Aging Lesson Plan
College of Lake County
Healthcare Bridge Curriculum
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Overall Goal: Evaluate perceptions and stereotypes regarding aging in the United States and perceive aging as a process of growth and development. Understand the lives of people over age 65 in the United States especially in health care situations.

Objectives:

1. To investigate myths and stereotypes regarding aging and understand the facts of aging.
2. To learn about one factor of aging and teach it to the rest of the group.
3. To discuss issues in medical settings relating to aging.
4. To investigate and experiment with short term memory.

Major Skill Focus: Apply knowledge from reading to life and work experiences

Minor skill focus:
Reading comprehension
Writing skills
Taking notes
Predicting and hypothesizing

ESL Content Standards:
AE.L1 Respond to face-to-face and telephone conversations in familiar and unfamiliar contexts (e.g. community, workplace)
AE.S5 Present short speeches or oral reports (e.g. on customs or traditions in native country)
HI.R1 Read passages or articles on familiar and new topics (e.g. work or current events)
AE.R5 Summarize the main ideas and supporting details in reading materials
AE.W8 Organize key details in a variety of contexts (e.g. by note taking, listing, or outlining)

General new vocabulary:
Institutionalize
Ageism
Stereotype
Demeaning
Isolation

Medical terminology in the lesson:
Acute illnesses
Chronic illnesses
Biochemical
Anatomic
Histocytological
Senile

Materials Needed:
Aging PowerPoint
3 x 5 note cards

Handouts:
Myths and Facts Opinion Survey
Myths and Facts about Older Americans
Multiple items for memory activity. All items must be small enough to fit 10 different items under a piece of paper (examples are multiple paperclips, erasers, keys, pencils, highlighters, pens, whiteout and other office supplies and a variety of things such as small flashlights, chapsticks, candy, buttons, thread, nail clippers etc.

Estimated time for lesson: 3 hour class with one break mid class

Warmer: (15 minutes)

- Give each student the Myths and Facts Opinion Survey and have them complete it and then share their answers with a partner. Have them discuss any areas of disagreement
- Discuss with the entire class and tabulate what the majority checked for each answer. Were some unanimous? Were there some controversial questions? Why?

Activity: (50-60 minutes)

- Hand out Myths and Facts about Older Americans handout.
- Have dictionaries available to look up new vocabulary (if this is an ESL class, do some prior work on vocabulary).
- Group students and give each group 1 or 2 questions (depending on class size) to read and prepare to teach to the rest of the class. Tell them that teaching will include defining new terms. Give each group 1 note card per myth addressed. Make sure they address the myths and facts opinion survey questions relating to their sections. Have each group think of one question for each fact section that they feel is important and write that question (and the answer) on the note cards.
- Collect the note cards.
- The other students take notes as the groups presents and can ask questions.
- Closing discussion. Have groups summarize each myth/fact and discuss what was surprising and what was not. How might the correct facts be important to health care workers?

Follow –up (15 minutes)

If you are a health care worker, what are ways to communicate well with any person who does not understand? This may be someone older, younger, having disabilities, and/or just experiencing the fear that medical situations can bring on.
Brainstorm around the following topics:

- Approach -positive and helpful without being condescending, especially if there are literacy issues – provide help with filling out forms etc.
- Environment -signage easy to read and easy to follow directions, privacy as needed

- Information presentation – easy to read options, pictures, videos, demonstrations; gently ask and look for cues to needing more information or information presented in a different format (different people learn in different ways) GIVE CONCRETE, SPECIFICS such as take medication with breakfast or walk everyday (not take medication with meals or exercise more)
- Encourage a friend or family member to come with the patient for support and assistance
- Patients need to remember at home important things – taking medicine, when to call etc., develop a plan, write down, give resources such as pillboxes, suggest keeping a lists of medications in wallets, a medical journal etc.
- Check for understand and reteach if necessary

Class break (during break teacher can make a quiz using the questions on the note cards to be used as assessment at the end of class – it can be written/typed and handed out, of if that is not possible – written on an overhead to be done as a class)

Presentation: (20-30 minutes)
Aging PowerPoint

- Begin PowerPoint and discuss aging quote and then let students guess how old everyone is.
- If computers are not available use the PowerPoint pictures printed out, or other pictures of a variety of ages for students to guess ages
- Discuss people the students know (they can be famous people or just people they know) and how they fit or do not fit the stereotypes discussed in the first part of the class
- What things about getting older do we fear? How can healthcare professionals help?

Memory is a big concern as some people do have less memory as they get older and dementia is a fear of many.
There is some research stating that exercising the brain can be helpful. Some people do crossword puzzles, Sudoko etc.

Princeton did a study in 1999 reporting that neurons may actually regenerate with use. By keeping our mind active, we can stay more mentally fit. Some research shows that the maximum number of items the brain can recall in working short term memory is 7. We
are going to test this in class.

Memory activity: (20-30 minutes)

- *Work in pairs.*

1. *One partner writes down 7 random numbers or letters. Say them out loud to your partner only once. See if your partner can remember them. Reverse roles and the other partner does the same activity. Make sure each partner has the numbers/letters they thought of written down. You are not allowed to write down the numbers/letters you are trying to remember.*
2. *One partner goes to the supply of small objects the teacher has and puts 10 objects on a paper and covers them (partner has to have back turned) The partner can see them for 30 seconds and then see how many can be recalled.*

3. *If there is time, the other partner can do the same. The students can also see if number of objects or time to look at them make it easier or harder to recall them.*
4. *When the teacher decides to stop the activity, as each partner to see if they can recall the original 7 letters/numbers from the beginning of this activity.*

- *(**The teacher should arrange for a few students/teachers or friends to come into the classroom shortly. Have them wear disguises such as masks, hats, costumes (make sure you have a list of what they are wearing) and have them be disruptive, move around and move things, drop things, yell at each other, take a few items such as books, garbage cans,etc.)***

5. When the people leave, tell the students that you will give them a test to see how good and how accurate their memory is. Have them write down exactly what they saw by describing the "interrupters" and their behaviors.
6. Debrief as a class. Discuss what everyone saw and ask the "disrupters' to come into the classroom so everyone can look at them and see how accurate their descriptions were. They also can then question them regarding differing memories.

Assessment:
Hand out 10 question quiz developed during the first half of the class and have students try to fill it out individually and then review answers or (if unable to copy for everyone individually) go over questions using an overhead or simply reading each card.

Bringing it to the real world (homework): Students can choose between following options: (make sure you have extra copies of the aging myths surveys)
Write a paragraph predicting what you think you will find prior to doing one of the following activities:

- **Give the myths and facts surveys to at least 5 friends or family and tabulate answers. Do you think age or culture plays a part in their answers? Turn in their answers and a couple of paragraphs with your thoughts.**
- **Try some of the memory activities with friends and family members of different ages and write down what you found. Did age seem to be important? Was time and the number of items important? Write a couple of paragraphs with your thoughts and your findings.**

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Resources:

- National Institute on Aging
  http://www.nih.gov/nia
- AARP Foundation
  http://www.aarp.org/foundation
- American Association of Retired Persons
  http://www.aarp.org

Myths and Facts Opinion Survey (*Ithaca College Gerontology Institute)*

For each statement below, write whether you agree or disagree.

1. _____ "Old" people are always sick.

2. _____ "Poor health is a very serious problem for most people over 65."

3. _____ Most people over 65 are institutionalized.

4. _____ People over 65 does not have any sexual desires.

5. _____ People over 65 continue to have sexual relations.

6. _____ "Old" people are ugly.

7. _____ Most people over 65 retain their normal mental abilities.

8. _____ Mental illness is common among people over 65.

9. _____ The proportion of people over 65 who have a mental illness is less than the proportion for people under 65.

10. _____ The majority of people over 65 can work as effectively as younger workers.

11. _____ The majority of people over 65 are socially isolated.

12. _____ Most people over 65 are rich.

13. _____ Major depression occurs more frequently for teenagers than for people over 65.

14. _____ The proportion of people over 65 who commit suicide is greater than the proportion for teenagers.

15. _____ The population over 65 has immense political power.

Myths and Facts about Older Americans Handout

(*Ithaca College Gerontology Institute)*

Ageist attitudes are perpetuated in many ways. Examples are abundant in the popular culture such as birthday cards which decry the advance of age, the lack of positive images of the elderly in advertisements and on TV programs, and the widespread use of demeaning language about old age. Some examples of such language are "geezer," "old fogy," "dirty old man," and "old goat." Underlying these attitudes are myths and stereotypes about old age that are deeply entrenched in American society. Even those who would not say that they are ageist probably have some ageist attitudes based on distorted or inaccurate information.
The most common of these negative myths and stereotypes about aging are discussed below:

1. Illness. Perhaps the most common myth about old people is that most are sick or disabled. About half of Americans think that poor health is a "very serious problem" for most people over 65 and that older people spend much time in bed because of illness, have poor coordination, and feel tired most of the time. Many Americans also believe that many older people are in nursing homes.

FACTS: Only 5% of those 65 and over are in nursing homes. Even among those age 75 or over, only 9% are residents of institutions. However, about 40% of the elderly spend time in a nursing home at some point in their lives.
More than 85% of the aged are healthy enough to engage in normal activities. While more persons over 65 have chronic illnesses that limit their activity (43%) than do younger persons (10%), older people actually have fewer acute illnesses than do younger persons. They also have fewer injuries in the home, and fewer accidents on the highway than younger persons.
Physical strength does tend to decline in old age. Physiological, biochemical, anatomic and histocytological measurements of muscle all exhibit decreased levels with age from about the third decade. About one third of the muscle mass is usually lost by age 80.
All five of the senses decline in old age. Most studies of taste and smell show that taste and odor sensitivity decrease with age, although some of these decreases may be the result of other factors, such as disease, drugs and smoking. Nearly all studies of touch, hearing and vision agree that that these senses decline in old age.

2. Impotency. Another common stereotype is that most elders no longer engage in any sexual activity or even have sexual desire -- and that those few who do are abnormal

FACTS: The majority of persons past 65 continue to have both interest in and capacity for sexual relations. Major longitudinal studies have found that sex continues to play an important role in the lives of the majority of men and women throughout their seventies. Most older people report that sex after 60 is as satisfying or more satisfying than when they were younger.

3. Ugliness. Another stereotype is that old people are ugly. Beauty is associated with youth, and many people, especially women, fear the loss of their beauty as they age. The following terms reflect this stereotype of ugliness: crone, fossil, goat, hag, witch, withered, wizened, and wrinkled.

FACTS: While our culture tends to associate old age with ugliness and youth with beauty, some other cultures tend to admire the characteristics of old age. For example in Japan, silver hair and wrinkles are often admired as signs of wisdom, maturity, and long years of service. There is nothing inherently ugly or repelling about the characteristics of old age. Ugliness is a subjective value judgment or in other words, "ugliness is in the eye of the beholder." Most people's judgments about beauty conform to cultural standards of beauty and ugliness in their particular society.

4. Mental Decline. Another common stereotype is that mental abilities begin to decline from middle age onward, especially the abilities to learn and remember, and that cognitive impairment (i.e., memory loss, disorientation, or confusion) is an inevitable part of the aging process.

FACTS: The majority of people aged 65 or over do not have defective memories, nor are they disoriented or demented. In the United States, community surveys have indicated that about 10% of the elderly suffer from some form of dementia or severe mental illness. Another 10% have mild to moderate mental impairment. But the majority of older adults are without mental impairment.
Most studies of short-term memory agree that there is little or no decline in everyday short-term memory among normally aging adults. As for long-term memory, various community surveys have found that only about 10% of older people cannot remember such things as the past president of the United States, their correct age, birth date, telephone number, mother's maiden name, or address. Thus, it is clear that while there may be some decrease in long-term memory, the majority do not have serious memory defects. In summary, significant learning and memory problems are due to illness, not to age itself.

5. Mental Illness. Another common stereotype is that mental illness is common, inevitable, and untreatable among most aged. Both elders themselves and many health professionals think that most mental illness in old age is untreatable. This partially explains why few mental health professionals choose to specialize in geriatric mental health.

FACTS: Mental illness is neither common, inevitable, nor untreatable in the elderly population. Only about 2% of persons 65 and over are institutionalized with a primary diagnosis of psychiatric illness. All community studies of psychopathology among elders agree that less than 10% have significant or severe mental illness, and that another 10 to 32% have mild to moderate mental impairment. But the majority of older people are without impairment. In fact, according to the most comprehensive and careful community surveys, the incidence of mental illness among the elderly is less than that of younger persons.

6. Uselessness. Because of the beliefs that the majority of old people are disabled by physical or mental illness, many people conclude that the elderly are unable to continue working and that those few who do continue to work are unproductive. This belief is the main basis for compulsory retirement policies and discrimination in hiring, retraining, and promotion.

FACTS: The majority of older workers can work as effectively as younger workers. Despite declines in perception and reaction speed under laboratory conditions among the general aged population, studies of employed older persons under actual working conditions generally show that they perform as well as, if not better than, younger workers on most measures. However, when speed and accuracy of movement are important to the job, some studies indicate decline in productivity with age. On the positive side consistency of output tends to increase with age, and older workers have less job turnover, fewer accidents, and less absenteeism than younger workers. Intellectual performance, on which much of work performance today depends, does not decline substantially until the 70s in most individuals and even later in others.

7. Isolation. Many people believe that older adults are socially isolated and lonely.

FACTS: The majority of elders are not socially isolated. About two-thirds live with their spouse or family. Only about 4% of elders are extremely isolated, and most of these have had lifelong histories of withdrawal. Most elders have close relatives within easy visiting distance, and contacts between them are relatively frequent.
Most studies agree that there tends to be a decline in social activity with age, but the total number of persons in the social network remains steady. The types of persons in the social network tend to shift from older to younger persons, and from friends and neighbors to children and other relatives.

8. Poverty. Views about the economic status of elders range from those who think most elders are poor, to those who think the majority are rich. At present those thinking elders are poor tend to outnumber those thinking elders are rich.

FACTS: The majority of older adults have incomes well above the federal poverty level. In 1994, only 10.5% of persons over 65 had incomes below the official poverty level (about $6,500 for an aged individual or $8,000 for an aged couple). This was a lower poverty rate than for adults under 65. However, if the "near poor" (those with incomes up to 150% of the poverty level) are included, the total in or near poverty was 29%.
It is also important to note that certain groups of elderly experience very high rates of poverty. These include widowed elderly women (21%), Afro-Americans elders (31%), and Afro-American elderly women living alone aged 72 or older (64%).
A higher proportion of elders than the total population have a net worth of over $50,000 and a slightly higher per capita family income than non-elderly headed households.

9. Depression. Since many believe that the typical older person is sick, impotent, senile, useless, lonely, and in poverty, they naturally conclude that the typical older person must also be depressed.

FACTS: Major depression is more prevalent among young people than old people. However, of the mental illnesses, depression is one of the most common among the elderly. This, along with the fact that the rate of elderly suicide is the highest of all age groups, makes depression a significant issue for this population.
The majority of old people do not feel miserable most of the time. Studies of happiness, morale, and life satisfaction find no significant difference by age group or find about one fifth to one third
of older adults score "low" on various happiness or morale scales. A national survey found only one fourth of persons age 65 or over reporting that "This is the dreariest time of my life," whereas about half said "I am just as happy as when I was younger," and one third even said, "These are the best years of my life."

10. Political Power. Another stereotype is that the elderly are a "potent, self-interested political force." The assumption is that the political power of the elderly hamstrings our politicians from undertaking needed reforms.

FACTS: Older people constitute about 16% of those who vote in national elections while comprising 12% of the national population. While aging-based interest groups can exert some influence, elders usually do not vote as a block and consequently have less political power than presumed.