

# TRENDS & Ideas

Illustrations by Sim Gelliman



## DEMOGRAPHICS

### Don't Discount Buying Power of Seniors

By underestimating the net worth and habits of older Americans, many companies are overlooking the best ways to reach senior consumers, says Ilana Polyak in the November 2000 issue of *American Demographics*.

According to the U.S. Census Bureau, 35 million Americans are aged 65 and older—a number that will increase to 50 million in 2010 and 70 million in 2030. The enormous size of this growing population is forcing businesses and their marketing teams to pay attention to the buying power of older citizens.

This population explosion is proof of a needed change in business tactics. According to the Federal Interagency

Forum on Aging Related Services, between 1984 and 1999, the median net worth of households headed by adults aged 65 and older increased 69 percent, giving seniors control of \$7 trillion—more than 70 percent of the country's assets.

But what is the best way to reach and cultivate this demographic? By targeting them through multiple media channels and providing a variety of choices. Of note:

- Older adults watch more television and spend more time reading the newspaper than their younger counterparts.

- Seniors more often take the time to sort through and read the direct mail they receive.

For the first time, the American Heart Association is recommending that family members be allowed to remain with their relatives during cardiopulmonary resuscitation, reports Deborah L. Shelton in *American Medical News*.

Whether the life-saving effort takes place in the hospital or a public place, people will now be able to be present with their loved ones in case resuscitation is unsuccessful.

These recommendations "potentially impact every resuscitation in the United States," states Vinay Nadkarni, MD, chair of the American Heart Association's emergency cardiovascular care committee. The new guidelines go a long way to fulfill the wishes of patients at the end of life as well as address the emotional needs of families.

Some physicians support the new measures, comparing them to the changes that finally led to fathers being allowed in the delivery room. But other physicians fear the recommendations could lead to distractions and the possibility of lawsuits by family members not fully comprehending the procedures.

## CPR

### New CPR Guidelines Recommend Family Presence

However, a study in the February 2000 issue of the *American Journal of Nursing* showed that 97 percent of family members who were offered the option of being present during resuscitation did so. All stated they would do it again, and two months later none had experienced adverse emotional problems. In the same study, 85 percent of health care workers said they were comfortable with the relatives' presence.

According to Nadkarni, the new guidelines also urge that everyone have an advance directive—a document stating specific end-of-life wishes—that can be brought to the hospital during an emergency. Such directives help doctors respect patients' end-of-life decisions, including the choice of not receiving CPR.

The unfortunate news is that most resuscitations fail—fewer than 15 percent of those patients who go into cardiac arrest in the hospital survive to be discharged. In light of this fact, Nadkarni states, "The likelihood in most situations is that the patient is not going to survive. We have to be able to deal with the psychosocial needs [of the family] better than we do now."

- Of Americans older than 50 years who use the Internet, 92 percent shop online and 78 percent make purchases.

The tactic of using all forms of media to reach older adults has worked for some well-known companies. The discount brokerage Charles Schwab, for example, has reaped great success

in the older American market from being accessible through the Internet, telephone, and in-person branch offices. In addition, pharmaceutical companies and leisure travel organizations have also realized the potential and have successfully targeted older Americans.

George Moschis, director of the Center for Mature

Consumer Studies at Georgia State, notes that these companies have realized the best success by never mentioning age in their marketing. Their ad campaigns and materials instead focus on the positive attributes of the activity or product and do not merely feature older people in their ads.

## ALTERNATIVE MEDICINE

### Study Finds Prayer #1 Coping Strategy for Older Adults

A majority of older adults use prayer as a means of coping with stress and as a method of self-treatment, according to a pilot study conducted by the University of Florida and Wayne State University and published in the *Journal of Holistic Nursing*.

The survey sample included 50 elderly community dwellers, with a mean age of 74 years, from six community centers and one church in a racially diverse Midwestern city. Forty-eight percent were white and 52 percent were black. Seventy percent

were women. Forty-eight percent were Catholic and 46 percent were Protestant.

Survey results indicated that 96 percent of those sampled used prayer as a coping strategy. Income, marital status, religious affiliation, and age did not affect the use of prayer. However, the study did show that women and blacks used prayer significantly more often than men and whites. There was also a correlation noted between use of prayer and style of coping. Using a 4-point Likert-type scale, participants were asked to

rank eight coping strategies, as classified on the Jalowiec Coping Scale. Those who ranked "optimistic" or "self-reliant" higher used prayer more frequently than those who ranked other styles higher, such as "confrontive," "emotive," and "fatalistic."

Eighty-four percent also reported using prayer as a complementary or alternative treatment, ranking prayer above 31 other alternatives, including exercise, relaxation techniques, humor, music, and folk remedies.



In caring for patients holistically, nurses do not need to feel that they are intruding into their patients' private religious lives, nor do they have to share their

patients' religious beliefs. However, nurses should recognize and understand the importance of prayer among older adults as a self-care modality.

## HEALTH

### Re-evaluating Elective C-Sections

After seeing a seven-year decline, the rate of C-sections per live births is once again on the rise, reports Deborah L. Shelton in *American Medical News*. This decline is due, in part, to more women requesting C-sections as an elective procedure. Rates have increased to 22 procedures per 100 live births in 1999, despite the U.S. Public Health Service's Healthy People 2000 target rate of 15 percent.

Many doctors now believe that women should have the right to refuse vaginal birth just as they now have the right to refuse a cesarean delivery. Some doctors believe that while there are dangers related to C-sections for both mother and baby, the dangers of vaginal births are underplayed. As risks and benefits as well as costs become more balanced between cesarean and vaginal delivery, perhaps the deciding factor should simply be the mother's preference.



Vaginal birth after C-section (VBAC) is declining even though some doctors have often felt forced by insurers to push patients into VBAC. As VBACs became more prevalent, however, lawsuits related to uterine rupture increased as well, encouraging doctors to take a more cautious approach that may also have had an impact on the rising rate of C-sections.

Citing an article in the *New England Journal of Medicine*, Shelton notes that four Harvard Medical School physicians called for a moratorium on efforts to reduce C-section rates, arguing that patient well-being rather than economic forces should be driving the goal to reduce C-sections. Many obstetricians and gynecologists were relieved that they no longer felt forced to conform to the Healthy People 2000 target rate. Whether or not patient-choice cesareans have really arrived, the continuing upward trend in C-sections means that the 15 percent target goal may never be met.

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