

Overcoming the Challenges of a Saturated Market

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ABSTRACT

This study examines the challenges of one of the world's largest fitness franchises, Curves International, in a saturated market (United States). Curves is using diversification strategies to boost profits of existing franchises in the U.S. by increasing membership and offering new products and services. Curves executives are interested in continuing Curve's quest to impact the health and well-being of over four million women (Curves members) and have a positive impact on their families. The focus of this study is to help Curves' executives determine the viability of extending its products and services to provide educational preventive health information to its members. A survey was conducted to determine whether preventive health information would be beneficial to Curve's members and how best to deliver this information. The data was analyzed in relation to five issues of interest to Curves' executives: (1) awareness of health issues, (2) value of health material received, (3) knowledge of health issues and prevention, (4) information received from healthcare providers, and (5) media preferences for delivery of health information.

Keywords: saturated market, women's fitness, diversification strategy, preventive health information

INTRODUCTION

Curves International Incorporated, a fitness franchise designed specifically for women, is a company at a crossroads. The organization that began in 1992 with one location in Harlingen, Texas has burgeoned into one of the largest fitness franchises in the world and has set the record for the fastest growing franchise in history (Curves, 2006c; Finn, 2005). In 2005, however, the privately owned company opened its 10,000th location and its founder and CEO, Gary Heavin, announced a self imposed suspension on opening any new franchise locations in the United States.

Though Curves is still focused on growing the company through expansion in international markets, Heavin states that in the U.S., “Now that we’ve gotten into profitable locations, the focus is shifting from expansion to innovation” (Finn, 2005, p. 52). In order to drive sales in the now saturated U.S. market, Curves is attempting to diversify the combination of products and services offered to customers and thereby get people to spend more at existing stores (Finn, 2005). Essentially, the new focus in the United States is to step back and help existing locations increase membership (Davis, 2006). Using its well known brand name as leverage, Curves International has recently diversified in a number of ways.

First, Curves International diversified by introducing a new weight loss program (Finn, 2005). After entering the weight loss market, Curves created a line of nutritional supplements and meal replacements designed to meet the unique nutritional requirements of mature women (D. Stauber, personal communication, August 30, 2006). Next, the company partnered with Avon Products, Inc. and introduced a line of fitness clothing and accessories geared to enhance the workouts of fuller figured women. The products are sold both through the Curves International Inc. franchises and in Avon’s catalogs (D. Stauber, personal communication, August 30, 2006). In December of 2006, Curves created a travel company offering trip planning for its members (Shaver, 2006). Curves International partnered with Destiny Health PlanTM in 2006 offering Destiny’s members a discount on memberships to Curves’ fitness centers and in 2008, Curves announced partnerships with Healthways Silversneakers® (Curves, 2006b; Curves, 2008).

Curves International is planning to continue expanding its product and service lines. Ultimately, the organization seeks to offer women a place to achieve total “wellness” (D. Stauber, personal communication, August 30, 2006). What began as a women’s fitness center, grew into a weight loss and nutrition management center and now seeks to add programs and products aimed at reducing chronic disease and encouraging preventative medicine. To achieve this, Curves is planning to offer workshops and other preventative health related information in a variety of user friendly formats. The new materials and workshops are aimed not only at increasing sales, but also at continuing Curve’s quest to impact the health and well-being of over four million women (Curves members) and have a positive impact on their families (Curves, 2006c).

The focus of this study is to help Curves’ executives determine the viability of extending its products and services to include educational preventive health information. In the next section of the paper, diversification strategy literature will be reviewed along with the need to explore women’s health issues. The third section of the paper follows with a discussion of the questionnaire and the methodology of the study. The results will be presented in the fourth section of the paper. The paper concludes with a discussion and recommendations for Curves’ executives.

LITERATURE REVIEW

Considering the possible avenues of growth for Curves, it is important to look at two different areas of research: diversification and women's knowledge about health issues. The first area to be addressed relates to diversification as a strategy. The idea of using a diversification strategy to increase sales in a saturated market is not a novel approach. Companies experiencing saturated markets in other industries are currently using diversification to increase their productivity and sales at existing locations (Bernstein, 2005). Past research studies have also identified a correlation between diversification to organizational success in many situations (Antonicic, 2006).

Retailers such as consumer electronics retailers and other large box retailers use diversification strategies to help overcome the challenges of a saturated market (Bernstein, 2005). For these industries, the 1990s were a battlefield for market share. By the late 1990s, market saturation began to surface yet, surprisingly, did not bring about the demise of these retailers. Bernstein suggests this is because companies have learned how to better manage market saturation and adjust to it. The consumer electronics retailers are now managing their saturated market focusing on driving profitability and productivity with the existing store base (Bernstein, 2005). Examples of diversification strategies include home PC services such as Best Buy's "Geek Squad" and Circuit City's "IQ Crew." Plans are to continue to diversify into more services in the future (Bernstein, 2005).

Though it is important to note that other industries in saturated markets currently use diversification as a strategy, even more relevant is that research has indicated a strong, positive link between a diversification strategy and organizational performance (Antonicic, 2006). However, like all business strategies, it is important to implement diversification correctly. Antonicic (2006) describes a viable diversification strategy as one that follows the corporate strategy driven by a "synergy" that adds to the service/product resources of the organization. When an organization such as Curves is looking for "synergies" or products/markets that complement its current operations, several important elements need to be considered, including customer value and customer demand (Downey, Greenberg, Kapur, 2003).

One of the first elements to consider when analyzing diversification possibilities is what the diversification would offer current customers in terms of value. Companies that are "customer-value-centric" choose components that provide value to their customers.(Downey, Greenberg, Kapur, 2003).

Another element noted as essential for successful diversification is keeping innovations in sync with demand (Downey et al, 2003). It is critical to ascertain if the diversification will garner customer appreciated value, not simply more products or services. Asking customers a series of questions through surveys and analyzing the results has been shown to be a successful technique for gaining valuable insights into customer needs and thinking patterns (Hodgkinson, Tomes, Padmore, 1996). In fact, when making corporate decisions it is more important to focus on asking questions of customers rather than internal stakeholders (Hodgkinson et al, 1996).

Diversification strategy can be a significant driver for organizational conduct and performance (Antonicic, 2006). When companies choose to widen their scope of business, their diversification strategies are often motivated by two questions: how a company can best leverage existing competencies into adjacent markets and how a company might better meet the needs of its current customer base (Day, 2003). The Curves mission focuses on "Strengthening Women" (Curves, 2006a); therefore, the diversification strategy ought to align with this mission with ways

to support women's lives. Currently, Curves focuses on keeping women fit through its one-stop exercise franchises (Curves, 2006a). The preservation of the Curves mission is critical as Curves seeks potential opportunities.

Along with general diversification literature which has been briefly discussed, it is necessary to review the research in the area of women's knowledge about critical health issues which impact their lives. For example, stroke is the third leading cause of death for women in the United States. In an American Heart Association survey with over 1,000 women respondents, only about one-third of the women surveyed could identify the warning signs of a stroke (Becker, 2005). Stroke is 80% preventable if managed directly (Godfrey, 2006). Cardiovascular disease accounts for more than a third of the deaths in women, but most women are more concerned with breast cancer which accounts for about 1 in 30 deaths in women, according to another American Heart Association survey (Eastwood and Doering, 2005). In fact, only 13% of women know that heart disease is a major threat to them (Center for Disease Control, 2003). This is especially unfortunate in light of the fact that heart disease is largely avoidable if preventative healthcare is practiced (Hardesty and Trupp, 2005).

Women are equally unaware about diabetes, the sixth leading cause of death among women in the United States (Center for Disease, 2003). More than 9 million American women have diabetes (Hardesty, Trupp, 2005), yet about one in three does not even know that they have the disease (National Women's, 2006). This lack of knowledge can have serious ramifications because diabetes is a leading cause of kidney failure, limb amputations, new onset blindness in adults, and a major cause of heart disease and stroke (National Institute, 2002). Despite this fact that studies show women think breast cancer is their primary health threat (Eastwood and Doering, 2005), lung cancer is actually the most common cause of cancer death for women in the United States (American Cancer Society, 2006). Moreover, 90% of all lung cancer deaths among women are from smoking, yet about 22% of American women still smoke (Eastwood & Doering, 2005).

Healthcare providers need to work in concert with their patients by educating them about lifestyle changes that can drastically reduce the risks of top health threats such as cardiovascular disease. Unfortunately, only 38% of women reported their healthcare providers ever discussed heart disease with them, even though heart disease is by far the number one cause of death and disability among women (Hardesty & Trupp, 2005). The Hardesty and Trupp survey suggests that health care practitioners are not identifying health objectives for women to reach regarding recommended blood pressure, cholesterol levels, as well as physical activity (2005).

METHODOLOGY

In this study, Curves International customers were surveyed at four franchise locations in the Central Texas area. Participation of these franchises and their customers was voluntary. This region was selected because of the location of Curves' corporate headquarters and the ease of access of the research team. The survey was designed to measure the knowledge and interest levels of Curves members concerning the seven leading causes of death for women in the United States and to identify characteristics such as age, ethnicity, and education level that may influence the responses so that Curves could make informed decisions regarding products and services offerings.

Measurement Instrument

The survey was conducted in the form of a self-administered questionnaire. This response format enabled the same questionnaire to be administered to a large number of Curves' members and allowed the members to complete the questionnaire at their own convenience. The questionnaire consisted of 16 short, close ended questions including demographic information (age, ethnicity, level of education). Along with the questionnaire, each participant was given a sample set of preventative health materials containing information about seven of the top ten leading causes of death for women in the United States. These seven diseases or conditions are (in order of yearly fatalities incurred): heart disease, cancer, stroke, chronic lower respiratory diseases, Alzheimer's disease, diabetes and influenza/pneumonia (Center for Disease Control, 2003). For each condition/disease the information packet addressed the disease/condition's definition, statistics (pertaining to women in the United States), common symptoms/signs, risk factors, and preventative measures. The survey was constructed to provide information on five important issues to Curves' senior executives. The first issue involved determining how much Curves' members knew about women's health issues and whether or not they had experienced any of the diseases/conditions. The second issue dealt with whether the health material received by participants was helpful. The third issue dealt with the knowledge of the steps participants can take to protect themselves from the top seven health threats to women. The fourth issue dealt with whether members were receiving healthcare information from their healthcare providers. The fifth issue dealt with the preferred method of the delivery of preventive health information.

Sampling and Data Collection

The data was collected by distributing the preventative health care information packets and attached surveys to four Curves franchises in Central Texas (within a 30 mile radius of Waco, Texas). Location managers were educated about the purpose and scope of the study and were then asked to promote the survey to Curves members as they utilized the facility. The surveys and written instructions were also left in clear view of members using the facility. The surveys were to be completed on a voluntary, anonymous basis and only by current members of the four Curves fitness centers selected. The preventative health information could be read and the survey could be completed at the facility or taken home. Participating members were allowed to keep the preventative health information and asked only to return the surveys (by dropping them in a box provided to each of the four Curves facilities). One hundred seventy-eight responses to the survey were collected.

FINDINGS/DATA ANALYSIS

The data was analyzed first in relation to five issues of interest to Curves' executives. These include participants' (1) awareness of health issues, (2) value of health material received, (3) knowledge of health issues and prevention, (4) information received from healthcare providers, and (5) media preferences for delivery of health information.

(1) Awareness of Health Issues

The first issue that Curves' executives were interested in pertained to how much Curves' members knew about women's health issues. The survey results show that about 15% of the participants were familiar with women's health issues, about 71% were somewhat familiar, and 14% were not. Curves executives were also interested in whether members were experiencing or had experienced any of the diseases/conditions. Among all participants, about 29% had experienced at least one of the diseases/conditions and 71% had not.

(2) Value of Health Material Received

The second issue looked at whether participants felt that the health materials they received were helpful. The survey results show that all participants felt the health materials provided were helpful.

(3) Knowledge of Disease Prevention and Screening

The third issue dealt with the knowledge of the steps participants can take to protect themselves (screening and lifestyle choices) from the top seven health threats to women. About 21% of all participants responded that they had all the information needed, about 67% responded that they had some of the information needed, and remaining 12% did not have the information needed to protect themselves against the top health threats to women.

(4) Information from Healthcare Providers

The fourth issue dealt with whether healthcare providers were delivering this information to members. About 39% of the members surveyed indicated that healthcare providers were providing this information and 61% were not getting this information.

(5) Media Preference for Health Information

The fifth issue dealt with the preferred method of delivery for preventive health information. Participants were given the following choices for delivery of information: friends, the Internet, books/magazines, healthcare provider, lectures/workshops, and radio/television. They were allowed to choose more than one preferred method. About 4% of responses preferred information from friends, 14% from the Internet, 32% from books/magazines, 28% from healthcare providers, 11% from lectures/workshops, and 11% from radio/television.

In order to assist Curves in providing preventative health information in the most desirable format for its diverse customer base, the responses to this issue were further analyzed by using the demographic variables of age, education level, and ethnicity. The basis for using these three demographic variables can be found in numerous studies (House, Lepkowski, Kinney, Mero, Kessler, Herzog, 1994; Nicholson, Grason, and Powe, 2003; and Ross and Wu, 1995).

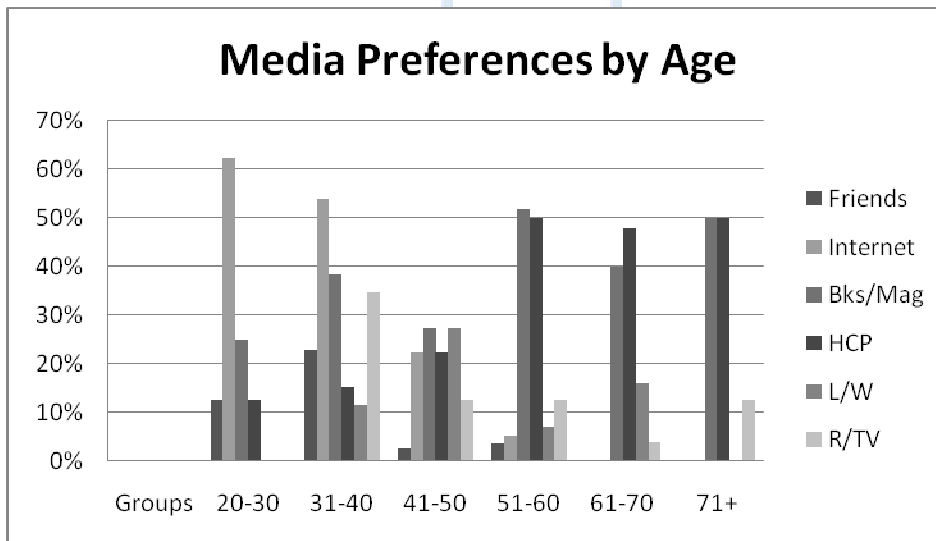
As shown in Table 1, for those members 20 to 30 and 31 to 40, the Internet appears to be the preferred source of information. Older members prefer more traditional sources of information, such as books/magazines and healthcare providers (HCP). This information can

help curves executives determine the best method of delivery for its members based on age. Figure 1 gives a graphical interpretation of the media preferences by age.

Table 1. Media Preferences Based on Age

| Age Groups | Format Preferences | | | | | |
|------------|--------------------|----------|---------|--------|--------|--------|
| | Friends | Internet | Bks/Mag | HCP | L/W | R/TV |
| 20-30 | 12.50% | 62.50% | 25.00% | 12.50% | 0.00% | 0.00% |
| 31-40 | 23.00% | 53.85% | 38.46% | 15.38% | 11.54% | 34.62% |
| 41-50 | 2.50% | 22.50% | 27.50% | 22.50% | 27.50% | 12.50% |
| 51-60 | 3.57% | 5.36% | 51.79% | 50.00% | 7.14% | 12.50% |
| 61-70 | 0.00% | 0.00% | 40.00% | 48.00% | 16.00% | 4.00% |
| 71+ | 0.00% | 0.00% | 50.00% | 50.00% | 0.00% | 12.50% |

Figure 1: Media Preferences by Age



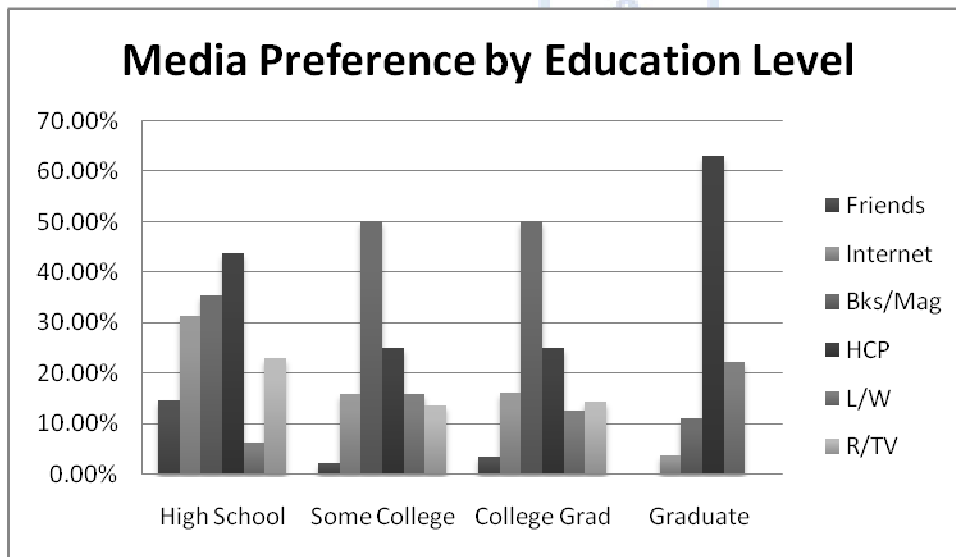
Assessing the Influence of Education Level on Media Preference

Table 2, shows that those with a high school education preferred healthcare providers (HCP), books/magazines (Bks/Mag), and the Internet as the preferred methods of delivery. Those members who had some college or a college degree preferred books/magazines. Those with graduate degrees preferred information from their healthcare provider. Figure 2 gives a graphical representation of the media preferences based on education level.

Table 2: Media Preferences Based on Education Level

| Education Level | Format Preferences | | | | | |
|-----------------|--------------------|----------|---------|--------|--------|--------|
| | Friends | Internet | Bks/Mag | HCP | L/W | R/TV |
| High School | 14.58% | 31.25% | 35.42% | 43.75% | 6.25% | 22.92% |
| Some College | 2.27% | 15.91% | 50.00% | 25.00% | 15.91% | 13.64% |
| College Grad | 3.57% | 16.07% | 50.00% | 25.00% | 12.50% | 14.29% |
| Graduate | 0.00% | 3.70% | 11.11% | 62.96% | 22.22% | 0.00% |

Figure 2: Media Preferences by Education Level

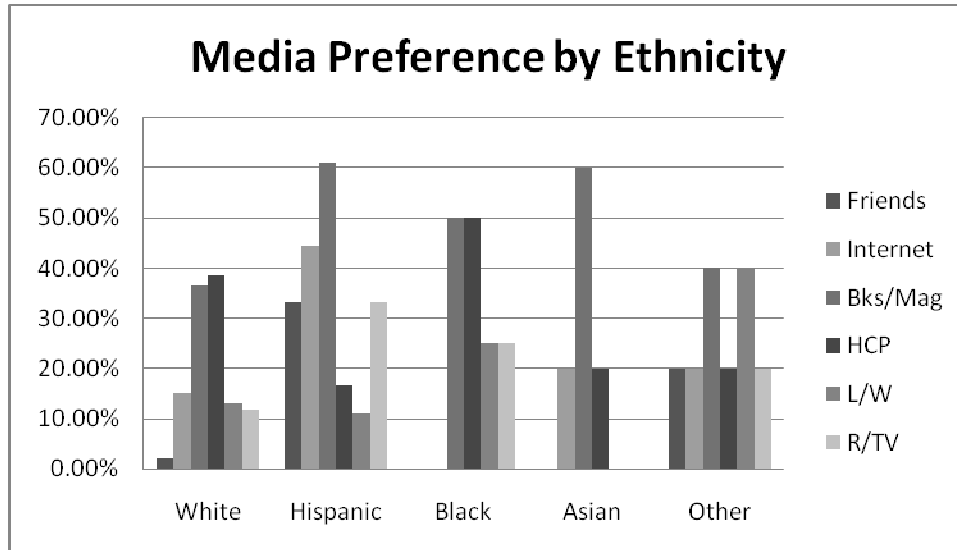


Assessing the Independence of Race and Media Preference

From Table 3, it appears that white and black members prefer books/magazines and healthcare providers. Hispanic members have a strong preference for books/magazines along with the Internet. Asian members prefer books/magazines with some preference for the Internet and healthcare providers. Figure 3 gives a graphical representation of media preference by ethnicity.

Table 3: Media Preferences Based on Ethnicity

| Ethnicity | Format Reference | | | | | |
|-----------|------------------|----------|---------|--------|--------|--------|
| | Friends | Internet | Bks/Mag | HCP | L/W | R/TV |
| White | 2.07% | 15.17% | 36.55% | 38.62% | 13.10% | 11.72% |
| Hispanic | 33.33% | 44.44% | 61.11% | 16.67% | 11.11% | 33.33% |
| Black | 0.00% | 0.00% | 50.00% | 50.00% | 25.00% | 25.00% |
| Asian | 0.00% | 20.00% | 60.00% | 20.00% | 0.00% | 0.00% |
| Other | 20.00% | 20.00% | 40.00% | 20.00% | 40.00% | 20.00% |

Figure 3: Media Preferences by Ethnicity

DISCUSSION

Primarily this study has explored the viability of a selection of preventative health materials and has measured the current felt needs and interests in preventative health information for a sample of Curves members. This data was intended to provide insights into whether or not Curves is currently in a position to successfully diversify and extend its products and services lines to include preventative health materials. This study also sought data that could reveal where potential markets for preventative health information might be found within Curves present customer-base and what preventative health topics and formats might best meet the needs of those customers.

The results of this study point to the same degree of awareness (concerning women's health risks and the steps that can be taken to ameliorate those risks) between Curves' customers and the women polled in the American Heart Association (2003) and Center for Disease Control and Prevention (2003) surveys. None of the studies showed that the majority of women are well aware of the risks to their health or of the lifestyle choices they could make to reduce those risks.

The study also sought to determine if the survey participants appreciated the specific health information as found in the sample sets of materials. The findings demonstrated that the materials were indeed viewed as "helpful" by survey participants, thus indicating at least some level of appreciation. Moreover, this result, taken in conjunction with the findings showing that the vast majority of participants previously had only partial knowledge of the information discussed in the materials, indicates that the specific materials used in the study were not only appreciated, but also needed.

The study's analysis revealed that the majority of participating Curves' members were not currently receiving preventative health information from their health care practitioners. If members are not receiving this information from health care providers, then receiving this information from another source, such as Curves may be beneficial to its members.

However, because of marked differences in the formats/sources the various age groups indicated they preferred, the data did suggest age as a demographical characteristic played a role in the format/source preference. One of the most pronounced demographical influences showed that younger age groups appeared to have strong preferences for the Internet as a source of health information while older groups appeared to prefer to obtain health related information from books, magazines, or their health care practitioner. Though the data did not indicate the presence of a clear business opportunity based on format preferences, it did indicate the existence of a potentially solid and dedicated member market for health materials within the older age groups. The Kelsey Group (2006) discovered a similar finding when analyzing the media preferences of individuals in the U.S. in search of business information. The Kelsey Group found that though there was an overall preference for written material, younger age groups preferred using the Internet to gain information far more than older age groups (2006). Additionally, the Harris Poll (2006) identified that the Baby Boomers prefer getting their news from cable television, newspapers and radio shows versus Generation Xers who seek broadcast television and online sources for their news.

Additional characteristics of Curves' potential market were identified by profiling the members most likely to be interested in preventative health materials. These members' survey results showed them to be long term, dedicated Curves members both in length of Curves membership and dedication to exercise. This indicates they could constitute a potentially stable, proactive market for Curves preventative health materials.

When reviewing the survey's data regarding the question of whether or not Curves' members were diagnosed with (or at risk for) any particular condition, several potentially meaningful findings were found. First, it should be noted that the sample of Curves members again demonstrated statistics consistent with those of all U.S. women. Survey participants were diagnosed most frequently (after flu/pneumonia) with heart disease or its risk factors which, according to the CDC, is the number one killer of women in the United States (Centers for Disease Control, 2003). The prevalence of those answering they had been diagnosed with stroke or its risk factors was a close second. The frequency of stroke was closely followed by the frequency of diabetes. Interestingly, members answering they had been diagnosed with diabetes or its risk factors (29% of respondents) is higher than the national average of about 8.9% (U.S. Food and Drug Administration, n.d.) Generally, the data does appear to suggest that Curves' members were diagnosed most frequently with flu/pneumonia, cardiovascular disease, and diabetes.

Overall, the attempt to use the survey data and analysis to provide insights into whether or not Curves can successfully diversify into the area of preventative health produced conflicting results. For example, results suggested that while Curves' members largely and consistently exhibited at least some level of need for preventative health materials, they are not necessarily aware of that need. This finding indicates members may not be interested in additional preventative health information. Conflicting results were revealed again when the data showed that while survey participants communicated both need and appreciation for the actual sample set of preventative health materials, they were also satisfied with the types of sources they were currently using to obtain health care information.

CONCLUSION AND RECOMMENDATIONS

As Curves battles for continued growth in a saturated market, it is imperative that it diversify into those areas that promote the loyalty and patronage of its current clientele. This study increases the understanding of how diversification into preventative medicine might be received by Curves' current members. The survey data did reveal that members are interested in receiving information on preventive healthcare and that they see value in this material. If Curves decides to pursue this course of action, the results of this survey will give Curves' executives insight into how to deliver this material to its members.

As previously noted, other research has shown that successful diversification strategies involve extending product/service lines only to those innovations that garner customer appreciated value and are in sync with customers' demands (Downey et al, 2003). While this study does not answer whether or not preventative health information meets these requirements for Curves, some findings did produce potentially meaningful insights. First, because the results could be interpreted as demonstrating that members actually lacked more viable health-related information than they realized, successfully marketing preventative health materials may hinge on making members aware of their latent informational needs. Devising a marketing campaign that enables members to recognize a potential need for preventative health information could prove paramount in creating the appreciated value needed for successful diversification.

Equally, if not more important, is the analysis of whether or not the study's data yields any evidence showing that Curves could devise preventative health products/services that offer a superior value to its customers. Answering this question would partly involve determining whether or not Curves can offer preventative health information in a way that is superior to what its customers are receiving now (Day, 2003).

The first insight into whether or not Curves can provide information in a superior format is that members did appear to prefer some sources/formats for preventative information more than others. Of the sources/formats available to Curves, books and magazines were the most preferred source for all older age groups. However, the two younger age groups most preferred the Internet as a source for preventative health information (Kelsey Group, PR Newswire, 2006). If Curves decides to target certain demographic segments, information source/format preferences for the materials will need to be considered.

One of Curves' existing competencies involves the social support its members receive when utilizing a Curves' facility. In fact, this social support has proven to be one of the key factors in attracting and maintaining members within Curves' target market (D. Stauber, personal communication, August 30, 2006). According to the Curves company fact sheet, "Curves is the first facility designed for women to offer 30-minute fitness and commonsense weight loss with the support of a community of women" (2006, overview section, para. 3). For women, social support has been noted to be an influencing factor in other areas of women's health as well (Eastwood & Doering, 2005; Mulroy, 2005). Curves' ability to leverage its existing competency of social support into other areas of women's health such as preventative medicine could be a way to successfully add new products and services. If Curves does diversify into preventative health, exploiting its existing social support systems could certainly lead to increasing the success of any program/materials the company creates.

Some limitations of this study need to be noted. Since only customers at four locations in a specific area of the US were surveyed, a more comprehensive survey needs to be conducted across a wider range of curves locations. This would help Curves' executives make a more

informed decision into the viability of extending its products and services to include educational preventive health information to complete its mission to be a total wellness center for women.

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