

Educational Program for Older Adults as a Source of Health Promotion

By

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Abstract

This qualitative ethnographic study explored how older adults in Brazil and Canada perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research was threefold: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and, c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being. Four themes emerged from the narratives of the older adult participants, as well as in the narratives of their family members, coordinators and instructors: *Fighting Social Isolation, Stimulating Cognitive and Mental State of Well-Being, Fostering Physical Health, and Promoting (Dis)Ageism*. The results of this research study show these educational programs for older adults work as a source of health promotion. Once these programs open the door to the opportunities for older adults to learn better strategies to keep their autonomy and independence, as in taking responsibility to make smart health choices such as eating right, being physically active and socializing, the benefits of the educational programs can be reaped.

Resumo

Este estudo qualitativo etnográfico explorou como os idosos no Brasil e no Canadá percebem a educação que foi pensada especificamente para eles e como eles entendem a ligação desta educação com a vida saudável e o bem-estar. Os objetivos desta pesquisa foram: a) aprender e descrever melhor o impacto da educação na vida desses idosos; b) entender melhor como os idosos imaginam o futuro impacto potencial dessa educação, incluindo os conceitos de vida saudável e bem-estar; e c) delinear recomendações para o desenvolvimento do currículo educacional, bem como estratégias institucionais mais amplas, assim como políticas públicas para expandir e desenvolver o estado da educação para os idosos, com foco em vida saudável e bem-estar. Quatro temas emergiram das narrativas dos idosos participantes, tal como das narrativas de seus familiares, coordenadores e instrutores: Combate ao Isolamento Social; Estimulo do Bem-Estar Mental e Cognitivo; Fomento a Saúde Física; e Promoção do (Dis)Ageism. Os resultados desta pesquisa mostram que esses programas educacionais para idosos trabalham como fonte de promoção à saúde, uma vez que esses programas abrem as portas para que os idosos desenvolvam estratégias para manter sua autonomia e independência, assumindo a responsabilidade de fazer melhores escolhas relativas a saúde, tais como: comer bem, ser fisicamente ativo e se socializar. A partir desses programas educacionais, os resultados desta pesquisa apontam que os benefícios podem ser colhidos.

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Chapter I - Background of the Study

With the emerging transformation of the aging population in the mid-twentieth century, society is facing a marked change in the age structure of its global population. Currently there are more than 600 million people over 60 years of age in the world, and it is anticipated it will grow to 1.5 billion by 2050 (World Health Organization, 2011). Advances in medicine, new technologies, and social and economic development have increased longevity, but longevity is not an isolated goal itself; the importance of living longer must be tied to a good quality of life (Borges & Roger, 2014). According to the authors, whenever possible, older adults should be able to enjoy daily life with their family and community, and be encouraged to be healthy, safe and satisfied active members of society.

Aging is a triumph of development. Increased longevity is one of the greatest achievements of mankind. People are living longer due to improvements in nutrition, sanitation, health care, education, advances in medicine and economic well-being (HelpAge International, 2012; United Nations Populations Fund and HelpAge, 2012). The opportunities this demographic transition can bring to society are endless if the aging population is socially and economically active and healthy.

The older adult population will clearly grow and their well-being in community and society will become more of an issue as time goes by for all generations, and not just for them (Borges & Roger, 2014). Education has a key role to play in this endeavor, as it can support and enhance older adults' contributions to their community and in their role as citizens (Cachioni, 1998). They must have opportunities and conditions that help them to

remain active both socially and mentally, as well as being more aware of the aging process and available resources related to aging.

The increased longevity of the world's population is a global phenomenon that creates a major impact on the social and economic spheres of life (Global Action on Aging, 2001). This process, however, has occurred differently throughout various countries in the world. In developed countries, this process takes place slowly, usually over hundreds of years. Globally, two people celebrate their 60th birthday every second, creating an annual total of nearly 58 million 60th birthdays (International Federation on Ageing, 2012). One in nine people in the world is 60 years of age or older, and this number is anticipated to increase to one in five by 2050. The aging of the world's population is a phenomenon that can no longer be ignored (International Perspectives on Older Adult Education, 2016).

Currently some developed countries are experiencing a negative growth in their population, with lower birth rates and low mortality rates (World Health Organization, 2012). In 2011, five million Canadians were 65 years of age or older, a number that is expected to double in the next 25 years, equaling 10.4 million older adults by 2036 (Employment & Social Development Canada, 2015). By 2051, about one in four Canadians is expected to be over the age of 65 (Employment & Social Development Canada, 2015).

In the case of developing countries, specifically Brazil, this process is characterized by the rapid increase in the number of adults and older adults who are changing the population pyramid. In Brazil, the number of adults 60 years and older increased from three million in 1960 to seven million in 1975 and 14 million in 2002, an increase of 500% in 40 years. This is projected to reach 32 million by 2020 (Instituto Brasileiro Geografia e Estatística [IBGE], 2015). Since the 1960s, older adults are leading the demographic growth. Projections indicate that in a 70-year period (1950-2020), while the Brazilian population will grow by five times, the group of older adults will increase by 16 times (IBGE, 2015).

As the number and proportion of older adults is increasing faster than any other age group, there are concerns about the ability of societies to deal with the challenges associated with this demographic shift (International Labor Organization, 2009). It is imperative to understand the individual and societal changes that occur in this stage of development, such as how older adults respond to these changes and what the consequences are of these responses in terms of adapting to them.

Longevity is a common goal of any society, but aging is not enough on its own. Living longer is important if quality can be added to the additional years. Recent discussions around aging and old age are common throughout the world. In a broader social context, the discussions include the family unit itself, as well as the conditions older adults face, emphasizing the issues of discrimination, prejudice and marginalization (Thorson, 2013). Many older adults face ageism and oppression, since they are considered to be unproductive and incapable of learning. In this scenario, they are characterized as a burden on society with outdated skills and meaningless experiences. This can be overwhelming and depressing for them. Often they become isolated due to the societal stereotypes where everything that is "old" is no longer useful but considered an obstacle to life (Thorson, 2013; Minichiello, Browne, & Kendig, 2000).

To enable a different view of older adults and old age, education emerges as an important opportunity for action, both for society to know and learn to respect older adults, as well as for older adults to have new opportunities, understand their rights and encounter new experiences as they age (Gadotti, 1994). Some educational institutions around the world, such as the University of Manitoba's Centre on Aging and Alumni Association in Canada and the Universidade Catolica Dom Bosco in Brazil, have been researching and working towards this goal. But are these educational programs working as a source of health promotion for older adults, having healthy living and well-being as outcomes?

To answer this question, I started to search for scientific publications that would address the theme of education for older adults, health promotion, healthy living, well-being and successful aging, which are described below. There is still the need for more research in this area. In the study “Older adults’ participation in education and successful aging: Implications for university continuing education in Canada”, Sloane-Seale and Kops (2010) show that older adults’ participation in some kind of educational program leads to a more inclusive and comprehensive understanding of successful aging, and educational activities positively influence mental and physical activity which results in more positive health and well-being. This is a relevant and important finding from which to build my research.

Cachioni (1998), in her doctoral thesis “Successful aging and the participation in a University for Older Adults Program”, discusses the effects of older adults’ participation in these educational programs. The results show that participants obtained well-being and socially-related benefits by regularly attending the program. Another example is Mazo (2003), who studied the quality of life of older women participants in a community-based program. Both studies show that participation in education contributes to a better quality of life as one ages.

These examples show how education helps with societal integration in old age, with older adults preparing for aging, understanding globalization and training for the workforce, which allows them to feel capable and integrated in society. While these are all aspects of a good quality of life at any age, there is room for more studies related to educational programs, health promotion (healthy living and well-being) for older adults. Thus this study aims to contribute empirical data to our knowledge about education, health promotion, healthy living and well-being for older adults.

Problem Statement

This ethnographic study explored how older adults in Canada and Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research was threefold: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being.

Strengths and Limitations

There were several factors I was aware of that could influence the results of the study, and I specifically worked to mitigate them.

Small sample size. This is typical for deeper data of qualitative research. The results were based on 24 participants, which may not reflect the larger population. While this is true, I provided thick descriptions so readers can identify situations or instances they may see in their own situations.

Researcher bias. This is also used to enhance our understanding of the research question. Although I have taught in an educational program for older adults in Brazil and have a passion for this topic, it was to my interest to pay attention and be careful to minimize my bias during the process of this study. I paid attention to themes that matched my view, but also those that did not. I could ensure this by reflecting on these occurrences with my supervisor and the doctoral committee, when needed.

Two different countries with different habits/behaviors. While there were limitations of the study being conducted in two different countries, overall my bi-cultural

standpoint allowed me to see two sides of the same coin; to understand subtle and explicit complexities that others may miss due to cultural differences or variations in regions.

Interviews in two different languages. Due to being fluent in both English and Portuguese, this provided a valuable strength when conducting research in two different countries. Overall, given the global nature of aging, I was able to actively participate in the whole research process in both countries in a way that inform the research question.

Short period. This study was a pre-requisite for the completion of a PhD degree, and so future research will allow for bigger sample sizes and a longer timeline. The time I could spend in the program in Regina (Canada) was limited, and while I have rich data from that program, I would have liked to stay much longer. Working across cultures and continents can be both a limitation and strength. I worked with long flights, telecommunications, cultural and language differences, and a different way of seeing older adults, all of which required extra interpretation and legwork to result in this analysis.

Definition of Terms

This is a brief list of terms and definitions, while my dissertation explores and expands on each in more detail as it is relevant to the topic itself.

- **Active Aging:** Describes the maintenance of positive and subjective well-being, good physical health, social and mental health, and continued involvement in one's family, peer group and community throughout the aging process (WHO, 2002).
- **Ageism:** Systematic stereotyping and discrimination based on age (Butler, 1995).
- **Education:** A process of facilitating learning, or the acquisition of

knowledge, skills, value, beliefs and habits (Dewey, 1944).

- **Health:** a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. (WHO, 1948)
- **Health Promotion:** A process enabling people to increase control over and improve their overall health and well-being. It is a comprehensive, social and political process working toward changes in social, environmental and economic conditions to alleviate the impact on public and individual health. (WHO, 1986).
- **Healthy Aging:** Taking responsibility and making smart health choices for today and the future, such as eating right, being physically active, obtaining spiritual and emotional wellness, and socializing (Alters & Schiff, 2009).
- **Lifelong Learning:** The ongoing voluntary and self-motivated pursuit of knowledge for personal or professional reasons (Commission of European Communities, 2006).
- **Older Adults:** 65 years and older for developed countries; 60 years and older for developing countries (WHO, 2000).
- **Successful Aging:** Refers to individuals who exhibit minimal or no cognitive and physical losses when compared to their younger selves (Rowe & Kahn, 1987).
- **Well-Being:** Feeling good and functioning well (Starume & Vitterson, 2012); optimal psychological functioning and experience (Ryan & Deci, 2001).

Organization of the Dissertation

This dissertation consists of six chapters. Chapter one provides the background relevant for this study, its purpose and nature of the study. The significance of the study and the relevant terminology are also presented here. Chapter two provides the theoretical framework and the literature review for the study. In Chapter three, I present the methodology of the research study, the research design, and how the data were collected and analyzed. Chapter four provides the findings for the study in relation to the research questions, including an introduction of the themes; Chapter five discusses the findings; and Chapter six concludes the dissertation and presents the implications and recommendations for practice and future research.

Chapter II: Review of Literature and Theoretical Framework

Literature Review

In order to become familiar with the researcher's thinking on this research, a comprehensive literature review was employed to identify relevant articles on the topic of health promotion, successful aging, education for older adults, healthy living and well-being. The following databases were searched: Scopus, Ageline, ERIC, Sage, PubMed, Scielo and Google Scholar. Searches were made in English and Portuguese for articles published until February 15, 2018. The key words searched by title or abstract were: ("Healthy living" OR "Well-being" OR "Wellness" OR "Health Promotion") AND ("Older adult*" OR "Senior citizen*" OR "Aging" OR "Ageing") AND (educat* OR Learn*) AND ("Successful Aging"). In addition, articles identified through relevant reviews or by committee members were also considered, and reference lists of included articles were examined for any additional articles potentially meeting the inclusion criteria.

This literature review sets up the stage to show the big demographic change happening in the world – the aging of the population. It is followed by the concept of successful aging that is seen as one of the goals of any aging society, while at the same time there are some criticisms that need to be addressed. This literature review is not dismissing the concept of successful aging, but rather is building on it when talking about health promotion. The literature review will show a sad reality faced by most older adults in our society – ageism. Educational programs for older adults appear next, showing the importance of such programs in an aging world. The following concept approached in this literature review is the concept of health promotion, which is the main concept discussed in this

research study. This section ends by addressing healthy living and well-being - two outcomes prompted by the association of educational program for older adults and health promotion.

Aging: A Major Demographic Shift

Aging is a triumph of development, and increased longevity is one of the greatest achievements of civilization. While some studies address the potential burdens, both socially and economically (Restrepo & Rozental, 1994), the opportunities this demographic transition can bring to society are in fact endless, especially if the aging population is socially and economically active and healthy.

With the number and proportion of older adults increasing faster than any other age group, there are concerns about the ability of societies to deal with the challenges associated with this demographic change (Gilford, 1998). With the increasing older adult population, it becomes even more important to understand the individual and societal changes that occur in this stage of development, such as how older adults respond to social and economic changes and the consequences of these responses in terms of adaptation.

Parallel to the changes observed in the population pyramid, aging-related diseases are thus becoming more common throughout society. The growing demand for health services is one of the current challenges facing society today: scarce resources for an ever growing demand. Older adults access more health services, hospital stays are more frequent, and the bed occupancy time is longer when compared to other age groups (Lima-Costa & Veras, 2003). In general, diseases of older adults are chronic and multiple, lasting for several years and requiring constant monitoring, permanent care, continuous medication and periodic examinations (Veras, 2003). This can indicate an increased need for health care systems, but as older populations are aging healthier than before, they may actually require these services later than previous generations.

Ironically, aging well is a common goal of any society, but aging is not enough on its own. Living longer is important if a quality of life is added to those extra years. This has become a new goal for those aging beyond 70: how to live well with a quality of life.

Successful Aging

Successful aging is a popular topic among services, research and public policies in the field of gerontology. It is assumed that one's chronological age can be increased by leading an active life, with the later years being productive and healthy based on the advances in science, technology and the practices of health care for older adults. It is desirable that successful aging is combined with a quality of life and the maintenance of one's autonomy, which provides opportunities for the older adult to continue to participate in society and minimizes the possibility of social exclusion (Holstein & Minkler, 2003; Kahn, 2003; (Lima, 2005; Paschoal, 2002; Teixeira & Neri, 2008). Successful aging is also part of a well-known area of research, although this has been critiqued over the last few years (Dillaway & Byrnes, 2009; Lupien & Wan, 2004), as I will discuss below.

At the individual level, aging is considered to be a process that implies multiple life trajectories. At the collective level, aging is impacted by socio-cultural influences which must be present through the life cycle, such as access to education and health care systems. Aging is defined as a multi-faceted inevitable process throughout a person's life (Teixeira & Neri, 2008). Unfortunately, old age is perceived as "being old", which often has negative connotations even for those who are well and living quite independently.

In western society, the search for the meaning of successful aging began in 1944, the year the American Social Science Research Council established the Committee on Social Adjustment to Old Age (Torres, 1999). Besides beginning to conceive of a definition of successful aging, the work of this committee resulted in the development of measurement

instruments that correlate subjective well-being to autonomy factors, psychological well-being, coping strategies and generativity. The concept was refined by two definitions that are now prominent in the geriatric and gerontology literature (Baltes & Baltes, 1990; Rowe & Kahn, 1987).

Rowe and Kahn (1987) propose there are distinctions with the concept of aging. Usual aging is defined as typical non-pathological age-related cognitive and physical losses. Successful aging, on the other hand, refers to individuals who exhibit minimal or no cognitive and physical losses when compared to their younger selves. The authors suggest the study of the determinants of this process should encompass individuals with physiological and psychosocial characteristics considered above average. In the following years, Rowe led several projects on the MacArthur Study of Successful Aging that included the topics of physical performance, cognitive function and health.

According to Kahn (2002), the notion of successful aging considers that the existence of physiological and cognitive deficits associated with age are genetically determined, but he also maintains certain conditions can be modified. One of the important results of the MacArthur Study of Successful Aging relates to the possible changes that can occur in the levels and patterns of physical function by potentially modifiable factors such as physical activity, social support and a sense of self-efficacy. This result is independent of chronic diseases and differences in socio-demographic characteristics.

Rowe and Kahn (1998) suggest successful aging is composed of three factors: engaging with life, maintaining high levels of functional and cognitive abilities, and having a low probability of disease and disability due to healthy habits. Indeed, while these factors are important, one cannot exclude the impact sociocultural and government policies have on successful aging (Kahn, 2002). Kahn (2002) points out that the models of Rowe and Kahn (1998), Baltes (1997), Baltes and Baltes (1990), and Riley and Riley (1990) are

complementary rather than in conflict with each other. The Baltes and Baltes (1990) model emphasizes accepting age determined detriments and doing the best you can with what you have—physically, mentally and situationally. For example, this excludes keeping governments and communities accountable for ensuring that an age-friendly approach is used at all levels of programs and services.

The Rowe and Kahn (1998) model highlights what individuals can do to use, maintain, and improve their physical and mental capacities. The Riley and Riley (1990) model stresses what societies can do to provide external resources that amplify people's opportunities facilitating those behaviors that make for success in old age. These various models are key to the different approaches to aging and become important points in my research: that individuals can do better on their own to age successfully, while communities, governments and societies can approach aging differently through reviewing and revising their social norms, aging policies and institutional approaches.

The successful aging concept has a strong cultural component and is referred to alternatively as healthy aging, active and productive aging, and a good quality of life in old age (Bass & Caro, 2001). Although the terms are widely debated, there is agreement on what they encompass:

- a) physical: physical health, functional capacity, self-care skills, avoidance of risk factors such as alcohol and tobacco, and involvement in physical activities;
- b) social: engaging in leisure activities, work, career satisfaction, social support, friends and family, and an adequate retirement income;
- c) emotional: satisfaction with one's overall life and health in particular;
- d) personal: having positive attitudes towards aging and a sense of control and motivation to impart knowledge to the younger generations (Chachamovich, & Trentini,

2003; Strawbridge, Wallhagen, & Cohen, 2002; Ribeiro, Liberalesso, Cupertino, Sanches, Yassuda, 2009).

From the perspective of Rowe and Kahn (1987), successful aging is characterized by individuals actively engaged with life, and associated with physical and mental functionality and the absence of pathologies. This active engagement corresponds to the maintenance of social relationships and productive activities, but it is also by and large an individual endeavor. These activities include many common activities among older adults, such as participating in family activities, interacting with neighbours, performing volunteer work and being involved in religious activities.

Riley and Riley (1994) emphasize there is a need to consider human development as a whole, noting the value of environmental, social and historical aspects of personal life, not just the physical and more individual aspects. This can include how governments support aging initiatives across their lifespan, how communities welcome their older citizens through intergenerational experiences, and how services and policies reflect an intergenerational approach to aging overall.

According to these researchers, the current model that organizes society by age should be transformed into a more integrated society with a focus on other aspects of life. Age should no longer be a limitation in people's lives, nor a limitation in social institutions such as education, work and retirement.

Ageism

Ageism is a big phenomenon in today's society, due to the aging of the population. Ageism is a process of systematic stereotyping and discrimination, based on age (Butler, 1995). This phenomenon is considered the third great "ism" of society, after racism and sexism (Neto, 2006). However, ageism is distinguished from the others by the fact that every

human being is likely to experience ageism by simply living long enough (Palmore, 2001). Ageism allows the younger generations to see older adults as different from themselves (Allan, 2008; Nussbaum, 2005).

The abuse or neglect of older adults is also a form of ageism and can be generally defined as physical, emotional or psychological abuse. This phenomenon occurs within a relationship where there is an expectation of trust, which causes offense, damage or distress in the older adult (Action on Elder Abuse, 1995; Decalmer & Glendenning, 1997).

Ageism as well as the differences between younger and older populations are a consequence of a society in which values, cultural and social beliefs (such as the exaltation of beauty and the glorification of youth) (McGowan, 1996) not only cause the exaggeration of problems that can arise during the aging process, but they can also cause fear of dependency and consequently a fear of aging (Oliveira, 2008; Sheets, 2005).

According to Allen (2008), ageism can occur on three levels:

- personal - related to individual beliefs and feelings about aging;
- cultural - related to the exaggeration of aspects of age-related decline and negative stereotypes of older people; and,
- structural - where the economic environment removes benefits from the older adult through compulsory or forced retirement, low pensions or limited access to health care.

Unfortunately, in today's society older adults are often seen as unattractive, senile, unproductive, dependent on others, with difficulty adapting to new roles and places, unpleasant, suffering from isolation, and depressed (Oliveira, 2008; McGowan, 1996). They are also often associated with death itself. These stereotypes foster social avoidance and segregation, hostile and derogatory humour/jokes, disrespect, discriminatory practices and policies, and the belief that older adults are a drain of society. However, these stereotypes

ignore aging as being an achievement of longevity and the accumulation of wisdom, skills and respect (Palmore, 2001; Butler, 1995; Gatz & Pearson, 1988).

Age-related prejudices are the most accepted and ingrained in the world (Stockdale, Whitley, & Johnson, 2005). One form of ageism that has contributed to this scenario of systemic discrimination is implicit ageism, defined as thoughts, feelings, beliefs and behaviors towards older adults that happen subconsciously. Although most of the time ageism is assumed to emanate from younger individuals, in reality, after a lifetime of exposure to this discrimination, we all tend to internalize a number of self-stereotypes (Butler, 1995).

In 2002 at the Second World Assembly on Aging, the United Nations Commission on Social Development defined ageism as a means by which the rights of older adults are denied or violated. Negative stereotypes and the denigration of older people can be translated into an absence of social concern for the older adult at risk of marginalization, and the denial of equal opportunity, resources and rights (Viegas & Gomes, 2007). In this way, ageism becomes a contextual factor of risk, and not only of avoidance, negation or subordination behavior (Sheets, 2005), but also of situations of abuse and neglect, a phenomenon that is still very underreported in our society due to the silence of victims (Allan, 2008; Nelson, 2005).

Educational Programs for Older Adults

One of the main ways that older adults can be supported to live healthy and prevent/fight ageism is to support their inclusion in educational programs. However, it would also require all institutions, and in particular, educational institutions, to change the way they think about older adults as active members of society. This would occur by supporting curriculum development, policy review, investment in educational programs such as the University for the Third Age (U3A), and daily supports (Formosa, 2010; Formosa, 2014).

According to Kops (2016), 93% of the respondents on his study in Canada indicated the development of educational programs for older adults was encouraged by universities to serve this growing population, to fulfill the mandate of continuing education, and to satisfy a commitment of the university to community engagement. As Formosa (2014) mentioned, the “U3As” have become the most successful educational institutions engaged in later life learning (p. 42).

Education is a renewable resource that strengthens the capacity to remain healthy (ILCBrazil, 2015; Formosa, 2014; Sonati et al., 2011; Swindell, 2012), and to acquire and update knowledge and skills in order to stay relevant and better ensure personal security. The healthier and more knowledgeable one is at whatever age, the higher the chances of full participation in society. Health and knowledge are therefore key factors for empowerment and full participation in society (International Longevity Centre-Brasil [ILC-BR], 2015).

According to the ILC-BR (2015) report, lifelong learning equips people to stay healthy and to remain relevant and engaged in society; empowering and giving greater assurance to personal security. At the societal level, people all ages who are informed and in possession of current skills contribute to economic competitiveness, employment, sustainable social protection and citizen participation. This report states that lifelong learning significantly contributes to solidarity between generations. The Organization for Economic Co-operation and Development (OECD) considers lifelong learning to be one of the most important components of human capital in an aging world (ILC-BR, 2015; Keeley, 2007).

Educational programs for older adults extend it into old age. Education begins the socialization process in childhood, goes through adolescence, to adulthood. In childhood and adolescence, updating the values and norms occurs predominantly through school. In older age, education is viewed as an opportunity to upgrade and acquire knowledge, and to

participate in cultural, social, political and leisure activities. On the other hand, the older adult is considered more as an agent than an object of educational activity (Pereira, 1980).

According to Peterson (1990), one of the goals of education is to provide the opportunity for personal growth through learning and having free time, which brings benefits to older adults' physical and emotional well-being and their quality life while providing opportunities for social contact. Peterson (1990) also suggests that education for older adults can promote literacy and help them develop new skills to solve current problems and prevent future ones. Browning (1995) highlights that educational programs targeted to older adults provide benefits in their daily lives, promote wellness and revive motivators for learning, all of which could have been hidden since their youth, and contribute to the acquisition of new cognitive skills through practicing activities.

Panayotoff (1993) states that education is seen as an activity that promotes well-being, strong interpersonal relationships, and a positive impact in the lives of older adults in relation to depression, social satisfaction and symptoms of aging. He concludes that education acts as a therapeutic space, and shows that educational programs for older adults contribute to personal growth, provide opportunities for work in the community, promote the development of creativity and productivity, create spaces for socialization and the acquisition of new knowledge, and can contribute to new ideas and positive attitudes toward aging.

Cachioni (2002) states that education is a way to overcome the challenges posed by age and society, and provides older adults with the possibility of acquiring new knowledge and opportunities to pursue physical and emotional well-being. According to the author, educational programs for older adults seek to meet their needs, working with various pedagogical methods in order to raise their critical thinking, and generating knowledge that goes beyond avoiding or delaying diseases. Lifelong learning is not only for cultural renewal,

but more importantly it is a new requirement for individuals to retain their autonomy and remain active citizens due to the rapid changes in society.

Global Initiatives

The participation of older adults in education is not seen just at the community level but globally as well. In the Vienna International Plan of Action (1982), education was understood as a way to assist in the adaptation of individuals as they age in a society that constantly evolves and requires more capacity, including labour. There are various recommendations in regards to education; most importantly, teaching that is geared to older adults, respecting their learning pace, and encouraging self-sufficiency and responsibility. Unfortunately, there is still a need for educating the educators who teach or will teach older adults. Universities and colleges still focus mainly on education of K to 12 and young adults (university level) (Borges, 2012). It should also educate the population about the aging process, and promote the respect and acceptance of the elderly (Organizacoes das Nacoes Unidas, 1982).

At the Fifth International Conference on Adult Education (CONFINTEA V) (1997) in Hamburg, the Hamburg Declaration recommended governments and social partners take the necessary measures to ensure access to educational opportunities throughout one's life (UNESCO, 1999). The Madrid International Plan of Action (2002) stated that education should be seen as a prerequisite for an active and full life, especially during aging. According to this plan, a lot of older people in developing countries reach old age while still illiterate (ONU, 2002).

As older adults have a lot to offer to social development, it is important they have opportunities to learn as younger generations do. Their abilities should be recognized, respected and valued (UNESCO, 1999). Education and learning for older adults are so

important that in July 2015, the International Longevity Centre in Brazil presented a report to the World Health Organization, suggesting the addition of lifelong learning as the fourth pillar of active aging (ILC-BR, 2015).

These examples of global initiatives and actions, as stated in this chapter, remind us how long education for older adults has already been discussed (Kops, 2016; Formosa, 2014). At the same time, there is still an urge to build on the idea of education for older adults working as a source of health promotion. This need reinforces the way in which my research is valuable and significant in an ever-increasing aging population around the world.

Health Promotion

The Ottawa Charter for Health Promotion (WHO, 1986) states that “health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions, that are designed to benefit and protect individual people’s health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure”.

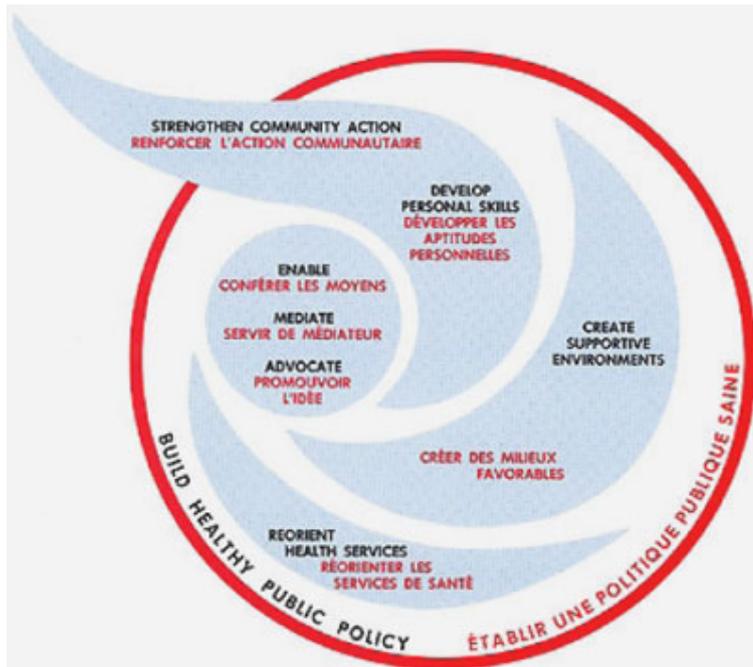


Figure I: Health Promotion Emblem (WHO, 1986)

Figure I shows the emblem used by the World Health Organization (WHO), since the first International Conference on Health Promotion, held in Ottawa, Canada, on 1986, since then, this logo is the symbol of Health Promotion, as it stands for the approach to health promotion as outlined in the Ottawa Charter.

As the WHO (1986) asserts, “the logo represents a circle with 3 wings. It incorporates five key action areas in Health Promotion (build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills, and re-orient health services) and three basic HP strategies (to enable, mediate, and advocate)”.

The main graphic elements are:

- a) The outside circle, originally in red color, is representing the goal of "Building Healthy Public Policies", therefore symbolizing the need for policies to "hold things together". This circle is encompassing the three wings, symbolising the need to address all five key action areas of health promotion identified in the Ottawa Charter in an integrated and complementary manner.

- b) The round spot within the circle stands for the three basic strategies for health promotion, "enabling, mediating, and advocacy ", which are needed and applied to all health promotion action areas (Complete definitions of these terms can be found in the Health Promotion Glossary, WHO/HPR/HEP/98.1)
- c) The three wings represent (and contain the words of) the five key action areas for health promotion that were identified in the Ottawa Charter for Health Promotion in 1986 and were reconfirmed in the Jakarta Declaration on Leading Health Promotion into the 21st Century in 1997. (WHO, 1986, <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index4.html>)

According to the World Health Organization (1998), there are seven key principles for defining health promotion: holistic concept, intersectionality, empowerment, social participation, equity, multi-strategic actions, and actions of sustainability. Hence health promotion is considered a field of knowledge dedicated to helping people make choices that allow them to achieve the best possible state of physical, social, spiritual, emotional and intellectual balance (Lima, Caldas, Veras, Correa, Bonfada, Souza, and Jerez-Roig (2017).

According to Lima et al (2017), the main aim of health promotion is to “involve the individual in activities and learning experiences that maintain a state of healthy living and well-being, influencing factors that determine health. These learning experiences facilitate voluntary actions conducive to health”.

My view is that education for older adults can be a source of health promotion once those educational programs can assist older adults to increase their control over their overall health and well-being and even improve it. These learning experiences that are conducive to good health can help promote older adults to take their own voluntary actions to take charge of their health.

The concept of health promotion emerges in the literature as well-suited and useful for my research question. Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By doing so, it increases the options available to people to exercise more control over their own health and environments, and make choices that are conducive to health (McQueen & Salazar, 2011). It also expresses an important role for institutions and communities to have in promoting a healthy aging process.

Health promotion is a process enabling people to learn throughout life, to prepare themselves for all of its stages, and to cope with chronic illness and injuries. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves (McQueen & Salazar, 2011), not just by individuals dealing with their own personal aging process.

Health promotion involves concomitant and diverse interventions oriented to reach specific but complimentary objectives. It focuses on groups and communities rather than individuals. In this way, for example, it moves beyond the individualistic approach of successful aging. It has short and long-term effects, as well as intangible benefits. It is articulated towards development and intersectoral planning that encompasses more than the health sector alone (McQueen & Salazar, 2011).

As I have argued, today people are living longer and with fewer disabilities than the generations before them (Statistics Canada, 2005). At the same time, the majority of older adults have at least one chronic disease or condition. Health care systems around the world usually focus primarily on a cure rather than health promotion (healthy living and well-being) and disease prevention. I however argue that health promotion is more vital and important than seeking cures to aging-related conditions.

There is no doubt that prevention is one of the biggest topics in the health care field today, especially with regards to the aging population. According to the World Health Organization (1948), "Health is defined as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity ... [Health is a] fundamental human right, and all people should have access to basic resources for health." With the rapid aging of the population, the main challenge is to consider how to increase the quality of independent and healthy years for an individual. Many countries, such as Brazil, Canada and Denmark, are trying to face this challenge by developing and implementing healthy aging policies. The World Health Organization (1986) states that health promotion is a "comprehensive, social and political process working toward changes in social, environmental and economic conditions to alleviate the impact on public and individual health".

A global shift in people's attitudes is needed about how to produce these positive changes for older adults, and the concept of health promotion indicates this is more than simply asking individuals to work harder at aging successfully. For example, according to Kickbusch (1996), older adults should be supported in finding their own health-promoting strategies by larger organizations and institutions. These strategies are empowering and can transform older adults into knowledgeable participants and managers of their own health and care (Gilford, 1988). Health promotion focuses on personal autonomy, functional self-care, qualitative well-being and social integration (Gilford, 1988).

A fundamental goal of health promotion is to facilitate well-being for older adults on a daily basis. This includes activities that help individuals gain skills to maintain and improve their health, as well as community programs and policies to improve their environment and encourage healthy habits (Altpeter, Bryant, Schneider, Whitelaw, & Beattie, 2004). Older adults are motivated to learn about aging and health conditions in order to live up to their

potential and thus delay disability. According to Watkins and Kligman (1993), some of the goals of health promotion are to combat hopelessness and illness, and maintain the individual's highest possible functional level. The increased importance of health promotion for older adults is premised on arguments of long-term benefits and profound cost-efficiency, with the possibility of lowering their morbidity and impairment (Kemper & Mettler, 1989).

The Healthy Aging Canada report (2006) states that redirecting attention to health promotion is required to enable older adults to maintain optimal health and quality of life. It will also help to manage health system pressures. According to this report, older adults can live longer, healthier lives by staying socially connected and increasing their levels of physical activity. However, there are social barriers to adopting these healthy behaviors, such as inequities due to gender, culture, ability, income, geography, ageism and living situations. These must be taken into account both the idea of successful aging as well as the concept of health promotion. They are unavoidable in our day and age, and they profoundly shape aging across one's lifespan.

The Healthy Aging Canada report (2006) points out these barriers can be addressed through a combination of political will, public support and personal effort. This report states it is time for a new vision on healthy aging, a vision that values and supports the contributions of older people. It is important to celebrate diversity and have a new vision which refutes ageism and reduces inequities. This vision would provide age-friendly environments and opportunities for older people to make healthy choices, and would enhance their independence, healthy living and well-being. It is with this view that I approach the study topic and engage in my research.

Well-Being and Healthy Living

Previously I discussed the definitions of the concept of health promotion and how it is well-suited for my research question. Health promotion is a valuable approach, because my view of education for older adults is a process helping older adults to increase control over and to improve their overall health and well-being. As this research study presents, education is not only geared towards teaching and learning about health specifically; but also, it is about teaching strategies that promote the overall well-being and healthy living of older adults. These strategies are empowering and can transform older adults into knowledgeable participants and managers of their own health (Gilford, 1988) and well-being.

Well-being encompass two main elements: feeling good and functioning well (Straume & Vitterso, 2012). Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristics of someone who has a good quality of life (Huppert, 2008). Having positive relationships, some control over one's life and a sense of purpose are all important attributes of well-being (Huppert, 2008). The concept of well-being refers to an optimal psychological functioning and experience (Morgan, 2015; Ryan & Deci, 2001).

There are two different perspectives and paradigms for empirical inquiry into well-being: *hedonism* (Kahneman, Diener, & Schwarz, 1999), that reflects the view that well-being consists of pleasure or happiness, and *eudaimonism* (Waterman, 1993), stating well-being consists of fulfilling or realizing one's true nature (Morgan, 2015).

According to Aked, Marks, Cordon, and Thompson (2008), there are five actions that should be built into one's daily life that are important for well-being:

1. *connect* with people around you: building these connections will support and enrich your everyday life;
2. *be active*: exercising makes you feel good;
3. *take notice*: be curious;

4. *give*: seeing yourself and your happiness linked to the wider community can be rewarding and creates connections with people around you; and,

5. *keep learning*: learning new things will make you more confident as well as being fun.

These points have special significance as I moved forward in my research. Lifelong learning has the benefits of enhancing self-esteem of an individual, encouraging social interaction, more active life (Kirkwood, Bond, May, McKeith, & Teh, 2008). Lifelong learning has also been correlated with positive effects on well-being, increased life satisfaction, optimism and efficacy (Feinstein, Vorhaus, & Sabates, 2008; Feinstein & Hammond, 2004).

Participation in lifelong learning also serves to positively impact an individual's well-being and resilience (Hammond, 2004). These effects are mediated by self-esteem, self-efficacy, a sense of purpose and hope, competencies and social integration (Hammond, 2004).

The practice of setting goals, which is related to adult learning as well, has been associated with higher levels of well-being (Huppert, 2008). The promotion of well-being is associated with goal-directed behavior, and this occurs when the goals are self-generated, can be realistically met, and congruent with personal values (Huppert, 2008). Education that is built for older adults and based on their expectations and needs can continue to do this for them.

Theoretical Framework

The ecological framework has a long history in the biological, behavioral, social and health sciences (Bronfenbrenner, 1979; Green & Kreuter, 2004; McLeroy, Bibeau, Steckler, & Glanz, 1988; Sallis & Owen, 1997). The ecological framework is also known as the framework that emphasizes the linkages and relationships among multiple factors affecting health (Gebbie, Rosenstock, & Hernandez, 2003; Satariano & Maus, 2018). This is the concept that health and health behaviors are influenced by multiple levels, such as physiological, biological, behavioral, organizational/institutional, environmental (social and physical), and policy levels (Satariano & Maus, 2018).

For this research study, Bronfenbrenner's ecological framework (1979) is used as the framework to focus on educational programs for older adults as a source of health promotion. This replicates the Ottawa Charter on Health Promotion – World Health Organization (1986) that uses the ecological framework as a foundation for its recommendations.

Bronfenbrenner's ecological framework (1979) brings important new premises for planning and conducting research in natural settings. The author criticized the traditional way of studying human development, referring among other things to the large amount of research in an 'out of context' development. According to Bronfenbrenner, these studies focused on the development of an individual within a restricted and static environment, without the important consideration of the multiple influences of the contexts in which these individuals are situated (Bronfenbrenner, 1977, 1996).

Bronfenbrenner's Ecological Theory (1977, 1989, 1996) focuses on developmental studies in natural settings in order to comprehend reality as it is experienced and perceived by the individuals in the context in which they live/interact. Human beings are social and do not operate in isolation, therefore the behavior and responses of individuals cannot be fully

understood without considering the environment within which they are embedded (Roger & Penner, 2012).

According to Bronfenbrenner (1996), the environment of an individual is not limited only to a single and immediate setting. This set of structures, according to Bronfenbrenner, reminds one of a Russian doll. Therefore these structures are embedded within each other, interfere with each other and affect the individual. Each of these structures, according to Bronfenbrenner, are called the *micro-, meso-, exo- and macrosystem*.

Bronfenbrenner's *microsystem* is defined as a pattern of activities, roles and interpersonal relationships experienced by the individual on his/her immediate surroundings. In the case of this research study, this system includes the relationships older adult participants maintain with their peers, family members, instructors and coordinators of the educational programs. The *mesosystem* is concerned with the interrelations between two or more environments in which an individual actively participates; for example, the educational program.

Unlike the mesosystem, in Bronfenbrenner's *exosystem*, the individual is not an active participant, but events that affect them or vice-versa may be affected by events in the immediate environment where the individual is. The types of environments that consist in the *exosystem* can be, for example: the university where these educational programs for older adults are inserted, as well as older adults' neighbourhoods and their extended friends. Finally, the *macrosystem* involves all other environments, forming a network of interconnections that differ from one culture to another. In this case, an example would be public policies related to education for older adults and health promotion.

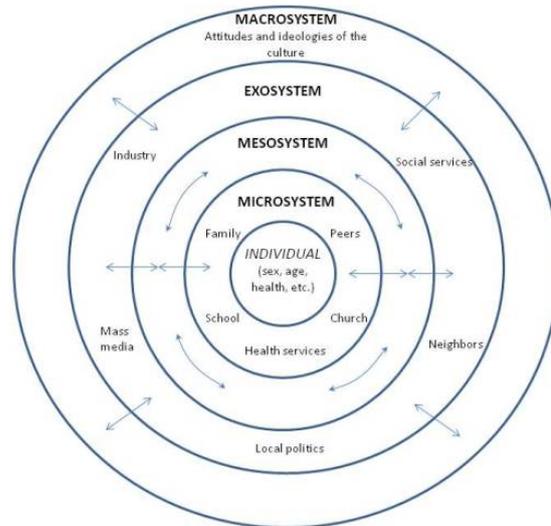


Figure II: BRONFENBRENNER'S ECOLOGICAL FRAMEWORK

This research study shows that utilizing Bronfenbrenner’s ecological framework and the concept of health promotion very much satisfies the theoretical lens through which I continued to ask my research questions. This concept of educational programs for older adults as a source of health promotion allows me to remind policy-makers and institutions to open their doors to older adults for educational opportunities. Healthy living and well-being were central to what I explored in the perceptions of older adults in their educational opportunities, an idea that has the tenets of health promotion.

Summary

This chapter started by describing the big demographic change happening in the world – the aging of the population. This was followed by a discussion about the concept of successful aging that is seen as one of the goals of any aging society, while at the same time there are some criticisms that need to be addressed. This literature review did not dismiss the concept of successful aging, but rather built on it when talking about health promotion. Educational programs for older adults appeared next, demonstrating the importance of such programs in an aging world. The concept of health promotion, which is the main concept

discussed in this study as well as the concepts of healthy living and well-being were discussed - two outcomes prompted by the association of educational program for older adults and health promotion. This chapter ended by presenting the theoretical framework used on this research study, the Bronfenbrenner's Ecological Model.

Chapter III – Methodology

This third chapter provides an overview of the methodology that was employed in this study. I outline the qualitative methodology, the recruitment of participants, procedures for the data collection, and processes used to interpret the data in relation to the research questions that guided this study. The research method used on this dissertation was developed respecting the Bronfenbrenner's (1979) ecological framework, discussed in chapter II.

This research project was designed to explore how older adults in Canada and Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The main research questions were as follows: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being.

The primary reason for selecting the qualitative approach is that it allows for a broader view of the scenario, asking questions in depth and observing with the possibility to get closer to participants' thoughts. Another reason for selecting qualitative research is the lack of this kind of research linking older adults, education and health promotion. Third, the diverse of methods can be used to get rich data. This ethnographic study was to better understand education and health promotion (healthy living and well-being) through older

adults' eyes and through the eyes of people who surround them – coordinators, instructors and family members. Using ethnography helped me as a researcher to see, experience, sense and listen to participants of this research study, therefore providing information that reflects their perceptions.

Reflexivity - My Role as Researcher

Reflexivity is a term used to describe the role or the presence of the researcher in the research (Coffey, 1999; Denzin, 1997; Madden, 2010). It is an acknowledgement that the researcher's thoughts and ideas will inevitably have an impact on the research itself (Coffey, 1999; Denzin, 1997; Madden, 2010). It was important to me to understand my own position and role in this research study and recognize that as a researcher, I play a decisive part in shaping the entire research process.

This research is one that is very close to my heart. My work as an instructor at an educational program for older adults in Brazil was the catalyst for it. My thoughts and passion for this theme have had an impact on the research; it has helped to push the study forward. The opportunity to experience the Canadian context in 2012 really made me want to have both countries in perspective. I have loved being an instructor in the Brazilian context, and my ideas about older adults and education began to formulate as I continued teaching there.

While interviewing participants and observing classes for this study, I could hear an echo of the comments the older adult students made when talking about their participation in these programs. It was hard work to not draw connections between the experiences the older adult participants in the program had had, and what the participants in the study were telling me. I feel that due to my awareness of this predisposition and bias as well as the discussions with my professors, I was able to bring my passion and commitment to this study, while

maintaining my view as a researcher. My knowledge of the literature on this topic, the recent work I have now done on other research related to aging, as well as teaching in Canada and being a student in several aging-related classes, have all led to my ability to synthesize and analyze the data more effectively. My ability to understand the participants, but also to review and conceptually analyze the data comes from these many experiences over the past 12 years.

Qualitative Research

The expression "social science" is often used to indicate the different areas of knowledge that are about the social, economic, political, psychological, cultural and educational aspects of life, including social relationships. Research in the social sciences has increased over the years. More and more studies that use quantitative methods are adding qualitative methods to provide a richer comprehension of the issue being studied. Qualitative studies were traditionally used by anthropologists and sociologists; it is only in the last 30 years that it has gained recognition in other areas such as psychology and education (Godoy, 1995).

Although the two approaches of quantitative and qualitative research are characterized as a careful effort to discover new information or relationships and for verifying and expanding existing knowledge, the tools used to collect this information are vastly different (Pope & Mays, 1995).

Qualitative research does not seek to enumerate or measure the events studied, nor does it employ statistical instruments in analyzing the data. It starts from the issue of broad interest, which becomes defined as the study progresses. It involves obtaining descriptive data about individuals, places and the interactive processes through direct contact with the

researcher as the situations are being studied, while trying to understand the phenomena from the perspective of the participants (Wildemuth, 1993).

Qualitative research is a rich, diverse and complex field (Madill & Gough, 2008) that aims to give a voice to a group of people or an issue; provides a detailed description of events or experiences; develops theory; interrogates the meaning in texts; identifies discourses or demonstrates the discursive features of a text; and engages in social critique (Braun & Clarke, 2013).

The qualitative term implies a dense sharing of information among people, events and places that are the research subjects. To be able to understand what is happening below the surface and discover the hidden meanings, one has to pay close attention, be sensitive and open, and be an active part of the group. The researcher then interprets and translates this into text (Chizzotti, 2003).

Qualitative research involves the use of a variety of empirical materials, such as case studies, personal experiences, introspection, life stories, interviews, cultural texts, observational, historical, interaction and visual texts. It describes routine and problematic moments and meanings in an individual's life (Denzin & Lincoln, 2005).

I chose qualitative research methodology for this study as it allows me to investigate my topic in "all [its] complexity" and is also concerned with understanding behavior from the older adult participants in these educational programs (Bogdan & Biklen, 2006, p. 2). It is about meaning and not numbers; as it does not provide a single answer, there is more than one way to make meaning from the data that is analyzed (Braun and Clarke, 2013). In qualitative research, context is important, as information and knowledge always comes from somewhere. Qualitative data are seen to be produced in particular contexts, by participants who come from and are located within specific contexts. In this study the contexts are Brazil and Canada. It recognizes that the idea of obtaining uncontaminated knowledge with all bias

removed, as in quantitative research, does not happen. Instead, this type of research recognizes the existence of bias and incorporates it into the analysis.

Ethnography

The purpose of this ethnographic research study was met through the use of naturalistic, descriptive, inductive, and investigative inquiry aimed to better understand and relay information from the perspective of older adult participants of educational programs, their family members, instructors and coordinators of these programs.

The History of Ethnography. The beginning of the modern form of ethnography is identified with the shift by social and cultural anthropologists in the late nineteenth century toward collecting data firsthand (Hammersley & Atkinson, 2007). Ethnography was founded in anthropology with the expansion of the world through the "discovery" of other peoples whose cultures were vastly different from the old European world. The early ethnographies from this discipline were closely linked with colonialism and therefore characteristically involved studies of the "other", or foreign and exotic social groups (Reeves, Peller, Goldman & Kitto, 2013). The ethnographic approach was later adopted by Everett Hughes, Robert Park and Louis Wirth, members of the Chicago School of Sociology in the 1920s and 1930s, and applied to a variety of contemporary social problems such as homelessness and immigration that were linked to the urbanization of Chicago (Reeves, Peller, Goldman & Kitto, 2013).

The anthropological scientific work should be understood as cultural history or culturalism, with the fieldwork becoming important in the discipline that sought to know the culture of others. Cultural anthropology, a strand of social anthropology, emerged through the structural functionalist as represented by Malinowski. He is consistently referred to as the "grandfather" of ethnography, as he systematized the paths one should follow when in the

field doing the research. Sections of his *Argonauts of the Western Pacific* (1922) are often cited in ethnography textbooks as foundation elements (Mattos, 2011; Madden, 2010).

When thinking about how to do ethnography, the question of who can do it comes up. From the 1920s, Malinowski (1922) advocated that only by *participant observation* would it be possible for the researcher and participants to know each other in-depth and overcome evolutionary assumptions and Euro-centrism. The ethnographer would observe everyday life. The researcher should take into account all of the observed local life, the real life and the participants. Geertz (1978) states that culture should be seen first of all as a *web of meanings that the individual wove*, and the task of anthropology is to perform the *unveiling* of this culture.

Post-modern ethnographers no longer accept the idea of this sovereign authority, and now aim to deconstruct the power relationship between participants and researcher. However, Mattos (2011) states this “good intention”, as proposed by Geertz (1978), is questionable and lowers the overall quality of the research.

Modern Ethnography. Ethnography as we know it today developed during the shift from a monolithic view of culture and civilization to the idea of cultural pluralism and social and cultural relativity. The cultural relativist approach recognizes that distinct groups of humans have their own worldviews and cultural logic, and it is the ethnographer’s job to penetrate and understand these particular worldviews (Madden, 2010).

It is common to associate ethnography with a survey of anthropology, where it has traditionally been used in studies of primitive peoples and cultural minorities. Today it is also used in the exploration of issues associated with other areas of knowledge; for example, education, social psychology and business administration. Ethnography, in the broadest sense, can be understood as the art and science of describing a culture or group (Fetterman, 1998). Ethnographic research covers the description of events that occur in the life of a

group, with special attention to social structures and the behavior of individuals as group members, and interprets the meaning of these events for the group's culture. Fieldwork is at the heart of ethnographic research.

Angrosino (2007) points out that ethnographers search for patterns in lived human experiences by observing and participating in the lives of those being studied. This means the researcher must be fully immersed and involved in the day-to-day lives of the culture being examined. According to the author, ethnographic research is conducted on-site or in a naturalistic setting where real people live. It is personalized, since the researcher is both observer and participant, as well as dialogic; conclusions and interpretations are formed by the researcher who can then receive feedback from those who are being studied.

Hammersley and Atkinson (2007) state that ethnography as a research methodology has a strong foundation in empiricism and naturalism. These approaches emphasize the collection of data in naturalistic social settings (Reeves et al, 2013). According to the authors, the ethnographer goes into the field to explore a cultural group or certain social interactions.

Ethnography is a research methodology that associated with research methods, such as participant observation, interviews and documentation, creates a detailed understanding of the social action. Ethnographers use key techniques to enhance the quality of their work, such as: thick description, reflexivity and triangulation (Reeves et al, 2013).

I chose to use ethnography because it allowed me, as a researcher, to be a participant observer in a cultural setting using a diverse set of data collection tools, such as interviews, photovoice and a diary. Ethnography is known as the art and science of describing a culture or group, and fieldwork is at the heart of ethnographic study (Fetterman, 1998). Another reason for conducting an ethnographic study on educational setting for older adults is the lack of this kind of research with these groups and in these settings. This ethnographic research focused to understand and describe the cultural setting of two educational programs for older

adults in two countries: Brazil and Canada. This kind of research is very valuable to get a broader sense of the programs, the context and nature of those settings, beyond just interviews.

In recent decades, ethnographic research has been used most effectively in the socio-anthropological and educational fields. Madden (2010) states these socio-anthropological studies debated the possibility of using ethnography to examine the subject of failure by researching students living in exclusion and exposed to social vulnerability. According to the author, more than just focusing on the "subject of exclusion" itself, it is important to listen to the students for this will provide information that will reflect their perceptions and participation. The student's input will be present in the development, data analysis and results of a research study. This same process could inform future educational policies which would also make changes in the participants' lives (Madden, 2010). This process is very important when thinking about education for older adults and health promotion.

Madden (2010) states that when ethnography description and analysis come together to answer questions and build theories, it can respond to future ethnographic issues and generate future ethnographic theories. The research walks into an unknown world; it opens paths for self-determination; it advocates for inclusion in school and social life. The researcher gives something of him/herself: dedication, joy, study and attention. From my perspective, ethnographic studies with older adult learners would seek to interpret the meanings attributed by them to their experiences in the process of aging, and to better understand all the changes that occur during this period of life. This kind of ethnographic study is important in order to contribute to the new understanding of how people age; fighting ageism; producing knowledge about older adults' well-being, learning preferences and experiences; considering their own reality from their own perspective; and listening to their voices.

The strengths of an ethnographic study with older adults include: (a) access to how older adults' experience education, using a variety of research methods, such as observation/field notes, document questionnaires, interviews, photovoice, diaries and focus group; (b) access to older adults' real life situations; (c) provides an in-depth understanding of older adults' reality; and, (d) important to explain what they think is important to learn.

Research Methods

Qualitative data frequently is collected in naturalistic settings (Bogdan & Biklen, 2003; Denzin & Lincoln, 2000). In the Brazilian portion of this study, as an overview, I collected and/or conducted the following:

- (a) **Document/archival review:** Analysis of existing documents such as the registration form and the motto of the program was conducted.
- (b) **Observation/field notes:** Participant observation happened for three weeks. I was able to participate and observe in classes, meetings, breaks and celebrations, always making relevant notes regarding the research questions.
- (c) **Photovoice:** This method was used by the older adults to explore their perspective of the program's unique cultural and contextual factors, which helped me to better understand, through older adults' perspective, how these educational programs were contributing to their healthy living and well-being. Participants took as many pictures as they wanted for a week, and then chose two to four pictures to talk about during the in-depth face-to-face interview.

- (d) **Diary:** This method was used to collect information regarding the older adults' participation and perceptions of these educational programs, their social connections, and mental and physical health. Participants were asked to write in this diary for a week at the end of the day, describing how the courses of this program may have promoted their healthy living and well-being.
- (e) **Demographic questionnaire and individual semi-structured interviews:** A demographic questionnaire was collected prior to each interview with the older adults. Key information about the older adult participants included aspects of their social connections and overall physical and mental health. Individual interviews were conducted with older adults, family members, coordinators and instructors. During these interviews the older adults brought the pictures they chose to talk about. The interviews involving open-ended questions exploring an outsider's point-of-view regarding the link between education, healthy living and well-being for older adults, and were conducted with family members, coordinators and instructors.
- (f) **Focus group:** The older adult participants got involved in a two-hour focus group and explored the results of the interviews, specifically looking at themes that emerged. The participants discussed questions directly pertaining to emerging themes in the study to make sure the themes reflected exactly what the participants meant.

For the Canadian context, I collected and/or conducted the following:

- (a) **Document/archival review:** Analysis of existing documents such as the registration form and the motto of the program was conducted.
- (b) **Observation/field notes:** Participant observation happened for one week. I was able to participate and observe in classes, meetings, breaks and celebrations, always making relevant notes regarding to the research questions.

(c) Demographic questionnaire and individual semi-structured interviews:

A demographic questionnaire was collected prior to each interview with the older adults. Key information about the older adult participants included aspects of their social connections and overall physical and mental health. Individual interviews were conducted with older adults, family members, coordinators and instructors. During this time the older adults brought the pictures they chose to talk about. Interviews involving open-ended questions exploring the outsider point-of-view regarding the link of education, healthy living and well-being, and were conducted with family members, coordinators and instructors.

(d) Focus group: The older adult participants got involved in a two-hour focus group and explored the results of the interviews, specifically looking at themes that emerged. The participants discussed questions directly pertaining to emerging themes in the study to make sure the themes reflected exactly what the participants meant.

I collected data by entering the aforementioned educational programs for older adults. The qualitative data is highly descriptive and provide quotes, real examples, and details so the readers can understand the participants' perspectives about their experiences in these programs (Eisner, 1997; Gubrium & Holstein, 2003).

The use of varied methods is important in qualitative research (Bogdan & Biklen, 2003; Denzin & Lincoln, 2000). I explored the experience of older adults in education in a way that included information about health promotion, healthy living and well-being by interviewing older adult participants, family members, instructors and coordinators, observing classes, and examining various public and archival documents.

Confidentiality was maintained by ensuring that no identifying information, such as names, was recorded. Family members, instructors and coordinators were advised not to use

identifying older adult participant information in written or audio-taped correspondence. Any identifying information was removed from observations, documents and transcriptions.

Participants' names were not placed on any of the research data. If they stated their names or any identifying information, such as their address, this information was stricken from the transcripts and pseudonyms was given to each one of them. The documents related to the research were kept on my password protected laptop and any handwritten notes or documents were stored in a locked safe in my home.

Qualitative research is inductive in nature (Bogdan & Biklen, 2003; Denzin & Lincoln, 2000; Patton, 1980). This inductive approach means I must make sense of data from numerous sources or collections before aggregating them to describe trends and variations. Thus conclusions were reached by building from individual pieces of data. Each set of data was explored for similarities and differences in comparison to other data. Above all, qualitative research is concerned with understanding and accurately relaying meaning from the perspective of others, a type of exploration that is rooted in anthropological research (Denzin & Lincoln, 2000; Greenwood & Levin, 2000; Vidich & Lyman, 2000; Whiterell & Noddings, 1991).

I entered the participants' world and tried to understand their actions in, and interpretations of, their world as is common in ethnographic studies. I acknowledged the varying perspectives of these individuals and sought to understand how those involved in this study viewed educational programs for older adults, with a view of how they talked about healthy living and well-being and experience the same. I aimed to understand from the older adults' perspective and used their words in describing their world.

Qualitative research has become immensely popular and respected for initiating a deeper and broader understanding of the complexities of educational settings and the relationships within them (Anzul, Evans, King, & Teller-Robinson, 2001). As is common to

qualitative research, I brought a human dimension to this study, which led to it being more applicable to individuals in the field of education.

I explored how educational programs for older adults are linked to health promotion, healthy living and well-being for older adults. While my focus is on how older adults experience education designed for them in an overall way, and with a view on what they say about the impact on healthy living, this data provided valuable information for those who are building curriculum and programs specifically designed to promote health and well-being in older adults.

Overall my intent was to listen to and observe older adults and describe, through their own words and actions, and through the words of their family members, coordinators and instructors of these programs if, how, when, what and why educational programs geared to older adults promoted their healthy living and well-being.

Ethics Protocol Approval

A full ethics protocol was prepared and submitted to the appropriate ethics review committee at the University of Manitoba and approved by them (Appendix A). Dom Bosco Catholic University in Brazil accepted the ethics approval from the University of Manitoba in order to conduct research there.

Recruitment

Eligibility of Participants. Characteristics I looked for in selecting the participants included three main factors: older adult participants must be 60 and older, include at least one man, and be registered and participating for more than six months in one of the educational programs that agreed to participate in this study. I chose participants that represented a diverse age range, gender, level of education and financial. Coordinators, instructors and family members had to be more than 18 years old, of any gender, and had to be working or

participating in one of the eligible educational programs for more than six months. The information received from these groups brought an outsider perspective to the study.

Participants were recruited from two universities: 10 participants from Regina, Canada and 14 from Campo Grande, Brazil; emails and word-of-mouth assisted me in communicating with them. Both universities were very willing to collaborate with this research study. Participants of this research study were very proud of being a part of the educational program as well as of this research study, and even wanted me to use their original names instead of pseudonyms. I explained that I would have to be strict to the ethics protocol and use pseudonyms, however all other information here is provided with the consent of the participants.

Once I received the ethics approval from Education/Nursing Ethics Board (Appendix B), I started to plan my trip to Brazil to begin data collection. I began by contacting the coordinator of the Universidade da Melhor Idade (UMI) in Campo Grande who was very receptive to participating in the study. I went to Brazil in November 2016. The coordinator had already spoken to some potential participants about my study, and I was able to spend the entire month of November observing classes, reading documents, conducting interviews and a focus group, and having conversations with other participants of the educational program who were not participants in the study. From 2005 to 2010, I was an instructor at the Universidade da Melhor Idade, and due to this, some of the participants knew me while others knew about me through these individuals. This facilitated the task of recruiting participants.

Once a year the Universidade da Melhor Idade (UMI), in Brazil, holds a seminar about aging. I was given the opportunity to present my research topic to potential participants at the end of this seminar. After my presentation, older adults approached me indicating

interest in participating in my study. From those, I chose seven participants based on the eligibility criteria: age, gender and how long they have been students within the program. In total I recruited 14 participants: seven older adults, three family members, three instructors, one coordinator.

Once the participants were selected, I scheduled a meeting with them to discuss the project in more detail. The meeting took place at the university at a convenient location chosen by the participants. During the meeting, I presented the research study, explained consent, withdraw and confidentiality. I then scheduled individual meetings with each participant to go over and sign the consent form; I explained about the diary and photovoice. At this initial meeting, participants could choose as many methods they would like to participate. I trained each participant on how to use their photo device. They felt very passionate and proud about the topic of older adults and education.

After the recruitment process, the older adult participants who agreed to participate in the study signed a consent form (see Appendix A-1) and understood they agreed to participate in the following steps of the data collection: observation(s) in their classroom, writing a diary, taking pictures, participating in at least one in-depth interview, and participating in a focus group. I provided a review of the specific data collection and the study time frame. Participants were aware they had the right to refuse and could withdraw from the study at any time without penalty. All aspects of the ethics protocol were followed throughout the course of the study.

Participation

Brazil. After the initial meeting, a second meeting was scheduled one week later. During that week, participants were asked to write at the end of the day how the day went at the university, and what had they learned that promoted their healthy living and well-being.

In the meantime, I would be observing classes and analyzing documents, such as the motto of the program and the registration sheet.

The interviews happened at the university in a private classroom according to each participant's choice. I interviewed each one individually for approximately 45 minutes. After observing 13 classes for two weeks and analyzing some conversations in the interviews, I wrote down some themes that emerged to be able double-check with the participants if that was what they meant. This is called member checking (Guba & Lincoln, 1981) and occurred during a focus group which took place in a classroom at the university. The focus group lasted approximately one hour.

For the observations and field notes, when observing classes, I sat in the back of the classroom with the instructors' permission, I observed the entire class and recorded notes including the class size, how many men and women attended, the teaching tools that were used, and what kind of teaching format was used; for example, a seminar format. I also observed the location, buildings and access. Most instructors had a background in their area of instruction, including aging-related knowledge, and had worked in a field related to aging. They developed close relationships with the students which typically went beyond that of professor/student; they really cared about each other.

These observations affected my understanding of access to the building: the parking lot was relatively close to the classrooms. These classrooms were located in the same space as younger students' classrooms, thus creating an opportunity for the older adults to share experiences during their breaks, as well as the opportunity for the older adults to show their value. From my observations, I could learn how older adults were engaged in learning; they like to discuss the topic that is being presented, bringing perspectives of their own reality. Everybody in the classroom, including myself as researcher, gained knowledge of real life experiences that could be used in our reality as well.

Canada. For the Canadian setting, the Lifelong Learning Centre at the University of Regina was chosen. I emailed the coordinator of the program, introduced myself and told her about the study. She promptly answered me, showing interest in participating in this research study. I then booked my trip to Regina in May 2017 for a week. That was the time frame we agreed upon. It was a very intense and busy week where I would be fully immersed in the program's day-to-day activities, observing and participating in the proposed activities and interviewing participants. Before my arrival, the coordinator of the program told the students about my research intent and said that whoever wanted to volunteer should come and talk to me. I had several interested people and could choose seven persons based on the same criteria as in Brazil: at least one man, different age ranges, and being a participant in the educational program for more than six months.

I started the week observing the grandmothers' group, a group of Aboriginal grandmothers who get together to discuss their realities. It is a way of helping them cope with isolation and loneliness. During that week I observed ten classes with the permission of the instructors. Due to the short period of time that I could stay in Regina, I wasn't able to do photovoice or diary entries with this group of participants as I had proposed to do. However, the data have not being jeopardized as I completed seven interviews and one focus group with the older adults, conducted observations, and analyzed documents that were very rich in information. The coordinator gave me an office that I could use to conduct the interviews and focus group. The interviews were approximately 45 minutes long and the focus group was one hour, in order to do member checking about the themes that emerged.

Data Collection Methods

It is common to use several methods to collect data in qualitative research (Eisner, 1991; Peterson, 1997). For the Brazilian context, I used six methods of data collection:

document and archival review, observation and field notes, photovoice, diary, individual semi-structured interviews, and a focus group. For the Canadian context, I used four methods of data collection: document and archival review, observation and field notes, individual semi-structured interviews, and a focus group. Each source of data was analyzed independently as well as in light of the other sources.

Documents / archival data. All participants were invited to share various forms of documents they felt demonstrated the experiences of older adults in education, with a view on how older adults perceive education as a source of health promotion (healthy living and well-being). This included the older adults' diaries in class, and any other institutional and publicly printed information coordinators and instructors chose to share with the researcher, such as the motto of the program (Bogdan & Biklen, 2007; Merriam, 2009).

Observation / field notes. Observations were conducted by the researcher primarily by sitting in selected classes at the back of the classroom and taking detailed notes. I focused on the room layout and accessibility or lighting and mobility issues; how written information was presented or posted for the students, and what this looked like; on non-verbal interactions as well as group dynamics; and made notes of any events or items of interest that pertained specifically to the research question. Classes were selected on the basis of availability and approval of the associated coordinators. While the classes may not have included any of the study participants, the goal was to make field notes on the environment and ecology of the education programs provided for older adults.

Photovoice. This study used an approach adapted from Carolyn Wang's Photovoice methodology (Wang, 1999). This is an innovative tool used to identify, represent, and enhance knowledge development and community action through a photographic technique. The idea behind photovoice (Wang & Burris, 1997) is for participants to take pictures in a specific time period and then used in the individual interviews to deepen the understanding

and analysis of the research question. Four Brazilian participants who wanted to participate in this method used their own cellphones and I-pads to take digital photos of what, where, and how they perceived these educational programs focusing health promotion (healthy living and well-being). The photos were sent digitally by email to the researcher. Up to ten photos were sent by each participant, and a few was selected by the participant for discussion in the interview. The photos were intended to offer another view on the subject matter, to deepen the topics discussed, and also be available for presentation in future research documents.

Diaries. Diaries allow for freedom of expression by the participants and for the recording of information at the time of, or shortly after, the event or experience (Burns & Grove, 1987). Diaries can be used to examine intracultural variables among attitudes, values, cultural styles, emotions and behavior (Gross, 1984). They are also used with success in research related to health (Freer, 1980; Hickey, Akiyama, & Rakowski, 1991; Merriam, 2009). For this study, four Brazilian participants who wanted to participate in this research method were asked to write in a weekly journal immediately after four classes about any impacts they perceived related to well-being and the research question. They wrote as much or as little as they liked. While this journal could be handwritten if legible, it was preferable that it was typed on a computer. The files were password protected and the participants sent them to the researcher at the end of the fourth-day session. Primary themes were then recorded by the researcher through data analysis. These were referred to in the individual interviews with participants to further deepen the understanding and analysis of the perceptions of the older adult participants related to education and health promotion (healthy living and well-being).

Individual semi-structured interviews. I collected basic demographic information from eligible participants such as age, gender, previous occupation and so on. This was compiled to provide a basic overview of who the participants were. I then followed up with

the questions for the individual interview (Gall, Gall, & Borg, 2003; Taylor & Bogdan, 1998) at a time and location that was convenient. Each interview lasted approximately 30-60 minutes, and followed an informal conversation approach (Gall, Gall, & Borg, 2003) that permitted the spontaneous generation of questions in a natural interaction. This approach allowed the participants to express their thoughts openly at any point of the study and go back to anything that may have caused any doubt. Each participant was asked then to select a family member of their choice who would also sign a consent form. The intention of the interview with family members was not to discuss private issues behind the back of the participant. This family member either joined the participant at the same time as their individual interview or, only with the agreement of the participant, was interviewed separately. The transcript of the family member was available to the main participant at any time if requested.

The interviews were audiotape recorded. I took notes as needed during and immediately after the interviews. The questions in the individual interviews were shaped with the intention to more fully explore the perceptions of older adults with a focus on educational programs and health promotion (healthy living and well-being). Deeper probes for individual reflection and answers were possible and included the use of the diaries and photos, which had been sent to the researcher in advance of the interviews. The primary themes of the diaries were incorporated into all questions for each participant, but each participant was asked if their diary held any key themes they wanted to discuss. Selected photos by the participants were included in the interviews as a way of deepening our understanding of the research question.

I transcribed the audiotapes of all interviews, and a copy of the main themes was returned to each participant for a member check in order to help ensure the validity of the

participant's emic perspective. Participants will receive a copy of the final summary of the study once it is completed in 2018.

Focus Groups. The focus groups took place at the university classrooms at a time that was most convenient to the participants – in the afternoon during their activities in the program. The focus groups were audio-taped and lasted approximately one hour. I took notes as needed during and immediately after the focus groups.

At the start of each session, participants were informed of the nature and purpose of this focus group, and were reminded they were free to withdraw at any time. They were told they were not obligated to respond to any of the questions, and were informed their confidentiality was enhanced through the use of pseudonyms and that no descriptors, which might identify them, would be used. Participants were informed that tapes, notes and transcriptions would be maintained in a locked, secure cabinet in my home. They were assured that upon completion of this, the tapes will be destroyed. They were aware that my supervisor, and as necessary the committee, could ask to review the raw data at any time.

The focus groups were designed to check with participants if the themes that emerged from the observations and interviews were adequate with what they meant and expressed in their interviews, regarding their overall experience of education for older adults; how they perceived the impact on them; and how they saw this impacting on healthy living and well-being.

Below is a chart that represents the data collection process in both countries:

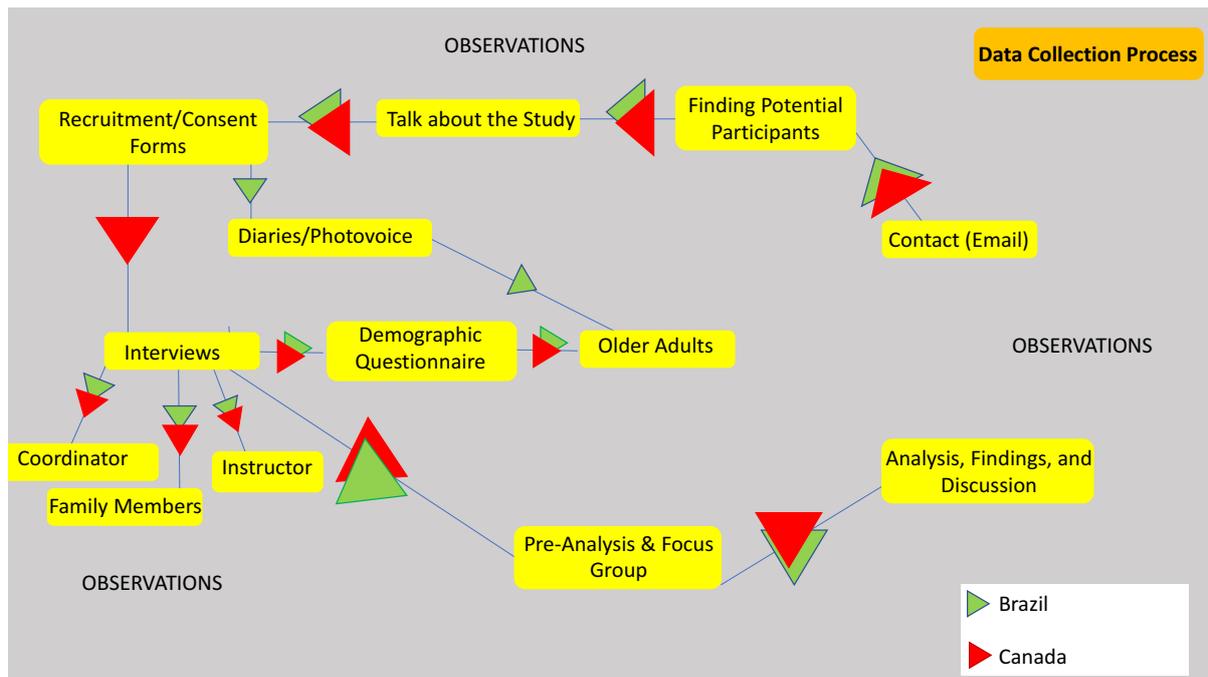


Figure III: DATA COLLECTION PROCESS

Data Analysis

Data from the documents and archives, observations and field notes, photovoice, diaries and interviews were analyzed first for overall and broad themes. First, the raw data was coded into broad areas using my research question and guided by the literature. Themes were looked for during ongoing observations in the diaries and photos, so they could be verified during the focus groups and further described in more detail. Some ideas and areas emerged as more fully formed themes, which were then cross-checked against each other, altered or expanded, and reviewed by my doctoral advisory committee, as well as developed further in subsequent interviews if needed (Morgan, 1995; Creswell, 2007).

Second, the data were coded in the coordinators', instructors' and family members' interviews. The themes selected emerged for more than one participant, and for more than one type of participant. Hence the data were analyzed for each coordinator, instructor and family member, looking for disparate and similar patterns.

The data were constantly compared and analyzed throughout the study (Taylor & Bogdan, 1998; Charmaz, 2000; Gall, Gall, & Borg, 2003). This analysis was guided by the current knowledge about education for older adults, health promotion, healthy living, well-being and ageism. Not surprisingly, many common themes emerged.

Quality of the Research Process

To ensure that quality was maintained in this research, notable procedures were used. For example, validity of the study findings was enhanced through the use of procedures listed above, such as triangulation that involves using multiple data sources to produce understanding, member checking (which includes inviting participants to review summaries of their data) (Gall, Gall, & Borg, 2003; Mertens, 1998; Stake, 1995), peer review, theoretical sensitivity, and an audit trail for the overall process.

Data from documentation/archival review, observation/field notes, photovoice, diaries, interviews and the focus groups were collected, analyzed, and used to guide further data collection and support the identification of emerging themes. There was an ongoing synthesis of all forms of the data by identifying main themes as it was collected. The data provided thick descriptions that reflected and verified the nature of the experiences of older adults in education that was designed for them, with a view of how they perceived health promotion (healthy living and well-being). Theoretical sensitivity (Glaser, 1978) was present in this research study, and when the literature known on this topic, the research question and purpose of the study were kept in mind as the ongoing iterative practice of data analysis occurred.

Due to the use of three or more sources of data collection, I used triangulation to validate the data. Triangulation is a method used by qualitative researchers to check and establish validity in their studies by analyzing a research question from multiple perspectives

(Guion, Dihel, McDonald, 2008). The benefits of triangulation includes the increasing confidence in research data, creating innovative ways of understanding a phenomena revealing unique findings, challenging or integrating theories, and providing a clear understanding of the problem (Abiodun, 2014; Patton, 1999; Merriam, 2009; Thurmond, 2001).

At relevant intervals, a summary of the data was shared and checked with all participants through emails (within a time limit) to ensure this information accurately reflected their overall intentions. This is called member checking (Guba & Lincoln, 1981). Additionally, I shared data and synthesis information with my doctoral advisory committee along the way, by email and in-person meetings to discuss, maintain my perspective, and ensure that themes identified were reflective of the research question and relevant practices. I discussed in detail the primary themes as they initially emerged with my supervisor, and once we understood these were comprehensive and conclusive, the committee examined the final themes and agreed to them during our annual meeting. This is called peer review (Creswell & Miller, 2000).

Chapter IV - Findings

In this chapter, I describe the two settings of this research study, the participants and their pseudonyms, and the presentation of the themes that emerged from the participants narratives.

The Context of this Research Study

For this research study, I chose one educational program for older adults in Brazil and one in Canada. To better understand both contexts, a thick description of both settings follows to expand on, explain and define programs for older adults. I also discuss each

Countries	Brazil		Canada	
	Total (Population)	Older Adults (Population)	Total (Population)	Older Adults (Population)
	207,7 mi	41 mi (20%)	36 mi	5,8 mi (16%)
Provinces	Mato Grosso do Sul		Saskatchewan	
	Total (Population)	Older Adults (Population)	Total (Population)	Older Adults (Population)
	2,6 mi	400,000 (15%)	1,1 mi	170,000 (15%)
Cities	Campo Grande		Regina	
	Total (Population)	Older Adults (Population)	Total (Population)	Older Adults (Population)
	863,000	120,000 (14%)	215,000	26,000 (12%)
Programs	UCDB (Universidade da Melhor Idade)		UofR (Lifelong Learning Centre)	
	Older Adults - Participants	Established	Older Adults - Participants	Established
	365	1997	1,200	1977

Figure IV: CONTEXT OF THE RESEARCH STUDY

country, the province/state and cities where the programs are located.

Figure IV will be discussed as follows:

Countries

Brazil . Located in South America, Brazil is considered to be a developing country. Its territory is 8.516.000 km² and considered to be the fifth largest in the world in territorial size, representing 47% of the South American territories. It has 26 states and a federal district. Brazil has a population of 207.7 million inhabitants (Banco Mundial, 2016), and its older adult population is approximately 20% of that (IBGE, 2017). It is the only country in South America that speaks Portuguese, and is very multicultural and diverse.

The Brazilian economy is the biggest in Latin America, and the country has the ninth biggest gross domestic product (GDP) in the world (IBGE, 2017). According to the Confederação da Agricultura e Pecuária do Brasil (Confederation of Agriculture and Livestock of Brazil), the agribusiness sector accounts for 23% of the Brazilian GDP (2013). In a report released in 2010 by the World Health Organization (WHO), the country is the third largest exporter of agricultural products in the world, behind only the United States and European Union.

Canada. Canada is considered to be a developed country; it occupies much of North America, extending from the Atlantic Ocean to the Pacific Ocean. Canada is the second largest country in the world in total area, surpassed only by Russia, and its common border with the United States is the longest land border in the world. Canada has 36 million inhabitants. In 2016 the number of older adults living in Canada surpassed the number of children under the age of 14 living in Canada. Older adults now represent just over 16% of the total population, an estimated 5.8 million (Statistics Canada, 2016).

Canada is comprised of ten provinces and three territories, and is one of the richest nations in the world. It has a high per capita income compared to Brazil, and is a member of the Organization for Economic Co-operation and Development (OECD) and the G8. It is one of the ten largest trading nations in the world. Canada is one of the world's largest suppliers of agricultural products; the Canadian prairies are one of the most important producers of wheat, canola and other cereals.

State/Province

Mato Grosso do Sul (state). Mato Grosso do Sul is one of the 26 states of Brazil. It is located in the south of the middle-west region with a population of 2.6 million inhabitants in 2014 and approximately 400,000 older adults. Its capital and most populous city is Campo Grande. Its economy is based on agribusiness, industry, mineral extraction, tourism and the service industry.

Saskatchewan (province). Saskatchewan is one of Canada's ten provinces, located in the prairies in the mid-west of Canada. Its population is estimated at 1.1 million inhabitants, of which approximately half live in either Saskatoon or Regina. Agriculture is an important source of income for Saskatchewan; the province is one of the country's largest wheat producers.

Cities

Campo Grande. Campo Grande is the capital of Mato Grosso do Sul with approximately 863,000 inhabitants. In 2016 the number of older adults was approximately 120,000. The Universidade Católica Dom Bosco is one of five universities in Campo Grande. The educational program for older adults, Universidade da Melhor Idade (UMI), is located within the Universidade Católica Dom Bosco where this research was conducted.

Regina. Regina is the capital of Saskatchewan with approximately 215,000 inhabitants, 26,000 being older adults. The University of Regina has an educational program

for older adults called the Lifelong Learning Program. This is the Canadian site of my research.

Educational Program for Older Adults

Universidade da Melhor Idade, Universidade Católica Dom Bosco (Brazil).

Currently there are more than 190 universities with the Older Adults Program in Brazil. The program seeks to integrate professionals and scholars who have recognized experience in the areas of biomedical, humanities and technology, and to perform activities in the fields of geriatrics and gerontology. The curriculum aims to socially integrate older adults within the university as well as within the wider community, focusing on improving the levels of physical, mental and social health for older adults. These programs offer a wide range of courses, such as language classes, fitness classes, sports, aquasize, nutritional classes, psychosocial aspects of aging, healthy aging, computer classes, field trips, political issues and family days. All activities are thought out and planned for the older adult population. These older adults actively participate in the decision of the creation of the curriculum, suggesting what they think is important and what they want to learn, in order to improve their quality of life (L. Mello, personal communication, September 5, 2014).

The Dom Bosco Catholic University in Campo Grande-Brazil offers one of these programs for older adults, called Universidade da Melhor Idade (UMI). Currently there are 365 older adult participants and a waiting list of 100. It is designed for people 50 years and older and is free , although participants do have to pay a registration fee of \$25,00) to cover expenses such as paper, toner, some snacks and coffee for coffee-breaks. There are 13 professors/instructors, four undergraduate students volunteering and a coordinator. Classes take place in the Universidade Catolica Dom Bosco from Monday to Friday, beginning at 1:30 p.m. until 5 p.m. Participants have to attend at least three days a week, and can choose which courses they want to take, including three suggested classes: sports/fitness (focusing

on physical health and well-being); psychosocial aspects of aging (focusing on better understanding the changes that happens with age); and healthy aging (focusing on health promotion).

Lifelong Learning Centre, University of Regina (Canada). This program started in 1977 when a group of older adults, who were involved in a program at the Regina Public Library approached the University Extension section, asking if it would be interested in putting together some day programs for older and/or retired adults.

The university agreed, and within a very short space of time had four courses organized for July 1977. When it first started, the group of older adults formed an organization that became known as the Seniors University Group, and through that connection they were able, together with the university, to get some funding from two external sources: the Ministry of Social Services within the Saskatchewan provincial government; and the New Horizons for Seniors program through the Canadian federal government.

To participate in the program, the older adults do not need any prior level of education. There are no exams, papers or assignments for the approximately 1,200 older adult participants throughout the year. Some of them will only take one course per term, while others will take four courses or more per term. Each participant is responsible for the course fee which can vary from \$70 to \$200. There are also 50 to 60 instructors working in the program, some of them teaching multiple courses every term, depending on their availability and the nature of the course they teach. For example, language courses are offered at five different levels.

The older adults participate in every aspect of the program. At the end of every course offered, there is a course evaluation form asking for suggestions or feedback. There is also an education committee that works with the program coordinator helping to identify some

potential courses. The program strives to be student-centred, while the learning objectives and content are student-driven.

Outreach programs are also offered, including the Aboriginal Grandmothers Caring for Grandchildren Support Network (AGCGSN) and Intercultural Grandmothers Uniting.

The Aboriginal Grandmothers Caring for Grandchildren Support Network came out of a research project run through the Lifelong Learning Centre in conjunction with the Faculty of First Nations and the Department of Women and Gender Studies. The AGCGSN began as monthly meetings which continue today. This group was created because the Indigenous grandmothers were feeling isolated and had challenges raising their grandchildren who were seized by the Child and Family Services department. The Lifelong Learning Program provides the infrastructure such as a meeting space, printing and computer services, and administrative support; and the program participants organize and run the meetings in a "talking circle" format, similar to a focus group.

Intercultural Grandmothers Uniting is another group that brings together women who are Indigenous and non-Indigenous from different places so they can talk about their common concerns and learn about one another. The meetings occur once a month, often with different speakers and topics. Occasionally they simply hold a talking circle.

In the past, the program had an older adult literacy component which is no longer as active as it was, partly because older adult literacy is changing in the lives of the individuals involved. Interestingly, the program has become more of an English as a second language program for individuals who need to enhance their literacy skills as well as newcomers to Canada.

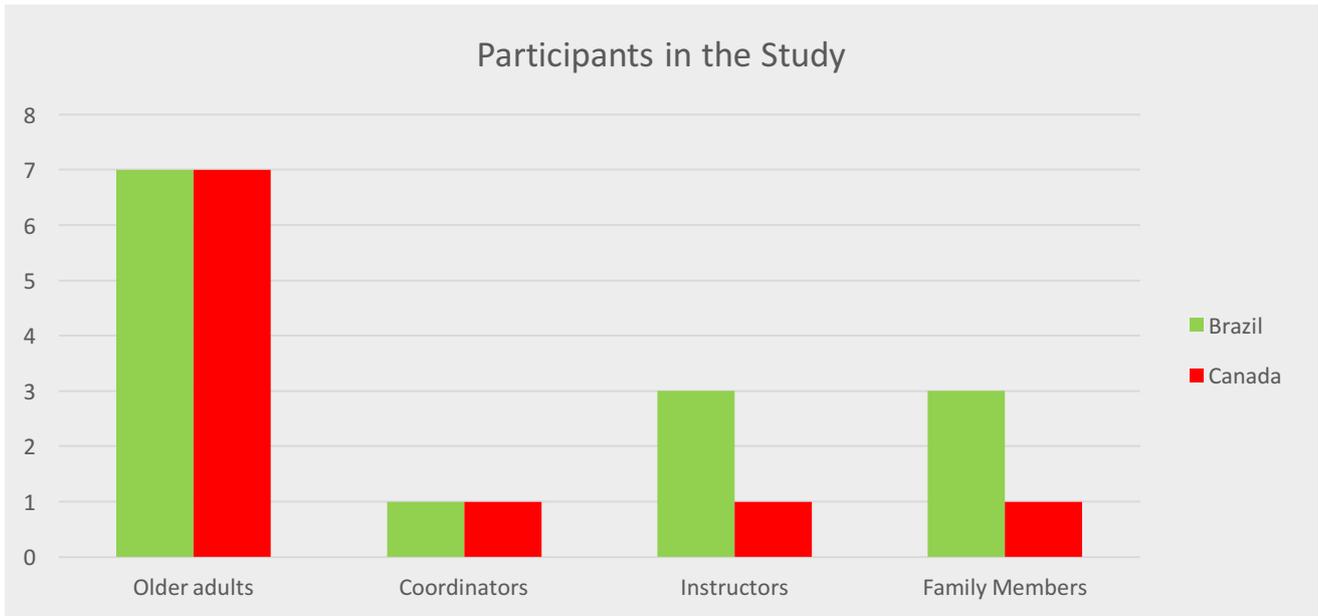


Table 1: PARTICIPANTS

A total of 24 participants in both countries took part on this research study: seven older adults, one coordinator, three instructors and three family members in Brazil, and seven older adults, one coordinator, one instructor and one family member in Canada. Below, a chart that describes the demographics of the older adult participants.

DEMOGRAPHIC VIEW OF OLDER ADULT PARTICIPANTS OF THE STUDY												
Participants	Sex	Age	Marital Status	Living Children	Education	Financial Status	Profession	Mental Health		Physical Health		Time in the Program
								Before	After	Before	After	
Gloria	F	61	Widowed	2	University	G	Retired	P	G	G	VG	8 months
Antonio	M	68	Married	3	Grade 12	G	Farm worker	G	VG	G	VG	10 years
Betty	F	86	Widowed	3	Grade 4	P	Retired	G	G	G	G	2 years
Roberto	M	78	Common-Law	1	Grade 8	P	Retired	P	G	P	G	6 months
Bruna	F	75	Common-Law	2	Grade 12	F	Care Giver	F	G	F	G	10 years
Carlos	M	79	Common-Law	3	University	VG	Retired	F	VG	G	G	13 years
Lucia	F	57	Divorced	1	Grade 10	P	Unemployed	G	G	G	G	2 years
Lauren	F	70	Married	2	University	VG	Retired	G	VG	G	VG	10 years
Carol	F	56	Divorced	0	Grade 12	F	Secretary	F	G	P	G	1 year
Brigitte	F	71	Engaged	1	University	G	Retired	VG	VG	VG	VG	5 years
Christine	F	69	Widowed	2	University	G	Retired	G	VG	G	VG	8 years
John	M	71	Married	1	University	VG	Retired	G	VG	G	VG	17 years
Joanne	F	65	Divorced	2	University	G	Retired	G	E	G	E	5 years
Diana	F	91	Widowed	3	Grade 12	G	Retired	G	VG	G	VG	33 years

Financial Status

E: Excellent
VG: Very Good
G: Good
F: Fair
P: Poor

Mental and Physical Health Conditions

E: Excellent
VG: Very Good
G: Good
F: Fair
P: Poor

Table 2: Demographic view of older adult participants

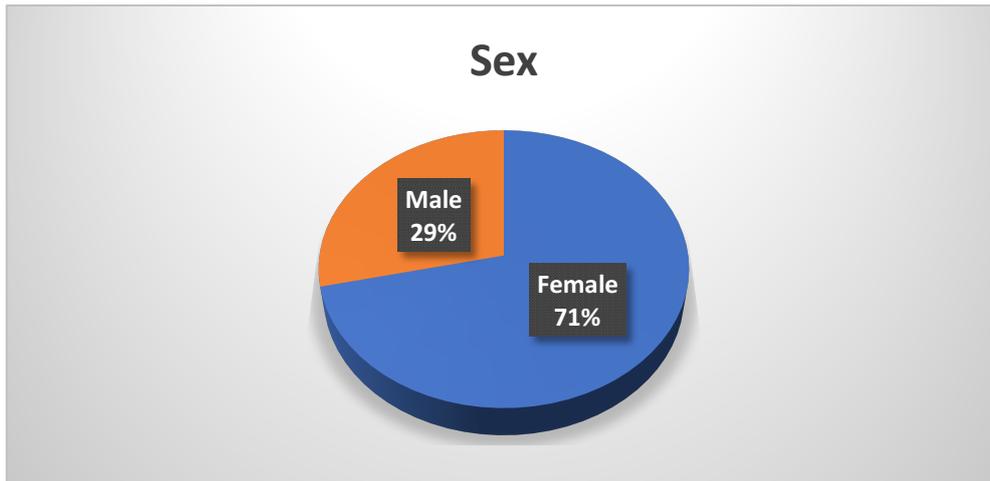


Table 3: Older Adult Participants' Sex

Between both countries, there were ten older adult women and four older adult men participating in this research study, representing the reality of the educational programs for older adults, where women express the larger percentage of participation.

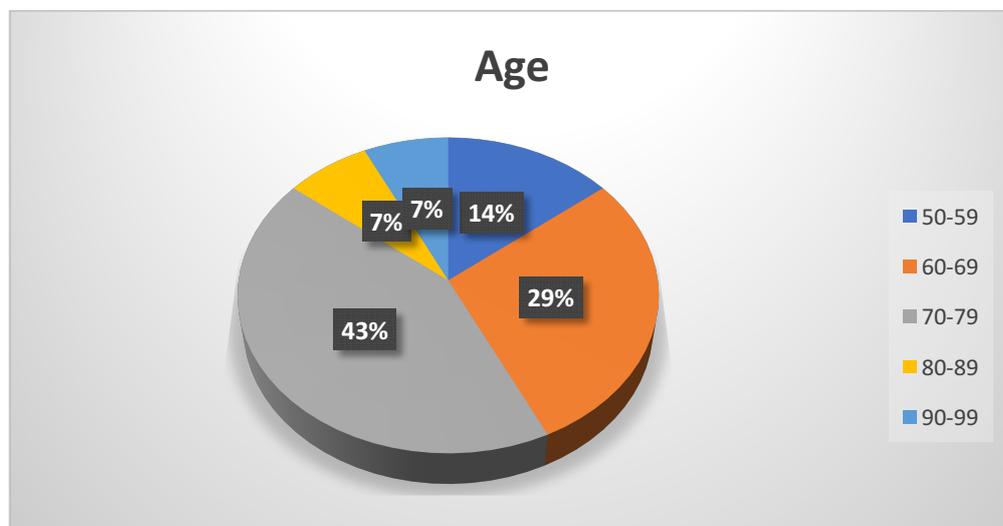


Table 4: Older Adult Participants' Age

The age of older adult participants ranged between 56 to 91, representing the age that the educational programs allow participation in the program: 50+.

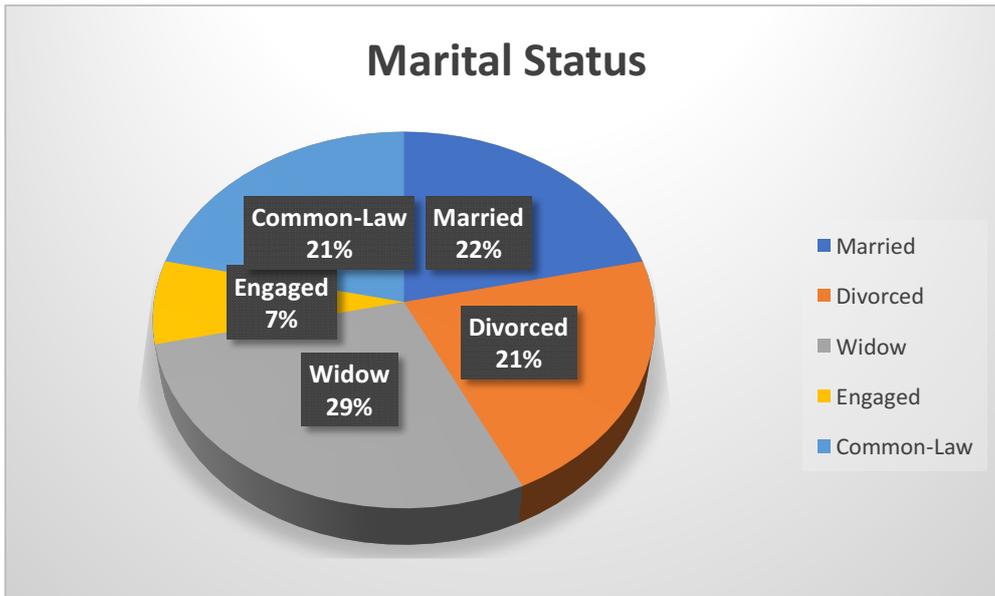


Table 5: Older Adult Participants' Marital Status

Between the 14 older adult participants, four were widowed, three are in a common-law relationship, three are married, one is engaged and three are divorced.

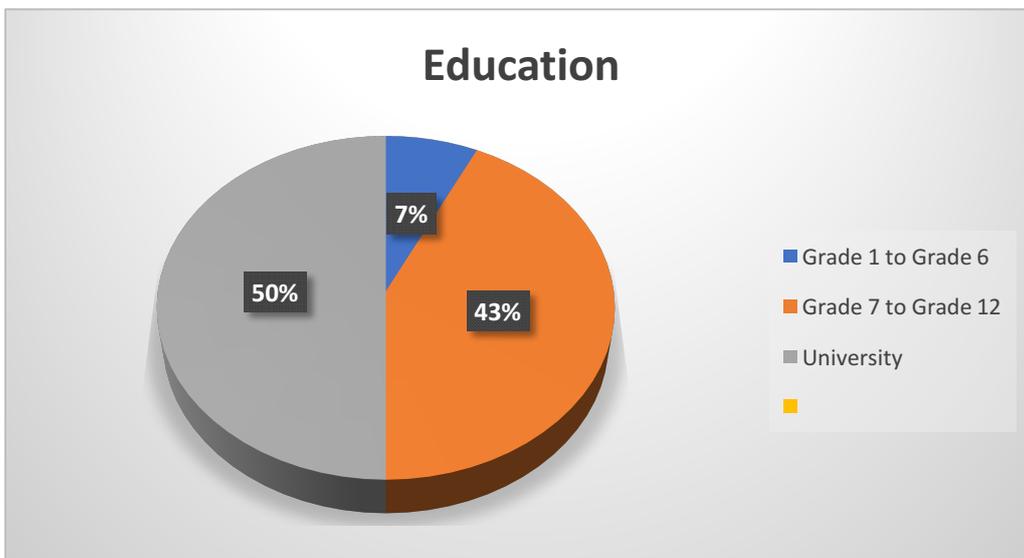


Table 6: Older Adult Participants' Education

Level of education was one of the biggest differences between the older adult participants in both countries. While in Canada, the majority of older adult participants had university degree (five out of seven participants), while in Brazil, only two out of seven participants had university degree.

Pseudonyms and Description of the Older Adult Participants

Brazilian context. Gloria is a 61-year-old Brazilian. She is twice widowed with a business degree focusing on public administration. She has been retired for eight years and considers herself to be very well-off financially. Gloria has one son who lives in Campo Grande, one daughter lives in the United States, and a deceased son who passed away in a car accident 12 years ago. She stated that she struggled with depression due to the stress after her son's car accident and she just started to feel better after she began participated in this educational program for older adults. She also mentioned this program made a positive impact on her perceived overall health. Her interview took place in a reserved room at the University in Brazil. She has been participating on this educational program for eight months.

Antonio is a 68-year-old married Brazilian man with three children and five grandchildren. His highest level of education is grade 12. Antonio grew up and worked his whole life on a farm. He has been participating in the program for more than ten years. Antonio considers himself well-off financially and states his physical health and socialization improved a lot after participating in the program. His wife comes to the program as well, and he was very reluctant to do so. He mentions he decided to participate in the volleyball class, and since then, he has never stopped coming.

Betty is 86 years old. Her highest level of education is grade 4. She grew up on a farm and at that time there were no rural schools, so she had to travel far distance to learn how to write and read. She has been retired for 27 years, widowed for 26 years, and considers herself to be very bad-off financially. She has one daughter and two sons, all who live in Campo Grande. Currently she has a grandson living with her, but he is moving soon. She stated her overall physical and mental health are excellent. She has been participating in this educational program for two years.

Roberto is a 78-year-old Brazilian man. He is in a common-law relationship, and his highest level of education is grade 8. He's been retired for 13 years and considers himself as financially bad-off. He has one daughter who lives in another state in Brazil. He has been attending the educational program for six months. He stated he has good physical and mental health "thanks to this program". Roberto said the educational program opened his horizons to new things that he would be never able to experience elsewhere.

Bruna is a 75-year-old Brazilian woman. She is divorced, now in a common-law relationship, and is very happy to say she has found the love of her life in the program. She considers herself not very well-off financially. Brunna is still the caregiver of her ex-husband who has Alzheimer's. She has two children who live outside the country and three grandchildren. She recently fought against breast cancer and said that the mental and physical support she received in the program kept her going. She loves to dance.

Carlos is a 79-year-old Brazilian widowed man. He was an accountant and has been retired for more than 15 years. He moved to Campo Grande right after he lost his wife to live closer to his daughter, who mentioned the program to him. He has been participating for more than ten years. Carlos states the social connections he has made helped him go through the grieving process. He considers himself well-off financially, is now in a relationship with another participant, and describes his participation in the program as "crucial for his good mental and physical health".

Lucia is a 57-year-old Brazilian woman. Her highest level of education is grade 10. She never worked outside her home so she does not qualify for a retirement plan. Lucia is divorced, currently receiving a small pension from her ex-husband, and considers herself as not very well-off financially. She has been participating in the educational program for almost two years. She has one daughter and three grandchildren living in the city.

Carmen is a 65-year-old Brazilian woman. She has been the coordinator of the program for more than ten years. Carmen has a Masters degree in physical education with a focus on older adults. In her daily position as program coordinator she is responsible for program planning and delivery, and stakeholder engagement and satisfaction. She is also the unofficial counselor for the participants, providing advice or resource information when asked.

Canadian context. Lauren is a married 70-year-old Canadian. The interview took place in a restaurant of her choice in Regina during the lunch hour in May 2017. Lauren was very comfortable talking about her experience in participating in the educational program at the University of Regina. She enthusiastically talked about the privilege of being involved in the Lifelong Learning Centre for over ten years, and was introduced to it in a pre-retirement moment of her life. She has now been retired for 14 years. Lauren is married to her husband for 44 years. She has twin daughters who live outside of Regina and six grandchildren. She stated she is doing very well financially. She is very proud to say that one of her great satisfactions in life has been working on the development of new outreach programs through the Lifelong Learning Centre. She has also served as the president of the University Student Group.

Carol is a 56-year-old Canadian. She does not remember how long she has been participating in the program. Carol mentioned she started participating due to “ill health” and thought the participation in the program would help keep her well. As she says, “It does!”

Brigitte is a 71-year-old retired Canadian. She has been completely retired for three years. When asked about her marital status she said she is widowed “but I am now engaged”! She has only one child who lives in Winnipeg. She stated her participation in this educational program has helped her to maintain her mental and physical health to very good standards. Her interview took place on the university campus.

Christine is a 69-year-old Canadian woman with a degree in nursing. She has been retired and participating in the educational program for eight years. She considers herself financially well-off and in very good health. She states the program is a positive place with positive people, and that the health starts in one's head.

John is a 71-year-old Canadian man with an engineering degree. John is married and has been fully retired for 17 years, and 17 is the same amount of time he has been participating in the educational program. He retired in the summer and started at the program in the fall of the same year. He mentioned he never heard about the program until he retired, when he felt he needed to keep his life busy. He is proud to say he is one of the participants who takes most of the classes that are offered. John usually comes to the program four times a week. His wife also comes to the educational program. John has one daughter and two grandchildren who live in Calgary, and he considers his mental and physical health to be pretty good. He states it has a lot to do with his participation in the program.

Joanne is a 65-year-old Canadian. She is divorced and has been retired for five years. Joanne has a university degree. She started her participation in the program to meet some friends and loves to be a part of this group. She considers herself financially stable and in excellent mental and physical health. She has two children and three grandchildren.

Diana is a 91-year-old Canadian woman. She started coming to the program in 1985. Diane loves writing and making up stories. She states her participation in the educational program is very good for her health and well-being, and the friendships she made in the program is the highlight of her participation. She loves learning. Diana had to stop coming to the program because she was a caregiver for her husband for ten years before he passed away. Due to that she became very isolated and felt exhausted.

Rita is a 60-year-old Canadian. She has been the coordinator of the program for 15 years. In her daily position as a program coordinator, she is responsible for program planning

and delivery, and stakeholder engagement and satisfaction. Rita also provides program participants access to various resource information.

Themes and Sub-Themes

The primary themes that emerged from the narratives of the participants will be presented. Four overarching themes were uncovered: *Fighting Social Isolation*, *Stimulating Cognitive and Mental State of Well-Being*, *Fostering Physical Health*, and *Promoting (Dis)Ageism* (see Table 1). Excerpts from the interviews and diaries have been used below to support the reasoning behind each core theme and sub-theme.

Table 7. Core Themes and Sub-Themes

Core Theme **Fighting Social Isolation**

Sub-theme Feeling of Worthiness; Purpose in Life

Core Theme **Stimulating Cognitive and Mental State of Well-Being**

Sub-theme Learning New Things; Keeping Mind Active; Fighting Depression

Core Theme **Fostering Physical Health**

Sub-theme More Physical Activity

Core Theme **Promoting (Dis)Ageism**

Sub-theme Fighting Elder Abuse and Advocating for Self and Others

This study has sought to add to the current body of knowledge on the need for education for older adults, by focusing on the lived experiences of older adults and the perceptions of their family members, instructors and coordinators regarding their lived experiences. Participants expressed the improvement to older adults' overall health, well-being, self-efficacy, independence and empowerment since they started participating in these educational programs targeted for them. Some participants also talked about the significant role their participation in these programs played in their lives, stating they would be feeling lonely and lost without them.

Whereas each participant in each country – Brazil and Canada - has their own unique story, similar feelings were reflected in one way or another in each narrative. Thus it is important to note that although each overarching theme and sub-theme will be discussed separately, they are connected. This connection creates an intricate web of feelings and experiences that participants shared regarding the promotion of older adults' healthy living and well-being through their participation in these educational programs.

Brazil and Canada are very different regarding family structure, economics, weather and care for older adults, but when it comes to older adult education, these two countries have many similarities. The programs observed in Campo Grande (Brazil) and Regina (Canada) work the same way. Despite being so far apart in many regards, these programs had the same structure, and the coordinators co-ordinate their programs in a very similar manner. Both coordinators were very welcoming to the idea this research was happening at their centre. Considering these aspects just mentioned, I will discuss each theme that emerged from the narratives of the participants.

Fighting Social Isolation. One of the biggest challenges older adults face is social isolation. As people get older they start to stay at home for longer periods of time and

generally start to feel unworthy and unproductive as a result. Within the theme of *Fighting Social Isolation*, the sub-themes of *Feelings of Worthiness* and *Purpose in Life* emerged.

Coordinators in both countries understand the need to create different strategies to have more men participate in their programs. The literature shows that men tend to stay home more after they retire, and this is one of the leading factors that can lead to depression and poor health, due to a lack of exercise and socializing. The Brazilian coordinator's strategy to have more men come was to create volleyball classes where, in order for the older adults to participate, they would have to take at least two other classes that were considered very important for good aging. This increased the number of men participating in the program from 5% to 20%.

As *Carmen*, the Brazilian coordinator, said,

Nos víamos a necessidade de atrair mais homens para fazer parte deste programa educacional, e ouvindo os próprios idosos que já faziam parte da UMI, chegamos a conclusão que deveríamos trazer o vôlei adaptado. Outros idosos ficaram sabendo disso e se inscreveram para participar. Com isso, nossa demanda masculina cresceu de 5% para 20% em pouco tempo. E continua crescendo.

Translation: We felt the need to attract more men to be part of this educational program. And listening to male older adults that were already participating in the program, we concluded that we should bring the adapted volleyball to the program. Other men learned about it and signed up to participate in the program. Our male demand has grown from 5% to 20% in a short period of time.

As stated above, it is very important to find ways to get men to leave their homes after they retire. The men were more resistant to the idea of education and therefore their enrolment in the education program was very low; however, they were very interested in participating in the sports program. During my observations, I could see that men in Brazil

tended to stay more in the physical activity centre as opposed to the classrooms. The coordinator saw the importance of them participating in other areas, and thus created a policy that, in order for them to participate in the physical activities of their choice, they would have to attend two other important classes related to aging, such as the psychology of aging and the rights of older adults. The men were still resistant to participating in the educational classes, so the coordinator tried to find other strategies to encourage their participation. She decided to hold the classes in the physical education centre where the men were comfortable. Feeling comfortable in that space, older adult men started to feel a sense of belonging and that this was their space.

The feelings of belonging were felt by many participants. Bruna talked about her feeling of belonging to a group, while describing Figure V, below.

Bruna: Quando a gente vem pra cá, tem o convívio com os novos amigos que fazemos aqui, eu sinto que a minha qualidade de vida melhora cada vez mais. Esse convívio é muito bom, porque a gente acaba se tornando uma família aqui.

Translation: When we come here, we have the camaraderie with the friends we make here, I feel that my quality of life improves more and more. This camaraderie is very good, because we end up becoming a family here.



Figure V: FAMILIA UMI

As Figure V demonstrates and as Bruna has mentioned above, many people come together and the sense of family is very prominent among the Brazilian older adults. This is an example of fighting social isolation. Participants talked about not only a feeling of sense of belonging, but over time having a deeper relationship with each other, creating a familial bond. I observed this familial bond in many ways. They would argue with each other, as family members would argue; when the courses were done, they still met up outside of the program. If someone was dealing with a personal problem, the others would jump in to help each other. Carlos and Lucia stated their feeling of familial bond.

Carlos: Não vale a pena ficar em casa. A vida se vai muito rápido, ou, muito devagar [risos]. A minha impressão é que a vida acaba passando muito lenta quando ficamos em casa. Participar de um programa educacional para idosos como esse, para mim é um motivo e vida. Tem o exercício físico, o vôlei, viagens, amizade, enfim, nos tornamos uma grande família.

Translation: It is not worth it to stay at home after retirement. Life goes very fast, or.... very slowly [laughs]. My impression is that life ends up going very slow when we stay at home, with no purpose. Attending an educational program for older adults like this one, for me, is a reason for my life. There is physical activities, volleyball, trips, friendship... we become big family.



Figure VI: VOLEI MASCULINO

In Figure VI we see the importance of engaging in physical activity and the coming together as a community. This is another way of fighting social isolation. As Carlos mentions, in particular men in Brazil like physical activities as a way of coming together. Carol and Christine's statements below also mention the importance of the program bringing older adults together and the friendships they make there, which combats feelings of loneliness and isolation.

Carol:...but most of all, I've enjoyed the friendships that I've made here and what I've learned from the friendships as well...

Christine: ...and then my husband got ill. So, for 10 years I was a caregiver and became very very isolated. I was busy and exhausted. Six months after he passed away, I heard about the Lifelong Learning Program and decided to join the writing

class, and that's about two years ago. That was my first foray into the world out from under my rock. I made a lot of friends here. I don't feel lonely anymore.

This perception is felt not only by older adults but by people around them, including the coordinators and instructors of the program as well their family members. For example, Carmen, a 62-year-old Brazilian coordinator of the Brazilian program for over 12 years, states:

Eu percebo melhora no bem-estar deles, logo nos primeiros meses que eles começam a participar das atividades aqui. Principalmente pelos laços de amizade que eles criam aqui. Essa socialização eu vejo como parte fundamental pra um envelhecer bem. Os alunos mesmo relatam casos em que saíram da solidão depois que passaram a frequentar esse programa e a fazer novas amizades, que agora, vão além da Universidade.

Translation: I can see the improvement in their well-being as early as the first few months they begin to participate in the activities in this program. Especially regarding to the bond of friendship they create here. I see this socialization as a fundamental part for good aging. Students report cases in which they left loneliness behind after they began attending this program and making new friendships, which now goes beyond the university relationship only.

John from Canada added to what Lauren and Carmen have said above, stating how important it was to make new friends and how much he learned with these new friendships, a crucial aspect when fighting social isolation.

John: ...so that is a big part of it. I took many classes with all sorts of stuff here and have enjoyed it. But most of all I've enjoyed the friendships that I've made here and what I've learned from the friendships as well as from the classes.

Joanne, a 65-year-old Canadian older adult student who just moved from Ontario to

Saskatchewan, made it very clear the importance of this program in making new friends.

Joanne: I am from Ontario and I came here [to Regina] to have a long stay and wanted to meet some people, and thought this would be interesting... This is a group I love to be... so I thought I would hear what other people my age were doing and see what I could get and then meet people... It's been really great!

A greater sense of self-worth was attributed to more time spent outside the home in group activities. Participants as well as their program coordinators provided testimonials.

The participants talked a lot about feeling a sense of belonging and experiencing a sense of family, which started from their participation in the program. It is important to note that Canadian participants, while they experienced the sense of belonging in the program, to a group and through friendships, they never used the word "family" to describe their relationships with their fellow participants.

Feelings of worthiness. All participants, regardless of country and income, expressed that their participation in these programs brought back feelings of worthiness. These feelings returned as they acquired a routine to their lives, found opportunities to volunteer, and met new people who became life-long friends. For example, **Lauren**, a 70-year-old Canadian woman who enthusiastically talked about being privileged to be involved in the Lifelong Learning Centre for over ten years, said:

I think one of the issues that in retirement, people assume that they've lost their worthiness, and I think that, when we have the opportunity to, in a volunteer way, to give back to the community, I think it has really been good for me. I love being in my home, but I also like to be with people, and that is a plus!

Through my observations, I could perceive very clearly this feeling of worthiness in the Canadian group. I saw the older adult students proudly sharing their knowledge with each other and the wider community, demonstrating they still have a role to play in society. And

they all expressed this feeling of worthiness very clearly. Even though the participants in both countries shared their knowledge, they saw its value differently. In the Brazilian context the participants did not identify it as a feeling of worthiness, but instead something intrinsic to their own selves.

Purpose in life. Participants indicated their participation in these programs brought back purpose for their lives – a reason to wake up in the morning; a routine they may have lost when they retired, as mentioned by **Roberto**, a 79 year-old retired Brazilian man:

Participar deste programa trouxe um sentido para a minha vida depois que aposentei. Como sou sozinho, não moro com ninguém, e minhas filhas moram fora da cidade, meu trabalho era a minha vida. Foi muito ruim não tê-lo mais.

Translation: Attending this program brought back a sense of purpose in life after I retired. As I live alone - my daughters live outside of the city - my job was my life. It was very sad to not have it anymore.

Brigitte in Canada stated the same type of feelings as Roberto:

Brigitte: After enjoying the first days of freedom and excitement that retirement brings, I started to feel a bit empty, without having a goal to achieve in my day; a reason to wake up in the morning. My participation in the Lifelong Learning Centre brought this feeling back! Now I know I have classes the next day, I will meet my friends and learn something new.

As these statements indicate, the connections made in the programs promote older adults' well-being and healthy living. Since older adults stay at home more than younger adults, the activities at the programs offer opportunities for them to connect with other adults in a similar situation. Therefore, according to the participants, without the opportunity to get out of their homes and connect with others in the program, their quality of life would be negatively impacted.

The theme of purpose in life was also present in the focus group, as well as being apparent in the statements of the family members and instructors. All three instructors and family member participants in this study in Brazil mentioned at least once the topic of older adult participants having a purpose in life after participating in the program. They all believed and mentioned the important role the program plays in promoting older adults' healthy living and well-being.

Through my observations though, some of the older adult participants in Brazil mentioned that some family members, although recognizing the good effect of the educational programs in their lives, had some disapproval, because now they were not always "available" to babysit their grandchildren like they used to when they did not have any other commitment or did not often leave home.

These narratives reflect the reality of the family structure in Brazil that is somewhat different from the Canadian structure. In Brazil, there is the influence of religious institutions and their late secular and traditional dogmas. Several Brazilians still believe in the idea of having to marry and form a traditional family so in the future their children may have a "veiled obligation" to care for the older parents. This belief is a repetition of what the government instituted in the Estatuto do Idoso¹ (Law 10.741, October 2003) which asserts "parents have the duty to assist, raise and educate their minor children, and their grown children have the duty to help support parents in old age, needy or illness "; "It is the obligation of the family, the community, society and the Government to ensure older adults, with absolute priority, the right to life, food, education, culture, sports, leisure, work, citizenship , freedom, dignity, respect and daily living within family and community."

¹ For this research study, I have translated Estatuto do Idoso to Older Adults Charter of Rights.

The theme of fighting social isolation was apparent in many ways in statements of belonging, statements of camaraderie, feelings of purpose and worthiness. The theme of fighting social isolation really shows the importance education has in combating older adults' social isolation.

Stimulating Cognitive and Mental State of Well-being. In addition to social isolation, another challenge older adults face is the struggle to maintain a healthy cognitive and mental state of well-being. At home, older adults not only feel isolated, but their mental capacity may decrease due to a lack of stimulation. Within the theme of *Stimulating Cognitive and Mental State of Well-Being*, the sub-themes of *Learning New Things and Battling Depression* emerged.

Older adult participants state they feel very welcome in the programs. They create a sense of belonging to a group, they share experiences, and learn from one another. They feel happy in all aspects of mental well-being, as *Lucia*, a Brazilian participant, mentioned:

Eu me senti muito acolhida nesse programa, tanto pelos professores quanto pelos colegas. Minha família mora longe, então esse grupo se tornou a minha família hoje em dia. Eu tirei essa foto porque mostra a festa que fazemos uma vez por mês, para comemorar os aniversariantes do mês. Mostra que compartilhamos abraços e alegrias. Um dia muito feliz.

Translation: I felt very welcomed in this program, both by teachers and colleagues. My family lives far away, so this group has become my family nowadays. I took this photo because it shows the party that we do once a month, to celebrate the birthdays of the month. It shows that we share hugs and joys. A very happy day.



Figure VII: CELEBRANDO A VIDA

In the above quote, Lucia described how important sharing is for her mental well-being. She took this picture (Figure VII) as a way to highlight how sharing in this program looks. Not only is she sharing with a fellow student, but the whole group shares as a group and with the instructors as well. This leads to a greater sense of community in the classroom. Furthermore, Lucia also mentioned that taking the pictures as part of participating in the study punctuated what she also mentioned in her individual interview. The narrative below agrees with Lucia's narrative, in the sense of community being a part of a community of positive people, as Canadians Brigitte and Christine said respectively, which also brings good mental health for older adults.

Brigitte: This is a positive place, with positive people! This is about life, and you don't find that in many places. And so, I really crave in coming here.

Christine: A positive outlook on life it just spills over into every other part of your life, and it influences other people. You need to be curious about people. You sure learn from other people.

Instructors mentioned the changes they could see in the older adult participants' attitudes after participating in the program for a period of time. According to these

instructors, older adults started to face their problems in a brighter manner and thinking positively more frequently. The instructors also mentioned that older adults' mood improved, they felt more stimulated, and learned how to better cope with problems.

Learning new things. Older adults like to keep their mind active by learning new things that are applicable to their lives, as **Betty** mentioned:

O que eu mais gosto nesse programa é que a gente aprende coisas que podem ser usadas no nosso dia a dia... como por exemplo, usar o computador, pois desta maneira nós não ficamos tão dependentes da nova geração - nossos filhos e netos - para usarmos o banco ou fazermos compras online. Afinal eles nunca têm paciência e tempo, não é mesmo?

Translation: What I like most about this program is that we learn things that can be used in our day-to-day lives ... such as how to safely use the computer. This way we are not so dependent on the new generation - our children and grandchildren - to do online banking or to make purchases online. After all, they never have patience and time for that, do they?

Older adults also actively participate in the development of the program's curriculum in both countries, expressing their needs and interests. As **Rita**, the Canadian coordinator, said:

Classes are planned according to the needs of our participants. They actively participate in the creation of the curriculum. Sometimes they suggest a course, sometimes, an instructor... We always keep in mind the necessity to bring subjects that are of interest for them, knowledge they can really apply after leaving the class.

Gloria, a Brazilian older adult, mentioned in her diary and during her interview that the knowledge she gets in the program can be applied to improve her health, quality of life and the aging process.

Hoje tivemos uma aula de nutrição para idosos; trabalhamos com alimentação saudável e produtos orgânicos. Foi uma aula magnífica. Interessante, eu com 61 anos, ver que as ervas do passado estão sendo usadas agora para alimentação do dia a dia... O que aprendo nas aulas de nutrição, uso na minha vida, em casa, para ter uma alimentação melhor e mais saudável, para viver mais e melhor! Aprendemos a fazer coisas que são fáceis, nutritivas e com ingredientes que já temos em casa. Tudo muito prático. Eu gosto muito!

Translation: Today we had a class with a dietitian; she teaches us how to eat healthier. We learn how to cook healthy food, using organic products. It was a magnificent lesson. Interestingly, myself at the age of 61, realizing that the herbs that were used in the past are now being used for our day-to-day nutrition ... What I learn in this class, I apply in my life, at home, to have a better and healthier diet , to live longer and better! We learn to do things that are easy to prepare, nutritious and with ingredients that we already have at home. Everything is very practical. I like it a lot!



Figure VIII: AULA DE NUTRIÇÃO

In her interview and diary entry, Gloria states it is important to learn skills that can improve one's quality of life and that older adults can put into practice. Figure VIII is very important because it shows how the learning of a new skill is done together; people can ask questions, they can ask each other, and it becomes a sense of togetherness in the learning process.

Diana, a Canadian participant, adds to what Gloria said, indicating how important the program is in keeping older adults current with the changes that happens fast nowadays.

Diana: I guess I will say you don't quit learning, and this program is just a way of carrying that on in your life...it can be through writing, learning a language, or learning how to cook, or whatever. And if it helps you stay current with it, helps your brain. Both are good. And this is also a good community to belong to.

Even though Betty, Rita and Gloria did not use the term practical knowledge, we can see it present in their narratives: “We learn things that can be used in our day to day lives” (Betty), “knowledge they can really apply after leaving the class” (Rita), and “what I learn in this class, I apply in my life, at home, to have a better and healthier diet, to live longer and better! “ (Gloria). We can see they are acquiring knowledge that will assist them in their day-to-day life in a practical way. These quotes show the participants are actively engaged in the planning of the program and they see the importance of keeping their minds active.

Battling depression. Depression is increasing in old age due to several reasons: feelings of unproductiveness, lack of family attention, feelings of abandonment, social isolation, as well as genetic factors. It is important to note there are ways to prevent depression. Educational programs for older adults work as a tool in preventing and/or helping them to deal with depression, as participants of this study stated.

Participants indicated it is very important for them to learn through sharing experiences with their peers, and this helped to alleviate their depression (if they felt it). Most older adults face challenges their peers can understand, and by processing these experiences together, participants indicated they were better able to face the challenges. As Gloria, a 57-year-old Brazilian, and Joanne, a 72 year-old Canadian stated respectively:

Gloria: Eu estava completamente perdida, depressiva depois que meu filho faleceu em um acidente de carro alguns anos atrás. Só fui melhorar quando comecei a participar deste programa e percebi que não sou a única a enfrentar esse tipo de situação.... É incrível o quanto se pode aprender através da experiência de vida dos outros. É isso que me mantém em pé.

Translation: I was completely lost, depressed after my son passed away in a car accident. I just got better when I started to participate in this program and realized that

I am not the only one facing this kind of challenge... It is amazing how one can learn through others' life experiences. That is what keeps me going.

Joanne: ...and I found, first of all, that I learned so much from listening to other people's experience, and how they deal with mental health problems.

When asked if their mental health improved after participating in an educational program for older adults, the majority of participants agreed with this statement, except for *Lauren* who had a very interesting point of view.

You know, I think my mental health is the same. And the reason that I think it remained the same and not got worse, it is because I've remained active in utilizing my mind and my skills.

We can see that Gloria and Joanne were suffering from depression prior to participating in the program. Before the program, Gloria was living with deep depression after she lost her son in a car accident. After joining the program, Gloria and Joanne began to experience the benefits of regular peer interaction and socialization. In the Canadian focus group, when the theme of mental state of well-being came up, *Carol* said:

It's something to be said about peer support. And you find it in a setting like the Lifelong Learning Centre.... Even when you share your grief, there are people there to support your pain.

As these narratives indicate, the educational programs worked towards promoting the older adults' cognitive and mental state of well-being. Participants in both countries demonstrated their positive approach to life, and the support they receive from their peers is very important to get over bad moments that happen in one's life.

Fostering Physical Health. As our body ages, some limitations start to occur, such as balance, strength and general physical activity. The well-known statement of "if you don't use it you lose it" is useful in this situation. Everybody, including older adults, should have

opportunities to exercise and keep their body moving to maintain their physical health. According to most participants, attending the educational programs and classes provided them with an opportunity to exercise their body. Lauren and Antonio clearly show this in their statements below.

Lauren: I think I am in pretty good shape. I cycle or I walk and I attend a fitness class here. I am a type 2 diabetic, which is like a bazillion people my age, but I am controlled and I am not having any side effects from that. I feel that exercises help me with that. I tried to exercise on my own, but it did not really work. So I am going to become more like these other ladies. Some of these ladies have been coming to this exercise class, for I don't how long... For years! Yeah! It's just...it's incredible!

Antonio: Eu gosto muito das aulas de vôlei. Depois que passei a frequentar essas aulas, tenho percebido como minha disposição aumentou, meu equilíbrio e reflexo melhoraram. Eu sentia muitas dores e não sabia que era pelo fato de não me exercitar. Me sinto muito melhor hoje do que anos atrás! (Antonio, Brazil)

Translation: I really like volleyball classes. After I started attending these classes, I noticed how my mood, my balance and reflexes have improved. I used to have a lot of pain and I did not know it was because I was sedentary. I feel much better today than years ago!

Bruna also mentioned about the benefits of physical activities to her daily life when talking about the picture below:

Tem que acordar pra vida, levantar, deixar o sofá e televisão para a noite, e vem pra cá pra gente jogar vôlei! É bom pra saúde, é bom para a mente, ate para a alma, porque você levanta de manha e já pensa: hoje eu vou para a UMI praticar esporte, você já fica feliz.

Translation: You have to wake up to life; get up, leave the sofa and television for a moment in the evening, and come here to play volleyball! It's good for one's health, good for one's mind, and even good for our soul, because you get up in the morning and think: today I'm going to UMI to play sports, to meet my friends....then you're happy!



Figure IX: VOLEI FEMININO

As Bruna mentions in Figure IX, it is important for older adults to have more opportunities for getting out of their houses, to exercise and meet with people, because all of this promotes older adults' mental and physical health. **Rita**, the Canadian coordinator, also indicates the importance of participants leaving home to attend classes.

I think it stimulates both their minds and their bodies...I mean, even if they are not taking a physical activity program, they still need to get out. They need to get here whether they drive, whether they walk, or they take a bus. And it also stimulates their brain. So, instead of sitting at home, in front of a television or maybe reading a book,

they are out there, interacting with people who share similar interests and similar concerns. They are stimulated by that.

Bruna: Eu gosto muito das aulas da UMI, principalmente as aulas de hidroterapia. Eu sentia muita dor nas costas, isso estava afetando muito o meu dia-a-dia. Como conseguir ter uma vida normal com dores terríveis? Fui em médicos, fisioterapia e eles me indicaram fazer exercícios na água. Lembrei que a UMI oferecia hidroterapia... me registrei. Nossa, foi a melhor coisa que eu poderia ter feito pra mim! Minhas costas melhoraram, e com isso, meu humor! As atividades da UMI são ótimas pra meu corpo, mente e alma! (Bruna, Brazil)

Translation: I really like UMI classes, especially hydrotherapy classes. I used to have a lot of pain in my back, it was affecting my daily life a lot. How could one have a normal life with terrible pain? I went to doctors, physiotherapy and they told exercises in the water could help me. I remembered that UMI offered hydrotherapy ... I then registered in this class... Wow! That was the best thing I could have done for me! My back has improved, and with that, my mood! UMI's activities are great for my body, my mind and my soul!



Figure X: HIDROTERAPIA

Bruna took this picture (Figure X) to illustrate her interview statements: hydrotherapy relieving pain in her back and also alleviating her mood. In my observations in Brazil, I could see the classes that had higher attendance were the ones that offered subjects that older adults could really apply to their well-being and daily lives, such as the psychology of aging, physical activities, computer classes and hydrotherapy. In the Canadian context, older adult participants liked the language classes and a lot of history-related classes.

Carmen adds to what Rita stated above, saying that participants reported a decrease in medication for depression or chronic pain after completing physical activities in the program.

Carmen: Ao longo desses 15 anos eu tenho trabalhado aqui, tive algumas experiências de participantes vindo aqui e dizendo: "oh, eu estava tomando toneladas de medicamentos para depressão ou dor crônica. Agora e estou tomando o meu último, porque eu estou mais ativo desde comecei a vir nas aulas do programa.

Translation: Throughout these 15 years I've been working here, I have had some experiences of participants coming here and saying, "Oh, I was taking tons of medications for depression or chronic pain and I am taking my last, because I am more active since I started coming to class."

As stated above, any decrease in medication indicates the educational programs have a direct positive influence on the older adult participants' quality of life, well-being and healthy living. The participants are working to maintain their physical health, which contributes to their cognitive and mental state of well-being. Through my observations, I could see how important physical activities are for older adults. They really feel the benefits and the physical activity classes are usually the most attended classes in Brazil, both by men and women. On the other hand, in the Canadian context, I observed only women participating in the physical activity classes.

Promoting (Dis)Ageism. One of the most disappointing but true realities in most societies is that older adults are perceived as old, replaceable, useless and disrespected. One clear example of this is “anti-aging” propaganda and jokes which result in the stigmatization of older adults. Ageism emerged from the narratives of the participants, as well as the role educational programs play in fighting and preventing this sad reality from happening. In reflecting in this powerful force of ageism, I began to conceptualize the idea of (dis)ageism.

The choice to use the prefix ‘DIS’ in front of the word ageism is because this Latin prefix that has a negative sense; a sense of deconstructing an idea. Linking (dis) to ageism is a way to deconstruct the idea of ageism. (Dis)ageism is the idea of that older adults through their own empowerment can fight and prevent the ageism they may experience in their day to day lives. According to the narratives of the participants, these educational programs for older adults can promote (dis)ageism. These programs give the older adult opportunities to take back the power they may have forgotten they had. As individuals age, they begin to feel disempowered by social narratives around aging.

Within the theme of Promoting (Dis)Ageism, the sub-themes of *Fighting Elder Abuse and Advocating for Others* emerged and will be presented below:

Fighting elder abuse and advocating for others. Older adults are more susceptible to different types of abuse, such as physical and financial/fraud. Participating in the educational programs, older adults become aware of these types of abuses, learning how to defend and advocate for themselves and others. ***Carmen*** from Brazil mentioned the importance of older adults raising awareness about and the preventing elder abuse.

...muitos alunos fazem voluntariado nas comunidades mais carentes e levam o que aprendem aqui, para eles. Isso faz bem aos alunos e também a comunidade de idosos fora da universidade, pois eles aprendem mais sobre o Estatuto do Idoso e a ficarem mais atentos a qualquer tipo de abuso que venham a sofrer, sabendo onde e como denunciar... aprendem sobre seus direitos.

Translation: Many students volunteer in the most disadvantaged communities and share with these communities what they learn at the university. This is good for the older adult students and the community, as they are learning about the Estatuto do Idoso, for example, so they can be aware of any type of abuse they may suffer, learning how to prevent it and where to report it... learning about their rights.

Betty: O estatuto do idoso é uma conquista nossa, mas nem todos tem acesso a essa informação. Por isso criamos o estatuto do idoso em gibi. Fica mais fácil pra ler e entender com figuras. Aí, levamos para as comunidades mais distantes, para dividirmos [com os outros idosos] o que aprendemos aqui na UMI. E também já fizemos um teatro dele [estatuto], e o apresentamos nas escolas de educação infantil, para educarmos as nossas crianças desde pequenas, afinal de cedo que se torce o pepino [risos].

Translation: The Older Adults Chart of Rights is one of our conquests, but not every older adult has access to this information. That's why we created the Older Adults Charter of Rights in a comic book format. It's easier to read and understand, with

pictures. Then we bring this comic book to the most distant communities, to share with other older adults, what we learned here at UMI. We also created a play about the statute that we present in schools, to educate our children, after all, it is 'best to bend while is a twig' [laughter].

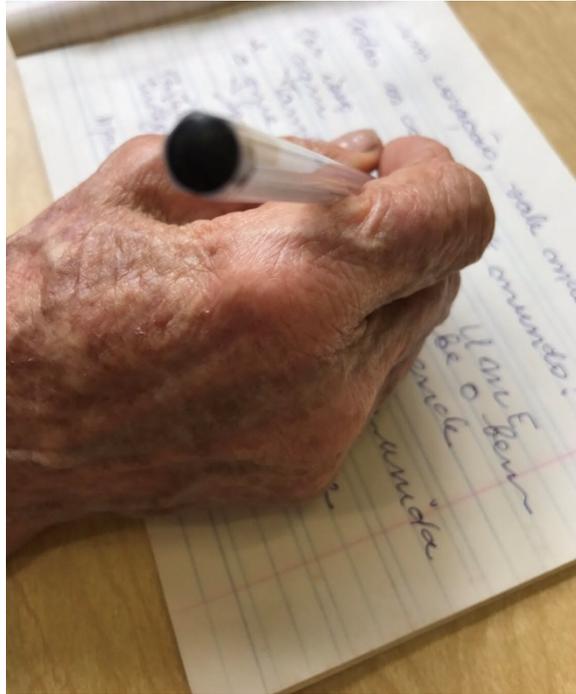


Figure XI: RETRIBUIR

As Betty mentions in her picture (Figure XI), older adults feel privileged to belong to this program, as they feel all older adults should have the same opportunity and access to the information they get there. In this way, they are giving back to communities both in Canada and Brazil, and this way of giving also makes them feel valued as older adults.

This picture ² was taken by Betty, a 87 years old woman who was just learning how to write, and is willing to give back to her community. It is likely that as a woman, Betty would not have had learning opportunities and this might be her first learning opportunity. In a discussion with the program coordinator, I learned Betty was also scared of the stigma of the university setting, that only well-educated individuals could attend. Likely this was a deep

² I am personally moved by the picture of this old hand with this being Betty's first learning opportunity.

source of pride for her, that even in her later years, she could learn new tasks and feel proud of entering the university. This has further inspired her to imagine learning more about technology.

In the Canadian context, *Lauren* spoke in a very proud way:

We do some work in the community and work in raising awareness of elder abuse and it's a privilege to be able to give back to the community. I was very happy when I had the opportunity to set up the project relating to elder abuse, and just seeing where my mom would have been without and advocate for her...and just thinking of things that could have happened to her.

All participants in both countries agreed with Carmen, Betty and Lauren's statements above. Participants mentioned how they appreciate how these educational programs worked to promote and prevent against the ageism that both they and their peers faced. As a result of their participation in these programs, their sense of worth increased and they were better able to understand the value they hold within society, causing them to become advocates for themselves and others in different societal spheres.

As ageism was a recurring in both countries, I observed how important it was to have these educational programs for older adults in the universities. The intergenerational aspect is very important when fighting ageism. The younger university students in both countries had the opportunity to see first-hand the significant role older adults can still play within society through their active participation. As the classes for older adults happen in the same space that younger students have their classes, I could see how vital this interaction is for both generations.

Summary

Four themes emerged through the participants' narratives, photos, diaries and observations regarding the role that educational programs for older adults play in promoting

healthy living and well-being. The first theme examined was *Fighting Social Isolation*, where participants expressed their concern about this reality as one ages. Their narratives indicated these educational programs were important in regards to making new friends, socializing, setting new goals for a purpose in life, and getting back their feelings of worthiness.

The second theme the investigator analyzed was *Stimulating Cognitive and Mental State of Well-Being*. Under this theme, participants mentioned the importance of keeping their mind active, how they liked learning new things that could be helpful in their day-to-day lives, and how it was very important to battling depression. The third theme was *Fostering Physical Health* where participants pointed out the crucial role that being physically active played in their healthy living and well-being.

The fourth theme analyzed was *Promoting (Dis)Ageism*. The participants stressed that one of the most disappointing realities one can face is when you are perceived as being old, replaceable, useless and often disrespected because of your age. *Fighting elder abuse and advocating for others* were mentioned as important aspects to understand and advocate for.

These four themes emerged from the narratives of the older adult participants in these educational programs in both countries, as well as in the narratives of their family members, coordinators and instructors of these programs. The themes described in this chapter are very important individually. However, taken together, they can promote healthy living and well-being. In the next chapter, I will discuss how these four themes relate to education and health promotion for older adults.

Chapter V – Discussion

As I began this study in 2016, I am reminded of my research question: how older adults in Canada and Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. My goal was threefold: a) to learn more about and be better able to describe the overall meaning of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and, c) to delineate recommendations for curriculum development, as well as broader institutional and policy-related strategies, in order to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes.

Throughout the data collection process in Brazil and Canada, four themes emerged: *Fighting Social Isolation; Stimulating Cognitive and Mental State of Well-Being, Fostering Physical Health and Promoting (Dis)Ageism*. These themes helped answer the research questions mentioned above. Now I will discuss how these four themes relate to education, health promotion, healthy living and well-being for older adults.

My literature review has demonstrated the need for further research in this area, especially since health, education and aging are not always conceptualized together. In fact, this is one of my primary points: if we did indeed bring education and health promotion as a key strategy for aging well, this conceptualizing may go far in dismantling and preventing further ageism in our everyday lives. Synthesizing these three areas is a contribution of my research.

In understanding the role of education, I see there are three levels where participants were affected by education: the individual, community and country/policy levels. In the following discussion, I will reflect on each of these as I answer my research questions. I will link my findings to the concept of education and health promotion, and the role that education plays for healthy living, well-being and (dis)ageism.

The Individual and Education

The four themes that emerged from the narratives of the participants in this research study answer these three above-mentioned questions. According to the participants, education has a meaning of promoting (dis)ageism, as well as fighting social isolation, stimulating the cognitive and mental state of well-being and fostering physical health. All are components of healthy living and well-being, the very tenets of health promotion.

Fighting Social Isolation. One of the biggest challenges older adults face is social isolation, which is a big public health concern (Dickens, Richards, Greaves, & Campbell, 2011). As people get older they start to stay at home for longer periods of time and generally begin to feel unworthy and unproductive as a result. Social interventions to address social isolation are needed, such as educational programs for older adults. The theme of fighting social isolation was apparent in many ways in this research study. Social isolation and loneliness has a great impact on life expectancy and the quality of life of older adults, and are associated with increased early mortality (Steptoe, Shankar, Demakakos, & Wardle, 2013).

Data from this research study show the importance educational program for older adults has in fighting their social isolation. Since older adults stay at home more than younger adults, the activities at these programs offer opportunities for older adults to connect with others in similar situations. Hwang, Wang and Jones (2016) point out the benefits of this kind

of educational program in regards to social isolation, loneliness, morbidity and mortality of older adults. Therefore, according to the participants, without the opportunities to get out of their homes and connect with their peers in programs, their quality of life would be negatively impacted.

Stimulating Cognitive and Mental State of Well-Being. In addition to social isolation, another challenge older adults face is the struggle to maintain a healthy cognitive and mental state of well-being. Important aspects that emerged within this theme were battling depression, keeping the mind active and learning new things.

The participants pointed out how these educational programs created a sense of belonging to a group where they could share experiences and learn from one another. As a result, they felt happy in all aspects of their mental well-being. Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristics of someone who has a good quality of well-being (Huppert, 2008). Engagement in social activities improves one's health and subjective well-being (Menec, 2003).

Well-being consists of pleasure or happiness (Kahneman, Diener, & Schwarz, 1999). The participants' narratives in this study point out how their engagement in the program helped them to feel happy. There are five actions which are important for a person's well-being that should be built into one's daily life: connection, be active, take notice, giving and keep learning (Aked, Marks, Cordon, & Thompson, 2008). All these actions are represented in the findings of this research study, as the participants mentioned: "what I like most about this program is that we learn things that can be used in our day to day lives"; "I felt very welcomed in this program, both by teachers and colleagues," "it shows that we share hugs and joys. A very happy day," "this is a positive place, with positive people!" "we learn how to cook healthy food, using organic products. It was a magnificent lesson." As these

narratives indicate, these educational programs worked towards promoting older adults' cognitive and mental state of well-being.

Fostering Physical Health. Fostering physical health was another important theme that emerged in the data. According to most participants, attending the educational programs and classes provided them with an opportunity to exercise their body. Physical activities are seen as a way to reduce disease and disability while improving the quality of life for older adults (Elsawy & Higgins, 2010). Participants in this research study expressed how having the opportunity to engage in physical activities have improved their health: “My back has improved, and with that, my mood! UMI's activities are great for my body, my mind and my soul!” It is important for older adults to have more opportunities for getting out of their houses, to exercise, and meet with people. All of this combined promotes the mental and physical health of older adults, and these educational programs promoted these opportunities for the older adults. Regular exercise also results in improvements in bone health, a reduction of risk of osteoporosis, improvement in postural stability, and an increase in flexibility (Stewart, 2005). These factors lead to a reduced risk of falls, a major cause of morbidity and mortality in older adults. This improvement is demonstrated when a participant of this research study mentions he/she is not taking medicine anymore since starting to go to the educational program and becoming more active. The participants are working to maintain their physical health, which contributes to their cognitive and mental state of well-being as well.

(Dis)Ageism. Ageism was a recurrent subject in the participants' narratives, especially when pointing out the role educational programs have in promoting (dis)ageism. Individuals who are 60 or older are targets of this discrimination on a daily basis. In today's society, ageism is a sad reality faced by older adults around the world. The older participants

of this research study all faced some kind of ageism, and mentioned how important it was for them to learn how to prevent such problems from happening.

‘Elder abuse’ and ‘advocating for others’ were recurrent themes that emerged from the participants’ narratives. According to them, educational programs for older adults bring about the opportunity for them to socialize, learn strategies to age better, stay current with social and technological changes, protect and prevent themselves and their peers against ageism, and keep them as active members of a democratic society. As they mentioned, they have to learn how to stand up for their rights and beliefs. Thus education offers opportunities to change ageism by promoting (dis)ageism, since the programs helped the older adults get back the self-respect and empowerment they may have lost throughout their aging process.

Educational Programs and Health Promotion. The findings of this research study also show the health promotion role these educational programs play. A fundamental goal of health promotion is to facilitate the well-being of older adults on a daily basis. This includes activities that help individuals gain skills to maintain and improve their health, as well as community programs and policies to improve their environment and encourage healthy habits (Altpeter, Bryant, Schneider, Whitelaw, & Beattie, 2004). The more time older adults invest in the educational program, the more benefits they gain (Villar, Pinazo, Triado, Celdran, & Solé, 2010).

The educational programs for older adults in Brazil and Canada promote healthy living and well-being for the participants, as well as acting as a strategy for promoting (dis)ageism. These educational programs are considered to be a source of health promotion for its participants, since health promotion supports personal and social development by providing information and education for health, and enhancing life skills. Older adults in this study were supported by finding their own health-promoting strategies (Kickbusch, 1996).

These strategies are empowering and can transform older adults into knowledgeable participants and managers of their own health and care (Gilford, 1988).

The participants' narratives confirmed these themes mentioned above when they stated these programs promoted opportunities for them, such as having a purpose in life, having goals to achieve, getting out of their houses, connecting with others in similar situations to fight social isolation, keeping themselves up to date with the rapid changes in technology, and having opportunities for physical activity. These opportunities increased the options available to these older adults to exercise, take control over their own health, and make choices conducive to their health (McQueen & Salazar, 2011), all tenets of health promotion. These narratives also express the important role for institutions and communities to have in promoting a healthy aging process, which creates opportunities for (dis)ageism.

Gender and Participatory Concerns. A big concern for the coordinators in both Canada and Brazil was to have more older men participate in these educational programs, as well as understanding the importance of their participation. There are several factors that contribute to the larger percentage of women accessing these educational programs. Typically women outlive men (Hurworth, 1995), and women leave employment at an earlier age, usually for marriage or family reasons (Midwinter, 1996). Men and women's marital status in old age is another reason. Men who have lost a spouse for whatever reason are more likely to remarry than women in the same situation (Ginn & Arber, 1995). Older women without partners live alone and are more likely to seek social companionship outside the home (Wilson, 1995).

The relatively low participation rates by men in these educational programs also reflect a variety of gender difference issues centering on their retirement interests, the feminization of the educational programs, members' marital status, and the social groups to which they belong. One strategy the Brazilian coordinator used was to implement sports

classes, such as volleyball, where the number of male participants increased from 5% to 20%. Clearly there is the important issue of gender differences in older adult participation in learning what warrants attention and further investigation.

Communities and Education

One of the main ways older adults can be supported to live healthy and promote (dis)ageism is to support their inclusion in educational programs. However, it would also require all institutions, and in particular educational institutions, to change the way they think about older adults as active members of society; that is, breaking the stigma that older adults are not able to learn. This would occur by supporting curriculum development, policy review, institutional access and daily supports.

This research study shows that education promotes well-being, healthy living and (dis)ageism in the most general of ways. It is necessary to be committed to make changes for inclusion both at the personal and institutional levels through educational programs and opportunities for older adults. Lifelong learning is one of the most important components of human capital in an aging world (Keeley, 2007). Educational programs for older adults equip people to stay healthy and remain relevant and engaged in society, as demonstrated by the participants' narratives.

This engagement in society is very important for communities beyond the university. Once older adult participants acquire knowledge from these educational programs, they voluntarily share it with their peers in the wider community. As the participants mentioned, they volunteer in the most disadvantaged communities and share what they learnt, such as raising awareness about the many forms of elder abuse, so other older adults and people

around them can learn more about the value older adults hold within society, thus promoting (dis)ageism.

One way I visualize that communities can play a more important role in healthy living and well-being for older adults is bringing the findings of this study to improve community learning opportunities. This might be to better promote continuing education programs in Canada and Brazil for older adults, and perhaps other countries. Not only should older adults have access to educational opportunities in their own communities, they should be able to travel to these programs uninhibited, both in terms of actual travel and feeling safe from harm along the way.

As well, to fully realize this idea of (dis)ageism, community members of all ages need to understand that aging is not an illness/disability in itself, nor a reason to harm or disqualify older adults from being part of our lives and communities. Community members need to learn about aging, understand how to better treat older adults, and how to make our communities more inclusive in all ways for people of all ages (Menec, Means, Keating, Parkhurst, & Eales, 2011; World Health Organization, 2007). This kind of intergenerational education at the community level is key to my idea of promoting (dis)ageism.

Countries and Education

This section will discuss the important role that policies for health promotion have at the institution and country level for promoting healthy living, well-being and (dis)ageism through education.

The development of public policies that address the needs of older adults has been prominent in international health and educational organizations. However, guidelines

proposed for several nations have yet to implement social and welfare programs to meet the emerging needs of the aging population (Veras, 2009).

Policies targeting older adults are based on the theory of social exclusion which this group is at a greater risk of experiencing (Neri, 2005). Older adults are often unaware of their rights, the important role they still play in society, and basic democratic processes. In general, public policies cannot consider older adults as a homogeneous group, but a unique group with differences in culture, education, politics and moral values.

In 2003, the Estatuto do Idoso was created by the Brazilian government as a legal instrument to guarantee the rights of the older population (Estatuto do Idoso, 2003). The Older Adults Chart of Rights has 118 items, distributed in seven categories (preliminary measures, fundamental rights, protection measures, policies for senior care, access to judicial services, protection against crimes, and transitional and final provisions). These items encompass the right to citizenship, life, health, social welfare, social security, transportation, education, culture, leisure, freedom, respect, dignity, feeding, professionalization, labour, housing, protection, care and access to justice.

Critical observation shows that the Older Adults Chart of Rights segregates older adults by creating a statute specifically for them. It is sad that a law is needed to respect older adults, because as any other citizen, the older adults are entitled to exercise their citizenship and be respected as prescribed in the Brazilian Constitution (1988). This document is indicative of negative ideologies about old age, which further demonstrates the attitudes of those involved in its making (political, professional, older adult group organizations). According to these attitudes, aging is a phase comprised only of physical, intellectual and social losses. These attitudes deny the critical analysis of recent scientific data, including this research study, which shows that aging can comprise opportunities for gains as well.

Despite this negative ideology of old age embedded in the construction of the concept of the Older Adults Chart of Rights, it is of fundamental importance to all segments of society, legal practitioners, and especially for older adults, as they should be instructed about the positive aspects of aging. For example, they need to know about their rights so they can claim them. Educational programs for older adults play an important role in instructing older adults about this topic. According to the participants of this research study, older adults learned and understood more about their rights and their value in society through the education they were involved in, and were able to share this knowledge with their peers in their community. All of this is a form of (dis)ageism.

Older adults around the world have a lot of formal rights but very often there is not a recognition of what those rights are, particularly regarding the right for education. According to the Brazilian Older Adults Chart of Rights (2003), older adults have the right to education which is targeted to their needs. Governments in all countries should create opportunities for older adults to access education with special courses that integrate them into modern life, which supports the creation of educational programs for older adults.

During the aging process, people are faced with new challenges and new demands. Physical limitations are added to those limitations imposed by society. The challenge is to keep older adults developing attitudes that lead them to overcome difficulties and gain a greater quality of life. It is also the responsibility of members of a society to shift their thinking about aging; in the example of inclusion and respect, by providing services that assist older adults to be more participatory, and developing programs and policies that help them gain access and entry into all aspects of our communities. This is not just in the physical realm but also in the mental, social, emotional and intellectual realms.

Education for older adults work is an important tool that helps to promote healthy living, well-being and (dis)ageism, which supports older adults in finding their own strategies

to overcome these challenges and demands posed by age and society. It also provides them with the possibility to acquire new knowledge and opportunity to pursue physical and emotional well-being, all aspects of health promotion. However, this also requires a society to act and think differently in order to aid the changes older adults want to make.

One aspect of education is to better inform citizens of a country and make them more knowledgeable. And fundamental to citizenship is the right to education. Thinking about education for older adults is more than a frivolous activity; it is an action that allows older adults to understand their social, political and economic role in society. Education is a tool to engage older adults to be citizens in the democratic society, and promotes their healthy living, well-being and (dis)ageism. Social and political forces need to take this into consideration as well.

In this research study, I have not seen a Canadian parallel to the Older Adults Charter of Rights; however, it may not be necessary in Canada. It is my experience that Canadian older adults have had more educational opportunities across their lifespan than older adults in Brazil.

The themes of *Fighting Social Isolation, Stimulating Cognitive and Mental State of Well-Being, Fostering Physical Health and Promoting (Dis)Ageism* are important features of the educational setting in both Brazil and Canada. Given the understanding of the study, the four themes that emerged highlight why the university settings in Brazil and Canada are important. These educational programs act as learning environments and communities for older adults. Within both contexts, the educational programs create a sense of community and play an important role in providing opportunities for intergenerational relationships, a contributing factor in promoting (dis)ageism.

Summary of Discussion

The perceptions of the 24 participants in this research study demonstrate that educational programs for older adults are a source of health promotion, stimulating their healthy living and well-being as well as promoting (deis)ageism. Four themes emerged from the narratives of these participants: *Fighting Social Isolation, Stimulating Cognitive and Mental State of Well-Being, Fostering Physical Health and Promoting (Dis)Ageism.*

The benefit of using a variety of methods to collect data helped this research study obtain rich data about the views and experiences of the older adult participants, as well as the perceptions of coordinators, instructors and family members. Recommendations and conclusions are based on the collected data with the intent to better understand how older adults in Brazil and Canada perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being, tenets of health promotion.

Chapter VI – Conclusion and Recommendations

This chapter is based on the analysis of the responses of participants from this research study - older adults, family members, coordinators, and instructors - from the Universidade da Melhor Idade in Campo Grande, Brazil, and the Lifelong Learning Centre in Regina, Canada. Participants engaged in a variety of research methods sharing their perceptions, views and experiences about education for older adults and health promotion. Conclusions and recommendations are primarily influenced by their voices in this study.

The intent of this research study was to better understand how older adults in Brazil and in Canada perceive education that has been designed specifically for them and how they

understand it to be linked to healthy living and well-being, the tenets of health promotion.

The purpose of this research study was: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes.

The aging topic is very important. The world is getting older and the necessity of creating opportunities for older adults to maintain their health and independence is timely. Longevity is not everything, and so we must think about living longer with a good quality of life as well. It is necessary in this context to think creatively and in an evidence-based way on prevention instead of waiting and then treating a disease. This leads us to the idea of health promotion.

Health promotion (WHO, 1986) is the process of enabling people to increase control over and improve their overall health. The older adults' narratives in this research study show that these educational programs for older adults are a real source of health promotion. Once these programs open the doors to the opportunity for older adults to learn better strategies to keep their autonomy and independence, and by taking increasing responsibility for smart health choices such as eating right, or being physically active and socializing, the valuable benefits of educational programs can be reaped.

Participants narratives show that, in both countries, participation in educational programs for older adults enables individuals to increase control over and maintain- if not improve- their overall health and well-being, such as decreased use of medication; increased physical activity and social engagement. As my literature has demonstrated earlier, these are

important factors in aging well (Gilford, 1988; McQueen & Salazar, 2011). These educational programs also promoted intergenerational relationships, brought back feelings of worthiness and empowerment that older adults may have lost throughout their aging process (Formosa, 2014; Sonati et al., 2011), and all this while promoting (dis)ageism, which is so important and appropriate ,

Brazil and Canada, as is the case with many other countries in the world where residents are getting older, need to think about maintaining older adults' health and well-being. What surpassed my expectations the most while conducting this research study in both countries was to realize how older adults in such different countries, and far apart from each other, were experiencing the same experiences – good and bad. The way their narratives echoed each other's feelings regarding to educational programs for older adults and health promotion was surprisingly interesting. I think I was naïve to think that it would be different, “just because” one country is richer and developed with more opportunities for older adults; and the other one is economically poorer and considered to be a developing country. It is surprising, that given these differences I found many similarities in their approach to aging.

The older adults' voices showed the importance of educational programs designed for them in promoting and maintaining their well-being and healthy living, as well as promoting (dis)ageism, fighting ageism, that unfortunately is still deep-rooted in our society. According to my data, older adults' skills and lived experiences are still largely being ignored and devalued.

The data in this research study show the importance of these programs being conducted in a university site, because instead of being surrounded only by their peers, they are also surrounded by younger university students. This way, older adult participants can show their value to the younger students, creating empathy for their cause as well as a deeper understanding that they still can produce and share their valuable knowledge; being active

members of a democratic society, sharing talents and skills that were ignored until now; and being seen as beneficial to the fabric of a wider community.

Educational programs for older adults encompass all aspects of health promotion in one place, although they may not explicitly do so in their curriculum. Brazilian and Canadian Governments should consider allocating funds to these educational programs, since these programs work as an invaluable tool in substantial health promotion for older adults as they age.

In order to illustrate the idea of education for older adults as a source of health promotion, Figure XIII was conceptualized based on the Health Promotion emblem (WHO, 1986), mentioned in chapter II, page 30.

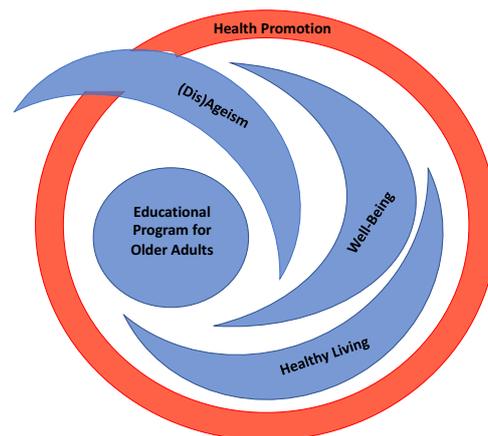


Figure XII: BORGES' EDUCATIONAL PROGRAM FOR OLDER ADULTS AS A SOURCE OF HEALTH PROMOTION

Figure XIII represents the educational programs for older adults of this research study and how these are working as a source of health promotion. Healthy living, well-being and (dis)ageism are prospects for older adult participants. The main graphic elements of this figure are:

- a) The red circle is drawing the attention for educational polices focusing on health promotion strategies for older adults. This circle is encompassing the

three wings, symbolizing the prospects of educational program for older adults, in term of health promotion, as pointed out in the findings of this research study.

- b) In the Health Promotion emblem (WHO, 1986), the round spot within the circle stands for the three basic strategies for health promotion: “enabling, mediating, and advocacy”. These three strategies are represented by the educational program for older adults, in figure XII, because these educational programs work as a tool *enabling* older adults to take control over their own health; *mediating* older adults’ mental and physical well-being as well as *advocating* for their rights and beliefs within society.
- c) The three wings, in the Health Promotion Emblem, represent the five key action areas for health promotion. For the figure XII, the three wings represent the three key points identified in the study, that result from the participation of older adult in the educational programs, collaborating to their own health promotion. The upper wing that is breaking the circle is symbolizing that along with the educational programs, society, communities, as well as individuals need to rethink aging and understand that older adults are valuable contributors to society, all aspects of (dis)ageism.

Finally, I want to highlight the value here of the Bronfenbrenner ecological model (1979) as discussed earlier in this work. This model underscores the importance of thinking about education for older adults not only in a formal institutional setting, but also at the community level, family level, and dyad level – and that it is vital given the findings in this study, to recommend institutions and policy makers consider all levels of the Bronfenbrenner ecological model as relevant to future program planning, policy development and research.

Indeed, the Bronfenbrenner model also allows us to see that education for older adults can benefit every aspect of a community.

Recommendations

Based on the findings of this study, as presented above, the purpose of the recommendations section will be to utilize the Bronfenbrenner’s model (1979) as a foundation for those recommendations. The purpose of these recommendations is to provide ideas and tools towards social and institutional change, not only increasing the number of available educational programs for older adults, but also to enhance and support what already exists. The Bronfenbrenner model, with its four nested systems, will shape the following recommendations and the impact of education on older adult learners, as this study has explored in two countries.

Bronfenbrenner	Canada	Brazil
Micro: - older adults’ peers, family members, instructors and coordinators	1. Improve reduction of social isolation 2. Improve increased physical activity, especially for older men	1. similar to Canada 2. Improve physical activity, especially for men.
Meso: - educational programs	1. Improve access to classes: transportation, when they are held, location, buildings with elevators, ramps.	1. similar to Canada

	<p>2.Improve access to child care for caregivers of grandchildren</p> <p>3. Curriculum needs to offer a range of topics and activities that are of interest as well as applicable in older adults’ day to day lives; valuable both for the diversity of gender and cultural backgrounds in participants’ localities, which may imply partnering them with applicable national policies in both countries; and</p>	<p>2. Similar to Canada</p> <p>3. Similar to Canada</p>
<p>Exo:</p> <p>- universities where the programs are located; older adults’ neighbourhood</p>	<p>1. Improve media and public relations about program</p> <p>2. Improve access to and from university setting, including free of cost</p> <p>3. Include training for</p>	<p>1. Similar to Canada</p> <p>2. Similar to Canada</p>

	educators in the curriculum of the Faculty of Education	3. Similar to Canada
Macro: - public policies	<p>1. Improve understanding of older adults in light of ageism</p> <p>2. Improve policies that shape and govern funding for education for older adults,</p> <p>3. Awareness of the value and importance of health promotion as outcome needs to be highlighted in documents, curriculum, materials and financial support.</p> <p>4. Consider the possibility of establishing the Older Adults Charter of Rights, which could help this population to access more of programming</p>	<p>1. Similar to Canada</p> <p>2. Similar to Canada</p> <p>3. Similar to Canada</p> <p>4. Improve access to classes, not only by having a Charter of Rights, but by encouraging a shift in the culture on aging</p>

Table 7 Recommendations for Older Adult Education and Health Promotion Following the Bronfenbrenner's Ecological Model

While all aspects of the four systems influence the recommendations, it would be true to state that the macro system impacts all other systems in an overarching way. It was

surprise that while I entered the study expecting to see dramatic differences between the two countries, the findings showed me that in fact many of the issues and strengths experienced by both programs in both countries were quite similar. While one country may have some men attending (Canada), Brazil could focus a little more on recruiting more men. We know that older men face isolation in a different way than older women (Ginn & Arber, 1995; Hurworth, 1995; Wilson, 1995).

While I expected to see less ageism in Canada, my study's findings surprised me by showing ageism in all levels of the Bronfenbrenner system, in both countries. One strong similarity I saw in my findings that in either country if a family had a 'crisis', the women were not going to school in favor of dealing with their family crisis. Education for older women still means something different than for older men, and this difference should be addressed in future research, regardless of country. In this way, the recommendations for both countries sound very similar, since the findings of the study reflected very similar issues.

Recommendations for Future Research

Further examination of the following should occur:

1. To understand how educational programs can further create a better culture for older adults in their neighborhoods and communities.
2. To conduct a thorough evaluation of an educational program for older adults by way of a case study to follow up on the success and challenges of that setting, keeping in mind the Bronfenbrenner ecological model.
3. To duplicate this study in other settings and broadly distribute the findings.
4. To better understand how to attract more older men to participate in a

sustained way in education for older adult programs. To provide support for older women who may be caregivers in their families.

5. To apply the Bronfenbrenner's model for future program planning, and to ensure that the program suitably reflects all levels of the four nested systems benefitting older adults.
6. To better manage and monitor programs for older adults to produce positive results at each level of the Bronfenbrenner's nested systems.
7. To work together with other educational systems, such as universities or community colleges, to integrate and develop strong programs for older adults.
8. Brazil has a Charter of Rights for older adults, and this would be recommended as a strong contribution to development in Canada.

Contribution of this research study

This research study is important because it builds new knowledge in an existing area of research. This study shows the importance and the value of conducting an ethnographic study which brings together older adults, education and health promotion. My literature review adds additional elements to the research. This is a unique research study, due to the study being conducted in two settings/ countries, that while they are so different from each other on the surface, demonstrate very similar issues for aging adults.

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Appendices

Promoting Healthy Living and Well-being for Older Adults Through Education

1. Summary of Project

With the emerging demographic shift in our aging population in the mid-twentieth century, humanity is facing a marked change in the age structure of our global population. Currently there are more than 800 million people over 60 years of age in the world (WHO, 2015), and it is anticipated that this number will increase to two billion by 2050 (United Nations, 2013). Advances in medicine, new technologies, as well as social and economic development have increased longevity, but longevity is not everything, and we must think about the importance of living longer with a good quality of life. Therefore, whenever possible, older adults should be supported in being healthy, safe and satisfied members of society. Their health and well-being in the community and society will have more of an impact as time goes by for all generations. The challenge is to consider how to increase the quality and years and independence for an individual. Educational programs play a crucial role in providing older adults with the opportunity to continue to participate actively in society, improving older adults' overall health and well-being. This study will explore how older adults in Canada and Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. In April 2016 I have successfully defended my proposal and the methods I am going to use for my research have been discussed in that context.

The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes.

2. Research Instruments

I will use qualitative case study methods to compare and contrast two selected existing educational programs for older adults - the *55 Plus Program* at the University of Winnipeg, in Canada, and the *University for Older Adults Program*, in Campo Grande-Brazil- in terms

of their: 1) impact of education in the lives of older adults; b) what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes. To accomplish these objectives, the proposed case study will be based on a qualitative method called photovoice, which incorporates a range of data collection methods: for example, participants will be asked to collect their own photos, engage in focus groups discussions and individual interviews with the primary researcher, and complete participant diaries. However, I will also conduct an analysis of existing relevant documents available in the educational and public domain, and engage in observation of selected classes.

Photovoice

Photovoice methodology is a well-known qualitative methodological tool (Blackman & Fairey, 2007; Wang & Burris, 1997) and this will be used with the older adult participants to explore participant perspectives of each program's unique cultural and contextual factors. This methodology will help establish a better understanding from the older adults' perspective of how these educational programs for older adults contribute to their health and well-being, as well as uncovering further needs or gaps. This methodology allows participants to express their point of view through personal photography, and then interviews and focus groups about the themes that emerge in the photography. The photos may not only reflect what education for older adults is, but more importantly, how it might grow or develop into something new based on gaps and benefits seen among the pictures (Blackman & Fairey, 2007; Wang & Burris, 1997). I will also conduct individual interviews with coordinators in the two sites (to be described below), as well as collecting educational and public materials/documents and observing classes.

To begin, I will review and explain the consent forms (Appendix A, B, C and D) and I will ensure that participants have submitted signed copies of the consents prior to beginning their training in photovoice. Training sessions will last approximately one hour, with the goal that I can include all participants in one training session. I will include details about the purpose of this photovoice study, discussion of the device they will use (they can select from their own smartphones/tablets/or cameras if digital is not available), issues related to taking photos such as power and safety of people they engage in their photos (my proposal discussed this in more detail), and writing in photovoice log sheets (Appendix A-5) and requesting waivers (Appendix F) from those people whose faces might be shown in pictures

After participants have taken as many pictures as they like in a four week period I will set up individual in-depth face to face interview with them where I will ask them to select 2-4 of their photos and explain what their photos mean to them with reference to the research question. I will use open-ended questions that were adapted and slightly modified from *SHOWeD* (Appendix G), a photovoice technique developed by Caroline Wang (1999). Lastly, once interview data has been collected and compiled, I will organize one two-hour

focus group with all photovoice participants (at each educational program), to discuss final themes that emerged from the individual photovoice interviews. If a focus group becomes too challenging to schedule, I will compile the themes from the interviews and discuss these with each participant individually.

Diary methods will be used as well to collect information regarding older adults' participation in these educational programs. Diary methods involve intensive, repeated self-reports that aim to capture events, reflections, moods, pains, or interactions near the time they occur (Iida, Shrout, Laurenceau & Bolger, 2012). I will be interested in knowing more about their participation and perception of these educational programs; their social connection, mental and physical health. I will ask participants to each prepare a confidential and typed diary (so I can read it, handwritten will not be preferred), and ask them to write for a four-week period. The length of each entry is somewhat flexible, but one page per entry per class is minimally expected.

Self-reported information will be used to collect demographic data (Appendix A-8) regarding older adults and this can be administered in person or online prior to each interview described above. I will collect demographic information and document key aspects of older adult participants' social connection and overall health. Participants who do not have access to the Internet will be provided with a paper copy of the survey to complete prior to completing their individual interviews.

A one-hour individual interview (no photovoice) will also be conducted with each of the coordinators and instructors in each site (Appendix I, J), and two older adults' family members from each site (Appendix K), with the aim of having an outsider point of view about older adults' participation in these educational programs.

A description of the research instruments to be used in this study are presented below:

Photo Log

Photo log sheets (Appendix A-5) will be used by participants to keep track of their photos and will be used as a reference in discussing what their photos mean to them during the interview portion of the study.

Waiver

Self-reported Demographic Information

Basic sociodemographic information and self-reported physical and mental health will be collected (Appendix H).

Diary: Diaries will be used to collect information regarding older adults' participation on these educational programs. Participants will be asked to write a page right after a day spent at the university, about their experiences, for one week. I will be interested in knowing more

about their participation and perception of these educational programs; their social connection, mental and physical health.

Interview Questions

a) Older Adult participant individual photovoice/diary interviews. Individual photovoice interviews with older adult participants will contain open-ended questions examining the meaning behind 2-4 of the photos they took and what the visual images represent. These will be based on the *SHOWeD* technique (Wang, 1999) (Appendix G).

b) Photovoice focus groups. These focus groups will contain questions that will elicit feedback on how the themes that emerged from the individual photo voice interview data resonate with the participants (Appendix L).

c) Individual interviews with coordinators. Interviews with coordinators of these programs will involve open-ended questions exploring the outsider point of view of education for older adults. (Appendix I).

d) Individual interviews with instructors. Interviews with instructors of these programs will involve open-ended questions exploring the outsider point of view of education for older adults. (Appendix J).

e) Individual interviews with older adults' family members. Interviews with older adults' family members will involve open-ended questions exploring the outsider point of view of education for older adults. (Appendix K).

3. Participants

Participants in this study will include: (a) 55 Plus Program in Winnipeg, Canada: 06 older adults (55 years and older); 01 coordinator, 1-2 instructors and 1-2 older adults' family members; (b) University for Older Adults Program in Campo Grande, Brazil: 06 older adults (55 years and older) who will provide an insider perspective of their experience in the educational program; and 01 coordinator, 1-2 instructors and 1-2 older adults' family members; who will provide an outsider perspective of the impact of the educational program on the lives of the older adult participants. Only older adults will take part in the photovoice, diary and focus group portion of this study. However, all participants participating in this study will complete a one-hour in-depth individual interview with me. Coordinators, instructors and family members will complete interviews to discuss the impact the participation on these educational program bring to the lives of older adults' participants, while older adults will complete one training session, one-one hour in-depth (photovoice and diary) interview and one-two hour (photovoice and diary) focus group.

I will recruit participants for group (a) and (b) through posters, word of mouth and visiting the educational programs listed above. Please refer to Appendix B for recruitment scripts. Participants interested in taking part in this study will be enrolled on a first come, first serve basis until I have reached the maximum number of participants (e.g., 06 older adults each site, 01 coordinator, 02 instructors and 02 family members each site).

Recruitment.

The University of Winnipeg has a program called *55+Program* that has been offering courses for older adults. I previously have visited this program, and have developed good relationship with the coordinator and some instructors. I will approach this program by going there in person and talking to the coordinator. I will then meet with older adult participants to ask who would like to participate in this study. My intent is to recruit 06 older adults participants within Winnipeg, as well as 1 coordinator, 2 instructors and 2 family members. An introduction and recruitment script (Appendix M) as well consent form (Appendix A, B, C and D) has been created clearly outline the purpose of the research, recruitment script (Appendix N, O, P, Q).

The Universidade da Melhor Idade, in Campo Grande-Brazil, will be the other focus of this study. Over three years ago, I have worked there as an instructor in Portuguese based programs, and, although I am familiar with many of the instructors, students and coordinators, I do not have authority over any of them and will be clearly in the role of a researcher from the University of Manitoba. However, the strength of my relationship with the institution overall and over time also allows this excellent partnership to help support this study, with expressed interest from them to promote participation by others. I will select 1 coordinator, 2 instructors, 6 older adults and 2 family members per older adult from this site. Since I still maintain strong ties to this program I will also conduct all research there in Portuguese and in person. An introduction and recruitment script (Appendix M) as well consent form (Appendix A, B, C and D) has been created clearly outline the purpose of the research. Posters and word of mouth will assist in recruiting potential participants at both sites. I will use exactly the same appendix as in English, only translating them to Portuguese. Because Portuguese is my first language and I am fluent in English, I will be able to fully participate in collecting the data and analyzing them in both countries.

I am going to recruit for family members in the following ways. First, I am going to ask the older adult if they are willing to recommend a person that is willing and suitable to participate in the study (see Appendix N). Second, I am going to ask coordinators and instructors if I might be able to do any of the following: 1. If I may send a few hard copy recruitment posters to them to share with their students or hang in their building? 2. Would I be allowed to come and present on the study at a time convenient for them and their staff/students? This would follow the recruitment script. 3. Would they be willing to send out an email with the poster in it, to their organization and students and staff? 4. Would they be able to post the information on an organizational Facebook or other social media? This will help in recruiting family members, but also older adults. However, I will only accept family members into the study if their corresponding older adult, who is active in the educational program and fits my eligibility criteria, is aware of them and agrees for them to be in the study.

4. Informed Consent

All respondents will sign a written consent form prior to the start of the focus group. Participants will be fully informed about the procedures, risks, and benefits of the study. The informed consent forms can be found on Appendix A, B, C and D.

5. Deception

No deception is involved in this research.

6. Feedback/Debriefing

Each participant has a chance to review the summary of themes that emerged after all the interviews were conducted, through the focus group; or, the subsequent thematic summary is provided individually for feedback. Discrepancies are noted as well as additions for future analysis.

All participants will be offered the option of receiving an email or hard copy summary of the study after it is complete, and I will present overall findings to both University's participants through webinars, workshops, and conferences once the study is complete.

7. Risks and Benefits

I do not foresee any risk that participant may suffer from taking part in this study, however, if a question or experience does create some negative feelings for the participant, a listing of service agencies for older adults will be given to all participants at the end of the procedure for each site.

The benefit of participating in this study is that participants can create increased awareness of the impact of participating in educational program for older adults.

8. Anonymity and Confidentiality

Participants will be informed, through oral instructions and in the written informed consent form, that their decision to begin and continue their participation in this study is entirely voluntary and will not affect their involvement in participating these educational programs in any way.

Participants will be asked to provide their names and either telephone numbers or email addresses if they are interested in receiving feedback about the results of the study. They will be asked to provide this information on a form that will be circulated on their interview.

Participants' names will not be placed on any of the research data. If they do state their names or any identifying information such as their age or address, this information will be stricken from the transcripts and will not appear in any of the summaries of this research.

The documents related to the research including but not limited to participant identifiers, photos, diaries, digital recordings will be kept on my password protected laptop and any hand-written notes or documents will be stored in a locked safe in my home. All of this material will be kept for five (5) years upon completion of my dissertation.

Only members of my PhD committee (Dr. Roger, Dr. Cap, Dr. Kops and Dr. Paniago), and I will have access to the data and the informed consent forms. Data that is published or presented will only be given in summary form, and will not include participants' names or any identifying information in order to protect the anonymity of participants.

9. Compensation

There will not be compensation for this research study. Complimentary refreshments will be provided to participants throughout the meetings.

10. Dissemination

A summary of research findings will be sent to participants by mail or email (depending on their interest and preference outlined in the form that will be given to participants). Findings will be disseminated at national, international and local conferences with different audience composition including researcher, policy maker, general public, and knowledge user; M Space and scholarly papers. All presentations will be done maintaining the participant's confidentiality. Five (5) years upon completion of this PhD study, all data will be erased from my computer and all hard copies will be shredded.

Appendix A-1

Informed Consent Form Older Adults Participants: Regina

Doctoral Research Study

Title of Research: Promoting Healthy Living and Well-Being for Older Adults Through Education

Principal Investigators:

Barbara Borges, graduate student –PhD Candidate

Department of Educational Administration, Foundations & Psychology

University of Manitoba, Winnipeg

Kerstin Roger Ph.D.

Department of Community Health Sciences, University of Manitoba

This consent form, a signed copy of which will be left with you for your records and reference, is only part of the process of informed consent. The primary researcher also keeps a signed copy in a locked cupboard. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask the researcher. You are always welcome to withdraw from the study at any point at no risk to you, and to ask questions about your participation.

Purpose of the Study:

The purpose of this research is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including for the concept of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy related strategies in order to expand and develop the state of education for older adults with the focus on healthy living and well-being as an outcome.

Study Procedures:

As a participant in this study you will be asked to attend a training session led by the researcher who will go over your role in this study, walk through this consent form, and explain the three tasks in more detail. The training session will be a group activity and may take up to two hours. First, you will be asked to complete a brief online questionnaire to collect background information, which should only take 15-20 minutes. Second, you will be asked to take 2-4 photos about your participation on this educational program for older adults. These pictures are not meant to be perfect or of professional quality. Instead, they should be a representation of how you view educational program for older adults through your eyes. During the training session, I will explain what photovoice is, which device you will use, issues related to taking photos such as power and safety of people you engage with, signing waivers and log sheets. The photo log sheets are intended to help you keep track of the photos you take and will be used as a reference piece during the interview. You will be provided with photo log sheets during the training session. Also, you will be asked to write a diary (a maximum of a page each day) about your participation and perception of this educational program for older adults, preferably right after the activities. Lastly, once your photos have been taken, and your diary written, you will meet with me at the university, local coffee shop, or a site of your choice (**location has not been finalized*) to discuss your photos and diary. Prior to beginning the interview session, you will be reminded of the importance of maintaining the confidentiality of people's names held in connection to this study. Interviews should take approximately 60 minutes to complete and they will be audio-recorded and transcribed. Once all of the older adults participating in this study have completed the questionnaire, photovoice, diary and interview session, a two-hour focus group will be scheduled with me at the university (conference room) to discuss final themes that emerged from the individual photovoice/diary interviews. Interviews will be recorded. Transcribed and stored on a password-protected computer at Ms. Borges' house and kept for five (5) years upon completion of this PhD dissertation.

Focus Group:

You will be asked to participate in a focus group depending on availability and willingness. The focus group is an extension of the information sought in this study as indicated in this consent form. Involvement could include participation in 1 focus group meeting that will be approximately 2 hours in length. The focus group meeting will be arranged at a convenient time for you and other group members and be held at a location that is accessible by the focus group members. We will do our best to find a time that works for the majority of interested participants however, not everyone who is interested may be able to meet that schedule. During the focus group meeting the I may use a tape recorder to capture the meeting in addition to note taking and flip cart notes. The focus group will explore the results of the interviews, specifically looking at themes that emerged. Participation involves discussing

questions directly pertaining to emerging themes in the study as outlined in this consent form. Your participation is voluntary and can be withdrawn from this project at any time. You can indicate your wish to withdraw from the project by telling this to me verbally, through email or a phone call. The decision to participate or not to participate will not affect your employment, participation in any other groups, or, the services that you receive at the organization for which you were originally contacted through.

There is minimal risk involved in participating in the focus group. However, while all focus groups members are responsible to maintain the same level of confidentiality, it is important to know that maintaining confidentiality depends on all the group members. You are never under pressure to report on anything personal to you, anything that makes you feel vulnerable, or to respond to every question in the focus group (you may simply say, 'pass' if you do not want to speak to a certain question). In the event that abuse and/or neglect is disclosed during a focus group meeting, the researcher will report the disclosure to the authorities responsible under the Manitoba 'Protection of Persons in Care Act'. Personal information may be disclosed if required by law, and will be reported to the appropriate authorities. If you have any distress in participating in the focus group a professionally trained counselor (Certified Social Worker, Psychologist, Counselor) will be made available to you.

All focus group members must maintain strict confidentiality regarding the focus group members' identity and any discussion that takes place during the meeting.

Potential Costs to Participating in this Research:

If you decide to participate, you will be asked to attend a two-hour training session, take 2-4 photos on your own time, complete a 60-minute interview, and participate in a two-hour focus group. You will be required to arrange for transportation to the location of the interview (i.e., university or local coffee shop). Please note that if you arrange to meet with the researcher in a coffee shop or other public location, privacy and confidentiality could potentially be compromised. In the online questionnaire there are a few questions regarding your mental and physical health. If you notice any feelings of low mood or anxiety after completing the background questionnaire or interview, please consult one of the attached resources for assistance.

Potential Benefits to Participating in this Research:

The benefit of participating in this study is that participants can create increased awareness of the impact of participating in educational program for older adults.

Voluntary Participation & Freedom to Withdraw:

It is your choice whether or not to participate in this study. Participation is voluntary and you may withdraw at any time with no penalty. If you decide to withdraw from participation in

this research, the information in your research file will be destroyed. Your participation or withdrawal from this study will also not affect your access or participation in this educational programs.

Anonymity and Confidentiality:

Information gathered in this research study may be published or presented in public forums; however, your name and other identifying information will not be used or revealed. Prior to taking and using a photo of someone, you will need to obtain consent to use their face in the waiver attached. Should you decide to take a photo of yourself, you will also need to complete the additional waiver providing permission to use your photograph.

Data will be stored in the online program and will only be accessible to Ms. Borges, Dr. Roger, Dr. Cap, Dr. Kops and Dr. Paniago. This data will be downloaded and stored on a password-protected computer at Ms. Borges' house. Similarly, this computer will also contain files of the audio-recordings of the interviews and the transcribed Word documents. I will keep a copy of the informed consent form in a locked cabinet at my house. All of the data will be kept for five (5) years upon completion of this PhD dissertation.

Only members of my PhD committee (Dr. Roger, Dr. Cap, Dr. Kops and Dr. Paniago), and myself will have access to the data. Data that is published or presented will only be given in summary form, and will not include participants' names or any identifying information in order to protect your anonymity. Pseudonyms will be used.

Please note that, the University of Manitoba may access your records related to this research project, in order to ensure that the research is being conducted in a safe and appropriate manner, in accordance with University of Manitoba Ethical guidelines.

Questions or Concerns:

If you have any questions about this study, please do not hesitate to contact Ms. Barbara Borges, Dr. Roger. If you have any concerns or complaints about this study you may contact any of the above-named persons or the Human Ethics Secretariat at 204-474-7122 or email humanethics@umanitoba.ca

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Joint-Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

Appendix A-2

Informed Consent Form Coordinators: Regina

Doctoral Research Study

Title of Research: Promoting Healthy Living and Well-Being for Older Adults Through Education

Principal Investigators:

Barbara Borges, graduate student, PhD candidate

Department of Educational Administration, Foundations & Psychology

University of Manitoba, Winnipeg

Kerstin Roger Ph.D.

Department of Family Social Sciences / Department of Community Health Sciences,
University of Manitoba

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask the researcher.

Purpose of the Study:

The purpose of this study is: a) The purpose of this research is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including for the concept of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy related strategies in order to expand and develop the state of education for older adults with the focus on healthy living and well-being as an outcome.

Study Procedures:

You will be asked to meet with me at the university, local coffee shop, or a site of your choice (**location has not been finalized*) to discuss the structure of the educational program for older adults you coordinate and the leadership model that exists within your program. Questions will address how educational program for older adults work as source of healthy living and well-being for older adults; what makes your program unique, etc. Prior to beginning the interview session, you will be reminded of the importance of maintaining the confidentiality of people's names held in connection to this study. Interviews should take approximately 60 minutes to complete and they will be audio-recorded and transcribed.

Potential Costs to Participating in the Research:

If you decide to participate, you will be asked to complete a 60-minute interview. You will be required to arrange for transportation to the location of the interview (i.e., university or local coffee shop). Please note that if you arrange to meet with the researcher in a coffee shop or other public location, privacy and confidentiality could potentially be compromised.

If you notice any feelings of low mood or anxiety after completing the background questionnaire or interview, please consult one of the attached resources for assistance.

Potential Benefits to Participating in the Research:

The benefit of participating in this study is that participants can create increased awareness of the impact of participating in educational program for older adults.

Voluntary Participation & Freedom to Withdraw:

It is your choice whether or not to participate in this study. Participation is voluntary and you may withdraw at any time with no penalty. Your participation (or non participation) in this study will not affect your involvement this educational program in any way. Whether you decide to participate or to withdraw, your access or participation in programs or activities at the university will not be affected.

If you decide to withdraw from participation in this research, the information in your research file will be destroyed.

Anonymity and Confidentiality:

Information gathered in this research study may be published or presented in public forums; however, your name and other identifying information will not be used or revealed. Data will be stored in the online program and will only be accessible to Ms. Borges, Dr. Roger, Dr. Cap, Dr. Kops and Dr. Paniago. This data will be downloaded and stored on a password-protected computer at Ms. Borges' house. Similarly, this computer will also contain files of the audio-recordings of the interviews and the transcribed Word documents. I will keep a copy of the informed consent form in a locked cabinet at my house. I will keep all of this material for five (5) years upon completion this PhD dissertation.

Only members of my PhD committee (Dr. Roger, Dr. Cap, Dr. Kops and Dr. Paniago), and myself will have access to the data. Data that is published or presented will only be given in summary form, and will not include participants' names or any identifying information in order to protect your anonymity. Pseudonyms will be used.

Please note that, the University of Manitoba may access your records related to this research project, in order to ensure that the research is being conducted in a safe and appropriate manner, in accordance with University of Manitoba Ethical guidelines.

Questions or Concerns:

If you have any questions about this study, please do not hesitate to contact Ms. Barbara Borges, Dr. Roger. If you have any concerns or complaints about this study you may contact any of the above-named persons or the Human Ethics Secretariat at 204-474-7122 or email humanethics@umanitoba.ca

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent:

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Joint-Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____



Appendix A-3

Informed Consent Form Instructors: Regina

Doctoral Research Study

Title of Research: Promoting Healthy Living and Well-Being for Older Adults Through Education

Principal Investigators:

Barbara Borges, graduate student, PhD candidate

Department of Educational Administration, Foundations & Psychology

University of Manitoba, Winnipeg

Kerstin Roger Ph.D.

Department of Family Social Sciences / Department of Community Health Sciences,
University of Manitoba

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask the researcher.

Purpose of the Study:

The purpose of this study is: a) The purpose of this research is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including for the concept of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy related strategies in order to expand and develop the state of education for older adults with the focus on healthy living and well-being as an outcome.

Study Procedures:

You will be asked meet with me at the university, local coffee shop, or a site of your choice (**location has not been finalized*) to discuss the structure of the educational programs you teach. Questions will address how educational programs for older adults may or may not work as source of healthy living and well-being for older adults; what makes this program unique, etc. Prior to the beginning the interview session, you will be reminded of the importance of maintaining the confidentiality of people's names held in connection to this study. Interviews should take approximately 60 minutes to complete and they will be audio-recorded and transcribed at a later date. You will also be asked for permission to have your classes observed for 2 weeks. I will sit in the back of the class and observe the interactions that relate to my research questions.

Potential Costs to Participating in the Research:

If you decide to participate, you will be asked to complete a 60-minute interview. You will be required to arrange for transportation to the location of the interview (i.e., university or local coffee shop). Please note that if we arrange to meet in a coffee shop or other public location, privacy and confidentiality could potentially be compromised.

If you notice any feelings of low mood or anxiety after completing the background questionnaire or interview, please consult one of the attached resources for assistance.

Potential Benefits to Participating in the Research:

The benefit of participating in this study is that participants can create increased awareness of the impact of participating in educational program for older adults.

Voluntary Participation & Freedom to Withdraw:

It is your choice whether or not to participate in this study. Participation is voluntary and you may withdraw at any time with no penalty. Your participation (or non participation) in this study will not affect your involvement in this educational program in any way. Whether you decide to participate or to withdraw, your access or participation in programs or activities at the university will not be affected.

If you decide to withdraw from participation in this research, the information in your research file will be destroyed.

Anonymity and Confidentiality:

Information gathered in this research study may be published or presented in public forums; however, your name and other identifying information will not be used or revealed. Pseudonyms will be used. Data will be stored in the online program and will only be accessible to Ms. Borges, Dr. Roger, Dr. Cap, Dr. Kops and Dr. Paniago. This data will be downloaded and stored on a password-protected computer at Ms. Borges' house. Similarly, this computer will also contain files of the audio-recordings of the interviews and the transcribed Word documents. I will keep a copy of the informed consent form in a locked

cabinet at my house. I will keep the data for five (5) years upon completion of this PhD dissertation.

Questions or Concerns:

If you have any questions about this study, please do not hesitate to contact Ms. Barbara Borges, Dr. Roger. If you have any concerns or complaints about this study you may contact any of the above-named persons or the Human Ethics Secretariat at 204-474-7122 or email humanethics@umanitoba.ca

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent:

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Joint-Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

Appendix A-4

Informed Consent Form Older Adults' Family Member: Regina

Doctoral Research Study

Title of Research: “Promoting Healthy Living and Well-Being for Older Adults Through Education”

Principal Investigators:

Barbara Borges, graduate student, PhD candidate

Department of Educational Administration, Foundations & Psychology

University of Manitoba, Winnipeg

Kerstin Roger Ph.D.

Department of Family Social Sciences / Department of Community Health Sciences,
University of Manitoba

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask the researcher.

Purpose of the Study:

The purpose of this study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including for the concept of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy related strategies in order to expand and develop the state of education for older adults with the focus on healthy living and well-being as an outcome.

Study Procedures:

You will be asked meet with me at the university, local coffee shop, or a site of your choice (**location has not been finalized*) to discuss the structure of the educational program for older adults, which older adult family member participate in. Questions will address how this educational program for older adults is or is not working as source of healthy living and well-being for your older adults family member participant; what makes your program unique, etc. Prior to beginning the interview session, you will be reminded of the importance of maintaining the confidentiality of people's names held in connection to this study. Interviews should take approximately 60 minutes to complete and they will be audio-recorded and transcribed.

Potential Costs to Participating in the Research:

If you decide to participate, you will be asked to complete a 60-minute interview. You will be required to arrange for transportation to the location of the interview (i.e., university or local coffee shop). Please note that if you arrange to meet with the researcher in a coffee shop or other public location, privacy and confidentiality could potentially be compromised.

If you notice any feelings of low mood or anxiety after completing the background questionnaire or interview, please consult one of the attached resources for assistance.

Potential Benefits to Participating in the Research:

The benefit of participating in this study is that participants can create increased awareness of the impact of participating in educational program for older adults.

Voluntary Participation & Freedom to Withdraw:

It is your choice whether or not to participate in this study. Participation is voluntary and you may withdraw at any time with no penalty. Your participation (or non participation) in this study will not affect your involvement this educational program in any way. Whether you decide to participate or to withdraw, your access or participation in programs or activities at the university will not be affected.

If you decide to withdraw from participation in this research, the information in your research file will be destroyed.

Anonymity and Confidentiality:

Information gathered in this research study may be published or presented in public forums; however, your name and other identifying information will not be used or revealed. Data will be stored in the online program and will only be accessible to Ms. Borges, Dr. Roger, Dr. Cap, Dr. Kops and Dr. Paniago. This data will be downloaded and stored on a password-protected computer at Ms. Borges' house. Similarly, this computer will also contain files of the audio-recordings of the interviews and the transcribed Word documents. I will keep a copy of the informed consent form in a locked cabinet at my house. I will keep the data for five (5) years upon completion of this PhD dissertation.

Data that is published or presented will only be given in summary form, and will not include participants' names or any identifying information in order to protect your anonymity. Pseudonyms will be used.

Please note that, the University of Manitoba may access to records related to this research project, in order to ensure that the research is being conducted in a safe and appropriate manner, in accordance with University of Manitoba Ethical guidelines.

Questions or Concerns:

If you have any questions about this study, please do not hesitate to contact Ms. Barbara Borges , Dr. Roger. If you have any concerns or complaints about this study you may contact any of the above-named persons or the Human Ethics Secretariat at 204-474-7122 or email humanethics@umanitoba.ca

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent:

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Joint-Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____



Appendix A-5
Photovoice Log Sheet

Picture #1 Photographer: _____

This picture is of something that shows the improvement of my well-being and health at this program.

This picture is of an activity in my university program.

This picture is of something that could be improved in my program.

How can this picture educate the community policy makers and others about older adults' healthy living and well-being?

Other: _____

This picture is of _____

This picture is important because _____

Picture #2 Photographer: _____

This picture is of something that shows the improvement of my well-being and health at this program.

This picture is of an activity in my university program.

This picture is of something that could be improved in my program.

O How can this picture educate the community policy makers and others about older adults' healthy living and well-being?

O Other: _____

This picture is of _____

This picture is important because _____

Picture #3 Photographer: _____

O This picture is of something that shows the improvement of my well-being and health at this program.

O This picture is of an activity in my university program.

O This picture is of something that could be improved in my program.

O How can this picture educate the community policy makers and others about older adults' healthy living and well-being?

O Other: _____

This picture is of _____

This picture is important because _____

Picture #4 Photographer: _____

This picture is of something that shows the improvement of my well-being and health at this program.

This picture is of an activity in my university program.

This picture is of something that could be improved in my program.

How can this picture educate the community policy makers and others about older adults' healthy living and well-being?

Other: _____

This picture is of _____

This picture is important because _____



Appendix A-6

Consent Waiver - Photovoice

Title of Research: “Promoting Healthy Living and Well-Being for Older Adults Through Education”

Principal Investigators:

Barbara Borges, graduate student, PhD candidate

Department of Educational Administration, Foundations & Psychology

University of Manitoba, Winnipeg

Kerstin Roger Ph.D.

Department of Family Social Sciences / Department of Community Health Sciences,
University of Manitoba

Permission To Use Photograph of You or Someone Else

When taking pictures of people, it is important to have their permission. Copies of this form should be included with the photo logs that are kept by each photographer so that permission can be sought at the time the photograph is taken. It is the role of the project coordinator to ensure that no photographs of people are used without appropriate and informed consent.

Description of Project

The purpose of this study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including for the concept of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy related strategies in order to expand and develop the state of education for older adults with the focus on healthy living and well-being as an outcome. Information obtained in this study will help establish a better understanding from the older adults’ perspective of how these educational programs for older adults contribute to their health and well-being, as well as uncovering further needs or gaps.

Older adults from two sites, one in Canada and one in Brazil are participating in this study. They were given cameras and asked to take pictures to illustrate what education for older adults means to them. The photos may not only reflect what education for older adults is, but more importantly, how it might grow or develop into something new based on gaps and benefits seen among the pictures.

The Photographs

The photographs may be used for:

- Public display at local, national and international research conferences focusing on different audiences (e.g., researchers, policy makers, general public, and knowledge users)
- Display at the Universities participating on this research study, Universities website
- Peer reviewed publications
-

**No names will be attached to identify people in the photograph*

Permission

We require your permission to use this photograph, if chosen by the photographer, which contains yourself, for the display. To provide consent, please fill out this form and return it to the photographer as soon as possible.

I give consent for a photograph of myself or _____ (name of individual) to be displayed at International, national and local conferences; and at the participating universities' website.

Print name of person photographed: _____

Signature _____

Date: _____

Appendix A-7



Individual Photovoice Interviews

Interview Questions

A. Older Adult Participants

Participants will be asked to select 2-4 of their photos to discuss with me. I will ask the following open-ended questions to promote dialogue and facilitate a discussion regarding what the importance of the photos and what they represent. I will use open-ended questions that were adapted and slightly modified from *SHOWeD*, a photo voice technique developed by Caroline Wang (1999). Questions for older adult participants include:

1. What is this photo of?
2. What is really happening here?
3. How does this relate to your health and well-being?
4. How does this concern or strengthen your educational program?
5. What is the relationship between the content of the photo and how you perceive your education for older adults?



Self-reported Demographic Information

A. Background Information

Today's Date: _____

Age: _____

Highest level of education:

Current occupational status:

() Full-time () Part-time () Retired, from what:

If you are currently retired, how long have you been retired?

If you are currently working full-time or part-time, what is your occupation?

Current Household income:

() \$0 - \$19,999 () \$20,000 - \$34,999 () \$35,000 - \$59,999 () \$60,000+

Marital status: () Single () Common law () Married () Widowed () Separated

() Divorced

Do you have kids: _____ **How many?** _____ **Do they live with you?** _____

Population Group:

_____ White

_____ South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)

_____ Chinese

_____ Black

- _____ Filipino
- _____ Latin American
- _____ Arab
- _____ Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- _____ West Asian (e.g., Iranian, Afghan, etc.)
- _____ Korean
- _____ Japanese
- _____ Aboriginal (First Nations, Métis, Inuit)
- _____ Other – Specify: _____

B. Health Information

In general, how would you say your mental health is (how are you feeling emotionally)?

- 1() poor 2() fair 3() good 4() very good 5() excellent

Compared to when you started attending this educational program for older adults, how would you say your mental health is now?

- () much better now
- () somewhat better now
- () about the same
- () somewhat worse now
- () much worse now

In general, how would you say your physical health is (how are you feeling physically)?

- 1() poor 2() fair 3() good 4() very good 5() excellent

Compared to when you started attending this educational program, how would you say your physical health is now?

- () much better now
- () somewhat better now
- () about the same

somewhat worse now

much worse now

In general, how would you say your overall well-being is?

1() poor 2() fair 3() good 4() very good 5() excellent

Compared to when you started attending this educational program, how would you say your overall well-being is now?

much better now

somewhat better now

about the same

somewhat worse now

much worse now

Are you usually free of pain or discomfort? ()yes ()no

How many activities does your pain or discomfort prevent?

()most

()some

()few

()none

Did this condition improve since you started attending this educational program?

()yes ()no

Individual Interviews with Coordinators

A coordinator from each educational program will be asked open-ended questions assessing the structure of their educational program. Questions for coordinators include:

1. How did your educational program get started?
 - Who, what, where, when, why?
 - Challenges?
 - Things that helped?
2. What activities do you do at your educational program?
3. What makes your educational program for older adults unique in terms of its region (Canada, Brazil)?
4. How has your educational program changed over time, in terms of older adults' participation?
 - Challenges and benefits of these changes?
 - How have you adapted to these changes?
5. Do you have a motto, philosophy, or set of guiding principals for your educational program?
 - Please describe.
 - Has this changed over time? If so, how?
6. What do you feel are the most important reasons for participating in an educational program for older adults?
 - What would participants say?
7. How do you see your educational program changing in the near future?
 - In terms of activities?
 - In terms of new participants?
8. Did you feel any improvement to older adults' overall health and well-being in any way, comparing to when they started participating in this program? Tell me about it.
9. In which aspects do you think this educational program is promoting older adults' health and well-being? In which ways not?

MENTAL HEALTH RESOURCES

- ANXIETY DISORDERS ASSOCIATION OF MANITOBA: Suite 100 – 4 Fort Street;
Phone: 204-925-0600
- MOOD DISORDERS ASSOCIATION OF MANITOBA: Suite 100 – 4 Fort Street;
Phone: 204-786-0987
- CANADIAN MENTAL HEALTH ASSOCIATION: 930 Portage Avenue; Phone: 204-982-6100
- KLINIC COMMUNITY HEALTH CENTRE: Crisis Line (24 Hours): 204-786-8686 or 1-888-322-3019/ 870 Portage Avenue; 545 Broadway for drop-in
- MOBILE CRISIS STABILIZATION UNIT: Phone: 204-940-3633
- HEALTH SCIENCES CENTRE CRISIS RESPONSE CENTRE: 817 Bannatyne Avenue;
Phone: 204-940-1781
- WINNIPEG REGIONAL HEALTH AUTHORITY PROGRAMS GERIATRIC
MENTAL HEALTH: <http://www.wrha.mb.ca/prog/gmh/index.php>; Phone: 204-982-0140



Individual Interviews with Instructors

Two instructors from each educational program will be asked open-ended questions assessing their impression of the impact of the educational program on the lives of the older adults' participants. Questions for instructors include:

1. Did you feel any improvement to older adults' overall health and well-being in any way, comparing to when they started participating in this program? Tell me about it.
2. In which aspects do you think this educational program is promoting older adults' health and well-being? In which ways not?
3. What would you change in this program for older adults?

MENTAL HEALTH RESOURCES

- ANXIETY DISORDERS ASSOCIATION OF MANITOBA: Suite 100 – 4 Fort Street; Phone: 204-925-0600
- MOOD DISORDERS ASSOCIATION OF MANITOBA: Suite 100 – 4 Fort Street; Phone: -786-0987
- CANADIAN MENTAL HEALTH ASSOCIATION: 930 Portage Avenue; Phone: -982-6100
- KLINIC COMMUNITY HEALTH CENTRE: Crisis Line (24 Hours): -786-8686 or 1-888-322-3019/ 870 Portage Avenue; 545 Broadway for drop-in
- MOBILE CRISIS STABILIZATION UNIT: Phone: -940-3633
- HEALTH SCIENCES CENTRE CRISIS RESPONSE CENTRE: 817 Bannatyne Avenue; Phone: -940-1781
- WINNIPEG REGIONAL HEALTH AUTHORITY PROGRAMS GERIATRIC MENTAL HEALTH: <http://www.wrha.mb.ca/prog/gmh/index.php>; Phone: -982-0140



Individual Interviews with Older Adults' Family Member

Two older adults' family members from each educational program will be asked open-ended questions assessing their impression of the impact of the educational program on the lives of the older adults' participants. Questions for instructors include:

1. Did you feel any improvement to older adults' overall health and well-being in any way, comparing to when they started participating in this program? Tell me about it.
2. In which aspects do you think this educational program is promoting older adults' health and well-being? In which ways not?
3. Do you see any changes in your older adult family member that is different from before participating in the program? If the yes, what are the changes?

MENTAL HEALTH RESOURCES

- ANXIETY DISORDERS ASSOCIATION OF MANITOBA: Suite 100 – 4 Fort Street; Phone: -925-0600
- MOOD DISORDERS ASSOCIATION OF MANITOBA: Suite 100 – 4 Fort Street; Phone: -786-0987
- CANADIAN MENTAL HEALTH ASSOCIATION: 930 Portage Avenue; Phone: -982-6100
- KLINIC COMMUNITY HEALTH CENTRE: Crisis Line (24 Hours): -786-8686 or 1-888-322-3019/ 870 Portage Avenue; 545 Broadway for drop-in
- MOBILE CRISIS STABILIZATION UNIT: Phone: -940-3633
- HEALTH SCIENCES CENTRE CRISIS RESPONSE CENTRE: 817 Bannatyne Avenue; Phone: -940-1781
- WINNIPEG REGIONAL HEALTH AUTHORITY PROGRAMS GERIATRIC MENTAL HEALTH: <http://www.wrha.mb.ca/prog/gmh/index.php>; Phone: -982-0140



B. Focus groups

I will bring the themes that have been compiled from the photovoice interviews to share with focus group participants. This will give photo voice participants the opportunity to provide corrections/clarifications related to the themes, as well as providing them with useful information for them.

1. Does this theme(s) resonate with you?
 - a. What is missing?
 - b. How can it be better explained? (I will continue with question 1 for all the themes)
2. Do you feel that the information presented today accurately represents your educational program and your experience?
3. Do you feel the information discussed today accurately represents your educational program in terms of its benefits on promoting older adults' health and well-being?
4. Do the themes compiled through this study accurately reflect the unique needs or gaps, as identified by you (the participants)?
5. What recommendations would you make for improvements to your educational program, based on today's discussion?

Appendix A-13

Recruitment Advertisement and Communication Scripts for Older Adult Participants



UNIVERSITY
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Older Adult Participants!

A researcher from the University of Manitoba needs YOUR help in learning about your experience in educational programs!

WHAT: I want to talk to you about education for older adults!

WHERE: LOCATION TBA near you!

WHEN: DATE TBD

WHY: I want to see how educational programs for older adults has been impacting the lives of older adult participants.

*Please contact Ms. Borges, PhD candidate at XXXXXXXX / XXXXXXXX if you are interested in participating.

Appendix A-14

Recruitment Script for Older Adults

Doctoral Research Study



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In-Person and telephone script

Hi, my name is Barbara Borges, and I am a PhD candidate at the University of Manitoba. Thank you very much for your interest in participating in this study titled “Promoting Healthy living and Well-Being for Older Adults Through Education”. I take it you’re contacting me to find out more about the study, so let me spend a few minutes describing some important aspects of the study: this study will explore how older adults in Canada and in Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes. If you are interested to participate in this study, I ask that you recommend one other person for the study. This could be a family member or someone close to you, to participate in one interview (60 minutes) – someone in your personal life who you consider knows you well and knows about your participation in this educational program. This could be a spouse, daughter/son, close friend/partner, grandkids, or other. I will however be happy to include you in our study even if you cannot recommend anyone. We would need the name and phone number of that person that you recommend. They would also sign a consent form and get a signed copy of this, so each person understands the process of the study. The questions I am going to ask that person include, for example: i. did you feel any improvement in health and well-being in person ‘x’ compared to when they started participating in this program? ii. which aspects do you think this educational program is promoting for older adult health and well-being? Or in which ways not? You are always welcome to ask me for the full interview questions, or, to ask your family member directly how the interview went. While the interview is with them only, and I cannot share the interview data with you, their interview is not intended to be a secret nor collect confidential information withheld from you. Based on the information we’ve just been discussing are you interested in participating?

If NO: Thank you very much for your time and have a nice day

If YES: That's great. Can I have your first name and telephone number so that I can contact you to let you know when we will be holding our training session and get set you up with a electronic device (smartphone, Ipad or camera)? That will likely happen within the next month. At our first meeting, I'll have a consent form for you to sign that reviews the information we've talked about today. I am looking forward to working with you. If you have any questions or concerns between now and our first meeting you can reach me at the same number you called today. Thank you very much and have a great day.

Email script:

Hello Mr. (Mrs.)X,

My name is Barbara Borges and I am a PhD candidate at the University of Manitoba. Thank you very much for your interest in participating in our study titled "Promoting Healthy living and Well-Being for Older Adults Through Education". This research study will explore how older adults in Canada and in Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes

I have included, as an attachment, the consent form for this study that describes in detail important aspects of the study that will help you decide if you'd like to take part. Once you've had a chance to read that consent form I'll ask that, if you're interested in participating, or if you have questions about participating, that you call me at XXXXXXXX. During that call I will answer any questions you might have and make arrangements for you to participate.

At that first meeting I'll have the same consent form for you to sign for my records. I am looking forward to working with you. If you have any questions or concerns between now and our first meeting you can reach me at (which you'll also find in the consent form if you delete this email message). Thank you very much and have a great day.

Appendix A-15

Recruitment Script for Coordinators

Doctoral Research Study



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COORDINATORS:

In-Person and telephone script

Hi, my name is Barbara Borges, and I am a PhD candidate at the University of Manitoba. I would like to invite you to participate in the study titled “Promoting Healthy living and Well-Being for Older Adults Through Education”. This study will explore how older adults in Canada and in Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes. Based on the information we’ve just been discussing are you interested in participating?

If NO: Thank you very much for your time and have a nice day

If YES: That’s great. Can I have your first name and telephone number so that I can contact you to schedule a day to meet? I’ll have a consent form for you to sign that reviews the information we’ve talked about today. I am looking forward to working with you. If you have any questions or concerns between now and our first meeting you can reach me at the same number you called today. Thank you very much and have a great day.

Email script:

Hello Mr. (Mrs.) X,

Hi, my name is Barbara Borges, and I am a PhD candidate at the University of Manitoba. I would like to invite you to participate in the study titled “Promoting Healthy living and Well-Being for Older Adults Through Education”. This study will explore how older adults in Canada and in Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes.

I have included, as an attachment, the consent form for this study that describes in detail important aspects of the study that will help you decide if you’d like to take part. Once you’ve had a chance to read that consent form I’ll ask that, if you’re interested in participating, or if you have questions about participating, that you call me at XXXXXXXX. During that call I will answer any questions you might have and make arrangements for you to participate.

At that first meeting I’ll have the same consent form for you to sign for my records. I am looking forward to working with you. If you have any questions or concerns between now and our first meeting you can reach me at XXXXXXXX (which you’ll also find in the consent form if you delete this email message). Thank you very much and have a great day.

Appendix A-16

Recruitment Script for Instructors

Doctoral Research Study



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OF MANITOBA

In-Person and telephone script

Hi, my name is Barbara Borges, and I am a PhD candidate at the University of Manitoba. I would like to invite you to participate in the study titled “Promoting Healthy living and Well-Being for Older Adults Through Education”. This study will explore how older adults in Canada and in Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes. Based on the information we’ve just been discussing are you interested in participating?

If NO: Thank you very much for your time and have a nice day

If YES: That’s great. Can I have your first name and telephone number so that I can contact you to schedule a day to meet? I’ll have a consent form for you to sign that reviews the information we’ve talked about today. I am looking forward to working with you. If you have any questions or concerns between now and our first meeting you can reach me at the same number you called today. Thank you very much and have a great day.

Email script:

Hello Mr. (Mrs.) X,

Hi, my name is Barbara Borges, and I am a PhD candidate at the University of Manitoba. I would like to invite you to participate in the study titled “Promoting Healthy living and Well-Being for Older Adults Through Education”. This study will explore how older adults in Canada and in Brazil perceive education that has been designed specifically for them and

how they understand it to be linked to healthy living and well-being. The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes.

I have included, as an attachment, the consent form for this study that describes in detail important aspects of the study that will help you decide if you'd like to take part. Once you've had a chance to read that consent form I'll ask that, if you're interested in participating, or if you have questions about participating, that you call me at XXXXXXXX. During that call I will answer any questions you might have and make arrangements for you to participate.

At that first meeting I'll have the same consent form for you to sign for my records. I am looking forward to working with you. If you have any questions or concerns between now and our first meeting you can reach me at XXXXXXXX (which you'll also find in the consent form if you delete this email message). Thank you very much and have a great day.

Appendix A-17

Recruitment Script for Family Members

Doctoral Research Study



UNIVERSITY
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In-Person and telephone script

Hi, my name is Barbara Borges, and I am a PhD candidate at the University of Manitoba. Thank you very much for your interest in participating in this study titled “Promoting Healthy living and Well-Being for Older Adults Through Education”. I take it you’re contacting me to find out more about the study that your older adult family member mentioned to you, so let me spend a few minutes describing some important aspects of the study: this study will explore how older adults in Canada and in Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes. Based on the information we’ve just been discussing are you interested in participating?

If NO: Thank you very much for your time and have a nice day

If YES: That’s great. Can I have your first name and telephone number so that I can contact you to schedule a day to meet? I’ll have a consent form for you to sign that reviews the information we’ve talked about today. I am looking forward to working with you. If you have any questions or concerns between now and our first meeting you can reach me at the same number you called today. Thank you very much and have a great day.

Email script

Hello Mr. X,

My name is Barbara Borges and I am a PhD candidate at the University of Manitoba. Thank you very much for your interest in participating in our study titled “Promoting Healthy living and Well-Being for Older Adults Through Education”. This research study will explore how older adults in Canada and in Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes

I have included, as an attachment, the consent form for this study that describes in detail important aspects of the study that will help you decide if you’d like to take part. Once you’ve had a chance to read that consent form I’ll ask that, if you’re interested in participating, or if you have questions about participating, that you call me at XXXXXXXX. During that call I will answer any questions you might have and make arrangements for you to participate.

At that first meeting I’ll have the same consent form for you to sign for my records. I am looking forward to working with you. If you have any questions or concerns between now and our first meeting you can reach me at XXXXXXXXXX (which you’ll also find in the consent form if you delete this email message). Thank you very much and have a great day.

Appendix A-18

Correspondence to the Department Head

Doctoral Research Study



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Email/Letter script

Hello Mr. (Mrs.) X,

My name is Barbara Borges and I am a PhD candidate at the University of Manitoba. My research is about education for older adults. This study titled “Promoting Healthy living and Well-Being for Older Adults Through Education”, will explore how older adults in Canada and in Brazil perceive education that has been designed specifically for them and how they understand it to be linked to healthy living and well-being. The purpose of this research study is: a) to learn more about and be better able to describe the overall impact of education in the lives of older adults; b) to better understand what older adults imagine the future potential impact of education is for them, including the concepts of healthy living and well-being; and c) to delineate recommendations for curriculum development as well as broader institutional and policy-related strategies to expand and develop the state of education for older adults with the focus on healthy living and well-being as outcomes. I would like your permission to conduct this research on your educational program for older adults, as well as a permission to contact coordinators, instructors and older adults and ask if they would be interest in participating in this PhD research study.

I have included, as an attachment, the consent form for this study that describes in detail important aspects of the study that will help you decide about it. Once you’ve had a chance to read that consent form I’ll ask that, if you’re interested in participating, or if you have questions about participating, that you call me at XXXXXXXX. During that call I will answer any questions you might have and make arrangements for you to participate.



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Informed Consent Form Older Adults Participants: Campo Grande

Doctoral Research Study

Título da Pesquisa: Educação para idosos como forma de promoção de envelhecimento saudável e bem-estar.

Investigadora Principal:

Barbara Borges, doutoranda

Department of Educational Administration, Foundations & Psychology

University of Manitoba, Winnipeg

Telephone: XXXXXX

Email: [XXXXXXXX](#)

Kerstin Roger Ph.D.

Department of Family Social Sciences / Department of Community Health Sciences,
University of Manitoba

Telephone: XXXXXX

Email: XXXXX

Este formulário de consentimento, uma cópia do qual será deixado com você para seus registros e referência, é apenas parte do processo de consentimento informado. Deve dar-lhe a idéia sobre do que trata a pesquisa e como a sua participação envolverá. Se você quiser mais detalhes sobre algo mencionado aqui, ou informações não incluídas aqui, sinta-se livre para perguntar a pesquisadora.

Propósito do Estudo:

O objetivo deste estudo é: a) aprender mais sobre o impacto global da educação nas vidas dos idosos e ser capaz de descrever em detalhes esse impacto; B) compreender melhor

qual sera o futuro impacto da educação na vida dos idosos, incluindo o conceito de vida saudável e bem-estar; c) Delinear recomendações para o desenvolvimento curricular, bem como estratégias mais amplas institucionais e políticas relacionadas, a fim de expandir e desenvolver o estado da educação para idosos, com foco no envelhecimento de sucesso, vida saudável e bem-estar como um resultado.

Procedimento do Estudo:

Como participante deste estudo, você será convidado a participar de uma sessão de treinamento liderada pelo pesquisador que irá analisar seu papel neste estudo, percorrer este formulário de consentimento e explicar as três tarefas em mais detalhes. A sessão de treinamento será uma atividade de grupo e pode demorar até duas horas. Primeiro, você será solicitado a preencher um breve questionário para coletar informações básicas, que deve levar apenas 15-20 minutos. Em segundo lugar, você será convidado a tirar 2-4 fotos sobre sua participação neste programa educacional para idosos. Estas imagens não são destinadas a ser perfeito ou de qualidade profissional. Em vez disso, elas devem ser uma representação de como você vê o programa educacional para adultos mais velhos através de seus olhos. Durante a sessão de treinamento, vou explicar o que o photovoice é, o dispositivo que você vai usar, questões relacionadas à tomada de fotos como o poder e a segurança das pessoas que você se envolver, assinando renúncias e folhas de registro. As folhas de registro de fotos destinam-se a ajudá-lo a acompanhar as fotos tiradas e serão usadas como peça de referência durante a entrevista. Você receberá folhas de registro de fotos durante a sessão de treinamento. Além disso, você será solicitado a escrever um diário (um máximo de uma página por dia) sobre sua participação e percepção deste programa educacional para adultos mais velhos, preferencialmente após as atividades. Por fim, uma vez que suas fotos foram tiradas, e seu diário escrito, você vai encontrar-se comigo na universidade, café local, ou um lugar de sua escolha (* local não foi finalizado) para discutir suas fotos e diário. Antes de começar a sessão de entrevista, você será lembrado da importância de manter a confidencialidade dos nomes das pessoas realizadas em conexão com este estudo. As entrevistas devem durar aproximadamente 60 minutos e serão gravadas e transcritas. Uma vez que todos os idosos participantes deste estudo tenham preenchido o questionário, photovoice, diário e sessão de entrevista, um grupo focal de duas horas será marcado comigo na universidade (sala de conferência) para discutir temas finais que surgiram a partir do photovoice individual / Diário entrevistas. As entrevistas serão gravadas. Transcritas e armazenadas em um computador protegido por senha na minha casa e mantidas por cinco (5) anos após a conclusão desta tese de doutorado

Grupo Focal:

Você será solicitado a participar de um grupo de foco dependendo da disponibilidade. O grupo focal é uma extensão das informações procuradas neste estudo, conforme indicado neste formulário de consentimento. O envolvimento pode incluir a participação em uma reunião de grupo focal que será de aproximadamente 2 horas de duração. A reunião do grupo focal será organizada em um momento conveniente para você e outros membros do grupo e

será realizada em um local que seja acessível pelos membros do grupo de foco. Faremos o nosso melhor para encontrar um tempo que funcione para a maioria dos participantes interessados no entanto, nem todos os que estão interessados podem ser capazes de cumprir esse cronograma. Durante a reunião do grupo de foco, eu posso usar um gravador para capturar a reunião, além de tomar nota e notas de carrinho de mão. O grupo focal irá explorar os resultados das entrevistas, especificamente olhando para os temas que surgiram. A participação envolve a discussão de questões diretamente relacionadas a temas emergentes no estudo, conforme delineado neste formulário de consentimento. Sua participação é voluntária e pode ser retirada deste projeto a qualquer momento. Você pode indicar seu desejo de retirar-se do projeto, dizendo isso para mim verbalmente, através de e-mail ou um telefonema. A decisão de participar ou não participar não afetará seu emprego, participação em nenhum outro grupo ou os serviços que você recebe na organização para a qual você foi originalmente contatado.

Há risco mínimo envolvido na participação no grupo focal. No entanto, embora todos os membros dos grupos focais sejam responsáveis por manter o mesmo nível de confidencialidade, é importante saber que a manutenção da confidencialidade depende de todos os membros do grupo. Você nunca está sob pressão para relatar qualquer coisa pessoal para você, qualquer coisa que faz você se sentir vulnerável, ou para responder a cada pergunta no grupo de foco (você pode simplesmente dizer, "passar" se você não quiser falar com uma determinada pergunta). No caso de revelação de abuso e / ou negligência durante uma reunião do grupo focal, o pesquisador relatará a divulgação às autoridades responsáveis pela Lei de Proteção de Pessoas de Manitoba. Informações pessoais podem ser divulgadas se exigido por lei, e será relatado às autoridades competentes. Se você tiver alguma dificuldade em participar do grupo de foco um conselheiro profissionalmente treinado (Certified Social Worker, Psicólogo, Conselheiro) será disponibilizado para você.

Todos os membros do grupo de discussão devem manter estrita confidencialidade sobre a identidade dos membros do grupo de discussão e qualquer discussão que ocorra durante a reunião.

Custo Potencial para os Participantes dessa Pesquisa:

Você terá que providenciar o transporte para o local da entrevista (ou seja, uma universidade ou um café local). Tenha em atenção que, se nos reunirmos num café ou outro local público, a privacidade e a confidencialidade poderão ser comprometidas.

Se você perceber alguma ansiedade depois de preencher o questionário ou entrevista, por favor, consulte um dos recursos anexados para assistência.

Potential Benefits to Participating in the Research:

O benefício em participar deste estudo é que os participantes podem criar uma maior consciência do impacto na vida dos idosos que participam nesses programas educacionais.

Participação Voluntária e Liberdade de Desistência:

É sua escolha participar ou não neste estudo. A participação é voluntária e você pode desistir a qualquer momento sem penalidade. Sua participação (ou não participação) neste estudo não afetará sua participação neste programa educacional de forma alguma. Se você decide participar ou se retirar, seu acesso ou participação em programas ou atividades na universidade não serão afetados.

Se você decidir se retirar da participação nesta pesquisa, as informações em seu arquivo de pesquisa serão destruídas.

Anonimato e Confidencialidade:

As informações coletadas nesta pesquisa podem ser publicadas ou apresentadas em fóruns públicos; no entanto, seu nome e outras informações de identificação não serão usados ou revelados. Serão utilizados pseudônimos. Os dados serão armazenados no programa on-line e só serão acessíveis para a doutoranda Borges, Dr. Roger, Dr. Cap, Dr. Kops e Dr. Paniago. Estes dados serão baixados e armazenados em um computador protegido por senha na casa da Sra. Borges. Da mesma forma, este computador também conterá arquivos das gravações de áudio das entrevistas e dos documentos da palavra transcritos. Eu mantereí uma cópia do formulário de consentimento informado em um armário trancado em minha casa. Vou manter os dados por cinco (5) anos após a conclusão desta tese de doutorado.

Questões:

Se você tiver alguma dúvida sobre este estudo, não hesite em entrar em contato com Barbara Borges , e-mail, Dr. Roger email:

Se você tiver alguma preocupação ou queixa sobre este estudo, entre em contato com qualquer uma das pessoas mencionadas acima ou com o Comitê de Ética no telephone 204-474-7122 ou envie um email para humanethics@umanitoba.ca

Não assine este formulário de consentimento, a menos que tenha tido a oportunidade de fazer perguntas e tenha recebido respostas satisfatórias a todas as suas perguntas.

Declaração de Consentimento:

Sua assinatura neste formulário indica que você entendeu a sua satisfação as informações relativas à participação no projeto de pesquisa e concorda em participar. De nenhuma maneira isso dispensa seus direitos legais nem liberta os pesquisadores, patrocinadores ou instituições envolvidas de suas responsabilidades legais e profissionais. Você é livre para se retirar do estudo a qualquer momento, e / ou abster-se de responder a quaisquer perguntas que você prefere omitir, sem prejuízo ou consequência. Sua participação contínua deve ser tão informada quanto seu consentimento inicial, então você deve se sentir livre para pedir esclarecimentos ou novas informações durante a sua participação.

A Universidade de Manitoba pode olhar para seus registros de pesquisa para ver que a pesquisa está sendo feita de forma segura e adequada.

Esta pesquisa foi aprovada pelo Comitê de Ética da Universidade de Manitoba. Se você tiver quaisquer preocupações ou queixas sobre este projeto, entre em contato com qualquer uma das pessoas mencionadas acima ou com o Coordenador de Ética no 204-474-7122. Uma cópia deste formulário de consentimento foi dada a você para manter para seus registros e referência.

Assinatura do(a) Participant _____

Date: _____

Assinatura da Pesquisadora: _____

Date: _____

Informed Consent Form Instructors: Campo Grande

Doctoral Research Study



UNIVERSITY
OF MANITOBA

Título da Pesquisa: Educação para idosos como forma de promoção de envelhecimento saudável e bem-estar.

Investigadora Principal:

Barbara Borges, doutoranda

Department of Educational Administration, Foundations & Psychology

University of Manitoba, Winnipeg

Kerstin Roger Ph.D.

Department of Family Social Sciences / Department of Community Health Sciences,
University of Manitoba

Este formulário de consentimento, uma cópia do qual será deixado com você para seus registros e referência, é apenas parte do processo de consentimento informado. Deve dar-lhe a idéia sobre do que trata a pesquisa e como a sua participação envolverá. Se você quiser mais detalhes sobre algo mencionado aqui, ou informações não incluídas aqui, sinta-se livre para perguntar a pesquisadora.

Propósito do Estudo:

O objetivo deste estudo é: a) aprender mais sobre o impacto global da educação nas vidas dos idosos e ser capaz de descrever em detalhes esse impacto; B) compreender melhor qual sera o futuro impacto da educação na vida dos idosso, incluindo o conceito de vida saudável e bem-estar; c) Delinear recomendações para o desenvolvimento curricular, bem como estratégias mais amplas institucionais e políticas relacionadas, a fim de expandir e desenvolver o estado da educação para idosos, com foco no envelhecimento de sucesso, vida saudável e bem-estar como um resultado.

Procedimentos de Estudo:

Você será convidado a me encontrar na universidade, café local, ou um lugar de sua escolha (* local não foi finalizado) para discutir a estrutura dos programas educacionais que você ensina. As perguntas abordarão como programas educacionais para idosos podem ou não funcionar como fonte de vida saudável e bem-estar para; O que torna este programa único, etc. Antes do início da sessão de entrevista, você será lembrado da importância de manter a confidencialidade dos nomes das pessoas em conexão com este estudo. As entrevistas devem durar aproximadamente 60 minutos e serão gravadas e transcritas em data posterior. Você também será solicitado a permissão para ter suas aulas observadas por 2 semanas. Vou sentar na parte de trás da classe e observar as interações que se relacionam com as minhas perguntas de pesquisa.

Potential de Benefits to Participating in the Research:

O benefício em participar deste estudo é que os participantes podem criar uma maior consciência do impacto na vida dos dos idosos que participam nesses programas educacionais.

Participação Voluntária e Liberdade de Desistencia:

É sua escolha participar ou não neste estudo. A participação é voluntária e você pode desistir a qualquer momento sem penalidade. Sua participação (ou não participação) neste estudo não afetará sua participação neste programa educacional de forma alguma. Se você decide participar ou se retirar, seu acesso ou participação em programas ou atividades na universidade não serão afetados.

Se você decidir se retirar da participação nesta pesquisa, as informações em seu arquivo de pesquisa serão destruídas.

Anonimato e Confidencialidade:

As informações coletadas nesta pesquisa podem ser publicadas ou apresentadas em fóruns públicos; no entanto, seu nome e outras informações de identificação não serão usados ou revelados. Serão utilizados pseudônimos. Os dados serão armazenados no programa on-line e só serão acessíveis para a doutoranda Borges, Dr. Roger, Dr. Cap, Dr. Kops e Dr. Paniago. Estes dados serão baixados e armazenados em um computador protegido por senha na casa da Sra. Borges. Da mesma forma, este computador também conterá arquivos das gravações de áudio das entrevistas e dos documentos da palavra transcritos. Eu mantereí uma cópia do formulário de consentimento informado em um armário trancado em minha casa. Vou manter os dados por cinco (5) anos após a conclusão desta tese de doutorado.

Questões:

Se você tiver alguma dúvida sobre este estudo Dr. Roger

Se você tiver alguma preocupação ou queixa sobre este estudo, entre em contato com qualquer uma das pessoas mencionadas acima ou com o Comitê de Ética no telephone 204-474-7122 ou envie um email para humanethics@umanitoba.ca

Não assine este formulário de consentimento, a menos que tenha tido a oportunidade de fazer perguntas e tenha recebido respostas satisfatórias a todas as suas perguntas.

Declaração de Consentimento:

Sua assinatura neste formulário indica que você entendeu a sua satisfação as informações relativas à participação no projeto de pesquisa e concorda em participar. De nenhuma maneira isso dispensa seus direitos legais nem liberta os pesquisadores, patrocinadores ou instituições envolvidas de suas responsabilidades legais e profissionais. Você é livre para se retirar do estudo a qualquer momento, e / ou abster-se de responder a quaisquer perguntas que você prefere omitir, sem prejuízo ou consequência. Sua participação contínua deve ser tão informada quanto seu consentimento inicial, então você deve se sentir livre para pedir esclarecimentos ou novas informações durante a sua participação.

A Universidade de Manitoba pode olhar para seus registros de pesquisa para ver que a pesquisa está sendo feita de forma segura e adequada.

Esta pesquisa foi aprovada pelo Comitê de Ética da Universidade de Manitoba. Se você tiver quaisquer preocupações ou queixas sobre este projeto, entre em contato com qualquer uma das pessoas mencionadas acima ou com o Coordenador de Ética no 204-474-7122. Uma cópia deste formulário de consentimento foi dada a você para manter para seus registros e referência.

Assinatura do(a) Participant _____

Date: _____

Assinatura da Pesquisadora: _____

Date: _____

Appendix B

Appendix C

AppAPpp



Research Ethics
and Compliance

Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-7122
Email: humanethics@umanitoba.ca

RENEWAL APPROVAL

Date: August 15, 2017

New Expiry: September 6, 2018

TO: Barbara Borges

(Advisor: Kerstin Roger)

Principal Investigator

FROM: Zana Lutfiyya, Chair

Education/Nursing Research Ethics Board (ENREB)

Re: Protocol #E2016:063 (HS19918)

“Promoting Healthy Living and Well-being for Older Adults Through Education”

Education/Nursing Research Ethics Board (ENREB) has reviewed and renewed the above research. ENREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

1. Any modification to the research must be submitted to ENREB for approval before implementation.

2. Any deviations to the research or adverse events must be submitted to ENREB as soon as possible.
3. This renewal is valid for one year only and a Renewal Request must be submitted and approved by the above expiry date.
4. A Study Closure form must be submitted to ENREB when the research is complete or terminated.

Funded Protocols:

- **Please mail/e-mail a copy of this Renewal Approval, identifying the related UM Project**

Research Ethics and Compliance is a part of the Office of the Vice-President (Research and International) umanitoba.ca/research

LEI Nº 10.741, DE 1º DE OUTUBRO DE 2003.

http://www.planalto.gov.br/ccivil_03/_Ato2007-2010/2007/Decreto/D6214.htm

Dispõe sobre o Estatuto do Idoso e dá outras providências.

O PRESIDENTE DA REPÚBLICA Faço saber que o Congresso Nacional decreta e eu sanciono a seguinte Lei:

TÍTULO

Disposições Preliminares

I

Art. 1º É instituído o Estatuto do Idoso, destinado a regular os direitos assegurados às pessoas com idade igual ou superior a 60 (sessenta) anos.

Art. 2º O idoso goza de todos os direitos fundamentais inerentes à pessoa humana, sem prejuízo da proteção integral de que trata esta Lei, assegurando-se-lhe, por lei ou por outros meios, todas as oportunidades e facilidades, para preservação de sua saúde física e mental e seu aperfeiçoamento moral, intelectual, espiritual e social, em condições de liberdade e dignidade.

Art. 3º É obrigação da família, da comunidade, da sociedade e do Poder Público assegurar ao idoso, com absoluta prioridade, a efetivação do direito à vida, à saúde, à alimentação, à educação, à cultura, ao esporte, ao lazer, ao trabalho, à cidadania, à liberdade, à dignidade, ao respeito e à convivência familiar e comunitária.

Parágrafo único. A garantia de prioridade compreende:

I – atendimento preferencial imediato e individualizado junto aos órgãos públicos e privados prestadores de serviços à população;

II – preferência na formulação e na execução de políticas sociais públicas específicas;

III – destinação privilegiada de recursos públicos nas áreas relacionadas com a proteção ao idoso;

IV – viabilização de formas alternativas de participação, ocupação e convívio do idoso com as demais gerações;

V – priorização do atendimento do idoso por sua própria família, em detrimento do atendimento asilar, exceto dos que não a possuem ou careçam de condições de manutenção da própria sobrevivência;

VI – capacitação e reciclagem dos recursos humanos nas áreas de geriatria e gerontologia e na prestação de serviços aos idosos;

VII – estabelecimento de mecanismos que favoreçam a divulgação de informações de caráter educativo sobre os aspectos biopsicossociais de envelhecimento;

VIII – garantia de acesso à rede de serviços de saúde e de assistência social locais.

IX – prioridade no recebimento da restituição do Imposto de Renda. ([Incluído pela Lei nº 11.765, de 2008](#)).

Art. 4º Nenhum idoso será objeto de qualquer tipo de negligência, discriminação, violência, crueldade ou opressão, e todo atentado aos seus direitos, por ação ou omissão, será punido na forma da lei.

§ 1º É dever de todos prevenir a ameaça ou violação aos direitos do idoso.

§ 2º As obrigações previstas nesta Lei não excluem da prevenção outras decorrentes dos princípios por ela adotados.

Art. 5º A inobservância das normas de prevenção importará em responsabilidade à pessoa física ou jurídica nos termos da lei.

Art. 6º Todo cidadão tem o dever de comunicar à autoridade competente qualquer forma de violação a esta Lei que tenha testemunhado ou de que tenha conhecimento.

Art. 7º Os Conselhos Nacional, Estaduais, do Distrito Federal e Municipais do Idoso, previstos na [Lei nº 8.842, de 4 de janeiro de 1994](#), zelarão pelo cumprimento dos direitos do idoso, definidos nesta Lei.

TÍTULO II
Dos Direitos Fundamentais

CAPÍTULO I
Do Direito à Vida

Art. 8º O envelhecimento é um direito personalíssimo e a sua proteção um direito social, nos termos desta Lei e da legislação vigente.

Art. 9º É obrigação do Estado, garantir à pessoa idosa a proteção à vida e à saúde, mediante efetivação de políticas sociais públicas que permitam um envelhecimento saudável e em condições de dignidade.

CAPÍTULO II

Do Direito à Liberdade, ao Respeito e à Dignidade

Art. 10. É obrigação do Estado e da sociedade, assegurar à pessoa idosa a liberdade, o respeito e a dignidade, como pessoa humana e sujeito de direitos civis, políticos, individuais e sociais, garantidos na Constituição e nas leis.

§ 1º O direito à liberdade compreende, entre outros, os seguintes aspectos:

I – faculdade de ir, vir e estar nos logradouros públicos e espaços comunitários, ressalvadas as restrições legais;

II – opinião e expressão;

III – crença e culto religioso;

IV – prática de esportes e de diversões;

V – participação na vida familiar e comunitária;

VI – participação na vida política, na forma da lei;

VII – faculdade de buscar refúgio, auxílio e orientação.

§ 2º O direito ao respeito consiste na inviolabilidade da integridade física, psíquica e moral, abrangendo a preservação da imagem, da identidade, da autonomia, de valores, idéias e crenças, dos espaços e dos objetos pessoais.

§ 3º É dever de todos zelar pela dignidade do idoso, colocando-o a salvo de qualquer tratamento desumano, violento, aterrorizante, vexatório ou constrangedor.

CAPÍTULO Dos Alimentos

III

Art. 11. Os alimentos serão prestados ao idoso na forma da lei civil.

Art. 12. A obrigação alimentar é solidária, podendo o idoso optar entre os prestadores.

Art. 13. As transações relativas a alimentos poderão ser celebradas perante o Promotor de Justiça ou Defensor Público, que as referendará, e passarão a ter efeito de título executivo extrajudicial nos termos da lei processual civil. ([Redação dada pela Lei nº 11.737, de 2008](#))

Art. 14. Se o idoso ou seus familiares não possuírem condições econômicas de prover o seu sustento, impõe-se ao Poder Público esse provimento, no âmbito da assistência social.

CAPÍTULO Do Direito à Saúde

IV

Art. 15. É assegurada a atenção integral à saúde do idoso, por intermédio do Sistema Único de Saúde – SUS, garantindo-lhe o acesso universal e igualitário, em conjunto articulado e contínuo das ações e serviços, para a prevenção, promoção, proteção e recuperação da saúde, incluindo a atenção especial às doenças que afetam preferencialmente os idosos.

§ 1º A prevenção e a manutenção da saúde do idoso serão efetivadas por meio de:

I – cadastramento da população idosa em base territorial;

II – atendimento geriátrico e gerontológico em ambulatórios;

III – unidades geriátricas de referência, com pessoal especializado nas áreas de geriatria e gerontologia social;

IV – atendimento domiciliar, incluindo a internação, para a população que dele necessitar e esteja impossibilitada de se locomover, inclusive para idosos abrigados e acolhidos por instituições públicas, filantrópicas ou sem fins lucrativos e eventualmente conveniadas com o Poder Público, nos meios urbano e rural;

V – reabilitação orientada pela geriatria e gerontologia, para redução das seqüelas decorrentes do agravo da saúde.

§ 2º Incumbe ao Poder Público fornecer aos idosos, gratuitamente, medicamentos, especialmente os de uso continuado, assim como próteses, órteses e outros recursos relativos ao tratamento, habilitação ou reabilitação.

§ 3º É vedada a discriminação do idoso nos planos de saúde pela cobrança de valores diferenciados em razão da idade.

§ 4º Os idosos portadores de deficiência ou com limitação incapacitante terão atendimento especializado, nos termos da lei.

§ 5º É vedado exigir o comparecimento do idoso enfermo perante os órgãos públicos, hipótese na qual será admitido o seguinte procedimento: [\(Incluído pela Lei nº 12.896, de 2013\)](#)

I - quando de interesse do poder público, o agente promoverá o contato necessário com o idoso em sua residência; ou [\(Incluído pela Lei nº 12.896, de 2013\)](#)

II - quando de interesse do próprio idoso, este se fará representar por procurador legalmente constituído. [\(Incluído pela Lei nº 12.896, de 2013\)](#)

§ 6º É assegurado ao idoso enfermo o atendimento domiciliar pela perícia médica do Instituto Nacional do Seguro Social - INSS, pelo serviço público de saúde ou pelo serviço privado de saúde, contratado ou conveniado, que integre o Sistema Único de Saúde - SUS, para expedição do laudo de saúde necessário ao exercício de seus direitos sociais e de isenção tributária. [\(Incluído pela Lei nº 12.896, de 2013\)](#)

Art. 16. Ao idoso internado ou em observação é assegurado o direito a acompanhante, devendo o órgão de saúde proporcionar as condições adequadas para a sua permanência em tempo integral, segundo o critério médico.

Parágrafo único. Caberá ao profissional de saúde responsável pelo tratamento conceder autorização para o acompanhamento do idoso ou, no caso de impossibilidade, justificá-la por escrito.

Art. 17. Ao idoso que esteja no domínio de suas faculdades mentais é assegurado o direito de optar pelo tratamento de saúde que lhe for reputado mais favorável.

Parágrafo único. Não estando o idoso em condições de proceder à opção, esta será feita:

I – pelo curador, quando o idoso for interditado;

II – pelos familiares, quando o idoso não tiver curador ou este não puder ser contactado em tempo hábil;

III – pelo médico, quando ocorrer iminente risco de vida e não houver tempo hábil para consulta a curador ou familiar;

IV – pelo próprio médico, quando não houver curador ou familiar conhecido, caso em que deverá comunicar o fato ao Ministério Público.

Art. 18. As instituições de saúde devem atender aos critérios mínimos para o atendimento às necessidades do idoso, promovendo o treinamento e a capacitação dos profissionais, assim como orientação a cuidadores familiares e grupos de auto-ajuda.

Art. 19. Os casos de suspeita ou confirmação de violência praticada contra idosos serão objeto de notificação compulsória pelos serviços de saúde públicos e privados à autoridade sanitária, bem como serão obrigatoriamente comunicados por eles a quaisquer dos seguintes órgãos: [\(Redação dada pela Lei nº 12.461, de 2011\)](#)

I – autoridade policial;

II – Ministério Público;

III – Conselho Municipal do Idoso;

IV – Conselho Estadual do Idoso;

V – Conselho Nacional do Idoso.

§ 1º Para os efeitos desta Lei, considera-se violência contra o idoso qualquer ação ou omissão praticada em local público ou privado que lhe cause morte, dano ou sofrimento físico ou psicológico. [\(Incluído pela Lei nº 12.461, de 2011\)](#)

§ 2º Aplica-se, no que couber, à notificação compulsória prevista no **caput** deste artigo, o disposto na [Lei nº 6.259, de 30 de outubro de 1975. \(Incluído pela Lei nº 12.461, de 2011\)](#)

CAPÍTULO

V

Da Educação, Cultura, Esporte e Lazer

Art. 20. O idoso tem direito a educação, cultura, esporte, lazer, diversões, espetáculos, produtos e serviços que respeitem sua peculiar condição de idade.

Art. 21. O Poder Público criará oportunidades de acesso do idoso à educação, adequando currículos, metodologias e material didático aos programas educacionais a ele destinados.

§ 1º Os cursos especiais para idosos incluirão conteúdo relativo às técnicas de comunicação, computação e demais avanços tecnológicos, para sua integração à vida moderna.

§ 2º Os idosos participarão das comemorações de caráter cívico ou cultural, para transmissão de conhecimentos e vivências às demais gerações, no sentido da preservação da memória e da identidade culturais.

Art. 22. Nos currículos mínimos dos diversos níveis de ensino formal serão inseridos conteúdos voltados ao processo de envelhecimento, ao respeito e à valorização do idoso, de forma a eliminar o preconceito e a produzir conhecimentos sobre a matéria.

Art. 23. A participação dos idosos em atividades culturais e de lazer será proporcionada mediante descontos de pelo menos 50% (cinquenta por cento) nos ingressos para eventos artísticos, culturais, esportivos e de lazer, bem como o acesso preferencial aos respectivos locais.

Art. 24. Os meios de comunicação manterão espaços ou horários especiais voltados aos idosos, com finalidade informativa, educativa, artística e cultural, e ao público sobre o processo de envelhecimento.

Art. 25. O Poder Público apoiará a criação de universidade aberta para as pessoas idosas e incentivará a publicação de livros e periódicos, de conteúdo e padrão editorial adequados ao idoso, que facilitem a leitura, considerada a natural redução da capacidade visual.

CAPÍTULO

VI

Da Profissionalização e do Trabalho

Art. 26. O idoso tem direito ao exercício de atividade profissional, respeitadas suas condições físicas, intelectuais e psíquicas.

Art. 27. Na admissão do idoso em qualquer trabalho ou emprego, é vedada a discriminação e a fixação de limite máximo de idade, inclusive para concursos, ressalvados os casos em que a natureza do cargo o exigir.

Parágrafo único. O primeiro critério de desempate em concurso público será a idade, dando-se preferência ao de idade mais elevada.

Art. 28. O Poder Público criará e estimulará programas de:

I – profissionalização especializada para os idosos, aproveitando seus potenciais e habilidades para atividades regulares e remuneradas;

II – preparação dos trabalhadores para a aposentadoria, com antecedência mínima de 1 (um) ano, por meio de estímulo a novos projetos sociais, conforme seus interesses, e de esclarecimento sobre os direitos sociais e de cidadania;

III – estímulo às empresas privadas para admissão de idosos ao trabalho.

CAPÍTULO

VII

Da Previdência Social

Art. 29. Os benefícios de aposentadoria e pensão do Regime Geral da Previdência Social observarão, na sua concessão, critérios de

cálculo que preservem o valor real dos salários sobre os quais incidiram contribuição, nos termos da legislação vigente.

Parágrafo único. Os valores dos benefícios em manutenção serão reajustados na mesma data de reajuste do salário-mínimo, **pro rata**, de acordo com suas respectivas datas de início ou do seu último reajustamento, com base em percentual definido em regulamento, observados os critérios estabelecidos pela [Lei nº 8.213, de 24 de julho de 1991](#).

Art. 30. A perda da condição de segurado não será considerada para a concessão da aposentadoria por idade, desde que a pessoa conte com, no mínimo, o tempo de contribuição correspondente ao exigido para efeito de carência na data de requerimento do benefício.

Parágrafo único. O cálculo do valor do benefício previsto no **caput** observará o disposto no **caput** e [§ 2º do art. 3º da Lei nº 9.876, de 26 de novembro de 1999](#), ou, não havendo salários-de-contribuição recolhidos a partir da competência de julho de 1994, o disposto no [art. 35 da Lei nº 8.213, de 1991](#).

Art. 31. O pagamento de parcelas relativas a benefícios, efetuado com atraso por responsabilidade da Previdência Social, será atualizado pelo mesmo índice utilizado para os reajustamentos dos benefícios do Regime Geral de Previdência Social, verificado no período compreendido entre o mês que deveria ter sido pago e o mês do efetivo pagamento.

Art. 32. O Dia Mundial do Trabalho, 1º de Maio, é a data-base dos aposentados e pensionistas.

Art. 33. A assistência social aos idosos será prestada, de forma articulada, conforme os princípios e diretrizes previstos na Lei Orgânica da Assistência Social, na Política Nacional do Idoso, no Sistema Único de Saúde e demais normas pertinentes.

Art. 34. Aos idosos, a partir de 65 (sessenta e cinco) anos, que não possuam meios para prover sua subsistência, nem de tê-la provida por sua família, é assegurado o benefício mensal de 1 (um) salário-mínimo, nos termos da Lei Orgânica da Assistência Social – Loas. [\(Vide Decreto nº 6.214, de 2007\)](#)

Parágrafo único. O benefício já concedido a qualquer membro da família nos termos do **caput** não será computado para os fins do cálculo da renda familiar **per capita** a que se refere a Loas.

Art. 35. Todas as entidades de longa permanência, ou casa-lar, são obrigadas a firmar contrato de prestação de serviços com a pessoa idosa abrigada.

§ 1º No caso de entidades filantrópicas, ou casa-lar, é facultada a cobrança de participação do idoso no custeio da entidade.

§ 2º O Conselho Municipal do Idoso ou o Conselho Municipal da Assistência Social estabelecerá a forma de participação prevista no § 1º, que não poderá exceder a 70% (setenta por cento) de qualquer benefício previdenciário ou de assistência social percebido pelo idoso.

§ 3º Se a pessoa idosa for incapaz, caberá a seu representante legal firmar o contrato a que se refere o **caput** deste artigo.

Art. 36. O acolhimento de idosos em situação de risco social, por adulto ou núcleo familiar, caracteriza a dependência econômica, para os efeitos legais. [\(Vigência\)](#)

Art. 37. O idoso tem direito a moradia digna, no seio da família natural ou substituta, ou desacompanhado de seus familiares, quando assim o desejar, ou, ainda, em instituição pública ou privada.

§ 1º A assistência integral na modalidade de entidade de longa permanência será prestada quando verificada inexistência de grupo familiar, casa-lar, abandono ou carência de recursos financeiros próprios ou da família.

§ 2º Toda instituição dedicada ao atendimento ao idoso fica obrigada a manter identificação externa visível, sob pena de interdição, além de atender toda a legislação pertinente.

§ 3º As instituições que abrigarem idosos são obrigadas a manter padrões de habitação compatíveis com as necessidades deles, bem como provê-los com alimentação regular e higiene indispensáveis às normas sanitárias e com estas condizentes, sob as penas da lei.

Art. 38. Nos programas habitacionais, públicos ou subsidiados com recursos públicos, o idoso goza de prioridade na aquisição de imóvel para moradia própria, observado o seguinte:

I - reserva de pelo menos 3% (três por cento) das unidades habitacionais residenciais para atendimento aos idosos; [\(Redação dada pela Lei nº 12.418, de 2011\)](#)

II – implantação de equipamentos urbanos comunitários voltados ao idoso;

III – eliminação de barreiras arquitetônicas e urbanísticas, para garantia de acessibilidade ao idoso;

IV – critérios de financiamento compatíveis com os rendimentos de aposentadoria e pensão.

Parágrafo único. As unidades residenciais reservadas para atendimento a idosos devem situar-se, preferencialmente, no pavimento térreo. [\(Incluído pela Lei nº 12.419, de 2011\)](#)

Art. 39. Aos maiores de 65 (sessenta e cinco) anos fica assegurada a gratuidade dos transportes coletivos públicos urbanos e semi-urbanos, exceto nos serviços seletivos e especiais, quando prestados paralelamente aos serviços regulares.

§ 1º Para ter acesso à gratuidade, basta que o idoso apresente qualquer documento pessoal que faça prova de sua idade.

§ 2º Nos veículos de transporte coletivo de que trata este artigo, serão reservados 10% (dez por cento) dos assentos para os idosos, devidamente identificados com a placa de reservado preferencialmente para idosos.

§ 3º No caso das pessoas compreendidas na faixa etária entre 60 (sessenta) e 65 (sessenta e cinco) anos, ficará a critério da legislação local dispor sobre as condições para exercício da gratuidade nos meios de transporte previstos no **caput** deste artigo.

Art. 40. No sistema de transporte coletivo interestadual observar-se-á, nos termos da legislação específica: [\(Regulamento\)](#) [\(Vide Decreto nº 5.934, de 2006\)](#)

I – a reserva de 2 (duas) vagas gratuitas por veículo para idosos com renda igual ou inferior a 2 (dois) salários-mínimos;

II – desconto de 50% (cinquenta por cento), no mínimo, no valor das passagens, para os idosos que excederem as vagas gratuitas, com renda igual ou inferior a 2 (dois) salários-mínimos.

Parágrafo único. Caberá aos órgãos competentes definir os mecanismos e os critérios para o exercício dos direitos previstos nos incisos I e II.

Art. 41. É assegurada a reserva, para os idosos, nos termos da lei local, de 5% (cinco por cento) das vagas nos estacionamentos públicos e privados, as quais deverão ser posicionadas de forma a garantir a melhor comodidade ao idoso.

Art. 42. São asseguradas a prioridade e a segurança do idoso nos procedimentos de embarque e desembarque nos veículos do sistema de transporte coletivo. [\(Redação dada pela Lei nº 12.899, de 2013\)](#)

TÍTULO III
Das Medidas de Proteção

CAPÍTULO I
Das Disposições Gerais

Art. 43. As medidas de proteção ao idoso são aplicáveis sempre que os direitos reconhecidos nesta Lei forem ameaçados ou violados:

I – por ação ou omissão da sociedade ou do Estado;

II – por falta, omissão ou abuso da família, curador ou entidade de atendimento;

III – em razão de sua condição pessoal.

CAPÍTULO II
Das Medidas Específicas de Proteção

Art. 44. As medidas de proteção ao idoso previstas nesta Lei poderão ser aplicadas, isolada ou cumulativamente, e levarão em conta os fins sociais a que se destinam e o fortalecimento dos vínculos familiares e comunitários.

Art. 45. Verificada qualquer das hipóteses previstas no art. 43, o Ministério Público ou o Poder Judiciário, a requerimento daquele, poderá determinar, dentre outras, as seguintes medidas:

I – encaminhamento à família ou curador, mediante termo de responsabilidade;

II – orientação, apoio e acompanhamento temporários;

III – requisição para tratamento de sua saúde, em regime ambulatorial, hospitalar ou domiciliar;

IV – inclusão em programa oficial ou comunitário de auxílio, orientação e tratamento a usuários dependentes de drogas lícitas ou ilícitas, ao próprio idoso ou à pessoa de sua convivência que lhe cause perturbação;

V – abrigo em entidade;

VI – abrigo temporário.

TÍTULO IV
Da Política de Atendimento ao Idoso

CAPÍTULO I
Disposições Gerais

Art. 46. A política de atendimento ao idoso far-se-á por meio do conjunto articulado de ações governamentais e não-governamentais da União, dos Estados, do Distrito Federal e dos Municípios.

Art. 47. São linhas de ação da política de atendimento:

I – políticas sociais básicas, previstas na [Lei nº 8.842, de 4 de janeiro de 1994](#);

II – políticas e programas de assistência social, em caráter supletivo, para aqueles que necessitarem;

III – serviços especiais de prevenção e atendimento às vítimas de negligência, maus-tratos, exploração, abuso, crueldade e opressão;

IV – serviço de identificação e localização de parentes ou responsáveis por idosos abandonados em hospitais e instituições de longa permanência;

V – proteção jurídico-social por entidades de defesa dos direitos dos idosos;

VI – mobilização da opinião pública no sentido da participação dos diversos segmentos da sociedade no atendimento do idoso.

CAPÍTULO II
Das Entidades de Atendimento ao Idoso

Art. 48. As entidades de atendimento são responsáveis pela manutenção das próprias unidades, observadas as normas de planejamento e execução emanadas do órgão competente da Política Nacional do Idoso, conforme a [Lei nº 8.842, de 1994](#).

Parágrafo único. As entidades governamentais e não-governamentais de assistência ao idoso ficam sujeitas à inscrição de

seus programas, junto ao órgão competente da Vigilância Sanitária e Conselho Municipal da Pessoa Idosa, e em sua falta, junto ao Conselho Estadual ou Nacional da Pessoa Idosa, especificando os regimes de atendimento, observados os seguintes requisitos:

I – oferecer instalações físicas em condições adequadas de habitabilidade, higiene, salubridade e segurança;

II – apresentar objetivos estatutários e plano de trabalho compatíveis com os princípios desta Lei;

III – estar regularmente constituída;

IV – demonstrar a idoneidade de seus dirigentes.

Art. 49. As entidades que desenvolvam programas de institucionalização de longa permanência adotarão os seguintes princípios:

I – preservação dos vínculos familiares;

II – atendimento personalizado e em pequenos grupos;

III – manutenção do idoso na mesma instituição, salvo em caso de força maior;

IV – participação do idoso nas atividades comunitárias, de caráter interno e externo;

V – observância dos direitos e garantias dos idosos;

VI – preservação da identidade do idoso e oferecimento de ambiente de respeito e dignidade.

Parágrafo único. O dirigente de instituição prestadora de atendimento ao idoso responderá civil e criminalmente pelos atos que praticar em detrimento do idoso, sem prejuízo das sanções administrativas.

Art. 50. Constituem obrigações das entidades de atendimento:

I – celebrar contrato escrito de prestação de serviço com o idoso, especificando o tipo de atendimento, as obrigações da entidade e

prestações decorrentes do contrato, com os respectivos preços, se for o caso;

II – observar os direitos e as garantias de que são titulares os idosos;

III – fornecer vestuário adequado, se for pública, e alimentação suficiente;

IV – oferecer instalações físicas em condições adequadas de habitabilidade;

V – oferecer atendimento personalizado;

VI – diligenciar no sentido da preservação dos vínculos familiares;

VII – oferecer acomodações apropriadas para recebimento de visitas;

VIII – proporcionar cuidados à saúde, conforme a necessidade do idoso;

IX – promover atividades educacionais, esportivas, culturais e de lazer;

X – propiciar assistência religiosa àqueles que desejarem, de acordo com suas crenças;

XI – proceder a estudo social e pessoal de cada caso;

XII – comunicar à autoridade competente de saúde toda ocorrência de idoso portador de doenças infecto-contagiosas;

XIII – providenciar ou solicitar que o Ministério Público requirite os documentos necessários ao exercício da cidadania àqueles que não os tiverem, na forma da lei;

XIV – fornecer comprovante de depósito dos bens móveis que receberem dos idosos;

XV – manter arquivo de anotações onde constem data e circunstâncias do atendimento, nome do idoso, responsável, parentes, endereços, cidade, relação de seus pertences, bem como o valor de

contribuições, e suas alterações, se houver, e demais dados que possibilitem sua identificação e a individualização do atendimento;

XVI – comunicar ao Ministério Público, para as providências cabíveis, a situação de abandono moral ou material por parte dos familiares;

XVII – manter no quadro de pessoal profissionais com formação específica.

Art. 51. As instituições filantrópicas ou sem fins lucrativos prestadoras de serviço ao idoso terão direito à assistência judiciária gratuita.

CAPÍTULO

III

Da Fiscalização das Entidades de Atendimento

Art. 52. As entidades governamentais e não-governamentais de atendimento ao idoso serão fiscalizadas pelos Conselhos do Idoso, Ministério Público, Vigilância Sanitária e outros previstos em lei.

Art. 53. O art. 7º da [Lei nº 8.842, de 1994](#), passa a vigorar com a seguinte redação:

"[Art. 7º](#) Compete aos Conselhos de que trata o art. 6º desta Lei a supervisão, o acompanhamento, a fiscalização e a avaliação da política nacional do idoso, no âmbito das respectivas instâncias político-administrativas." (NR)

Art. 54. Será dada publicidade das prestações de contas dos recursos públicos e privados recebidos pelas entidades de atendimento.

Art. 55. As entidades de atendimento que descumprirem as determinações desta Lei ficarão sujeitas, sem prejuízo da responsabilidade civil e criminal de seus dirigentes ou prepostos, às seguintes penalidades, observado o devido processo legal:

I – as entidades governamentais:

a) advertência;

b) afastamento provisório de seus dirigentes;

- c) afastamento definitivo de seus dirigentes;
- d) fechamento de unidade ou interdição de programa;

II – as entidades não-governamentais:

- a) advertência;
- b) multa;
- c) suspensão parcial ou total do repasse de verbas públicas;
- d) interdição de unidade ou suspensão de programa;
- e) proibição de atendimento a idosos a bem do interesse público.

§ 1º Havendo danos aos idosos abrigados ou qualquer tipo de fraude em relação ao programa, caberá o afastamento provisório dos dirigentes ou a interdição da unidade e a suspensão do programa.

§ 2º A suspensão parcial ou total do repasse de verbas públicas ocorrerá quando verificada a má aplicação ou desvio de finalidade dos recursos.

§ 3º Na ocorrência de infração por entidade de atendimento, que coloque em risco os direitos assegurados nesta Lei, será o fato comunicado ao Ministério Público, para as providências cabíveis, inclusive para promover a suspensão das atividades ou dissolução da entidade, com a proibição de atendimento a idosos a bem do interesse público, sem prejuízo das providências a serem tomadas pela Vigilância Sanitária.

§ 4º Na aplicação das penalidades, serão consideradas a natureza e a gravidade da infração cometida, os danos que dela provierem para o idoso, as circunstâncias agravantes ou atenuantes e os antecedentes da entidade.

CAPÍTULO Das Infrações Administrativas

IV

Art. 56. Deixar a entidade de atendimento de cumprir as determinações do [art. 50 desta Lei](#):

Pena – multa de R\$ 500,00 (quinhentos reais) a R\$ 3.000,00 (três mil reais), se o fato não for caracterizado como crime, podendo haver a interdição do estabelecimento até que sejam cumpridas as exigências legais.

Parágrafo único. No caso de interdição do estabelecimento de longa permanência, os idosos abrigados serão transferidos para outra instituição, a expensas do estabelecimento interditado, enquanto durar a interdição.

Art. 57. Deixar o profissional de saúde ou o responsável por estabelecimento de saúde ou instituição de longa permanência de comunicar à autoridade competente os casos de crimes contra idoso de que tiver conhecimento:

Pena – multa de R\$ 500,00 (quinhentos reais) a R\$ 3.000,00 (três mil reais), aplicada em dobro no caso de reincidência.

Art. 58. Deixar de cumprir as determinações desta Lei sobre a prioridade no atendimento ao idoso:

Pena – multa de R\$ 500,00 (quinhentos reais) a R\$ 1.000,00 (um mil reais) e multa civil a ser estipulada pelo juiz, conforme o dano sofrido pelo idoso.

CAPÍTULO V
Da Apuração Administrativa de Infração às
Normas de Proteção ao Idoso

Art. 59. Os valores monetários expressos no Capítulo IV serão atualizados anualmente, na forma da lei.

Art. 60. O procedimento para a imposição de penalidade administrativa por infração às normas de proteção ao idoso terá início com requisição do Ministério Público ou auto de infração elaborado por servidor efetivo e assinado, se possível, por duas testemunhas.

§ 1º No procedimento iniciado com o auto de infração poderão ser usadas fórmulas impressas, especificando-se a natureza e as circunstâncias da infração.

§ 2º Sempre que possível, à verificação da infração seguir-se-á a lavratura do auto, ou este será lavrado dentro de 24 (vinte e quatro) horas, por motivo justificado.

Art. 61. O autuado terá prazo de 10 (dez) dias para a apresentação da defesa, contado da data da intimação, que será feita:

I – pelo autuante, no instrumento de autuação, quando for lavrado na presença do infrator;

II – por via postal, com aviso de recebimento.

Art. 62. Havendo risco para a vida ou à saúde do idoso, a autoridade competente aplicará à entidade de atendimento as sanções regulamentares, sem prejuízo da iniciativa e das providências que vierem a ser adotadas pelo Ministério Público ou pelas demais instituições legitimadas para a fiscalização.

Art. 63. Nos casos em que não houver risco para a vida ou a saúde da pessoa idosa abrigada, a autoridade competente aplicará à entidade de atendimento as sanções regulamentares, sem prejuízo da iniciativa e das providências que vierem a ser adotadas pelo Ministério Público ou pelas demais instituições legitimadas para a fiscalização.

CAPÍTULO VI Da Apuração Judicial de Irregularidades em Entidade de Atendimento

Art. 64. Aplicam-se, subsidiariamente, ao procedimento administrativo de que trata este Capítulo as disposições das [Leis nºs 6.437, de 20 de agosto de 1977](#), e [9.784, de 29 de janeiro de 1999](#).

Art. 65. O procedimento de apuração de irregularidade em entidade governamental e não-governamental de atendimento ao idoso terá início mediante petição fundamentada de pessoa interessada ou iniciativa do Ministério Público.

Art. 66. Havendo motivo grave, poderá a autoridade judiciária, ouvido o Ministério Público, decretar liminarmente o afastamento provisório do dirigente da entidade ou outras medidas que julgar adequadas, para evitar lesão aos direitos do idoso, mediante decisão fundamentada.

Art. 67. O dirigente da entidade será citado para, no prazo de 10 (dez) dias, oferecer resposta escrita, podendo juntar documentos e indicar as provas a produzir.

Art. 68. Apresentada a defesa, o juiz procederá na conformidade do art. 69 ou, se necessário, designará audiência de instrução e julgamento, deliberando sobre a necessidade de produção de outras provas.

§ 1º Salvo manifestação em audiência, as partes e o Ministério Público terão 5 (cinco) dias para oferecer alegações finais, decidindo a autoridade judiciária em igual prazo.

§ 2º Em se tratando de afastamento provisório ou definitivo de dirigente de entidade governamental, a autoridade judiciária oficiará a autoridade administrativa imediatamente superior ao afastado, fixando-lhe prazo de 24 (vinte e quatro) horas para proceder à substituição.

§ 3º Antes de aplicar qualquer das medidas, a autoridade judiciária poderá fixar prazo para a remoção das irregularidades verificadas. Satisfeitas as exigências, o processo será extinto, sem julgamento do mérito.

§ 4º A multa e a advertência serão impostas ao dirigente da entidade ou ao responsável pelo programa de atendimento.

TÍTULO V
Do Acesso à Justiça

CAPÍTULO I
Disposições Gerais

Art. 69. Aplica-se, subsidiariamente, às disposições deste Capítulo, o procedimento sumário previsto no Código de Processo Civil, naquilo que não contrarie os prazos previstos nesta Lei.

Art. 70. O Poder Público poderá criar varas especializadas e exclusivas do idoso.

Art. 71. É assegurada prioridade na tramitação dos processos e procedimentos e na execução dos atos e diligências judiciais em que figure como parte ou interveniente pessoa com idade igual ou superior a 60 (sessenta) anos, em qualquer instância.

§ 1º O interessado na obtenção da prioridade a que alude este artigo, fazendo prova de sua idade, requererá o benefício à autoridade judiciária competente para decidir o feito, que determinará as providências a serem cumpridas, anotando-se essa circunstância em local visível nos autos do processo.

§ 2º A prioridade não cessará com a morte do beneficiado, estendendo-se em favor do cônjuge supérstite, companheiro ou companheira, com união estável, maior de 60 (sessenta) anos.

§ 3º A prioridade se estende aos processos e procedimentos na Administração Pública, empresas prestadoras de serviços públicos e instituições financeiras, ao atendimento preferencial junto à Defensoria Pública da União, dos Estados e do Distrito Federal em relação aos Serviços de Assistência Judiciária.

§ 4º Para o atendimento prioritário será garantido ao idoso o fácil acesso aos assentos e caixas, identificados com a destinação a idosos em local visível e caracteres legíveis.

CAPÍTULO

II

Do Ministério Público

Art. 72. [\(VETADO\)](#)

Art. 73. As funções do Ministério Público, previstas nesta Lei, serão exercidas nos termos da respectiva Lei Orgânica.

Art. 74. Compete ao Ministério Público:

I – instaurar o inquérito civil e a ação civil pública para a proteção dos direitos e interesses difusos ou coletivos, individuais indisponíveis e individuais homogêneos do idoso;

II – promover e acompanhar as ações de alimentos, de interdição total ou parcial, de designação de curador especial, em circunstâncias que justifiquem a medida e oficiar em todos os feitos em que se discutam os direitos de idosos em condições de risco;

III – atuar como substituto processual do idoso em situação de risco, conforme o disposto no art. 43 desta Lei;

IV – promover a revogação de instrumento procuratório do idoso, nas hipóteses previstas no art. 43 desta Lei, quando necessário ou o interesse público justificar;

V – instaurar procedimento administrativo e, para instruí-lo:

a) expedir notificações, colher depoimentos ou esclarecimentos e, em caso de não comparecimento injustificado da pessoa notificada, requisitar condução coercitiva, inclusive pela Polícia Civil ou Militar;

b) requisitar informações, exames, perícias e documentos de autoridades municipais, estaduais e federais, da administração direta e indireta, bem como promover inspeções e diligências investigatórias;

c) requisitar informações e documentos particulares de instituições privadas;

VI – instaurar sindicâncias, requisitar diligências investigatórias e a instauração de inquérito policial, para a apuração de ilícitos ou infrações às normas de proteção ao idoso;

VII – zelar pelo efetivo respeito aos direitos e garantias legais assegurados ao idoso, promovendo as medidas judiciais e extrajudiciais cabíveis;

VIII – inspecionar as entidades públicas e particulares de atendimento e os programas de que trata esta Lei, adotando de pronto as medidas administrativas ou judiciais necessárias à remoção de irregularidades porventura verificadas;

IX – requisitar força policial, bem como a colaboração dos serviços de saúde, educacionais e de assistência social, públicos, para o desempenho de suas atribuições;

X – referendar transações envolvendo interesses e direitos dos idosos previstos nesta Lei.

§ 1º A legitimação do Ministério Público para as ações cíveis previstas neste artigo não impede a de terceiros, nas mesmas hipóteses, segundo dispuser a lei.

§ 2º As atribuições constantes deste artigo não excluem outras, desde que compatíveis com a finalidade e atribuições do Ministério Público.

§ 3º O representante do Ministério Público, no exercício de suas funções, terá livre acesso a toda entidade de atendimento ao idoso.

Art. 75. Nos processos e procedimentos em que não for parte, atuará obrigatoriamente o Ministério Público na defesa dos direitos e interesses de que cuida esta Lei, hipóteses em que terá vista dos autos depois das partes, podendo juntar documentos, requerer diligências e produção de outras provas, usando os recursos cabíveis.

Art. 76. A intimação do Ministério Público, em qualquer caso, será feita pessoalmente.

Art. 77. A falta de intervenção do Ministério Público acarreta a nulidade do feito, que será declarada de ofício pelo juiz ou a requerimento de qualquer interessado.

CAPÍTULO III Da Proteção Judicial dos Interesses Difusos, Coletivos e Individuais Indisponíveis ou Homogêneos

Art. 78. As manifestações processuais do representante do Ministério Público deverão ser fundamentadas.

Art. 79. Regem-se pelas disposições desta Lei as ações de responsabilidade por ofensa aos direitos assegurados ao idoso, referentes à omissão ou ao oferecimento insatisfatório de:

I – acesso às ações e serviços de saúde;

II – atendimento especializado ao idoso portador de deficiência ou com limitação incapacitante;

III – atendimento especializado ao idoso portador de doença infecto-contagiosa;

IV – serviço de assistência social visando ao amparo do idoso.

Parágrafo único. As hipóteses previstas neste artigo não excluem da proteção judicial outros interesses difusos, coletivos, individuais indisponíveis ou homogêneos, próprios do idoso, protegidos em lei.

Art. 80. As ações previstas neste Capítulo serão propostas no foro do domicílio do idoso, cujo juízo terá competência absoluta para processar a causa, ressalvadas as competências da Justiça Federal e a competência originária dos Tribunais Superiores.

Art. 81. Para as ações cíveis fundadas em interesses difusos, coletivos, individuais indisponíveis ou homogêneos, consideram-se legitimados, concorrentemente:

I – o Ministério Público;

II – a União, os Estados, o Distrito Federal e os Municípios;

III – a Ordem dos Advogados do Brasil;

IV – as associações legalmente constituídas há pelo menos 1 (um) ano e que incluam entre os fins institucionais a defesa dos interesses e direitos da pessoa idosa, dispensada a autorização da assembléia, se houver prévia autorização estatutária.

§ 1º Admitir-se-á litisconsórcio facultativo entre os Ministérios Públicos da União e dos Estados na defesa dos interesses e direitos de que cuida esta Lei.

§ 2º Em caso de desistência ou abandono da ação por associação legitimada, o Ministério Público ou outro legitimado deverá assumir a titularidade ativa.

Art. 82. Para defesa dos interesses e direitos protegidos por esta Lei, são admissíveis todas as espécies de ação pertinentes.

Parágrafo único. Contra atos ilegais ou abusivos de autoridade pública ou agente de pessoa jurídica no exercício de atribuições de Poder Público, que lesem direito líquido e certo previsto nesta Lei, caberá ação mandamental, que se regerá pelas normas da lei do mandado de segurança.

Art. 83. Na ação que tenha por objeto o cumprimento de obrigação de fazer ou não-fazer, o juiz concederá a tutela específica da obrigação

ou determinará providências que assegurem o resultado prático equivalente ao adimplemento.

§ 1º Sendo relevante o fundamento da demanda e havendo justificado receio de ineficácia do provimento final, é lícito ao juiz conceder a tutela liminarmente ou após justificação prévia, na forma do [art. 273 do Código de Processo Civil](#).

§ 2º O juiz poderá, na hipótese do § 1º ou na sentença, impor multa diária ao réu, independentemente do pedido do autor, se for suficiente ou compatível com a obrigação, fixando prazo razoável para o cumprimento do preceito.

§ 3º A multa só será exigível do réu após o trânsito em julgado da sentença favorável ao autor, mas será devida desde o dia em que se houver configurado.

Art. 84. Os valores das multas previstas nesta Lei reverterão ao Fundo do Idoso, onde houver, ou na falta deste, ao Fundo Municipal de Assistência Social, ficando vinculados ao atendimento ao idoso.

Parágrafo único. As multas não recolhidas até 30 (trinta) dias após o trânsito em julgado da decisão serão exigidas por meio de execução promovida pelo Ministério Público, nos mesmos autos, facultada igual iniciativa aos demais legitimados em caso de inércia daquele.

Art. 85. O juiz poderá conferir efeito suspensivo aos recursos, para evitar dano irreparável à parte.

Art. 86. Transitada em julgado a sentença que impuser condenação ao Poder Público, o juiz determinará a remessa de peças à autoridade competente, para apuração da responsabilidade civil e administrativa do agente a que se atribua a ação ou omissão.

Art. 87. Decorridos 60 (sessenta) dias do trânsito em julgado da sentença condenatória favorável ao idoso sem que o autor lhe promova a execução, deverá fazê-lo o Ministério Público, facultada, igual iniciativa aos demais legitimados, como assistentes ou assumindo o pólo ativo, em caso de inércia desse órgão.

Art. 88. Nas ações de que trata este Capítulo, não haverá adiantamento de custas, emolumentos, honorários periciais e quaisquer outras despesas.

Parágrafo único. Não se imporá sucumbência ao Ministério Público.

Art. 89. Qualquer pessoa poderá, e o servidor deverá, provocar a iniciativa do Ministério Público, prestando-lhe informações sobre os fatos que constituam objeto de ação civil e indicando-lhe os elementos de convicção.

Art. 90. Os agentes públicos em geral, os juízes e tribunais, no exercício de suas funções, quando tiverem conhecimento de fatos que possam configurar crime de ação pública contra idoso ou ensejar a propositura de ação para sua defesa, devem encaminhar as peças pertinentes ao Ministério Público, para as providências cabíveis.

Art. 91. Para instruir a petição inicial, o interessado poderá requerer às autoridades competentes as certidões e informações que julgar necessárias, que serão fornecidas no prazo de 10 (dez) dias.

Art. 92. O Ministério Público poderá instaurar sob sua presidência, inquérito civil, ou requisitar, de qualquer pessoa, organismo público ou particular, certidões, informações, exames ou perícias, no prazo que assinalar, o qual não poderá ser inferior a 10 (dez) dias.

§ 1º Se o órgão do Ministério Público, esgotadas todas as diligências, se convencer da inexistência de fundamento para a propositura da ação civil ou de peças informativas, determinará o seu arquivamento, fazendo-o fundamentadamente.

§ 2º Os autos do inquérito civil ou as peças de informação arquivados serão remetidos, sob pena de se incorrer em falta grave, no prazo de 3 (três) dias, ao Conselho Superior do Ministério Público ou à Câmara de Coordenação e Revisão do Ministério Público.

§ 3º Até que seja homologado ou rejeitado o arquivamento, pelo Conselho Superior do Ministério Público ou por Câmara de Coordenação e Revisão do Ministério Público, as associações legitimadas poderão apresentar razões escritas ou documentos, que serão juntados ou anexados às peças de informação.

§ 4º Deixando o Conselho Superior ou a Câmara de Coordenação e Revisão do Ministério Público de homologar a promoção de arquivamento, será designado outro membro do Ministério Público para o ajuizamento da ação.

TÍTULO VI
Dos Crimes

CAPÍTULO I
Disposições Gerais

Art. 93. Aplicam-se subsidiariamente, no que couber, as disposições da [Lei nº 7.347, de 24 de julho de 1985](#).

Art. 94. Aos crimes previstos nesta Lei, cuja pena máxima privativa de liberdade não ultrapasse 4 (quatro) anos, aplica-se o procedimento previsto na [Lei nº 9.099, de 26 de setembro de 1995](#), e, subsidiariamente, no que couber, as disposições do Código Penal e do Código de Processo Penal. ([Vide ADI 3.096-5 - STF](#))

CAPÍTULO II
Dos Crimes em Espécie

Art. 95. Os crimes definidos nesta Lei são de ação penal pública incondicionada, não se lhes aplicando os [arts. 181 e 182 do Código Penal](#).

Art. 96. Discriminar pessoa idosa, impedindo ou dificultando seu acesso a operações bancárias, aos meios de transporte, ao direito de contratar ou por qualquer outro meio ou instrumento necessário ao exercício da cidadania, por motivo de idade:

Pena – reclusão de 6 (seis) meses a 1 (um) ano e multa.

§ 1º Na mesma pena incorre quem desdenhar, humilhar, menosprezar ou discriminar pessoa idosa, por qualquer motivo.

§ 2º A pena será aumentada de 1/3 (um terço) se a vítima se encontrar sob os cuidados ou responsabilidade do agente.

Art. 97. Deixar de prestar assistência ao idoso, quando possível fazê-lo sem risco pessoal, em situação de iminente perigo, ou recusar,

retardar ou dificultar sua assistência à saúde, sem justa causa, ou não pedir, nesses casos, o socorro de autoridade pública:

Pena – detenção de 6 (seis) meses a 1 (um) ano e multa.

Parágrafo único. A pena é aumentada de metade, se da omissão resulta lesão corporal de natureza grave, e triplicada, se resulta a morte.

Art. 98. Abandonar o idoso em hospitais, casas de saúde, entidades de longa permanência, ou congêneres, ou não prover suas necessidades básicas, quando obrigado por lei ou mandado:

Pena – detenção de 6 (seis) meses a 3 (três) anos e multa.

Art. 99. Expor a perigo a integridade e a saúde, física ou psíquica, do idoso, submetendo-o a condições desumanas ou degradantes ou privando-o de alimentos e cuidados indispensáveis, quando obrigado a fazê-lo, ou sujeitando-o a trabalho excessivo ou inadequado:

Pena – detenção de 2 (dois) meses a 1 (um) ano e multa.

§ 1º Se do fato resulta lesão corporal de natureza grave:

Pena – reclusão de 1 (um) a 4 (quatro) anos.

§ 2º Se resulta a morte:

Pena – reclusão de 4 (quatro) a 12 (doze) anos.

Art. 100. Constitui crime punível com reclusão de 6 (seis) meses a 1 (um) ano e multa:

I – obstar o acesso de alguém a qualquer cargo público por motivo de idade;

II – negar a alguém, por motivo de idade, emprego ou trabalho;

III – recusar, retardar ou dificultar atendimento ou deixar de prestar assistência à saúde, sem justa causa, a pessoa idosa;

IV – deixar de cumprir, retardar ou frustrar, sem justo motivo, a execução de ordem judicial expedida na ação civil a que alude esta Lei;

V – recusar, retardar ou omitir dados técnicos indispensáveis à propositura da ação civil objeto desta Lei, quando requisitados pelo Ministério Público.

Art. 101. Deixar de cumprir, retardar ou frustrar, sem justo motivo, a execução de ordem judicial expedida nas ações em que for parte ou interveniente o idoso:

Pena – detenção de 6 (seis) meses a 1 (um) ano e multa.

Art. 102. Apropriar-se de ou desviar bens, proventos, pensão ou qualquer outro rendimento do idoso, dando-lhes aplicação diversa da de sua finalidade:

Pena – reclusão de 1 (um) a 4 (quatro) anos e multa.

Art. 103. Negar o acolhimento ou a permanência do idoso, como abrigado, por recusa deste em outorgar procuração à entidade de atendimento:

Pena – detenção de 6 (seis) meses a 1 (um) ano e multa.

Art. 104. Reter o cartão magnético de conta bancária relativa a benefícios, proventos ou pensão do idoso, bem como qualquer outro documento com objetivo de assegurar recebimento ou ressarcimento de dívida:

Pena – detenção de 6 (seis) meses a 2 (dois) anos e multa.

Art. 105. Exibir ou veicular, por qualquer meio de comunicação, informações ou imagens depreciativas ou injuriosas à pessoa do idoso:

Pena – detenção de 1 (um) a 3 (três) anos e multa.

Art. 106. Induzir pessoa idosa sem discernimento de seus atos a outorgar procuração para fins de administração de bens ou deles dispor livremente:

Pena – reclusão de 2 (dois) a 4 (quatro) anos.

Art. 107. Coagir, de qualquer modo, o idoso a doar, contratar, testar ou outorgar procuração:

Pena – reclusão de 2 (dois) a 5 (cinco) anos.

Art. 108. Lavrar ato notarial que envolva pessoa idosa sem discernimento de seus atos, sem a devida representação legal:

Pena – reclusão de 2 (dois) a 4 (quatro) anos.

TÍTULO

VII

Disposições Finais e Transitórias

Art. 109. Impedir ou embaraçar ato do representante do Ministério Público ou de qualquer outro agente fiscalizador:

Pena – reclusão de 6 (seis) meses a 1 (um) ano e multa.

Art. 110. O Decreto-Lei nº 2.848, de 7 de dezembro de 1940, Código Penal, passa a vigorar com as seguintes alterações:

"Art. 61.

.....

II -

.....

h) contra criança, maior de 60 (sessenta) anos, enfermo ou mulher grávida;

....." (NR)

"Art. 121.

.....

§ 4º No homicídio culposo, a pena é aumentada de 1/3 (um terço), se o crime resulta de inobservância de regra técnica de profissão, arte ou ofício, ou se o agente deixa de prestar imediato socorro à vítima, não procura diminuir as conseqüências do seu ato, ou foge para evitar prisão em flagrante. Sendo doloso o homicídio, a pena é aumentada de 1/3 (um terço) se o crime é praticado contra pessoa menor de 14 (quatorze) ou maior de 60 (sessenta) anos.

....." (NR)

"Art. 133.

.....
§ 3º

.....
III – se a vítima é maior de 60 (sessenta) anos." (NR)

"Art. 140.
.....

§ 3º Se a injúria consiste na utilização de elementos referentes a raça, cor, etnia, religião, origem ou a condição de pessoa idosa ou portadora de deficiência:

..... (NR)

"Art. 141.
.....

IV – contra pessoa maior de 60 (sessenta) anos ou portadora de deficiência, exceto no caso de injúria.

....." (NR)

"Art. 148.
.....

§ 1º

I – se a vítima é ascendente, descendente, cônjuge do agente ou maior de 60 (sessenta) anos.

....." (NR)

"Art. 159.....
.....

§ 1º Se o seqüestro dura mais de 24 (vinte e quatro) horas, se o seqüestrado é menor de 18 (dezoito) ou maior de 60 (sessenta) anos, ou se o crime é cometido por bando ou quadrilha.

....." (NR)

"Art. 183.....

III – se o crime é praticado contra pessoa com idade igual ou superior a 60 (sessenta) anos." (NR)

"Art. 244. Deixar, sem justa causa, de prover a subsistência do cônjuge, ou de filho menor de 18 (dezoito) anos ou inapto para o trabalho, ou de ascendente inválido ou maior de 60 (sessenta) anos, não lhes proporcionando os recursos necessários ou faltando ao pagamento de pensão alimentícia judicialmente acordada, fixada ou majorada; deixar, sem justa causa, de socorrer descendente ou ascendente, gravemente enfermo:

....." (NR)

Art. 111. O O art. 21 do Decreto-Lei nº 3.688, de 3 de outubro de 1941, Lei das Contravenções Penais, passa a vigorar acrescido do seguinte parágrafo único:

"Art. 21.....

Parágrafo único. Aumenta-se a pena de 1/3 (um terço) até a metade se a vítima é maior de 60 (sessenta) anos." (NR)

Art. 112. O inciso II do § 4º do art. 1º da Lei nº 9.455, de 7 de abril de 1997, passa a vigorar com a seguinte redação:

"Art. 1º

§ 4º

II – se o crime é cometido contra criança, gestante, portador de deficiência, adolescente ou maior de 60 (sessenta) anos;

....." (NR)

Art. 113. O [inciso III do art. 18 da Lei nº 6.368, de 21 de outubro de 1976](#), passa a vigorar com a seguinte redação:

"Art. 18.....

.....

III – se qualquer deles decorrer de associação ou visar a menores de 21 (vinte e um) anos ou a pessoa com idade igual ou superior a 60 (sessenta) anos ou a quem tenha, por qualquer causa, diminuída ou suprimida a capacidade de discernimento ou de autodeterminação:

....." (NR)

Art. 114. O [art 1º da Lei nº 10.048, de 8 de novembro de 2000](#), passa a vigorar com a seguinte redação:

"[Art. 1º](#) As pessoas portadoras de deficiência, os idosos com idade igual ou superior a 60 (sessenta) anos, as gestantes, as lactantes e as pessoas acompanhadas por crianças de colo terão atendimento prioritário, nos termos desta Lei." (NR)

Art. 115. O Orçamento da Seguridade Social destinará ao Fundo Nacional de Assistência Social, até que o Fundo Nacional do Idoso seja criado, os recursos necessários, em cada exercício financeiro, para aplicação em programas e ações relativos ao idoso.

Art. 116. Serão incluídos nos censos demográficos dados relativos à população idosa do País.

Art. 117. O Poder Executivo encaminhará ao Congresso Nacional projeto de lei revendo os critérios de concessão do Benefício de Prestação Continuada previsto na Lei Orgânica da Assistência Social, de forma a garantir que o acesso ao direito seja condizente com o estágio de desenvolvimento sócio-econômico alcançado pelo País.

Art. 118. Esta Lei entra em vigor decorridos 90 (noventa) dias da sua publicação, ressalvado o disposto no **caput** do art. 36, que vigorará a partir de 1º de janeiro de 2004.

Brasília, 1º de outubro de 2003; 182º da Independência e 115º da República.

LUIZ INÁCIO LULA DA SILVA