AGE WELL

A campaign to promote health activities for and with older people

Challenging the Myths

A Review Of

Pensioners Health Courses & Talks

by
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Health Education Project

Age Well is a joint Health Education Council/Age Concern campaign

CHALLENGING THE MYTHS

A REVIEW OF PENSIONERS HEALTH COURSES AND TALKS

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INTRODUCTION

BACKGROUND

An outer London Borough, Barnet is an amalgamation of localities with very real distinctions between them: from pre-war Council estates to 'villages', and from comfortable detached suburban housing to high rise Council developments. Compared with the 31 other London Boroughs, it has the third highest total of people over pensionable age, and the highest number of people aged 75 and over. Of a present population of 300,000, one in five is a pensioner, and of these a significant number are elders from ethnic minority groups. In this context, work with the elderly has become a high priority for community and health agencies.

Hence, many of us - pensioners, health visitors, community workers from the Local Authority, the Community Health Council and voluntary organisations - have been developing health education work with elderly people. The first neighbourhood-based health course, spanning 12 weeks, took place as long ago as 1981. The most recent, a 6 week one, was held in early 1985. Throughout this time, several other pensioner groups began to include regular, if occasional, health talks in their club activities.

We were motivated by our knowledge that being healthy and staying healthy is of crucial concern to pensioners. On the one hand, they are probably the largest 'consumer' group of health provision, both hospital and community based (1), yet on the other they are generally less informed about their health, (2) less aware of their rights and more intimidated by the health service. Recent research also suggested that 'Health Education amongst older people... can make a significant contribution to the promotion of a healthy life'.(3) We hoped our work would address these issues.

How did we, then, review our pensioners' health courses and talks, recognise our successes and our shortfalls? Did we rely on the "I enjoyed this afternoon" comments as people had their cup of tea? Was it the number of questions a talk generated; the number of leaflets which disappeared; the length of time the speaker stayed answering everyone's queries; or the numbers who turned up, which gave us our clues? We probably used all of these in varying degrees to help us, and trusted our judgement and experience. It was probably as good a guide as any ... or was it? We were confident that pensioners both wanted, and benefited from, the courses and sessions. But what was of most use to them? And what could we learn from finding out more about their experience? A project was thus set up bringing together members of pensioner groups, the Health Education Council, local health and community workers to look into these issues.

(1) University of Bristol, Handbook for Community Health Council Members
(2) Pensioners Link, Brent, Is It Just My Age? London, 1984.
(3) Gray, J.A.M., Better Health in Retirement. Age Concern England, 1982.

SUMMARY

The following review, undertaken by the Pensioners Link Health Education Project, considers the effectiveness of pensioner health courses and talks held primarily in the London Borough of Barnet. These sessions, covering such issues as ageing, bones, backs and joints, blood pressure, diet and exercise, aimed to challenge the negative expectations surrounding pensioners' health - 'You must expect that, it's just your age...'. Through gaining information and an opportunity to share their experiences and knowledge, we hoped pensioners would feel encouraged to take preventative steps in their own health care. Between May and July 1985, 187 pensioners, 19 speakers and 14 pensioner group co-ordinators completed questionnaires recording their experiences.

The main findings, summarised on pages 23-24, point to:

1. the significant impact the sessions had on the pensioners;
2. the importance of active pensioner participation in all aspects of course planning;
3. the necessity for this critical preventative work to be recognised as a priority;
4. the need to challenge the traditional pattern of pensioner health education - one-off talks on very broad health topics to large groups of older people.

SETTING UP THE REVIEW

Three questionnaires were designed: one, we took out to pensioners' groups in community centres and health clinics (see Appendix 1); the others, we posted to people who had either helped to co-ordinate or speak at health sessions.

We were very aware of the limitations of such questionnaires: we were asking some people to recall events which had happened four years previously; some people are inevitably deterred by questionnaires, thus only the more enthusiastic may complete them; they may exclude some pensioners who, because of arthritis or partial sight cannot physically fill them in. We tried to minimise the effects of these by completing the questionnaire as a group activity, so that where possible, people involved with the group could help those in difficulty. We also taped discussions with several pensioners groups and a meeting of speakers and co-ordinators.

Encouragingly, we were greeted with considerable enthusiasm. In fact, several pensioner groups used the opportunity to talk through not only the past but also their ideas about what they'd like to see happen in the future. Similarly, many of the speakers and co-ordinators welcomed the opportunity to review their role and share their experiences.

Who we interviewed

187 pensioners completed the seven page questionnaire -

* All of them had attended at least four health education sessions as part of a course or their group's activity programme.
* 166 (90%) were women, 17 were men.
* 128 (71%) lived alone.
* 94 (51%) lived in Council accommodation, (60 (33%) were owner occupiers, 21 (11%) were private tenants).
* The median age was 73 with 38% over 75 years old.
* Only 33 had transport to their venue - 12 (46%) of them were over 80.
* 110 (67%) had left school by the age of 14, 143 (92%) by 16.
* 111 (64%) described themselves as working class; 54 (31%) as middle class.
* 78 (42%) had been to a health course, 158 (85%) had been to talks; 49 (26%) had been to both courses and talks.
* 17 (9%) had attended courses in Islington.

A snapshot portrait of a regular participant would show a woman, over 70 years of age, who lives alone in rented accommodation. She would have left school at 14 and would probably describe herself as working class. It is likely that she would be mobile as only half the groups provided transport to take people to their meetings, despite the fact that most of the venues had disabled access. Significantly, the few men and elders from ethnic minority communities who were attracted to the health sessions did not reflect their numbers in the community.

Of the 18 co-ordinators we contacted, 14 replied:

* Six health professionals, (either Health Visitors or Health Education Officers).

* Seven workers from voluntary organisations involved with elderly (five of whom would describe themselves as Community Workers).

* One Community Worker from the Local Authority Social Services Department.

* Nine had helped set up courses 'varying' in length from 5 to 12 sessions.

* Four had been with groups which continued to meet after their course was over, albeit with a reduced health orientated content.

* The other five were involved with groups having health topic sessions on a regular basis ranging from once a month to every 6 - 8 weeks.

19 speakers completed their questionnaires:

* A wide range of health 'experts' were represented: - two Doctors, two Health Visitors, a Pharmacist, two Dentists, two Alternative Medicine Practitioners, an Incontinence Adviser, two Hearing and two First Aid Specialists, a Community Physiotherapist, three Yoga/Keep Fit Teachers, and two Community Health Workers.

* The vast majority had led at least four sessions.

* Half concentrated only on their speciality, whilst the others had covered several topics - the Health Visitors, and Doctors particularly.

The questions asked of the speakers and co-ordinators complemented those in the pensioners' questionnaire, enabling us to compare their aims and expectations, the extent to which they were fulfilled and their views on how such courses/classes could best be structured.

HEALTH COURSES AND TALKS : A REVIEW OF OUR FINDINGS

SETTING UP THE HEALTH COURSES AND CLASSES

The role of the co-ordinator

Whilst most of the courses and classes had been initiated by paid workers, their role and the accompanying involvement of pensioners in their planning and running differed.

Four of the co-ordinators saw themselves as sole organisers, responsible for the planning and administration of the sessions. Of these, two set up single meetings with interested pensioners from within their existing groups, to assess the potential for courses and then organised them around a very broadly 'agreed' outline; namely possible topic headings and perhaps on which day of the week the sessions might be held. The other two co-ordinators did not involve pensioner members at all in the overall organisation of the group's meetings, but did informally ask them what topics they might like. Amongst these co-ordinators there appeared to be a strong feeling that the pensioners did not really want to have a greater say, nor the responsibility for decision-making and organising.

The remaining 14 co-ordinators saw themselves as part of a group, working alongside pensioners and health or community workers in setting up their own tailor-made programme of activities. The concept of the paid worker as an enabler, a back-up person with clearly limited decision-making powers, was a generally agreed one: - the word 'facilitator' was used several times.

The involvement of local pensioners

Whether these courses actually happened, where and how, was ultimately in the hands of local pensioners. The nine co-ordinators involved in establishing new groups, held initial open meetings, usually two months before the talks began. Here, interest and ideas about health courses were widely canvassed and pensioners drawn into a co-ordinating group which then made the major decisions regarding: the choice of topics; use of films; the incorporation of Keep Fit classes; the emphasis of the sessions; the design and distribution of the publicity; who would introduce and thank the speaker; what charges were to be made; where to go to for funds; whether transport was to be organised or not; if handout material should be devised or the local library approached to do a book display.

The parallel movement towards active pensioner participation in existing groups was found to be especially difficult when decision-making had previously rested with an organiser. All recognised that knowledge of local networks, access to printing facilities and skills, (or money to pay for them), as well as committee skills, needed to be shared and made available to pensioners if the power balance was to change and self help groups emerge. In order for this to

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happen, the time spent involving pensioners in the process of getting the course off the ground was seen as important almost as the course itself.

Who came to the health courses

Whilst pensioner involvement was a cornerstone of the development of most of the courses, only rarely did a co-ordinating group look critically at the composition of the pensioner group their advertising had brought together. On one level this was not surprising as the 'open meetings' were so well patronised, that addressing the interests expressed by just these pensioners was an ambitious goal! Nonetheless, particular groups within the pensioner community were dramatically and consistently under-represented.

In Barnet's experience, these groups included elders from the Asian community, men and the newly retired. It could be, that the publicity advertising 'pensioner' health courses tackling the 'problems' of health in old age was not perceived as relevant by fit, recently retired people. The printing of publicity material in Gujerati and Hindi, for example, instead of only in English, may well have also encouraged the participation of these elders. This in turn raises vital issues surrounding the integration of the experiences and needs of different ethnic minority communities (and ages/sexes) into the course planning.

A detailed analysis was beyond the scope of this review but clearly further research is necessary and health courses developed which are attractive and relevant to the different pensioner groupings within each neighbourhood. Workers and pensioners involved in setting up health courses need to put this matter onto their planning agenda. Consideration of the interests of the pensioners who did not come is as important for reviewing and developing local health courses as evaluating how we met the needs of those pensioners who did. In Barnet, the first health course for the Gujerati speaking community will begin in the summer of 1986.

The choice of topics

No two courses or group programmes were the same, but within the variations of the length of the courses or the frequency of the sessions, the topics chosen or the level of pensioner involvement, a common pattern emerged. Most of them included sessions on 'Health Eating' or 'Cooking for One'; 'Keeping Fit and Healthy'; 'Bones, Backs and Joints or Arthritis'; 'Blood Pressure, Strokes and Hearts'; and 'Safety in the Home'.

What is also apparent from the course programmes is that although the range of topics covered was quite extensive, there were major subject areas which had been overlooked. Relationships, women's health issues (and men's), sex, and 'spiritual' well-being were amongst these. It may well be that both pensioners and workers involved consciously opted for what might be considered less sensitive topics; but our experience would suggest that items such as these were never

actually broached.

Secondly, it is noticeable that even though the courses were aiming to promote 'health', on balance the emphasis comes across as being on what can go wrong, on health problems rather than on the maintenance and improvement of fitness. One health course outline which we have subsequently come across spent eight sessions on the theory and practice of fitness!

Structuring the sessions

The usual approach to a topic was to invite a specialist speaker to come for an hour to an hour and a half to give a short talk followed by time for questions. Not one of the groups had looked within itself for discussion leaders nor set up sessions which used the experience and knowledge within the group as the basis from which to explore a relevant health issue. All had looked only to outside experts. This issue too, needs to be placed on any co-ordinating group's agenda, for learning by sharing may often be under-valued in a speaker-oriented session structure.

WHAT DID THE CO-ORDINATORS AND SPEAKERS HOPE PENSIONERS WOULD GAIN?

'To encourage informed self-help' neatly encapsulates the aims most frequently voiced. Thus, most of these 37 respondents hoped to create a forum where information and shared ideas could encourage action around individual health problems. This could mean the take-up of health and social services, and/or personal changes such as altering one's diet or having confidence to ask the doctor more questions. Five brought out the need for improved communication between pensioners and the health and social service providers. A health course or group could provide the opportunity for pensioners' questions and comments on the services to be taken seriously, and for them to be constructively critical of the health care they received.

One-third (nine of the speakers and co-ordinators) specifically mentioned the wish to encourage pensioners to challenge the myth that the so-called 'conditions of old age' are all inevitable; to challenge the 'Well, what do you expect at your age?' syndrome. The prevention of ill-health and the successful treatment of many existing health problems could result if pensioners were able to feel more positive. They hoped pensioners would gain a greater understanding of how the body works, what the 'normal' process of ageing involves, how to recognise departures from this, and to receive support in trying to do something about it. As one of the hearing specialists said 'We need to learn to accept that hearing loss is nothing to be ashamed of, to admit we might need help and to do something before the loss becomes so severe no hearing aid will help.'

Another third focussed on the 'social' benefits - how common interests can bring pensioners together providing a positive setting for sharing expriences and making new friends. 'We wanted to offer something to those who wanted to do something about keeping fit and are interested in more rewarding activities than just bingo'.

PENSIONERS WANT MORE THAN 'JUST BINGO' TOO!

As one would expect, pensioners choose to attend groups which are of interest to them for a variety of reasons. So, given that there is rarely only one reason why any of us do anything, the pensioners were asked to select the three most important reasons out of a list of six - there was also space to add any other reasons:-

Reasons	Number	% of cases
I wanted to go to something for pensioners that wasn't only bingo and a chat.	113	63
I wanted to make new friends.	95	53
I wanted to find out what I could do to keep myself healthy.	94	52
I didn't know what services were available or what I was entitled to.	78	44
I wanted to know more about how the body works.	73	41
I didn't have anyone to talk to about my health worries and thought this might help.	40	22

Other reasons: 16 people mentioned 'getting out' and 10 'stimulation and curiosity'.

For pensioners, the chance to make new friends and to go to something which offered more than the traditional game of bingo was a decided attraction. So too, was the opportunity to focus on health issues. Indeed, over 60% of the pensioners who chose to attend health courses, or to join groups meeting in Health Centres, gave as their major reason, their interest in keeping themselves healthy. Conversely, members of groups where health talks were only part of their activities, placed more emphasis on the social aspects. Why the pensioners came did not appear to be really influenced by their age - although we could perhaps tentatively deduce from the replies we had, that 'keeping healthy' was a more important aim for the under 75 age group.

Overall it would appear that the expectations of the pensioners and co-ordinators are generally shared. What does need to be acknowledged is the expressed desire amongst pensioners for stimulating activities and company - and that this should be a valid aim for health courses too.

WHAT HELPS TO MAKE THE HEALTH COURSES AND TALKS INTERESTING AND HELPFUL

The relevance of the health topics

We compiled a list of topics which had appeared at least four times on health course/pensioners' group programmes and asked the pensioners to indicate which ones they could remember going to and whether they thought they were very relevant, fairly relevant or not very relevant. Below we tabulate the responses in order from the most frequently offered to the least offered.

TOPIC	NUMBER REMEMBERING	% VERY RELEVANT	% NOT VERY RELEVANT
Healthy Eating (16)*	128	70	10
Keeping Fit and Healthy (15)	121	76	7
Bones, Backs and Joints (14)	107	69	5
Safety in the Home (14)	91	72	4
Blood Pressure, Strokes/ Hearts (14)	80	65	9
Difficulties with Hearing (12)	81	61	15
Alternative Medicine (12)	46	58	15
Drugs and Medicines (12)	56	73	16
Looking after your Eyes (11)	68	75	8
Ageing-What is it? (11)	50	49	7
How to get the Best from the NHS (11)	49	60	14
Plumbing-Bowels and Waterworks (10)	53	56	7
First Aid (9)	49	64	7
Yoga and Relaxation (9)	40	66	16
Depression (8)	34	65	17
A Death in the Family (7)	27	79	11
Hospital Discharge (5)	15	64	18

* number of groups having this topic is in the brackets.

In an open-ended question about additional topics they may have had, 36 pensioners also mentioned attending a session about feet - a good indication of its relevance, given that only five of the groups covered it.

Since the answers reflected what people remembered rather than what they may have actually attended it was not easy to make comparisons between the relevance of one topic and another. Nonetheless, if one is prepared to take this into account certain observations become possible.

When we asked the pensioners to indicate interest in those topics they had not already discussed (Appendix 2, Table 2), we found that their choice tended to mirror the frequency/popularity of the topics which had been chosen for the courses and talks. For example, 84% would choose to attend 'How to get the Best from the NHS' and indeed 11 out of the 16 groups had had a session on this topic. Similarly, only 44% said they would attend if coping with bereavement was under discussion and only 7 groups had approached this subject. As we would probably find with any group of people, the more personal and sensitive matters were the least favoured; discussions around incontinence, bereavement and discharge from hospital.

It is very important though, not to create a package of popular subjects which could be offered 'in toto' to any pensioner group. From the table it can be seen that those topics which were chosen less frequently by groups were still considered to be very relevant by a large percentage of the pensioners involved. In fact, they are valued just as highly as the topics which appeared more frequently on group programmes. 79% of those remembering their session on 'Death in the Family' found it to be very relevant as compared with 70% of those who attended the 'more popular' 'Healthy Eating' sessions. This would suggest that if there is no consultation with <u>each</u> pensioner group about the topics they might wish to explore, then issues they perceive to be very relevant may be overlooked.

Finding appropriate speakers

Choosing speakers and discussing with them what a particular group might want to know and what creates an enjoyable and useful afternoon, is a critical process. From the co-ordinators' replies it emerged that in only three groups did the pensioners have a real say in finding a speaker or choosing one if more were available.

In looking for speakers, co-ordinators identified the following qualities as desirable - the ability to communicate in a non-patronising way and to stimulate and foster discussion in an informal and relaxed environment. Being knowledgeable was obviously crucial but equally important, was the ability to share information, to listen and to answer questions honestly. One respondent felt that it was helpful initially to have speakers who were known to the group.

The invitation to the speaker was usually accompanied by some details about a group - its size, the overall health status/mobility of the group. Only very occasionally, was a speaker given an idea about the emphasis of the session - e.g. whether to concentrate on practical things the pensioners could do themselves or on the services available. In most cases it was little more than 'Please come and give a talk on Drugs and Medicines to ... at ... on ... There will be about 25 there'. The speakers themselves confirmed this. Over one third recorded receiving no more than the essential time, place and numbers. Interestingly, the Doctors, Dentist and Incontinence Adviser received the least information.

Most of the speakers noted additional information it would have been helpful to have:- What are the particular interests of the group? What do they hope to gain from the session? What other topics have they had a talk about? Was it the pensioners themselves who wanted to explore this topic? How enthusiastic are they? Are they vocal? Do they all know each other? How many men come? Are there some dominant people? Are they interested in campaigning for better services? Do any have difficulties with hearing or seeing? With such information the speaker would be able to adjust her session to match more closely the expressed interests and needs of that particular group.

The content and structure of the individual health sessions

The structure and style of a talk or session, be it for learning or entertainment, quite obviously affects the impact. The pensioners gave clear indications of what they consider to be very important ingredients of a successful session. (A more detailed breakdown is tabulated in the Appendix 3).

They were given prompts which they valued accordingly:

* 63% felt strongly that there should be a chance to ask questions during the meeting.
* 61% stressed the importance of speakers finding out what the pensioners knew and not going over old ground.
* 59% found visual materials such as films and slides helpful.
* 59% also wanted time to ask questions in private afterwards.
* 55% emphasised the importance of sharing ideas and discussion.
* 43% thought it was very important to be able to learn from each other.

Equally they emphasised their interest in receiving practical advice about what they could do for themselves (63%), but less so their desire to have background detail about how the body works (46%). 55% indicated that they wanted information leaflets to take home with them.

When we analysed the responses we found that, for example, younger pensioners were particularly keen on learning how the body works (60%) and proportionately more wanted time to discuss and ask questions (70%). Those aged over 80 stressed their need for time to share ideas (65%) and to learn from each other (59%). People who attended a health course were also very much in favour of both sharing ideas (76%) and having time to ask questions (72%). Members of large groups were much more concerned that speakers did not cover what they already know (67%) and they, especially,

wanted leaflets to take home with them (63%). This information can offer useful pointers as to how speakers might structure their sessions. More importantly, it indicates the need for speakers to tailor their sessions to the composition of each group.

Thought does need to be given as to how the 'expert' and the pensioners get the best out of their interaction. The pensioners need to discuss what they might like to know more about - the speakers need to have adequate information about the needs, interests and make-up of the group, if they are going to give the best of their valuable knowledge and skills.

Useful Resources: Films, Demonstrations and Leaflets

Both the pensioners and the co-ordinators indicated that they felt that demonstrations and practical activities, in particular, kept interest alive and prompted discussion. Indeed several of the speakers incorporated slides, practical activities, or the demonstration of aids into their sessions. However, most did not. When speakers and co-ordinators were asked if they had found any visual aids which had been successful with their group, the only titles recollected were the 'Recall' reminiscence tape/slide packs, 'some film on additives' (the latter met with only qualified approval because it was difficult to hear), and a video from the Sympathetic Hearing Scheme. Given the wide range of health topics covered, these responses highlight the lack of good visual resources.

Some of the practical demonstrations were more memorable - e.g. when the chiropodist came, each pensioner made a cut-out shape of their own foot and then tried to squeeze it back into their own shoe! 'Pin the Part on the Body', was another enlightening and enjoyable group activity. The sampling of new foods went down well, as did trying out the aids for hearing or discovering what was available to help with incontinence. Seeing a model of a back and all its moving parts helped explain quite complex information about joints and arthritis.

Most of the speakers also brought along leaflets for the pensioners to take home with them. Indeed seven had devised their own handouts - primarily those who covered exercise and yoga. Others used existing material e.g. from the Disabled Living Foundation, the R.N.I.D., the Heart/Stroke Association, Arthritis Care, and DHSS. With the exception of the DHSS leaflets, no two people from the same health speciality ever mentioned the same leaflets. For example, of the two mainly concentrating on strokes and heart disease, one quoted several sources of useful material; the other gave out nothing.

The dearth of good visual aids and leaflets obviously needs to be remedied, but more immediately information about what is available and is useful needs to be disseminated systematically.

Size of the Group

The courses/groups attracted differing numbers - five had between 10 and 15 participants; three had 25 - 30; four had over 35 attending on a regular basis. Whilst approximately a quarter of the speakers would opt to talk with a group of less than 15 members, nearly half (47%) of the pensioners ticked their preference for just such a group. Half of the speakers chose 15 - 30 as the optimum size range as did most of the co-ordinators. On the other hand, only 11% of the pensioners would positively choose a group of over 12 people. Indeed, even large groups had 37% of their members favouring small ones. However, 42% of the pensioners did indicate that they had no preference, with younger pensioners showing perhaps slightly less concern about group size than older pensioners.

Size, it was felt, affects both participation and feedback. In a larger group, the more vocal and confident tend to dominate. 'The more people there are the less you can hear what individuals are saying; the smaller the group, the more specific the discussion.' 'If they have a hearing loss they won't be able to follow in a big group'. Only two speakers said that they tried to divide big groups up into discussion groups so that they could maximise the advantages of small groups. Several also indicated they would use this approach if they had more training in group work skills. Many noted that with a large group it's the questions afterwards, and especially the 'private' consultations on the speaker's way out, which balanced things out countering their lack of opportunity to be heard in the session. Most of the speakers made this time available. On the other hand, although a smaller group could allow for a much deeper level of personal discussion much depended on how the group jelled. A small group could become too 'cosy'.

Perhaps 15 - 20 might be the maximum size which allows for informal discussion with most people participating, yet would allow enough variety of thought, experiences and queries to remain stimulating?

WHAT DID THE PENSIONERS GAIN FROM THE COURSES AND TALKS?

It is encouraging to note that many pensioners benefited in different ways - those in the younger age range and attending health courses and/or small groups reported the greatest benefit. Moreover, if we link the answers in this section back to the reasons why the pensioners came to the health sessions, we can see that the talks have met their expectations quite significantly.

In our survey pensioners recorded any health related activity they took up as a result of their participation, plus any help they may have sought from the Health or Social Services. They also indicated if they felt their confidence and understanding had increased.

Pensioners seeking help or taking up new activities

Firstly, we asked the pensioners to think back over the health talks which they had attended, and to recall if they had been prompted to take up new, health related activities. This table outlines what they actually did:

Action	Number
Did more exercises at home	77
Joined a keep fit/relaxation class	56
Tried to change their diet	53
Sought advice about blood pressure	50
Sought help with their feet	47
Sought help with their eyes	36
Sought help with hearing	26
Bought health foods	24
Sought aids for the home	23
Went swimming	8
Sought help with incontinence	5
Tried alternative medicine	5

It would be too simplistic to assume that the only motivating factor encouraging pensioners to take action was participation in a particular directly related talk. But just how many of the 77 people who did more exercise at home had actually been at a 'Keeping Fit and Healthy' session? We found, for example, that

* 55 or 71% of those who had taken more exercise at home had been to a keep fit session.
* 43 or 77% of those joining a keep fit class had been to that session too.
* 41 or 77% of those trying to change their diet had been to 'Healthy Eating'.
* 23 or 58% of those going to 'Yoga & Relaxation' did more exercises at home.
* 20 or 77% of people seeking help with hearing had been to that session.

There would therefore seem to be some link between going to a talk and taking some related action.

Secondly, there were other benefits/actions which related to the pensioners' involvement in the courses and talks as a whole.

Outcome	Number	% of all who attended (187)
Continued to meet with new friends	98	52
Were able to pass on information to friends and family	60	32
Used leaflets obtained at the talks	40	21
Asked their Doctor more questions	33	18
Sought advice from a Health Visitor	18	10
Requested a Home Help or Social Worker	14	8
Got involved in another health group*	11	6
Sought help from a District Nurse	9	5
Other	2	1

* 5 people also specifically mentioned joining a lip-reading class.

Gaining Confidence and Understanding

Finding out what practical things the pensioners did as a result of attending the talks is only part of the answer as to how useful such educational events are. We, therefore, tried to measure how attitudes and confidence may have changed, by asking pensioners to respond to the following questions about the talks.

	Number	% of Replies
Did they increase your understanding of how the body works?		
Yes - a lot	45	30
Yes - a little	64	44
No	37	25

A greater proportion of pensioners who met in small groups (45%) or in Community Centres (48%) or had been to courses (36%) selected the 'Yes - a lot' category. There was no real difference between age groups.

	Number	% of Replies
Did they make you feel you could do something positive about your health?		
Yes - a lot	38	27
Yes - a little	55	39
No	48	34

Those going to courses were the most positive about this question with 36% saying 'Yes a lot'. Pensioners in the over 75 age group were much more adamant that the talks had not made them feel they could 'do' something - 50% of them ticked the 'no' box.

	Number	% of Replies
Did they help you find out what Health Services are available, how to get in touch?		
Yes - a lot	36	28
Yes - a little	39	31
No	52	41

There was little difference in the responses to this question. Pensioners meeting in Health Clinics however, did put less in the 'no' column - 30% compared with about 42% of those meeting in Community Centres.

	Number	% of Replies
Did they make you feel more confident about asking your GP more questions		
Yes - a lot	39	30
Yes - a little	31	24
No	62	47

No real differences emerged.

	Number	% of Replies
Did they help you understand the health problems facing friends/ family		
Yes - a lot	36	29
Yes - a little	48	38
No	41	33

The under 75's (33%) and those at health courses (40%) recorded the most benefit.

20 people mentioned other benefits including an increase in general knowledge (6), that they were a good reminder (4) and one mentioned how lucky they made her feel!

The responses suggest more benefits accrued to those attending health courses, particularly an increase in their knowledge of how the body works, their understanding of the health problems facing others and their ability to do something positive about their own health. But, although the percentage saying they had gained understanding and confidence is well over 50%, the proportion registering 'no' needs to be acknowledged. This is especially the case regarding asking the Doctor more questions.

Long-term Group Activities

Many of the courses and talks around health provided a trigger for further long term group activities:

* Three developed into pensioner run social activity clubs. One of these has a monthly Keep Fit and now a swimming club; another has occasional Keep Fit and more regular health talks especially on alternative medicine; the third has a weekly yoga and relaxation class after the club.

* One group had another health course covering new topics, and then formed a lip-reading class. Health talks were incorporated into a local Pensioners Voice Branch Meeting.

* One health group has continued to meet monthly around health issues. It celebrated its third birthday recently.

* Three groups have had some basic screening (weight and blood pressure), and exercises added to their social programme.

* One developed a luncheon club and petitioned about the state of the flats.

* One group contacted their Community Health Council and became more involved in its work around the elderly.

Interestingly, no new sustained initiatives - be they more talks or other health related activities developed from health courses where pensioners had not been involved in the planning throughout.

HOW WERE THE SPEAKERS' AND CO-ORDINATORS' EXPECTATIONS FULFILLED?

The co-ordinators

Where there were very tangible developments such as a second course, a regular Keep Fit class, or a social activities group with a health input; those co-ordinators felt much more positive about the effects of the sessions. They felt their aims had been largely realised; encouraging confidence and reassurance, providing information and helping to break down isolation through the sharing of experiences. Others were definitely more qualified in their response. Two suggested that the health benefits were probably limited and that more long term input would be desirable, if people were really going to have the support necessary to give them confidence in meeting their own health needs and taking a more positive attitude towards ageing.

Very few of the co-ordinators had attempted to formally measure the impact of the health sessions - either quantitatively or qualitatively. Several of the groups had held 'summing up' sessions where the overall success of their programme was reviewed and the possibility of future activities explored. But rarely, was there any recording of what an individual may or may not have gained either in knowledge, understanding, confidence or motivation to take action. What constitutes useful evaluation methods is open to debate, but at a minimum a taped group discussion and a questionnaire (perhaps a modified version of Appendix 1?) would have provided helpful information about what had happened as well as for what could happen.

The need for follow-up

Several of the co-ordinators felt that occasional 'one-off' talks were of limited value. One talk on diet, for example, is really just a taste of all the issues which surround people's relationship with food, and can properly only be seen as a basis for further exploration. They could see the potential for several follow-up sessions - recipe swapping, discussions on dieting, fibre and constipation, labelling of food packages and additives - all arising from one initial stimulus. Most of the speakers supported this view, indicating that something other than a one-off talk was highly desirable. Their suggestions ranged from a follow-up a month later, to regular sessions with the group, to the development of special groups around particular interests, for example: relaxation classes, first aid courses, cooking groups, campaigns for improvements, home-visiting schemes.

The pensioners substantiated this. When we asked them if they would attend further sessions on topics they had already discussed the response ranged from 60 - 90% saying 'Yes'! (See table 3 in Appendix 2).

Time constraints

For only nine of the nineteen speakers was 'Health Education work' recognised as part of their job, and for seven, it was squeezed in on top of already very heavy workloads. As one said, 'It unfortunately has to take a very low place in our priorities. Time has to be made for it'. Her comment was echoed by others: 'I feel we should be involved with prevention, but given our staffing, our priority has to be the treatment of acute problems'. 'Yes' says another, 'It is part of my job, but I have to do most of the preparation at home in my own time'.

For seven, this work wasn't recognised at all. They did it on top of their normal work because they were personally interested in health and pensioners. 'Yes, I see it as important but, as a self-employed person, it all comes out of my own time'. This situation applies not only to Doctors, but also to Dentists, Pharmacists and Alternative Medicine Practitioners.

Another two of the speakers were retired and continued their involvement out of interest. Only one person did not answer this section. But these three apart, not one felt they had the adequate time to fulfil this very necessary preventative role properly - time was always 'made' for it.

The co-ordinators also referred to a 'lack of time'. Over half of them expressed the view that in future they would allow much more time for the planning process so that they could increase the level of pensioner participation. They reported too, the need to plan into their work schedule some time after the course which would enable them to continue working with pensioners around new initiatives.

Training needs

Eight of the speakers reported that they had had no formal training in teaching techniques or group work skills. Eleven had had some training, however eight of them felt they would like more. They acknowledged that their training equipped them well for case-work, and 'teaching' on a one-to-one basis, but inadequately prepared them for confidently working with large groups of older people.

This view was echoed by many of the co-ordinators who did not have any 'community work' training. The main needs expressed were keeping in touch with current ideas in group work, visual aids, and methods of evaluation.

When we consider the crucial role of both these groups of workers in ensuring the effectiveness of health sessions, adequate preparation and in-service training time needs to be recognised and allocated as part of their jobs.

A Two-Way Process

For the speakers themselves? Most felt that their participation had benefited them too. As one GP said, 'It provides an opportunity to take health care issues away from the individual doctor/patient relationship into a wider societal context'. It broadened their experience of the needs of older people - 'hearing the consumer's view can be an enlightening experience'. Outside of the formal individual consultation situation a truer reflection of how 'your service is affecting people' can be gained. On the other hand, taking part in such sessions can often create more work for already over-stretched health professionals - the follow up is time-consuming. 'Nevertheless such take-up is what it's about and why it's so important'.

THE SHARED EXPERIENCE: WHAT WE LEARNT FROM BARNET'S PENSIONERS AND HEALTH EDUCATORS

1. There is very clearly considerable interest and continuing enthusiasm for Health Education sessions. Pensioners expressed strong interest in exploring topics in greater depth as well as looking at new ones.

2. The sessions did not attract either elders from the ethnic minority communities, nor significant numbers of male pensioners or the newly retired. Very serious thought must therefore be given to the reasons for this and future courses should be designed to respond to their interests and health needs.

3. The courses and classes have had a significant impact on the pensioners. Many have used the information, have sought out practical help from various services, or taken positive steps to maintain their own health. Moreover, if one accepts that 'a good laugh is worth a fair few pills', the benefit of the health courses in bringing people together to share and enjoy each others company, is undoubted. Nevertheless, more work needs to be done with pensioners to explore ways of increasing their sense of confidence and understanding - even the courses do not seem to have satisfactorily tackled these issues.

4. A general consensus emerged amongst the pensioners about the style and structure of individual talks:

   * There should be time to share ideas and have discussion, a chance to ask questions both during and after the session and to get practical advice on self-help.

   * Visual aids and leaflets are helpful.

   * Equally important was the need for the speaker to be informed about what pensioners already know.

   * Small groups found greater favour than larger ones.

5. The health topics covered, differed from group to group. Overall, however, the more personal matters were less favoured. But, where groups did choose these topics, they were seen to be very relevant. No one 'package' of health topics is therefore appropriate for every group.

6. The common pattern of one-off talks on very broad health topics needs to be looked at more closely. Whilst valuable, both pensioners and speakers indicated that follow up sessions would be highly desirable. Indeed, most topics may be better covered in several sessions.

7. These findings have important implications for both speakers and co-ordinators:

   * Pensioners need to be involved in planning the content of their courses, both in general terms and with regard to individual topics.

   * Speakers should be 'briefed' carefully about the interests and needs of the particular group they will be working with.

   * Individual sessions should include time for 'private chats' with the speaker afterwards. Alternatively, a follow-up session might meet this need.

   * Good teaching aids and leaflets for the pensioners to take home need to be sought out or developed.

   * If the group is large, ways of dividing into smaller discussion groups within the large one needs to be explored.

8. Disturbingly, all the speakers attested that Health Education work had to be squeezed in. Clearly, if the most is to be made of the sessions, this work must be recognised as a priority and the relevant health worker(s) allocated adequate time for preparation, follow-up and evaluation.

9. The development of long term health related activities out of the courses is also dependent on the availability of appropriate resources, especially worker time. But equally crucial to this development will have been the level of active pensioner participation right from the initial planning stages. This review shows that no long term developments eventuated when this process had not happened.

10. The majority of the co-ordinators recognised the importance of their role as enablers, but often felt that it was not an easy one. 'It's all very well in theory...' but the process of shifting all the decision making over to the pensioners is often slower and more complex than anticipated. Thus, for these community-based workers, there also needs to be an adequate time span allocated to enable them to develop courses with pensioner involvement, and to respond to any longer term initiatives which may arise. Their desire for in-service training in group work must also be acknowledged.

POSTSCRIPT

The review has enabled us to look critically at past work. We have evidence of the value of our Health Education work, and also many helpful pointers to the development of its potential. As one pensioner said: 'I've had blood pressure for seven years. In my health group I've not only learnt what that means, but the others there have all helped me lose the weight that may help to bring it down. You can't ask for much more than that!' Or can you?

From April 1985 Pensioners Link (Barnet) was awarded funding by the Health Education Council for a two year project to develop work around Pensioner Health Courses. Now, building on the knowledge gained from the review, we are working towards producing a resource pack which, we hope, will be helpful and stimulating for all who are committed to health promotion in old age.

APPENDIX 1: The Questionnaire completed by the pensioners

PENSIONERS'

HEALTH TALKS

and COURSES -

A REVIEW.

May - June 1985.

Many pensioners' groups and clubs have had courses, talks and discussions on a wide variety of health topics. Many of the clubs have covered similar subjects but each has also had different ones, depending on the interests of its members.

1. Have you attended a Health Course at your club - that is a series of health talks running over several weeks (often 8 - 10 weeks)?

   Yes ☐
   No ☐

2. Have you attended Health Talks which your club has occasionally had as part of your programme?

   Yes ☐
   No ☐

3. Did you need transport to come to the Health Talks?

   Yes ☐
   No ☐

4. People have different reasons for going to Health Talks and Courses. Below is a list of things pensioners have said. PLEASE TICK THE THREE MOST IMPORTANT REASONS FOR YOU.

   I wanted to know more about how the body works. ☐

   I didn't know what services were available or what I was entitled to. ☐

   I didn't have anyone to talk to about my health worries and thought this might help. ☐

   I wanted to make new friends. ☐

   I wanted to find out what I could do to keep myself healthy. ☐

   I wanted to go to something for pensioners that wasn't only bingo and a chat. ☐

   Was there any other reason why you came? Please say.

   .....

5. Listed below are the titles of some of the Health Talks you may have gone to. PLEASE TICK THE ONES YOU WENT TO AND INDICATE WHETHER YOU THOUGHT THEY WERE RELEVANT TO YOU OR NOT

		Very Relevant	Fairly Relevant	Not Very Relevant	Talk you attended
A.	Ageing: What is it?	1	2	3	☐
B.	Blood Pressure/Strokes, Hearts	1	2	3	☐
C.	Bones, Backs and Joints/ Arthritis	1	2	3	☐
D.	Healthy Eating/ Cooking for One	1	2	3	☐
E.	Keeping Fit & Healthy	1	2	3	☐
F.	Plumbing: Bowels and Waterworks	1	2	3	☐
G.	Safety in the Home	1	2	3	☐
H.	Hospital Discharge	1	2	3	☐
J.	Alternative Medicine	1	2	3	☐
K.	First Aid	1	2	3	☐
L.	Difficulties with Hearing	1	2	3	☐
M.	A Death in the Family	1	2	3	☐
N.	Yoga and Relaxation	1	2	3	☐
P.	Looking after your Eyes	1	2	3	☐
Q.	Drugs and Medicines	1	2	3	☐
R.	Depression	1	2	3	☐
S.	How to get the Best from the NHS	1	2	3	☐

6. Would you like more follow-up sessions on any of the talks you went to? If yes, please say which ones ....

7. Have you attended any other Health Talks which you found useful? If Yes, please list ...

8. Thinking back over the talks you have been to, have they prompted you to do any of the following?

PLEASE TICK AS MANY AS APPLY

(a) Join a Pensioners' Keep Fit or Relaxation Class ☐

(b) Go to other health talks ☐

(c) Do more exercise at home ☐

(d) Continue to meet with new friends you made ☐

(e) Be able to pass on information to help friends and family ☐

(f) Take up swimming ☐

(g) Use any of the leaflets you got at talks ☐

(h) Try to change your diet ☐

(j) Ask your doctor more questions ☐

(k) Get involved in any other group concerned with health ☐

9. You may have learned something new at the Health Talks. Did you then go and seek help for any of the following?

(a) Your eyes ☐

(b) A blood pressure check-up ☐

(c) Your hearing ☐

(d) Your feet ☐

(e) Aids for your home from the Occupational Therapist ☐

(f) Help with incontinence ☐

(g) A visit from the District Nurse ☐

(h) Alternative medicine e.g. osteopathy ☐

(j) Health foods ☐

(k) A Home help or social worker ☐

(l) The Health Visitor in your local clinic ☐

(m) Other? Please say ..... ☐

.....

10. Talks about health often help people in different ways. Did they...

(a) increase your understanding of how the body works
- Yes - a lot ☐
- Yes - a little ☐
- No ☐

(b) make you feel you could do something positive about your health
- Yes - a lot ☐
- Yes - a little ☐
- No ☐

(c) help you find out what health services are available and how to get in touch
- Yes - a lot ☐
- Yes - a little ☐
- No ☐

(d) feel more confident about asking your doctor questions
- Yes - a lot ☐
- Yes - a little ☐
- No ☐

(e) help you to understand the health problems facing others such as your family and friends
- Yes - a lot ☐
- Yes - a little ☐
- No ☐

(f) You may have found the talks helpful in other ways. Please say how they benefited you.....

11. Often pensioners' clubs decide to have more health talks. If your club was going to have some more on the topics listed below how likely is it that you would come?

PLEASE TICK ONE BOX FOR EACH SUGGESTION

		Yes, I would go.	No, I would not go.
A.	Ageing: What is it about?	☐	☐
B.	Blood Pressure/Strokes/Hearts	☐	☐
C.	Bones, Backs & Joints/Arthritis	☐	☐
D.	Health Eating/Cooking for One	☐	☐
E.	Keeping Fit and Healthy	☐	☐
F.	Plumbing: Bowels & Waterworks	☐	☐
G.	Safety in the Home	☐	☐
H.	Hospital Discharge & Aftercare	☐	☐
J.	Alternative Medicine	☐	☐
K.	First Aid	☐	☐
L.	Difficulties with Hearing	☐	☐
M.	A Death in the Family	☐	☐
N.	Yoga and Relaxation	☐	☐
P.	Looking after your Eyes	☐	☐
Q.	Drugs and Medicines	☐	☐
R.	Depression	☐	☐
S.	How to get the Best from the NHS	☐	☐

12. Some of the health topics you are interested in may not be mentioned above. If they haven't been listed, please say which subject you would like to have a talk on.....

.....

.....

.....

13. If you were going to invite another speaker to come and give you a talk, how important do you think it would be to suggest the following?

CIRCLE ONE NUMBER FOR EACH SUGGESTION

		Very Important	Important	Not very Important
A.	There should be time for sharing ideas and discussion	1	2	3
B.	There should be a chance to ask questions during the meeting	1	2	3
C.	There should be time to ask questions in private after the meeting	1	2	3
D.	There should be some information leaflets for us to take home with us	1	2	3
E.	We learn more when we can join in and listen to what each other knows rather than when there's just a talk.	1	2	3
F.	Visual materials such as slides or films are helpful	1	2	3
G.	We like to have background detail about how the body works and why things happen	1	2	3
H.	We like practical advice about what we can do for ourselves	1	2	3
J.	They should find out what we know already so that we don't go over old ground too much	1	2	3

14. Some people feel quite comfortable asking questions and talking in a large group. Others prefer to be in smaller groups of say 10 - 12 people. PLEASE TICK WHICH ONE YOU PREFER

Small ☐

Large ☐

Doesn't matter ☐

And now, finally a few questions about yourself...

15. Are you.... Male ☐
Female ☐

16. How old were you on your last birthday?

17. Do you live alone? Yes ☐
No ☐

18. Is your home? Council Let ☐
Private Rented ☐
Housing Association ☐
Sheltered Housing ☐
Owned by you ☐
Old Peoples Home ☐

19. Would you describe yourself as working class ☐
middle class ☐
or other ☐

20. At what age did you complete your full time education?

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APPENDIX 2: Tables detailing the pensioners' interest in further health talks.

Table 1

We asked pensioners if they would attend any further talks on these topics if their club/group decided to put them on. The overall picture is tabled below: - we've ranked them according to the percentage saying 'Yes, I'd go'.

Topic	Number	Yes, I'd Go.	%
How to get the best from the NHS	127	110	87
Looking after your Eyes	128	106	83
Bones, Backs & Joints/Arthritis	138	113	82
Blood Pressure/Strokes/Hearts	130	103	79
Keeping Fit & Healthy	130	98	75
Safety in the Home	114	86	75
First Aid	114	85	75
Healthy Eating/Cooking for One	129	97	75
Ageing. What is it?	117	85	72
Drugs and Medicines	107	74	69
Difficulties with Hearing	109	75	69
Depression	109	72	66
Hospital Discharge & Aftercare	95	61	64
Plumbing:Bowels & Waterworks	110	64	58
Alternative Medicine	97	55	57
Yoga and Relaxation	96	47	49
A Death in the Family	93	45	48

Table 2

This table looks at those who would like topics they haven't been to before.

Topic	Number who'd not been to this talk	Number answering this question	Number saying Yes I'd go	% who said Yes, I'd go
How to get the Best from the NHS	138	96	82	85
Looking after your Eyes	127	85	67	79
Bones, Backs and Joints	80	58	44	76
Blood Pressure, Strokes/Hearts	107	71	53	75
Ageing. What is it?	137	83	60	72
First Aid	136	76	54	71
Safety in the Home	96	65	42	65
Hospital Discharge	172	87	56	64
Drugs and Medicines	131	78	50	64
Depression	153	84	53	63
Keeping Fit & Healthy	66	40	24	60
Plumbing: Bowels & Waterworks	134	77	45	58
Healthy Eating	54	33	19	58
Alternative Medicine	141	77	43	56
Difficulties with Hearing	106	54	28	52
A Death in the Family	160	75	33	44
Yoga & Relaxation	147	64	28	44

APPENDIX 3: Table detailing the pensioners' attitudes towards the structure of the health sessions.

Suggestion about the structure	Total	Number saying it's very important	%	Number saying it's not very important	%
There should be time to share ideas and discussion	150	83	55	10	7

71% of the men, 76% of people from the courses, and 65% of those over 80 placed this in the very important category.

There should be time to ask questions during the meeting	150	94	63	7	5

73% of those from courses classified asking questions as very important. There were no differences between other groups and the general response.

There should be time to ask questions in private afterwards	141	59	42	30	21

It's the responses in the 'not very important' column which are noteworthy - indeed 23% of the women (and more if their replies are taken separately from the men's) consider this aspect unimportant. On the other hand, 68% of the 70-74 year olds gave it high priority.

There should be information leaflets to take home	157	86	55	17	11

Some differences appeared. In Health Clinic groups only 35% said leaflets were very important compared with 59% of those meeting in Community Centres. (This result could be the effect of having regular contact with a Health Visitor).

We learn more when we can join in and learn from each other	146	63	43	26	18

Community Centre groups (43%) favoured this approach more than Health Clinic groups (26%). There were much the same differences between large and small groups - 47% to 37%.

Table 3

This shows which topics were wanted again by the pensioners who'd already attended a session on them. Again, we have put them in order by the percentage who said they would go again.

Topic	Number who'd been to this talk	Number answering this question	Number saying Yes, I'd go	% who said Yes, I'd go again
Looking after your Eyes	60	43	39	91
How to get the Best from the NHS	49	31	28	90
Bones, Backs & Joints	107	80	69	86
Difficulties with Hearing	81	55	47	86
Blood Pressure, Strokes/Hearts	80	59	50	85
First Aid	49	37	31	84
Drugs and Medicines	56	29	24	83
Depression	34	23	19	83
Keeping Fit and Healthy	121	90	74	82
Healthy Eating	128	96	78	81
Safety in the Home	91	59	44	75
Ageing - What is it?	50	34	25	74
A Death in the Family	27	17	12	71
Alternative Medicine	46	19	12	63
Hospital Discharge	15	8	5	63
Yoga and Relaxation	40	31	19	61
Plumbing: Bowels & Waterworks	53	32	19	59

Suggestion about the Structure	Total	Number saying it's very important	%	Number saying it's not very important	%
Visual materials such as slides or films are helpful	153	90	59	18	12

All the groupings gave this approximately the same level of importance.

We like to have background detail about how the body works	132	60	46	26	20

The younger pensioners stressed the usefulness of background detail with those going to the talks only (24%) favouring the 'not very important' column.

We like practical advice about what we can do for ourselves	149	94	63	15	10

Practical advice was highly considered by everyone - 70% of those who had been to both courses and talks put it in the first category.

The speaker should find out what we know and not go over old ground	150	91	61	32	21

61% stressed the importance of this - 67% of large groups compared with 50% of smaller ones; 65% of the under 70s compared with 48% of those aged 75-79. A sizeable proportion did not see it as a very important issue.