Community-based educational programs for older adults are difficult to evaluate due to randomization and control factors. In order to investigate, under a quasi-experimental research design, the contribution of an educational program on retirement issues to participants' quality of life, and to study the program enrollment patterns, 21 people participated in an informal lecture/discussion class aimed at maximizing awareness of options in retirement. Participants were 13 male retired veterans, 7 of their wives, and 1 female friend, aged 66 to 83, from a broad range of occupational backgrounds. The curriculum was based on a literature review and interviews with a sample of retired veterans from the outpatient Palo Alto Veterans' Medical Center. To assess the effects of course participation on retirement adjustment, subjects and interested but not enrolled control group members completed pre- and post-class measures of change including three affective measures (Retirement Descriptiv Index, Life Satisfaction Index A, and a likert-type inventory on retirement adjustment), and a cognitive measure covering information on the options for retirement. An analysis of the results showed that the class influenced the participants' satisfaction with their activities but not their quality of life or retirement adjustment. On the cognitive dimension, participants significantly increased their knowledge of option areas. Participants evaluated the interaction and discussion format of the class, the materials on attitudes toward aging, and the myth of senility as being most valuable. Enrollment patterns showed that individuals who had previous success in educational activities were most likely to participate. (The class syllabus is appended.) (BL)
One of the inherent difficulties in doing quality research on community-based educational programs for older adults has been the voluntary nature of the experience. That is, the randomization and control factors become much more difficult with: 1) a potential population such as all the elders in a given community of which we are not likely to have a list; and 2) with an intervention which is difficult to randomly assign participants to because they are more likely to want a particular type of class rather than accept a control group status.

When the opportunity presented itself to use a defined elder population on which some demographic, physical and mental health measures were available as a base for a quasi-experimental research effort in education, it seemed potentially rewarding. The population base was 105 members of the experimental group in a study of an out-patient geriatric clinic being conducted by the Geriatric, Research, Educational, and Clinical Center (GRECC) of the Palo Alto Veterans Administration Medical Center in Palo Alto, California. The veterans lived in nearby communities, were aged 65 - 90, 98% male, and were very comparable in age, education, income, and marital status to the total population of the U.S. males 65 and over. The health measures ranged from very healthy to very ill, and all but 2% lived independently.

Our goal was to offer an educational program related to the transitions in older adulthood that might contribute to the subjects' quality of life, to target that intervention to the needs of the population, to observe the differential enrollment patterns so that we would know more about the predictors of enrollment, and to find out what we could about the outcomes of the educational intervention.
Since the population was basically male and was almost totally retired, we decided to focus the course on Post-Retirement Issues, which seemed to be an area of education that was not generally available to this population. The literature suggests that although most retirees have been found to experience a positive adjustment, there are some transitions that people experience, and a significant and growing subgroup (25% - 44%) evidence some problems (Atchley, 1976; Barfield & Morgan, 1978; Harris, 1975; Sheldon et al., 1975; Streib & Schneider, 1971). What little preparatory education for this transition there is available to most workers usually focuses almost exclusively on financial planning and pension options.

The theoretical model used for the course was Marvin Sussman's conceptualization of options as a major predictor of retirement adjustment from the 1972 volume on theoretical issues in Retirement, edited by Carp. Sussman emphasizes the need for the retiree to acquire skills in order to become aware of, articulate, and choose among alternatives. He says:

"One major objective is to develop a high order of retiree competence in selecting options and handling interactions with bureaucracies. The task is to socialize the retired individual into a 'handling role' which incorporates the best means to use organizational services without destroying self-image or impeding attainment of personal gratification."

It was this maximization of retirees' knowledge of options and socialization into the "handling role" that we were aiming for in our educational intervention.
specific option areas that were the content of the course were finalized from two sources:

1) a review of the literature suggesting the major correlate of adjustment in retirement; and

2) interviews, with a sample of the target population of students. A random sample of 14 of those retirees in the larger GRECC study whose Life Satisfaction Scores (LSIA) were in the lower third were interviewed, along with 5 of those with scores in the top third, to assess their perception of salient problems or concerns they have had since retirement that could be used as content categories for the class. The four major option categories to emerge from these interviews were: a) companionship; b) meaningful, interesting activities; c) transportation; and d) income.

The Issues in Retirement course curriculum was finalized based on these four categories, and on the literature review, which yielded four other option topics of: physical health, mental health (including attitude toward retirement and aging), family interactions, and housing. (Atchley, 1976; Burgess, 1950; Butler, 1975; Butler & Lewis, 1977; Donahue, et al., 1960; Friedmann & Havighurst, 1954; Harris, 1975; Kerchoff, 1966a, 1966b; Larson, 1978; Miller, 1965; Palmore, 1979; Sheldon, et al., 1975; Sheppard, 1976; Simpson & McKinney, 1966; Streib & Schmeider, 1971; Troll, 1978; Troll, et al., 1979; Zung, 1967). The class was planned for eight two-hour sessions, and the 105 members of the larger study population and their spouses or other intimates were invited by letter to return a card to the researcher if they were interested in enrolling. Exact time and location was to be determined based on convenience of the enrolling students.
To analyze enrollment and response patterns, three categories were used:

1) Those who actually enrolled in the class - 12.4%
2) Those who expressed interest but did not enroll - 17.1%
3) Those who either did not return the card or who returned it saying they were not interested - 70.5%

100.0% N = 105

Table 1 in your handout is the attempt to test the hypotheses based on prior research (Craney, 1980; Lumsden, 1978; Vermilye, 1974) that enrollees are more likely to be younger, better educated and with higher incomes, in better physical and mental health, and living closer to the location of the class. While most of the differences are in the predicted direction, the only variable to show significant differences is education, either using analysis of variance (which is problematic due to unequal cell size) or a correlation based on the 3 categories of response as a rough scale of enrollment interest. It is interesting to note that those who expressed interest but did not enroll were slightly younger, wealthier, in better physical health and with higher life satisfaction scores than either the students or the non-responders.

The class was held with 13 retired male veterans, 7 of their wives, and one girl friend in attendance. Ages ranged from 66 to 83, length of retirement from 6 months to 10 years, and former occupations from unemployed to a West Point trained general.
Table 1
Comparison of Characteristics of Enrollees, Interested, and Non-responders
Means and Standard Deviations

<table>
<thead>
<tr>
<th>Variable and Measure</th>
<th>1. Enrollees (N = 13)</th>
<th>2. Interested (N = 16)</th>
<th>3. Non-responders (N = 63)</th>
<th>Total (N = 92)</th>
<th>ANOVA F ratio</th>
<th>Pearson Correlation Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years</td>
<td>( \bar{X} = 73.62 )</td>
<td>( \bar{X} = 72.93 )</td>
<td>( \bar{X} = 73.33 )</td>
<td>( \bar{X} = 73.31 )</td>
<td>( F = 0.032 )</td>
<td>( r = -.017 )</td>
</tr>
<tr>
<td></td>
<td>SD = 7.35</td>
<td>SD = 7.63</td>
<td>'SD = 7.09</td>
<td>SD = 7.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education 8 point scale</td>
<td>( \bar{X} = 4.69 )</td>
<td>( \bar{X} = 4.44 )</td>
<td>( \bar{X} = 3.51 )</td>
<td>( \bar{X} = 3.84 )</td>
<td>( F = 3.273 * )</td>
<td>( r = -.25 ** )</td>
</tr>
<tr>
<td>1 = 0-4 yrs.</td>
<td>SD = 2.14</td>
<td>SD = 2.06</td>
<td>SD = 1.71</td>
<td>SD = 1.88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 = graduate ed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income (Annual) 13 point scale</td>
<td>( \bar{X} = 7.54 )</td>
<td>( \bar{X} = 8.56 )</td>
<td>( \bar{X} = 7.73 )</td>
<td>( \bar{X} = 7.84 )</td>
<td>( F = 1.187 )</td>
<td>( r = -.024 )</td>
</tr>
<tr>
<td>1 = &lt; $499</td>
<td>SD = 2.54</td>
<td>SD = 1.50</td>
<td>SD = 2.10</td>
<td>SD = 2.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 = &gt; $40,000</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Health 10 point scale</td>
<td>( \bar{X} = 5.53 )</td>
<td>( \bar{X} = 5.88 )</td>
<td>( \bar{X} = 5.00 )</td>
<td>( \bar{X} = 5.23 )</td>
<td>( F = 1.026 )</td>
<td>( r = -.119 )</td>
</tr>
<tr>
<td>0 = poor</td>
<td>SD = 2.55</td>
<td>SD = 2.33</td>
<td>SD = 2.34</td>
<td>SD = 2.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 = excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-rated</td>
<td>( \bar{X} = 6.92 )</td>
<td>( \bar{X} = 7.60 )</td>
<td>( \bar{X} = 6.82 )</td>
<td>( \bar{X} = 6.97 )</td>
<td>( F = 1.718 )</td>
<td>( r = -.089 )</td>
</tr>
<tr>
<td>Physician-rated</td>
<td>SD = 0.90</td>
<td>SD = 1.84</td>
<td>SD = 1.44</td>
<td>SD = 1.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Distance 3 point scale</td>
<td>( \bar{X} = 2.00 )</td>
<td>( \bar{X} = 2.00 )</td>
<td>( \bar{X} = 2.03 )</td>
<td>( X = 2.02 )</td>
<td>( F = 0.026 )</td>
<td>( r = .022 )</td>
</tr>
<tr>
<td>1 = &lt; 5 miles</td>
<td>SD = 0.41</td>
<td>SD = 0.63</td>
<td>SD = 0.65</td>
<td>SD = 0.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = &gt; 20 miles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Satisfaction LSIA</td>
<td>range = 0-36 ***</td>
<td>( \bar{X} = 26.125 )</td>
<td>( \bar{X} = 22.25 )</td>
<td>( \bar{X} = 23.07 )</td>
<td>( F = 1.803 )</td>
<td>( r = -.107 )</td>
</tr>
<tr>
<td>higher = more satisfied</td>
<td>SD = 7.94</td>
<td>SD = 6.21</td>
<td>SD = 7.37</td>
<td>SD = 7.32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* = p. < .05  ** = p. < .01  *** lowest and highest possible scores
Class sessions were conducted in an informal lecture/discussion format with the researcher and 3 guest lecturers as presenters. Readings were assigned and, in most cases completed, but there were no tests, grades, or credits assigned. The organizing device for each curriculum topic was maximizing awareness of options. In spite of various health and transportation problems, 18 of the 21 students who started the class completed, with almost half of the 18 attending 7 or all of the 8 sessions.

Evaluation of outcomes of the course participation used 3 approaches. The most comprehensive was a quasi-experimental design comparing students' pre- to post-class changes on one cognitive, and three affective measures with changes over an 8-week period in a control group composed of those members of the larger study population who indicated they were interested in the class but did not enroll. It was felt that use of the "Interested" group as a control reduced the potential bias of a volunteer sample, since the controls were, in essence, volunteers also.

Table 2 in the handout indicates results of this analysis of pre-test/post-test change for the four measures. The first two are measures of Retirement Adjustment. The first is an original 8-item inventory (YRAM) in the form of a Likert-type scale composed of questions from previous surveys on retirement adjustment and three new items. The second measure was a slightly modified version of the Retirement Descriptive Index (RDI) developed by Smith, Kendell & Hulin (1969) in conjunction with their Job Descriptive Index. The RDI has four independent scales, measures retirees' satisfaction with Activities,
### Table 2

Mean (X) Scores and Standard Deviations (SD) for Class and Control for Time 1 (T1) and Time 2 (T2) and Changes from T1 to T2

<table>
<thead>
<tr>
<th>Variables and Measures</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Changes</th>
<th>F ratio</th>
<th>Significance</th>
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<tbody>
<tr>
<td></td>
<td>Class</td>
<td>Control</td>
<td>Class</td>
<td>Control</td>
<td>Class</td>
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<tr>
<td><strong>Affective Dimension</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Retirement Adjustment</td>
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<td>YRAM</td>
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</tr>
<tr>
<td><em>Range: 8-40</em></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>29.53</td>
<td>29.69</td>
<td>30.25</td>
<td>30.69</td>
<td>0.71</td>
</tr>
<tr>
<td>SD</td>
<td>6.01</td>
<td>4.01</td>
<td>6.65</td>
<td>4.23</td>
<td>4.39</td>
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<tr>
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<td>(N=16)</td>
<td>(N=13)</td>
<td>(N=14)</td>
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<td></td>
</tr>
<tr>
<td>RDI</td>
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<td>Activity Scale</td>
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<td></td>
</tr>
<tr>
<td><em>Range: 0-54</em></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>36.38</td>
<td>34.23</td>
<td>43.35</td>
<td>34.54</td>
<td>5.13</td>
</tr>
<tr>
<td>SD</td>
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<td>12.17</td>
<td>10.17</td>
<td>15.16</td>
<td>5.74</td>
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<td>(N=16)</td>
<td>(N=13)</td>
<td>(N=14)</td>
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<tr>
<td>Finance Scale</td>
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<tr>
<td><em>Range: 0-54</em></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>31.13</td>
<td>31.54</td>
<td>36.94</td>
<td>32.46</td>
<td>3.87</td>
</tr>
<tr>
<td>SD</td>
<td>10.64</td>
<td>18.31</td>
<td>8.47</td>
<td>10.33</td>
<td>7.24</td>
</tr>
<tr>
<td>(N=15)</td>
<td>(N=16)</td>
<td>(N=14)</td>
<td>(N=13)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Scale</td>
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<tr>
<td><em>Range: 0-54</em></td>
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</tr>
<tr>
<td>X</td>
<td>35.25</td>
<td>36.38</td>
<td>34.59</td>
<td>35.92</td>
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<td>13.77</td>
<td>10.16</td>
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<td>(N=17)</td>
<td>(N=13)</td>
<td>(N=14)</td>
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</tr>
<tr>
<td>People Scale</td>
<td></td>
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</tr>
<tr>
<td><em>Range: 0-54</em></td>
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</tr>
<tr>
<td>X</td>
<td>46.79</td>
<td>45.00</td>
<td>49.13</td>
<td>39.15</td>
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<tr>
<td>SD</td>
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<td>11.24</td>
<td>5.05</td>
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</tr>
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<td>(N=16)</td>
<td>(N=13)</td>
<td>(N=12)</td>
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</tr>
<tr>
<td>Life Satisfaction</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>LSIA</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><em>Range: 0-36</em></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>23.31</td>
<td>22.92</td>
<td>24.76</td>
<td>21.77</td>
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</tr>
<tr>
<td>SD</td>
<td>9.88</td>
<td>7.57</td>
<td>9.58</td>
<td>8.27</td>
<td>6.51</td>
</tr>
<tr>
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<td>(N=16)</td>
<td>(N=16)</td>
<td>(N=14)</td>
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<tr>
<td>Cognitive Dimension</td>
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</tr>
<tr>
<td>Class Information</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><em>Range: 0-36</em></td>
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<td></td>
</tr>
<tr>
<td>X</td>
<td>17.59</td>
<td>16.88</td>
<td>24.10</td>
<td>18.69</td>
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<tr>
<td>SD</td>
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<td>4.17</td>
<td>4.69</td>
<td>3.35</td>
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<td>(N=17)</td>
<td>(N=16)</td>
<td>(N=16)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* lowest and highest possible scores; higher denotes more positive in all measures.

** significant at the p.<.05 level.

*** significant at the p.<.005 level.
Another affective outcome measure used in our research was the Life Satisfaction Index A (LSIA), (Neugarten, et al., 1960), a widely used 18-item instrument measuring quality of life issues among older adults. The fourth was a cognitive measure in the form of 20 multiple choice, true-false, completion, and matching items, covering information on the options for retirement adjustment presented in class.

As would be expected with a short-term intervention among a small sample of subjects, significant results are difficult to come by. Two types of statistical analysis were used in comparing changes in class members to those in the control group; one was an analysis of covariance, with Time 1 scores as the covariate, and the other was an analysis of variance on the change scores. Both resulted in the same pattern of results. The class seemed to influence students' satisfaction with their activities but not the general measures of quality of life or retirement adjustment. The cognitive dimension showed the clearest impact of the class, with students' improvement in scores reflecting significantly increased knowledge of option areas. Some interesting patterns emerged from a further analysis of the scores. If we look at the Satisfaction with Finance scale of the RDI, we note that Time 1 scores were very similar for class and controls, but at Time 2, there was a difference of 4.5 points. Most of the increase, in class members' scores, as it turned out, came from the female members, who began the class with a mean score of 29.3 which was increased 6.6 points to 35.9 after the class, larger than any other change score observed in the affective domain.
We also found significant correlations between class attendance and positive changes on the two general affective measures - the LSIA and the YRAM (the composite measure of retirement adjustment).

When we asked the class members for their evaluation of the class directly, the responses were extremely positive, with all aspects being rated between 1 and 2 on a 5-point scale. The curriculum area that was mentioned most often as valuable was the material on attitudes toward aging and the myth of senility. The instructional design aspect that received most approval was the lively interaction and sharing of ideas with other class members.

Our planned effort to measure the long-term effects of class participation compared to other non-student members of the larger study were compromised by major lengthening of the reporting period in the parent study, so that only 40% to 50% of the responses were available at the time of follow-up measurement. The quality of life data available did not indicate observable effects of class participation.

It seems, then, that the meaningful results of this attempt to assess the need for, to model, and to evaluate an educational approach to dealing with life-transition issues in elderhood could be summarized in these major areas:

1. We have clear evidence that increased knowledge of options for meeting challenges associated with life transitions in older adulthood can be successfully taught.
2. Those most likely to participate in such a class might be 10% to 15% of a community-dwelling population of older adults, more heavily weighted toward those with more prior success in educational activities, but not excluding some with less than a high school education. We might also expect a representative portion of those elders below the medians on income, health, and life satisfaction measures to respond. Neither would it draw primarily from the youngest nor those living closest to the class site.

3. The need for meaningful and satisfying activities is a significant component of post-retirement adjustment, and is defined as an unmet need by those with some indication of low life satisfaction. This area of meaningful activities can clearly be successfully addressed through an educational intervention, as demonstrated by objective or subjective reports.

4. There is some indication that wives of retirees are less satisfied with their finances than the retirees. This may be related to their lack of knowledge or feeling of confidence about their financial options, which can be improved in a course framework.

5. Those older students who attend an educational program focused on options for life transition most regularly are most likely to experience a general increase in their feelings of well-being and adjustment.
Taken together, the experience gained in this research reaffirms for me the importance of the model of education for older adults we have dubbed "Eldergogy". That is, it focuses on a highly-participatory, informal instructional design geared to the intrinsic nature of the rewards of education for elders rather than extrinsic rewards such as grades or credit. Its philosophy, methods, and curriculum recognizes those life stage development potentials and needs unique to elderhood. (Bolton, C., 1976; Bolton E., 1978; Zynum, et al., 1978; Covey, 1980; Heimstra, 1976; Knowles, 1970; Moody, 1976).
REFERENCES


Moody, H. R. Philosophical presupposition and education for old age. Educational Gerontology, 1976, 1(1), 1-16


Palmore, E. Predictors of successful aging. Gerontologist, 1979, 19(5), 427-431


Appendix

SYLLABUS

ISSUES AFTER RETIREMENT

Instructor: Gwen Yeo

Course Description

An exploration of the major identified concerns that effect the quality of life of people during their retirement years. Identification of possible options in those areas of concern, and information that would be important in choosing between those options.

Readings

Tannenbaum, Frances. OVER 55 IS NOT ILLEGAL: A RESOURCE BOOK FOR ACTIVE OLDER PEOPLE

Other Suggested Sources of Information:

Comfort, Alex. A GOOD AGE

Dangott, Lillian and Kalish, Richard. A TIME TO ENJOY: THE PLEASURES OF AGING

OVER EASY. Public Broadcast System daily television program for older adults

Other recommended readings listed by individual topics

Course Content

1. Introduction of Course and Examination of Goals and Options for Life during Retirement Years

   A. Participants introduction

   B. Hierarchy of personal goals

      1. Tentative identification of personal goals

      2. Examination of Atchley's theory of adjustment to retirement

         a. Internal compromise

         b. Interpersonal negotiation

         c. Decision-making

         d. Advantage of retirement: the exchange of time for increased options

   Date

   10/28/80
Content

C. Content areas to be explored in the course

1. Strategies for maximizing chances for good mental and physical health

2. Economic choices: weapons in the war against inflation

3. Housing and transportation options

4. Family, friends, and fulfillment

5. Participants' requests for topics

II. Options for maintaining good mental health

Reading: Tannenbaum: Chapters 1 and 2

(Supplementary readings:
Comfort: A Good Age
Dancott and Kalish: A Time to Enjoy, Chapters 1-3
Vickery, Florence: Old and Growing, Chapters 1-3
Freese, Arthur: The End of Senility)

A. Importance of mental health and the risk of depression

B. Barriers: feeling useless and "old"
   1. American attitudes toward retirement and aging
   2. Separating the myth from the reality about aging
   3. Positive aspects of retirement and aging
   4. Options for finding a sense of meaning

C. Barrier: the belief in "senility"
   1. Intelligence, learning, and memory as we get older
   2. Destroying the myth of "senility": separating illness and aging

D. Risks of isolation and options for dealing with it

III. Family interactions

Reading: Vickery, Florence. Old and Growing
Chapters 5, 6, and 9

(Supplementary Reading:
Butler, Robert and Lewis, Myrna: Love and Sex After Sixty: A Guide for Men and Women for their Later Years)
A. Marital and companionship roles

1. Increased importance for retirement years
   a. Long-term relationships
   b. New relationships

2. Options for major issues: time spent together, division of household jobs, decision-making styles

3. Effective communication

4. Sexual relationships

5. Responses to illness and dependency of one partner

6. Facing the need to prepare for widowhood

B. Relations with children—working out the right distance

C. Brothers, sisters, and other relatives

IV. Economic Options

Reading: Tannenbaum, Chapter 7

(Supplementary readings:
Cooley, L. and Cooley, L. How to Avoid the Retirement Trap
Lamb, Tony and Duffy, Dave. The Retirement Threat
Peterson, Esther. People Power
Social Security Administration pamphlet on Supplemental Security Income
Consumer Information pamphlets)

A. Wide variation in economic resources: evaluation of needs in reference to personal goals

1. Evaluation of present resources

2. Evaluation of present expenses

3. Evaluation of changes needed to help achieve goals

B. Options for increasing income

1. Paid employment—part or full-time: sources and effect on social security

2. Income supplements
   a. Supplemental Security Income: eligibility, benefits, feelings about receiving it
   b. Dealing with bureaucracies: social security, veterans, and private pensions
3. Investing savings more profitably

C. Options for decreasing expenses
   1. Tax benefits
   2. Necessities: food, housing, health care
   3. Desired goods and services

V. Maintaining good physical health

Reading: Tannenbaum, Chapters 8 and 9

(Supplementary readings:
   Danzott and Kalish: A Time to Enjoy, Chapters 4-6
   Frankel, Lawrence and Richard, Betty B.: Be Alive As Long As You Live
   Fahrquar, John: The American Way of Life Need Not Be Hazardous to Your Health
   U.S. Social Security Administration: Guide to Medicare)

A. Exercise: Importance, barriers, and options
B. Nutrition: importance, barriers, and options
C. Role of smoking and stress
D. Dealing with drug interactions
E. Health care options: dealing with bureaucracies
   1. Veterans benefits
   2. Other health care programs
      a. Medicare and its provisions
      b. Private health insurance
      c. Medicaid (Medicaid)
      d. Prepaid health plans
   3. Long term care options
      a. Intermediate and skilled nursing facilities
      b. Home health care
      c. Day centers and day health centers
      d. Board and care, residential care, and community care
      e. Respite and hospice care
VIII. Other options as requested by participants

and Maximizing your potential for the rest of your life

Reading: Hartford, Margaret: Self Inventory for Planning
(Supplementary readings related to topics chosen)

A. Other option areas

B. Summing up and looking to the future
VI. Housing and Transportation

Reading: Where to Live: A Guide for Senior Adults in Santa Clara and San Mateo Counties

(Supplementary readings as appropriate for the specific housing options of interest for participants.)

A. Evaluation of housing alternatives

1. To keep or not to keep a single-family home
   a. In-home supports
   b. Maintenance
   c. Process of selling and choosing a new location

2. Apartment living

3. Mobile homes

4. Retirement communities

5. Shared housing
   a. Family
   b. Non-family

6. Life care contracts

B. Transportation options

VII. Options for pursuing personal and social goals

Reading: Tannenbaum, Chapters 3, 4, 5, 6, 11, and 12

A. Importance of friendships and informal groups

B. Educational options

C. Community activities

1. Politics and committee work

2. Volunteer options

3. Formal organizations: retirement, religious, hobby, civic, vocational groups

D. Travel

E. Artistic, historical, and sports interests

F. Autobiographical writing
Appendix

Handouts Made Available to Issues After Retirement Class

Articles


Book


Pamphlets

Brown, Jan. Making a will in California. Palo Alto, Ca.: Senior Adults Legal Assistance.

Consumer information catalog, Fall, 1980. Consumer Information Center.

Guide to community resources: access to services for San Mateo County. Human Relations Commission, County of San Mateo.

Project match: matching aging to coordinated housing. San Jose, Ca.: Project Match.

SALA's fifth anniversary. Palo Alto, Ca.: Senior Adults Legal Assistance.

SCOOP, (September-October 1980), 5:5. Council on Aging of Santa Clara County, Inc.

