

# Promoting Community Wellbeing: The Case for Lifelong Learning for Older Adults

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## Abstract

Community wellbeing is a function of many factors working in concert to promote an optimal quality of life for all members of a community. It is argued here that the promotion of lifelong learning among older adults can significantly contribute to community wellbeing. The aging society is a worldwide phenomenon presenting both opportunities and challenges to community wellbeing. Research suggests that the more active, healthier, and educated older adults are, the less drain they are on family and community resources and services. At the same time, active and healthy elders contribute to community wellbeing through their accumulated life experience, expertise, and service. The relationship between lifelong learning and community wellbeing is argued from a social capital perspective. This framework contends that formal, nonformal, and informal learning activities of older adults promote an active and engaged lifestyle that helps create and preserve community. Issues of access and opportunity are also addressed.

## Keywords

community wellbeing, lifelong learning, older adults

## Introduction

Community wellbeing is an idea at once simple and complex—simple because everyone understands that the concept suggests a prosperous and healthy living space for all residents of a community regardless of income, age, gender, culture, and so on. However,

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**Table 1.** Percentage of the Population Aged 60 and Older (World Economic Forum, 2012).

	2010	2030	2050
World	11	17	22
More Developed Regions	22	29	32
Less Developed Regions	9	14	20
Africa	5	7	10
Asia	10	17	24
Europe	22	29	34
Latin America and Caribbean	10	17	25
North America	19	26	27
Oceania	15	20	24

because of the interaction of these very same factors—factors that are economic, social, cultural, and environmental—community wellbeing defies simple definition. One way to approach the notion of community wellbeing is to consider in some depth a segment of the total picture. In this article, it is argued that community wellbeing can be advanced by promoting lifelong learning among older adults. For the purposes of this discussion, an “older” adult is defined as someone age 60 and older (World Economic Forum, 2012).

Most countries in the world are experiencing a dramatic growth in their aging population. Due to a decline in fertility and an increase in longevity, it is estimated that “in less than 10 years, older people will outnumber children for the first time in history” (Withnall, 2012, p. 650). In 2010, older adults comprised 11% of the world’s population and are expected to grow to 22% in the year 2050 (World Economic Forum, 2012). As can be seen in Table 1, from the World Economic Forum’s report titled *Global Population Ageing: Peril or Promise?* (2012), this growth is uneven across continents, but all continents will experience growth in their older population. Of further interest are the top 10 countries experiencing the greatest growth in their elder populations. As can be seen in Table 2, Japan currently leads the world with 31% of their population 60 years and older, which is projected to rise to 42% by the year 2050.

This dramatic demographic is occurring at a time of great social change. Most feel that it is no longer possible to “keep up,” for, according to some estimates, information doubles every 2 years and World Wide Web information doubles every 90 days (EMC<sup>2</sup>, 2011). Regardless of whether one is young, middle age, or older, change is at such an accelerated pace that even some of the routine tasks of daily living require new learning. Buying groceries at the local supermarket, for example, may first require instruction in how to use the automated self-directed checkout line. Using Skype, one can see and talk to a person in real time on the other side of the earth. It is also clear that one cannot learn in the first two or three decades all that a person needs to know for the rest of his or her life. Our present-day global and technology-enhanced environment not only is rich with opportunities for learning but also compels us to keep learning.

**Table 2.** The Top 10 Countries with the Highest Percentages of 60+ Populations in 2011 and 2050 (World Economic Forum, 2012).

<u>2011</u>		<u>2050</u>	
Country	%	Country	%
Japan	31	Japan	42
Italy	27	Portugal	40
Germany	26	Bosnia and Herzegovina	40
Finland	25	Cuba	39
Sweden	25	Republic of Korea	39
Bulgaria	25	Italy	38
Greece	25	Spain	38
Portugal	24	Singapore	38
Belgium	24	Germany	38
Croatia	24	Switzerland	37

Against this backdrop of global aging and social change, it is argued that community wellbeing—that is, the notion of a locality where people are socially interconnected in healthy and prosperous ways—can be fostered by promoting lifelong learning for older adults. “Well-being is also associated with better health, higher levels of civic and social engagement, and greater resilience in the face of external crises” (Field, 2009, p. 14). Focusing on lifelong learning for the older adult segment of the population can be theoretically situated in human capital and social capital components of community wellbeing. It can also be argued that enhancing human and social capital will have secondary consequences for physical and cultural capital. In this article, first, some of the myths of global aging will be addressed, followed by a discussion of evidence in support of the benefits of older adults being actively engaged in learning. The social benefits to the community of this engagement will also be discussed. Examples of programs for older adults will be presented as models for promoting community wellbeing. The article concludes with some of the challenges in promoting learning among older adults.

## Myths of Global Aging

Although articles about the “myths” of aging are available on several websites (see, e.g., [http://www.huffingtonpost.com/2012/06/22/aging-myths\\_n\\_1592990.html](http://www.huffingtonpost.com/2012/06/22/aging-myths_n_1592990.html); <http://www.transgenerational.org/aging/myths-of-aging.htm>; and <http://www.mainlinehealth.org/oth/Page.asp?PageID=OTH003343>), these articles, by and large, focus on individual health and lifestyle issues. The World Health Organization (WHO; 1999), however, has taken an active role in promoting the health and wellbeing of older adults and has sought to deconstruct several myths about older adults from a global perspective. The *first* of these is that the majority of older people live in

developed countries. This myth probably evolved because, as can be seen in Table 2, Japan and several European countries have the highest *percentage* of their population being adults over 60. However, in actual numbers of older adults, 60% of them live in developing countries such as China, India, and Brazil (WHO). For example, there were 171 million older adults in China in 2010. The *second and third* myths about global aging are that (a) all old people are the same, and (b) men and women age the same. In reality, “people age in unique ways, depending on a large variety of factors, including their gender, ethnic and cultural backgrounds, and whether they live in industrialised or developing countries, in urban or rural settings” (WHO, p. 7). With regard to gender, women live longer than men throughout the world, and “part of women’s advantage with respect to life expectancy is biological. Far from being the weaker sex they seem to be more resilient than men at all ages, but particularly during early infancy. In adult life too, women may have a biological advantage” (WHO, p. 10). The *fourth* myth is that old people are frail. Although certainly some older people are frail, there is an enormous range of what WHO called “functional capacity”—defined as the ability to function appropriately in one’s culture. Some older adults are in fact caregivers for younger generations and for the very old.

Two other myths speak more to lifestyle than health-related factors. The *fifth* myth is that older people have nothing to contribute, and the *sixth* myth is that older people are an economic burden. These myths are associated with the fact that older adulthood is typically a time to withdraw from paid work. But, WHO explained,

substantial contributions are made by older people in unpaid work including agriculture, the informal sector and in voluntary roles. Many economies worldwide depend to a large extent on these activities, but few of them are included in the assessment of national economic activities, leaving the contribution made by older citizens often unnoticed and undervalued. (1999, p. 16)

The reality of older adulthood is that there is probably more variance in terms of health, living conditions, and lifestyle among older adults than in any other segment of the adult population (Bjorklund, 2011; Findsen & Formosa, 2011). Furthermore, the quality of life of older adults also varies enormously depending on health and socio-economic status, age (assuming good health and economic condition, “recent research has shown consistently that the older one is, the better one’s quality of life” [Bjorklund, pp. 370–371]), level of activity, and social integration. These last two factors, level of activity and social integration, have been shown to link to quality of life and community wellbeing, the focus of the next section.

## **Aging and Quality of Life**

There is quite a bit of evidence to support the generalization that the more active, social, healthy, and educated older adults are, the less drain they are on a family’s and, by extension, a community’s resources and services (Bjorklund, 2011; Findsen & Formosa, 2011; Withnall, 2012). Social engagement, in the form of social activities,

productive activities (“those that produce a good or service”), helping activities, formal and informal learning, and leisure, is positively correlated with physical and mental health (Herzog, Ofstedal, & Wheeler, 2002, p. 595). Furthermore, “quality of life is related to any kind of activity—physical, social or any combination of the two.... People who do more things enjoy a higher quality of life than those who are more sedentary and isolated” (Herzog et al., p. 595). And with regard to social integration, “a meta-analysis of almost 300 studies shows that social support is strongly related to quality of life, both in the number of significant others in one’s support system and the quality of the relationships (Pinquart & Sorensen, 2000)” (Bjorklund, p. 371). At the same time, many older adults are contributing to community wellbeing through inter-generational and community activities.

Several frameworks have been advanced for capturing the links between aging, learning, quality of life, and community wellbeing. Three such frameworks will be reviewed here—active aging, productive aging, and positive/successful aging. The first framework, active aging, arose as a counter-narrative to Cumming and Henry’s (1961) disengagement theory. They proposed that as adults age, they disengage from society physically and socially, and that society withdraws from the individual to maintain social equilibrium. Although there is some shrinkage of the extent of social activities engaged in, especially in late adulthood, research suggests that “the least disengaged adults report greater satisfaction with themselves and their lives” (Bjorklund, 2011, p. 368). Proposed in the early 1960s by Havighurst (1961) and colleagues, activity theory countered disengagement theory by positing that

a person most likely to age successfully would continue to be active through middle age and beyond, by taking on productive roles in society and replacing roles that were lost as they aged. Productive roles might include membership in organizations, volunteering, or participation in social groups or activities. (Diggs, 2008, p. 80)

Activity theory has been considered by some as the start of a number of North American movements and programs (such as senior centers) designed to get older generations engaged rather than keeping them passive or sedentary. Withnall (2012) in fact argued that active aging “undoubtedly legitimised the way for the development of some innovative learning programmes,” such as Lifelong Learning Institutes (LLIs), Elderhostel, and Universities of the Third Age (U3As) (p. 652).

A second framework for exploring the links among aging, learning, and wellbeing is productive aging. Productive aging is a concept that took hold in the 1980s and was responsive to growing numbers of older adults, the rise of information technology, and the notion that not all older adults want to go from fulltime work to fulltime leisure (Butler & Gleason, 1985). Indeed, many older adults want to remain “productive,” which might include continued employment, part-time work, second careers, volunteering, and caregiving—all activities that most likely include new learning. As with active aging, productive aging is most certainly linked to lifelong learning. Furthermore, productive aging need not be so strongly linked with work. Rather, the definition of productive aging might be extended to

incorporate what Birren calls “the transfer of productive ideas, information, and results of experience across generations...” (2001:117). In this way, older people become the creators of knowledge and erudition rather than passive consumers, an idea that is gaining currency worldwide. (Withnall, 2012, p. 655)

Indeed, Australia has a National Seniors Productive Ageing Centre (NSPAC) “established by National Seniors Australia (NSA) to advance knowledge and understanding into all aspects of productive ageing to improve the quality of life of people aged 50 and over” (NSPAC, 2013; and see <http://www.productiveageing.com.au>). The NSPAC offers grants for research, produces publications, sponsors educational forums, and provides online resources to community groups and agencies.

A third framework for capturing the links between aging, quality of life, and learning is “successful aging.” First proposed by Rowe and Kahn in a 1997 article followed by a popular book of the same title in 1998, successful aging consists of three factors: avoidance of disease and disability, maintenance of high physical and cognitive functioning, and sustained engagement in social and productive activities. Successful aging has also been expanded to include attention to psychological and spiritual well-being. For example, research by Tornstam (2005), a Swedish sociologist, suggested that older adults undergo a spiritual transition, which he labeled “gerotranscendence.” The prevalence of research, popular publications, and websites (e.g., <http://www.casasb.org>, <http://www.successfulaging.ca>, and <http://hhd.fullerton.edu/csa>) devoted to some aspect of successful aging attests to the status of this framework. Successful aging and lifelong learning are clearly linked through “the maintenance of cognitive abilities.” Research supports “the importance of learning for maintaining an active and enquiring mind, for broadening horizons as well as for social interaction and remaining connected to society” (Withnall, 2012, p. 656).

Whether we talk of active aging, productive aging, or successful aging, the message is clear—older adulthood need not be viewed as a period of decline, uselessness, or frailty. Even despite some health-related limitations, millions of older adults are active, engaged, and contributing members of their communities (Corporation for National and Community Service, 2012).

## **Lifelong Learning, Social Capital, and Community Wellbeing**

There is ample evidence, both anecdotal and research based, that learning in older adulthood not only reduces dependency on government-funded social services but actually enhances personal and community wellbeing. A significant contribution to the field of adult education’s understanding of the theoretical link between adult education and well-being can be found in Field’s (2009) report titled “Well-being and Happiness: Inquiry into the Future of Lifelong Learning.” Field argued that although we tend to focus on the economic benefits of adult learning, “the evidence that learning promotes well-being is overwhelming” (p. 5). After reviewing the research, Field concluded that

“adult learning makes a small but significant, measurable positive contribution to well-being” and that adult education is “particularly effective in enhancing the well-being of our most vulnerable citizens,” including “older men and women” (p. 36). Field linked lifelong learning, social capital, and wellbeing in arguing that “participation in learning tends to enhance social capital, by helping develop social competencies, extending social networks, and promoting shared norms and tolerance of others” (p. 23).

Several theoretical models in adult education have been developed that link lifelong learning and community wellbeing. Brookfield (2012) asked the question “What kind of lifelong learning develops communities in a critical way?” and answered this question by proposing three learning tasks—learning collective identity, developing agency, and learning to develop collective community structures and processes. The first task of learning collective identity has to do with developing a personal identity that is tied to the collective, a difficult task especially in a society wherein the self is “at the centre of the universe and interprets behaving responsibly as striving to gain the greatest advantages, and greatest measure of protection, for self and family” (Brookfield, p. 878). The second learning task that contributes to community development is developing agency—“the inclination and capacity to act on and in the world in a way that furthers co-operative values and practices” (Brookfield, p. 878). This strategy involves several subtasks, such as “learning to create clear agendas and goals” with long-term transformation in mind, “learning how to create support amongst groups of like-minded peers,” and learning to develop agency that “entails the capacity to stand fast and deepen commitment in the face of strengthening opposition” (Brookfield, p. 879). Brookfield’s third learning task for developing communities is “learning to develop collective forms, movements and organizations,” which is “the tradition of interdependence that holds that the well-being of the individual and of the collective can never be separated” (p. 880).

Social capital has been theorized as a major component in community wellbeing. Biggs, Carstensen, and Hogan (2012) presented a social capital perspective as they considered how older adult learning contributes to community wellbeing. The “social capital” of older adults is “accrued knowledge and experience, understanding of the ways things interact with each other, and an ability to place single events in their wider perspective” (Biggs et al., p. 38). As an example, they cited the 2011 Japanese earthquake and subsequent Fukushima nuclear reactor disaster. Hundreds of older adults volunteered to work at the site because “they maintained that long-term cancer risks and potential loss of fertility were not issues for them, given their age” (Biggs et al., p. 40). Biggs et al. point out that “the maintenance and germination of this form of capital depends upon a positive relationship between lifelong learning, social innovation and adaptation” (p. 38). The starting point at the top of their four-part circular model is the social capital held by older adults. Going clockwise, this leads to the second position, that of lifelong learning. This component

refers to the models or ways in which knowledge and skills are communicated, the environments (where and at what time) that foster age-friendly accessibility, and the institutional adaptation to the “stretched life course” where work, learning and self-development extend across a longer, fitter life. (Biggs et al., p. 40)

Moving from lifelong learning to the bottom of the circle is what Biggs et al. call “social innovation,” by which they mean innovative activities by and for older adults that accommodate changing demographics and economic and social conditions. The fourth component of the circle is “adaptation” requiring “a change in ageist attitudes, the development of age-friendly (including intergenerational) cultures, and redesign of large areas of commerce, workplaces and the built environment” (Biggs et al., p. 40). The process is reiterated through the release of more social capital.

It is argued here that the lifelong learning activities of older adults increase both human and social capital. As older adults become more knowledgeable and more socially engaged, personal as well as community wellbeing are enhanced. Formosa (2009) reported on research with U3A (also called UTA[s]), a worldwide program for older adult learners originating in France in the 1970s. He wrote that

when members are asked what they gain from involvement in UTA activities, the first thing that comes to their mind is not usually related to learning but the associated social outcomes, such as making new friends who share their interests and finding a support group. (Formosa, 2009, p. 178)

Furthermore,

UTAs fulfill various positive social and individual functions such as aiding lonely older persons to resocialise themselves in society by enabling them to form new groups and increase living interests, as well as providing opportunities, stimulation, patterns, and content for the use and structure of the older persons’ free-time which would otherwise be characterised by inactivity. UTAs also ... increase the social integration and harmony of older persons in society, inject a sense of creativity in older persons, and make older persons more visible in society. They improve members’ abilities of understanding the objective world by aiding them to grasp better world development and social progress, and help them to ameliorate their abilities of self-health by enabling them to master medical care knowledge and prevention of disease. UTAs have also been found to address various intellectual, emotional, physical, leisure, and spiritual needs of older persons, as well as providing older persons with the opportunity to organise and co-ordinate social/cultural activities and thus making their life more fruitful and energetic. (Formosa, 2009, p. 178)

Finally, UTAs “are also lauded for providing older adults an opportunity to keep their brains active, and hence, assuring good health and well-being in later life” (Formosa, 2010b, p. 201).

Indeed, in addition to physical, social, emotional, and perhaps spiritual well-being, one of the by-products of engaging in learning activities is the resultant social connectivity, which in turn promotes cognitive functioning. For example, in a longitudinal study of Spanish elderly, it was found that

poor social connections, infrequent participation in social activities, and social disengagement predict the risk of cognitive decline in elderly individuals. The probability of cognitive decline was lower for both men and women with a high frequency of visual contact with relatives and community social integration. (Zunzunegui, Alvarado, Del Ser, & Otero, 2003, p. S93)



In another study of the health literacy of nearly 3,000 elderly Canadians, it was found that education and lifelong learning that were both formal and informal (including self-directed learning projects, library usage, leisure reading, internet use, and volunteerism) were robustly associated with health literacy, which is itself related to healthy lifestyles and quality-of-life issues (Wister, Malloy-Weir, Rootman, & Desjardins, 2010). In yet another study of the impact of learning on older people in Great Britain, it was found,

Eighty per cent of learners reported a positive impact of learning on at least one of the following areas: their enjoyment of life; their self-confidence; how they felt about themselves; satisfaction with other areas of life; and their ability to cope. (Dench & Regan, 2000, p. 1)

And findings directly relevant to community wellbeing were that “forty-two per cent reported an improvement in their ability to stand up and be heard and/or their willingness to take responsibility,” and “twenty-eight per cent reported an increased involvement in social, community and/or voluntary activities as a result of learning” (Dench & Regan, p. 1).

Communities benefit from having all segments of their citizens healthy, actively engaged, and contributing to, rather than deleting community resources. The lifelong learning policies of some nations are even built around the connection between lifelong learning and community wellbeing. Japan, for example, is promoting a lifelong learning policy aimed at creating a “Knowledge-Recycling-Oriented Society ... where the outcome of individual learning based on each learner’s needs is given back to society and contributes to the improvement of the sustainable educational potential of the whole society (Chukyoshin 2008)” (Sawano, 2012, p. 668). In China, older people’s associations, which in 2007 numbered some 425,000, were engaged to reduce poverty in several rural communities. Research on these efforts found “overall improvement in the wellbeing of older people in the target areas” (China National Committee on Ageing & HelpAge International, 2007, p. 2).

Older adults also contribute to community wellbeing in substantive ways through civic engagement, volunteering, service learning, and intergenerational activities. Volunteering, which research has shown can improve physical and mental health, engaged 23.9% of adults 65 and older in 2010 in the United States (see <http://www.volunteeringinamerica.gov>). Service learning projects involve “offering courses in partnership with local agencies in which older individuals learn new knowledge and skills that they can later apply in volunteer service” (Wolf & Brady, 2010, p. 375). These collaborations can occur in all types of community organizations, such as public schools, hospitals, historical societies, homeless shelters, and so on. Intergenerational activities can be as varied as grandparents reading to young school children, elders mentoring college students in career choice and development, or intergenerational learning adventures sponsored by Road Scholar (<http://www.road scholar.org>).

In a study that directly examined the links among social capital, adult learning, and community well-being, Balatti and Falk (2002) reported on the impact of 10 adult

learning programs on community wellbeing in Australia. “Fundamental to social capital theory,” which is the framework for their study, “is the proposition that networks of relationships are a resource that can facilitate access to other resources of value to individuals or groups for a specific purpose” (Balatti & Falk, p. 282). Ten adult learning programs that met the following five criteria were selected for study:

- (a) strengthening existing community networks and creating new networks;
- (b) developing trust within the community;
- (c) fostering the development of common or community goals for the common good;
- (d) producing transformational experiences for learners, teachers or tutors, the community or a group within the community; and
- (e) being responsive to local needs. (Balatti & Falk, p. 288)

A possible eight benefits of the learning in these programs were identified. All programs exhibited some benefits. Of particular interest to this article are their findings with regard to *older* adult learning programs:

The program for senior citizens for example produced benefits in five categories. The program offered a variety of courses ranging from general interest courses such as creative writing and activities through the University of the Third Age to classes in cooking for one person and training in careful driving. In addition to the more obvious benefits of acquiring new skills and knowledge (education and learning), participation in the program by the elderly folk produced other benefits. Better dietary practices and a decreased sense of isolation and loneliness (health), better driving (personal safety), critical consumerism (command over goods and services) and engaging in productive or enjoyable activities to fill their days (time and leisure) were just some of the wider benefits of learning. (Balatti & Falk, p. 291)

The social capital framework has also been applied to intergenerational learning “in which the individual resources (the intergenerational learners) are working within a system (school, community, government) towards a common community goal” (Newman & Hutton-Yeo, 2008, p. 33). Intergenerational learning activities are characterized by mutual benefits, reciprocity, and empowerment. Empowerment in particular is linked to community wellbeing:

Empowerment within intergenerational learning is an intentional ongoing process centered in the local community involving mutual respect, critical reflection, caring and group participation through which people lacking an equal share of resources gain greater access to these resources (Lawrence, 2006). Empowerment theory is compatible with intergenerational learning and community building (social capital) initiatives. (Newman and Hutton-Yeo, p. 33)

Newman and Hutton-Yeo described intergenerational learning projects from Canada, South Africa, Australia, Spain, Sweden, Japan, and the United States. Two programs particularly address community—Japan’s community-building projects, which highlight planning and learning between the elderly, university students, and children; and

a community action program in Michigan, which focuses on “collaboration and exchange of knowledge and learning between the older and younger students engaged in group building and intergenerational learning activities to plan and implement a project to benefit the community” (Newman and Hutton-Yeo, p. 34).

It seems clear that there is much to be gained for individuals, groups, and communities through the promotion of lifelong learning. Older adults who have years of experience have much to offer their communities through a number of mechanisms such as continued employment, volunteering, caregiving, civic involvement, and intergenerational activities. Continued learning provides mechanisms for this to happen while simultaneously fostering health and independence, minimizing a drain on social support services. We now turn to a closer look at older adult learning.

## Learning in Older Adulthood

Many international and government agencies have advocated access to educational and learning opportunities throughout the life span and in older adulthood in particular. Two such examples are, first, a United Nations report titled *Madrid International Plan of Action in Ageing*, originally published in 2002 and updated in 2008, which called on governments to use education and learning to address a myriad of aging-related issues, including literacy, job training, poverty, and discrimination. Second are two European Commission (EC; 2001, 2006) reports, which defined lifelong learning as “all learning activity throughout life, with the aim of improving knowledge, skills and competencies within a personal, civic, social, and/or employment-related perspective” (EC, 2001, p. 9). The EC is promoting more lifelong learning opportunities for both older workers and retired people. In particular, member nations have five challenges with regard to *older* adult learning: (a) Lift barriers to participation, making participation more equitable; (b) ensure the quality of adult learning programs through professional training and good pedagogical practices; (c) recognize learning outcomes whether they be from formal, nonformal, or informal learning; (d) invest in education for older people and migrants; and (e) understand that “there is a need for better insight into the benefits of adult learning and the barriers to its uptake, and for better data on providers, trainers and training delivery” (EC, 2006, p. 10).

Lifelong learning for older adults does indeed incorporate all types of learning. Although many may be familiar with the numerous formal programs sponsored by educational institutions, most older adult learning is through nonformal and informal means (Merriam & Bierema, 2014). Nonformal programs are those sponsored by community, civic, and voluntary organizations, such as the local library sponsoring a book club, the Red Cross offering diabetes screening, a civic club sponsoring a travel outing, a faith group meeting to study their faith’s literature, and so on. Even businesses offer nonformal learning opportunities such as the local home improvement store holding a workshop on how to update your kitchen or a law firm presenting a session on estate planning. Informal learning is that which occurs in one’s day-to-day living—we often learn as a by-product of doing something else in our daily lives, what Marsick and Watkins (1990) termed “incidental learning.” Informal learning also includes

self-directed learning wherein a person designs his or her own learning project, such as tracing one's family history, putting in a garden, or learning to appreciate classical music. Because many people equate learning with what educational institutions offer, much nonformal and informal learning goes unrecognized.

Older adults have a number of learning needs that can be addressed through formal, nonformal, and informal modes of learning. These needs are related to employment (continued, part-time, and voluntary); literacy, especially computer and media literacy characteristic of the 21st century; health and wellness; personal interests and development; caregiving; leisure and travel; cognitive development; and so on. Fisher and Wolf (2000) also made the case that a learning need for older adults centers on meaning making, that is, making sense of this stage in one's life. Older people no longer have their identity and purpose in life anchored to employment. As a result, the meaning and value of their lives come into question, providing, Fisher and Wolf wrote,

fertile soil for the growth of transformative learning. A sense of meaning provides a beacon, a direction that guides commitment, a basis for decision making, a stimulant for action, and it coalesces the experiences of the past and the present with the hope of the future. (p. 483)

Given the link we have explored between older adult learning and community well-being, it is worth mentioning some of the well-known formal learning programs designed specifically for older adults. Three representative programs are U3As, LLIs, and Road Scholar. U3A is probably the most established and best known worldwide organization, offering learning opportunities for older adults:

U3A centers are now present in all the five continents and provide learning courses to millions of retired persons.... China alone contained some 19,300 centers with about 1.81 million members (Thompson, 2002). In 2009, Australia and New Zealand included 211 (64,535 members) and 60 (10,154 members) U3As, respectively (U3A Online, 2009), with the United Kingdom listing as many as 731 centers. (Formosa, 2010b, p. 198)

U3As are credited with enabling seniors to "remain integrated in society and form their own social environment, while contributing to their intellectual potential and spiritual development" (Formosa, 2010b, p. 198). They have also been criticized for being elitist, middle-class biased, and female dominated. Formosa has proposed that U3As could be even more effective with more attention to e-learning, pre-retirement education, and intergenerational learning.

Similar to U3As are learning-in-retirement institutes or LLIs in North America, many of which are now called Osher Lifelong Learning Institutes (OLLIs). With over 400 of these in Canada and the United States, LLIs, like the U3As, are usually affiliated with institutions of higher education. They are member organized and run, and facilitators are peers who volunteer their expertise. As with the U3As, LLIs tend to attract the more affluent and better educated older adult. Another program based in the United States but with a worldwide mission is Road Scholar (<http://www.road scholar.org>). Road Scholar is a not-for-profit leader in educational travel since 1975, offering

6,500 educational tours in all 50 states and 150 countries. Each year, thousands of older adults engage in on-site learning with local and international experts. Road Scholar also sponsors intergenerational programs that are learning adventures for grandparents and grandchildren.

Learning in older adulthood is thus guided by policies from international bodies such as the United Nations, WHO, and the European Union and nation-states that have lifelong learning policies. The nature of the learning on the ground, so to speak, is characterized by formal, nonformal, and informal modalities. The more visible formal programs designed by and for older adults, such as U3As, LLIs, and Road Scholar, serve hundreds of thousands of older adults worldwide. They do have limitations, however, as they appear to serve the more affluent and educated segments of the aging population.

## **Challenges of Access and Opportunity in Promoting Older Adult Learning**

In this article, it has been argued that a case can be made that community wellbeing can be promoted through lifelong learning for older adults. Framed from a social capital perspective, active and engaged older adults have an enhanced quality of life, one of the measures of community wellbeing. The population of the world is quickly aging, with those over 60 years of age projected to be 22%, nearly a quarter of the world's population, by 2050. Several nations have already exceeded this projection (see Table 2). A community's wellbeing is directly impacted by the status of its older adult population, whether one is speaking broadly of the world as a community, regionally, or in reference to one's local neighborhood. Research has firmly demonstrated that the more engaged, active, and healthy older adults are, the less drain they are on community services and resources. At the same time, these same adults are contributing to a community's wellbeing through volunteering, caregiving, civic engagement, and intergenerational activities. Conscious attention by policy makers and educators to enhancing lifelong learning opportunities can make this connection even more viable. However, issues of access and opportunity cloud the potential of older adult learners for contributing to community wellbeing.

First, to counter the elitism of many educational programs, more efforts need to be made to reach out to and include less educated, lower socioeconomic class elders who, although they have much to offer from their life experiences, are intimidated by educational institutions. One way to address this barrier is by offering learning opportunities through community groups and established social networks. At the same time, more can be done to address the lack of male participation in older adult learning by perhaps "focusing on environmental issues, mathematics, and do-it-yourself work which are generally of utmost interest to older men" (Formosa, 2010a, p. 77). A good example of a successful program that draws men from all socioeconomic levels is the "Men's Sheds" program, which began in Australia (Golding, 2011). There are now over 900 of these programs. Men's Sheds are community-based continuing education programs that focus on the nonvocational, social health, wellbeing, and learning needs

of mainly older, retired men (see <http://barrygoanna.com/mens-sheds/>). Now found in Scotland, Ireland, England, Finland, and Greece, research on these programs

confirms that men are able, in nonthreatening social and situated contexts within a wide range of community organizations, to informally and positively share skills from their work lives with other men of all ages with a range of important benefits to their own well-being, to the well-being of other men, and *to the well-being of their communities*. (Golding, 2011, p. 117, emphasis added)

Also underserved are older adults who live in isolated areas, are frail, and/or are in institutionalized care settings.

Second, more needs to be offered with regard to education for continued employment in a changing workforce for those who want to continue working. These programs might include training and retraining, second career options, part-time opportunities, and so on. Pre-retirement education should also be more than how to live on a fixed income, writing wills, and health issues. It should include “a discussion of psychological and social strategies that lead older adults to improve their quality of life” (Formosa, 2010b, p. 211). Pre-retirement learning might also prepare retirees for contributing their acquired skills and expertise post retirement through volunteering, mentoring, and intergenerational programs.

Third, although many educational programs for older adults do focus on health and wellness, many older adults become caregivers to spouses and family members. Certainly, caregiving links directly to community wellbeing (in terms of both those giving and those receiving care) and is thus an area of learning to be further developed. For example, in a meta-analysis of 84 articles on the differences between caregivers and noncaregivers, differences were found with regard to depression, stress, self-efficacy, and subjective well-being and physical health (Pinquart & Sorensen, 2003).

Intersecting with these suggestions is the notion that older adult learning can be improved with attention to the learning preferences of older adults with regard to pedagogical issues of instructional design and implementation. Older adults can direct their own learning as well as contribute to others’ learning through the sharing of their life experiences. Room needs to be made for this sharing to happen. Also intersecting all of these suggestions is the recognition and utilization of 21st-century delivery systems. Computer-based, online delivery systems have been successful in improving access (see Swindell, 2000); furthermore, computer literacy, technology, and social media are also topics of interest to older adult learners, topics that lend themselves to intergenerational programming (see Shedletsky, 2006).

In closing, even more fundamental to addressing lifelong learning needs for older adults is recognition that all human beings, regardless of age, are entitled to basic human rights. “All people are entitled to basic rights simply because they are human, irrespective of age, citizenship, nationality, race, ethnicity, language, gender, sexuality or abilities. This is widely accepted and central to a universal understanding of humanity” (Kalache & Blewitt, 2012, p. 8). Although these rights theoretically do not change with age, there is scant legal protection for aging individuals to enjoy these rights.

Kalache and Blewitt noted that the 1991 UN Principles for Older Persons was the first document to address a rights-based approach. The UN document identifies five groups of rights of older people:

- Independence: covering aspects such as access to the essentials of life (food, water, shelter, clothing, health care); basic income; family and community support; the opportunity to work and to gain education; safe environments—to include living at home for as long as possible
- Participation: with a focus on societal integration, active participation in the formulation and implementation of policies, the sharing of knowledge and skills with younger generations and the forming of associations and movements
- Care: access to the full spectrum of health and social care, to legal services, to secure environments, and to benefits from family and community care according to societal cultural values
- Self-fulfillment: through access to the educational, cultural, spiritual and recreational resources of society and the opportunities for development of full self-potential
- Dignity: the ability to live in dignity and security, free of exploitation and physical or mental abuse. (Kalache & Blewitt, p. 90)

Although certainly most of the world lacks the means of enforcing these rights, they do provide a powerful framework for thinking about how community wellbeing can be enhanced through bringing these rights front and center in planning for lifelong learning for older adults.

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