don't like change. This is not so.

A study conducted by DDB Needham in the US since 1975, clearly indicates that consumers aged 50-60 are more likely to change brands than they were in their 20s. Why is this?

- Firstly, changes are based on what the individual wants – they are motivated by self approval rather than peer approval.
- Secondly, they will change brands if physical changes, such as changes to eyesight and hearing, are accommodated in marketing communications.

Here are some helpful tips for marketing communications with the over 50 age group:

- Design for the eyes – use high contrasting colours and larger type (minimum 10-12 point), sans-serif is best
- Keep material clear, clean and simple
- Use deeper voices - they are easier to hear
- Use pictures and diagrams - they are still worth a thousand words
- Images of groups of people work better than singles or couples – avoid the stereotypical couple walking hand in hand on the beach at sunset!
- Slow the pace a bit – loud and fast commercials don't work
- Avoid labels like baby boomers, old or elderly

- When designing websites, test them with older people.

An example of a marketing campaign that has worked with older consumers is the Unilever "Dove campaign for real beauty". It has been hugely successful because it is trans-generational and it clearly promotes an "introspective attitude" towards beauty, something that really appeals to mature consumers. Also, Dove's anti-ageing product is called 'Pro Age' - a perfect example of turning the negative view of ageing on its head.

Another example is the Marks & Spencer marketing campaign launched in 2007, where they brought back 1960s' icon Twiggy, with incredible results. Twiggy leads a cast of models in a funky TV campaign that won IPA Advertising Effectiveness awards and resulted in an extra 19 million pounds in nationwide sales in the UK.

Most marketing material fails to understand older people's attitudes toward ageing. Women especially complain that they 'disappear' off the marketers' radar once they reach their 50s only to reappear when products that highlight the negative aspects of ageing – osteoporosis, menopause, arthritis, diabetes etc - are promoted to them. Many women talk of their 50s and 60s as being an incredibly positive period of their lives when they concentrate more on what they want out of life as individuals. Women-only tour packages in the US have been especially successful through understanding women's needs and desires.

The new generation of mid-lifers won't just sit back and overlook advertising that ignores them, or that is disrespectful and derogatory. They will switch brands, change power company, use alternative travel providers and choose other retirement services based on how they are communicated with.

They are also much more prepared to complain. If you communicate poorly, your brand, product or service could suffer from bad publicity through negative word of mouth, the strongest communication tool that consumers wield. Communication isn't cheap – better to make sure it will work before you print or produce anything you want older people to understand and act upon.

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## Aims of the Association

- To stimulate interest and action in all matters concerning the welfare of older people.
- To encourage the training of those caring for older people.
- To act as advisors to interested persons, bodies or groups on aspects of ageing.
- To study ageing in all its forms, and to promote gerontological research.

## Vitality in Later Life

This past weekend, I attended a school reunion and met up with a large contingent of my contemporaries nearing their late sixties. A lasting impression from my various encounters was people's energy, range of interests, and general engagement with life. At one point, someone commented on how much this differed from memories of their mother's friends at a similar age. I could only agree.

All of which reinforces what has been appearing in literature recently about a shifting paradigm of old age. The sixty-year olds of today are more like the fifty-year-olds of a generation ago. We know from research findings that New Zealanders are entering old age healthier, wealthier and better educated than ever before. Later life is being conceptualised as a time of reaching one's personal potential rather than one of decline and dependency.

At a collective level, citizenship roles are being redefined as people negotiate new ways to continue contributing to society through their paid and voluntary work. Statistics New Zealand data indicate that the number of older people in part-time employment is increasing. Changes are also occurring in family roles. More grandparents are looking after young children while parents work and it is increasingly common for people over 65 to be still supporting their elderly parents.

Whilst adherence to family values remains strong, lifestyles and interpersonal relationships have become more fluid. People are opting for life within retirement villages or moving to places with a warmer climate that distance them from familiar support networks. Intimate relationships are changing, with a greater number of divorces being registered and more flexible partnership arrangements becoming popular. Families are frequently geographically dispersed with adult children living abroad. It is unclear how these influences will eventually change

informal rules around family obligations and perceptions of caregiving responsibilities.

My generation of friends at the reunion face an uncertain future. The jury is out on the form that support for older people will take in years to come when demands on health and social services multiply. Fiscal constraints are likely to lead to more stringent targeting of resources and greater emphasis on user pays. In a recent publication, *Longevity and Social Change in Australia*, Michael Fine talks of the possible demise of 'aged care' as we know it and withdrawal of state support leading to the realignment of balances between sectors in the care industry.

Already many of my generation are aware of the importance of maintaining personal well-being. They consciously work towards enhancing their physical and psychological wellness in the interests they pursue and their use of spare time. Walking groups, gym memberships and crossword puzzles are becoming 'flavour of the month'.

Trends indicate that more self-reliance than ever before will be needed in managing one's own health and use of support services. Although a plethora of information is available through the internet, access to this assumes a certain level of knowledge and competence with modern technology. Well-developed computer skills are needed in order to download meaningful information and acquire services by way of websites.

The next school reunion is due to be held in twenty-five years time. Those few of my contemporaries attending will no doubt look back questioningly at their own survivorship and wonder at the many factors that helped them navigate their way through their later years.

**Verna Schofield**  
National President

## Benefits of Exercise

Evidence continues to mount that regular exercise provides many benefits to help people look and feel younger and stay healthy. For example, exercise:

- **Provides energy:** Endurance exercises such as walking, swimming, jogging, biking and rowing improve stamina and energy. After just a few weeks in a walking program, most people find they have more energy for activities such as gardening or travelling.
- **Encourages well-being:** There is considerable evidence that regular exercise can help reduce stress, manage mild-to-moderate depression and anxiety, improve sleep, boost mood and enhance our overall sense of well-being.
- **Takes off weight and keeps it off:** Exercise burns calories. Burning more calories than consumed can reduce body fat. Also, exercise raises metabolism during the activity and after. In the long term, both factors help maintain weight loss.
- **Promotes firm bodies:** A regular strength training program can help to maintain muscle mass and tone and counteract the effects of gravity and ageing.
- **Boosts immune system:** Researchers have found a link between regular physical activities and improved

immune function. During moderate exercise, immune cells circulate more quickly through the body and are better at destroying viruses and bacteria.

- **Prevents disease:** Regular aerobic exercise reduces the risk of heart disease by reducing body fat, lowering blood pressure and raising cholesterol levels.
- **Improves strength & balance:** A regular strength-training program increases muscle mass, preserves bone and improves strength and balance. Those benefits make it easier to perform daily activities and help prevent falls and osteoporosis.
- **Improves mental function:** A number of studies have found that women who are physically active score better on mental function tests than sedentary women.
- **Increases overall life expectancy:** A number of studies have found that women who participate in regular exercise live longer than their more sedentary peers. Physical activity doesn't have to mean formal exercise. Engaging in purposeful physical activities, such as cleaning or walking a pet, has been shown to lengthen life.

Source: [www.newswise.com/p/articles/view/538332/](http://www.newswise.com/p/articles/view/538332/)

## Auckland Branch

The first 2008 meeting of the NZAG Auckland Branch was held in early March. The meeting was successful although numbers were low. The meeting featured snapshots of the Executive's current and diverse fields of work. With an impressive array of expertise, the Executive consists of: a Geriatrics Registrar; a doctor specialising in Geriatric Medicine; a Gerontological Nurse Specialist, ADHB; a Clinical Nurse Specialist, Adult Rehabilitation and Health of Older People, CMDHB; a Clinical Specialist Dietitian, CMDHB; a Director of Nursing in the residential care industry; a Clinical Nurse Director, CMDHB and Lecturer, AUT; and a Social Gerontologist, University of Auckland. Having such an experienced team will make for an exciting 2008.

The Auckland Branch already has some great guest speakers lined up for the months ahead including: a presentation in April by Dr Shankar Sankaran entitled "Community Geriatric Services (CGS) - A new CMDHB Initiative"; and in May, the popular HOPE Foundation's Summer Students' presentations of research projects.

## Changes to NZAG National Executive

Susan Gee has moved to Christchurch and resigned as National and Wellington Branch Secretary. She has been replaced by Judith Davey.

**Dr. Judith Davey** was Director of the New Zealand Institute for Research on Ageing (NZiRA) from 2002 to early 2007 and is now a Senior Associate of the Institute of Policy Studies at Victoria University of Wellington. Judith is a graduate of London University and did her PhD at Durham University. Before coming to New Zealand, she was also a post-doctoral researcher at the University of Cambridge.



*Members of the NZAG Executive farewell esteemed Secretary and stalwart Susan Gee over lunch in December. Susan (middle right) departed Wellington for Christchurch after several years of keeping us in line through superb systems.*

Judith's personal focus for research is the ageing of the population and its policy implications. She has researched income, transport and housing issues for older people and has published several papers and reports on home equity release and intergenerational issues. She has an extensive publication record, including academic papers, books and book chapters and commissioned reports and has provided advice to numerous policy-making bodies in the public, private and voluntary sectors.

Raye Boyle and Lauren Edwards have also been co-opted onto the National Executive.

**Lauren Edwards** is a director of Evergreen Marketing Communications, the first advertising agency in New Zealand dedicated to offering advice to advertisers on how best to motivate and communicate with boomers and seniors. Lauren holds an Advanced Diploma in Marketing Management and has over 15 years advertising experience with renowned agencies such as Saatchi & Saatchi, Colenso, Ogilvy & Mather and Grey Worldwide.

Evergreen New Zealand was launched in July 2005. It employs a team of highly experienced specialists, mostly boomers, and has strategic affiliations worldwide with other dedicated agencies, such as Evergreen Australia and Millennium in the UK. It is also a founding member of IMMUN – the International Mature Marketing Network

**Raye Boyle** is a member of the Sisters of the Little Company of Mary and is a Registered Nurse. She is working as a community worker with older people in the Wellington South area, with a special interest in older refugees.

## Web Sight

In this regular column we sample a few of the interesting resources related to ageing available on the internet.

### Elder Abuse and Neglect – Exploration of risk and protective factors

This report published in February 2008 gathers information on how and why abuse occurs and what factors may help prevent older people being abused. Face to face interviews, focus groups and telephone interviews have been used to canvas the views of a wide range of organisations and individuals. The study is an important step forward in beginning to build a picture of elder abuse and neglect in this country.

Available from [www.familiescommission.govt.nz](http://www.familiescommission.govt.nz) (go to Publications, then click Research Reports on left hand column)

### ElderNet

This is a privately operated site that provides comprehensive information on services useful for older people in New Zealand. Services listed on the database directory include residential care facilities, retirement villages, community groups and services within the home. The site is easy to access and search, either by map or by menu. Information is regularly updated and covers the breadth of New Zealand.

Go to [www.eldernet.co.nz](http://www.eldernet.co.nz)

### EWAS: Enhancing Wellbeing in an Ageing Society

This is the website of a multi-year FRST funded research project on older people in New Zealand. As well as having information on the project, the site has nine background working papers on ageing written by various New Zealand researchers. Topics covered include the concept of wellbeing, the wellbeing of older Ma ori, and ageing in rural areas. More papers will be added to the site over time so it will be worth visiting at a later stage also.

Visit [www.ewas.net.nz](http://www.ewas.net.nz) (for Working Papers, click on Publications on left hand side of the home page)

### Older Adults' Experience of Family Life: Linked Lives and Independent Living

This is a small qualitative study exploring the family life and social relationships of older adults. Thirty-six older people were interviewed for their views on maintaining ties with family and the community. Findings provide greater insight into the complex interdependence of family members.

Available from [www.familiescommission.govt.nz](http://www.familiescommission.govt.nz) (go to Publications, then click on Blue Skies Reports on left hand column)

### Population Ageing: Opportunities and Risks

In an earlier newsletter we reviewed a new book on New Zealand ageing, *Implications of Population Ageing: Opportunities and Risks* edited by Jonathan Boston and Judith Davey (Institute Of Policy Studies, Victoria University of Wellington, 2006). In one of those wonders of the web, the entire contents of this very useful book are available online!

The book can be downloaded at [www.retirement.org.nz/population\\_ageing.html](http://www.retirement.org.nz/population_ageing.html)

## NZAG Life Member

### Dr R A Barker CBE

Dr Ron Barker was born in Auckland February 1922, educated at Mt Albert Grammar School, graduated MB ChB from Otago University 1949, following up with FRACP 1965 and FAFPHM 1994.

As Medical Superintendent of Cornwall Hospital 1960-74, he was one of the initiators of Assessment, Treatment and Rehabilitation (AT&R) in New Zealand. As he wrote in 1982; "Until the 1950s it was widely believed in NZ as elsewhere that little could be done for an old person who was ill or disabled. Hence they were usually housed in the oldest, most dilapidated wards of hospitals, with few staff to care for them and little effort to rehabilitate them."

By 1973, being then Deputy Director General of Health, Dr Barker succeeded in persuading the Minister of Health to urge the 29 Hospital Boards to appoint Geriatric Physicians and to develop AT&R units. These were seen as key steps in establishing a comprehensive service to maintain the function and well-being of older people. In 1982 Dr Barker led the New Zealand delegation to the first UN Assembly on Ageing in Vienna. From 1982 until his retirement in 1986 he was Director General of Health.

Dr Barker was also one of the initiators of the N Z Geriatric Society (medical) and subsequently what became the NZ Association of Gerontology (multidisciplinary) to foster the study of ageing and research in related topics. He also influenced individuals, such as John Campbell, who became the first Professor of Geriatric Medicine in NZ, and George Salmond who, in researching the Department of Health Report "The Accommodation and Service Needs of the Elderly in 1976" set a precedent for ongoing research on ageing issues.

The range and quality of Dr Barker's influence on the health of older people in New Zealand has been profound. In retirement he chaired Age Concern Auckland for some years and was a National Board member from 1989-92 from his home in Waimauku where he continues to live.

## Conferences 2008

**May 1-3 Melbourne, Australia**  
31st Annual Brain Impairment Conference: *Brain Impairment and Ageing*  
Web: [www.ASSBI.com](http://www.ASSBI.com)

**May 14-16 Sydney, Australia**  
ACSA National Community Care Conference  
Web: [www.agedcare.org.au](http://www.agedcare.org.au)

**May 20-21 Brisbane, Australia**  
Redesigning Healthcare for the Ageing Population  
Web: [www.iqpc.com/au/ageinghealth](http://www.iqpc.com/au/ageinghealth)

**May 31-June 6 Cruise Venice, Italy**  
Family Medicine:  
Focus on Ageing Issues  
Web: [www.continuingeducation.net](http://www.continuingeducation.net)

**June 20 Glasgow, Scotland**  
British Society of Gerontology:  
*Future Landscapes of Ageing*  
[pauline.banks@uws.ac.uk](mailto:pauline.banks@uws.ac.uk)

**July 26-29 Tsukuba, Japan**  
7th World Congress on Physical Activity and Ageing  
Web: [www.isapa2008.org](http://www.isapa2008.org)

**August 17-20 Canberra, Australia**  
Ageing and Spirituality:  
*A Diversity of Faiths and Cultures*  
Web: [www.centreforageing.org.au](http://www.centreforageing.org.au)

**Sept 3-6 Copenhagen, Denmark**  
5th Congress of the EUGMS (European Union Geriatric Medicine Society)  
Web: <http://eugms2008.org>

**Sept 4-6 Bristol, UK**  
BSG 37th Annual Conference:  
*Sustainable futures for an ageing world*  
Web: [www.britishterontology.org](http://www.britishterontology.org)

**Sept 4-6 Montréal, Canada**  
International Federation on Ageing  
9th Global Conference on Ageing, and Design for an Ageing Society Exposition  
Web: [www.expoageing.com](http://www.expoageing.com)

**Sept 8-10 Melbourne, Australia**  
Australian and New Zealand Society for Geriatric Medicine Annual Scientific Meeting  
Web: [www.asgm.org.au](http://www.asgm.org.au)

**Sept 18-19 Sydney, Australia**  
National Dementia Research Forum  
Web: [www.dementia.unsw.edu.au](http://www.dementia.unsw.edu.au)

**Sept 28-Oct 1 Adelaide, Australia**  
ACSA 08 Aged Care in the Fast Lane  
Web: [www.agedcare.org.au](http://www.agedcare.org.au)

**Oct 12-14 Melbourne, Australia**  
3rd Australian and New Zealand Falls Prevention Conference  
Web: [www.anzfpconference.com](http://www.anzfpconference.com)

**Nov 13 Bali, Indonesia**  
Asia Pacific Geriatric Conference  
Web: [www.apgcbali.com](http://www.apgcbali.com)

**Nov 18 Venue to be advised**  
Emerging Researchers in Ageing Conference  
Web: under construction

**Nov 19-21 Freemantle, Australia**  
Australian Association of Gerontology  
41st National Conference - Ageing Landscapes  
Web: [www.aagconference.com](http://www.aagconference.com)

**Nov 20-24 Washington, USA**  
The Gerontological Society of America  
61st Annual Scientific Meeting  
Web: [www.geron.org](http://www.geron.org)

## Editor's Desk

The next Newsletter will be circulated in August 2008.

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### Membership

Any person interested in promoting the aims of the Association can be a member of the NZAG. This may include members of the public, health professionals, care staff, administrators, managers, representatives from organisations involved with the wellbeing of older people, and academics interested in gerontological research. If you are interested in becoming a member, contact: [national@gerontology.org.nz](mailto:national@gerontology.org.nz)

### New Zealand Association of Gerontology

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Visit: <http://gerontology.org.nz/about-nzag.html>

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