

**Part I**  
**Defining the Older Tourist Market**

# Chapter 1

## Population Aging: Challenges and Opportunities for the Tourism Industry

**Abstract** In the coming years, people aged 60 years and over will account for 22% of the world population. This trend already has profound implications for many facets of human life, including social and economic activities. Within this framework, the World Health Organization coined the expression “active aging” to define the process of optimizing opportunities for health, participation and security to improve quality of life as people age. According to this perspective, tourism activities represent a major means through which older people can increase their participation in society and enhance their quality of life. After depicting the global demographic trends and the challenges of population aging, the first part of the chapter describes the active aging approach. The second part provides an overview of older individuals as presented in marketing literature and practice. Finally, the potentialities of population aging for the tourism industry are discussed and future trends are presented.

### 1.1 The Population Aging Phenomenon

In 2000, there were more people over the age of 60 than children under five (HelpAge International 2015). For the first time in history, older people account for a proportionately larger share of the total population (United Nations Population Fund [UNFPA] and HelpAge International 2012). This relentless process, known as population aging, is projected to increase rapidly over time. According to the United Nations’ latest population forecast, there will be two billion older individuals by 2050 (United Nations [UN] 2015a, b). Although this phenomenon is now more evident in developed countries, it is happening at a higher speed in developing and emerging countries, where 73% of the world’s older population will be living by 2030.

What are the reasons for this phenomenon? Various drivers contribute to population aging; however, there are three main long-term causes: (1) increased life expectancy, (2) declining fertility rates, and (3) a “temporary blip” known as the “baby boom” (The Economist 2009). These are explained briefly below.

### *Increased life expectancy*

Life expectancy refers to the average number of years that a population is expected to live. Therefore, in a wider sense, life expectancy is a measure of a country's overall quality of life. In 1950, at the world level, life expectancy was below 50 years, while by 2050 it is projected to reach around 75 years (UN 2015a, b). Life expectancy has increased because of major improvements in nutrition, health care, education, and economic well-being. As a result, infant mortality has decreased and people live longer. Increased life expectancy thus contributes to the increase in the proportion of older people.

### *Declining fertility rates*

Fertility rates have declined by half from five children per woman in 1950–1955 to 2.5 in 2010–2015. According to the World Health Organization (WHO 2002), by the next decade 120 countries will have reached total fertility rates below replacement level (2.1 children per woman). This phenomenon is increasing the acceleration of population aging and, consequently, the younger generations are not able to counterbalance the number of older persons (Lutz et al. 2008).

### *The “baby boom”*

The baby boom is a period of surprising recovery in fertility rates that occurred in the developed countries between the mid-1940s and the late 1960s (Greenwood et al. 2005). For example, in Europe, baby boomers still represent a major part of the working-age population, but many of them are now reaching retirement age (Eurostat 2016). Similarly, in the United States, by 2029, all baby boomers will be 65 years and over and will move into retirement. Even though the number of baby boomers will gradually diminish through mortality, this shift toward an increasingly older population in the United States is expected to continue (Colby and Ortman 2015). Baby boomers were born in a historical context in which the dynamics of reproduction changed dramatically, with a substantial increase in marriage rates, total fertility, and number of births (Van Bavel and Reher 2013).

Population aging and life expectation are not homogeneous among and within countries and may vary according to several factors (Chand and Tung 2014):

- Level of economic development (i.e., developed vs. developing countries): in 1950, life expectancy was around 65 years in the more developed regions, compared with only 42 years in the less developed regions. In the next decades, this gap will narrow and by 2050 life expectancy is projected to reach 83 years in the more developed regions and 75 years in the less developed regions. For example, at the age of 60 a woman in western Europe can expect to live another 25–30 years, while a woman in western Africa can expect to live approximately another 4–15 years.
- Residential area (i.e., urban vs. rural areas): as younger cohorts move to urban areas in search for work, the proportion of older persons in rural areas increases, both in developed and developing regions.

- Gender: in general, women tend to outlive men. This phenomenon is called “feminization of aging” and has profound implications for policy (WHO 2002; Davidson et al. 2011).

Despite an increasing awareness about population aging in several countries at multiple levels such as governments, policy makers, and industries (UNFPA and HelpAge International 2012), there are still many areas of intervention to adequately address the needs of older individuals in terms of poverty eradication, health, food security, equality opportunities, and many others. In wide areas of the world, including the most developed countries, older persons still lack visibility and opportunities for a healthy and secure aging. According to the Public Consultation on the Human Rights of Older Persons, the post-2015 development agenda of the United Nations needs to be sensitive and responsive to how age, gender, and country of residence affect equality, safety, and enjoyment of human rights, especially among older persons.

## 1.2 Toward a Definition of Older Persons

One of the conceptual challenges of population aging is defining older people. According to the United Nations, available data on older people are still scant and not internationally comparable (UNFPA and HelpAge International 2012). Further, there is no agreement on the definition of “older people”. A variety of terms have been used to refer to older persons, including “seniors,” “whoopies” (well-off older people), “baby boomers,” and “generation between” (Hunter-Jones and Blackburn 2007). In addition, different sources use different criteria to classify older persons. For example, in the World Population Aging report 2015 (UN 2015a, b), the United Nations uses the age of 60 to refer to older people, even though many developed countries use the age of 65 as a threshold for retirement and old age social security benefits. Reports by the International Monetary Fund (2015) and the World Bank (Bussolo et al. 2015) refer to the age group of 65 and older. Specifically, individuals aged 80 or over are also referred to as “the oldest old,” the “super senior,” or “the fourth generation” (World Economic Forum 2012; AgeUK 2013). These persons represent now 1.6% of the world population, but this will increase to 4.3% by 2050. For instance, in the United Kingdom, the oldest old are the fastest growing age group in the population (AgeUK 2013). Table 1.1 reports some examples of existing labels commonly used to define older people, as well as the corresponding age group.

Despite the practical need to define older persons in terms of age, various studies have highlighted the limitations of considering chronological age as a significant predictor variable of attitudinal and behavioral patterns of older people (Sudbury and Simcock 2009). As a matter of fact, “people frequently perceive themselves to be at an age other than their birth age” (Barak and Schiffman 1981, p. 602). In particular, older people see themselves as considerably younger than their actual

**Table 1.1** Examples of definitions of older persons

Label	Age	Source
Seniors	50+	Sudbury and Simcock (2009) Kim et al. (2013)
	65+	Friemel (2016)
Older persons	60+	UN (2015a, b)
Older people	65+	Bussolo et al. (2015), International Monetary Fund (2015), Australian Workplace Innovation and Social Research Centre (2015)
Elderly/older people	65+	International Monetary Fund (2015)
Whoopies (well-off older people)	Not specified	Lohmann and Danielsson (2001)
Baby boomers	Born between 1945 and 1964	Pruchno (2012)
Mature	55+	Moschis et al. (1997)
	65+	Nam et al. (2007)
Silver/gray	65+	Beneke et al. (2011)
	50+	Kohlbacher and Chéron (2012)
Oldest old	80+	AgeUK (2013)
The fourth generation	80+	European Commission (2012)
Super seniors	80+	World Economic Forum (2012)
Late seniors	80+	Kim et al. (2013)

Source Author's elaboration

age. For example, in their study about older Japanese consumers, Kohlbacher and Chéron (2012) found that respondents' perception of their age was on average eight years younger than their actual chronological age. Research on self-perceived age strongly suggests that subjective age may contribute more than chronological age to an understanding of older consumers' consumption decisions (Moschis and Mathur 2006).

This book addresses travel behavior and tourism marketing in an aging society, therefore its central focus is on the shift from a youth-centric to an all-inclusive tourism marketing approach. Hence, it does not only address individuals aged 65+ or retired persons, but also individuals who are approaching this stage of their life. In addition, since self-perceived age influences travel behavior much more than chronological age (Muller and O'Cass 2001; González et al. 2009), a stiff age-group division would not be appropriate in the context of this book. The use of the term "older" instead of terms such as "elder," "silver/gray" or "mature" is motivated by a willingness to avoid patronizing or negatively connoted labels. The need to identify new unbiased expressions to refer to (and to talk to) older individuals will be further discussed in Chap. 7.

## 1.3 Major Challenges of Population Aging

Population aging has relevant social and economic repercussion for individuals, families, and society. Some of the major challenges include financial security, health care, and enabling environments (Jay Olshansky et al. 2011). These challenges also have profound implications for tourism activities, both from a travel behavior perspective and from an industry perspective, as synthesized in the following paragraphs.

### 1.3.1 *Financial Security*

In advanced economies, older people often represent the wealthiest part of the population. Several studies have demonstrated the economic power of this cohort (Meneely et al. 2008; Kohlbacher and Chéron 2012). For example, in the United Kingdom over 80% of all private financial wealth is held by the over 50s (Thompson and Thompson 2009). However, as reported by Mumel and Prodnik (2005), there is general agreement that older consumers are not attractive in terms of numbers and spending power.

In particular, older people usually have more discretionary spending power than when they were younger because they have extinguished their mortgages, and they do not have pensions to fund or children to raise (Chand and Tung 2014). Even though great differences between individuals exist, many older people have a considerable purchasing power and are willing to spend on consumer goods and leisure activities, including tourism. For example, as reported by Thompson and Thompson (2009) in the United Kingdom, in 2003–2004 the household spending per person was £178 for the under-30 age group, £175 for the 30–50-year age group, £201 for the 50–65-year age group, and £170 per week for older individuals belonging to the 65–75 year age group.

Financial security is important to secure the well-being of the older population because it assures access to health care, good nutrition, basic services and adequate shelter (UNFPA and HelpAge International 2012). Even though previous research has demonstrated a high level of heterogeneity between individuals with respect to their spending preferences, including tourism expenditures, it has long been recognized that a positive correlation exists between disposable income and intention to travel (Uysal and Crompton 1985; Jang et al. 2004; Dolnicar et al. 2008; Bernini and Cracolici 2015).

### 1.3.2 *Health*

The demographic transition to an aging population is associated with an increasing demand for health care and long-term care (UNFPA and HelpAge

International 2012). Chronic diseases such as dementia cause disability and reduced quality of life in both developing and developed countries. Physical or mental disabilities represent a threat to older people's independence because they reduce the ability to carry out daily life activities (WHO 2002). In particular, non-communicable diseases, such as Alzheimer's, are among the main causes of disability for older people and require long-term health care. This situation affects not only individuals but also their family and friends (Gladwell and Bedini 2004). In fact, it is estimated that about 80% of long-term care is still provided by family members and friends (The Economist 2009). Therefore, daily life, including consumption choices and travel decisions for individuals with disabilities, may not only depend on but also affect a larger social context. Further, as emphasized by the WHO (2002), as they grow older, people with disabilities are likely to encounter additional barriers. For example, mobility problems deriving from arthritis tend to get worse with time. Therefore, there is a need not only to cater for older individuals' health needs, but also to prevent diseases and promote a healthy way of life so that individuals can live healthier longer. An increased quality in health is beneficial for single individuals, for their families, and for society as a whole. Moreover, the relation between wealth and health is well established (Bloom et al. 2004) and previous research has emphasized that the marginal utility of consumption declines as health deteriorates (Finkelstein et al. 2013).

From a tourism perspective, health is strictly connected to travel motivations and travel intentions. On the one hand, it has been demonstrated that physical disabilities represent a travel constraint and a deterrent to travel (Buhalis and Darcy 2011; Lee et al. 2012). On the other, health preservation could also become a travel motivation for older people (Mueller and Kaufmann 2001; Smith and Puczko 2008). In this regard, wellness tourism has greatly expanded in the last decades among all cohorts, including older persons (Chen et al. 2013). The relationship between health and older tourists will be addressed in more detail in Chap. 3 with regard to travel motivations and travel constraints.

### ***1.3.3 Enabling Environments***

Thindwa (2001, p. 3) described an enabling environment as:

a set of interrelated conditions—such as legal, organizational, fiscal, informational, political, and cultural—that impact on the capacity of development actors... to engage in development processes in a sustained and effective manner.

The creation of such support systems is the key to the successful promotion of social development. In particular, physical and social environments influence an individual's ability to enjoy healthy and active aging and a good quality of life (UNFPA and HelpAge International 2012). Mobility in particular is a major concern with regard to older people (WHO 2002). Policy makers as well as industries should move toward an "aging-friendly" approach to mobility rather than think

about disablement. As a matter of fact, disablement processes increase the needs of older individuals, and increase their isolation and dependence (WHO 2002). Enabling environments should enhance the participation of older people, including people with disabilities, in all aspects of society. Some examples of enabling programs, environments, and policies identified by the WHO (2002) include barrier-free workplaces, and modified work environments and work-hours; good street lighting for safe walking; traffic lights that give people more time to cross the street; exercise programs that help older people maintain their mobility; life-long learning and literacy programs; barrier-free access to health centers; and credit access to small business and development opportunities so that older people can continue to work if they need to.

From a tourism perspective, the creation of enabling environments implies providing accessible tourism possibilities for all, including older people with physical or mental disabilities (Buhalis and Darcy 2011). As emphasized by Swain (2004), enabling environments need to incorporate economic, political, and social structures to reduce barriers and increase social participation. Everybody, and not only older individuals, could benefit from improved environments and support. For example, as reported by *The Economist* (2002), in the late 1990s the Paris public transport network (RATP) asked older passengers what they disliked most. The metro map layout was at the top of their list. Hence, the RATP introduced a simplified and more readable version of the map, originally intended to co-exist with the old one. But all passengers, older and younger alike, immediately appreciated the new map and RATP decided to replace the old one with the revised one, thus improving service quality for locals and tourists as well. However, enabling environments and accessible tourism still represent a critical point that needs to be addressed by single tourism suppliers, as well as destinations (Darcy and Dickson 2009; Michopoulou et al. 2015).

To summarize, financial security, health, and enabling environments are paramount for individuals to remain independent, live actively, and travel for as long as possible. Older adults are more likely to travel if they have disposable income, are healthy and can move in an accessible environment.

## **1.4 A New Approach to Older Persons: Promoting Active Aging**

The path toward the active aging approach has been traced throughout the last 35 years by some key documents concerning the population aging phenomenon. In 1982, the first world assembly on aging was organized by the United Nations, resulting in a document, “The Vienna International Plan of Action on Aging” (United Nations 1983), which called for specific action on several issues, such as health, nutrition, housing and environment, family, social welfare, income security and employment, and education. Nearly ten years later, the “United Nations



Principles for Older Persons” (UN 1991) recognized the older persons’ rights to independence, participation, care, self-fulfillment, and dignity. The term “active aging” was first adopted by the WHO in the late 1990s to express a more inclusive message than “healthy aging” and to recognize the factors, other than health care, that affect how individuals and populations age (Kalache and Kickbusch 1997).

Active aging became the central focus of the WHO’s “Active Ageing: A Policy Framework” (2002), which still represents a reference point for active aging studies. The framework aimed to support the formulation of action plans to promote healthy and active aging and was developed by WHO’s Aging and Life Course Program as a contribution to the Second United Nations World Assembly on Aging, organized in Madrid in 2002. A preliminary version (WHO 2001) had circulated for feedback throughout 2001 at special workshops (held in Brazil, Canada, the Netherlands, Spain, and the United Kingdom). Additionally, in January 2002, an expert group meeting with representatives from 21 countries was organized at the WHO Center for Health Development (WKC) in Japan. As a result, further comments and recommendations were included in the final document, “Active Aging: A Policy Framework,” published by the WHO in 2002.

According to the definition provided by the WHO (2002, p. 12) active aging is “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.” Active aging refers both to individuals and population groups. As stated by the WHO (2002, p. 12):

It allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.

Therefore, the term “active” does not only refer to physical ability, but also to the ability of participating in social, economic, cultural, spiritual, and civic affairs throughout one’s life. Consequently, people who retire from work as well as individuals with illnesses or disabilities should still have the possibility to contribute actively to society in a variety of forms. From the WHO’s perspective, health refers to physical, mental and social well-being. Accordingly, active aging policies and programs that promote mental health and social relations are as important as those that promote physical health (Wiggins et al. 2004).

Promoting active aging to increase autonomy and independence is a key goal for both individuals and policy makers. Moreover, since aging happens within social contexts—whether they be family, friends, work associates, neighbors—interdependence between cohorts and intergenerational solidarity are considered important principles of active aging (Grundy and Henretta 2006). With the active aging approach, the strategic focus has shifted from older individuals’ needs to older individuals’ rights. Of course, the adoption of healthy lifestyles and active participation are important at all stages of the life course. Further, a healthy way of life (e.g., physical activity, healthy eating, and not smoking) can prevent disease, extend life expectancy and improve quality of life as a person grows older.

The active aging approach “is based on the recognition of the human rights of older people and the United Nations Principles of independence, participation, dignity, care and self-fulfillment” (WHO 2002, p. 13). In this regard, participation in tourism activities can represent a means through which individuals remain active, learn to establish social connections, and improve their quality of life. Further, recent studies argue that there is a close link between tourism and well-being in later life (Morgan et al. 2015) as well as between tourism and healthy aging (Ferrer et al. 2016). Overall, the active aging approach has shifted the focus from chronological aging to toward functional, physical, and mental capacity as people age, while recognizing that these abilities may vary within older individuals (Jay Olshansky et al. 2011).

## 1.5 Older Persons as Consumers

To fully understand the relevance of a marketing approach specifically tailored for older tourists, it will be useful to recall first how older consumers in general have been traditionally addressed in marketing theory and practice. In particular, the next two paragraphs will point out two major marketing issues related to population aging: (1) the prevalence of a youth-centric marketing, and (2) the existence of stereotypes about older consumers. Then, some considerations about how to address the older consumer market will be provided.

### 1.5.1 *The Ageism of a Youth-Centric Marketing*

Traditionally, from the 1950s, marketing has focused on the needs and wants of young and affluent consumers willing to experience fun, novelty, and conformity with peers (Thompson and Thompson 2009). Even though companies have long addressed the older target group for certain product categories, such as hearing devices, drugs, or beauty products, only in the last couple of decades have firms started to devote specific attention to older adults as consumers *tout court*. In fact, in the post-war market, the rapid growth of young and wealthy cohorts had pushed companies to focus on the needs and desires of a young target group (Thompson and Thompson 2009). However, the situation has significantly changed, especially in developed economies. Some countries, such as the United States, responded quickly to population aging, both professionally and in terms of academic research. Conversely, in Europe, where the number of older individuals is projected to grow from 18 to 28% of the population by 2060 (European Commission 2014), both industries and academic research have reacted more slowly to this demographic and societal change (Thompson and Thompson 2009).

According to previous research (Help the Aged 2002), individuals aged over 50 account for 40% of consumer spending, while 95% of advertising targets mainly

consumers under 35 years old. In relation to this, the National Automobile Dealers Association recently declared that the average new car buyer is now 51.7 years old (Wernle 2015). Similarly, according to a car-market research firm (Edmunds.com), in the past five years the proportion of new car buyers aged 55 years and over has increased from 33 to 42% of sales.

As suggested by Thompson and Thompson (2009, p. 1283), “the late twentieth century was an age of youth; the early twenty-first century is an age of maturity.” This rapid population aging has been described as a “cultural problem” because there is a profound gap between the quick enhancement of life expectancy and the cultural norms that rule societies (Carstensen 2011; Carstensen and Fried 2012). For example, medical science, which is a key element of culture, has focused more on cures for acute diseases than on prevention of the chronic diseases typical of aging. In addition, physical and social environments as well as institutions are built by and for young populations (World Economic Forum 2012). Most marketing programs are aimed at young target groups, and older consumers are frequently not even considered at the product design stage. Moreover, for products or services specifically designed for older people, on the rare occasions that they do appear in advertisements, the result is sometimes “ageist” (Help the Aged 2002).

The term ageism was introduced by Butler (1969) to define discrimination against older individuals. According to the International Longevity Center report (2006), there are four types of ageism: personal ageism, institutional ageism, intentional ageism, and unintentional ageism. Personal ageism consists of biased ideas, attitudes, beliefs, and practices toward individuals based on their older age. Institutional ageism comprises rules and practices that discriminate against older individuals, while intentional ageism includes biased ideas and attitudes purposefully implemented against individuals based on their older age. Finally, unintentional (or inadvertent) ageism consists of biased ideas, attitudes, or practices that are carried out without the awareness of a prejudice. These types of ageism, in particular personal and unintentional ageism, can be found in some advertising campaigns and marketing activities (Milner et al. 2012). For example, some studies suggest that advertising is mostly focused on younger generations in terms of structure, rhythm, fast-moving sights, and sounds that older audiences may find difficult to tolerate (Nielson and Curry 1997; Casarin 2008; Thompson and Thompson 2009). Furthermore, Pickett (2002) argues that possible decrements in hearing, sight, and information processing because of aging can cause difficulties in understanding the complex sequences and the speed of presentation of many advertisements.

Ageism also emerges from the way older persons are portrayed in advertising. For example, Rozanova (2010) explored how older age is depicted in newspapers, television, and magazines in Canada and Russia, and found that older individuals were underrepresented and often negatively portrayed. In addition, older individuals with disabilities appeared in advertising almost exclusively with regard to assistive devices. Such a negative view of aging portrays age-related changes in physical appearance as highly undesirable (Lewis et al. 2011). In relation to this, a United States study revealed that there is a mismatch between fashion magazines and their

readers. Specifically, as reported by Milner et al. (2012), an analysis of editorial and advertising images revealed that despite older readers representing almost 23% of overall readers, fashion magazines rarely include pictures of women over 40. There are some exceptions though. For example, the global personal care brand Dove, in its “Campaign for Real Beauty,” created an advertisement which featured a 95-year-old model and the copy: “Withered or Wonderful? Will society ever accept old can be beautiful?” Viewers were invited to express their vote on the campaign website. This anti-ageism initiative had a viral effect on consumers and Dove declared a 700% growth in product sales in the United Kingdom, where the marketing campaign was introduced, and 600% in the United States within the first two months of the campaign’s launch (Milner et al. 2012).

### ***1.5.2 Stereotypes About Older Consumers***

A stereotype is a widespread but fixed and oversimplified image or belief of a particular type of person (Oxford English Dictionary, [www.oed.com](http://www.oed.com)). Repeated exposure to negative stereotypes about aging confirms beliefs, both consciously and subconsciously. As a result, individuals will actively look for information consistent with that belief, thus reinforcing such stereotypes. Some of the most common stereotypes about older consumers found in the literature concern:

- older age image
- brand loyalty
- level of technology adoption
- marital or civil status.

As regards older age image, it has long been shown that older individuals exposed to positive images tend to perform better on both physical and cognitive tasks than those exposed to negative images. Conversely, negative stereotypes affect older people’s self-esteem and self-efficacy (Levy and Langer 1994; Guiot 2001; Coudin and Alexopoulos 2010). Furthermore, older individuals with positive perceptions of aging are more likely to take care of themselves and their health than are those with negative perceptions of aging (Levy et al. 2002; Langer 2009).

With respect to brand loyalty, some studies argue that older consumers are more loyal than younger cohorts because after the age of 50, consumer patterns tend to stabilize. For example, Silvester (2003) argues that, in contrast to younger consumers, older consumers are loyal because they have stable preferences, do not need to show off, and are not fashion victims. Lambert-Pandraud et al. (2005) found that older consumers are unwilling to experiment or try new activities, and are brand rigid and conservative. In addition, it has been argued that older customers have limited customer lifetime value in comparison with younger consumers (Thompson and Thompson 2009). Based on these considerations and on the growth size of the younger cohorts in the past decades, firms believed that they should

focus mainly on young consumers to increase their brand equity. However, several studies demonstrate that brand choices for older consumers are just as dynamic as those of the young, and they continue to innovate (e.g., Silvers 1997; Uncles and Lee 2006; Sudbury-Riley 2016). For example, Sudbury-Riley (2016) demonstrated that older consumers are likely to try new brands and introduce them to their friends and relatives. In fact, after 50 years, there are still major life changes that motivate consumers to reconsider their needs, wants, brand preferences, and selection criteria (Hudson 2010).

Another common stereotype that is gradually being overcome is that older consumers cannot cope with technology. Certainly, if they want to target older adults successfully, technological products should be adapted to be more “aging-friendly” and suitable for older consumers. For example, in 2014, Apple and IBM started a partnership to develop an iPad for the Japanese market that is specially designed for older consumers—that is, with simpler interfaces, larger fonts, and several apps for older needs and interests. The relationship between older individuals and technology for tourism purposes will be addressed in Chap. 4.

Stereotypes about older consumers may also concern their marital or civil status. As reported in the Financial Times (Jacobs 2014), based on the experience of some consultancies specializing in the over-50 market, nothing could be more annoying to a single older person than advertising using pictures of happy older couples. At the same time, portraying a single person on his or her own would be risky in terms of symbolism because he or she could appear lonely.

### ***1.5.3 Addressing the Older Consumer Market***

As expected, older people do not recognize themselves in such stereotypes. On the one hand, older consumers see themselves as healthy, wealthy, and full of life (Bradley and Longino 2001). In this regard, when Gerber, a United States-based purveyor of baby food, realized that many older consumers with dental and stomach problems were purchasing baby food (i.e., purees) for their own use, it decided to launch a product line called “Senior Citizen.” However, older consumers would feel embarrassed to go to the supermarket and buy it, so the company decided to withdraw the product (The Economist 2002). On the other hand, older individuals do not want to be considered “unrepentant teenagers” (Bradley and Longino 2001) and, of course, expect to be addressed differently than millennials. For example, Moschis (1992) reports a study conducted at Georgia State University’s Center for Mature Consumer Studies in which researchers discovered that improper stereotypes of older people in advertising campaigns caused older people to refuse purchasing the advertised products. Sometimes companies might even fear that targeting older consumers would have a negative influence on their reputation. In their study among South African consumers, Beneke et al. (2011) found that older consumers have a negative attitude toward advertising because they feel neglected in favor of younger consumers. It has been argued that such an attitude toward the

older consumer market may be related to the age gap between older consumers and marketers (Thompson and Thompson 2009), especially in the advertising arena (Moschis et al. 1997; Barrie 1998; Carrigan and Szmigin 1999; Trégeur 2002). As a matter of fact, most product managers, brand managers, and advertisers are young. For example, according to the Institute of Practitioners in Advertising, 94% of people employed in agencies are aged under 50 (Trégeur 2002).

As mentioned in previous paragraphs, the older consumer market has been widely recognized as a relevant market segment because of its size, growth rate, and spending power (Moschis et al. 2000; Stroud 2005; Meneely et al. 2008; Thompson and Thompson 2009; Kohlbacher and Chéron 2012; Chand and Tung 2014). According to Beneke et al. (2011), failing to recognize the potential of the older consumer market is a missed opportunity in terms of financial success. However, older consumers are far from being a one-dimensional, uniform market. Nielson and Curry (1997, p. 311) emphasized this concept by stating:

Over time, only one common characteristic of mature individuals emerged: that they are among the most diverse and idiosyncratic of all age cohorts.

In fact, older individuals are said to have less in common with each other than younger people have with their peers because they are no longer moved by the major life-cycle stages (Doka 1992).

As a result, older consumers often demand tailor made products and services (Pak and Kambil 2006). For example, in Japan, the country with the highest proportion of older population, the supermarket chain Aeon, which had previously focused mainly on families, launched a new senior-friendly shopping center in the suburbs of Tokyo where stores and services target older consumers by using large signs and slow escalators, as well as services specifically designed for older individuals. Always in Japan, lingerie manufacturer Wacoal promotes its product line as a fit that complements body shapes of all ages rather than something to remodel older bodies into younger shapes (Smith 2015). In order to grasp the opportunities in the older consumer market, Pak and Kambil (2006, p. 24) argue:

Managers must understand how senior markets evolve and adapt products and service offerings along multiple dimensions to meet the needs of senior consumers.

With this objective in mind, Ford literally helps young designers to put themselves in older users' shoes to better understand their needs. More than twenty years ago, Ford introduced "the third-age suit", an outfit which adds about 30 years to the wearer's age. The suit restricts the ways in which people move by stiffening knees, elbows, ankles and wrists. The suit also includes a vibration simulator to reproduce Parkinson and comes with multiple sets of colored glasses to simulate eye deterioration typical of older age such as Glaucoma (The Economist 2002).

To conclude, even if the literature has long recognized the diversity and richness of old age in terms of psychographics, lifestyles, and consumer behavior (Sherman et al. 2001), there is a need to conduct further research and trace new directions, both in academic studies and in business.

## 1.6 Aging and Traveling: Opportunities for the Tourism Industry

Traveling implies a heterogeneity of activities, but its prerequisite is that individuals move between different geographic locations. Specifically, a tourist is a traveler taking a trip to a destination outside his or her usual environment, for at least an overnight stay and for less than a year, for any main purpose (e.g., business, leisure, or other personal purpose) other than to be employed by a resident entity in the country or place visited (United Nations World Tourism Organization [UNWTO] 2010). Moving, across short or long distances, is therefore the foundational element of tourism activities. For this reason, the leisure tourism industry has mainly devoted its attention to young and healthy individuals willing to spend their leisure time away from home. Tourism activities for older individuals were, with due exceptions, traditionally limited mainly to religious tourism or social tourism (Minnaert 2014). However, the tourism industry needs to catch the wave of this demographic trend if it is to remain competitive.

### 1.6.1 Defining Older Tourists

As for older consumers, there is no clear definition of older tourists. Several expressions have been used, such as older travelers, mature travelers, gray or silver tourists, and gray nomads. The age threshold to be consider an “older tourist” varies according to different sources. For example, the age of 50 is commonly used as a criterion to define older adults (e.g., Littrell et al. 2004; Sellick 2004; Sudbury and Simcock 2009; Le Serre and Chevalier 2012; Chen et al. 2013). Following Chen et al., older adults can also be classified into prospective seniors (aged 50–64) and seniors (aged 65 and above). Table 1.2 reports some examples of how older adults have been defined and classified in terms of chronological age in the tourism literature.

Older consumers tend to have a greater amount of leisure time available as most are retired or near to retirement and can thus pursue their hobbies and interests (Le Serre and Chevalier 2012; Losada et al. 2016). In addition, as emphasized in the previous paragraphs, improved health and economic conditions have led an increasing number of older individuals to be willing to travel (Patterson 2006). Today’s older travelers are healthier, wealthier, and better educated than older travelers in the past decades. For example, in Australia the 50–69-year-old group holds more than 40% of the nation’s wealth and is keen on traveling domestically and abroad (Australian Human Rights Commission 2014). Therefore, older individuals present a relevant market potential (United Nations Economic Commission for Europe 2009).

Looking at the tourism statistics, the potential of the older market emerges from four main indicators: number of tourists, number of trips, length of stay, and travel expenditure. Despite the economic crisis, which affected the tourism industry, between 2006 and 2011 older tourists improved their contribution across all

**Table 1.2** Examples of definitions of older tourists

Label	Age	Source
Older tourists	50+	Littrell et al. (2004), Sellick (2004), Le Serre and Chevalier (2012), Chen et al. (2013)
Eldery	55+	Alén et al. (2015)
	60+	Romsa and Blenman (1989), Hung et al. (2015)
Young-old	55–64	Hong et al. (1999)
Old	65–74	
Very old	75+	
Pre-seniors	50–64	Caber and Albayrak (2014)
Prospective seniors	50–64	Chen et al. (2013), Vigolo and Confente (2013)
Gray nomads	55+	Patterson et al. (2011), Mahadevan (2014)
Senior tourists	50+	Littrell et al. (2004), Le Serre and Chevalier (2012)
	55+	Hunter-Jones and Blackburn (2007), Sangpikul (2008)
	65+	Chen et al. (2013) Caber and Albayrak (2014)
Mature tourists	Born between 1946 and 1964	Hudson (2010)

*Source* Author's elaboration

indicators. For example, according to European Statistics (Eurostat 2012), the number of older tourists in Europe increased by 6% between 2006 and 2011. In addition, older tourists traveled more (29% more trips) and longer (23% more overnight stays) than the other cohorts. Specifically, the over 65s spent on average 26.1 nights away from home on long trips in 2011, compared with a general population average of 21.2 days. Older tourists' length of stay was also longer (11 nights against a general average of 9.8). This age group also spent more during their travels (1344 Euros above the general population average of 1203), thus accounting for 20% of all tourism expenditure by European residents in 2011.

In relation to the travel season, some studies found that older tourists are more prone to travel in the off-season (Tiago et al. 2016), thus representing a relevant tool for tourism suppliers and destinations to manage seasonality. With regard to travel organization, older tourists tend to spend more on package trips than do other cohorts. For example, in 2011 the 38% of older tourists' expenditure consisted of package travels (Eurostat 2012). However, as supported by a recent survey (AGE Platform Europe 2015), older tourists tend to be quite autonomous in planning and managing their travels, opting less frequently for all-inclusive packages, and preferring to organize their holidays individually.

Several academic sources agree that older travelers represent a strategic segment for the tourism and hospitality industry. In relation to this, Pizam (2014), editor in chief of the *International Journal of Hospitality Management*, published an editorial that emphasized the need to expand research from hedonic and business services to new services specifically designed for older individuals.



### 1.6.2 *Emerging Trends in Older Tourists' Behavior*

With reference to recent studies (UNWTO 2012; AGE Platform Europe 2015) it is possible to identify some emerging trends that affect older tourists' behavior:

- The change in household compositions (i.e., the shift from traditional large “horizontal” families to “vertical” intergenerational families) is changing the composition of travel parties.
- The increasing number of older individuals living alone implies an increase in the number of single or solo travelers.
- The growing Information and Communication Technology adoption among older individuals has enhanced the possibilities for their autonomous travel organization.
- Population aging entails the need for an increasing proximity to medical care in tourism contexts.
- Minor disabilities due to aging require suppliers to reconsider service design and staff training, especially in transport and hospitality.

These trends challenge tourism and hospitality firms to rethink their marketing strategies and their approach to older tourists to remain competitive, as will be discussed in Chaps. 6 and 7.

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