CONSUMERISM AND THE AGING

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Abstract:
The need for consumer health education for the aged has been expressed by a variety of authors. This paper focuses on the rationale, development, implementation, and evaluation of a consumer health education program for the aged.

Article:

INTRODUCTION

The continuing education or reeducation of so-called senior citizens is both practical and feasible. According to Peterson (1976), adult education for senior citizens is timely for several reasons. An increasing percentage of the nation's population is elderly and people now retire at an earlier age. As a direct result, more people have more leisure time to spend on learning. Also, some individuals require additional training for a second career. In addition, educational programs are required to keep all members of society up-to-date with present-day technology. Lastly, research indicates that age has nothing to do with intellectual acuity, implying that most individuals can learn about concepts such as income stretching, positive purchasing, avoidance of loneliness, and the benefits associated with particular life styles.

Stanford (1972) indicated that a broadly conceived educational program for older people has four purposes. These purposes include:

To give older persons an understanding of the societal and legislative changes that are taking place and an awareness of the common problems confronting the elderly.

To impart knowledge and skills that will maintain health and enable old people to use their own resources more effectively.

To communicate the fact that learning can be stimulating and interesting.

To provide the richer social experience and better understanding of the world that a longer life can afford.

One particular facet of an educational program with obvious implications for the elderly is consumer health.

THE AGING: A SUSCEPTIBLE CONSUMER GROUP

Butler and Lewis (1977) stated that the elderly are especially vulnerable to consumer fraud and quackery because some may be suffering from grief. In another publication, Butler (1968) stated that it is a shame that the elderly of the United States are now clearly the major victims of the organized high-pressure techniques of the modern medicine man.

Two publications, Butler (1968) and Schaller and Carroll (1976), indicated that only a small minority and not all aged are susceptible to consumer deception. According to Schaller and Carroll, several factors may play an important role in determining whether an individual will be susceptible to deceptive ploys:

1. ***Educational level***. Educational level is important, for ignorance generally increases susceptibility to deception. The average educational level of the population 65 and older is less than 8 years of public schooling.

2. ***Poverty.*** Poverty, one of the stark realities of old age, is a contributing factor in the susceptibility to fraud.

3. ***Loneliness and grief.*** Desperately lonely individuals may be easy prey to confidence men because of their loneliness and their desire to have interaction with almost anyone about anything.

4. ***Fear and distaste of aging.*** Fear and distaste of aging lead to the expenditure of large amounts of money for cosmetics, hair dyes, wrinkle removers, and medication to dissolve aging spots.

5. ***Chronic diseases.*** In the face of pain and anxiety, one turns desperately to quack cures for arthritis, heart disease, and other common diseases/disorders of old age.

6. ***Charisma.*** The factor of charisma, the human susceptibility to the personalities of others, cannot be overlooked. Through the sheer weight of personality, the attractive door-to-door salesman or the medicine man may influence persons of all ages.

7. ***Human credulity.*** Credulity is defined as the readiness to believe something without sufficient evidence.

8. ***Death.*** The factor of death is important in the study of many aspects of medical quackery. It is well known that people will cling to their belief in personal invulnerability to death. Therefore, any "treatment" that supports this sense of invulnerability is likely to have a wide appeal.

9. ***Lifelong personality factors.*** Lifelong personality factors cannot be ignored. Some people who are vulnerable to fraud would act similarly at any age.

10. ***Inactivity in retirement.*** Useful activity or meaning in life is often lacking in old age. This inactivity puts the aged person outside the mainstream of human endeavor, often ostracizing him. The resulting isolation increases his vulnerability to deception and fraud, since he may unwittingly respond to a charlatan who at least provides some personal attention.

11. ***Sensory impairments associated with the aging process.*** Simple factors such as visual and auditory impairment may influence an aged person's susceptibility to deception and fraud.

12. ***Impairment of judgment.*** Judgment, the ability to reason, can be influence by both physical and emotional factors. Brain damage, intellectual confusion, memory loss, disorientation, moods, and systems of thinking can severely affect judgment.

13. ***Interrelatedness of factors.*** Many of the previously mentioned factors reinforce each other. For example, the lonely widow may be unduly concerned about her attractiveness and begin to dress unsuitably in a frenetic effort to appear youthful and to demonstrate her continued seductiveness.

14. Psychological reactions to changes in "body-image" are complex and varied.

Examples of the types of consumer fraud that affect the elderly were presented by the United States Senate Subcommittee on Frauds and Misrepresentations Affecting the Elderly (5). Following are the three major types of medical quackery to which the elderly are most susceptible:

1. ***Nutritional quackery***. Shank, Chairman of the American Medical Association Council on Food and Nutrition implicated nearly every distributor of vitamins and minerals, saying the vast majority contain elements not needed in human nutrition or not shown to be lacking in conventional diets. Another questionable product is laxatives, with advertisements geared toward the elderly. As a rule, laxatives should be used in minimal doses and not be self-prescribed. If used excessively, laxatives may cause the digestive system to become "lazy" and dependent on the laxatives to stimulate elimination.

2. ***Drug quackery.*** Many elderly people are susceptible to nostrums that claim to restore vitality, sexual potency, or hair and to remove wrinkles and aging spots. The need of the elderly for prescription medication leaves many of them vulnerable to the generic versus brand name controversy. The drug Peritrate, for example, produced by Warner-Chilcott for aging heart patients, costs $62 per 1000 tablets in a drug store. The nonbrand name equivalent pentaerythritol tetranitrate, sells in that same drug store for approximately $3. Also Ciba's Serpasil, a drug used widely to reduce hypertension in the aged, sells at about $65 per 1000 tablets, while reserpine, its generic competitor, *sells* for about $2.25 per 1000 tablets. In addition, many studies reveal that despite giant advertising campaigns for major brand names, all aspirins are about the same, and buyers might as well purchase the cheapest brand.

3. ***Cures for chronic diseases.*** The quack exploits the desperation of the elderly and their desire to continue the process of denial. The greatest danger of these cures is that they may delay proper treatment in the early stages of a disease. Diseases that receive more attention in this area are arthritis and cancer.

DEVELOPMENT OF A CONSUMER HEALTH PROGRAM FOR THE ELDERLY

The development of a consumer health education program should include input from three different sources: potential target group, consumer experts, and educators. It is important to determine from the prospective audience the topics that have relevance to their personal problems. The second group that should have input in determining the tentative objectives of the program should be experts in the area of gerontology and consumerism. Also included should be people with backgrounds in education. It is anticipated that these sources will function to develop tentative program objectives that are educationally and philosophically sound, as well as meeting the problems, needs, and interests of the prospective students.

Upon completion of the tentative objectives, they should be screened in light of a valid philosophy of health education and current psychology of learning (Figure 1). A valid philosophy of education for a consumer health education program might include some or all of the following components.

The program should have as a prime objective the selection of competent instructors. Research should be undertaken to determine specific skills needed to deal effectively with elderly audiences.

The consumer health education program for the elderly should have an effective and decision-making component in addition to cognitive component. The ability to assist students to make valid decisions entails more than just the dissemination of information.

The program should use all appropriate technological advances. Relevant, up-to-date, accurate, and unbiased information must be the focal point of the consumer health education program for the elderly, based upon interests and needs of the population to be served.

A target population composed primarily of aging participants requires several unique considerations related to how people learn. Some components of the psychology of learning important for this age group include the following:

Individuals learn through a variety of methods. Alternatives to traditional learning strategies must be used to enable the instructor to reach a wider range of students.

The students may span a wide range of educational and cultural backgrounds. These factors should be taken into consideration when developing a program.

Various theories of learning as they relate to elderly populations should be studied to determine what older learners are capable or incapable of doing.

After the tentative program objectives have been screened through a philosophy of learning and philosophy of education, the final program objectives can be developed.

PROGRAM IMPLEMENTATION

Prior to the implementation of the consumer health education program for the elderly, there are several other considerations that fall under the realm of program planning. These considerations are as follows:

1. ***Laying the groundwork.*** It is important to solicit the assistance of the director of the area office on aging, if one exists. Also, an advisory committee composed of representatives of local agencies and organizations along with other selected groups relating to older persons should be formed. Some examples are:

Area office on aging

County health department

County department of social services Director, local senior citizens' center Manager, local elderly housing projects

Local clergy

Local newspaper

Local chapter of AARP

Local chapter of NRTA

The purpose of this group should be to help identify community resources, promote the course, and recruit participants.

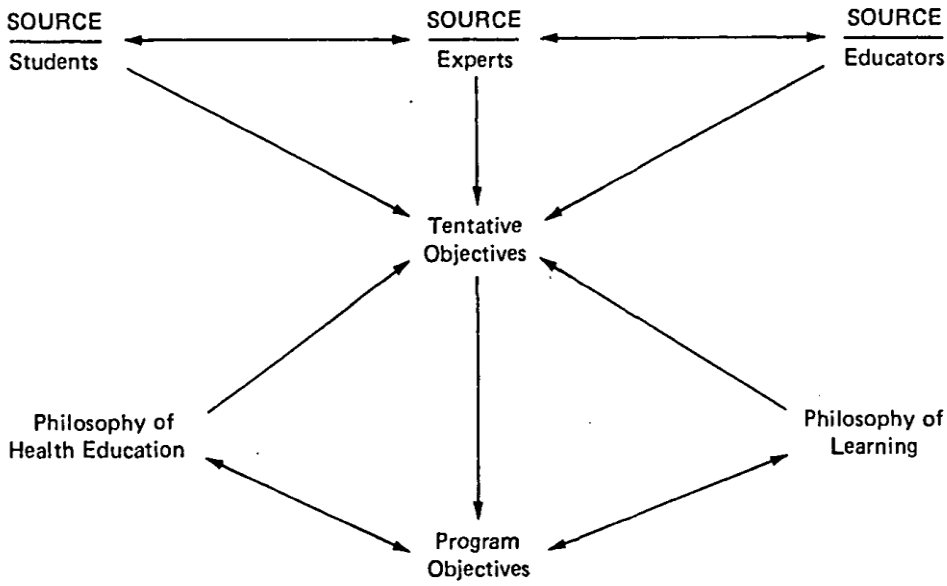

FIGURE 1 Schematic diagram of the planning process for a consumer health education course for the elderly.

2. ***Time and place of the course.*** Transportation is often a problem for older persons, so the location of the course should be easily accessible by public transportation. If the community has one or more hot meals programs for senior citizens, that location might be an ideal setting.

3. ***Promotion of the program.*** With a new program it is of utmost importance that it be given adequate advance publicity. Some agencies and organizations that may help with publicity are:

Area office on aging Local newspapers

Local radio stations

Senior citizens centers

Retiree groups

Local business and industry

Health and social service agencies Local clergy

At this time the program should be ready for implementation. Throughout the program there should be criterion-referenced evaluation. Since each community has its own problems, needs, and interests, it is extremely difficult to use norm-referenced forms of evaluation.

The rationale for using a criterion-referenced evaluation is:

The main function of criterion-referenced evaluation is to assess whether the student has mastered a specific criterion or performance standard.

Variability is irrelevant—it is not a necessary condition for a satisfactory criterion-referenced evaluation. Criterion-referenced evaluation suggests the use of pass-fail or satisfactory-unsatisfactory assessment of program outcomes. (6).

The success or failure of any educational program should rest on whether the students have mastered the predetermined objectives for that program. The criterion-referenced evaluation allows you to determine to what degree students have mastered the specific objectives.

SPECIFIC PROGRAM AIMS

The specific aims of any program should be determined by the identified problems, needs, and interests of that particular locality. Some specific aims of a consumer health education program for the elderly, are listed below.

Upon completion of the consumer health education course for the elderly the student should be able to:

List health services, including medical health insurance, that are available in the community at little or no cost.

Describe special insurance provisions that are available for the elderly.

Explain how understanding the concept of unit pricing can save money.

Outline the differences between a warranty and a guarantee.

Outline consumer protection laws in the community and state.

Compare and contrast advantages and disadvantages of apartment living versus home ownership.

Describe the types of senior citizen housing programs that are available in their community.

Cite the procedures and reasons for making a will.

Compare and contrast the various funeral services available in the community.

Cite examples that may exist in the community of alternatives to traditional burial.

Observe and analyze price discrepancies in the community between various brand name and generic drugs used by the elderly.

This obviously is only a partial list of what could be covered in a consumer health education program for the elderly. Again, the specific objectives would be dictated by the various committees.

SUMMARY

The aging are faced with continued attempts to defraud, mislead, and confuse them about health consumerism. The nature of this developmental stage of life predisposes them to numerous questionable health practices. One way to combat this problem is through the development of consumer education classes directed toward the needs and interests of the aging population.

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