

## Opportunities for Meeting Educational Needs of Aging Adults: Listening to Limited-Resource Older Homeowners

### Abstract

We present descriptive findings from a North Carolina study of 30 limited-resource older homeowners who want to age in place, and we relate those findings to opportunities for outreach education. We grouped the findings from extensive participant interviews into five key areas. For two of those areas—health conditions and financial situation—critical educational content is needed. In addition, by understanding issues and attitudes related to the other key areas—neighborhood, family, and church/religion—Extension and other outreach professionals can develop and market educational programs that better address older adults' needs.

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## Introduction

A review of demographic trends in U.S. society reveals an aging population. Projections have suggested that slightly over 74 million people will be age 65 and older by the year 2030 and that approximately 88 million people will be in that age range by 2050 (U.S. Census Bureau, 2014). Further, forecasters have anticipated that there will be more than 9 million people over age 85 by 2030 and almost 19 million people over age 85 by 2050 (U.S. Census Bureau, 2014). Associated with these projections is the fact that average life expectancy continues to increase. A child born in 1950 had an average life expectancy of 68 years, whereas the average life expectancy today is about 79 years (National Center for Health Statistics, 2014).

The aging population represents both challenges and opportunities for educators, particularly those such as Extension educators, who are committed to providing outreach education to improve quality of life. In fact, Gerrior and Crocoll (2008) suggested that Extension is particularly well suited to provide critical educational

assistance to aging adults, especially those living in rural areas.

One challenge/opportunity relates to aging adults' knowledge base. The aging adult brings a lifetime of formal and informal education and life experience to any education program. Yet aging involves new experiences for which older adults may be unprepared. Education is needed to help older adults with the myriad changes they face in their new stage of life. Chen (2001) suggested that education can, in fact, be empowering to older adults.

## **Housing and Aging in Place**

The majority of older Americans want to stay in their own homes for as long as possible (American Association of Retired Persons, 2000). As a result, there is a need to provide older persons with information to assist them in remaining independent in their homes (Tremblay, 2001). *Aging in place* is a term that is increasingly used in association with the desire of older adults to retain their independence and remain in their homes and communities for as long as is reasonably possible (Wiles, Leibing, Guberman, Reeve, & Allen, 2011). Aging in place can be facilitated through home modifications that make a home safer for and more supportive of its aging adult resident (Tremblay, 2001). At the same time, aging in place can be supported through education related to issues surrounding aging and the varied choices in housing that support successful aging (Chen, 2001; Lipman, Lubell, & Salomon, 2012).

## **North Carolina Study**

In 2013, the Department of Family and Consumer Sciences at North Carolina Agricultural and Technical State University began a 3-year, two-phase research project to assess strategies low-income older North Carolina homeowners were using to remain in their homes. This article focuses on the first phase of the research, which involved site visits and personal interviews with older homeowners who had recently completed home modifications. The purpose of the article is to present descriptive findings from the study and relate those findings to informational needs that could be addressed through outreach education, such as that delivered by Extension educators.

## **Methodology**

Between June 2013 and May 2014, in a central North Carolina city, interviews about aging in place were conducted with 30 limited-resource homeowners (income not exceeding 50% of the relevant county's area median income), aged 55 and over, who had completed home modifications. The homeowners were first contacted regarding participation in the study by the director of the nonprofit housing organization that had completed their home modifications (an author of this article) and then by other members of our research team. The interviews lasted approximately 30 min to 1 hr. All interviews were conducted by the same member of the research team and followed an eight-part content protocol. Responses were recorded and transcribed. Content analysis was used for qualitative data analysis. Transcribed interviews were independently reviewed by two researchers to provide intercoder reliability.

## **Descriptive Findings**

### **Descriptions of Participants and Their Housing**

The average age of participants was 73. Table 1 further describes the participants and general characteristics of their housing.

**Table 1.**  
Participant Characteristics and Housing Characteristics

<b>Characteristic</b>	<b><i>f</i></b>
Participant characteristics	
Female	29
Single	28
Income of less than \$25,000	29
High school education or less	15
Housing characteristics	
One-story single detached house	29
Two or three bedrooms	28
Home modifications had lowered housing costs	8
Home still needing improvements	21

*Note.* Number of participants was 30.

Descriptive findings from the participant interviews were grouped into five key areas: health conditions, financial situation, neighborhood, family, and church/religion. Questions on health, financial issues, and neighborhood were part of the original framework of the interview. However, family and church/religion became important additional topics during data analysis due to the frequency with which participants raised these topics in the interviews.

## Health Conditions

All 30 participants had one or more health conditions that either required resources for managing the condition (e.g., medicine, medical monitoring, assistive devices) or could potentially limit the person's ability to live alone. Thirty-nine health conditions were identified; Table 2 shows the most frequent of those.

**Table 2.**  
Most Frequent Health Conditions of Participants

<b>Health condition</b>	<b><i>f</i></b>
Diabetes	10
High blood pressure	8
Knee problems	6

Frequent falls	5
Arthritis	4
<i>Note.</i> 39 health conditions were identified by interviewees.	

Activities of daily living (ADLs) are basic tasks, such as eating, bathing, dressing, and toileting, that people complete to maintain independent living (Weiner, Hanley, Clark, & Van Nostrand, 1990). About half of the study participants reported that they were able to manage most of the ADLs ( $n = 14$ ), whereas others needed assistance from a caregiver/aid ( $n = 8$ ) or a family member ( $n = 5$ ).

## Financial Situation

Overall, the financial situations of the participants were not secure. The majority of participants were heavily dependent on government resources, as shown in Table 3. However, some participants could not distinguish, or did not know, what types of government resources they actually received. About half of the homeowners ( $n = 16$ ) still had mortgages, and most had no financial resources to handle emergencies, as typified by the following interview excerpt:

Interviewer: [Do you have] funds for emergencies, if something breaks down?

Participant: Nothing. I ain't got a dime.

Interviewer: Your home here, does it still have a mortgage?

Participant: Yeah. About 13 more years, I believe.

Most participants had been employed during much of their adult lives. However, they had not made financial plans for aging and did not have pension funds. Also, they were not very knowledgeable about community resources and depended on family members or community agency workers to assist them in obtaining such resources.

**Table 3.**  
Government Resources Used by Participants

Government resource	<i>f</i>
Social Security	18
Supplemental Nutrition Assistance Program	11
Medicare	7
Medicaid	4
Social Security Disability Insurance	4
Supplemental Security Income	1

## Neighborhood

Participants generally had strong feelings about their neighborhoods (Table 4). Those feelings were mixed, relating to both positive and negative aspects of the neighborhoods.

**Table 4.**  
Participants' Perspectives on Their  
Neighborhoods

<b>Perspective on neighborhood</b>	<b><i>f</i></b>
Best liked aspects of neighborhood	
Connections to neighbors	17
Friendliness of neighbors	9
Quietness	8
Least liked aspects of neighborhood	
Unfriendly neighbors	14
Changes/turnover in neighborhood	11
Noise/safety issues	8
Neighborhood is best feature of home	7
Chose home for neighborhood features	6

## Family

Family was both a support and a liability for participants. In some cases, an extended family was supportive of the aging adult (Table 5). In other situations, a family member or family members were being supported in some way by the older adult.

**Table 5.**  
Participants' Family Relationships

<b>Description of family relationship</b>	<b><i>f</i></b>
Children/grandchildren live in home	9
Chose home because of connection to family (e.g., ownership or location)	6
Depend on family member as caregiver	5

## Church/Religion

Faith, God, and religion were unexpected aspects of responses from many of the participants, who were not specifically asked by the interviewer about their faith or religion. Almost half of the participants ( $n = 12$ )

credited God for healing medical problems or indicated that they prayed for help with health problems.

In response to the question "What do you like most about your neighborhood?" one participant said, "Most? Let me see . . . there's a church right there." Additionally, six study participants identified a church they were attending or had attended or a neighborhood church as a place that gave them a sense of security or a source of emergency help.

## Discussion

The descriptive findings discussed here show that there is need as well as opportunity for education of older homeowners, particularly those interested in aging in place. In particular, education on managing chronic health conditions is needed as is education on improving financial well-being, which is related to present and future financial security (Consumer Financial Protection Bureau, 2015). Additionally, by understanding issues and attitudes related to neighborhood, family, and church/religion, Extension educators and other outreach professionals can better prepare and target educational programs to address the needs of older adults.

Managing chronic health conditions was a prevalent reality for participants, as exemplified by one participant who reported having broken two bones and undergone back surgery and then said, "Well, I think I can work with my diabetes pretty good, but I am concerned about my back and concerned about that foot." Another participant noted, "I do have to take a lot of medicine. Blood pressure medicines, all kinds of medicines . . . kidney medicines . . . all kinds of stuff. . . . It makes me sick I have to take so much." Yet another participant said, "I just went into the hospital . . . and had a new pacemaker put in. I have fibromyalgia. I have arthritis. I have seven stints, and most of them are in my legs." The high frequency of health conditions reported by participants could relate to poor diet, limited exercise, and obesity (Lazar, 2005; Saydan, Franklin, & Cowie, 2004). This possibility suggests that participants could benefit from educational programming on healthful living, especially related to nutrition.

There is a critical need for education for older adults related to financial resource planning as well. The precarious financial situation of most of the participants was a major limitation to their future ability to age in place. Despite heavy dependence on government resources, most participants did not recognize the various government programs available to them or understand how to qualify for such programs. For example, one respondent said, "I don't get any government support. I live off my Social Security check."

Feeling part of a neighborhood and knowing their neighbors was important to participants. Perceived neighborhood quality has been found to be important to life satisfaction and aging in place (Oswald, Jopp, Rott, & Wahl, 2010). At the same time, freedom of mobility and slowdown can limit older adults' activities (Chen, 2001). Therefore, those developing educational programming targeted to aging adults should consider building on the neighborhood link by locating events in older adults' neighborhoods, thereby making the programs more appealing and accessible. Another method for linking an educational program to an older person's neighborhood is using a current or former neighbor as a volunteer leader. In addition, using visual examples of buildings, activities, or people from familiar neighborhoods can be effective for linking educational programs to older persons. This idea is supported by Parker, Powell, Hermann, Phelps, and Brown (2011), who found that older adults' preferred format for educational delivery was video, in part because video could show familiar and real-life situations.

For many educational efforts, older adults' family members should be included. This scenario is especially true of family members who have caregiver roles. Specifically targeting family members of older adults can

expand a program's audience and help encourage the older adults to participate in the program. Reaching out to the family first also can result in information about educational needs of the older homeowner. However, educators need to be aware that there may be resistance on the part of some family members if they sense that the educational program could threaten their personal situations. In the study reported here, there were some situations in which it was not clear whether the family member was a caretaker, a dependent, or a combination of both.

Working with a community church is another way to reach an audience of aging adults. Many churches place a priority on community or social outreach and would be willing to partner with Extension or another outreach organization on an education program. Many older adults value their faith commitment for its purpose-in-life aspect as well as for the part it plays in providing involvement with others, and clergy are important support people (Chen, 2001). Providing an educational program in a neighborhood church near older adults offers the significant benefit of a familiar and easily accessible location.

## **Recommendations for Educational Programs for Older Adults**

As noted, critical educational content is needed to help older adults who wish to age in place manage their health conditions and improve their financial situations. Herein, we provide associated recommendations for such programming.

Specific educational programming related to older persons' health conditions could focus on

- various tools and assistive devices available for monitoring and managing chronic health conditions and ways to obtain, use, and benefit from these resources;
- electronic devices, cell phone applications (apps), and other technologies that promote healthful living but may be less familiar to this target audience;
- actions to take to help eliminate fall risks in homes; and
- health insurance and government programs related to health care, such as Medicare and Medicaid.

Financial education for assisting older homeowners with the aging process could cover

- financial resources available from the government and the needs these resources address,
- ways to qualify for government resources and realistic expectations related to the availability and sustainability of such resources, and
- local community and state resources for financial assistance for limited-resource households.

In addition to the need for financial education related to government and community resources, there is a need for general financial management education. This need is evidenced by comments from participants in our study and is likely one shared by many aging adults. Potential topics for such education include

- balancing income and expenses in retirement,

- planning for future emergency expenses,
- budgeting for housing expenses,
- preparing for medical expenses, and
- setting financial priorities for the future.

## Conclusion

We have reported on a qualitative study of needs and opportunities related to outreach education for older homeowners who want to age in place. The merit of the study is of particular interest to Extension educators, who can reach the target audience and have the ability to offer the education needed to improve well-being.

Although the sample for our study was relatively small and taken from a single location, there is support for the findings and their applicability to Extension education. Rural residents are aging, as noted, for example, by the increased average age of farm operators, which was almost 60 in the 2012 Census of Agriculture (U.S. Department of Agriculture, 2012). Gerrior and Crocoll (2008) identified the increasing number of aging adults as a critical issue, emphasizing the associated impact on rural communities. Gerrior and Crocoll (2008) specifically noted the role Extension has in addressing health and economic well-being issues, which relates to key findings of our research. Finally, a recent Center for Housing Policy report (Lipman et al., 2012) focused on preparation for the growing population of older adults and highlighted the critical importance of issues we have raised here. Concerns discussed in the report included those related to helping older adults live in their own homes, assisting limited-income households of older adults facing housing cost burdens, and accommodating older adults who have health and mobility issues (Lipman et al., 2012). Extension educators are encouraged to focus on these critical issues and needs for older homeowners, especially those with limited resources, to increase opportunities for them to successfully age in place.

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