

Articles

Older Adults' Participation in Education and Successful Aging: Implications for University Continuing Education in Canada

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ABSTRACT

Representatives from Manitoba seniors' organizations and the University of Manitoba collaborated on a proposal to examine the participation of older adults in learning activities. The initiative led to a series of studies on this theme, including an exploration of participation at a seniors' centre (Sloane-Seale & Kops, 2004), a comparison of participants and non-participants at three selected urban seniors' centres (Sloane-Seale & Kops, 2007), and an analysis of participation at several urban and rural seniors' centres, as well as participants' perceptions of the characteristics of successful aging (Sloane-Seale & Kops, 2008). Building on these previous studies, the study described in this article **examined the participation of older adults in Manitoba** and how it links to successful aging. Key statistics relating to older adults' participation, types of educational activities, learning in later life, and characteristics of successful aging were collected. The results suggest that such participation leads to a more inclusive and

RÉSUMÉ

Des représentants d'organismes de personnes âgées du Manitoba et de l'Université du Manitoba ont collaboré sur une proposition pour examiner la participation des personnes âgées dans des activités d'apprentissage. L'initiative a mené à une série d'études à ce sujet, y compris une exploration de la participation dans un centre pour personnes âgées (Sloane-Seale et Kops, 2004), une comparaison des participants et non-participants dans une sélection de trois centres urbains pour personnes âgées (Sloane-Seale et Kops, 2007), et une analyse de participation dans plusieurs centres urbains et ruraux pour personnes âgées, ainsi que les perceptions des participants sur les caractéristiques d'un vieillissement réussi (Sloane-Seale et Kops, 2008). En misant sur ces études précédentes, l'étude décrite dans cet article examinait la participation des personnes plus âgées au Manitoba, ainsi que son lien au vieillissement réussi. Des statistiques clé ayant trait à la participation des adultes plus âgées, les types d'activités éducatives, l'apprentissage tard dans la vie et les caractéristiques d'un

comprehensive understanding of successful aging; that educational activities positively influence mental and physical activity, which in turn result in more positive health and well-being; and that spirituality and life planning, including a positive sense of self, a focus on personal renewal and growth, a connection to the broader community, and setting life goals, contribute to successful aging. In light of Canada's aging population, these findings have implications for educational gerontology, lifelong learning, and continuing education practice and research.

vieillissement réussi ont été recueillis. Les résultats suggèrent qu'une telle participation mène à une compréhension plus inclusive et complète du vieillissement réussi; que les activités éducatives ont une influence positive sur l'activité mentale et physique, qui à leur tour ont pour résultat une santé et un bien-être plus positifs; et que la spiritualité et la planification de la vie, y compris une estime de soi positive, une concentration sur le renouveau et la croissance, un lien à la grande communauté, et l'établissement d'objectifs pour la vie, contribuent au vieillissement réussi. Face à la population vieillissante du Canada, ces résultats de recherches ont des implications dans l'éducation gérontologique, l'éducation permanente et les pratiques et recherches continues en éducation.

INTRODUCTION

Manitoba's senior centres were established to deliver educational, cultural, recreational, and health-promotion programs for seniors by seniors and designed to offer creative challenges, intellectual stimulation, pleasure in learning, and mastery of new skills to a large number of basically active people retiring from the workforce (Fleming, 1986). They are based on the philosophy that lifelong learning promotes intellectual, physical, emotional, and social well-being, where the well-being of individuals and the health of communities are interdependent. In Canada, the aging of the population will increase over the next three decades, particularly as the baby boomers turn 65. Between 2005 and 2036, the number of older adults is expected to increase from 4.2 to 9.8 million, while their share of the population will almost double, from 13.2% to 24.5% (Turcotte & Schellenberg, 2007); given these predictions, older adults' participation in educational activities will be essential to individual and societal success, because such participation promotes intellectual, physical, emotional, and social well-being (Hammond, 2004). Since higher levels of educational attainment are often related to better individual outcomes in terms of employment, income, further learning, and longevity (National Institute of Adult Continuing Education [NIACE], 2002; Turcotte & Schellenberg, 2007), socio-economic status, geographic location, age, and gender are among the factors that systematically influence life outcomes. The study presented in this article provides descriptive demographic data analyses and examines participation in educational activities for a wide range of domains in later life, including health and well-being, and successful aging. It also provides direction for further research on and practice in educational gerontology, lifelong learning, and continuing education. For the purposes of this study, health and well-being were seen as interrelated and older adults were defined as those 55 and older.

RELATED LITERATURE

Older adults participate in both formal and informal educational activities. For the purposes of this article, formal education is defined as education that is normally organized by educational and non-educational institutions in the form of courses, workshops, seminars, and lectures; more specifically, activities organized by non-educational institutions and referred to as non-formal education are typically short-term, voluntary, facilitated (Merriam, Caffarella, & Baumgartner, 2007), non-vocational, and non-credentialed. Informal education (sometimes identified as informal learning) is defined as education that is normally self-planned, whereby individuals or groups learn in a variety of ways using a variety of resources (Spencer, 2006).

A review of the literature on older adults and learning suggests that continued learning in later life not only has health benefits but also has positive impacts on quality of life, financial security, increased social participation, and reduced dependency and care costs (Cusack, 1995; Cusack & Thompson, 2003; Hammond, 2004; Hansen, 2004; NIACE, 2002). Similarly, Menec (2003) identified that participation in physical and mental activities is important to the positive health and well-being of older adults. Older women tend to participate more than men in educational activities (NIACE, 2002; 2006), but gender differences in life expectancy will narrow in the coming years (Turcotte & Schellenberg, 2007), suggesting that both older men and women will participate equally in educational activities. Understanding the participation of older adult learners in educational activities and how this links to successful aging is useful for educational gerontology, lifelong learning, and continuing education practice and research.

Successful Aging

Studies on successful aging fall into two streams: measures of functional status in clinical studies of successful aging; and psychological theories to explain the process of adjustment to the aging process. In the functional stream, predictors of successful aging include physical and volunteer activities, good diet and lifestyle for effective cognitive function, and adaptive abilities of old age as the idealized human state (Tate, Lah, & Cuddy, 2003). These studies also offer a theoretical basis for well-being in old age. According to this view, successful aging involves disease avoidance, high cognitive capacity, and active engagement with life (Rowe & Kahn, 1997), clinical factors that distinguish between “usual” and “successful” aging as non-pathological or healthy aging. This view implies that the absence of disease or disability means all is well, but the presence of disease means personal failure (Tate et al., 2003).

In the psychological stream, successfully aging individuals use three adaptive strategies—selection, optimization, and compensation—to deal with the aging process. Thus, as they face physical and cognitive limitations, they first select and prioritize their behaviours; they then engage in behaviours that enhance their physical and mental abilities; and, after that, they use psychological and technological strategies to adjust and adapt (Baltes & Baltes, 1990). This compensatory model of successful aging suggests that individuals maximize strengths and minimize weaknesses to achieve positive outcomes (Tate et al., 2003). Successful aging therefore involves deliberative adjustment to the aging process and use of adaptive strategies to age well (Torres, 2002; Tate et al., 2003), while strategies for aging well relate to lifestyle choices and decisions that affect the outcome of the ability to successfully age (Byrnes & Dillaway, 2004).

Disengagement theory further conceptualizes successful aging as a natural process of withdrawing from society upon retirement, including the loss of social roles, responsibilities, and power, the acceptance of decline, and the adjustment to old age (Cumming & Henry, 1961). Thus, according to this theory, retirement signals the onset of old age, a time for individuals to

accept decline as a normal aging process and to withdraw from society. Individuals who accept and withdraw will successfully adjust to aging, while those who fail to do so are not fulfilling the functional needs of society and will have difficulty adapting to old age (Tate et al., 2003). The concept of gerotranscendence reframes the discourse on disengagement theory and life upon retirement. It is considered to be the last stage of development, during which older adults deconstruct and reconstruct life, death, self, and the universe differently as they move toward maturation and wisdom (Tornstam, 1999/2000). In short, disengagement may be viewed as acceptance of and wisdom about the self. For instance, although withdrawal from social activities is not necessarily negative, it may suggest either a complex adjustment strategy to deal with death (Byrnes & Dillaway, 2004) or an alternative to the successful aging perspective based on personal values and what is reality (Tornstam, 1999/2000).

Advances in technology, health, and education have contributed to a major shift in thinking about aging and retirement, however. Baby boomers reaching old age, who comprise one of the fastest-growing population groups, live longer, have higher levels of education, seek opportunities to travel, maintain careers, have interests and social networks (Denton, Feaver, & Spencer, 1998; Novak, 1997; Novak & Campbell, 2001; Statistics Canada, 1997), and take care of aging parents, adult children, and/or grandchildren. For many older adults, retirement provides continued employment opportunities, including changing careers and remaining in the workforce voluntarily (Imel, 2003). Older adults also face age-related phenomena such as increased leisure time, change in housing requirements, declining health, death of a spouse/partner, and reduced finances (Wolf, 1993; 1994). These multiple factors indicate that older adults may participate in education for a variety of reasons and that this participation may contribute to successful aging.

Education and Successful Aging

Education has the potential to improve all health outcomes (Hammond, 2004); it is also correlated with a range of behaviours, attitudes, and socio-economic factors. One of the most significant indicators associated with a healthy lifestyle is educational attainment; that is, the higher the level of education, the greater the likelihood of being physically and mentally active. Indeed, those with a higher education generally have better health, higher levels of income, and less likelihood of social isolation (Turcotte & Schellenberg, 2007). According to a study done in the United Kingdom, initial level of education is a predictor of participation in adult learning; that is, those with high school or less are less likely to engage in formal education (NIACE, 2002; 2006).

In the years ahead, the share of older adults with a university degree or some other level of post-secondary education will increase significantly as the baby-boom generation replaces the present generation of older adults (Turcotte & Schellenberg, 2007). Thus, changes in age structure, patterns of employment, educational profile, and health will not only influence the meaning and experience of being older (Phillipson, 1998) but are also likely to impact social and educational participation, labour-market participation, and retirement (Turcotte & Schellenberg, 2007).

Self-perceived health is another reliable predictor of health status and, according to Menec (2003), even more reliable than measures of functional ability, chronic illness, and psychological well-being. At the same time, level of education is consistently one of the strongest indicators of self-perceived health and other health indicators. In all age groups, but particularly in the next generation of older adults, the higher the level of education, the higher the likelihood of reporting excellent or very good health. Consequently, it is useful to assess older adults' participation in educational activities in relation to successful aging.

Participation and Successful Aging

The literature related to successful aging supports activity theory. According to Menec (2003), activity theory conceptualizes a positive relationship between activity and successful aging, whereby active participation in conjunction with the absence of disease and good physical and cognitive function are critical to successful aging. Active engagement is seen as productive paid or unpaid activity that has a social value and maintains interpersonal relationships. Menec's longitudinal study examined the nature of everyday activities—social (visiting family and friends), solitary (collecting and hobbies), and productive (volunteer work, light housework, and gardening)—as an ongoing process that benefits a wide range of domains in later life, including health, well-being, and physical and cognitive functioning. She concluded that successful aging is not an outcome that characterizes those who have aged successfully but rather part of an ongoing, lifelong process.

Building on research (Baltes, 1997; Heckhausen & Schulz, 1995), Menec (2003) argued that respondents used compensatory methods to maintain their psychological well-being in the face of age-related losses and that life satisfaction and activity are significantly related, although life satisfaction may be seen as a precursor rather than a consequence of activity and the benefits of activity are not direct but mediated by context and self-concept. Menec's study did not focus on educational activities per se but did suggest that even though activity levels and function decline with age, older age is not necessarily linked to less satisfaction. Greater activity is seen as related not only to greater health and well-being but also to reduced functional decline and reduced early mortality. According to activity theory, successful aging (including life satisfaction) and well-being result from individuals' agency and autonomy, as well as from lifestyle choices based on their high levels of engagement with life and activities that lead to lack of disease and disability and to positive physical and cognitive function. The corollary is that poor health is not an inevitable process and individuals can take precautions to ensure successful aging (Byrnes & Dillaway, 2004). Physical and mental health are seen to be interrelated and important determinants of well-being, so much so that health is often used as a proxy for well-being, with positive mental health being a significant element of well-being. For the purposes of this study, health and well-being were seen as interrelated.

Financial resources are also related to health and the possibility of being active throughout the aging process. However, active participation in all kinds of activities, including education, depends on a range of factors that are not limited to physical and mental health and financial resources; other important factors are level of educational attainment, social networks, social support, and social participation (Turcotte & Schellenberg, 2007). At the same time, older adults face barriers and issues of motivation that may have implications for successful aging.

Barriers and Motivation to Participation in Educational Activities

Understanding participation in educational activities requires an examination of the multidimensional concept of barriers (Scanlan, 1986) and motivation. In this regard, Houle's (1961) three-way typology (expanded by Boshier, 1971, and Rubenson, 1977) of goal, activity, and knowledge reasons for participating in educational activities is clearly instructive. However, Cross's (1981) framework of participation is particularly valuable for conceptualizing the broader concept of participation, as it discusses dispositional, situational, and institutional barriers and draws on both achievement and attribution theories of motivation to explain the decision to participate (Pintrich, & Schunk, 1996; Svinicki, 2000).

Efforts to encourage participation normally begin with the removal of barriers and the provision of opportunities, but because institutional responses have typically focused on

increasing opportunities without the necessary removal of obstacles, little has changed either for older adults, who historically have been marginalized by many educational institutions, or for other disadvantaged groups. The sociological approach to challenges that inhibit participation and integration offered by other studies suggests the need for structural change and community-based empowerment (Beder, 1991; Cervero & Kirkpatrick, 1990; Quigley, 1990) to increase the access, participation, and success of disadvantaged groups, which may include older adults.

There continues to be a dearth of research on older adults who participate in educational activities; in particular, there is little information on the characteristics of their successful aging and little or no evidence to support the benefits of these activities for their health and well-being (Schuller & Bostyn, 1992; Sloane-Seale & Kops, 2004; 2007). This study presents descriptive demographic data analyses and examines the nature of educational activities for a variety of domains in later life, including health and well-being and successful aging. Some direction for educational gerontology, lifelong learning, and continuing education practice and research is also provided.

THE STUDY

This article provides a portrait of older adults in Manitoba, including their demographic profile, their participation in educational activities, and links to characteristics of successful aging. A structured survey (*Survey: Older Adults in Lifelong Learning & Successful Aging*), with open-ended questions, was used to examine these factors in an effort to describe these learners, to identify the educational activities they chose, to specify motivation and barriers to learning, and to explain the relationship between participation in educational activities and successful aging.

Method

Survey methodology was used to collect the data (Babbie, 1995; Creswell, 2009; deLeeuw, 1992). The survey instrument contained structured items designed to gather demographic data, information on learning experiences, and characteristics of successful aging. A number of items were drawn from existing survey instruments (AARP Survey on Lifelong Learning, 2000; Lamdin & Fugate, 1997; Sloane-Seale & Kops, 2004; 2007) and topics from a qualitative study (Sloane-Seale & Kops, 2008). The survey was modified to account for the Manitoba context and the feedback results from the pre-test of the instrument; for example, terms such as “elder hostel” and “third age” do not reflect the Manitoba context and were changed.

Population and Sample

A stratified random sample of 1,000 respondents was drawn from the database of Manitoba Health; the respondents were stratified on the basis of location (urban and rural), gender, and age (55 and over). (Those in care facilities, including personal care and/or nursing homes, were not included in the sample.) Although no attempt was made to diversify the sample on the basis of ethnicity and race, diversity could be assumed given the population of Manitoba, and the results should be considered accordingly. In April 2007, the survey was mailed to the respondents' home addresses, and respondents were asked to complete and return the survey in the provided self-addressed envelope. In June, a reminder letter was mailed to respondents. The response rate was 32%, based on 321 completed surveys. Respondents were required to identify themselves as either participants or non-participants in educational activities in the past two years; 221 respondents (69% of the total number of respondents) self-identified as participants in educational activities.

Data Analysis

The survey questions were organized under five categories: (1) demographics; (2) educational activities; (3) importance of education and retirement and motivation and barriers to participation; (4) well-being and health; and (5) characteristics of successful aging and participation in educational activities. Data were collected, coded, and analyzed using the Statistical Program for the Social Sciences (SPSS). For the purposes of this article, only descriptive analysis is presented.

FINDINGS

The study findings for the five categories noted above—demographics; educational activities; importance of retirement and education and motivation and barriers to participation; well-being and health; and characteristics of successful aging and participation in educational activities—are discussed in this section. The numbers do not always total 100%, as all respondents may not have answered some questions and other questions required multiple responses.

Demographics

Tables 1 through 7 present demographic data on gender, age, marital status, level of education achieved, income, retirement, and volunteer activity for all 321 respondents.

Table 1: Gender

Gender	Responses
Male	38.9% (125)
Female	59.5% (191)
No response	1.6% (5)

Overall, there were more female respondents.

Table 2: Age

Age	Responses
55–59	20.6% (66)
60–64	25.5% (82)
65–69	15.3% (49)
70–74	12.8% (41)
75–79	12.8% (41)
80–84	5.6% (18)
85+	2.2% (7)
No response	5.3% (17)

There were more young-old (55–69) respondents (61.4%) than old-old (80+) respondents.

Table 3: Marital status

Marital status	Responses
Single	8.4% (27)
Married	67.6% (217)
Divorced	6.5% (21)
Widowed	16.2% (52)
No response	1.3% (4)

More than two-thirds of the respondents were married.

Table 4: Level of education achieved

Level of education achieved	Responses	
Some high school (grade 9 to 12)	25.5%	(82)
High school graduate	18.1%	(58)
Some community college/ university	15.6%	(50)
Community college/ university graduate	30.8%	(99)
Other	6.8%	(22)
No response	3.0%	(10)

More than half of the respondents had relatively high levels of educational achievement (at least some community college or university).

Table 5: Income

Income	Responses	
Less than \$20,000	12.8%	(41)
\$20,000 to \$29,900	14%	(45)
\$30,000 to \$39,999	13.4%	(43)
\$40,000 to \$49,999	9.7%	(31)
\$50,000 to \$59,999	10.9%	(35)
\$60,000 to \$69,999	6.2%	(20)
\$70,000 or more	20.5%	(66)
No response	12.5%	(40)

Almost 40% of respondents had household incomes above the median household income in Winnipeg (\$49,790), with just over 20% having household incomes of \$70,000 or higher (based on 2006 *Census Data—City of Winnipeg*). The higher proportion of “no responses” indicates this is a sensitive question that many chose not to answer.

Educational Activities

The responses of the 221 respondents who had participated in educational activities in the previous two years are reported here. Tables 8 through 11 present responses on the types of educational activities chosen, overall satisfaction with these activities, time spent on formal and informal educational activities, and education taken for credit and non-credit.

Table 6: Retirement

Retirement	Responses	
Retired	62.3%	(200)
Semi-retired	10%	(32)
Employed full-time	14.3%	(46)
Employed part-time	3.1%	(10)
Self-employed or own business	5.9%	(19)
Other	2.5%	(8)
No response	1.9%	(6)

Slightly more than three-quarters of respondents were retired, semi-retired, and/or employed part-time.

Table 7: Volunteer activity

Volunteer activity	Responses	
No	47%	(151)
Yes	50.5%	(162)
No response	2.5%	(8)

Half of the respondents participated in volunteer activities.

Table 8: Types of educational activities chosen

Educational activities	Responses*	
Leisure (home repairs, family history, travel)	44%	(141)
Health (nutrition, sports, fitness)	39%	(126)
Personal development (religion, self-discovery)	33%	(105)
Technology (computers)	32%	(103)
Art (music, dance, photography, crafts)	31.5%	(101)
Finance (financial planning, investing)	24%	(78)
Literature (languages, drama, journal writing)	14%	(44)
Humanities (politics, history, sociology)	14%	(45)
Sciences (biology, astronomy, environment)	12%	(39)

*This question asked respondents to select as many choices as applicable.

The types of educational activities undertaken tended to focus on self-development or activity-oriented learning, primarily in the areas of leisure, health, personal development, technology, and art.

Table 9: Overall satisfaction with educational activities taken

Overall satisfaction	Responses	
Extremely satisfied	9.5%	(21)
Very satisfied	40.7%	(90)
Satisfied	43.4%	(96)
Unsatisfied	3.6%	(8)
Very unsatisfied		(0)
No response	2.7%	(6)

Almost all of the respondents were at least satisfied with the educational activities they had undertaken.

Table 10: Time spent in formal and informal educational activities

Time spent per month	Formal		Informal	
Less than 5 hours	70.1%	(155)	26.7%	(59)
5–10 hours	11.3%	(25)	30.3%	(67)
11–15 hours	5.0%	(11)	13.1%	(29)
16–20 hours	1%	(2)	9.5%	(21)
More than 20 hours	2.7%	(6)	13.1%	(29)
No response	10.0%	(22)	7.3%	(16)

Almost three-quarters of the respondents reported spending five or more hours per month in informal educational activities, while only 20% spent five hours or more per month in formal educational activities.

Table 11: Education taken for credit and non-credit

# of courses	Credit		Non-credit	
None	88.2%	(195)	55.7%	(123)
1–5	8.1%	(18)	38.5%	(85)
6–8	1.8%	(4)	2.7%	(6)
9 or more		0	2.3%	(5)
No response	1.8%	(4)	1.0%	(2)

Of those who participated in educational activities, almost half took one or more non-credit courses; only about 10% of respondents took courses for credit.

Importance of Education and Retirement and Motivation and Barriers to Participation

Tables 12 through 14 present the importance of educational opportunities in retirement and motivation and barriers to learning for all 321 respondents.

Table 12: Importance of education and retirement

Importance	Responses	
Very important	23.4%	(75)
Fairly important	21.2%	(68)
Average importance	33.6%	(108)
Fairly unimportant	8.7%	(28)
Very unimportant	4.7%	(15)
No response	8.5%	(27)

More than three-quarters of all respondents stressed that educational opportunities were important in retirement.

Table 13: Motivation to participate

Motivation	Responses*	
To pursue an interest or hobby	70.7%	(227)
For the joy of learning	58.6%	(188)
To fill time productively	53.6%	(172)
To meet people and socialize	47.4%	(152)
To deal with a life event (e.g., death in family)	35.2%	(113)
To fill gaps in previous education	29.9%	(96)
No response	1.3%	(4)

* This question asked respondents to select as many choices as applicable.

The most important reason for participating in educational activities was to pursue an interest or hobby. Other primary motives cited were the joy of learning, to fill time productively, and to meet people and socialize.

Table 14: Barriers to participation

Barriers	Responses*	
Not enough time	37.7%	(121)
Money (programs are too expensive)	34.6%	(111)
Lack of information about what is available	25.9%	(83)
Insufficient offerings of interest to me	24.3%	(78)
Lack of motivation	24.0%	(77)
Lack of confidence in learning ability	21.8%	(70)
No response	1.3%	(4)

*This question asked respondents to select as many choices as applicable.

Respondents cited not enough time and money (programs too expensive) as the two top-ranked barriers to participation in educational activities.

Well-being and Health

Tables 15 through 17 provide data from all 321 respondents related to self-perceived happiness and satisfaction with life and self-perceived rating of health.

Table 15: Self-perceived happiness

Happiness	Responses	
Happy and interested in life	79.4%	(255)
Somewhat happy	14.6%	(47)
Somewhat unhappy	1.9%	(6)
Unhappy, with little interest in life	1.6%	(5)
So unhappy that life is not worthwhile	0.6%	(2)
No response	1.9%	(6)

Almost all respondents perceived that they were happy with their life.

Table 16: Self-perceived satisfaction

Satisfaction	Responses	
Extremely satisfied	14.3%	(46)
Very satisfied	40.5%	(130)
Satisfied	38.9%	(125)
Unsatisfied	3.4%	(11)
Very unsatisfied	0.6%	(2)
No response	2.2%	(7)

Almost all respondents indicated that they were satisfied with their life.

Table 17: Self-perceived rating of health

Health	Responses	
Excellent (never prevents doing activities)	24.9%	(80)
Good (rarely prevents doing activities)	45.2%	(145)
Fair (occasionally prevents some activities)	22.4%	(72)
Poor (very often prevents many activities)	5.9%	(16)
Bad (health infirmity prevents most activities)	0.6%	(2)
No response	1.9%	(6)

Almost all respondents reported being at least in fair health, that is, they were occasionally prevented from undertaking some activities. A quarter of all respondents reported they were in excellent health.

Characteristics of Successful Aging and Participation in Educational Activities

Characteristics of successful aging include physical, mental, and social activity; self-perceived characteristics, such as flexibility and adaptability; spirituality and future plans; and the importance of participation in educational activities and successful aging. Tables 18 through 23 present the findings for all 321 respondents.

Table 18: Physical activity engagement per week

Physical activity	Responses	
Very active (participate at least 7 times)	12.1%	(39)
Active (participate at least 5 times)	30.8%	(99)
Somewhat active (participate at least 3 times)	26.8%	(86)
Limited activity (participate at least 1 or 2 times)	15.3%	(49)
Not physically active (do not participate regularly)	12.8%	(41)
No response	2.2%	(7)

About two-thirds of all respondents indicated that they participated in physical activity, including walking, dancing, jogging, cycling, and aerobics, at least three times per week.

Table 19: Mental activity engagement per week

Mental activity	Responses	
Very active (participate at least 7 times)	35.5%	(114)
Active (participate at least 5 times)	38.3%	(123)
Somewhat active (participate at least 3 times)	14.3%	(46)
Limited activity (participate at least 1 or 2 times)	5.9%	(19)
Not mentally active (do not engage regularly)	2.8%	(9)
No response	3.1%	(10)

The vast majority of respondents indicated that they engaged in mental activity such as reading, classes, educational television, card games, puzzles, and Internet and/or library research at least three times a week.

Table 20: Social activity engagement per week

Social activity	Responses	
Very active (interact at least 7 times)	27.4%	(88)
Active (interact at least 5 times)	34.9%	(112)
Somewhat active (interact at least 3 times)	19.6%	(63)
Limited activity (interact at least 1 or 2 times)	9.7%	(31)
Not socially active (do not interact regularly)	5.9%	(19)
No response	2.5%	(8)

The vast majority of respondents indicated that they were socially active at least three times per week with friends and family, at meetings or functions at community/seniors' centres and churches, or with volunteer activities.

Table 21: Self-perceived characteristics of successful aging

Characteristics	Responses*	
Independent—take action	86.6%	(278)
Good sense of humour	85.4%	(274)
Curious—interested in life	85.0%	(273)
Positive thinker—look for good things in life	84.1%	(270)
Flexible & adaptable— able to handle change	83.2%	(267)
Outgoing—like to meet people and do things	71.7%	(230)
No response	1.3%	(4)

*This question asked respondents to select as many choices as applicable.

The majority of respondents reported a positive self-perception and saw themselves as independent, with a good sense of humour, as curious and interested in life, as a positive thinker, as flexible and adaptable, and as outgoing.

Table 22: Spirituality and future plans

Spirituality & planning	Responses*	
Strong sense of self	83.5%	(268)
Interested in personal renewal & growth	76.3%	(245)
Connected to community	74.5%	(239)
Spiritual person—feel connected to universe	65.1%	(209)
Goals & targets	63.9%	(205)
A game plan for life	57.9%	(186)
No response	1.3%	(4)

*This question asked respondents to select as many choices as applicable.

Over three-quarters of respondents indicated a strong sense of self, an interest in personal renewal and growth, and a connection to the

community, world, and beyond. About two-thirds indicated setting personal goals and targets and having a game plan for life.

Table 23: Importance of education and successful aging

Importance	Responses	
Very important	23.7%	(76)
Important	33.6%	(108)
Somewhat important	29.3%	(94)
Little importance	6.5%	(21)
No importance	4.3%	(14)
No response	2.5%	(8)

Almost all respondents reported that participation in educational activities had some importance to successful aging.

DISCUSSION

Understanding the demographic characteristics and educational experiences of older adults and their connection to successful aging is important to educational gerontology, lifelong learning, and continuing education practice and research. Discussions related to demographics, participation in educational activities, well-being and health, and characteristics of successful aging and education are presented next.

Demographics

Overall, the majority of the study respondents were middle-class women in the young-old age category (55–69), who were married, educated, and retired. Respondents were well educated, with slightly more than half of them completing at least some post-secondary education, including community college or university studies, or a community college diploma or university degree. Most respondents were comparatively well off financially, almost half having household incomes of \$40,000 or higher. Although almost two-thirds of all respondents were retired, about a third of them were employed full or part-time or had their own business, while about half of them engaged in volunteer activity. These findings are consistent with the literature that suggests that those with higher levels of education have better socio-economic outcomes, such as better-paying jobs and higher incomes (Turcotte & Schellenberg, 2007), and are likely to be more active in volunteer work and other activities. The study data suggest that educational programming is important for meeting the needs of active, educated older adults.

Educational Activities

The respondents who self-identified as being active learners (i.e., those who participated in educational activities in the past two years) appeared to place a high value on educational activities that were relevant and meaningful to their health and well-being. They engaged more in educational activities related to leisure (home repairs, family history, and travel), health (nutrition, sports, and fitness), and personal development (religion and self-discovery), although subjects related to computers and art (music, dance, photography, crafts) were also popular. Topics related to financial planning and investing, literature (languages, drama, journal writing), politics, history, sociology, and science were less popular.

Respondents indicated a number of reasons why they were motivated to participate in educational activities. Although their reasons varied, they most frequently reported participating to pursue an interest or hobby, for the joy of learning, to productively fill their time, and to meet people and socialize. Other reasons cited were to deal with a life event, such as a family death, and to fill gaps in previous education. These findings are consistent with the adult education literature that suggests adults want learning experiences that are meaningful, relevant, and useful to their lives (Knowles, 1980).

The respondents' motivation for learning aligns with the typology developed by Houle (1961), which groups motivation into three categories: learning as an activity; pursuit of knowledge for its own sake; and goal-oriented learning. The barriers to learning cited by respondents were clustered around time and money (expense of programs). These older adults appeared to view their time as a limited commodity that must be meaningfully used, which seems to be counterintuitive to the prevailing view that older adults have nothing but time; thus, time as a barrier should be reconceptualized in terms of attitude toward older age and retirement (Sloane-Seale & Kops, 2004). Barriers related to lack of program information, insufficient program selection, lack of motivation, and lack of confidence in ability were also identified; these barriers align with the categories suggested by Cross (1981), specifically, dispositional, situational, and institutional barriers.

The motivation and barriers identified by the study respondents suggest that educational programming for older adults must not only be meaningful and relevant but also provide a variety of educational options to satisfy activity-, knowledge-, and goal-focused learners and to address time, money, and information barriers. Involving older adults in determining educational needs may be a useful engagement strategy for making their reasons for learning explicit and for addressing barriers that limit their participation.

Overall, respondents recorded a high level of participation in educational activities, particularly non-credit and informal educational activities. The majority indicated that they were satisfied with their educational activities, and almost as many stressed the importance of educational opportunities in retirement. These findings are consistent with literature that indicates education is the strongest predictor of socio-economic status (Turcotte & Schellenberg, 2007); higher levels of prior education may also play a role in recognizing the importance of education to retirement. Furthermore, the respondents' focus on non-credit and informal educational activities is consistent with the findings of the AARP Survey on Lifelong Learning (2000), which recognized the importance of informal education, including self-directed learning activities, for older adults. Thus, there is a need for well-designed educational programs for older adults that can address these realities.

Well-being and Health

In terms of self-perceived health and well-being, the vast majority of respondents indicated that they were happy and interested in life, satisfied with life, or at least in fair health for their age (occasionally prevented from doing some activities). These findings are consistent with the literature that suggests that self-perceived health and well-being is one of the most reliable predictors of health status (Menec, 2003).

These findings are also consistent with the literature that suggests that one of the strongest indicators of self-perceived health and other reported health is level of education, that is, the higher the level of education, the higher the likelihood of reporting excellent or very good health. Study respondents tended to report high levels of education and comparatively high income levels; moreover, the vast majority of respondents reported high levels of satisfaction on all measures of happiness, satisfaction, and health. The net result, according to Turcotte and Schellenberg (2007), is less likelihood of social isolation and increased chances of better health and well-being.

Healthy, happy, interested, educated, and financially secure older adults bode well for their future participation in educational activities. However, because these older adults are active learners, with clear ideas of what and why they learn, how much time they devote to learning, and what they feel is satisfactory learning, they are likely to “vote with their feet” if their needs are not met. Older adult learners have become a target population for continuing educators, whose programming decisions continue to be influenced by demographic shifts; indeed, this suggests that continuing educators who opt for participatory arrangements when designing and delivering programs for older adult learners are making wise program-development decisions.

Characteristics of Successful Aging and Education

The findings in this category are consistent with, and build on, the literature on successful aging and activity theory, which indicates that greater participation in everyday activities results in a greater chance of successful aging (Menec & Chipperfield, 1997a & 1997b). The findings are also consistent with the literature on successful aging and locus of control (Baltes, 1997; Baltes & Baltes, 1990), which indicates that older adults adjust to life changes better when they have a greater sense of internal control. In addition to their active participation in educational activities, the study respondents were physically, mentally, and socially active. Physical and social activity confirm Menec's (2003) notion of active engagement and interpersonal relationship building, while mental activity expands on the concept of successful aging and builds on active engagement.

The older adults who participated in the study reported feeling independent, having a good sense of humour, being curious, and having a positive outlook on life, all of which fit with a positive self-perception and a sense of internal locus of control. A good sense of humour, curiosity, and positive thinking expand on the concept of successful aging. Additionally, building on the constructs of successful aging (Rowe & Kahn, 1997) and gerotranscendence (Tornstam, 1999/2000), these older adults reported having a spiritual outlook on life, with an interest in personal renewal and growth, and a connection to the broader community, rather than being disengaged and withdrawn from life. In other words, they were not only physically, socially, and mentally engaged but also sought spirituality or connectivity with the sacred. According to Tisdell (2008), this outlook is based on creating and finding ultimate meaning in relationship to a higher sense of self and a connection to wholeness and authentic self. The respondents reported that they were flexible and adaptable, as well. The importance of adaptability and flexibility to successful aging melds with the compensatory mechanisms outlined in the life-span literature,

which require older adults to use alternative strategies to accomplish tasks (Baltes, 1997; Baltes & Baltes, 1990). They also saw themselves as being future oriented, with goals and a game plan for life; at the same time, a spiritual and future outlook on life may relate to an internal locus of control, which is critical for successful aging and health and well-being (Baltes, 1997; Baltes & Baltes, 1990; Menec & Chipperfield, 1997a & 1997b). Finally, they confirmed that participation in education is very important to successful aging.

In addition to Menec's 3As of successful aging (activity, adaptability, and attitude), internal locus of control, and life-span theory (Baltes, 1997; Baltes & Baltes, 1990), the factors that are important to aging include a spiritual and future outlook on life, mental and social activity, positive self-perception, and participation in educational activities. These factors suggest that successful aging may be more complex and varied than defined in the current literature and it may be part of a process of lifelong learning, with benefits to health and well-being rather than an outcome of having aged successfully. Overall, this suggests a more comprehensive and holistic approach should be taken to examining characteristics of successful aging and participation in educational activities, which is beyond the scope of this article and subject to future research.

CONCLUSION

As part of an ongoing inquiry, this study contributes to a better understanding of the connections between participation in educational activities and successful aging. The study findings depict older adults as active learners who are satisfied with life and in good health and who demonstrate the characteristics of successful aging. Menec (2003) attributed participation in everyday activities to successful aging, and based on this study, one can speculate that participation in educational activities is connected to successful aging.

In addition to the factors of adaptability, activity, and attitude that Menec (2003) identified as characteristics of successful aging, this study validated a number of other characteristics, including developing social networks and supports, having a positive self-perception and an internal locus of control, and having a spiritual focus and future outlook on life. These characteristics, which include participation in educational activities, may be part of a fundamental and interrelated process that benefits health and well-being, rather than an outcome of having aged successfully. In short, they may not only be precursors to but also be interrelated aspects of successful aging, which are acquired and developed over the life span and facilitate successful aging. This possibility echoes continuity theory, which suggests that those who age most "successfully" are "those who carry forward the habits, preferences, lifestyles, and relationships from midlife into late life" (Bearon, 1996, p. 2, cited in Dillaway & Byrnes, 2009). Further, one of the strongest socio-economic predictors of self-perceived health and well-being is level of education (Turcotte & Schellenberg, 2007), and the study respondents who were active in educational activities reported good health and well-being, having described their general health as excellent to good. The majority indicated that they were happy, interested in life, very satisfied or satisfied with their lives, and very actively engaged in a wide variety of activities.

These data are consistent with the picture presented of active older adults in the related literature (AARP Survey on Lifelong Learning, 2000; Thompson & Foth, 2002), particularly with reference to the aging baby-boom generation who are reported to be active, healthy, educated, and wealthy. This positive view of these older adults' capacities and resources is evidence of an important philosophical shift in a new aging policy that seeks to encourage older peoples' continued contribution over their life course. Participation in adult education and lifelong learning is an important component of policies that encourage successful aging. Lifelong

learning as a social-change strategy is coherent with the new policy perspective that discourages old-age dependency and encourages continued productivity, health, and self-sufficiency of older adults (Treas & Hill, 2009). Increased education leads to increased participation in all activities, including educational activities, as well as to improvements in mental, spiritual, and physical health and well-being (Ebersole & Hess, 1990; Hammond, 2004; Withnall, 2006). Educational planners must be cognizant of the fact that older adult learners may value time differently (it may not be perceived as exponential but as a limited resource) and ensure that educational programs offer good value for time spent; otherwise, as with adult learners generally, older adult learners will “vote with their feet” and not participate (Sloane-Seale & Kops, 2004).

These findings may contribute to further discussion on educational gerontology and lifelong-learning policy—as well as reframe how aging successfully and retirement are understood (Dillaway & Byrnes, 2009)—and to new approaches to continuing education practice and research that acknowledge and include aging as an important part of the equation. Further research on participation in educational activities, characteristics of successful aging, and collaborative programming models for older adults is suggested by these findings, as is further research focusing on older adults who do not participate in educational activities and their understanding of successful aging. Finally, there is a need for additional study to examine ethnicity, diversity, and older adults and successful aging, including older adults in populations such as Aboriginals and new immigrants.



Survey: Older Adults in Lifelong Learning & Successful Aging

Education

1. What do you choose to learn? Learning may be formal or sponsored learning activities (courses, workshops, seminars, lectures), or informal or self-planned learning (learn on your own). **Please indicate Yes or No** to your learning in the following areas during the past two years.

If you did not participate in any learning activities in the past two years, skip to question 7.

- | | | |
|---|------------------------------|-----------------------------|
| a. Art (music, dance, photography, crafts) | Yes ☐ | No ☐ |
| b. Literature (languages, multicultural learning, drama, journal writing) | Yes ☐ | No ☐ |
| c. Sciences (biological, astronomy, geology, environment related) | Yes ☐ | No ☐ |
| d. Humanities (politics, history, sociology, philosophy) | Yes ☐ | No ☐ |
| e. Technologies (computers, computer programs) | Yes ☐ | No ☐ |
| f. Leisure (home repairs, family history, travel, gardening) | Yes ☐ | No ☐ |
| g. Health (nutrition, sports, fitness) | Yes ☐ | No ☐ |
| h. Personal development (religion, self-discovery/improvement) | Yes ☐ | No ☐ |
| i. Finance (financial planning, investing) | Yes ☐ | No ☐ |
| j. Other (please specify) _____ | | |
2. Satisfaction with learning activities – **Please circle the choice** that best describes how satisfied you are overall with your learning activities?
- a. Extremely satisfied
 - b. Very satisfied
 - c. Satisfied
 - d. Unsatisfied
 - e. Very unsatisfied
3. In the past two years, **please circle how many** courses you have taken for credit (from educational institutions).
- | | | |
|---------|------|--------------|
| a. None | e. 4 | h. 7 |
| b. 1 | f. 5 | i. 8 |
| c. 2 | g. 6 | j. 9 or more |
| e. 3 | | |
4. In the past two years, **please circle how many** courses you have taken for interest only (not for credit).
- | | | |
|---------|------|--------------|
| a. None | e. 4 | h. 7 |
| b. 1 | f. 5 | i. 8 |
| c. 2 | g. 6 | j. 9 or more |
| e. 3 | | |

See over

5. Time spent on formal learning - Estimate the average number of hours per month that you spend in formal or sponsored learning activities (courses, workshops, seminars, lectures).
Please circle the best estimate.
- a. Less than 5 hours per month
 - b. 5 – 10 hours per month
 - c. 11 – 15 hours per month
 - d. 16 – 20 hours per month
 - e. More than 20 hours per month
6. Time spent on informal learning - Estimate the average number of hours per month that you spend on informal or self-planned learning (learn on your own) projects or activities.
Please circle the best estimate.
- a. Less than 5 hours per month
 - b. 6 – 10 hours per month
 - c. 11 – 15 hours per month
 - d. 16 – 20 hours per month
 - e. More than 20 hours per month
7. If you had not chosen to learn during the past two years, how likely are you to take up learning again? If you answered question 1, skip this question. **Please circle the choice** that best describes your intention.
- a. Very likely
 - b. Most likely
 - c. Likely
 - d. Most unlikely
 - e. Very unlikely
8. How do you prefer to learn? All of us have different learning styles. Some of us prefer the stimulation of a formal class. Others prefer to learn on their own in a variety of ways.
Please indicate Yes or No to the ways you prefer to learn.
- | | | |
|--|------------------------------|-----------------------------|
| a. In a group | Yes ☐ | No ☐ |
| b. With a mentor or tutor | Yes ☐ | No ☐ |
| c. By doing something hands on | Yes ☐ | No ☐ |
| d. By watching or listening | Yes ☐ | No ☐ |
| e. In a formal teacher-classroom situation | Yes ☐ | No ☐ |
| f. By gathering information then teaching myself | Yes ☐ | No ☐ |
| g. By finding self-study courses | Yes ☐ | No ☐ |
| h. Other (please specify) _____ | | |

9. Your preferred learning resources? **Please indicate Yes or No** to the learning resources you prefer to use.
- | | | |
|--|------------------------------|-----------------------------|
| a. Find someone to teach me who knows about the topic (friend, tutor) | Yes ☐ | No ☐ |
| b. Take classes, seminars or workshops (not at a school, college, or university) | Yes ☐ | No ☐ |
| c. Look for informational television or radio programs, audio or videotapes | Yes ☐ | No ☐ |
| d. Read newspapers, magazines, books or journals | Yes ☐ | No ☐ |
| e. Search the Internet (chat group, computer-based teaching programs) | Yes ☐ | No ☐ |
| f. Start by doing and learn from my mistakes | Yes ☐ | No ☐ |
| g. Enroll in a course at a school, college, or university | Yes ☐ | No ☐ |
| h. Get involved in a community group or volunteer organization | Yes ☐ | No ☐ |
| i. Attend a public event or exhibition | Yes ☐ | No ☐ |
| j. Other (please specify) _____ | | |
10. Educational opportunities and retirement – **Please circle the choice** that best describes the importance of educational opportunities in your retirement.
- Very important
 - Fairly important
 - Average importance
 - Fairly unimportant
 - Very unimportant

Motivation & Barriers to Participation in Learning Activities

11. Why you learn? Please indicate your reasons for participating in learning activities by **answering each item Yes or No.**
- | | | |
|--|------------------------------|-----------------------------|
| a. To pursue an interest or hobby | Yes ☐ | No ☐ |
| b. For the joy of learning | Yes ☐ | No ☐ |
| c. To deal with a life event (e.g., death in family) | Yes ☐ | No ☐ |
| d. To meet people and socialize | Yes ☐ | No ☐ |
| e. To fill in gaps in my previous education | Yes ☐ | No ☐ |
| f. To fill leisure time productively | Yes ☐ | No ☐ |
| g. Other (please specify) _____ | | |
12. Barriers to learning - Please indicate what prevents you from participating in learning activities. **Answer each item Yes or No.**
- | | | |
|--|------------------------------|-----------------------------|
| a. Not enough time | Yes ☐ | No ☐ |
| b. Money (programs are too expensive) | Yes ☐ | No ☐ |
| c. Insufficient offerings of interest to me | Yes ☐ | No ☐ |
| d. Lack of information about what is available | Yes ☐ | No ☐ |
| e. Lack of motivation | Yes ☐ | No ☐ |
| f. Lack of confidence in my learning ability | Yes ☐ | No ☐ |
| g. Other (please specify) _____ | | |

See over

Well-Being & Health

13. How would you describe yourself? **Circle the best choice.**

- a. Happy and interested in life
- b. Somewhat happy
- c. Somewhat unhappy
- d. Unhappy with little interest in life
- e. So unhappy that life is not worthwhile

14. Thinking of your general life experiences – **Please answer Yes or No to the following:**

- a. Things are getting worse as I get older Yes ☐ No ☐
- b. Little things bother me more this year Yes ☐ No ☐
- c. Life is hard for me most of the time Yes ☐ No ☐
- d. I am satisfied with my life today Yes ☐ No ☐
- e. I am just as happy as when I was younger Yes ☐ No ☐
- f. As I look back on my life, I am fairly well satisfied Yes ☐ No ☐

15. How would you describe your satisfaction with your life in general? **Circle the best answer.**

- a. Extremely satisfied
- b. Very satisfied
- c. Satisfied
- d. Unsatisfied
- e. Very unsatisfied

16. For your age, in general how would you rate your health? **Circle the best choice.**

- a. Excellent (never prevents doing activities)
- b. Good (rarely prevents doing activities)
- c. Fair (occasionally prevents some activities)
- d. Poor (very often prevents many activities)
- e. Bad (health troubles or infirmity all the time prevents most activities or requires confinement to bed)

17. The following questions ask if you are able to carry out different activities by yourself – **Please answer each item Yes or No.**

- a. Do light housework (washing up, laundry, dusting, etc.) Yes ☐ No ☐
- b. Do heavy housework (cleaning floors, washing windows, etc.) Yes ☐ No ☐
- c. Make a cup of coffee or tea Yes ☐ No ☐
- d. Prepare a hot meal Yes ☐ No ☐
- e. Shovel snow or do yard work Yes ☐ No ☐
- f. Shop Yes ☐ No ☐
- g. Manage financial matters (banking, paying bills, handling money, etc.) Yes ☐ No ☐

Characteristics of Successful Aging

18. Indicate your current level of participation in physical activity (e.g., walking, dancing, jogging, cycling, and aerobics)? **Circle the best choice.**
- Very active (participate in activities at least 7 times per week)
 - Active (participate in activities at least 5 times per week)
 - Somewhat active (participate in activities at least 3 times per week)
 - Limited activity (participate in activities at least 1 or 2 times per week)
 - Not physically active (do not participate in any activities on a regular basis)
19. Indicate your current level of participation in activities that stimulate your mind (e.g., reading, classes, educational television, card games, puzzles, internet and library research)? **Circle the best choice.**
- Very active (participate in activities at least 7 times per week)
 - Active (participate in activities at least 5 times per week)
 - Somewhat active (participate in activities at least 3 times per week)
 - Limited activity (participate in activities at least 1 or 2 times per week)
 - Not mentally active (do not engage in any activities on a regular basis)
20. How would you describe the frequency of your interaction with others (e.g., friends, family, meetings, functions at community/seniors centre or church, volunteer activities)? **Circle the best choice.**
- Very active (interactions at least 7 times per week)
 - Active (interactions at least 5 times per week)
 - Somewhat active (interactions at least 3 times per week)
 - Limited activity (interactions at least 1 or 2 times per week)
 - Not socially active (no interactions on a regular basis)
21. Indicate which of the following characteristics best describe you – **Please answer each item Yes or No.**
- | | | |
|--|------------------------------|-----------------------------|
| a. Curious – interested in life | Yes ☐ | No ☐ |
| b. Independent – take action – not dependent on others | Yes ☐ | No ☐ |
| c. Good sense of humour | Yes ☐ | No ☐ |
| d. Positive thinker – look for the good things and opportunities in life | Yes ☐ | No ☐ |
| e. Outgoing – like to meet people and do things | Yes ☐ | No ☐ |
| f. Flexible and adaptable – able to handle change | Yes ☐ | No ☐ |
22. Describe your views on life and the future by **answering Yes or No** to the statements.
- | | | |
|---|------------------------------|-----------------------------|
| a. I am interested in personal renewal and growth | Yes ☐ | No ☐ |
| b. I feel connected to the community and world around me | Yes ☐ | No ☐ |
| c. I have a strong sense of who I am – strong sense of self | Yes ☐ | No ☐ |
| d. I am a spiritual person – feel connected to “universe” | Yes ☐ | No ☐ |
| e. I set goals and targets for myself | Yes ☐ | No ☐ |
| f. I have a “game plan” for my life over the next while | Yes ☐ | No ☐ |

See over

23. In your opinion, how important is participation in continuing education to successful aging?
Circle the best choice.
- a. Very important
 - b. Important
 - c. Somewhat important
 - d. Little importance
 - e. No importance

Demographics

24. Status – **Please circle the best choice.**

- a. Single
- b. Married
- c. Divorced
- d. Widowed

25. Retirement Status – **Please circle the best choice.**

- a. Retired
- b. Semi-retired
- c. Employed full-time
- d. Employed part-time
- e. Self-employed or own your own business
- f. Other (specify) _____

26. Do you do volunteer work in the community? – **Please circle the best choice.**

- a. No
- b. Yes
- c. If yes, indicate the number of organizations you volunteer for _____;
and the total volunteer hours (on average) per month _____.

27. **Please circle the category** that best corresponds to the highest level of education that you have completed.

- a. Some high school (grade 9 to 12 but not graduation)
- b. High school graduate
- c. Some community college or university
- d. Community college or university graduate
- e. Other (specify) _____

28. **Please circle the category** that corresponds to your age in number of years.

- | | |
|-------------|---------------|
| a. 55 to 59 | e. 75 to 79 |
| b. 60 to 64 | f. 80 to 84 |
| c. 65 to 69 | g. 85 or more |
| d. 70 to 74 | |

29. Gender – **Please circle the best choice.**

- a. Male
- b. Female

30. **Please circle the category** that most closely corresponds to your household income (the income for you and your partner).

- | | |
|-------------------------|-------------------------|
| a. Less than \$20,000 | e. \$50,000 to \$59,999 |
| b. \$20,000 to \$29,900 | f. \$60,000 to \$69,999 |
| c. \$30,000 to \$39,999 | g. \$70,000 or more |
| d. \$40,000 to \$49,999 | |

31. Name of your city, town, village or rural district _____

32. **Other comments on the topic** – things that you would like to add to the discussion?

Please use the enclosed postage paid envelope to return the completed survey.

Thank you for taking the time to complete the survey!

33. Yes, I would like a copy of the results of the study – please provide your name and mailing address.

Name _____

Address _____



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