



Communicating with Older Adults: Medium, Mode, and Message

Prepared for American Society on Aging
Lifetime Education and Renewal Network (LEARN) Webinar

Carrie Leach, PhD Candidate
Research Associate
Institute of Gerontology
Wayne State University
carrieleach@wayne.edu



Thomas B. Jankowski, PhD
Associate Director for Research
Institute of Gerontology
Wayne State University
t.jankowski@wayne.edu

August 17, 2017



This event is hosted by the
Lifetime Education and Renewal Network, a
constituent group of the American Society on Aging.

Visit www.asaging.org/membership to learn about
LEARN and other volunteer opportunities at ASA.





Needs Assessment

- Community-based participatory research approach (CBPR)
 - Older adult needs assessment
 - Aging service program evaluation
- Work with a variety of organizations in MI
 - Non-profit social service agencies
 - Area agencies on aging
 - Local operating foundations
 - Community-based collaboratives and coalitions
 - City, county, and state units of government
- Recent needs assessment for Monroe County Commission on Aging
 - Collected data from 1,870 residents, care providers, and stakeholders through multiple methods including:
 1. Secondary data analysis
 2. Focus groups of older adults (n=31)
 3. Focus group of care providers (n=9)
 4. Survey of service recipients (n=676)
 5. Survey of key informants (n=109)
 6. Survey of caregivers (n=67)
 7. Survey of residents age 60+ (n=959)
 8. Personal in-depth interviews (n=19)



CBPR

CBPR Principles¹

- ✓ Facilitates collaborative, equitable involvement of academic and community partners;
- ✓ Allows research to be initiated and driven by community partners;
- ✓ Promotes a co-learning process that attends to local culture, priorities, needs, and social inequalities;
- ✓ Involves a cyclical and iterative process;
- ✓ Addresses aging services from both individual and ecological perspectives;
- ✓ Disseminates findings and knowledge gained to all partners; and
- ✓ Involves a long-term commitment by all partners.

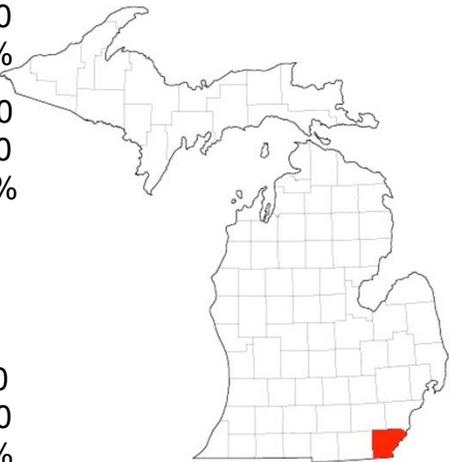


Monroe County

Current Population:	150,000
Current 60+ Population:	35,000
Current 60+ Percentage:	23%
2040 Population:	165,000
2040 60+ Population:	50,000
Projected 60+ Percentage:	30%

Urban Areas/Clusters: City of Monroe, City of Milan, Village of Dundee

Population In Rural Areas: 56,000
 Population In Urban Areas: 94,000
 Rural Resident Percentage: 38%



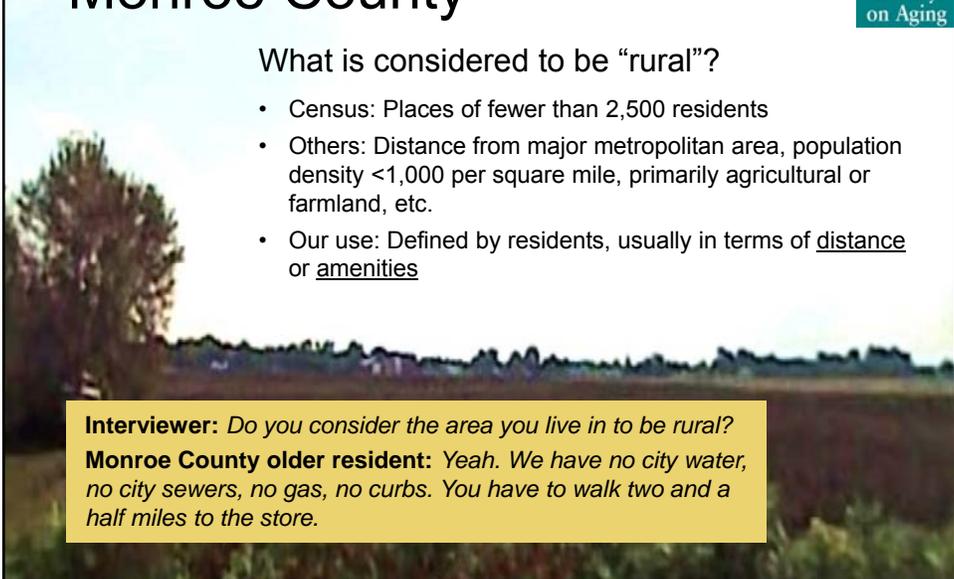

Monroe County

What is considered to be “rural”?

- Census: Places of fewer than 2,500 residents
- Others: Distance from major metropolitan area, population density <1,000 per square mile, primarily agricultural or farmland, etc.
- Our use: Defined by residents, usually in terms of distance or amenities

Interviewer: *Do you consider the area you live in to be rural?*

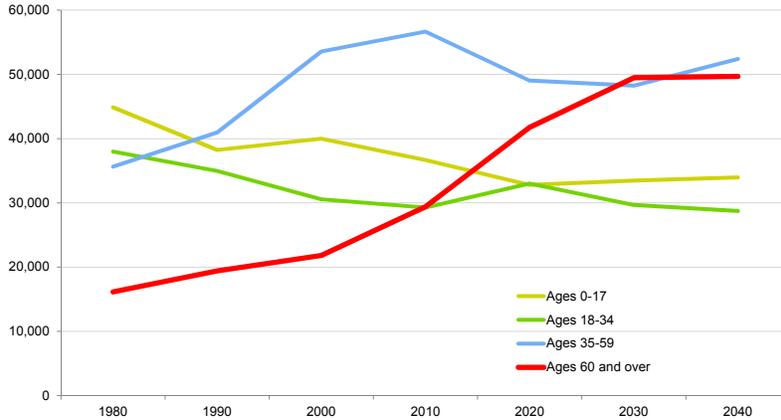
Monroe County older resident: *Yeah. We have no city water, no city sewers, no gas, no curbs. You have to walk two and a half miles to the store.*





Population Trends

Population of Monroe County, MI by Age Group, 1980-2040



Source: 1990-2010 data from decennial U.S. Census, 2020-2040 projections by Southeast Michigan Council of Governments.



Knowledge Gap

Needs assessment identified **lack of knowledge** as biggest issue

- All data collection efforts demonstrated low levels of awareness
- Seniors and care providers need more information about support available
- Service providers struggle with reaching older adults
- Even those receiving services are confused and daunted by the aging service system





Purpose

The goal is to understand how to optimize interactions with older adults:

- **Medium:** (channel) Preferences for receiving information that is considered trustworthy and reliable to increase acceptance, uptake, or awareness;
- **Mode:** (tactics) Oral or written approach to interacting to optimize the efficacy of face-to-face or mediated interactions, and the communicative changes that occur with age; and,
- **Message:** (content) Content and the importance of tailoring information to the skills, values, and beliefs of older adults.



Health Communication

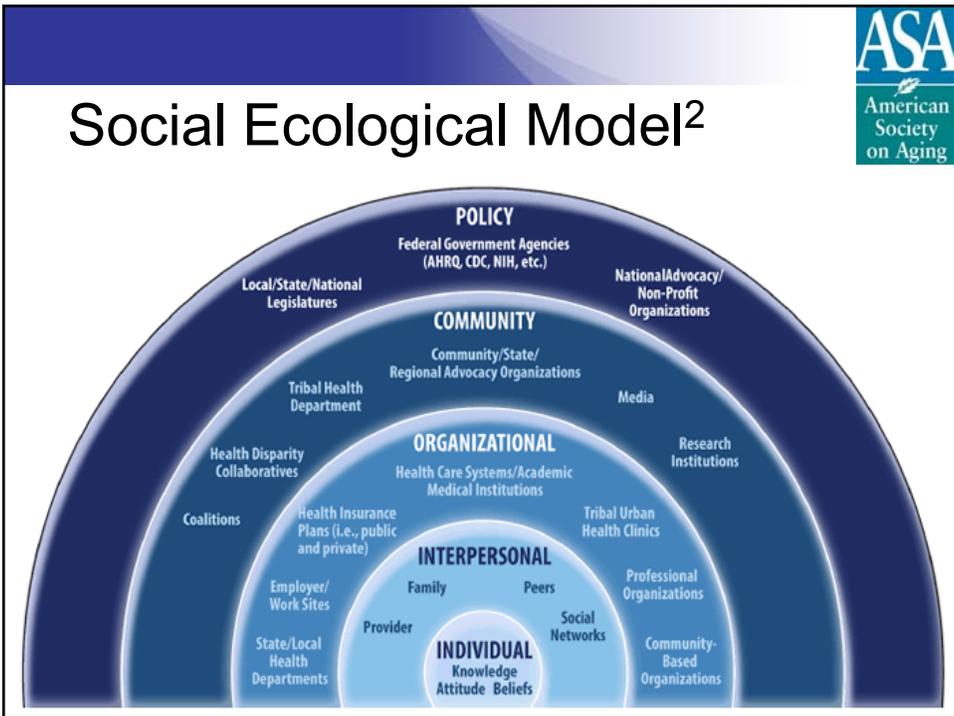
Health communication examines the role performed by human and mediated communication in support provision and health promotion.



Ecological Health Communication



Ecological health communication **acknowledges the multiple contexts of interactions** from the individual to the macro-level. The goal is to understand how communication operates in these multiple and interacting contexts to affect health behavior and decision making.





Individual

Who is communicating? To optimize interactions need to understand who we are communicating with and their knowledge, beliefs, attitudes, perceptions, biological and physiological responses, age, gender, self-efficacy, etc.



Friendly



“It’s pretty good here. If you need a ride, somebody will give you a ride. I think this is quite a close knit town and a lot of people know each other and there’s always help if you need it.”

“Friendly, I don’t know how you word it but if you had a need you could call on somebody for a need.”



Individual

Hardy



“I think they’re made of sterner stuff. You know we have this farm community, and we’re taught to buck up, carry on, quit your whining. You know, I’m just saying. Buck up.”



“A battle-axe. Well let’s put it this way, it wasn’t too long ago I got into it with the doctors receptionist because I was sicker than a dog and she got real mouthy with me, I told her I says as sick as I am I don’t allow nobody to talk to me like that and I says you open your mouth again and I says I’m gonna knock you in your ass.”



“Industrious. . .you have to do for yourself. You know, you got to catch your own rats, you got to trim your own trees, you know you gotta paint your own house.”



Individual

Proud



“ Well, when you worked all your life. I’ve never been able not to do for myself.”



“ You're too proud to ask. You're ashamed of yourself and how come you didn't do better.”



“ I don't like to ask for help.”



Individual

Who is communicating? To optimize interactions need to understand who we are communicating with and their knowledge, **beliefs, attitudes, perceptions**, biological and physiological responses, age, gender, self-efficacy, etc.

Reciprocity is key to receiving support

“ I'm not supposed to shovel snow. Last December, I went over to the neighbor's and said, 'If you keep my driveway clean, I'll buy you a snow blower.' I took him down to Sears, and bought him a snow blower. He keeps my yard all clean of leaves in the fall. He keeps snow off the driveway.”

“ I can go over there and help cause I can stand there and help with the sheets.”

“ Like they'll forget if it's Tuesday or Wednesday or something and they'll ask me and I'll tell . . . if it's Wednesday, I'll tell 'em its Wednesday, I try to help tell 'em and I like to help them that way.”



Individual

Who is communicating? To optimize interactions need to understand who we are communicating with and their knowledge, beliefs, attitudes, perceptions, **biological and physiological responses, age**, gender, self-efficacy, etc.

Typical communicative changes with age progression³:

- **Presbycusis:** loss of high frequency hearing such as birds chirping, sounds like “th” or “s” are more difficult to distinguish, *acoustically hostile listening environments* compound challenges
- **Speech:** including voice tremor, pitch, speaking rate
- **Presbyopia:** farsightedness, loss of ability to see small print
- **Language comprehension and production:** matter of working memory or temporary storage and manipulation of complex cognitive tasks
- **Physiological:** changes to hair, skin, height, etc.



Counterpoint

There are communicative **gains**  in wisdom, story telling ability, perceived sincerity, and amicability³

Younger people have a lot more friends though often do not feel “close” to many, **older people have more meaningful, rewarding relationships.**

Older adults unique strengths include **IMPROVED REASONING ABOUT HOW TO DEAL WITH SOCIAL CONFLICTS**⁴

Our activities, personality, and relationships remain consistent from younger life through old age (continuity theory).

Optimism about getting older extends longevity; people with a positive attitude toward aging  **live 7 years longer**



Interpersonal

Interpersonal

Deeply connected social network

“That’s how it is here people just walk in and stop by and we’re all comfortable. Even the therapist, the nurse, whoever. They all know to come in and it’s unlocked. She can’t get up to let people in.”

“We got each other’s back. It’s not independent; it’s an interdependent thing. In our community, if someone goes down the whole community will have a fundraiser. We have each other’s back.”

“We’re very fortunate here because someone is always checking on someone, we’re very aware, yeah we keep track of each other.”



Interpersonal

Interactions are affected by **individual level forces**.

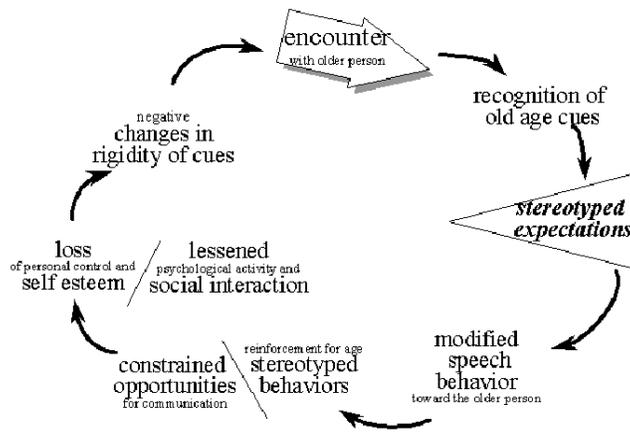
Recognize the tendency to stereotype seniors and then adjust our verbal and non-verbal behaviors³:

- Communication Accommodation Theory
- Communication **Over/Under Accommodation**

Element	Examples
Simplified grammar	Use of short sentences without multiple clauses. "Here is your food. You can eat it. It is good."
Simplified vocabulary	Use of short words, saying big instead of enormous
Endearing terms	Calling someone "sweetie"
Increased volume, reduced rate	Talking louder and slower
Use of repetition	Repeating information
Use of baby-ish terms	"Look at the cute little doggie"

Interpersonal

Communication Predicament Model





Interpersonal

Social networks change with age

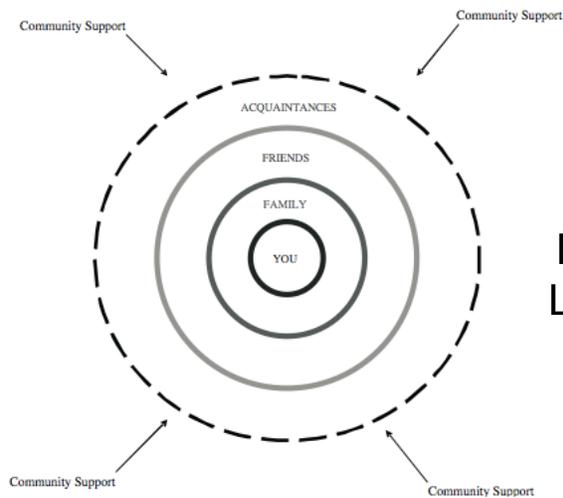
27% of survey respondents said they did not have friends or family they could ask for help

“That’s what I would like to see with a companion type service is just to develop some intimacy with someone else, you can’t drive any more, or shouldn’t drive. Uh, you know, you don’t have much contact with the outside world.”

nearly  \approx **2,000** seniors



Social Support



Adapted Convoy Model for Later Life⁵



Interpersonal

Older adults have improved **story telling competence**⁶. Issues, challenges, concerns may be easier to communicate when embedded in a larger narrative.

Older adults suggested agencies have one person that is available:



- Talking to a live person who will get the whole picture of what's going on
- Having the time to present the whole picture, older adults "want their personal biographies acknowledged"
- Well informed about the aging network and broad understanding of resources



Interpersonal

"The people that broke into my house stole a gun and stole a uh coin collection and thing I had an open box that I really cared a lot about and uh they threw that alongside the road and it was all busted up. I glued it together but uh it's alright it's usable.

Well I'm not very happy. I'm very lonely, and I'm a very kind person. I'll do anything for anybody, it's just me and my daughter that's just the way it goes. I knew it was gonna happen, after he passed it had been building up in me and building up in me for a long time and I knew that I was gonna . . . She stole our wills, she said well when you go into the hospital, I need to have power of attorney. I said they don't matter I wrote a document that cancels out all other documents, and it's notarized with the dates. My lawyer told me to do that.



*Oh yeah, see I knew it was gonna happen, I knew it was gonna come to a head. My lawyer says, we can go after it, but it's gonna cost you more than it's worth and I says that's not the thing it's who gave her the authority to its her way or no way at all she wants to control me and I'm not gonna let her control me and if no other alternative if I get sick I'll go into a home that's s how bitter I am right now. **Like I say, I'm doing fine and I'm getting better every day...."***



Interpersonal

Support matched to person

- Geography: rural community “insider,” more trusted than outsiders, shared way of being, more relatable
- Age: can identify with their situation, similar experiences, more easily relatable
- Shared similar experiences and commonalities improves supportive interactions

Caregiver:

“We just bonded. All of us were kind of going through the same things. We learned from each other, realized there is no right or wrong way to deal with this, but we kind of learned from each other.”



Organizational





Organizational

What are the policies, norms, rules, and regulations **within** the organizations that serve older adults?



“*Sometimes they ask but the questions they ask are so intimidating, they can't call by themselves because the press this, press that, it doesn't work, it doesn't work well with them. **Then they ask all these personal questions before they can even get anything out of their mouth** because how the service provider gets paid, you know, **I need to know how much you make.** I'm just calling to ask a question.”***”**



Organizational

Once again, older adults have improved **story telling competence**⁶. Issues, challenges, concerns may be easier for them to communicate when embedded in a larger narrative.

Healthcare interaction studies with older adults:

- Having the time to present the whole picture
- Want their personal biographies acknowledged
- Patience, time to ask questions
- View medical providers as paternalistic, may lead to asking fewer questions, express fewer complaints, less inquiry for clarification

“*I've called lots of people and **they don't hear my whole situation.** I don't think they talk to us long enough. We have to spend more time talking and interacting.”***”**



Organizational

Older adults expressed the need for a systems navigator who is:

- Well trained
- Well acquainted with services available
- Well acquainted with the process, paperwork, and qualifications




Organizational



Communication Medium								
	Data collection method	Printed materials: snail mail	Printed materials: Dr. office	Social media	Community organizations	Local newspaper	Word of mouth	Direct outreach where seniors are
Senior perspective	Older Adult Focus Groups	•	•		•	•		
	Individual Interviews	•					•	
	Population Survey	•				•		
	Service Recipient Survey	•				•		
Other	Key Informant Survey		•		•			•
	Caregiver Focus Group		•	•	•			
	Caregiver Summit Survey	•	•			•		



Organizational

Informal places and spaces where community *insiders* provide local sources of support are important to many

“I don't have any friends in Milan, but I have a lot of acquaintances. Everyone at Kroger is just wonderful, wonderful to me and these kids down there at that restaurant they treat me wonderful and uh at the American Legion they're really nice to me.”



Community





Community

Mass communications through local media

- Newspapers, TV, radio, billboards, flyers, social media
- Public education, outreach, and community dialog

Communications between institutions

- Community-based organizations, advocacy groups, service providers, public or quasi-public agencies
- Enables key processes to occur at the community level
 - Coordination
 - Lower bureaucratic barriers
 - Reduce redundancy, duplication
 - Collaboration
 - Address problems too large for a single institution
 - Assess community needs and collective impact
 - Coalitions
 - Community advocacy for policy or behavior change



Community

From the key informant survey:

Q: ...what advice would you offer the Commission on Aging as we plan for the future?

#1 A: Funding-related suggestions.

#2 A: Need to encourage and enable greater inter-agency communication and cooperation between service providers.

- *“County agencies need to pull together and not duplicate services. We need to work together for the greater good of the community.”*
- *“In addition to cost saving measures from merging programs, collaborations and increased communication between service providers should be a must.”*
- *“Create a database shared by all agencies to track use of services and prevent duplication of services.”*



Community

From the key informant survey:

Q: How can we encourage Monroe County aging service providers to better communicate, coordinate, and collaborate?

#1 A: Gather the aging network in a regular meeting.

- *“Create a community group of all service providers and have them meet monthly or quarterly.”*
- *“Developing a workshop or meeting, inviting all the service providers, maybe setting up tables with information about the services provided.”*
- *“Create a master contact list with names, what service is provided and phone numbers, that would allow one service provider to help resolve a situation for a client if they knew who to contact.”*
- *“Develop interdisciplinary forum for agency coordination meetings.”*
- *“County meeting. All need to work together.”*
- *“Networking is the key with senior focused organizations.”*

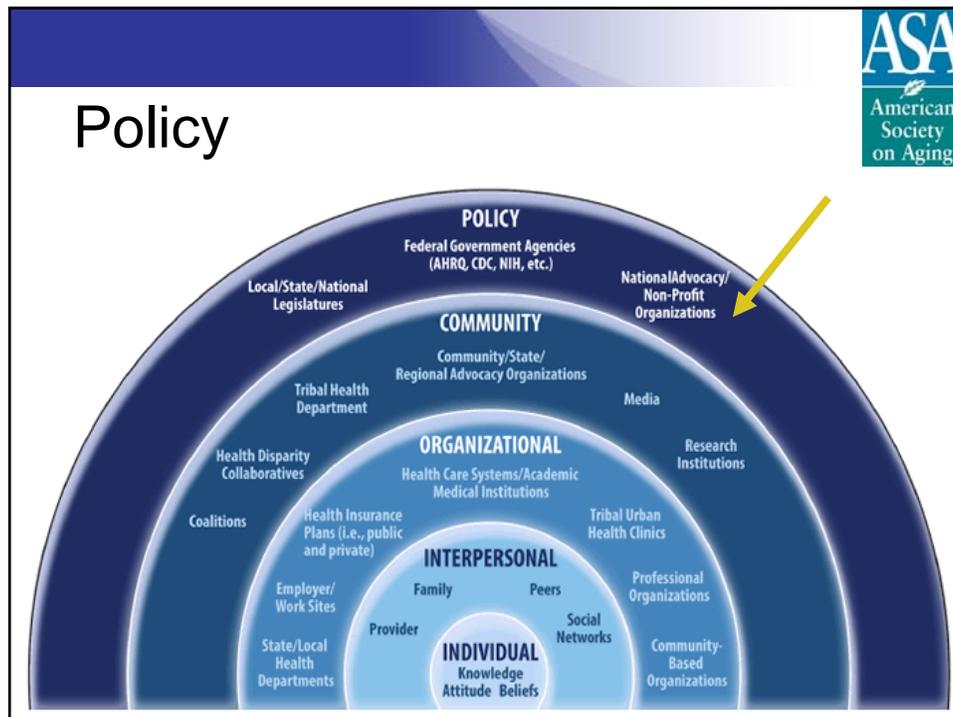


Community

From the key informant survey:

Statement	% Agree
Improving aging services in Monroe County requires greater communication and coordination between agencies and service providers.	87
As the older population grows, we will need to devote more resources to in-home services for seniors.	85
The aging service system would benefit from having more direct input from older adults.	80
Aging service providers that perform similar functions should consider merging where appropriate.	74
Aging service providers in Monroe County should engage in more collaboration and less competition with each other.	73
Establishing a single point of entry into the aging service system would be beneficial for older adults and their caregivers in Monroe County.	72
We should pursue alternative methods of reaching older adults by working with organizations outside the aging network.	72

Asked to agree or disagree with a set of statements, aging network key informants overwhelmingly support greater inter-institutional communication and coordination, as well as welcoming more direct communication from older adults themselves.



Policy

Implications for local policy based on needs assessment

- Requires effective communication between individuals, groups, organizations, and decision makers

Needs assessment informed policy communications with:

- The County Commission, convincing them to place a senior millage increase measure on the ballot
- The voting public, convincing them to approve the millage increase
- The Commission on Aging's strategic planning committee, which:
 - Planned the implementation of recommendations flowing from the needs assessment
 - Reallocated resources to better meet emerging needs
 - Reprioritized programs and services to better reflect conditions in the community and to make better use of community assets



Summary

The goal is to understand how to optimize interactions with older adults:

- **Medium:** (channel) Preferences for receiving information that is considered trustworthy and reliable to increase acceptance, uptake, or awareness;
- **Mode:** (tactics) Oral or written approach to interacting to optimize the efficacy of face-to-face or mediated interactions, and the communicative changes that occur with age; and,
- **Message:** (content) Content and the importance of tailoring information to the skills, values, and beliefs of older adults.



Medium

Medium: Channel preferences for receiving information that is considered trustworthy and reliable to increase acceptance, uptake, or awareness

- One place with live person to answer questions. Theories of social support matching models, front line worker being matched to their age, geographic area.
- Leverage community assets: Deliver information, increase marketing through social networks and *insiders* such as Meals on Wheels volunteers. Community ambassador programs, utilize those who want to help others, *insiders* are more trusted source of information sharing.
- Most trusted and reliable source for information is doctor; seniors view Drs. as paternal and may not ask clarifying questions. Consider your role and how others view you.



Medium

Medium: Channel preferences for receiving information that is considered trustworthy and reliable to increase acceptance, uptake, or awareness

- Behavior inside aging organizations can influence users. Those who have a positive attitude towards the org. are more likely to be users, staff should be trained and sensitized to communicative changes that occur in late life.
- Unconventional locations such as banks and diners may be useful places to disseminate information through trusted community “insiders.” Small acts of smiling and waving can be the only kind of support that a person receives in a day, don’t underestimate small gestures of friendliness.



Medium

Comparison of the Recruitment Strategies Implemented Sequentially in Rural Counties, Hawaii, 2010-2011⁷

Strategy	No. of events	Total No. of Participants	Total Recruiting Cost, \$	No. of Participants per Event	Cost per Participant, \$
Community groups/events	24	729	10,071	30	13.81
Formal advertisement	3	54	16,955	18	313.98
Employer-based outreach	11	219	2,649	20	12.10

Educational seminars targeting seniors ≥ 65 and caregivers for
 Community groups/events: senior centers, neighborhood centers, churches, community fairs
 Formal advertisement: local media sources via print and radio
 Employer-based outreach: HR offices of large employers



Mode

Mode: Oral or written approach to interacting to optimize the efficacy of face-to-face or mediated interactions, and the communicative changes that occur with age

- **Be patient!** Allow for time to fully understand the scope of problem or situation; seniors talk in a storied approach and tend to embed information in larger narratives. Older adults expressed that staff doesn't talk to them long enough to allow for mutual understanding of the "whole picture", don't rush.
- Understand communicative changes in later life, re vision, need larger print; hearing, face person when talking, consider they're inability to hear, and pride or reluctance to ask follow-up questions.
- Understands stereotypes and the implications for communicating with older adults. Be aware of stereotyped responses and predicament the older person will be in and how it appears to onlookers. Avoid over-accommodating.



Mode

Mode: Oral or written approach to interacting to optimize the efficacy of face-to-face or mediated interactions, and the communicative changes that occur with age

- Printed materials are most preferred, preferably via 1) snail mail, or 2) doctors offices. Consider font size for easy viewing and language matched to community.
- Leverage assets among and between community organizations, increase communication to optimize support through collective horsepower.



Message

Message: Content and the importance of tailoring to the skills, values, and beliefs of older adults

- Information should be tailored to the beliefs, attitudes, and values of target population, BRFSS data on obesity, pain, and disability in Monroe County. Consider *who* you're speaking with.
- Recognize the importance of *what* you're saying, the first statement should not ask about income, re pride, privacy, caring, friendly, independent. Build rapport. Seniors expressed they were not willing to share as they did not feel cared about and that issue would not be resolved. Language can be a barrier.



Message

Message: Content and the importance of tailoring to the skills, values, and beliefs of older adults

- Reciprocity: "Say it forward." Encourage others to share messages with others who may benefit from services or support. Inquire about social network.
- Seniors mentioned the value of being understood by someone, commonalities, or feel similar to those who might contact the organization that "speak the language," similarities in geography, age, etc. *Where* they are.
- If at first you don't succeed try, try again...until you find a message that may resonate with person.



Communication Tip

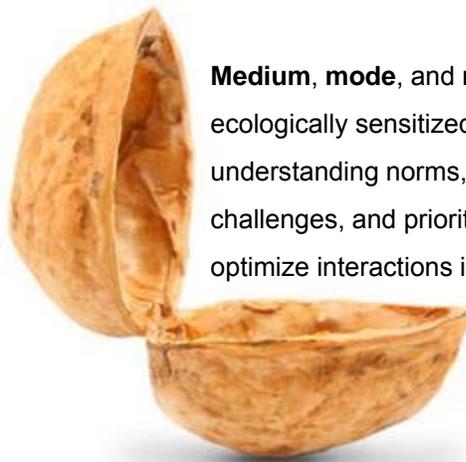
7% of communication is verbal (words and content)

The other **93%** of communication is nonverbal (gesture, tone, pitch, expression, posture, body language, etc.)

You're saying more than you think you are,
even when you're not speaking.



In a Nutshell...



Medium, mode, and messages should be ecologically sensitized and be informed through understanding norms, values, perspectives, challenges, and priorities of older adults to optimize interactions in and between contexts.



Questions & Answers: Please Submit Using the “Ask A Question” Box




References & Resources

1. Israel, B., Schulz, A., Parker, E., & Becker, A. (2001). Community-based participatory research: Policy recommendations for promoting a partnership approach in health research. *Education for Health, 14*(2), 182-197.
2. Centers for Disease Control and Prevention. (2015). Social ecological model of health promotion. Retrieved February, 2017 from <https://www.cdc.gov/cancer/crccp/sem.htm>
3. Harwood, J. (2007). *Understanding Communication and Aging*. Thousand Oaks, CA: Sage.
4. Moody, H. R. (2009). Eco-elders: Legacy and environmental advocacy. *Generations, 33*(4), 70-74.
5. Gallagher, L., & Truglio-Londrigan, M. (2004). Community Support: Older Adults' Perceptions. *Clinical Nursing Research, 13*(1), 3-23.
6. Nussbaum, J. F. (Ed.). (2014). *The Handbook of Lifespan Communication* (Vol. 2). New York, NY: Peter Lang.
7. Pellegrin, K. L., Barbato, A., Holuby, R. S., Ciarleglio, A. E., & Taniguchi, R. (2014). Cost-effective strategies for rural community outreach, Hawaii, 2010-2011. *Preventing Chronic Disease, 11*(E215), 1-4.

