Ageism: Abilene Christian University Students’ Perception of Aging Adults

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ABSTRACT

The world is aging at a rapid pace. This creates a need for society to focus attention toward issues that are affecting the elderly population. This shift in focus regarding the elderly population also calls for the need of additional geriatric education as well as training while working with this vulnerable population. Research targeting college students’ shows that there is a lack of desire among students for working with the aging adult population. This lack of desire to work with the elderly population is associated with ageism; or, biased perceptions about age. The purpose of this study was to determine if student interactions with elderly persons, based on Allport’s (1954) Intergroup Contact Theory, in the context of a Texas Silver Haired Legislature Town Hall Meeting, would change ageist attitudes. Pretest-posttest data measuring ageism was collected and statistical tests were run to determine significance. Tests concluded that there was statically significant reduction in ageism for students who attended the Town Hall Meeting.
Ageism: Abilene Christian University Students’ Perception of Aging Adults

A Thesis
Presented to
The Faculty of the Graduate School
Abilene Christian University

In Partial Fulfillment
Of the Requirements for the Degree
Master of Science
In Social Work

By
Taylor Alyn Nix
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To the many people and classmates who continue to provide support and encouragement. Thank you to my father, Alan Nix, mother, Terri Nix, and family for their continuous support and encouragement. Also to Chase Lynch for all that you continue to do for me, the love you continue to provide to me, and the support that you have never stopped giving me. I am thankful for each of you who have been a part of this process.
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"Those who think of old people as boobies, crones, witches, old fogies, pains-in-the-neck, out-to-pasture, boring, garrulous, unproductive, and worthless, have accepted the stereotypes of aging, including the extreme mistake of believing that substantial numbers of old people are in or belong in institutions. Medicine and the behavioral sciences have mirrored social attitudes by presenting old age as a grim litany of physical and emotional ills” (Stones & Stones, 1997, p. 293). These words are those of Robert Butler, who also happened to coin the term “ageism.” The world in which we live is aging at a rapid pace creating the need of our society to focus attention toward issues and concerns involving the elderly. Along with these inevitable issues that will and are surfacing, there need to be professionals trained to work with this population. These professionals will have to understand the need to hold unbiased beliefs and perceptions about the population they serve.

At the present time, there is research evidence that indicates that few college students have the desire to pursue a path serving the geriatric population (Bergel, 2006; Rosowsky, 2005; Waites & Lee, 2006). Most of the reasoning behind students’ lack of desire to work in a geriatric population stems from ageism (Adelman et al., 2007; Cummings, Adler, & DeCoster, 2005; Waites & Lee, 2006).

Studies show that education, training, and direct contact with the aging population can positively influence student attitudes (Adelman et al., 2007; Birkenmaier, Rowan,
Damron-Rodriguez, Lawrance, & Volland, 2009; Cottle & Glover, 2007; Rosowsky, 2005). These findings suggest that interactions with aging adults, and education about the aging process, can facilitate change in perceptions of the aging population. Shields and Taylor (2014) found that students who gained experience through direct contact with elderly persons had positive changes in attitudes towards working with the aging population (Shields & Taylor, 2014). Several other studies have similar findings indicating that direct interaction with the elderly population can reduce ageism and increase willingness to pursue careers in gerontological care (Allan & Johnson, 2009; Cottle & Glover, 2007; Ferguson, 2012; Shields & Taylor, 2014). Within the field of social work, numerous researchers and practitioners call for an increase in the number of, and quality of, educational experiences that provide opportunities for students to form relationships with elderly persons (Adelman et al., 2007; Allan & Johnson, 2009; Ferguson, 2012; Rodgers & Gilmour, 2011).

Therefore, the overall purpose of this study is to determine whether student interactions with elderly persons, in the context of a Texas Silver Haired Legislature Town Hall Meeting, will change ageist attitudes. To accomplish this purpose, a pretest-posttest design, using a convenience sample of undergraduate and graduate students attending Abilene Christian University, will be used.
Leroy Robert “Satchel” Paige once said, “Age is a question of mind over matter. If you don’t mind, it doesn’t matter” (Levine, 2004). This quote hits the very heart of what has been called “the silent epidemic” ageism (Stones & Stones, 1997). Ageism is defined as the “prejudice or discrimination against a particular age-group, especially the elderly” (“Ageism,” 2003). Ageism is a rare and unique form of prejudice and discrimination, given that those who practice ageism will someday join the very group against which they discriminate.

Because the elderly population in the United States, and in the Western world, is rapidly growing, ageism needs to be corrected (Kalavar, 2001). Society as a whole lacks knowledge about aging and the factors that contribute to it; which, leads to an increase in the prejudices and stereotypes of ageism (Fonseca, Goncalves, & Martin, 2009; Kalavar, 2001). Older people encounter frequent ageist incidents in regards to the way they are portrayed in society (Lee, 2009).

Ageism includes, but is not limited to, indirect discrimination practices that are widespread in the form of poorly funded community services, barriers to access of those services, insufficient transportation, neglect, and elder abuse. Forms of ageism encountered by older people include inadequate housing, low income, enforced retirement, and deficiencies in nursing home care (Doherty, Mitchell, & O’Neil, 2011). In the media, elderly persons are often portrayed negatively by appearing forgetful,
isolated, or boring (Bengtson, Kim, Myers, & Eun, 2000). Society has a fear of aging, which promotes ageist views and ageism (Rosowsky, 2005).

**Growing Population**

In the year 2030, the population of baby boomers who become senior citizens will peak, making persons over 65 the majority of the population (Knickman & Snell, 2002; Lun, 2011). In fact, the elderly population of the world is increasing to the degree that a shift is occurring in the population distribution of the world (Doherty et al., 2011; Fonseca et al., 2009). Within the United States, the population of elderly persons is expected to grow exponentially in the coming decades (Eskildsen & Flacker, 2009). The number of people who are 65 years and older is supposed to increase from about 35 million in the year 2000 to 70 million by the year 2030 (Cummings et al., 2005; Lee, 2009; Waites & Lee, 2006). This will result in the number of people who are 65 years and over representing about 20% of the total population, making this the fastest growing age group in the United States (Cummings et al., 2005). It is expected that by 2040, the US will have more people aged 65 and over than those aged 20 and under (Flood & Clark, 2009).

Not only are baby boomers reaching old age, they are expected to live, as elderly persons, longer than any previous generation. The combination of these two variables is expected to place a huge burden on services for elderly persons (Social Security Retirement Insurance, Medicare, health care services, etc.). To ease this burden, an increase in the number and quality of educated professionals who understand the unique needs of this cohort is necessary (Cottle & Glover, 2007; Lee, 2009).
As the population continues to age, and the lifespan continues to increase, additional attention to this cohort's healthcare needs will be an increasing concern (Cottle & Glover, 2007; Lee, 2009). As the baby-boom cohort ages, one-fifth of the U. S. population will enter old age. The additional length in lifespan will result in an overall increase in illnesses requiring diagnosis and healthcare services (Lee, 2009). The needs of this population will need to be understood, and the ability to render services for such needs will cause need for growth in many professions by means of scientifically founded research (Birren, 2006). Through research, the ability to understand the growing populations’ needs, according to specific issues for the aging population, will become increasingly important. Currently, healthcare and medical training needs to keep pace with the demographics, and this has not been a reality (Van Dussen & Weaver, 2009).

**Student Perception**

With the growing population of the elderly, there are a significant number of opportunities to work in a gerontological-focused career (Kalavar, 2001). However, research shows that students preparing for careers in helping professions (e.g., nursing, medical, psychology, social work, etc.) consider working with aging adults a low priority (Birkenmaier et al., 2009; Fonseca et al., 2009). Ageist attitudes, or ageism, negatively influences career choices in geriatrics, among college students, and creates further obstacles for training qualified helping professional care providers (Eskildsen & Flacker, 2009; Hooyman & Tompkins, 2005; Kaempfer et al., 2002; Lee 2009). Students commonly perceive the elderly population as people who are set in their ways, lonely, senile, and expected to retire at age 65 (Kaempfer, Wellman, & Himburg, 2002). These perceptions make caring for the elderly seem boring, uninteresting, unpleasant, and
undesirable (Flood & Clark, 2009). Through research, negative perceptions and stereotypes set on the elderly population are creating significant barriers to nurturing student interest in gerontology (Cummings et al., 2005).

It is important to understand ageism within college students and how these ageist perceptions guide students in choosing future careers. Understanding student perceptions allows researchers and professionals to comprehend how the aging population is perceived by a younger generation and how to prevail over ageism (Van Dussen & Weaver, 2009). Research shows that students lack the knowledge, training, and interaction needed to change negative perceptions toward elderly persons (Flood & Clark, 2009). Research shows that education, training, and interaction are vital in changing negative perceptions (Rosowsky, 2005). Education, through means of gerontology courses and direct interaction with aging persons, has shown to improve overall student perceptions of aging adults and produce an interest in working with the aging population (Cottle & Glover, 2007; Cummings, Cassie, Galambos, & Wilson, 2006; Flood & Clark, 2009; Schuldberg, 2005). Changing student perceptions from negative to positive will affect career choices and will lead to an overall better quality of care for this aging population (Bernardini-Zambrini, Moraru, Hanna, Kalache, & Macias-Nunnez, 2008; Ferrario, Freeman, Nellett, & Scheel, 2008).

**Cultural Differences**

Aging is an unavoidable, universal phenomenon (Bengtson, Kim, Myers, & Eun, 2000). Demographically, aging is a common phenomenon in both Eastern and Western regions (Bengtson, Kim, Myers, & Eun, 2000). Bengtson, Kim, Myers, and Eun (2000)
believe that, because aging is universal and unavoidable, policy makers, educators, and practitioners cannot overlook the phenomenon of aging.

There are many preconceived notions about what it means to age, what old age is, how the old should be treated, and who should provide care to those who are aging. Preconceived notions are shaped by culture. Therefore, it is important that students, researchers, and professionals be aware of the role that culture plays in cultivating attitudes toward aging. Ageist attitudes are traditionally associated with a Western ideological framework. Because individualism, hard work, and self-sufficiency dominate Western ideology, many view the East as being immune to ageism.

Traditional wisdom states that to age in the East is to gain knowledge and wisdom (Bengtson, Kim, Myers, & Eun, 2000). However, some recent literature indicates that the terms Eastern culture and Western culture may not be the polar opposites, with respect to ageism, they were once believed to be (North & Fiske, 2015). Though individuals within Eastern cultures may indeed care for aged persons out of a sense of cultural obligation, cultural beliefs do not necessarily transfer over to being more positive and less ageist (North & Fiske, 2015). In fact, North and Fiske concluded that Eastern cultures hold a greater negative perception of aging people overall.

Bengtson, Kim, Myers, and Eun (2000) believe that aging persons should be among societies’ most deserving people and that meeting the needs of the elderly should not be a controversial issue. Others view aging in the West to be detrimental and carry a negative concept of what it is to become old. Those who hold these negative connotations typically see the aged as worn-out, ugly, and senile (Palamore, 2000). However, more
current research indicates there is evidence that demonstrates that the Western culture has begun to take ownership of their elders (North & Fiske, 2015).

Research concerning long-term care in the West gives families credit for taking 80% of long-term care responsibilities once all other resources are exhausted (Bengtson, Kim, Myers, & Eun, 2000). Other research explains why families are starting to take ownership of the caregiving role. Increasingly, more grandparents are assuming parental responsibilities, which allows for a shift in family dynamics to occur (Bengtson, Kim, Myers, & Eun, 2000). This shift provides opportunity for a more holistic view of aged persons in society and in the family as a system. This could be the reason findings suggest that Western cultures now hold a more positive perception of aging than in the past (North & Fiske, 2015).

**Intergroup Contact Theory**

Intergroup contact theory is the hypothesis, introduced by Gordon W. Allport in 1954, that hypothesized the most influential way to reduce prejudice between groups that were experiencing conflict. In *The Nature of Prejudice*, Gordon Allport (1954, p. 281) hypothesized that:

Prejudice (unless deeply rooted in the character structure of the individual) may be reduced by equal status contact between majority and minority groups in the pursuit of common goals. The effect is greatly enhanced if this contact is sanctioned by institutional supports (i.e., by law, custom or local atmosphere), and provided it is of a sort that leads to the perception of common interests and common humanity between members of the two groups.
Allport’s theory states that under the appropriate conditions the most effective way to reduce prejudice between groups is interpersonal contact. Allport believed that positive effects of intergroup contact could occur in situations that upheld key elements, including: equal group status, common goals, intergroup cooperation, and support of authorities. Allport came up with his hypothesis after concluding early field research among a refugee population (Allport, 1954). Allport’s hypothesis has continued to receive support through a variety of situations, groups, and societies (Pettigrew, 1998).

**Changing Perceptions**

Due to the growing population of those aging, as well as the need to further advance in the field of aging, it is important that interventions are discussed. In order to better understand how individuals can be useful in changing the meaning of aging, individuals, specifically in helping professions, must understand the types of interventions that can be utilized to best provide support and understanding to those in the aging process. Some forms of intervention include providing education and allowing for interaction within different age groups to mold perceptions rather than continuing to carry stereotypical views.

**Education**

It has been seen that age is a main focus when providing services in helping professions (Collier & Foster, 2014). Seeing that there is concern about attitudes towards older persons within the helping professions, there is an increase in the need to educate those who are working with such clients (Rodgers & Gilmour, 2011). There is evidence through research that nursing students who integrate gerontology theory with fundamental nursing theory and engagement in practice self-report a more favorable
attitude than those who do not have such training or experience (Rodgers & Gilmour, 2011). This research could possibly be more influential than the authors thought when extending the same concepts to other helping professions. In more research conducted by Ferguson (2012), social work students’ attitudes, knowledge, and experience were looked at in order to predict a social work student’s interest in the field of geriatrics. Seeing that there is an increasing need for helping profession workers within the aging field, it is important to see what may be needed to attract others for this line of work. Results of Ferguson’s (2012) work showed that a major predictor of interest was the knowledge acquired by the student. This is similar to findings in other research that indicated knowledge infusion is an effective way to increase interest in working with the aging population (Kane, 2006). Further research suggests that ageism within the workplace is a default due to the lack of knowledge acquired by those who are working with this population (Malinen & Johnston, 2013). More specifically to the reality of the aging population, due to an increasing need for individuals to possess accurate understanding of the aging process as well as a positive attitude toward those who are aging, we must educate individuals in order to help change ageist perceptions (Cottle & Glover, 2007).

**Interaction**

Some research has indicated that experience shows to be the best predictor of interest in the field of social work (Ferguson, 2012). This proves to be a very important implication, specifically for the field of social work, seeing that the growth of the geriatric population is continuing to increase as we saw in previous sections. As Shields and Taylor (2014) point out in their research, poor attitudes towards people with disabilities among health professionals can have a negative impact on people with these
disabilities and can reduce the effectiveness of interventions. In this research, it was seen through an 8-week study that involved students who gained experience through contact had positive changes in attitude towards working with the study’s population (Shields & Taylor, 2014). There have been various other studies that have similar findings, indicating that the best way to change one’s perception of a specific population is to allow exposure to such population (Allan & Johnson, 2009; Cottle & Glover, 2007; Ferguson, 2012; Shields & Taylor, 2014). More specifically for the field of social work on the topic of aging, we must allow students the ability to form relationships and have life experiences in a learning environment to best help serve this vulnerable population (Adelman et al., 2007; Allan & Johnson, 2009; Ferguson, 2012; Rodgers & Gilmour, 2011).

**Texas Silver-Haired Legislature**

Within the aging population, there are many organizations that are key to helping the fight against ageism. Many organizations work to impact the lives of others by educating others about aging issues and by being involved in many facets of the community. One group that strives to do both, educate and interact, with all age groups is the Silver-Haired Legislature.

**History and Purpose**

The Silver-Haired Legislature (SHL) originated in 1973 in Missouri. Currently, the concept and implementation of the Silver-Haired Legislature has been adopted in 31 states including Texas (TSHL, 2016). The first thoughts of the Texas Silver-Haired Legislature (TSHL) were conceived in 1979, which led to the formation of the TSHL in 1985 by the 69th Texas Legislature (TSHL, 2016). The first meeting was during a
training session in July 1986. Currently, this nonpartisan and non-profit organization contains 116 representatives that are elected to two-year terms by Texans aged 60 and over.

The TSHL has six main goals. These goals all focus on senior welfare and vary from motivation and education to facilitating open discussion forums for seniors. The purpose for these goals “is to realize passage of TSHL priorities in the Texas Legislature” (TSHL, 2016). To help individual members within this group reach their goals, members follow the TSHL mission, which is as follows,

…”strives to promote good government for all Texans by directly involving Senior citizens in the legislative process. TSHL provides a nonpartisan forum for discussion and debate of senior issues, advocacy training and an avenue through which older citizens may serve as a resource to both public and private sectors.

(TSHL, 2016)

**Abilene Chapter Involvement**

The Texas Silver Haired Legislature (TSHL) will host a Town Hall Meeting in the Hunter Welcome Center on Thursday, February 4, 2016, from 9 a. m. until 2 p. m. This Town Hall Forum’s purpose is to provide local citizens with the opportunity to identify issues that have to do with aging and to make suggestions for a solution. These concerns and suggested solutions will be considered by TSHL members in developing resolutions for the upcoming TSHL Legislative Sessions.

**Conclusion**

As seen in the literature and based on this review, there is a growing need to change perceptions due to ageism. Education and exposure are needed in order to better
prepare students in helping professions to provide quality care. Seeing that our society is now allowing biases to affect our perceptions of the aging population, we must acquire knowledge and experience to better educate and prepare for working in environments providing care for this population.

As seen above, ageism and the ageist attitudes are present in large numbers of students in helping professions (Birkenmaier et al., 2009; Cummings et al.; 2005, Fonseca et al., 2009; Kaempfer et al., 2002). This ageism is also highly related to reluctance or unwillingness to advance or enter into a field that involves working closely with the aged (Hooyman & Tompkins, 2005; Rosowsky, 2005; Waites & Lee, 2006). Research suggests ageism can be counteracted by exposure to aging persons and through education training (Adelman et al., 2007; Allan & Johnson, 2009; Ferguson, 2012; Cummings et al., 2006; Rodgers & Gilmour, 2011; Rosowsky, 2005).
CHAPTER III

METHODOLOGY

The purpose of this study was to determine whether student interactions with elderly persons, in the context of a Texas Silver Haired Legislature Town Hall Meeting, will change ageist attitudes. The literature review above demonstrated that students typically hold ageist views of aging adults. There is a need for efforts to redirect negative perceptions due to the growth of the aging population, which is creating a significant need to address student individuals who have a lack of knowledge and social skills with the aging population. This study was designed to determine to what extent negative perceptions towards elderly people can affect students on a private university campus in Texas.

Participants

The sampling procedure and research methodology was approved by the Institutional Review Board at Abilene Christian University (ACU) (see Appendix A). The researcher, in conjunction with Dr. Charlie D. Pruett and the ACU Center for Gerontological Studies, approached various faculty members (e.g., from Gerontology, Social Work, Sociology, etc.) on the ACU campus. Faculty was asked, personally (refer to Appendix B) or by email (refer to Appendix C), to recruit students to participate in the town hall meeting. All faculty members who ask students to participate in the town hall meeting supplied a list of those students to Dr. C. D. Pruett of the Pruett Center for
Gerontological Studies. All students (undergraduate and graduate level) who participated in the town hall meeting were asked to participate in the study.

A list of those who indicated the intent to participate in the town hall meeting was made available to the researcher (Taylor Nix), by Dr. Charlie Pruett, in late January. The researcher used this list to email town hall meeting participants to solicit participation in the study. Participants were informed that participation in this study was completely voluntary. Though some faculty members required students to attend the town hall meeting, these faculty members had no knowledge which students participated in, or did not participate in, the study (see Informed Consent Document in Appendix D).

Students who agreed to participate did so by clicking a link, in the solicitation e-mail, to an online informed consent document and an online pretest survey. The online pre-test survey included a personal demographics section (see Appendix E) and the Fraboni Scale of Ageism (FSA) (see Appendix D).

During the town hall meeting, participants interacted with elderly persons by participating in a discussion, in small groups, about issues facing elderly persons. The informed consent document explained the risks involved with participation and contact information for the primary investigator, the Institutional Review Board, and counseling centers for the university.

Upon conclusion of this pre-test survey, students were reminded of the date and time to report in order to participate in the town hall meeting discussion. Approximately 24 hours after the conclusion of the town hall meeting, participants received an e-mail via their school accounts with instructions provided to complete the post-test survey (see Appendix F).
The following outline details the overall process for recruitment, solicitation, and participation in this study:

1) The researcher (Taylor Nix) received, from Dr. C. D. Pruett, a list of students who intended to participate in the Town Hall Meeting.
2) An email was sent to that list of students informing them of the study and asking them to participate in the study.
3) Students were informed about the purpose and risks.
4) Students were asked to consent by completing the online questionnaire.
5) Students were asked to fill out the online questionnaire, which was administered two times:
   a) Before the town hall meeting.
   b) After the town hall meeting.

**Material and Procedures**

Several weeks prior to the TSHL Town Hall Meeting, students were asked by faculty to volunteer to attend this town hall meeting. Students were asked to read and virtually sign the informed consent form (see Appendix D), provide personal demographic information (refer to Appendix E) and fill out a pre-test survey, which was based off the Fraboni Scale of Ageism (FSA) (see Appendix F), and attend the town hall session, followed by completing a post-test, which was also based off the Fraboni Scale of Ageism (FSA) (refer to Appendix F).

The Fraboni Scale of Ageism was originally formulated by Fraboni et al. (1990) but was later revised by (Rupp, Vodanovich, & Credé, 2005) to assess ageism. The FSA was developed in order to more completely assess the concept of ageism (Fraboni,
Saltstone, & Hughes, 1990). This scale comprises items that are designed to assess affective components and cognitive components of ageist attitudes (Allan & Johnson, 2008). This scale proposed three factors that are related to ageism. These three factors include Antilocution (resentment and dislike which are powered through fallacies, distortion or myths of older persons), Avoidance (the act of intentionally evading forms of social contact with older persons), and Discrimination (discriminatory feelings regarding the political rights, segregation, and activities of older persons) (Ozkan & Bayoglu, 2011). Using the FSA, researchers have found that university students as well as adults of all ages hold negative perceptions of elderly persons (Allan & Johnson, 2008). For this specific study, the Fraboni Scale will be used in order to assess ACU student perceptions related to ageism.

The following outline details the overall process for participation procedures in this study:

1) Students signed up with a faculty member.

2) An email was sent to students informing him or her of the study and asking them to participate in the study.

3) Students were asked to click on a link that will lead them to the informed consent page, which they were asked to read.

4) Students were asked to virtually sign the consent form and to complete the online questionnaire.

5) Students were asked to fill out the online questionnaire, which was administered two times:
   a) Before the town hall meeting.
b) After the town hall meeting.

Demographic characteristics were expected to be consistent with the overall ACU student population. Since the majority of students who participated in the Town Hall Meeting were likely from Gerontology, Social Work, and Sociology, the sample was expected to consist of a high percentage of females between the ages of 20 and 30.

**Data Analysis**

Data was collected using an online survey tool, Survey Monkey. Following collection of pretest and posttest data, data was downloaded and imported into data analysis software. To test the main hypothesis that participation in the Town Hall Meeting will decrease ageist attitudes, a paired-samples $t$-test was conducted. A $t$-test result indicating a difference between posttest and pretest mean that is not attributable to chance (i.e., $p < .05$) will be considered significant. An effect-size, using a standardized difference between means calculation, also assisted in determining the magnitude of the impact of the intervention. Descriptive statistics (e.g., mean age, percentage of ethnicities, percentage of majors, etc.) was generated to describe the final sample.
CHAPTER IV

RESULTS

Demographics

Of the eighty-seven students who were solicited for participation, a total of thirty-one students participated in the pre-test survey. Of those thirty-one students, twenty-one of those students also participated in the post-test survey. Of the twenty-one students who participated in the full study, 3 were male and 18 were female. Of the participants, 4.8% identified as American Indian or Alaskan Native, 19% identified as Asian or Pacific Islander, 14% identified as Black or African American, 9.5% identified as Hispanic, Mexican, Puerto Rican, or Cuban, and 76.2% identified as White or Caucasian; however, of those percentages, six students did identify as part of two ethnic groups.

The age range for participants was 18 to 34 with a mean age of 22 years old ($N = 21; SD = 4.41$). The academic classification of students included freshmen (3 students), sophomore (5 students), juniors (3 students), seniors (5 students), and graduate students (2 first year students and 3 second year students). Of the participants, there was a total of 6 who had taken a gerontology course and 15 who had not. These statistics can be seen in Table 1. Table 1 shows that White or Caucasians and females were overly represented, whereas, Hispanics, or Mexican, or Puerto Rican, or Cubans and males were under-represented in this study. However, these demographics are equivalent to the demographics represented on the Abilene Christian University campus (refer to Table 2) (Abilene Christian University School of Social Work, 2013; Levitz, 2014).
Table 1

*Demographic Results*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshman</td>
<td>3</td>
<td>14.29%</td>
</tr>
<tr>
<td>Sophomore</td>
<td>5</td>
<td>23.80%</td>
</tr>
<tr>
<td>Junior</td>
<td>3</td>
<td>14.29%</td>
</tr>
<tr>
<td>Senior</td>
<td>5</td>
<td>23.80%</td>
</tr>
<tr>
<td>Graduate 1st Year</td>
<td>2</td>
<td>9.53%</td>
</tr>
<tr>
<td>Graduate 2nd Year</td>
<td>3</td>
<td>14.29%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>14.29%</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>85.71%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>4.80%</td>
<td></td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>19.00%</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>14.00%</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Mexican or Puerto Rican or Cuban</td>
<td>9.50%</td>
<td></td>
</tr>
<tr>
<td>White or Caucasian</td>
<td>421</td>
<td>76.20%</td>
</tr>
<tr>
<td>Other Race</td>
<td>13</td>
<td>2.23%</td>
</tr>
<tr>
<td>No Report</td>
<td>25</td>
<td>4.29%</td>
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<tr>
<td><strong>Gerontology Education</strong></td>
<td></td>
<td></td>
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<tr>
<td>Gerontology Course Taken</td>
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<td>28.57%</td>
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<tr>
<td>No Gerontology Course Taken</td>
<td>15</td>
<td>71.43%</td>
</tr>
</tbody>
</table>

Table 2

*ACU Ethnic Diversity & ACU Gender Differences*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>3</td>
<td>0.51%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>21</td>
<td>3.60%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>39</td>
<td>6.69%</td>
</tr>
<tr>
<td>Hispanic or Mexican or Puerto Rican or Cuban</td>
<td>61</td>
<td>10.46%</td>
</tr>
<tr>
<td>White or Caucasian</td>
<td>421</td>
<td>72.21%</td>
</tr>
<tr>
<td>Other Race</td>
<td>13</td>
<td>2.23%</td>
</tr>
<tr>
<td>No Report</td>
<td>25</td>
<td>4.29%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>353</td>
<td>39.55%</td>
</tr>
<tr>
<td>Female</td>
<td>231</td>
<td>60.65%</td>
</tr>
</tbody>
</table>
Statistics

A *t*-test was run to indicate a difference between posttest and pretest means that was not attributable to chance (i.e., *p* < .05); there was some significance indicated for the Fraboni total and Fraboni Antilocution (refer to Table 3). The largest effect was shown in antilocution with an effect size of -0.556, whereas the smallest effect can be shown in discrimination with an effect size of -0.70 (refer to Table 2 for effect sizes). As Table 4 indicates, there is a statically significant (*p* = 0.023) reduction in ageism for those students who attended the Town Hall Meeting including all items on the Fraboni Scale of Ageism. Table 2 also indicates there is a statistical significance for Antilocution. When looking at the table for discrimination and avoidance, there are no significant differences. However, the table does indicate that avoidance is approaching significance.

Table 3

*Paired Samples Test*

<table>
<thead>
<tr>
<th>Subgroup within study</th>
<th>Δ Mean</th>
<th>SD</th>
<th>SE</th>
<th>95% CI</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td>Fraboni Total</td>
<td>-4.00</td>
<td>7.47</td>
<td>1.63</td>
<td>-7.40</td>
<td>-0.60</td>
</tr>
<tr>
<td>Fraboni Antilocution</td>
<td>-2.05</td>
<td>3.54</td>
<td>0.77</td>
<td>-3.66</td>
<td>-0.43</td>
</tr>
<tr>
<td>Fraboni Discrimination</td>
<td>-0.38</td>
<td>2.50</td>
<td>0.54</td>
<td>-1.52</td>
<td>0.76</td>
</tr>
<tr>
<td>Fraboni Avoidance</td>
<td>-1.57</td>
<td>3.57</td>
<td>0.78</td>
<td>-3.20</td>
<td>0.05</td>
</tr>
</tbody>
</table>

*p* < .05

Table 4

*Effect Size*

<table>
<thead>
<tr>
<th>Subgroup within study</th>
<th>Δ Mean</th>
<th>t-value</th>
<th>Hedges's g (effect size)</th>
<th>Std Err</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fraboni Total</td>
<td>-4.00</td>
<td>-2.45</td>
<td>-0.515</td>
<td>0.224</td>
</tr>
<tr>
<td>Fraboni Antilocution</td>
<td>-2.05</td>
<td>-2.65</td>
<td>-0.556</td>
<td>0.227</td>
</tr>
<tr>
<td>Fraboni Discrimination</td>
<td>-.38</td>
<td>-0.70</td>
<td>-0.147</td>
<td>0.211</td>
</tr>
<tr>
<td>Fraboni Avoidance</td>
<td>-1.57</td>
<td>-2.02</td>
<td>-0.423</td>
<td>0.220</td>
</tr>
</tbody>
</table>
CHAPTER V
DISCUSSION

Findings of this study suggest that student interactions with elderly persons, in the context of a Texas Silver Haired Legislature Town Hall Meeting, can shift ageist attitudes. Chapter IV, tables 1 and 2, indicated that ageist attitudes were changed by participation in the intergenerational town hall meeting. This allows the inference to be made that town hall meetings, by allowing intergenerational contact to be made, can result in changes in ageist attitudes.

Statistical tests on subscales of the Fraboni Ageism Scale revealed a statistically significant decrease in antilocution. This means that resentment of older persons, powered by misconception, changed from pretest to posttest. Possibly, a change occurred in the way that students consciously or subconsciously think about older persons once they had the opportunity to interact with an older adult. In other words, contact with elderly persons appears to have reduced some misconceptions this group of students had about elderly persons.

Though results on the avoidance subscale were not statistically significant, given a larger sample size, the results would very likely be significant. Avoidance, like antilocution, is a covert form of ageism. In this particular group, therefore, there appears to be a tendency to engage in covert ageism; rather than overt discrimination toward the elderly. This find is interesting given that these students were part of a southern Christian university. Perhaps, there is something about this environment that encourages outwardly
polite behavior, while leading to development of misconceptions. In other words, it is possible that avoiding discussions about beliefs about elderly persons, because the environment discourages such discussion, can lead to misconceptions. However, these misconceptions, upon contact with elderly persons, are susceptible to change.

Such results are consistent with Allport's Contact Theory (1954), which states that the most influential way to reduce prejudice between groups that were experiencing conflict is by allowing for contact between those groups. A variety of answers to open-ended questions supported this idea. This included a 100% yes response to the question, “Do you feel the TSHL Town Hall meeting benefitted you in any way?” Other remarks that support this claim include multiple responses by students who were in attendance who stated they felt they were best benefited by getting to speak with elderly persons about issue that are affecting them firsthand.

This study also showed that there is a continued need to further educate students on issues that the elderly face in order to change negative stigmas that are associated with aging. Multiple students stated they felt they were best benefited by the experience of getting to learn more about the topics and issues that elderly individuals face. Other students stated they were able to gain new perspectives based on what they had learned while in attendance of the town hall meeting. One student made statements about the meeting that was directed towards benefits of taking a gerontology course: “It was an experience that I would not have the chance to be a part of without this class [GERO 250].” Statements like this show the importance of providing Gerontological education for all professions. It could be assumed, based on statements similar to the one above, that students may never be exposed to such interaction and would not know how to work
in environments where they are headed by an elderly person or serve those made up of elderly persons. This could potentially cause a shortage of trained and experienced professionals making up the gerontological service fields (gerontological social work, hospice, nurses, etc.).

**Implications for Practice**

Overall, it was found that with the growing age of society, there is a lack of education and a lack of opportunity for interaction for younger adults in assisting and providing services to the geriatric population. This is important for social workers because they will inevitably come into contact with the geriatric population in their practice. Social workers must know how to appropriately provide assistance to aging adults in a way that best serves their needs. When social workers are educated and given opportunity to interact with aging adults, they are able to spread their knowledge and experiences to other individuals on the accurate ways in which the geriatric population need or wants help. Practice settings should, therefore, encourage direct contact with elderly persons that allow for discussions of important issues facing those elderly persons. Furthermore, practitioners should be encouraged to actively seek and engage in direct discussion of issues facing elderly people.

**Implications for Policy**

Social workers have a responsibility to follow a Code of Ethics that pertains to their field. Upholding this code does not and should not start upon graduation; instead, it should start and be a focus during education and practicum experience. It is critical that social work programs include policies for curriculum that pertains to gerontological studies and have a focus in a gerontological practicum. These policies will help provide
opportunity for students to obtain knowledge in the classroom and gain experience through interaction with the elderly population in practicum settings. It is essential to adopt these policies for curriculum in order to advance the Abilene Christian University School of Social Work program.

**Implications for Research**

Based on the findings of this research study, the following are suggestions for further research in the topic of student perceptions of aging adults and how to shift ageist views. More research needs to look at this topic of ageism from the opposite side of the spectrum; ageist perceptions that aging adult have on college-aged students. This is needed to better understand why, as humans, ageism remains at large and how to appropriately reduce ageist views placed on others. There is also a need for studies that involve a large amount of persons who are able to participate and who will take the time to participate. This would give research in this area a greater significance and increase the validity and reliability for research that is conducted in this field as it pertains to the Fraboni Aging Attitude Scale and Allport’s Intergroup Contact Theory. Finally, there is need for researchers to run follow up studies in order to test how long results are impacting those who are exposed to such experiences.

**Limitations**

There were possible limitations of this study. First the number of students invited to participate in this study was limited to classes taught by gerontology, sociology, or social work faculty. This resulted in a small, non-representative sample. Likely, with a larger number of participants, the Fraboni avoidance subscale would have shown a significant difference; in addition to antilocution and total ageism.
Another factor that could have affected outcomes of this study include the fact that some students were forced to come to the event as part of a class participation grade. This potentially affected the motivation and the willingness to complete the surveys. The forced participation could have also altered their initial state of mind and the way in which they viewed older persons due to the fact they were force to spend a few hours with them for course credit. Another factor that could have a potential effect on the overall statistical significance in the study include a low volume of male participants.

However, one of the most important limitations of this study is that the amount of time spent with those of other generations was minimum. Although there are significant changes in student ageist views, there is no way to tell if this study or this setting of intergenerational meetings will have a lasting impact on those whose ageist views were decreased. Due to the amount of limitation that are present in this study, as well as the fact that society is constantly aging, it is important that further research is conducted.

**Conclusion**

As can be seen through the literature and the study that was discussed, society is continuing to age and grow and the amount of aging individuals continues to rise. With this increase of older persons being represented in society, it is the responsibility of younger generations to be educated and, to be experienced in order to adequately provide care and services to those in this vulnerable population. It can be seen through this research and similar research that in order for those providing care to our aging population it is important that ageism and ageist views be reduced. Education and interaction are two ways in which those who will provide care, whether it be right away
or eventually, will develop the skills, the attitude, and the knowledge to best serve our elderly population.
REFERENCES


APPENDIX A

IRB APPROVAL LETTER

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World
Office of Research and Sponsored Programs
208 Hardin Administration Building, ACU Box 23903, Abilene, Texas 79699-23903
325-674-2885

January 25, 2016

Ms. Taylor Nix
School of Social Work
ACU Box 27866
Abilene Christian University

Dear Ms. Nix,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled Ageism: Abilene Christian Student Perceptions on Aging Adults

was approved by expedited review (46.110(b)(1) category 7 ) on 1/25/16 for a period of one year (IRB # 16-002). The expiration date for this study is 1/25/17. If you intend to continue the study beyond this date, please submit the Continuing Review Form at least 30 days, but no more than 45 days, prior to the expiration date. Upon completion of this study, please submit the Inactivation Request Form within 30 days of study completion.

If you wish to make any changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the Study Amendment Request Form.

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the Unanticipated Events/Noncompliance Form.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs
APPENDIX B

INFORMATIONAL FLYER

Texas Silver-Haired Legislature
Town Hall Forum
Hunter Welcome Center
Thursday, February 4, 2016
10:00am – 2:00 pm

Purpose. The purpose of the Town Hall Forum is to provide local citizens the opportunity to identify aging issues, concerns and suggested solutions for consideration by TSHL members in developing Resolutions for the TSHL Legislative Session in Austin. TSHL is required to prepare a written report to the Governor & other state officials, Texas Department of Aging and Disability Services and the Texas Legislature convening in Austin.

Format. Participants will be seated at 30 tables of 8 for table discussions to identify aging issues of each participant and to identify the number one priority and suggested solution of the table. Each table will select its own facilitator to keep conversation targeted and assure input from the group. A recorder will be assigned to each group: to (1) take notes on each issue or concern; (2) prepare statement on number one priority with suggested solution; (3) prepare notes, as needed, to assist facilitator in reporting priority to the entire group.

Student Participants. ACU students are invited to participate in table discussion with older adults. Some classes will arrange for the entire class to participate. The noon meal is free to students, faculty, and staff as a guest of the Pruett Gerontology Center.

Report. The facilitator or recorder makes a brief report to the entire group using the following:
1. State the number one priority aging issue identified by your table.
2. What is the impact of this issue on older Texans?
3. Recommend solution/s.
4. Comments
A summary report of the Town Hall Forum will be prepared and posted on the TSHL website: [www.txshl.org](http://www.txshl.org)

**Participants:**
- ACU Retired Faculty
- Senior Citizens
- Aging Cluster Members
- ACU Students
- TSHL members – West Central Texas District

**Sponsors:**
- 17th Texas Silver-Haired Legislature
- West Central Texas Area Agency on Aging
- ACU Foundation
- ACU Pruett Gerontology Center

For additional information, contact:

Chris Kyker, Speaker Emeritus  
Texas Silver-Haired Legislature  
P.O. Box 5996  
Abilene, TX 79608  
325-668-6322  
ckyker@aol.com

ACU Contact:  
Pruett Gerontology Center  
AD118  
674-2350  
hlt13a@acu.edu
Intergenerational Town Hall Meeting Plans

Fellow Faculty,

The Texas Silver-Haired Legislature Intergenerational Town Hall meeting is ready to tick off on Thursday, February 4, at Hunter Welcome Center. Thank you for the interest you have shown in supporting this event with student participation. Meal cost for ACU students and faculty will be covered by the Gerontology Center.

The Town Hall meeting will last from 10:00 AM until 2:00PM. Students need to arrive at 9am for a short training and be in place to greet older participants as they arrive. Attached is a copy of an “Advance Approval for Absences” which I will be submitting for my Sociology of Aging class. I am requiring attendance. To get the list, I went into Banner, copied and pasted the student list into the form. It required a small amount of editing. Also being attached is an Advance Approval form for your use. The deadline for the form to be submitted to your college dean is January 19. I will submit a form for you if you will send me, in digital form, the names and banner numbers of your students who will be attending. I need them before noon January 19 if you want me to submit the Approval for Absence form.

Basic instructions to the students are simple. Arrive at Hunter Welcome Center at 9AM for short instructions. Sit at a table with older adults, not just other college students. Students are to simply interact with older adults giving their ideas on
the subject discussed. In other words, enjoy the conversation and meal together. Each student should plan to stay entire time. A sign-in and out sheet must be signed.

We will use the names you submit for the number of meals to order. For my budget, it is important that they attend.

If you have any questions, please contact me at the Center ext. 2350. My cell phone number is 325.669.7366.

Blessings,

Charlie

--

Charlie D. Pruett, PhD
Director, Gerontology Center
Associate Professor of Gerontology
Abilene Christian University
APPENDIX D
FORM OF CONSENT

Title of Study: Ageism: Abilene Christian Student Perspectives on Aging Adults

You may be eligible to take part in a research study. This form provides important information about that study, including the risks and benefits to you, the potential participant. Please read this form carefully and ask any questions that you may have regarding the procedures, your involvement, and any risks or benefits you may experience. You may also wish to discuss your participation with other people, such as your family doctor or a family member.

Please let the researchers know if you are participating in any other research studies at this time.

Also, please note that your participation is entirely voluntary. You may decline to participate or withdraw from the study at any time and for any reason without any penalty or loss of benefits to which you are otherwise entitled.

Please contact the Principal Investigator if you have any questions or concerns regarding this study or if at any time you wish to withdraw. This contact information may be found at the end of this form.

Purpose and Procedures

Purpose of the Research - The overall purpose of this study is to determine whether student interactions with elderly persons, in the context of a Texas Silver Haired Legislature Town Hall Meeting, will change ageist attitudes.

The Texas Silver Haired Legislature will host a Town Hall Meeting in the Hunter Welcome Center on Thursday, February 4, 2016, from 9am until 2pm. Several weeks prior to this date, students will be asked by faculty to volunteer to attend this town hall meeting.

The researcher, in conjunction with Dr. Charlie D. Pruett and the ACU Center for Gerontological Studies, will approach various faculty members (e.g., from Gerontology, Social Work, Sociology, etc.) on the ACU campus. Faculty will be asked, personally or
by email, to recruit students to participate in the town hall meeting. All faculty members who ask students to participate in the town hall meeting will supply a list of those students to Dr. C. D. Pruett of the Pruett Center for Gerontological Studies. All of those students (undergraduate and graduate level) who participate in the town hall meeting will be asked to participate in the study.

A list of those indicating the intent to participate in the town hall meeting will be made available to the researcher (Taylor Nix), by Dr. Charlie Pruett, in late January. The researcher will use this list to email town hall meeting participants to solicit participation in this study. Participants will be informed that participation in this study is completely voluntary. Though some faculty members may require students to attend the town hall meeting, those faculty will not know which students participated in, or did not participate in, this study.

Students who agree to participate will do so by clicking a link, in the solicitation e-mail, to an online informed consent document and an online pretest survey. The on-line pretest survey will include a personal demographics section.

During the town hall meeting, participants will interact with elderly persons by participating in a discussion, in small groups, about issues facing elderly persons. The informed consent document will explain the risks involved with participation and contact information for the primary investigator, the Institutional Review Board, and counseling centers for the university.

Upon conclusion of this pre-test survey students will be reminded of the date and time to report in order to participate in the town hall meeting discussion. Approximately twenty-four hours after the conclusion of the town hall meeting participants will receive an e-mail via their school accounts with instructions provided to complete the post-test survey.

**Expected Duration of participation** - The following outline details the overall process for recruitment, solicitation, and participation in this study:

1. The researcher (Taylor Nix) will receive, from Dr. C. D. Pruett, a list of students who intend to participate in the Town Hall Meeting.
2. An email will be sent to that list of students informing them of the study and asking them to participate in the study.
3. Students will be informed about the purpose and risks.
4. Students will be asked to consent by completing the online questionnaire.
5. Students will be asked to fill out the on-line questionnaire, which will be administered two times:
   a. Before the town hall meeting.
   b. After the town hall meeting.

Your participation may be terminated early by the investigators under certain conditions, such as if you no longer meet the eligibility criteria, the researchers believe it is no longer in your best interest to continue participating, you do not follow the instructions provided by the researchers, or the study is discontinued. You will be contacted by the
investigators and given further instructions in the event that you are withdrawn by the investigators.

Risks and Discomforts

There are risks to taking part in this research study. Below is a list of the foreseeable risks, including the seriousness of those risks and how likely they are to occur:

**Town Hall Meeting** - Possible emotional stress from not liking something somebody else states.

**Pretest-Posttest** - Possible emotional stress caused by questions on the ageism scale. This risk is considered minimal, as it is no more risky than any activity a person might participate in on any given day. The questions to be asked have been used in previous research. While some of those questions might be considered to be of a personal nature, the possibility that any of those questions could result in serious consequences (e.g., to health, loss of employment, criminal prosecution, etc.) is minimal to non-extant. All information will be de-identified and restricted to use by the researcher and members of the researcher's thesis committee.

The researchers have taken steps to minimize the risks associated with this study. However, if you experience any problems, you may contact Taylor Nix at tan13a@acu.edu. The researchers and ACU do not have any plan to pay for any injuries or problems you may experience as a result of your participation in this research.

Potential Benefits

There are potential benefits to participating in this study. Such benefits may include:

**To the participants:** Students will receive compensation for attendance at the TSHL Town Hall Meeting. Participants will receive one free meal, which will be provided by the Pruett Gerontology Center.

**To science and society:** Will contribute to the knowledge of methods for decreasing ageism and increasing professional interest in professional education in gerontological care.

The researchers cannot guarantee that you will experience any personal benefits from participating in this study. However, the researchers hope that the information learned from this study will help others in similar situations in the future.
Provisions for Confidentiality

Information collected about you will be handled in a confidential manner in accordance with the law. Some identifiable data may have to be shared with individuals outside of the study team, such as members of the ACU Institutional Review Board. Aside from these required disclosures, your confidentiality will be password protected by the primary researcher. Faculty will have no knowledge of your participation.

Costs and Compensation

Students will receive compensation for attendance at the TSHL Town Hall Meeting. Participants will receive one free meal, which will be provided by the Pruett Gerontology Center.

Contacts

You may ask any questions that you have at this time. However, if you have additional questions, concerns, or complaints in the future, you may contact the Principal Investigator of this study. The Principal Investigator is Taylor Nix and may be contacted at
(325) 674-2072
tan13a@acu.edu,
Hardin Administration Bldg, ACU Box 27866
Abilene, Texas 79601

If you are unable to reach the Principal Investigator or wish to speak to someone other than the Principal Investigator, you may contact Dr. Alan Lipps at
(325) 674-2072
ajl07a@acu.edu,
Hardin Administration Bldg, ACU Box 27866
Abilene, Texas 79601

If you have concerns about this study or general questions about your rights as a research participant, you may contact ACU’s Chair of the Institutional Review Board and Director of the Office of Research and Sponsored Programs, Megan Roth, Ph.D. Dr. Roth may be reached at
(325) 674-2885
megan.roth@acu.edu
320 Hardin Administration Bldg, ACU Box 29103
Abilene, TX 79699
Please sign this form if you voluntarily agree to participate in this study. Sign only after you have read all of the information provided and your questions have been answered to your satisfaction. You should receive a copy of this signed consent form. You do not waive any legal rights by signing this form.

<table>
<thead>
<tr>
<th>Printed Name of Participant</th>
<th>Signature of Participant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name of Person Obtaining Consent</th>
<th>Signature of Person Obtaining Consent</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E

DEMOGRAPHIC INFORMATION

1. Please enter your age __________
2. Specify your gender: Male _____ Female_______
3. Place a check mark next to the race/ethnic origin category that best describes you:
   a. American Indian or Alaskan Native _____
   b. Asian or Pacific Islander _____
   c. Black or African American _____
   d. Hispanic or Mexican or Puerto Rican or Cuban _____
   e. White _____
4. Please place a check mark to indicate your current academic classification:
   Freshman _____ Senior _____
   Sophomore _____ Graduate- First year _____
   Junior _____ Graduate- Second year/Advanced Standing _____
5. What is your numerical age? _______
6. What age do you consider to be “old”? _______
7. Have you had any Gerontology courses/education? Yes_____ No_______
8. If answered yes to #7 please list the title or course number of such courses:
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
9. Area of work preference after graduation: ________________________________
10. Has an elderly person ever lived with you (e.g., a grandparent)?
   Yes______ No______

11. Have you ever lived with an elderly person (e.g., a grandparent)?
   Yes______ No______

12. List any current or past experience with older people you have/had (e.g., work, volunteer etc.)
   ______________________________________________________________________________________

13. Do you feel that you often judge or have a bias against aging adults?
   Yes______ No______
APPENDIX F

FRABONI AGING ATTITUDES SCALE

1. Teenage suicide is more tragic than suicide among the old.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

2. There should be special clubs set aside within sports facilities so that old people can compete at their own level
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

3. Many old people are stingy and hoard their money and possessions
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

4. Many old people are not interested in making new friends, preferring instead the circle of friends they have had for years.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

5. Many old people just live in the past.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE
6. I sometimes avoid eye contact with old people when I see them.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

7. I don't like it when old people try to make conversation with me.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

8. Old people deserve the same rights and freedoms as do other members of our society.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

9. Complex and interesting conversation cannot be expected from most old people.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

10. Feeling depressed when around old people is probably a common feeling.
   a. STRONGLY DISAGREE
    b. DISAGREE
    c. NEUTRAL
    d. AGREE
    e. STRONGLY AGREE

11. Old people should find friends their own age.
    a. STRONGLY DISAGREE
     b. DISAGREE
     c. NEUTRAL
     d. AGREE
     e. STRONGLY AGREE

12. Old people should feel welcome at the social gatherings of young people.
    a. STRONGLY DISAGREE
     b. DISAGREE
c. NEUTRAL  
d. AGREE  
e. STRONGLY AGREE

13. I would prefer not to go to an open house at a seniors’ club if invited.  
a. STRONGLY DISAGREE  
b. DISAGREE  
c. NEUTRAL  
d. AGREE  
e. STRONGLY AGREE

14. Old people can be very creative.  
a. STRONGLY DISAGREE  
b. DISAGREE  
c. NEUTRAL  
d. AGREE  
e. STRONGLY AGREE

15. I personally would not want to spend much time with an old person.  
a. STRONGLY DISAGREE  
b. DISAGREE  
c. NEUTRAL  
d. AGREE  
e. STRONGLY AGREE

16. Most old people should not be allowed to renew their driver’s licenses.  
a. STRONGLY DISAGREE  
b. DISAGREE  
c. NEUTRAL  
d. AGREE  
e. STRONGLY AGREE

17. Old people don't really need to use our community sports facilities  
a. STRONGLY DISAGREE  
b. DISAGREE  
c. NEUTRAL  
d. AGREE  
e. STRONGLY AGREE

18. Most old people should not be trusted to take care of infants.  
a. STRONGLY DISAGREE  
b. DISAGREE  
c. NEUTRAL  
d. AGREE  
e. STRONGLY AGREE
19. Many old people are happiest when they are with people their own age.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

20. It is best that old people live where they won't bother anyone.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

21. The company of most old people is quite enjoyable.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

22. It is sad to hear about the plight or the old in our society these days.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

23. Old people should be encouraged to speak out politically.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

24. Most old people are interesting, individualistic people.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

25. Most old people would be considered to have poor personal hygiene.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
d. AGREE
  e. STRONGLY AGREE

26. I would prefer not to live with an old person.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

27. Most old people can be irritating because they tell the same stories, over and over again.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

28. Old people complain more than other people do.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE

29. Old people do not need much money to meet their needs.
   a. STRONGLY DISAGREE
   b. DISAGREE
   c. NEUTRAL
   d. AGREE
   e. STRONGLY AGREE