

# Communicating with Senior Citizens

BY RHODA WEISS

**T**o celebrate 2004, my father, who turns 87 this year, took out a three-year membership at a local gym. When he's not exercising, Dad works part-time as an office manager, volunteers with the local senior program (he likes helping "old" people), serves on a senior services advisory board, and keeps busy with other activities. My mother, at age 79, works as a secretary and is an avid follower of the news, ready to debate any national or world issue at the drop of a hat.

Karel Spak turns 102 this year. One of the many candidates for governor in California's recall election last fall, Karel, a former spokeswoman for the 99 Cent Only Stores, volunteers every day, running a myasthenia gravis program at Long Beach Memorial Medical Center and a children's "clothing closet" at Miller Children's Hospital, also in Long Beach, CA. Her clothing program provides clothes for children who are patients at the hospital.

Don't you dare call Mom, Dad, or Karel "old." The stereotypes traditionally used in communicating with a more senior, mature population must be scrapped. We are now dealing with a generation whose needs are defined not by age, but by lifestyles, life stages, responsibilities, interests, and health. Seniors are running marathons, skydiving, and participating in senior athletic competitions and such sports as basketball, rowing, hockey, volleyball, and baseball. Seniors are not, like some of the rest of us, running on a treadmill to live the American dream. They take more time to smell the roses and appreciate quality and vitality.

Retired executives are returning to businesses to help with financial and operational turn-arounds and to improve corporate reputations that may have gone amiss. Workers are retiring later in life. Those who do retire often become caregivers for parents, grandparents, or grandchildren. Within the next few years, the post-World War II baby boomers will be joining the Medicare ranks. Every seven seconds a baby boomer—one of the 78 million of us—turns 50.



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As those ranks swell, demands and expectations of health care providers will increase as well.

The 2000 census reveals that 60 million Americans are aged 55 and older. That number is expected to double by the year 2030, when it will represent one-third of the population.

Realizing that all seniors are not alike and that their needs are changing, retailers and businesses are quick to offer "anti-aging" products and services, including cosmetics, medicines, fitness programs, diagnostic tests, "mature travel experiences," senior living alternatives, home monitoring systems, tools and kitchen accessories for arthritic hands, taller toilets, roll-in shower stalls that can accommodate wheelchairs, and just about every other imaginable. A recent *USA Today* article described a computer that helps older shoppers pick foods to match their medical histories; shoes with battery-powered vibrating soles that stimulate nerves to improve balance; homes wired so that residents can electronically open doors, control shades, windows, and thermostats through a bedside touch screen; and a undergarment that helps wearers with creaky joints perform tasks such as lifting and climbing stairs.<sup>1</sup>

America now has a "sandwich" generation—people who not only provide care for their aging parents (and sometimes grandparents), but who, because they are sometimes grandparents themselves, may take care of grandchildren as well, while the grandchildren's parents work.

Seniors are not all alike. Lifestyle, life stage, attitudes, family obligations, economic, and health status define senior markets better than age does. After all, some people are first-time grandparents at 40, others at 80. Some people live to 100 without major health problems, others begin to have such problems 60 years earlier. And most people want to remain active, can-do adults with optimistic outlooks.

## HOSPITALS AND SENIORS

To truly meet the needs of a more mature population, hospitals are reexamining their current

offerings for seniors and providing programs and services to better address the older population's changing requirements. They are also acknowledging that seniors can be their most loyal customers—if hospitals listen to their concerns; treat them with respect; and place a high value on customer service, value, quality, and satisfaction.

With more than 50 percent of a typical hospital's beds filled by the Medicare population and a much greater proportion of seniors in home care and hospice programs, many facilities are offering sensitivity training to help staff members better understand and communicate with seniors and understand the process of aging. Hospitals are realizing that they must acknowledge, value, and support family and friend caregivers as part of the facility's care team. In addition, hospitals are looking to their own employees, doctors, volunteers, and board members for input in devising services for seniors and promoting those services in the hospital, doctors' offices, and the general community.

Hospital leaders seeking to improve their understanding of the older population should consider forming a "senior advisory board" that brings together individual seniors and leaders of senior organizations from throughout the community to help evaluate current programs, offer ideas for new services, and suggest potential community partners to carry out these activities.

During the 1980s and 1990s, many hospitals began offering senior membership programs that drew seniors into facility-sponsored programs such as screenings and seminars and often offered discounts to seniors using the facility's parking garage, cafeteria, pharmacy, and gift shop. Although some of these programs have been ended because of the cost of maintaining them, others have expanded; some hospitals today offer senior discounts in caregiver training; disease management; cardiac wellness; grandparenting education; support groups; Internet education; and special programs for special needs, such as low vision, hearing loss, balance difficulties, and others.

Longevity centers offering "health for life" programs are becoming more popular. Frequently offered in collaboration with local senior centers, retirement communities, health plans, employers, or medical groups, hospitals provide programs involving exercise (yoga and Tai Chi are especially popular), flexibility improvement, nutrition, health prevention, biofeedback, anti-

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aging remedies and therapeutics, complementary and alternative health care, drug interactions, stress management, heartburn and constipation, massage, meditation, weight control, optimal healthy lifestyles, coping with loss, elder law, estate planning, and improving mood and energy.

In partnerships with police forces, firefighters, ambulance teams, the American Red Cross, and local emergency medical systems, some hospitals are offering classes in CPR, home safety, first aid and medical emergencies. Others offer mall-walking programs and "seniors-helping-seniors" volunteer programs in which the elderly help each other with shopping, transportation to medical appointments, snow shoveling, and as friendly visitors (through telephone calls and home visits). Collaborating with local health departments, physicians, and health plans, hospitals are working to ensure that more seniors receive vaccines, thereby reducing the number (now 30,000) who die each year from diseases that vaccinations—especially the flu and pneumonia—guard against.<sup>2</sup>

#### **COMMUNICATING WITH SENIORS**

Hospital leaders seeking to improve communication with senior citizens should keep certain facts in mind.

Seniors are informed consumers who will eagerly read information concerning their health care. Publications that use words sparingly will not attract the audience that a text-heavy, large-type, newsletter or postcard will. Avoid photos of blue-haired ladies or grandfathers playing chess. People over 50, who tend to think of themselves as 10 years younger than they are, are more drawn to pictures that demonstrate independence, activities, success, and self-respect.

Seniors also watch cable TV. Some hospitals have, at little to no cost, created health programs concerning issues that interest the aging for local cable stations or community access programs. Community access stations typically offer free airtime to community organizations. College students and retired media members are often eager to produce these programs.

Older adults are going online; they now represent the fastest-growing segment of the Internet population. Although many initially log on to stay in contact with their grandchildren, they frequently stay to search websites for scientific and medical news. A health care organization aware of this fact

*Continued on page 50*

## COMMUNICATION STRATEGIES

Continued from page 13

might consider including a "senior button" on its home page, linking to its own health information, referrals, and senior activities, as well as to other reputable local and national websites.

Hospitals are also collaborating with local senior organizations to cosponsor programs and services and to strengthen partnerships. These organizations include area agencies on aging, senior centers, the AARP, and the National Council on the Aging, Foster Grandparent Program, Volunteer Centers, Interfaith Volunteers, Older Worker Programs, active retiree groups (i.e., teachers, government workers, nurses) and others. Veterans' organizations such as the Veterans of Foreign Wars, American Legion, local veterans services, and Councils for Veterans Affairs; religious groups such as local ministerial associations, Catholic Charities agencies, the St. Vincent de Paul Society, Jewish Family Services, and Christian Outreach; and programs catering to ethnic and language groups—all are proving to be excellent partners for health-related organizations. □

To learn more about CHA services concerning senior citizens, contact Julie Trocchio, senior director, continuing care ministry, at jtrocchio@chausa.org or 202-721-6320. For information on communication strategies and seniors, contact Rhoda Weiss at rweiss@memnet.org or 310-393-5183.

### NOTES

1. Fred Bayles, "Gadgets Help Baby Boomer Navigate Old Age," *USA Today*, November 16, 2003, available at [www.usatoday.com/news/nation/2003-11-16-gadgets-cover\\_.htm](http://www.usatoday.com/news/nation/2003-11-16-gadgets-cover_.htm).
2. Roberta Rared, "Grown-Ups Need Their Flu Shots, Too," *AARP Bulletin*, February 2003, p. 21.

## REFLECTIONS

Continued from page 9

crafted the Civil Rights legislation. It would be unfortunate if our opponents' attempt to marginalize the voice of religion from the public square was unwittingly assisted by a failure on our part to participate in all aspects of consensus building and law making.

The above analysis makes note of the role of public witness in the discourse about the nature of public morality. As Roman Catholics, we know the power of the personal witness given by a Mother Teresa or a Dorothy Day. We also know the importance of institutional witness. When, as believers, we carry on individual and collective works of charity, we do so because this is the right thing to do (e.g., the preferential option for the poor), but also because in so doing we witness to a moral vision of right relationships within the human community. When we engage in such witness we are acting not just as persons or communities of faith but as social actors. In other words, when we provide human services, social goods, for the well-being of society through our efforts in the voluntary sector, we are also participating significantly in the framing of public discourse about public morality and public policy. In fact, the church's three institutionalized ministries, education, charities, and health care, have been quite visible and effective advocates for a better society and social order. Catholic health care's passion with regard to access for all is but one example.

In light of this history and potential, one can only wonder if the effort to force us to provide services inimical to our beliefs might not have several motivations. In addition to pursuing an agenda of unlimited access to abortion and so-called "reproductive services," are our opponents also seeking to silence a powerful voice in public discourse? Do they know, in seeking to require us to provide what would violate our conscience, that we will never abandon our faith and that, confronted with such a dilemma, we would have no choice but to withdraw from public service? Is their ultimate goal to silence the powerful witness and reasoned dis-

course we bring to the public square? In a nation that remains divided about what should constitute its public morality, do they seek ultimate victory by removing their strongest protagonist—religious communities and their institutional works—from the public square?

Let this sound hysterically paranoid, consider recent legislation in California, on which that state's supreme court could well rule before this column is published. The fact that it would place some constraints on religion, as noted earlier, is not unusual. What is unusual is that the legislature has decided that it can say to a religion that religiously motivated provision of social goods and services is not entitled to the same conscience protection as those activities that the legislature views as truly sectarian. Does not this legislation, in effect, imply that in the American society the most appropriate role of religion is in the sphere of private morality and, consequently, that it should not be accorded its traditional presumptive protections in the voluntary and public sectors?

These reflections began with a hypothesis and outlined some premises that provide the context for these reflections. Obviously, the credibility of the hypothesis depends in part on the merits of the premises. And even if they are correct, the hypothesis might not be correct.

I would propose, however, that, at the least, we consider the possibility that there is more at stake than the particular services we are or are not required by the state to provide. When we speak of "freedom to serve," we also could be speaking about the freedom to institutionally witness to and mold our nation's vision of what constitutes a good, if not great, society. □

### NOTES

1. Joseph Bernardin, *Consistent Ethic of Life*, Thomas G. Fuechtmann, ed., Sheed & Ward, Kansas City, MO, 1988, p. 91.
2. Fr. Murray's words are paraphrased in Bernardin, p. 92.
3. Bernardin, p. 93.
4. Bernardin, p. 92.