

# **Community Practice Bulletin**

## **Taking Action in the Community**

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### **Aging: What's Community Got To Do With It?**

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Aging often brings to mind stereotypes of disability and loss which discourage interest in working with older adults. Images of older adults – people 65-years-of-age and older – sitting in wheelchairs parked in front of a television in a nursing home – quickly come to mind. While others have demonstrated that more person-centered nursing home environments can be created, the more general point is that these stereotypes are unrepresentative of the 95% of people over 65 year-of-age who are living in community settings (Golant, 2015).

More representative images of community-dwelling older adults would be pictures of people attending a class learning how to use computers to communicate with family and friends. According to a recent PEW survey approximately 60% of people over 65 were using the internet daily in 2015, up from 25% in 2003 (Perrin & Duggan, 2015). Also more representative would be pictures of older adults attending exercise or aerobics classes at a Senior Service Center. There are over 10,000 Senior Centers in the country (National Council on Aging, 2017) and most of them offer such classes to their membership of more than 10 million older adults. Many people over 65-years-of-age want to maintain their social relationships (Carstensen et al. 1999), and physical health, and the communities in which they live can be made more “age friendly”, by making computer and exercise classes available. What follows are examples of some of the projects we have carried out to create more age friendly communities.

One of our first research projects involved interviews with 40 older adults who were receiving home and community based services (HCBS) HCBS clients are older adults who are nursing home eligible - due to health and physical limitations, who are receiving care in their homes. Social isolation is a risk factor for older adults who are living in community settings and who have physical and health limitations. One of the findings from our study was that 25% of the HCBS clients were using the internet and that these clients were less lonely and had larger social networks than non-internet users. The interviews included validated measures of social networks, loneliness and social isolation.

The HCBS study findings inspired us to create a computer-based educational intervention to promote the social engagement of older adults living in two continuous

care retirement communities (CCRCs). CCRCs are a private sector approach to providing a continuum of housing, social and nursing care, usually all in one location or campus. We partnered with Presbyterian Manors of Mid-America (PMMA), a corporation that operates 18 CCRC campuses. Teams of graduate and undergraduate community psychology students taught residents how to use a private social network, as well as the internet. As a result of the trainings residents were less lonely and had improved quality of life. The students' skills at engaging and developing relationships with older adults helped make this project a success. Following this project PMMA created a 3-semester paid practicum for one of the doctoral students to extend the computer education project to four campuses. The student gained experience in consulting with PMMA to increase its organizational capacity to offer educational programs in computer use.

We expanded our collaborative relationship with PMMA to include a second project in which a doctoral student interviewed 18 independent living residents about their "possible selves". Possible selves are cognitive representations of the self and what people hope to become or are afraid of becoming. Research has demonstrated that possible selves are related to behavior and goal achievement (Oyserman, Bybee & Terry, 2006). Residents' "hoped for" selves included the goals of becoming a better sculptor, creating needle-point family heirlooms, and playing golf once a week. As a next step PMMA agreed to fund the doctoral student to work with residents this summer to help them develop strategies for achieving their hoped for selves and avoiding their feared selves. This student will be working in the role of a "coach" to help empower residents to achieve their goals, and to help PMMA expand its organizational capacity to promote residents' self-development and well-being.

A third example of creating a more age-friendly community involves a local Senior Services Center which funded a doctoral student to carry out surveys and focus groups in order to learn about the activities in which Center members participated and their motives for participating. The findings were that 85% of the members participated because the activities offered by the Centers – physical, social and educational - helped them remain independent, which was their most important goal. One of the faculty members in our group is a board member of Sr. Services and is working with the Senior Center to expand its current wellness and health promotion programs.

Each of these projects, in unique ways, is consistent with a body of research in life-span developmental psychology which focuses on the conditions under which people can age successfully – i.e. with a minimum of disease and disability and with the ability to maintain a sense of mattering and purpose (Baltes & Baltes, 1990; Rowe & Kahn, 1987, 2015). These conditions include communities which offer opportunities for physical, social, educational, cultural and spiritual activities.

Endorsing the concept of age-friendly cities and communities promoted by the World Health Organization (WHO, 2006), activists have used community-based participatory methods to create inter-organizational and inter-generational coalitions. Austin and colleagues' work in Calgary, Canada included programs that linked school-age children to older adults for the purpose of snow removal on sidewalks and the creation of older adults' columns in local newspapers (Austin et al, 2005). Age-friendly

communities link older adults with employers and faith communities to promote opportunities for older adults to stay engaged in the workforce, and participate in voluntary roles.

Community psychologists – with their competencies in mentoring, consultation and organizational development, participatory community based research and program evaluation – have the potential to do this kind of inspiring work with older adults, and the organizations which serve them. Creating more age friendly communities fosters a sense of mattering and establishes the kinds of social connectedness that is at the heart of community psychology. We look forward to an increasing number of our colleagues joining hands with us to engage in inter-generational work at local, national and international levels.

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*This is one of a series of bulletins, formerly titled Theory into Action, highlighting the use of community psychology in practice. Comments, suggestions, and questions are welcome. Please direct them to Tabitha Underwood at [underwoodtabitha@gmail.com](mailto:underwoodtabitha@gmail.com).*