

The Positively Aging[®] Curriculum Model

Carolyn E. Marshall, MPH, PhD

We live in an aging world. In fact, 33 million Americans are over the age of 65. Today's adolescents may expect an average life span of about 80 years and must acquire a knowledge base in human development and aging to cultivate the skills, habits and attitudes necessary to reap the benefits of aging, including sustained oral health. During the middle and high school years, youths are changing physically, socially, emotionally and intellectually. These years offer an opportune time to recapture students and to encourage them to develop positive habits which will enhance the quality of their lives as they age. The Positive Aging curriculum is a community-academic collaborative model that gives students the opportunity to experience instruction in an interdisciplinary manner, with considerable focus on fostering critical thinking skills and practicing lifelong decision making. Students may discover that in many ways their concerns and needs are similar to those of the aged – feeling cared for and respected; having a sense of belonging, yet being independent; being treated fairly. Four key topics covered by the curriculum are: A Look At Me; A Look At Them, My Older Friend; and, Watch Your Mouth! Oral Health and Aging. The objectives of the 5-session oral health segment are that students will: 1) understand the components of oral health; 2) recognize that good oral health is an essential part of good general health throughout life; 3) and, apply oral health knowledge to their personal decision making.

OLDER ADULTS AS HEALTH EDUCATORS OF CHILDREN

H.A. Kiyak, L.A. Mjelde-Mossey

The purpose of this study was to demonstrate older persons' potential as health educators for children. If successful, this is an untapped resource for a volunteer or paid workforce that can serve as role models of healthful behaviors for children. Older adults living independently in the community aged 58-76 first learned about oral health care, fermentable carbohydrates, and healthy snacking for elders and children in a 3-week class. They then taught this material in a two-week, twice-weekly series to small groups of fifth graders. These children were compared with another class of fifth graders that served as a control group on knowledge, snacking behaviors, and scores on the CATE (Children's Attitudes Toward Elderly) pre and post-intervention. Children in the experimental group improved their health knowledge by 200%, while controls made more errors in the post-test. CATE scores also improved significantly for the former, with the number of positive descriptors doubling and negative or neutral descriptors decreased ($p < .05$). Elder health educators also demonstrated significant improvements at the post-test in their intake of healthy snacks ($p < .05$) and oral health knowledge ($p < .05$). These results suggest dramatic benefits of recruiting elders as health educators of children, not only in improving their knowledge and behavior, but also in improving children's health knowledge and reducing their stereotypes of aging and older adults. Future research is planned to test this model with younger children, recruiting grandparent-grandchild pairs, and in different settings such as community centers and churches.