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Beliefs about Aging and Implications for Future Educational Programming in Kansas

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Acknowledgment

Abstract

The specific aim of this research study was to gain knowledge regarding beliefs about aging, in order to develop future, priority, educational, and aging-related opportunities in Kansas. The study included six focus groups with a self-selected sample of Kansans born during the years 1946-1964 ($N = 39$). Data were analyzed through utilization of open and focused coding processes. The main themes that surfaced included: health is fundamental, communities and families provide assistance, personal experiences shape perceptions, and American society creates expectations. Educational programs that were indicated as priority areas for future development and implementation are discussed.

Beliefs about Aging and Implications for Future Educational Programming in Kansas

In addition to research and teaching, land-grant universities engage in outreach--or extension--in order to help solve community problems and provide informal educational opportunities to the public (Cooperative State Research, Education, and Extension Service, 2009). Cooperative Extension systems across the nation are becoming aware of population aging and the ramifications for service delivery (Nichols & Howard, 2002), and recent evidence of this trend may be seen in the current national effort to address family caregiving through the eXtension initiative (Sellers, Crocker, Nichols, Kirby, & Brintnall-Peterson, 2009).

As a land-grant university, Kansas State University is part of the Cooperative Extension System, and educational programs are provided to citizens of the state by agents who reside or work in the counties and who have differing specializations. Agents from across K-State Research and Extension (KSRE) have been asked by administration to commit to 1 of just 13 "program focus areas"; adult development and aging is one of these 13, indicating its importance as a priority area for educational programming (K-State Research and Extension, 2009). As society undergoes a transformation to an older population, it is important for Cooperative Extension to understand currently held beliefs about aging and the aging process in order to formulate appropriate and relevant educational programming for the future that may have an impact on the lives of the citizens it serves. Therefore, this study used focus group methodology to uncover participants' beliefs, and considers the implications for future educational programming in Kansas.

Population Aging

In the United States, population aging has received attention due to the high fertility rates during the years 1946-1964. The individuals born during this time are called baby boomers and

represent a large cohort in American society (Moody, 2002). By 2030, one of every five Americans will be 65 years of age or older (U.S. Census Bureau, 2004). Baby boomers will begin to reach retirement age in the year 2011, with resulting economic, social, and political consequences (Population Reference Bureau, 2007). As baby boomers comprise a large segment of the aging society, this cohort is of particular interest when considering the development of educational programming. They will soon become the "older adults" of American society, and older adults who obtain education in specific areas may "reduce their dependence on social welfare programs and enhance their quality of life" (Duay & Bryan, 2008, p. 1070).

The state of Kansas mirrors national population numbers. By 2030, 20.2 percent of Kansans will be age 65 or older, which reflects the national trend (U.S. Census Bureau, 2005). However, distinct spatial differences in the distribution of aging in Kansas exist, and this trend will continue. Between 2000 and 2030, the number of older people in Kansas is projected to grow by 236,862 due to aging-in-place and migration. During that same time period, the total population of Kansas will grow by 251,666 (U.S. Census Bureau, 2005). Several rural Kansas counties are facing economic stagnation, decreasing population, and the outmigration of the young that is associated with aging-in-place at the community level (Kulcsár & Bolender 2007). In the year 2000, a greater concentration of people 65+ lived in non-metropolitan counties with proportionally fewer older people in metropolitan areas and the meat-packing region of southwest Kansas. Compared to today, in 2030, a smaller proportion of people will be of working age. Like today, the majority of these older people will be women (He et al., 2005). Women in general have lower socioeconomic status than men. A growing population of older, poorer, widowed women may present both policy and cultural issues that will become increasingly salient as Kansas moves into the future (Cherlin, 2002). As Kansas society changes,

understanding current beliefs about the aging process will assist the Cooperative Extension Service to better position its educational programming to meet the needs of this target population.

Beliefs about Aging

Numerous beliefs that Americans hold about aging are false (Schaie & Willis, 2002), and the United States currently perpetuates mostly negative stereotypes related to the aging process (Levy, 2003). Ageism may be defined as discrimination against people because of their age (Butler, 1969), but positive ageism, which favors older people, also exists (Palmore, 2005b). Ageist beliefs are not necessarily ageist actions, since attitudes and discrimination should be viewed as two different constructs (McMullin & Marshall, 2001).

According to the Pew Research Center (Taylor, Morin, Parker, Cohn, & Wang, 2009), half of all American adults say they feel younger than their actual age. Younger adults tend to have a more negative attitude about their own aging than do older adults (Chasteen, 2000), and tend to have less complex stereotypes about them (Hummert, Garstka, Shaner, & Strahm, 1994). Costs of ageist attitudes to the individual are high (Butler, 2006), and include attempts to avoid aging and loss of self-esteem (Calasanti, 2005). Negative beliefs about aging also have a societal impact. Negative beliefs may be expressed through discrimination in health care, nursing homes, emergency services, the workplace, the media, and marketing, as well as through direct means such as elder abuse (International Longevity Center-USA, LTD, [ILC], 2006).

A current challenge in American society may be viewed as the juxtaposition of changing demographics that will lead to an aging population, with many of those members holding negative attitudes about advancing age. Ensuring that beliefs about aging are accurate appears to have benefits for both the individual and for society. Those who hold positive self-perceptions of

aging engage in additional behaviors related to health prevention (Levy & Myers, 2004), report better functional health (Levy, Slade, & Kasl, 2002), and live longer (Levy, Slade, Kunkel, & Kasl, 2002). Researchers have hypothesized that "positive changes in society's view of aging may also help to reduce and prevent age-related declines in function and the associated deleterious consequences" (Hausdorff, Levy, & Wei, 1999). Several current trends, if they continue, should have a positive impact on the existence of negative beliefs about aging in American society. These trends include the growing number of older adults who are healthy and wealthy, an increase in overall knowledge about aging, greater educational attainment by older adults, additional emphasis on research in aging, and a decrease in sexism (Palmore, 2004).

One method for reducing ageism is through education (Palmore, 2005b). As those who have more knowledge about the aging process hold less negative attitudes about aging (Palmore, 2005a, p. 138), the development of future educational programming focused on providing a realistic view of aging may be viewed as a vital societal strategy. Baby boomers, as they constitute a large future segment of the older adult population, are therefore a target audience. Understanding current beliefs of those born in the years 1946-1964 as it relates to aging may provide direction for future program development. This research project investigated beliefs about aging, in order to inform and potentially establish future, priority, educational, and aging-related educational programming for implementation within the state of Kansas.

<div align="center">Methods</div>

Design

Focus groups encourage interactions among participants and these interactions allow for an investigation into attitudes, behaviors, and needs (Loeb, Penrod, & Hupcey, 2006), and provide an understanding of the beliefs that participants hold (Kitzinger, 1995). Focus group

research allows the subjective experiences of those in attendance to become known and expressed within a social environment (Gibbs, 1997). Therefore, this study used focus group methodology to explore the beliefs of the research participants.

Approval to conduct the research study was provided by the Institutional Review Board of Kansas State University. Eight focus groups were scheduled in eight different locations in the state. K-State Research and Extension Family and Consumer Science agents in these counties were contacted and asked if they would be interested in participating in the project. Agents assumed responsibility for recruiting for the focus group in their county through the distribution of brochures and announcements in their newspaper columns, newsletters, educational programs, and/or radio spots. Ads were also placed in each county's local newspaper for recruitment purposes. Participant eligibility included a birth year of 1946-1964, a willingness to participate in a 60-75 minute audiotaped focus group, and a requirement to register in advance. Two focus groups were cancelled due to a lack of participants; thus participants ($N = 39$) were recruited from six Kansas counties: Barton ($n = 6$), Jewell ($n = 8$), Leavenworth ($n = 8$), Nemeha ($n = 5$), Neosho ($n = 5$), and Sedgwick ($n = 7$). Each participant was offered and provided $25 in compensation for participation.

Agents reserved meeting rooms, provided general information, and acted as a trusted resource person for questions on the project by community members and potential participants. They also acted as assistant moderators, and debriefed with the moderator at the conclusion of each group.

Participants' basic demographic information was collected using a written survey instrument, the *Demographic Information Form*. A moderator's protocol and guide were developed and included the specific questions to be asked in each group. Examples of key

questions included: 'When you hear the word "aging," what comes to mind?' and, 'When does someone become old?' The same moderator's protocol and guide were used for each of the groups (see Appendix).

Data Analysis

A transcriptionist was hired to transcribe the digital files. Each participant was given an identification number for confidentiality purposes. Each transcription was identified by the name of the county in Kansas where the focus group took place. Software that provided a page number and line number for each line of data within the transcript allowed for easy identification and retrieval of each data item.

Initial process. The transcripts were analyzed by three researchers. Researchers immersed themselves individually in the data, working alone, through an extensive reading of all focus group transcripts without conducting any initial coding. Each researcher made an individual decision regarding the number of times that the transcripts needed to be read to achieve familiarity and comfort with the raw data (Esterberg, 2002).

Open coding process. After the comfort level was established, each researcher, working alone, read through the transcripts with the intention of coding the data. Within this process, a *code* is defined as 'particular *ideas* or *events'* (Denscombe, 2004, p. 271). No codes were pre-established; through the immersion process, codes began to appear to each researcher, and codes were initially categorized by each researcher by question (Esterberg, 2002) as delineated in the moderator's protocol and guide. The researchers then individually reviewed these codes at the end of his/her individual process to determine redundancy. All initial codes were documented for the purposes of the audit trail.

After each researcher independently coded the transcripts by question, the team then came together for the first time and reviewed all codes. Codes were combined with unanimous agreement. A list of codes that all researchers agreed existed in the data was generated (Stewart, Shamdasani, & Rook, 2007).

Focused coding process. With these mutual codes established, each researcher independently went back to the data and, working alone, reviewed all six transcripts with the intent of noting which of these codes swept *across* questions. These then became themes. The team then met again and working together, all themes were reviewed, and discussion and mutual agreement determined the most pervasive. A comprehensive list was generated through this team effort (Esterberg, 2002). A student project member participated in the coding meetings to document the process and to provide an audit trail through written notes.

<div align="center">Findings</div>

Descriptive Analysis

Demographic characteristics of participants ($N = 39$) are presented in Table 1. Although recruitment attempts were community-wide in each of the six counties, the sample is not representative. Only three participants were male; the rest of the sample was female ($n = 36$). Additionally, almost all were White ($n = 38$); one identified as Native American. The majority were married ($n = 32$) and college-educated ($n = 34$). The average age of participants for the entire sample was 53.6 years of age; the average age for Barton county was 52.3; Jewell, 52.8; Leavenworth, 52.5; Nemeha, 54.2; Neosho, 58.8; and Sedgwick, 52.8. Two years of birth, 1960 and 1962, from the baby boomer cohort (1946-1964) were not represented in the sample. The participants responded to a variety of recruiting methods, and self-selected to attend. The sample is not representative of the state population. However, for this limited and select sample, the

study does allow for a deep exploration of the beliefs of these particular participants as articulated by them.

Principal Analysis

The four main themes that emerged during the review of the transcripts included (a) health is fundamental, (b) communities and families provide assistance, (c) personal experiences shape perceptions, and (d) American society creates expectations. These themes are described below. The themes set forth in this article provide a framework for organization and help to describe this sample's beliefs about aging; however these should not be viewed as comprehensively discreet domains.

Health is fundamental. Participants discussed health as a fundamental issue, but there were two distinct ideas regarding its role in the aging process. Some participants viewed health as separate from the process of growing older, while others believed that a decline in health status was an inevitable consequence of the aging process. There was general agreement that health—or the lack of it--was a central and important issue. The importance of physical and mental health for participants included the concepts of capacity and attitude. Aging was viewed differently by individuals based upon the level of capacity and the attitude an individual held about the process. One participant articulated all three of these ideas--health, capacity, and attitude-- when she stated, "As long as we can keep our health half-way, why growing old isn't that bad. There is only one other alternative."

Capacity was mentioned by those who believed that health was a separate issue from aging and they framed this topic within a lifespan perspective. As one participant stated, "…a lot of what we're talking about isn't necessarily tied to age. Really all of these issues aren't tied to age. It's tied to mental capacity, it's tied to physical capacity, and that isn't necessarily age."

For another group of participants, poor health was viewed as an ultimate outcome of the aging process. Although these participants talked about attitude, spirit, and control as a possible mediator in this interplay, in the end, they viewed aging as having inevitable negative physical consequences. As one participant stated:

I think aging is a negative thing, not a positive thing. I perceive aging as a physical thing. I think we are ageless in terms of our spirit....you look in the mirror and you think *Is that really me*?...I don't feel as old as I look...but to me, aging is physical deterioration.

Another participant discussed the role that attitude plays in growing older, but ultimately thought that the process of decline would continue in spite of any attitudinal effort:

And I do agree the mind plays a large part in staying healthy. But I also believe that the process of aging is a process of deterioration. The body starts to give out one piece, one cell at a time and it is up to us to decide when we're going to give up.

Communities and families provide assistance. The emergence of community and family as a theme was expressed in terms of gaining access to necessary services, giving help, and receiving help.

Generally, participants felt that programs, resources, and assistance for older adults in their communities were available. As one participant stated, "[there are] painting programs, cards, pool, dance classes, exercise classes, ceramic classes, knitting classes, acting classes, and there's always programs going on." Participants also agreed that a vital community service was access to medical assistance, although they expressed concern that the current health system was inadequate and that medical costs were too high.

Participants' discussions about how a community provided assistance within the context of the aging process were shaped by their perceptions of the advantages and disadvantages of the

type of community in which an older adult lived. In bigger cities, the opportunity to find

assistance through different options and have access to a variety of resources was seen as an

advantage, and the relative lack of this same kind of assistance opportunity in small towns a

disadvantage. As one participant stated, "My mom lives in a smaller town…There just wasn't the

public transportation to come help her. There just weren't as many places for her to go."

However, a small community was seen often as a benefit in terms of social networking and the

consequences that being connected with others may have for older people when in need. As one

participant described her small town she said, "Well sure, there isn't the number of people there.

In the city, you have the masses, and you're just a number, in a sense. You don't feel like that

[here]…we are more family oriented."

When discussing families, participants generally agreed that the role of the family was to

provide assistance, but this assistance and need to provide it as an individual aged was viewed

differently. For some participants, opportunities to give and receive help were viewed as

something that family members shared. For others, this need for assistance was viewed as

dependency.

For some, the provision of assistance was generally viewed as a natural role for a family.

As one participant said:

> …When my mother got sick, the very first thing I thought of is…she's just going to come
>
> and live with me because that's just a natural thing for me…I just kind of stepped in as
>
> the automatic caretaker of everybody from when I was little.

The more prominent viewpoint outlined the role of the family in providing assistance as

one of obligation, and there were resulting worries that these obligations would not be met by

family members. In one discussion, a participant shared that an adult child had said that neither

parent was going to live with the child when the parents "got old." The concept of being cared for was expanded upon:

> …The night before we left, she [the daughter] came over on the couch with me, puts her arms around me, and says 'Oh…, what are you going to do when you get old.' [I] said, 'I'm going to come live with you!' And there was a silence. That isn't what she had in mind.

> *Personal experiences shape perceptions.* Participants discussed personal experiences with aging and their individual relationships with older people, or people they thought of as old. The power of these experiences and the effect of *choices* made by the individual in question to shape the beliefs of the participants about the aging process were articulated clearly. They discussed choice in terms of being proactive and engaging with life as one ages or becoming apathetic. The idea of choice had a different connotation for participants than attitude; choice was connected with physical action, with *doing things*, while attitude was associated with a mental state. The effect of the experiences varied; however, participants often expressed using negative experiences to motivate themselves into thinking positively about aging, and these personal experiences were then used as a way to describe and explain their own perceptions and beliefs.

For example, personal experiences shaped participants' perceptions about aging when they had personal relationships with an individual who was thought to act "older" (in negative ways) regardless of the actual age, or with an aging parent who demonstrated an attribute that was not viewed positively. Participants talked about personal experiences where people acted "older," and illustrated the concepts of choice and the decision to use that experience as a

motivator. These participants had negative personal experiences, but they were motivated to

consciously make positive personal choices as it relates to aging. As one said:

> ...because I work with people...half my age and they are older than I am because their
>
> minds are shut. They are not interested in varying from the linear path that they have
>
> drawn for themselves. I think that no matter how long I live, my goal is to continue to
>
> assimilate new information and try new and different things...I don't want to get that kind
>
> of old.

For others, these same concepts were expressed within the context of experiences with

parents. One participant stated, "I see that with my parents...they're just saying, 'Well, we're old.

Don't do that.' They are just kind of waiting to pass away. I'm like do something! You're

healthy! 'Well, you don't know what it is like to be old.' And I'm like, ugh, do something!"

Another clearly articulated how the experience with her mother motivated her to make a

different choice:

> ...My mother, she had a lot of physical problems...and I saw her go from this way to bent
>
> over to where she was with a walker and walking like this and I'm going to fight that
>
> tooth and nail so that it doesn't happen to me. And so I'm just going to keep more active
>
> and if you compare her age and my age when she was 60, she was in worse shape than
>
> what I am...so I don't want to get old-old.

One participant simply summed up by stating, "That's one thing that we're all given is

choice."

American society creates expectations. Expectations discussed by participants were

related to the value of older adults in American society; specifically, the expectation that the

more an individual ages, the less valuable that individual is to society and the resulting

ramifications of those expectations. However, participants expressed optimism that the way American society views aging and values older people may change in the future. Participants used concrete and abstract examples when discussing expectations, and expressed thoughts related to how these expectations were created.

Participants used concrete examples to discuss expectations of older adults. In a discussion about the media, one participant discussed the expectation that women are not expected to need to feel beautiful as they age, and are not expected to be consumers in this market: "You look in all these hairstyle magazines and what do they have? They are all for young girls…Doesn't anybody care about people who have hit middle age, what looks good on them?" Others talked about the health care system, and the expectation that older adults should forfeit aggressive treatments, thus lessening the value of an individual life: "Because you're older, the doctor feels like, 'Ah, you're over 80. We're just kind of slacking off here a little bit."

Concrete examples often led into discussions about intangible aspects of American society. Participants cited the general social focus on youth as one reason for negative views about aging in American society and the expectation that in American culture, the youth have more value as contributing members of society. One said,

> …We dwell more on the young. When you look at other cultures, the older folks are the ones who are celebrated. They are the ones that you look up to. Our culture is very youth oriented. No wonder some of the older folks feel cast aside and useless. If you can't get it done zero to 60 in ten seconds than they don't have any use for you.

A second reason related to the expectation that older people have a reduced value within the American culture centered on the notion of a consumable society:

The attitude on aging scares me because we're a throwaway society…[The younger generation] are categorizing themselves by material goods, where they rank on that ladder. I don't see a lot of compassion...That is our future down below us…and that is a huge concern. We don't value the elderly now. Good heavens, we're all going to be living in a ditch, trying to help each other out.

A participant further developed the idea that in a consumable society, older adults should be expected to operate in similar ways to younger generations in order to be valued. One said:

I respect elders, but I get so frustrated by their lack of acceptance of change...[a family member] won't accept change, and I find that a lot in older people...we can respect what they went through and what they think, but...you have to respect the new technology and the new ideas that the youth have.

Some participants expressed a sense of hope that negative societal views on aging may change. They talked about the aging of the baby boomers as a potential benefit for society in general, because as society ages, attitudes about aging may become more positive. One participant said, "…Think about the generation [or two generations] above us, what their life at age 60 was. Believe me, 60 now is the new 30." Another participant linked the value of older people to economics: "It's not good, but I think it may be getting better. I think the fact that there's a lot of boomers hitting the aging years might help because there's money to be had from us."

Discussion and Implications

For Cooperative Extension, the movement to an aging society, driven by the baby boomer cohort, requires action today and planning for the future. Within the state of Kansas, efforts are being made to determine current and future educational programming needs of this

changing population. A survey of Kansas State University Research and Extension's users in 2007 indicated that the traditional KSRE audience is older than the state's population, with 33% of these users age 65+ and 29% of users age 55-64 (Sleichter, 2007). A KSRE Family and Consumer Sciences survey (2007) asked respondents to rank priorities related to aging and other family issues. Helping older people to remain in their homes as they age was ranked as the tenth priority overall, and within a subset of issues related to aging, was the first priority. Other priorities in the aging subset included helping older people to age well; making informed decisions about the end of life; increasing safety and independence through use of equipment and devices; and improving quality of life for older people with mental health issues.

As part of these efforts, this research offers additional information regarding currently held beliefs about aging from the sample participants, and reflects previous research. Generally, beliefs about aging were expressed through four major themes: *health is fundamental*, *communities and families provide assistance*, *personal experiences shape perceptions*, and *American society creates expectations*. Particularly salient in terms of the possibilities for educational programming are the two themes of *health is fundamental* and *communities and families provide assistance*. This discussion is focused on the potential for programming expressed within these two themes. Implications for educational programs include those that capitalize on a lifespan approach to health and wellness; discuss issues related to primary, secondary, and tertiary aging; address methods for attending to changes in capacity; prepare individuals through exploration of community and medical services within the local community; and provide education regarding family caregiving.

Health is Fundamental

Participants agreed that health is a central issue in aging. For some participants, good health, and particularly capacity, was believed to be a critical component to high quality of life regardless of age. Other participants expressed a belief that physical deterioration could not be avoided as part of the aging process, nor could capacity be maintained, regardless of attitude. These participants expressed a belief that aging carried inevitable negative physical consequences.

Educational prevention programs that capitalize on a lifespan approach to health and wellness may be indicated. These programs might include education as to how early choices in lifestyle behaviors can positively impact health and wellness in later life, addressing the belief that aging equals the same inevitable and unchangeable deterioration of capacity in every individual. As primary prevention programs have been a recent focus within the public sector (Agency for Healthcare Research and Quality and Health Resources and Services Administration, 2001), and do exist in Kansas (as an example, see *Healthy Kansas* at http://www.healthykansas.org), one strategy for educational developers may include a concentration on the development of educational programming that highlights the resources that are readily available and how they apply to the aging process. However, and also as mentioned by participants, this strategy for programming would need to consider the needs of smaller and larger communities. Such programs may indeed need to be introduced into smaller, rural areas that are medically underserved.

Additionally, another emphasis for educational programming might include information related to primary, secondary, and tertiary aging, to help people gain a realistic understanding of the differences in the aging process and the losses and gains that may accompany aging. Coupled with programs that capitalize on a lifespan approach to health and wellness, this type of

comprehensive education would provide information regarding typical development, the developmental changes that are related to lifestyle, and place the discussion within a context of expectations before death. As of today, this type of educational programming is not offered by KSRE, and, to the best of our knowledge, is not offered by other state agencies for the general public.

A last approach for educational programming may include practical methods and strategies for addressing changes in capacity that may occur to an individual as a result of secondary aging. Topics such as assistive technology, home modifications, and home-sharing might be included in this type of program. Educators may facilitate problem-solving discussions among participants in order to demonstrate various positive solutions to a specific capacity challenge, and might consider including the idea of attitude within this framework. Thus, these types of programs might be developed and implemented with a volunteer core of older adults, organized and nurtured within local communities. People with knowledge and experience, who may be natural examples of engaged and positive-thinking older adults, may consider serving the community through personal interactions with other community members.

Cooperative Extension is well-known for its "Master Gardener" program, where individuals volunteer to help other community members and in return, receive training in horticultural issues. In Kansas, master gardeners donated over 85,000 hours during 2008 with an estimated value of approximately 1.45 million dollars (K-State Research and Extension, Horticulture, Forestry, & Recreation Resources, n.d.). This model may offer potential for developing a core of older adult volunteers in order to address the ideas within this theme.

Communities and Families Provide Assistance

Participants believed that communities and families could and did contribute to an individual's aging process through the provision of community services and programs and personal assistance. Generally, it was believed that communities offered adequate services, except for access to medical care and in smaller towns. Additionally, bigger towns were viewed as having the potential to contribute to a sense of isolation. Participants voiced a belief that families do provide assistance, but varied in the beliefs they had regarding why family members engaged in this behavior.

A specialized and localized geographic approach would be one method of developing educational programming to address beliefs expressed within this theme. There is an implication that specialized educational programs might need to be developed for smaller and larger communities in Kansas. Participants expressed views that differences in larger and smaller communities do exist in terms of the aging process, and, as differences in the distribution of aging will continue within the state, with implications for rural counties (Kulcsár & Bolender 2007), focused programs that target specific concerns and beliefs of local communities may well be indicated.

Although participants felt that services were available in larger towns, they also felt that it may be possible to feel socially isolated, and that the reverse was true for smaller communities. Educators may want to consider teaching how to explore the availability of local community and medical services and how to determine if they pertain to an individual's particular situation. Education regarding socially-oriented organizations would be an important component of the lesson plan. This type of education would serve several purposes. A review of an individual's needs as placed within the context of his or her own local community would help identify the true existence of services, regardless of community size. Individuals could then make plans in

advance of a crisis to ensure that their needs would be met. It might also address the concerns of individuals who believe that they will not be cared for by family members in the future. Through engaging these individuals and assisting them in listing their own needs and desires, the strengths and weaknesses of their current support system, and possible supports in the future, the educational program may provide opportunities that would empower individuals who believe they are powerless.

Currently, select KSRE agents participate in the *Senior Health Insurance Counseling for Kansas (SHICK)* program (K-State Research and Extension, Financial Management, n.d.). The goal of this free program is to educate and assist the public to make informed decisions about Medicare and other insurance issues by talking with trained, community volunteer counselors (Kansas Department on Aging, 2009). The development of a similar program related to local community and medical services would position the agent or other volunteer counselor as a point of contact in local communities. The volunteer could then assist in completing an individualized community resource review. A training program for these volunteers would need to be developed and the agent may take on the role of coordinator in local counties.

Educational programming related to family caregiving is also suggested by the information found within this theme. Education about family dynamics and roles and responsibilities may address held beliefs about what it means to be a family caregiver and a care recipient. This type of program may want to encourage the initiation of conversations about these issues among family members, and including role-playing may help to teach skills and increase confidence levels that could then be applied in an individual's own situation. Educational programming in family caregiving would work in concert with several of the other educational programs suggested by the data, including those that discuss issues related to primary, secondary,

and tertiary aging; address methods for attending to changes in capacity; and prepare individuals through exploration of community and medical services within the local community.

KSRE is currently part of eXtension, an online learning community and a national collaboration of Cooperative Extension (Cooperative State Research, Education, and Extension Service, 2009). Within eXtension, the issue of family caregiving is being addressed by faculty from across the nation and thus provides a solid foundation from which to build educational programming within the state (Sellers et al., 2009). Educational programming in family caregiving may help to address the beliefs and concerns expressed by participants regarding obligatory familial duty.

Limitations and Strengths

The overall context, purpose, limitations, and strengths must be considered when interpreting and discussing the results of this study. This study was designed to uncover participants' beliefs about the aging process and discover implications for possible future educational programming within the state of Kansas. The sample of 39 participants was self-selected, with the majority comprised of white, married, and college-educated women, and was not representative of the state. Additionally, those who attended the focus groups may have had more positive or negative views on the meaning of aging than others found in the general population. The interpretation and implications discussed here are therefore limited, may not be generalized to the general population, and the implications may have relevancy only for this sample of 39. Despite these limitations, however, the qualitative research design allowed for a deep exploration of the beliefs of this particular sample regarding their beliefs about aging. The findings shared here are based on the perspectives of these participants, and provided

information that is helpful in informing future research and program development within the state of Kansas.

Future research

The findings provide a base from which future research may be built. If replicated, future research should include a diverse sample with representative participants of different ages, gender and backgrounds. Other studies might consider exploring and comparing beliefs of other generations, older and younger, in order to determine if there are similarities or differences in perceptions, with representative samples. Examining each generation's views could offer additional information to inform the development of educational programming regarding aging across the lifespan. A determination could then be made regarding whether opportunities for intergenerational educational programming exist, thus leveraging scarce resources in difficult financial times. A closer examination of differences between individuals in urban and rural environments may indicate the need for more targeted educational opportunities. Understanding beliefs of different generations regarding aging will impact the development of educational programming and is a critical task that must be accomplished soon, since a look to the near future heralds the arrival into "older adulthood" of 76 million baby boomers.

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Appendix

Protocol and Moderator's Guide

Before: Push record button. Walk around table and state name, location, date and time.

Speak normally. Then check for clarity and volume.

Preparation (as people file in)

Greet everyone. Ask them to fill out name cards. Demographic Information Forms.

Introduction (10 minutes)

Review informed consent statement on the Demographic Information Form and need for

signatures. Explain purpose of the group and the importance of all opinions.

Topic opening questions (10 minutes)

- Tell us your name and your favorite food. (Important for code assignment).

- When you hear the word "aging," what comes to mind?

Key questions (25 minutes)

- When does someone become old?

- What's your experience with old people?

- Tell me about being old in your community.

- What issues are older Kansas facing now or will be facing in the next 10-15 years?

- How do you feel about getting older?

- What do you expect will happen as you age?

- When you think of your own aging, what are your individual needs?

- If you could change one thing about your own aging, what would it be?

- What do you most want to know about the truth of getting older?

Ending (10 minutes)

Is there anything else about aging or growing older that we haven't talked about?

Debrief and wrap up (5 minutes)

Summarize main points. Ask for any additional clarification or questions.

Table 1

Selected Participant Characteristics

Characteristic	$N = 39$	%
Year of Birth		
1946	3	7.7
1947	2	5.1
1948	1	2.6
1949	4	10.3
1950	3	7.7
1951	4	10.3
1952	4	10.3
1953	1	2.6
1954	2	5.1
1955	2	5.1
1956	2	5.1
1957	2	5.1
1958	1	2.6

1959	4	10.3
1961	1	2.6
1963	1	2.6
1964	2	5.1

Sex

Female	36	92.4
Male	3	7.7

Race

White	38	97.4
Native American	1	2.6

Marital Status

Married	32	82.1
Divorced	4	10.3
Single	2	5.1
Widowed	1	2.6

Education Completed

High school	5	12.8
Undergraduate	23	59.0
Graduate	11	28.2

Note. Categories with empty data values were omitted.