Community-based Lifelong Learning for Promoting Health in Older Adults: A Qualitative Analysis of a Continuing Education Program for Seniors in Toronto

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Abstract: This case study of the Seniors Daytime Program, a continuing education program run by the Toronto District School Board, examines the roles and benefits of community-based lifelong learning for the post-work population and, in particular, seniors at risk from the perspectives of adult education and health promotion.

Population Aging and Lifelong Learning

Like many countries, Canada is aging. The portion of seniors (aged 65 and over), which comprised about 13% of the population in 2001, will nearly double by 2031 when the last wave of baby boomers retires (Health Canada, 2002). Older Canadians live relatively healthy lives, with 77% describing their general health in positive terms. Yet, 71% of the same group also report chronic pain or some long-term activity restrictions (Statistics Canada, 1999). These figures imply that coping with chronic health problems and functional limitations to maintain the quality of life is a concern for many older Canadians. Given the aging population, the growing social concerns about the rising cost of health care, and the shifting trend to community care with its emphasis on self-reliance, it is important to develop a new perspective which views learning activities in later life as a viable and cost-effective preventive means to promote the well-being of older adults. Following the trend of OECD countries, (Sutherland and Crowther, 2006), however, the current political emphasis on “lifelong learning” in Ontario is narrowly incorporated into vocational training for the pre-work and working population, while non-vocational general interest continuing education programs for people in post-work like the Toronto District School Board’s (TDSB) Seniors’ Daytime Program are perpetually on the verge of discontinuation due to a lack of public funding. The results of my preliminary study (Narushima, 2005) found that the program coordinators of community agencies see affordable daytime education programs playing a crucial role to maintain the well-being of their older clients, especially “seniors at risk” who live alone, who are not healthy enough to attend distant evening classes, who are from lower socio-economic brackets, or who cannot speak English. Yet, the question remains as to how these learning activities promote health among seniors, in particular at risk seniors in a large urban city. In order to answer this question, I conducted a case study of the TDSB Seniors’ Daytime Program.

The TDSB Seniors’ Daytime Program

The TDSB has been providing a wide range of community-based education opportunities in its long-standing continuing education system. The Seniors’ Daytime Program (SDP) is a part of its non-credit general interest courses for adults, designated for people over 60 and held during the daytime. The courses are offered in three terms for 9 weeks each. The contents can be divided into four subject areas: 1) arts and hobbies, 2) fitness and exercise, 3) music and dance, and 4) language and computer skills (Toronto District School Board, 2007). The program is
carried out through a partnership between the school board and community centers and senior residences, in which the TDSB send their instructors and the host agencies offer the space.

Between 2001 and 2003, the Seniors’ Daytime Program underwent a drastic increase in user fees and decrease in the number of courses numbers to make the program cost-recoverable, then in February 2003, the TDSB announced the closing of all general interest programs for adults and seniors due to the prolonged deficit crisis. In response, some senior students organized a group called “Citizens for Lifelong Learning” and successfully lobbied to keep the programs running, making the TDSB reverse its decision. Since then, the user fees have been unchanged and the number of courses has gradually recovered. In the 2006 Fall semester, approximately 1,400 seniors enrolled in more than 70 courses offered in various locations all over Toronto (Toronto District School Board, personal communication, March 19, 2007).

**Theoretical Framework**

In order to understand seniors’ learning and its impact on their well-being, I linked three levels of micro, meso, and macro analysis. Theories of outcomes (Hammond, 2004) of lifelong learning provided useful reference for the micro level of analysis. Although the focus of Hammond’s study was not necessarily older adults but adults in general, she argued that five psychosocial qualities developed through learning (self-esteem and self-efficacy, identity, purpose and hope, competences, and social integration). In her opinion, these “soft” outcomes in turn lead to emotional resilience and improved mental health. Since “self-efficacy” also emerged as one of my major themes, I referred to social cognitive theory to scrutinize the role of the “belief that one has the power to produce desired changes by one’s action” (Bandura, 2004, p.144) for seniors’ self-management. As for the meso level analysis, Chene’s (1994) study on seniors’ community-based learning provided a lens through which to examine the functions of the program. Her study highlighted the social dimension of learning (friendship, mutual aid, sharing stories, the sense of belonging and family spirit). Since the relational bonds created in classrooms also emerged as another major theme in my study, I referred to Heaney and Israel’s (2004) social support network theory to analyze the nature of social supports provided in the Seniors’ Daytime Program. For the macro level, critical educational gerontology (Withnall 2000) framed my analysis of the current conditions of later life learning. Given the heterogeneity of older people, and the widening inequalities they face, this perspective provides a more inclusive and innovative view to the role of education in late adulthood.

**Research Design and Procedure**

This study employed a qualitative case study approach that combined document analysis, interviews and classroom observations to examine seniors’ learning and its outcomes from multi-angles. The documents include the TDSB’s course calendars between 2000 and 2007, local newspaper articles, and the websites of the school board and the government of Ontario. The fieldwork was conducted between May 2006 and July 2006, when I observed 5 different classes (Chinese poetry, calligraphy, sewing, folkdance, and fitness) and interviewed 15 senior students and 3 key informants. Observation was conducted for at least one session (1-2 hours) in each class with the focus on the content, classroom environment, interaction among students and instructors, and the mode of instruction.

Fifteen senior students voluntarily participated in face-to-face interviews, each of which took 60 to 90 minutes. The main purpose of the interviews was to identify how they perceive the experience and outcomes of their learning at the Seniors’ Daytime Program in the context of
their lives. Participants included 10 females and 5 males, and their ages ranged between 64 and 83. Seven lived by themselves, six with their spouse, and two with other family members. Their former occupations included teacher, clerical worker, factory worker, social worker, health care worker, housewife, mechanic, etc. Eight were immigrants of diverse ethnic backgrounds. All but one had at least one chronic health problem (e.g. arthritis, hypertension, diabetes, respiratory problems, etc.). I also conducted 90 to 120 minutes face-to-face interview with three key informants regarding the history and administrative conditions of the TDSB continuing education. All interviews were audio recorded and transcribed. Following Merriam’s (1998) guideline for “multiple case study analysis”, each story is first analyzed as a single case, followed by a cross-case analysis to identify overarching themes across all 15 cases. These overarching themes combined with the ones from observations were interpreted and interrelated.

**Findings**

**Self-efficacy through Challenge and Effort**

All 15 seniors pointed out their joy of learning a subject which they are genuinely interested in, using such phrases as “I enjoy it very much” and “It makes me happy”. This feeling is closely related to the challenges posed by learning, their efforts to conquer them, and the sense of mastery they gained as a result. For example, Peter (80) joined the calligraphy class 15 years ago. Since he looks after his visionally impaired wife, and has his own health problem, riding the streetcar from his west end home to the mid-town community centre is the major weekly event for him. He described the benefit of his long-term learning:

> I feel great. Because now I can do what I could not do before (laughter). I can write the way the teacher wants. I can teach new styles to other people in the class. Every year I challenge a new style. I often go to Latvian library and read old newspapers to find interesting styles and nice poems. When I find an interesting style, I learn how to write it. It’s not easy – you wonder how you start. I get up 5:30 am and play with calligraphy until 7 pm every morning (Peter).

As this comment illustrates, learning subject of interest provides seniors with challenges that stimulate their intellectual curiosity, make them set their own goals, and require their efforts and patience to master. For those who have health problems and family obligations, just coming to the class requires determination. Whether challenges are either subject specific or more general obstacles which inhibit their learning, all participants expressed satisfaction and pride derived from the fact they managed to overcome them.

This sense of mastery, purpose, and self-esteem echoed in their stories, overlapping with Hammond’s (2004) five psychosocial impacts of lifelong learning. Compared with the Hammond’s findings on adult in general, the feeling that “I can do it” or self-efficacy was the key benefit of learning for the seniors in my study. Given that increasing physical and psychosocial limitations may diminish perceived control and self-efficacy with age, seniors use later life learning as means to reinforce their sense of control and mastery. Since low levels of self efficacy lead to impaired task performance in daily activities due to anxiety, dysfunctional cognition, and self-doubts that undermine motivation (Seemen & McAvay et al., 1996), reinforcing self-efficacy in old age is important to promote effective self-management of healthy lifestyles. Bandura (2004) noted that “self-management is good medicine”, arguing that the “belief in one’s efficacy to exercise control is a common pathway through which psychosocial influences affect health functioning” (p.143). Regular and long-term participation in the Seniors’
Daytime Program may provide this type of medicine, one of the reasons the seniors in my study reported their general health in positive terms despite their physical problems.

Caring Classrooms as Social Support Networks

The social and relational bond created in the classrooms was the second major outcome of learning. Although the five classes I observed were diverse in terms of subject, students’ demography, two characteristics were common – a friendly and lively atmosphere, and an engaging and skillful instructor. A closer look at the relationship among students revealed two types of rapport -- friendly affinity and personal friendship. The intensity of the relationship among senior students was related to their personal situations including gender, health, living arrangement, geographic proximity, and length of learning. Two-thirds of the 15 participants described their relationship with classmates as a less-intense “friendly” and “comfortable” connection. Betty (70) joined the sewing class two years ago. She depicted the “togetherness” of her class in the following terms:

_We are together. We don’t care whether other people are younger or from different background. Here everyone is the same. We all like sewing. We learn, talk, laugh together. We share patterns and tools. When the semester is over, everyone hugs each other and says good-bye for a while_ (Betty).

Despite their mixed socioeconomic and cultural backgrounds, a bond developed among students and the instructor in each class, described as “we” by all students, which overlaps with the “sense of belonging” found in Chene (1994). This affinity seemed to be based on the sense of equality stemming from the fact that they are pursuing a common interest. In addition, it was not rare that those in their 70s and 80s have been taking the same subject for more than 10 years, since many started the course when they retired. Students only meet once or twice a week, yet this long-term engagement helps to turn classrooms into trusting and caring social networks where seniors can share their personal problems and exchange “informational support” (Heaney & Israel, 2002).

This affinity as a group also led to personal friendships. One-third of the participants mentioned emotionally close and multi-functional relationships. Anna (64), an immigrant from St. Lucia, took early retirement for health reasons. She lives with her mother in a downtown apartment. She described the “friendship” she found in the class that she joined three years ago:

_As you grow older, you lose track of your friends. By going to this program, you make new friends. When I was very sick and was away from the class for three months, lots of people from the class came to see me at hospital. I was very happy. Now someone in the class usually gives me a ride. Between the semesters, I usually call a few people to ask if everything is all right_ (Anna)

As this comment suggests, those who live alone or have chronic health problems underscore both the “emotional” and “instrumental” support (Heaney & Israel, 2002) provided by the new friends whom they met in the program. For seniors at risk who tend to be socially isolated in a large urban community, this type of friendship works as a “lifeline”.

All five classes were instructed in a student-centered way. Since students were mixed in terms of learning styles and skill levels, the instructors constantly walked around the classroom giving instruction individually. When someone did a good job, instructors shared it with the whole class. This recognition and affirmation from instructors and classmates, or “appraisal support” (Heaney & Israel, 2002), also plays an important role in reinforcing the self-efficacy of each senior student. Given that social isolation and loneliness relate to negative health outcomes,
and that adequate social supports are associated with positive health outcomes and psychological health and subjective well-being (Tomaka, Thompson & Palacios, 2006) – not to mention the fact that a quarter of seniors in Toronto live alone (City of Toronto, 2006) -- the caring learning community created at the Seniors’ Daytime Program functions as an effective mechanism linking later life learning and the perceived health outcomes of seniors.

The Political Awareness of the Right to Learn

The third major positive outcome of learning is a heightened awareness among seniors about their rights to learn throughout life. Since many of the long-term students experienced almost losing their programs in 2003, they expressed strong desire for the school board to continue providing affordable and accessible learning opportunities for seniors, underscoring their entitlement as taxpayers for publicly subsidized education. As an active member in the 2003 lobbying campaign, Janet (82), a widowed for 19 years and lives alone, expressed her frustration about the rising course fees:

We are entitled to have education and recreation opportunities supported by public fund. Because we have been paying taxes all these years. We contributed to building up this country. We brought up our children and they are all good citizens and paying taxes. So don’t we deserve something? Why does the government want to cut us off in our old age? Why? Why are they doing this to us? Our lifetime contribution should be more recognized and respected (Janet).

As Janet pointed out, seniors are long-time taxpayers who supported the public education system in Ontario even after their children and grandchildren graduated from the school system. Almost all 15 participants articulated concerns about future of the program. The 2003 incident made them realize that they should protect their rights to lifelong education using their voting power. Despite the depoliticized nature of content of the general interest program, a certain degree of emancipatory learning, which raises seniors’ political consciousness, was happening in the program. The fact that learning is carried out in a public setting like the TDSB continuing education program may help promote this type of social learning for participatory democracy. It is doubtful that the same type of learning would occur in more commercialized and individualized learning programs like those typically offered in more expensive continuing education courses at colleges, universities, or private institutions, where adult learners see themselves more as consumers than as citizens. Given that adult learning in general has tended to be skill-oriented and commodified under current lifelong learning policies, the social learning in the TDSB program seems to be invaluable.

Implications for adult education theory and practice

Although it is not my intention to generalize the results of this case study of the TDSB Seniors’ Daytime Programs, my findings will contribute to the current knowledge and debate about lifelong learning in late adulthood. Given the strengths of the qualitative approach, this study could bring together the separately existing theories of later life learning and health promotion to explore the pathway that links lifelong learning and the psychosocial well-being of seniors. My findings suggest the need to shed more light on the roles of affordable and accessible public continuing education programs as an important health determinant for seniors. This study also provides some implications for practitioners and policy makers. Under the current vocational-oriented lifelong policies in Canada and OECD countries in general, older people who are post-work are structurally marginalized in the current myopic vision of a learning
society, although seniors are often viewed as burdensome recipients of health-care (Withnall, 2000). Programs like the TDSB Seniors’ Daytime Programs are caught in the crack between education and health-care. Given the special needs and benefits of lifelong learning for seniors, especially at risk seniors in a large urban community, this study indicates a need for more creative intra-or inter-sectoral funding partnerships among education, health, and social services.

Reference


