

# “Sharing Wisdom-Compartiendo Sabiduría”: An Educational Program for the Older Latino Population in the Greater Harrisburg Area

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**Abstract:** The purpose of this study was to implement a community-based educational program for mature Latino adults and to promote social justice through empowerment, democracy, and education on health. Findings indicate that participants acquired and shared knowledge, created social networks, and gained a sense of empowerment.

The Latino community in the United States is one of the fastest growing populations, and like other groups, is aging. As a minority groups, Latinos are affected by communication problems, due to a lack of or limited English language proficiency, high levels of poverty, and low access to medical services. Furthermore, Latinos often experience discrimination (which impacts employment), or have difficulty in asserting their rights, and as a group, present low levels of education compared to the Americans (Applewhite & Gonzales, 2012; Torres-Gil, 1986). The problem increases for those over 55, who share the difficulty of being Latino and being senior. Compared with US born Americans, mature Latino adults have less access to health services and tend to receive lower quality services because the high costs of medical services make them inaccessible (Applewhite, Garcia & Herrera, 2009; Applewhite & Gonzales, 2012). Older Hispanic persons are faced with oppressive circumstances that need to be changed.

In light of these difficulties, the purpose of this action research study was to develop a community-based educational program, specifically related to health for older Latino learners. An assumption underlying this study is that knowledge is power and providing education will provide the tools to prevent or to address some of the issues that mature Latino adults are facing (Collins & Benedict, 2006). Mature Latino adults have to determine their problems and develop strategies to address these problems (Brookfield, 1995). Furthermore, many studies have demonstrated that active aging is a positive resource for health for the older population (Farone, Fitzpatrick, & Tran, 2005), and through education older adults can know and develop health practices. This action research study attempted to make use of education for social justice, in the sense that, as Hytten and Bettez (2011) notes “social justice education encourages students to take an active role in their own education” (p. 8), and should help to provide equal opportunities and help to transform oppressive social structures. This participatory action research study attempted to promote greater democracy and to improve Latino mature adult conditions and to enable participants to have further control in their lives. As Horton and Freire (1990) said, “the more the people become themselves, the better the democracy” (p.145). The goal of this program is not to talk about democracy; it is to practice democracy, especially within the family.

While the term “empowerment” is a contested term (Batliwala, 2007; Starkey, 2003), this study is grounded in empowerment theory as discussed by Shearer (2009, 2012). The term *empowerment* has been used for elderly population with different meanings. Shearer (2012) mentioned that “empowerment is associated with external social forces that act on the person and

affect his or her sense of control and feelings of power” (p. 25). Likewise, Haber (2009) pointed out that when older adults are empowered they can connect to resources and take action.

Cusack (1995) commented, “Empowerment means not giving power to people, but enabling them to exercise their power” (p. 307). It is a model that acts on people’s desire to gain self-understanding and self-determination in their lives. An empowering approach in education is related to help others exercise power, as energy, capacity, and potential. Shearer (2009) proposed the theory of health empowerment which emphasizes facilitating one’s awareness of the ability to participate knowingly in health and health care decisions. This theory promotes the use of personal resources and social contextual resources for well-being.

### **Methodology**

This study is based on a participatory action research paradigm, which seeks to create the conditions in which participants can increase their sense of control and critical awareness; and initiate actions during the process that will be sustainable once the project is completed (Blair & Minkler, 2009). This action research is focused on issues of health education for Latino learners and is based on planning, acting, observing, and reflecting stages (Kuhne & Quigley, 1997). If mature Latino adults think about their problems and look for solutions, they gain personal power that can be used for improving their life conditions. Health education makes the best vehicle for this change. Health education provides the critical link through knowledge and the learner’s beliefs and concerns. The focus is on ways of reducing or eliminating negative health behaviors from a holistic approach. Holistic health education makes connections between mind, body and spirit, and between individual and community. Furthermore, this program puts special attention on the strengths rather than the deficits of older adults, and helps them to maintain agency over their lives.

The project, called “Sharing wisdom - Compartiendo sabiduría,” had three phases: a planning phase (participants’ needs and problems), the intervention (workshops about their interests and needs), and the evaluation of the outcomes (changes in their life). The attendants were 14 mature Latino adults, male and female over 50 years old (two men and twelve women), living in Central Pennsylvania, who had interest in participating in an educational program. The number of attendants varied per session. The program had four constant participants during all the sessions and an average of five. The program was carried out in a nonprofit organization to mobilize action regarding health promotion practices among Latino/a elderly.

#### **Planning/Needs Assessment**

The needs assessment with the participants was conducted through a group discussion. The topics that emerged were diabetes, heart diseases, women’s health, communication, depression, and discipline for the family.

#### **Acting/Intervention phase.**

It was centered on the implementation of seven 3-hour workshops. Each session involved three components: the recreational (Bingo and physical exercise), the educational (lectures, discussions, reflections), and the spiritual (being in touch with a higher power). It is important to emphasize that during the entire program, I was promoting self-efficacy as a tool for empowerment, asking about their qualities, their capacities and their successes in life.

#### **Reflection and Evaluation Phase**

The evaluation of the program was made on the basis of oral feedback, written reflections, self-reports of the participants, and the instructor’s notes from observation.

## **Results**

The evaluation of the program was conducted in terms of the outcomes obtained during the process. The results will be described with a general section and the four themes observed during the program.

### **General Results**

The participants enjoyed the three components of the program. In the recreational part, the mature Latino adults played Bingo during all the sessions. Some of them never had played the game and were very excited playing. They enjoyed the interaction together. Moreover, to practice physical exercise was a pleasure for them.

Regarding the spiritual component, a different person made a spiritual reflection to close each session. It was very significant because the prayer giver expressed specific prayers for the group and the participants such as “help [name] to deal with the cancer.” The group had to hold their hands together, but after three or four sessions they would hug each other before saying goodbye. They used the spiritual component to share their worries, but also to connect among themselves and have physical contact. I consider that the basis for democracy is the genuine interest about others.

In reference to the educational component, the participants found the program helpful because they learned how to prevent illness, especially because they did not have health insurance. They commented that access to health care is difficult. This is consistent with Applewhite, García and Herrera (2012) who mentioned that Latino older population have less access to health services.

Another outcome is that the program represents a physical place for them. One participant referred that “me ha servido para crecer, para preocuparme por mi persona (it has been helpful to grow, to worry about myself)” and all of them expressed desire of continuing with the program. Moreover, the participants observed a sense of belonging. One comment was “this is a time for me,” and others made comments like “I like to come and talk.” They reserved Wednesday mornings to enjoy the program. One participant at the beginning was very silent, and her expression was between serious and sad. She suffered from depression. She attended the entire program. In one session, her son was sick, and her relatives were calling her many times, but she did not leave the session. In the last phone call she answered, “I am in my class, I will be there after 12:00.” This fact illustrates the relevance that the program had for her. People challenge oppression when they increase their power, and it should start with their own personal power.

### **Sharing New Knowledge about Health**

Participants reported knowledge about health and how to prevent diseases. Some comments were, “I learned about different illnesses such as heart symptoms and depression,” “I learned about diabetes, heart problems and how to take care of myself,” “I learned to eat healthy and do exercise.” Furthermore, they were very interested in the topics and expressed many questions. They learned how to identify some illness symptoms. In fact, one of them was listening to the symptoms of angina and commented that one of his sons has had those symptoms. They made comments like “I want that my children know what I know.” The knowledge acquired was for them and their family.

The mature adults expressed their learning in their written reflections. Also, it was confirmed when the instructor asked them to explain the content of some topics, such as how is the diabetes deterioration process, and they answered correctly.

Most of the homework of the session was to share their knowledge with their family. The program shows positive outcomes. Even when they did not do all the homework, they shared with their family some of the contents. One participant said, “I shared with them to think, to talk, and to read about what makes us happy,” and another mentioned that they had to express the positive side of what happens. In regards to health, their comments were “I can talk about how to avoid depression,” and “I can dialogue with my husband about health.” An important result is that they transformed the knowledge into action. One participant expressed “I am asking more how my family feels and talking with them when they are sad.” This could be considered as a first step to participatory democracy, from a vision of democracy that balances individual rights and responsibilities.

### **Social Networks**

All participants expressed personal stories, and sometimes they expressed their emotions by crying, laughing or commenting about their worries. This openness to expression means there was trust in the group. Moreover, attendants tried to help them. In one session a participant expressed that she did not have a job. In the next session, another participant came with information about companies that were hiring. Also, the mature adults learned to do good things for others regardless of who the other people were (*hacer el bien sin mirar a quien*). The participants constantly expressed their enjoyment in being part of the group and sharing time with “friends.”

Through the participants’ acts, I can infer that they had a sense of belonging and also increased their social networks. One participant brought strawberries to the group (although they do not have much money and they expressed their economic difficulties). In another session, one participant arrived with a cake commenting that it was her birthday, and this was her “little party.” As Hytten and Bettez (2011) noted, education should promote a sense of responsibility toward others and to creating a world in which people can achieve their potential.

### **Satisfaction, Learning and Empowerment**

The most striking results were in this theme. All the participants reported high satisfaction with the program and expressed their desire to continue. They evaluated Sharing Wisdom as “excellent,” and stated that the program had helped them in different ways. Among the comments were “(the program) had helped me to grow, to develop myself in a better way and to solve difficult situations at home. Also, how to cope with the problems,” “It was helpful for me to think better about how to do things ... to be happy, to smile,” “the program taught us to love ourselves and to love others.” These comments reflect the use of personal and social contextual resources for well-being, as Shearer proposed in the theory of health empowerment. Furthermore, their words reveal that the participants took an active role in their own education and they had changes in their lives. This is what social justice education is looking for.

During the program, the participants worked hard in order to identify and express their feelings. In the first session, it was difficult for them to express their strengths. Even when they saw a list of positive qualities in the screen, they only repeated one or two that the instructor read. Through the process, they were able to identify their strengths and their successes in life, two distinctive elements for high self-esteem. Moreover, the program promoted self-efficacy among the participants who commented “now I know that I can change if I want, and everything will be better,” and “I can help my family.” These words expressed the belief in their capacity to perform the behaviors needed to respond to life events, and this is what Bandura defined as self-efficacy (as cited in Grasso & Haber, 1995). At the end, they were able to find positive events in their life, talk about their skills, and express their ability to help others. One participant said, “no

matter what happens, I can help my children.” Also, when participants recognized their daily successes and expressed them to the group, they were expressing self-competence and reinforcing a positive view of themselves.

The results agreed with Simone and Cesena (2010) about how learning programs improve the mood of elder adults. The participants at the beginning were shy, but as the weeks passed, they were more participative and smiled more often. One said “we always talk about negative things, we have to love ourselves more,” showing reflection about their attitude toward life.

All these changes express that the participants had gained a sense of empowerment, increased their sense of control and felt powerful enough to connect with resources and use them to helping their families (Blair & Minkler, 2009; Haber, 2009; Shearer, 2009). One participant commented, “I learned how to be a good leader,” and another said, “I can be a leader if I want, with family and friends.” Empowerment, social justice, and democracy have to start within the family.

### **Limitations**

The principal limitation of this paper is that I translated the participants’ comments from Spanish to English. Hence, the information is not exactly what they said. However, it is accurate. I could understand the meaning of the participants’ words because I speak Spanish as a mother tongue.

### **Conclusions and Implications for Adult Education**

Adult education has been seen as a movement toward freedom and liberation, personal and social (Horton & Freire, 1990). Through educational programs for the most disadvantaged populations, like the elderly Latino in the Harrisburg area, we are contributing to a more informed, more participative, and better society. The participants questioned some assumptions about what they can do for themselves, for their families, and for their community; and how they can assume a position of change toward their lives. As adult educators, we always have to help learners exercise power through and in discourse because is the way to improve their conditions.

The results of the Sharing Wisdom program show that an educational intervention can be very helpful for the mature Latino adult. During the program the participants put into practice the acquired knowledge, had better attitudes toward life, and developed coping strategies that can help them with their difficulties. This is especially relevant for health because they have less access to health services, but with knowledge, they can take actions to maintain their health as much as possible. Read (1997) mentioned that in health education, when an educator changes the way students feel about something, it alters the way students think and act.

Action research was the best approach because it increased the participants’ sense of control, involvement and critical awareness. These results are very relevant for the field of health education because, through educational programs, adult educators and organizations can have a beneficial impact not only on the persons who are taking the course, but also on their families.

Finally, this community-based program has potential for a large public health impact in terms of reach and efficacy. This pilot project showed that integrated health programs are favorably received by older Latino adults of the greater Harrisburg area. The findings point to the importance of incorporating a holistic approach for empowering older adult learners and for promoting healthy living. More research is needed to effectively evaluate the impact that this kind of project can have for the participants and for their families over a long time period.

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