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Family Life Education for Mid-life and Older Adults

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Sharon M. Ballard
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DEDICATION

This dissertation is dedicated to my mother

Barbara Ballard

who have been my biggest supporter throughout my graduate program.

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ABSTRACT

The overall purpose of this study was to serve as a needs assessment for family life education programming for middle and older adults. Specifically, this study explored interest in family life education topics, preferred instructional strategies, environmental considerations, deterrents and motivators to program participation, and the likelihood of future participation. Data were collected through a survey mailed to a stratified random sample of 1000 adults, 250 in each of four age groups: 50-64, 65-74, 75-84, and 85 and over.

Overall, it was determined that middle age adults (50-64) are generally more interested in family life education topics than are older adults and are also more receptive to group instructional strategies and the use of computers in family life education. Independent use instructional strategies (e.g., brochures, newsletters) were rated higher than group instructional strategies and computers.

Night driving and cost of program were rated as the most important external deterrents to participation. Personal characteristics that were barriers to participation (e.g., poor health, not enough energy) were more important for older age groups than for the younger age groups. A need for information was rated as the highest motivator for participation and women were more motivated by a desire for social support and new friends. The results of a regression analysis indicated that the variables of social support, age, gender, health status, and educational attainment predicted the likelihood of future program participation.

The life course perspective proved to be a useful framework in guiding this study and in interpreting the results. Conclusion and implications for family life education programming and practice are provided.

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CHAPTER I

Introduction

Despite the common knowledge that America is aging, there has been limited attention given to the family life education needs of mid-life and older adults and later life families (Arcus, 1993). Family life education is education that focuses on strengthening and enriching individuals and families (Thomas & Arcus, 1992). For purposes of the present study, mid-life and older adults are defined as adults age 50 and over. Some specific family life education topics for mid-life and older adults might include grandparenting, widowhood/widowerhood, relating to adult children, or retirement planning.

Family members or friends provide the majority of social and caregiving services for the elderly (Cornman & Kingson, 1996; Zedlewski, Barnes, Burt, McBride, & Meyer, 1990). Indeed, the amount of informal caregiving has more than doubled over the last decade (AARP, 1998). This fact is just one reality that emphasizes the need for family life education for older adults and their families. In addition, older adults sometimes experience a lack of role models that have or are successfully negotiating later life. Older adulthood is "a key time for family life education, as adults not only attempt to meet their own needs for family living but also may bear some responsibility for the family needs of other generations, that is, the needs of parents, their children, and possibly their grandchildren" (Arcus, 1993, p.181).

Rationale

Population growth projections indicate that the elder population (age 65 and over) will reach 69 million or about 20% of the population (currently 13%) by the year 2030

(U.S. Census Bureau, 1996). However, there is variability in such projections (Cornman & Kingson, 1996; Friedland & Summer, 1999). Fluctuations in rates of mortality, fertility, and immigration (Friedland & Summer, 1999) may affect these projections. The "baby bust" cohort also contributes to the changing demographics. Cohorts immediately following the baby boom cohort are smaller resulting in an increasingly larger proportion of older adults (Morgan, 1998). Despite variability in projections, it is clear that by 2020, the baby boom population (i.e., those born between 1946 and 1964) will dominate the elder population. By defining older adult as age 50 and over, members of the baby boom generation are beginning to transition into this stage of life. Sometimes called the "50-50-50 principle," every fifty seconds another fifty baby boomers celebrate their 50th birthday (Gonyea, 1998). As the baby boomers continue to turn 50, the total number of people in their fifties will increase 50% from 1996 to 2006.

This aging trend is not limited to the United States or even to the developed world. This trend is also found in developing nations (AARP, 1998). One factor contributing to the aging of the world's population is an increase in life expectancy. In the United States, the life expectancy for males is 73 and is 79 for females (U.S. Census Bureau, 1996). As expected, the United States and other developed nations have a longer life expectancy than developing nations although the developing world has made vast strides in increasing life expectancy in the last few decades mainly because of decreasing infant mortality rates (AARP, 1998). Gender and race are two variables that influence life expectancy. Women live longer on average than men do and life expectancy is longer for whites than for blacks (AARP, 1998).

People are not just living longer, they are living healthier lives (AARP, 1998). In general, there has been a steady increase in the proportion of older adults who are independent in activities of daily living (e.g., bathing, cooking). At the same time, because of longer lives, more Americans are at risk of disabilities that usually accompany advanced age. Women, because they live longer than men, can expect to live a greater proportion of their old age with disabilities (AARP, 1998). Despite the overall decreasing rates of disabilities, the number of older adults who will need assistance with activities of daily living will grow simply because of the large number of baby boomers who are aging and have greater life expectancies.

In the face of exponential increases in the cost of long-term care, there has been a shift from institutionalized care to home-and community-based care (AARP, 1998). Families, especially those of modest income, are assuming increased responsibility for providing care for older relatives. The typical family caregiver is a middle-aged woman, who often holds down a full-time job. It is estimated that nearly 2 million women care for their children and elderly relatives and that 75% of the estimated 7 million caregivers in the U.S. are women. The average American woman spends 35-40 years of her life caring for the children and elderly adults in their lives (Van Gelder, 1990). Consequently, many of these women need supportive assistance in balancing caregiving and work responsibilities.

Older adults are not the only ones receiving care. Many older adults also find themselves in a caregiver role. Many older adults often care for other older adults such as spouses, siblings, and even parents and there is a increased trend for grandparents to be the primary caregiver of their grandchildren (AARP, 1998). In addition, approximately

one third of Americans with AIDS depend on older adults for care and support (AARP, 1998).

These demographic trends indicate an increasing need for family life education among older populations. Shifting family roles, increased caregiving, grandparenting, and maintaining independence in aging are just a few of the topics that could be addressed in family life education programs.

Statement of the Problem

The number of educational programs for older adults has increased in the past 20 years and such programs are moving beyond recreational activities (Manheimer & Moskow-McKenzie, 1995). Some of these programs fall under the umbrella of family life education. Although there are a number of family life education programs designed specifically for mid-life and later life families, family life educators have failed to respond adequately to the growing numbers of older adults (Arcus, 1993). This failure to respond includes neglect of environmental considerations (e.g., time of day, location) of older adults as well as the lack of available programs that address the specific topics of interest to middle and older adults. In addition, family life education has traditionally focused on the study of individuals and families with limited attention given to educational principles for audiences of any age (Arcus, Schvaneveldt, & Moss, 1993).

Educational gerontology refers to aspects of learning for older adults and is becoming a well-known subcategory of gerontology (Glendenning & Battersby, 1990; Zych, 1992). Family life educators can become an important part of educational gerontology. Family life educators not only have the necessary educational and programming skills, they can provide the emphasis on families that may be lacking in

educational gerontology provided by other professionals. In turn, the field of educational gerontology can inform family life educators as to the programming guidelines and instructional strategies that are effective for the unique learning needs of older adults. At this point, information is needed about the educational needs of older adults as well as their preferences for program formats and instructional strategies so these needs can be effectively and adequately addressed. In order for a family life education program to be successful, it is crucial that it is based primarily upon the needs of the target population rather than just the needs perceived to be important by practitioners and family life educators (Arcus, 1993).

Research Questions

The following questions served as guidelines for the present study:

1. In what areas of family life education do older adults have a need and interest?
2. What are the deterrents and/or motivators that older adults perceive as influencing their participation in family life education programs?
3. What are older adults' preferences for instructional approaches in family life education programs?
4. What are the environmental considerations (e.g., time of day, lighting) that older adults perceive as important in planning a setting for family life education programs?
5. What gender and age differences are there in the perceived needs, deterrents and motivators, environmental considerations and instructional preferences of older adults?

6 What role does age, gender, health status, life satisfaction, religious beliefs, or social connection play in predicting the likelihood of future participation in a family life education program?

Research Objectives

The overall purpose of the present study was to serve as a needs assessment for future program planning for older adults. Specific objectives of the present study were:

a) to determine the family life education topics for which older adults have a need and an interest;

b) to determine environmental factors that might affect older adults' attendance and participation in family life education programs;

c) to determine deterrents and motivators to participation in family life education programs;

d) to determine instructional strategies and techniques that will be appealing for older adults;

e) to make comparisons of needs, deterrents and motivators to participation, environmental factors, and preferred instructional strategies by age and gender;

f) to determine the predictive power of age, gender, health status, life satisfaction, religious beliefs, or social connection on the likelihood of future participation in a family life education program.

Assumptions

The present study involved three underlying assumptions. First, it was assumed that older adults can learn and benefit from family life education. Second, it was assumed

that older adults have unique family life education needs and will benefit more from programs designed specifically for their learning needs rather than from programs designed for general populations. Third, it was assumed that the needs of older adults in relation to family life education can be measured.

Nominal Definitions

Mid-life and Older adults.

Mid-life and older adults are defined as adult age 50 and older. This broad age range is further categorized into mid-life adults (age 50-64), the young old (age 65-74), the old old (age 75 and over), and the oldest old (age 85 and over).

Family life education.

Family life education is defined as education that has a focus on strengthening and enriching individuals and families (Thomas & Arcus, 1992).

Needs

Needs are generally defined as those deficiencies in knowledge, attitudes, skills, or values as identified by a professional. These needs are often called "ascribed needs" (Arcus, Schvaneveldt, & Moss, 1993). For the present study, needs are defined as those topics that an individual has an interest in and feels would be a benefit to him/her as an individual and within his/her family life. These needs are often called "felt needs" (Arcus, Schvaneveldt, & Moss, 1993).

CHAPTER II

Review of Literature

Family life education for older adults has received limited attention in the literature in part because family life educators have not adequately addressed the needs of older populations (Arcus, 1993). Another gap in the field of family life education is that the focus has been on the study of individuals and families with limited attention given to educational principles (Arcus, Schvaneveldt, & Moss, 1993). Finally, the development of theory and the use of theory in family life education has been limited (Arcus, 1987). Consequently, this literature review is an attempt to integrate a wide variety of literature from several different disciplines in order to start the process of closing these three gaps - inattention to older adults, inattention to educational principles, and lack of theoretical basis - in the field of family life education.

Theoretical Perspectives

There is no one conceptual framework that has been used in relation to education (including family life education) and older adults. Three theoretical perspectives used to guide the present study were a) educational, b) the life course perspective, and c) the framework for life-span family life education.

Educational gerontology draws on many disciplines including gerontology, sociology, psychology, health education and promotion, and education. Consequently, in integrating family life education and educational gerontology, the aforementioned disciplines will be integrated along with family theory and family life education. In terms of family theories, existing theories do not encompass the multigenerational family or the

diversity of experience across the life course. There is a need for integration of family gerontology and family theory (Cohler & Altergott, 1996).

One perspective that appears to cut across many of these disciplines and that has the greatest application to education and older adults is that of the life course perspective. This is also referred to as lifespan theory or the lifespan approach (Covey, 1983) or life-span development and aging (Schroots, 1996); however, it is thought that life course analysis does not merit the status of theory (Aldous, 1990). Therefore, it was referred to as the life course perspective throughout the present study.

In addition to the life course perspective and educational gerontology, the framework for life-span family life education was discussed and this framework was used as a guide for the needs assessment included as part of this study. These three perspectives, life course perspective, the framework for life-span family life education, and educational gerontology when integrated complemented each other and provided an effective way to blend the various disciplines in an attempt to move toward a working theory for family life education for older adults.

The Life Course Perspective

The life course perspective integrates the individual, the family, and history (Aldous, 1990). Rather than viewing older adults as a homogeneous group, life course perspective views them as cohorts with differing life experiences (Hareven, 1996). A life course perspective "emphasizes the importance of time, context, process, and meaning on human development and family life" (Bengtson & Allen, 1993, p. 471).

Brubaker (1990) suggested that a family development approach could be a useful perspective when examining later-life families. When studying families, the life course

perspective is often combined with or encompasses family development in an effort to solve the problems associated with level of analysis. An assumption of the family development approach according to Klein and White (1996) was that families should be analyzed on different levels. There are five possible levels of analysis: individual, relationships, family as a social group, aggregate clusters of families, and the social institution of family. Klein and White (1996) also stated that another major assumption of family development is "the family group is affected by all the levels of analysis" (p. 124). The life course perspective focuses more on family members' individual perceptions, rather than focusing on the family unit as in the family development; therefore, the individual is considered the level of analysis.

In addition to family development, the life course perspective blends human development, lifespan development, and the sociology of age stratification.

Assumptions of the Life Course Perspective

One of the central assumptions of the life course perspective is what Bengtson and Allen (1993) referred to as the "Multiple Time Clocks" assumption. This assumption refers to the three different time frames involved in studying change in families over time and the behavior of individual family members. The first time frame is that of ontogenetic time which is usually measured in chronological years. The second time frame is that of generational time. This is measured by the biogenetic statuses (e.g., parent, grandparent) that one holds along with the roles, expectations, and identities that are part of that status. The third time frame is that of historical time and this is measured by events, periods, or eras (e.g., the Vietnam era). Although often the only indicator used, chronological age alone is not an adequate indicator of individual and family change. The

integration of all of these time frames provides a better understanding of family life and individual behavior over time (Bengtson & Allen, 1993).

The second assumption of the life course perspective is the social ecology perspective. This assumption includes the social structural context that asserts that the social structure influences the experiences of family members over time. Events and experiences are given meanings through social and family interaction. Neugarten and Datan (1973/1996) discussed social time or time that refers to the age expectations or the age-graded system of a society. This idea of social time is similar to what Bengtson and Allen (1993) discussed as part of the social ecology assumption of the life course perspective. Neugarten and Datan (1973/1996) argued that chronological age is a direct function of social time and the two are not always in synchrony. In other words, there are societal expectations as to when certain events are supposed to happen (e.g., marriage, retirement). Neugarten and Datan (1973/1996) posited that social time is influential in shaping the life cycle. Even with a decreased emphasis on the "normal, expectable life-cycle" and changes in the parameters of social time, social time still influences the ease with which ones accepts and negotiates generational time (e.g., becoming a grandparent). Indeed, those life transitions that are considered "off time" produce greater stress than those that are considered "on-time."

The third assumption is that process as well as structure must be examined because change in individuals and families is dynamic. This assumption also incorporates the view that development cannot be explained from just one point in time. This assumption posed a limitation for the present study in that cohort effects cannot be determined from the cross-sectional design used.

The heterogeneity assumption is the final assumption of the life course perspective proposed by Bengtson and Allen (1993). This assumption recognizes the increasing diversity within families, birth cohorts, and older adults in general. People grow old in different ways and they become increasingly different from each other as they age (Neugarten, 1990/1996). This assumption suggests that it will be important to look beyond the mean or modal responses (i.e., "the average") when examining the data in an effort to capture this diversity. In addition, social structure is understood to influence family structure and behaviors indicating the necessity to compare families by race, ethnicity, and socioeconomic level.

Educational Application

The life course perspective can be linked easily to education via a lifelong learning approach to education (Covey, 1983). Education can be thought of as meeting the needs of all people at all different stages of life. One criticism of the use of a lifecourse perspective in education is that programs may be geared toward one particular age group or stage of life and this may limit the older adult's participation in all types of educational programs. For example, marriage enrichment programs are often geared toward young couples; yet, an older couple may benefit as much from participation in the program as would a younger couple. In addition, the life course perspective may neglect the importance of intergenerational programming.

In terms of family life education, the three time frames included in the life course perspective (i.e., ontogenetic time, generational time, and historical time) can provide an important framework for meeting the needs of families. Ontogenetic time (i.e., chronological age) is not enough to determine the content needs of individual family

members. However, ontogenetic time is often closely linked with health status and that may provide clues as to the structural needs (e.g., time of day, location, length of time) of older adults. An understanding of generational time (i.e., biogenetic status) can be the impetus for planning the topics to be covered. For example, knowing that someone is a grandparent and understanding the roles and expectations that go along with grandparenthood can point to a need for grandparent education. Historical time may be important to the family life educator in terms of the methodology employed in the family life education program. Older adults who have experienced the same historical events can benefit from shared meanings, experiences, and the use of relevant examples.

As previously mentioned, the life course perspective encompasses family development and one of the central concepts of this approach is that of stages. The idea of family stages has been the subject of great controversy. Stage can be defined as a period of time in which the structure and the roles of the family are distinctly different or unique from other time periods. These stages may be sequenced in a variety of ways. The traditional view of family stages allowed for overlap between the stages and ignored certain family forms (e.g., single-parent families and cohabiting couples). This view also posed problems when applied it to cross-cultural families.

The concept of stages is linked with the idea of the family life cycle. The family life cycle can be compared to the biological life cycle of an organism (i.e., birth, growth, maintenance, shrinkage, and death). Families are thought to move through distinct phases and as they move systematically through these stages, families experience change. Because families vary widely in their progression through stages, the concept of family career has come to replace that of family life cycle. Family career is the progression of

family stages over the lifetime of the family, where current stages are affected by past stages, but no full cycle occurs. This concept better allows for cross-cultural comparison of family development.

This concept of family career, along with other aspects of the life course perspective, has other implications for family life educators. Rather than helping families work through a specific sequence with certain developmental tasks to accomplish, practitioners must help families accept and negotiate a more unpredictable progression of family life. This might be accomplished by equipping families with more process skills such as decision-making, communication, and problem-solving so that families can take responsibility for their own family career (Russell, 1993).

Framework for Life-Span Family Life Education

The framework of life-span family life education was developed under the direction of the National Council on Family Relations (NCFR) (Arcus, 1987). This framework provides insight into the content of family life education. It was developed based on the "developmental needs" of individuals and families (Arcus & Thomas, 1993). The framework was designed to reflect the idea that individuals of all ages need to learn about family life and it was originally divided into the three age categories of children, adolescents, and adults (Arcus, 1987). It was thought, "intellectual, emotional, and social readiness for this learning are not tied to specific ages" and therefore resulted in the three broad categories (p. 8). The original framework did not indicate essential concepts specific for older adults; however, it was recently revised to include later adulthood as a separate life stage (NCFR, 1997). This revision indicated the recognition in the field of the needs of older adults as related to family life education. The framework

serves as a useful tool in terms of the overall topic areas identified as comprising family life education. These topic areas are Human Growth and Development, Human Sexuality, Interpersonal Relationships, Internal Dynamics of the Family, Family Resource Management, Parent Education and Guidance, Family Law and Public Policy, Ethics, and Families in Society. The framework also includes three interpersonal processes: communication, decision-making, and problem solving.

Educational Theory and Older Adults

Educational programs specifically targeted for older adults began after 1950 as an extension of existing adult education programs (Hiemstra, 1998). There has been a notable increase in the number of educational programs for older adults over the past 20 years and these programs are moving beyond recreational activities (Manheimer & Moskow-McKenzie, 1995). These programs include college- and university-based learning-in-retirement institutes, community colleges, and other programs in humanities and volunteer services as well as programs at senior centers and community agencies (Manheimer & Moskow-McKenzie, 1995). Some of these existing programs do fall under the category of family life education, however; as previously stated, there has been limited attention given to the family life education needs of older adults (Arcus, 1993).

Overall, attention given to education for older adults has been limited; however, it received some attention in the decades of the seventies and eighties. Participation rates by older adults in educational programs have increased and these increases are expected to continue (Manheimer, Snodgrass, & Moskow-McKenzie, 1995). One of the central questions of education and older adults posed by several scholars is "why do we need education for older adults?" (Glendenning, 1992). It has often been thought that

education for older adults contributed to their quality of life and self-fulfillment, but Glendenning (1991) posited that this is not enough. Moody (1987) stated that later life learning should be defended in terms of its importance to quality of life, but that quality of life must be seen in a broader context that includes being an agent for social change. The lack of a sound answer to the question of why we need education for older adults may be contributing to the decline in work in this area (Glendenning, 1992). Glendenning (1992) also suggested that educational gerontology suffers from a lack of empirical research. Much of the work in this area has centered on anecdotal evidence as opposed to empirical evidence. "Educational gerontology as a field of study has tended to become stuck in its development in all countries" (Glendenning, 1991, p. 215).

Much of the discussion surrounding education for older adults has focused on higher education and courses in the arts and humanities. Family life education is a more practical and life experience type of education. Although the question of why have education for older adults is worthy of consideration in relation to family life education, the answer is perhaps a bit clearer than for more general forms of education. Many older adults are struggling with shifting roles within their family. The number of grandparents that are becoming the primary caregivers of their grandchildren is rising. Divorce and remarriage rates for older adults are also increasing. Sometimes, the lack of positive role models for successful aging and the overall negative societal attitude toward older people also indicate the need for education to help older adults negotiate not only their changing family structure and roles but the changes they are facing on an individual level. In sum, all of these points provide reasons for providing family life education to older adults.

Although there are many unanswered questions in the field, there is considerable work that has been done This literature review traced a history of education and older adults including definitions of the many related terms. The limited literature that is available specific to family life education was integrated with the literature from educational gerontology. A summary of general educational principles for older adults concludes this section.

There are several terms used in the field of education for older adults: educational gerontology, gerontological education, andragogy, geragogics, and geragogy. There is not a clear consensus on definitions of these terms. Peterson (1990) defined educational gerontology as "the study and practice of instructional endeavors for and about the aged and aging" (p. 3). He went on to identify three major areas of educational gerontology: a) instruction for older people; b) instruction for general and specific audiences about older people; and c) instruction for people who will work with older people. Educational gerontology is thought by some scholars to be a sub-discipline of social gerontology (Glendenning, 1992). Zych (1992) differed from Peterson in his definition of educational gerontology. He made a distinction between educational gerontology and gerontological education where educational gerontology has a focus on learning in the later years and gerontological education is the teaching of gerontology. Zych went on to introduce a new term, geragogics, that encompasses both educational gerontology and gerontological education. Although this new term does not seem to have taken hold in the field of education and older adults, his definitions seem to have become the standard definitions used in much of the literature. Glendenning and Battersby (1990) agreed that rather than using Peterson's definition, it is less cumbersome to use the term educational gerontology

to refer to aspects of learning for older adults and gerontological education to refer to the teaching of gerontology and education about aging in general.

Andragogy is a model for adult learning that Knowles (1984) based on a psychological definition of adulthood, which includes responsibility for and self-direction in one's own life. Andragogy is a learner-driven, task-oriented approach to learning; whereas, pedagogy is a teacher-driven, subject-centered approach. Andragogy emphasizes respect for the needs, interests, and previous knowledge of the learner and the educator is encouraged to present material in a real-life context

Andragogy can be likened to the term geragogy. Geragogy is a term that has been used as early as the 1950's (Glendenning, 1992) and refers to all aspects of learning in later years. The term is often used synonymously with educational gerontology, but geragogy is also used to refer more to educational theory for older adults. Others feel that geragogy is more the practice of educational gerontology (Battersby & Glendenning; 1992). Geragogy as a theory should encompass research and theory on human development, teaching and older adults, and learning and older adults (Battersby, 1987); however, the theory of geragogy has not been thoroughly developed (Glendenning, 1992). Moody (1985) questioned whether andragogy could be extended to geragogy. He suggested that geragogy cannot simply be an extrapolation of andragogy because the structure of time differs in youth or midlife than it does in later life.

According to John (1988), andragogy deals with independent adult learners who have their own goals and are interested in specific things. Geragogy on the other hand deals with the elderly who often are dependent and do not necessarily have clear goals.

John, however, has been criticized in her theory development for concentrating mostly on frail elders (Glendenning, 1990).

Battersby and Glendenning (1992) developed and elaborated on four principles of education for older adults. Among them was the move from educational gerontology to critical educational gerontology (CEG). The focus of CEG would be fourfold. First, education for older adults would be set within a socio-political framework leading to the empowerment of older adults. Second, CEG would have a political agenda in that it would attempt to uncover those factors that prevent older adults from taking control of and influencing those decisions that directly affect their lives. Third, CEG would challenge the instrumental rationality of traditional educational geragogy. In other words, the educational focus would shift from the "how to" or the methods to the "why" or the purpose. Fourth, CEG would stress individual differences and personal freedom, recognizing that life experience has been and will continue to be a learning process and reflection on experiences can be empowering.

Battersby and Glendenning (1992) referred to the practice of critical educational gerontology as critical geragogy. "Critical geragogy can be described as an explicit ideological approach that constitutes the 'praxis' of education for older adults" (pp. 119 & 120). In other words, critical geragogy deals more with the practice or the "how to" of educational gerontology.

Girton (1995) also took strides toward developing a theory of geragogy. Her theory development focused much on the "how to" and "what" of education rather than the "why" that Battersby and Glendenning (1992) addressed. Her theoretical expansion of geragogy suggested that the main goal of education is expression. Girton suggested that

older adults express themselves in different ways in regard to their life experiences and focusing on experience alone does not draw out meanings and interpretations.

She questioned the use of life review because of its focus on the past and suggested a stronger focus on the present. A focus on the present addresses the current context of one's life. Given the opportunity to explore meanings and values of their current life, older adults may be able to identify those aspects of their life they can control and change.

Girton (1995) also called for education of older adults to be student-centered; older adults can identify those areas of their life they find challenging and those that they want to further develop; therefore, they should have the opportunity to participate in educational planning.

Implications for Family Life Education

Although there is a clear need for more work to be done in developing the theory base of geragogy, there are some general principles that undergird it. First, it is well accepted that older adults should be used as resources in the planning and implementation of educational programs and that the learning should be learner driven (Brubaker & Roberto, 1993; Girton, 1995; Hiemstra, 1980).

Second, there is a great deal of diversity among older adults. Brubaker and Roberto (1993) recognized that diversity within this population includes ethnic, gender, geographic location, family context, and age as factors that contribute to the heterogeneous nature of this population. The rich pasts, previous knowledge, different skills, and varied experiences of older adults also contribute to diversity. This diversity should be recognized and individuals acknowledged for their unique knowledge, traits,

and experiences. These factors should be taken into consideration when planning and implementing programs.

Third, education for older adults should be empowering (Glendenning & Battersby, 1990; Moody, 1987). This may occur in several ways. Education could be a vehicle for social change (Moody, 1987) or education could be a way to gain control and power of one's life through the adjustment to technological change or to greater self-fulfillment (Glendenning & Battersby, 1990).

Brubaker and Roberto (1993) suggested several other guidelines specific for conducting family life education programs for older adults. Many of these guidelines can be linked also to the principles of geragogy. The first issue they addressed was continuity in the later years. An individual's history, including relationships, communication patterns, and learning patterns, will set the precedent for the type of program to which they will be attracted. It may be that the individual has never been a joiner (i.e., he/she has not participated in structured programs or organizations); therefore, he/she would benefit more from written materials rather than a structured program. In addition, family history can be useful in assessing and understanding current family relationships. Another guideline suggested by Brubaker and Roberto (1993) is to help older adults identify ways that they have been successful in coping with change in the past and to utilize those same techniques as they continue to face the changes associated with growing older.

The multigenerational family network of later life families is cited by Brubaker and Roberto (1993) as an important consideration in planning family life education programs. Emphasizing the importance of these intergenerational relationships and including programs for different generations are suggestions made in regard to this issue.

Wolf (1991) also offered some tips for responding to older learners: a) remove stereotypes and belittling attitudes from the learning environment; b) develop a greater understanding and appreciation for all human development including your own; c) explore the processes by which learners achieve integrity; and d) adopt learning methods and curricula that enhance the learning potential of older adults.

Educational Needs and Wants of Older Adults

The educational needs and wants of older adults have comprised a major portion of the literature in the area of educational gerontology. Needs and wants are separate entities (Londoner, 1990; Peterson, 1983; Ruth, Sihvola, & Parviainen, 1989). Needs can be defined as the deficiencies in knowledge, attitudes, skills, or values identified by the educator through an analysis of the older adults and their life circumstances (Londoner, 1990; Peterson, 1983). Wants are the desires or preferences expressed by older adults (Londoner, 1990; Peterson, 1983). Dunst, Trivette, and Deal (1988) did not differentiate between needs and wants. They defined need as the individual's judgement of the discrepancy between the actual state and a desired state and not the professional's judgement. For purposes of the present study, needs were defined as the older adults' discernment of what family life education topics they feel would benefit them as an individual and within their family life.

Needs and wants can be considered the two main categories that comprise motivation, a prerequisite for learning (Ruth et al., 1989). In other words, if the topic is something that the individual is interested in and it will fill a gap in their knowledge or skills, they will be motivated to learn the material. Yet, wants and needs may or may not overlap. Peterson (1983) suggested that in order to be successful in programming, one

must have a balance between needs and wants. Older adults, defined as those over the age of 50, represents a very diverse group and can span as much as 50 years or more (i.e., a person living to be 100 years old or more) (O'Brien, 1992; Peterson, 1983)! Such diversity certainly will be reflected in the both the needs and the wants identified (Peterson, 1983).

One operational principle of family life education as defined by Arcus, Schvaneveldt, and Moss (1993) is that "family life education should be based on the needs of individuals and families" (p. 15). Arcus et al. (1993) differentiated between "felt needs" and "ascribed needs." Felt needs are "those expressed by potential learners and ascribed needs are "those identified by someone other than the learner" (p.15). These terms can be likened to needs (ascribed needs) and wants (felt needs) defined by Londoner (1990) and Peterson (1983).

Another type of need identified by Arcus et al. (1993) is that of developmental needs. This was defined as those needs that are common to most individuals and families at particular stages of the lifespan. These needs are often identified through empirical literature or through experience in working with families. These types of needs coincide with the idea of generational time (e.g., role statuses) of the life course perspective. However, not all individuals face the same developmental tasks at the same stage of the lifespan. A needs assessment might be used to determine the role statuses of the individuals in the target audience.

Societal needs may be another type of need that will influence specific program planning (Arcus, et al., 1993). Societal needs would encompass such things as the political and economic climate of the country. These issues need to be considered when

exploring and explaining older adults educational needs and preference for instrumental or expressive activities (Londoner, 1990). For example, the solvency threat to Social Security that older adults are facing may increase their desire for financial management programs that meet their instrumental needs.

In reference to educational needs and wants of older adults, Merriam and Lumsden (1985) made two assumptions: needs and wants can be accurately identified and older adults have special educational needs and wants that are unique to their stage of life. Others disagree with the second assumption (O'Brien, 1992). O'Brien posited that programs that are designed specifically for older adults only serve to polarize this population. The heterogeneity of the group makes it difficult to design programs specific to the needs of this population.

Needs assessment can be an important starting point in program planning in that such assessments serve to clarify goals, are a planning tool, and establish contact with the target population raising awareness of available programs and services (Merriam & Lumsden, 1985). A needs assessment can also be a tool to check the adequacy or fit of services or programs provided to the target population.

Moody (1985) also raised questions about needs assessment by pointing out that a needs assessment may not be effective with all populations of older adults. Those who have had few educational opportunities and experiences may not have an accurate picture of education. Therefore, a needs assessment is always dependent on the respondents' prior experience with education (Moody, 1987).

In a survey of organizations that conduct educational programs for older adults, Manheimer and Moskow-Mckenzie (1995) found that 70% of the programs did not use a

structured need assessments process. Fifty-eight percent of the programs used informal techniques such as talking to program leaders and agency staff resulting in a mismatch of needs and wants of the older adults.

Although a needs assessment is widely considered a necessary tool for effective programming, there may also be ethical considerations (Sork, 1988). The act of conducting a need assessment may be interpreted by members of the target population to mean that all of the needs identified will be met. Resources might not permit that all identified needs be met through programming efforts. Program planners need to exercise caution when deciding on the programs they design and implement because making judgements on the appropriateness of identified needs would be unethical and would compromise the autonomy of the learner (Sork, 1988). However, data from a needs assessment could be used to prioritize programs, funding, and resources in order to better help the target population.

Despite these debates, several scholars have identified educational needs of older adults (Londoner,1990; McClusky, 1971; McDaniel, 1986). McClusky's five categories of needs, although somewhat dated, are still prevalent in the literature and provide a historical context to this discussion. Indeed, Hiemstra (1998) identified McClusky as the "founding father" of educational gerontology (p. 7). McClusky's categories were: a) coping needs (i.e., acquiring skills necessary for daily functioning and maintaining control over one's life); b) expressive needs (i.e., activities that enhance creativity or provide simple enjoyment); c) contributive needs (i.e., opportunities to give and to be of service to others); d) influence needs (i.e., becoming an agent for social change); and e) transcendence needs (i.e., exploring the meaning of life or achieving a sense of

fulfillment). McDaniel developed need categories and his categories show some similarity to McClusky's. His categories were a) education for leisure; b) education for vocation; c) education for self; and d) transcendence. McDaniel encompasses contributive, expressive, and influence needs in his category of education for self.

In relation to family life education, Arcus (1993) identified three broad areas of need for mid-life and later life families: intergenerational issues, couple issues, and individual issues. Brubaker and Roberto (1993) identified six areas of need for later life families: marriage and family structure in later life, sexuality, retirement and family life, widowhood, intergenerational relations, and caregiving.

Parson's social action frame of reference (as cited in Londoner, 1990) helped to shape Londoner's sociological viewpoint and her identification of two categories of needs: expressive and instrumental. She defined expressive needs as activities that yield immediate gratification simply by participating in them. Instrumental needs are defined as activities that provide gratification later when a desired goal is achieved. In attempting to create a theoretical framework for needs assessment, Londoner (1990) made three assumptions. First, when setting goals, people are forced to choose between alternative, competing, and desirable choices. Second, educators must shift from examining only needs but to examining goals and needs together. Third, educators in the past have relied too much on expressive needs (e.g., arts & crafts) and not enough on instrumental needs (e.g., retirement planning).

Goals analysis is the starting point for assessing educational participation based on Londoner's framework. Once goals are understood, then the educator can more easily identify the underlying needs. Londoner (1990) indicated that instrumentally oriented

needs are meaningful only if they are linked with instrumentally oriented goals. This is why it is crucial to begin an analysis with goals. There are conflicting data on the desire for instrumental versus expressive programs but, in general, the basic goals of older adults are instrumental or more survival focused. Therefore, instrumental needs should be addressed first before expressive needs. However, an activity may be both instrumental and expressive. The determining factor is not the activity or program itself, but the intent of the individual participating (Londoner, 1990).

In response to many conflicting results from studying the expressive-instrumental continuum, Wirtz and Charner (1989) suggested that the inconsistent results were because of the diverse learning situations that have been studied. Some studies have focused on senior centers, some on community colleges, and some on Elderhostel programs. The heterogeneity of these populations would suggest that there is also heterogeneity in their motivations for participation. The results of their survey of 490 retired persons indicated little support for a motivational continuum of expressive-instrumental preferences. The majority of their respondents (63%) marked at least one instrumental and at least one expressive motivation. Moody (1987) also cautioned against adopting the instrumental and expressive dichotomy. He pointed out that learning is not "merely an end in itself," but opens doors to further activities (p. 7).

Aside from instrumental and expressive needs, there has been little work done on determining those factors that will influence one's needs. Gender and age, however, are two factors that have received limited attention.

Gender and Educational Needs

Because of the limited discussion of gender in educational needs research, the aging experiences of women and the unique problems they face because of gender inequities are being ignored by scholars in the field of educational gerontology (Harold, 1992). Harold (1992) also stated that education is a "resource of power" and that educational needs can be framed in terms of resource development. Women's resources may be limited because of the limited educational opportunities that have traditionally been afforded them. The needs of women can also be considered greater than those of men in that there are more women than men· women outlive men by seven or eight years and also experience more poverty than men (Girton, 1995; O'Brien, 1992).

The limited work that has been done on gender and learning needs suggested that, as men age, they often wish to engage in nurturing roles, perhaps exploring underdeveloped sides of their personality. Women on the other hand, may become more assertive and develop a stronger sense of self (Glass, 1996; Wolf, 1994). Family life education programs should support both men and women in successfully achieving these role shifts.

Age and Educational Needs

A life course perspective would suggest that age is also an influential factor for the needs and wants of older adults. By defining older adult as age fifty and over, members of the baby boom generation are beginning to become older adults. Morgan (1998) outlined several ways in which the baby boom generation is different from other generations. These differences have important implications for family life education. First, women born between 1946 and 1964 (i.e., baby boomers) had fewer children and

had them at a later age than those women born into earlier generations. Having more children resulted in having more potential caregivers as one aged. The parents of the baby boom generation have fewer children that can assume caregiving responsibilities. Also, women who have children later in life (e.g., in there 30's) are more likely to find themselves in the "sandwich generation" where they simultaneously have childcare and parent-care responsibilities. Much of what we know about the educational needs of elders are based on the needs of current elders but it is clear that tomorrow's elders may behave differently and may have different needs.

Diversity and Educational Needs

There may be differences within the baby boom generation as well as differences between generations. Already there is a great deal of diversity within the older population. They are diverse in experience, socioeconomic status, educational level, cognitive functioning, and health status as well as ethnic diversity. This only makes sense when you think about the fact that this group may span as much as 50 years! This diversity will only increase as the baby boom generation ages. Projections suggest that ethnic diversity among older adults will continue to increase (Morgan, 1998) with the largest increases expected in Asian and Hispanic populations. Morgan (1998) also pointed out the importance of considering gender and social class as factors that create diversity within the baby boom generation.

Older adults today are different from those in the past and they will be different in the future (Friedland & Summer, 1999). Friedland and Summer (1999) posited that there were three reasons why elders of tomorrow will be different from current elders: 1) the elders are going to continue to be better educated, healthier, and better off financially; 2)

tomorrow's elders will face different challenges and different opportunities, particularly baby boomers; 3) elders in the future will be more diverse than in previous years. In addition, we may see a significant increase in the nursing home population in the next thirty years. Currently for those age 65 and older, over half of all women and about one-third of all men can expect to spend some time in a nursing home before they die (Friedland & Summer, 1999). All of these factors indicate that family life educators must be aware of changing characteristics of older adults and how this affects family life education programs.

Motivators and Deterrents to Participation in Educational Programs

Although the needs and wants of older adults may be determined, what people indicate they want and what they will commit to participating in are often not congruent (Londoner, 1990: Peterson, 1983). Furthermore, Londoner (1990) suggested that "developmental tasks related to the job, the family, or to some avocational pursuit are what they will commit to" (p. 95). In addition, Londoner stated that "if educational gerontologists can determine what the older adults is committed to achieving, they will discover the kinds of educational activities they will consistently attend" (p. 96). Dunst et al. (1988) pointed out that individuals and families will form their own needs hierarchy and those needs that are perceived to be the most important are the ones in which they will invest their time.

Three interrelated areas to look at in terms of program participation are characteristics of the learner, deterrents, and motivators.

Characteristics of the Learner

There are several individual characteristics of the learner that influence participation in educational programs. These characteristics are reviewed here and will serve as predictors to future participation in the present study.

Educational Attainment

Overall, educational attainment is generally accepted as the most important predictor of participation in adult education (Peterson, 1983). Educational attainment has consistently decreased the effects of other variables correlated with participation such as age, income, and occupational level (Peterson, 1983). Older adults are less likely to have had extensive formal education than younger adults are; however, each succeeding cohort will have higher levels of education as they become elders (Peterson, 1983).

Age

In his literature review, Peterson (1983) cited the findings of Heisel, Darkenwald, and Anderson (1981) from the National Center for Education Statistics that age and education together determined participation. Those who were 60-64 years of age were more likely to say that they participated in an educational program because it would be useful in their current job. Those 70 years old and older gave social and recreational reasons for participation.

Religious beliefs

Religiosity is a factor that is known to be important in the lives of older adults but it is not clear whether or not it is a factor that will affect participation in educational programs. Glass (1990) reviewed the literature on religion and aging and the role of education. His review revealed several points indicating that religious institutions are an

important consideration for the location and sponsorship of family life education programs. First, religion is an important influence in the lives of many older people and older adults have higher attendance rates than younger people do. In addition, women tend to be more religious than men are and older blacks tend to be more religious than older whites. Second, religious institutions provide opportunities for older adults to remain active in their community, to receive social support, and to alleviate loneliness. Finally, religion is an important contributor to the overall life satisfaction of older adults. It might also seem that if an older adult is active in their church, they might be more likely to participate in other types of programs and activities.

Life Satisfaction

Life satisfaction does not appear to be age-related in that it does not change as people grow older (Neugarten, 1974/1996). Life satisfaction for older adults may be associated with a positive attitude toward learning and self-directedness in learning (Brockett, 1987). Brockett (1987) suggested that both life satisfaction and self-directedness emphasize independence; consequently, those who are self-directed are more apt to maintain independence and subsequently life satisfaction.

Other Learner Characteristics

There are personal characteristics other than educational level that appear to predispose older people to participate in educational programs. These characteristics include a greater amount of time spent reading, gregariousness, ownership of a home, being married, better self-perceived health, and early retirement (Peterson, 1983).

Deterrents to Participation

Along with those characteristics that predict participation, it is important to examine deterrents or those factors that would prevent participation in an educational program. From a review of literature, Hiemstra (1980) identified several common obstacles to participation in educational programs including lack of transportation, dislike of evening programs, costs, failing health, feeling too old, lack of confidence, and lack of knowledge about educational opportunities. Six deterrent factors were identified through factor analysis by Darkenwald and Valentine (1985) using the Deterrents to Participation Scale. These factors were: lack of confidence, lack of course relevance, time constraints, low personal priority, cost, and personal problems. Their sample had a mean age of 42.6 and participation was measured for general educational activities. Borthwick (1983) conducted a review of literature and found that cost, inconvenience, transportation problems, and attitudes toward self, education, and educational institutions were reasons that older adults gave for not participating in formal programs.

Darkenwald and Valentine (1985) also determined relationships between demographic characteristics and deterrents to participation. Correlational analyses did not reveal any surprising results. Lack of confidence was correlated with higher age and lower socioeconomic status. Women were more likely than men to report family problems as a deterrent to participation. Low personal priority was a more important deterrent for men than for women. Determining these types of relationships are important for understanding and minimizing possible deterrents to participation in family life education programs for different target audiences.

Cross (1979, as cited by Peterson, 1983) suggested that all of these deterrents can be organized into three categories of barriers to participation in educational programs: 1) situational barriers, such as cost, health status, or transportation problems; 2) institutional barriers, such as classes are scheduled at inconvenient times or lack of information about course offerings; and 3) dispositional barriers, such as lack of interest or anxiety about learning. Overall, the institutional barriers have been found to be the least important of the three categories (Peterson, 1983).

Motivators to Participation

Although these barriers give educators some clues regarding older adult participation, Peterson (1983) claimed that they are not enough to explain the overall low level of participation in education programs. He suggested that, along with identifying important barriers for your population, it is important also to identify the "pushes" or those motivating factors that can influence participation. In other words, what motivates an individual to participate in a program?

Through an extensive review of literature, Peterson (1983) described some possible "pushes" that might be important: a) familiarity with the institution or organization that is presenting the program; b) a history of educational participation; c) social interaction; d) need for particular information or general interest; and e) social support and encouragement.

Aslanian and Brickell (1980) also identified role change as a positive push. This would be consistent with a developmental approach to program planning where programs are planned to help individuals meet the developmental tasks that are present at different stages of the life cycle. For example, as older adults assume the role of grandparent, they

may seek out education to better fulfill the expectations and demands that go along with being a grandparent.

Wirtz and Charner (1989) examined the expressive-instrumental continuum in a survey of 490 retired individuals. They found that the majority (63%) of the sample identified at least one instrumental (e.g., to improve family life) and at least one expressive (e.g., to become more well rounded) motivation for participation. Their findings also suggested that socializing is a motivator for older adults, but that it occurs in conjunction with other motivators. Chene (1994) looked at the relational aspect of learning for older adults and found that the friendships and a sense of belonging to their learning groups was an important motivator for continued participation.

Retaining one's autonomy is another factor often mentioned by older adults as a motivator for participation in various educational programs, particularly those that deal with issues relating to aging (Wolf, 1993). "Self-sufficiency, the ability to remain in control of one's life is a prime motivator for adults of all ages" (Wolf, 1994, p. 28).

Identifying motives of older learners can be important for planning appropriate programming and for making that programming accessible to the people who are interested in it. However, it is difficult to measure motivators and categorize them in such a way that captures the diversity of middle and older adults. Aggregate results may be too general to really represent the group as a whole (Manheimer, Snodgrass, & Moskow-McKenzie, 1995). However, a study of motivators can still provide some important insight into older learners' participation and in conjunction with a study of deterrents can help with both program planning and program implementation.

A Deterrents and Motivations Model

Pearce (1991) proposed a motivations and deterrents model of educational participation. The model includes four possible motivation/deterrents conditions. Low motivation and low deterrents characterize the first condition. The learner in this condition would not have many obstacles but would have little motivation, indicating a low likelihood of participation. The second condition would be high motivation and low deterrents where there is a high likelihood of participation. In this condition, there is a great deal of motivation for the program and the obstacles are minimal. In the third condition, there is low motivation and high deterrents. This condition results in the lowest likelihood of participation because not only is there little motivation for learning, there are many obstacles to participation for the individual. High motivation and high deterrents represent the fourth and final condition. Individuals that fall into this condition would be highly motivated but would be deterred by major obstacles. Pearce (1991) suggested that each of the conditions in her model indicate different strategies for the educator. The educator should examine the relationship between deterrents and motivations by trying to reduce deterrents and increase motivators. For example, a family life educator may find that many individuals fit into condition four where they were highly motivated but there were many barriers to their participation such as transportation or health problems. In that case, the educator might explore alternative modes of instructional delivery such as the Internet or correspondence/self-help strategies. This model may prove to be a useful tool for family life educators in predicting, analyzing, and interpreting older adults' participation in family life education programs.

Cognitive Factors Affecting Learning Among Older Adults

It has generally been thought that growing older was synonymous with cognitive decline. However, many studies that have examined cognitive aging have suffered from research flaws (Browning, 1995). The primary flaw is that much of the research has been cross-sectional resulting in a confounding of age and cohort. Longitudinal studies can help eliminate this problem; however, new problems emerge. Participants' performance on tests may improve because of the practice effect or those who perform poorly on the tests may drop out of the study.

One large study that has challenged earlier findings of cognitive decline with age is a study conducted by Schaie that began in 1956. The study involved both cross-sectional and longitudinal data thereby allowing the testing of age, cohort, and time effects. The results of this study indicated many factors determine cognitive changes, not just age. These factors include health status, environment, and socioeconomic status. If there was a decline, it was generally in psychomotor speed. In addition, cohort effects were found to be larger determinants of cognitive change than ontogenetic effects (Schaie, 1989)

In a review of literature, Labouvie-Vief (1990) pointed out studies that suggested that cognitive decline was more likely for individuals with poor health or institutionalized individuals. It may be concluded that maturational change does not account solely for the intellectual functioning of older adults. Although biological factors should not be ruled out as a factor in cognitive decline for some older adults, more research clearly is needed in this area.

There has been a recent emphasis on exploring different ways to measure the cognitive functioning of older adults, suggesting that older adults may simply have a different way of processing and classifying information (Browning, 1995). Some research also suggests that poor performance on cognitive measures may be related to fatigue, high anxiety levels, and a reluctance merely to guess when not sure rather than actual cognitive ability (Lavouvie-Vief, 1990).

Wass and Olejnik (1983) concluded that program planners should assess individual differences among older adult students, focusing on their unique abilities, needs, interests, and goals but do not need to be concerned about cognitive deficiencies among their older adult students. Although some older adults may experience some cognitive decline, there are many individual differences. Also, the decline experiences may not be enough to affect daily functioning and performance on routine learning tasks.

Cognitive influences on learning include basic learning processes, sensation, perception, memory function, intelligence, and problem-solving skills. Noncognitive factors are the performance factors including relevance and meaningfulness of the material, fatigue, health status, education level, motivation, pacing of the learning, sensory acuity, and anxiety (Hayslip & Kennelly, 1985; Peterson, 1983).

Intelligence

There are two components of intelligence: crystallized intelligence and fluid intelligence. Crystallized intelligence is that which is acquired through experiences. Fluid intelligence is based on one's innate cognitive abilities (Glass, 1996). It appears that fluid intelligence declines more than crystallized intelligence as one ages.

Memory

There do not appear to be differences in primary memory (i.e., short-term memory) between older and younger adults; however, there do seem to be differences in the speed of retrieval from primary memory as well as retrieval from secondary memory (i.e., long-term memory). This may be due in part to problems with the acquisition and storage of the information on the part of the older adult (Glass, 1996; Hayslip & Kennelly, 1985).

Interference

Interference can impede learning and is more often a problem for older adults than for younger adults (Hayslip & Kennelly, 1985; Peterson, 1983). In other words, older adults may have difficulty attending to more than one task at a time and filtering out unimportant information (Twitchell, Cherry, and Trott, 1996). Interference can occur from a conflict between new knowledge and previously learned knowledge or from two learning tasks undertaken at the same time interfering with each other (Peterson, 1983).

Educators who work with older adults should try to minimize conflicts between new knowledge and previous learning. Understanding the older adults and their beliefs and experiences will be an essential consideration in reducing this type of interference. Concurrent interference can be minimized by focusing on one task at a time and reducing background noise, alleviating anxiety, and being cognizant of how the room condition might contribute to interference (Peterson, 1983).

Noncognitive Factors Affecting Learning Among Older Adults

Many noncognitive factors have an impact on older adults' learning including sensory factors, physical factors, and attitudinal factors. It is important, however, to note

that there is a great deal of variation within older adults and although these factors may influence some individuals they will not influence all older adults. It is important for family life educators to be aware of some of these potential problems so that instructional modifications can be made.

Sensory Factors

The aging process involves typical changes to the eyes including changes in the pupil size and changes in the lens. The size of the pupil (the opening through which light is admitted) declines throughout one's adult life thus letting in less light. The result is that the older people get, the more light they need (Peterson, 1983).

The lens of the eye continues to grow throughout life but do not increase in size. The cells simply become more compacted resulting in farsightedness (i.e., the inability to see close objects clearly). The lens also experiences an increase in its opacity. This may result in cataracts for some individuals that need to be surgically removed. This increase in opacity makes it difficult to look toward a bright light. The lens yellows as it ages. This yellowing results in difficulty in see dark green, blue, and violet light rays; consequently these colors should be avoided. Finally, the lens reduces its ability to adjust from bright lights to darkness. This slower adjustment results in older adults becoming more hesitant about driving at night as they may become momentarily blinded by the bright lights of signs or oncoming cars

Presbycusis is the general term for hearing loss in later life (Glass, 1996; Peterson, 1983). It may result from environmental factors such as noise pollution as well as the normal aging process (Peterson, 1983). The primary effect of presbycusis is in relation to pitch. Older adults lose their ability to hear higher pitches and this is often

more of a problem for men (Glass, 1996; Peterson, 1983). Along with pitch, volume can be a problem for some older adults. It is common for people to experience a reduced ability to hear sounds as loudly as they age. Some older adults may compensate for this hearing loss by reading lips or relying on body language.

These changes in hearing have many implications for educators. Educators should speak loudly, arrange the learning environment so people can always directly see the person who is speaking, lower the pitch of their voice, reduce background noise, gain person's attention prior to speaking, and check for understanding frequently (Peterson, 1983).

Physical Factors

The aging processes affect all body systems and not just hearing and vision. One change that occurs as people age is a difficulty in adjusting to major fluctuations in temperature (Peterson, 1983). A very cool room or a very hot room may influence an older person more so than they influence a younger person. Generally, older people prefer to have the room a bit warmer (mid to upper 70's) than younger people might prefer (Peterson, 1983).

Although there are mixed research results, it appears that fatigue may be an important influence in the performance of older learners (Hayslip & Kennelly, 1985). In general older adults are slower, weaker, and more easily fatigued than younger adults are (Glass, 1996). Health conditions can reduce the energy level of older adults as well as the medication or combination of medications they may be taking for different health conditions (Peterson, 1983). The lower energy level of some older adults indicates that

the length of class sessions should be a consideration of instructors as well as the necessity to take breaks and perhaps to offer a snack (Peterson, 1983).

Older adults also experience reduced mobility as they grow older. Stairs, slippery floors, thick rugs, or obstacles to be stepped over or around could pose problems. Facilities should have comfortable chairs that are easy to get in and out of and. and should be easily accessible.

Finally, bladder capacity is reduced with age resulting in the need to go to the bathroom more frequently (Glass, 1996; Peterson, 1983). Consequently, classrooms should be located near a bathroom and frequent bathroom breaks provided.

Instructional Approaches

Computers and Older Adults

Many myths prevail about older adults and their anxiety about computers and their inability to learn how to use computers. Although older adults (55+) trail all other age groups in terms of computer ownership, they have experienced a tenfold increase in computer ownership in the last 14 years (NTIA, 1999). In 1984, 2.5 % of those 55 and over owned a personal computer (PC). In 1998, 25% of those 55 and over owned a PC. The growth in Internet usage has also exceeded that of any other age group with 13.2% of those 55 and over reporting Internet usage in 1997 (NTIA, 1999). Along with age, education level, income, race/ethnicity, and family structure play a role in whether or not a household has a computer and is connected to the Internet (NTIA, 1999). Higher levels of education and higher levels of income increase the likelihood of owning a computer or using the Internet. White households lead the way followed by Black and Hispanic households in having access to computers and the Internet. In terms of family structure,

single parent families are less likely than two-parent households to own a computer or use the Internet.

It has been suggested that older adults could use computers to improve their productivity, for entertainment, to increase socialization opportunities, for education, for emergency response, and to assist with daily tasks such as, health monitoring, medication compliance, and shopping (Dyck, Gee, & Smither, 1998; Lawhon, Ennis & Lawhon, 1996). In addition, older learners become empowered when they learn basic computer skills (Timmerman, 1998).

Computer Anxiety and Computer Attitudes

Research on computer anxiety and computer attitudes and older adults has yielded mixed results. Laguna and Babcock (1997) found that older adults experienced more anxiety than younger adults did and that this anxiety impacted older adults' performance on a speed-related computer task. Baack, Brown, and Brown (1991) found that, although younger adults do have more positive attitudes toward computers than older adults, older adults do not appear to be particular anxious about computers. They were more reluctant, however, to become involved directly in using computers. Exposure to computers and training in basic computer skills may result in more positive attitudes about computers and reduced anxiety levels (Dyck & Smither, 1996; Morris, 1994).

Many other factors have been found also to influence attitudes toward computers including gender, computer experience, locus of control, and education (Baack, Brown, & Brown, 1991; Dyck & Smither, 1996). It is thought also that if older adults see the benefits of acquiring computer skills, they would be more motivated to learn (Baack,

Brown, & Brown, 1991). A positive initial learning experience with computers may result in reduced anxieties or fears for elders (Morris, 1994).

Some older adults do experience difficulty with the size of the text on the computer screen, the complexity of computer software, using the mouse, and pull-down menus at the top of the computer screen (Hutchison, Eastman, & Tirrito, 1997). However, applications can be easily developed and/or adapted to meet these needs of older computer users (Hutchison et al., 1997).

Computer-Assisted Instruction

The use of computer-assisted instruction (CAI) with older adults is highly compatible with many of the principles of geragogy, such as the self-pacing nature of CAI, active learner participation, and an opportunity for immediate reinforcement and/or repetition (McNeely, 1991). McNeely (1991) used CAI for a health lesson on strokes with 120 older adults. Following completion of the lesson, there was a significant increase in positive opinions about learning with a computer. The results indicated that CAI could be an effective instructional method for older adults.

Although CAI appears to have some compatibility with the principles of geragogy, Glendenning and Battersby (1990) argued that "the speed of electronic technology sometimes conflicts with the slower learning style of later life and there can be a danger that the technological change being imposed so rapidly may result in a 'new ageism' which further marginalises older people" (p. 40).

Jones and Bayen (1998) provided the following recommendations for teachers of older adults: a) customize toolbars to include large buttons; b) provide extra-large monitors; c) select easy to read font styles and sizes. Sans-serif fonts are easier to read

than serif fonts; d) increase the contrast between the text and the background, and avoid blue or violet text (some older adults have difficulty discerning these colors); and e) position computer monitors to reduce glare.

The Internet

The Internet is a new vehicle for family life education yet there are a considerable number of Web sites designed to enrich family life (Elliott, 1999). Family life educators can take advantage of the Internet in three ways: producing a Web site, the use of electronic mail (e-mail), and on-line correspondence in conjunction with more traditional modes of instruction (Elliott, 1999). On-line correspondence is becoming more common as a component of distance learning course. Distance learning may be an opportunity for family life educators to reach people who might be unable to take part in traditional family life education programs (Elliot, 1999). Also, the Internet might provide opportunities for peer learning through learning groups or discussion boards (Clark, Heller, Rafman, & Walker, 1997).

Web sites are another vehicle for reaching audiences who might not participate in traditional family life education programs. Morris, Dollahite, and Hawkins (1999) suggested that "if family life educators create effective, enriching Web sites many more families could be reached as compared to those influenced through more traditional methods" (p. 29). The use of new technology presents a challenge to family life educators to rethink ideas about how people learn and how to do family life education (Smith, 1999).

In summary, there are several points that can be concluded about the use of computers in family life education programs for older adults.

- Adults aged 55 and older comprise the fastest growing group of computer owners and Internet users.
- The Internet has considerable potential as an effective tool in family life education.
- Computer-assisted instruction is compatible with many geragogical principles.
- Older adults may experience computer anxiety and negative attitudes toward computers and these may inhibit older adults' computer performance; therefore, a non-threatening environment is crucial.
- Older adults may need longer than younger adults to complete computer tasks and may be more prone to making errors.
- Adaptations in computer materials and instructional processes (e.g., larger print, larger computer screens, avoiding blue-green colors) can make the computer a more effective tool for older adults.

Overall, there is a need to further explore the use of distance learning, the Internet, and computer-assisted instruction with older adults in family life education programs.

Reminiscence, life review, and guided autobiography

All adults reminisce about the past; yet, reminiscence and life review are techniques that are particularly popular for educators and practitioners working with older adults (Merriam, 1990). Reminiscence is not easily defined based on a review of the relevant literature. Merriam (1990) determined that reminiscence and life review are not synonymous. Life review is one category of reminiscence along with simple reminiscence and informative reminiscence. Simple reminiscence refers to reflecting on the past and informative reminiscence is storytelling. Life review includes not just recollections about the past, but also an analysis of these past experiences. de Vries,

Birren, and Deutchman (1990) declared that "life review is a vital mechanism for educating families about shifting roles throughout the life course and increasing older adults' sense of self-efficacy" (p. 3).

Reminiscing may help older adults cope with stress, may enhance cognitive functioning, may be positively correlated with life satisfaction, and may have some therapeutic value for older adults, particularly for those older adults who are withdrawn (Merriam, 1990). In addition, reminiscence provides opportunities for professionals to get to know the older adults that they work with.

Guided autobiography is a more structured approach to life review that guides individuals according to major life themes (de Vries et al., 1990). Guided autobiography consists of writing autobiographical essays on selected life themes followed by small group discussion (de Vries et al., 1990; Malde, 1988). This group sharing of the autobiographical essays is an important part of the process that can assist participants with their own recall, provide group feedback and support and provide an opportunity for the development of self-esteem and friendships (de Vries et al, 1990). de Vries et al., (1990) suggested that within the context of family life education, guided autobiography has the potential to foster intergenerational communication within families, clarify and understand shifting family roles, and assist with the search for a meaning in one's life.

Girton (1995) pointed out that theories of geragogy emphasize past life and use life review as a primary teaching method. However, in her own theory building, Girton examined the present aspect of older adult lives rather than past lives. She argued that a past orientation does not account for people who have already integrated their past experiences into their present awareness or for those people who have an overabundance

of pain and are unable to examine their past. In addition, a past orientation ignores the present context of one's everyday living.

Despite the controversy, life review and guided autobiography have a place in educational programs for older adults Life review and guided autobiography can be the focus of a family life education program for older adults or reminiscence activities can be incorporated into existing programs. McAuley (1996) successfully integrated computer skills and reminiscing in a ten-week course for older adults, providing one example of how reminiscing can be incorporated with other forms of instruction.

Reminiscence is becoming more accepted as a normal and functional behavior of older adults (Wolf, 1998). Incorporation of reminiscence into a family life education program may include opportunities for older adults to share past experiences and to make connections between the past and the present. Journals, poetry writing, memoir writing, inclusion of antiques, music, and art have all been suggested as techniques that can be used with older adults in educational settings (Merriam, 1990).

Cooperative Learning/Peer Learning

Peer learning is an educational approach where older adults share responsibility for class activities (Clark, et al., 1997). Clark et al. (1997) described a peer learning approach used in an Institute for Learning in Retirement (LIR) where participants were involved with the planning, presentation, and discussion of the material. Participants reported enjoyment, mental stimulation, and overall satisfaction with the program.

Strom, Strom, Fournet, and Strom (1997) described a similar approach but with 77-91 year olds in a long term care facility. Their program focused on intergenerational relationships and specifically grandparenting. An education council was formed

consisting of resident volunteers who governed and operated their own educational program. Evaluations indicated a great deal of potential for both this instructional approach and a family-oriented curriculum.

Advance Organizers

Older adults often lack a frame of reference for what will be taught or have difficulty seeing how bits and pieces of information fit together into a larger whole (Harvey & Jahns, 1988; Peterson, 1983). They also are less likely than younger learners to spontaneously organize information as a way to help memorize it (Peterson, 1983). Having something that will provide that frame of reference and help them to organize the material to be learned can alleviate learning difficulties. Advance organizers can not only provide that organizing framework but can serve as a bridge between what is already known and new material (Peterson, 1983). Advance organizers can take many different forms including outlines, sets of notes to follow, lists of facts, concepts, or issues, or simply introductory overviews of the material to be covered.

Preadjunct questions are another learning tool that could be considered an advance organizer. Preadjunct questions are questions presented prior to the presentation of material that guide what is to be learned (Smith, 1996). The use of preadjunct questions have been shown to be effective among college students when learning prose; however, when used with older adults and a video, the use of preadjunct questions did not help in answering posttest questions (Smith, 1996). Smith (1996) suggested that preadjunct questions might be more effective with older adults if the purpose of the questions was first explained. In other words, if the questions were used to help the

learners organize the information to be learned than they would truly be an advance organizer and consequently might be more effective.

Conclusions

The life course perspective holds promise as a useful conceptual framework for family life education. Although the present study did not sufficiently examine the theory, the assumptions of the theory did provide some guidance in the interpretation and utilization of the data. For example, it is clear that the diversity of the older population may present a great deal of variation in the data. In other words, some family life education topics may be rated higher in terms of interest than others may, but the full range of answers must be examined if we are to truly meet the needs of this population.

The Framework for Life-Span Family Life Education is an effective organizing structure for topic areas in family life education but does not replace the importance of a needs assessment. The important concepts identified for older adults may not be congruent with the topics identified as important in the present study.

Practical implications for both the "why" and "how" of family life education have emerged from the review of educational gerontology. Family life education programming differs from general education programming and by nature tends to be more practical and more empowering for those who participate. The growing older population and changing demands on later life families provides ready justification for the implementation of family life education for older adults. However, the question of "why" (i.e., why offer family life education for older adults) adds new importance to the process of assessing true needs of the target population.

Geragogy suggests that educators should employ different planning and implementation strategies for older adults than for other populations. Although the general principles derived from the review of geragogy and educational gerontology have application for this population, they may not differ greatly from what constitutes good teaching for any population. Indeed, it does not seem that cognitive factors should be a particular barrier for learning; however, other factors affecting learning among older adults may pose challenges for the family life educator.

Securing participates for family life education programs is a challenge for all target populations, but the older adult population may present unique challenges. The present study expanded on the work that has been done regarding deterrents and motivators to participation among older adults in general educational programs. It may be that the deterrents and motivators for family life education programs may be different than for other types of educational programs. This issue is crucial to successful family life education because it is pointless to assess needs and plan appropriate programs unless the older adults themselves attend the programs.

A few instructional approaches appear to have particular promise for family life education and older adults. The Internet may be a vehicle for family life education that overcomes some of the barriers to participation and learning present among older adults. The present study assessed participants' interest in different instructional strategies, but the effectiveness of the strategies is not measured. Instructional techniques must be explored further but their effectiveness can only be measured through good evaluative studies of family life education programs that employ these techniques.

Overall, this extensive review of literature provided an important foundation for the present study and has provided a discourse important for moving forward in the development of family life education for older adults. The present study, considered exploratory in nature, attempted to incorporate theory and educational principles into family life education programs specifically designed for older adults

CHAPTER III

Methods

The overall purpose of the present study was to serve as a needs assessment for the family life education needs of middle and older adults. The specific research questions that were addressed through the present study are as follows:

1. In what areas of family life education do older adults have a need and interest?
2. What are the barriers and/or motivators that older adults perceive as influencing their participation in family life education programs?
3. What are older adults' preferences for instructional approaches in family life education programs?
4. What are the environmental considerations (e.g., time of day, lighting) that older adults perceive as important in planning a setting for family life education programs?
5. What gender and age differences are there in the perceived needs, deterrents and motivators, environmental considerations and instructional preferences of older adults?
6. Does age, gender, health status, life satisfaction, religious beliefs, or social connection play a role in predicting the likelihood of future participation in a family life education program?

This chapter addresses the methods that were employed in addressing these six research questions including sample selection, sample characteristics, instrumentation, data collection, data management, and data analysis.

Sample Selection

Data were collected through a mailed survey sent to a stratified random sample of adults age 50 and over. The population was divided into four age subgroups: age 50-64 (midlife), 65-74 (young old), 75-84 (old old), and 85 and over (oldest old). The sampling frame was the membership list for the PrimeLife for Seniors Program at St. Mary's Health Systems in Knoxville, Tennessee. PrimeLife for Seniors is a free membership program for people age 50 and older and has a primary focus on healthy living and disease prevention. The program offers a variety of benefits and services to its members including merchant discounts, a quarterly newsletter, travel excursions, and health education seminars and screenings. The program also serves as a free resource and referral network for members. PrimeLife for Seniors is promoted and members gained through a variety of channels including television advertisements, booths at Senior fairs and expositions, newspaper advertisements, and referrals.

The PrimeLife for Seniors membership list contained 20,532 names of individuals at the end of July 1999. This number followed an extensive update of the membership database to remove names and addresses of individuals who were deceased, or had moved, and to then obtain new addresses for these individuals. There were many married couples and other individuals who live in the same household (e.g. sisters) who are program members. Therefore, there were 14,500 actual households on the mailing list. The majority of members are from Knox County and surrounding counties in East Tennessee; however, there were a few individuals who live in Middle or West Tennessee or in other states.

Initially, when the PrimeLife for Seniors program began, the mailing list did not include individual's birthdays. Therefore, birthdays were only available for 11,470 individuals from the entire membership base of 20,532. Because the sample was generated by age, the actual sampling frame used for this study was 11,470. It is not known exactly how the 9,062 members without birthday data differ from those for whom birthdays were available; however, it may be that the individuals whose birthdays are unknown are older than the rest of the membership. The breakdown of the 11,470 individuals in the sampling frame by four age groups was as follows: age 50-64 (*n*) = 4440, age 65-74 (*n*) = 3492, age 75-84 (*n*) =2866, and age 85 and over (*n*) =672. Using a random number table, a random sample of 250 members in each of the four age groups (i.e., 50-64, 65-74, 75-84, 85 and over) were selected for inclusion in the study for a total sample size of 1000. It is recognized that this does not indicate an equal percentage sampled from each age group. By sampling 250 from each of the four age groups, the percentage sampled for each age group is 6 % for 50-64, 7% for 65-74, 9% for 75-84, and 37% for 85 and over.

Permission to utilize the membership list was granted by the team leader for the PrimeLife for Seniors Program (See Appendix A). A "Form A: For Certification for Exemption from IRB review for Research Involving Human Subjects" was completed and approved by The University of Tennessee, Knoxville (See appendix B). Some financial support for this project was provided by St. Mary's Health Systems and The B.E.S.T. (Building and Enriching Stronger Tennessee) Families program.

Sample Characteristics

A 27% response rate was achieved, resulting in a total sample size of 264. Sixteen participants were reported as deceased or as having dementia and were eliminated from the sample. Consequently, the response rate was calculated from a sample of 984 rather than 1000. The sample was comprised of 184 females and 73 males; seven respondents did not indicate their gender. The overall mean age was 71 years of age with a range of 51 to 98 years. The mean age for each of the age groups is as follows: 50-64 (M)=58; 65-74 (M)=69; 74-85 (M)=78; 85+ (M)=88. The sample broken down by age group was as follows: 50-64 (n) = 83; 65-74 (n) = 73; 75-84 (n) = 63; 85 and over (n) = 45. The response rate for each of the four age groups was 33%, 30%, 25%, and 18%, respectively. Although ten respondents did not indicate their age, the appropriate age group was determined from their identification number.

The majority of the participants were married with 47% in a first marriage and 14% remarried after being divorced or widowed. Only one respondent (.4%) reported being separated; 5% were divorced, 5% were never married, and 25% were widowed. Ninety-one percent of the participants were parents and had an average of 2.19 children. Eighty-one percent were grandparents and had an average of 3.75 grandchildren. The number of great grandchildren was not asked, but several participants offered this information. Others may have included great grandchildren in their reported number of grandchildren. Of those who offered the information, they had an average of two great grandchildren.

The sample was extremely well educated with only 9% not completing high school. Twenty-seven percent completed high school, 25% had some college, 9% completed college, and almost 18% completed at least some graduate work.

The racial composition of the sample was as follows: African-American = 2.3%; Asian-American = .4%; European-American = 48.3%; Native American = 33.2%; Native American/European-American mix = 1.1 % and 14.3% either chose the option " I choose not to respond" or did not answer the question at all. It is thought that the response options for racial identity were confusing to the participants. Several indicated that they were just plain American and did not fit into the categories provided. These participants were coded as European-American. In addition, the large percentage of Native Americans may not be an accurate representation of this population. Many of the participants may have been unfamiliar with the label of "Native American" mistakenly believing that because they were born in this country and were American that they were considered "Native American" even if they were not descendants of tribal American Indians. African-American participants may also be underrepresented because many of them may not have identified themselves as "African-American" because they have never been to Africa.

In terms of income, 21% of the participants chose the response option "I choose not to respond." Another 6.5% did not answer the question at all. Of the participants that did report their annual household income, 1.1% earned less than $5,000; 15.5% earned between $5,000 and $14,999; 15.1% earned between $15,000 and $24,999; 14.3% earned between $25,000 and $34,999; 13.6% earned between $35,000 and $49,999; 8.7% earned between $50,000 and $74,999; and 3.8% earned more than $75,000.

Forty percent of the sample reported having caregiving responsibilities with 5% reporting multiple caregiving responsibilities. Caring for one's spouse was the highest reported caregiving responsibility (17.4%) followed by parent (6%), grandchildren (4.1%), adult children (3.8%), other relative (2.3%), and children under 18 (.8%). Participants had the opportunity to write in another response and .8% indicated that they are caregivers for themselves and 1.5% indicated that they are part-time caregivers. There may be more participants who engage in part-time care that did not indicate any caregiving responsibilities at all. It is also not clear whether the participants reporting caregiving responsibilities engage in full-time or part-time care and what exactly their responsibilities are. The wording of the question also may have prompted confusion for the participants. It was thought that participants would not recognize the meaning of the word "caregiving" so they were asked if they had "primary responsibilities for caring for anyone in your family." Older women, in particular, may have indicated that they care for their spouse thinking that they provide "wifely care" (e.g., cooking, cleaning, emotional support) for them but not caregiving in the sense that their spouse is physically or cognitively challenged.

The majority of the sample was retired (68%). Almost 11% reported working full time and 4.5% reported working part time. Almost 2% reported being retired and working part time by writing this in under "other." Other categories created in this manner were "disabled" (1.5%) and "sick leave" (3.4%). In addition, 4.5% of participants indicated that they had never been employed outside the home. Of those participants retired and reporting their age at retirement, the mean age of retirement was 56.

Seventy-four percent of the sample reported owning their own house and an additional 2.6% reported owning a condominium. Almost 11% indicated that they rent a house or an apartment and 1.5 % reported living with a relative. An additional 1.2% indicated other living arrangements such as a managed apartment or independent living facility and 4.2% did not answer the question.

Instrumentation

The survey instrument was comprised of two parts: programming needs, and demographic information (See Appendix C). A scale measuring life satisfaction was included in the demographic section of the instrument. The programming needs and demographic information portions of the survey were developed primarily by the author. The life satisfaction scale was developed by Spanier and Thompson (1984) and the social connection scale was developed as the Social Support Sub-Scale by Morris and Blanton (1994).

The programming needs section of the survey included family life education topics, instructional approaches and techniques, deterrents and motivators to participation, environmental factors, program participation history, and the likelihood of future participation in family life education programs.

Using a 4-point Likert-type scale, respondents were asked to rate their level of interest in 29 family life education topics choosing "very interested", "somewhat interested", "not very interested" or "not at all interested." A review of the literature, the Framework for Life-Span Family Life Education, and a current list of St. Mary's Senior Services Speakers' Bureau topics guided the development of the list of family life

education topics. An open-ended question invited respondents to list any other topics that they would be interested in that were not on the provided list.

The importance of 22 potential deterrents to participation in a family life education program was measured using a 4-point, Likert-type scale with the following response options: "very important," "somewhat important," "not very important," or "not at all important." An open-ended question was included through which respondents were given the opportunity to list any other deterrents important to them that were not included in the provided list. The list of deterrents in the instrument was generated through a review of literature on older adult participation in educational programs.

In order to ascertain respondents' receptivity to different methods of family life education (e.g., Internet, Television), as well as more traditional instructional techniques (e.g., lecture, discussions), respondents were asked to indicate how helpful they would find this method for receiving information. Respondents rated 15 teaching techniques using a 4-point, Likert-type scale with the following response options: "very helpful," "somewhat helpful," "not helpful," or "not at all helpful."

A 4-point, Likert-type format was also used to measure the importance of nine environmental factors (e.g., time of day, lighting). These four response options were provided: "very important," "somewhat important," "not very important," and "not at all important."

The same four Likert-type response options: "very important", "somewhat important", "not very important" and "not at all important" were used to measure respondents' perceptions of eight motivators (e.g., social support, learn new skills) for participation in a program or workshop.

In addition to the Likert-type scales previously described, participants were asked to respond to two categorical questions (i.e., yes or no) regarding past participation and the likelihood of future participation in a family life education program. An additional question measured the respondent's likelihood of future participation with the following options: "very likely," "somewhat likely," "not likely," and "don't know."

Questions about the ease of reading different font styles and sizes were included. Questions concerning computer access, Internet access, and computer literacy were also asked. Demographic information included on the survey includes marital status, sex, age, educational attainment, caregiving responsibilities, number of children and grandchildren, ethnicity, health status, social involvement and social connection, religious beliefs, living arrangements, occupational/retirement status, and economic status.

Format

Although 10-point pitch is recommended for mail surveys, a larger font is recommended for older populations because of potential vision problems (Bourque & Fielder, 1995; Salant & Dillman, 1994). Therefore, the survey was printed in 12-point pitch for ease of reading. Courier New font was used because it is an easily read font and has equal character spacing (Bourque & Fielder, 1995). A vertical format was chosen for response items except for those items involving a Likert-type scale in order to minimize confusion over the item and the corresponding responses (Bourque & Fielder, 1995). Leaders (i.e., dotted lines) were used to facilitate the connection of questions with answer choices (Salant & Dillman, 1995; Bourque & Fielder, 1995). A combination of single, one and one half, and double spacing was used throughout the instrument for ease of

reading. The questions themselves were printed in boldface and the answer choices in light in an effort to guide the respondent through the questionnaire (Salant & Dillman, 1995). Note that the font and spacing has been adjusted on the instrument provided in Appendix C in order to accommodate the formatting requirements of this document.

A pre-test of the survey was conducted with members of a Senior Services advisory panel at St. Mary's Hospital in order to ensure face validity of the survey instrument. Members of this panel had similar demographic characteristics to the sample. The feedback from this small group was that participants might be concerned about confidentiality and that they might not feel comfortable answering personal questions about income or other demographic information. This feedback was the basis for adding the response option "I choose not to respond" to the questions on ethnicity and income.

Procedures

Data Collection

Questionnaires printed in booklet form were mailed out to a total of 1000 PrimeLife for Seniors members (250 in each age group) using bulk mail. A cover letter on St. Mary's letterhead was included with the survey (See Appendix D). It was thought that there would be a greater level of trust for St. Mary's, and therefore, a greater response rate if St. Mary's letterhead were used rather than if The University of Tennessee letterhead were used. In addition, members were assured that their contact information would not be given out to other agencies (e.g., tele-marketers) when they joined the PrimeLife for Seniors program. A postage paid return envelope addressed to St. Mary's Hospital was included in the mailing to facilitate the return of the survey.

In an effort to increase response rate, a couple of incentives were implemented. First, it was thought that if participants received something in the original mailing as an advance thank you, they might be more likely to complete and return the questionnaire. Therefore, a teabag was included in each mailing. The invitation to "sit back and enjoy a cup of tea while you fill out the questionnaire" was included in the cover letter (See Appendix D).

Second, a three-tier incentive program was implemented in the form of a drawing. A colorful flyer explaining the incentive program was included in the survey mailing (See Appendix E) and participants had the option of having their name put into a drawing. The flyer included a tear-away slip with a space for them to write their name and telephone number.

In order to be eligible for the grand prize (as well as the first prize and a second prize), the survey was to be returned postmarked by November 18, 1999. The grand prize was a $100 gift certificate for Bi-Lo grocery stores. A second deadline date of November 24, 1999 was given for eligibility in the drawing for the first prize. If the survey was returned by this date and they completed the entry slip, their name was entered in the drawing for the first prize and the second prizes. First prize was a $50 gift certificate for Wal-Mart stores. A third deadline of November 30, 1999 was given for participation in the drawing for ten second prizes. The second prize consisted of ten St. Mary's t-shirts. Almost 59% of the respondents chose to participate in the incentive drawing. Some of the other respondents did not meet the deadline for participation in the drawing. Others might not have participated because of a concern for confidentiality. A final deadline of December 31, 1999 was given for returning the survey.

Each participant was assigned an identification number. This number was written on the back of the survey instrument. As the completed surveys were opened, the postmark date and whether or not the respondent chose to participate in the incentive drawing was recorded on the back of the survey next to the identification number. This provided information about the effectiveness of the incentive program as well as provided the necessary information to conduct a follow-up mailing. In addition, data were available to determine any differences between respondents and non-respondents.

A follow-up was conducted in the form of a reminder postcard (See Appendix F). These postcards were only sent to those individuals who had not yet returned the survey (25.7% of the final sample). They were sent out November 26, 1999, 3 1/2 weeks after the initial mailing. The mailing was held until after Thanksgiving Day to minimize the chance that respondents would not respond to it in the holiday confusion. In addition, there was a reminder in the winter 1999 issue of the PrimeLife for Seniors newsletter (See Appendix G). This issue of the newsletter was mailed out in the first two weeks of November, 1999. Consequently, the newsletter and the survey were received by participants at approximately the same time.

The follow-up postcards prompted 20 people to call to request a second copy of the survey. Sixteen of those 20 people completed and returned the questionnaire. Twenty-three additional calls came in after the follow-up mailing. Of these 23 callers, eight additional participants were reported as deceased (three had been reported via mail) and five people were reported as having Alzheimer's Disease or another type of dementia. Of the remaining ten people, nine indicated health problems or other reasons for not filling

out the survey and one woman did not leave any information upon reaching the answering machine.

Data Management

A data management log was kept using Microsoft Excel. This log included the name and address of each participant, the identification number assigned to the participant, postmarked date that the questionnaire was returned, whether a follow-up card was sent, whether they chose to participate in the incentive drawing, and whether another complete mailing was requested and sent. The names and addresses were retained for the follow-up mailing and to facilitate recording other information such as if the person was deceased. After data collection was complete, names and addresses were deleted. As the completed questionnaires were returned, the entry slip with the respondent's name and telephone number was put into a box for the drawing (if they chose to participate in the drawing and if the survey was received in time to participate).

The completed questionnaires were coded upon their return. Codes were provided for missing data and open-ended questions (question numbers 2, 11,16 in the programming needs section and question numbers 7, 16, 17, and 22 in the demographic information) as the data were entered. The author performed the data entry. SPSS 8.0 for Windows was the statistical software package used for data entry and data analysis.

Data Analysis

Descriptive statistics were used to compile the level of interest in family life education topics, the deterrents and motivators to participation, the environmental considerations of program planning, and the instructional techniques preferred.

A *t*-test was performed to compare topical interests, deterrents, motivators, environmental considerations, and preferred instructional techniques by gender. One-way analyses of variance were performed to test the means for topical interests, deterrents, motivators, environmental considerations, and preferred instructional techniques by age category.

In order to examine predictors of the likelihood of participation in a family life education program, a multiple regression analysis was performed. Likelihood of future participation was used as the criterion variable in the regression analysis. Gender, age, religious beliefs, health status, social connection, educational attainment, and life satisfaction were the predictor variables simultaneously tested in the regression.

Operational Definitions

Family Life Education Needs – Respondents indicated their degree of educational interest in 29 family life education topics with one of the following response options: "very interested", "somewhat interested", "not very interested", or "not at all interested." In an effort to better manage these data, the 29 topics were subjected to an exploratory factor analysis. The topics originally loaded into six factors with menopause being the only topic in the sixth factor. Because menopause was the only gender-specific topic in the list, it was excluded from the analysis. The mean was inserted for missing data and this did not affect the factors or the loadings that were originally achieved. A .4 criteria was used for the procedure and those items that split-loaded were kept in the factor where they loaded the highest. A varimax rotation was used. The 28 topics loaded into the following five factors: Health and Well-Being, Practical Aspects of Aging, Family and Relationship Issues, Resource Management, and Negative Aspects of Aging. Cronbach's

alphas for the factors were .87, .85, .82, .85, and .73 respectively. The specific topics for each factor along with loading for each topic are reported in the Appendix H.

Deterrents to Participation – Participants responded to 22 possible deterrents that would interfere or prohibit their participation in a Family Life Education program by choosing one of the following response options: "very important", "somewhat important", "not very important", or "not at all important."

The 22 deterrents were subjected to a factor analysis that resulted in the following four factors: Personal Barriers (e.g., not enough energy or poor health), Programmatic Barriers (e.g., lack of program information or cost of the program), Time Barriers (e.g., home responsibilities or not enough time), and Participation Barriers (e.g., no interest or irrelevant to needs). The Cronbach's alpha for each of these factors are .86, .77, .71, and .71 respectively. The factor analysis originally resulted in five factors but the fifth factor only had two items and the Cronbach's alpha for this factor was low. A second analysis was conducted forcing the items into four factors. As with the factor analysis on topics, a .4 criteria was used for the procedure and a varimax rotation was used. The specific items for each factor are listed in Appendix I.

Motivators for Participation – Participants indicated the degree of importance of eight possible motivators for participation (e.g., improve family life, meet new people) in a family life education program by choosing one of the following response options: "very important", "somewhat important", "not very important", or "not at all important."

Environmental Considerations – Participants indicated the degree of importance of nine environmental considerations (e.g., proximity to bathroom, lighting, etc.)

associated with a Family Life Education site by choosing "very important", "somewhat important", "not very important", or "not important at all."

Instructional Techniques – Participants indicated how helpful they would find 15 instructional techniques (e.g., discussions) or methods of family life education (e.g., Internet) for receiving family life education by choosing "very helpful", "somewhat helpful", "not very helpful", or "not at all helpful."

These 15 items were subjected to a factor analysis that resulted in three factors: Group Teaching Strategies, Independent Use Strategies, and Computers. Cronbach's alphas for these three factors were .87, .84, and .88 respectively. A .4 criteria and a varimax rotation were used for the procedure. The specific instructional strategies in each of the three factors and their loadings are listed in Appendix J.

Age – Respondents reported their current age in years. These ages were then reduced to four categories: 50-64, 65-74, 75-84, and 85 and over.

Gender – Gender was defined as the biological state of being male or female and therefore was measured as a categorical variable with respondents reporting that they are either male or female. Females were coded as 0 and males were coded as 1.

Health Status – Two items were used to measure health status. Respondents were asked to describe their current health using a 5-point Likert-type scale with response options ranging from poor to excellent. Respondents also indicated how many times in the past month they had adjusted their usual activity because of health by choosing one of the following options: "none-I have not cut down at all", "1-3 times", "4-6 times", "7-10 times". or "more than 10 times." A scale was created by adding these two items together

resulting in a range of 2 to 10 with a higher score indicating better health. The correlation on this two-item scale was significant (r=.561, p=.000).

Educational Attainment – Educational attainment was measured with a single item in which respondents chose from nine responses that indicated their level of education ranging from no formal education through a graduate degree.

Life Satisfaction – Life satisfaction was measured using a 5-item scale. Respondents indicated satisfaction with five different areas of their life by choosing one of three response options: "extremely satisfied," "somewhat satisfied," and "not satisfied." The Cronbach's alpha for this scale was .74.

Religious beliefs – Religious beliefs were measured with one item on which participants indicated the importance of their religious beliefs from "not important at all" to "very important."

Social connection – Level of social connection was determined by responses to a 3-item scale examining relationships. Cronbach's alpha on this scale was .89. The items were reverse coded so a higher score indicated a higher level of social connection.

Likelihood of future program participation – This variable was measured with two items. The first item asked participants how likely they were to participate in a program in the future. The response options included "don't know," "not likely," "somewhat likely", and "very likely." The second item asked participants to respond yes or no to the question "if there were a program conveniently offered to you this spring on one of the topics of interest to you, would you attend?" Some participants wrote "maybe" or "depends" in response to this question. Consequently, yes was coded as 2, maybe or

depends as 1, and no as 0. These two items were added together creating a scale with a range of 0 to 5. A correlation on this two-item scale was significant (r=.484 and p=.000).

Hypotheses

The hypotheses for this study, stated in the null hypothesis format, were as follows:

1. There are no gender differences in family life education needs, deterrents or motivators to participation, environmental factors, or preferred instructional strategies.
2. There are no age differences in family life education needs, deterrents or motivators to participation, environmental factors, or preferred instructional strategies.
3. Age, gender, health status, religious beliefs, social connection, and life satisfaction are not significant predictors of the likelihood of future participation in a family life education program.

CHAPTER 4

Results

The results for this study are reported in five areas: family life education topics, deterrents and motivators to participation, environmental factors, instructional strategies, and likelihood of future participation.

Family Life Education Topics

The mean ratings for the 29 family life education topics are listed in Table 1. Participants rated each topic on a scale from 1 (not at all interested) to 4 (very interested). The top five rated topics were nutrition and health, fitness and exercise, positive aspects of aging, physical changes of aging, and living wills. The five lowest rated topics were sexuality, adult day care, menopause and hormones, HIV/AIDS, and alcoholism. Only four of the topics had a mean rating above three (somewhat important) indicating that, overall, participants had a low level of interest in these topics. However, the heterogeneity assumption of the life course perspective suggests that caution should be used when looking at means because the mean or average does not capture the great diversity that is present within this population.

Participants were given the opportunity to suggest other topics that were not on the provided list but in which they would be interested. Thirty-eight additional topics were suggested by participants. Two participants listed a topic that was already on the list. Some of the other topics suggested were similar to those on the list, however; if they were even slightly different, they were coded separately. Many of these topics do not fit under the umbrella of family life education (e.g., photography, alternative medicine) and others could be considered subcategories for a topic listed (e.g., volunteer opportunities

Table 1

Ratings of Family Life Education Topics Ranked by Mean

Topic	Mean	Std Deviation
Nutrition and health	3 18	.95
Fitness and exercise	3 18	1.00
Positive aspects of aging	3.07	1.00
Physical changes of aging	3.00	1 01
Living wills	2.81	1.04
Leisure opportunities	2.76	1 09
Alzheimer's disease	2 75	1 02
Long-term care	2 68	1 14
Adjusting to disabilities	2 66	1 00
Depression	2.60	1.02
Relating to adult children	2.60	1.12
Myths & realities of aging	2.59	1.13
Family communication	2.55	1.11
Caring for a family member	2.53	1 07
Estate planning	2.52	1.22
Grieving and loss	2 51	1 05
Managing worries	2.45	1 08
Grandparenting	2.41	1.15
Medication management	2.41	1 08
Retirement planning	2.29	1 19
Strengthening and enriching your marriage	2.28	1.16
Age discrimination	2.25	1.11
Widowhood/widowerhood	2.17	1 13
Elder abuse	2 10	1 04
Sexuality	2.03	1.06
Adult day care	1 99	.96
Menopause and hormones	1.73	.97
HIV/AIDS	1.61	.82
Alcoholism	1.60	.86

Note Topics were rated on a 4-point scale with 4 being the highest score.

and travel fall under leisure opportunities). These additional topics and the frequency with which they were suggested are presented in Table 2.

Gender Comparisons

T-tests were performed using gender as an independent variable to examine interest in topics using the five topical areas (i.e., Health & Well Being, Practical Aspects of Aging, Family & Relationship Issues, Resource Management, and Negative Aspects of Aging) as the dependent variables. Significant differences were found for two of the five factors. Women rated Practical Aspects of Aging as more interesting than did men (t=3.13, p= 002). Men, however, rated Family and Relationship Issues as more interesting than did women (t=-3.176, p=.002).

Age Comparisons

To examine age differences in topic interests, an analysis of variance was performed using the four age groups (i.e., 50-64 - mid-life adults, 65-74 - young old, 75-84- old old, and 85 and over - oldest old) as the independent variable and the five factors as the dependent variables. Significant age differences were found for three of the five factors. In regard to Family and Relationship Issues, mid-life adults were significantly more interested than the old old (p=.002) and the oldest old (p = .000). The young old also were more interested in Family and Relationship Issues than the oldest old (p = .007).

Mid-life adults were also more interested in Resource Management than the old old (p=.013) and more interested in Negative Aspects of Aging than both the old old (p=.023) and the oldest old (p=.017).

Table 2

Additional Educational Topics Provided by Participants

Educational Topic	Frequency
Computers/Internet	12
Travel	3
Diabetes Management	2
Photography	2
Insurance/Medicare	2
Meditation	1
Alternative Medicine	1
Second Marriages	1
Fighting Disease with Nutrition	1
Sign Language	1
Coping with Fear of Old Age	1
Living on a Fixed Income	1
Spirituality	1
Gardening	1
Mental Illness	1
Volunteer Opportunities	1
Osteoporosis	1
Creative Learning for Seniors	1
Reading	1
Crafts	1
Making a Will	1
Current Events	1
Menu Planning	1
Communicating with your Doctor	1
Investments	1
Looking Youthful	1
Support Groups	1
Prepaid Funeral Arrangements	1
Weight Management	1
Prescription Medication	1
Hepatitis	1
Rheumatoid Arthritis	1
Organic vs. Genetically Altered Vegetables	1
Foot Care	1
Acid Reflux	1
Economic Liabilities	1
Stroke Prevention	1

Deterrents and Motivators to Participation

The mean ratings for 22 deterrents to participation are presented in Table 3. Participants rated each item as to how important it would be in keeping them from attending an educational program with 1="not at all important", 2= "not very important", 3= "somewhat important," and 4="very important." Driving at night was the highest rated deterrent with a mean of 2.95. Fifteen of the 22 deterrents had a mean of 2.00 - 2.95 indicating that most of them were between "not very important" and "somewhat important." Again, caution should be used when interpreting these results, as the mean does not capture the diversity within this population.

Twenty additional deterrents were identified by participants through an open-ended question following the provided list on the survey. Twenty-two participants listed a deterrent that was already on the list and these were not coded. However, if the response was at all different from one on the list, it was coded separately. These additional deterrents and the frequency which they were mentioned are listed in Table 4.

The mean ratings for eight motivators to participation are presented in Table 5. Participants rated these items on the same 4-point scale that was used with the deterrents. A need for information and an enjoyment for learning were the two highest rated motivators. Social support and improving family life were the two lowest rated motivators for participation. It should be noted that, overall, the motivators were rated higher than the deterrents.

Gender Comparisons

In regard to deterrents and motivators to participation, the only gender differences that emerged from a *t*-test on the eight motivators were that women were more

Table 3

Ratings of Deterrents to Participation Ranked by Mean

Deterrent	Mean	Standard Deviation
Cost of program	2.95	1.05
Driving at night	2.95	1.20
Lack of program information	2.65	1.10
Irrelevant to my needs	2.57	1.10
No interest	2.45	1.16
Not enough time	2.41	1.14
Home responsibilities	2.27	1.17
Would have to attend alone	2.19	1.20
Loss of leisure time	2.17	1.06
Don't like to attend workshops	2.15	.96
Low personal priority	2.15	.99
Invasion of privacy	2.13	1.08
Not enough energy	2.10	1.07
Caring for a family member	2.03	1.21
Not young enough	2.00	1.15
Poor health	1.97	1.14
Prefer to learn on my own	1.94	1.03
No transportation	1.90	1.20
Job responsibilities	1.89	1.13
Lack of confidence	1.87	.97
Personal problems	1.78	1.02
Lack of encouragement from family & friends	1.75	.90

Note. Deterrents were rated on a 4-point scale (1=not at all important, 2=not very important, 3=somewhat important, 4=very important).

Table 4

Additional Deterrents Suggested by Participants

Deterrent to Participation	Frequency
Live Too Far Away	13
Time	7
Age	5
No Need or Not Interested in Information	4
Other Responsibilities/Busy	4
Hearing/Vision Problems	4
Not always able to Drive	3
Problems with Sitting or Walking	3
Length of Program	2
Work Schedule	2
Cost of Parking	2
Spouse not interested or can't attend	2
No Family or Opportunity for Family Life	2
Convenience of Facility	2
Being a Widow	1
Dementia	1
Homebound	1
Travel A lot	1
Family Health	1
Physical Mobility	1
Disabled	1

Table 5

Ratings of Motivators to Participation Ranked by Mean

Motivator	Mean	Standard Deviation
Need for information	3.58	.83
Enjoy learning	3.38	.83
Maintain independence	3.16	1.00
Learn new skills	3.14	.97
Meet new people	2.74	.97
Better understand community & political issues	2.74	1.04
Improve family life	2.67	1.04
Social support	2.65	.98

Note. Motivators were rated on a 4-point scale (1=not at all important, 2=not very important, 3=somewhat important, 4=very important).

motivated by social support (t=2.34, p=.021) and by the opportunity to meet new people (t=2.28, p=.023) than men were. No significant gender differences were found for the deterrents to participation.

Age Comparisons

In terms of age differences in motivators to participation, an analysis of variance procedure revealed that mid-life adults were more motivated by the desire to improve family life (p=.011) and to learn new skills (p=.001) than the old old were. In addition, the young old were also more motivated by the desire to learn new skills than the old old were (p = .048).

An analysis of variance using the four deterrent factors (i.e., personal barriers, programmatic barriers, participation barriers, and time barriers) as dependent variables resulted in significant differences for only one of the four factors. Participants who were in the old old age group (p=.000) and the oldest old age group (p=.000) found the Personal Barriers (e.g., not young enough, poor health, etc.) more important than the younger age groups in keeping them from attending a program.

Environmental Issues

The mean ratings of the importance of nine environmental issues are reported in Table 6. Overall, the items were rated quite high.

Gender Comparisons

A t-test revealed a gender difference for three of the nine issues. Women indicated that a room near a bathroom (t=2.036, p=.043), the time of day (t=2.47, p=.014), and convenient parking (t=2.07, p=.041) were more important than men did.

Table 6

Ratings of Environmental Factors Ranked by Mean

Environmental Factors	Mean	Standard Deviation
Comfortable chairs	3.60	.73
Convenient parking	3.48	.85
Good lighting	3.47	.82
Time of day	3.45	.78
Length of program	3.36	77
Temperature of the room	3.28	.84
Minimum of background noise	3.25	.86
Room near a bathroom	2.82	1.06
Location with no stairs	2.64	1.16

Note. Motivators were rated on a 4-point scale (1=not at all important, 2=not very important, 3=somewhat important, 4=very important).

Age Comparisons

An analysis of variance revealed few age differences in the importance of environmental issues. The oldest old (i.e., 85+) rated a location with no stairs significantly higher than did mid-life adults (p=.039). Mid-life adults (i.e., 50-64) rated the time of day as more important than did the old old (p=.034). Finally, the oldest old rated a minimum of background noise as being significantly more important than did the old old (p=.014).

Instructional Strategies

The mean ratings for 15 instructional strategies are listed in Table 7. Many of those strategies with the highest mean ratings fall under the category of independent use strategies such as, newsletters, brochures or pamphlets. There is also little variability with these ratings. The three instructional strategies that involved computers were rated the lowest of all the instructional strategies.

Gender Comparisons

A t-test using the three instructional strategies factors (i.e., group use strategies, independent use strategies, and computers) as the dependent variables revealed significant gender differences for only one of the three factors. Women indicated that independent use strategies (e.g., newsletters, brochures, etc.) were more helpful than did men (t=3.019, p=.003).

Age Comparisons

Significant age differences were determined through an analysis of variance using the four age groups as the independent variables. Mid-life adults (i.e., 50-64) rated group

Table 7

Ratings of Instructional Strategies Ranked by Mean

Instructional Strategy	Mean	Standard Deviation
Newsletter	3.35	.77
Brochures or pamphlets	3.22	.80
Self-help books	3.20	.85
Television	3.19	.78
Magazines	3.12	.83
Videos	3.03	1.00
Learning from others your own age	3.03	.92
Lecture	2.80	1.02
Discussions	2.78	.98
Support groups or small group interaction	2.48	1.04
Visual aids (e.g.,charts, handouts, overhead transparencies)	2.26	1.05
Journal writing	2.10	.91
Computer program for home use	2.08	1.20
Computer program used in classroom setting	2.00	1.09
Internet (World Wide Web)	1.92	1.16

Note. Instructional Strategies were rated on a 4-point scale (1=not at all helpful, 2=not very helpful, 3=somewhat helpful, 4=very helpful).

teaching techniques as more helpful than did the young old (p=.052), old old (p=.016), and the oldest old (p=.002). Younger groups also rated computers as more helpful than the older groups with the mid-life adults rating them more helpful than the old old (p=.000) and the oldest old (p=.000). The youngest old also rated computers higher than the old old (p=.022) and the oldest old (p=.004).

Likelihood of Future Participation

In order to examine those factors that might influence the likelihood of future participation in a family life education program, a multiple regression analysis was conducted. The criterion variable was a scale measuring the likelihood of future participation. The predictor variables included in the analysis were age, gender, health status, life satisfaction, educational attainment, religious beliefs, and social connection.

A correlational analysis was performed to determine any relationships between the dependent variable and the independent variables. This correlation matrix is found in Table 8. The following independent variables were significantly correlated with the likelihood of future participation: health status (r=.181), age (r=-.222), educational attainment (r=.176), and gender (r=-.146). Although some of the independent variables were significantly correlated with each other, the coefficients were all below .220 (See Table 8). In addition, collinearity diagnostics indicated that mulicollinearity was not a problem for this analysis.

It was determined by coding for the missing data that not only were there a great deal of data missing for the life satisfaction variable, but the data were not missing randomly (i.e., there was a pattern in the way it was missing). In addition, life satisfaction

Table 8

Correlation Matrix for Predictor and Criterion Variables in Multiple Regression Analysis

	Likelihood of Participation	Health Status	Social Connection	Age Group	Education	Religious Beliefs	Gender
Likelihood of Participation	1.00						
Health Status	.181*	1.00					
Social Connection	-.136	.134*	1.00				
Age Group	-.222*	-.171*	-.009	1.00			
Education	.176*	.167*	.036	-.125	1.00		
Religious Beliefs	-.090	.079	-.088	-.081	.138*	1.00	
Gender	-.146*	.083	.047	023	.051	.210*	1.00

was not correlated with the criterion variable and initial analyses did not identify life satisfaction as a significant predictor. These facts led to the exclusion of life satisfaction as a predictor variable in the multiple regression model.

Pairwise deletion was selected as the method for handling missing data for this analysis. This was determined to be a preferred method over listwise deletion because it used all available data, therefore maximizing the statistical power of the analysis (Acock, 1997). Mean insertion does not capture the diversity of this population and was therefore not used as a method of handling missing data for this particular procedure.

The results of the multiple regression analysis are presented in Table 9. Gender, health status, educational attainment, age group, and social connection all emerged as significant predictors of the likelihood of future program participation. Females are more likely to participate than males. The higher the educational attainment and the better the health status, the greater the likelihood of future participation. Younger age groups are more likely to participate as are those who have a low level of social connection in their lives. Religious beliefs was the only predictor variable that was not significant in this model.

Open-Ended Reponses

A box was provided on the back of the survey with the invitation to write any additional information that they would like to include. Fifty-five participants wrote in additional information, many of them providing more than one comment. Eighteen of the responses were personal stories or general comments about their health. Seventeen of the comments were specific about the PrimeLife for Seniors program and another five were about St. Mary's Hospital in general. These were all very positive comments. Nineteen

Table 9

Multiple Regression Analysis for Predicting Future Program Participation (n=221-264)

Variable	Beta	t	F	Adjusted R^2
			5.741	.12
Gender	-.149*	-2.189		
Religious Beliefs	-.124	-1.825		
Health Status	.165*	2.408		
Education	.141*	2.051		
Age	-.193**	-2.905		
Social connection	-.179**	-2.686		

Note. *p<.05 **p<.01

responses were in regard to participation in programs, often explaining why they could not participate, or suggestions about programming. Six individuals commented about the problem of parking at St. Mary's Hospital or a difficulty with transportation. Five comments were about the survey in general, four of them positive and one questioning the purpose of the survey. Seven comments were about specific questions on the survey. The other comments were as follows: three commenting on the author's pursuit of a Ph.D. and wishing her luck, two participants expressed their desire that their participation had been helpful, one participant apologized for being late in returning the survey, and two said thank you for the tea bag that had been included with the survey.

Hypotheses

All three null hypotheses were rejected. There were gender differences and age differences found in family life education needs, motivators to participation, environmental factors, and instructional strategies. There was one exception: there were no gender differences found for deterrents to participation. For the third hypothesis, age, gender, health status, and social connection were found to be significant predictors of future program participation; therefore, this hypothesis was also rejected

CHAPTER 5

Discussion

The results of this exploratory study provide insight into planning and implementing family life education programs for adults age 50 and over. Overall, mid-life adults are more interested in family life education topics and appear to be more receptive to attending family life education programs. However, the results of the study provide guidance for developing and implementing family life education programs for individuals in all four age groups examined in this study.

The discussion is broken down into five sections: family life education topics, instructional strategies, environmental factors, deterrents and motivators to participation, and the likelihood of future program participation. This chapter concludes with implications and recommendations regarding family life education programming and practice for mid-life and older adults, as well as implications for research and theory and limitations of the study.

Family Life Education Topics

In general, the twenty-nine topics had low mean ratings indicating that participants were "not very interested" to "somewhat interested" (See Table 1). The life course perspective provides guidance in interpreting these results. Many of these topics may be dependent on the current role statuses of the individual (i.e., generational time) and the current stage of their family career. For example, if a participant was not a widow, she probably did not indicate high interest in the topic of widowhood. However, she may be very interested in that topic if she does become a widow. Along this same

line, individuals may not be interested in a particular topic unless they are experiencing that particular issue (e.g., elder abuse, alcoholism).

Maintaining independence is a common motivator for older adults to participate in various educational programs (Wolf, 1993) and the ratings of these family life education topics supported this conclusion. The top four rated topics were nutrition and health, fitness and exercise, positive aspects of aging, and physical changes of aging (See Table 1). These four topics could all play a role in one's ability to remain healthy and independent as one ages.

The factor analysis of the twenty-eight family life education topics (excluding "menopause and hormones") yielded five factors: Health and Well-Being, Practical Aspects of Aging, Family and Relationship Issues, Resource Management, and Negative Aspects of Aging. These factors can be related to the ten substance areas of the framework for life-span family life education (NCFR, 1997). Although the factors do not coincide directly with the substance areas of the framework, there are certainly similarities and much overlap between the two models.

For example, Health and Well-Being contains some topics that do not fit under the umbrella of family life education (e.g., nutrition and health), yet this factor does fit quite closely with the substance area of Human Development from the framework for life-span family life education. Specifically, myths and realities of aging, physical changes of aging, and positive aspects of aging are all sub-topics of Human Development.

Those topics that do not fit specifically under family life education (e.g., medication management) but are related could be included in a more comprehensive

program on aging. A comprehensive program of this type provides an excellent opportunity for collaboration between medical professionals and family life educators in providing family life education for older adults.

Significant gender differences were found for two of the five topic factors. It was determined that women were more interested in Practical Aspects of Aging. This factor included specific topics such as caring for a family member, adult day care, and Alzheimer's disease. These are all topics related to the role of caregiving, a role that women more frequently engage in than men (Van Gelder, 1990). It should be noted that women may indeed be interested in other issues, but issues relating to caregiving and other practical aspects may be at the top of their list in terms of a more immediate need.

Men were more interested in Family and Relationship Issues. Earlier research suggested that as men age, they often wish to engage in nurturing roles and to explore what perhaps might be underdeveloped sides of their personality (Glass, 1996; Wolf, 1994). Fathers may also have more difficulty in launching their children than mothers do (Rubin, 1979) often experiencing greater boundary ambiguity surrounding the launching of a child (Boss, Pearce-McCall, & Greenberg, 1987). Many of the male participants may be retired and now realizing that they would like to know how to relate better to their children who are now adults or they now want to focus attention on being a good grandparent. Snarey (1993) and Hawkins and Dollahite (1997) have advanced Erikson's (1950) concept of "generativity" by suggesting that caring for and contributing to the life of the next generation is an important developmental task of adulthood for males. The results of the present study supported this idea.

In terms of age differences, mid-life adults (i.e., 50-64) expressed greater interest in the topics than the older age groups. Specifically, mid-life adults were the group most interested in family and relationship issues and the young old were more interested in family and relationship issues than were the oldest old. This may be a reflection of the perception of individuals in the older age groups that family is not something that you talk about with strangers. Many of the participants in the older age groups may also have been grandparents for many years and do not feel that at this point they have a need for grandparent education. These older individuals may also be more likely to be widows or widowers, and therefore, not be interested in marriage enrichment.

Finally, some research suggests that marital satisfaction is different for middle-aged couples than for older couples (Anderson, Russell, & Schumm, 1983). If a couple is juggling many roles, the relationship satisfaction may be negatively impacted. However, after a couple has retired and children have moved out of the home, they may be able to spend more time together and marital satisfaction increases. Consequently, mid-life adults may have a greater need for education targeting family and relationship issues than older age groups.

Mid-life adults were also more interested in Resource Management than were old old. The old old (i.e., 75-84) have, perhaps, already dealt with issues of retirement and estate planning. Mid-life adults (i.e., 50-64) may be in the initial planning stages for retirement (Arcus, 1993) or they also may be caring for an aging parent and may be interested in issues such as long-term care in reference to the aging parent.

The third factor for which there were age differences was Negative Aspects of Aging. Mid-life adults were more interested than were both the old old and the oldest old.

Again, mid-life adults might be caring for or concerned about an aging parent, and therefore, interested in things such as elder abuse or alcoholism in reference to the aging parent rather than for themselves. HIV/AIDS was a topic within this factor and it may be that the old old are going to be most concerned about this if they are perhaps divorced or widowed and dating again.

The life course perspective would suggest that it is important to look beyond chronological age (i.e., ontogenetic time) and to look at the roles that people play in their lives (i.e., generational time). This perspective has provided important insight into the interpretation of some of these results. However, this study did not utilize role status in making comparisons or predicting participation, but it should be considered for future research.

Instructional Strategies

Those instructional strategies that individuals utilize on their own such as newsletters, brochures, and self-help books were rated the highest overall (See Table 3). This supports the geragogical principles of self-paced and self-directed learning. Mid-life adults (i.e., 50-64) appeared to be the age group most interested in instructional strategies that involve a more structured group program (e.g., discussions, lecture). This may be a reflection of the higher educational level of mid-life adults. They may have a higher comfort level for structured educational programs and be more receptive to participation in such programs. Individuals in the older age groups may be more intimidated and more uncomfortable with the thought of attending an educational program or may not have an accurate idea of education (Moody, 1987). Middle and older adults also have not had the same opportunities for family life education in their early years that younger adults have

had (Arcus, 1993) which may also affect their receptivity and comfort level for family life education programming.

Women's ratings of the helpfulness of independent use instructional strategies were higher than men's ratings. Family life education has traditionally been the female's arena (Arcus, 1993). Perhaps women are more likely than men are to pick up brochures relating to family life education or to read newsletters that they receive. Possibly, men still feel that these are women's issues and therefore, do not utilize these modes of learning as often as women.

Mid-life adults are more interested in computers than are adults in other age groups. However, the young old also show some interest. This interest in computers as a mode of learning coincides with computer ownership. Forty-six percent of participants age 50-64 owned a computer; whereas 34% of 65-74 year olds, 16% of 75-84 year olds, and 9% of participants age 85 and over owned computers. Thirty-five percent of participants 50-64, 27% of participants 65-74, 14% of participants age 75-84, and 4% of participants age 85 and over reported access to the Internet. These statistics also coincide with national trends as adults age 55 and over have experienced a tenfold increase in computer ownership in the last 14 years (NTIA, 1999).

Participants in this study were interested in receiving information through strategies that they can use independently and on their own time. Consequently, as more and more individuals purchase computers, become computer literate, and have access to the Internet, the more interested they may become in receiving information through this method and this may become an important source of information for individuals in this age group.

Although computer-assisted instruction has shown some promise as an effective instructional strategies for older adults (McNeely, 1991), this was not a highly rated strategy in this study. However, computer programs for home use may become more popular as more people purchase computers and individuals are looking for other independent strategies for gaining needed information.

Environmental Issues

Overall, it appears that the environmental issues associated with the location and time of a program are important to all age groups. This supports the idea that an "adult-like" setting is preferred over a typical classroom setting (Knowles, 1980). Comfortable chairs and good lighting rated the highest, supporting other research that found these things to be important in a family life education setting (Morris, Cooper, & Gross, 1999). These issues might not determine initial participation in a program because participants won't be aware necessarily of the environment prior to the first session. However, these considerations may be important in determining continued participation in a program or in future programs offered at that facility as well as satisfaction with the program. Additionally, environmental issues could be used in marketing a program. Awareness that a program will be held in a comfortable and easy to access facility may aid people in making their decision about participation.

Interesting results emerged when making comparisons by gender. There were significant differences in the ratings of proximity to the bathroom, time of day, and convenient parking with women rating these issues higher. It has been recognized that bladder capacity is reduced with age (Glass, 1996; Peterson, 1983); however, no gender differences in this have been noted. Many women may have home and family

responsibilities, in addition to work responsibilities that would affect the time of day that they would be available to attend programs.

Comparisons by age revealed some expected results. A location with no stairs is more important to those participants age 85 and over than it is for those participants age 50-64. On the other hand, time of day was more important to those individuals age 50-64 than for those individuals age 75-84. Individuals age 50-64 are most likely to still be in the workforce and must be concerned about fitting programs into their work schedule. These factors are more likely to determine initial participation in a program.

Finally, background noise was more of a concern for individuals age 85 and over than it was for those individuals age 75-84. Hearing loss is common in later life and it is recommended to reduce background noise, as well as raise voice volume and lower the pitch of your voice in an effort to accommodate these changes in hearing (Glass, 1996; Peterson, 1983).

Deterrents and Motivators to Participation

In order to understand participation in educational programs it is important to look beyond the needs or interests of the individuals because even if a need is indicated, individuals still may not commit to attending and participating in a program that targets that need. Characteristics of the learner, deterrents, and motivators play a part in understanding why some people participate in family life education programs and other people do not.

In terms of deterrents, Cross (1979, as cited by Peterson, 1983) suggested three categories of deterrents: situational barriers (e.g., cost, health status), institutional barriers (e.g., inconvenient times, lack of program information), and dispositional barriers (e.g.,

lack of interest, anxiety about learning). The factor analysis performed as part of this study resulted in four similar categories labeled: Personal Barriers, Programmatic Barriers, Participation Barriers, and Time Barriers. Personal barriers included items such as poor health, not enough energy, and no transportation. Programmatic barriers included such items as driving at night, cost of the program, and lack of program information. Participation barriers included items such as no interest and loss of leisure time. Finally, Time Barriers included items such as not enough time and job responsibilities. A full list of each of the factors and the corresponding instrument items is in Appendix I. Although there is some overlap between the factors, Personal Barriers and Time Barriers relate to the situational and dispositional barriers defined by Cross. Programmatic Barriers and Participation Barriers relate closely to institutional barriers. Peterson (1983) found that the institutional barriers were the least important deterrents to participation. Programmatic Barriers had the lowest ratings in the current study supporting Peterson's finding. In other words, the cost of the program or lack of program information may not be as important as personal attitudes or health status in determining participation.

Although no gender differences were found for the four categories of deterrents to participation in the current study, examination of individual deterrents did reveal some interesting findings. Driving at night and cost of a program were the two highest rated deterrents (See Table 3) supporting previous research in this area (Borthwick, 1983). None of the deterrents had mean ratings over 2.95 indicating they were between "not very important" and "somewhat important " The ratings indicate that there is a great deal of variety in the types of deterrents that are important in preventing people from participating in a program.

Age comparisons show older age groups (i.e., 75-84 and 85 and over) are more deterred by Personal Barriers than are younger age groups (i.e., 50-64 and 65-74). This factor included such things as "not young enough," poor health," and "would have to attend alone." For this age group, these issues might be related to attitudes and ideas toward education, as well, as physical issues related to aging. Previous research also found that these types of issues were of concern for older learners (Darkenwald & Valentine, 1985; Glass, 1996; Hayslip & Kennely, 1985; & Peterson, 1983).

Peterson (1983) identified social interaction, social support, encouragement, and the need for information as possible motivators for participation. The results of this study support Peterson's idea of the need for information, as this was the highest rated motivator (See Table 5). Indeed, needs and wants are the main categories of motivation (Ruth et al., 1989). However, social support was among the lowest rated motivators, although women found this more important than did men. Interestingly, social connection did emerge as a significant predictor of future program participation. If one had low social connection, he/she was more likely to indicate that they would participate in a program.

Retaining one's independence was suggested by Wolf (1993) as an important motivator for older adults to participate in various education programs. The mean rating for "maintain independence" in this study was 3.16 and was the third highest rated motivator (See Table 5) indicating that it was "somewhat important." This motivator might be dependent on the topic of the program offered. Some programs may not assist one in maintaining independence, whereas others would have more of an influence in this

area. However, as previously mentioned, many of the highest rated topics were relevant to maintaining one's independence (e.g., nutrition and health, fitness and exercise).

Likelihood of Future Program Participation

Five variables emerged as significant predictors of future program participation: gender, age, health status, educational attainment, and social connection.

Educational Attainment

Higher educational levels indicated a greater likelihood of future participation in educational programs, supporting previous research. Educational attainment has consistently been the strongest predictor of participation in previous research (Manheimer & Moskow-McKenzie, 1995; Peterson, 1983). Younger age groups had higher levels of educational attainment than did the older age group; however, it is expected that each succeeding age group will have higher educational levels than the one before (Freidland & Summer, 1999; Manheimer et al., 1995). This suggests a growing trend toward greater receptivity to participation in educational programs among older adults.

Age

Younger participants were more likely to indicate they would participate in future programs than older age groups, supporting previous research (Heisel, Darkenwald, & Anderson, 1981 as cited by Peterson, 1983). Not only do younger adults have greater educational attainment, but also they are more receptive to programs dealing with family issues. Indeed, younger age groups indicated greater overall interest in family life education topics and were more likely to report a need for information or to learn a new skill as a motivator for participation.

Health Status

Peterson (1983) suggested that better health predisposes people to participate in educational programs and this makes logical sense; however, it has not been empirically tested. In this study, those participants with better health had a greater likelihood of future program participation. Poor health was a deterrent in the Personal Barriers factor, a factor that the old old and oldest old found to be important in preventing their participation. Additionally, among the additional deterrents suggested by participants were hearing/vision problems, physical mobility, disabled, homebound, and problems with sitting and walking.

Religious beliefs

Previous literature has acknowledged the importance of religion in the lives of older adults (Glass, 1990); however, the role that religion plays in predicting the likelihood of program participation has not been empirically examined. It was thought that if an older adult was active in church, then he/she might be more likely to participate in educational programs (Glass, 1990). This was not the case in this study, as religious beliefs was not a significant predictor Previous research has also indicated that religion is an important source of social support (Glass, 1990) and it was found in this study that those individuals with high levels of social connection are not as likely to participate in programs as are those with lower levels of social connection. Consequently, if individuals were getting their social support needs met through religious connections then social support would not be as strong a motivator for participation in education programs.

Social Connection

Those individuals who reported lower levels of social connection in their lives were more likely to indicate future participation. Two interpretations are possible. First, the individuals who feel more socially isolated might participate in a program as a way to connect with other individuals and perhaps make new friends. Second, the individual might not feel the support or connection to their family members that they would like so are interested in programs that might help to facilitate these family connections (e.g., relating to adult children, strengthening and enriching your marriage).

In summary, mid-life women with high educational levels, good overall health, and low levels of social connection are the individuals most likely to participate in family life education programming.

Summary of Findings

Several findings from this study have obvious implications for family life educators who are interested in meeting the family life education needs of middle and older adults.

1) In general, mid-life adults (i.e., 50-64) and the young old (i.e., 65-74) are more interested in family life education topics than older age groups.
2) Social connection, age, gender, health status, and education emerged as significant predictors of the likelihood of future program participation.
3) Men have a greater interest in topics relating to family and relationship issues.
4) Women are more interested in the topics relating to the practical aspects of aging.
5) The environmental considerations of a facility available for programming are important to participants.

6) Independent use instructional strategies were rated high in their usefulness as a vehicle for receiving information
7) Computers were rated low in terms of their usefulness as an information source; however, mid-life adults indicated more interest in this mode of learning than older age groups.
8) Deterrents to participation were generally rated low in terms of how important they might be in keeping them from a program. Night driving and cost of program emerged as most important deterrents.
9) Personal barriers to participation (e.g., poor health, not enough energy) are more important for older age groups than for the younger age groups.
10) Need for information was rated as the highest motivator for participation. Women indicated more motivation by social support and meeting new people than did men.

Implications for Research and Theory

This exploratory study provides a foundation for further research in this area and contributes a needs assessment model that can be replicated with other populations. The results of this study also support the idea of diversity in middle and older populations that stems from both educational gerontology and the lifecourse perspective. It is important for a similar needs assessment to be conducted with a smaller target population before programming is developed or implemented in order to adequately address the needs of the target audience. For example, if programming is going to be implemented at a senior center, the results of a needs assessment might be very different than if you are targeting mid-life adults through a worksite program

Deterrents and motivators to participation have been addressed in this study; however, the findings of this study indicate this is an issue worthy of more attention. Demographic information was examined in predicting future program participation; yet, deterrents and motivators were not analyzed in this way. Future research might include performing separate analyses by age group to determine the age differences in the likelihood of future participation including the deterrents and motivators to participation.

In predicting future program participation, the model tested in this study accounted for 12% of the variance. Along with examining other demographic variables and deterrents and motivators, focus groups or other qualitative methods might be useful in accounting for more of the variance

According to the "multiple time clocks" assumption of the life course perspective (Bengston & Allen, 1993), it is important to look at more than just ontogenetic time (i.e., chronological age) when addressing the needs of families. This study has focused primarily on chronological age and has neglected the importance of generational time (i.e., role statuses) and historical time. As mentioned previously, this issue is worthy of further exploration in determining the family life education needs of middle and older adults.

More theory development is needed in the area of family life education and this study has utilized theoretical frameworks that hold promise for this field. Educational gerontology was a helpful guide in identifying deterrents and motivators to participation, instructional strategies, and environmental issues that were examined in this study as well as insight into these issues. The life course perspective was a useful framework for guiding this study and for interpreting the results. This perspective also appeared to

complement educational gerontology when focusing on older adults. Additional exploration of these theoretical frameworks and their application to family life education is warranted.

Implications for Family Life Education Programming and Practice

As the baby boomers continue to enter their fifties now and in the coming years, they will be a prime target for family life education. Baby boomers are better educated than their older counterparts (Manheimer et. al., 1995) and this increases the likelihood that they will participate in programs. Overall, adults age 50-64 are more interested in topics relating to family life education, more receptive to group instructional strategies that might be used in a structured family life education program, and are more likely to attend educational programs. They are not deterred as much by personal factors as they are by time constraints but are motivated by the need for information. Computers are also of interest to adults in this age range; however, at this point, they rate other instructional strategies higher.

Men appear to be interested in topics relating to their family and their relationships. These results have obvious implications for programming. Programs that focus on family and relationship issues, such as grandparenting could be targeted to men's groups, perhaps through a church or community center.

Women often must deal with the practical aspects of aging such as caregiving and were more interested in these topics. They may benefit more from programming that helps them to cope with the practical aspects of aging and more specifically caregiving and stress management. It also appears that women are motivated by meeting new people and the opportunity for social support. Chene (1994) found that friendships and a

sense of belonging was an important motivator for continued participation in learning groups. Ongoing groups comprised of women in similar situations (e.g., caring for aging parent) that foster mutual support among the group members as well as provide information might be beneficial.

Overall, participants were interested in family life education materials that they could utilize independently such as newsletters. The PrimeLife for Seniors program sends out a monthly newsletter to all of its members and its popularity may be reflected in the responses. Nonetheless, people are busy and it is often difficult to commit to attend an evening or weekend program; however, a newsletter or brochure can be read at one's own leisure. It is often difficult to measure the effectiveness of such family life education techniques; yet, it appears that individuals are receptive to them and find them helpful. It is recommended that more print material relating to topics of interest for these age groups be developed and made easily available. This could include work places, senior centers, retirement communities, doctors' offices, community centers, or area businesses such as grocery stores.

When developing print materials for middle and older adults, font style and size should be considered. Participants in this study were asked if they were able to read Courier, Times New Roman, and Ariel font styles and 10-,12-, and 14-point pitch. Results from these questions indicated that materials should be created using Times New Roman or Ariel and should be at least 12-point pitch. In addition, dark green, blue, and violet colors should be avoided as the natural yellowing of the aging eye makes it difficult to see these colors (Peterson, 1983).

Limitations of the Study

There are several limitations of this study that should be recognized when interpreting the results. First, the results of this study are not generalizable beyond the PrimeLife for Seniors Program. Even within that program, caution should be used in generalizing the results to the entire membership because there was a large non-response rate (73%) and it is not clear how those who did not respond are different than those who did respond. It is difficult to determine patterns of non-response; however, it may be that those with lower levels of educational attainment, those with little interest in educational programs, or those who would be unable to attend programs (e.g., homebound) are included in those that did not respond

In addition, there is the issue of coverage error. Salant and Dillman (1994) define coverage error as error that occurs when a sampling frame does not include all elements of the population. In this study, the target population was the PrimeLife for Seniors Membership. This membership list included 20,532 names; however, birthdays were only available for 11,470 of these names. Consequently, the sampling frame used in this study excluded 9,062 individuals who were a part of the target population. As mentioned previously, it is not known how these individuals may be different than the 11,470 individuals included in the sampling frame.

Although, cognizant of the population that would be completing the survey, measurement errors were made. Ethnicity was not used as a variable in this study because the data did not appear to accurately represent the population. Confusion over the use of "Native American," "European-American," and "African-American" was apparent, thereby skewing the responses on this variable. In addition to the previously mentioned

terms, it is recommended that future research use the words "black," "white," and "American Indian" to more clearly define these different ethnic/racial groups. Questions regarding caregiving responsibilities is another question that might have been confusing to participants, resulting in measurement error. This confusion might have been eliminated by more clearly defining "caring for another family member" and better delineating among the different types of caregiving.

Finally, the sample itself posed some limitations for this study. Overall, it was a well-educated sample and the majority of participants were married. Economic status was also quite high for this sample and although, accurate information was not available regarding ethnicity, it appears that it was a predominantly white sample. The limited diversity among these variables adds to the inability to generalize the results beyond this sample. Yet, this sample might actually better represent those individuals interested in family life education programming. There has traditionally been a lack of diversity in gender, ethnicity, and socioeconomic status in family life education programs and efforts should be made to reach those underserved populations (Arcus, 1993).

Summary and Conclusions

This study, provides some important insight into family life education for middle and older adults, a population that has not received the attention that it deserves in regard to family life education (Arcus, 1993). This study has integrated existing knowledge of family life education with educational gerontology and the life course perspective in an effort to provide some theoretical guidance and to give attention to the practice of family life education with older populations. It is clear that there is a need for family life education for middle and older adults and that mid-life adults in particular appear to be an

audience for family life educators to target. This study contributes a foundation from which others may build in order to continue to assess and meet the family life education needs of middle and older adults.

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Appendix A

St. Mary's

St. Mary's Health System, Inc
900 E Oak Hill Avenue
Knoxville, Tennessee 37917-4556
423-545-8000

September 13, 1999

To Whom It May Concern

Sharon Ballard has discussed with me her proposed dissertation research project entitled "Family Life Education and Older Adults" This study will involve the PrimeLife for Seniors program with St. Mary's Senior Services From my discussions with Miss Ballard, I feel that it is a worthwhile project and I look forward to seeing the results of the research project. A formal need assessment will provide valuable information on future program planning and the information gained from the study will benefit both PrimeLife for Seniors members and Seniors Services staff.

I have no reservations about Miss Ballard's research project and she has my full cooperation in working with members and staff affiliated with St. Mary's Senior Services. If you have any question or if I can be of further assistance, please contact me at 545-6750.

Sincerely,

Suzanne Reynolds

Suzanne Reynolds, C.M.S W.
Director, PrimeLife for Seniors

Appendix B

FORM A

IRB#_____

Certification for Exemption from IRB Review for Research Involving Human Subjects

Date received in OR_____

A **PRINCIPAL INVESTIGATOR(s) and/or CO-PI(s):**

Principal Investigator: Sharon M. Ballard
Co-Principal Investigator: Michael Lane Morris

B **DEPARTMENT/UNIT:**

Child and Family Studies

C **COMPLETE MAILING ADDRESS AND PHONE NUMBER OF PI(s) and CO-PI(s):**

PI: 219 Kirkwood Street
Knoxville, TN 37914
(423) 637-5323

CO-PI: 115 Jessie Harris Bldg.
Knoxville, TN 37996
(423) 974-6291

D **TITLE OF PROJECT:**

Family Life Education and Older Adults

E **EXTERNAL FUNDING AGENCY AND ID NUMBER:**

N/A

F **GRANT SUBMISION DEADLINE:**

N/A

G **STARTING DATE:**

October 25, 1999

H. **ESTIMATED COMPLETION DATE:** March 2000

I. Objectives of Project:

The overall purpose of the present study is to serve as a needs assessment for future program planning for older adults. Specifically, the objectives of the study are:

a) to determine the family life education topics that older adults have a need for and an interest in;

b) to determine environmental factors that might affect older adults' attendance and participation in family life education programs;

c) to determine deterrents to participation in family life education programs,

d) to determine instructional strategies and techniques that will be appealing and effective for older adults;

e) to make comparisons of needs, deterrents to participation, environmental factors, and preferred instructional strategies by age, sex, socioeconomic status, general health status, life satisfaction, self esteem, and educational attainment;

f) to determine those factors that predict the likelihood of future participation in a family life education program.

II. Subjects:

Data will be collected through a mailed survey sent to a stratified random sample of adults age 50 and over. The population will be divided into four age subgroups: age 50-64, 65-74, and 75-84, and 85 and over. The sampling frame will be the membership list for the PrimeLife for Seniors Program at St Mary's Medical Center in Knoxville, Tennessee. Initially, the PrimeLife for Seniors mailing list did not include individual's birthdays. Therefore, birthdays are only available for approximately 7,000 individuals from entire membership base of 20,532. Because the sample will be generated by age, the actual sampling frame used for this study is approximately 7,000. A random sample of 250 members in each of the four age groups (50-64, 65-74, 75-84, and 85 and over) will be selected for inclusion in the study for a total sample size of 1000.

The membership list contained 20,532 names of individuals at the end of July 1999. There are many married couples who are members and other individuals who live in the same household (e.g. sisters). Therefore, there are 14,500 actual households on the mailing list. The

majority of members are from Knox county and surrounding counties in East Tennessee; however, there are a few individuals who live in Middle or West Tennessee or in other states.

It is estimated that the questionnaire will take 20 minutes to complete. After returning the completed questionnaire, the participant's involvement in this research project is complete. If they do not return the completed questionnaire within three weeks of the initial mailing, a follow-up postcard will be sent. No other attempt at individual contact will be made. A final deadline of December 31, 1999 for returning completed questionnaires will be given.

III. Methods or Procedures:

Questionnaires printed in booklet form will be mailed out to a total of 1000 PrimeLife for Seniors members. A cover letter on St Mary's letterhead will be included with the questionnaire. All the elements of informed consent are included in this cover letter and return of the completed questionnaire constitutes informed consent to participate in the project. A postage paid return envelope will be included in the mailing to facilitate the return of the questionnaire

It is not anticipated that participation in this project will involve any risks for anyone Overall, the questions included in the questionnaire are not sensitive or threatening in nature However, in an effort to ease any concern over answering questions on income and ethnicity, "I do not choose to respond to this question" is offered as a response option. Participation in the incentive drawing is completely optional.

The confidentiality of information about participants will be maintained through the use of a four-digit identification number assigned to each participant. Each participant's number will be written on the questionnaire sent to them. As the questionnaires are returned, the identification number will be used to check the individual off the mailing list so that a follow-up notice is not sent to that individual. Names will not be connected with specific surveys. If the participant chooses to participate in the optional incentive drawing, they will put their name and telephone number on a separate slip of paper. This slip of paper will be put into a separate container and

will no longer be able to be linked with a specific questionnaire The information gathered will only be reported in summary form with no reference to individuals

Participants will send their completed questionnaire to the PrimeLife for Seniors Program office at St. Mary's Medical Center. The principal investigator will pick up these unopened questionnaires. Upon data entry, the questionnaires will be stored in a securely locked filing cabinet in the Jessie Harris Building at The University of Tennessee, Knoxville. The principal investigator and co-principal investigator will be the only two people with access to the raw data. A summary of results will be reported to the Senior Services staff at St Mary's Medical Center. Individual information or identities will not be shared.

IV. CATEGORY(ies) FOR EXEMPT RESEARCH PER 45 CFR 46: #2

CERTIFICATION: The research described herein is in compliance with 45 CFR 46 101 (b) and presents subjects with no more than minimal risk as defined by applicable regulations

Principal Investigator	Name	Signature	Date
Student Advisor	Name	Signature	Date
Dept Review Comm Chair	Name	Signature	Date

APPROVED:

Dept Head	Name	Signature	Date

Appendix C

Educational Programming: A Survey of Members of PrimeLife for Seniors



Please return your completed questionnaire
in the enclosed envelope to:

St. Mary's Health System, Inc.
PrimeLife for Seniors Program
900 E. Oak Hill Avenue
Knoxville, TN 37917-4556

1. **HAVE YOU EVER PARTICIPATED IN A PRIMELIFE FOR SENIORS EDUCATIONAL PROGRAM OR WORKSHOP BEFORE? CHECK YES OR NO.**

   YES_____ NO_____

2. **IF NOT, WHY?** _____

3. **HOW LIKELY ARE YOU TO PARTICIPATE IN AN EDUCATIONAL PROGRAM IN THE FUTURE? CIRCLE THE NUMBER OF YOUR ANSWER.**

   VERY LIKELY. 3
   SOMEWHAT LIKELY. 2
   NOT LIKELY. 1
   DON'T KNOW. 0

4. **DO YOU FIND THE FOLLOWING PRINT STYLES EASY TO READ?**

   COURIER NEW. . . . . .YES_____ NO_____
   TIMES NEW ROMAN. . . . . YES_____ NO_____
   ARIEL . . . . . YES_____ NO_____

5. **DO YOU FIND THE FOLLOWING PRINT SIZES EASY TO READ?**

   TEN POINT. . . . . .YES_____ NO_____
   TWELVE POINT. . . . . YES_____ NO_____
   FOURTEEN POINT. . . . . YES_____ NO_____

6. **DO YOU HAVE A COMPUTER IN YOUR HOME?**

   YES_____ NO_____

7. **DO YOU HAVE INTERNET ACCESS IN YOUR HOME?**

   YES_____ NO_____

8. **WOULD YOU CONSIDER YOURSELF COMPUTER LITERATE?**

   YES_____ NO_____

9. **INDICATE HOW INTERESTED YOU ARE IN LEARNING MORE ABOUT EACH OF THE FOLLOWING EDUCATIONAL TOPICS BY CIRCLING ONE OF THE PROVIDED CHOICES FOR EACH TOPIC.**

	VERY INTERESTED	SOMEWHAT INTERESTED	NOT VERY INTERESTED	NOT AT ALL INTERESTED
ADJUSTING TO DISABILITIES.	4	3	2	1
ADULT DAY CARE	4	3	2	1
AGE DISCRIMINATION	4	3	2	1
ALCOHOLISM	4	3	2	1
ALZHEIMER'S DISEASE. . . .	4	3	2	1
CARING FOR A FAMILY MEMBER	4	3	2	1
DEPRESSION	4	3	2	1
ELDER ABUSE.	4	3	2	1
ESTATE PLANNING.	4	3	2	1
FAMILY COMMUNICATION . . .	4	3	2	1
FITNESS AND EXERCISE . . .	4	3	2	1
GRANDPARENTING	4	3	2	1
GRIEVING AND LOSS.	4	3	2	1
HIV/AIDS	4	3	2	1
LEISURE OPPORTUNITIES. . .	4	3	2	1
LIVING WILLS	4	3	2	1
LONG-TERM CARE	4	3	2	1
MANAGING WORRIES	4	3	2	1
MEDICATION MANAGEMENT. . .	4	3	2	1
MENOPAUSE AND HORMONES . .	4	3	2	1
MYTHS & REALITIES OF AGING	4	3	2	1
NUTRITION AND HEALTH . . .	4	3	2	1
PHYSICAL CHANGES OF AGING	4	3	2	1
POSITIVE ASPECTS OF AGING.	4	3	2	1
RELATING TO ADULT CHILDREN	4	3	2	1
RETIREMENT PLANNING. . . .	4	3	2	1
SEXUALITY.	4	3	2	1
STRENGTHENING AND ENRICHING YOUR MARRIAGE. .	4	3	2	1
WIDOWHOOD/WIDOWERHOOD. . .	4	3	2	1

10. **LOOK AT THE TOPICS ON THE PREVIOUS PAGE. IF THERE WERE A PROGRAM CONVENIENTLY OFFERED TO YOU THIS SPRING ON ONE OF THE TOPICS OF INTEREST TO YOU, WOULD YOU ATTEND?**

YES_____ NO_____

11. **PLEASE SPECIFY ANY EDUCATIONAL TOPICS OTHER THAN THOSE LISTED ON THE PREVIOUS PAGE THAT YOU WOULD BE INTERESTED IN.**

_____

12. **FOR EACH OF THE FOLLOWING TEACHING TECHNIQUES OR SOURCES OF INFORMATION, PLEASE CIRCLE HOW HELPFUL YOU WOULD FIND THIS METHOD FOR RECEIVING INFORMATION.**

	VERY HELPFUL	SOMEWHAT HELPFUL	NOT VERY HELPFUL	NOT AT ALL HELPFUL
SELF-HELP BOOKS	4	3	2	1
TELEVISION.	4	3	2	1
MAGAZINES	4	3	2	1
NEWSLETTER.	4	3	2	1
BROCHURES OR PAMPHLETS. . .	4	3	2	1
VIDEOS.	4	3	2	1
LECTURE	4	3	2	1
LEARNING FROM OTHERS YOUR OWN AGE	4	3	2	1
JOURNAL WRITING	4	3	2	1
DISCUSSIONS	4	3	2	1
COMPUTER PROGRAM FOR HOME USE.	4	3	2	1
COMPUTER PROGRAM USED IN CLASSROOM SETTING	4	3	2	1
VISUAL AIDS(e.g.,CHARTS HANDOUTS, OVERHEAD TRANSPARENCIES)	4	3	2	1
INTERNET(WORLD-WIDE-WEB).	4	3	2	1
SUPPORT GROUPS OR SMALL GROUP INTERACTION	4	3	2	1

13. **HOW IMPORTANT TO YOU ARE EACH OF THE FOLLOWING CONSIDERATIONS IN DETERMINING YOUR SATISFACTION WITH AN EDUCATIONAL PROGRAM OR WORKSHOP? CIRCLE THE NUMBER.**

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT
LOCATION WITH NO STAIRS. .	4	3	2	1
ROOM NEAR A BATHROOM . . .	4	3	2	1
GOOD LIGHTING.	4	3	2	1
COMFORTABLE CHAIRS	4	3	2	1
TIME OF DAY.	4	3	2	1
MINIMUM OF BACKGROUND NOISE	4	3	2	1
LENGTH OF PROGRAM.	4	3	2	1
TEMPERATURE OF THE ROOM. .	4	3	2	1
CONVENIENT PARKING	4	3	2	1

14. **CIRCLE HOW IMPORTANT EACH OF THE FOLLOWING FACTORS IS IN ENCOURAGING YOU TO ATTEND AN EDUCATIONAL PROGRAM OR WORKSHOP.**

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT
NEED FOR INFORMATION. . . .	4	3	2	1
SOCIAL SUPPORT.	4	3	2	1
MEET NEW PEOPLE	4	3	2	1
IMPROVE FAMILY LIFE	4	3	2	1
MAINTAIN INDEPENDENCE . . .	4	3	2	1
LEARN NEW SKILLS.	4	3	2	1
BETTER UNDERSTAND COMMUNITY & POLITICAL ISSUES.	4	3	2	1
ENJOY LEARNING.	4	3	2	1

15. **MANY THINGS PREVENT PEOPLE FROM PARTICIPATING IN A PROGRAM OR WORKSHOP. CIRCLE HOW IMPORTANT EACH OF THE FOLLOWING ARE IN KEEPING YOU FROM ATTENDING AN EDUCATIONAL PROGRAM.**

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT
CARING FOR A FAMILY MEMBER	4	3	2	1
COST OF PROGRAM	4	3	2	1
DON'T LIKE TO ATTEND WORKSHOPS	4	3	2	1
DRIVING AT NIGHT.	4	3	2	1
HOME RESPONSIBLITIES. . .	4	3	2	1
INVASION OF PRIVACY . . .	4	3	2	1
IRRELEVANT TO MY NEEDS. .	4	3	2	1
JOB RESPONSIBILITES . . .	4	3	2	1
LACK OF CONFIDENCE. . . .	4	3	2	1
LACK OF ENCOURAGEMENT FROM FAMILY & FRIENDS.	4	3	2	1
LACK OF PROGRAM INFORMATION	4	3	2	1
LOSS OF LEISURE TIME. . .	4	3	2	1
LOW PERSONAL PRIORITY . .	4	3	2	1
NO INTEREST	4	3	2	1
NO TRANSPORTATION	4	3	2	1
NOT ENOUGH ENERGY	4	3	2	1
NOT ENOUGH TIME	4	3	2	1
NOT YOUNG ENOUGH.	4	3	2	1
PERSONAL PROBLEMS	4	3	2	1
POOR HEALTH	4	3	2	1
PREFER TO LEARN ON MY OWN	4	3	2	1
WOULD HAVE TO ATTEND ALONE	4	3	2	1

16. **PLEASE SPECIFY ANY OTHER FACTORS THAT WOULD PREVENT YOU FROM PARTICIPATING IN A FAMILY LIFE EDUCATION PROGRAM.**

_____

NEXT WE WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOURSELF.

1. **INDICATE HOW SATISFIED YOU ARE WITH YOUR DAY-TO-DAY LIFE IN TERMS OF EACH ITEM BY CIRCLING THE NUMBER OF YOUR CHOICE.**

	VERY SATISFIED	SOMEWHAT SATISFIED	NOT VERY SATISFIED	NOT AT ALL SATISFIED
THE WORK YOU DO	4	3	2	1
WHERE YOU LIVE.	4	3	2	1
YOUR WAY OF LIFE.	4	3	2	1
THE THINGS YOU DO FOR ENJOYMENT	4	3	2	1
YOUR HEALTH	4	3	2	1

3. **PLEASE CIRCLE THE NUMBER OF YOUR PRESENT MARITAL STATUS?**

NEVER MARRIED. 1
MARRIED. 2
DIVORCED 3
SEPARATED. 4
WIDOWED. 5
REMARRIED AFTER BEING WIDOWED. . . 6
REMARRIED AFTER BEING DIVORCED . . 7

4. **WHAT IS THE LENGTH OF YOUR PRESENT MARITAL STATUS?**

_____YEARS

5. **HOW MANY CHILDREN DO YOU HAVE?** _____
NUMBER

6. **HOW MANY GRANDCHILDREN DO YOU HAVE?** _____
NUMBER

7. **DO YOU HAVE PRIMARY RESPONSIBLITIES FOR CARING FOR ANYONE IN YOUR FAMILY? CIRCLE ALL THAT APPLY.**

CHILDREN UNDER EIGHTEEN 1
ADULT CHILDREN. 2
PARENT. 3
PARENT-IN-LAW 4
NIECES OR NEPHEWS 5
GRANDCHILDREN 6
SPOUSE 7
OTHER RELATIVE. 8
I HAVE NO CAREGIVING RESPONSIBILITIES 9
OTHER _____

8. **WHAT IS YOUR SEX?**

MALE_____ FEMALE_____

9. **HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?**_____YEARS

10. **CIRCLE THE NUMBER OF THE INCOME LEVEL THAT BEST DESCRIBES YOUR TOTAL HOUSEHOLD INCOME FOR THE PAST YEAR?**

LESS THAN $5,000 1
$5,000-14,999. 2
$15,000-24,999 3
$25,000-34,999 4
$35,000-49,999 5
$50,000-75,000 6
$75,000 OR MORE. 7
I CHOOSE NOT TO RESPOND. . . . 8

11. **PLEASE CIRCLE THE NUMBER THAT CORRESPONDS WITH THE ADEQUACY OF EACH OF THE FOLLOWING IN TERMS OF MEETING YOUR PERSONAL NEEDS.**

	VERY ADEQUATE	SOMEWHAT ADEQUATE	NOT VERY ADEQUATE	NOT AT ALL ADEQUATE
LIFE INSURANCE . . .	4	3	2	1
HEALTH INSURANCE . .	4	3	2	1
SAVINGS.	4	3	2	1
LONG-TERM CARE INSURANCE.	4	3	2	1
MONTHLY INCOME TO MEET MONTHLY BILLS. .	4	3	2	1
RETIREMENT/PENSION PLANS.	4	3	2	1

12. **WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT HEALTH?**

POOR. 1

FAIR. 2

GOOD. 3

VERY GOOD 4

EXCELLENT. 5

13. **IN THE PAST MONTH, HOW MANY TIMES DID YOU ADJUST YOUR USUAL ACTIVITY BECAUSE OF YOUR HEALTH?**

NONE - I HAVE NOT CUT DOWN AT ALL. . . .1

1 - 3 TIMES. 2

4 - 6 TIMES. 3

7 - 10 TIMES. 4

MORE THAN 10 TIMES. 5

14. **IN THE LAST MONTH, HOW OFTEN DID YOU GO TO MEETINGS OF CLUBS OR ORGANIZATIONS?**

NEVER. 1

ONCE. 2

2 OR 3 TIMES. 3

4 OR MORE TIMES. 4

15. **INDICATE YOUR LEVEL OF AGREEMENT WITH EACH OF THE FOLLOWING STATEMENTS BY CIRCLING THE NUMBER OF YOUR CHOICE.**

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
THERE ARE NOT ENOUGH RELATIONSHIPS IN MY LIFE WHERE I FEEL I CAN BE MYSELF	4	3	2	1
THERE ARE TOO FEW RELATIONSHIPS THAT MAKE ME FEEL EMOTIONALLY CONNECTED	4	3	2	1
I HAVE VERY FEW PEOPLE WHO I CAN CONFIDE IN ABOUT IMPORTANT MATTERS IN MY LIFE	4	3	2	1

16. **WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ETHNICITY?**

AFRICAN-AMERICAN. 1

ASIAN-AMERICAN. 2

EUROPEAN-AMERICAN. 3

HISPANIC. 4

NATIVE AMERICAN. 5

I CHOOSE NOT TO RESPOND. 6

OTHER_____(PLEASE SPECIFY)

17. **WHICH OF THE FOLLOWING BEST DESCRIBES YOUR LIVING ARRANGEMENTS?**

OWN HOUSE. 1
RENT A HOUSE. 2
OWN CONDOMINIUM. 3
RENT APARTMENT. 4
LIVE WITH A RELATIVE. 5
OTHER _____(PLEASE SPECIFY)

18. **HOW IMPORTANT ARE YOUR RELIGIOUS BELIEFS IN GUIDING HOW YOU LIVE YOUR LIFE?**

VERY IMPORTANT. 1
PRETTY IMPORTANT. 2
NOT TOO IMPORTANT. 3
NOT IMPORTANT AT ALL. 4

19. **HOW OFTEN HAVE YOU ATTENDED RELIGIOUS SERVICES IN THE PAST MONTH?**

_____
NUMBER

20. **WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?**

NO FORMAL EDUCATION. 1
SOME GRADE SCHOOL. 2
COMPLETED GRADE SCHOOL. 3
SOME HIGH SCHOOL. 4
COMPLETED HIGH SCHOOL. 5
SOME COLLEGE. 6
COMPLETED COLLEGE. 7
SOME GRADUATE WORK. 8
A GRADUATE DEGREE. 9

21. **WHICH OF THE FOLLOWING BEST DESCRIBES YOUR EMPLOYMENT STATUS?**

PART-TIME. 1

FULL-TIME. 2

RETIRED. 3

NEVER EMPLOYED OUTSIDE THE HOME. 4

OTHER. 5

22. **WHAT IS YOUR OCCUPATION?** _____

OCCUPATION

23. **IF YOU ARE RETIRED, AT WHAT AGE DID YOU RETIRE?**

_____YEARS

Your comments will be appreciated, either here or in a separate envelope.

Thank you for your help.

Please return your completed questionnaire in the enclosed envelope to:

St. Mary's Health System, Inc.
PrimeLife for Seniors Program
900 E. Oak Hill Avenue
Knoxville, TN 37917-4556

Appendix D

October 15, 1999

Dear PrimeLife for Seniors Member,

We are conducting a study of family life education programming with the PrimeLife for Seniors program at St. Mary's hospital and we are requesting your help. Family life education is education that focuses on enriching and strengthening individuals and families. In planning future programming we would like to know what topics you are interested in and what will make it easier for you to attend a program.

Your name has been randomly selected from the membership list for PrimeLife for Seniors. Only a small number of members have been selected to participate in this survey, so your opinions and thoughts on this subject are very important. You will be representing many PrimeLife for Seniors members who are similar to yourself. We know how busy you are but we would really appreciate it if you could take the time to fill out this questionnaire. It is a few pages long but we have made every effort to make it easy to read and easy to fill out. It will take you approximately 20 minutes to complete and the information that you provide will be very helpful in determining future PrimeLife for Seniors program offerings. We have included a self-addressed stamped envelope that you can use to return your completed questionnaire.

In addition to playing an important role in PrimeLife for Seniors programming, by filling out this survey you could win one of several prizes! See the enclosed flyer for more details. You will need to complete the survey and have it postmarked by October 29, 1999 in order to be eligible for all of the prizes but we you may still complete and mail in the survey any time before December 31, 1999.

Your responses to the survey are **confidential**. We have assigned you an identification number for mailing purposes only. The number will be used to check your name off the mailing list when your questionnaire is sent back. Your name will never be placed on the questionnaire itself.

If you have any questions, you may call Sharon Ballard at 637-5323. Thank you so much for your help with this important project!

Sincerely,

Suzanne Reynolds, C.M.S.W.
Director, PrimeLife for Seniors

Sharon M. Ballard, M.S.

Appendix E

Win one of Three Prizes!!

<u>Grand Prize</u> - A $100 gift certificate for Bi-Lo Grocery Stores
<u>First Prize</u> – A $50 gift certificate for Wal-Mart Department Stores
<u>Ten Second Prizes</u> – A St. Mary's PrimeLife for Seniors T-shirt

As an added incentive for you to complete this important questionnaire, we will be holding a drawing for the prizes mentioned above. If you return your completed questionnaire postmarked by November 18, 1999, your name will go in the drawing for all three prizes! If you return your completed questionnaire postmarked by November 24, 1999, your name will go in the drawing for the First Prize and one of ten Second Prizes! If you return your completed questionnaire postmarked by November 30, your name will go in the drawing for one of ten Second Prizes! Participation in this drawing is completely optional. If you would like to participate simply fill out and clip the slip below and include it in the envelope with your completed questionnaire.

I would like to participate in the incentive drawing.

Name _____

Telephone Number _____

Appendix F

Hello!
A few weeks ago you received a questionnaire from PrimeLife for Seniors asking for your participation in an important study about family life education programs. Your name was drawn randomly from a list of all PrimeLife for Seniors members. To date we have not received your response. It is important that we are able to include your opinions in our study. Please remember that your responses to the survey will remain confidential.

If you have already responded, thank you for your help and excuse this card. If you have not responded, won't you please take a minute now to do so? If you would like additional information or need a new survey sent to you, please call Sharon at 637-5323. Thank you!

Appendix G

Reminder!

You may have recently received a questionnaire in the mail about family life education programs. We want to find out more about topics related to family life education that you are interested in and what might make it easier for you to participate in programs that are offered. Questionnaires were sent out to a random sample of PrimeLife for Seniors members. If you received a questionnaire and have already sent it back to us, thank you! If you received a questionnaire but have not yet filled it out, please take a few minutes to complete it and send it back in the postage paid envelope provided to you. Thank you so much for you help with this important project!

Appendix H

Family Life Education Topics included on the Survey Instrument

Factor 1: Health & Well-Being
- Depression (.453)
- Fitness and Exercise (.650)
- Leisure Opportunities (.558)
- Myths & Realities of Aging (.666)
- Nutrition & Health (.730)
- Physical Changes of Aging (.778)
- Positive Aspects of Aging (.762)

Factor 2: Practical Aspects of Aging
- Adjusting to Disabilities (.701)
- Adult Day Care (.578)
- Alzheimer's Disease (.478)
- Caring for a Family Member (.624)
- Grieving and Loss (.572)
- Managing Worries (.464)
- Medication Management (.577)

Factor 3: Family & Relationship Issues
- Grandparenting (.692)
- Relating to Adult Children (.572)
- Sexuality (.631)
- Strengthening and Enriching Your Marriage (.784)
- Widowhood/Widowerhood (.494)

Factor 4: Resource Management
- Estate Planning (.812)
- Family Communication (.456)
- Long-Term Care (.682)
- Living Wills (.570)
- Retirement (.723)

Factor 5: Negative Aspects of Aging
- Alcoholism (.740)
- Elder Abuse (.616)
- HIV/AIDS (.672)
- Age Discrimination (.443)

Appendix I

Deterrents to Participation included on the Survey Instrument

Factor 1 - Personal Barriers
- Not Young Enough (.800)
- Not Enough Energy (.730)
- Poor Health (.729)
- No Transportation (.674)
- Personal Problems (.629)
- Would Have to Attend Alone (.673)
- Prefer to Learn on My Own (.485)

Factor 2 - Programmatic Barriers
- Driving at Night (.632)
- Cost of Program (.638)
- Lack of Confidence (.534)
- Invasion of Privacy (.533)
- Lack of Encouragement (.517)
- Lack of Program Information (.569)

Factor 3 - Participation Barriers
- No Interest (.703)
- Irrelevant to My Needs (.539)
- Low Personal Priority (.630)
- Loss of Leisure Time (.585)
- Don't Like to Attend Workshops (.409)

Factor 4 - Time Constraints
- Not Enough Time (.675)
- Home Responsibilities (.674)
- Job Responsibilities (.669)
- Caring for a Family Member (.593)

Appendix J

Instructional Strategies included on the Survey Instrument

Factor 1: Group Instructional Strategies
- Discussion (.795)
- Lecture (.739)
- Support Groups or Small Group Interaction (.704)
- Learning from other your own age (.680)
- Visual Aids (.637)
- Journal Writing (.636)
- Videos (.533)

Factor 2: Independent Use Instructional Strategies
- Magazines (.859)
- Newsletter (.824)
- Brochures or Pamphlets (.763)
- Self-Help Books (.650)
- Television (.648)

Factor 3: Computers
- Internet (World-Wide-Web) (.903)
- Computer Program for Home Use (.895)
- Computer Program used in Classroom Setting (.757)

VITA

Sharon M. Ballard grew up in Maine and graduated from the University of Maine with a Bachelor of Science in Home Economics in May of 1988. After teaching Family and Consumer Sciences in New Hampshire and Maine for six years, she entered the graduate program in Child and Family Studies at The University of Tennessee, Knoxville in August of 1995.

During her first two years in the program, Sharon worked as a graduate assistant in the child development laboratories both as a classroom teacher and as an administrative assistant. She received her Master's of Science in August, 1997. The title of her Master's Thesis was "University Students' Perceptions of Sexuality Education: Information Sources, Educators, and Topics."

During her Ph.D. program, Sharon has been the instructor for several courses in the college including Human Sexuality, Introduction to Early Childhood Education, Family Diversity, Instructional Strategies and Techniques, and Infant and Early Childhood Development. In addition, Sharon has worked in the department of Human Resource Development as a member of the teacher education team, supervising family and consumer sciences interns who are teaching in the public schools. Sharon was awarded the department's Outstanding Teaching award in 1999. Also in 1999, Sharon was awarded a research fellowship from Kappa Omicron Nu.

In the fall, Sharon will begin an assistant professorship at East Carolina University in Greenville, North Carolina.